The unusual circumstances of this pandemic mean that guidance is being prepared by many different bodies and is being updated on a regular basis. We will try to highlight the most recent guidance in this bulletin to keep you up to date.

Where national guidance has been issued, (e.g. through NICE), it takes precedence over guidance from other sources.

Round up of current information around medicines:

Anticoagulation - warfarin or DOAC?

Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic that was published on 26th March 2020 can be found <u>here</u>. A <u>Standard Operating Procedure</u> to aid implementation of the guidance for clinicians in West Hampshire CCG can be found on the website. This is accessible to clinicians from other areas but please check with your own Medicines Optimisation Team in case other local processes are in place.

Vitamin B12

The British Society for Haematology has issued <u>guidance</u> around the administration of hydroxocobalamin injection and when alternative options can be considered. An <u>Intervention Brief</u> to aid implementation of the guidance for clinicians in West Hampshire CCG can be found on the website. This is accessible to clinicians from other areas but please check with your own Medicines Optimisation Team in case other local processes are in place.

NICE Covid-19 rapid guidelines

Published 3rd April 2020

 Managing symptoms (including at the end of life) in the community -<u>NG163</u>

Covers cough, fever, breathlessness, anxiety, delirium and agitation and matters relating to supply and disposal of medicines.

- Managing suspected or confirmed pneumonia in adults in the community – <u>NG165</u>.
 First line treatment is a five day course of doxycycline.
- Severe asthma <u>NG166</u> Considerations for people using biologic treatments and / or high dose corticosteroids
- Rheumatological autoimmune, inflammatory and metabolic bone disorders – <u>NG167</u> Considers minimisation of risk and the need for monitoring.

To maintain the supply chain do NOT over order any medicines

Published 9th April 2020

- Community-based care of patients with chronic obstructive pulmonary disease (COPD) – <u>NG168</u>
 - Patients should continue to refer to their self-management plan for exacerbations.
 - Patients should not start any corticosteroids or antibiotics that form part of their self-management plans for symptoms of Covid-19 such as fever, dry cough or myalgia.
 - A short course of oral corticosteroids or antibiotics should not be provided unless they are clinically indicated
- Dermatological conditions treated with drugs affecting the immune response <u>NG169</u>

Considers minimisation of risk, continuity of supplies and atypical presentation of Covid-19 in patients taking agents that affect the immune response.

Guidance for patients with diabetes

Information about 'Sick Day Rules' and treatment of diabetes for patients with suspected Covid-19 is being formulated by the specialist teams within each CCG area and will be shared as soon as it is available.

Denosumab

Further to information provided in Prescribing and Medicines Optimisation Guidance (2), denosumab is now available as a pre-filled syringe. Patients will still need to see a healthcare professional for their next injection, which should not be missed or deferred for more than four weeks. However if the opportunity is taken to train suitable patients in the self-injection technique, it may be a possible method of administration for future injections.

Amgen have provided links to follow-up training videos for self-injection and also information on Prolong, their patient support service, which requires registration. A summary of what they are offering is attached along with the required registration form. Further details can also be found on the <u>Amgen Prolia website</u>



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