MEDICATION SAFETY COMMUNICATION

Information for health professionals in NSW public health organisations

Xylocaine® 2% with adrenaline 1:200,000 20 mL injection vial – 7 December 2023	
Details of affected product(s)	Xylocaine 2% with adrenaline 1:200,000 20 mL injection vial – ARTG ID: 12021
Reason for communication	Disruption to supply
Date issue made apparent	November 2023
Estimated resolution date	March 2024

Main indications and use

Lidocaine with adrenaline is indicated for the production of local or regional anaesthesia by infiltration, peripheral nerve block (e.g., intercostal block); major plexus block (e.g., brachial plexus block), epidural block and subarachnoid block.

Situation

There is a current global disruption to the supply of Xylocaine (lidocaine) 2% with adrenaline 1:200,000 20 mL injection vial until the end of March 2024 with limited stock available due to manufacturing issues.

Alternative agents

Alternatives to Xylocaine 2% with adrenaline 1:200,000 are available and may be utilised if considered safe and clinically appropriate. The use of these alternatives should be assessed on a case-by-case basis, considering individual patient factors and the indication for use.

Australian registered alternatives

Alternative strengths –

- Xylocaine 1% with adrenaline 1:100,000 5 mL ampoule
- Xylocaine 1% with adrenaline 1:200,000 20 mL vial
- Xylocaine 2% (without adrenaline) 20 mL ampoule

Alternative anaesthetic agents –

There are various anaesthetic agents currently available with and without adrenaline that may be considered as a suitable alternative. These include (but are not limited to):

- Bupivacaine:
  - 0.125% (without adrenaline)
  - 0.25% (with and without adrenaline)
  - 0.375% (without adrenaline)
  - 0.5% (with and without adrenaline)
- Ropivacaine 0.5%, 0.75% and 1% (without adrenaline)

Use of individual components –

Clinicians can consider using the individual components, lidocaine and adrenaline, to make up the required dose (in accordance with a Drug and Therapeutics Committee endorsed protocol or procedure). This should be carried out with **extreme caution** by an experienced clinician due to potential for errors during preparation.

SAS alternatives

Due to the global nature of this disruption, supply of internationally registered products previously available via the Therapeutic Goods Administration (TGA) Special Access Scheme (SAS) are not currently available. It is estimated that these SAS alternatives may be accessible from January 2024, contact individual sponsors for further information.

Extemporaneous alternatives

Lidocaine 2% with adrenaline 1:200,000 may be compounded from external compounders. For further information, contact the external compounders for details on ordering.

Precautions, safety issues and other considerations associated with alternatives

As there are currently no like-for-like alternatives available until at least January 2024 (SAS alternative), facilities are encouraged to reserve remaining supply of lidocaine 2% with adrenaline 1:200,000 for patients and indications where alternatives may not be appropriate – for example, emergency caesarean section and patients with a known allergy to other anaesthetic agents.

NSW GOVERNMENT | CLINICAL EXCELLENCE COMMISSION

Facilities should assess the current status and availability of the medicine at each facility, ensuring all locations of stock are identified and retrieve excess stock from clinical and imprest areas. Additionally, historical stock usage should be reviewed and back orders placed with preferred wholesalers/suppliers (including SAS suppliers) to ensure supply is obtained when available. Consideration should be given to lead times and public holiday closures.

When utilising alternatives such as alternative strengths and alternative anaesthetic agents, clinicians should be adequately trained on the prescribing and administration of these alternatives. This includes paying close attention to the concentration of lidocaine and adrenaline or the alternative anaesthetic agent as well as the volume of the product. Ensure independent second person check requirements are followed as per the NSW Health Policy Directive Medication Handling (PD2022_032). Additionally, facilities should have strategies in place to prevent selection error such as clearly labelling the various anaesthetic agents and alternative strengths. Facilities are also encouraged to review associated protocols and procedures to determine the appropriateness of alternative products(s).

Impacts of this communication on\clinical practice

Actions to address the disruption to supply of lidocaine 2% with adrenaline 1:200,000 should be coordinated and implemented by the local Drug and Therapeutics Committee in consultation with the relevant clinicians. Alternatives 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) – CEC-MedicationSafety@health.nsw.gov.au
HealthShare NSW (Category Manager – Strategic Procurement) – Noman.Masood@health.nsw.gov.au