Service Specification

HERTFORDSHIRE Spectrum Drug and Alcohol Recovery Service
Needle & Syringe Programme
*Incorporating*
Take Home Naloxone Programme
June 2017
1. **Overview and Service Principles**

1.1 Needle Syringe Programmes (NSP) supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses (BBVs) including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

1.2 The needle exchange service may be the only contact some people have with a Healthcare Professional, for example those who inject performance and image-enhancing drugs. Needle exchange services in England are based across a range of services, with pharmacy making up the majority of the sites.

1.3 The provision of needle exchange in pharmacies provides the benefits of increasing the availability of needles exchange packs across a wide geographical area. This provides more flexibility of provision of services not only by area but by longer opening hours.

1.4 Take Home Naloxone provision to suitable NSP users and those on Supervised Consumption of Opiate Replacement Treatment, referred to as Supervised Accredited Programme (SAP) forms an important part of their care. Naloxone has been used for many years in emergency medicine for the reversal of the effects of opioid overdose and to prevent death.

1.5 Pharmacies are ideally placed for providing take home naloxone to the target population group as they are one of the main points of contact for opiate users accessing needle exchange services or collecting opiate-substitution medication.

1.6 The provision of Take home Naloxone through pharmacies increases the availability and access to naloxone over a wide geographical area and provides opportunities for intervention in a population group who may not currently access specialist substance misuse services.

2. **Aims and Intended Service Outcomes**

2.1 Providing service users who inject drugs clean needles and syringes simultaneously with a Take Home Naloxone Kit to those injecting and at risk of opiate overdose will assist towards protecting their health until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.

- To protect health and reduce the rate of blood-borne infections and drug related deaths among service users by
- reducing the rate of sharing and other high risk injecting behaviours;
- providing sterile injecting equipment and other support;
- promoting safer injecting practices; and
- providing and reinforcing harm reduction messages.
- Increasing availability of naloxone in the community for emergency use in opioid overdose
- Increasing awareness of symptoms of opioid overdose and how to respond in an emergency
- Providing training in the appropriate use of naloxone in the situation of opioid overdose

2.2 To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.

2.3 To help service users access treatment by offering referral to Spectrum CGL adult substance misuse services and health and social care professionals where appropriate.

2.4 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
2.5 To help service users access other health and social care providers, acting as a gateway to other services.

2.6 To reduce the number of drug-related deaths associated with opioid overdose.

3. **Service Outline for the provision of Needles and Syringes and Naloxone Take Home**

3.1 This Naloxone Take Home part of the service will require use of a consultation area. A consultation area, at least at the level required for the provision of the Medicines Use Review service, which provides sufficient privacy (including visual privacy) and safety, will be used.

3.2 The pharmacy contractor must ensure that NHS infection control standards are complied with.

3.3 Pharmacies contracted to provide the Needle Syringe Programme shall display the national logo in a prominent position visible from outside the premises which will be provided by CGL. Should the pharmacy lose the promotional material further supplies of the needle exchange window sticker can be purchased from [http://www.exchangesupplies.org/shopdisp_P812.php](http://www.exchangesupplies.org/shopdisp_P812.php) at the pharmacy’s own expense.

3.4 The NSP Lead from CGL Spectrum will provide details of the relevant referral point which pharmacy staff can use to signpost service users who require further assistance. Contact details on the NSP Lead and the relevant referral point are included in Appendix 1.

3.5 The pharmacy will have appropriate health promotion material available for the service users of the service and promotes its uptake. The pharmacy should order sufficient materials to ensure continuity of the service. Promotional material on Safer Injecting, Naloxone Take Home and Use of Steroids can be obtained by emailing herts@cgl.org.uk

3.6 The pharmacy will provide support and advice to the service user, including referral to other health and social care professionals and specialist drug treatment services where appropriate. (See Appendix 1)

3.7 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission, and Hepatitis B immunisation. See Section 11 on Skills, Competency Framework and Required Training

3.8 All clients accessing the Needle Syringe Programme will be provided with needles and syringes in a suitable bag to the service user. Those service users also at risk of opiate overdose will be offered naloxone injection in the form of a Prenoxad kit through their engagement in the pharmacy.

