DRUG SAFETY NOTICE

Supply Shortage

DRUG NAME/STRENGTH/FORM:

Ipratropium bromide 250micrograms in 1ml and 500micrograms in 2ml nebuliser liquid unit dose vials

PROBLEM

- There are limited supplies of ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution.
- Anticipated re-supply date is 28th March 2025.

ADVICE

- Existing supplies of ipratropium nebules should be prioritised for the management of severe airflow obstruction, such as in acute asthma and exacerbations of chronic obstructive pulmonary disease (COPD), and in patients with a tracheostomy for whom the nebulised route may be more suitable.
- For all other patients in primary and secondary care, clinicians should:
  - review the need for ipratropium nebules;
  - consider prescribing ipratropium 20microgram/dose inhaler via a spacer device, where appropriate, ensuring inhaler counselling is provided;
  - ensure patients recovered from an exacerbation of COPD are switched from the nebules back to their usual long-acting muscarinic antagonist (LAMA) inhaler as soon as possible; and
  - consider prescribing unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary.

ALTERNATIVES

- Ipratropium bromide 20microgram/dose inhalers remain available and can support an increase in demand.
- Salbutamol 2.5mg/2.5ml / ipratropium bromide 500micrograms/2.5ml nebuliser solution remains available, however, cannot support an increase in demand.
- Unlicensed supplies of ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution may be available, lead times vary.
- Access to licensed ipratropium nebules will be actively monitored. Where possible, supplies will be prioritised for ambulance services who are less able to use unlicensed supplies.

SUPPORTING INFORMATION

Ipratropium is a short-acting muscarinic antagonist. The nebules, when used concomitantly with inhaled beta2-agonists, are licensed for the treatment of reversible airways obstruction as in acute and chronic asthma. They are also licensed for the treatment of reversible bronchospasm associated with COPD. The inhaler is licensed for the regular treatment of reversible bronchospasm associated with COPD and chronic asthma.

For an acute severe asthma attack, BTS guidance notes combining nebulised ipratropium bromide with a nebulised β2 agonist produces significantly greater bronchodilation than β2 agonist alone, leading to faster recovery and shorter duration of admission. It points out that anticholinergic (antimuscarinic) treatment is not necessary and may not be beneficial in milder asthma attacks or after stabilisation.

NICE guidance suggests both nebulisers and hand-held inhalers can be used to administer inhaled therapy during exacerbations of COPD. The choice of delivery system should reflect the dose of drug needed, the person's ability to use the device, and the resources available to supervise therapy administration. It is recommended that patients are changed to hand-held inhalers as soon as their condition has stabilised, because this may allow them to be discharged from hospital earlier.

Key resources

SmPC: ipratropium nebuliser solution
BNF: ipratropium
BTS guidelines on the Management of Asthma
NICE guideline (NG115): COPD in over 16s: diagnosis and management-exacerbations

FOR FURTHER INFORMATION CONTACT YOUR WARD BASED PHARMACY TEAM
OR
THE PHARMACY DEPARTMENT (CITY ext.5263; SANDWELL ext.3783).

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