

Covid-19 Prescribing Matters



This issue of the City and Hackney CCG Medicines Management Newsletter contains prescribing updates on COVID-19 for healthcare professionals in practices.

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Easter pharmacy opening

In previous years NHSE have organised a community pharmacy rota where a few pharmacies per borough are open each day at different times during bank holidays. This year NHSE expects all pharmacies to be open (across England) to cover core hours of 2-5pm.

Medicines Management Team (MMT) are awaiting confirmation from NHSE regarding which pharmacies will be open, currently we are aware (through Local Pharmaceutical Committee LPC) that Spring Pharmacy will be shut on both Good Friday April and Easter Monday.

NHSE are advising use of 'My Health London' website (<http://www.myhealth.london.nhs.uk/>) for all open (2-5pm) and closed pharmacies.

MMT will update practices about which C&H pharmacies will not be able to open as soon as it is available from NHSE.

For patients who should be self-isolating or shielding

Practices are asked to ask patients where appropriate to have relatives/ friends/ trusted neighbours to collect medicines if needed. If this is not feasible then prescriber should request on the prescription to please deliver medicine to the patient.

Practices are reminded that pharmacies will be open for only 3hrs and the capacity to deliver may be reduced in this limited time – please consider CAREFULLY before requesting a delivery.

Prescribing Resources Covid-19

Practices should note that MMT have relevant and useful prescribing resources which are updated regularly and should be checked first when advice is needed. **Practices should continue to send queries to the MMT team inbox if required.**

Local Covid-19 guidance relating to topics such as end of life care, vitamin B12, depot contraceptives, monitoring of various drugs, ELFT lithium and depot advice and NICE rapid guidance are all included here.

Please access the resources via links below -

- [List of medicines management resources for different clinical specialties](#) – these are links to various specialty advice by therapeutic indication
- [Medicine supply issues \(stock shortages\)](#) – for latest drug shortages

[Homerton Virtual Outpatients Clinic prescribing requests](#)

Some consultants at Homerton are now running virtual clinics to avoid bringing patients into the hospital. We have been asked to support their initiative of keeping patients away from hospital. The Homerton have asked for additional support from primary care prescribers. Prescribers running virtual clinics will write/email GPs asking them to issue electronic prescriptions of medication recommended from the virtual clinics without the hospital issuing the usual 2 weeks prescription.

We have agreed with the HUHFT team that medicines being requested by HUHFT clinicians via this route must meet the following criteria.

- The requested medicine is one that is commonly prescribed in primary care and that the GP would be familiar with and is readily available in a community pharmacy.
- Only medicines approved on the City and Hackney CCG / Homerton Joint Formulary will be recommended.
- Is not a hospital only or unlicensed special medicine
- Does not require shared care nor extensive monitoring
- Does not need to be initiated immediately

The communication to the GP should include a valid direct contact number for the HUHFT prescriber or team in case of queries.

[COVID-19 Rapid guidelines severe asthma \(link to NICE guidance\)](#)

- **Patients should continue to take their treatment as prescribed and only attend essential appointments alone, if possible, to minimise the risk of infection.**
- Severe asthma is defined by the European Respiratory Society and American Thoracic Society as asthma that requires treatment with high dose inhaled corticosteroids (see inhaled corticosteroid doses for NICE's asthma guideline) plus a second controller (and/or systemic corticosteroids) to prevent it from becoming 'uncontrolled', or which remains 'uncontrolled' despite this therapy.
- Assure patients that there is no evidence that inhaled corticosteroids increase the risk of getting COVID-19.
- Severe asthma patients should continue taking their regular medicines in line with their personalised asthma action plan. This includes those with COVID-19, or suspected of having it.
- Patients on maintenance oral corticosteroids should continue to take them.
- Anyone prescribed biologics should continue administration; please advise patients to discuss this with their severe asthma team.
- Patients with symptoms and signs of an asthma exacerbation, should be advised to follow their personalised asthma action plan and start a course of oral corticosteroids if clinically indicated.
- Guidance includes information on minimising face to face contact.

[COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community \(link to NICE guidance\)](#)

- **As COVID-19 becomes more prevalent in the community, pneumonia is more likely to be caused by the COVID-19 virus than bacteria.**

- **Antibiotics should only be offered if bacteria is the likely cause, or it is unclear whether the cause is bacterial or viral and symptoms are more concerning, or the person is at high risk of developing complications.**
- If a prescription is necessary use electronic prescribing.
- For useful guidance on remote consultations see the BMJ guidance on COVID-19: [a remote assessment in primary care for a useful guide](#), and [visual summary](#)

