Pharmaceutical Preparations: An Essential Part of Healthcare

The European Union is on the verge of introducing far-reaching restrictions in pharmaceutical legislation that would make it impossible for pharmacists (both community and hospital) to prepare medicinal products in advance. This will have severe consequences for the availability of medicines—particularly for vulnerable patient groups, including children and patients with rare diseases, but also in situations such as a pandemic or medicine shortages. Together with the Royal Dutch Pharmacists Association (KNMP) and Dutch Network of Compounding Centres (NGB), the Dutch Association of Hospital Pharmacists (NVZA) calls on European policymakers not to include these restrictions in the revision of the pharmaceutical legislation.

Call for action

The NVZA, KNMP and NGB urge the Commission, the European Parliament, the Council of the European Union, national governments, and all relevant stakeholders not to include restrictions in European legislation on stockpiling or shelf life for pharmaceutical preparations that do not exist in current legislation. Such restrictions would directly endanger the availability of vital and essential medicines for patients. Ensuring sufficient scope for pharmaceutical preparations, appropriate shelf-life periods, and efficient stock management remains essential to guarantee the continuous, safe and sustainably supply of medication to patients. There is no reason to restrict the current well-functioning system of pharmaceutical preparation in pharmacies. Concerns about an alleged "shadow industry" or about the quality of pharmaceutical preparations are unfounded.

Rationale

The European pharmaceutical legislation is currently being revised. In the current proposals for the EU legislation, the shelf life and storage of pharmaceutical preparations are restricted to a maximum of four weeks. As a result, pharmacists would no longer be able to prepare in batches and keep these products in stock. Typical storage periods currently range from 3 to 36 months. If these storage periods are no longer allowed, day-to-day patient care is immediately at risk. We call for the adoption of Article 1(6) from the Council's proposal, with the addition of the following sentence from the European Parliament's proposal: *or when duly justified based on the stability of the medicinal product within a different time limit.*

> Article 1(6)
> Medicinal products referred to in paragraph 5, point (a), may be prepared in advance by a pharmacy on the basis of the estimated medical prescription or instruction as appropriate for the following period of up to four weeks, taking into account the properties of the medicinal product, *or when duly justified based on the stability of the medicinal product within a different time limit.*

Background

Pharmaceutical preparations are an essential part of national and European healthcare. They provide customised treatment when authorised medicinal products are not available in the appropriate form or dosage. This practice has a long history and is embedded in a strict system of quality standards, legislation, and supervision. Pharmaceutical preparations therefore contribute to continuity of care in times of medicine shortages. They must meet high quality requirements—just like authorised

medicines from the pharmaceutical industry. Pharmaceutical preparations are not an alternative to authorised medicines, but a necessary complement if no suitable authorised product is available.

During the COVID-19 pandemic, there was a shortage of sedatives and analgesics for patients in intensive care. Hospital pharmacists made these medicines available as pharmaceutical preparations, ensuring that ICUs did not have to close.

Restrictions on stockpiling or maximum shelf life - as could follow from the current proposals - create serious risks for the availability of pharmaceutical preparations for patients, and lead to waste of raw materials, supplies, and prepared medicines—as well as unnecessary workload for pharmacists and nurses. Preparing in larger batches is essential. It ensures quality and allows efficient use of staff, technical resources, and financial means. Without this, pharmaceutical preparations as they are currently produced in practice would simply become impossible. Flexibility and production capacity are also crucial to respond during shortages or a pandemic.

Examples of Pharmaceutical Preparations

- Medicines specifically developed for newborns and children. For example, oral liquids such as clonidine (for sedation in ICU), amlodipine (for hypertension), and midazolam (for epilepsy).
- Desmopressin nasal spray: developed for patients with rare, severe coagulation disorders when the marketing authorisation holder was unable to supply.
- Flucytosine, used for life-threatening fungal infections, became unavailable from the marketing authorisation holder.
- Sodium chloride and glucose infusions: essential for every hospital patient, developed by hospital pharmacists during supply shortages.
- Dipyridamole oral liquid (anticoagulation after stroke or heart valve surgery): developed for administration via feeding tube in patients who cannot swallow.
- Atropine sulfate: an antidote kept in stock at Erasmus MC for large chemical disasters or attacks involving cholinesterase inhibitors (e.g., the sarin attack in the Tokyo subway).
- Bosentan capsules in low strength for children with pulmonary hypertension.
- Sodium benzoate capsules for patients with elevated ammonia levels due to a rare metabolic disorder. There are 6,100 rare diseases, and between 27 and 36 million people in Europe live with a rare disease.
- Cardioplegia fluid: essential to stop the heart during cardiac surgery and thus enable the operation to be performed.