

Medicines shortages / supply problems:

The following medicines have been reported as being in short supply locally and / or nationally.

NHSE advice is not to make any changes to normal medicines usage during the Covid19 outbreak which could destabilise the supply chain.

For national information on long term supply issues see [MIMS Shortages Tracker](#) (requires log in, but practice staff can get this free of charge) and [SPS Shortages information](#) (again, requires log in).

If you become aware of a shortage that is not covered in this document please email CCG incident control centre nnestccg.nottsincidents@nhs.net where queries will be logged and filtered to the Medicines Optimisation team as appropriate.

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CLENIL inhaler (beclometasone dipropionate)

The shortage is caused by increased demand, not a manufacturing problem and is likely to be short lived.
Do not prescribe more than you normally would.

Prescribe all inhalers by BRAND NAME to prevent confusion

OPTION 1 - Switch to Soprobec MDI:

- Easiest option, same active ingredient and dose. Many prescribers are prescribing this so stocks may be limited. We've been in touch with the manufacturers and they're going to increase the supply to wholesalers in Notts.
- Available in same strengths as Clenil®.
- Soprobec® and Clenil® are licensed for asthma, 50 and 100 microgram inhalers are licensed in children*, higher strengths are not.
- Compatible with Volumatic spacer (as is Clenil®).
- Not had confirmation that excipients are exactly the same as Clenil®, but active ingredient is the same.

OPTION 2 - Switch to Kelhale or QVAR MDI – **REQUIRES DOSE CHANGE:**

- QVAR® and Kelhale® are twice as potent as Clenil®.
 - When switching a patient with **well-controlled** asthma from Clenil® to Kelhale® or QVAR®, initially a 100-microgram metered dose of should be prescribed for 200 micrograms of Clenil®.
 - When switching a patient with **poorly controlled** asthma from Clenil® to Kelhale® or QVAR®, initially a 100-microgram metered dose should be prescribed for 100 micrograms of Clenil®; the dose of Kelhale® / QVAR® should be adjusted according to response.
- Available in the following strengths: 50 and 100 micrograms
- Kelhale® and QVAR® are licensed for asthma, Kelhale only for adults (18 years plus) and QVAR for anyone FIVE years or over*.
- Check if spacer needs changing too. Compatible spacer is Aerochamber Plus, as the extrafine particle fraction is maintained. **NOT compatible with Volumatic.**

OPTION 3 – Consider changing strength of Clenil inhaler e.g. for patients on Clenil 100mcg TWO puffs BD, consider prescribing Clenil 200mcg ONE puff BD.

- **Note risk of patient taking double dose** - Only do this if you are sure that the patient will understand to only take ONE puff BD.
- Note that the 200 microgram strength is not licensed for use in children.

OPTION 4 (last resort) – Switch to Pulmicort (budesonide) Turbohaler – **REQUIRES DEVICE CHANGE**

- Dry powder inhaler. Patient will need to be shown how to use a Turbohaler.
- Dose is approximately equivalent to Clenil, switch dose at 1:1 e.g. *Clenil MDI 100 micrograms 2 puffs BD to Pulmicort Turbohaler 100 micrograms 2 puffs BD.*
- Available in 100, 200 and 400 microgram per dose strengths.
- Licensed for adults and children 5 years and over.
- Video to demonstrate Turbohaler usage available on Asthma UK website: <https://www.asthma.org.uk/advice/inhaler-videos/turbohaler/>

***Children under 12 – If Soprobec & QVAR unavailable:**

Switch to Flixotide Evohaler 50 micrograms (fluticasone propionate) – **REQUIRES DOSE CHANGE:**

- Flixotide® is twice as potent as Clenil®.
 - When switching a patient with **well-controlled** asthma from Clenil® to Flixotide®, initially a 50-microgram metered dose of Flixotide® should be prescribed for 100 micrograms of Clenil®.
 - When switching a patient with **poorly controlled** asthma from Clenil® to Flixotide®, initially a 100-microgram metered dose should be prescribed for 100 micrograms of Clenil®; the dose of Flixotide® should be adjusted according to response.
- The maximum licensed dose in children is 200 micrograms twice daily.
- Licensed for adults and children over 4 years.
- Compatible with Volumatic spacer (as is Clenil®).

DIAMORPHINE

- Long term supply problem with diamorphine hydrochloride 5mg and 10mg powder for reconstitution and injection ampoules – See [supply disruption alert SDA/2020/003\(U\)](#)
- Higher strengths are available, but manufacturers cannot support increased demand.
- Morphine sulfate solution for injection should be used instead. Note that morphine and diamorphine are not equipotent (diamorphine 5mg injection is approximately equivalent to morphine 7.5mg (SC/IV/IM) injection), see [UKMi memo](#) for further information.
- The supply problem is very likely to continue for the foreseeable future.

