

We would like to take this opportunity to thank you for your continued commitment to provide care for patients during this Coronavirus pandemic

IBUPROFEN USE AND COVID-19

MHRA News The Commission of Human Medicines Expert Working Group on coronavirus (COVID-19) has concluded that there is currently insufficient evidence to establish a link between use of ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), and susceptibility to contracting COVID-19 or the worsening of its symptoms. The advice is that patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19, such as for fever and headache. Healthcare professionals should consider a patient's individual risk factors, including any history of cardiovascular and gastrointestinal illness, when prescribing ibuprofen. Additionally, ibuprofen should be used with caution in patients with known renal impairment. The lowest effective dose of ibuprofen should be used for the shortest duration necessary to control symptoms.

ARE PATIENTS AT HIGHER RISK FROM COVID-19 IF THEY TAKE AN ACEI OR ARB?

Some media reports and publications have suggested that treatment with ACE-I or ARBs might worsen COVID-19 infection. Despite biological plausibility for the role of ACEIs and ARBs in both increasing and decreasing the risk of COVID-19 and its complications, NICE has not found any observational or experimental data to support these hypotheses. However, the risks of stopping treatment with an ACEI or an ARB, such as worsening heart failure or hypertension, are well understood. The MHRA have advised that anyone currently taking these medicines to treat their medical condition should continue to do so. Please refer to [NICE](#) or [MHRA](#) websites for up-to-date information.



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CHLOROQUINE AND HYDROXYCHLOROQUINE

Beneficial effects of chloroquine or hydroxychloroquine in treating COVID-19 have not been established. Furthermore, the side effect profile of chloroquine and hydroxychloroquine should be considered: both have been shown to cause heart rhythm disorders, in some cases fatal. **The [EMA](#) have advised that chloroquine and hydroxychloroquine should only be used in clinical trials for treatment or prophylaxis of COVID-19 or in national emergency use programmes in hospitalised patients under close supervision.**

The [NPA](#) strongly advises pharmacists and pharmacy teams:

- Not to sell / supply any chloroquine OTC for COVID-19. Be cautious of any requests.
- Not to sell / supply chloroquine OTC to themselves for personal use.

VITAMIN B₁₂ INJECTIONS DURING COVID-19 PANDEMIC

The [British Society for Haematology](#) (BSH) has issued guidance on vitamin B₁₂ replacement during the COVID-19 pandemic, for non-dietary and dietary vitamin B₁₂ deficiency.

Vitamin B₁₂ tablets (cyanocobalamin) may be an alternative for some patients (see BSH guidance for details). However, high dose 1mg tablets are a food supplement and not a licensed medicine. Prescribers should be aware of this and explain to patients the risk of using unlicensed products. If prescribed, ensure a mechanism is in place to identify and switch back to IM hydroxocobalamin as soon as it is safe to do so. Patients may also purchase oral cyanocobalamin tablets over the counter.

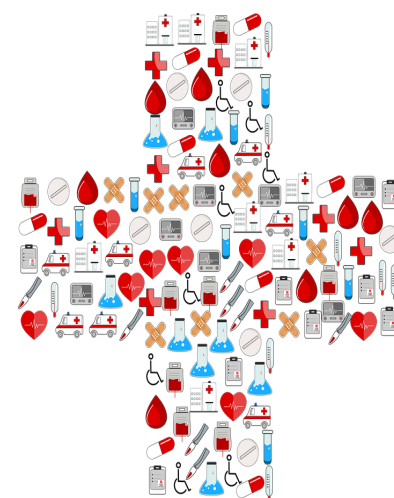
It has been reported that some GP practices have referred patients to pharmacies for vitamin B₁₂ administration. Pharmacies are not commissioned to provide such a service, therefore such referrals would not be appropriate.



COVID-19 – GUIDANCE FOR SAFE SWITCHING OF WARFARIN TO DOAC

Some GPs are considering switching patients on warfarin to DOACs to reduce the need for face to face contact with INR checks. Whilst GPs may wish to make these changes during the current COVID crisis, it is important that this is undertaken in a safe way and not applied to patients who are unsuitable for DOACs. A number of associations and societies across the UK have come together to provide guidance on the safe switching of warfarin to DOACs. This needs to be undertaken in a phased manner over the 12 week cycle of INR monitoring to protect the supply chain of anticoagulants for ALL patients. As highlighted, some patients are not suitable for a switch from warfarin to DOACs. In addition, patients should only be switched from warfarin to a DOAC by clinicians in primary or secondary care with experience in managing anticoagulation.

The DOAC counselling checklist on the last page of the guidance below is a very useful document and may be used by GPs and community pharmacists when counselling patients who have been switched. [FINAL-Guidance-on-safe-switching-of-warfarin-to-DOAC-COVID-19-Mar-2020](#).



INHALER REQUESTS FOR ASTHMA/COPD

Patients should not be issued extra inhalers.

If patients are requesting inhalers, and have not had them for a significant period of time, it is likely that inhalers are not required or will be used inappropriately. Therefore please consider a clinical assessment, via telephone call if appropriate, to alleviate concerns and find out what is clinically indicated and prescribe accordingly.

