Derbyshire Medicines Management
Clinical Effectiveness bulletin
Information relevant for Primary care

Bulletin 1
2nd April 2020

Recognising the impact COVID-19 on all aspect of our work life, the Derbyshire CPD team have put a bulletin together of relevant COVID-19 information, for the Derbyshire wide primary care Health Community. As an interim measure this bulletin will supersede the monthly JAPC bulletin

See http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/coronavirus-covid-19 for all COVID-19 related information

Local advice for COVID-19

RED traffic light medicines – Drugs which have been classified as RED by JAPC (including high cost medicines that are excluded from tariff) must always be prescribed by the specialist and are not appropriate for prescribing in primary care unless in line with our out-of-area prescribing guidance. If you are asked to prescribe a Red drug outside of this please alert UHDB or CRHFT via the prescribing portal, or for out-of-area requests please liaise with the specialist and complete an inappropriate request form.

Medicines Order Line – The MOL is a telephone-based prescription ordering service and is supporting the majority of GP practices across Derbyshire. This provides a vital service to our patients in order to receive timely access to their medication and to relieve pressure on GP practices. The MOL is experiencing an ongoing increase in call volumes due to the emergency situation.

CD Incident Reporting – local advice is to report only incidents or concerns that you consider are **"serious"** or have had a **"catastrophic"** outcome or where CDs have been taken by staff members. Reports must be made as soon as practicable and via www.CDReporting.co.uk.

Medicine specific advice

Position statement on ACEI and ARB in Patients with Covid-19 – this review addresses concerns about use of ACEI/ARB and explicitly highlights that withdrawal of ACEI/ARBs may be harmful in certain high-risk patients with known or suspected Covid-19.

A joint statement from the British Cardiovascular Society and the British Society for Heart Failure has offered reassurance to people taking ACEI and ARBs as follows: 'there is no evidence to support this assertion and that both organisations share the view of the European Society of Hypertension and the Renal Association that patients should continue treatment with ACEI and ARB unless specifically advised to stop by their medical team.'

Anti-inflammatories in Covid-19 – concerns have been raised about the use of NSAID in relation to Covid-19 following a statement by the French Health Minister advising against the use of ibuprofen. There appears to be no evidence that NSAIDs increase the chance of acquiring Covid-19. In view of the current lack of clarity the Commission on Human Medicines (an advisory body of MHRA) and NICE have been asked to review the evidence. It is therefore suggested that, in the interim, for patients, who have confirmed Covid-19 or believe they have Covid-19, that they **use paracetamol in preference to NSAIDs**.

Chloroquine and hydroxychloroquine not licensed for Covid-19 treatment – media reports have suggested that chloroquine can protect patients from coronavirus. Chloroquine and hydroxychloroquine are not licensed to treat COVID-19 related symptoms or prevent infection. Clinical trials are ongoing to test chloroquine and hydroxychloroquine as an agent in the treatment of COVID-19 or to prevent COVID-19 infection. These clinical trials are still not completed, so **no conclusions** have been reached on the safety and effectiveness of this medicine to treat or prevent COVID-19. Until there is clear, definitive evidence that these treatments are safe and effective for the treatment of COVID-19, **they should only be used for this purpose within a clinical trial.**

Warfarin to NOAC (or DOAC) – national guidance has been produced and endorsed by the RCGPs. The choice to switch should be taken on an individual patient basis. **Prescribers are reminded that edoxaban is the preferred NOAC of choice across Derbyshire.**

Vitamin B12 IM – local guidance is being developed to assist primary care.

DMARD monitoring – national guidance has been produced and available through the SPS website. Local advice is being developed.

Psychotropic medication and COVID-19 in Primary Care – has been produced by Derbyshire Healthcare NHS Foundation Trust explaining how to manage and monitor patients on Lithium with suspected or confirmed Covid-19.

National advice

RCGP Guidance on workload prioritisation during COVID-19

This guidance has been developed for clinicians working in general practice in the UK. It should be read alongside guidance from the BMA on workload prioritisation dated 19 March 20. During the development of this guidance consideration was given to work that is essential to maintain public health and that which is unlikely to cause harm if delayed for approximately a short number of months. It is not an exhaustive list of GP workload and is not intended to replace clinical judgement for individual patient cases.

NHS Volunteer Responders information for health professionals

NHS Volunteer Responders have been mobilised to help support vulnerable individuals who are self-isolating. NHS Volunteer Responders can be asked to help individuals with tasks such as delivering medicines from pharmacies; driving patients to appointments; bringing them home from hospital; and regular phone calls to check they are ok. Volunteers will receive role specific training where required. Referrals should be made via the NHS Volunteer Responders referrers' portal.

