



## UPDATE:

Update to communications issued 17<sup>th</sup> July 2020

# Medicine Supply Notification

MSN/2019/020-U2

H2-antagonists (cimetidine, famotidine and nizatidine)

Tier 2 medium impact\*

Date of issue: 28/10/2020

## Summary

- **Suppliers of cimetidine tablets, famotidine tablets and nizatidine capsules have advised of changes to the availability of the following preparations:**

Product	Supplier	Current Stock Position	Anticipated resupply date	Detail
Famotidine 20mg tablets	Tillomed	Limited supplies	Early December 2020	Unlicensed supplies have been sourced (see table 2 below)
	Teva	Out of stock	Mid-November 2020	
Famotidine 40mg tablets	Tillomed	In stock	n/a	
	Teva	Limited supplies	End November 2020	
Cimetidine 200mg tablets	Ennogen	Out of stock	June 2021	Unlicensed supplies have been sourced (see table 2 below)
	Medreich	Out of stock	to be confirmed	
Cimetidine 400mg tablets	Ennogen	Out of stock	June 2021	
	Medreich	Out of stock	to be confirmed	
Cimetidine 800mg tablets	Ennogen	Out of stock	June 2021	
	Medreich	Out of stock	to be confirmed	
Cimetidine 200mg/5ml oral solution	Rosemont	In stock	n/a	
Nizatidine 150mg capsules	Mylan	Out of stock	Early January 2021	Unlicensed supplies have been sourced (see table 2 below)
	Medreich	Out of stock	to be confirmed	
	Relonchem	Out of stock	End November 2020	
Nizatidine 300mg capsules	Mylan	Out of stock	Early January 2021	Unlicensed supplies of nizatidine 150mg capsules have been sourced (see table 2 below)
	Medreich	Out of stock	to be confirmed	
	Relonchem	Out of stock	Mid-November 2020	

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

## Actions Required

Where patients have insufficient supplies, clinicians should consider:

- reviewing patients to establish if ongoing treatment is still required and if it could be stepped down to an antacid or alginate;
- switching to an alternative oral medicine if ongoing treatment is still required and an antacid or alginate is not appropriate;
  - See table 3 for advice on oral acid suppressants in adults
  - See table 4 for advice on oral acid suppressants in paediatrics
- prescribing an unlicensed import where a patient requires a particular H2 antagonist. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information).

## Supporting Information

### Guidance on ordering and prescribing unlicensed imports

- The following specialist importers have confirmed they can source an unlicensed product (please note, there may be other companies that can also source supplies):

Table 2.		
Product	Importer	Available strength
Cimetidine tablets	Alium Medical	200mg, 400mg, 800mg
	Durbin PLC	200mg, 400mg, 800mg
	Ennogen	200mg, 400mg
	Mawdsleys Unlicensed	200mg, 400mg, 800mg
	Target Healthcare	200mg, 400mg, 800mg
Famotidine tablets	Alium Medical	20mg, 40mg
	Mawdsleys Unlicensed	
	Target Healthcare	
	UL Global	
Nizatidine capsules	Mawdsleys Unlicensed	150mg
	Target Healthcare	

- 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:
  - [Prescribing unlicensed medicines](#), General Medical Council (GMC),
  - [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

- When prescribing a product that is 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. This can be done in one of the following two ways:
  - Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:
    - Cimetidine 200mg tablets (imported)
    - Cimetidine 400mg tablets (imported)
    - Cimetidine 800mg tablets (imported)
    - Famotidine 20mg tablets (imported)
    - Famotidine 40mg tablets (imported)
    - Nizatidine 150mg capsules (imported)
  - Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: “**special order**”.

Further information on supply issues affecting ranitidine can be found in MSN/2020/025-U2

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk)



**Table 3. Alternative oral acid suppressants in adults**

Before switching to another agent, review if patients still require treatment or could be stepped down to an antacid or alginate.