END OF LIFE MEDICINES

- Some anticipatory medication used for end of life care may become difficult to obtain. Where this occurs we have shared [a document via Team net](#) which has been produced by another area and gives information about suitable alternatives.
- We have asked for comment from the palliative care teams but so far have not had a response.
- Wherever possible please follow the [local EOL guidance](#) however if necessary the medicines optimisation team feel this is appropriate advice.

FORMULA (BABY) MILK

- There are some concerns that there is a shortage of formula milk. This is purely caused by stockpiling and not a supplier issue. There should be no need to prescribe standard baby milk. The following document is a useful resource.
[Further information](#)

FOSTAIR Inhaler

- Some pharmacies reported that all strengths of Fostair Inhaler (MDI & DPI) are unavailable to order from their wholesalers & have been for a few days.
- Chiesi have reported that there is no manufacturing problem and that stock has been delivered to wholesalers now. The problem was a due to a surge in demand.

PARACETAMOL

Solid dosage forms:

- Paracetamol is currently in short supply caused by a sudden upsurge in demand. We are aware of pressure on GPs to prescribe paracetamol 'just in case' and for OTC conditions.
- We have been assured that there is no manufacturing or supply issue nationally so stocks will improve. There are some public messages planned that may help reduce the stockpiling.
- Please use your clinical judgement. If patients are clinically unwell, paracetamol is the appropriate treatment and if the patient has no stocks at home then until supplies are more stable prescribing or short term quantities may be considered.

Liquid:

- There have been reported difficulties in obtaining liquid paracetamol due to a supply flow.
- There appears to be limited availability of Calpol but it does seem that stocks of generic paracetamol suspension should be available at the end of March to beginning of April 2020.
- It is possible that there may be some availability of paediatric soluble tablets and carers should ask the pharmacist. Older children may be able to take paracetamol tablets (scored) if they are halved or quartered. There are ways that the taste of the medication can be masked if necessary e.g. crushing a tablet and administering in a spoonful of yoghurt or giving a strong tasting drink afterwards. Generally, crushing a tablet and adding it to a drink tends not to work very well as the bits can get left at the bottom of the cup. It is more reliable to mix the crushed tablet with a small amount of liquid and draw it up in an oral syringe. Carers should be advised to talk to the pharmacist and ask if and how medicines can be mixed with a drink or food.

VENLAFAXINE

Modified Release:

- Morningside Healthcare has reported that they are expecting a disruption in supply of **Vensir XL** (venlafaxine MR capsules 75mg, 150mg, 225mg). This is due to difficulty importing products, raw materials and packaging. Reserve stocks are being depleted as patients request more supplies than normal from their GPs and pharmacies.

Morningside Healthcare Headline Brands	Strength & (pack size)
Vensir XL (Venlafaxine prolonged release capsules)	75mg (28 caps), 150mg (28 caps), 225mg (28 caps)

- Prescribing data shows that the vast majority of prescribing was generic over the last 6 months, so the Vensir XL shortage will hopefully not affect many patients in Nottinghamshire. There are several branded generics available.
- Recommendation:** In case of supply problems, prescribe generically (make sure to select modified release) to allow pharmacies to dispense any brand that they can get hold of. It is not clinically important to stick to one brand for venlafaxine. However, to prevent confusion, if prescribing generically patients should be made aware that they may receive different brands.
- Note that the 225mg MR tablets / capsules are expensive and it is more cost effective to prescribe 150mg + 75mg.

Immediate Release:

- No reports of shortages to date.

SULFASALAZINE ORAL SUSPENSION

- Rosemont confirm that they are unable to manufacture sulfasalazine 250mg/5ml oral suspension, because they cannot get hold of the raw ingredients*. It is likely to be out of stock for the foreseeable future and they could not give a date for when it will be available again.
- Plain sulfasalazine tablets (not EN / enteric coated) are scored and may be halved or quartered for patients who cannot swallow them whole. No information found on crushing / dispersing in water.
- Unlicensed liquid special may be available if halving / quartering tablets is not appropriate.
- Note that oral suspension and plain tablets are not licensed for rheumatoid arthritis and are not covered under the [shared care protocol](#). However, repatriation to secondary care is probably not appropriate at present. Prescribers and patients should be aware that it is being used off label.
- Note that sulfasalazine suppositories are only for use in ulcerative colitis or Crohn's disease affecting the rectum because they have lower absorption levels and a local action.
- Prescribing data for Nottinghamshire suggested that this shortage will only affect approximately ten patients.

*Personal communication with Rosemont 02/04/2020