



Medicine Shortages: An update on the multistakeholder framework

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What is a medicine shortage?

A shortage is defined as occurring when:

The supply of a medicinal product is inadequate to meet the needs of patients

The World Health Organisation recognises medicine shortages as a global problem. They represent an increased focus for governments given their potential public health impact





What is a medicine shortage?

- All authorised medicines are included within the scope of the definition (i.e. prescription and non-prescription medicines)
- There is a supply and demand perspective; where there is no demand for a medicine to treat patients, a shortage of this product does not have significance for patients
- The definition is applied at an individual product level; this means that a specific medicine could be defined as being in short supply even if there are equivalent alternatives available
- Discontinuations/withdrawals are not considered shortages



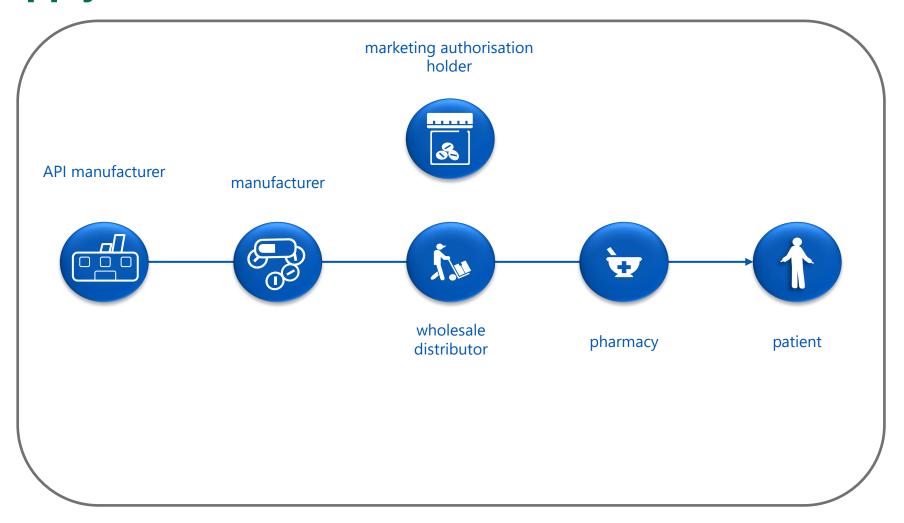


What is not considered a medicine shortage?

- Where a medicine is not yet authorised or which is authorised and not marketed in Ireland for commercial reasons
- A delay in supply of a medicine to a pharmacy due to logistic reasons or an error in delivery
- Where normal supply to a wholesale distributor has been delayed, but there is sufficient stock at wholesale level that normal supply to patients will not be impacted
- Where only one wholesaler is not in a situation to supply the particular medicine and others can supply the medicine

How do medicine shortages occur? Supply chain....







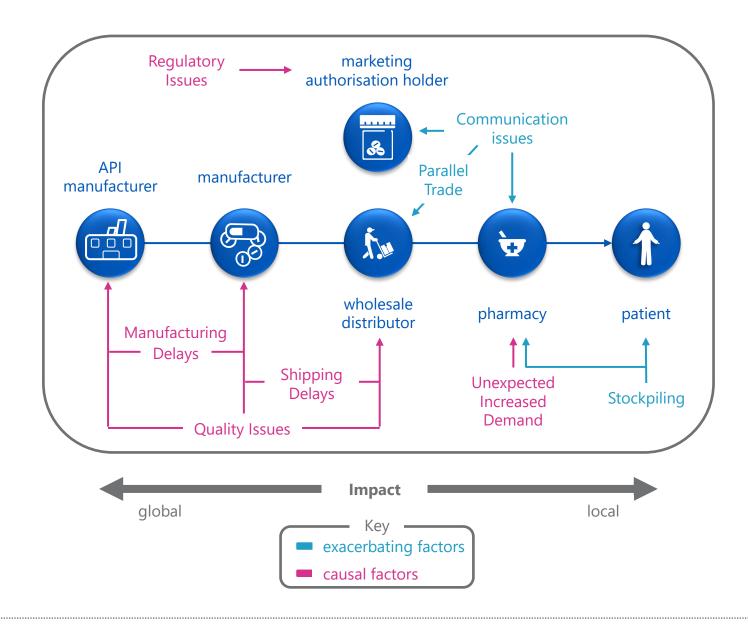
Why do medicine shortages occur?

Each shortage represents an individual set of circumstances. From industry information received by the HPRA, we know that:

- Over 60% of shortages relate to delays or breakdowns during manufacturing or a product quality issue
- Manufacturing can also be delayed when an active substance or other ingredient is in short supply.
 Shortages in packaging materials etc can also lead to delays
- Unexpected increased demand can cause or exacerbate certain shortages. This could be due to an increase
 in prescribing of a particular medicine. Greater than anticipated levels of seasonal illness can also result in
 shortages of medicines needed to treat those illnesses