Acid suppressant	Formulation	GU/DU treatment	GU/DU prophylaxis	GORD	NSAID associated GU/DU treatment/prophylaxis	Comments
<b>Proton pump inhibitors</b>						
<b>Omeprazole*</b>	Capsules, tablets and dispersible tablets: 10mg,20mg,40mg	20-40mg OD	10-40mg OD (DU) 20-40mg OD (GU)	20-40mg OD (treatment) 10-40mg OD (long term management after healed reflux oesophagitis) 10-20mg OD symptomatic GORD	20mg OD (prevention and treatment)	<i>*not to be prescribed with clopidogrel due to risk of reducing its antiplatelet efficacy</i>  Losec MUPS® not licensed for use via enteral feeding tubes, however there is extensive experience of using via this route in practice.
<b>Lansoprazole</b>	Capsules and dispersible tablets: 15 and 30mg	30mg OD	UL (15-30mg OD) ¥	30mg OD (treatment) 15-30mg (prevention) 15-30mg OD (symptomatic GORD)	30mg OD (treatment) 15-30mg (prevention)	Orodispersible tablets licensed for administration via nasogastric (NG) tubes.
<b>Pantoprazole</b>	Tablets 20 and 40mg	40-80mg OD	UL (20-40mg OD) ¥	20mg OD symptomatic GORD 20-40mg OD long term management and prevention of relapse	20mg OD (prevention)	

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Acid suppressant	Formulation	GU/DU treatment	GU/DU prophylaxis	GORD	NSAID associated GU/DU treatment/prophylaxis	Comments
<b>Proton pump inhibitors (continued)</b>						
<b>Esomeprazole*</b>	Tablets, capsules 20 and 40  Granules 10mg	UL (20-40mg OD) ¥	UL (20-40mg OD) ¥	40mg OD (treatment)  20mg OD (prevention and symptomatic treatment)	20mg OD (prevention and treatment)	<i>*not to be prescribed with clopidogrel due to risk of reducing its antiplatelet efficacy</i>  Granules are licensed for administration via NG or gastric tubes.
<b>Rabeprazole</b>	Tablets 10 and 20mg	20mg OD	UL (10-20mg OD) ¥	20mg OD (treatment)  10-20mg long term maintenance  10mg OD symptomatic GORD	UL	
<b>H2-receptor antagonists</b>						
<b>Nizatidine</b>	Capsules 150mg	150mg BD or 300mg OD	150mg OD	150mg-300mg bd	150mg BD or 300mg OD (treatment)	See above for details of supply issue and mitigation measures
<b>Famotidine</b>	Tablets 20mg and 40mg	40mg OD	DU 20mg OD	20mg BD (but for erosion/ulcer linked to reflux 40mg BD for 6-8 weeks)	UL	See above for details of supply issue and mitigation measures
<b>Cimetidine*</b>	Tablets 200, 400 and 800mg  Liquid 200mg/5mL	400mg BD OR 800mg ON (up to 400mg QDS)	400mg ON up to BD	400mg QDS	400mg BD (treatment)- see SPC for other dose regimens	See above for details of supply issue and mitigation measures  No data on crushing tablets  <i>*caution as CYP P450 inhibitor; care with drug interactions- consult SPC</i>

Key:, GU: gastric ulcer, DU: duodenal ulcer; PU: peptic ulcer; GORD: gastroesophageal reflux disease, UL: unlicensed

¥ Based on PPI dose equivalence table for severe oesophagitis in NICE guideline (CG184) update (2014): <https://www.nice.org.uk/guidance/cg184/chapter/Appendix-A->

**Table 4. Alternative oral acid suppressants for gastro-oesophageal reflux disease in children [Refer to BNFC or local paediatric formulary for other indications/off label use]**

Before switching to another agent, review if patients still require acid suppression or if could be stepped down to an antacid

