


<p><b>Shortage:</b>  <b>Lidocaine 5% and Hydrocortisone 0.275% ointment</b>  <b>Xyloproct 5%/0.275% ointment</b>  <b>(Aspen Pharma Trading Ltd)</b></p>	<p>Anticipated re-supply date: <b>15<sup>th</sup> August 2022</b></p> <p><b>Alternatives:</b>  Alternate topical anaesthetic/steroid preparations remain available:</p> <ul style="list-style-type: none"> <li>• Uniroid-HC (cinchocaine hydrochloride 5mg/hydrocortisone 5mg) ointment</li> <li>• Scheriproct (cinchocaine hydrochloride 5mg/prednisolone hexanoate 1.9g) ointment</li> <li>• Proctosedyl (cinchocaine hydrochloride 5mg/hydrocortisone 5mg) ointment</li> </ul>
<p><b>Shortage:</b>  <b>Aspirin 300mg Suppositories</b>  <b>(Martindale Pharmaceuticals Ltd)</b></p> <p><b>Aspirin 150mg Suppositories</b>  <b>(Martindale Pharmaceuticals Ltd)</b></p>	<p>Anticipated re-supply date: <b>15<sup>th</sup> August 2022</b></p> <p><b>Actions for Prescribers:</b>  Clinicians should</p> <ul style="list-style-type: none"> <li>• review all patients on aspirin suppositories and switch patients to oral therapy if possible;</li> <li>• consider using an alternative licensed medication(s) where a switch to oral therapy is not possible;</li> <li>• prescribe appropriate Specials or unlicensed imports where the above actions are not considered appropriate (see information below).</li> </ul> <p><b>Alternatives:</b></p> <ul style="list-style-type: none"> <li>• Use oral therapy if possible.</li> <li>• Consider an alternative licensed medication where oral therapy is not possible.</li> <li>• Use specials or unlicensed imports where licensed alternatives are not considered appropriate (see information below).</li> </ul> <p><b>Considerations and Background:</b>  <b>Clinical Information</b>  Aspirin suppositories are licensed for the treatment of mild to moderate pain, pyrexia due to colds and influenza, and musculoskeletal pain and inflammation. They are also used off-label for their antiplatelet effect (e.g., after a stroke or MI) in patients who cannot swallow oral medicines, including those who do not have an enteral feeding tube in situ.</p> <p><b>Specials</b>  The following companies have indicated they can supply specials of aspirin suppositories (please note, there may be other companies that can manufacture supplies):</p> <ul style="list-style-type: none"> <li>• Mandeville Medicines</li> <li>• PCCA</li> </ul> <p>Unlicensed imports  The following importer companies have indicated they can source supplies of aspirin suppositories (please note, there may be other companies that can also source supplies):</p> <ul style="list-style-type: none"> <li>• Alium Medical Pharma</li> <li>• Smartway Pharma</li> <li>• UL Global</li> <li>• Target</li> <li>• Mawdsleys</li> </ul> <p><b>Guidance on unlicensed imports</b>  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)</p>


	<p>Please see the following links for further information:</p> <ul style="list-style-type: none"> <li>• <a href="#">SmPC aspirin 150mg suppositories</a></li> <li>• <a href="#">SmPC aspirin 300mg suppositories</a></li> </ul>
<p><b>SHORTAGE: Xylocaine 1% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd)</b></p> <p><b>Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd)</b></p>	<p>Anticipated re-supply date <b>1% - 21<sup>st</sup> March 2022, 2% - 25<sup>th</sup> June 2022.</b></p> <p><b>Actions for prescribers</b>  <b>General Practice and other sites that use Xylocaine® 1% and 2% with adrenaline 100micrograms/20ml should:</b></p> <ul style="list-style-type: none"> <li>• note the available alternative products (see supporting information); and</li> <li>• consult the Medicines Information department at their local NHS Trust for advice where required.</li> </ul> <p><b>Alternatives</b>  <b>Alternative local anaesthetic with adrenaline products</b>  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.</p> <p>Lidocaine 0.5% with adrenaline 1:200,000 10ml ampoule  Supplier – Torbay  Supply – In stock. Unlicensed product.</p> <p>Lidocaine 1% with adrenaline 1:200,000 10ml ampoule  Supplier -Torbay.  Supply – Out of stock. Resupply date to be confirmed. Unlicensed product.</p> <p>Lidocaine 2% with adrenaline 1:200,000 10ml ampoule  Supplier – Torbay.  