

SHORTAGE:

Trulicity 4.5mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd)

Trulicity 3mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd)

Anticipated re-supply date **18 April 2022**

Actions for prescribers

Where patients have insufficient supplies to last until the re-supply date, clinicians should consider temporarily prescribing 1.5mg dulaglutide (see advice on alternatives and clinical information below). If such a dose reduction is not considered suitable, options include:

- Switching to an alternative GLP-1 agonist; the choice of which will likely require specialist input, as well as training on the new pen device; or
- the off-label use of multiple 1.5mg injections to make up required dose, though there are no data on efficacy and safety of this approach, and acceptability to patient would need to be ascertained.

Specialist advice should be sought if there is uncertainty about the most appropriate management option.

Alternatives

Other GLP-1 agonists

There are two other once weekly GLP-1 agonists licensed for the treatment of type 2 diabetes mellitus, Bydureon® (exenatide) and Ozempic® (semaglutide), as well as a once daily agent, Victoza® (liraglutide). If a switch to these preparations is being considered, advice should be sought from specialists on which agent to switch to, and patients will require training on using the new pen device.

Making up dose with multiple 1.5mg injections

Lilly have advised that there is no data on efficacy and safety of this off label use. A decision to do so will also need to take into account patient preference. Those who have noticed a clinically significant improvement on the higher dose of dulaglutide compared to the 1.5 mg dose may be willing to receive multiple injections till shortage resolves; for others, the inconvenience of multiple injections may outweigh any benefits and they may prefer to opt for the 1.5 mg dose in the interim.

Dulaglutide (Trulicity®) 0.75mg/0.5ml and 1.5mg/0.5ml solution for injection pre-filled pens remain available and can support an uplift in demand.

Clinical Information

Dulaglutide

This long-acting GLP-1 agonist is licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus. As add on therapy, the recommended dose is 1.5 mg once weekly. If needed, the dose may be increased after at least 4 weeks to 3.0 mg once weekly, and after at least 4 weeks to 4.5 mg once weekly, the maximum dose. Data from a 52-week active controlled study comparing the three doses (1.5mg, 3 mg and 4.5 mg) of dulaglutide as add-on to metformin showed small gains in improved HbA1c from increasing doses (change in HbA1C from baseline at week 36 = -1.53%, -1.71% and -1.87%, respectively and at week 52 = -1.5%, -1.71% and -1.8%). Therefore, consideration could be given to prescribing 1.5mg injection to those patients who run out of the 3.0 and 4.5mg injections until the shortage resolves.

Monitoring

Advice from a Specialist suggests:

Most patients on a GLP-1 analogue will likely already be carrying out some self-blood glucose monitoring and that would continue.

For patients transferred to 1.5 mg weekly dose on a temporary basis, and based on resupply date of mid-April, HbA1c can be rechecked after they have been re-established on the higher dose (after at least 3 months).

For patients switched to an alternative GLP-1 analogue, HbA1c can be rechecked after 3 months.

Links for further information:

	<p>SmPC dulaglutide (Trulicity®) Trial data from 52-week active controlled study comparing 1.5 mg, 3 mg and 4.5 mg of dulaglutide as add-on to metformin can be found in table 11 in section 5.1 of SmPC NICE Guidelines: Type 2 diabetes Once weekly GLP-1 agonists: SmPC Bydureon® (exenatide) 2 mg prolonged release suspension for injection in pre-filled pen SmPC Ozempic® (semaglutide) solution for injection in pre-filled pen Once daily GLP-1 agonists: Victoza® 6 mg/ml (liraglutide) solution for injection in pre-filled pen</p>
<p>SHORTAGE: Asacol 400mg MR gastro-resistant tablets (Allergan Ltd) 18 March 2022 Asacol 800mg MR gastro-resistant tablets (Allergan Ltd)</p>	<p>Anticipated re-supply date 18 March 2022.</p> <p>Actions for prescribers For patients with insufficient supplies, clinicians should consider the following options:</p> <ul style="list-style-type: none"> • prescribing Octasa® MR tablets and reassure patients that this is a similar preparation to Asacol® MR gastro-resistant tablets; • if Octasa® MR tablets are not considered appropriate refer to the SPS Q&A document for further information on licensed indications and dosing of other brands of mesalazine tablets, taking into account different release characteristics and counselling patients on any new product prescribed; • monitoring patients for disease control and tolerability of treatment after switching products and ensuring they are maintained on this brand if the switch is successful; and • deferring initiating any new patients on Asacol® MR gastro-resistant tablets until the supply issue is resolved. <p>Alternatives Availability of alternative products Interchangeable mesalazine tablet preparations Octasa® MR 400mg and 800mg tablets – In stock and can support full uplift in demand.</p> <p>Other mesalazine tablet preparations The following mesalazine tablet preparations with different release characteristics remain available, should Octasa® MR tablets not be considered appropriate.</p> <p>Zintasa® EC 400mg tablets – In stock Salofalk® 250mg tablets, 500mg gastro-resistant tablets and 1g gastro-resistant tablets – In stock Pentasa® 500mg and 1g slow-release tablets – In stock</p> <p>Supporting Information Alternative mesalazine tablet preparations The BNF states ‘there is no evidence to show that any one oral preparation of mesalazine is more effective than another; however, the delivery characteristics of oral mesalazine preparations may vary’.</p> <p>Octasa® MR tablets were launched after publication of the BNF statement; they are a branded generic version of Asacol® tablets and have virtually the same in vitro dissolution profile, pH for release, site of drug release and same formulation.</p> <p>Please refer to the relevant SmPC for further information on alternative preparations. SPS Q&A document – What are the differences between different brands of mesalazine tablets?</p>
<p>SHORTAGE: Xylocaine 1% with Adrenaline</p>	<p>Anticipated re-supply date 1% - 31 March 2022, 2% - 28 Feb 2022.</p> <p>Actions for prescribers</p>

100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd)

Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd)

General Practice and other sites that use Xylocaine® 1% and 2% with adrenaline 100micrograms/20ml should:

- note the available alternative products (see supporting information); and
- consult the Medicines Information department at their local NHS Trust for advice where required.

Alternatives

Alternative local anaesthetic with adrenaline products

Due to the fixed dose of adrenaline in the alternative products, clinicians should be aware of the risk of administering a larger dose of adrenaline than intended.

Lidocaine 0.5% with adrenaline 1:200,000 10ml ampoule

Supplier – Torbay

Supply – In stock. Unlicensed product.

Lidocaine 1% with adrenaline 1:200,000 10ml ampoule

Supplier -Torbay.

Supply – Out of stock. Resupply date to be confirmed. Unlicensed product.

Lidocaine 2% with adrenaline 1:200,000 10ml ampoule

Supplier – Torbay.

Supply – Out of stock. Resupply date to be confirmed. Unlicensed product.

Bupivacaine 0.25% with adrenaline 1:200,000 10ml ampoule

Supplier – Advanz.

Supply – In stock. Cannot support an increase in demand.

Bupivacaine 0.5% with adrenaline 1:200,000 10ml ampoule

Supplier – Advanz.

Supply – In stock.

Lidocaine 1% with adrenaline 1:200,000 injection

Supplier – Specialist Importers.

Supply – Unlicensed product. See below.

Lidocaine 2% with adrenaline 1:200,000 injection

Supplier – Specialist Importers.

Supply – Unlicensed product. See below.

Unlicensed imports

The following specialist importers have confirmed they can source unlicensed lidocaine 1% or 2% with adrenaline 1:200,000 injection. Lead times may vary (please note, there may be other companies that can also source supplies):

Alium Medical – 1%

Durbin PLC – 1% and 2%

Mawdsley's Unlicensed – 1%

Smartway Pharma – 1%

Target Healthcare – 1% and 2%

UL Global Pharma – 1% and 2%

Guidance on unlicensed imports


Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:

The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA)