3.9 The service also includes provision of needles and syringes for users of and image enhancing drugs.

3.10 If the service user requests equipment not supplied within the needle exchange programme, the pharmacy will refer them to the Spectrum CGL service. See Appendix 1.

3.11 Used equipment is normally returned by the service user for safe disposal. The accredited pharmacist will ensure that staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacies own safety guidance. See Section 9 on Management of Returns of Needle and Syringe equipment.
3.12 Pharmacy own needle stick injury Standard Operating Procedures should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff. A safe way in which to receive the needle and sharps box should be offered without the need for the pharmacy staff to handle these items and these should be immediately placed in the appropriate disposal bins.

3.13 Naloxone Take Home (Prenoxad) will be supplied together with training on how to recognise the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training delivery to service users is not time consuming.

3.14 The training can be delivered by any member of the pharmacy team who has been appropriately trained at CGL Spectrum and has been deemed competent to do so by the pharmacist in charge. Once completed, a take-home naloxone kit may be issued to the service users. See Section 11 on training.

3.15 Naloxone Take Home (Prenoxad) supplied to service users should be appropriately labelled with printed labels showing pharmacy details. When Naloxone Take Home (Prenoxad) is supplied, the expiry date of the medication should be highlighted to the service user who should be encouraged to return the medication to the pharmacy before the expiry date to collect a further supply. The expiry date is also written on the CGL label.

3.16 Responsibility for the service lies with the Accredited Pharmacist who should be available for 60% of the time and is responsible for providing the services at the pharmacy in keeping with the local guidelines.

3.17 An accredited pharmacist does not need to undertake the transaction of either the Naloxone Take Home or the Needle and Syringe Programme or be present when either transaction occurs. However, the accredited pharmacist will be responsible for ensuring that any staff member undertaking the transaction is trained to the appropriate level as outlined under the requirements of this agreement.

3.18 It is the responsibility of the pharmacy contractor to offer immunisation to all participating staff against Hepatitis B involved in the delivery of this service at their own cost. CGL strongly advises the pharmacy contractor to get participating staff immunised against Hepatitis B who will deliver this service.

3.19 Pharmacists and staff involved in the provision of the service must be aware of and operate within this specification.

3.20 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the NSP Lead as soon as possible.

3.20 A comments slip will be provided by the pharmacy to a service user if they wish to make a complaint anonymously. Further supplies of the comments slip can be obtained by emailing herts@cgl.org.uk

4. **Brief Harm Minimisation and Health Promotion Interventions**

4.1 These will be undertaken by a pharmacist or other competent staff member to signpost the client to appropriate information and advice and may encompass areas such as:

- Safe injecting practices
- Sexual health promotion
- Transmission of blood-borne viruses and the benefits of BBV testing and Hep B vaccination
- Wound site management
- Nutrition
• Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)
• Taking measures to reduce harm and prevent drug-related deaths

4.2 Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature signposted by CGL.

5. Ordering of Needles and Syringes and Naloxone Take Home Kits

5.1 Frontier medical group are the supplier of needle and syringe packs. The following items are available as 50 pack per container, unless stated otherwise

- 1 ml Red Pack x 580C
- 2 ml Yellow Pack X581C
- 2 ml White Pack X582
- 2 ml Blue Pack X583C
- Vit C 019002 1000 per ctn
- Citric Acid 019001 1000 per ctn

5.2 NSP equipment will be ordered via Frontier using order form. See Appendix 2.

5.3 All Pharmacies will provide the exchange packs through Frontier and associated materials and CGL will commission a clinical waste disposal service for each participating pharmacy. The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.

