Department of Health & Social Care

NHS England

Medicine Supply Notification

MSN/2024/076

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

Tier 2 – medium impact*
Date of issue: 15/07/2024
Link: Medicines Supply Tool

Summary

- Ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution is in limited supply until late March 2025.
- 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 have been sourced, 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.

Actions Required

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, ensuing 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 (see supporting information).

*Classification of Tiers can be found at the following link:
https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/

Supporting information

Clinical 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.

Links to further information

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

Guidance on ordering and prescribing unlicensed imports

The following specialist importer(s) have confirmed they can source unlicensed supplies of ipratropium 250micrograms/1ml and 500micrograms/2ml nebuliser solution (please note there may be other companies that can also source supplies):

- Alium Medical
- Clinigen
- QMed
- Smartway
- Target Healthcare

Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Unlicensed imports do not undergo any central quality assessment or suitability evaluation. Therefore, any import must be locally assessed in line with local unlicensed medicines processes. Please see the links below for further information:

- The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA)
- Professional Guidance for the Procurement and Supply of Specials, Royal Pharmaceutical Society
- Prescribing unlicensed medicines, General Medical Council (GMC),

When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:

Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:

- Ipratropium 250micrograms/1ml and 500micrograms/2ml nebuliser solution (imported)

Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: "**special order**".

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist (RPPS) or Associate RPPS, who will escalate to national teams if required.

REGION	Lead RPPS	Email	Associate RPPS	Email
Midlands	Andi Swain	andi.swain@nhs.net	Vacant	
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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2024/076.

Email: DHSCmedicinesupplyteam@dhsc.gov.uk.