

18 November 2021

Dear Chief Medical Officer

Update: Tenecteplase supply shortage – November 2021

Further to our communication (26 August) regarding the issue of supply shortages for Tenecteplase, the representatives from the affected sectors met and reviewed the present supply status on the 16 November 2021.

Supply State Update (as of 16 November 2021):

The pharmaceutical company has now advised that there have been a series of production failures of Tenecteplase meaning global supply will continue to be disrupted until late 2022.

- New Zealand has had a recent one off supply of 400 units of Tenecteplase. We are not expecting further supplies in the foreseeable future.
- Under the current restrictions and demand, there will be enough Tenecteplase and Alteplase to meet New Zealand's needs until late 2022.
- It is possible supply will improve by mid-year which could allow restrictions to ease at that time.
- Ambulance (St John and Wellington Free) report no issues with supply and no issues had been raised by Stroke or Cardiology services across the DHBs.

Current Status Recommendations:

The group recommended there be no changes to the existing plan in place to preserve stock until certainty of supply is updated. The recommendations are:

For DHB Services:

- All DHB services have switched to using alteplase to preserve supply of tenecteplase for use in ambulances and rural and remote facilities/hospitals.
- **NB:** For the purposes of tenecteplase supply, rural and remote facilities/hospitals are considered to be in the same category as ambulance services. This is because of the difficulty in temporary transition to alteplase in extremely low volume situations.

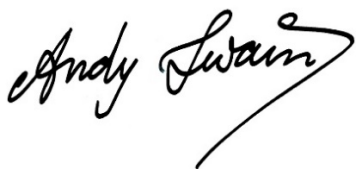
Our previous reminders remain to preserve supply:

- 1) Please prioritise existing stock supplies to support use of tenecteplase for out-of-hospital STEMI thrombolysis. For the purpose of this recommendation, rural and remote facilities are considered "out-of-hospital".
- 2) Please use alteplase as the thrombolytic of choice for massive pulmonary embolus.
- 3) Please use alteplase as the thrombolytic of choice for ischaemic stroke.
- 4) Please use alteplase as the thrombolytic of choice for STEMI in hospitals.
- 5) Maintain tight stock management in DHBs and ambulances to inform ongoing national supply decisions.
- 6) Please consider removing tenecteplase stocks from DHB areas other than hospital pharmacies.
- 7) Please put aside out-of-date tenecteplase and do not dispose of it pending further decisions on expiry date extension.

Review:

This group will continue to monitor developments and will review supply states in March 2022 with an update to the sector.

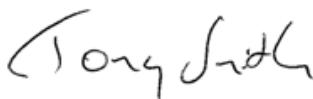
This information is being sent to all Chief Medical Officers, DHB chief pharmacists, Ambulance services, DHB stroke teams via the National Stroke Network, DHB Cardiology services via the National Cardiac Network and Cardiac Society, Emergency Medicine Specialists via the Australasian College of Emergency Medicine, and to Rural Hospital Medical Officers via the Division of Rural Hospital Medicine of the RNZCGP.



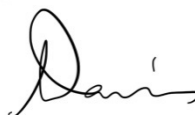
Medical Director, Wellington Free Ambulance



Chair, New Zealand Committee, Cardiac Society of Australia and New Zealand



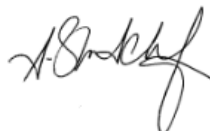
Medical Director, St John Ambulance



Alan Davis
Chair, National Stroke Network



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Chief Clinical Advisor – Quality Use of Medicines,
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