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Community Palliative, End of Life and Bereavement Care in the COVID-19 pandemic (prepared by the Royal College of General Practitioners and the Association for Palliative Medicine). This guidance has been produced during the COVID-19 outbreak in order to support the care in the community of patients and those important to them, at the end of their lives or who are unwell as the result of COVID-19 or other life-limiting illnesses.

Ethical dimensions of COVID-19 for front-line staff (developed by the Royal College of Physicians). Presently there is no specific treatment or prophylaxis option for COVID-19. The practical ethics will change as such options emerge. This should be taken into account when reviewing this document and making ethical decisions based on the advice presented here. This guidance has benefited from multiple stakeholder input, including the General Medical Council (GMC), the Faculty of Intensive Care Medicine, the Intensive Care Society, royal colleges and faculties. It provides guidance for the difficult ethical issues that front-line staff will face while caring for their patients during the pandemic.

Electronic repeat dispensing – practices are encouraged to continue to promote usage and where appropriate, move patients to electronic repeat dispensing. A variety of online reordering mechanisms for repeat medications is also available for patients to use. Further information is available at: https://digital.nhs.uk/services/electronic-prescription-service/phase-4. The MOL is currently moving patients to post-dated prescriptions where appropriate in line with agreement with the Derbyshire Prescribing Group, LMC and PCN CDS. Local information for eRD and post-dated prescriptions will be shared with Prescribing Leads and Practice Managers.

Personal protective equipment (PPE) – PHE guidance on the use of PPE now recommends use of masks in pharmacies when working in an area with possible or confirmed cases and where pharmacy teams are unable to maintain 2 metres social distance. The guidance also now includes three new tables which clearly explain the PPE required for different common clinical scenarios – one for hospitals, one for primary care, outpatient and community care (including pharmacy staff) and one for ambulance and first responders. A fourth table describes when to use PPE for all patient encounters (not just patients with suspected or confirmed COVID-19) at a time when there is sustained community transmission of COVID-19, as is currently occurring in the UK, and the likelihood of any patient having coronavirus infection is raised.

Further resources for primary care

Oxford CEBM: COVID-19 evidence service

Coronavirus disease 2019 (Covid-19): a guide for UK GPs BMJ 2020;368:m800. doi: https://doi.org/10.1136/bmj.m800 (Published 06 March 2020)

MHRA notices

- **Esmya (ulipristal acetate):** suspension of the licence due to risk of serious liver injury. Contact patients currently taking Esmya for uterine fibroids as soon as possible and advise them to stop their treatment. The licence for Esmya has been suspended to protect public health while a safety review is conducted following a further case of liver injury requiring transplant. **GG has changed the traffic light classification from RED to BLACK.**
- **SGLT2 inhibitors**: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness. SGLT2 inhibitor treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses and ketone levels measured, preferably in blood rather than urine. Treatment may be restarted when the ketone values are normal and the patient's condition has stabilised.
- **Benzodiazepines and opioids:** reminder of risk of potentially fatal respiratory depression. Benzodiazepines and opioids can both cause respiratory depression, which can be fatal if not recognised in time. Only prescribe together if there is no alternative and closely monitor patients for signs of respiratory depression.
- **Tofacitinib** (Xeljanz▼): new measures to minimise risk of venous thromboembolism and of serious and fatal infections. Caution should be used in patients with known risk factors for venous thromboembolism in addition to the underlying disease. Patients older than 65 years of age are at an increased risk of serious infections and should be treated with tofacitinib only if there is no alternative treatment.
- **Baricitinib** (Olumiant▼): risk of venous thromboembolism. Discontinue baricitinib treatment permanently if clinical features of deep vein thrombosis or pulmonary embolism occur. Prescribers are reminded to use caution if using baricitinib in patients with risk factors for deep vein thrombosis or pulmonary embolism in addition to rheumatoid arthritis.

NICE guidance - March 2020

NICE NG155 - Tinnitus: assessment and management.
NICE NG156 - Abdominal aortic aneurysm: diagnosis and management
NICE NG158 - Venous thromboembolic diseases: diagnosis, management and thrombophilia testing
NICE NG159 - COVID-19 rapid guideline: critical care in adults
NICE NG160 - COVID-19 rapid guideline: dialysis service delivery
NICE NG161 - COVID-19 rapid guideline: delivery of systemic anticancer treatments
NICE NG162 - COVID-19 rapid guideline: delivery of radiotherapy
NICE NG88 - Heavy menstrual bleeding: assessment and management
NICE TA625 - Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)