5.4 Naloxone Take Home Kits are supplied as pre-packed Prenoxad Kits, developed by Martindale Pharma. Pharmacists are responsible for ordering the kits from their local wholesalers, dispense when intervention or replacement is required and then invoice CGL via Pharm Outcomes to recuperate costs and fees. Only Naloxone Take Home in the form of Prenoxad Kits are to be used.

5.5 Details on ordering Prenoxad Naloxone Take Home Kits can be found in Appendix 3. Each pharmacy on the scheme should order five kits upfront and maintain a stock of five kits throughout. In other words, with every kit issued, this must be replaced as soon as possible.

6. Data Recording and Information Sharing

6.1 The pharmacy is expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users. In addition the pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.

6.2 The pharmacy will use PharmOutcomes directly to record all transactions within the NPS programme and / or Naloxone Take Home and will create a record within 48 hours of the transaction using the information from the client record form.

6.3 For NPS this record will include:

- First 4 digits of the postcode
- Initials
- Date of birth
- Number of packs given out
6.4 For Naloxone Take Home the pharmacy will also record on PharmaOutcomes and will include
the Batch Number and Expiry Date of the Prenoxad kit supplied.

6.5 The information required to be reported on PharmOutcomes will be developed to reflect the
changing requirements of the commissioner.

6.6 Pharmacy staff should **NOT** notify prescribers or other services of a client’s use of the needle
exchange programme without the client’s permission. This is except in circumstances where
withholding information or seeking the client’s permission to share may put others at risk (e.g. in
certain Child Protection or Safeguarding situations).

6.7 Pharmacists may be required to share anonymised information on client activity and trends with
other health care professionals and agencies, in line with locally determined confidentiality
arrangements. The LPC will be consulted on the process of this before any requests are made.

7. **Eligibility for Needles and Syringe Programme and Naloxone Take Home**

7.1 The Needle and Syringe programme is available to all presenting adults (aged 18 and over) who
require access to needles and other injecting paraphernalia in relation to illicit intravenous drug
use. This will include users of performance-enhancing drugs, including anabolic steroids and
growth hormones.

7.2 Young people under 18 years old should be sign-posted to the local specialised Young People’s
Service. However, for young people aged between 16 and 18, where there is likely to be a delay
in the young person accessing treatment, it may be appropriate to issue a small amount of
injecting equipment if it is considered that by doing so the young person will be kept safe from the
risk of blood-borne viruses through previously-used equipment. Referral into the Young People’s
substance misuse service should be encouraged and information provided on how to access this
service. See Appendix 1 for contact details.

7.3 The Needle exchange service will **NOT** be available to individuals requiring access to needles
and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which
requiring regular intravenous administration of prescribed medication e.g. insulin. Separate
provision exists for these patient groups.

7.4 Naloxone Take Home, Prenoxad Kits are licenced for supply to all presenting adults at risk of
opiate overdose, aged 18 and over, who attend for either the NSP programme or Supervised
Accredited Programme SAP, if this also forms part of the pharmacy service.

7.5 Young people under 18 years old should be sign-posted to the local specialised Young People’s
Service. See Appendix 1 for contact details.

7.6 Carers or family members requesting Naloxone Take Home Kits should be sign-posted to the
local Spectrum HUB.

8. **Accessibility**

8.1 This service will be available on an open access basis with no requirement for clients to be
referred from another agency

8.2 The service user will determine:
• Which delivery site they access;
• The frequency of engagement;
• Which interventions they access

9. Management of Returns

9.1 The responsibility for the costs of sharps and disposal bins lies with CGL Spectrum who have commissioned their own provider to manage returns.

9.2 Each pack will contain a sharps return bin.

9.3 Pharmacy staff should encourage a 1-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is NOT necessary for a client to return used equipment in order that they may receive sterile equipment.

9.4 Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).

9.5 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal having regard to the safety of staff and other users of the pharmacy. The Storage containers provided by the clinical waste disposal service will be used to store returned used equipment.

