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An tÚdarás Rialála Táirgí Sláinte
Health Products Regulatory Authority

Management of medicines shortages in Ireland

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EMA Shortages Workshop

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Ireland – summary (1/3)

- Small market (4.5M people)
- Mix of joint packs (mainly with UK) and unique labelling
- Irish specific pack may not be prioritised in manufacturing / packaging runs, can add costs
- Significant numbers of exempt (unauthorised) products – HPRA receives notifications of sourcing of these

Ireland – summary (2/3)

- Supply to Irish market very sensitive to appropriate forecasting by MAH
- In some instances of merger or if there is divestment of products from one company to another, shortages can follow due to re-evaluation of a product's profitability in the Irish context or due to product packaging and livery changes
- Mix of Irish specific & EU wide problems

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Ireland – summary (3/3)

- Article 81 obligations apply to MAHs & Wholesalers – to ensure appropriate & continued supplies within the limits of their responsibility
- We remind MAHs & wholesalers of this but difficult to define 'within the limits...'
- EU single market, permitting parallel trade
- Manufacturing decisions: because of the small size of the market, low revenue is often cited by MAHs as a reason for discontinuation of a medicine
- CEP / GMP issues

Shortages experienced (recent)

- some are specific to Ireland, some relate to all MSs

- Adrenaline autoinjectors
- TB vaccine
- Eltroxin
- Neomercazole (Mercaptopurine)
- Methotrexate
- Zovirax Eye Ointment
- Optiray Contrast Media
- Epilim
- Lyrica
- Cymbalta

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Shortages experienced (previous)

- Levothyroxine Tablets
- Cyanocobalamin Injection
- Etoposide Injection
- Verapamil Injection
- Liposomal Doxorubicin Injection
- Peritoneal Dialysis Fluids
- Permethrin Dermal Cream
- Warfarin Tablets
- Lorazepam Injection
- Adrenaline in pre-filled syringes
- Atropine in pre-filled syringes

Impact of shortages

1. **Patient impact**

- patients switched to alternative therapies which may require clinical supervision, e.g. warfarin
- Patients unable to complete course of treatment, e.g. oncology products
- Shortage of medicines to treat even simple conditions, e.g. Scabies
- Complaints from & difficulties for patients and healthcare professionals

2. **Resource Impact**

- Resource impact for healthcare systems & agencies - prioritisation of cases to restore supply to market, preparation of communications, discussions with interested parties

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Current mechanisms in Ireland for dealing with shortages

- No single body responsible, informal process
- HPRA has no statutory role
- In practice, HPRA & Health Service Executive (HSE) (runs public health service) work together in many cases
- Draft report (see slides 13-16) recommends unit in either HSE or HPRA (or jointly) to deal with shortages
- Current mechanisms – slides 10-12

Current HPRA approaches to managing medicines shortages

- Notification of Temporary or Permanent Cessation of Supply (early warning but limited) + HSE requires 12 months notice in advance of withdrawal for some products
- Batch Specific Requests (BSRs)
- Exempt product notifications
- Work with MAHs on specific cases (can be labour intensive)
- Emphasise Article 81 obligations to MAHs and wholesalers

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Current Mechanisms - Communications

- Good communication essential
- MAHs urged to monitor supply and, if potential for shortage identified, inform HPRA in timely manner with proposed actions
- Product details, information re stock levels, anticipated out-of-stock date based on sales figures, expected date for resumption of supply, reason for shortage, impact for patients, possible solutions
- Timing of notification to HCPs & public?

Batch-specific Request (BSR) (1/2)

BSR is an application from an MAH to allow the temporary supply of stock that is not fully compliant with the registered MA to alleviate shortage of normal pack for Irish market

MAH must provide assurance that the deviation from the registered MA is minor and non-critical and/or propose appropriate action to address the deficiency (e.g. repackaging with the approved product information).

MAHs are strongly discouraged from applying for a BSR when a batch does not comply with the registered finished product specifications. However, in exceptional cases non-critical deviations may be considered on a case-by-case basis.

Batch specific requests are limited in duration (normally no longer than three months) and can only be submitted for authorised medicines.

HPRA Guide to Batch Specific Requests for Human Medicines – MAHs must ensure all points have been appropriately considered prior to submitting a batch-specific request

BSR (2/2)

- Facilitate continuity of supply on short-term basis
- Priority given to these applications within the HPRA
- Can be used for multiple scenarios

- ✓ Repackaging stock with an updated leaflet using a licensed site that is not registered to package the product – e.g. important safety update
- ✓ Temporary supply of packaging not in line with current Irish MA accompanied by appropriate letter to healthcare professionals
- ✓ Temporary supply of same authorised product from other markets with appropriate communication materials for HCPs

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Medication Safety Forum (1/2)

- Overseen by DOH, part of overall Patient Safety Forum
- Large number of organisations (public health system & representing HCPs) with interest in medication use and safety
- No. of projects/sub groups (SGs)
- Include SG on Medicines Shortages & Unlicensed Medicines

Medication Safety Forum (2/2)

- Draft report on improving management of medicines shortages (+ development of co-ordinated approach to unlicensed medicines)
- To be considered in November 2015 by the Forum

Draft report on shortages & unlicensed medicines - main points:

- Recognises that shortages an international problem
- Main causes of shortages outlined

Recommendations in relation to the management of medicines shortages

- Establish a Dedicated Resource with Responsibility for Managing Shortages
- Improved Information System
- Notification of Medicines Shortages to Prescribers and Pharmacists
- Clarity around obligations on Marketing Authorisation Holders and Wholesalers
- Continuity of supply should be part of negotiations with industry on medicines prices
- Learn from international best practice, esp on prevention
- Better utilisation of pharmacists' skillsets / extend scope of practice
- Work to prevent stockpiling

SWOT analysis (1/2)

- **Strengths** – small market, know many of the key persons/groups involved. Can generally get information quickly. BSR prioritised
- **Weaknesses** – full list of essential medicines not in place; small market vulnerable to small inventories; withdrawal of MAs; dominant suppliers / single source; incomplete information on overall sales / demand; risk of error increases due to unfamiliarity with alternative products, in addition to potential for adverse reactions and worsening patient outcomes;

SWOT analysis (2/2)

- **Opportunities** – build list of essential medicines; work with MAHs for these to ensure continuity of supply, build better understanding of market requirements; devise early warning system for potential shortages; variety of communication mechanisms; better liaison with HCPs to ensure best use of scarce products; limit parallel trade in certain products from time to time; better member state co-ordination?
- **Threats** – downward pressure on medicine prices (further potential for withdrawal of MAs); parallel trade

DRAFT form for notification and analysis of shortage

- Drafted by HPRA
- Not finalised as HPRA doesn't have formal role at this time
- Includes risk assessment
- We'd appreciate feedback on its usefulness
- Are other member states doing similar?