Acetylcysteine 200 mg/mL injection shortage

Key Message:
In order to conserve our stock and ensure it is available for those patients with the most urgent need, effective immediately all Acetylcysteine use will be reserved for the treatment of:
1) Acetaminophen overdose, with or without hepatic failure
2) Fulminant liver failure
3) Rare uses, that are evidence supported, such as aminoglycoside ototoxicity prevention and Cystic Fibrosis patients with severe obstipation/DIOS

This will remain in effect until further notice.

This approach has been reviewed by select medical leadership from around the province, including PADIS, Critical Care, Pulmonary Medicine, Diagnostic Imaging, Internal Medicine, Paediatrics, Emergency Medicine and Pharmacy.

The Issue:
Acetylcysteine 200 mg/mL injection is considered to be at a critical level due to the Sandoz drug shortage.

Reason for decision:
There is no alternative drug treatment for acetaminophen overdose and fulminant liver failure.

Alternative Therapy:
For patients that would have usually been prescribed Acetylcysteine prior to receiving IV contrast or other non-mucolytic uses:

Ensure adequate hydration. For individuals with a Creatinine Clearance of less than 60 mL/min, consider IV hydration with isotonic saline or sodium bicarbonate at 1 ml/kg/h for 12 hours pre and post procedure and discontinuing non essential nephrotoxic drugs (e.g. NSAIDS) 2 to 3 days prior to the procedure.

For patients that would have received Acetylcysteine as a mucolytic (inhaled or oral):

Alternative strategies include heated humidity, nebulized hypertonic saline, treat underlying cause of secretion issues

Action: Please post this notice in your area and ensure all staff is informed.

Contact: Site Pharmacy Department for any questions or concerns.

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