9.6 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

9.7 Pharmacy contractors are responsible for ensuring they have sufficient space within the disposal bin in the pharmacy to enable them to deal with demand and not put staff at risk. Collection of sharps bins will be managed by Sustainable Waste on a scheduled collection basis.

10. Quality Indicators

10.1 The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by Spectrum CGL. Referral details and promotional material are included in Appendix 1 and 2.

10.2 The accredited pharmacist will attend training and accreditation events organised by Spectrum CGL annually. See Section 11 on training.

10.3 The pharmacy contractor for each pharmacy can demonstrate that pharmacists (including locums) and staff involved in the provision of the service will have sufficient knowledge of the service and are familiar with the requirements of this service specification.

10.4 The pharmacy undertakes the NSP and Naloxone Take Home in an area that ensures a sufficient level of privacy and safety.

10.5 The pharmacy co-operates with any local assessment of service and service user experience, including use of “mystery customers”. See Section 16 on Governance.

10.6 The pharmacy provides harm reduction information to each client that accesses the service.
10.7 The Pharmacy contractor must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between Spectrum CGL and Hertfordshire pharmacies.

10.8 The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support the NSP and Naloxone Take Home service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

10.9 The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.

10.10 It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

11. Skills and competency framework including Required Training

11.1 The accredited pharmacist will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so.

11.2 The accredited pharmacist must have successfully completed the CPPE declaration of competence which includes the course “Substance Use and Misuse” (Pharmacist Version) and Safeguarding Children and Vulnerable adults which must be updated every two years.

11.3 All accredited pharmacists will be required to complete the CPPE Declaration of Competence for Needle Exchange Programme.

11.4 The accredited pharmacist must meet these minimum requirements within three months of joining the service, and this will need to be confirmed on PharmOutcomes, via enrolment. There will be a three month grace period from the start of the service after this if not completed accessibility to PharmaOutcomes will be denied.

11.5 Other pharmacy staff delivering the needle syringe programme must have been trained and given relevant information by the accredited pharmacist.

11.6 For Naloxone Take Home the accredited pharmacist and support staff will attend the initial training and accreditation evening organised by CGL Spectrum before commencing this service.

11.7 Take Home Naloxone can only be provided once training has been given to a client by a suitably trained member of staff. It is the responsibility of the accredited pharmacist to ensure that all new staff receive training on Take Home Naloxone before they are eligible to participate on the programme.

11.8 CGL Spectrum will arrange at least one contractor meeting per year to promote service development and update the knowledge of the accredited pharmacist.

11.9 The accredited pharmacist will be required to attend an annual CPD training event organised by CGL Spectrum.

11.10 Spectrum hold a series of CPD events publicised via the LPC which will include matters relating to sexual health and STIs, HIV and Hepatitis C transmission, Hepatitis B immunisation.
12. Absence of Accredited Pharmacist

12.1 The pharmacy contractor has a duty to ensure that staff and other pharmacists, including locums, involved in the provision of the NSP service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.

12.2 Where this is not possible and the locum is either a) expected to be in place for an extended period* or more; or b) is regularly contracted to work at the site on a frequent basis, the service provider will:
- notify the NSP Lead and,
- look to move the provision of the service to an alternative site having first a) undertaken a risk assessment; b) secured the agreement of the NSP Lead; c) consulted the affected service users
- *extended period – for NSP sites this will be a period in excess of 28 working days

12.3 In the case for Naloxone Take Home the pharmacy contractor should ensure that there are adequate support staff specifically trained to support the Naloxone Take Home service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

12.4 If the locum pharmacist has not received the appropriate training they cannot supply Take Home Naloxone.

13. Payment Arrangements

13.1 All Pharmacies are responsible for entering accurate claims data on the correct website https://pharmoutcomes.org. Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 7th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

