

## **FMOLHS Drug Shortage Memo**

To: All Providers From: Pharmacy Department Date: 6/10/2022

Drug Affected: IV Fosphenytoin and IV Valproic Acid

## Dear Providers,

Currently, there is a nationwide shortage of IV Fosphenytoin and IV Valproic Acid due to manufacturing delays and/or increased demand. At OLOLRMC, we have a very limited stock, and no new supply will be available for a while (pending availability from manufacturers).

Fosphenytoin and valproic acid are two widely used anti-epileptic medications. To address this shortage, Pharmacy has provided the following recommendations for alternative agents for adult patients.

Recommendations Summary for anti-epileptic alternatives during the period of shortage

- Reserve both IV formulations for patients who cannot take oral medications or patients actively seizing
- Switch to oral formulations of both drugs as soon as its clinically appropriate
- If clinically appropriate, can use another IV anti-epileptic medication
- If current supply of IV Fosphenytoin and IV Valproic Acid is exhausted; other IV formulations of antiepileptic drugs currently on formulary are shown below.
- If available and needed; will purchase IV Phenytoin for maintenance dosing use only\*

| IV anti-epileptic drugs on formulary | Unit Restrictions                                                                                                                       | Clinical Considerations                                                                                                                                            |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lacosamide (Vimpat)                  | None                                                                                                                                    | Caution in renal impairment: will require a lower dosing regimen                                                                                                   |
| Levetiracetam (Keppra)               | None                                                                                                                                    | Caution in renal impairment: may require a lower dosing regimen                                                                                                    |
| Brivaracetam (Briviact)              | None                                                                                                                                    | Caution in hepatic impairment: will require a lower dosing regimen                                                                                                 |
| Phenobarbital                        | Critical Care Units<br>Progressive Care Units<br>Cardiac Telemetry Units<br>Medical Telemetry <b>(monitored patient</b><br><b>only)</b> | May cause hypotension and respiratory depression when<br>administered IV                                                                                           |
| Pentobarbital                        | Critical Care Units - use for refractory<br>status epilepticus                                                                          | May cause hypotension and respiratory depression when<br>administered IV.                                                                                          |
| Phenytoin*                           | None                                                                                                                                    | For use as <b>maintenance dosing only</b> , use IV Fosphenytoin for the<br>loading dose only. <b>IV push slowly less than 50mg/min.</b> Monitor for<br>hypotension |

\*For more information on this shortage, please visit: <u>ASHP Drug Shortage List</u>

## For any questions/concerns, please contact:

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