HSC Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Pharmacy First
for help with everyday health conditions

# Pharmacy First Pilot Service for Treatment of Shingles in patients aged 18 years and over

## Service Specification and Guidance

December 2024

# Contents

## 1. Background

The introduction of a **Pharmacy First Pilot Service for Treatment of Shingles**, in 50 community pharmacies this winter, was published in the Department of Health's 2024/25 Winter Preparedness Plan for Northern Ireland's health and social care system . The three-month pilot will enable assessment of the capability of the community pharmacy network to displace activity from other areas of urgent care for this condition.

Shingles (herpes zoster) is a viral infection of an individual nerve and the skin surface served by the nerve (dermatome). It is caused by the reactivation of the varicella-zoster virus, the same virus that causes chickenpox.

- Following a chickenpox infection, which typically occurs during childhood, the varicella-zoster virus lies dormant in the dorsal root ganglia and can reactivate when the immune system is weakened. A shingles infection generally occurs decades after the primary (chickenpox) infection.
- A chickenpox infection causes a generalized rash. The symptoms/skin rash of a shingles infection is usually localized to a specific dermatome (*a dermatome is a strip of skin which is supplied by a 'single nerve ending'*)
- A person cannot get shingles if they have never had a chickenpox infection. It is important to note that some people may not know or remember if they have had a previous chickenpox infection.
- A person cannot spread shingles to another person. But a person can develop chickenpox from a person with active shingles lesions; if they have never had a previous chickenpox infection.
- There is no evidence that shingles can be acquired from a person who has chickenpox.
- It's possible to have shingles more than once, but it's very rare to get it more than twice.
- Immunosuppressed people may shed the virus and remain infectious for extended periods of time, due to impaired clearance.
- The incidence (and severity) of shingles increases with age AND in people who are immunosuppressed.
- Patients at risk of Shingles also includes those who have certain comorbidities including: Asthma/COPD, Cardiovascular disease, Chronic kidney disease, Type 1 diabetes, Depression, Inflammatory bowel disease, Malignancies, Neurological disorders, Psoriasis, Rheumatoid arthritis and Systemic lupus erythematosus

A Pharmacy First Service is a service whereby patients are encouraged to consult with a participating community pharmacy rather than their GP for a defined list of common conditions. The pharmacist will give advice and (if appropriate) supply medication from an agreed formulary or refer the patient to another healthcare setting if necessary. Medicines, when deemed necessary, are supplied free of charge.

This Pharmacy First Service for shingles will facilitate the assessment and treatment of patients aged 18 years and over in the community pharmacy in line with NI Antimicrobial Guidelines and Shingles | Health topics A to Z | CKS | NICE

## 2. Service aims and objectives

The aims of the service are to:

- Provide a more accessible, efficient and high-quality clinical pathway for patients with shingles.
- Better use pharmacist skills and free up GP time for more complex and urgent medical issues.

The objectives of the service are to:

- Provide a timely and appropriate service for patients in the treatment of their condition and to identify patients who need onward referral to another healthcare professional.
- Provide a service which is acceptable to patients and community pharmacists and which is supported by GP practices.
- Support the cost-effective use of medicines and health service resources in Primary Care in line with the NI formulary.
- Promote the role of the community pharmacist as the first port of call for the treatment of shingles in patients aged 18 years and over.

## 3. Service description

- The Pharmacy First Service allows eligible patients to use participating community pharmacies as the first port of call for the treatment of shingles. The pharmacist advises, treats or refers patients according to their needs.

- The Pharmacy First Service is available to all eligible patients aged 18 years and over, registered with a GP in Northern Ireland, with the exception of temporary residents and care home residents.

- Each Pharmacy First consultation must be carried out by an appropriately trained pharmacist with the patient directly. **It should be face-to-face between the pharmacist and patient.**

- The consultation must take place in a suitable private consultation area in the pharmacy (see section 8 ‘premises’).

