



SERIOUS SHORTAGE SUBSTITUTION NOTICE

Notice Reference Number	SSSN 20-02
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This Notice applies for the following dates

From	1/08/2020	To	31/12/2020
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This Notice applies only to the following medicine

Name of medicine in shortage (including strength and formulation):	Metformin modified-release (also known as extended-release or XR) 500mg tablets
Schedule:	S4: Prescription Only Medicine

Details of medicine to be supplied under this SSSN

Name of medicine (including strength and formulation) to be supplied	Metformin immediate-release 500 mg tablets or Metformin modified-release 1000 mg tablets
Same formulation but different strength?	See dosage substitution table below.
Same active but different salt?	No
Different dose form?	See dosage substitution table below

Dosage substitution table

Original medicine dose <i>- Metformin modified-release 500mg</i>	1500 mg daily	1000 mg daily	500 mg daily
Medicine to be supplied as a substitute	Metformin modified-release 1000 mg plus metformin immediate-release 500 mg in separate doses	Metformin modified-release 1000 mg	Metformin immediate-release 500 mg daily*
Any restrictions on this dose form (e.g. dose intervals)	<p>When modified-release tablets are supplied, they should be taken at the time of day the patient would usually take their modified-release dose.</p> <p>Where the result of the substitution is a dosing regimen using modified-release and immediate-release tablets, the timing of the modified-release dose should remain unchanged. The immediate-release dose in the regimen should be taken at a different time from the modified-release dose.</p>		
Any limitations on substitution	Patients previously intolerant to metformin immediate-release formulations must be referred to the prescriber if the relevant substitution includes immediate-release metformin		
Quantity of this formulation (if applicable)	See 'Conditions' below		

**some brands of metformin immediate-release tablets are scored allowing dose to be split*

Conditions:

- Total quantity supplied under this protocol to be equivalent to the number of days supplied on original prescription.
- The patient/carer must provide a valid prescription for the medicine to be substituted for.
- The patient/carer must consent to receiving the medicine(s) supplied pursuant to the notice.
- The pharmacist may, in their professional judgement, determine that the patient is not suitable to receive alternative medicine under the notice e.g. known previous hypersensitivity or severe adverse reaction to excipients; known previous intolerance to immediate-release metformin formulations.