DISCONTINUATION Discontinuation of Lasilactone (spironolactone and furosemide) 20mg/50mg capsules	Discontinuation: 16 December 2022 **Medicines affected** Spironolactone 50mg / Furosemide 20mg capsules **Actions** Clinicians should • consider prescribing spironolactone 50mg and furosemide 20mg tablets as individual constituents **Alternatives** • Spironolactone 12.5mg • Spironolactone 25mg • Spironolactone 50mg • Furosemide 20mg
SHORTAGE: Shortage of Tapentadol 20mg/ml oral solution sugar free	Anticipated re-supply date 4 February 2023 **Alternatives** Palexia 50mg tablets remain available. **Considerations and background** Batches of Palexia 20mg/ml oral solution have been recalled due to potential microbial contamination with resupply not expected until mid-2022.
Shortage of Balneum and Balneum Plus bath oil	Anticipated re-supply date Balneum 84.75% bath oil (Almirall Ltd) 15 December 2022 Balneum Plus bath oil (Almirall Ltd) 15 December 2022 **Actions** Clinicians should be aware that: • Balneum Bath Oil and Balneum Plus Bath Oil are out of stock; • bath and shower products are no longer considered an essential component of total emollient therapy, as the amount of bath additives deposited on the skin is lower than with directly applied emollient creams or ointments. They provide no clinical benefit when added to standard eczema care in children (BATHE Study); • an alternative approach is to use a regular leave-on emollient as a soap substitute. Many standard emollients can be used in this way e.g. by applying it to the skin before showering then rinsing it off. Alternatively, 1-2 tablespoons of any ointment (except

	LP:WSP 50/50 Ointment) can be dissolved in some hot water and added into bath water, as a bath additive; • bath products will coat the bath and make it slippery, and patients should be warned to take extra care; and • dermatologists may in exceptional circumstances, recommend bath/shower emollient products in cases of severe atopic eczema and ichthyosis when the patient requires more intensive emollient therapy and standard emollients used as soap substitutes have already been trialled. This is on the basis that these patients have severe skin disease, which is not represented in the BATHE study. **Alternatives** Alternative bath and shower products and creams continue to remain available. **Considerations and background** **Summary** Balneum Bath Oil and Balneum Plus Bath Oil are out of stock with resupplies expected mid November 2022 and mid-December 2022, respectively. **Further information** Please refer to the links below for further information **Links** • **BNF emollient bath and shower products, soya-bean oil-containing monograph** • **NHSE Items which should not routinely be prescribed in primary care: Guidance for CCGs**
Shortage of Benperidol (Anquil®) 250microgram tablets	Shortage start 31 March 2022 Anticipated re-supply date No date given **Actions** Healthcare professionals in primary, secondary or specialist healthcare services should: • defer initiating new patients on benperidol until the supply issue is resolved; and • work together to identify and refer patients to the relevant specialist mental health services for an individualised review of management options (see clinical information). **Alternatives**

	See clinical information **Considerations and background** **Summary** • Benperidol (Anquil®) 250 microgram tablets will be out of stock from the end of March 2022 with a resupply date to be confirmed. • Management options during this shortage should be determined on a case-by-case basis, in consultation with the appropriate mental health specialist. **Clinical Information** Benperidol is an antipsychotic in the butyrophenone class licensed for the control of deviant anti-social sexual behaviour. The usual dose range is 250 micrograms to 1.5 mg per day in divided doses. Patients on this treatment should be reviewed by a relevant mental health specialist with a view to understanding why treatment was first initiated and if benperidol remains the most appropriate treatment. The review should consider the risks of stopping treatment, and whether other management options should be considered. If discontinuation of treatment is not suitable, management options should be determined on a case-by-case basis, based on history, response, tolerability, and any associated symptoms co-morbidities. Withdrawal of antipsychotic drugs after long-term therapy should normally/usually be gradual and closely monitored to avoid the risk of acute withdrawal syndromes or rapid relapse. **Links to further information** Benperidol (Anquil®) 250microgram tablets SmPC **Medicines Supply Notification Number:** MSN/2022/026
Shortage of Ovranette tablets	Anticipated re-supply date 23 December 2022 **Actions** Clinicians should consider prescribing alternative ethinylestradiol 30microgram/levonorgestrel 150microgram tablets as listed in the alternative section. **Alternatives** The following alternative products are available and can support an uplift in demand: • Ambelina 150microgram/30microgram tablets