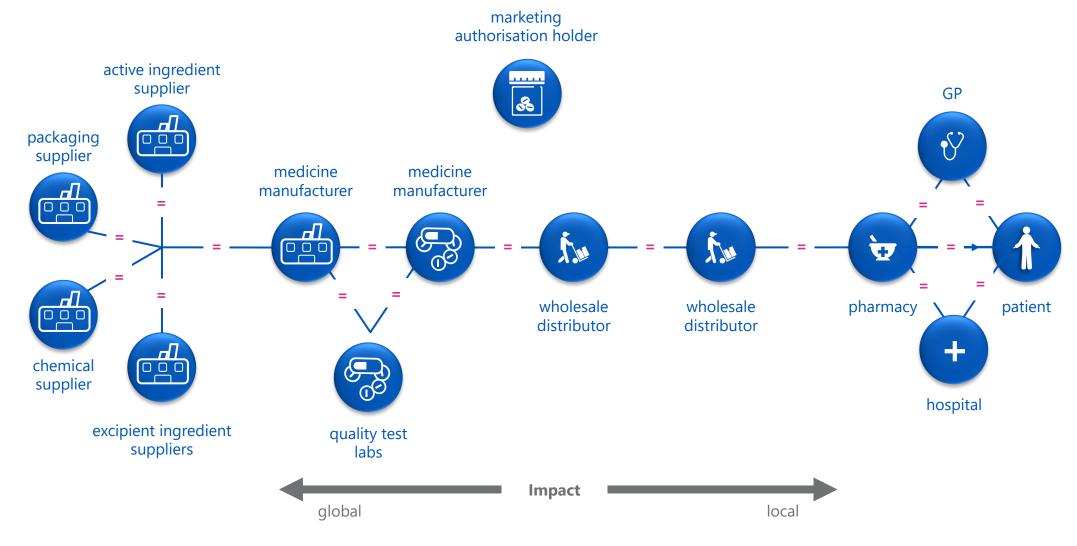
Supply chain





Supply chain





Supply chain



quality issues

manufacturing delays

CMO-related

equipment breakdown

site transfer

packaging

cyber attack

QDR-related

sterility issues

QC test failure

unexpected increased demand

shortage of competitor product

uptake of different strength

recall

pandemic/outbreak

(often link to other reasons)

regulatory issues

delay in submission of variation

no approved API

delay in CD licence application

shipping delay

local delay confirming order

system error

industrial action

delay supply from manufacturer to wholesale



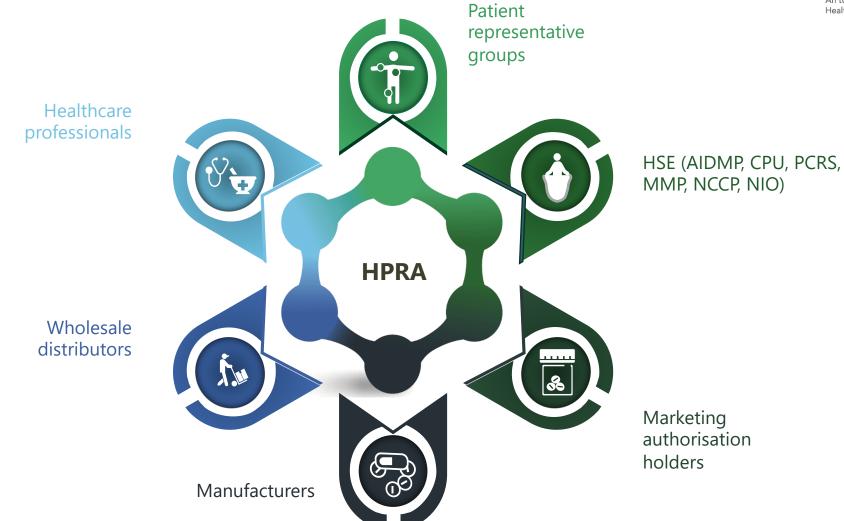


How are medicine shortages handled via the framework?

- The HPRA oversees a multi-stakeholder framework intended to address the issue of human medicine shortages in Ireland
- The aim of the framework is to:
- 1. Help avoid potential shortages from occurring in the first place
- 2. Reduce the impact on patients when shortages do occur

Multi-stakeholder framework









Responsibilities of Marketing Authorisation Holders MAH

- MAHs are legally obliged, within the limits of their responsibilities, to ensure appropriate and continued supplies to meet the needs of patients in the State
- Oversight of the supply of their medicines nationally and globally allows for alignment of supply & demand
- Assess impact of a shortage on patients, notify the HPRA and prepare an appropriate response

