COVID-19 Therapeutic Alert

CEM/CMO/2021/011 12 April 2021

Inhaled Budesonide for Adults (50 Years and Over) with COVID-19

Recommendation

Inhaled budesonide is not currently being recommended as standard of care but can be considered (off-label) on a case-by-case basis for symptomatic COVID-19 positive patients aged 65 and over, or aged 50 or over with co-morbidities, in line with the published Interim Position Statement.

Supporting Evidence

After completing an interim analysis, the PRINCIPLE trial has reported that **inhaled budesonide (800 micrograms taken twice daily, for up to 14 days) can reduce recovery time by a median of 3 days in symptomatic COVID-19 positive patients aged 65 and over, or aged 50 or over with co-morbidities. A benefit in self-reported early sustained recovery at 28 days was also identified.**

The analysis has not established whether budesonide can reduce hospital admissions or reduce mortality.

The interim results from PRINCIPLE build on the findings of the STOIC trial Phase II study on inhaled budesonide. This study suggests that early administration of inhaled budesonide reduces the likelihood of needing urgent medical care and reduces time to recovery following early COVID-19 infection.

Eligibility

In summary, potentially eligible patients will:

- Have COVID-19 symptoms, with symptom onset within the last 14 days, AND
- Be COVID-19 positive, confirmed by a recent polymerase chain reaction (PCR) test, AND
- Be aged 65 or over, or aged 50 or over with one or more co-morbidities consistent with the long-term conditions referenced in the flu vaccine list

Please see the published Interim Position Statement for more details on the specific inclusion and exclusion criteria.

Action

Prescribers are asked to:

- Consider prescribing inhaled budesonide (off-label, on a case-by-case basis) for symptomatic COVID-19 positive patients in line with the published Interim Position Statement using the usual routes[1], where supply allows. Prescribers will be advised if there are any national supply restrictions.

- Note that the recommended product is the Pulmicort 400 Turbohaler (AstraZeneca UK Ltd), studied within the PRINCIPLE and STOIC trials. A single inhaler should be used for a maximum of 14 days (or until the inhaler is used up, if sooner) with two doses, twice a day (a total daily dose of 1,600 micrograms). Please see the Supply section below for details of alternative products.

- Note that supplementary information for patients is available here, including links to video resources.

- Report any suspected adverse drug reactions (ADRs) for patients receiving budesonide to the MHRA via the Yellow Card reporting site at: https://yellowcard.mhra.gov.uk/

Community pharmacies and dispensing practices are asked to:

- Use business as usual routes to order supplies of inhaled budesonide from wholesalers, maintaining stock levels to meet both routine use (i.e. the management of asthma) and prevailing demand for therapeutic use in the management of COVID-19. Pharmacies will be advised if there are any national supply restrictions.

- Ensure patients (or their representatives) are aware of how the inhaler should be used and signpost them to additional support. Supplementary information for patients is available here and includes links to video resources.

- Note that inhaled corticosteroids prescribed for use in the management of COVID-19 are currently subject to the usual applicable prescription charges in England, unless the patient is normally exempt. Prescriptions remain free of charge in Northern Ireland, Scotland and Wales.

- Report any suspected adverse drug reactions (ADRs) for patients receiving budesonide to the MHRA via the Yellow Card reporting site at: https://yellowcard.mhra.gov.uk/

- Support COVID-19 specific supply and reporting arrangements in line with any supplementary national (country-specific) guidance provided.

[1] FP10 (England) / HS21 (Northern Ireland) / GP10 (Scotland) / WP10 (Wales)

Supply

Additional supplies of the Pulmicort 400 Turbohaler (AstraZeneca UK Ltd) are now available to be ordered through business as usual routes from wholesalers.

In the case of limited supplies, the following alternatives may be considered in the order of preference set out below (noting that additional guidance may need to be provided to help patients to achieve the correct total daily dose of 1,600mcg):

- Lower dose strength Pulmicort Turbohaler (200 micrograms) (100 doses per inhaler)
- Budelin Novolizer 200 micrograms per actuation inhalation powder (Mylan) (100 doses per inhaler)
- Easyhaler Budesonide 400micrograms / dose dry powder inhaler (Orion Pharma (UK) Ltd) (100 doses per inhaler)
- Easyhaler Budesonide 200micrograms / dose dry powder inhaler (Orion Pharma (UK) Ltd) (200 doses per inhaler)

Product Details

The Interim Position Statement has been informed by the PRINCIPLE trial protocol and the Summary of Product Characteristics (SmPC) for inhaled budesonide.

Inhaled budesonide has a local anti-inflammatory effect and is used in the treatment of asthma.

The use of inhaled budesonide in the management of COVID-19 under the published Interim Position Statement is off-label, which should be explained to the patient as part of shared decision making. Further guidance on the prescribing of off-label medicines can be found below:

- https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities

Distribution

General Practice
NHS 111
Community Pharmacies
ICS /STP and Clinical Commissioning Group Pharmacy Leads
NHS Trusts (NHS boards in Scotland and Wales)
Regional Medical Directors
Regional Chief Pharmacists
Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads
Trust/Hospital Medical Directors and Chief Pharmacists to circulate to medical, pharmacy and nursing staff managing COVID-19 patients

Enquiries

England

Enquiries from general practice and community pharmacy should in the first instance be directed to the local clinical commissioning group.

Enquiries from NHS trusts in England should in the first instance be directed to the trust pharmacy team who will escalate issues to the Regional Chief Pharmacist and national teams if required.

Further information can also be requested from the dedicated email address: england.spoc-c19therapeutics@nhs.net.

Northern Ireland

Enquiries from general practice and community pharmacy should in the first instance be directed to your local HSCB office.

Enquiries from hospitals in Northern Ireland should in the first instance be directed to your hospital pharmacy team who will escalate issues to the Regional Pharmaceutical Procurement Service or Pharmaceutical Directorate at the Department of Health if required Further information can be obtained by contacting RPHPS.Admin@northerntrust.hscni.net

Scotland

Enquiries in Scotland should in the first instance be directed to the Health Board Director of Pharmacy who will escalate issues to either NHS National Procurement or the Scottish Government's Medicines Policy Team if required. Contact should be made using the following emails: nss.nhssmedicineshortages@nhs.scot or medicines.policy@gov.scot

Wales

Enquiries in Wales should in the first instance be directed to the health board's Chief Pharmacist who will escalate issues to the Pharmacy and Prescribing Team at Welsh Government if required. Enquiries to the Welsh Government should be directed to: COVID-19.Pharmacy.Prescribing@gov.wales.