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Drug shortages worsen in the Treasure Valley

Patients and doctors struggle when they can't get the medications they need.

St. Luke's cancer doctor Dan Zuckerman flew to Washington about a month ago and sat down with Idaho's congressional delegation. There was one thing on his mind: a drug shortage that's getting harder to manage. Zuckerman, who visited Capitol Hill as part of the American Society of Clinical Oncology, said it's frustrating when "there's a drug that's potentially life-saving or life-prolonging that you just can't get access to."

"There are substitutions we can make," he said, "but they're not ideal, because they're not as effective. Or they're more toxic."

Valley medical providers said about 200 drugs are often subject to spotty or depleted supplies or backed-up orders. "It certainly looks like ... we're already surpassing the shortages of 2010," said Brenda Dunn, pharmacy executive for the Veteran Integrated Service Network in Idaho and other Northwest states.

Zuckerman had to tell a 60-year-old ovarian cancer patient last week that Doxil, a chemotherapy drug, is on hold. He prescribed her a different drug that doesn't work as well. The patient, who had done her homework on treatments, wasn't surprised. She was "resigned to it," he said. "It's distressing for patients who are already distraught with their diagnosis," he said.

Doxil is off the market, for now, because its third-party manufacturer, Ben Venue Laboratories, shut its Ohio factory when it was overdue on equipment maintenance. "While we are frustrated by our contract manufacturer's continued manufacturing challenges, it is our obligation to maintain an active role in working with this partner to resume consistent drug supply," Rob Bazemore, president of the Doxil drug company Janssen Products wrote last month on its Doxil website. "As a cancer survivor, I know what it's like to rely on a treatment plan."

A CHRONIC PROBLEM

Cancer drugs, antibiotics, pain relievers, autoimmune disease drugs, an anti-nausea patch and thyroid medications are among drugs Boise pharmacists say are in supply.

"We have not run out of anything yet, but there are always drugs on our watch list," said Kim Martin, lead pharmacist for the Saint Alphonsus Cancer Center. "It's typically the generic drugs we have a hard time keeping fully stocked."

Martin said a breast cancer patient came to Boise for treatment because a chemotherapy drug ran out in California. Two relative newcomers to the shortage pool are Adderall, an amphetamine-based drug for attention-deficit hyperactive disorder, and the ADHD drug Ritalin. Drug makers told the Food and Drug Administration that demand was too high and ingredient-supply problems hurt production.

"We are getting a lot of phone calls seeing if we have (Adderall)," said Gary Wilburn, owner of Lemp's Apothecary near St. Luke's Boise Medical Center. "The price has gone up 10 times."

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Lemp's can buy some active ingredients in powder form, so it occasionally fills in gaps, as it did for a thyroid drug that vanished from the market for a year. "We made a lot of that," Wilburn said. Lemp's also helped some doctors who couldn't get factory-made vitamin B complex shots.

WHO'S TO BLAME?

Boise medical and pharmaceutical providers said it's impossible to point fingers. They don't blame the government. The shortage, they say, is partly a side effect of industry consolidation and efficiency and waste reduction, including reliance on "just in time" inventory maintenance.

The White House took a few swings at drug shortages and potential price gouging in October. The White House cited reports that the "gray market" of secondary suppliers jacks up prices as much as 650 percent. One drug used to treat high blood pressure, normally priced around \$26, had gone for \$1,200, the White House said.

President Obama ordered the FDA to require early warnings from drug makers that discontinue some drugs or take actions that lead to shortages. The FDA also must speed reviews of new factories, drug suppliers and manufacturing changes.

COST OF A SHORTAGE

When a drug runs out, patients often can switch to another, but they might have to pay for extra blood tests or another visit to the doctor first. Hospital pharmacists said they've jury-rigged solutions for rare drugs, splitting a 90-day bottle into three 30-day bottles or saving the second half of a vial instead of tossing it. Sometimes they turn to a secondary supplier who charges more.

St. Luke's does that and eats the extra cost rather than pass it on to a patient, said David Wilson, manager of the St. Luke's oncology pharmacy. The Boise VA Medical Center benefits from its huge medical network. If its pharmacists run low on something, they can ask one of the VA facilities in Washington for extras, Dunn said.

But that doesn't fix everything. "We have to monitor availability of these medications many times per day," Dunn said. "6 a.m., 8 a.m., 10 a.m. ... Something could come into a wholesaler's supply chain at any time."