

Monday 18<sup>th</sup> May 2020

## 1. Contingency controlled drugs legislation- Not yet activated

On 29<sup>th</sup> April three temporary measures were introduced into the Misuse of Drugs legislation by the UK Government. This enables the Government to “switch on” flexibilities for the supply of controlled drugs during a pandemic.

There has been some confusion about these amendments in media reporting. These new measures are not in use now but may potentially be introduced at some point, in a particular area, if there were severe disruptions to the supply of repeat prescriptions of controlled drugs. This includes patients requiring opioid medicines for palliative care, severe pain management, or taking regular opioid substitution therapy. The amendments are enabling and would only be used in limited circumstances following an announcement by the Secretary of State and under conditions specified by the health service, in the area(s) to which the announcement applies. The measures are:

1. **Emergency supply of controlled drugs** at the request of a patient during a pandemic which allows a pharmacist working in a registered pharmacy, to supply prescription only medicines (POMs), (previously prescribed), at the request of a patient in an emergency. This emergency supply has now been extended to include Schedule 2, 3 and 4 (Part I) controlled drugs.

2. **Supply of controlled drugs under a Serious Shortage Protocol** during a pandemic. This would only be used as a last resort and in exceptional circumstances; it extends the range of medicines which can be supplied under an SSP to Schedules 2, 3 and 4 (Part I) controlled drugs. The SSPs will be highly specific and limited in scope, so that pharmacists can be reassured that they are ensuring patient safety under clear instruction.

3. **Enabling pharmacists to vary the frequency of dispensing an instalment prescription for controlled drugs** during a pandemic. This will allow pharmacists to vary the frequency of the dispensing of controlled drug instalments. However, it is important to note that pharmacists will only be able to vary the frequency of instalments on instalment prescriptions if they have first consulted with the prescriber (or an appointed representative of the prescriber).

This is for information only, as it has not been “activated” at this point in time.

## 2. Vitamin D: A rapid review of the evidence for the treatment or prevention in COVID-19 by Centre for Evidence Based Medicine (CEBM, Univ of Oxford) See [CEBM link](#) (1<sup>st</sup> May 2020)

This rapid review concluded there was no evidence related to vitamin D deficiency predisposing to COVID-19, nor were there studies of supplementation for preventing or treating COVID-19. There is some evidence that daily vitamin D3 supplementation over weeks to months may prevent other acute respiratory infections, particularly in people with low or very low vitamin D status. The current advice is that the whole population of the UK should take vitamin D supplements (purchased over the counter, except those requiring high

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## Prescribing and Medicines Optimisation Guidance (13)

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treatment doses) to prevent vitamin D deficiency. (See bulletin 10). This advice applies irrespective of any possible link with respiratory infection.

### 3. Supply Issues- Sytron oral solution

Please note Sytron oral solution is currently unavailable until the end of May 2020. Alternatives include:

- Sodifer brand. Please prescribe generically as **sodium feredetate (iron 27.5mg/5ml)** oral solution sugar free (which is the equivalent of 190mg/5ml).

### 4. NICE rapid guidelines

#### a) NG176 [COVID-19 rapid guideline: chronic kidney disease \(CKD\)](#)

The guideline recommends that patients, including those who have symptoms of COVID-19, should be advised to continue taking their medicines (including ACE inhibitors, angiotensin receptor blockers, immunosuppressants and diuretics) as normal unless advised to stop by their healthcare professional.

For patients who are stable on treatment, the guideline recommends they should be assessed to see whether it is safe to reduce the frequency of routine kidney function tests, taking into account any comorbidities and whether their CKD is progressive.

#### b) NG177 [COVID-19 rapid guideline: interstitial lung disease](#)

The guideline provides clinicians with advice on how to adjust care to reduce patients' exposure to COVID-19 and how to balance the risks and benefits of taking drugs that affect the immune response during the pandemic.

The guideline highlights that bronchoscopy and pulmonary function tests have the potential to spread COVID-19 and they should only be carried out if the patient urgently needs them and if the results will have a direct impact on their care.

### 4. National flu immunisation programme 2020/21

In light of COVID-19, it is more important than ever that effective plans are in place for the 2020/21 flu season to protect those at risk, prevent ill-health and minimise further impact on the NHS and social care. A letter is available setting out which groups are eligible for the flu vaccination programme this autumn and the actions that commissioners and providers of the flu vaccine programme should take to prepare. <https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf>

Further guidance will be issued about how to manage the immunisation programme to reflect circumstances nearer the planned start of the programme in September 2020.

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