Responsibilities of Stakeholders

marketing authorisation holders

continued supply of medicines

supply chain oversight

impact assessment

response

manufacturers

continued supply of medicines

capacity to increase production

support impact assessment

HSE

policy and operational aspects

pricing agreements

clinical guidance

HPRA

co-ordination

regulatory action

communication

Department of Health

overarching policy and direction

pricing agreements

legislation

patient representative groups

supporting patients

information provision

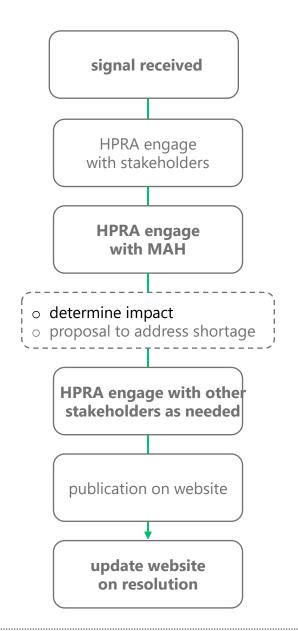
healthcare professionals

identify alternatives

good citizenship

HPRA Coordination role

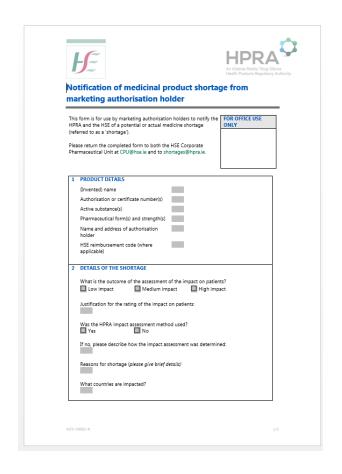


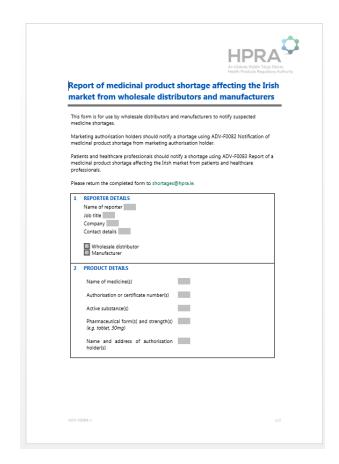


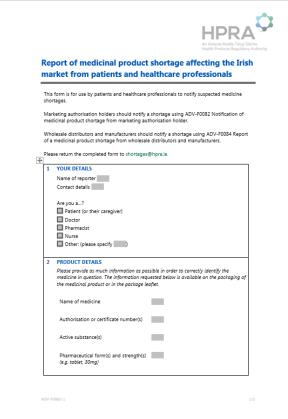


HPRA Coordination role









HCP Reports: <u>shortages@hpra.ie</u> and <u>cpu@hse.ie</u>

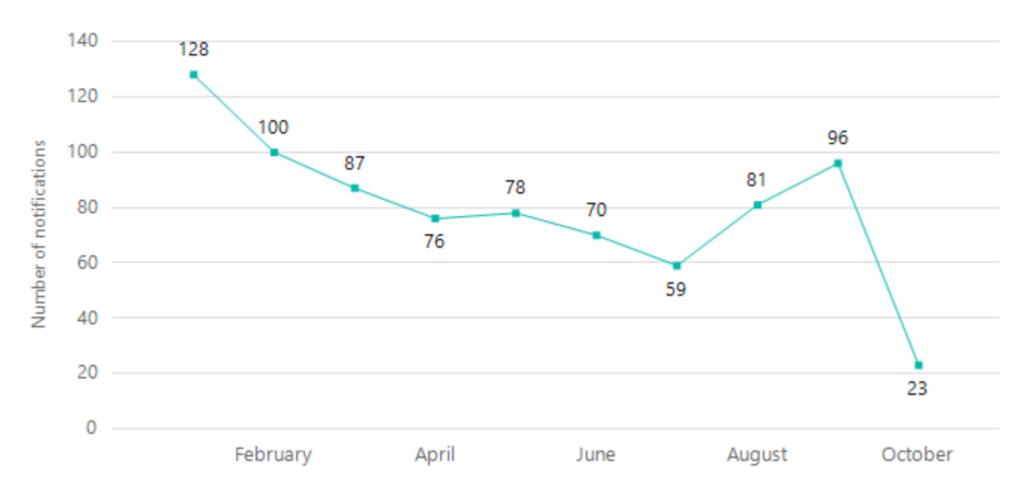
When should medicine shortages be reported/notified?



	Low impact shortages	Medium and high impact shortage
Timeframe	Not less than one month in advance of a shortage	As soon as possible (including potential shortage)
Information required from MAH	Notification form	 Notification form Proposal for handling shortage (including supporting material for patients or healthcare professionals, if appropriate)
Information required from other stakeholders	 Details of the product Circumstances of potential shortage Communication with stakeholders relating to the issue (e.g. contacting more than one supplier, contacting the MAH) 	 Details of the product Circumstances of potential shortage Communication with stakeholders relating to the issue (e.g. contacting more than one supplier, contacting the MAH)



Average number of notifications from 2024 : January to 2024 : October 80







Shortage notification

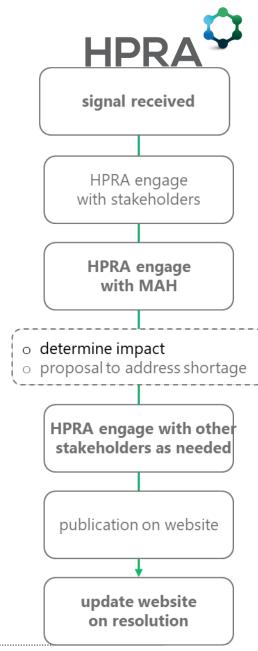
- Early notification of a potential or actual medicine shortage is critical in helping to prevent or mitigate a shortage
- The assessment of and response to medicine shortages may involve the co-ordination of advice and activities by a range of stakeholders and experts
- Impact assessments, shortage notifications and updates should be reliable, timely, consistent and comprehensive



Impact Assessment

Combines two main considerations:

- 1. The availability of therapeutic alternatives and
- 2. The potential impact on patients



Therapeutic alternative		Description	Examples	
Determined by taking into account: • Types of therapeutic	Exact	Same active ingredient, strength and pharmaceutical form	Available generic	
 alternatives that exist Approved indications of the alternative medicine 	Similar	Same active ingredient but different strength	Different strength tablet	
 Likelihood of alternative being available Feasibility of the alternative therapy substitution in the context of the patient population and care setting. Patient safety 	Appropriate	 Different active but same pharmacological class Same active but different formulation that may need consideration of care setting 	 Proton pump inhibitors Statins Antibiotics¹ Oral for intravenous substitution 	
Tation Salety	Comparable	Different active but comparable pharmacological class or mode of action that manages symptoms	 Management of chronic diseases (e.g. diabetes) ACE inhibitor and angiotensin receptor antagonist 	
	None	Unique pharmacology, no alternative treatment option exists	Certain vaccines	