Acid suppressant	Formulation	Licensed age group	Dose	Comments
<b>Proton pump inhibitors</b>				
<b>Omeprazole</b>	Capsules, tablets and dispersible tablets: 10mg,20mg,40mg  Oral suspension 2mg/ml and 4mg/ml  <i>In the absence of the licensed liquid being available, consider using an unlicensed liquid (manufactured special). However, there is only limited evidence of efficacy.</i>	> 1 year and ≥ 10 kg	<u>&lt;2.5kg</u> 0.7mg-1.4mg/kg to 3mg/kg/day  <u>2.5 – 7kg</u> 5mg to 3mg/kg/day (max10mg)  <u>7 - 15kg</u> 10mg to 20mg OD  <u>≥15kg</u> 20mg to 40mg OD	<ul style="list-style-type: none"> <li>• Losec MUPS® tablets may be dispersed in water (do not crush tablet) for oral liquid administration. Halve 10mg tablet before dispersing for 5mg dose.</li> <li>• Losec MUPS® not licensed for use via enteral feeding tubes, however there is extensive experience of using this route in practice (NB: granules ~ 0.5mm diameter and have tendency to block fine-bore feeding tubes [&lt;8Fr])</li> <li>• Esomeprazole granules are licensed for administration down tubes ≥6Fr,</li> <li>• <i>Liquid may be required in age&lt;1 year with nasogastric (NG) or gastric tubes &lt; 8 Fr or in patients intolerant/allergic to excipients in esomeprazole granules.</i></li> </ul> <p><i>* Not to be prescribed with clopidogrel due to risk of reducing its antiplatelet efficacy</i></p>
<b>Esomeprazole</b>	Tablets, capsules, 20 and 40mg	≥12 years	20-40mg OD	Granules licensed for administration via enteral tube ≥6 Fr
	10 mg gastro-resistant granules for oral suspension	1-11 years	Weight≥10 - <20 kg:10mg OD Weight ≥20 kg: 10-20mg OD	<i>* Not to be prescribed with clopidogrel due to risk of reducing its antiplatelet efficacy</i>
<b>Pantoprazole</b>	Tablets 20 and 40mg	≥12 years	20 mg OD	
<b>Lansoprazole</b>	Capsules and dispersible tablets: 15 and 30mg	No paediatric licence but used off label in this population	Off label use: <u>Infant 2.5kg – 5kg</u> 3.75mg (1/4 of a 15mg tablet) OD  <u>5 – 10kg</u> 7.5mg (1/2 a 15mg tablet) OD  <u>10 - 30kg</u> 15mg OD  <u>&gt;30kg</u> 30mg OD	<p><u>Dispersible tablets</u></p> <ul style="list-style-type: none"> <li>• Excipients include aspartame.</li> <li>• Dose should be rounded up or down to nearest solid dosage form i.e. half or quarter of tablet.</li> <li>• Halve or quarter tablet before dispersing in water for oral liquid administration. Stir thoroughly before administration.</li> <li>• Licensed for administration via NG tube (can be dispersed in 10mL water and flushed down tube &gt; 8Fr).</li> <li>• For fine-bore tubes &lt;8Fr, dissolve contents of capsule in 8.4% sodium bicarbonate before administration).</li> </ul>

Acid suppressant	Formulation	Licensed age group	Dose	Comments
<ul style="list-style-type: none"> <li>Lansoprazole dispersible tablets are generally easier to use than omeprazole. When using feeding tubes of gauge under 8Fr in patients over 2.5kg.</li> </ul>				
<b>Proton pump inhibitors (cont'd)</b>				
<b>Rabeprazole</b>	Tablets 10mg and 20mg	No paediatric licence	<u>Off label use</u> 1-11 years; <15kg: 5mg OD  ≥15kg: 10mg OD  ≥12 years: 20mg OD	Crushing is not recommended. Not suitable for enteral tube administration
<b>H2-receptor antagonists</b>				
<b>Cimetidine</b>	Tablets 200mg, 400mg and 800mg  Liquid 200mg/5mL	>1year	<u>&gt;1 year</u> 25-30mg/kg per day in divided doses  Use in age< 1 year not fully evaluated; 20mg/kg/day in divided doses has been used	See above for details of supply issue and mitigation measures  No data on crushing tablets.  <i>Caution as CYP P450 inhibitor; care with drug interactions-consult SPC</i>
<b>Nizatidine</b>	Capsules 150mg	No paediatric licence	Off label use  <u>6 months to 11 years</u> 5-10mg/kg/day in 2 divided doses  <u>≥12 years</u> 150mg BD	See above for details of supply issue and mitigation measures  Not suitable to be used via enteral feeding tubes, as whilst drug dissolves in water, excipients do not and may coat and block tube.
<b>Famotidine</b>	Tablets 20mg and 40mg	No paediatric licence	Off label use:  <u>1 to ≤3 months</u> 0.5mg/kg/dose OD  <u>≥3 months to &lt;1 year</u> 0.5mg/kg/dose BD  <u>1 to 16 years</u> 0.5mg/kg/dose BD (maximum 40mg dose)	See above for details of supply issue and mitigation measures  Without crushing, tablets will disperse in water, in 2-5 minutes. This process can be quickened by crushing and mixing tablets with water for administration  No information available on giving resulting suspension via enteral feeding tubes.

**References:** SPCs, Handbook of Drug Administration via Enteral Feeding Tubes, The NEWT Guidelines for administration of medication to patients with enteral feeding tubes or swallowing difficulties, [Evelina London Paediatric Formulary](#), BNFC, Paediatric & Neonatal Dosage Handbook, 23<sup>rd</sup> ed

**Please note:** Any decision to prescribe off-label must take into account the relevant GMC guidance and NHS Trust governance procedures for unlicensed medicines. Prescribers are advised to pay particular attention to the risks associated with using unlicensed medicines or using a licensed medicine off-label.