

**From the Chief Pharmaceutical Officer  
Professor Cathy Harrison**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ  
Tel: 028 90 523219  
Email: [cathy.harrison@health-ni.gov.uk](mailto:cathy.harrison@health-ni.gov.uk)

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**FOR ACTION**

Chief Operating Officer, Strategic Planning and Performance Group (*for onward transmission to relevant staff*)

Chief Executive, Business Services Organisation (*for onward transmission to relevant staff*)

Assistant Director of Integrated Care, Head of Pharmacy and Medicines Management, SPPG (*for onward distribution to Community Pharmacies*).

Head of General Medical Services, SPPG (*for onward distribution to GP Practices*)

GP Medical Advisers, Strategic Planning and Performance Group.

Dear Colleagues,

**SERIOUS SHORTAGE PROTOCOL– VARIOUS STRENGTHS OF ESTRADOT® PATCHES**

Serious shortage protocols (SSPs) under the Human Medicines Regulations 2012 (HMRs) are an additional tool to manage and mitigate medicines shortages. An SSP enables community pharmacists to supply a specified medicine in accordance with a protocol rather than a prescription, without needing to seek authorisation from the prescriber, saving time for patients, pharmacists and prescribers. They are used in the case of a serious shortage, where a medicine would be likely to be out of stock for some time, and if, in the opinion of ministers, it would help manage the supply situation.

I am writing to inform you that in response to supply concerns across the UK regarding the availability of **Estradot® (estradiol) 50micrograms/24 hours transdermal patches, Estradot® (estradiol) 75micrograms/24 hours transdermal patches, and Estradot® (estradiol) 100micrograms/24 hours transdermal patches** the Department of Health of Social Care (DHSC) has today issued three SSPs.

Effective from today, [SSP079](#) provides that for **every Estradot® 50mcg/24 hours transdermal patch that is originally prescribed, either one Estraderm® MX 50mcg/24 hours transdermal patch or one Evorel® 50mcg/24 hours transdermal patch can be supplied**. This SSP is due to expire on **Friday 28 February 2025**.

**SSP080** provides that for every Estradot® 75mcg/24 hours transdermal patch that is originally prescribed, either one Estraderm MX® 75mcg/24 hours transdermal patch or one Evorel® 75mcg/24 hours transdermal patch can be supplied. This SSP is due to expire on **Sunday 19 January 2025**.

**SSP081** provides that for every Estradot® 100mcg/24 hours transdermal patch that is originally prescribed, either one Estraderm MX® 100mcg/24 hours transdermal patch or one Evorel® 100mcg/24 hours transdermal patch can be supplied. This SSP is due to expire on **Tuesday 28 January 2025**.

Pharmacists should refer to the latest version of this SSP which is available on the Business Services Organisation (BSO) dedicated page on its website:

<https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/drug-tariff-and-related-materials/serious-shortage-protocols-ssps/>.

**SSP079**, **SSP080** and **SSP081**, authorised by the Secretary of State on behalf of the four UK nations, have been developed by clinicians and provides pharmacists with procedures to follow in providing this suitable alternative product to help reduce the number of patients having to return to their prescriber for a replacement prescription.

Key Points:

- These SSPs do not allow for the quantity supplied to be less than the number of days prescribed on the original prescription.
- A supply must not be made if there is a known previous hypersensitivity or severe adverse reaction to Evorel® or Estraderm® MX patches or their excipients.
- Ensure that patients who are supplied in accordance with these SSPs are counselled by the pharmacist with regards to monitoring and managing potential side effects, such as:
  - Breakthrough bleeding;
  - Irritation caused by wearing an alternative patch;
  - Patches coming off or not adhering properly.
- Patients who experience persistent side effects from an alternative patch supplied in accordance with these SSPs should be promptly referred back to their prescriber
- Community pharmacists should use their professional skill and judgement to decide whether it is reasonable and appropriate to substitute the patient's prescribed order for a supply under these SSPs. The patient/carer will also need to agree to supply under the SSP.
- Pharmacists must ensure that the patient's prescriber and/or GP practice is notified when supplying a patient in accordance with these SSPs as soon as practically possible and should aim to forward these details within 3 working days. Please refer to ['Outline of Operational Guidance for Dispensers in](#)

[response to issue of a Serious Shortage Protocol](#) on the BSO website for more information.

- If a patient/carer declines to receive the medicine under these protocols, the pharmacist should use their professional judgement to determine if other courses of action are appropriate whilst taking into consideration wider supply issues. If this does not address their concerns, the patient/carer should be referred back to their prescriber for advice.

### **Action Required**

All relevant staff should be made aware of these SSPs. I would ask the SPPG to bring this information to the attention of GP Practices and Community Pharmacists directly.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Cathy Harrison', written in a cursive style.

**Professor Cathy Harrison**  
**Chief Pharmaceutical Officer**