

# NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

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## Care in the Sun

Sunlight has many benefits including providing our bodies with vitamin D, supporting bone health, lowering blood pressure, helping to prevent disease and promoting good mental health. However, over exposure to UV radiation, from either the sun or sunbed use, can damage skin.

Skin cancer is the most common cancer in Northern Ireland accounting for over 31% of all cancers diagnosed. Over 4,000 people develop skin cancer each year and almost 1 in 10 of these are malignant melanoma, the most serious form. Malignant melanoma rates have risen over the past 40 years from an average of 103 cases per year in the mid-1980s, to 424 cases in recent years. The majority of skin cancers are caused by over exposure to UV radiation.

A new *Living Well* campaign 'Care in the sun' aims to encourage everyone to adopt sun safe behaviours and to raise awareness of the health impacts of over exposure to UV radiation. This campaign is running in over 500 pharmacies throughout April and May 2026.

Patients can be signposted to their local pharmacy to pick up an information leaflet and other resources. Visit "[Living Well](#)" to find out more.

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### NICE Guidance Recently published:

[NICE TA1136](#)

## Review Patients Over-ordering SABAs

Guidance for the management of asthma changed significantly with the publication of the joint [NICE/BTS/SIGN \(NG245\) guidance](#) in November 2024. This recommends that patients whose asthma is **poorly controlled** should be considered for a switch to a maintenance and reliever (MART) inhaler/treatment regime, and should not be co-prescribed a SABA inhaler such as salbutamol.

### New Asthma Guidance Encourages Review of Patients with Poorly Controlled Asthma

**Over 1700 Salbutamol inhalers were issued on the community pharmacy Emergency Supply Service (ESS) last year.** Using SABA more than 3 times per week suggests poor asthma control and highlights the need for review. If a patient requests an emergency supply of a SABA inhaler, pharmacists should discuss asthma control, signpost to the [asthma control test](#) and consider annotating the PV1 to alert the GP of the need for review, as appropriate.

#### GP practices notified of an emergency supply of SABA should:

- Identify patients who may be overordering/overusing SABA inhalers. Asthma patients prescribed 3 or more SABA inhalers within 12 months should be prioritised for review (see [NIF](#)).
- Check for previous notifications of SABA **emergency supplies**
- Consider inviting the patient for an asthma review
- Check with the patient if they have symptoms of poor control
- Consider a switch to a MART regime if clinically appropriate**
- Check that the patient is taking their preventative inhaler as prescribed - underuse of inhaled steroids will contribute to poor asthma control

### Managed Entry decisions:

Clascoterone (Winlevi®)  
 Ciclosporin (Vevizye®)  
 Venetoclax (Venclyxto®)  
 Avelumab (Bavencio®)  
 Serplulimab (Hetroniffly®)  
 Pirtobrutinib (Jaypirca®)  
 Dupilumab (Dupixent®)  
 Daratumumab - subcutaneous (Darzalex® 1,800mg solution for injection)  
 Amivantamab Infusion  
 Nivolumab (Opdivo®) (Rybrevant®)  
 Targeted-release Budesonide (Kinpeygo®)  
 Obinutuzumab (Gazyvaro®)  
 Talazoparib (Talzenna®)  
 Belantamab (Blenrep®)  
 Dupilumab (Dupixent®)  
 Dupilumab (Dupixent®)



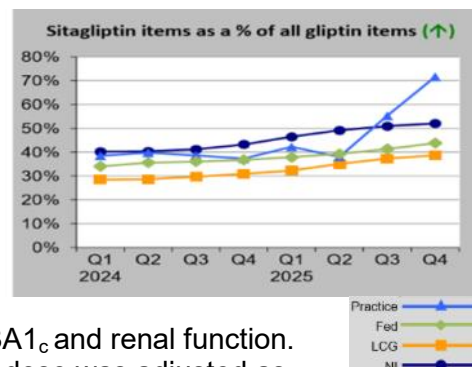
## Practice Review of Gliptins

DPP-4 inhibitors are not first line therapy, as they may only result in a modest reduction of HbA1c ~ 5.5mmol/mol (0.5%). However when a DPP-4 is indicated, sitagliptin is the first choice DPP-4 inhibitor in the Northern Ireland Formulary and is on the [cost-effective choices](#) list. It is associated with greatest clinical experience in type 2 diabetes and has demonstrated cardiovascular safety in outcome trials.

A pharmacist in Notting Hill practice in the Northern LCG reviewed fifty-five patients on gliptins, other than generic sitagliptin, using the SOP for [DPP-4 Review and Switch to Generic Sitagliptin](#).

The pharmacist discussed and agreed the following actions with the practice diabetes nurse:

- Seventeen patients had their gliptin stopped because it was no longer considered necessary i.e. recent glycaemic control was good or there had been no improvement in glycaemic control with the addition of the gliptin.
- Six patients had blood tests completed to determine recent HbA<sub>1c</sub> and renal function.
- Twenty-six patients were switched to sitagliptin. The sitagliptin dose was adjusted as necessary based on recent eGFR.
- Patients were texted regarding the change. Two letters were sent to patients who hadn't provided the practice with a mobile phone number.
- Additionally, seven proformas were sent to pharmacies regarding patients who were receiving instalment dispensing.



This review of fifty-five patients and subsequent switching to generic sitagliptin or stopping the gliptin when appropriate, took two days to complete and resulted in annual **savings of approximately £12,500**.

**Risk of severe and fatal burns with all emollients, including paraffin-free products.**

## Stay safe: Fire risks with emollients

The Medicines and Healthcare products Regulatory Agency (MHRA) and the National Fire Chiefs Council (NFCC) have issued a reminder of the [fire risk](#) associated with emollients, following a previous campaign regarding the risk of [severe and fatal burns](#).

Emollients can transfer from the skin onto clothing, bedding, dressings and other fabric and can build up over time, acting as an accelerant when dried onto fabric. The fabric can ignite more easily and burn faster if it comes into contact with a flame, cigarette or is close to heat sources such as open fires, electric bar, gas or halogen heaters.

Emollients are an effective treatment in the management of dry, itchy or scaly skin conditions and patients should continue to use these products. However, it is important that patients/carers understand the fire risk associated with emollients and take appropriate action to minimise this risk.

The MHRA and NFCC have highlighted three simple precautions:

1. **Keep away from flames:** Avoid smoking, candles and other naked flames and open fires if fabrics have dried-on emollients.
2. **Keep warm safely:** Sit at least 1 metre away from open fires and heaters, sitting too close could set light to fabrics.
3. **Wash bedding and clothing regularly:** Wash items at the highest temperature recommended on the care label to reduce emollient build-up. Washing does not remove residue completely, so continued caution is important.



The MHRA and the NFCC previously issued [Guidance on the safe use of emollients](#), including a toolkit of resources, to support the safe use of emollients.