

NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

Volume 17 Issue 8 August 2026

Management of Scabies

Scabies is caused by the mite *Sarcoptes scabiei* and spreads mainly via skin-to-skin contact but also via shared clothing or bedding. Classical scabies involves small numbers of mites, whilst crusted (Norwegian) scabies involves thousands to millions, is highly contagious and occurs mainly in vulnerable groups e.g. the immunosuppressed, the neurologically impaired and the elderly. Symptoms can include itching (often worse at night), a raised rash or red spots and visible burrows, but may not appear for 3–6 weeks after the initial infestation.



Treatment of Classical Scabies

- Topical Permethrin 5% cream is the preferred treatment option in the [NI Formulary](#). It must be applied correctly to avoid treatment failure.
- Scabies can be treated under the [Pharmacy First Service](#).
- See [UKHSA](#) for managing scabies in communal residential settings.
- See [NICE CKS](#) for further information.

Correct Application of Permethrin 5% cream—see [link](#)

- Apply to clean, dry, cool skin over the whole body, except eye area
- Leave on skin for 8-12 hours then wash off, reapplying after hand-washing
- Process should be repeated after one week

General advice

- Treat the affected patient, household members, close contacts and sexual partners (within a month), **with or without symptoms**, at the same time
- Wash bedding, towels and clothes $\geq 60^{\circ}\text{C}$ and dry in a hot dryer or dry clean. Alternatively, place items in a sealed plastic bag for at least 3 days
- Even after treatment, symptoms of itch may persist for up to four weeks
- Seek specialist advice for children < 2 mths OR suspected crusted scabies
- See [NHS](#) and [BAD](#) for Patient information leaflets on scabies.

In this Issue

- Management of Scabies
- Community Pharmacy, “Managing Anxiety” Campaign
- Recent NICE Guidance
- Managed Entry decisions
- Preventing GI Harm: Safer NSAID Prescribing
- Reminder CD Prescribing

Recent NICE Guidance

[NICE TA 698](#)
[NICE TA 1165](#)
[NICE TA 1166](#)
[NICE TA 1167](#)
[NICE TA 1170](#)
[NICE TA 1171](#)
[NICE TA 1172](#)
[NICE TA 1173](#)
[NICE TA 1174](#)
[NICE TA 1175](#)
[NICE TA 1176](#)
[NICE TA 1177](#)
[NICE TA 1178](#)

Managed Entry decisions

Gefapixant (Lyfnua®)
Progesterone (Prometrium®)
Zanidatamab (Ziihera®)
Amivantamab Infusion (Rybrevant®)
Osimertinib (Tagrisso®)
Brentuximab (Adcetris®)
Nemolizumab (Nemluvio®)
Durvalumab (Imfinzi®)
Sotatercept (Winrevair®)
Tisotumab vedotin (Tivdak®)
Lisocabtagene maraleucel (Breyanzi®)
Cemiplimab (Libtayo®)
Mepolizumab (Nucala®)
Serplulimab (Hetronify®)
Peginterferon alfa-2a (Pegasys®)
Peginterferon alfa-2a (Pegasys®)
Givinostat (Duvyzat®)

Community Pharmacy, “Managing Anxiety” Campaign

The ‘Managing Anxiety’ campaign will run in over 500 community pharmacies across Northern Ireland during August and September 2026 as part of the *Living Well* service, helping to support Mental Wellbeing. The campaign will highlight that feeling anxious is a normal and common experience, whilst encouraging people to access support when needed. It provides practical tips to help manage anxiety, alongside guidance on recognising when additional support may be required. Key messages emphasise that whilst some anxiety can be helpful, persistent or overwhelming symptoms may impact daily life and require further support.

Community Pharmacy teams will use campaign resources to offer accessible advice and signposting, helping to improve timely access to care. Patients are encouraged to visit their local pharmacy to access these resources. Visit [Living Well](#) to find out more and for evaluation reports for previous campaigns.

Feeling anxious?
Calming skills can help



Preventing GI Harm: Safer NSAID Prescribing

A Serious Adverse Incident has highlighted the importance of addressing **gastrointestinal (GI) risk in patients prescribed oral non-steroidal anti-inflammatory drugs (NSAIDs)**. [Risk factors for GI adverse events include](#) age over 65, high NSAID dose, previous gastroduodenal ulcer, GI bleeding or perforation, anticoagulants, corticosteroids, SSRIs, cardiovascular disease, hepatic or renal impairment, diabetes, hypertension, heavy smoking, excessive alcohol consumption, previous adverse reaction to NSAIDs, prolonged NSAID requirement, NSAID type and H. pylori.

Best practice to manage risk

- [Topical NSAIDs](#) first line for osteoarthritis
- [Oral](#) ibuprofen or naproxen if topical treatment ineffective or unsuitable
- Prescribe the lowest effective dose for the shortest time
- Assess GI risk factors and need for gastroprotection– see [PrescQIPP](#) and [CKS](#) (table below)
- Prescribe lansoprazole 15-30 mg once daily or omeprazole 20 mg once daily if gastroprotection required. Include the direction, “while taking [name NSAID]”. Review the NSAID and PPI together; stop the PPI if the NSAID stops unless another indication remains.
- Prescribe only one NSAID at a time
- Avoid NSAID + low-dose aspirin (follow NI Formulary advice on [co-administration](#) and [monitor](#) closely)
- Consider an alternative analgesic or non-drug option

GI risk	CKS category	CKS advises
Low	No GI risk factors	Use a non-selective NSAID
Moderate	1-2 GI risk factors	Use either a COX-2 inhibitor alone, or a non-selective NSAID plus a PPI
High	Previously complicated ulcer, or more than 2 GI risk factors	Use a COX-2 selective NSAID instead of a standard NSAID and co-prescribe a PPI

Reminder - Controlled Drug (CD) Prescribing

It is essential to ensure that all CD prescription forms meet the [legislative](#) requirements. This includes health service (HS21) computer generated, handwritten and also private prescriptions.

CD Prescriptions Requirements (for Schedules 2 & 3 CDs)

- indelible (in ink or otherwise)
- include appropriate date
- signed in ink by the appropriate practitioner
- include address of the appropriate practitioner (within UK)
- include an indication of the type of appropriate practitioner e.g. pharmacist
- name and address of patient
- age for persons under 12

Pharmacists may NOT dispense these prescriptions unless all the information required by law is included e.g. “**as directed**” does not constitute a dose and cannot be dispensed.

The [Department of Health](#) have issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 CDs prescribed

should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded in the patient's notes.

Prescription CDs in Schedules 2, 3, or 4 are valid for 28 days from the appropriate date. Schedule 5 prescriptions are valid for 6 months from the appropriate date. See [BNF](#) for further information.

CD Prescriptions Medication Details (for Schedules 2 & 3 CDs)

- the preparation
- the dosage form e.g. tablets
- the strength of the preparation (prescribe different strengths as separate items)
- the total volume of liquid in millilitres (words and figures)
- the total number of tablets, capsules, ampoules (words and figures) of dosage units to be supplied
- the dose, which **MUST** be clearly defined e.g. “**one as directed**” constitutes a dose. “As directed” is not appropriate.

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#). Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the Newsletter; SPPG cannot accept responsibility for their content. The SPPG does not necessarily endorse the views expressed within these external websites. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages. This newsletter is not to be used for commercial purposes.