

# Prescribing and Medicines Optimisation Guidance

---

Issue: 65

Date: 2<sup>nd</sup> March 2022

## 1. Enstilar for psoriasis – Advice from local community dermatologists

Calcipotriol with betamethasone may be prescribed as three different formulations, dependant on patient preference and indication as below:

**Dovobet gel** for:

- Scalp psoriasis
- Mild to moderate plaque psoriasis

**Enstilar foam** for:

- Psoriasis (flare treatment)
- Psoriasis (maintenance treatment)

**Dovobet ointment** for:

- Stable plaque psoriasis

Local community dermatologists would like to raise the awareness of Enstilar now being licensed for long term maintenance treatment of psoriasis. Patients who have responded at 4 weeks' treatment using Enstilar once daily are suitable for long-term maintenance treatment. Enstilar should be applied twice weekly on two non-consecutive days to areas previously affected by psoriasis vulgaris. Between applications there should be 2-3 days without Enstilar treatment. If signs of a relapse occur, flare treatment, as described above, should be re-initiated.

## 2. NICE: Updates to rapid guideline: managing COVID-19 (NG191) ([Link](#))

NICE have added a new recommendation on neutralising monoclonal antibodies for people with COVID-19 who are not in hospital. Recommendations on molnupiravir and remdesivir for people with COVID-19 who do not need supplemental oxygen have also been added to the guideline.

**3. MHRA: Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics and a reminder of psychiatric reactions ([Link](#))**

Carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality. Be vigilant for psychiatric reactions associated with hydroxychloroquine or chloroquine, especially in the first month of treatment; events have been reported in patients with no prior history of psychiatric disorders.

**4. MHRA :Emollients and risk of severe and fatal burns- Reminder**

This is a reminder of the risks of severe and fatal burns with all emollients, via the Drug Safety Update, December 2018 ([Link](#)).

Emollients can transfer from the skin onto clothing, bedding, dressings, and other fabric. Once there, they can dry onto the fabric and build up over time. In the presence of a naked flame, fabric with emollient dried on is easily ignited.

Although emollients are not flammable in themselves or when on the skin, when dried on to fabric they act as an accelerant, increasing the speed of ignition and intensity of the fire. This accelerant effect significantly reduces the time available to act to put out a clothing or bedding fire before serious and fatal burns are sustained.

All emollients (lotions, creams, ointments, gels, sprays, soap substitutes) carry this risk. This includes all paraffin-base products regardless of % paraffin content, and paraffin-free products. No emollient can be considered 'safer' than another with regard to this risk. A toolkit of resources is available for health and social care professionals to support the safe use of emollients. [LINK](#)

**5. GP Community Pharmacist Consultation Service ([Link](#))**

This one-page summary document has been written by Wessex LMC and LPCs to raise awareness of the Community Pharmacy Consultation Service. There is evidence that advice provided by community pharmacists regarding minor ailments is as effective as a GP consultation. This service requires a digital referral from the GP surgery to a community pharmacy for the treatment of minor ailments, helping to reduce the appointment burden on GP practices. By making the digital referral the surgery will receive a summary of the consultation outcome, providing an audit trail.

**6. SPS: Prescribing in lactose intolerance and how to identify lactose free medicines ([Link](#))**

An article by the Specialist Pharmacy Service highlights why lactose in medicines is important for healthcare professionals to consider, how to check lactose content and identify lactose free medicines.

**7. NICE: Type 2 diabetes in adults: Management (NG28) ([Link](#))**

Some changes have been made to this NICE guideline this month. Several recommendations on drug treatment have been amended following evidence review. Changes include amending “initial drug treatment with metformin” to “monotherapy” as certain patients may now be taking SGLT2 inhibitor as monotherapy at this stage.

**8. COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry ([Link](#))**

As the safety of COVID-19 antivirals in pregnancy has not been established, please report any pregnancies which occur during use of an antiviral, including paternal use, to the UK COVID-19 Antivirals Pregnancy Registry. This advice applies to molnupiravir (Lagevrio ▼), the combination of PF-07321332 (nirmatrelvir) plus ritonavir (Paxlovid ▼), and remdesivir (Veklury ▼).

Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris  
On behalf of the Hampshire, Southampton and IoW CCG Medicines Optimisation Team

Previous bulletins can be found at: <https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/>