Safety Notice 012/17

Intravenous piperacillin-tazobactam – Disruption to supply

20 October 2017

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Emergency Departments
- Intensive Care Units
- Infectious Diseases Physicians
- Directors of Surgery
- Directors of Medical Services
- Directors of Nursing
- Directors of Pharmacy
- Drugs and Therapeutics Committees and subcommittees
- AMS Committees

Expert Reference Group

Content reviewed by:

- Office of the Chief Health Officer
- Chief Pharmacist Unit
- Clinical Excellence Commission
- HealthShare

Clinical Excellence Commission

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http://www.health.nsw.gov.au/sabs

Intranet Website
http://internal.health.nsw.gov.au/quality/sabs/

Review date

June 2018

Background

There is a disruption to the supply of piperacillin-tazobactam 4 g/500 mg intravenous preparation. This disruption has resulted from a global shortage of the active pharmaceutical ingredient (API) of piperacillin-tazobactam. This shortage affects Alphapharm and Sandoz who are the primary suppliers to the Australian market.

A previous communication regarding the shortage was sent on 13 July 2017. Sandoz has provided updated advice and anticipate that based on the utilisation rates of piperacillin-tazobactam during the previous shortage notification period:

- they will be able to continue supply for the remainder of 2017
- they will **not** be able to continue supply in the first quarter of 2018.

Therefore, hospitals must conserve stock of piperacillin-tazobactam for January, February and March 2018 by implementing or tightening measures to control use of piperacillin-tazobactam.

Further information

For details of supply options, including Special Access Scheme (SAS) products, email: HSNSW-contract902@health.nsw.gov.au

There is advice on alternative therapy to piperacillin-tazobactam from the National Centre for Antimicrobial Stewardship (NCAS) https://www.ncas-australia.org/education and the Australasian Society for Infectious Diseases (ASID) https://www.asid.net.au/documents/item/1439. Refer to the Australian Medicines Handbook and Therapeutic Guidelines (eTG complete) for further advice on precautions associated with alternative antibiotic choices. Both can be accessed from CIAP.

Suggested actions by Local Health Districts/Networks

1. Distribute this notice to all stakeholders and all clinical departments.
2. Assess the current status of piperacillin-tazobactam intravenous preparations available in each facility, ensuring all locations of stock are identified.
3. Strategies to manage the shortage of piperacillin-tazobactam should be planned and implemented at a local level by the facility/LHD Antimicrobial Stewardship (AMS) or Drug and Therapeutics Committee. These measures should include (after risk assessment at the local level):
   - Remove and quarantine stock from clinical areas where piperacillin-tazobactam intravenous preparations are not routinely used.
   - Reduce and minimise stock levels from clinical areas where piperacillin-tazobactam intravenous preparations are routinely used.
   - Reserve stock of piperacillin-tazobactam intravenous preparations for infective conditions where IV piperacillin-tazobactam is the only available option.
   - Review prescriptions for piperacillin-tazobactam and assess whether antibiotic therapy can be de-escalated.
   - Use alternative antibiotic options; consult your infectious diseases (ID), clinical microbiology or AMS services for advice. NCAS (https://www.ncas-australia.org/education) and ASID (https://www.asid.net.au/documents/item/1439) have released advice on alternatives.
   - Consider restricting piperacillin-tazobactam intravenous preparations to ID, clinical microbiology or AMS approval only.
4. Ensure a system is in place to document actions taken.