

National guidance (NICE, NHSE PHE, Specialist Pharmacy Service (SPS), MHRA) during the Covid-19 pandemic - medicines implications

This workbook signposts to national **clinical** guidance issued through NICE and SPS to support healthcare professionals during the Covid-19 pandemic, focusing on the medicines aspect of the guidance.

The list is reviewed weekly.

Users can also visit the NHS England website for **specialty guides** aimed at specialists working in hospitals in England during the pandemic. These are not noted here but can be accessed at:

<https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/>

Link to Medicines summaries on the SPS website (specific webpages that summarise and signpost to medicine related guidance SPS are aware of from **professional and government bodies**)

<https://www.sps.nhs.uk/?s=&cat%5B%5D=3537>

MHRA latest guidance for medicines safety (Key MHRA advice and guidance issued so far on medicines safety and pharmacovigilance, including on reporting to the Yellow Card Scheme)

<https://www.gov.uk/drug-safety-update/coronavirus-covid-19-latest-guidance-for-medicines-safety>

MHRA - dedicated Yellow Card reporting site for medicines and medical devices in Covid-19

<https://www.gov.uk/drug-safety-update/coronavirus-covid-19-new-dedicated-yellow-card-reporting-site-for-medicines-and-medical-devices>

Other information and non-clinical guidance on coronavirus can be found via the NHS England website at:

<https://www.england.nhs.uk/coronavirus/>

Public Health England guidance for Covid-19 (in various settings):

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

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New additions/updates for this version are highlighted in green

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Therapeutic area	Guidance title	Date published	Guidance developed by	Any medicines specific recommendations? Please refer to the guideline for specific details.	Link to guidance	Other relevant guidance (for NHSE specialty guides, refer to link above to access) Note: You may need to copy and paste the links below into your web browser.
Cancer	Haematopoietic stem cell transplantation (Rapid Covid-19 guideline)	1st April 2020	NICE	Includes recommendations on prioritising treatment based on an assessment of the risks and benefits.	<a href="https://www.nice.org.uk/guidance/ng164">https://www.nice.org.uk/guidance/ng164</a>	SPS Medicines Summary webpage for cancers: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/</a>
Cancer	Delivery of systemic anticancer treatments (Rapid Covid-19 guideline)	20th March 2020 Last updated 27th April 2020	NICE	The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic.  The guidance was updated on 3rd April 2020 with 2 recommendations added on when to offer and continue systemic anticancer treatment for patients with COVID-19.  <b>29.04.2020:</b> On 27th April, NICE updated the table of NHS England interim treatment regimens in line with new advice from NHS England and NHS Improvement.	<a href="https://www.nice.org.uk/guidance/ng161">https://www.nice.org.uk/guidance/ng161</a>	SPS Medicines Summary webpage for cancers: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/</a>
Cancer	Delivery of radiotherapy (Rapid Covid-19 guideline)	28th March 2020	NICE	This guidance includes recommendations on prioritising radiotherapy treatments depending on the scenario.	<a href="https://www.nice.org.uk/guidance/ng162">https://www.nice.org.uk/guidance/ng162</a>	Royal College of Radiologists' guidance on the management of unscheduled treatment interruptions <a href="https://www.rcr.ac.uk/publication/timely-delivery-radical-radiotherapy-guidelines-management-unscheduled-treatment">https://www.rcr.ac.uk/publication/timely-delivery-radical-radiotherapy-guidelines-management-unscheduled-treatment</a>  SPS Medicines Summary webpage for cancers: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cancers/</a>
Cardiovascular	Acute myocardial injury (Rapid Covid-19 guideline)	23rd April 2020	NICE	This guideline aims to help healthcare professionals who are not cardiology specialists identify and treat acute myocardial injury and its cardiac complications in adults with known or suspected COVID-19 but without known pre-existing cardiovascular disease. The guidelines covers: - Advice on communicating with patients and minimising risk - Factors to be aware of when diagnosing acute myocardial injury in patients with suspected or confirmed Covid-19 and which diagnostic tests to undertake. - Managing myocardial injury in patients with suspected or confirmed COVID-19  Medicines related considerations include: *Discuss the risks, benefits and possible likely outcomes of different treatment options with patients, families and carers using decision support tools (where available) so that they can make informed decisions about their treatment wherever possible. *Be aware that treatments that may be used in COVID-19, such as azithromycin and hydroxychloroquine, may prolong the QTc interval and lead to arrhythmia. At the time of publication of the guideline, azithromycin and hydroxychloroquine can only be used to treat COVID-19 as part of nationally approved randomised controlled trials.	<a href="https://www.nice.org.uk/guidance/ng171">https://www.nice.org.uk/guidance/ng171</a>	NHSE Clinical guide: Management of cardiology patients  SPS Medicines Summary webpage for CV: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cardiovascular-system-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cardiovascular-system-disorders/</a>
Cardiovascular	Advice on use of medicines (e.g. ACE inhibitors and ARBs) for hypertension, heart or kidney disease during COVID-19 pandemic	27th March 2020	European Medicines Agency	EMA advises continued use of medicines for hypertension, heart or kidney disease during COVID-19 pandemic. EMA states it is important that patients do not interrupt their treatment with ACE inhibitors or ARBs and there is no need to switch to other medicines. There is currently no evidence from clinical or epidemiological studies that establishes a link between ACE inhibitors or ARBs and the worsening of COVID-19. Experts in the treatment of heart and blood pressure disorders, including the European Society of Cardiology, have already issued statements along those lines. EMA is monitoring the situation closely and is collaborating with stakeholders to coordinate epidemiological studies on the effects of ACE inhibitors and ARBs in people with COVID-19.	<a href="https://www.ema.europa.eu/en/news/ema-advises-continued-use-medicines-hypertension-heart-kidney-disease-during-covid-19-pandemic">https://www.ema.europa.eu/en/news/ema-advises-continued-use-medicines-hypertension-heart-kidney-disease-during-covid-19-pandemic</a>	ESC Position statement (13.03.2020): <a href="https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang">https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang</a>  NICE rapid review under development.  SPS Medicines Summary webpage for CV: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cardiovascular-system-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-cardiovascular-system-disorders/</a>

