

Current Drug Shortages

Active critical shortages:

- IV Multivitamins: currently restricted to use in TPN or for patients with severe chronic malabsorption syndromes only

Resolved/stable shortages:

- Hyoscyamine sublingual drops

See current list:

<https://sharepoint16.mhc.net/RX/Formulary/Formulary%20Documents/MMC%20Drug%20Shortages.pdf>

Drug Manufacturer Shut Down Causing Shortages

On February 22, 2023, Akorn Pharmaceuticals abruptly shut down, immediately ceasing all production and distribution without notice. Akorn was a major, and often sole source of numerous generic pharmaceuticals, and the effects are still being experienced throughout Munson Healthcare and our communities.

The following medications have no existing alternative source in the US, and alternatives must be used:

- Calcitriol injection: alternatives include oral calcitriol, calcimimetics, vitamin D analogs
- Dimercaperol injection: alternatives include oral succimer; check with Poison Control
- Physostigmine injection: alternatives include oral rivastigmine, injectable Intralipid; check with Poison Control

Additional medications for which Akorn was the predominant source include:

- Orphenadrine injection: recommend methocarbamol injection or oral alternatives
- Sufentanil injection: recommend fentanyl
- Albuterol nebulization: recommend MDI if able, levalbuterol if unavailable
- Lidocaine viscous solution
- Multiple ophthalmic medications

For questions related to drug shortages, contact Brad Beaman, PharmD or Cathi Cornelius, PharmD

New or Revised Power Plans

- **Heparin for Neurointervention:** New PowerPlan to facilitate ordering and management of heparin in the post-neurointervention population, with dosing by pharmacy.
- **Insulin U-500 Subcutaneous:** Updated to remove the instruction to hold U-500 insulin if patient is not eating, as U-500 is often used as a basal insulin and omission may cause severe hyperglycemia/DKA. RN is instructed to call provider for guidance.
- **Pediatric Meningitis:** Updates to antibiotic dosing
- **Life Threatening Reversal Alteplase and Tenecteplase:** New PowerPlan to reflect MHC Reversal Guidelines, using cryoprecipitate, fixed dose tranexamic acid, or platelets.
- **Medication Associated Orolingual Angioedema:** New PowerPlan for use in patients experiencing medication-induced (ex. alteplase, ACE-inhibitor) angioedema, including immediate and ongoing treatment with steroids, epinephrine, and H1 and H2 blockers, as well as icatabant (Firazyr) for refractory cases.
- **ED Diabetic/Endocrine Plan:** Reactivated and revised to facilitate management of hyper- or hypoglycemia related to diabetes in the ED. Can be used while working up for DKA, but must use DKA PowerPlan to initiate insulin drip.
- **Acute Pain PowerPlan:** Revised to provide option for single drug to treat both moderate and severe pain (rather than one option for moderate and second agent for severe pain). A rule is being developed to alert providers when scheduled acetaminophen is ordered along with prn acetaminophen, putting the patient at risk for exceeding daily recommended max doses. Best practice is NOT to order prn acetaminophen containing products when you've ordered scheduled acetaminophen at 3 to 4 grams per day.