

# Prescribing and Medicines Optimisation Guidance (5)

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Wednesday 1<sup>st</sup> April 2020

## **Supply of palliative care medicines**

As Medicines Optimisation Teams we are aware that many areas are making plans for end of life care during this exceptional time. We have been advised that changes to the Misuse of Drugs regulations are being considered as a matter of urgency that will affect the way controlled drugs are procured and supplied. The exact content of the national changes will be disseminated via this bulletin as soon as any new regulations are put in place.

## **Other commonly raised prescribing issues:**

### **Chloroquine and hydroxychloroquine**

The MHRA has confirmed that chloroquine and hydroxychloroquine are not licensed to treat COVID-19 related symptoms or prevent infection. Clinical trials are currently ongoing and no conclusions have been reached on the safety and effectiveness of this medicine to treat or prevent COVID-19. Until we have clear, definitive evidence that these treatments are safe and effective for the treatment of COVID-19, they should only be used for this purpose within a clinical trial.

Availability of these drugs should be unaffected for normal supplies, and reserves exist for clinical trial purposes.

### **Ibuprofen use and COVID-19**

There is much circulating on social media about this. There is currently no strong evidence that ibuprofen can make coronavirus (COVID-19) worse. Further evidence is required and the Committee of Human Medicines and NICE have been tasked with reviewing the evidence. Both the EMA and NHSE's Medical Director have advised that in the interim patients with suspected or confirmed COVID-19 should use paracetamol in preference to ibuprofen to treat the symptoms. However, for those taking NSAIDs for other chronic reasons, they should continue. NSAIDs should always be prescribed at the lowest effective dose and for the shortest possible time.

### **ACEIs and ARBs and COVID-19**

Updated guidance from the Department of Health and medicines regulatory bodies is that there is no evidence from clinical or epidemiological studies that treatment with ACEI or ARBs might worsen COVID-19. The advice continues to be that people who are currently taking these medicines should continue to do so.

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**To maintain the supply chain do NOT over order any medicines**