

Drug Shortage Communication and Action Plan: IV Ondansetron (Zofran)

Products affected:

- Ondansetron injectable (all presentations, 2-mL and 20-mL 2mg/mL vials and 32 mg/50 mL premixed bags)

Reason for shortage:

- Multiple manufacturers have discontinued or temporarily discontinued their ondansetron injection.
- Remaining manufacturers cannot keep up with demand and have their products on back order.

Expected resolution time:

- Anticipated release date of late February 2012. Pfizer estimates a release date of late March.
- APP and GlaxoSmithKline are releasing 20 mL vials intermittently.
- Baxter has the 32 mg/50 mL premixed bags available.

Inventory on hand:

- **CRITICAL LOW – IMMEDIATE ACTION REQUIRED**
- Network supply of the 2-mL vials is estimated to be **three (3) days** based on past utilization.
- There is limited availability of alternative therapies due to critical shortages. Below is an approximation of SFH inventory on hand and national availability:
 - Metoclopramide 10 mg/2 mL injection > 2 week supply; not available
 - Prochlorperazine 10 mg/2 mL injection < 1 week supply; reserve for CINV; not available
 - Promethazine 25 mg/mL injection > 1 week supply limited quantities available
 - Trimethobenzamide 200 mg injection none on hand; not available
 - Ondansetron oral disintegrating tab (ODT) 4 mg > 1 week supply; on allocation by manufacturer
 - Ondansetron ODT 8 mg > 1 week supply; available

Recommended management:

- Reserve IV formulation for anesthesiology (high-risk PONV) and hematology/oncology, but ondansetron oral disintegrating tablet (ODT) should be considered whenever clinically appropriate.
- Pharmacy will draw up doses for CINV management using the 20 mL multi-dose vials.
- For all other ondansetron injection orders, ondansetron ODT and/or alternative antiemetic therapy should be considered whenever clinically appropriate.
- If ondansetron injection is warranted, doses ordered more frequently than q12-24 hrs will not be accepted. Pharmacy will automatically optimize the frequency to every 12 hours. The prescriber should consider adding other antiemetic therapy to the regimen.

Other available alternatives (limited quantities):

1. Promethazine (Phenergan) 6.25 – 12.5 mg IV every 4-6 hr
12.5 – 25 mg PO/PR every 4-6 hr
2. Prochlorperazine (Compazine): 5 – 10 mg PO 3 or 4 times per day
25 mg PR twice daily
3. Ondansetron ODT (Zofran ODT) 4 – 8 mg PO every 12-24 hr

Date action plan effective: January 30, 2012

Next communication: February 7, 2012

References: ASHP Drug Shortages Website: <http://www.ashp.org/DrugShortages/Current/>