## 4. Service outline

### 4.1 *Patient Eligibility for the service*

The following persons are **eligible** for the service:

- Patients aged 18 years and over, who are registered with a GP in Northern Ireland

The following persons are **not eligible** for the service:

- Temporary residents
- Patients in Care Homes (Nursing or Residential)

### 4.2 *Pharmacy Eligibility for service*

The service can only be provided from participating community pharmacies where the contractor:

- Holds a contract with the SPPG to deliver the service.
- Ensures that staff are trained, competent and available to deliver the service. Pharmacists must undertake relevant training to ensure clinical care competency prior to commencing service delivery (see section 10 'training').
- Ensures a Standard Operating Procedure (SOP) is in place to support delivery of the service in line with the service specification and guidance.
- Ensures Patient Group Directions (PGDs) for medicines relating to service delivery are organisationally authorised and signed by an appropriate authorising person. SPPG PGDs are available on the BSO website
- Ensures that the service is available during all of the pharmacy's opening hours, where practically possible.
- If in exceptional circumstances the responsible pharmacist on the day is not trained to offer the service, this should be communicated to the local GP practices and OOH medical centres to reduce inappropriate referral of patients to the pharmacy when the service is temporarily unavailable.

### 4.3 *Pharmacist Eligibility to provide the service*

This service can only be provided by pharmacists who are:

- Registered with the Pharmaceutical Society of Northern Ireland (PSNI).
- Pharmacist Independent Prescribers must be registered with the PSNI as an independent prescriber (IP).
- Working in a pharmacy contracted to provide the service.
- Competent to provide the service (see section 10 'training').

### 4.4 *Patient Consent*

- Before the consultation, the pharmacist must provide patients with sufficient information to inform consent to avail of the service.
- The service privacy notice should be used to explain to the patient how their personal data will be used and shared. A copy should be supplied if requested.

### 4.5 *Accessing the service*

- Patients with symptoms seeking advice and / or treatment contact the pharmacy in person, or by phone.
- The pharmacist arranges a consultation with the patient, **in person in the pharmacy.**
- Patients may be referred into the service from their GP practice. Arrangements for this should be agreed in advance between the GP practice and the pharmacy. The pharmacist should contact the practice to give an outline of the service.

### 4.6 *Pharmacy First Consultation*

**Step 1: Patient presents to pharmacy seeking diagnosis/treatment for Shingles type rash/symptoms-** Patient examination should be undertaken in the **private consultation area** of the pharmacy, as shingles is diagnosed on the basis of typical clinical features.

**Step 2: Exclusion criteria/ Red flag symptoms**

- Suspected Meningitis (e.g. non-blanching rash, neck stiffness, photophobia)
- Suspected encephalitis (e.g. disorientation, changes in behaviour)
- Suspected myelitis (muscle weakness, loss of bladder or bowel control)
- Facial nerve paralysis (typically unilateral)
- Shingles in the ophthalmic distribution (i.e. rash anywhere in the eye or nose area, and/or has any visual symptoms/pain)
- Suspected shingles rash on head/face
- ***SEVERELY** immunosuppressed patients (for definition of severely immunosuppressed, refer to **Appendix 1**)
- Immunosuppressed patient **AND** the suspected shingles rash is **severe, widespread or patient is systemically unwell.**
- Pregnancy or suspected pregnancy
- Currently breastfeeding with shingles sore(s) on the breast(s)

**YES** →

**Patient is EXCLUDED from service**

**Consider signposting patient to Emergency Department or calling 999 in a life threatening emergency**

**NOTE:** Patients who ARE immunosuppressed CAN be treated under the service.
They are ONLY excluded if they are:

- ***Severely** immunosuppressed
- The rash is severe widespread or the patient is systemically unwell.