	• Elevin 150microgram/30microgram tablets • Levest 150/30 tablets • Maexeni 150microgram/30microgram tablets • Microgynon 30 tablets • Rigevidon tablets **Links** • **BNF - Ethinylestradiol with levonorgestrel**
Shortage of Chlordiazepoxide 5mg and 10mg capsules	Medicine Anticipated re-supply date Chlordiazepoxide 10mg capsules 10 January 2023 Chlordiazepoxide 5mg capsules 31 January 2023 **Actions** **Clinicians treating alcohol withdrawal should:** • not initiate any new patients on chlordiazepoxide 5mg and 10mg capsules; • consult local clinical protocols for use of diazepam or in the presence of significant or suspected impairment of liver function, short acting drugs such as oxazepam and lorazepam as an alternative benzodiazepine (see clinical information); seek further advice from SPS Medicines Advice, if needed; • if necessary, seek advice from specialist addiction services for more complex/very severe cases. **Clinicians using chlordiazepoxide to treat anxiety should:** • not initiate any new patients on chlordiazepoxide 5mg and 10mg capsules; • review existing patients and where appropriate offer them, with support, the opportunity to consider tapering down and discontinuing treatment; • consider switching to an alternative anxiolytic at an equivalent dose for patients unable to discontinue treatment (see clinical information); and • seek advice from mental health services if there is difficulty managing the discontinuation of chlordiazepoxide or transitioning to another treatment. **Alternatives** Diazepam tablets are an alternative benzodiazepine option for treating alcohol withdrawal and suppliers can support an increase in demand. For all other indications, alternative benzodiazepines remain available and will be able to support an increase in demand.

Considerations and background

Supply Overview

- Viatris expect to have sufficient stock available to meet full UK market demand from w/c 7th November 2022.
- CMU framework holders Kent Pharmaceuticals and Crescent Pharmaceuticals will not return to stock until late November 2022

Clinical Information

Chlordiazepoxide is licensed for short term use (2-4 weeks only) for:

- the symptomatic relief of anxiety that is severe, disabling or subjecting the individual to unacceptable distress occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness
- muscle spasm of varied aetiology
- symptomatic relief of acute alcohol withdrawal

Use as an anxiolytic

- Ideally, patients who have been treated for anxiety should be reviewed to identify those who are willing to discontinue chlordiazepoxide.
- For chronic users of chlordiazepoxide who have agreed to discontinue treatment, a switch to diazepam and a slow withdrawal is usually recommended (see CKS guidance).
- If patients do not wish to come off treatment after an informed discussion, other benzodiazepines licensed for the short-term relief of severe anxiety include diazepam, alprazolam, lorazepam, and oxazepam (see BNF for dose equivalences).

Alcohol withdrawal

The BNF advises that in alcohol withdrawal, a long-acting benzodiazepine, such as chlordiazepoxide or diazepam, is recommended to attenuate alcohol withdrawal symptoms (AWSs); local clinical protocols should be followed. In primary care, fixed-dose reducing regimens are used. This involves using a standard, initial dose (determined by the severity of alcohol dependence or level of alcohol consumption), followed by dose reduction to zero, usually over 7–10 days. In inpatient or residential settings, a fixed-dose regimen or a symptom-triggered regimen can be used.