13.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Annual retainer</td>
<td>£300 paid at 6 monthly intervals</td>
</tr>
<tr>
<td>Naloxone Supply</td>
<td>£10.00</td>
</tr>
<tr>
<td>Prenoxad kit</td>
<td>Drug tariff price of Prenoxad</td>
</tr>
<tr>
<td>Needle Exchange – packs given out</td>
<td>£1 per transaction</td>
</tr>
<tr>
<td>Needle Exchange – returned sharps containers</td>
<td>£1 per transaction</td>
</tr>
</tbody>
</table>

13.3 Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location in agreement by CGL Spectrum if uptake of the service is low. Either party wishing to terminate this agreement must give one month’s notice in writing. However, CGL Spectrum reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).
14. Audit

14.1 The NSP Lead may employ mystery shoppers as part of this audit. The LPC will be consulted on the process of this before being rolled out to community pharmacies.

14.2 When the pharmacy is required to participate in an annual CGL-organised audit of service provision they will be expected to deliver any action points reported on the audit within the agreed timescales.

14.3 The pharmacy co-operates with any locally agreed CGL Spectrum led assessment of service user experience, including use of mystery shoppers.

15. Reportable Incidents

15.1 Reportable incidents (including dispensing errors and suspected breaches of the Controlled Drugs Regulations 2013) will be reported in line with national guidelines and to the NSP Lead.

16. Governance

16.1 It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.

16.2 Should an issue be identified either through a visit of the NSP Lead or through any other means an action plan will be produced following the process below:

- The pharmacy contractor alongside the CGL representative will identify any issues and will agree with the accredited pharmacist an action plan.
- The NSP Lead will send a written report to the pharmacy contractor and the accredited pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
- The NSP Lead will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed.
- If any further action needs to be taken, this will be documented and new timescales agreed.
- If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- The NSP Lead will inform the LPC for advice and will keep the LPC informed on the process.

16.3 Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England, the GPhC and the Local Intelligence Network (LIN) if appropriate.

17. Updates

Spectrum CGL will inform all pharmacies on any updates relating to Supervised Consumption and dispensing methods specific to this SLA as and when they arise through direct communication via the LPC site or at CPD training events. The LPC website can be accessible via http://www.hertslpc.org.uk/public-health/

Appendix 1: Local Contact Information

Herts Spectrum Single Point of Contact Number: 0800 652 3169
Hatfield:
St Martins House
14 The Common
Hatfield
AL10 0UR
Tel: 01707 256532
Fax: 01707 273 694

Stevenage:
Armstrong House
Norton Road
Stevenage
SG1 2LX
Tel: 01438 364495
Fax: 01438 314045

Watford:
18 Station Road
Watford
WD17 1JU
Tel: 01923 222 889
Fax: 01923 236 250

Hertford:
Graham House
Yeomans Court,
Ware Road,
Hertford
SG13 7HJ
Tel: 01992 500161
Fax: 01992 538037

Needle Syringe Programme Lead – Thomas Wright – Mobile 07881335226 e-mail Thomas.Wright@cgl.org.uk

Nurse Clinical Leads:
Anna Marie Felice (NMP) – Mobile 07881 335 210 e-mail Annamarie.Felice@cgl.org.uk
Christine Wallis – Mobile 07881 340 117 e-mail Christine.Wallis@cgl.org.uk

The Adolescent Drug & Alcohol Service for Hertfordshire (A-DASH):
(For under-18s)
Call: 01992 531 917
E mail: A-DASH@hpft.nhs.uk or A-DASH@nhs.net
Appendix 2: Frontier Order Form

From: CGL Hertfordshire

Date:

A/C No: 884

FAO: Needle Syringe Programme

Please arrange delivery of the following needle exchange packs:

<table>
<thead>
<tr>
<th>Pharmacy Address (include Post Code)</th>
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</table>

MESSAGE:

<table>
<thead>
<tr>
<th>1 ml Red Pack</th>
<th>2 ml Yellow Pack</th>
<th>2 ml White Pack</th>
<th>2 ml Blue Pack</th>
<th>Vit C</th>
<th>Citric Acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>X580C</td>
<td>X581C</td>
<td>X582</td>
<td>X583C</td>
<td>019002</td>
<td>019001</td>
</tr>
<tr>
<td>50 packs per ctn</td>
<td>50 packs per ctn</td>
<td>50 packs per ctn</td>
<td>50 packs per ctn</td>
<td>1000 per ctn</td>
<td>1000 per ctn</td>
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Appendix 3  Prenoxad® Injection (naloxone hydrochloride) useful information

What is Prenoxad Injection?
Prenoxad Injection is the world's first licensed naloxone emergency treatment for acute opioid related overdose for use in a non-medical setting. Prenoxad Injection is offered as a Take Home Naloxone to those at risk of opioid related overdose.

Prenoxad Injection is used to reverse respiratory depression caused by opioid related overdose. It is supplied in a tamper evident pack comprising a yellow translucent plastic box, one pre-filled syringe containing 1mg /ml naloxone hydrochloride which contains 5 clearly marked 0.4ml doses and two 23G x 1¼ inch needles. Additionally a Patient Information Leaflet containing product instructions and resuscitation information is provided.

What is the significance of the introduction of Prenoxad Injection?
According to a 2012 report published by the Advisory Council on the Misuse of Drugs (ACMD) there are more than 1,000 fatal opioid-related overdoses in the UK each year which could be prevented by prompt administration of naloxone. Evidence shows that providing naloxone has benefits that include, but are not limited to, a reduction in opioid-related deaths. The ACMD’s recommendations support the introduction of Prenoxad Injection, and state that naloxone should be made more widely available to tackle the high number of fatal overdoses in the UK.

How is Prenoxad Injection prescribed by a clinician?
Prenoxad Injection (1mg/ml)

How do you order Prenoxad Injection?
Prenoxad Injection can only be ordered through Alliance Healthcare or Frontier Medical Supplies by telephone, email or fax, by either a registered Pharmacy or CQC registered organisation.

What are the ordering codes for Prenoxad Injection?
PIP Code: 379-7131; EAN Number: 5026468663361

Is there sufficient supply of Prenoxad Injection?
There is sufficient stock in the UK which has been critical for Prenoxad Injection in gaining license status as set out by the MHRA for Prenoxad Injection.

How many kits can I order and how much does it cost?
There is no limit to the Prenoxad Injection kits you can purchase from Alliance Healthcare. You will only be charged £15.30 + VAT per kit purchased irrespective of the number of kits ordered.

What other resources does Martindale Pharma provide alongside Prenoxad Injection?
Martindale Pharma, who manufacture Prenoxad Injection fully supports the essential role of education in harm prevention and reduction of opioid overdose and as such has committed to provide a platform of educational tools on the safe and effective use of Prenoxad Injection in treating opiate related overdose in this population group. Product–specific information and educational support materials can be accessed at www.prenoxadinjection.com.

For further information please contact
Nina Bilbie, Addiction Healthcare Development Manager.
Email: nina.bilbie@martindalepharma.co.uk  Mobile: 07786 110478

References:
1. Prenoxad 1mg / ml injection SmPC
2. Advisory Council on the misuse of Drugs; Consideration of Naloxone, May 2012
Prescribing information for Prenoxad 1mg/ml Injection
Please refer to Summary of Product Characteristics before prescribing.

Presentation: A 2ml pre-filled syringe containing Naloxone Hydrochloride 1mg/ml.

Indications: Prenoxad Injection is intended for emergency use in the home or other non-medical setting by appropriate individuals or in a health facility setting for the complete or partial reversal of respiratory depression induced by natural and synthetic opioids, including methadone, diamorphine (diacetylmorphine (INN)) and certain other opioids such as dextropropoxyphene and certain mixed agonist/antagonist analgesics: nalbuphine and pentazocine.