	Professional Guidance for the Procurement and Supply of Specials, Royal Pharmaceutical Society Prescribing unlicensed medicines, General Medical Council (GMC)
SHORTAGE: Diamox SR 250mg capsules (Advanz Pharma)	<p>Anticipated re-supply date 31 May 2022</p> <p>Actions for prescribers</p> <p>For patients with insufficient supplies, clinicians should consider:</p> <ul style="list-style-type: none"> • prescribing acetazolamide immediate release 250mg tablets and monitoring patients after the switch (see clinical information); or • prescribing acetazolamide oral suspension specials (various strengths available) if acetazolamide 250mg tablets are not appropriate; and • deferring initiating any new patients on acetazolamide (Diamox® SR) 250mg modified-release capsules until the supply issue is resolved. <p>Alternatives</p> <p>Alternative licensed products</p> <p>Acetazolamide immediate release 250mg tablets remain available and can support an uplift in demand.</p> <p>Specials</p> <p>The following companies have indicated they can supply specials of acetazolamide oral suspension in various strengths (please note, there may be other companies that can manufacture supplies):</p> <p>Eaststone Specials IPS Pharma Nova Labs PCCA Ltd Quantum Pharmaceutical Rokshaw Ltd</p> <p>Clinical Information</p> <p>Acetazolamide is a carbonic anhydrase inhibitor. In the eye, it decreases the secretion of aqueous humour and results in a drop of intraocular pressure. Acetazolamide (Diamox® SR) modified-release capsules are a sustained release formulation designed to obtain a smooth and continuous clinical response. This formulation is licensed for the treatment of glaucoma and is administered at a dose of 250-500mg once daily.</p> <p>The licensed dose in glaucoma of acetazolamide immediate release tablets is 250-1000mg per 24 hours, usually in divided doses (plasma half-life of acetazolamide ~ 4 hours).</p> <p>Advanz Pharma has advised that for glaucoma, patients on acetazolamide (Diamox® SR) 250mg modified-release capsules twice daily could possibly be switched to acetazolamide 250mg tablets four times daily. This conversion is based simply on the maximum licensed dose of each formulation and would be at the discretion of the prescriber, as there are no bioequivalence studies comparing the two formulations.</p> <p>The following data provided by the manufacturer from a single dose study of tablets and modified-release capsules may be helpful when making a dosing decision:</p> <p>Formulation – immediate release Onset (hours) 1 Peak (hours) 1-4 Duration (hours) 8-12</p> <p>Formulation – modified release capsule Onset (hours) 2 Peak (hours) 3-6 Duration (hours) 18-24</p>

	<p>Modified-release capsules may be better tolerated than the equivalent dose of immediate release tablets, possibly due to the avoidance of high peak levels.</p> <p>Alternatively, oral suspension specials are available in various strengths. If the liquid is used, dosing will be as for the immediate release tablets, with the aforementioned caveats.</p> <p>Further information Please see the following links for further information: SmPC acetazolamide 250mg tablets SmPC Diamox® SR 250mg prolonged-release capsules</p> <p>Unlicensed medicines guidance Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information: The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA) Professional guidance for the procurement and supply of specials, Royal Pharmaceutical Society (RPS) Prescribing unlicensed medicines, General Medical Council (GMC)</p>								
<p>Shortage: Cavilon Barrier Cream</p>	<p>3M has confirmed that there is a shortage in the supply of the following Cavilon products:</p> <table border="1" data-bbox="456 913 1481 1182"> <tr> <td>Cavilon Durable Barrier Cream, 92g Tube</td> <td>Resupply expected April 2022</td> </tr> <tr> <td>Cavilon Durable Barrier Cream, 28g Tube</td> <td>Resupply expected April 2022</td> </tr> <tr> <td>Cavilon Durable Barrier Cream, 2g Sachet</td> <td>Resupply expected April 2022</td> </tr> <tr> <td>Cavilon No Sting Barrier Film, 1ml Foam Applicator</td> <td>Resupply expected April 2022</td> </tr> </table> <p>Actions: For patients with insufficient supplies to last until the resupply date, clinicians should prescribe an alternative barrier cream.</p> <p>Alternative:</p> <ul style="list-style-type: none"> • Medi Derma-S barrier cream 	Cavilon Durable Barrier Cream, 92g Tube	Resupply expected April 2022	Cavilon Durable Barrier Cream, 28g Tube	Resupply expected April 2022	Cavilon Durable Barrier Cream, 2g Sachet	Resupply expected April 2022	Cavilon No Sting Barrier Film, 1ml Foam Applicator	Resupply expected April 2022
Cavilon Durable Barrier Cream, 92g Tube	Resupply expected April 2022								
Cavilon Durable Barrier Cream, 28g Tube	Resupply expected April 2022								
Cavilon Durable Barrier Cream, 2g Sachet	Resupply expected April 2022								
Cavilon No Sting Barrier Film, 1ml Foam Applicator	Resupply expected April 2022								
<p>SHORTAGE: Chloral Hydrate 143.3mg/5ml oral solution BP</p>	<p>Anticipated re-supply date 30 April 2022.</p> <p>Actions for prescribers Where patients have insufficient supplies, clinicians should:</p> <ul style="list-style-type: none"> • review ongoing need for treatment • prescribe 143.3mg in 5ml chloral hydrate solution as a special if ongoing treatment is deemed necessary. <p>Alternatives Available specials The following specials manufacturers have confirmed they can manufacture chloral hydrate oral solution to meet demand of the licensed product (please note, there may be other companies that can also manufacture this product).</p> <p>Ascot labs 143.3mg in 5ml oral solution Alium Medical 143.3mg in 5ml oral solution Target Healthcare 143.3mg in 5ml oral solution</p>								