A symptom-triggered regimen approach involves tailoring the drug regimen according to the severity of withdrawal and any complications in an individual patient, who is monitored on a regular basis and treatment only continued for as long as there are withdrawal symptoms. Assessment of the withdrawal symptoms is carried out using a standardized scale at fixed regular intervals, and a predetermined dose of benzodiazepine is administered when a pre-set score is obtained. The most commonly recommended scale is the revised Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar). It has 10 items producing a total score between 0 (no withdrawal) and 67 (severe

	withdrawal and delirium tremens). Scores <8 represent mild AWS not requiring medication, 8 to 15 represent moderate AWS and >15 represents severe AWS and an increased risk of seizures and/or delirium. Please see the links below for further information. **Medicine Supply Notification Number** MSN/2022/092 **Links** • **SmPC: Chlordiazepoxide** • **BNF: Alcohol dependence** • **BNF: Hypnotics and anxiolytics** • **NICE guidance: Generalised anxiety disorder and panic disorder** • **CKS: Benzodiazepine and z-drug withdrawal** • **Clinical management of the alcohol withdrawal syndrome** • **Medicines Advice contact details – SPS**
Shortage of Timolol (Tiopex) 1mg/g gel eye drops 0.4g unit dose preservative free	Anticipated re-supply date 16 December 2022 **Actions** Where patients have insufficient supplies to last until the re-supply date, clinicians should: • consider prescribing timolol (Eysano) 2.5mg/ml or 5mg/ml preservative free eye drops (see supporting information); or • consider prescribing timolol 2.5mg/ml or 5mg/ml eye drops containing a preservative, ensuring that the patient is not intolerant to any of the excipients; • ensure that the patient is counselled on the appropriate dose following any changes in medication; • reassure patients that any changes to their eye drops will be short-term and for the duration of the supply issue only; and • defer initiating any new patients on timolol (Tiopex) 1mg/g gel eye drops until the supply issue is resolved. **Alternatives** The following alternatives are available: • Eysano 2.5mg/ml or 5mg/ml preservative free eye drops • Timolol 2.5mg/ml or 5mg/ml eye drops containing a preservative **Considerations and background** **Clinical Information**

	Specialist advice is that, for most patients, a short-term change in the strength of timolol drops is unlikely to have an adverse clinical effect. Please refer to the following links for further information on alternative preparations. **Links** • **Timolol (Eysano) 2.5mg/ml and 5mg/ml eye drop SmPC** • **Timolol (Tiopex) 1mg/g gel eye drops SmPC** • **Timolol 0.25% and 0.5% eye drops SmPC** • **Glaucoma and ocular hypertension BNF**
Shortage of Estradiol (Estraderm MX) 75micrograms/24hours and 100micrograms/24hours transdermal patches	Anticipated re-supply date Estraderm MX 75 patches (Norgine Pharmaceuticals Ltd) 13 January 2023 Estraderm MX 100 patches (Norgine Pharmaceuticals Ltd) 13 January 2023 **Actions** **Actions required** For patients with insufficient supplies of estradiol (Estraderm MX) transdermal patches: • community pharmacists may supply an equivalent strength of Evorel (estradiol) patches in accordance with active SSP's for eligible patients (see supporting information below) • patients should be counselled regarding the switch in brand at the point of supply • pharmacists must ensure that the patient's prescriber and/or GP practice is notified when supplying a patient in accordance with this SSP • if the patient is deemed ineligible or does not consent to receive an alternative product via the SSP, they should be referred to the prescriber to establish if ongoing treatment is required and switch to an alternative hormone replacement therapy (HRT), taking into consideration wider supply issues. **Alternatives** An alternative brand of estradiol patches, Evorel, of the same strengths remain available and can support a full uplift in demand. Estradiol (Estraderm MX) 25micrograms/24hours transdermal patches and Estradiol (Estraderm MX) 50micrograms/24hours transdermal patches remain available. **Considerations and background** **Information about Serious Shortage Protocol**

