Understanding Drug Supply During COVID-19

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Ventilators are only good if you have the medications to use them: understanding drug supply during COVID-19

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Disclosures

• I have no current or past relationships with commercial entities
• I have received no speaker's fee for this learning activity
Learning objectives

1. Explain, on a global scale, some of the reasons for drug shortages
2. List and define Tier 1, Tier 2 and Tier 3 drug shortages
3. Discuss how hospitals respond to drug shortages
4. Discuss why solving the issue of drug shortages is so complex
There is no reliable alternative to COVID-19 drugs. Shockproof ventilators can’t make more. How do we get the medicine we need when Canada can’t make it? Naomi Powell looks at a problem not easy to solve.
Why are there drug shortages?

• Shortage of API
• Supply chain disruption
• Fewer manufacturers
• Natural disasters
• Increased demand
The Canadian Market

- 2% of the global demand
- 13,000 marketed drugs
  - More than 2000 are in shortage at the moment
What medications are short due to COVID-19?

• Health Canada has listed all the current actual and proactive Tier 3 shortages on their [website](#).

• As of April 23\textsuperscript{rd}, there are 19 Tier 3 shortages
  – 17 are proactive shortages involving sedatives, paralytics and injectable opioids
  – 2 are actual Tier 3 shortages: azithromycin IV and salbutamol MDI
Tier Assignment Committee

• Pilot project started in March 2019
• Increases transparency around assignment of Tier 3 status
• Consists of: Health Canada Drug Shortages Unit, Therapeutics Product Directorate, PT Drug Shortages Task Team, Canadian Medical Association, Ad Hoc member
Drug shortage tiers

• Tier 1 shortage:
  – Anticipated drug shortage
• Tier 2 shortage:
  – Actual drug shortage
• Tier 3 shortage:
  – a shortage with the greatest potential impact on Canadians whereby there are no available therapeutic alternatives marketed in Canada
What do hospitals do?

- Obtain different pack sizes or concentrations
- Use other medications from the same class
- Compound in-house
- Use other medications from a different therapeutic class but with a similar mechanism of action
- Determine which patient populations are prioritized for supply
The role of the GPO

• Request suppliers to put protective allocations in place if a critical drug is identified as at risk of being in shortage
• Ensure a fair allocation to as many hospitals as possible
• Promote sharing of clinical guidance/alternatives as well as mitigation strategies amongst member hospitals
The role of the manufacturers

• Advise Health Canada and other stakeholders of impending shortages
• Participate on multi-stakeholder calls related to Tier 3 shortages
• Work with their global partners to secure additional supply for the Canadian market, where possible
The role of Health Canada

- Expedited Establishment License (EL) Review
- Expedited Submission Review
- Expedited Lot Release (Biologics)
- Special Access Program (SAP)
- Interim Order by the Minister of Health
CSHP’s role

- Participate in Tier Assignment Committee meetings when invited
- Participate in Multi-Stakeholder committee meetings
- Gather and share information with our members
- Bring attention to the issue so that the Canadian public understands the rationale for some decision-making
Why can’t we just get more drugs?

- See first slide: shortages are multifactorial and global in nature
- Involves legislative, regulatory, diplomatic and practical considerations