Impact on patient	Example			
Determined by taking into account:	Mild	Simple dermatological conditions		
 The unique needs of the patient population Consequence of a shortage on the likelihood of the condition 	Moderate	 Vulnerable patient populations where some dose forms may not be appropriate 		
progressing if left untreated, from a less serious to more serious condition	Severe	 Oncology patients, mid-cycle of a regimen Certain antibiotics¹ 		





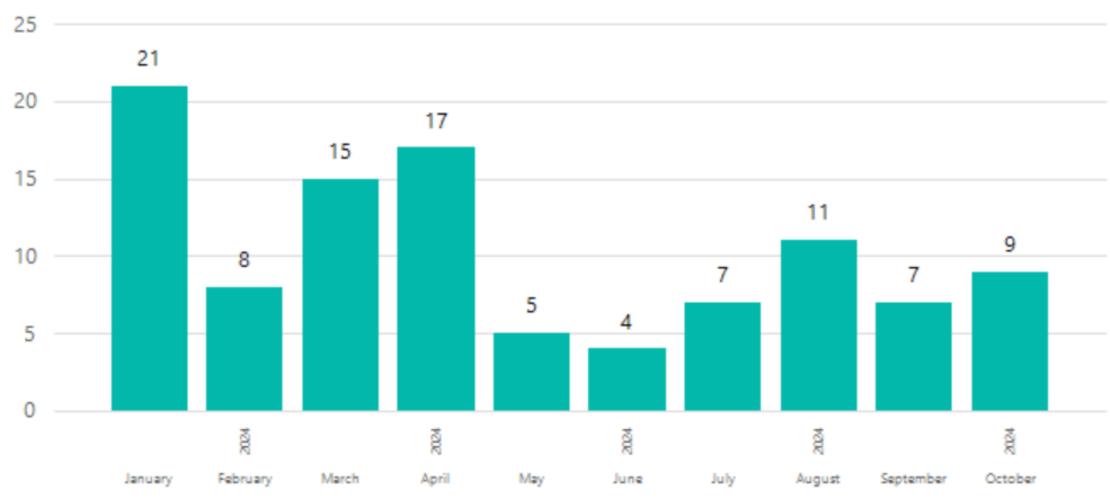
Therapeutic alternative

Impact on patient	Exact	Similar	Appropriate	Comparable	None
Mild	Low	Low	Medium	Medium	High
Moderate	Low	Medium	Medium	High	High
Severe	Low	Medium	High	High	High





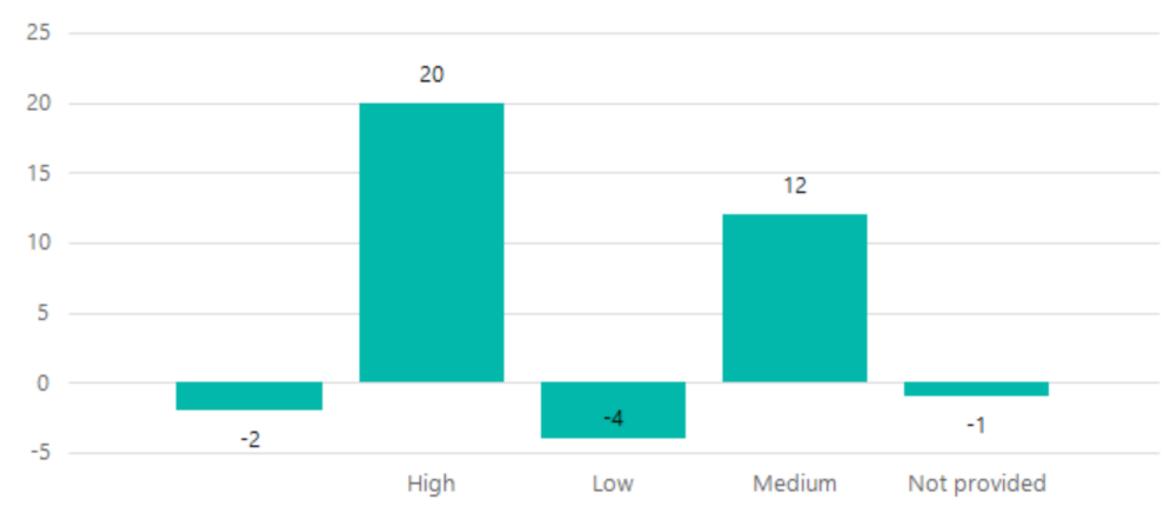
Average timing of notification: 11





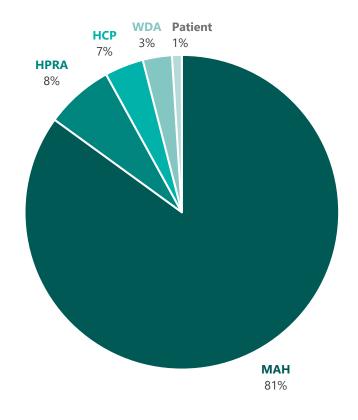


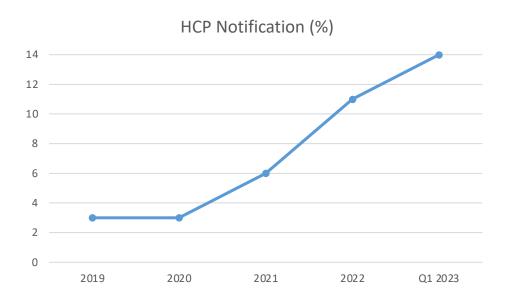
Average timing of notification by impact