	• A Serious Shortage Protocol (SSP) for Estraderm MX 75micrograms/24hours patches was issued on 15/11/2022. • The SSP for Estraderm MX 100microgram/24hours patches will be reactivated accordingly. Further updates: DHSC will continue to provide updates on HRT stock availability on the Medicine Supply Tool and designated 'Prescribing available HRT products' page on the Specialist Pharmacy Service (SPS) website. **Medicine Supply Notification Number** MSN/2022/076U **Links** • **NHSBSA Serious Shortage Protocols** • **SPC Estraderm MX patches** • **SPC Evorel patches**
Shortage of Acarbose tablets	Anticipated re-supply date Acarbose 50mg tablets 9 December 2022 Acarbose 100mg tablets 23 December 2022 **Actions** Where patients have insufficient supplies to last until the re-supply date, prescribers should: • review patients to determine if this is still the most suitable therapy • consider prescribing alternative medicines licensed for the treatment of type 2 diabetes as recommended by local or NICE guidance that is appropriate for the patient, ensuring they are counselled on the new treatment and monitored as recommended in guidelines • if the above options are not considered appropriate, or acarbose is being used off-label for dumping syndrome, advice should be sought from specialists on management options. **Alternatives** Other medicines licensed for the treatment of type 2 diabetes remain available. Specialist advice required if acarbose is being used off-label for dumping syndrome. **Considerations and background**

	Acarbose for type 2 diabetes Acarbose inhibits alpha glucosidases, intestinal enzymes involved in the degradation of carbohydrates, leading to a delay in their digestion, and a reduction in the post-prandial rise in blood glucose. It is licensed for the treatment of type 2 diabetes in patients inadequately controlled on diet alone, or on diet and (i) metformin and / or (ii) a sulphonylurea. As the management of type 2 diabetes has progressed to offer other more potent and effective therapies, without the GI side-effects of acarbose, its use is not included in current treatment guidelines. **Acarbose for off-label use in dumping syndrome** Acarbose is used off-label for late dumping syndrome symptoms in patients who do not respond to dietary modification. Somatostatin analogues have been used for patients who do not respond to diet adjustments and acarbose. **Medicine Supply Notification Number** MSN/2022/099 **Links** • **Acarbose BNF** • **Acarbose SmPC** • **NICE guidance: Type 2 diabetes** • **International consensus on the diagnosis and management of dumping syndrome**
Shortage of Atorvastatin (Lipitor) 20mg chewable tablets	Anticipated re-supply date 23 December 2022 **Actions** • For patients with insufficient supplies, community pharmacists may supply atorvastatin 20mg film-coated tablets or atorvastatin 20mg/5ml oral suspension for patients who cannot swallow tablets, counselling patients on the dose required at the point of dispensing in accordance with the SSP for eligible patients. If the patient is deemed ineligible or does not consent to receive an alternative product via the SSP, refer patients back to their prescriber to consider the suitable alternatives. **Alternatives** Atorvastatin 20mg film-coated tablets and atorvastatin 20mg/5ml oral suspension remain available and can support a full uplift in demand. Please refer to the Serious Shortage Protocol (SSP) issued on 23/11/2022.

	Atorvastatin (Lipitor) 10mg chewable tablets are in limited supply and cannot support an uplift in demand. **Considerations and background** Please refer to the BNF and SPCs for further information on alternative preparations **Links** • **Atorvastatin (Lipitor) 20mg chewable tablets SmPC** • **Atorvastatin 20mg/5ml oral suspension SmPC** • **Atorvastatin 20mg Film Coated Tablets SmPC** • **Atorvastatin BNF**

Shortage of Bupropion (Zyban) 150mg modified-release tablets	Anticipated re-supply date
	No date given
	
	Actions
	
	All healthcare professionals in primary, secondary or specialist healthcare services including local stop smoking services, should work with clinicians and pharmacists to ensure the following actions are undertaken where relevant:
	
	• do not initiate patients on bupropion 150mg modified-release tablets
	for patients taking bupropion as a smoking cessation aid, consider (re)prescribing nicotine replacement therapy (see considerations and background)
	• identify patients currently prescribed bupropion 150mg modified-release tablets off-label (e.g. in the treatment of resistant depression); and
	  ○ make contact with patients/carers as soon as possible
	  ○ refer back to initiating specialists for individual review and consideration of alternative management options. This may include the possibility of de-prescribing, switching to another agent, and augmentation strategies
	• assess the need to taper off bupropion to reduce the risk of discontinuation effects, if patients have sufficient supply to do so.
	
