

Frequently Asked Questions Covid-19 Medicines Optimisation

This document will be regularly updated as Medicines Optimisation teams identify questions from General Practice. Advice may change as more information is made available and as decisions are made nationally.

This document was updated on 19.3.20

Should I increase the quantities on prescriptions?

No. General practice is asked not to increase prescription quantities during the Coronavirus outbreak. Sudden increases in demands for medicines can upset the supply chain and cause shortages. There is a very strong message from NSE/I that normal prescribing patterns must be maintained including inhalers. This includes not prescribing earlier than usual.

[Recent guidance from NHS England](#) asks General Practice to consider putting all suitable patients on electronic repeat dispensing ('eRD') for when their next repeat prescriptions are due, as part of the preparedness for Coronavirus.

Useful support resources on eRD:

[**Guidance page from NHS Digital**](#)

[**Short video explainer from
@NHSDigital**](#)

[**An example of local eRD implementation from
@WessexAHSN**](#)

Should I stop prescribing ACEi/ARBs?

There have been publications that hypothesize that diabetes and hypertension treatment with ACE2-stimulating drugs increases the risk of developing severe and fatal COVID-19.

A [joint statement](#) from the British Cardiovascular Society and the British Society for Heart Failure has offered reassurance to people taking ACEi and ARBs.

'There is no evidence to support this assertion and that both organisations share the view of the European Society of Hypertension and the Renal Association that patients should continue treatment with ACEi and ARB unless specifically advised to stop by their medical team.'

Should I not prescribe NSAIDs?

The current guidance is an interim position while NICE and the MHRA undertake a rapid review of the evidence.

Patients currently taking NSAIDs for other conditions should continue. Patients with suspected or confirmed Covid-19 should be recommended paracetamol.

Advice as of 17.3.20 [here](#)

Also advice for patients on NHS website [here](#)

Should I prescribe paracetamol?

Paracetamol is currently in short supply caused by a sudden upsurge in demand. We are aware of pressure on GPs to prescribe paracetamol 'just in case' and for OTC conditions.

We have been assured that there is no manufacturing or supply issue nationally so stocks will improve. There are some public messages planned that may help reduce the stockpiling.

Please use your clinical judgement. If patients are clinically unwell, paracetamol is the appropriate treatment and the patient has no stocks at home then until supplies are more stable prescribing or short term quantities may be considered.

Should I prescribe Baby Milk?

There are some concerns that there is a shortage of formula milk. This is purely caused by stockpiling and not a supplier issue. There should be no need to prescribe standard baby milk. The following document is a useful resource.



Infant-feeding-during-the-Covid-19-outbreak.pdf

Can we use antivirals?

There is no evidence that antivirals used to treat flu in primary care are beneficial in the treatment of Coronavirus.

Should I lower the threshold for use of antibiotics?

Patients can get secondary pneumonia and sepsis.

Local recommendation is that guidelines or thresholds have not been changed. Link to most up to date local primary care antibiotic guidelines [here](#).

Sepsis triage:



Sepsis-OOH-and-GP-telephone.pdf

Should I stop DMARDs?

There is national advice from BSR [see here](#), which includes the following:

All patients, including those aged 16 years and under, should continue to take their medication unless directed otherwise by their rheumatology team.

If patients develop symptoms of any infection, established practice should be followed and immunosuppressive therapy paused for the duration of the infection and until they feel well, in consultation with their rheumatology team. For those on glucocorticoids (steroids, prednisolone), the expectation is that treatment should not be stopped abruptly and advice should be sought from their treating team.

Should I avoid prescribing steroids when treating asthma and COPD exacerbations?

No. BTS has produced brief guidance for Community Respiratory Services in relation to COVID-19 which is available [here](#).

Below is a useful info sheet for patients with asthma from asthma UK.

<https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/>

I have lots of requests for inhalers from patients who have not been prescribed for a long time what should I do?

There are reports of increased demand for inhalers especially relievers and this is affecting supplies. Do not prescribe unless the patient is under active management. If a patient has not been prescribed an inhaler for >1 year please challenge the request and establish it is clinically appropriate. Do not prescribe quantities outside the normal prescribing pattern unless there is a clinical need.

Reference sources

Elsevier have made COVID-19 related articles freely available – [click here to review](#)

<https://www.cebm.net/oxford-covid-19/>

A new [Medicines Safety Portal](#) site is under development. Although it is not yet finished the [problem-solving section](#) will help you answer some common questions about medicines.