



Dear Colleague

## Adrenaline for anaphylaxis kits – a reminder to Healthcare Professionals

1. You will be aware that the UK Department of Health and Social Care (DHSC) recently issued a revised Supply Disruption [Alert](#) on EpiPen® and EpiPen Junior® adrenaline auto-injectors (AAIs) that advises on conserving supplies for patients who truly need them (Annex A).
2. Some healthcare professionals may be holding EpiPens, or other AAIs, in preference to adrenaline ampoules to treat anaphylactic reactions. This should not be necessary as all healthcare professionals providing services where anaphylaxis treatment may be required, including but not exclusive to flu vaccination services, should be competent in drawing up and administering from ampoules with a normal syringe and needle.
3. Due to the ongoing shortage, we ask that when you renew your anaphylaxis kits, you alert your staff to please stock ampoules (ensuring you also include dosing charts, needles and syringes) and **not AAIs**. This will reduce the reliance on AAIs and preserve essential EpiPen® stocks for patients, parents, carers, teachers etc. who, as lay persons, cannot be expected to administer adrenaline via a needle and syringe.
4. The [Green Book](#) and [Resus 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, during this period of supply disruption, in preference to EpiPen® or similar devices.
5. GP practices may wish to use the enclosed patient letter template (Annex B) for patients/users of EpiPen Junior® offering advice and support on the ongoing supply issue.
6. We are liaising with the DHSC and the Medicines and Healthcare products Regulatory Agency (MHRA) who are working with manufacturer, Mylan, to resolve the supply issue as soon as possible.

**From the Chief Medical Officer  
Chief Pharmaceutical Officer  
Chief Dental Officer**

Dr Catherine Calderwood  
Dr Rose Marie Parr  
Margie Taylor

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18 October 2018

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For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Directors of Public Health, NHS Boards  
Directors of Nursing & Midwifery, NHS Boards  
Directors of Dentistry  
Directors of Pharmacy  
Primary Care Leads, NHS Boards  
General Practitioners  
Dentists  
Community Pharmacists  
Practice Managers

For information

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Health Protection Scotland  
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7. You are asked to note the content of this letter and bring to the attention of all relevant healthcare professionals and team members.

Yours sincerely

*Catherine Calderwood*

*Rose Mare Parr*

*Margie Taylor*

**DR CATHERINE CALDERWOOD**  
Chief Medical Officer

**Dr ROSE MARIE PARR**  
Chief Pharmaceutical Officer

**MARGIE TAYLOR**  
Chief Dental Officer

## Revised Supply Disruption Alert

SDA/2018/001(U) Issued: 15th October 2018 Valid until: 31st December 2018

Update: EpiPen and EpiPen Junior (adrenaline auto-injector devices) – Supply Disruption

### Summary

EpiPen and EpiPen Junior will be subject to limited availability for the remainder of 2018. Mylan are now out of stock of EpiPen Junior and interruptions in the supply are anticipated to continue for the coming months.

This alert provides an update to the previous alert from 28 September 2018. Whilst all the information in this alert should be reviewed and actioned as appropriate, the changes from the 28 September alert are highlighted in red text.

### For action by

General practices, community pharmacies, acute trusts, community trusts, mental health trusts, ambulance trusts.

Action start date: immediately

Please note that there is an attachment for this revision which is a parent/carer facing letter giving advice about the EpiPen Junior shortage. This alert is requesting GP practices identify registered patients (children) prescribed EpiPen Junior and make contact with their parents in the next five working days to alert on these national contingency arrangements

### Action

All health care professionals in primary, secondary or specialist healthcare services who prescribe, dispense or administer adrenaline auto-injectors, or who advise patients and their carers, should ensure that:

- 1) Adult and child auto-injectors are only prescribed and dispensed to those who truly need them, as any additional issuing to patients who are worried about the shortages could exacerbate the overall supply situation.
- 2) Repeat prescriptions and supply are managed diligently and patients advised of the following:
  - a) It is important to note that when validating the expiry date of an adrenaline auto-injector, the product expires on the last day of the month indicated e.g. a device labelled 'April 2019' does not expire until the end of April 2019.
  - b) Certain batches of adult EpiPen can be safely used for four months after the expiry date has passed - please see further information about these batches below. Where possible, prescribers should not prescribe a replacement adult EpiPen whilst the original is within the extended use by date.
  - c) 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.**
- 3) Due to ongoing constraints affecting EpiPen 300mcg and EpiPen 150mcg devices, some adults and children may need to switch from their usual device to other alternative adrenaline auto-injector devices that may be more readily available. The different brands of adrenaline auto-injectors are not used in exactly the same way and therefore specific training and

advice is required for each of the devices-please see information on these alternative devices below.