Shortages Two Year review dataSource of first notification



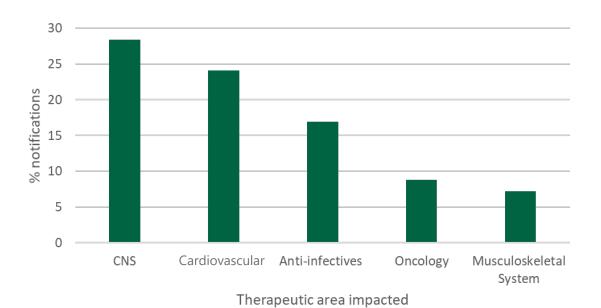


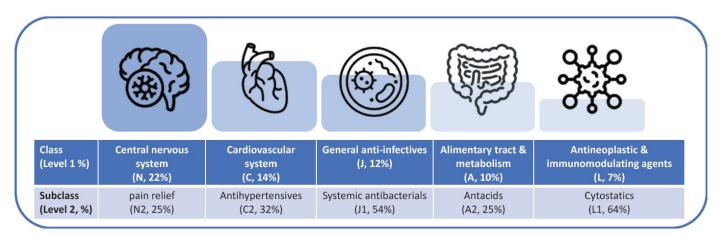


Shortages Two year review data

Therapeutic area impacted







HPRA Website Searchable List

Medicines Shortages List



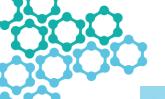
Use the Search box to search for a specific product or active ingredient.

Alternatively you can use the arrows to sort alphabetically by product name / active ingredient or sort by date.

Search by product or active ingredient: cinad

Show 10 v entries

Product name 💠	Active ingredient 🔷	Therapeutic alternative	Reason	Date of shortage		Additional information	Last updated
Cinacalcet Accordpharma 30 mg film-coated tablets EU/1/20/1429/001-004 Accord Healthcare S.L.U.	Cinacalcet	Exact alternative medicine authorized	Quality issue	2024/09/23	Awaiting update from company		2024/10/08
Cinacalcet Accordpharma 60 mg film-coated tablets EU/1/20/1429/005-008 Accord Healthcare S.L.U.	Cinacalcet	Exact alternative medicine authorized	Quality issue	2024/09/23	Awaiting update from company		2024/10/08



Weekly Update and Resolved List

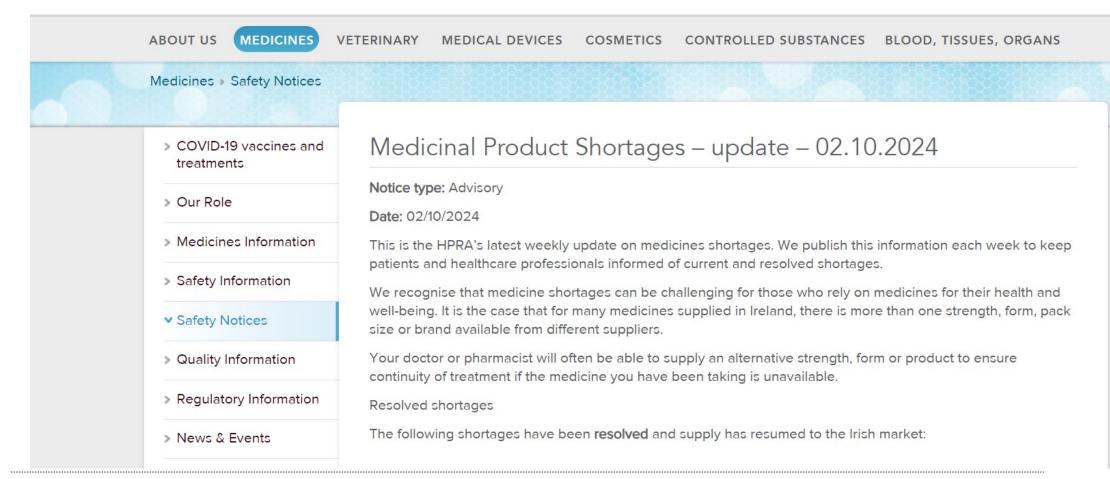
An tÚdarás Rialála Táirgí Sláinte
Health Products Regulatory Authority