Supply – Out of stock. Resupply date to be confirmed. Unlicensed product.</p> <p>Bupivacaine 0.25% with adrenaline 1:200,000 10ml ampoule  Supplier – Advanz.  Supply – In stock. Cannot support an increase in demand.</p> <p>Bupivacaine 0.5% with adrenaline 1:200,000 10ml ampoule  Supplier – Advanz.  Supply – In stock.</p> <p>Lidocaine 1% with adrenaline 1:200,000 injection  Supplier – Specialist Importers.  Supply – Unlicensed product. See below.</p> <p>Lidocaine 2% with adrenaline 1:200,000 injection  Supplier – Specialist Importers.  Supply – Unlicensed product. See below.</p> <p>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):</p> <p>Alium Medical – 1%  Durbin PLC – 1% and 2%  Mawdsley’s Unlicensed – 1%</p>

	<p>Smartway Pharma – 1%  Target Healthcare – 1% and 2%  UL Global Pharma – 1% and 2%</p> <p><b>Guidance on unlicensed imports</b>  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)</p>
<p><b>Shortage:</b>  <b>Nardil (Phenelzine)15mg tablets</b>  <b>(Neon Healthcare Ltd)</b></p>  <p>Phenelzine tablets  Alert.pdf</p>	<p>Anticipated re-supply date: <b>30<sup>th</sup> June 2022</b></p> <p><b>Actions for Prescribers:</b> Please refer to the <a href="#">refer to the Supply Disruption Alert</a> issued in July 2020 for further information.</p>
<p><b>Shortage:</b>  <b>Flutiform 50micrograms/dose /</b>  <b>5micrograms/dose inhaler (Napp</b>  <b>Pharmaceuticals Ltd) 120 dose</b></p>	<p>Anticipated re-supply date: <b>15<sup>th</sup> April 2022</b></p> <p><b>Actions for Prescribers:</b>  Clinicians should defer initiating new patients on Fluticasone 50microgram / Formoterol 5microgram (Flutiform®) inhalers until the supply issue is resolved.  Where established patients have insufficient supplies to last until the re-supply date, clinicians should:</p> <ul style="list-style-type: none"> <li>• review patients to determine if this is still the most suitable therapy;</li> <li>• consider switching to an alternative low dose combination pMDI (corticosteroid with a long-acting beta-2 agonist) if this device is still deemed the most appropriate (see supporting information); and</li> <li>• ensure appropriate counselling and monitoring of asthma control is undertaken after switching inhaler treatment (see supporting information).</li> </ul> <p><b>Alternatives:</b>  There are two alternative products currently available that cover a similar licensed age range (from 4 years upwards) to Fluticasone 50microgram / Formoterol 5microgram (Flutiform®) inhaler and are also dosed at 2 actuations twice a day:</p> <p><b>Alternative low dose combination inhaler containing fluticasone 50microgram</b></p> <ul style="list-style-type: none"> <li>• Fluticasone 50microgram / Salmeterol 25microgram per dose (Combisal®) inhaler CFC free (compatible with AeroChamber Plus® spacer) – <i>In stock and can support full uplift in demand</i></li> <li>• Fluticasone 50microgram / Salmeterol 25microgram per dose (Seretide Evohaler®) inhaler CFC free (compatible with Volumatic® spacer) – <i>In stock and can support full uplift in demand</i></li> <li>• If the above options are not considered suitable, other combination steroid/ LABA inhalers are available, containing different constituents, in different devices, with variable licensed age ranges (see links below for further information).</li> </ul> <p><b>Considerations and Background:</b>  <b>Clinical Information:</b>  Fluticasone 50microgram / Formoterol 5microgram (Flutiform®) inhaler is a pressurised inhalation suspension (pMDI), licensed for the treatment of asthma in patients from age 5 years upwards at a dose of</p>

	<p>2 actuations twice a day. It is compatible with the AeroChamber Plus® spacer. There is no other combination pMDI containing fluticasone 50microgram and formoterol 5 microgram.</p> <p>The only combination pMDIs that contain fluticasone 50microgram are formulated with a different long-acting beta-2 agonist (LABA), salmeterol (25microgram). There are two alternative products currently available that cover a similar licensed age range (from 4 years upwards) to Fluticasone 50microgram / Formoterol 5microgram (Flutiform®) inhaler and are also dosed at 2 actuations twice a day – see Alternatives.