	Alternatives
	
	Various nicotine replacement therapies are available and NICE guidance highlights a range of other types of interventions to aid smoking cessation.
	
	Specialist advice is required on alternative products where bupropion is used off-label.

	Considerations and background **Supply overview** Bupropion (Zyban) 150mg modified-release tablets will be out of stock until further notice. **Smoking Cessation** Bupropion (Zyban) tablets are licensed as an aid to smoking cessation in combination with motivational support in nicotine-dependent patients. It is recommended that the patient sets a “target stop date” within the first two weeks of treatment. The initial dose is 150mg daily for six days, increasing on day seven to 150mg twice daily. Patients should be treated for 7-9 weeks. If at seven weeks no effect is seen, treatment should be discontinued. The SmPC notes that discontinuation reactions are not expected, but also mentions that a tapering-off period may be considered. Due to ongoing supply issues with varenicline (Champix) tablets, the only licensed pharmacological aid to smoking cessation currently available is nicotine replacement therapy. Patients should discuss their options with their prescriber or stop smoking advisor, including reconsideration of nicotine replacement therapies, where appropriate. Helping a patient to stop smoking should not be delayed if they are motivated to stop. Clinicians should consult NICE guidance on smoking cessation for consideration of other management options. **Off-label use for the treatment of resistant depression** Bupropion 150mg modified-release tablets have been used off-label, for example, for the treatment of resistant depression. Specialist input will be required on alternative treatment options on a case-by-case basis. NICE guidance on depression includes recommendations on further-line treatments and managing chronic depression. **Medicine Supply Notification Number** MSN/2022/100 **Links** • **SmPC: Bupropion 150mg modified-release tablets**
Shortage of Diltiazem (Tildiem Retard) 120mg modified release tablets	Anticipated re-supply date 30 January 2023 **Actions**

Where patients have insufficient supplies to last until the re-supply date, clinicians should:

- consider prescribing an alternative twice daily modified release diltiazem preparation (see supporting information)
- for patients prescribed diltiazem for angina, advise them to report worsening of symptoms, side-effects, and the need to use more GTN or
- for patients prescribed diltiazem for hypertension, recheck blood pressure within a month after changing brands if there are concerns about those who may be less stable

Alternatives

Other brands of twice daily modified release diltiazem (as capsules) remain available and can support an uplift in demand.

Considerations and background

Supporting information

Clinical Information

Tildiem Retard, Adizem, and Angitil are licensed for angina and hypertension.

The BNF states that ‘different versions of modified-release preparations containing more than 60 mg diltiazem hydrochloride may not have the same clinical effect. To avoid confusion between these different formulations of diltiazem, prescribers should specify the brand to be dispensed’.

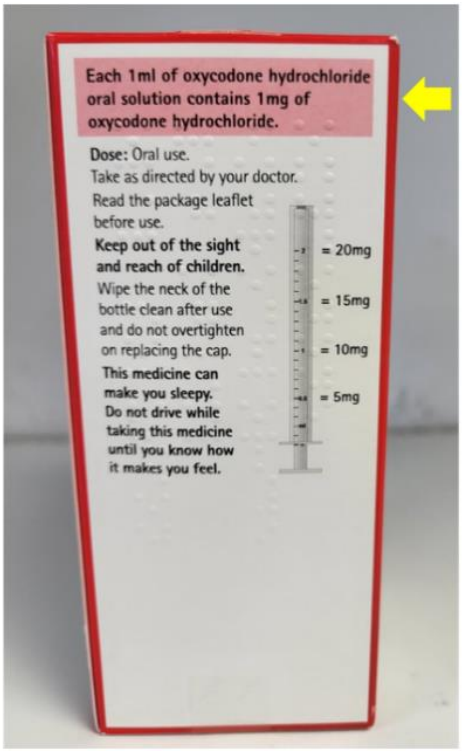
Medicine Supply Notification Number

MSN/2022/101

Links

- **SmPC: Tildiem prolonged release tablets**
- **SmPC: Angitil SR capsules**
- **SmPC: Adizem SR capsules**
- **BNF: Diltiazem**