My HPRA: Login Register Search our website

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As Gaeilge

Contact us



Shortages frameworkOptions for mitigation



o Determine impact

Proposal to address shortage

Regulatory responses

Batch-specific request

Exempt Medicinal Product

Expedited variation for product

Expedited inspection/variation for manufacturer, wholesaler

Expedited CD import licence

Engage with other agencies

Wider stakeholder responses

Increased supply of alternative generic, strength or form

Increased supply of appropriate alternative

Equitable distribution practices

Reimbursement codes or hardship arrangements

Clinical guidance from HSE/MMP

Communication responses

Patient groups

Pharmacists

Doctors

Hospitals

Website DHCP Guidelines



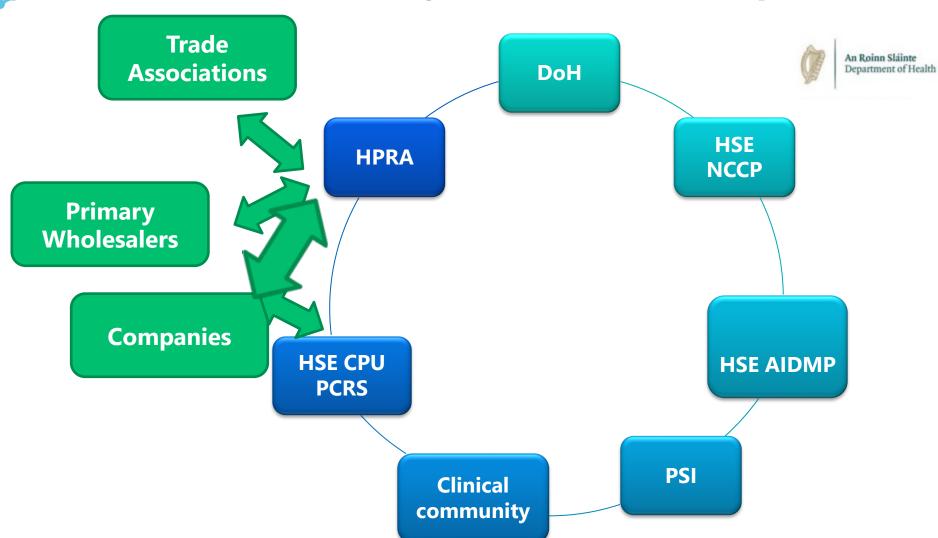
Practical Example Pabrinex®-MCAG



- HPRA Notified of High Impact Shortage Pabrinex® IV High Potency Concentrate for Solution for Infusion, due to a manufacturing issue, impacting multiple countries
- Pabrinex® IV licensed in adults for rapid therapy of severe depletion or malabsorption of the water soluble vitamins B and C, particularly in alcoholism where a severe depletion of thiamine can lead to Wernicke's encephalopathy
- The shortage was expected to impact Ireland from September 2024 until Q3 2025
- The Medicines Criticality Assessment Group was convened to consider the shortage

Medicines Criticality Assessment Group (MCAG)









Practical Example Pabrinex®



- Output of MCAG:
- 1. HSE led stakeholder engagement within clinical groups
- 2. HSE Published Clinical Recommendations (led by AIDMP/AHDMP)

MAH mitigation strategy:

- MAH put allocations in place in partnership with their wholesaler at wholesale level based on average historical demand
- Due to rationalisation and conservation strategy the shortage is now expected to occur February 2025







Medicines Shortages List

Use the Search box to search for a specific product or active ingredient.

Alternatively you can use the arrows to sort alphabetically by product name / active ingredient or sort by date.

Search by product or active ingredient: pabri



Acute Hospitals Drug Management Programme (AHDMP), National Clinical Programmes for Gastroenterology & Hepatology, Emergency Medicine and Neurology

Product name	Active ingredient
Pabrinex Intravenous High Potency Concentrate for Solution for Infusion PA2288/001/001 Kyowa Kirin Holdings B.V.	Ascorbic acid, riboflav pyridoxine, nicotinam thiamine & glucose

HSE Recommendations for Pabrinex® and Thiamine
Prescribing due to International Supply Disruption of
Pabrinex® IV High Potency Concentrate for Solution
for Injection – July 2024

Additional information	Last updated
HCP letter HSE clinical advice	2024/07/15

Previous1Next

Practical Example Fluenz® - Regulatory Flexibility HI

- Fluenz nasal spray suspension Influenza vaccine (live attenuated, nasal) potential shortage notified 2nd October to impact 17th October
- No alternative medicine authorised
- 2-17 year old children being vaccinated as part of the Health Service Executive (HSE) Seasonal Influenza Vaccination Programme for 2024/2025
- Company proactively engaged with HSE NIO and HPRA
- HPRA Human Products Authorisation & Registration (HPAR)
 team received an aplication for BSR of Italian stock 3rd October





Use the Search box to search for a specific product or active ingredient.

Alternatively you can use the arrows to sort alphabetically by product name / active ingredient or sort by date.

Search by product or active ingredient: fluen



Show 10 v entries

Product name	\	Active ingredient	*	Therapeutic alternative	Reason	Date of shortage	Expected return date	Additional information	Last updated	
Fluenz nasal spray suspension Influenza vaccine (live attenuated, nasal) EU/1/24/1816/002 AstraZeneca AB				No alternative medicine authorised	Shipping delay/distribution issue	2024/10/17	2024/10/30		2024/10/03	

Previous1Next





HPRA Batch Specific Requests

- Batch-specific requests (BSR) are accepted for critical medicines which hold a marketing authorisation issued by HPRA or by the European Commission to bring a batch of product into compliance with its marketing authorisation
- HPRA can facilitate BSR to ensure maintenance of supply of medicines
- BSR 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 available online



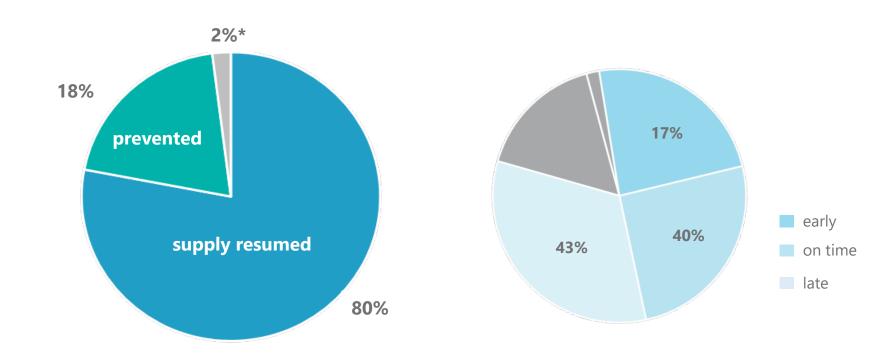
Practical Example Fluenz®



- HPRA Shortages team engaged with HSE NIO
- HPRA Human Products Authorisation Registration (HPAR) team approve request for BSR of Italian stock 4th October
- HSE NIO communication to all sites/vaccination sites who receive the vaccine notifying them of the BSR Italian packs via National Cold Chain Service
- Company email 4th October outlining BSR has averted the potential shortage