NICE full guidance includes further information on

- **Communicating with patients and minimising infection risk:** *Key COVID-19 symptoms, government self-isolation advice, sign posting to charities to improve mental wellbeing and minimising face to face contact in healthcare settings.*
- **Treatment and care planning:** *Discuss risks and benefits of treatments to allow patients to make informed decisions about their treatment goals and wishes. Document discussions.*
- **Diagnosis and assessment:** *Remote consultations, when physical examination is not possible the clinical diagnosis of community-acquired pneumonia of any cause in an adult can be informed by other clinical signs or symptoms, including assessing severity of illness to determine the need for hospital admission.*
- **Useful tools - [Medical Research Council's dyspnoea scale](#) or the [CEBM's review of ways of assessing dyspnoea \(breathlessness\) by telephone or video](#).**
- **Assessment:** Where pulse oximetry is available use oxygen saturation levels below 92% (below 88% in people with COPD) on room air at rest to identify seriously ill patients.
 - **COVID-19 viral pneumonia** may be more likely if the patient: presents with a history of typical COVID-19 symptoms for about a week, has severe myalgia, anosmia, breathless but has no pleuritic pain, has a history of exposure to known or suspected COVID-19 (such as a household or workplace contact).
 - **A bacterial cause of pneumonia** may be more likely if the patient: becomes rapidly unwell after only a few days of symptoms, does not have a history of typical COVID-19 symptoms, has pleuritic pain, has purulent sputum.
- **Managing suspected or confirmed Pneumonia:** ***When making decisions about hospital admission, take into account: the severity of the pneumonia, patient's wishes and care plans, service delivery issues and local NHS resources during the COVID-19 pandemic.***
 - Do not offer an antibiotic for treatment or prevention of pneumonia if: COVID-19 is likely to be the cause and symptoms are mild.
 - First choice oral antibiotic is doxycycline 200 mg on the first day, then 100 mg once a day for 5 days in total (not in pregnancy). Start ASAP and consider need for delivery.
 - Alternative: amoxicillin 500 mg 3 times a day for 5 days.
 - Click [For choice in penicillin allergy, pregnancy, severe disease, or atypical pathogens](#)
 - **Do not** routinely offer a corticosteroid unless the patient has other conditions for which these are indicated, such as asthma or COPD.
 - Advise patients to seek medical help without delay if their symptoms do not improve as expected or worsen.

[COVID-19 rapid guideline NG167: Rheumatological autoimmune, inflammatory and metabolic bone disorders \(link to NICE guidance\)](#)

- Health professionals should communicate with patients and support their mental wellbeing, including signposting to charities and support groups (see [Arthritis and Musculoskeletal Alliance](#) website for list of resources).
- Advise patients to contact their rheumatology team about any rheumatological medicines issues or if their condition worsens.
Homerton rheumatology webpage: <https://www.homerton.nhs.uk/rheumatology/>
- **Referrals:** prioritise urgent and emergency musculoskeletal referrals to secondary care in line with NHS England's [clinical guide on urgent and emergency musculoskeletal conditions requiring onward referral](#).

Medicines management (applicable to primary care)

- Be aware that patients having immunosuppressant treatments may have atypical presentations of COVID-19.
- **Drug monitoring:**
 - Assess with each patient whether it is safe to increase the time interval between blood tests for drug monitoring, particularly if 3-monthly blood tests have been stable for more than 2 years.
 - Patients starting a new disease-modifying anti-rheumatic drug should follow recommended blood monitoring guidelines. When this is not possible, they should contact the relevant specialist for advice.
- See NHS England's [clinical guide on the management of rheumatology patients](#) for the list of 'at risk' patients based on their medicines and for information about risk grading.
- Advise patients taking a non-steroidal anti-inflammatory drug for a long-term condition such as rheumatoid arthritis that it does not need to be stopped.
- Advise patients taking prednisolone that it should not be stopped suddenly.
- **In patients known or suspected to have COVID-19:**
 - **Continue** hydroxychloroquine and sulfasalazine.
 - **Do not** suddenly stop prednisolone.
 - Only give corticosteroid injections if the patient has significant disease activity and there are no alternatives (refer to NHSE guidance on [management of patients with musculoskeletal and rheumatic conditions on corticosteroids](#)).
 - **Temporarily stop** other disease-modifying anti-rheumatic drugs, JAK inhibitors and biological therapies, and **tell them to contact their rheumatology department** for advice on when to restart treatment.

Medicines management (applicable to specialists)

- **IV biologic treatments:** to be assessed whether there is a potential to switch to subcutaneous treatment or have treatment delayed/reduced.
- Do not postpone treatment with denosumab.
- Treatment with zoledronate can be postponed for up to 6 months.
- **Digital ulcer disease:** ensure that patients having intravenous prostaglandins (for example, iloprost, epoprostenol) have had the maximum dose of sildenafil. Assess whether they can be switched to bosentan.

[Prescribing of Homecare Enteral Feeds](#)

The medicines management team have been made aware by the community dieticians that practices have been having problems in issuing enteral feeds via the Electronic Prescription Service (EPS).