	<p>Certificates Note that Alium and Target products are not batch manufactured and the supplier will only provide a certificate of conformity (CoC). Suppliers providing batch manufactured products will provide a certificate of analysis (CofA).</p> <p>Considerations and background Using unlicensed medicines Guidance Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:</p> <ul style="list-style-type: none"> • The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA); • Professional guidance for the procurement and supply of specials, Royal Pharmaceutical Society (RPS); and • Prescribing unlicensed medicines, General Medical Council (GMC). <p>When prescribing chloral hydrate 143.3mg in 5ml oral solution not licensed in the UK, due to a supply issue with the licensed alternative, prescribers must indicate on the FP10 prescription that an unlicensed product is required.</p> <p>This can be done in one of the following two ways:</p> <p>Electronic prescriptions If the required unlicensed product is shown on electronic prescribing systems, GP's should select: chloral hydrate 143.3mg in 5ml oral solution (special order)</p> <p>Paper prescriptions Where the unlicensed product is not shown on electronic prescribing systems, GP's should use a paper prescription and annotate with the following wording: special order.</p>
<p>SHORTAGE: Estradiol (FemSeven) 100 microgram / 24 hrs transdermal patches.</p>	<p>Anticipated re-supply date March 31st 2022</p> <p>Alternatives A range of potential alternative HRT products exist. Specialist importers can source unlicensed products. Lead time will vary.</p>
<p>SHORTAGE: Aspirin Suppositories Aspirin 300mg suppositories (Martindale Pharmaceuticals Ltd) Aspirin 150mg suppositories (Martindale Pharmaceuticals Ltd)</p>	<p>Anticipated re-supply date April 18 2022.</p> <p>Actions for prescribers Clinicians should:</p> <ul style="list-style-type: none"> • review all patients on aspirin suppositories and switch patients to oral therapy if possible; • consider using an alternative licensed medication(s) where a switch to oral therapy is not possible; • prescribe appropriate Specials or unlicensed imports where the above actions are not considered appropriate (see information on SPS Medicines Supply Tool). <p>Alternatives</p> <ul style="list-style-type: none"> • Use oral therapy if possible. • Consider an alternative licensed medication where oral therapy is not possible. • Use specials or unlicensed imports where licensed alternatives are not considered appropriate (see information SPS Medicines Supply Tool)
<p>SHORTAGE:</p>	<p>Anticipated re-supply date Feb 3, 2022.</p>

