

COVID -19 Medicines optimisation key messages for practices – Issue 5

All queries should be sent to the team inbox: MECCG.PIMMS@nhs.net

Please bear with us as like yourselves we are dealing with many challenges. We will do our best to respond in a timely manner but do consider that queries that have a wider impact may take longer to respond to whilst we seek guidance. We have set up a new page on our website for Covid-19 medicines resources:

<https://midessexccg.nhs.uk/medicines-optimisation/covid-19-resources>

Sertraline shortage

- There are intermittent shortages of sertraline 50mg and 100mg with availability changing on a daily basis. Alternative SSRIs citalopram and fluoxetine and branded sertraline- Lustral® are currently available.
- **In summary the recommendations are as follows:**
- Review individually and consider whether continued treatment with an antidepressant is necessary.
- Supplies of sertraline and Lustral® available locally should be reserved for patients who have previously tried at least one other antidepressant prior to becoming stabilised on sertraline. If generic sertraline is not available, prescribe by brand Lustral® as one off 'acute' script on a month by month basis, reverting to generic prescribing when available.
- If continued treatment necessary and sertraline prescribed as first line antidepressant consider switching to citalopram or fluoxetine. Tolerability and effectiveness should be equivalent for most patients.
- Care is required when switching between antidepressants and should take into consideration individual patient circumstances i.e. past treatments that have been tried and failed, co-morbidities and concomitant medications.
- Different indications have different recommended initial doses and dosing ranges. Please see BNF online for details.
- **Please refer to our [Prescribing advice during the shortage of sertraline](#) (LINK) for full guidance.**

MEHT Dermatology department update

Roaccutane prescriptions will be stopped due to difficulties around treatment monitoring and the fact that risks outweighs the benefit, unless patients have extremely debilitating disease.

All Roaccutane patients will still remain under the care of dermatology and have been given dermatology contact details. We would not expect them to be coming to GPs for advice. If patients experience a severe exacerbation of their acne then they should be advised to contact the dermatology department and assessed on a case by case basis.

The dermatologists have advised that the British Association of Dermatologists (BAD) have developed guidance on relating to dermatological conditions and COVID-19. BAD guidance can be found here:

<https://www.bad.org.uk/healthcare-professionals/covid-19>

NICE have developed COVID-19 rapid guideline for [dermatological conditions treated with drugs affecting the immune response](#).

Round up of other queries

We have been asked what should be done for patient requests for supply of repeat medicines when stranded abroad due to coronavirus. GP prescribing in this situation is not supported. It is not considered good clinical practice as the prescriber will not be able to monitor the patient.

Patients should be advised to contact their travel insurance company for advice or seek medical advice locally where they are stranded.

Refer to the policy statement on our website [LINK](#)