

COVID-19 Medicines Optimisation and Pharmacy update – 26th March 2020

Please find below an update provided by Kent & Medway CCGs on current issues related to medicines optimisation and pharmacy during the unprecedented situation caused by the COVID-19 pandemic. This represents our understanding at the current time, please be aware the situation is changing rapidly. If national direction changes, we will update you as soon as possible. The issues covered in this update are:

- Prescription duration
- Electronic repeat dispensing
- Requests for salbutamol inhalers
- Shortages of inhaled corticosteroids
- Requests for COPD Rescue packs
- Increasing requests for palliative care medicines
- INR monitoring and use of DOACs
- Community Pharmacy

Prescription duration

Longer duration prescriptions should not be issued by prescribers at this time to protect the supply chain. **We strongly recommend 28 days' supply of medication for ALL prescription requests.**

Electronic repeat dispensing

General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued. More information on electronic repeat dispensing can be found here: <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers>

The East Kent Medicines Optimisation team are able to provide support to do this. The team will be contacting practices over the next few days to offer our support.

Requests for salbutamol inhalers

When considering supplying a salbutamol inhaler for a patient with COPD or Asthma who has not requested an inhaler for some time, please consider clinical appropriateness. There is considerable burden placed on the national supply chain if inappropriate supplies of inhalers are made. It is recommended that national guidance is followed when prescribing reliever inhalers, and if necessary an appropriate clinician should consider a clinical assessment. This assessment could be over the telephone where patients could be asked why they feel they need the inhaler and what symptoms they currently have. The dry cough associated with COVID is unlikely to be relieved by a salbutamol inhaler. If salbutamol supply is deemed necessary we would advise one inhaler at a time only.

Patients with asthma should continue to use their inhaled corticosteroids, despite the media advice that corticosteroids are not indicated for COVID. Failure to do so could result in an acute exacerbation.

Shortage of inhaled corticosteroids

We are aware of stock shortages of some inhaled corticosteroids. Please do **not** increase numbers of inhalers prescribed on regular repeat or acute prescriptions and ensure prescriptions are not issued significantly earlier than they should be.

Where possible only issue 1-month supply. If an inhaler is out of stock, consider the following two options:

- First option: An equivalent inhaler (same drug & dose), ideally with same inhaler device

- Second option: If the same ICS is not available, consider a similar strength ICS based on the NICE tables of ICS doses- these are not strict dose equivalences but are a guide to similar clinical effectiveness
<https://www.nice.org.uk/guidance/ng80/resources/inhaled-corticosteroid-doses-pdf-4731528781>

There are potential supply problems with **Clenil® Modulite® 100mcg pressurised metered dose inhalers**.

The other strengths of Clenil are as yet unaffected and may be a suitable alternative. Alternatively Soprobe is a bioequivalent brand to Clenil Modulite inhalers and is available in the same strengths. Soprobe is not on our local formulary but should be considered under the current exceptional circumstances.

For more information and guidance please see the following links

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=20560>

<https://www.chiesi.uk.com/coronavirus-update-supply-of-chiesi-products>

Requests for COPD Rescue packs

Prescribers have recently faced increasing requests to supply COPD rescue packs. There is currently no strong evidence advising a change to current guidance on the use of rescue packs in patients with COPD. DO NOT issue rescue medication for patients that do not fit normal national guidance. Before issuing rescue medication, it is imperative that the patient has a self-management plan and fully understands when rescue therapy is required. Overuse of antibiotics at this critical time would not adhere to antimicrobial stewardship guidance. Following a viral infective exacerbation, due to COVID 19 there is an additional risk of bacterial super-infection, approximately 10-14 days later. This may then necessitate a course of antibiotic treatment.

Increasing requests for palliative care medicines

Demand is high for the supply of end of life drugs as people anticipate an increased need. The supply chain is being bolstered by increased manufacturing and a restriction on exporting. There is no need to stockpile or prescribe for patients that they would not have done normally. Good anticipatory prescribing guidance still stands. The supply chain will not cope with a sudden inappropriate surge in demand. Challenge any suggestions of 'blanket prescribing' of end of life medication.

INR Monitoring and the use of Direct Acting Oral Anti-coagulants (DOACs)

Recent guidance from the Royal College of General Practitioners strongly advises to continue with the monitoring of INR for patients taking warfarin. Local services are currently under review to provide support for monitoring patients that may be "shielding" or "self-isolating" due to COVID-19. If a switch to a DOAC is considered necessary, please ensure individual patient circumstances are considered when switching. There is also a need to consider recent INR checks when switching. Guidance on safe switching can be found in the [Summary of Product Characteristics](#) for each DOAC. There will also be a burden on the

supply chain if there is a sudden inappropriate surge in demand so please do not undertake blanket switching.

Community pharmacy

Business continuity is a real issue in community pharmacy as the demand for their services is exceptionally high at the moment. Please be aware of the very high demand in community pharmacies for increased prescriptions, face to face and telephone consultations, medicines deliveries, advice on treating minor ailments and purchase of over-the-counter medicines. If under significant pressure, at the discretion of the responsible pharmacist, pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch. Community pharmacies are advised to reinforce the message with patients that they should not stock pile any medicines as this might exacerbate the situation.