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Cardiovascular	Angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) in people with or at risk of COVID-19 (COVID-19 rapid evidence summary)	21st May 2020	NICE	This NICE evidence summary concludes that whilst no increase in risk of developing COVID-19 or more severe disease was found in the 2 observational studies included, the studies were of poor quality and subject to bias and confounding. Therefore, conclusions cannot be drawn on whether ACEIs or ARBs increase the risk of developing COVID-19 or developing more severe COVID-19.	<a href="https://www.nice.org.uk/advice/es24/chapter/Key-messages">https://www.nice.org.uk/advice/es24/chapter/Key-messages</a>	
Care Homes	Reuse of medicines in a care home or hospice	28th April 2020	Department of Health and Social Care	<b>Please refer to the document for detail.</b> This standard operating procedure outlines how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak. It gives guidance about using medicines labelled for one patient who no longer needs them for another patient.	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice">https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice</a>	RCGP guidance - Priority medicines for palliative and end of life care during a pandemic <a href="https://apmonline.org/wp-content/uploads/2020/04/priority-meds-for-end-of-life-care-290420-final-2.pdf">https://apmonline.org/wp-content/uploads/2020/04/priority-meds-for-end-of-life-care-290420-final-2.pdf</a>
Care Homes	Care Home Resource Hub	19th May 2020	SPS	This hub has been developed to support pharmacy teams working into care homes in response to increased pressure from the COVID-19 pandemic. Care home staff and residents, and the pharmacy teams supporting them, will need information and support to ensure the safe and effective use of medicines.	<a href="https://www.sps.nhs.uk/home/services/care-home-resource-hub/">https://www.sps.nhs.uk/home/services/care-home-resource-hub/</a>	The hub also links to a new operational model to help pharmacy and medicines teams implement the NHS England and NHS Improvement
Care Homes	Care Homes Training resource	29th May 2020	RPS	This resource supports pharmacy professionals who have been deployed to the care home setting during the COVID-19 pandemic. Note: to view the pages, users must be logged in either as RPS members or registered users.	<a href="https://www.rpharms.com/working-in-care-homes">https://www.rpharms.com/working-in-care-homes</a>	
Community Pharmacy	Guide to support carers during the COVID-19 pandemic	2nd June 2020	Pharmaceutical Services Negotiating Committee	This guide aims to support unpaid carers to make the most out of their pharmacy team. It sets out helpful hints and tips for carers including: Ordering prescriptions at least seven days before they are needed Only ordering as much medicine as needed Checking dispensing hours before visiting a pharmacy Asking family, friends or a local action group to help if you're unable to collect a prescription Making an emergency plan in case you become unwell and cannot collect medication Making sure you know the full name, address and date of birth for anyone you're collecting a prescription for and bringing ID with you	<a href="https://psnc.org.uk/our-news/supporting-carers-during-the-covid-19-pandemic/">https://psnc.org.uk/our-news/supporting-carers-during-the-covid-19-pandemic/</a>	
Controlled Drugs	Royal Pharmaceutical Society (RPS) guidance on contingency legislation to enable the supply of controlled drugs	7th May 2020	RPS	Controlled drug legislation has been introduced to enable ministers in Great Britain and the Department of Health in Northern Ireland to "switch on" flexibilities for supplying controlled drugs during a pandemic. Note: These flexibilities have not been activated at this time.  This RPS guide is about these contingencies for pharmacy teams wishing to prepare.	<a href="#">RPS guidance</a>	
Covid-19 infection	Managing symptoms (including at the end of life) in the community (Rapid Covid-19 guideline)	3rd April 2020 Last updated: 30th April 2020	NICE	<b>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</b>  Recommendations include: Treatment and Care planning, general advice for managing covid-19 symptoms, managing cough (covers use of honey, cough suppressants, morphine sulfate solution), managing fever (covers fluids, use of antipyretics - paracetamol preferred), managing breathlessness (includes consideration of a combination of opioid and B2D for patients at EoLC), managing anxiety, delirium, and agitation (includes consideration of B2D/hypnotic treatments), managing medicines for patients with Covid-19 and factors to consider when prescribing anticipatory medicines for patients with Covid-19.  22.04.2020: This guideline was updated by NICE on 17th April 2020. NICE have linked to support for off-label prescribing from the General Medical Council and Care Quality Commission in the recommendation on treatment for patients with breathlessness. NICE also amended some tables to highlight that doses may need to be adjusted in some patients.  29.04.2020: The guideline has been updated by NICE - ibuprofen has been included as an option for managing fever and other symptoms that antipyretics would help treat. NICE has also clarified the source of prescribing data in some tables.  06.05.2020: Section 8.5 of the guidance was updated on 30th April to include a link to UK government guidance on re-using medicines in care homes and hospices during the COVID-19 pandemic. NICE also made minor changes for clarification in recommendations 8.2 and 8.3.	<a href="https://www.nice.org.uk/guidance/ng163">https://www.nice.org.uk/guidance/ng163</a>	NHSE guide: A&E/ED - Managing the patient with a cough and a temperature during the coronavirus pandemic NHSE guide: Management of palliative care in hospital during the coronavirus pandemic NHSE guide (added 20.05.2020): Supporting compassionate visiting arrangements for those receiving care at the end of life 22.04.2020: BMJ summary of NICE guideline: <a href="https://www.bmj.com/content/369/bmj.m1461">https://www.bmj.com/content/369/bmj.m1461</a> SPS Medicines Summary webpage for EoLC: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-palliative-and-end-of-life-care/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-palliative-and-end-of-life-care/</a> SPS Medicines Summary webpage for infection: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/</a> Department of Health and Social care guidance on re-use of medicines in care homes <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice">https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice</a> Added 06.05.2020: RCGP guidance - Priority medicines for palliative and end of life care during a pandemic: <a href="https://apmonline.org/wp-content/uploads/2020/04/priority-meds-for-end-of-life-care-290420-final-2.pdf">https://apmonline.org/wp-content/uploads/2020/04/priority-meds-for-end-of-life-care-290420-final-2.pdf</a>

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Covid-19 infection	Ibuprofen (or other NSAIDs) and Covid-19 infection	14th April 2020	MHRA, NICE, NHSE (letter 14th April 2020)	The Commission on Human Medicines' Expert Working Group on coronavirus (COVID-19) has concluded that there is currently 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.  Letter also notes that <i>patients who have been prescribed NSAIDs as a treatment for a long-term condition, such as arthritis, should keep taking these medicines as normal. Adult patients who take low-dose 75 mg aspirin regularly for prevention of heart attacks or for vascular disease should continue to do so.</i>	<a href="https://www.nice.org.uk/advice/es23/chapter/Key-messages">https://www.nice.org.uk/advice/es23/chapter/Key-messages</a>	SPS Medicines Summary webpage for musculoskeletal: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-musculo-skeletal-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-musculo-skeletal-disorders/</a>  MHRA/NHS/NICE letter: <a href="https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=103524">https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=103524</a>  NHSE rapid policy statement: <a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0211-NSAIDs-RPS_14-April.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0211-NSAIDs-RPS_14-April.pdf</a>
Covid-19 infection	Advice on the use of non-steroidal anti-inflammatories for COVID-19	18th March 2020	European Medicines Agency	EMA states that there is currently no scientific evidence establishing a link between ibuprofen and worsening of COVID 19. EMA is monitoring the situation closely and will review any new information that becomes available on this issue in the context of the pandemic.	<a href="https://www.ema.europa.eu/en/news/ema-gives-advice-use-non-steroidal-anti-inflammatories-covid-19">https://www.ema.europa.eu/en/news/ema-gives-advice-use-non-steroidal-anti-inflammatories-covid-19</a>	<b>Added 22.04.2020:</b> CMO letter published. NICE evidence review published along with NHSE commissioning policy See entry above.
Covid-19 infection	Long-term use of non-steroidal anti-inflammatory drugs (NSAIDs) for people with or at risk of COVID-19 (COVID-19 rapid evidence summary)	21st May 2020	NICE	In this evidence summary, no evidence from published scientific studies was found to determine whether long-term use of NSAIDs is related to increased risk of developing COVID 19 or increased risk of more severe COVID 19.  The review finds that there is no evidence to suggest that people taking NSAIDs for a long-term condition should be advised to stop treatment in the context of COVID 19.	<a href="https://www.nice.org.uk/advice/es25/chapter/Key-messages">https://www.nice.org.uk/advice/es25/chapter/Key-messages</a>	
Covid-19 infection	Reminder of risk of serious side effects with chloroquine and hydroxychloroquine	23rd April 2020	European Medicines Agency (EMA)	The EMA warns chloroquine and hydroxychloroquine can potentially cause heart rhythm problems, which could be exacerbated if treatment is combined with other medicines, such as azithromycin, that have similar effects on heart. It highlights clinical data are still very limited and inconclusive, and the beneficial effects of these medicines in COVID-19 have not been demonstrated. Results from large, well-designed studies are needed to make any conclusions.  The statement also refers to the trials are underway to investigate the use of these agents in Covid-19.	<a href="https://www.ema.europa.eu/en/news/covid-19-reminder-risk-serious-side-effects-chloroquine-hydroxychloroquine">https://www.ema.europa.eu/en/news/covid-19-reminder-risk-serious-side-effects-chloroquine-hydroxychloroquine</a>	
Covid 19 infection	COVID-19: reminder of the risks of chloroquine and hydroxychloroquine	29th May 2020	EMA	The EMA is reminds healthcare professionals to closely monitor patients with COVID-19 who are receiving chloroquine or hydroxychloroquine, given the serious side effects that can result from treatment with these medicines.  When prescribing these drugs, especially at high doses, healthcare professionals are advised to consider the risk of pre-existing cardiac conditions, uncorrected potassium or magnesium imbalance, and concomitant use with medicines that prolong the QT interval or antibiotics. In addition to their effects on the heart, these medicines may cause neuropsychiatric disorders, including agitation, insomnia, confusion, psychosis and suicidal ideation. These medicines are also known to affect the liver, cause neuronal damage that can lead to seizures (fits), and lower blood sugar.  <b>17.06.2020:</b> MHRA has instructed UK clinical trialists using hydroxychloroquine to treat or prevent Covid-19 to suspend recruitment of further participants. This follows the emerging concerns about use of hydroxychloroquine in COVID-19 as well as data from the RECOVERY trial which has provided convincing evidence of no meaningful mortality benefit in hospitalised patients with COVID-19.	<a href="https://www.ema.europa.eu/en/news/covid-19-reminder-risks-chloroquine-hydroxychloroquine">https://www.ema.europa.eu/en/news/covid-19-reminder-risks-chloroquine-hydroxychloroquine</a>	<b>Added 17.06.2020:</b> MHRA suspends recruitment to COVID-19 hydroxychloroquine trials <a href="https://www.gov.uk/government/news/mhra-suspends-recruitment-to-covid-19-hydroxychloroquine-trials">https://www.gov.uk/government/news/mhra-suspends-recruitment-to-covid-19-hydroxychloroquine-trials</a>
Covid-19 infection	Anakinra for COVID-19 associated secondary haemophagocytic lymphohistiocytosis (COVID 19 rapid evidence summary)	21st May 2020	NICE	This evidence summary concludes no relevant papers were identified in the searches undertaken for the evidence review. Therefore, no evidence is available to determine whether anakinra is effective, safe or cost effective for treating adults and children with sHLH triggered by SARS-CoV-2 or a similar coronavirus.  Some new studies have considered intravenous anakinra for related conditions including hyperinflammation in people with COVID-19 and ARDS. However, administering anakinra intravenously is off label, which raises safety concerns. Also, these studies do not compare anakinra with other treatments such as tocilizumab.  At this time, policy decisions on whether anakinra should be used for treating COVID-19 associated sHLH will need to consider data extrapolated from studies assessing anakinra for related conditions, such as MAS, non-coronavirus sHLH and hyperinflammation in people with COVID-19 and ARDS.	<a href="https://www.nice.org.uk/advice/es26/chapter/Key-messages">https://www.nice.org.uk/advice/es26/chapter/Key-messages</a>	