RECALL	
DEFECTS Class 4 Medicines Defect Information: Macarthys Laboratories t/a Martindale Pharma, Venlafaxine XL 300 mg prolonged-release tablets, EL(22)A/47	Martindale Pharma has made the MHRA aware that the GTIN in the 2D barcode and the printed variable data represents the branded version of the product (Venlalic® XL 300 mg prolonged-release tablets). It should instead reflect the generic name: Venlafaxine XL 300 mg prolonged-release tablets. The code for the printed barcode is correct. For further information please see the following link.
Class 4 Medicines Defect Information: Morningside Healthcare Limited, Hyoscine Butylbromide 20 mg Film-coated Tablets, EL (22)A/48	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. The issue was identified due to a market complaint, which noted that a Midodrine Hydrochloride 2.5 mg & 5 mg Tablets leaflet had been found in a pack of Hyoscine Butylbromide 20 mg Film-coated Tablets, batch 22237001, expiry date 04/2025. For further information please see the following link.

Class 4 Medicines Defect Information: Lucis Pharma Ltd, Oxycodone Hydrochloride 10mg/ml oral solution, EL (22)A/49	Lucis Pharma Ltd has informed the MHRA that there is a typographical error with text on the rear side of the outer packaging for Oxycodone Hydrochloride 10mg/ml Oral Solution. The text incorrectly states that: 'Each 1ml of oxycodone hydrochloride oral solution contains 1mg of oxycodone hydrochloride.' The correct text should state: 'Each 1ml of oxycodone hydrochloride oral solution contains 10mg of oxycodone hydrochloride.'  The strength of the product is printed correctly on all other sides of the outer packaging, including the label on the bottle. For further information please see the following link.
Class 4 Medicines Defect Information: ADVANZ PHARMA, MacroBID 100mg Prolonged-Release Capsules, EL (22)A/50	ADVANZ PHARMA has made the MHRA aware that certain batches of MacroBID 100mg Prolonged-Release Capsules have been packed with the incorrect Patient Information Leaflet (PIL). The PIL does not contain important safety information relating to Possible Side effects and has minor editorial inconsistencies. Missing safety information from the PIL: Section 4. Possible Side effects • Scarring due to damaged lung tissue may occur • In rare cases, it may cause liver failure which may be fatal • Damage to bone marrow causing deficiency of the red blood cells (anaemia) Please note, the minor editorial inconsistencies have not been listed as they have no impact on the information contained within the PIL. These will be corrected in all future batches of MacroBID 100mg Prolonged-Release Capsules. For further information please see the following link.

Class 4 Medicines Defect Information: Galderma (U.K.) Limited, Etrivex 500 micrograms/g Shampoo, EL (22)A/51	Galderma (U.K.) Limited has informed the MHRA that the patient information leaflet (PIL) packaged in specific batches of Etrivex Shampoo is missing the following safety information (in bold): **Section 2: What you need to know before you use Etrivex 500 micrograms/g shampoo** Warnings and precautions Take special care with Etrivex 500 micrograms/g Shampoo When using Etrivex shampoo, it must only be used on the scalp, do not use it as a regular shampoo or on other areas of the body and do not use Etrivex shampoo as a shower gel, body wash or bath foam. When treating the scalp with Etrivex shampoo you must not cover the area being treated, for example: a shower cap must not be used as it may make the active substance pass through the skin and affect the other parts of the body. When using Etrivex shampoo, avoid contact with the face, eyelids, axillae (armpits), erosive skin (chapped skin) surface and genital regions. Rinse off immediately with water if any product runs from the scalp. If you get Etrivex shampoo in your eye(s), wash the affected eye thoroughly with water. If any irritation persists, please seek advice from your doctor. If you do not notice an improvement of your scalp psoriasis, please see your doctor. **Contact your doctor if you experience blurred vision or other visual disturbances.** **Section 4: Possible side effects** Like all medicines, this medicine can cause side effects, although not everybody gets them. **Etrivex shampoo may cause the following side effects** **Not known (frequency cannot be estimated from the available data)** **- Blurred vision** For further information please see the following link.

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 7th December 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.