

Health Canada GLP-1 Agonist Shortage Communications

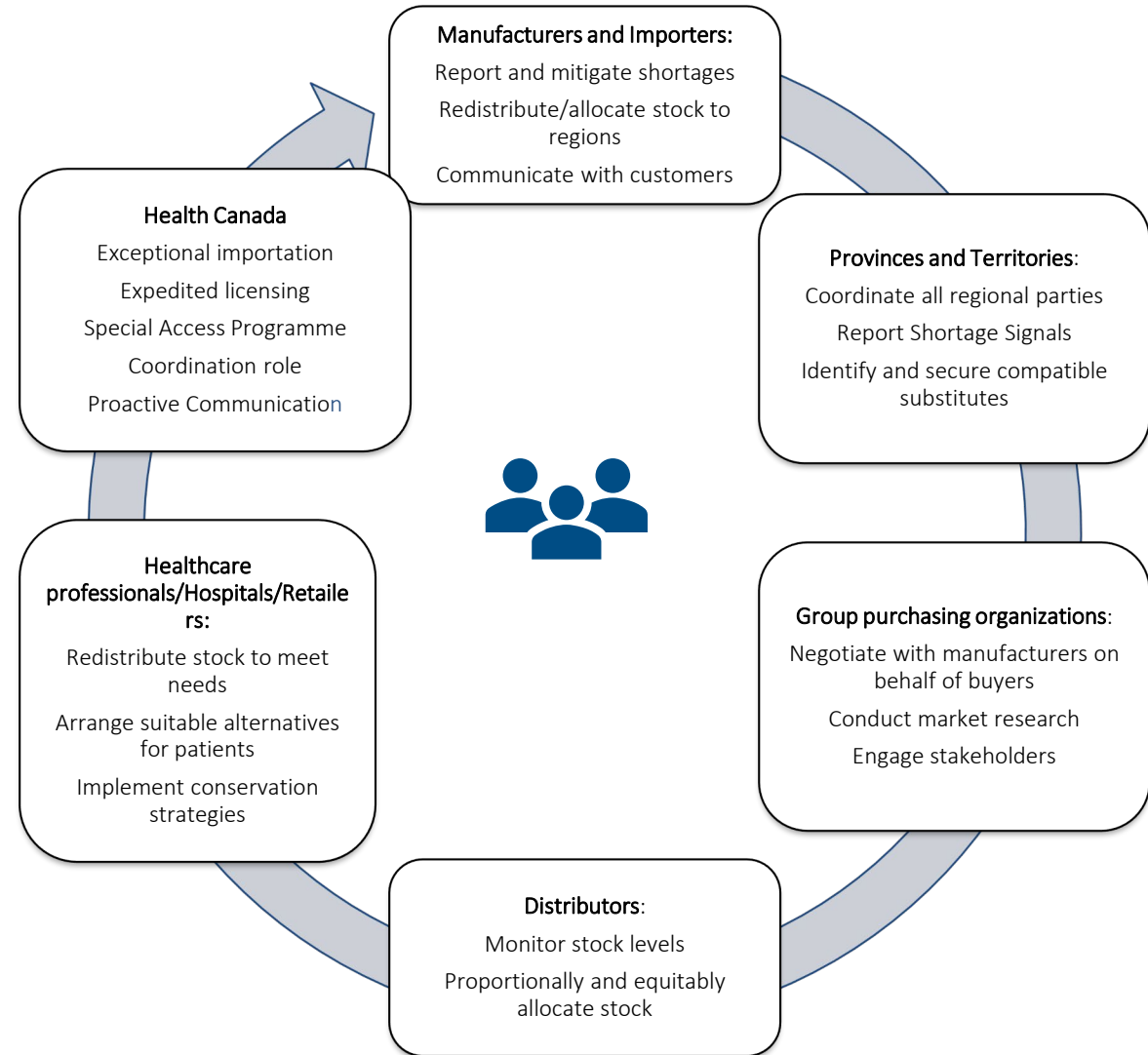


YOUR HEALTH AND SAFETY... OUR PRIORITY.