</p> <p>If the above options are not considered suitable, other combination steroid/ LABA inhalers are available, containing different constituents, in different devices, with variable licensed age ranges (see links below for further information).</p> <p>Asthma UK suggests a follow-up appointment with the GP or asthma nurse 6-8 weeks after starting a new inhaler; sooner if asthma control worsens after the switch.</p> <p>Prescribers may also consider switching to an inhaler with a lower carbon footprint if deemed appropriate for the patient, in consultation with the patient/carer (see link below for further information).</p> <p>Links to further information</p> <p>SmPCs:</p> <p><a href="#">Fluticasone 50microgram / Formoterol 5microgram per dose (Flutiform®) inhaler CFC free</a></p> <p><a href="#">Fluticasone 50microgram / Salmeterol 25microgram per dose (Combisal®) inhaler CFC free</a></p> <p><a href="#">Fluticasone 50microgram / Salmeterol 25microgram per dose (Seretide Evohaler®) inhaler CFC free</a></p> <p>Asthma resources:</p> <p><a href="#">BNFC Chronic asthma summary</a></p> <p><a href="#">CKS: Asthma – Inhaled corticosteroids</a></p> <p><a href="#">Asthma UK: What to do when your medicine changes</a></p> <p><a href="#">How to reduce the carbon footprint of inhaler prescribing</a></p>
<p><b>Shortage:</b>  <b>Ciprofloxacin 0.3% / dexamethasone 0.1% ear drops</b></p>	<p>Anticipated re-supply date: <b>18<sup>th</sup> March 2022</b></p> <p><b>Actions for prescribers:</b></p> <p>Clinicians prescribing treatment should:</p> <ul style="list-style-type: none"> <li>• not initiate any new patients on ciprofloxacin 0.3% / dexamethasone 0.1% ear drops until the supply issue is resolved.</li> <li>• review whether there is a clinical need for ciprofloxacin ear drops; and</li> <li>• consider prescribing Cetraxal Plus® (ciprofloxacin 0.3%, fluocinolone acetonide 0.025%) ear drops where treatment with ciprofloxacin and a steroid <i>is</i> required; or</li> <li>• consider prescribing Cetraxal® (ciprofloxacin 0.2%) ear drops where treatment with a steroid is not required.</li> </ul> <p>Where the above options are not appropriate, consider prescribing:</p>

	<ul style="list-style-type: none"> <li>• Cetraxal® (ciprofloxacin 0.2%) ear drops and dexamethasone 0.1% eye drops (off-label), counselling patients on how to administer two separate ear drops (see supporting information).</li> </ul> <p><b>Alternatives:</b> Cetraxal Plus® (ciprofloxacin 0.3%, fluocinolone acetonide 0.025%), the only other licensed ear drop containing ciprofloxacin with a steroid component, remains available and can support a partial uplift in demand. Cetraxal® (ciprofloxacin 0.2%) ear drops also remain available and can support a full uplift in demand.</p> <p><b>Considerations and Background:</b> Counselling Points Clinicians should be aware of the following when counselling patients:</p> <ul style="list-style-type: none"> <li>• If prescribing both Cetraxal® (ciprofloxacin 0.2%) and dexamethasone 0.1% eye drops (off-label), advise patients to allow a gap of 2-5 minutes before administering the second preparation.</li> </ul> <p>Any decision to prescribe an off-label medicine must consider the relevant guidance and NHS Trust or local governance procedures.</p> <p>Please see NICE CKS: Otitis Externa and BNF Treatment Summary: Ear for further advice on the management of ear disorders.</p>
<p><b>Shortage:</b> <b>Lipitor 10mg chewable tablets (Viatris UK Healthcare Ltd)</b></p> <p><b>Lipitor 20mg chewable tablets (Viatris UK Healthcare Ltd)</b></p>	<p>Anticipated re-supply date <b>18<sup>th</sup> March 2022</b></p> <p><b>Actions for prescribers:</b></p> <ul style="list-style-type: none"> <li>• For patients with insufficient supplies, community pharmacists may supply atorvastatin 10mg or 20mg film-coated tablets in accordance with the SSPs for eligible patients</li> <li>• If the above option is not deemed appropriate, clinicians should consider prescribing:</li> <li>• Atorvastatin oral suspension specials (various strengths available); or</li> <li>• Atorvastatin 10mg or 20mg film-coated tablets for patients who are able to crush tablets and disperse them in water (off label use; see supporting clinical information)</li> </ul> <p><b>Alternatives:</b> Availability of alternative licensed products: Atorvastatin 10mg and 20mg film-coated tablets remain available and can support an increased demand.