**Step 3: Exclude differential diagnosis e.g.**

- Herpes simplex virus (HSV) infection
- Candidal skin
- Contact dermatitis
- Primary HIV infection
- Impetigo
- Insect bite or sting
- Scabies
- Urticaria
- Other rash of unknown cause

**YES** →

**Patient EXCLUDED from the service**
**Signpost as appropriate e.g. to other healthcare provider / OTC medicine / Pharmacy First Everyday Health Conditions Service**

**Is the patient presenting with the typical clinical features of shingles?**

- The 1st stage of shingles **before a rash is visible** is the prodromal stage.
  - It usually starts with an **abnormal skin sensation and pain in the affected area often described as burning, stabbing, throbbing, itching, tingling and can be intermittent or constant**.
  - The pain can affect sleep and/or quality of life.
  - This stage usually last for 2-3 days (but it can last for 7 days or more).
- The 2nd stage (active stage) usually starts 2-3 days **AFTER** the initial onset of pain (but it can be >7 days later).
  - It may be accompanied by a fever and/or headache. During this stage, **a rash is visible** – it often starts as a group of red spots on a pink-red background (**a maculopapular rash**).
  - The rash is usually accompanied by the same pain experienced during the prodrome stage, but this pain can worsen, improve, or appear for the first time.
  - A Shingles rash usually covers **a well-defined area of skin** on **one side** of the body **only** (Left **OR** Right) and will not cross to the other side of the body.
  - The rash is usually localized to a specific dermatome (dermatome is defined as a strip of skin which is supplied by a single spinal nerve)
- The 3rd stage (which occurs within 1-2 days after the active stage) is when the rash develops into small fluid filled blisters.
  - New vesicles continuing to form over 3–4 days. Some of the blisters burst and others fill with blood or pus.
  - The area then dries slowly, crusts over and scabs form.

  **Note:** the rash may be atypical in some people e.g. older people and immunocompromised people

  Refer to **Shingles - NHS** for shingles images

**YES** →

**Patient IS suitable for the Pharmacy First Service for treatment for Shingles**

## Step 5: Treatment options when shingles infection is present & patient is eligible for the Pharmacy First Service

**(1) Does the patient have a shingles rash? □ Proceed to no.2 below:**

| | | |
|---|---|---|
| **(2) Has the patient presented within 72 hours of rash onset?**<br>**Yes □ No □**<br><br>**If yes proceed to next column →**<br><br>**If no, proceed to number 3 below** | **OFFER ANTIVIRAL TREATMENT →** to patients who meet <u>at least one</u> of the following 5 criteria;<br>□ Aged 50 years & over<br>□ Immunosuppressed*<br>□ Shingles rash affecting neck, limbs or perineum (non truncal)<br>□ Patient has moderate or severe PAIN<br>□ Patient has a moderate or severe RASH | **ANTIVIRAL TREATMENT OPTIONS:**<br><br>**Aciclovir 800mg five times a day for 7 days**<br><br>**OR**<br><br>**Valaciclovir 1G three times a day for 7 days, IF patient is:**<br>➢ **Immunosuppressed* OR**<br>➢ **Aciclovir is unsuitable OR**<br>➢ **There is an adherence risk**<br>*See section 5 (Service formulary) for PGD exclusion criteria for aciclovir* |
| **(3) Has the patient presented, more than 72 hours and up to one week after rash onset?**<br>**Yes □ No □**<br><br>**If yes proceed to next column →**<br><br>**If no proceed to number 4 below ↓** | **OFFER ANTIVIRAL TREATMENT →** to patients who meet <u>at least one</u> of the following 5 criteria;<br>□ Aged 70 years & over<br>□ Immunosuppressed*<br>□ Continued vesicle formation<br>□ Severe pain<br>□ High risk of severe shingles (e.g. severe atopic dermatitis / eczema) | |

**(4) Has the patient presented <u>more than a week</u> after shingles rash onset?**
**Proceed to Advice (Step 6). DO NOT offer antivirals**

