

Derbyshire Medicines Management  
Clinical Effectiveness Bulletin  
Information Relevant for Primary Care

Bulletin 3  
17<sup>th</sup> April 2020

Recognising the impact COVID-19 is having 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/home/COVID for all COVID-19](http://www.derbyshiremedicinesmanagement.nhs.uk/home/COVID%20for%20all%20COVID-19) related information

**The Clinical Policy and Decisions team has created a Covid-19 webpage which hosts all Covid-19 related information (local and national) relevant for primary care on the [Derbyshire Medicines management website](#).**

### Local advice for COVID-19

#### Vitamin B12 guidance

Local guidance for managing Vitamin B12 (Hydroxocobalamin) injections in primary care during the coronavirus pandemic has been agreed and uploaded to the Covid-19 section of the Medicines Management website. Essentially the guidance recommends continuing with the Vitamin B12 injection where possible; if this is not possible then delaying the next injection is viable. If both are not viable options and the patient needs to continue with treatment then consider switching to oral vitamin B12 tablet at 1000mcg daily. Please note Vitamin B12 is a health food supplement and not a medicine and is unlicensed for this indication. Prescribers should be aware and explain to patients the risk of using unlicensed products. If prescribed, ensure a mechanism is in place to identify and switch back to IM hydroxocobalamin once pandemic period is over.

#### DMARD monitoring

Locally we have adopted the Specialist Pharmacy Service ([SPS](#)) guidance on the management of drugs requiring monitoring during COVID-19, which includes specific advice on DMARD monitoring (azathioprine, leflunomide, mercaptopurine, methotrexate, sulfasalazine, ciclosporin and penicillamine). The guidance aims to help clinicians manage patients who are currently on a medicine that requires monitoring during the COVID-19 pandemic. The objective is to both protect patients from unnecessary health care visits and help preserve capacity in primary care. Overall, the guidance recommends that drug monitoring during the COVID-19 pandemic is prioritised for patients that will gain most benefit.

#### Confidential Care

This is a free and confidential information, support and counselling service. The service offers practical advice and emotional support for either work or personal issues. It is available 24 hours a day 7 days a week 365 days a year. Advice includes debt & financial management, legal & tax advice, family care, everyday matters and counselling & emotional support.

### National advice

#### RPS - ethical, professional decision making in the COVID-19 Pandemic

There is a recognition that all pharmacists and pharmacy technicians, like other health professionals, are working under extreme pressures during the current pandemic. We recognise that safe and effective care – rather than ideal care – may be the best and right kind of care to provide, in the context of the COVID-19 challenge. Pharmacists and pharmacy technicians will need to make quicker, timelier decisions which may feel uncomfortable, have increased belief in their own experience, and draw upon experience around them. The guidance in this document is intended for utilisation by all sectors of the profession and by staff in both strategic roles and those in roles closer to patients. The guidance includes advice regarding the **repurposing of medicines**. All pharmacists and pharmacy technicians should act to ensure the most prudent use of medicines. Under no circumstances is it currently acceptable to supply patient-returned or date-expired medicines without further regulatory advice as this would be in contravention of section 64(1) of the Medicines Act 1968 if a patient is harmed by taking a medicine that is not of the nature or quality demanded.

#### BTS Information: Respiratory Inhalers

The UK is experiencing a significant demand on the supply chain for respiratory inhaler products. BTS has collated an information sheet for primary care regarding responsible prescribing of inhalers to avoid disrupting the supply chain. Essentially it encourages health care professionals to write monthly repeat prescriptions and advises patients to not stockpile inhalers at home.

Furthermore the guidance advises to avoid switching between different types of inhalers unless essential to ensure continuity of patient treatment. If an alternative inhaler is required try and ensure patients are switched to alternative class of inhaler device (i.e. Aerosol (e.g. MDI, Easibreathe, Autohaler or dry powder inhalers). Also includes promotion of medicines optimisation through utilising useful websites such as <https://www.asthma.org.uk/advice/inhaler-videos/> and <https://www.rightbreathe.com>.

### **Further resources for primary care**

[SPS](#) - has developed a repository of COVID related information for primary care.

### **Medicines Complete via Open Athens**

SPS have been working with Pharmaceutical Press and have organised access to Medicines Complete for a limited time for pharmacists working in GP practices and for NHS 111 pharmacists. Access is through a free NHS OpenAthens account.

Resources available are:

- Drug administration via enteral feeding tubes
- Drugs in pregnancy and lactation
- Palliative care formulary
- Stockley's drug interactions
- Stockley's Herbal Medicines Interactions
- Herbal Medicines

Unlock the evidence with NHS OpenAthens:

- Register once at <https://openathens.nice.org.uk> for anytime, anywhere access to online journals, databases and other evidence sources including Medicines Complete and BMJ Best Practice

The registration form will prompt you to enter your organisation. The access route for 111 pharmacists is slightly different than for primary care just based on the "organisation" they say they work for: NHS111 staff should enter NHS Digital in the organisation box.

### **MHRA**

### **Commission on Human Medicines advice on ibuprofen and coronavirus (COVID-19)**

The Commission of Human Medicines Expert Working Group on coronavirus (COVID-19) has concluded that there is currently **insufficient evidence** to establish a link between use of ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), and susceptibility to contracting COVID-19 or the worsening of its symptoms. The advice is that patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19, such as for fever and headache. Healthcare professionals should consider a patient's individual risk factors, including any history of cardiovascular and gastrointestinal illness, when prescribing ibuprofen. Additionally, ibuprofen should be used with caution in patients with known renal impairment. The lowest effective dose of ibuprofen should be used for the shortest duration necessary to control symptoms.

### **NICE guidance - April 2020**

### **NICE NG168 - COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease**

The guideline on COPD recommends that patients should continue taking their regular inhaled and oral medicines, including corticosteroids, in line with their individualised self-management plan to ensure their COPD is as stable as possible. This includes those with or suspected COVID-19.

If patients **develop symptoms of COVID-19**, the guidance advises they should not start a short course of oral corticosteroids and/or antibiotics. It also says they should not routinely start prophylactic antibiotics to reduce their risk from COVID-19.

### **NICE NG169 - COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response**

For patients known or suspected to have COVID-19 the guideline states they should continue topical treatments (ones that are applied to the skin) and that the use of topical treatments rather than systemic treatments that affect the immune system should be considered for any new skin conditions.

The guideline also advises that these patients should not suddenly stop taking oral corticosteroids.

### **NICE NG170 - COVID-19 rapid guideline: cystic fibrosis**

The guideline highlights government guidance on shielding and protecting patients with cystic fibrosis, who are extremely vulnerable from COVID-19, and recommends several ways in which care can be provided to minimise face-to-face contact and visits to hospital. It gives recommendations for patients with possible COVID-19 and says that members of the cystic fibrosis team should be involved in decisions about their patient's care, including escalation of treatment.