The following step by step process can be utilised by practices to prescribe enteral feeds via EPS:

Process for EPS for ONS /enteral nutrition patients receiving via Calea (FK Homecare)

1. Select feed from the Medication list

2. Click on 'Issue'
3. Click on 'EPS nomination'
4. Under Primary, click 'Find'
5. Under name, type in '**Calea**'.
Postcode search doesn't show up Calea using WA7 1NT.
6. Press 'search'
7. Select(nominate) 'Calea', then click on 'OK'
8. Complete prescription as normal
- 9. Ensure you revert back to the nominated local pharmacy and send other medication list patient on when needed**
10. Process needs to be repeated when ONS/enteral feed due (e.g. monthly or as previously as agreed)

Top Tip:

- Add to EMIS screen message for identified patients using the nutrition company e.g. Calea
- “ONS/enteral nutrition” prescription to go to post code of supplier”
- “Nominated pharmacy of other medication is”

There have also been issues relating to the BNF product name and code changes, this is due to the NHSBSA aligning their drug databases to dm+d codes. The dm+d is a dictionary of descriptions and codes which represent medicines and devices in use across the NHS.

This change has affected specific products e.g. Fresubin® Energy but not Fresubin®.

Other products that have had name or code changes include: Aymes® Shake, Nutrini®, Nutrison®, Pro-Cal®, Foodlink®, Resource® Please see below:

| Pre project: BNF Code | Pre project: BNF Description | Post project: BNF Code | Post project: BNF Description |
|--------------------------|--|---------------------------|--|
| 090401000BBJGA0 | Calogen_Emuls(Sbery) | 090401000AABABA | Generic Calogen emulsion |
| 090402000BBZJA0 | Aymes Shake_Pdr Sach 57g (Vanilla) | 090402000AAARAR | Generic Aymes Shake powder |
| 090402000BBCEA0 | Peptamen_Liq Diet (Vanilla) | 090402000AAASAS | Generic Peptamen liquid |
| 090402000BBDNA0 | Seravit_Paed Mix P/Apple | 090402000AAATAT | Generic Seravit Paediatric powder |
| 090402000BBIVA0 | PaediaSure_Liq (3 Flav) | 090402000BBBZA0 | PaediaSure liquid vanilla |
| 090402000BBGXA0 | Nutrison Pack_Conc Liq | 090402000BBGLA0 | Nutrison Concentrated liquid |
| 090402000BBINA0 | Nutrini Pack_M/Fibre Liq Feed | 090402000BBIPA0 | Nutrini Multifibre liquid |
| 090402000BBJLA0 | Pro-Cal_Pdr Sach 15g | 090402000BBJMA0 | Pro-Cal powder |
| 090402000BBMVA0 | Tentrini Pack_G/F Energy Feed | 090402000BBMZA0 | Tentrini Energy liquid |
| 090402000BBNLA0 | Fresubin Energy_Liq (8 Flav) | 090402000BBNMA0 | Fresubin Energy liquid unflavoured |
| 090402000BBLQA0 | Foodlink_Food Drink Sach 63g (Vanilla) | 090402000BBRTA0 | Foodlink Complete powder with fibre banana |
| 090402000BBYFA0 | Fortisip Compact Protein_S/Pack Liq | 090402000BBUFA0 | Fortisip Compact Protein Starter Pack liquid |

| | | | |
|-----------------|-------------------------------------|-----------------|---|
| 090402000BDANA0 | Nutricrem_S/Pack Dessert 500g | 090402000BBWXA0 | Nutricrem Starter Pack dessert |
| 190700000BBCIA0 | Resource_ThickenUp Pdr Sach 4.5g | 190700000AABABA | Starch maize modified powder gluten free |

Please inform the medicines management team if you have identified other products with similar issues.

- **Queries including repeat dispensing - Cahccg.cityandhackneymedicines@nhs.net**
- **Queries relating to community dietetics - huh-tr.dietetic.referrals@nhs.net or call 020 7683 4267**
- **Practice support pharmacists will available to support practices with adding enteral feed prescriptions onto EPS.**

[How to contact us](#)

For any queries, notifications, alerts and email correspondence please ensure at all times to use our secure team generic email account: cahccg.cityandhackneymedicines@nhs.net or alternatively contact us on 0203 816 3224. For clinical queries for drugs of dependence please email jennifer.saw@nhs.net

For all enquires, reporting concerns or incidents relating to Controlled Drugs please use the generic email or telephone.

Generic Controlled Drugs: 0203 978 3507

Generic Controlled Drugs: england.londoncdaccountableoffice@nhs.net

All information in this document is summarised from the best currently available sources to help inform your practice. Every effort has been made to ensure that information is correct at the time of the issue but for more detailed information please refer to the original material, which is referenced in each case.