**IMPORTANT POINTS FOR *Immunosuppressed patients**

- ***Offer VALACICLOVIR 1g three times a day for 7 days if appropriate.***
- ***<u>Urgently</u> contact the patient's GP** by telephone **to notify supply of antiviral treatment.***
- ***Advise patient, if symptoms worsen rapidly or if they become systemically unwell to seek urgent medical advice from GP, OOH or ED***

**For pain management: offer paracetamol and/or ibuprofen if required and appropriate**

## Step 6: Advice for all patients

## (including those who did not meet the criteria for antiviral treatment listed above)

- Advise ALL patients to attend GP/OOHs if symptoms worsen rapidly or significantly at any time.
- Advise patients who have received antivirals to contact their GP/OOHs if symptoms have not improved following completion of 7 days treatment course.
- General self-care advice for all patients:
    - People who have shingles should avoid skin contact with high risk people such as newborn babies, elderly people, people with reduced immunity, and those who have not previously had chickenpox (especially pregnant women) until the blisters crust over.
    - People with shingles are contagious until the last blister has dried and scabbed.
    - To help prevent passing on the virus; advise the person not to share towels or flannels and not to swim or play contact sports.
    - Advise the person they may need to take time off work/school initially; however, you can return to work/school once the blisters have dried and crusted over.
    - Advise the person to rest (if possible) particularly if the patient has also has a fever.
    - To reduce infection, avoid scratching the rash/blisters.
    - Wear loose-fitting, natural fibre clothing like cotton, while a shingles rash is healing.
    - For pain management, consider a trial of paracetamol and/or ibuprofen. If this is not effective, patient should contact their GP practice or OOHs.

Patient information leaflets:

- A copy of the British Association of Dermatologists (BAD) shingles leaflet, which provides self-care and safety netting advice, should be provided to all patients: BAD Shingles Leaflet Or Scan QR CODE:

- Advice for all patients can be accessed Shingles | nidirect
  Or Scan QR CODE:

- Signpost **appropriate patients** to information and advice about receiving the shingles vaccine after they have recovered from this episode of shingles PHA Shingles Patient Information Booklet

**Possible complication of shingles include:**

- Post-herpetic neuralgia: most common in older people
- Other complications of shingles include: Cardiovascular complications, Central nervous system complications, Herpes zoster ophthalmicus, Herpes zoster oticus (Ramsay Hunt syndrome) , Peripheral motor neuropathy, Skin changes, Superinfection of skin lesions, Systemic dissemination.

## 5. Service Formulary

### Antiviral treatment:

| **Aciclovir** | |
|---|---|
| **First line antiviral treatment** | • Aciclovir 800mg tablets/dispersible tablets: the 800mg tablets should be supplied in the first instance<br>• Aciclovir 400mg tablets/dispersible tablets<br>• Aciclovir 200mg tablets/dispersible tablets<br>The 400mg or 200mg tablets should only be supplied only if 800mg tablets are unavailable. |
| **Legal class** | POM |
| **Quantity to supply** | Appropriate quantity for **7 days** i.e.<br>• 35 x 800mg tablets OR<br>• 70 x 400mg tablets OR<br>• 140 x 200mg tablets. |
| **Dosing instructions** | 800mg five times a day for **7 days** (at 4 hourly intervals, during waking hours - i.e. advise to take on waking then every 4 hours giving 5 doses over 16 hours). |

| **Valaciclovir** | |
|---|---|
| **Antiviral treatment** | • Valaciclovir 500mg tablets |
| **Legal class** | POM |
| **Quantity to supply** | Appropriate quantity for **7 days** i.e.<br>• 42 x 500mg tablets |
| **Dosing instructions** | 1g (two x 500mg tablets) three times a day for **7 days** |

## PGD Exclusion Criteria: Aciclovir

Individuals:

- Who require assistance taking their regular medications (e.g. by carers) where adherence with the five time daily regimen for aciclovir would not be achievable OR
- Who are already prescribed 8 or more medicines per day where adherence with the regimen for aciclovir may not be achievable OR
- Who are immunosuppressed

