Department of Health & Social Care

NHS England

Medicine Supply Notification

MSN/2023/120

Sando-K® (potassium chloride 600mg and potassium bicarbonate 400mg [total potassium 12mmol] effervescent tablets

Tier 2 – medium impact*
Date of issue: 22/12/2023
Link: Medicines Supply Tool

Summary

- Sando-K® effervescent tablets are in limited supply until late February 2024.
- Potassium chloride 600mg (total potassium 8mmol) modified release tablets remain available and can support an increase demand.
- Kay-Cee-L® syrup (potassium chloride 75mg/ml) remains available but cannot support an increase in demand.
- Supply of intravenous ready-to-administer potassium chloride infusions remain available.
- Unlicensed supply of potassium chloride 75mg/ml (total potassium: 1mmol/ml) oral solution is available from Specials manufacturers.
- Unlicensed import of Chlorvescent® effervescent tablets (14mmol potassium per tablet) may be sourced, lead times vary.

Actions Required

Clinicians in primary and secondary care should:

- review patients for appropriateness of ongoing therapy;
- consider quantity to be supplied (pack size 20 tablets per tube) when prescribing existing supply of Sando-K® to reduce wastage. Pharmacy teams should query any scripts that could potentially have the dose regimen adjusted to reduce wastage;
- consider dietary replacement for mild hypokalaemia, seeking advice from dieticians if required;
- consider prescribing potassium chloride 600mg modified release tablets, if patient is able to swallow solid dosage forms, is able to follow instructions for administration, and is not intolerant to any of the excipients, ensuring they are counselled on the appropriate dose required;
- consider prescribing unlicensed supply of potassium chloride 75mg/ml oral solution or Chlorvescent® effervescent tablets where licensed alternatives are not appropriate. Ensure that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose (and volume) required. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see supporting information below);
- If the above options are not considered appropriate, primary care clinicians should seek advice from specialists on management options.

Secondary care only

*Classification of Tiers can be found at the following link:
https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/

- NHS provider Trust pharmacy procurement teams and clinical teams should work together to review local stock holdings and conservatively order stock of Sando-K® in line with projected demand until the supply issue is resolved.
- If Sando K® is not available, consider use of potassium chloride 600mg modified release tablets and unlicensed oral preparations as detailed above or appropriateness of intravenous potassium replacement therapy in line with local guidelines.

Supporting information

Clinical Information

Sando-K® is licensed for the prevention and treatment of hypokalaemic states such as those associated with:

- Use of drugs which can induce potassium depletion e.g. furosemide, thiazide diuretics, corticosteroids, carbenoxolone and cardiac glycosides, especially in combination with diuretics;
- Potassium loss resulting from severe diarrhoea, vomiting or fistulas;
- Acid-base disturbances e.g. alkalosis, renal tubular acidosis, states in which there is aldosterone excess, Cushing syndrome;
- Decreased intake of potassium e.g. malnutrition, alcoholism, some elderly patients with deficient diets;
- treatment of hypokalaemia associated with hypochloraemic alkalosis since Sando-K® contains chloride.

The summary of product characteristics states to store Sando-K® in the original tube, kept tightly closed in order to protect from moisture. The tablets are highly hygroscopic. The tube contains an internal desiccant and is designed to protect the medicines from moisture. Alturix have not conducted tests on storage in any other containers. Any decision taken locally to pack down is outside the terms of the medicine's marketing authorisation and should only be made following a risk/benefit assessment that identifies risk mitigation measures.

Alternative management options:

- Dietary replacement of potassium may be suitable for mild hypokalaemia; 1 medium banana contains approximately 12mmol of potassium.
- Kay-Cee-L® syrup (cannot support uplift in demand) contains 40% w/v sorbitol which can cause induce diarrhoea.
- Switching between alternative oral potassium supplements is on a mmol per mmol basis so monitoring requirements are not expected to change.
- For symptomatic or severe hypokalaemia (potassium less than or equal to 2.5mmol/L) which would necessitate rapid replenishment, intravenous potassium supplementation is usually indicated.

Links to further information

- SmPC: Sando-K effervescent tablets
- BNF: Potassium chloride
- BNF: Electrolyte replacement therapy
- Patient information: Dietary potassium

Guidance on ordering and prescribing unlicensed imports and Specials.

The following specialist importer have confirmed they can source unlicensed Chlorvescent® tablets (contains potassium chloride 595mg, potassium carbonate 152mg and potassium bicarbonate 384mg; total potassium 14mmol per tablet) (please note there may be other companies that can also source supplies):

- Alium Medical

The following Specials manufacturer have confirmed they can supply unlicensed potassium chloride 75mg/ml (total potassium: 1mmol/ml) oral solution (please note there may be other companies that can also source supplies):

- Eaststone Ltd
- Nova Laboratories Ltd

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

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist (RPPS) or Associate RPPS, who will escalate to national teams if required.

REGION	Lead RPPS	Email	Associate RPPS	Email
Midlands	Andi Swain	andi.swain@nhs.net	Diptyka Hart	Diptyka.Hart@uhb.nhs.uk
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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2023/120.
Email: DHSCmedicinesupplyteam@dhsc.gov.uk.