

Prescribing and Medicines Optimisation Guidance (14)

Prepared: 27th May 2020

Vitamin D in COVID-19: local situation (UHS)

For those areas of Hampshire served by University Hospital Southampton (UHS), patients admitted to COVID wards at UHS will have their vitamin D status checked. If low (<30nmol/l), they will start on a daily treatment dose of colecalciferol 3,200 IU /day. This will continue for 12 weeks at which point the hospital (UHS) will then re-check vitamin D levels, (along with other blood tests and chest x-ray) and if levels have corrected, it will be stopped.

When patients are discharged from the wards, UHS will supply 4 weeks and GPs will be asked to prescribe the remainder. There will be clear documentation for GPs that this is a limited treatment course only. The daily regimen is expected to be more effective than a weekly, higher dose regimen. The recommendation has come from UHS microbiology/infectious diseases team. Prescribers may contact the Medicines Advice Service in UHS, if they have any queries about this (023 8210 6908/9) or medicinesadvice@uhs.nhs.uk.

Fluoxetine 40mg- Serious Shortage

A Serious Shortage Protocol (SSP) has been issued for fluoxetine 40mg capsules by NHS Business Services Authority. The SSP will enable community pharmacists presented with a prescription for fluoxetine 40mg capsules to supply patients with 2 x fluoxetine 20mg capsules, saving considerable time for all involved.

Patient level RECALL: Emerade (adrenaline) auto injector 500microgram

A MHRA Class 2 [medicines recall](#) was issued on 18th May for all unexpired batches of 500 microgram strength of Emerade. This recall was due to an error in the auto-injector causing some pens to fail to activate and deliver adrenaline. Healthcare professionals should contact patients and carers to inform them of the information contained within this alert, using the letters attached to the recall. This recall is in addition to previous Emerade recalls for the 300 microgram strength on 17th April and 150 microgram strength on 4th March. Please contact a member of your CCG Medicines Optimisation Team if you need further clarification about this.

PrescQipp- free access now available

PrescQIPP provides quality, optimised and unbiased prescribing information for the benefit of NHS patients, commissioners and primary care clinicians. It is funded by the NHS for the NHS and offers many helpful web-based resources. It has now launched free access for GPs, practice managers, nurses, PCN / practice pharma-

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cists, pharmacy technicians, physiotherapists and paramedics; via the CCG's main subscription to PrescQIPP. See flyer below:



GP staff-practice
manager-PCN flyer2.

Ranitidine- Ongoing supply issues

All formulations of ranitidine continue to be affected due to investigations into the presence of the contaminant N-nitrosodiethylamine (NDMA) in the active ingredient, ranitidine. A further medicines supply notification was issued on 22nd May as a reminder, offering clinical advice (from UKMI) regarding switching to alternatives. There are also limited stocks of some other H-2 receptor antagonists, so it is advised to only use these as alternatives to ranitidine in patients in whom proton-pump inhibitors (PPIs) are unsuitable. See update below for further details:



Medicines Supply
Notification Ranitidine

Influenza Season 2019/20: ending the prescribing and supply of antiviral medicines in primary care. [Link](#)

The most recent surveillance data from Public Health England (PHE) indicates that circulation of influenza in the community has returned to baseline levels. GPs and other prescribers working in primary care should no longer prescribe antiviral medicines, for the prophylaxis and treatment of influenza on an FP10 prescription form.

COVID-19: Guidance for commissioners and providers of services for people who use drugs or alcohol.

From PHE and DHSC. For GPs with special interest in this area, see [Link](#) for general information.

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