Prenoxad Injection should be carried by persons at risk of such events. It may also be used for the diagnosis of suspected acute opioid overdose.

Dosage and Administration: Prenoxad Injection may only be made available once the prescriber has assessed the suitability and competence of a client or representative to administer naloxone in the appropriate circumstances. Prenoxad Injection is for administration by intramuscular injection.

Adults and the Elderly: Opioid overdosage (known or suspected). For Use by individuals in the community.
In patients where breathing does not appear to be normal,

In patients where breathing does not appear to be normal administration of Prenoxad Injection should be preceded by calling emergency services and requesting an ambulance. Following this, 30 chest compressions and 2 rescue breaths (Basic Life Support SINGLE CYCLE) should be given; 0.4ml Prenoxad Injection solution should then be administered by intramuscular injection into the outer thigh muscle or muscles of the upper arm, through clothing if necessary. A further 3 cycles of chest compression and rescue breaths should then be given followed by administration of 0.4ml Prenoxad Injection. Three cycles of chest compression and rescue breaths should take approximately 2 minutes. This should be repeated until an ambulance arrives or the patient begins breathing normally / regains consciousness. The patient when breathing normally or has regained consciousness should be placed in the recovery position (lying on their side, mouth open pointing towards the ground) and observed continuously.

In patients where breathing is normal but the patient is unrousable or suspected to be unconscious. The patient should be placed in the recovery position. 0.4ml Prenoxad Injection solution should be administered by intramuscular injection into the outer thigh muscle or muscles of the upper arm, through clothing if necessary, and an ambulance should be called. 0.4ml Prenoxad Injection solution should then be administered every 2-3 minutes and continued until the ambulance arrives and or the patient regains consciousness.

Children and Neonates: The Prenoxad Injection presentation is not intended to be used for children in the home setting other than by an appropriately trained healthcare professional.

Contra-Indications: Known hypersensitivity to Naloxone or any of the ingredients.

Warnings and Precautions: Prenoxad Injection is intended as an emergency treatment and the patient should be advised to seek medical help immediately. It should be administered cautiously to patients who have received large doses of opioids or to those physically dependent on opioids since too rapid reversal of opioid effects by Prenoxad may precipitate an acute withdrawal syndrome in such patients.

Patients who have responded satisfactorily to Prenoxad should be kept under medical observation for at least 2 hours. Repeated doses of Prenoxad may be necessary since the duration of action of some opioids may exceed that of Prenoxad. Use with caution in patients with pre-existing cardiac, hepatic or renal disease and in those receiving medications with potential adverse cardiovascular effects e.g. hypotension, ventricular tachycardia or fibrillation and pulmonary oedema. Caution should be exercised and patients monitored when Prenoxad Injection is administered to this patients with renal insufficiency/failure or liver disease.

Interactions: Administer cautiously to opioid dependent patients including newborns of mother’s dependant or those suspected of having received large doses and observe for signs of acute withdrawal.

Pregnancy and Lactation: Prenoxad should be used with caution in pregnancy. The neonate must also be monitored for signs of opioid withdrawal. Naloxone may be administered during the second stage of labour to correct any respiratory depression due opioid analgesics. It is not known whether Naloxone is excreted in human milk therefore use with caution in breastfeeding mothers.

Undesirable Effects: Common side effects include nausea, vomiting, dizziness, headache, vertigo, tachycardia or fibrillation and pulmonary oedema. Seizure tension, allergic reactions, anaphylactic shock, fibrillation, cardiac arrest, erythema multiforme, fever, dyspnoea, runny nose, sneezing and yawning. Piloerection, weakness, shivering.

Product Licence Number: PL 12064/0125 Product Licence Holder: Aurum Pharmaceuticals Ltd. Bampton Road, Harold Hill, Romford, Essex RM3 8UG
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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to
Martindale Pharma Tel. 01628 643920 Fax 01442 500615 e-mail pharmacovigilance@aptesolutions.com

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