

Midazolam oromucosal pre-filled syringes - prescribe and dispense WHOLE syringes

There have been recent medication incidents involving midazolam oromucosal pre-filled syringes where the patient was advised to use half a syringe. Healthcare professionals are reminded of the [Oromucosal Midazolam Learning Letter 2018](#).

There are currently two brands of midazolam oromucosal pre-filled syringes available (Buccolam[®] and Epistatus[®]), and a generic version. To ensure the intended product is clear, buccal midazolam should be prescribed by brand name.

All brands use the same colour scheme to help distinguish between the different doses as illustrated in the table below:

Label colour	Age range	Midazolam dose
Yellow	3 to 6 months hospital setting	2.5mg
Yellow	> 6 months to < 1 year	2.5mg
Blue	1 to < 5 years	5mg
Purple	5 to < 10 years	7.5mg
Orange	10 years and over	10mg

Note: the concentration of midazolam solution used in Epistatus[®] is greater, at 10mg/1ml, than in Buccolam[®] or the generic version, which use 5mg/ml oral solution, therefore the *volume* in an Epistatus[®] syringe will be smaller in comparison to other brands. E.g. Epistatus[®] 5mg pre-filled syringe will have 5mg in 0.5ml of solution whereas Buccolam[®] and the generic will have 5mg in 1ml of oral solution.

Midazolam oromucosal pre-filled syringes are **not graduated**, therefore require the **whole syringe** to be administered at any one time. It will not be possible to accurately administer half a dose using the pre-filled syringes.

Actions for GP practices:

- Ensure oromucosal midazolam pre-filled oral syringes are prescribed as a **complete dose** which is appropriate to the patient's age and as the specific brand and product requested by the Trust Epilepsy Team or other specialist team
- Never prescribe as a "part dose"

Actions for Community Pharmacies:

- Ensure the clinical check includes dose appropriateness
 - ⇒ Pre-filled oral syringe doses are standard for a given age range
 - ⇒ Some paediatric patients may have a dose based on weight at 300mcg/kg rather than age but any dose outside the appropriate age range should be confirmed with the prescriber
- Ensure a pre-filled oral syringe is **never** dispensed with instructions for a "part dose".

Risk of adverse drug interaction: warfarin and tramadol

The MHRA has received a Coroner's report following the death of a patient who died from a bleed on the brain, following concurrent treatment with warfarin and tramadol. Taking warfarin and tramadol together may increase a patient's INR and increase the risk of bleeding. The Coroner raised concerns that the interaction between warfarin and tramadol was not well known and emphasised the need to highlight this interaction to healthcare professionals.

See [MHRA](#) for further information.



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NICE Guidance Recently published:

[NICE TA1010](#) — Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria

[NICE TA1012](#) — Avapritinib for treating advanced systemic mastocytosis

Managed Entry Decisions

Full details [here](#)

- Teclistamab (Tecvayli[®])
- Elranatamab (Elrexfio[®])

NEW

Gabapentinoids for pain — Resource pack

Background

Northern Ireland (NI) is a high prescriber of pregabalin and gabapentin (gabapentinoids). They are high-risk medicines with potential for serious adverse effects, and have often been noted on death certificates.

Gabapentinoids may have a role in [neuropathic pain](#) but should **not** be offered for other types of chronic non-malignant pain. Pregabalin is not a NI Formulary preferred option for neuropathic pain.

If satisfactory improvement is achieved following introduction and dose titration, the dose should be maintained for at least six months and then aim to reduce (slowly) and stop. If stopping isn't possible (on this occasion), reduce to the lowest effective dose and review at least six monthly.

Action for all:

- Refer to the [Gabapentinoids – Prescribing for pain resource pack](#) (under Gabapentinoid Prescribing on the Primary Care intranet) for guidance and best practice to help ensure safe and appropriate gabapentinoid prescribing:
 - ⇒ The pack covers all aspects of the prescribing and review processes including initiation, trial, review, documentation, managing concerns and tapering
 - ⇒ It also includes patient information leaflets and editable resources (separate zip file) such as sample patient letters, reduction charts, and practice policy.

Deprescribe: Mucolytics

[NICE](#) only recommends considering mucolytics for people with chronic obstructive pulmonary disease (COPD) who have a [chronic cough productive of sputum](#).

Action for GP practices:

- Do not prescribe mucolytics to prevent exacerbations in people with stable COPD
- If mucolytic therapy is deemed clinically appropriate, prescribe the preferred products as per the [NI Formulary](#): **carbocisteine 375mg capsules or acetylcysteine 600mg effervescent tablets sugar free** (NB: *acetylcysteine 600mg capsules are very high cost - avoid where possible*)
- Review treatment after a 4-week trial and **only** continue if there is symptomatic improvement (e.g. reduction in frequency of cough and sputum production)
- Review patients currently prescribed a mucolytic and assess continued need
- Reduce carbocisteine to maintenance dose of 1.5 g daily in divided doses, as the patient's condition improves.

Action for Community Pharmacies:

- Counsel patients newly initiated on mucolytic therapy about the need for review of symptoms
- Refer patients back to their GP if lack of effectiveness is identified.

[PrescQIPP bulletin 283 COPD](#) provides further information on appropriate prescribing of mucolytics.

[NI Chest Heart & Stroke](#) support includes:

The HSC patient-facing **social media campaign** this month focuses on self-help for patients with COPD. This includes advice on avoiding triggers for COPD, directing to [Stop Smoking Services](#), and signposting to NI Chest, Heart & Stroke resources to support patients with respiratory conditions.



Family Support Service

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Breathing Better Education Programme

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Breathing Better Wellness Sessions

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Taking Control Self-Management Programme

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This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#).

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