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Covid 19 infection	Early access to medicines scheme (EAMS) scientific opinion: Remdesivir in the treatment of patients hospitalised with suspected or laboratory-confirmed SARS-CoV-2 infection who meet the clinical criteria	26th May 2020 Last updated: 3rd June 2020	MHRA	The MHRA has given the first positive scientific opinion under the EAMS for use of Gilead's remdesivir in the treatment of patients hospitalised with suspected or laboratory-confirmed SARS-CoV-2 infection who meet the clinical criteria. The scientific opinion includes a public assessment report & treatment protocols for healthcare professionals, patients and pharmacovigilance system. An accompanying alert provides information on medicine supply, access criteria, data collection and implementation. <b>03.06.2020:</b> In an update to the original alert published on 26th May, the access criteria for the remdesivir EAMS have been amended to reflect developing clinical experience and knowledge of demand and changes in medicine supply. For the NHS in England new registrations to the EAMS have now closed: initial stock allocations have been made. Trusts must retrospectively complete a remdesivir Blueteq form to register patients who have received remdesivir in order to receive further medicine supply.	<a href="https://www.gov.uk/government/publications/early-access-to-medicines-scheme-eams-scientific-opinion-remdesivir-in-the-treatment-of-patients-hospitalised-with-suspected-or-laboratory-confirmed">https://www.gov.uk/government/publications/early-access-to-medicines-scheme-eams-scientific-opinion-remdesivir-in-the-treatment-of-patients-hospitalised-with-suspected-or-laboratory-confirmed</a>	Implementation of the scheme and management of supply: <a href="https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103046">https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103046</a> <b>03.06.2020:</b> Update to original alert: <a href="https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103050">https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103050</a>
Covid 19 infection	Remdesivir for treating hospitalised patients with suspected or confirmed COVID-19 (COVID 19 rapid evidence summary)	5th June 2020	NICE	The findings in the review suggest that factors to consider when using remdesivir as a treatment option for COVID-19 in patients with mild or moderate, or severe disease include the timing of initiation of treatment at the onset of symptoms, disease severity (this includes the need for oxygen support, non-invasive ventilation, invasive ventilation or organ support, most of the patients in the studies had severe COVID-19) and the underlying clinical status of the patient and age. These may have important effects on the outcomes of treatment. Remdesivir should only be administered by intravenous infusion which may limit its use.	<a href="https://www.nice.org.uk/advice/es27/chapter/Key-messages">https://www.nice.org.uk/advice/es27/chapter/Key-messages</a>	
Covid 19 infection	Advice for smokers and vapers	29th May 2020	PHE	Coronavirus (COVID-19) symptoms may be more severe for smokers. This guidance advises how to reduce the risk of contracting COVID-19 for those who smoke or vape, and how to access support to stop smoking and remain smokefree.	<a href="https://www.gov.uk/government/publications/covid-19-advice-for-smokers-and-vapers/covid-19-advice-for-smokers-and-vapers">https://www.gov.uk/government/publications/covid-19-advice-for-smokers-and-vapers/covid-19-advice-for-smokers-and-vapers</a>	
Covid 19 infection	Minimising nosocomial infections in the NHS	9th June 2020	NHSE & I	This letter to organisations across the NHS, including community pharmacies, GP practices and PCNs and dental and optometry providers, outlines the actions to minimise the spread of infections whilst maintaining access to patient services. With respect to the management of outbreaks, the letter notes that ongoing and consistent implementation of national infection prevention and control guidance, including in staff areas, will be paramount in reducing healthcare associated infections.	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf</a>	PHE - COVID-19: infection prevention and control (IPC): <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</a>
Covid 19 infection	COVID-19 Therapeutic Alert: Dexamethasone in Covid-19 infection	16th June 2020	MHRA	This alert outlines the implementation and management of supply of dexamethasone for treatment of Covid-19 in hospitals. In summary: - Dexamethasone has been demonstrated to have a clear place in the management of hospitalised patients with COVID-19 (based on initial results from the RECOVERY trial). - There were no excess harms identified in using this dose of dexamethasone in this patient population. Dexamethasone was not used in pregnant women. - Clinicians should therefore consider dexamethasone for the management of hospitalised patients with COVID-19 who require oxygen or ventilation. - <b>Out of hospital treatment is not appropriate.</b> - There is no current or anticipated constraint on supply of the medicine in the UK. Refer to the alert for detail.	<a href="https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/ViewAlert.aspx?AlertID=103054">https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/ViewAlert.aspx?AlertID=103054</a>	
Covid 19 infection	Vitamin D for COVID-19 (COVID-19 rapid evidence summary)	29.06.2020	NICE	This evidence summary sets out the best available evidence on vitamin D for preventing or treating COVID 19, or for the susceptibility to COVID 19 based on vitamin D status. Treating or preventing acute respiratory tract infections more generally was out of scope. <b>Advisory statement on likely place in therapy:</b> 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. <i>To protect bone and muscle health, the UK Government advises that everyone needs vitamin D equivalent to an average daily intake of 10 micrograms (400 international units). They advise that all people should consider taking a daily supplement containing 10 micrograms vitamin D during autumn and winter months. They also advise that people whose skin has little to no exposure to sunlight and ethnic minority groups with dark skin, from African, Afro-Caribbean and South Asian backgrounds, should consider taking a vitamin D supplement all year round. This advice would also apply to people whose skin has little to no exposure to sunlight because they are indoors shielding or self-isolating. Therefore, UK Government advice during the COVID 19 pandemic is that everyone should consider taking 10 micrograms of vitamin D a day because they might not be getting enough from sunlight if they're indoors most of the day. Following appropriate testing and clinical management, people with vitamin D deficiency may also be prescribed higher therapeutic doses of vitamin D.</i>	<a href="https://www.nice.org.uk/advice/es28/chapter/Key-messages">https://www.nice.org.uk/advice/es28/chapter/Key-messages</a>	The Scientific Advisory Committee on Nutrition (SACN) has published a report on vitamin D and acute respiratory tract infections: <a href="https://www.gov.uk/government/groups/scientific-advisory-committee-on-nutrition">https://www.gov.uk/government/groups/scientific-advisory-committee-on-nutrition</a>
Covid 19 infection	Shielding update: letter to patients	29.06.2020	DHSC	This letter tells patients about planned changes to advice for people who are shielding. The changes are planned for 6 July and 1 August 2020 and the letter is available in a number of languages and in large print. With respect to medicines, the letter states: if you are in receipt of Government provided food boxes and medicine deliveries, you will continue to receive this support until the end of July. This will give you time to prepare for new advice that you can visit shops, including supermarkets, as you did before the shielding programme commenced, provided you follow strict social distancing.	<a href="https://www.gov.uk/government/publications/shielding-update-letter-to-patients-22-june-2020">https://www.gov.uk/government/publications/shielding-update-letter-to-patients-22-june-2020</a>	

