**Medicine Unavailable Notice:**

Due to manufacturing problems, the following medicine is unavailable:

**Medicine: Date likely to return to stock:**

…………………………………………. ………………………………………

After checking the local OCCG formulary and guidelines, the following can be suggested as an alternative to this medicine:

<http://www.oxfordshireformulary.nhs.uk/>

1. **Generic equivalent, same strength:**

…………………………………………………

1. **Same generic item but different strength and with the following directions:**

Generic & Strength: …………………… Direction of use:………………………

1. **Branded item, same strength:** ……………………………………………
2. **Branded item but different strength and with the following directions:**

Brand & Strength: .................................... Direction of use: .................................

1. **Different medicine but recommended as an alternative (following local or national guidelines) with the following directions for use:**

Alternative medicine: ………………………………………………….

Direction of use: ………………………………………………….

The alternative is a suggestion and to inform the surgery of the availability of alternative medicines. The decision of which alternative medicine to choose from to will be the decision of the prescriber, based on the patient’s notes.

This has been checked and approved by the responsible community pharmacist.

Name of responsible community pharmacist: ……………………………………….

Signed: ……………………….. Dated: …………………………