Drug Shortages are a Multi-Stakeholder Responsibility

- Everyone has a role to play in the prevention and mitigation of drug shortages.
- Health Canada functions as a leader, collaborator and regulator in managing drug shortages.

• Integrated communication strategies are important in ensuring all parties understand the supply situation of a drug.



Standard Drug Shortage Communication Practices



Regular discussions with impacted stakeholders

Market Authorization Holders
Provincial and Territorial Drug Shortages Task Team
Distributor Groups
Medical Associations
Patient Groups



Drug Shortage Reporting Website (drugshortagescanada.ca)

Mandatory drug shortage and discontinuation reporting by drug market authorization holders
Publicly posted
Up-to-date information



Critical (Tier 3) Shortage Determination and Communication

Shortages with greatest potential impact on Canada's drug supply and health care system.
Publicly Posted
Tier Assignment Committee

Multi-Stakeholder Calls

Multi-stakeholder calls are conducted to ensure the supply chain and healthcare systems understand the supply situation of drugs in shortage

- Regular Attendees:
 - Market Authorization Holders
 - Health Canada
 - Provincial and Territorial governments
 - Supply chain representatives (e.g. distributors)
 - Healthcare System representatives
 - Ad hoc (patient associations)
- Typical meeting agenda
 - MAH presents the supply situation of the drug
 - Health Canada discusses potential mitigation measures
 - Question and Answer period
- Such meetings are approximately one hour in length
- Health Canada has hosted eight Multi-Stakeholder calls about GLP-1 shortages

Communications

- Health Canada issued and updated supply notices
 - Beyond shortage reporting, a supply notice provides additional context and details about the supply of a drug

List of drug supply notices

- [Pfizer facility tornado damage: Notice](#) [2024-05-28]
- [Carbamazepine controlled release tablets in short supply: Notice](#) [2024-05-24]
- [Aminophylline in short supply: Notice](#) [2024-04-19]
- [The measles vaccine supply in Canada: Notice](#) [2024-03-28]
- [Cholestyramine in short supply: Notice](#) [2024-02-21]
- [Supply of acetaminophen, ibuprofen and cough and cold medicines: Notice](#) [2023-09-06]
- [Supply of antibiotic oral suspension products: Notice](#) [2023-09-06]
- [Update on the supply of Ozempic and other GLP-1 receptor agonists: Notice](#) [2023-04-06]



- Healthcare Professional groups (e.g. Canadian Pharmacist Association) also issued guidance for prescribers
 - Such guidance will include detailed instructions about alternatives
 - Health Canada supply notices will typically link to such guidelines
- 30-day dispensing was a key consideration in all communications for GLP-1 agonists

Recommendations while GLP-1 agonists are in shortage

- Health Canada convened an expert group comprised of the following members:

Canadian Pharmacists Association	Neighbourhood Pharmacies Association of Canada	College of Family Physicians of Canada	Canadian Society of Endocrinology and Metabolism	Canadian Society of Hospital Pharmacists
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- The following patient groups were also consulted:

Diabetes Canada	Diabète Québec	Obesity Canada
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- Health Canada published the following recommendations from the expert groups with respect to GLP-1 shortages:
 - do **not** start new patients on these drugs that are in shortage, unless there are no suitable alternatives and there's a clinical reason to do so
 - consider prescribing an alternative drug for patients taking one of these drugs that are in shortage, as a continuous supply can't be guaranteed
 - conserve the existing supply for patients who are stabilized and have no other treatment options

OTHER COMMUNICATIONS

- Media responses
- Social media
- Provincial actions:
 - Drug coverage in Canada is a mixture of public and private payers
 - Some private payers follow provincial leads
 - Provinces moved to restrict reimbursement in response to shortages (no longer an open benefit)