</p> <p><b>Availability of specials:</b> The following specials manufacturers have confirmed they can manufacture atorvastatin oral suspension in various strengths (please note there may be other companies that can also manufacture supplies):</p> <ul style="list-style-type: none"> <li>• BCM Specials</li> <li>• IPS Specials</li> <li>• Nova Laboratories Ltd</li> <li>• PCCA Ltd</li> <li>• Quantum Pharmaceutical</li> <li>• Target Healthcare</li> </ul> <p>Guidance on Ordering and Prescribing Specials: 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"> <li>• <a href="#">The supply of unlicensed medicinal products</a>, Medicines and Healthcare products Regulatory Agency (MHRA);</li> <li>• <a href="#">Professional guidance for the procurement and supply of specials</a>, Royal Pharmaceutical Society (RPS); and</li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Prescribing unlicensed medicines</a>, General Medical Council (GMC).</li> </ul> <p><b>Considerations and Background:</b> Clinical Information Crushing tablets SPS MI have advised that according to NEWT guidelines and the Handbook of Drug Administration via Enteral Feeding Tubes:</p> <ul style="list-style-type: none"> <li>• Atorvastatin film-coated tablets can be crushed and mixed with water for administration, they are not very soluble, and a residue may be left. Please note, this is an unlicensed practice.</li> <li>• Crushed tablets should be taken immediately as atorvastatin is light sensitive.</li> </ul> <p>Please refer to the BNF and SPCs for further information on alternative preparations:</p> <ul style="list-style-type: none"> <li>• <a href="#">Atorvastatin (Lipitor®) 10mg and 20mg chewable tablets SmPC's</a></li> <li>• <a href="#">Atorvastatin 10mg and 20 mg Film Coated Tablets SmPC's</a></li> <li>• <a href="#">Atorvastatin BNF</a></li> </ul>
<p><b>Shortage:</b> <b>Feldene 20mg dispersible tablets (Pfizer Ltd)</b></p>	<p>Anticipated re-supply date <b>29<sup>th</sup> April 2022</b></p> <p><b>Actions for prescribers:</b> Where patients have insufficient supplies to last until the re-supply date, clinicians should:</p> <ul style="list-style-type: none"> <li>• review patients to determine if piroxicam remains the most appropriate NSAID (see Supporting Clinical Information) and if there is a clinical need for use of the orodispersible formulation.</li> <li>• if there is no clinical need for this specific NSAID and the patient can swallow solid dosage forms, consider use of another NSAID in line with local formulary or national/local guidance, as well as previous agents tried.</li> <li>• if piroxicam is deemed necessary, consider prescribing piroxicam 10mg or 20mg capsules where patient can swallow solid dosage forms, ensuring the patient is counselled on the change to formulation; or</li> <li>• for patients who have difficulty swallowing solid dosage forms, refer to <a href="#">BNF</a> for selection of an alternative formulation of an NSAID, taking into account local formulary or guidance.</li> </ul> <p><b>Alternatives:</b></p> <ul style="list-style-type: none"> <li>• Piroxicam 10mg and 20mg capsules remain available and can support an uplift in demand during this period</li> <li>• Other Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) remain available, including orodispersible and liquid presentations, as well as licensed solid dosage forms.</li> </ul> <p><b>Considerations and Background:</b> Feldene Melt® (piroxicam 20mg orodispersible tablets) is licensed for symptomatic relief of osteoarthritis, rheumatoid arthritis or ankylosing spondylitis. Due to its safety profile, piroxicam is not a first line option should an NSAID be indicated.</p> <p>Please see the following links for further information: <a href="#">Piroxicam Monograph – BNF</a> <a href="#">SmPC – Feldene Melt 20mg Tablets</a> <a href="#">SmPC – Piroxicam 10mg Capsules</a> <a href="#">SmPC – Piroxicam 20mg Capsules</a> <a href="#">BNF: NSAIDs</a> <a href="#">CKS: NSAIDs – prescribing issues</a></p>
<p><b>Shortage:</b></p>	<p>Anticipated re-supply date <b>11<sup>th</sup> March 2022</b></p>