COPD RESCUE PACKS

Incorrect information on social media has been circulating which suggests that anyone with asthma, COPD, bronchitis and/or any other respiratory condition should contact their GP for 'rescue packs' of steroids and antibiotics. However, **rescue packs are not appropriate for the vast majority of patients.** Prescribers should issue 'rescue packs' on a clinical case by case basis with assessment by the asthma / COPD nurse specialist and /or specialist respiratory team, ensuring the patient has received appropriate education on the use of rescue medication.

INCREASED REQUESTS FOR REPEAT MEDICINES

To prevent unnecessary pressure being placed on the medicines supply chain in Northern Ireland, we urge practices not to increase the treatment duration or quantity of medicines that are prescribed to individual patients during COVID-19. Increasing the amount of medication prescribed to individuals may adversely impact the medicines supply chain, resulting in both intermittent supply issues, and unnecessary medicine waste.

If patients only order what they need, this will help to ensure that there is enough medicine for everyone.

HSCB is supporting pharmacies to deliver medicines to vulnerable patients via a community voluntary sector delivery scheme and therefore there is no need to increase treatment duration or quantity of medicines prescribed for patients who are shielding, at high risk and/or self-isolating, and unable to collect their prescriptions in the usual way.

“Do not increase the duration of prescribed medications during COVID-19”

AVAILABILITY OF PARACETAMOL

There have been reports of limited supplies of paracetamol from community pharmacy. Nationally there is not a shortage, however, there is a delay in the delivery through the supply chain. Deliveries can't meet the current increased demand but community pharmacies have reported that stock is becoming available.



We encourage patients to purchase paracetamol OTC where they can. During the period of unavailability, assess each request as follows:

- If needed clinically on a regular basis for a long term condition, this is suitable for prescribing
- Do not prescribe paracetamol for requests “to be kept”.

SIGNPOSTING FOR PATIENTS

Hayfever and COVID-19

If a patient is allergic to pollen, they might be getting symptoms as tree pollen starts to appear, and these could be confused with COVID-19. The main difference is that hayfever doesn't usually come with a high temperature.

Asthmatic patients who suffer from hayfever should make sure they start their regular hayfever medicines, so they reduce the risk of hayfever triggering an asthma attack. If asthmatic patients with hayfever get COVID-19, they could be more at risk of setting off asthma symptoms. Therefore, people with hayfever and asthma should:

- ◆ make sure they are taking their asthma medicines as prescribed
- ◆ control their hayfever symptoms with their hayfever medicines
- ◆ take steps to avoid catching or spreading COVID-19 by staying at home.

See [Asthma UK](#) for further information.



Vitamin D during lockdown

Public Health Agency ([PHA](#)) recommends that everyone should consider taking vitamin D supplements during the lockdown period to help keep bones, teeth and muscles healthy.

Patients can buy vitamin D supplements at most pharmacies and supermarkets and should be encouraged to only buy what they need in order to ensure the supply chain is maintained for everyone.

PHA have issued Regional nutrition guidance for care home residents with suspected or confirmed COVID-19, which is available on the [PHA website](#).

Treating patients with COVID-19 symptoms at home

Information can be accessed in the [NI formulary patient zone](#).



COVID-19 NICE GUIDANCE

NICE have developed a number of rapid guidelines and evidence summaries relating to COVID-19. These can be accessed on the NICE COVID-19 webpage <https://www.nice.org.uk/covid-19>. Please refer to NICE for full details. Useful guidelines include:

NICE NG163	COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. This guideline provides advice on managing symptoms including cough, fever, breathlessness, anxiety and agitation.
NICE NG165	COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community for all CAP patients during the pandemic regardless of their COVID-19 status .
NICE NG166	Severe asthma
NICE NG168	Community-based care of patients with chronic obstructive pulmonary disease (COPD).

UPDATE TO NI MICROGUIDE

The [NI Microguide](#) has now been updated to refer to NICE guidance for community acquired pneumonia during COVID-19.

Doxycycline is now first line for bacterial pneumonia patients during COVID-19 because it offers good broader-spectrum cover, particularly against *Mycoplasma pneumoniae* and *Staphylococcus aureus*.

LATEST UPDATES FROM:

[PHA](#) Public Health Agency

[DoH](#) Department of Health

[NI Covid-19 app](#)

[MHRA](#) Medicines and healthcare products regulatory agency



ECHO TRAINING

Project ECHO[®] NI is working across the health and social care sector in Northern

Ireland to support staff to connect their expertise and share learning and best practice. The ECHO model has a role to play in moving knowledge, not people, in regular real-time collaborative education sessions. During the COVID-19 pandemic, Project ECHO[®] is supporting GPs, CPs, care homes, DGHs and other healthcare teams, with a full list of programmes currently available at <https://echonorthernireland.co.uk>. To find out more, please contact Áine McMullan, Project Manager, Project ECHO NI, Health & Social Care Board at aine.mcmullan@hscni.net.

USEFUL RESOURCES

[Community pharmacy Covid-19 FAQs](#)

[Community Volunteer Sector Delivering medicines documentation](#)

[Opioid Substitution Treatment \(OST\) - Update](#)

[The Use of Oxygen in Primary Care for Patients with COVID-19](#)

[Continuation of Immunisation Programmes During COVID-19 Pandemic](#)

[Medicine shortages information](#)

[Testing and tracing for COVID-19](#)

[COVID-19: What is the situation in Northern Ireland?](#)

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. **Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.**

Information on COVID-19 is evolving rapidly and recommendations may change

If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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