

<p>DISCONTINUATION <u>Discontinuation of Piroxicam (Feldene) 0.5% gel</u></p>	<p>Discontinuation: 1 December 2022</p> <hr/> <p>Alternatives</p> <p>Generic piroxicam 0.5% gel will continue to remain available.</p> <hr/> <p>Considerations and background</p> <hr/> <p>Supply overview Feldene 0.5% gel is set to be discontinued December 2022, and stocks will be exhausted shortly thereafter.</p>
<p>SHORTAGE: <u>Shortage of Ofloxacin 200mg tablets</u></p>	<p>Anticipated re-supply date: 17 January 2023</p> <p>Actions Clinicians involved in the prescribing of ofloxacin 200 mg should:</p> <ul style="list-style-type: none"> • refer to local or national antimicrobial guidelines and consider prescribing an alternative fluoroquinolone taking into consideration the type of infection being treated, patient's cultures and sensitivities, if available, and contraindications (see clinical information); or • work with local pharmacy teams, if alternative fluoroquinolones are not suitable, to understand availability of Viartis (Mylan) ofloxacin 400mg tablets and consider splitting tablets (see clinical information) <p>Alternatives Alternative fluoroquinolone antibiotics are available and can support a full uplift in demand.</p> <p>If alternative fluoroquinolones are unsuitable, Viartis (Mylan) ofloxacin 400mg tablets remain available and will be able to partially support an uplift in demand. This preparation includes a break line and can be divided into equal doses.</p> <p>See link for considerations and background</p>

<p><u>Shortage of Capimune (ciclosporin) 25mg, 50mg and 100mg capsules</u></p>	<p>Medicine Anticipated re-supply date 23 December 2022</p> <hr/> <p>Actions</p> <hr/> <p>Primary Care Where patients have insufficient supplies of Capimune brand of ciclosporin 25mg, 50mg and 100mg capsules to last until the re-supply date, GP prescribers should:</p> <ul style="list-style-type: none"> • seek advice from the appropriate specialist team on switching to an available brand of ciclosporin (Deximune), ensuring appropriate monitoring requirements are followed (see supporting information) • ensure patients are counselled regarding any changes to their medicines and where to seek advice if needed <p>See link for alternatives, considerations and background, supporting information and clinical information.</p>
<p><u>Shortage of Methylprednisolone (Medrone) 4mg tablets</u></p>	<p>Anticipated re-supply date: 28 February 2023</p> <hr/> <p>Actions</p> <hr/> <p>Where patients have insufficient supplies to last until the re-supply date, clinicians should:</p> <ul style="list-style-type: none"> • review patients to determine if this is still the most suitable therapy; • in consultation with the patient, consider switching to prednisolone tablets during the out-of-stock period, taking into account the recommended equipotent doses of prednisolone and methylprednisolone are interchangeable (see Supporting information below); and • monitor patients for disease control and tolerability following switch to prednisolone. <p>See link for alternatives, considerations and background and supporting information.</p>

[Shortage of Estradiol \(Sandrena®\) 500microgram and 1mg gel sachets](#)

Anticipated re-supply date: 30 November 2022

Actions

Where supplies of estradiol (Sandrena) 500microgram and/or 1mg gel sachets **are available**, community pharmacists should consider;

- limiting supply to three months in accordance with [SSP 029](#) for eligible patients presenting with a prescription for more than three months' supply of estradiol (Sandrena®) 500microgram and/or 1mg gel sachets (see supporting information).

Where supplies of estradiol (Sandrena) 500microgram and/or 1mg gel sachets **are not available**, pharmacists should consider;

- offering a near equivalent (see dose equivalence information) strength of estradiol patch, taking into account the patient's current daily dose of estradiol, in accordance with [SSP 030](#) for eligible patients presenting with a prescription for supply of three months or less of estradiol (Sandrena) 500microgram and/or 1mg gel sachets (see supporting information); or
- offering a near equivalent (see dose equivalence information) strength of estradiol patch, taking into account the patient's current daily dose of estradiol, and limiting supply to three months of supply in accordance with [SSP 031](#) for eligible patients presenting with a prescription for supply of more than three months' supply of estradiol (Sandrena) 500microgram and/or 1mg gel sachets (see supporting information).

