

Welcome to the **COVID-19** K&M Medicines Optimisation (MO) news update.

### Articles in this week's edition include:

- Guidance for Dispensing Practices during COVID-19 Pandemic
- Guidance on Provision of Vitamin B12 injections during COVID-19
- Palliative care LES
- Delivery of Medicines to Patients During COVID-19
- Diabetes Update - SGLT2i Prescribing
- Latest Rapid Guidelines
- Shortages Update

Access a list of Medical Specialties/  
Professional Body advice with direct links to  
their respective COVID-19 published guidance  
[here](#)

Please send all medicines queries relating to  
COVID-19

[wkccg.gpscovid19@nhs.net](mailto:wkccg.gpscovid19@nhs.net)

### Guidance for Dispensing Practices During COVID-19 Pandemic

NHS England has authorised a legislation document enacting **Section 61** (1a & 1b) of *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*. Section 61 outlines: Temporary arrangements during emergencies or circumstances beyond the control of a dispensing doctor ([access here](#)). In short the legislation allows, in special circumstances **i.e. during a pharmacy closure**, for dispensing practices in England to be able to dispense to all patients (including formerly non-dispensing patients) until **Wednesday 1 July 2020** (subject to review). Approval for regulation 61 will be granted by NHS England **judiciously on a case by case basis** and **only** when non-dispensing patients are struggling to obtain their medication from their normal pharmacy.

Send requests for approval to [england.southeastcommunitypharmacy@nhs.net](mailto:england.southeastcommunitypharmacy@nhs.net).

### Guidance on Provision of Vitamin B12 Injections During COVID-19

The British Society for Haematology (BSH) has produced guidance on B12 supplements during the pandemic.

- For non-diet related deficiency, BSH suggest omitting hydroxycobalamin injections until the COVID-19 outbreak surge has passed, as liver stores last for a year. Oral cyanocobalamin 50-150 micrograms per day can be offered to patients **who report symptoms** in the weeks preceding B12 injection as an alternative.
- In diet related deficiency, the BSH advise suspending supplementation, or offering oral cyanocobalamin 50 mcg to be taken daily between meals **only if needed**.

Access the full BSH guidance ([here](#)): click on General Haematology then on BSH advice on B12 supplements. See the [NICE CKS](#) guidance also.

### Palliative Care Locally Enhanced Service Update

The CCG has commissioned a number of pharmacies across Kent and Medway to stock limited supplies of end of life drugs. The CCG will undertake a daily review to ensure that we have an accurate position regarding the current stocks available and communicate to providers. We have established a communication cascade to all providers involved in palliative care in the community to ensure rapid communication regarding stock issues. **Any concerns should be sent to** [WKCCG.Medman@nhs.net](mailto:WKCCG.Medman@nhs.net).

Clinical guidance has been produced that provides clinical and dosing information for all the drugs that could be used at end of life to ensure that alternative options for treatment are available. We recommend that patients should **not** be provided with stocks of anticipatory care medications too far in advance of need in order to conserve supplies. This will require clinician discretion. However, we recognise that if following clinical assessment, patients are likely to require end of life medication within a few days a prescription is issued. It is recommended that this is only for a few days supply to avoid waste. Out of hours services and the Home Treatment teams are all able to carry stat doses of end of life drugs to enable treatment to be initiated quickly.

Care homes are advised that where it is possible to safely store a deceased patient's end of life drugs and there are no safety concerns, these should NOT currently be returned for destruction.

It is hoped that all these actions will prevent a situation where a patient does not have access to end of life medication in a timely manner. Regulations have not changed and do not permit the administration of another patient's medication. However for the period of this COVID -19 pandemic it has been agreed in Kent and Medway that in a care home, where it is absolutely impossible to access medication for a patient through the processes outlined above, and where an end of life medication from another patient is available: doctors are advised to use their clinical discretion regarding administration of another patient's medication, community nurses are advised to contact their Chief Pharmacist for advice and nursing home nurses are advised to contact an out of hours service for advice.

For more information click on the documents attached:



Management of  
symptoms in the COV



Copy of OOH  
Pharmacy List V2. 4.xl

## Delivering of Medicines to Patients During COVID-19

Medicines delivery services will be commissioned from both pharmacies and dispensing doctors across England from 9 April 2020 until 1 July 2020 in the first instance but may be extended as necessary as part of the COVID-19 response.

