Magellan Healthcare position statement: Shortage of IV contrast 2022 – UPDATE**

On April 19, 2022, GE Healthcare released a statement regarding the expected temporary shortage of its iodinated contrast media—specifically, all concentrations and formulations of its Omnipaque™ (iohexol) and Visipaque (Iodixanol) contrast media products for computed tomography (CT). These products are manufactured in a single facility in Shanghai, China that was previously under COVID-19 lockdown. While the facility has reopened and ramped up production, GE anticipates an 80% reduction in supplies for the next 6-8 weeks given the unpredictability of the supply chain.

Magellan Healthcare does not consider imaging protocols or contrast use in the authorization process however this shortage will undoubtedly affect the way imaging exams are requested in the short term. As with our guidelines, Magellan evaluates current literature and society recommendations to guide the appropriateness of exam requests. The American College of Radiology (ACR) has issued a position statement* about the shortage, which Magellan has adopted.

In summary, the statement encourages clinicians to explore other imaging modalities when appropriate, including:

- Ultrasound, radiographs and fluoroscopy whenever possible
- Non-contrast CT examinations
    - Many indications can be evaluated without contrast on CT, and if further characterization of an abnormality is needed, magnetic resonance imaging (MRI) can be subsequently considered
- MRI for most body regions, excluding the chest where a non-contrast CT is an appropriate alternative
- Nuclear medicine imaging alternatives
    - Bone Scan, white blood cells scan, hepatobiliary iminodiacetic acid scan, etc.
- Positron emission tomography/CT if a CT with contrast cannot be performed due to the shortage **AND** MRI cannot be done for glomerular filtration rate <30, **OR** if there is contraindication to gadolinium and iodinated contrast

Other alternatives which are not within the purview of Magellan and noted on the ACR statement for clinicians/practices and hospital centers to be aware of include:

- Considering alternative types of contrast agents, such as those that may be marketed under a different brand name or intended clinical use

*https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Contrast-Media-Shortage

- Minimizing individual doses administered to reduce waste. Some options include:
    - Weight-based dosing for CT to avoid waste.
    - Reducing CT contrast dose in conjunction with:
        - Lowering kilovoltage peak to improve contrast conspicuity **OR**
        - Acquiring studies with dual-energy protocols (if available) to improve contrast conspicuity
    - Reserving higher concentration agents for angiographic studies
- Using alternatives to nonionic contrast for oral, rectal, genitourinary administration (e.g., iothalamate meglumine or diatrizoate) and considering barium-based products for oral opacification in CT and PET/CT, as well as alternative iodine-based agents (ionics)

Especially important during this time to is consult with other departments to coordinate which studies ultimately need contrast and what alternatives can be used instead. In addition to the above recommendations, the American Hospital Association noted that some institutions may ultimately postpone some scans that can be delayed.

**GE Healthcare's Shanghai facility is now operating at full capacity; however, we expect availability of iodinated contrast media will continue to be limited as global supplies are restabilized. Magellan Healthcare will continue to monitor the situation and update our guidance in concert with changes to the recommendations of national societies.