If the patient is deemed ineligible to receive an alternative product via the SSP, clinicians can consider prescribing:

- a maximum of three months' supply of an alternative hormone replacement therapy liaising with local pharmacy teams to identify which products are currently available; or
- unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information).

See [link](#) for alternatives, supply summary and clinical information on switching to estradiol patches

[Shortage of Estradiol \(Lenzetto®\) 1.53mg/dose transdermal spray](#)

Anticipated re-supply date: 30 November 2022

Actions

Where supplies of estradiol (Lenzetto) 1.53mg/dose transdermal spray **are available**, community pharmacists should consider;

- limiting supply to three months in accordance with [SSP 026](#) for eligible patients presenting with a prescription for more than three months' supply of estradiol (Lenzetto) 1.53mg/dose transdermal spray (see clinical information below).

Where supplies of estradiol (Lenzetto) 1.53mg/dose transdermal spray **are not available**, pharmacists should consider;

- offering a near equivalent (see dose equivalence information below) strength of estradiol patch, taking into account the patient's current daily dose of estradiol, in accordance with [SSP 027](#) for eligible patients presenting with a prescription for supply of three months or less of estradiol (Lenzetto) 1.53mg/dose transdermal spray (see clinical information); or
- offering a near equivalent strength of estradiol patch, taking into account the patient's current daily dose of estradiol, and limiting supply to three months of supply in accordance with [SSP 028](#) for eligible patients presenting with a prescription for supply of more than three months' supply of estradiol (Lenzetto) 1.53mg/dose transdermal spray (see clinical information).

If the patient is deemed ineligible to receive an alternative product via the SSP, clinicians can consider prescribing:

- a maximum of three months' supply of an alternative hormone replacement therapy liaising with local pharmacy teams to identify which products are currently available; or
- unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see clinical information).

See [link](#) for alternatives, supply summary, important clinical information and counselling points

<p><u>Shortage of Estriol (Ovestin® 1mg) 0.1% cream</u></p>	<p>Anticipated re-supply date: 30 November 2022</p> <hr/> <p>Actions</p> <hr/> <p>Actions for pharmacy teams Where supplies of estriol (Ovestin® 1mg) 0.1% cream are available, community pharmacists should consider;</p> <ul style="list-style-type: none"> • limiting supply to three months of supply in accordance with <u>SSP 020</u> for eligible patients presenting with a prescription for more than three months' supply of estriol (Ovestin® 1mg) 0.1% cream (see clinical information). <p>Where supplies of estriol (Ovestin® 1mg) 0.1% cream are not available, community pharmacists should consider;</p> <ul style="list-style-type: none"> • offering estriol 0.01% cream with the same dosing instructions (each applicator dose of estriol (Ovestin® 1mg) 0.1% cream and estriol 0.01% cream delivers estriol 0.5mg), in accordance with <u>SSP 024</u> for eligible patients presenting with a prescription for supply of three months or less of estriol (Ovestin® 1mg) 0.1% cream (see supporting information); or • offering estriol 0.01% cream with the same dosing instructions (each applicator dose of estriol (Ovestin® 1mg) 0.1% cream and estriol 0.01% cream delivers estriol 0.5mg) • and limiting supply to three months of supply in accordance with <u>SSP 025</u> for eligible patients presenting with a prescription for supply of more than three months' supply of estriol (Ovestin® 1mg) 0.1% cream (see clinical information). <p>If the patient is deemed ineligible to receive an alternative product via the SSP, clinicians can consider prescribing:</p> <ul style="list-style-type: none"> • a maximum of three months' supply of an alternative hormone replacement therapy liaising with local pharmacy teams to identify which products are currently available; or • unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information). <p>See <u>link</u> for alternatives, supply summary, important clinical information and counselling points</p>
<p><u>Shortage of Fluticasone propionate / Salmeterol (Fixkoh Airmaster) dry powder inhaler</u></p>	<p>Anticipated re-supply date: 23 December 2022</p> <hr/> <p>Alternatives</p> <p>Alternative brands of fluticasone with salmeterol dry powder inhalers remain available.</p>
<p><u>Shortage of Lidocaine 5% ointment</u></p>	<p>Anticipated re-supply date: 10 January 2023</p> <hr/> <p>Alternatives</p> <p>LMX4 (lidocaine 4% w/w) cream remains available. Lower strength lidocaine and lidocaine/prilocaine topical products remain available.</p> <hr/> <p>Considerations and background</p> <p>Lidocaine 5% ointment is out of stock until w/c 24th October 2022. There are no other topical 5% lidocaine products available.</p>