4) Junior adrenaline auto-injectors (150mcg) in all 3 brands – EpiPen, Jext and Emerade - should be reserved for children weighing under 25 kg during this shortage period. Children weighing more than 25 kg should be given adult auto-injectors (300 mcg) – see further guidance below.

5) Prescribers should work in close collaboration with their local pharmacies to understand which devices are available. Prescribers and pharmacists should work together to ensure patients who are switched to an alternative device are trained appropriately and understand how to use the new device.

6) 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.

7) Prescribers and pharmacies should 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/>

### **Deadlines for actions**

Actions initiated: 15/10/2018

Actions completed: 31/12/2018

### **Product details**

Mylan EpiPen and EpiPen Junior (adrenaline auto-injector devices).

October 2018

To all patients/users of Junior EpiPen (shared through GPs)

Dear Parent/Guardian,

### Junior EpiPen® shortage

As a parent or carer of a child with a severe allergy you might already know about a problem with the supply of EpiPen Junior 150mcg which is expected to last several months. Experts in children's allergies have developed this advice to support you:

**If you have your normal supplies of EpiPen Junior**, please continue just as you normally would. That means:

- It is important you continue to try and avoid the things your child is allergic to as much as possible.
- If your child has a severe allergic or anaphylactic reaction you must always give them their adrenaline pen straight away, call 999, as you would normally and say 'anaphylaxis' even if your child starts to feel better. Say you think your child has had a severe allergic reaction and that you have given them an adrenaline pen.
- Check the expiry dates of all your EpiPen Juniors. You should note that the expiry date of a pen is the final day of the month listed on the device eg for a November pen, the final date is 30 November.
- Please do not ask for a repeat prescription until the expiry date is nearly reached, as stocks of pens will be kept for those who need them most.

**If you need a replacement Junior EpiPen and have not been able to get one supplied:**

- During this shortage you might be given a device called Jext® or Emerade®. ○ This might say Epinephrine on it but it is exactly the same drug.
  - These pens are used in a different way so you will need to read the instructions and/or watch a training video to learn how to use it.
  - Your GP or practice nurse can give you advice on your new pen and there is a list of websites at the end of this letter which have more information.
  - If you have been given a pen that is in-date, but not your usual brand, it is better to use this, than using an out-of-date pen that is your usual brand.
- If your child weighs more than 25kg (4 stone), your GP should prescribe a 300mcg adrenaline pen when the pens you have expire. The pen might say it is for children who weigh more than 30kg but experts have said that during this period of reduced supply it can be used for children who weigh more than 25kg.
- If your child has a severe allergic or anaphylactic reaction and all the adrenaline pens you have are out-of-date you should **give the out of date pen, then** call 999 saying 'anaphylaxis' even if your child starts to feel better, as you would normally. Say you

think your child has had a severe allergic reaction and that you have given them an adrenaline pen.

- An out-of-date pen might give your child a lower dose of adrenaline but it is not dangerous and is better than waiting for an ambulance to arrive

When new stock does arrive, which we expect to happen in the next week, we will prioritise people who have out-of-date pens.

Below are web links to the videos for other devices:

- EpiPen devices: <http://www.epipen.co.uk/patients/epipenr-user-guide>
- EpiPen Training video: <https://www.medicines.org.uk/emc/product/4289/rmms>
- EpiPen Junior Training Video: <https://www.medicines.org.uk/emc/product/4290/rmms>
- Jext devices: <https://jext.co.uk/>
- Jext 150 Training Video: <https://www.medicines.org.uk/emc/product/5747/rmms>
- Jext 300 Training Video: <https://www.medicines.org.uk/emc/product/5748/rmms>
- Emerade devices: <https://www.emerade-bausch.co.uk/patient/how-to-use-emerade>
- Emerade 150 Training Video: <https://www.medicines.org.uk/emc/product/5278/rmms>
- Emerade 300: <https://www.medicines.org.uk/emc/product/5280/rmms>
- Emerade 500: <https://www.medicines.org.uk/emc/product/5279/rmms>