

Derbyshire Medicines Management
Clinical Effectiveness bulletin
Information relevant for Primary care

Bulletin 7
15th 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

[Association of Use of Angiotensin-Converting Enzyme Inhibitors and Angiotensin II Receptor Blockers With Testing Positive for Coronavirus Disease 2019 \(COVID-19\)](#). In this study of 18,472 patients testing positive for COVID-19 found no significant association between ACEI and/or ARB use with COVID-19 test positivity (overlap propensity score-weighted OR 0.97, 95% CI 0.81-1.15). The clinical data supports current professional society guidelines **to not discontinue ACEIs or ARBs** in the setting of the COVID-19 pandemic.

[Chloroquine and Hydroxychloroquine for COVID-19](#)

Media reports have suggested that hydroxychloroquine and chloroquine can protect patients from coronavirus. A [rapid systematic review](#) of clinical trials utilising chloroquine and hydroxychloroquine as a treatment for COVID-19 found there is currently not enough data available to support the routine use of hydroxychloroquine and chloroquine as therapies for COVID-19. A further [editorial in JAMA](#) highlights the adverse effects experienced by patients enrolled in the trials which include fever and respiratory symptoms, along with tachypnea, tachycardia, hypoxemia, or hypotension. Pending further results from more extensive studies with more stringent study parameters, **clinicians should defer from routine use of hydroxychloroquine and chloroquine.**

[Vitamin D: A rapid review of the evidence for treatment or prevention in COVID-19](#)

The Centre for Evidence-Based Medicine at Oxford University has undertaken a rapid review of the evidence for Vitamin D in the treatment or prevention of COVID-19. From the finding there was no evidence related to vitamin D deficiency predisposing to COVID-19, nor were there studies of supplementation for preventing or treating COVID-19. There is some evidence that daily vitamin D3 supplementation over weeks to months may prevent other acute respiratory infections, particularly in people with low or very low vitamin D status. This evidence has limitations, including heterogeneity in study populations, interventions, and definitions of respiratory infections that include upper and lower respiratory tract involvement. The current advice is that the whole population of the UK should take vitamin D supplements to prevent vitamin D deficiency. This advice applies irrespective of any possible link with respiratory infection. Clinicians should treat patients with vitamin D deficiency irrespective of any link with respiratory infection. Policymakers should attend to public health measures to ensure the population has adequate vitamin D intake.

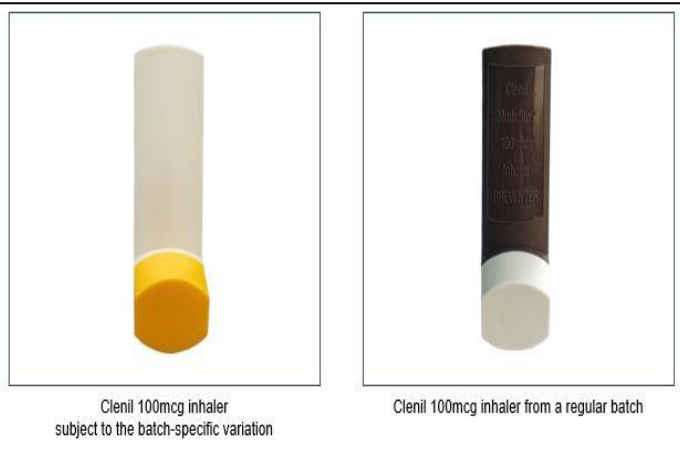
[The CCG policy of self-care with Vitamin D for insufficiency stands.](#)

[Coronavirus testing](#)

DHSC provide guidance on coronavirus testing, including who is eligible for a test, how to arrange a test, the testing process, care home residents and workers and list of essential workers and those prioritised for testing (England only).

[Chiesi release batch specific variation for Clenil 100 microgram inhaler owing to temporary increased demand](#)

To address the current increased demand of Clenil Modulite 100mcg additional batches are to be released into the UK supply chain following authorisation by the MHRA for a batch-specific variation. The batches are beige and yellow (as opposed to brown and beige).



Key points related to the batch variation:

- These inhalers contain the same active ingredient, beclometasone; no changes are needed to the prescription or the way patients manage their asthma
- Drug is delivered by the same inhaler device (pressurised metered dose inhaler, pMDI)
- The main changes relate to the product appearance: on the new batches the actuator is beige and the cap is yellow, instead of brown and beige, respectively on the original version
- The beige actuator is not embossed
- There is no dose indicator on the new batches

New resources added to COVID-19 section of Medicines Management website

[FSRH CEU clinical advice to support provision of effective contraception during the COVID-19 outbreak](#)

Medicines related key messages. During Covid19 restriction in face-to-face contact with healthcare professionals, FSRH CEU offers clinical advice to support ongoing provision of effective contraception. Provision of effective contraception (this may be a bridging method in the short term) and emergency contraception are considered priority services.

Community pharmacy and Care Homes. Resources for community pharmacies and care homes during the COVID-19 pandemic can be found on the COVID section of the medicines management website.

Homeless Patient Registrations & Primary Care Access during COVID-19. Derby and Derbyshire CCG will facilitate a service to support clinical decision-making during the COVID-19 pandemic for the homeless population who have been placed in designated hotels in the Derby City and Derbyshire County area. The aim is to manage homeless patients remotely whilst they are living at designated hotels. This supports reducing direct patient contact and thereby infection risk, and unnecessary hospital admission.

Management of Acute Dental Problems during COVID-19 Pandemic. Patients should be encouraged to manage their symptoms at home where possible as treatment options are severely restricted at this time. Mild and moderate dental symptoms should be managed remotely by providing advice and analgesics and/or antimicrobials where necessary.

[Running a medicines re-use scheme in a care home or hospice setting.](#)

The Department of Health and Social Care released a Standard Operating Procedure (SOP) on the 23rd of April 2020 for running a medicine re-use scheme in a care home or hospice setting. This memo is intended as a summary of the SOP and to support local implementation by clarifying certain elements of agreed through the local anticipatory meds working group comprising local GPs, CCG and LPC and NHSE representation. It is also intended as a resource for care homes and clinical staff pulling together supporting info to inform the decision to re-use a medicine and ensure that all necessary steps are completed when medicine re-use is undertaken. Local implementation decisions were based on the most pragmatic option for each key point raised with a view to ensuring as much consistency for homes in following the SOP without making it more restrictive than it was intended.

Community Pharmacy

[Dealing with returned medicines during the COVID-19 pandemic](#)

PSNC has worked with the National Pharmacy Association, the Royal Pharmaceutical Society and the Community Pharmacy Patient Safety Group to produce the joint guidance for community pharmacies in England. The guidance should help contractors determine how best to safely handle returned unwanted medicines at this time. It contains a list of considerations and a suggested procedure, as well as checklists to work through and may be useful for dispensing practices.

NHS Service Finder supports hospital pharmacy departments to discharge patients during the COVID-19 crisis

Hospital pharmacists will be able to use NHS Service Finder to instantly access up-to-date information on community pharmacies, including NHS email addresses. Electronic notes can now be sent on discharge to the relevant community pharmacy using secure NHS email. The development comes in the wake of the COVID-19 crisis, to support the safe and timely discharge of patients and enable effective communication between hospital and community pharmacists. NHS Service Finder gives access to accurate, real-time information to help signpost patients to available services to best meet their needs. It can be used by healthcare professionals to access the NHS 111 Directory of Services and NHS.UK service information on any device.

MHRA/EMA

[Valproate Pregnancy Prevention Programme: temporary advice for management during coronavirus \(COVID-19\)](#)

Owing to the COVID-19 pandemic and the reduced potential for face to face clinic appointments due to shielding, the MHRA has made some temporary amendments to the pregnancy prevention programme for valproate products.

For initiation by specialist in women of childbearing potential a face to face consultation (with appropriate social distancing) is required, except where the patient is shielding, where a remote consultation should be considered based on an individual risk assessment. Annual reviews should not be delayed due to the pandemic, and no woman or girl should stop taking valproate without first discussing it with their doctor. For pregnancy testing, where face-to-face consultation is not possible and pregnancy testing is required, home pregnancy testing could be acceptable, at the discretion of the clinician, provided certain criteria are met (details on the MHRA link above).

Ranitidine

With the suspension of ranitidine in the EU due to the presence of low levels of an impurity NDMA, the **local traffic light classification has changed to BROWN**. For patients switching from ranitidine, omeprazole is the first-choice PPI where clinically appropriate; consideration should also be given to deprescribing in appropriate patients.