**Community Pharmacies** – Changes to essential services place a responsibility on pharmacy contractors to make sure that a home delivery option is available to people at high risk of complications from COVID-19 who are advised to isolate at home for 12 weeks and meet the ‘shielding’ criteria. This option has to be offered if their prescription items cannot be collected and delivered by a family member, friend, carer or volunteer. An advanced service is also being commissioned to pay a ‘per delivery fee’ where the patient cannot make their own arrangements for the prescription items to be collected and no suitable volunteer can be found, and the pharmacy therefore themselves delivers medicines to the patient. If a pharmacy does not wish to take part in the advanced service, as part of their essential services they may work with another pharmacy to deliver medicines on their behalf, or they must find another pharmacy who will dispense and deliver the medicine.

**Dispensing Doctors** – As for pharmacy contractors, changes to essential services place a responsibility on dispensing doctors to make sure that medicines are delivered to people at high risk of complications from COVID-19 who are advised to isolate at home for 12 weeks and meet the ‘shielding’ criteria, if these medicines cannot be collected and delivered by a family member, friend, carer or volunteer. **The funding of these services will be in addition to the current contractual agreement for both pharmacies and dispensing doctors.**

**NHS Volunteers** – Information for primary care professionals can be found ([here](#))

An electronic copy of the letter from NHS England to Primary Care on 10/4/2020. containing further details can be found ([here](#))

## Diabetes Update - SGLT2i Prescribing

We have been made aware of advice being circulated to stop prescribing of Sodium-glucose co-transporter-2 inhibitors (SGLT2i's) due to COVID-19. The SGLT2i's include Dapagliflozin (Forxiga®), Canagliflozin (Invokana®), Empagliflozin (Jardiance®) and Ertugliflozin (Steglatro®). They are also available in some combination medicines under the following brand names: Vokanamet®, Xigduo®, Glyxambi®, Synjardy® and Qtern®.

We would like to confirm to practices that the prescribing of SGLT2i's may continue in this time, however, practices should be aware that patients prescribed an SGLT2i are at an increased risk of diabetic ketoacidosis if they were to contract COVID-19.

Therefore, our advice, follows the advice provided by Diabetes UK and our diabetes specialist teams, in that patients prescribed an SGLT2i can continue to take SGLT2i's if they are well but should be made fully aware of the diabetic sick day rules, the symptoms of COVID-19 and **advised to stop SGLT2i's immediately if they develop COVID-related symptoms and speak to NHS 111.** During this time it is also important that patients have an adequate supply of monitoring equipment, especially for those who require ketone monitoring.

## Latest Rapid Guidelines

**NHS England** has produced a rapid policy statement for the acute use of non-steroidal anti-inflammatory drugs (NSAIDs) in people with or at risk of COVID-19 which highlights the advice from the **Centre for Evidence-Based Medicines (CEBM)** that there is a need for caution when using NSAIDs for acute respiratory infections. Pre-existing medications and conditions need to be considered when deciding whether to use NSAIDs for symptomatic acute respiratory infections; and the lowest effective dose should be prescribed for the shortest period of time. The guideline can be accessed ([here](#)).

The latest guidelines produced by **National Institute of Clinical Excellence (NICE)** are listed and linked below:

- [Cystic fibrosis](#)
- [Community-based care of patients with chronic obstructive pulmonary disease \(COPD\)](#)
- [Dermatological conditions that are treated with drugs affecting the immune response.](#)

## Shortages Update

Acetazolamide 250mg SR capsules	Out of stock till end of July 2020. Acetazolamide immediate release 250mg tablets remain available. Limited supplies of unlicensed imports of acetazolamide SR 250mg capsules have also been sourced.
Phytomenadione (Konakion MM Paediatric) 2mg/0.2ml ampoules (Cheplapharm)	Out of stock until the end of May 2020. Supplies in tri-lingual packaging including English (unlicensed) are available.
Clenil 100mcg inhaler	The manufacturer has confirmed that a total of 890,000 packs will have been delivered throughout April, which is equivalent to twice the normal demand level.
Fostair Inhalers	The manufacturers confirm there is enough stock in the system to meet normal demand levels and there is good coverage with the wholesalers
Trimbow Inhaler	

Every effort is made to ensure that the information contained in the newsletter is accurate and up to date at the time of publication. Please be aware that information about medicines and therapeutics will change over time, and that information may not be current after the initial date of publication. Please take note of the publication date and seek further advice if in any doubt about the accuracy of the information

The information contained in this newsletter is the best available from the resources at our disposal at the time. This newsletter is produced on behalf of K&M CCG

For all correspondence please contact the COVID-19 Medicines Optimisation team email: [wkccg.gpscovid19@nhs.net](mailto:wkccg.gpscovid19@nhs.net)