

Prescribing and Medicines Optimisation Guidance (11)

Friday 1st May 2020

Urgent Prescriptions

Due to the constraints on accessing medication, patients and pharmacies are utilising various means to ensure patient safety whilst allowing individuals to obtain their prescriptions. To enable safe prompt delivery of medication, already established pharmacy delivery services are working alongside volunteer groups, family members and local community care groups.

There have been some difficulties in patients accessing urgent medication which can lead to increased patient anxiety and a strain on pharmacy services and the pharmacist/patient relationship.

Prescribers should discuss urgent prescriptions with their patients at the time of prescribing and think about how the patients are actually going to obtain the medication. If it is not reasonably possible to obtain a prescription before the end of a working day then a clinical decision needs to be made by the prescriber as to whether it can wait until the following day and formulate a plan if this is not safe or appropriate. It is important not to have unrealistic expectations as to what a volunteer/pharmacy delivery service should be able to achieve in a short time frame.

Dr Emma Harris, Clinical Director – Prescribing, West Hampshire CCG

Secondary care requests to prescribe

In order to minimise hospital attendances for patients at high risk for Covid-19, there may be some occasions when G.P.s are asked to prescribe a medicine that is normally supplied through secondary care. For example, a prolonged course of antimicrobial for an immunocompromised patient might be requested. Full details should be made clear in the request, but please ask a member of your Medicines Optimisation Team if you are unsure.

NB: This does not apply to medicines that are subject to specialised commissioning arrangements.

Triptorelin

The [RCGP Guidance](#) on workload prioritisation during COVID-19 lists administration of gonadotrophin releasing hormone injections as one of the essential services that must be continued. [Decapeptyl 22.5mg](#) (triptorelin) is licensed for the treatment of metastatic and non-metastatic prostate cancer and is administered once every 6 months. Use of this product enables a reduced number of visits to the surgery and it should be considered as the first choice agent for patients whose condition is stable.

Supply problems

There are national supply issues with sulfasalazine 250mg/5ml oral suspension and propantheline 15mg tablets. The embedded documents below detail the actions that should be taken for any patients unable to obtain these products.



MSN Sulfasalazine
oral suspension (2).pdf



MSN propantheline
(2).pdf

To maintain the supply chain do NOT over order any medicines

National guidance is continually being updated during the pandemic. New information from NICE is listed below and takes precedence over any information that was previously circulated on these topics.

New NICE guidance

[NG172](#) COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response.

23rd April 2020

Brings attention to the possible atypical presentation of Covid-19 in patients taking immunosuppressive agents. For example there may be a lack of fever. Specialist input should be sought regarding any changes to treatment that might be considered.

Updates to NICE guidance

[NG 165](#) COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community.

Updated 23rd April

Reiterates that the course of doxycycline is for 5 days in total and that this agent is preferred to amoxicillin because it covers a broader-spectrum.

[NG167](#) COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders.

Updated 24th April

The availability of subcutaneous infliximab when switching from intravenous treatment is highlighted.

[NG163](#) COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community.

Updated 22nd April

The guidance has been amended to include an option for the use of NSAIDs as detailed in Prescribing and Medicines Optimisation Guidance (9).

A link to the GMC and CQC Joint Statement about off-label prescribing has also been added, especially to address co-prescribing of an opioid and benzodiazepine for patients who are dying, are distressed and suffering from moderate to severe breathlessness. The statement summarises the overall view as:

“We want practitioners to know that it is entirely appropriate to follow these guidelines and that we would not have concerns about prescribing decisions based upon them.”

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

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