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Critical Care	Critical care in adults (Rapid Covid-19 guideline)	20th March 2020 Last updated: 29th April 2020	NICE	<p>Recommendations include: Assessment of patients for frailty on admission to hospital, risks/benefits and possible likely outcomes from different treatment options in critical care, Starting, reviewing and stopping critical care treatment and clinical decision making.</p> <p>Updated 9th April by NICE to include link to ethical guidance from the BMA, RCP and GMC to support healthcare professionals with decision making. Also linked to new government guidance on managing exposure to COVID 19 in hospital settings.</p> <p><b>29.04.2020:</b> The guideline was updated on 29th April - NICE team have added an example to clarify the role of specialists in the recommendation on frailty assessment (recommendation 1.1).</p>	<a href="https://www.nice.org.uk/guidance/ng159">https://www.nice.org.uk/guidance/ng159</a>	<p>NICE critical Care referral algorithm: <a href="https://www.nice.org.uk/guidance/ng159/resources/critical-care-admission-algorithm-pdf-8708948893">https://www.nice.org.uk/guidance/ng159/resources/critical-care-admission-algorithm-pdf-8708948893</a></p> <p>NHSE: Several clinical guides available covering different aspects of adult critical care. NHSE guide also available for paediatric critical care.</p> <p>SPS Medicines summary webpage for critical care: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-critical-care/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-critical-care/</a></p> <p>Added 22.04.2020 - updated 22.05 2020: MHRA Supply Disruption Alert for neuromuscular blocking agents: atracurium, cisatracurium and rocuronium <a href="https://www.cas.mhra.gov.uk/ViewandAcknowledge/ViewAlert.aspx?AlertID=103045">https://www.cas.mhra.gov.uk/ViewandAcknowledge/ViewAlert.aspx?AlertID=103045</a></p>
Dermatology	Dermatological conditions treated with drugs affecting the immune response (Rapid Covid-19 guideline)	9th April 2020 Last updated: 30th April 2020	NICE	<p><b>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</b></p> <p>For patients known or suspected to have COVID-19 the guideline says they should continue topical treatments, and that the use of topical treatments rather than systemic treatments that affect the immune system should be considered for any new skin conditions. The guideline also advises that these patients should not suddenly stop taking oral corticosteroids.</p> <p>Specific medicines related guidance includes: supply of medicines (e.g. resources are available to make treatment changes if needed, plans in place in case homecare supply is disrupted), factors to consider when deciding whether to start or continue a treatment that affects the immune system, advice on specific treatments (topical and systemic) in patients with suspected Covid-19</p> <p><b>06.05.2020:</b> On 30th April, NICE updated the guidance to highlight that immunosuppression may continue for some time after some drugs are stopped (section 4.5).</p>	<a href="https://www.nice.org.uk/guidance/ng169">https://www.nice.org.uk/guidance/ng169</a>	<p>SPS Medicines summary webpage for skin disorders: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-skin-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-skin-disorders/</a></p>
Diabetes	Various sets of guidance to support delivery of diabetes care.	2nd April 2020 Last updated: 6th April 2020	London Clinical Network	<p>Includes guidance on sick days rules for: Type 1 diabetes managed with a pump Type 1 diabetes managed with multiple daily injections Type 2 diabetes</p> <p>These include recommendations on which medicines should be stopped during illness.</p> <p>Other guidance covers emergency departments, MDT footcare teams and outpatient management. Links to other resources are also included.</p>	<a href="https://www.england.nhs.uk/london/london-clinical-networks/bur-networks/diabetes/diabetes-covid-19-key-information/">https://www.england.nhs.uk/london/london-clinical-networks/bur-networks/diabetes/diabetes-covid-19-key-information/</a>	<p>NHSE clinical guide: Management of acute diabetes patients</p> <p>SPS Medicines Summary webpage for diabetes: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-diabetes/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-diabetes/</a></p>
Diabetes	Online support for people with diabetes	9th June 2020	NHS England	<p>New online tools for people living with diabetes are now available on the NHS to help people manage their condition during the coronavirus pandemic.</p> <p>Three new services will allow people to manage their condition online, with a range of online videos and training available on each app for children and adults.</p>	<a href="https://www.england.nhs.uk/2020/06/nhs-launches-new-online-support-for-people-with-diabetes/">https://www.england.nhs.uk/2020/06/nhs-launches-new-online-support-for-people-with-diabetes/</a>	
Drug administration	Use of gravity infusions and bolus injections in adults during COVID-19	28th March 2020 Last updated: 3rd April 2020	SPS	<p>During the COVID-19 pandemic, use of gravity infusions and bolus injections for intravenous use may be more necessary than normal. The information provided in this briefing includes a list of medicines which may be added to infusions and given via gravity or which may be given by intravenous bolus injection.</p>	<a href="https://www.sps.nhs.uk/articles/use-of-gravity-infusions-and-bolus-injections-in-adults-during-covid-19/">https://www.sps.nhs.uk/articles/use-of-gravity-infusions-and-bolus-injections-in-adults-during-covid-19/</a>	
Drug monitoring - general	Drug monitoring: factors to consider during Covid-19	1st April 2020	SPS	<p>This page gives background information and factors to consider for drug monitoring during Covid-19.</p>	<a href="https://www.sps.nhs.uk/articles/drug-monitoring-factors-to-consider-during-covid-19/">https://www.sps.nhs.uk/articles/drug-monitoring-factors-to-consider-during-covid-19/</a>	

