



CPhA Drug Shortages Recommendations to Federal Government

Drug Shortages in Canada

Recent shortages in children's pain medication and amoxicillin have brought renewed public and media attention to drug shortages in Canada. However, drug shortages in Canada are not new and have been an ongoing part of pharmacists' daily practices since prior to the pandemic.

In a 2018 survey conducted by Abacus Data, the Canadian Pharmacists Association (CPhA) found that one in four Canadians had either personally experienced or know someone who had experienced a drug shortage in the previous three years. Further, 79% of pharmacists reported that drug shortages had greatly increased over the last three to five years. With the onset of COVID-19 and significant global supply chain challenges, drug shortages and drug supply disruptions have dramatically increased since the 2018 survey was conducted.

When pharmacists manage drug supply issues it takes time and resources away from direct patient care. They spend a significant amount of time tracking down supply for patients and working to identify appropriate drug therapy alternatives. They may also need to allocate supply carefully and impose quantity limits on patients.

Despite pharmacists' efforts to protect patients from the effects of drug supply issues, drug shortages increase the risk of medication errors, adverse events and patient non-adherence, while causing considerable stress and anxiety for patients and pharmacists alike.

Now is the time for the federal government to take action, prioritize drug supply and implement a suite of measures to reduce and better prepare for future drug shortages.

Recommendations

We recommend that the federal government take the following actions to reduce the potential for and better prepare for future drug shortages:



1. Encourage a robust pharmaceutical market in Canada that promotes Canadian manufacturing and supports manufacturers during a shortage.

A secure drug supply is critical to delivering quality health care to Canadians. Canadians are most vulnerable when there are few or no alternative drugs in any particular drug class. If one manufacturer experiences a production delay that leads to a shortage, there may be few alternatives available to fill that gap.

Pharmacists experience first-hand how difficult it is to switch a patient's drug therapy, particularly when there are few comparable options. Therefore, CPhA recommends that the federal government work with sector partners to assess the current environment and identify opportunities to develop Canada's market to be responsive to patient needs and to encourage a strong pharmaceutical presence in Canada. This can include but is not limited to



reviewing pan-Canadian drug policies to identify pain points for all stakeholders throughout the supply chain and federal investments into domestic drug manufacturing, including research and production of Active Pharmaceutical Ingredients (APIs) and pharmaceutical technologies.

During specific drug shortages, we recognize the importance of bringing in new products to the Canadian market or increasing manufacturing among existing market access holders. In these situations, concerns have been raised about the significant potential for unused stock and risks borne by manufacturers if they overproduce products with short shelf lives. Canada should make efforts to limit these risks and create a favourable market for alternative manufacturers during situations of drug shortages. As an example, Canada should consider creating a federal funding backstop program to help guarantee return for manufacturers who increase production during a shortage.



2. Create and maintain a list of medications at high-risk of shortage and enhance data collection to monitor potential shortages.

CPhA recommends that the federal government develop a list of drugs that are at greatest risk of shortage and that would have the highest clinical risk for Canadians if a shortage should occur. Such a list would assist federal, provincial and territorial governments establish contingency plans and build sufficient stockpiles and redundancies in the supply chain. These types of lists have been successfully used by governments globally and are recommended by the World Health Organization. In Australia, for example, the federal government and drug manufacturing industry agreed to the Medicines Supply Security Guarantee which, in exchange for government investment into medicines most at-risk of shortages, requires that manufacturers hold four to six months of stock of those medicines in Australia.

Further, CPhA recommends federal, provincial and territorial governments work with stakeholders throughout the supply chain to explore mechanisms to increase data collection. Real-time data can assist in better understanding where there is supply at any given time, determine if there are sudden increases in demand for any given product and understand potential trends that could impact supply.



3. Equip pharmacists with the tools and authority necessary to effectively manage drug shortages by working with provincial and territorial partners.

The management of any given shortage requires considerable effort by all health providers. Pharmacists spend on average 20% of their time on drug shortages. By empowering pharmacists to independently substitute drug therapies, we would lessen the burden on all health care providers, improve the patient experience and reduce time and resources needed by pharmacists and prescribers to coordinate drug switching. The federal government should strongly encourage and support all provinces and territories in expanding pharmacists' scope of practice to include therapeutic substitution where it is not currently permitted and enable public funding.



Additionally, during the recent pediatric analgesic shortage, we saw the importance of compounding, defined as the combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final product in an appropriate form for dosing. While all pharmacists have the expertise to compound drugs, there are new regulatory barriers that limit the number of pharmacies that can provide this important service. We recommend that the federal government review compounding regulations to identify how some forms of compounding can be made more accessible to patients while ensuring high safety standards, and we encourage all provincial authorities to consider how we can maintain a strong compounding capacity in pharmacies across the country.



4. Review Health Canada's mandate and authorities.

Health Canada's mandate in the area of drug shortages is limited. Many of the strategies that are developed stem from voluntary collaboration between stakeholders at the request of Health Canada. And while Health Canada collects information from manufacturers on anticipated shortages and can facilitate the importation of alternative supply, we believe there is an opportunity to review its mandate with a view to ensuring that it can proactively engage and respond to shortages as they emerge. A renewed mandate could include overseeing equitable distribution of medicines and identifying and implementing strategies to minimize drug waste. From a pharmacy standpoint, an ongoing challenge is the dissemination of real-time information on supply and we would welcome additional strategies to inform the pharmacy community.



5. Provide financial support to patients required to pay more during a shortage.

During a drug shortage, patients may be required to switch to higher-cost alternative drugs or higher-cost compounded medicines, which could come with additional costs to the patient. When these products are not otherwise covered by a patient's insurance, patients are at greater risk of non-adherence to their prescribed drug plan. We believe that further coordination between governments and private insurers could alleviate the financial burden on patients when switching is required as a result of a shortage and all efforts should be made to ensure that imported products resulting from a shortage are added to formularies in a timely way.