



This bulletin is intended to accompany **Issue 30** of **Kent & Medway CCG Medicines Optimisation (MO)** newsletter, dated 27/1/2022. Please send all medicines queries relating to the articles written to: kmccg.medicinesoptimisation@nhs.net

<p>Shortage: Metformin 500mg/5ml oral solution Metformin 500mg/5ml oral solution sugar free</p>	<p>There is no anticipated re-supply date.</p> <p>Actions for prescribers All clinicians in primary and secondary care who prescribe metformin 500mg in 5ml oral solution should consider:</p> <ul style="list-style-type: none"> • reviewing if patients can swallow solid dosage forms and switching to metformin tablets, where appropriate; • working with local pharmacy teams to understand the availability of metformin 500mg powder for oral solution and where appropriate issue a prescription to make up the required dose, ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose and volume required to reconstitute the powder (see supporting information below); • prioritising remaining oral solution for patients with enteral feeding tubes or swallowing difficulties (see supporting information below); • assessing patient's ability to crush metformin tablets and mix with water, and recommending to do so, if appropriate (see supporting information below); • prescribing unlicensed products from Specials manufacturers, in the event of above options being exhausted and where metformin is still required <p>Limited supplies of metformin 500mg/5ml oral solution are expected to be made available from mid-December 2021; however, this is unable to support full demand. Long term supply issues of metformin 500mg/5ml oral solution are expected. Metformin 850mg/5ml and 1000mg/5ml oral solutions remain available but cannot support an increased demand. Metformin 500mg powder for oral solution sugar free is available but cannot fully support an uplift in potential demand. Supplies of metformin 500mg/5ml oral solution specials can be sourced. However, the presence of NDMA within Specials is unknown. Therefore, it is imperative that Specials are only prescribed where all other options have been exhausted.</p>
<p>Shortage: Xyloproct 5%/0.275% ointment (Aspen Pharma Trading Ltd)</p>	<p>Anticipated resupply date 15th April 2022</p> <p>Alternatives Alternate topical anaesthetic/steroid preparations remain available:</p> <ul style="list-style-type: none"> • Uniroid-HC (cinchocaine hydrochloride 5mg/hydrocortisone 5mg) ointment • Scheriproct (cinchocaine hydrochloride 5mg/prednisolone hexanoate 1.9g) ointment • Proctosedyl (cinchocaine hydrochloride 5mg/hydrocortisone 5mg) ointment
<p>Shortage: Tinzaparin sodium 3,500units/0.35ml solution for injection pre-filled syringes (LEO Pharma) Tinzaparin sodium 4,500units/0.45ml solution for injection pre-filled syringes (LEO Pharma)</p>  <p>SDA_2021_008.pdf</p>	<p>Update in anticipated resupply date to 1 April 2022</p> <p>Action Please refer to the Supply Disruption Alert issued in July 2021 for management advice.</p>

