NHS
South East London
Clinical Commissioning Group

Greenwich Clinical Matters

February 2021

MEDICINES MANAGEMENT: COVID-19 update

COVID-19 Therapeutic Alert

Colchicine in the management of COVID-19 (SARS-CoV-2) Positive Patients – Trial Use Only

It is recommended that colchicine should not be used in the management of COVID-19 positive patients other than in the context of a trial, or unless there is an additional licensed indication for its use.

A pre-print of the Canadian COLCORONA trial has now been published. In this primary care based study of 4,488 patients, 4.7% of patients in the colchicine group reached the composite primary endpoint of death or hospitalisation versus 5.8% of those in the placebo group. The publication also suggests that colchicine may reduce hospitalisation rates for patients in the early stage of COVID-19 infection (4.5% in the colchicine group vs 5.7% placebo). However, these findings were not statistically significant and full peer reviewed findings from the trial are currently awaited. There are currently very limited published results from other clinical trials on the effectiveness of colchicine in treating COVID-19 patients in primary or secondary care.

Action: General practices are asked to ensure that the local teams are aware that colchicine should NOT be used in the management of COVID-19 within primary care, other than in the context of a trial. Use in licensed indications remains unaffected. Subject to regulatory approval, agreement has been reached to add colchicine to the PRINCIPLE trial. Practices are encouraged to continue to support recruitment to this important UK platform trial, which is evaluating potential COVID therapies in primary care.

Safe Covid-vaccination among patients reporting allergies

The Allergy Academy is proud to present a 'One Hour Q&A Hot Topic' session online on **Wednesday 17 March 2021 (5.30-6.30pm)**, to support the widening Covid Vaccination Roll-Out. Their aim is to outline how to deal with queries from patients with a background of allergies, and how to spot those who require specialist support.

Action: To access the COVID vaccination allergy evening event please click here. In addition please find attached the approved SEL advice on managing individuals with a previous allergic reaction having the COVID-19 vaccine.

COVID-19 vaccines and fertility

The British Fertility Society and Association of Reproductive and Clinical Scientists have created a short document answering some of the questions patients have about COVID-19 vaccination and fertility, such as advice for people undergoing or considering fertility treatment.

Action: To access these FAQs please click here.

MEDICINES MANAGEMENT

Cardiovascular: observational study suggests moderate alcohol consumption may increase risk of atrial fibrillation

A large observational study involving more than 100,000 adults from five European countries found that over a median follow-up of nearly 14 years, just one small alcoholic drink per day (120mL of wine, 330mL of beer, or 40mL of spirits), was associated with an increased risk of atrial fibrillation (AF) compared with no alcohol consumption. The association between alcohol intake and AF was similar in men and women and was not explained by cardiac biomarker concentrations or the occurrence of heart failure during follow-up. Although the study has some limitations, the findings add to the evidence that lowering alcohol consumption may be important in the prevention of AF.

Gastrointestinal system: Cohort study investigates adverse outcomes of proton pump inhibitors in people with chronic kidney disease

Proton pump inhibitors (PPIs) are highly effective treatments for the suppression of gastric acid and are among the most commonly prescribed drugs in the UK. Whilst generally considered to have a good safety profile, concerns have been raised, mainly in observational studies, about use of PPIs and serious adverse outcomes, including adverse renal outcomes. A new study has investigated PPI use and kidney outcomes in a large, French cohort of patients with chronic kidney disease (CKD). Key findings were that long-term prescribing of PPIs was common, and that the risks of end-stage kidney disease, all-cause mortality and acute kidney injury were significantly higher in people prescribed PPIs compared with non-users.

Action: Although there are limitations to this study and these findings should not lead to unwarranted discontinuations of PPIs, judicious use and stewardship of PPIs is, however, important, with ongoing treatment reviewed regularly, and with deprescribing or treatment step-down considered where appropriate.

Public Health England/NHS England/Department of Health and Social Care update:

An update on the 2021/22 influenza vaccination programme has recently been provided, including information on reimbursement and ordering. Currently, the additional 'over 50' cohort that was introduced last year is not among the eligible groups for vaccination. This may change depending on the impact of COVID-19 in the population.

