



23 April 2020

## **Medicine Supply Alert Notice**

### **H2-antagonists (cimetidine, famotidine and nizatidine) – update to MSAN (2020)11**

**Priority: Update**  
**Valid until: various, see below**

#### **Issue**

1. Following supply issues affecting Ranitidine (MSAN (2019)22, and subsequent updates), suppliers of cimetidine, famotidine and nizatidine have reported an increase in demand, which has contributed to short term shortages.
  - Famotidine 20mg tablets are out of stock until **14 April 2020 (Tillomed) and May 2020 (Teva)**.
  - **Famotidine 40mg tablets are out of stock until April 2020 (Teva)**.
  - Cimetidine 200mg tablets are out of stock until **30 March 2020 (Ennogen) and January 2021 (Medley Pharma)**.
  - **Cimetidine 400mg tablets are out of stock until 30 March 2020 (Ennogen) and 30 August 2020 (Medreich)**.
  - **Cimetidine 800mg tablets are out of stock until 30 March 2020 (Ennogen)**.
  - Nizatidine 150mg and 300mg tablets are out of stock with **no confirmed resupply date (Medreich and Mylan)**.
2. It is recommended that, where possible, patients are not switched to an alternative H2-receptor antagonist in the first instance as this may exacerbate a shortage of these products. There are currently sufficient supplies of oral omeprazole to manage an increase in demand.

#### **Advice and Actions**

3. For patients without sufficient supplies of cimetidine, famotidine and nizatidine for the duration of the out of stock period, prescribers should consider the following advice:
  - Review patients to establish if ongoing treatment is still required.
  - Review patients to establish if treatment could be stepped down to an antacid or alginate.
  - If ongoing treatment is still required, then consider switching to an alternative oral treatment. See tables below:
    - table 1 for advice on oral acid suppressants in adults
    - table 2 for advice on oral acid suppressants in paediatrics

#### **Enquiries**

4. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to [PharmacyTeam@gov.scot](mailto:PharmacyTeam@gov.scot) (primary care) or [NSS.NHSSMedicineShortages@nhs.net](mailto:NSS.NHSSMedicineShortages@nhs.net) (secondary care).

**Table 1: Alternative oral products for the main indications of ranitidine 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  Injection 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® is 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: 15mg 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 are licensed for administration via nasogastric (NG) tubes.
<b>Pantoprazole</b>	Tablets 20 and 40mg  Injection 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)	
<b>Esomeprazole</b>	Tablets, capsules 20mg, 40mg  Granules 10mg Injection 40mg	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 10mg, 20mg	20mg OD	UL (10-20mg OD) ¥	20mg OD (treatment)  10-20mg long term maintenance  10mg OD symptomatic GORD	UL	

Acid suppressant	Formulation	GU/DU treatment	GU/DU prophylaxis	GORD	NSAID associated GU/DU treatment/prophylaxis	Comments
<b>H2-receptor antagonists</b>						
<b>Nizatidine</b>	Capsules 150mg	150mg BD or 300mg OD	150mg OD	150-300mg bd	150 BD or 300mg OD (treatment)	
<b>Famotidine</b>	Tablets 20mg, 40mg	40mg OD	DU 20mg OD	UL	UL	
<b>Cimetidine*</b>	Tablets 200mg, 400mg and 800mg  Liquid 200mg/5mL	400mg BD or 800mg ON  (up to 400mg QDS)	400mg ON up to BD	400mg QDS	UL	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 2: 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  <i>An unlicensed liquid is available as a manufactured special. However, there is only limited evidence of efficacy.</i>	> 1 year and ≥ 10 kg	<u>&lt;2.5kg</u> 0.7-1.4mg/kg to 3mg/kg/day  <u>2.5 – 7kg</u> 5mg to 3mg/kg/day (max 10mg)  <u>7 - 15kg</u> 10mg to 20mg OD  <u>&gt;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® is not licensed for use via enteral feeding tubes however there is extensive experience of using via this route in practice (NB: granules are approx. 0.5mm in diameter and tend to block fine-bore feeding tubes [&lt;8Fr])</li> <li>• Esomeprazole granules are licensed for administration down tubes ≥6 Fr.</li> <li>• <i>Unlicensed 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, 20mg and 40mg	≥12 years	20-40mg OD	Granules licensed for administration via enteral feeding 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 20mg and 40mg	≥12 years	20 mg OD	
<b>Lansoprazole</b>	Capsules and dispersible tablets: 15mg 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 to the 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 through tube &gt; 8Fr).</li> <li>• For fine-bore tubes &lt;8Fr, dissolve contents of capsule in 8.4% sodium bicarbonate before administration).</li> <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>Rabeprazole</b>	Tablets 10mg and 20mg	No paediatric licence	Off label use 1-11 years; <15kg: 5mg OD ≥15kg: 10mg OD ≥12 years: 20mg OD	Crushing is not recommended. Not suitable for enteral tube administration

Acid suppressant	Formulation	Licensed age group	Dose	Comments
<b>H2-receptor antagonists</b>				
<b>Cimetidine</b>	Tablets 200mg, 400mg and 800mg  Liquid 200mg/5mL	>1year	>1 year 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	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  6 months to 11 years 5-10mg/kg/day in 2 divided doses  ≥12 years 150mg BD	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)	Without crushing, tablets will disperse in 2 to 5 minutes. This process can be quickened by crushing and mixing tablets with water to 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, 23rd ed

**Please note:** Any decision to prescribe off-label must take into account the relevant GMC guidance and NHS Board 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.