



## **Medicine Supply Alert Notice**

22 January 2025

### **Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules**

**Priority level – Tier 2**

**Valid until May 2026**

#### **Issue**

1. Hydrocortisone **sodium phosphate 100mg/1ml solution** for injection ampoules are in limited supply with stock exhaustion anticipated by late March 2025; anticipated resupply is May 2026.
2. Hydrocortisone **sodium succinate 100mg powder for solution** for injection/infusion remains available and can support an increase in demand. After reconstitution with 2ml diluent, the final concentration is approximately **50mg/ml**.

#### **Advice and Actions**

3. Specific advice and actions are detailed in the table below

Secondary care pharmacy procurement teams and clinical teams should work together to:

- reserve existing stock of the solution for injection for those requiring hydrocortisone sodium phosphate 100mg/ml ampoules for use during an adrenal crisis. Note: this stock has an expiry of June 2025.

Where stocks have been exhausted, prescribers should:

- consider switching patients to hydrocortisone sodium succinate 100mg powder for injection, taking into account, the indication, the additional reconstitution step, and particularly, the difference in concentration after reconstitution (**50mg in 1ml**) (see Supporting Information);
- ensure sufficient water for injection to reconstitute the powder for injection is prescribed, if the product with diluent is unavailable (see Supporting Information); and
- highlight to patients and/or parents who are administering hydrocortisone sodium succinate injection the formulation changes and additional reconstitution step, counsel and signpost to training materials on how to do this (see Supporting Information), advise them of the difference in concentration of the reconstituted solution (50mg in 1 ml), and volume to be administered following reconstitution.

Pharmacists should ensure:

- wards, clinics, and emergency departments are aware of any change in formulation and issue reconstitution advice, highlighting difference in concentration of the reconstituted solution; and
- any prescription for hydrocortisone sodium succinate powder for injection also includes water for injection, unless the product with diluent is prescribed (see Supporting Information).



## Additional information

### Clinical Information

4. **Hydrocortisone sodium phosphate 100mg/1ml solution** for injection ampoules are licensed for intravenous, intramuscular injection, and injection into soft tissue.
5. **Hydrocortisone sodium succinate 100mg powder for solution** for injection/infusion is licensed for intravenous injection, intravenous infusion, and intramuscular injection (but not for injection into soft tissues). It is available in two pack sizes.
  - 100mg x 1 vial which also contains a vial of diluent
  - 100mg x 10 vials which does not include the diluent

Each vial of the hydrocortisone sodium succinate powder contains the equivalent of 100 mg hydrocortisone as the sodium succinate salt, which is usually reconstituted with 2ml of sterile water for injection resulting in a concentration of **50 mg in 1ml**.

### Difference in concentration of the two products

To reduce the risk of dosing errors, nursing and medical staff need to be aware of the extra preparation step and different concentration of reconstituted hydrocortisone sodium succinate (**50 mg in 1ml**) compared to hydrocortisone sodium phosphate solution for injection (**100 mg in 1ml**).

It is imperative that patients and/or carers who are used to administering the hydrocortisone sodium phosphate solution are taught how to reconstitute the hydrocortisone sodium succinate vial and made aware of the concentration difference of the reconstituted solution, to ensure they administer the correct dose.

### Resources for patients

[Addison's Self-Help Group -The Emergency Injection for the treatment of Adrenal Crisis](#)

[Living with CAH - Emergency information](#)

[The Pituitary Foundation - Emergency Info for AI and AVP-D \(DI\)](#)

### Links to further information

[Addison's Self-Help Group - Caring for the Addison's Patient: for GPs](#)

[SmPC: Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules](#)

[SmPC: Hydrocortisone sodium succinate 100mg powder for solution for injection/infusion](#)

[Specialist Pharmacy Service: Supporting safe use of adrenal crisis emergency management kits](#)

[NICE guideline – Adrenal insufficiency: identification and management](#)

## Specialist Pharmacy Service (SPS) website

6. The UK Department of Health and Social Care (DHSC) in conjunction with the Specialist Pharmacy Service (SPS) has launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the online Medicines Supply Tool, you need to register with the [SPS website](#). Registration for access to the website is available



to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.

7. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

### Enquiries

8. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to [PharmacyTeam@gov.scot](mailto:PharmacyTeam@gov.scot) (primary care) or [NSS.NHSSMedicineShortages@nhs.scot](mailto:NSS.NHSSMedicineShortages@nhs.scot) (secondary care).