Shortages resolution





HPRA Coordination role



The HPRA's regulatory remit does not extend to:

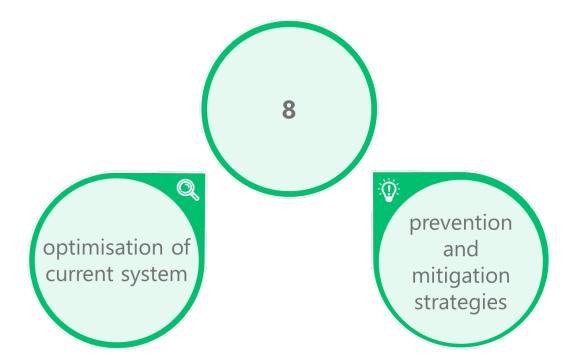
- Pricing and Reimbursement
- Operation or Negotiation of Pricing Frameworks
- Commercial issues
- Sourcing medicines/Purchasing medicines
- Clinical guidance
- Compelling a company to produce a medicine or increase production
- Compelling a company to apply for a marketing authorisation





Medicinal Product Shortages Two-Year Review

recommendations



July 2022





Medicinal Product Shortages

Two-Year Review

notifications

transparency

03

optimise PQS

04

-(1)

recommendations

resilience

05

-(1)

communication

06

-(1)

fair and equitable

07

parallel trade

80

July 2022

02

Q





Medicine Shortages

EMA expanded mandate and EU strategy





Directive 2001/83/EC obligations on continued supply (Article 81)

The holder of a marketing authorisation for a medicinal product and the distributors of the said medicinal product actually placed on the market in a Member State shall, within the limits of their responsibilities, ensure appropriate and continued supplies of that medicinal product to pharmacies and persons authorised to supply medicinal products so that the needs of patients in the Member State in question are covered.

Regulation EU 2022/123

Regulation 2022/123



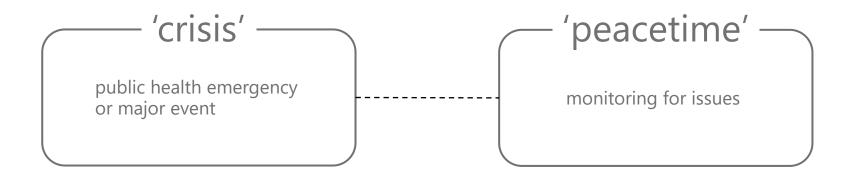
REGULATIONS

REGULATION (EU) 2022/123 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 25 January 2022

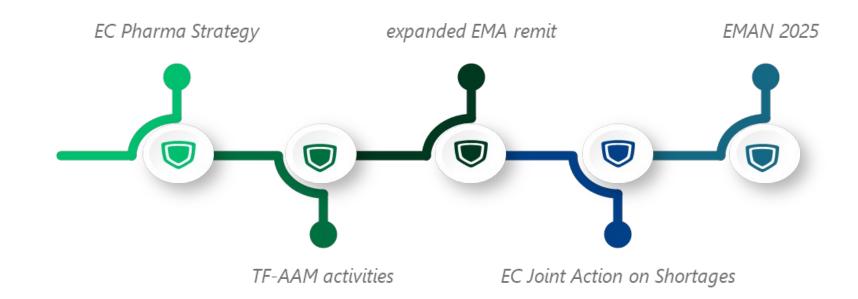
on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices

(Text with EEA relevance)



European activities focused on shortages















- European Commission's Pharmaceutical Strategy, where part of the work focuses on improving supply chain resilience
- The joint task force of the Heads of Medicine Agency EMA on the availability of medicines, which will progress strategies aimed at shortage prevention
- The further development of the European Medicinal Product Single Point of Contact (SPOC) Working Group, facilitating greater communication on shortages that may impact multiple countries
- The introduction of legislation to expand the remit of the EMA to enhance coordination of shortages from an EU perspective,
- The European Joint Action on shortages and the inclusion of medicine shortages in the European Medicines Agencies Network Strategy to 2025



European Medicines Agency (EMA)



- EMA publishes information on critical shortages monitored at EU level by the Medicine Shortages Single Point of Contact (SPOC) Working Party
- EMA formally established the SPOC Working Party in May 2022 in accordance with the Regulation on EMA's Reinforced Role (Regulation (EU) 2022/123
- SPOC-WP minutes available online
- Information on critical shortages available

Examples of shortage information on EMA website



5 July 2024 EMA/169758/2024

Shortage of Zypadhera (olanzapine) Powder and solvent for prolonged-release suspension for injection (210 mg, 300 mg and 405 mg)	
What is Zypadhera used for?	Zypadhera is used to maintain the improvement of symptoms in patients with schizophrenia who have already been stabilised on an initial course of olanzapine taken by mouth. For further information on the use of the medicine please refer to the medicine's overview page.
Reason for shortage	The company making Zypadhera is experiencing manufacturing problems with the 50 mm needles provided with the medicine for the injection. This has led to supply constraints and intermittent shortages of all Zypadhera strengths. The shortage is not related to a quality defect of the product or a safety issue. In order to reduce the impact of the shortage on patients, Zypadhera will temporarily be distributed with three 38 mm safety needles instead of two 38 mm and two 50 mm safety needles.
Member States affected	The shortage affects all EU/EEA Member States where the product is marketed. This information may change. For up-to-date information about the status of a medicine shortage in a particular Member State, consult the national shortage register or contact the national competent authority .





