

# Prescribing and Medicines Optimisation Guidance

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## 1. Referral to the COVID-19 Medicines Delivery Unit (CMDU) - access to nMAB or antiviral treatments for COVID-19 positive patients

COVID-19 treatments (nMABs or oral antivirals) are available for eligible patients by referral to the CMDUs at trusts across HIOW ICS.

The inclusion criteria for the service are:

- Patients with onset of symptoms within the previous 7 days
- Patients with a positive PCR or LFD test within the previous 7 days
- Patients not requiring supplemental oxygen
- Patients over the age of 12 and over 40kg for paediatric patients
- Patients thought to be at increased risk of progression of COVID-19 symptoms (full criteria here: [Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 \(england.nhs.uk\)](#))

Patients with a positive PCR test, or a positive LFD result reported on the NHS app, should hear from the NHS within 24 hours. If they do not (or if they have not reported their positive LFD result), they have been asked to phone their GP practice (in hours) or NHS 111 (out of hours) for an urgent referral to a CMDU. Practices will not need to prescribe treatment, only refer.

If an eligible patient does not receive instructions from the CMDU on how to access treatment, practices will need to refer the patient to a local CMDU using the referral form now located on the GP Portal: [COVID-19 treatment referral form with medical assessment HIOW](#)

**Please ensure that you only refer within the criteria outlined above and include as much clinical information as possible to support the referral process.**

Please send completed referral form to: [hsiccg.hiow-cmdu@nhs.net](mailto:hsiccg.hiow-cmdu@nhs.net)

## 2. MHRA drug safety update: Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision ([Link](#))

Amiodarone has been associated with serious and potentially life-threatening side effects. We remind healthcare professionals that patients should be supervised and reviewed regularly during treatment.

**Advice for healthcare professionals:**

- Amiodarone can cause serious adverse reactions affecting the eyes, heart, lung, liver, thyroid gland, skin, and peripheral nervous system
- Regularly review patients on long-term amiodarone treatment – some of these reactions may be life-threatening but onset can be delayed
- Check liver and thyroid function before treatment, and at 6-monthly intervals; thyroid function should also be monitored for several months after discontinuation
- Although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms and consider using computerised tomography (CT) scans if pulmonary toxicity is suspected
- Report suspected adverse drug reactions associated with amiodarone on a [Yellow Card](#)

**3. Hay fever: continue to promote self-care**

With the start of the “allergies” season, please continue to promote self-care by encouraging patients to visit their community pharmacy for advice and treatment. Many preparations can be purchased by patients from pharmacies and supermarkets without a prescription. Patients do not always realise that a wide range of hay fever medications are available without seeing their doctor and that these medications are often cheaper than NHS prescription fees. Fexofenadine 120mg is also now available over the counter for the relief of symptoms associated with seasonal allergic rhinitis (hay fever) in adults and children aged 12 years and over. Practices are encouraged to digitally refer patients to their local pharmacies for minor ailments using the Community Pharmacy Consultation Service. ([link](#))

**4. HSIB: Unintentional overdose of paracetamol in adults with low bodyweight**  
[LINK](#)

Adult inpatients with low bodyweight (less than 50kg) and the risk of liver toxicity from oral paracetamol is the focus of this investigation by the Healthcare Safety Investigation Branch (HSIB), which specifically focuses on the dose prescribed and the processes for ensuring weight is accurately recorded.

**5. NICE guideline: Otitis media (acute): antimicrobial prescribing (NG91)**  
[Link](#)

This guideline sets out an antimicrobial prescribing strategy for acute otitis media (ear infection). It aims to limit antibiotic use and reduce antimicrobial resistance.

Acute otitis media can be caused by viruses or bacteria. It lasts for about a week, and most children get better in 3 days without antibiotics. Serious complications are rare.

**6. NICE TA guidance: Dapagliflozin for treating chronic kidney disease (TA775) ([Link](#))**

NICE recommend dapagliflozin for chronic kidney disease in adults as an add-on to optimised standard care including highest tolerated licensed dose of ACEi/ARBs, unless contraindicated, and eGFR 25-75 ml/min at start of treatment and person has Type 2 diabetes or uACR  $\geq 22.6$  mg/mmol.

**7. NICE TA guidance: Empagliflozin for treating chronic heart failure with reduced ejection fraction (TA773) ([Link](#))**

NICE recommend empagliflozin as an option for symptomatic chronic heart failure with reduced ejection fraction in adults, only as an add-on to optimised standard care with ACEi/ARB/sacubitril valsartan, a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist.

**8. MHRA guidance: Dialysis guidance ([Link](#))**

This guidance has been produced in collaboration with the UK Kidney Patient Safety Committee to summarise known safety issues with dialysis and continuous renal replacement therapy and describe what to do to minimise or prevent serious injury.

**9. MHRA drug safety update: Metformin in pregnancy: study shows no safety concerns ([Link](#))**

A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptual phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance.

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Previous bulletins can be found at: <https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/>