

## DRUG SHORTAGES

There have been an unprecedented number of drug shortages in Canada in recent years, including multiple shortages of epilepsy medications. Seventy-four percent (17 out of 23) of the drugs used to prevent seizures have been affected by shortages.

There is no indication that the situation is improving.

Over the past year, shortages of one or multiple formulations of the following antiseizure drugs have been posted on [drugshortages.ca](http://drugshortages.ca): acetazolamide, carbamazepine, clobazam, divalproex sodium, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, primidone, pregabalin, topiramate, and valproic acid syrup.

Discontinuation notices have also been posted for certain formulations of acetazolamide, clobazam, topiramate and pregabalin. In addition, the only marketed formulation of methsuximide (Celontin) has been discontinued.

Medications used to treat life-threatening episodes of prolonged seizures, known as status epilepticus, have also been affected by shortages. Currently, both diazepam rectal gel (Diastat) and paraldehyde injection are on extended back-order with no date for resupply.

Even though a website was established in March 2012 where pharmaceutical companies can voluntarily report shortages, the reality nearly four years after the launch of [drugshortages.ca](http://drugshortages.ca) is that most people still learn about a drug shortage when they need their prescription refilled and the drug is not available. Often patients are still the first to inform health care providers about a drug shortage. People are still scrambling to try and find solutions, and in most cases are still just as baffled as to the cause.

The new year is off to a bad start. The number antiseizure drugs listed as current shortages on [drugshortages.ca](http://drugshortages.ca) is the greatest number at a single time since the launch of the notification website. If nothing is done to identify and address the causes of drug shortages we expect this unsettling trend to continue in the coming years.

The posting of a drug shortage notice on a website should not be the beginning and the end of drug shortage management in Canada. The approach needs to change from the current thinking that notification on a website provides a head's up for the health care system to react to the view that *early notification is required as part of a comprehensive drug shortage prevention and management strategy.*

1. **PREVENTION** – The main focus should be on the problem and not the symptoms. All efforts must be made to identify and address the causes of drug shortages.
2. **MANAGEMENT** – There must be effective strategies to manage anticipated and actual drug shortages.

Questions about drug shortages?

Contact your local epilepsy agency or call 1-866-EPILEPSY (866-374-5377)

**A comprehensive drug shortage prevention and management strategy should include:**

- a greater focus on prevention
- collaborative efforts to identify and address the causes of drug shortages
- earlier notice of anticipated and actual shortages
- greater reliability of drug shortage notifications and resupply dates
- mechanisms to assess the current status across the whole supply chain
- mechanisms to determine where supply problems are impacting patients
- strategies to assist patients affected by a drug shortage
- transparency of any actions being taken to address a drug shortage
- better ways to communicate information to health care providers and patients
- tools to help patients and their families understand and manage a drug shortage.

Improvement is needed in **all** aspects of drug shortage prevention and management. Many Canadians, including people with epilepsy, require a consistent supply of their prescription medication. People should be able to focus on living well with their condition and should not have to worry about the supply of their drug.

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