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Drug monitoring - general	Guidance on management of drugs requiring monitoring during Covid-19	1st April 2020 Last updated: 6th April 2020	SPS	This SPS guidance aims to help clinicians manage patients who are currently on a medicine that requires monitoring during the COVID-19 pandemic. The objective is to both protect patients from unnecessary health care visits and help preserve capacity in primary care. Overall, we recommend that drug monitoring during the COVID-19 pandemic is prioritised for patients that will gain most benefit, i.e.: *Those at risk of a serious adverse drug event that can be identified through monitoring *People taking a Narrow Therapeutic Index drug during a phase when intensive monitoring is still required (e.g. upon initiation) *Patients who have recently had an illness that may have impacted on how their drug works	<a href="https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/">https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/</a>	
Drug Monitoring: Autoimmune conditions (including rheumatology)	Ciclosporin drug monitoring in primary care during Covid-19	31st March 2020 Last updated: 4th April 2020	SPS	Gives advice on drug monitoring in primary care during Covid-19 for <b>ciclosporin</b> when used as a DMARD in <b>stable patients</b> (stable patients are defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks)	<a href="https://www.sps.nhs.uk/articles/ciclosporin-used-as-dmard-drug-monitoring-in-primary-care-during-covid-19-for-stable-patients/">https://www.sps.nhs.uk/articles/ciclosporin-used-as-dmard-drug-monitoring-in-primary-care-during-covid-19-for-stable-patients/</a>	General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology: <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a>
Drug Monitoring: Autoimmune conditions (including rheumatology)	Azathioprine, leflunomide, mercaptopurine, and methotrexate, drug monitoring in primary care during COVID-19	31st March 2020 Last updated: 6th April 2020	SPS	Gives advice on drug monitoring in primary care during COVID-19 for the <b>DMARDs noted in stable patients</b> (stable patients are defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks):	<a href="https://www.sps.nhs.uk/articles/dmard-drug-monitoring-in-primary-care-during-covid-19/">https://www.sps.nhs.uk/articles/dmard-drug-monitoring-in-primary-care-during-covid-19/</a>	General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology: <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a>
Drug Monitoring: Autoimmune conditions (including rheumatology)	Hydroxychloroquine drug monitoring during COVID-19	31st March 2020 Last updated: 6th April 2020	SPS	Gives advice on drug monitoring in primary care during COVID-19 for <b>hydroxychloroquine in stable patients</b> (stable patients defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks)	<a href="https://www.sps.nhs.uk/articles/hydroxychloroquine-used-as-a-dmard-drug-monitoring-during-covid-19-for-stable-patients/">https://www.sps.nhs.uk/articles/hydroxychloroquine-used-as-a-dmard-drug-monitoring-during-covid-19-for-stable-patients/</a>	General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology: <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a>
Drug Monitoring: Autoimmune conditions (including rheumatology)	Sulfasalazine drug monitoring in primary care during COVID-19	31st March 2020 Last updated: 6th April 2020	SPS	Gives advice on drug monitoring in primary care during COVID-19 for <b>sulfasalazine</b> when used as a DMARD in <b>stable patients</b> (stable patients defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks)	<a href="https://www.sps.nhs.uk/articles/sulfasalazine-used-as-dmard-drug-monitoring-in-primary-care-during-covid-19-for-stable-patients/">https://www.sps.nhs.uk/articles/sulfasalazine-used-as-dmard-drug-monitoring-in-primary-care-during-covid-19-for-stable-patients/</a>	General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology: <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a>
Drug Monitoring: Autoimmune conditions (including rheumatology)	Penicillamine drug monitoring in primary care during COVID-19	4th April 2020 Last updated: 6th April 2020	SPS	Gives advice on drug monitoring in primary care during COVID-19 for <b>penicillamine</b> when used as a DMARD in <b>stable patients</b> (stable patients are defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks)	<a href="https://www.sps.nhs.uk/articles/penicillamine-drug-monitoring-in-primary-care-during-covid-19/">https://www.sps.nhs.uk/articles/penicillamine-drug-monitoring-in-primary-care-during-covid-19/</a>	General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology: <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a>
Drug Monitoring: Cardiovascular	Management of patients currently on warfarin during Covid-19	1st April 2020 Last updated: 2nd April 2020	SPS	Gives advice on management of patients taking warfarin in primary care during the Covid-19 pandemic	<a href="https://www.sps.nhs.uk/articles/management-of-patients-currently-on-warfarin-during-covid-19/">https://www.sps.nhs.uk/articles/management-of-patients-currently-on-warfarin-during-covid-19/</a>	NHSE guide: management of anticoagulant services during the coronavirus pandemic