<p>Cimetidine Tablets</p>	<p>Alternatives Oral products Cimetidine solutions, syrups and tablets Cimetidine 200mg/5ml oral solution / syrup is currently available. Supplies of cimetidine 200mg and 400mg tablets are now available.</p> <p>Famotidine - Oral famotidine is currently available. Nizatidine - Oral nizatidine capsules are currently available. Other H2 receptor antagonists - Supply issues continue to affect ranitidine; other H2 receptor antagonists remain available. Unlicensed products - Specialist importers have confirmed they can source an unlicensed product. Lead times vary.</p>
<p>SHORTAGE: Paracetamol 120mg suppositories (Martindale Pharmaceuticals Ltd) Paracetamol 240mg suppositories (Martindale Pharmaceuticals Ltd)</p>  <p>SSP form paracetamol supposit</p>	<p>Anticipated re-supply date 21st February 2022 (120mg) and 25th Feb 2022 (240mg).</p> <p>Actions for prescribers</p> <ul style="list-style-type: none"> Community pharmacists may supply paracetamol 125mg and 250mg suppositories in accordance with the SSP for eligible patients. If the above option is not deemed appropriate, clinicians should: consider prescribing paracetamol 125mg and 250mg suppositories, and counsel patients regarding the switch at the point of prescribing. <p>Alternatives Paracetamol 125mg and 250mg suppositories remain available from other suppliers and can support the uplift in demand.</p>
<p>SHORTAGE: Estriol 0.1% cream (Ovestin 1mg cream)</p>	<p>Anticipated re-supply date February 25, 2022.</p> <p>Alternatives Alternative estriol vaginal products remain available.</p>
<p>SHORTAGE: Diclofenac (Voltarol Ophtha Multidose) 0.1% eye drops 5 ml</p>	<p>Anticipated re-supply date March 15, 2022.</p> <p>Alternatives Voltarol Ophtha unit dose packs (preservative free) remain available and can fully support during this time.</p>
<p>SHORTAGE: Voractiv tablets</p>	<p>Anticipated re-supply date March 31, 2022.</p> <p>Actions for prescribers Pharmacy procurement, clinical teams (including prescribers, TB nurses and clinicians) and any outsourced partners should work together to ensure that:</p> <ul style="list-style-type: none"> stock holding of TB agents is reviewed regularly alternatives are ordered for the products that are in short supply prescriptions are amended in cases where the usual or preferred product is unavailable so that treatment is not delayed or interrupted Trusts do not implement management plans that are not in line with the advice given within the page as that may precipitate further out of stock periods patients are appropriately counselled about changes to their usual or expected medication if products that have not been flagged as out of stock cannot be obtained, this is escalated to your Regional Pharmacy Procurement Specialist orders for products are placed in line with actual patient demand, ordering patterns will be monitored and may be challenged. <p>Alternatives</p>

	<p>Prescribe/dispense as individual ingredients to meet immediate patient need until re-supply.</p> <p>Individual components The following individual ingredients are in stock:</p> <ul style="list-style-type: none"> • Rifampicin 150mg capsules (Sanofi, Mylan) • Rifampicin 300mg capsules (Sanofi, Sandoz, Mylan, DrugsRUs) • Rifampicin 100mg/5ml syrup (Sanofi) • Pyrazinamide 500mg tablets (Thornton & Ross, Macleod's, Morningside) • Isoniazid 50mg tablets (RPH Pharmaceuticals) • Isoniazid 100mg tablets (RPH Pharmaceuticals) • Ethambutol 100mg tablets (Morningside, Thornton & Ross, Kent, Intraparm) • Ethambutol 400mg tablets (Morningside, Thornton & Ross, Kent, Intraparm)
<p>SHORTAGE: Adrenaline (base) 1mg/1ml (1 in 1000) solution for injection pre-filled syringes</p>	<p>Anticipated re-supply date Feb 28, 2022.</p> <p>Alternatives Adrenaline 1:1000 solution for injection ampoules (1mL) are available and can support an uplift in demand.</p>
<p>SHORTAGE: Clomifene 50mg tablets (Clomid)</p>	<p>Anticipated re-supply date Feb 18, 2022</p> <p>Alternatives Generic Clomifene tablets remain available and can support an uplift in demand.</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 15th Feb 2022</p>	