NHS Circular:
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Chief Medical Officer Directorate
Pharmacy and Medicines Division

Scottish Government
Riaghaltas na h-Alba
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Medicine Supply Alert Notice

Glipizide (Minodiab®) 5mg tablets

Priority: Level 3*
Valid until: mid-October 2021

Issue

1. Pfizer are out of stock of glipizide (Minodiab®) 5mg tablets until mid-October 2021 due to increased demand following the withdrawal of another glipizide 5mg tablet from the UK market.
2. Prescribers will need to review all affected patients and assess ongoing need for glipizide.
3. If ongoing treatment is required, consideration should be given to prescribing an alternative sulfonylurea or glucose lowering medication.
4. Alternative glucose-lowering medications, including sulfonylureas, remain available.
5. Patients with monogenic diabetes* (MODY) should remain on an equivalent dose of an alternative sulfonylurea.
6. Unlicensed supplies of glipizide 5mg tablets have been sourced and may be considered where the above options are inappropriate.

*an autosomal dominant, genetic form of diabetes where a change in a single gene is responsible for glucose dysregulation, where patients would have been identified through genetic testing

Advice and Actions

7. All healthcare professionals in primary, secondary or specialist healthcare services who prescribe or supply glipizide tablets should be aware of the following advice:

All patients

8. Clinicians should defer initiating new patients on glipizide tablets until the supply disruption is resolved; and
9. Counsel patients on potential side-effects and new dose regime if prescribing alternative glucose-lowering medications.

Primary Care - for patients with insufficient supplies of glipizide

10. GP practices should identify all affected patients and:
    - if ongoing treatment with glipizide is required, consider prescribing an equivalent dose of gliclazide immediate release tablets. Based on clinical experience, 5 mg of glipizide should be roughly equivalent to 80 mg of gliclazide;
    - if gliclazide immediate release tablets are not appropriate, consider prescribing an alternative sulfonylurea (see advice below);
    - if alternative glucose-lowering medications may be more appropriate, discuss these options with the patient, considering their individual preferences, characteristics and comorbidities;

***https://nhsnss.org/media/3874/medicine-supply-alert-notices-definitions-of-classifications-21-october-2019.docx**

- if none of the above options are suitable, consider prescribing unlicensed glipizide tablets (see advice below; prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary);
- arrange appropriate follow-up and monitoring as recommended in national guidelines; and
- make early contact with specialists in secondary care for advice on management options if required.

11. When licensed glipizide tablets are resupplied, GP practices should review patients prescribed an alternative agent and discuss appropriate next steps and management.

Secondary Care - for patients with insufficient supplies of glipizide

12. Clinicians should:
    - identify all affected patients under their care (including those referred by primary care); and
    - ensure patients are reviewed in a timely manner, that individualised management plans are agreed and enacted and communicated to the patient's GP practice.

Additional Information

Advice on switching patients to alternate sulfonylureas

13. Sulfonylureas are insulin secretagogues that act mainly by augmenting insulin secretion.

14. Glipizide is licensed for the treatment of adults with type 2 diabetes mellitus whose hyperglycaemia can no longer be controlled satisfactorily by diet and exercise to lower the blood glucose in relation to meals.

15. There are alternative drugs in the sulfonylurea class that remain on the market including gliclazide, glimepiride and tolbutamide. See Table 1 for further information.

Table 1

Sulfonylurea	Daily dose	Peak plasma concentration	Half-life
Glipizide	2.5-20mg (once daily but doses above 15mg should be divided)	1 to 3 hours	2 to 4 hours
Gliclazide*	40 to 320mg (once daily but doses above 160mg should be administered twice a day)	2 to 6 hours	10 to 12 hours
Glimepiride	1-6mg	~2.5 hours	5 to 8 hours
Tolbutamide	0.5-2g (once daily or in divided doses)	3 to 4 hours	4 to 8 hours

*based on clinical experience, 5 mg of glipizide should be roughly equivalent to 80 mg of gliclazide

16. Other classes of glucose lowering drug may be considered appropriate with choice based on patients' preferences, comorbidities and factors that are usually taken into account when diabetes treatment is modified e.g. co-existing obesity, cardiovascular disease, impaired renal function, frailty, etc.

17. See NICE guidance for alternative treatment options to licensed indications for glipizide.

Unlicensed imports

18. The following specialist importers have confirmed they can source unlicensed glipizide 5mg tablets (please note, there may be other companies that can also source supplies):
    - Alium Medical
    - Mawdsley's Unlicensed
    - Waymade PLC

19. 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
    - Professional Guidance for the Procurement and Supply of Specials, Royal Pharmaceutical Society
    - Prescribing unlicensed medicines, General Medical Council (GMC)

Enquiries

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