15 April 2024 EMA/91157/2024

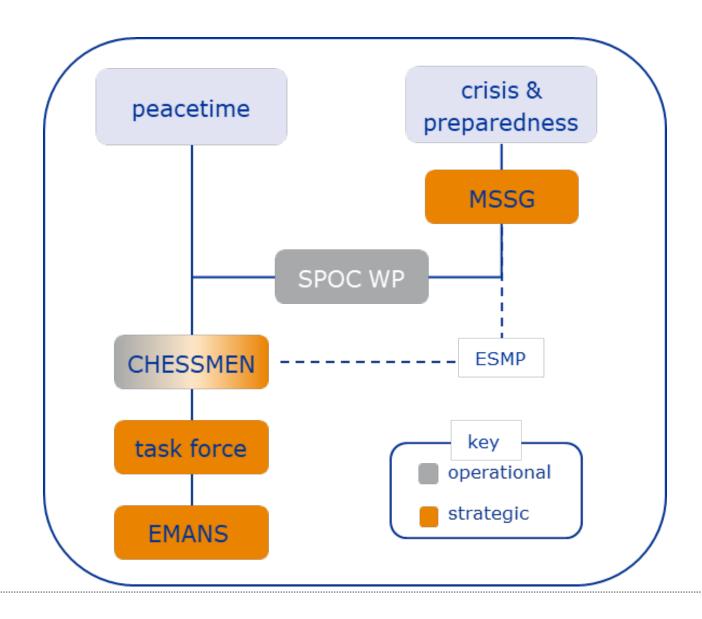
Shortage of Creon (pancrelipase/pancreas powder) hard capsules for oral use (10,000, 25,000 and 35,000 units)	
What is Creon used for?	Creon (also marketed as Kreon in certain Member States) contains pancreas enzymes (lipase / amylase / protease) and is used to treat pancreatic exocrine insufficiency (a condition in which the pancreas insufficiently delivers digestive enzymes into the small intestine, thereby preventing food from being fully digested) resulting from other conditions or ageing.
Reason for shortage	The company that produces Creon is experiencing limitations in production capacity. Coupled with a high demand, this has led to intermittent shortages in the supply of Creon hard capsules. The shortages are not related to a quality defect of the product or a safety issue. Production capacity limitations are expected to be resolved in the second half of 2026. Until then, periodic shortages in the supply of Creon are anticipated.
Member States affected	The shortage affects some of the Member States where the product is marketed: Austria, Belgium, Bulgaria, Cyprus, Czechia, France, Greece, Italy, Ireland, Latvia, Luxembourg, Malta, Netherlands, Portugal, Spain and Sweden.
	This information may change. For up-to-date information about the status of a medicine shortage in a particular EU/EEA Member State, consult the <u>national</u> <u>shortage register</u> or contact the <u>national competent authority</u> .

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Interplay of European activities related to shortages









Medicine Shortages

Recent Legislative amendments and Future National Strategy





Reporting of information to support the security of supply of medicines

- 321. (1) The Health Products Regulatory Authority may require a relevant person to provide to the Authority, in such form and manner and within such period as may be prescribed by regulations made by the Minister, such information in relation to medicinal products within the possession or control of the relevant person as the Authority considers necessary for the purpose of the management of the availability of medicinal products in the State, including—
 - (a) the monitoring of the current and future supply of medicinal products, and
 - (b) the identification and management of medicinal product shortages.
 - (2) A relevant person shall comply with a requirement set out in regulations made under subsection (1).



Health (Miscellaneous Provisions) Bill 2024



- (3) In this section, 'relevant person' means the following persons involved in the manufacture or supply of a medicinal product:
 - (a) the holder of a manufacturer's authorisation granted under Regulation 8 of the Medicinal Products (Control of Manufacture) Regulations 2007 (S.I. No. 539 of 2007);
 - (b) the holder of a marketing authorisation granted in accordance with the Medicinal Products (Control of Placing on the Market) Regulations 2007;
 - (c) the holder of a community marketing authorisation within the meaning of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
 - (d) the holder of a wholesaler's authorisation granted under Regulation 9 of the Medicinal Products (Control of Wholesale Distribution) Regulations 2007 (S.I. No. 538 of 2007);
 - (e) a retail pharmacy business within the meaning of the Pharmacy Act 2007;
 - (f) a hospital;
 - (g) such other persons or legal entities, being persons or entities authorised or entitled to supply medicinal products, as may be prescribed in regulations made by the Minister.".





Future of the Framework: Management of Medicines Availability??

- Enhanced governance (Aim to **build greater resilience** in national medicines supply and to enhance the current governance model for medicines availability)
- Development of **digital infrastructure** (Aim to develop a national digital system allowing for automated monitoring of medicines stock levels which would enhance the ability of the health system to track the availability of medicines in the supply chain). Better **forecasting of availability** and a greater capacity to model demand and supply.
- National legislation to align with EU strategy. **Mandatory requirement** for industry to provide notification of potential and actual shortages. Provision to request supply chain transparency. Health (Miscellaneous Provisions) Bill 2024





Any questions?

