

Information Sheet Buccal Midazolam

Working in Partnership with Croydon Healthcare Services (CHS)

Croydon Prescribing Committee: RECOMMENDATION

Buccal midazolam (Buccolam® brand only) is recommended for prescribing in primary and secondary care for children, young people and adults who have had a previous episode of prolonged or serial convulsive seizures. Buccolam® pre-filled oral syringes are the recommended product of choice for use in primary and secondary care.

CPC has agreed that it is appropriate for GPs to prescribe Buccolam® following initiation by a Consultant Paediatrician or Neurologist. A minimum of 1 month supply of medication will be provided by the initiating consultant

A decision to switch existing patients from other brands of buccal midazolam to Buccolam® should only be taken after a discussion with the patient / carer. **Other unlicensed buccal midazolam products remain “Hospital only”**

The following conditions apply:

- **Hospital specialist clinicians will be responsible for initiating Buccolam® and transferring patients from the Epistatus® or other unlicensed buccal midazolam preparations to the Buccolam® brand. By agreement, the GPs will then continue prescribing. A standard letter template should be used for this request (Appendix 1).**
- At initiation, hospital specialist clinicians will ensure that patients/carers/parents understand their treatment, know how to administer the pre-filled syringe and who to call in the event of an acute prolonged seizure.
- Buccolam® for use in the community will only be prescribed for patients who have had a previous episode of prolonged (>5 minutes) or serial convulsive seizures (3 or more in one hour).
- For infants between 3-6 months of age treatment should be in a hospital setting where monitoring is possible and resuscitation equipment is available. Prescribing Buccolam® for this group is “Hospital only”.
- Administration of Buccolam® will be in line with a patient specific individual agreed treatment plan and care plan (Appendix 2). Carers should only administer a single dose of Buccolam® unless instructed to do so under medical advice or a repeat dose is stated on the patient specific care plan.
- Annual Reviews: Paediatric patients prescribed Buccolam® should have a regular structured review with the hospital specialist. The interval between reviews should be agreed between the patient, their family and/or carers as appropriate, and the specialist, but is likely to be between 3 and 12 months depending on seizure control. In adults this review should be carried out at least yearly by either a GP or specialist, depending on how well the epilepsy is controlled and/or the presence of specific lifestyle issues (NICE CG137).
- Following review, the hospital specialist will send a letter to the GP ensuring current Buccolam® dose, most recent blood results and frequency of monitoring are stated, including an updated treatment plan if necessary.

Special Instructions for Prescribing

- **Prescribing MUST be by brand to prevent errors** and hospital specialists should use the Buccolam® dosing schedule when transferring patients from unlicensed buccal midazolam products.

- **Buccolam® (5mg/ml) is half the strength of Epistatus® oral liquid (10mg/ml) and other unlicensed preparations.** Due to the different strengths between the products, Buccolam® will deliver an equivalent dose in a larger volume of solution. If this presents a problem with spitting or dribbling, half the volume can be given slowly into one side of the mouth and then the other half given slowly into the other side of the mouth.
- Prescribe dose in mg and also amount of ml(s) to be administered. The full contents of prefilled oral syringes should be administered. Buccolam® prefilled syringe barrel are covered with a label and part doses cannot be given only full syringes can be administered.
- Midazolam is a controlled drug (CD) therefore it is important for the prescriber to specify the correct strength, dose and the **total quantity to be written in words and figures.**

Please note that Buccolam® oromucosal solution is only supplied as pre-filled syringes, no bottle preparation is available. Each box of Buccolam® contains 4 pre-filled syringes. The pre-filled syringes are available in different doses of midazolam.

Please see the summary table below:

Age range	Dose	Label colour
3 to 6 months (hospital setting)	2.5mg in 0.5ml	Yellow
> 6 months to < 1 year	2.5mg in 0.5ml	Yellow
1 year to < 5 years	5 mg in 1ml	Blue
5 years to < 10 years	7.5 mg in 1.5ml	Purple
10 years to < 18 years	10 mg in 2ml	Orange
Adults > 18 years	10mg unlicensed indication	Orange

NB//: for more details please refer to the Buccolam® Summary of Product Characteristics (SPC) via www.medicines.org.uk

Specialist Contacts (updated Nov 2016)	Contact Details
CHS Consultant Neurologists: Dr Bridget Macdonald	bridget.macdonald@nhs.net Tel: Direct line (020) 8401 3098 Tel: Direct line (020) 8401 4003 Direct Fax (020) 8401 3570
Dr Fred Schon	frederick.schon@nhs.net
Dr Arani Nitkunan Dr Franchesca Mastrolilli	anitkunan@nhs.net f.mastrolilli@nhs.net
Community Epilepsy Nurses: Caitlin Smyth Medina Southam	csmyth1@nhs.net medina.pillay@nhs.net
Neurology Nurse: Ajay Boodhoo	ajayboodhoo@nhs.net
CHS Paediatric Consultants: Dr Theo Fenton Dr John Chang Dr Futiwara Erhard	theo.fenton@nhs.net jylchang@nhs.net erhard.fujiwara-pichler@nhs.net
CHS Paediatricians Dr Joy Okpala Dr Jill Brock	020 8274 6374 gillian.brock@nhs.net
Children's Hospital at Home Team	Tel: (020) 8274 6428 Fax: (020) 8274 6420
School Nursing Team	Loretta McGurra (Health Visiting / School Nursing Operational Manager) – (020) 8274 6443 Charlotte Jones (Lead Nurse) – (020) 8680 4810

Appendix 1

Address:

For the attention of the GP

Dear GP,

The following patient Mr/Master/Ms/Miss/Mrs.....
(DOB.....), has been:

- initiated on Buccolam or
- transferred from Epistatus to Buccolam

at Croydon University Hospital (CUH) on

The patient's Buccolam dose ismg (.....ml)

An individualised treatment plan is attached.

Buccolam is a licensed product recommended for prescribing in Primary and Secondary care by Croydon Prescribing Committee. Please can you prescribe future prescriptions on an FP10 for your patient to obtain from their chosen chemist.

Kind Regards,

Dr
(Hospital Consultant)

(Sign)

Date:

Appendix 2

Buccolam Individual Treatment Plan (to be completed by the Specialist Prescriber)

Patient Personal details

Patient Name.....

Hospital Number Date of Birth.....

NHS Number

Home Address.....

School Name & Address

Name of Specialist.....

Information about Seizures

Seizure Classification/description.....

Possible seizure triggers.....

Possible seizure warning signs.....

Usual duration of seizure.....

Prescription Details

1. When to administer Buccolam

Administer when prolonged seizures have lastedminutes or more (NICE CG137: more than 5mins)
Or
Administer when had or more repeated seizures in hour (NICE CG137: 3 or more in one hour)

2. State the DOSE relevant to the patient

Buccolam dose to be administeredmg ml (s)

Expected outcome:

Maximum amount to be administered in 24 hours.....

Who else needs to be contacted in an emergency.....

When should emergency services be contacted.....

.....

Parents/guardian/person with parental rights contact number

Signature (doctor)..... Date.....

Community Nurses MUST use details of this treatment plan to produce an agreed care plan for use in the nursery/ school or community setting.