

August 3, 2023

Health Canada Consultation on Improving Access to Drugs and Other Health Products

Introduction

The Canadian Ophthalmological Society (COS) represents eye physicians and surgeons across the country. We advocate for vision health for all Canadians and strive to support our members to provide excellent medical and surgical eye care.

In the past 12 months, eye care providers and patients with eye diseases have been significantly impacted by drug shortages. This includes Tier 3 shortages such as prednisolone acetate 1%, difluprednate ophthalmic emulsion 0.05%, dexamethasone 0.1%, acetylcholine chloride, carbachol 0.01%, BSS sterile irrigating solution and cyclopentolate. It also includes non-Tier 3 shortages. We appreciate Health Canada and the Drug Shortage Unit for all their collaboration.

We would like to provide feedback from the COS on the Key Areas of Consultation.

Key area 1: Improved Communication and Transparency

The COS maintains a list of current and anticipated ophthalmic drug shortages on its homepage. This table is generated from Health Canada's Drug Shortages Canada website and is updated daily. It can be accessed from <https://www.cos-sco.ca/drug-shortages/>.

In discussing drug shortages with our members, we rely on the Health Canada's Drug Shortage Canada website. The information provided from this website and from our discussions with the Drug Shortage Unit have been critical to us disseminating information to our membership. We hope that the Drug Shortage Canada website continues to be a source of information.

As an organization, we have prepared an Ophthalmology Essential Medication List. We hope to share this with Health Canada with the aim quickly identifying what essential drugs are in shortage or anticipated shortage, to facilitate quick communication and solutions.

Key area 2: Agile Regulatory Toolbox

The Canadian pharmaceutical market is small, making up only about 2% of global demand. Expansion of programs that utilize the audit systems of reliable partners, such as what is done with the Medical Device Single Audit Program (MDSAP), can reduce regulator hurdles for new drugs and health products.

Research would suggest that drug shortages are often multifactorial, resulting from an interplay between supply, demand, and regulation. Expansion of mandatory shortage reporting, or the timeliness of reporting, may help to plan for shortages. Our membership of ophthalmologists has been able to adapt practices to some shortages, given time to plan for the shortage. If it is possible to provide advance notice of impending shortages, it will allow ophthalmologists to plan to ensure that patient care remains as consistent as possible. Although we lack the organizational capacity to hold a reserve of medications for our membership, we have developed an Essential Medication List for discussion at a national level. Many ophthalmic medications are produced by single manufacturers, making them vulnerable to shortage. Our organization would hope to work with other medical professionals including pharmacists and public health specialists in the creation of a Canadian Essential Medication List.

Key area 3: Greater Supply Chain Visibility

During the recent drug shortages, including those reaching Tier 3 status, it has been difficult to understand the supply chain. Ophthalmologists in different provinces have experienced drug shortages differently, with British Columbia often feeling the brunt the scarcity. National drug distributors were approached but did not provide answers as to why shortages were uneven across the country.

The COS would support further integration of drug distribution companies in the discussions about drug shortages.

Key area 4: Enhanced Response to Supply and Demand

Problems with the global supply chain of active pharmaceutical ingredients (APIs) has made it difficult for drug manufacturers to meet demand. Encouraging domestic production of pharmaceuticals to improve resiliency of the chain will require increasing national API production. Health Canada may consider working with national formularies in setting quotas for domestically produced medication. Modest quotas may promote the growth of Canadian API and medication production.

Conclusion

In summary, the Canadian Ophthalmological Society applauds Health Canada and the Drug Shortage Unit for their tireless work to improve patient health. This consultation process is well-timed, and we look forward to further collaboration between our organizations as we both aim to provide excellence in supporting patient care.

Recommendations Summary:

1. Ensure the Drug Shortages website remains active and is updated daily.
2. Creation of an Essential Medications List.
3. Continue to work to decrease regulatory hurdles.
4. Further integrate drug distribution across the country.
5. Encourage domestic production of essential APIs