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Gastroenterology	Gastrointestinal and liver conditions treated with drugs affecting the immune response (Rapid Covid-19 guideline)	23rd April 2020	NICE	<p>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</p> <p>This guideline aims to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID 19 pandemic. With respect to medicines the guideline includes recommendations covering:</p> <ul style="list-style-type: none"> <li>*Advising patients not to stop or change their medication without discussing with their gastroenterology or hepatology team first</li> <li>*Advising patients that they can continue taking aminosalicylates, and that these drugs do not affect the immune response</li> <li>*Minimising face to face interaction through, for example, using different methods for prescriptions and medication delivery, increasing drug monitoring intervals</li> <li>*Treatment considerations in those who are not known to have Covid-19, such as (i) factors to consider when deciding whether to start a new treatment with a drug that affects the immune response (ii) Continuing existing treatment courses in patients already taking a medicine that affects immune response and considering if any changes can be made to minimise face-to-face contact (e.g. route of administration) (iii) Assessing if drug monitoring frequency can be increased in patients who are stable on treatment.</li> <li>*Treatment considerations for those known or suspected to have Covid-19, including (i) not to suddenly stop oral or rectal corticosteroids (ii) factors to consider when deciding whether to stop treatment</li> <li>*Considerations for making modifications to usual care, including medication supply.</li> </ul>	<a href="https://www.nice.org.uk/guidance/ng172">https://www.nice.org.uk/guidance/ng172</a>	<p>A number of useful links are provided with the NICE guideline (please refer to the guideline). This includes a risk stratification tool for people with Inflammatory Bowel Disease from the British Society of Gastroenterology:</p> <p><a href="https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/">https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/</a></p> <p>SPS Medicines Summary webpage for gastrointestinal disorders: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-gastrointestinal-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-gastrointestinal-disorders/</a></p> <p><b>Added 24.06.2020:</b> Management of patients with liver derangement during the COVID-19 pandemic: position statement from the Asia-Pacific Working Group for Liver Derangement. <a href="https://www.thelancet.com/journals/langas/article/PIIS2468-1253(20)30190-4/fulltext">https://www.thelancet.com/journals/langas/article/PIIS2468-1253(20)30190-4/fulltext</a></p>
Health and Justice	Accessing medicines for detainees released during COVID-19	14th April 2020	NHS England and NHS Improvement	<p>This guidance is to support probation and youth offending teams and other teams supporting people released from custody on accessing medicines and pharmacy services during the COVID-19 outbreak. The guidance covers:</p> <ol style="list-style-type: none"> <li>Accessing medication on release from prescribed places of detention. <i>The guidance states during COVID-19, health and justice providers may increase the quantities supplied on release to up to 28 days and provide FFP10/DA prescriptions for substance misuse treatment for 14 days (increase from seven days' supply only). However, if releases are unplanned or due to a reduction in prescribing and pharmacy services for HJ, some people may be released without a supply of their medicines or a prescription.</i></li> <li>Prescribing and access to GP or hospital specialist prescriptions</li> <li>Repeat prescriptions</li> <li>Community pharmacy services</li> <li>How do people access paracetamol and other symptomatic relief?</li> <li>How do patients access urgent medicines without a prescription?</li> </ol>	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0281-accessing-medicines-for-detainees-released-during-COVID-19.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0281-accessing-medicines-for-detainees-released-during-COVID-19.pdf</a>	
Immunisation and vaccination	Joint Committee on Vaccination and Immunisation: interim advice on priority groups for COVID-19 vaccination	18th June 2020	DHSC	<p>This preliminary advice has been developed following a request from the Department of Health and Social Care and Public Health England, to facilitate planning for the deployment of any safe and effective vaccine(s) as soon as a licence is obtained for use in the UK. The document forms a preliminary framework for refining future advice for the basis of a national COVID-19 vaccination strategy. It has been developed based on a review of UK epidemiological data on the impact of the pandemic so far. The advice will be updated as more information becomes available.</p>	<a href="https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi/interim-advice-on-priority-groups-for-covid-19-vaccination">https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi/interim-advice-on-priority-groups-for-covid-19-vaccination</a>	
Infection/ Respiratory	Managing suspected or confirmed pneumonia in adults in the community (Rapid Covid-19 guideline)	3rd April 2020 Last updated: 23rd April 2020	NICE	<p>Recommendations include diagnosis (including consideration of remote consultations), use of assessment tools, differentiating viral COVID-19 pneumonia from bacterial pneumonia, treatment (includes when antibiotics are suitable and which ones), role of oral corticosteroids and safety netting.</p> <p>29.04.2020: NICE updated their guideline on 23rd April clarifying recommendations on antibiotic treatment for bacterial pneumonia in the community during the COVID-19 pandemic. In section 4.8 NICE have clarified why doxycycline is preferred.</p>	<a href="https://www.nice.org.uk/guidance/ng165">https://www.nice.org.uk/guidance/ng165</a>	SPS Medicines Summary webpage for infection: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/</a>
Infection/ Respiratory	Antibiotics for pneumonia in adults in hospital (Rapid Covid-19 guideline)	1st May 2020	NICE	<p>Please refer to the document for detail.</p> <p>The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID 19 pandemic. This includes people presenting to hospital with moderate to severe community-acquired pneumonia and people who develop pneumonia while in hospital. The recommendations in this guideline will replace existing NICE guidance on managing pneumonia in hospital during the pandemic.</p> <p>The guideline emphasises the importance of careful antibiotic prescribing and prompt review after testing. It is important to note that during the COVID 19 pandemic, most cases of pneumonia have been viral and therefore antibiotics are ineffective unless there is a bacterial co-infection. For patients with suspected or confirmed bacterial pneumonia, a broad-spectrum antibiotic should be given as soon as possible unless there is significant confidence about the absence of bacterial co-infection.</p> <p>The guideline includes recommendations covering:</p> <ol style="list-style-type: none"> <li>Tests to guide decisions about using antibiotics (includes advice about procalcitonin tests)</li> <li>Initial approach to antibiotic treatment choices (includes when to start antibiotics and antibiotic choice (prescribing tables to guide decision making about antibiotic choice).</li> <li>Assessing the ongoing need for antibiotics (when to stop antibiotics and continuing antibiotics)</li> <li>Reassessment and specialist advice</li> </ol>	<a href="https://www.nice.org.uk/guidance/ng173">https://www.nice.org.uk/guidance/ng173</a>	<p>NICE 2 page summary of 2-page summary of the prescribing tables to guide decision making about antibiotic choice: <a href="https://www.nice.org.uk/guidance/ng173/resources/prescribing-tables-to-guide-decision-making-about-antibiotic-choice-pdf-8719038253">https://www.nice.org.uk/guidance/ng173/resources/prescribing-tables-to-guide-decision-making-about-antibiotic-choice-pdf-8719038253</a></p> <p>SPS Medicines Summary webpage for infection: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-infection-and-infectious-diseases/</a></p>



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Mental Health - substance misuse	COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol	15th April 2020	Department of Health and Social Care and Public Health England	This guidance outlines COVID-19 advice for commissioners and service providers involved in assisting people who are dependent on drugs or alcohol or both. These services are important and should not close, however face to face contacts between staff and service users should be kept to a minimum. It advises on how this can be achieved.	<a href="https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol">https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol</a>	
Obstetrics and gynaecology	Immunomodulatory drugs: temporary pregnancy prevention guidance during coronavirus (COVID-19)	21st May 2020	MHRA	This guidance covers thalidomide, lenalidomide, and pomalidomide. The MHRA has agreed to temporary modifications to be made to the pregnancy prevention programmes for these medicines to facilitate home pregnancy testing and remote consultations, where clinically appropriate, during the COVID-19 pandemic.	<a href="https://www.gov.uk/guidance/immunomodulatory-drugs-temporary-pregnancy-prevention-guidance-during-coronavirus-covid-19">https://www.gov.uk/guidance/immunomodulatory-drugs-temporary-pregnancy-prevention-guidance-during-coronavirus-covid-19</a>	
Paediatrics	Children and young people who are immunocompromised (Rapid Covid-19 guideline)	1st May 2020 Last updated: 21st May 2020	NICE	<p><b>Please refer to the document for detail.</b></p> <p>The guideline covers children and young people (aged 17 and under). It may also be relevant for newborn babies under 72 hours, and 18 to 24 year olds using healthcare services. The guideline emphasises that COVID-19 usually causes a mild, self-limiting illness in children and young people, even in those who are immunocompromised.</p> <p>With respect to medicines, the guideline includes recommendations covering:</p> <ul style="list-style-type: none"> <li>- Advising patients to keep a list of the medicines they are taking</li> <li>- Treatment considerations in those who are not known to have Covid-19, such as (i) factors to consider when deciding whether to start a new treatment (ii) Continuing existing treatment to minimise the risk of graft rejection, a relapse or flare-up, and considering if any changes can be made to minimise face-to-face contact (e.g. route of administration) (iii) Assessing if drug monitoring frequency can be increased to patients who are stable on treatment.</li> <li>- Treatment considerations for those known or suspected to have Covid-19, including (i) patients taking medicines that affect the immune response might have atypical presentations of COVID 19, for example, those taking prednisolone may not develop a fever (ii) factors to consider when deciding whether to stop treatment (including contacting the specialist team for advice)</li> <li>- Considerations for making modifications to usual care, including medication supply</li> </ul> <p><b>Updated 21st May 2020:</b> Immunosuppressant medicines added to recommendation 1.4 because these should be reviewed if a child or young person may have COVID-19 or there are medical concerns. Recommendation 1.7 has been aligned with UK government guidance for young people on shielding and protecting people most likely to become unwell if they catch coronavirus.</p>	<a href="https://www.nice.org.uk/guidance/ng174">https://www.nice.org.uk/guidance/ng174</a>	<p>SPS Medicines Summary webpage for paediatric and neonatal medicine: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-paediatric-and-neonatal-medicine/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-paediatric-and-neonatal-medicine/</a></p> <p>NHSE Clinical Specialty guides relating to paediatrics: <a href="https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#children">https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#children</a></p>
Patient Group Directions (PGDs)	PGD use in remote consultations	1st November 2012 Last updated: 2nd April 2020	SPS	<p>APRIL 2020 update – SPS have confirmed the following with the CQC and MHRA which may assist organisations during the current COVID-19 pandemic</p> <p>Where it is not appropriate or timely to post the medicine to the patient/client (e.g. a sexual health client may not wish to have medicines posted to their home as this could mean that confidentiality is not maintained) the healthcare professional who undertakes the consultation and then prepares the medicines for dispatch (i.e. packages them) under the PGD, can then allow another healthcare professional to identify the patient or their representative and hand over the package. This may be necessary because the individual who undertook the telephone consultation may not be available to physically issue the medication to the patient/client when they collect it. A representative of the patient/client may collect the medication on behalf of the patient/client as they may be ill themselves/self-isolating. It is recommended that organisations support such activity with a short SOP.</p>	<a href="https://www.sps.nhs.uk/articles/can-a-medicine-be-supplied-under-a-pgd-in-the-absence-of-the-patient/">https://www.sps.nhs.uk/articles/can-a-medicine-be-supplied-under-a-pgd-in-the-absence-of-the-patient/</a>	
Patient Group Directions (PGDs)	Use of PGDs in pandemics (e.g. COVID-19)	26th March 2020 Last updated: 30th March 2020	SPS	This document summarises and links to resources which may support organisations using PGDs during a pandemic.	<a href="https://www.sps.nhs.uk/articles/use-of-pgds-in-pandemics-e-g-covid-19/">https://www.sps.nhs.uk/articles/use-of-pgds-in-pandemics-e-g-covid-19/</a>	National PGDs and template PGDs have been developed for some services including reproductive health and ambulance trusts. Refer to the Medicines governance do once programme: <a href="https://www.sps.nhs.uk/articles/medicines-governance-do-once-programme/">https://www.sps.nhs.uk/articles/medicines-governance-do-once-programme/</a>
Renal	Dialysis service delivery (Rapid Covid-19 guideline)	20th March 2020 Last updated: 21st May 2020	NICE	<p>Includes recommendations on running the service (e.g. assessing and cohorting patients depending on Covid-19 status), staffing considerations when workforce capacity is reduced and home dialysis provision.</p> <p><b>29.04.2020:</b> On 28th April NICE updated their recommendation on developing plans to reduce the demand on dialysis services during the pandemic.</p> <p><b>21.05.2020:</b> New recommendations have been added on coordinating support for renal replacement therapy, including discharge planning, for patients with COVID-19 and AKI, and on emergency pathways for maintaining access for patients with end-stage kidney disease already on dialysis</p>	<a href="https://www.nice.org.uk/guidance/ng160">https://www.nice.org.uk/guidance/ng160</a>	SPS Medicines Summary webpage for Renal/urology: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/</a>



