

From the Chief Medical Officer
Dr Michael McBride



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 25/2018

For Action:

Chief Executive PHA
Chief Executives HSC Trusts/NIAS (for onward
cascade to all relevant staff)
Chief Executive HSCB (for onward distribution to
All General Practitioners, Practice Managers and
Community Pharmacies)
All General Practitioners and GP Locums (for
onward distribution to relevant practice staff)

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Our Ref: HSS(MD) 25/2018
Date: 16 October 2018

Dear Colleague

**EpiPen and EpiPen Junior (adrenaline auto-injector devices) –
Supply Disruption Alert**

**REVISED AND UPDATED IMMEDIATE ACTIONS FOR ALL HEALTH
CARE PROFESSIONALS IN PRIMARY, SECONDARY OR
SPECIALIST HEALTHCARE SERVICES WHO PRESCRIBE,
DISPENSE OR ADMINISTER ADRENALINE AUTO-INJECTORS**

As outlined in our previous letter **HSS(MD) 23/2018**, EpiPen and EpiPen Junior will be subject to limited availability for the remainder of 2018. Mylan are now out of stock of EpiPen Junior, with further supplies not expected until the end of October, and interruptions in the supply are anticipated to continue for the coming months.

Further supplies of Jext 150mcg and Emerade 150mcg are expected to be made available at UK wholesalers during the w/c 15th October, but it is not foreseen to be sufficient to fulfil normal demand and there will be a backlog of patients with already expired devices who will receive priority. Further deliveries all of three auto-injectors are expected during November, but there may be ongoing constraints until the end of this year.

The attached supply alert from DHSC provides an update to the previous alert regarding the supply of adrenaline auto-injectors. While all the information on this alert should be reviewed and actioned as appropriate, the following changes from the previous alert have been highlighted for your convenience:

1) Patients should be advised not to dispose of their expired devices until they have replaced them. **If no new devices can be obtained parents / patients should be advised to use expired devices in an emergency as this is safer than not using them, it will not be dangerous but the potency of the adrenaline may have reduced.** During clinical conversations with patients please stress that using an in-date device (if one can be supplied), even if not of the usual brand, is preferable to using an expired device.

2) A patient / parent letter about the EpiPen Junior shortage and relevant advice has been and is attached. **GPs and Pharmacists are asked to share this with patients / parents affected by this shortage.**

3) To manage the existing supply of EpiPen Junior® and other replacement products over this short-term period it has been necessary to put in place national contingency arrangements to ensure that those patients with the greatest short-term need have priority access to the 150mcg adrenaline auto-injectors as they become available. We are therefore asking community pharmacies and dispensing practices to validate prescription requests before supply by wholesalers on an individual patient basis in the short term until national supplies can be replenished over the coming months. Specific guidance on this will be issued directly to pharmacies and dispensing practices in the next 24 hours. Processes are being put in place by wholesalers to help support ensuring that devices get to those with the greatest need.

4) Children weighing above 25kg can, during this shortage period be prescribed 300mcg devices in all brands to preserve the limited supplies of 150mcg devices (junior devices) for smaller children, particularly as there is currently greater availability of the adult devices. This advice is off-label for Jext and Emerade devices but is recommended by clinical allergy specialists during this shortage period. This advice is **valid up to and including 31st December 2018.**

5) Some healthcare professionals may be holding EpiPens, or other AAls, in preference to adrenaline ampoules to treat anaphylactic reactions; this should not be necessary. All healthcare professionals providing services where anaphylaxis treatment may be required, including but not exclusive to flu vaccination services, should have the competency to draw up and administer adrenaline from ampoules with a normal syringe and needle. Due to the shortage, we ask that when you renew the adrenaline in your anaphylaxis kits, you alert all your staff to please stock ampoules (ensuring you also include dosing charts, needles and syringes) and not AAls.

The Green Book and Resuscitation Council guidance provides additional advice to healthcare professionals on the use of adrenaline in response to anaphylaxis. Supplies of adrenaline ampoules are currently available and there is an expectation that healthcare professionals should use these in preference to the EpiPen or similar devices.

Green Book chapter 8 - Vaccine safety and the management of adverse events following immunisation

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147868/Green-Book-Chapter-8-v4_0.pdf

Resuscitation Council UK - Emergency treatment of anaphylactic reactions:
Guidelines for healthcare providers

<https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

Prescribers, practice based pharmacists and pharmacies should continue to regularly check the following Specialist Pharmacy Services website for additional updates to supply and clinical guidance.

<https://www.sps.nhs.uk/articles/shortage-of-epipen/>

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Dr Mark Timoney
Chief Pharmaceutical Officer

CIRCULATION LIST

Executive Medical Director/Director of Public Health, Public Health Agency
(for onward distribution to all relevant health protection staff)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (for cascade to prescribing advisers and onward distribution to Community Pharmacies)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, HSCB
Director of Integrated Care, HSCB
Family Practitioner Service Leads, Health and Social Care Board *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA *(for onward transmission to all independent providers including independent hospitals)*
Medicines Management Pharmacists, HSC Board (for cascade to prescribing advisers)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Donna Fitzsimons, Head of School of Nursing & Midwifery QUB
Sonja McIlpatrick, Head of School of Nursing, University of Ulster
Donna Gallagher, Open University
Caroline Lee, Clinical Education Centre

Bria Mongan, Director for Adult Services and Prison Healthcare within SEHSCT for
onward transmission to relevant staff
University health contacts

This letter is available on the Department of Health website at
[https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-
advice/hssmd-letters-and-urgent-communications](https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications)