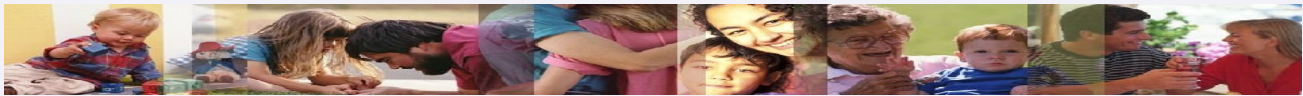


NEWSLETTER



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MIDAZOLAM IN PALLIATIVE CARE

 <p>Midazolam 5 mg/ml Injection</p> <p>10 mg in 2 ml</p> <p>Each 2 ml ampoule contains 10 mg of midazolam</p> <p>For i.v., i.m. and rectal use</p>	✓	 <p>Midazolam 1 mg/ml Solution for Injection</p> <p>5 mg in 5 ml</p> <p>Each 5 ml ampoule contains 5 mg of midazolam</p> <p>For intravenous, intramuscular and rectal use</p>	✗	<p>In palliative care, midazolam injection is often administered via subcutaneous syringe pump / driver or subcutaneously 'when required' for agitation. Various strengths of midazolam injection are commercially available: 10mg/2ml, 10mg/5ml, 5mg/5ml.</p>
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Midazolam 10mg/2ml injection is the preferred strength to use in palliative care because:

- For subcutaneous 'when required' injections, the volume injected should be as small as possible, and no more than 2ml (ideally less) or it can be very painful for the patient. Lower strengths are not practical in this situation.
- For syringe pumps, midazolam is often mixed with other medicines to provide symptom control. Problems occur when less concentrated strengths are used, as the limited volume available in the syringe is used up.
- Midazolam 10mg/2ml injection is the **only** strength stocked by the Community Pharmacy Palliative Care Network and other pharmacies. Prescribing a different strength can cause delays in patients accessing treatment.

Action:

- Prescribe the preferred strengths of palliative care medicines.
- Further information on prescribing in palliative care is available at <http://niformulary.hscni.net/Formulary/Adult/PalliativeCare>.

Other preferred strengths in palliative care include:

- Morphine sulfate injection 10mg/ml or 30mg/ml, **NOT** 1mg/ml.
- Glycopyrronium injection 200micrograms/ml, **NOT** 600micrograms/3ml.
- Hyoscine hydrobromide injection 400micrograms/ml, **NOT** 600micrograms/ml.

MEDICINES AND BREASTFEEDING — WHERE TO FIND ADVICE?

NICE have a useful pathway on 'Interventions and advice about breastfeeding for women who may become pregnant, or who are pregnant or breastfeeding', which can be found here:

<https://pathways.nice.org.uk/pathways/maternal-and-child-nutrition/interventions-and-advice-about-breastfeeding-for-women-who-may-become-pregnant-or-who-are-pregnant-or-breastfeeding.pdf>.

NICE advise that healthcare professionals who prescribe or dispense drugs to a breastfeeding mother consult supplementary sources (for example, the [Drugs and Lactation Database \[LactMed\]](#)) or seek guidance from the [UK Drugs in Lactation Advisory Service](#) [or Regional Medicines and Poisons Information Service in Northern Ireland (028 9504 0558)]. The BNF should only be used as a guide as it does not contain quantitative data on which to base individual decisions.

Action for healthcare professionals:

Discuss the benefits and risks associated with the prescribed medication and encourage the mother to continue breastfeeding, if reasonable to do so. In most cases, it should be possible to identify a suitable medication which is safe to take during breastfeeding by analysing pharmacokinetic and study data.



IMPORTANT CHANGES TO FLU VACCINATION FOR 2018 / 2019

When you're planning your flu clinic this year, there are some important changes from last year to be aware of:

- There is a **new vaccine recommended for those aged 65+**: adjuvanted trivalent vaccine (aTIV), Flud[®]. Flud[®] is only licensed for those aged 65 years and over. Flud[®] is more effective in those aged 65+ compared with the quadrivalent inactivated influenza vaccine.
- **Delivery of Flud[®] will be staggered** over the months of September (40%), October (20%) and November (40%).
- Due to delivery restrictions, **those aged 75+ should be prioritised** for Flud[®]. 65-74yr olds should still receive Flud[®] after those aged 75+ are vaccinated or when restrictions are lifted.
- Because of this staggered availability of Flud[®], only order in what you need over this period based on your patient lists.

Flu packs will follow shortly as usual. The *Seasonal Influenza Vaccination Programme 2018/19* letter from the Department of Health should be read for further information: <https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2018>.



3 vaccines for 2018 / 2019 season:

1. aTIV (Flud[®]) for 65+yrs
2. Quadrivalent inactivated vaccine (Sanofi Pasteur) for those at risk <65yrs
3. Nasal vaccine (Fluenz Tetra[®]) for 2 to 17 year olds.

EPIPEN[®] AUTOINJECTOR: SUPPLY PROBLEMS

There are intermittent supply constraints of EpiPen[®] 0.3mg adrenaline auto-Injector. To accommodate this, pharmacies will be allocated stock on a prescription-only basis and can place orders with Alliance Healthcare for up to a maximum of two EpiPen[®] 0.3mg auto-Injectors per prescription. There is no indicated timeframe for when the supply constraint will be fully resolved. At this time, there are no supply constraints of EpiPen[®] Jr 0.15mg adrenaline auto-injectors.



HSCB would like to take this opportunity to reinforce the advice issued in the [2016 GMS Update](#) that it is not appropriate for GP practices to order adrenaline auto-injectors via stock script for use by healthcare professionals, as these are for self-use by patients and carers only. Also, the importance of issuing appropriate quantities on individual patient scripts as per guidance on [Primary Care Intranet](#).

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:

- [NICE TA498](#) — Lenvatinib with everolimus for previously treated advanced renal cell carcinoma
- [NICE TA499](#) — Glecaprevir–pibrentasvir for treating chronic hepatitis C.
- [NICE TA500](#) — Ceritinib for untreated ALK-positive non-small-cell lung cancer.
- [NICE TA502](#) — Ibrutinib for treating relapsed or refractory mantle cell lymphoma.

NOT recommended:

- [NICE TA514](#) — Regorafenib for previously treated advanced hepatocellular carcinoma.
- [NICE TA515](#) — Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen (review of TA250).

The following guidance has been considered for applicability in Northern Ireland:

- [NICE NG79](#) — Sinusitis (acute): antimicrobial prescribing
- [NICE NG84](#) — Sore throat (acute): antimicrobial prescribing.

MANAGED ENTRY DECISIONS

The following medicines were considered in June as part of the Northern Ireland Managed Entry process. **Please refer to the Managed Entry section of the Northern Ireland Formulary website for full details on Managed Entry decisions:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

Asparaginase recombinant (Spectrila[®])
Atezolizumab (Tecentriq[®])
Avelumab (Bavencio[®])

Bedaquiline (Sirturo[®])
Teduglutide (Revestive[®])

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy

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