<p>Shortage: Estradiol (FemSeven) 100micrograms/24hours transdermal patches</p>	<p>Anticipated resupply date of 1st February 2022 Alternatives A range of potential alternative HRT products exist. Specialist importers can source unlicensed products. Lead time will vary.</p>
<p>Shortage: FemSeven Sequi transdermal patches</p>	<p>Anticipated resupply date of 1st June 2022 Alternatives Specialist importers can source unlicensed products. Lead time will vary.</p>
<p>Shortage: Methylprednisolone acetate and Methylprednisolone acetate + Lidocaine suspension for injection vials (Depo-Medrone)</p>	<p>Depo-Medrone[®] 40mg/ml vials are out of stock until late February 2022. Depo-Medrone[®] 80mg/2ml and 120mg/3ml vials remain available but cannot support an increase in demand. Depo-Medrone[®] with lidocaine 1% 40mg/ml vials are out of stock until early February 2022; 80mg/2ml vials are out of stock from late December until late February 2022. Actions Where there are insufficient supplies to last until the resupply date, clinicians should: identify where Depo-Medrone[®] and Depo-Medrone[®] with lidocaine are used within their organisation;</p> <ul style="list-style-type: none"> • following local risk-assessment, prescribe alternative treatment options most appropriate to meet patient requirements; please see supporting information https://www.sps.nhs.uk/shortages/shortage-of-methylprednisolone-acetate-and-methylprednisolone-acetate-lidocaine-suspension-for-injection-vials-depo-medrone/ (you must log in to view page) • consider unlicensed products only where licensed alternatives are not appropriate; and • consider prescribing lidocaine 1% injection separately if a local anaesthetic is required.
<p>Shortage: Questran 4g oral powder sachets (Cheplapharm Arzneimittel GmbH)</p>	<p>Anticipated resupply date 1st April 2022 Alternatives Colestyramine light (sugar free) 4g sachets (Mylan) remain available.</p>
<p>Shortage: Diamorphine 5mg powder for solution for injection ampoules (Wockhardt UK Ltd) Diamorphine 10mg powder for solution for injection ampoules</p>  <p>SDA_2020_003_U.p df</p>	<p>Diamorphine 5mg and 10mg ampoules are out of stock until February 2022 Diamorphine 30mg and 100mg ampoules remain available however are unable to support an uplift in demand. Clinicians in both primary and secondary care are reminded of permanent actions they were recommended to take in the Supply Disruption Alert for diamorphine ampoules issued in March 2020 Actions All healthcare professionals All healthcare professionals in primary and secondary care including hospices, who prescribe, dispense or administer diamorphine should continue to work with their local Medication Safety Officer (MSO), pharmacy procurement teams or local lead within their organisation to:</p> <ul style="list-style-type: none"> • implement the permanent actions set out in the Supply Disruption Alert for diamorphine injection issued in March 2020, which advises that morphine sulfate solution for injection 10mg/ml is the most likely first-line alternative. • If diamorphine injection is required, mitigating actions need to be implemented to reduce the potential risk of overdose if using a diamorphine 10mg ampoule
<p>Shortage: Lidocaine 1% and 2% with adrenaline 100micrograms/20ml</p>	<p>Xylocaine[®] 1% with adrenaline is out of stock until late March 2022. Xylocaine[®] 2% with adrenaline currently remains available but is likely to be out of stock by the end of December 2021. Resupply is expected mid-January 2022. Action General Practice and other sites that use Xylocaine[®] 1% and 2% with adrenaline 100micrograms/20ml should:</p> <ul style="list-style-type: none"> • note the available alternative products see supporting information https://www.sps.nhs.uk/shortages/shortage-of-lidocaine-1-and-2-with-adrenaline-100micrograms-20ml/ (you must log in to view page); and • consult the Medicines Information department at their local NHS Trust for advice where required.

<p>Shortage: Kolanticon gel (Esteve Pharmaceuticals Ltd)</p>	<p>Anticipated resupply date of 31st October 2022</p> <p>Actions Where patients have insufficient supplies to last until the resupply date, clinicians should consider the following;</p> <ul style="list-style-type: none"> • review if treatment is still required • consider switching patients to alternative preparations • counsel patients on the different product and dosing regimen prescribed <p>Alternatives Kolanticon gel is licensed for the treatment and prophylaxis of symptoms of peptic ulcer and functional dyspepsia especially in patients in whom gastric distress results from hyperacidity, smooth muscle spasm, including IBS, and flatulence, as well as symptomatic relief in oesophagitis, hiatus hernia, gastritis and iatrogenic gastritis. The components of Kolanticon consist of an antacid (magnesium and aluminium), antispasmodic (dicloverine) and antifatulence agent (simethicone). Although there is no direct equivalent product to Kolanticon Gel® on the UK market, there are alternatives to the components of Kolanticon and choice will depend on symptom(s) being treated.</p>
<p>Shortage: Cimetidine tablets</p>	<p>Anticipated resupply date of 31 March 2022</p> <p>Alternatives Cimetidine solutions, syrups and tablets - Cimetidine 200mg/5ml oral solution / syrup is currently available. Supplies of cimetidine 200mg and 400mg tablets are now available. Famotidine -Oral famotidine is currently available. Nizatidine - Oral nizatidine capsules are currently available.</p>
<p>Shortage: Sulfasalazine 500mg gastro-resistant tablets (Salazopyrin EN-Tabs)</p>	<p>Anticipated resupply date of 28th February 2022</p> <p>Actions For patients with insufficient supplies, community pharmacists may supply sulfasalazine gastro-resistant 500mg tablets against the Serious Shortage Protocol for eligible patients. If the above option is not deemed appropriate, clinicians should:</p> <ul style="list-style-type: none"> • consider prescribing sulfasalazine 500mg gastro-resistant tablets generically to enable any manufacturer's product to be dispensed; and • counsel patients regarding the switch from branded to generic at the point of dispensing. <p>Alternatives Generic versions of sulfasalazine 500mg gastro-resistant tablets remain available.</p>
<p>All Serious Shortage Protocols (SPP's) can be found: https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps</p>	
<p>Shortage update taken from SPS Medicines Supply Toolkit 11/01/2022</p>	