<p><u>Shortage of Kolanticon gel sugar free</u></p>	<p>Anticipated re-supply date – no date given</p> <hr/> <p>Actions for prescribers 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>See link for alternatives and relevant clinical information</p>
<p><u>Shortage of Dipyridamole 100mg tablets</u></p>	<p>Anticipated re-supply date: 5 December 2022</p> <hr/> <p>Actions</p> <p>Where patients have insufficient supplies to last until the re-supply date, prescribers should:</p> <ul style="list-style-type: none"> • review patients to establish what the 100mg tablets are being used for, and consult current guidelines to determine alternative treatment options, including consideration of the appropriateness of dipyridamole 200mg modified release capsules; • consider prescribing clopidogrel 75mg tablets or aspirin 75mg tablets/dispersible tablets if the above option is not suitable, and an alternative antiplatelet agent is required, providing there are no contraindications to therapy. • seek specialist advice on prescribing an alternative medicine if the above options are not suitable. <p>See link for alternatives, considerations and background</p>
<p><u>Shortage of Venlalic XL 300mg tablets</u></p>	<p>Anticipated re-supply date: 2 December 2022</p> <hr/> <p>Alternatives</p> <p>Venlafaxine (Venlalic XL) 150mg modified release tablets remain available and can support the uplift in demand.</p>
<p><u>Shortage of Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free</u></p>	<p>Anticipated re-supply date: 5 May 2023</p> <hr/> <p>Actions</p> <p>Clinicians considering treatment for patients presenting with oral ulcers should:</p> <ul style="list-style-type: none"> • assess the severity of the patient’s ulcers including frequency and interference with daily activities; • if treatment is required, establish whether over-the-counter products (purchased or prescribed) have already been tried, and whether it is appropriate to use/retry; • if above mentioned treatments are not suitable, consider prescribing betamethasone soluble tablets for off-label topical use as a mouthwash, counselling patients on how to administer treatment, and stressing that the mouthwash must not be swallowed; • if neither of the above options are appropriate, prescribers should seek specialist advice from the oral medicine clinic. <p>See link for alternatives, considerations and background</p>

<p><u>Shortage of Glycerol 1g suppositories</u></p>	<p>Anticipated re-supply date: 16 December 2022</p> <hr/> <p>Actions</p> <p>All clinicians should:</p> <ul style="list-style-type: none"> • consider prescribing half a 2g suppository in infants who require a 1g dose and where relevant, advise parents/carers to cut the suppository lengthways to ensure a more accurate dose is administered; • consider prescribing docusate sodium enemas in adults who require a rectal stool softener, if glycerol 4g suppositories are unavailable, and the oral route is not suitable; • seek specialist advice on management options if a glycerol 'chip' from the 1g suppository was being used in neonates; and • be aware that other laxatives remain available; choice will depend on stool consistency and products already tried. <hr/> <p>Alternatives</p> <p>Glycerol 2g suppositories remain available and can support an increase in demand in place of the 1g suppositories.</p>
<p><u>Shortage of Fentanyl (Effentora) 200 microgram and 400 microgram buccal tablets</u></p>	<p>Anticipated re-supply date: 2 December 2022</p> <p>see link for actions and alternatives</p>
<p><u>Shortage of Methylphenidate prolonged-release tablets</u></p>	<p>Medicine</p> <p>Anticipated re-supply date</p> <p>Delmosart 18mg modified-release tablets (Accord Healthcare Ltd): 17 February 2023</p> <p>Delmosart 54mg modified-release tablets (Accord Healthcare Ltd): 17 February 2023</p> <p>Xenidate XL 18mg tablets (Viatris UK Healthcare Ltd): 2 December 2022</p> <p>Xenidate XL 54mg tablets (Viatris UK Healthcare Ltd): 2 December 2022</p> <p>Xaggitin XL 27mg tablets (Ethypharm UK Ltd): 23 December 2022</p> <p>Please see link for further details</p>