****These patients should be offered Valaciclovir****

## Analgesics:

| **Paracetamol** | | |
|---|---|---|
| **Generic name** | Paracetamol 250mg/5mL S/F oral suspension | Paracetamol 500 mg tablets |
| **Legal class** | P | P |
| **Pack size** | 200 ml | 32 tablets |
| **Dosing instructions** | As per pack | As per pack |

| **Ibuprofen** | | | |
|---|---|---|---|
| **Generic Name** | Ibuprofen 100 mg/5ml S/F oral suspension | Ibuprofen 200 mg tablets | Ibuprofen 400 mg tablets |
| **Legal Class** | P | P | P |
| **Pack Size** | 100 ml | 24 tablets | 24 tablets |
| **Dosing instructions** | As per pack | As per pack | As per pack |

## 6. Supply of medicine

- On occasion a pharmacist will decide that a patient's symptoms are such that a supply of medicine(s) is indicated. Where this is the case the medicine(s) should be selected from the agreed formulary.
- Where a patient expresses a preference for a product which is not included in the agreed formulary and the pharmacist considers that such a supply is appropriate and the pharmacist is able to sell the patient that product, then the consultation

shall still be considered to be within the terms of service provided that a record of the consultation is made.

- Where a medicine is supplied it shall be appropriately labelled and the pharmacist shall counsel the patient regarding its safe and effective use.
- Pharmacists must ensure medicines supplied comply with current good practice guidelines e.g.: Pharmaceutical Society guidance available at https://psni.org.uk/publications/code-of-ethics-and-standards/
  MHRA Drug Safety Advice https://www.gov.uk/drug-safety-update
  Pack/product updates & individual SPCs https://www.medicines.org.uk/emc/
- When treatment is required and appropriate it should be selected from the formulary and supplied in one of two ways:
    - The Pharmacist Independent Prescriber writes a prescription for the medicine which is dispensed in accordance with the relevant SOP. Medicines prescribed in this way may be dispensed from Prescription Only Medicine (POM) packs. **Please note, pharmacist Independent Prescribers working in a community pharmacy can only prescribe medicines as part of Pharmacy First Services and only those medicines listed in a service formulary.**
    - A non-IP Pharmacist supplies the medicine in line with the service PGDs and completes a Pharmacy Voucher (PV). Supply is made in accordance with the relevant SOP. POM antivirals must be supplied in line with service PGDs and analgesics must be supplied in OTC / P packs in line with product licenses.
- **Orders for prescription pads and PV1s must be placed on line on the BSO website at** https://hscbusiness.hscni.net/services/2540.htm

## 7. Pharmacy First Consultation records

- All Pharmacy First consultation records must be full, accurate and contemporaneous (see BSO website for a copy of the consultation form)
- A record of the consultation must be retained in the pharmacy and be available to SPPG for monitoring and audit purposes.
- In **ALL** cases a copy of the consultation form must be transferred securely to the patent's GP; where practical within 24/48 hours. Local arrangements for the secure transfer of patient data should be in place.
- **If the patient is immunosuppressed: the pharmacist should urgently contact the patient's GP practice by telephone, as soon as practically possible, to advise that patient has been assessed and supplied treatment for shingles via the service.**
- All records must be kept for the time periods in line with the DOH Good Management, Good records guidelines
    - Adults - 8 years after the conclusion of treatment

    - Children and young people – Until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment or 8 years after death.
- IP prescriptions should be coded with normal drug tariff codes and submitted along with the usual prescription bundle to BSO for payment.
- PVs should be coded with normal drug tariff codes and the Pharmacy First code **97003/1** should be added. These PVs should be processed in line with other pharmacy vouchers and sent to BSO for payment.
- A record of all consultations should be made on the monthly claim form which should be emailed to local primary care offices (see below for contact details) for processing and payment of service fees. See BSO website for a copy of monthly claim form, which should be submitted in a timely manner, in the first week of the month following the consultation.

