

COVID Medicines Optimisation Update – 18 May 2020

See here for all updates to the [COVID-19](#) section of the website. Of note this week, with COVID updates listed first is:

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

The MHRA have produced new guidance to support adherence to pregnancy prevention requirements for female patients of childbearing age prescribed valproate during the coronavirus pandemic.

The guidance is aimed at prescribing specialists, as it remains their responsibility to initiate valproate medication and conduct annual reviews, including the completion of the Annual Risk Acknowledgment Form (ARAF). The new guidance provides advice on how, when necessary, this can be carried out remotely.

Considerations for GPs:

- The requirement for completion of the ARAF has not changed. GP practices should have robust mechanisms in place to ensure these have been received and are up to date before a repeat prescription is issued
- Provision of contraception for patients on valproate is considered a priority service. See [FSRH guidance](#) for more information if there are difficulties in accessing contraception.
- If a pregnancy test is indicated before issuing a repeat prescription (see [link](#) for more information) the new guidance on how this can be assessed remotely should be followed if a face to face appointment is not possible.

Vitamin B12

The [BSH guidance on vitamin B12 replacement during the pandemic](#) has been reviewed in response to concerns raised by the [Pernicious Anaemia Society](#), the updated guidance can be found on the medicines and prescribing COVID page [here](#).

Patients receiving vitamin B12 injections for non-dietary deficiency should be reviewed in line with this update. If oral cyanocobalamin 1mg is indicated, please note that there are no licensed preparations and the products available are nutritional supplements. Practices may want to liaise with the dispensing pharmacy to establish what cost effective option they can obtain. Patients with dietary deficiency, where on-going low dose supplementation is required, should be encouraged to purchase this, in line with Sheffield [STOP](#) guidance.

Re-use of medicines in care homes and hospices.

As shared previously NHSE/I/DHSC have published an SOP around the [re-use of medicines in care homes and hospices](#). As a reminder, re-use of medicines should only occur in a crisis situation when the medicine or an alternative is not available in an acceptable timeframe and there is an immediate need.

To support the implementation of this where appropriate, we have produced two documents.

- [Guidance to aid implementation in primary care](#). This is a summary of requirements and includes a checklist for assessing if a medicine is suitable for re-use and a sample log of how to record usage.
- A [paper](#) aimed for care home staff that includes: Q and As; sample patient consent form; a checklist for assessing if a medicine is suitable for re-use; a sample log of how to record usage and sample of how to keep records if for a controlled drug.

Respiratory updates

COPD - There has been an addition to the [COVID -19 and respiratory illness document](#) as follows: Patients receiving ICS for COPD should continue these through the pandemic. If patients are identified who might normally be considered for ICS withdrawal, this should be noted at their COPD review, and re-assessed when the pandemic is adequately controlled, according to future guidance.

Supply - The [paper](#) around supply of inhalers has been updated to include;

- Info on the additional Clenil® stock being imported and colour difference of these inhalers
- A reminder to only switch if the original inhaler is unobtainable /clinical need. This is not a switch programme.
- Advice if Fostair® is unobtainable

Hypertension

We have now published [local guidance](#) for the ongoing review and monitoring of hypertension while the COVID-19 lockdown/social distancing measures remain.

This guidance is only applicable where a diagnosis of hypertension has already been made.. The aim of the guidance is to provide a pragmatic approach to reviewing patients so that practices are able to manage their workload as opposed to postponing these reviews for later.

Prophylaxis of venous thromboembolism (VTE) in COVID-19 patients: for information. STH has agreed a protocol for VTE prophylaxis during hospital admission and selected patients will continue this after discharge. The anticoagulants (rivaroxaban 10mg od or apixaban 2.5mg bd or dalteparin 5000units od) will be prescribed for 30 days on discharge and the full supply will be given by STH.

Traffic Light Drug List (TLDL) Updates:

Drug	Change in TL status	Comment
Sodium Aurothiomalate injection (Myocrisin®)	Removed and SCP retired	Product has been discontinued. No current prescribing in Sheffield
Hydroxycarbamide	Now RED for all indications.	The SCP will be retired in July 2020. If prescribing is via secondary care or is being directed back to secondary care, please retain as a specialist issued drug within the patients records so you are alerted to drug/disease interactions.
Lusutrombopag	RED	For treating thrombocytopenia. See here for more details: NICE TA 617
Nabilone	RED	For treating intractable nausea and vomiting. See here: NG144
Cannabidiol (Epidyolex®) with clobazam	RED	For treating seizures associated with Dravet syndrome or with Lennox-Gastaut syndrome. See here: NICE TA 614 NICE TA 615
Pentosan polysulfate sodium	Reclassified from AMBER to RED	For bladder pain syndrome. See here: NICE TA 610
Eflornithine cream (Vaniqa®)	AMBER SCP retired	For the treatment of facial hirsutism
Ingenol mebutate (Picato®)	Licence suspended so removed from TLDL	The Sheffield 'Managing actinic keratosis' document is currently being updated.
Mefenamic acid	BLACK	Clarified the wording in the notes section to this: <i>Not approved for initiation in new patients diagnosed with dysmenorrhoea or menorrhagia.</i>

Buprenorphine Transdermal Patches – Formulary Update

Bunov® 5mcg/hour, 10 mcg/hour and 20mcg/hour is now the Sheffield Formulary choice for the buprenorphine 7 day patch.

Please note that Bunov® is not available in the less commonly used 15 mcg/hour strength. This should be prescribed as either:

Bunov® 5mcg/hour and 10mcg/hour patch (most cost effective option but requires application of two patches) or a single

Butec® 15mcg/hour patch.

For this reason Butec® 15mcg/hour will remain on the SystmOne formulary picking list. *If there are any questions regarding this change please email: helentaylor5@nhs.net*

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