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Renal	Acute kidney injury in hospital (Rapid Covid-19 guideline)	6th May 2020	NICE	<p>This guideline aims to help healthcare professionals who are not kidney specialists to prevent, detect and manage AKI in patients in hospital with suspected or confirmed COVID-19. It highlights that AKI may be common in patients with COVID-19 and can lead to worse outcomes for patients. Maintaining the optimal level of body fluids is critical to prevent and manage AKI.</p> <p>For this reason, it is important that patients are assessed for AKI on admission to hospital or transfer, monitored for AKI throughout their stay and AKI is managed appropriately if it develops.</p> <p>If AKI is worsening, or has not resolved after 48 hours, patients should be referred to a specialist.</p> <p>With respect to medicines, specific recommendations include:</p> <ul style="list-style-type: none"> <li>- Discuss the risks, benefits and likely outcomes of treatment options with patients with COVID 19, and their families and carers.</li> <li>- Maintaining optimal fluid status (euvoalaemia) is critical in reducing the incidence of AKI, but this can be hard to achieve.</li> <li>- Treatments being used to manage COVID 19 may increase the risk of AKI, for example diuretics if they have caused volume depletion.</li> <li>- Upon hospital admission or transfer, review the use of medicines that can cause or worsen AKI and stop these unless essential</li> <li>- Ask a pharmacist for advice about optimising the choice and dosage of medicines, including anticoagulants for treatment or prophylaxis (x-ref: Think Kidneys guidance - see last column for link)</li> <li>- Ensure patients have an intravenous fluid management plan that is reviewed daily.</li> <li>- Do not routinely offer loop diuretics to treat AKI, but consider them for treating fluid overload.</li> <li>- The potassium binders patiromer and sodium zirconium cyclosilicate can be used as options alongside standard care for the emergency management of acute life-threatening hyperkalaemia (NICE TAs available for these agents).</li> </ul>	<a href="https://www.nice.org.uk/guidance/NG175">https://www.nice.org.uk/guidance/NG175</a>	<p>NICE visual summary to support decision making: <a href="https://www.nice.org.uk/guidance/ng175/resources/visual-summary-pdf-8719215805">https://www.nice.org.uk/guidance/ng175/resources/visual-summary-pdf-8719215805</a></p> <p>Think Kidneys guidelines for medicines optimisation in patients with acute kidney injury: <a href="https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/06/Medicines-optimisation-toolkit-for-AKI-FINAL.pdf">https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/06/Medicines-optimisation-toolkit-for-AKI-FINAL.pdf</a></p> <p>NICE Technology Appraisal guidance: Patiromer for hyperkalaemia <a href="https://www.nice.org.uk/guidance/ta623">https://www.nice.org.uk/guidance/ta623</a></p> <p>NICE Technology Appraisal Guidance: Sodium zirconium cyclosilicate for treating hyperkalaemia <a href="https://www.nice.org.uk/guidance/ta599">https://www.nice.org.uk/guidance/ta599</a></p> <p>SPS Medicines Summary webpage for Renal/urology: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/</a></p> <p>SPS Medicines summary webpage for critical care: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-critical-care/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-critical-care/</a></p>
Renal	Chronic kidney disease (Rapid Covid-19 guideline)	15th May 2020	NICE	<p>The guideline recommends that patients, including those who have symptoms of COVID-19, should be advised to continue taking their medicines (including ACE inhibitors, angiotensin receptor blockers, immunosuppressants and diuretics) as normal unless advised to stop by their healthcare professional.</p> <p>For patients who are stable on treatment, the guideline recommends they should be assessed to see whether it is safe to reduce the frequency of routine kidney function tests, taking into account any comorbidities and whether their CKD is progressive.</p> <p>The guideline also recommends that for patients with CKD and suspected or confirmed COVID 19, review the use of medicines, taking into account whether any have the potential to adversely affect renal function.</p>	<a href="https://www.nice.org.uk/guidance/ng176">https://www.nice.org.uk/guidance/ng176</a>	<p>SPS Medicines Summary webpage for Renal/urology: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-renal-and-urologic-disorders/</a></p>
Renal	Renal transplantation (Rapid Covid-19 guideline)	19th June 2020	NICE	<p>The recommendations emphasise the importance of communication between patients and their specialists to ensure they can make informed decisions and understand the implications of transplantation and donation during the COVID-19 pandemic.</p> <p>The guidance recommends that patients scheduled for a living donor transplant, and their donor, must self-isolate for 14 days before the transplant, along with members of their household. This is to help make sure neither recipient nor donor has COVID-19. If a patient requires dialysis in the meantime, this must be done in a COVID-19 -secure environment.</p>	<a href="https://www.nice.org.uk/guidance/ng178">https://www.nice.org.uk/guidance/ng178</a>	
Respiratory	Severe Asthma (Rapid Covid-19 guideline)	3rd April 2020	NICE	<p>This guidance aims to maximise the safety of adults and children with severe asthma during the COVID-19 pandemic, while protecting staff from infection.</p> <p>Recommendations covered include: Taking regular meds in line with personalised action plan, when investigations are warranted, treatment (biological agents and corticosteroids), prescription supply (enough asthma medicines to meet the patient's clinical needs for no more than 30 days' treatment).</p>	<a href="https://www.nice.org.uk/guidance/ng166">https://www.nice.org.uk/guidance/ng166</a>	<p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p>
Respiratory	Primary Care and Community Respiratory Resource pack for use during COVID-19	27th March 2020 Last updated: 12th May 2020	London Clinical Network	Covers pharmacological control of symptoms.	<a href="https://www.pcrs-uk.org/sites/pcrs-uk.org/files/resources/COVID19/Primary-and-Community-Care-Respiratory-Resource-Pack-during-COVID-19-V5.pdf">https://www.pcrs-uk.org/sites/pcrs-uk.org/files/resources/COVID19/Primary-and-Community-Care-Respiratory-Resource-Pack-during-COVID-19-V5.pdf</a>	<p>Refer to SPS Professional bodies link at top of page for guidance from BTS, Asthma UK and the CF Trust.</p> <p>X-ref: NICE rapid guides on severe asthma and community pneumonia</p> <p>NHSE guide: Management of respiratory patients</p> <p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p> <p><b>Added 13.05.2020:</b> Pragmatic Guidance for crisis management of asthma and COPD during the UK Covid-19 epidemic: <a href="https://www.pcrs-uk.org/resource/pragmatic-guidance-crisis-management-asthma-and-copd-during-uk-covid-19-epidemic">https://www.pcrs-uk.org/resource/pragmatic-guidance-crisis-management-asthma-and-copd-during-uk-covid-19-epidemic</a></p>