| ***Contact Details for Local Integrated Care Offices:*** | | | | |
|---|---|---|---|---|
| **Belfast** | **South Eastern** | **Southern** | **Northern** | **Western** |
| 12-22 Linenhall Street<br>Belfast<br>BT2 8BS | 12-22 Linenhall Street<br>Belfast<br>BT2 8BS | Tower Hill<br>Armagh.<br>BT61 9DR | County Hall<br>182 Galgorm Road<br>Ballymena<br>BT42 1QB | Gransha Park House<br>15 Gransha Park Clooney Road<br>Londonderry BT47 6FN |
| Tel: 028 9536 3926 | Tel: 028 9536 3926 | Tel: 028 9536 2104 | Tel: 028 9536 2812 | Tel: 028 9536 1082 |
| pharmacyservicesbelfast@hscni.net | pharmacyservicesse@hscni.net | pharmacyservicessouth@hscni.net | pharmacyservicesnorth@hscni.net | pharmacyserviceswest@hscni.net |

## 8. Premises

All Pharmacy First shingles consultations must take place in a suitable, private consultation area, that meets the following requirements:

- The consultation area should be located in the professional service area of the pharmacy (separate from the dispensary), to ensure that consultations can take place free from distraction
- The consultation area should offer sufficient privacy to ensure that a patients' privacy, dignity and confidentiality are maintained.
- The consultation area should be where both the patient and pharmacist can sit down together.
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area must provide equal access to all patients who may wish to avail of the Pharmacy First Service.
- The pharmacy contractor should ensure that infection prevention and control measures around cleaning and decontamination requirements as recommended by PHA are followed. Please refer to PHA Infection Control Manual

## 9. Professional responsibility

- It is the responsibility of individual pharmacists to have suitable indemnity insurance cover
- At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations.
- **Access to patient's confidential medical records on NIECR:** Pharmacists should only access the records of patients who have consented to avail of the service. To apply any inclusion / exclusion criteria, NIECR should be accessed to check medical history, repeat medicines list and any allergies; this is in addition to information received from the PMR or the patient or carer. *Please be aware for both user and patient safety and governance, NIECR is heavily audited.*
- At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.
- The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance.
- Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP.
- Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines.

## 10. Training

**To meet the competency required for provision of the service, all pharmacists must undertake training in order to undertake clinical assessment of individuals (aged 18 years and over) presenting with herpetic pain and/or rash and safely supply aciclovir or valaciclovir where appropriate for the treatment of herpes zoster (shingles) infection.**

It is good practice for the pharmacy contractor to keep documentary evidence that pharmacy staff involved in the provision of the service are competent and remain up to date with regards to the specific skills and knowledge that are appropriate to their role, and to the aspects of the service they are delivering.

Training was provided by SPPG via ECHO on 17th December 2024. This was recorded and is available on the ECHO Moodle site (log in required – then click on; My courses 'collaborative community pharmacy 2023/24' and the video recording session in; Year 6 Week 3: 17/12/24)
**All pharmacists planning to provide this service must view this training prior to service delivery.**

### Diagnostic resources:

- CPPE: *NHS Pharmacy First: Shingles* e-learning: this training is hosted on the NICPLD website; Participants can access the course by using their NICPLD login details, and typing the word 'shingles' into the search function.
- NHS: Shingles resources
- DermNet: Herpes zoster resources
- Primary Care Dermatology Society: Herpes zoster resources

### Treatment resources:

- NICE CKS: Shingles
- SPC Summary of product characteristics
- PHA PHA Shingles professional factsheet Final 0624.pdf
- PHA Shingles Healthcare Professionals Presentation Shingles factsheet for health professionals | HSC Public Health Agency

### NIECR training:

Training guides and FAQs on the use of NIECR are available at:

- https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/contractor-communications/hscb-services-and-guidance/northern-ireland-electronic-care-record-niecr/
- An NIECR eLearning module is now also available via NICPLD - NICPLD: Open learning (Under Pharmacy Practice)

### PGD training:

- Patient Group Directions - elearning for healthcare (e-lfh.org.uk)
  Freely available to all without registration
- NICE MPG 2 - Overview | Patient group directions | Guidance | NICE

## 11. Remuneration and Reimbursement

The fees payable to pharmacy contractors for this service are:

- One off service set-up payment of £200 per pharmacy contractor.
- A consultation fee of £25 per consultation.
- The cost of medicines supplied will be reimbursed on submission to BSO of the prescriptions or pharmacy vouchers.

## 12. Service monitoring and post payment verification

- The pharmacy contractor will be required to submit all records requested by SPPG in relation to the Pharmacy First Service within 14 days of receipt of the request.
- The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the Pharmacy First Service.
- In the event where SPPG cannot assure claims relating to the provision of the Pharmacy First Service recovery of the payment will be sought.

## 13. Promotion of the service

SPPG will provide printed A3 and A4 posters for use within the pharmacy. Pharmacies may also wish to promote the service on Twitter and Instagram using the resources available on the BSO website. The pharmacy contractor shall not publicise the availability of the service, other than using any materials specifically provided by SPPG without the prior agreement of the SPPG or in any way which is inconsistent with the professional nature of the service.

## 14. Other terms and conditions

- The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.
- The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service
- The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

## 15. References


- Green book Shingles Green Book chapter 28a
- NICE CKS: Shingles
- SPC Summary of product characteristics
- NHS: Shingles resources
- CPPE: NHS Pharmacy First: Shingles e-learning
- Primary Care Dermatology Society: Herpes zoster resources
- PHA Shingles professional factsheet Final 0624.pdf
- PHA Shingles Healthcare Professionals Presentation Shingles factsheet for health professionals | HSC Public Health Agency

## 16. Appendices

- Appendix 1: Green Book definition of severely immunosuppressed individuals
- All other Appendices are available on the BSO website here
  - Consultation form
  - Monthly Claim form
  - Contract
  - SOP template (NPA)
  - PGDs
  - Privacy notice

**Appendix 1:** Shingles Green Book chapter 28a

**Box: Definition of severe immunosuppression for the Shingrix vaccine programme**

**Individuals with primary or acquired immunodeficiency states due to conditions including:**

- acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who are less than 12 months since achieving cure
- individuals under follow up for chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (N.B: this list not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of below 200 cells/μl.
- primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ul) or with a functional lymphocyte disorder
- those who have received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who have received a stem cell transplant more than 24 months ago but have ongoing immunosuppression or graft versus host disease (GVHD)

**Individuals on immunosuppressive or immunomodulating therapy including:**

- those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for any indication
- those who are receiving or have received in the previous 6 months immunosuppressive therapy for a solid organ transplant
- those who are receiving or have received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including
- B-cell targeted therapies (including rituximab but for which a 6 month period should be considered immunosuppressive), monoclonal tumor necrosis factor inhibitors (TNFi), T-cell co-stimulation modulators, soluble TNF receptors, interleukin (IL)-6 receptor inhibitors.,
- IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (N.B: this list is not exhaustive)

**Individuals with chronic immune mediated inflammatory disease who are receiving or have received immunosuppressive therapy**

- moderate to high dose corticosteroids (equivalent ≥20mg prednisolone per day) for more than 10 days in the previous month
- long term moderate dose corticosteroids (equivalent to ≥10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- any non-biological oral immune modulating drugs e.g. methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day; 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day) in the previous 3 months
- certain combination therapies at individual doses lower than stated above, including those on ≥7.5mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

**Individuals who have received a short course of high dose steroids (equivalent >40mg prednisolone per day for more than a week) for any reason in the previous month.**