

## Prescribing and Medicines Optimisation Guidance (6)

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Monday 6<sup>th</sup> April 2020

**New NICE guidance** in relation to Covid-19 was issued over the weekend. The main points from a prescribing perspective are shown below.

### **Covid-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community ([NG165](#)) 3<sup>rd</sup> April 2020**

**Do not offer an antibiotic** for treatment or prevention of pneumonia if:

- COVID-19 is likely to be the cause
- Symptoms are mild

Inappropriate antibiotic use may reduce availability if used indiscriminately and broad-spectrum antibiotics in particular may lead to *Clostridioides difficile* infection and antimicrobial resistance.

**Offer an oral antibiotic** for treatment of pneumonia in people who can or wish to be treated in the community if:

- The likely cause is bacterial
- It is unclear whether the cause is bacterial or viral and symptoms are more concerning or
- They are at high risk of complications because, for example, they are older or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (for example bronchiectasis or COPD), or have a history of severe illness following previous lung infection.

The **first choice** oral antibiotic is:

- **Doxycycline** 200mg as a single dose on Day 1, then 100mg once a day on Day 2 to Day 5 inclusive
- Doxycycline is contraindicated in pregnancy.
  - The alternative is amoxicillin 500mg three times a day for five days
  - or erythromycin 500mg four times a day for 5 days if penicillin allergic.

### **Covid-19 rapid guideline: managing symptoms (including at the end of life) in the community ([NG163](#)) 3<sup>rd</sup> April 2020**

As well as the recommended treatments for managing symptoms that have already been circulated by the Wessex Palliative Care Physicians, the guidance provides information on techniques for managing cough, breathlessness and anxiety.

Particular consideration is given to the prescribing and supply processes for medicines:

- Follow [UK government legislation](#) on prescribing, ordering, supplying, transporting, storing and disposing of medicines. There have not been any changes to the national legislation.
- After a patient with COVID-19 has died follow [UK government guidance for infection prevention and control](#) with regard to equipment and inform the community pharmacy if returned medicines are from a COVID-19 patient.

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

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- When supporting patients with symptoms of COVID-19 refer to NICE guidance with regard to processes for, ordering or prescribing, storing and disposing of medicines:
  - [NG67 - March 2017](#), for adults receiving social care in the community
  - [SC1 - March 2014](#) for care homes.

### **COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders [NG167](#) 3<sup>rd</sup> April 2020**

In patients known or suspected to have COVID-19

- Continue hydroxychloroquine and sulfasalazine
- Do not suddenly stop prednisolone
- Only give corticosteroid injections if the patient has significant disease activity and there are no alternatives
- Temporarily stop other DMARDs, JAK inhibitors and biological therapies – patients should contact their rheumatology specialist for advice on when to restart treatment.

Other factors that are considered within the documents:

- Presentation of COVID-19 may be atypical due to the effect of immunosuppressant medication.
- Monitoring for DMARDs should continue as usual unless the patient has been stable for some time (2 years or more), in which case it may be possible to increase the time interval between tests.
- Treatment with denosumab should not be postponed. It should be given within 4 weeks either side of the date it is due, as discussed in previous guidance.

### **Hydroxychloroquine and Chloroquine**

MHRA guidance states that until clear, definitive evidence is available that these potential treatments are safe and effective for the treatment of coronavirus (COVID-19) infection, they are meant to be used only for this purpose within a clinical trial. The National Pharmaceutical Association (NPA) has subsequently issued guidance to pharmacists strongly advising them not to dispense prescriptions for either of these agents or to sell chloroquine for the treatment of COVID-19. Click on the [link](#) for further details.

### **Easter Opening Hours for Community Pharmacy**

All community pharmacies will be required to open from 2pm to 5pm on 10th April (Good Friday) and 13<sup>th</sup> April (Easter Monday) unless there are extenuating circumstances.

Prepared by Catherine McLean, Sue Wakelin and Dr. Emma Harris, on behalf of the Hampshire and IoW CCGs Medicines Optimisation Teams

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