

Introduction

Established medicines governance meeting structures have been stood down due to the COVID-19 pandemic. Urgent and/or COVID-19 medicine governance matters are considered by the **Interim Medicines Governance Group (IMGG)**.

Any issues requiring the attention of the IMGG should be sent to Carol Walkinshaw at carol.walkinshaw@nhs.net.

To date, the issues addressed by IMGG are:

Issue	Summary
PGDs	Progesteron Only Pill PGD (Staffnet link) - interim update approved by Medicines Policy Group.
Intra-articular steroid injections	Intra-articular, soft tissue, and perineural corticosteroid injections should be avoided where possible during the COVID-19 pandemic to reduce the risk of reduced immunity to viral exposure and reduce non-urgent attendance at clinic appointments. Recommendations of the British Society of Skeletal Radiologists, March 2020.
Conversion of patients from warfarin to a DOAC	Please see Tayside Prescriber Issue 160 for inpatients and Tayside Prescriber 161 for community patients. Video counselling for DOACs is available if face to face contact is not possible. Large scale switching of stable warfarin patients is not currently recommended due to potentially significant effects on the DOAC supply chain. It is estimated that current DOAC capacity can accommodate no more than one third of existing warfarin patients .
Reduced frequency of B12 injections for patients with no neurological symptoms	For patients with no neurological symptoms, advice from the British Society for Haematology advises that liver stores last for up to one year and levels of B12 will not be significantly effected if one or two of the three monthly injections are omitted. If B12 deficiency is diet related (as opposed to malabsorptive), patients may wish to buy cyanocobalamin tablets for their own use or pay specific attention to sources of B12 in their diet (including eggs, meat, milk & other dairy products, or fortified vegan-friendly foods such as some soya products, breakfast cereals and bread).
Extension of intervals for monitoring DMARDs in rheumatology patients	Rheumatology patients established on DMARDs, including biologics, i.e. stable patients currently having blood tests every 3 months, can extend testing to 3-6 months. Patients who have recently started or with recent blood abnormalities having blood tests once a month or more are higher risk for abnormalities therefore should remain on the usual schedule of monitoring. See SPS for detail.
Long Acting Reversible Contraception	Sayana Press® is a therapeutically equivalent alternative to Depo Provera which can be self administered only after patient instruction. See FSRH information for further detail.

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<p>Use of potassium binders in renal dialysis (primarily patiromer and sodium zirconium cyclosilicate but also considering calcium resonium)</p>	<p>By providing patients with potassium binders on non-dialysis days, patients may be able to be managed with twice weekly dialysis rather than the usual three times weekly regime. This is in line with NICE COVID-19 rapid guideline: dialysis service delivery (NG160)2020.</p> <p>Both sodium zirconium cyclosilicate and patiromer are not recommended by the Scottish Medicines Consortium and should only be considered for use as part of the urgent COVID-19 response.</p>
<p>Palliative care of COVID-19 patients</p>	<p>Two temporary guidelines have recently been released on the Scottish Palliative Care Guidelines website for end of life care and alternatives to medication where syringe pumps are not available. There is also an updated list of palliative care medicines for use during COVID-19 available from designated community pharmacies.</p>
<p>Scottish Medicines Information COVID-19 hub</p>	<p>A link is available on the TAF homepage to the COVID-19 Medicines Information Resource Hub.</p>
<p>Diabetes UK Front Door Guidance</p>	<p>Diabetes UK have issued advice for the management of acute diabetes at the front door for emergency departments and acute medical units.</p> <p>Key points are:</p> <ul style="list-style-type: none"> • SGLT2 inhibitors (e.g. empaglifozin, dapaglifozin) are known to be rarely associated with serious and life threatening DKA. • All patients admitted with COVID-19 symptoms should have their SGLT2 inhibitor stopped • Metformin should also be withheld in all patients admitted due to increased risk of lactic acidosis • All diabetes treatments should be reviewed by the clinical team prior to discharge. • Symptomatic patients at home should continue to observe Sick Day Rules
<p>Ibuprofen and COVID-19</p>	<p>The Commission of Human Medicines' (CHM) Expert Working Group on coronavirus (COVID-19) have concluded that there is insufficient evidence to establish a link between use of ibuprofen, or other non-steroidal anti-inflammatory drugs (NSAIDs), and contracting or worsening of COVID-19. Patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19, if it is otherwise safe for them to do so. Patients who are taking NSAIDs or low dose aspirin as part of long term condition management should continue to do so.</p>