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Respiratory	COPD - Community based care of COPD patients (Rapid Covid-19 guideline)	9th April 2020	NICE	<p>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</p> <p>The guideline on COPD recommends that patients should continue taking their regular inhaled and oral medicines, including corticosteroids, in line with their individualised self-management plan to ensure their COPD is as stable as possible. This includes those with COVID-19 or suspected of having it.</p> <p>If patients develop symptoms of COVID-19, the guidance advises they should not start a short course of oral corticosteroids and/or antibiotics. It also says they should not routinely start prophylactic antibiotics to reduce their risk from COVID-19.</p>	<a href="https://www.nice.org.uk/guidance/ng168">https://www.nice.org.uk/guidance/ng168</a>	<p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p> <p>BTS guideline for the use of long-term macrolides in adults with respiratory disease <a href="https://thorax.bmj.com/content/early/2020/04/17/thoraxjnl-2019-213929">https://thorax.bmj.com/content/early/2020/04/17/thoraxjnl-2019-213929</a></p>
Respiratory	Cystic Fibrosis (Rapid Covid-19 guideline)	9th April 2020	NICE	<p>The guideline highlights government guidance on shielding and protecting patients with cystic fibrosis, who are extremely vulnerable from COVID-19, and recommends several ways in which care can be provided to minimise face-to-face contact and visits to hospital. Gives recommendations for patients with possible COVID-19 and says that members of the CF team should be involved in decisions about their care, including escalation of treatment.</p> <p>With respect to medicines, the guidance makes reference to:</p> <ul style="list-style-type: none"> <li>*Using different methods to deliver prescriptions and medicines to patients</li> <li>*Advising patients to continue usual self-care, which includes prophylactic medication, (including oral and inhaled antibiotics, and mucocactive agents). Also following advice they've previously been provided about exacerbations, including rescue medications.</li> <li>*Protecting the medicines supply chain by prescribing usual quantities of medicines to meet the patient's clinical needs, normally 30 days' supply.</li> </ul>	<a href="https://www.nice.org.uk/guidance/ng170">https://www.nice.org.uk/guidance/ng170</a>	<p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p>
Respiratory	Interstitial lung disease (Rapid Covid-19 guideline)	15th May 2020	NICE	<p>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</p> <p>The guideline provides clinicians with advice on how to adjust care to reduce patients' exposure to COVID-19 and how to balance the risks and benefits of taking drugs affecting immune response during the pandemic. The guideline highlights that bronchoscopy and pulmonary function tests have the potential to spread COVID-19 and they should only be carried out if the patient urgently needs them and if the results will have a direct impact on their care.</p> <p>With respect to medicines, recommendations include:</p> <ul style="list-style-type: none"> <li>- Be aware that patients taking drugs that affect the immune response may have atypical presentations of COVID 19. E.g patients taking corticosteroids may not develop a fever.</li> <li>- Be aware that some adverse effects caused by antifibrotic drugs and immunosuppressants may be mistaken for symptoms of COVID 19, eg diarrhoea, fatigue and loss of appetite.</li> <li>- Starting or continuing immunosuppressant treatment in those not known to have Covid-19 - including: <ul style="list-style-type: none"> <li>(i) factors for consideration when deciding whether to start or continue</li> <li>(ii) Advising patients on immunosuppressive therapy to continue to take their treatment as prescribed to minimise the risk of their condition worsening.</li> <li>(iii) For shielded patients, assessing if it is safe to increase the time between blood tests for drug monitoring if their clinical condition is stable on treatment.</li> <li>(iv) For patients with a condition that is responsive to immunosuppressants who are unable to attend for blood monitoring, think about offering prednisolone alone.</li> <li>(v) Offer the lowest dose of prednisolone possible. If patients have been on prednisolone before, use the last dose that controlled their symptoms.</li> <li>(vi) Advice on anti-fibrotic therapy is also provided</li> <li>(vii) Oxygen assessment</li> </ul> </li> <li>- Advice on stopping / continuing treatment in patients known or suspected to have COVID-19</li> <li>- Advice on supplying medicines</li> </ul>	<a href="https://www.nice.org.uk/guidance/ng177">https://www.nice.org.uk/guidance/ng177</a>	<p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p>
Respiratory	myCOPD for self-management of chronic obstructive pulmonary disease (Medtech innovation briefing)	1st April 2020	NICE	Covers pharmacological control of symptoms.	<a href="https://www.nice.org.uk/advice/mib214">https://www.nice.org.uk/advice/mib214</a>	<p>SPS respiratory summary of medicines guidance: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-respiratory-disorders/</a></p>
Rheumatology	Rheumatological autoimmune, inflammatory and metabolic bone disorders (Rapid Covid-19 guideline)	3rd April 2020 Last updated: 21st May 2020	NICE	<p>This guidance has a number of medicines related recommendations. Please refer to the guideline for detail.</p> <p>Recommendations cover how to manage appointments for patients not known to have Covid-19 and those known or suspected to have Covid 19.</p> <p>Recommendations also made on treatment considerations for different medicines (e.g. can the patient be switched from an iv to a s/c biologic) and drug monitoring (for example, considering whether it would be safe to increase the monitoring interval, especially where the 3-monthly blood tests have been stable over the last 2 years).</p> <p>29.04.2020: On 24th April, NICE updated their recommendations on switching patients from an intravenous to a subcutaneous biological treatment. Recommendation 4.9 advises: Assess whether patients having intravenous treatment can be switched to the same treatment in subcutaneous form. If this is not possible, discuss with the patient an alternative subcutaneous treatment.</p> <p>06.05.2020: On 30th April, NICE updated the guidance to highlight that immunosuppression may continue for some time after some drugs are stopped (section 3.2).</p> <p>21.05.2020: NICE updated the guidance to include a link from recommendation 3.2 to the advice in NICE's COVID-19 rapid guideline: children and young people who are immunocompromised to highlight factors to take into account when considering temporarily stopping some drugs for children and young people.</p>	<a href="https://www.nice.org.uk/guidance/ng167">https://www.nice.org.uk/guidance/ng167</a>	<p>NHSE: clinical guide on the management of rheumatology patients</p> <p>NHSE: Management of patients with musculoskeletal and rheumatic conditions on corticosteroids</p> <p>NHSE: Management of patients requiring immunoglobulin treatment</p> <p>British Society for Rheumatology's COVID-19 guidance for rheumatologists <a href="https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members">https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members</a></p> <p>SPS Medicines Summary webpage for musculoskeletal disorders: <a href="https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-musculo-skeletal-disorders/">https://www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-musculo-skeletal-disorders/</a></p> <p><b>Added 24.06.2020:</b> Management of patients with musculoskeletal and rheumatic conditions who: are on corticosteroids, require initiation of oral/IV corticosteroids, require a corticosteroid injection <a href="https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK_rheumatology_corticosteroid_guidance.pdf">https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK_rheumatology_corticosteroid_guidance.pdf</a></p>