<p><u>Shortage of Medroxyprogesterone (Provera) 2.5mg and 10mg tablets</u></p>	<p>Anticipated re-supply date Medroxyprogesterone 10mg tablets : 25 November 2022 Medroxyprogesterone 2.5mg tablets: 11 November 2022</p> <hr/> <p>Actions</p> <p>Where patients have insufficient supplies of medroxyprogesterone (Provera®) 2.5mg and 10mg tablets to last until the re-supply date, prescribers should:</p> <ul style="list-style-type: none"> • review patients to determine if treatment is still required; • consider prescribing generic norethisterone 5mg tablets, in consultation with the patient, taking note of cautions and contra-indication to use, and ensuring that the patient is counselled on the appropriate dose (see supporting information below); and • if the above options are not considered appropriate, seek advice from specialists on management options, including potential use of progesterone (Utrogestan®) 100mg capsules off label and alternative progestogens as per NICE guidance for the management of endometriosis (see supporting information below). <hr/> <p>Alternatives</p> <p>Norethisterone 5mg tablets remain available and will be able to support an increase in demand. Medroxyprogesterone (Provera) 5mg tablets remain available but cannot support an uplift in demand.</p> <p>See link for considerations, background and clinical information</p>
<p><u>Shortage of Citalopram 20mg tablets</u></p>	<p>Anticipated re-supply date: 19 December 2022</p> <hr/> <p>Considerations and background</p> <p>There will be intermittent supply issues of citalopram 20mg tablets with the supply situation looking to improve in mid-August 2022. Suppliers of citalopram 20mg tablets continue to make deliveries throughout July and August 2022. Citalopram 10mg and 40mg tablets remain available but cannot support an uplift in demand.</p>
<p><u>Shortage of Naratriptan 2.5mg tablets</u></p>	<p>Anticipated re-supply date: 16 December 2022</p> <hr/> <p>Alternatives</p> <p>Naramig 2.5mg tablets continue to remain available and can support a full uplift demand.</p> <hr/> <p>Considerations and background</p> <hr/> <p>Supply overview Generic naratriptan 2.5mg tablets are in limited supply until mid December 2022.</p>
<p><u>Shortage of Atorvastatin 10mg and 20mg Chewable tablets</u></p>	<p>Atorvastatin 10mg chewable tablets are out of stock from late-November to late-December 2022.</p> <p>Atorvastatin 20mg chewable tablets are out of stock from late-October to late-November 2022.</p>

<p>RECALL</p> <p>Class 3 Medicines Recall: Medreich PLC, Mebeverine hydrochloride 135mg Film-coated tablets</p>	<p>Medreich PLC UK is recalling a batch of mebeverine as a precautionary measure due to out of specification results for tablet dissolution during routine product release testing. For further information please see the following link.</p> <hr/>
<p>Class 4 Medicines Defect Information: Morningside Healthcare Limited, Hyoscine Butylbromide 20 mg Film-coated Tablets</p>	<p>Morningside Healthcare Limited has informed the MHRA of an error with the Patient Information Leaflet (PIL) packaged in batch 22237001 of Hyoscine Butylbromide 20 mg Film-coated Tablets. Some packs within the batch may contain a PIL for Midodrine Hydrochloride 2.5 mg & 5 mg Tablets. For further information please see the following link.</p> <hr/>
<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 Shortage update taken from SPS Medicines Supply Toolkit on 13th November 2022. Information provided by DHSC and NHSEI Medicines Supply Teams and published on Specialist Pharmacy Services Medicines Supply Tool. Not formally reviewed by NHS Kent and Medway Medicines Optimisation. Practices are encouraged to register for access to the SPS website https://www.sps.nhs.uk/ and access this tool directly in real time.</p>	