### MEDICATION SAFETY COMMUNICATION

## Information for health professionals in NSW public health organisations

Salbutamol 2.5 mg/2.5 mL inhalation ampoules – 6 September 2023	
Details of affected product(s)	Salbutamol 2.5 mg/2.5 mL (Cipla) inhalation ampoules – ARTG 115652
	Salbutamol 2.5 mg/2.5 mL (Ventolin Nebules) inhalation ampoules – ARTG 12533
Reason for communication	Disruption to supply
Date issue made apparent	August 2023
Supply impact dates	November 2023 – August 2024

#### Main indications and use

Salbutamol is a short acting  $\beta_2$ - adrenoreceptor agonist indicated in the relief of bronchospasm in patients with asthma and patients with chronic obstructive pulmonary disease, acute prophylaxis against exercise induced asthma, and other situations known to induce bronchospasm.

Salbutamol 2.5 mg/2.5 mL inhalation ampoules (nebules) are utilised for the treatment of severe, life threatening asthma in children aged 1–5 years old.

#### **Situation**

There is a current disruption to the supply of salbutamol 2.5 mg/2.5mL (Cipla) nebules until late July 2024 due to manufacturing issues. There is an anticipated disruption to supply of the alternative brand salbutamol 2.5 mg/2.5 mL (Ventolin Nebules) from November 2023 until early August 2024.

#### **Alternative agents**

Alternative salbutamol products including salbutamol 5 mg/2.5 mL solutions for inhalation (nebules) and salbutamol metered dose inhalers (MDI) are unaffected and remain available.

#### Precautions, safety issues and other considerations associated with alternatives

For the duration of the disruption to supply it is recommended that:

- Remaining stock of 2.5 mg salbutamol nebules be reserved for children aged 1—5 years of age for the treatment of severe/life threatening asthma.
- Clinicians consider alternative treatments such as using a MDI administered via spacer and mask where clinically
  appropriate as administration of salbutamol via MDI and spacer is generally more effective than a nebulised dose (refer
  to local guidelines/protocols for dosing advice).
- Patients are de-escalated from nebules as soon as possible to MDI administered via spacer, and mask as clinically appropriate.
- Clinicians consult the National Asthma Council Australia Update for health professionals Salbutamol nebules.

In the case of complete disruption to supply, salbutamol 5 mg/2.5 mL nebules may be used to administer a 2.5 mg dose if no alternative can be used – see **Table 1** for administration advice for inpatient and outpatient usage.

Patients who require supply of salbutamol 5 mg/2.5 mL nebules to administer a 2.5 mg dose upon discharge should receive appropriate education on preparation and administration and advised that for ongoing supply, a prescription from their general practitioner for the 5 mg/2.5 mL strength is required.

#### Impacts of this communication on clinical practice

Actions to address the disruption to supply of salbutamol 2.5 mg/2.5 mL should be coordinated and implemented by the local Drug and Therapeutics Committee in consultation with the relevant clinicians. Alternative salbutamol products are available and can be utilised by facilities after consideration of the above precautions and safety issues.

#### Associated regulatory or policy references

PD2022\_032 Medication Handling

PD2019 019 Coordination of responses to urgent system-level medicine or medical device issues

**Key contacts** 

Clinical Excellence Commission (Medication Safety) – <u>CEC-MedicationSafety@health.nsw.gov.au</u> HealthShare NSW (Category Manager – Strategic Procurement) – <u>Noman.Masood@health.nsw.gov.au</u>





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Table 1: Administration advice for use of 5 mg/2.5 mL salbutamol nebule for 2.5 mg dose\*

Setting	Administration advice	
Inpatient use	<ul> <li>Open the 5 mg/2.5 mL nebule and draw 1.25 mL (= 2.5 mg salbutamol) of the solution with a syringe and needle.</li> <li>Place drawn solution into the nebuliser chamber and top up with sodium chloride 0.9% to a total volume of 2–2.5 mL (i.e. 0.75 to 1.25 mL of sodium chloride 0.9%).</li> <li>Discard any remaining solution in the nebule.</li> <li>Use a new nebule for each dose.</li> </ul>	
Outpatient use	<ul> <li>Open the nebule and squeeze slowly the 5 mg/2.5 mL salbutamol solution into a small clean medicine cup.</li> <li>Draw up 1.25 mL (= 2.5 mg salbutamol) of the solution in a clean syringe.</li> <li>Place drawn solution into the nebuliser chamber and top up with sodium chloride 0.9% to a total volume of 2–2.5 mL (i.e. 0.75 to 1.25 mL of sodium chloride 0.9%).</li> <li>Discard any remaining salbutamol solution in the medicine cup.</li> <li>Rinse medicine cup and syringe with boiled cool water and re-use for next dose.</li> <li>Use a new nebule for each dose.</li> </ul>	

<sup>\*</sup>Information adapted from the Children's Hospital at Westmead Meds4Kids dosing guideline with permission.

