

**Derbyshire Medicines Management  
Clinical Effectiveness bulletin  
Information relevant for Primary care**

Bulletin 6  
11<sup>th</sup> May 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

**Diabetes drugs and Covid-19** (adapted from “practical recommendations for the management of diabetes in patients with COVID-19, <https://www.thelancet.com/action/showPdf?pii=S2213-8587%2820%2930152-2>)

Optimising glycaemic control to reduce the risk of severe COVID-19 disease is important in diabetic patients. The following list comprises specific considerations around treatment of diabetics with Covid-19:

**Metformin**

- Dehydration and lactic acidosis will probably occur if patients are dehydrated, so patients should stop taking the drug and follow sick day rules
- During illness, renal function should be carefully monitored because of the high risk of chronic kidney disease or acute kidney injury

**Sodium-glucose-co-transporter 2 inhibitors (SGLT2i)** - include canagliflozin, dapagliflozin, and empagliflozin

- Risk of dehydration and diabetic ketoacidosis during illness, so patients should stop taking the drugs and follow sick day rules
- Patients should avoid initiating therapy during respiratory illness
- Renal function should be carefully monitored for acute kidney injury

**Glucagon-like peptide-1 receptor agonists (GLP1 agonists)** - include albiglutide, dulaglutide, exenatide-extended release, liraglutide, lixisenatide, and semaglutide

- Dehydration is likely to lead to a serious illness so patients should be closely monitored
- Adequate fluid intake and regular meals should be encouraged

**Dipeptidyl peptidase-4 inhibitors (gliptins)** - include alogliptin, linagliptin, saxagliptin, and sitagliptin

- These drugs are generally well tolerated and can be continued

**Insulin**

- Insulin therapy should not be stopped
- Regular self-monitoring of blood-glucose every 2–4 hours should be encouraged or continuous glucose monitoring.
- Carefully adjust regular therapy if appropriate to reach therapeutic goals according to diabetes type, comorbidities, and health status Connected Health models and Telemedicine should be used to continue regular reviews and self-management education programmes virtually and ensure patients are adherent to therapy.

**Acute Kidney injury (AKI) and COVID-19.** (Adapted from Julia Robinson, [the Pharmaceutical Journal 23 APR 2020](#))

AKI is a sudden reduction in kidney function. AKI mostly occurs as part of an acute illness, such as influenza or gastroenteritis, owing to several factors: the infection itself, loss of salt and water, and low blood pressure. This can be compounded by medicines that the patient may be taking for this or other conditions.

Patients with COVID-19 and pre-existing chronic kidney disease (CKD) will be at increased risk of AKI through fever, reduced fluid intake, diarrhoea, and NSAIDs used for treatment of myalgias and headaches. Patients without pre-existing CKD may also develop AKI when presenting with COVID-19 and require renal replacement therapy.

**Drugs that need monitoring or dose adjustment owing to accumulation or other effects on the kidneys**

Analgesics - benzodiazepines, opioids, tramadol

Antibiotics/antifungals/antivirals -acyclovir, aminoglycosides, intravenous (IV) amphotericin, co-trimoxazole fluconazole, ganciclovir IV, penicillin, teicoplanin, tetracycline, trimethoprim, valganciclovir, vancomycin

Antiepileptics - levetiracetam, pregabalin and gabapentin

Antihypertensives -beta blockers, calcium-channel blockers, thiazide and loop diuretics

Hypoglycaemics - dipeptidyl peptidase-4 inhibitors, metformin

Immunosuppressants - calcineurin inhibitors (e.g. ciclosporin, tacrolimus), methotrexate

Other - allopurinol, digoxin, lithium, low-molecular-weight heparins, bisphosphonates, nicorandil, nitrates

Note: this list is not exhaustive.

Medicines review after acute kidney injury admission:

- Eliminate potential cause (e.g. medicines with nephrotoxic potential);

- Avoid inappropriate combinations of medicines;
- Ensure all medicines are clinically appropriate;
- If a medicine must be used, amend doses appropriate to renal function, monitor blood levels of drugs wherever possible and keep course as short as possible;
- Following discharge, advise patient if and when to restart medicines.

### **New legislation relating to controlled drugs.**

Three temporary emergency measures have been introduced by the UK Government into legislation [[The Misuse of Drugs \(Coronavirus\) \(Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.\) Regulations 2020](#)]. Please be aware that these new measures **WILL NOT** come into use now. These temporary measures would only potentially be used in limited circumstances in a particular area following an announcement by the Secretary of State if there were severe disruptions to the supply of repeat prescriptions of controlled drugs for patients. This includes patients requiring opioid medicines for palliative care, severe pain management, or taking regular opioid substitution therapy. This would help the pharmacy sector to continue to deliver the care and services needed to protect some of the most vulnerable members of society. Further information can be found at [GPhC](#).

### **Medicines Use Review (MUR) and New Medicines Service (NMS) and Covid**

To reduce face-to-face contact with patients NMS can be conducted over the phone. MURs can also be provided over the phone, but only when the local NHSE&I team give approval for a particular patient, and on a particular occasion. The Directions require a telephone MUR to be carried out such that no-one can overhear the consultation. Contractors can use [PSNC's PREM2 forms](#) to make applications to their local NHSE&I team for telephone MURs and off-site MURs.

### **Disposal of Personal and Protective Equipment**

As per [Novel Coronavirus \(COVID19\) standard operating procedure](#), disposal of PPE, used tissues and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and quarantined for 72 hours before being put in your usual external waste bin.

### **Suspension of ranitidine medicines in the EU**

EMA's human medicines committee (CHMP) has recommended the suspension of all ranitidine medicines in the EU due to the presence of low levels of an impurity called N-nitrosodimethylamine (NDMA). NDMA is classified as a probable human carcinogen (a substance that could cause cancer) based on animal studies. It is present in some foods and water supplies and is not expected to cause harm when ingested at very low levels. Although the exact source of the impurity in ranitidine is yet to be determined, it is possible that NDMA may form from the degradation of ranitidine even under normal storage conditions. Some studies indicated that ranitidine may cause additional endogenous NDMA formation by its degradation or metabolism in the gastro-intestinal tract, although other studies did not. Available clinical and epidemiological data do not show that ranitidine increases the risk of cancer. While ranitidine medicines are unavailable, **advise patients on alternative medicines.**

<b>NICE guidance published to date</b>
NG159: critical care in adults
NG160: dialysis service delivery
NG161: delivery of systemic anticancer treatments
NG162: delivery of radiotherapy
NG163: managing symptoms (including at the end of life) in the community
NG164: haematopoietic stem cell transplantation
NG165: pneumonia in adults in the community
NG166: severe asthma
NG167: rheumatological autoimmune, inflammatory and metabolic bone disorders
NG168: chronic obstructive pulmonary disease (COPD)
NG169: dermatological conditions treated with drugs affecting the immune response
NG170: cystic fibrosis
NG171: acute myocardial injury
NG172: GI and liver conditions treated with drugs affecting the immune response
<b>New NICE guidance</b>
<b>NG173: antibiotics for pneumonia in adults in hospital</b> The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID 19 pandemic
<b>NG174: children and young people who are immunocompromised</b> The purpose of this guideline is to maximise the safety of children and young people who are immunocompromised during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.