MEDICINES MANAGEMENT

The Discharge Medicines Service

The new Discharge Medicines Service (DMS) which allows Trusts to refer patients who may benefit from more information about their medicines to their community pharmacy, has now started. A toolkit is available to support cross-sector implementation of the NHS Discharge Medicines Service as an essential service in all NHS community pharmacies in England. The service sets out the shared responsibility and roles of pharmacy teams in community pharmacy, NHS trusts and PCNs in ensuring patient safety, better patient outcomes and medicines reconciliation on discharge. More information about the DMS is available on the NHS England website.

Action: Practices may be contacted by community pharmacy to agree an implementation plan for DMS. A SEL task force group has been established to agree a SEL and borough approach with stakeholders from primary care, secondary care and community pharmacy. The medicines optimisation team will continue to share updates with practices and pharmacies with information to support implementation.

Good practice in prescribing and managing medicines and devices: updated guidance

The General Medical Council (GMC) has issued updated good practice guidance on prescribing and managing medicines and devices that will come into effect on the 5th April. The update integrates information on remote consultations and includes new advice for doctors to stop prescribing controlled drugs without access to patient records, except in emergencies. There is also strengthened advice on information sharing, that if a patient refuses to consent to share their information with other health professionals, it may be unsafe to prescribe.

Action: Updated guidance can be accessed here

Out of stock/discontinuations update

- **Discontinuation** of Phyllocontin (aminophylline) Continus 225 mg and Phyllocontin Forte Continus 350 mg modified-release tablets in the UK. Patients prescribed these products should be identified and reviewed to determine if a methylxanthine is still required. The corresponding CAS alert (attached) notes that treatment with methylxanthine may be of minimal benefit and has a significant side effect profile. If continued treatment with a methylxanthine is necessary, the recommended switch is to theophylline tablets (Uniphyllin Continus), and the alert details the dose conversions and monitoring requirements.
- **Discontinuation** of Morphine sulphate (MST CONTINUS®) prolonged release granules for oral suspension. For further advice for dates and recommendations please see attached alert.
- **Supply issue** with Colestid (colestipol) 5g granules sachets anticipated until the end of May 2021.
- **Supply issue** with Salazopyrin En-Tabs® 500mg tablets. Expected date of resupply is 12th March 2021. Please see information for Sulfasalazine tablet shortage from GSTT.

MEDICINES MANAGEMENT

SEL Integrated Medicines Optimisation Committee (IMOC)

The following IMOC decisions have now been ratified by the SEL Medicines Optimisation sub-Committee and can be accessed via the links below:

- Interim formulary inclusion of **oral semaglutide for type 2 diabetes as amber 3** (transfer of care after 3 months to primary care using the information sheet) as outlined in formulary recommendation 124. This is a time limited approval to support the COVID-19 response and will be subject to review. The GLP-1 analogue pathway and information sheet have been updated to reflect this interim formulary inclusion.
- Ongoing formulary inclusion for **sub-cutaneous** vedolizumab in an extended cohort of patients with Inflammatory Bowel Disease to August 2021 to support the pandemic response. This will be subject to review through the IBD pathway sub-group.
- Patient information leaflet /resource to support patients in being prepared for illness and short notice self-isolation during COVID-19 – advises patients to have a supply of over the counter medicines available at home, along with a basic first aid kit.

MHRA Update

- Ulipristal acetate 5mg (Esmya): further restrictions due to risk of serious liver injury. The indication of ulipristal acetate 5mg for uterine fibroids has been further restricted due to the risk of serious liver injury and liver failure, with some cases requiring liver transplantation.
- Pregabalin (Lyrica): reports of severe respiratory depression. Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of concomitant opioid medicines.
- Alkindi (hydrocortisone granules): risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to granules .

NICE Update: Dapagliflozin in Cardiovascular patients With and Without Diabetes

The licensed indications for the prescribing of dapagliflozin have recently been extended from the control of blood sugar in diabetic patients, to now include the prevention of cardiac events in patients with heart failure and, expected this summer, reno-protective indications in patients with and without diabetes. Final guidance will be shared, once it has been approved for SEL.

Action: See recent NICE TA for heart failure. Until local guidance is approved, prescribing for these new indications will be hospital only for both initiation and on-going supply. We encourage prescribers to add the indication for dapagliflozin on prescriptions: Eg. “For diabetes”, “For heart” or “For kidneys” which can also be added to pharmacy dispensing labels and patients should be well-informed concerning the indication for this therapy.

Contact Details

Meds Management: greccg.pharmacy@nhs.net (020 3049 9000)
Primary Care: Jan Matthews: jan.matthews@nhs.net
System Development: Alex Pini: a.pini@nhs.net