An Roinn Sláinte
Department of Health

Covid-19: Medicines Criticality Assessment Group

via teleconference

Actions – from Friday, 08 May 2020

Attendees: Breifne O'Rourke, Colm Bergin, Darren Scully, Eamonn Quinn, Emer O'Neill, Fergal Collins, Fionnuala King, Grainne Power, Kate Mulvenna, Kathy Hassell, Laurence O'Dwyer, Lisa Kelly, Marie Philbin, Mark Moran, Muriel Pate, Prof. Pat Murray, Risteard Prendergast, Rosaleen Cahill, Shane Doyle

Open Actions

No	Action Detail	Owner	By When	Latest Update	Status
1	Use of anti-coagulants.	AHDMP		New international evidence was published, thereby requiring the evidence review to be re-done & re-circulated.	Open
2	European industry-led study on ICU meds demand	HPRA & DoH	15 May	European Steering Group met on Wednesday (06th). Re. estimated demand for ICU medication, all member states asked to share best practice	Open
3	Report on Meds CAG progress to date to be drafted.	DoH		Chair has reviewed this document & some refinements are required. Once updated Department of Health will circulate to the group again for further feedback.	Open
4	Awaiting HIQA clarification to inform guidelines for nursing homes in relation to storage of small stock of emergency medicines.	HSE National Quality Improvement/DoH		NMBI to revert to Department of Health on the rationale behind their current guidelines	Open
5	DoH to share with PCRS the list of products banned by France for export.	DoH		Department of Health has asked colleagues in the Perm Rep to follow up on this.	Open
6	Research Subgroup of EAG to reply to comments submitted	Prof. Bergin		Prof. Bergin advised that EAG subgroup is to revert with comments.	Open
7	Communication with stakeholders	Department of Health	15 May	Department of Health to look into Minister's availability for a multistakeholder meeting to	Open

				acknowledge industry efforts to date	
8	Reduction in donations for blood products	AHDMP + DoH	15 May	HPRA flagged an issue discussed at the EU Executive Steering Group: a broad reduction in donations for blood products in Europe. This may delay reopening of services as restrictions are eased over time. AHDMP to communicate to the IBTS. Department of Health representative to communicate to DoH Blood and Cancer Policy Unit	Open
9	Flu vaccine – limitations on production	Department of Health	15 May	HPRA flagged limitations to European production of flu vaccines. Supply relies on an 18-month production timeline and may not be sufficient to meet efforts to ramp up stocks beyond normal levels. To be referred to DoH colleagues reviewing flu vaccine strategy	Open
10	Palliative Care recommendations issued by Mental Health Commission		12 May	Group to return obs to DoH by Tuesday 12th to be forwarded to palliative care clinical lead.	Open
11	API availability	HPRA		HPRA flagged an emerging issue from EU Stakeholder Group; potential supply constraints on availability of APIs. Watching brief to be maintained on the issue for now	Open

Ongoing actions

No	Action Detail	Owner	Latest Update	Status
1	Monitoring of supplies of medicines:		No significant updates	Open

A	-used in Irish hospitals that may be used to treat Covid 19.	AHDMP,	Critical Care supplies described as stable for now. AHDMP engaging with Clinical Trial Groups Waiting on CION response to submission to ICU Joint Procurement.	
B	-used in Irish hospitals to treat secondary infections and provide supportive care	AHDMP		
C	-used in wider hospital system	AHDMP, NCCP and PCRS	No significant updates. NCCP working on the return of non-Covid services, albeit at a reduced capacity initially	
D	- in primary care	PCRS and HPRA	No significant updates, supplies would appear to be stabilising. Some shortages are arising, but not necessarily directly related to Covid-19. Being addressed under the Medicine Shortages Framework	
2	Supply of neuromuscular blockers	AHDMP	NMBAs to remain at amber, barring a sharp increase in ICU occupancy, however hoping that by the end of next week they can drop to green. EMP vecuronium supply being monitored Mechanism for flagging potential local shortages to be considered by AHDMP **[RISK MITIGATION OUTLINED BELOW]**	Open

Neuromuscular blocking agents – increased global demand and limited availability		
Risk Mitigation Strategy	**Action Owner**	**Risk Status**
Support prescribing of the therapeutic class, not just one moiety within the class	Critical Care Programme and Prescribers	Medium
Centrally engage with MAH holders and suppliers of unlicensed drugs to ensure additional stocks are secured	AHDMP	Medium
Watching brief by HPRA Medicines Shortages unit and AHDMP to identify early disruptions to supply	AHDMP/HPRA	Medium
Escalation of European wide supply chain vulnerability to EU Commission	DOH	Medium

3	PCRS to update Group on mechanism to limit *de novo* patients on hydroxychloroquine for antiviral purposes	PCRS	A few scripts have been submitted. No issues for consultant-initiated scripts	Open
4	Updates from Irish Epidemiological Modelling Advisory Group	DoH	No update as yet.	Open
5	Monitoring of parallel export activities	HPRA	As of last week, the HPRA has collected all data from April. Will follow up as necessary. Wholesalers have noted decrease in sales for April/May and the increased cost of delivering services. Have flagged concerns over loss of profitability.	Open
6	Monitor Nicotine Replacement Therapy supply	DoH/HPRA	Speculation of prophylactic benefit in e.g. France has caused restrictions to be implemented there. Watching brief to be kept on supplies here.	Open

Decisions:

1. Fergal Goodman (Group Chair) addressed the group in recognition of work carried out to date and to comment briefly on broad NPHET strategy discussions.
2. It was decided to reduce the number of meetings to once a week, to be held on Fridays going forward, but this will be subject to ongoing review. Ongoing bilateral engagements among the members will continue and ad hoc meetings can be called as needs arise.
3. It was agreed that it was timely and appropriate for the MCAG to offer observations on the Mental Health Commission document entitled 'Palliative Care in long-term residential care settings', due to the references to stockpiling which could have an impact on the work of this group. Department of Health asked that any comments on this be submitted by close of business on Tuesday 12th May.

4. It was agreed that AHDMP strategy of adopting the EMA CHMP position in terms of the rational use of medicines for clinical trials was appropriate in the absence of an overall prioritisation approach for clinical trials