<p><b>Nozinan 25mg/1ml solution for injection ampoules (Sanofi)</b></p> <p><b>Levomepromazine 25mg/1ml solution for injection ampoules (Wockhardt UK Ltd)</b></p>	<p><b>Actions for prescribers:</b></p> <p>Primary care should be additionally be aware that:</p> <ul style="list-style-type: none"> <li>• prescription validation has been temporarily implemented at wholesaler level;</li> <li>• community pharmacists/district nurses should work with their local hospitals and request mutual aid if wholesaler supplies are exhausted, to ensure continuity of supply to patients and hospices; and</li> <li>• if supplies are unavailable via mutual aid, work with specialist palliative care teams to use alternatives wherever possible (see Supporting Clinical Information).</li> </ul> <p><b>Alternatives:</b></p> <p>All the medicines listed below remain available and can support an increase in demand:</p> <ul style="list-style-type: none"> <li>• Haloperidol 5mg/1ml solution for injection ampoules</li> <li>• Midazolam 10mg/2ml solution for injection ampoules</li> <li>• Cyclizine 50mg/ml solution for injection ampoules</li> <li>• Metoclopramide 10mg/2ml solution for injection ampoules</li> </ul> <p><b>Please refer to the SmPC's for further information:</b></p> <p><a href="#">Levomepromazine (Nozinan®) 25mg/ml solution for injection</a></p> <p><a href="#">Cyclizine 50 mg/ml solution for injection</a></p> <p><a href="#">Haloperidol 5mg/ml solution for injection</a></p> <p><a href="#">Metoclopramide 10mg/2ml solution for injection</a></p> <p><a href="#">Midazolam 10mg/2ml solution for injection</a></p> <p><b>Considerations and Background:</b></p> <p>Clinical Information</p> <p>Levomepromazine is an essential medication in the inpatient and community setting for those patients who do not respond to other anti-emetics and/or in whom a level of sedation alongside control of nausea and vomiting can be helpful. Patients on levomepromazine will likely have been treated with first line parenteral agents such as haloperidol or midazolam, alone or in combination, for terminal agitation; or cyclizine, haloperidol, and metoclopramide for nausea and vomiting, so the multi-receptor blockade of levomepromazine makes it a useful choice when symptoms are thought to be due to more than one cause. Should stock of levomepromazine be exhausted, management options will need to be determined on a case-by-case basis, in consultation with the specialist palliative care team.</p>
<p><b>Shortage:</b></p> <p><b>Clomid 50mg tablets (Sanofi)</b></p>	<p>Revised Anticipated re-supply date <b>8<sup>th</sup> April 2022</b></p> <p><b>Alternatives:</b></p> <p>Generic Clomifene tablets remain available and can support an uplift in demand.</p>
<p><b>Shortage:</b></p> <p><b>Sulfasalazine 500mg gastro-resistant tablets (Salazopyrin EN-Tabs)</b></p> <p></p> <p>SSP014 Salazopyrin EN-Tabs 500mg.pdf</p>	<p>Anticipated resupply date of <b>15<sup>th</sup> April 2022</b></p> <p><b>Actions</b></p> <p>For patients with insufficient supplies, community pharmacists may supply sulfasalazine gastro-resistant 500mg tablets against the Serious Shortage Protocol for eligible patients.</p> <p>If the above option is not deemed appropriate, clinicians should:</p> <ul style="list-style-type: none"> <li>• consider prescribing sulfasalazine 500mg gastro-resistant tablets generically to enable any manufacturer's product to be dispensed; and</li> </ul>

	<ul style="list-style-type: none"> <li>• counsel patients regarding the switch from branded to generic at the point of dispensing.</li> </ul> <p><b>Alternatives:</b> Generic versions of sulfasalazine 500mg gastro-resistant tablets remain available.</p>
<p><b>Shortage:</b> <b>Adrenaline 1:1000 injection pre-filled syringes</b></p>	<p>Anticipated resupply date of <b>1<sup>st</sup> April 2022</b></p> <p><b>Alternatives:</b> Adrenaline 1:1000 solution for injection ampoules (1mL) are available and can support an uplift in demand.</p>
<p>All Serious Shortage Protocols (SPP's) can be found: <a href="https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps">https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps</a></p>	
<p>Shortage update taken from SPS Medicines Supply Toolkit 16/03/2022</p>	