

Date: 3rd July 2020

1. Increased fracture risk if denosumab injections delayed

The medicines management teams in the Portsmouth area have received reports from the hospital that they are seeing some patients presenting with fractures after their doses of denosumab have been missed or delayed during the COVID-19 emergency. Prescribing data for Hampshire confirms that there has been a reduction in denosumab use since March.

The [NICE COVID-19 rapid guideline \(section 4.12\)](#) and [NHSE Clinical Guide for Rheumatology](#) recommend that denosumab injections are not postponed and should occur within 4 weeks of the 6 month dose being due. Discontinuation or delay of denosumab results in increase in bone turnover and bone mineral density falls, increasing fracture risk.

This may be difficult for house bound patients within the current climate. Any delay in treatment should be noted. If you need any help or advice to support this action then please contact your local medicines management team.

2. NICE: COVID-19 rapid evidence summary: vitamin D for COVID-19. 29 June 2020. ([Link](#))

There is no evidence to support taking vitamin D supplements to specifically prevent or treat COVID-19. However, all people should continue to follow UK Government advice on daily vitamin D supplementation to maintain bone and muscle health during the COVID-19 pandemic.

3. Oral vitamin B12 – what are the prescribing considerations and what formulations are available? ([Link](#))

Medicines Q&A outlines key prescribing considerations including hydroxocobalamin 1mg administered intramuscularly being the preferred method of treatment for non-diet-related vitamin B12 deficiency, as it is retained in the body longer than cyanocobalamin.

4. MHRA update: Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents ([Link](#))

Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind, idarucizumab), and apixaban and rivaroxaban (Ondexxya, andexanet alfa).

To maintain the supply chain do NOT over order any medicines

Prescribing and Medicines Optimisation Guidance (18)

5. MHRA Safety alert: Depo-Provera 150mg/ml Injection (1ml Vial). 30 June 2020 ([Link](#))

A typographical error in active ingredient stated on the label on the vial has occurred. The active ingredient should be “medroxyprogesterone acetate”. However, it is stated as “methylprednisolone acetate” in error. Please see the alert in the link above for further advice.

6. Supply Problems

Mirtazapine 15mg and 45mg orodispersible tablets supply ([Link](#))

Mirtazapine 15mg and 45mg orodispersible tablets are out of stock until late July 2020.

- Unlicensed imports of mirtazapine orodispersible tablets have been sourced.
- Mirtazapine 30mg orodispersible tablets remain available but cannot support any increase in demand.
- Mirtazapine 15mg, 30mg and 45mg tablets remain available.
- Mirtazapine 15mg/ml oral suspension remains available but cannot support any increase in demand.

Actions required and advice are included in the alert. Please see the link for further information.

Ranitidine: All formulations update ([Link](#))

There has been no change to the supply situation or regulatory position on oral ranitidine products since the previous update. Supplies of alternatives PPIs remain readily available. There are currently limited stocks of some H2 receptor antagonists available. It may be more appropriate to reserve these products as an alternative to ranitidine in patients in whom PPI's are unsuitable. Prior to prescribing, clinicians should liaise with their pharmacists to understand local stock availability (including resupply dates) of clinical alternatives.

Hampshire Hospitals Foundation Trust have offered some further advice:



HHFT Shortage of
ranitidine.docx

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