Rt hon Matt Hancock, MP  
Secretary of State for Health and Social Care

Dear Matt

I write to express my concern about the reported shortage of EpiPens, and to ask what the Department and its responsible associated public bodies have done to ensure the continued supply of this safety-critical product.

I understand that a Supply Disruption Alert has been issued by the MHRA. I also understand that the manufacturers, Mylan UK, have obtained acceptance from the MHRA to extend the use of specific batch numbers of certain EpiPen products. However, I also understand that the use of other EpiPen products, in particular those for the use of young children, cannot safely be extended. The shortage of these products is therefore of particular concern.

I would be grateful to know what steps the Department and its public bodies have been taking to secure the future supply of these products, especially of those whose use cannot be extended, and what is being done to reassure the parents of affected children. Given the acknowledgement in the Supply Disruption Alert that “there has been an ongoing supply issue affecting EpiPen, supplied by Mylan, for several months”, I would also like to know what action was taken when the supply issue first became known, and why it has been allowed to reach the point where some patients are unable to obtain this safety-critical product. In particular, I would like to know why permission was not granted earlier to extend the use of those EpiPens where that can be done safely. Finally, in the light of the fact that the US Food and Drug Administration warned Pfizer’s Meridian Medical Technologies, the manufacturer of Mylan’s EpiPens and EpiPen Juniors, in September last year that one of its plants was in violation of good manufacturing practices and that it had failed to investigate serious product failures “associated with patient deaths and severe illness”, and given the availability of other similar products, I would like to know why earlier action was not taken to ensure that NHS patients were not as reliant on this particular manufacturer as appears to be the case.

I look forward to your early response.

Yours sincerely,

Dr Sarah Wollaston MP  
Chair of the Committee
POC_1152619

Dr Sarah Wollaston MP
Chair, Health and Social Care Committee
House of Commons
London
SW1A 0AA

Dear Sarah,

Thank you for your letter dated 4th October 2018 regarding the current issues affecting the global supply of EpiPen and EpiPen Junior. I can assure you that we share your concerns and are fully aware of the importance and criticality of this lifesaving medicine. Officials are continuing to work with the key stakeholders on the management of this issue and I hope the following information which summarises our actions to date provides reassurance that we are doing all we can to resolve the situation as quickly as possible.

Background

EpiPen 0.3mg and EpiPen 0.15mg Junior, which are supplied by Mylan, are adrenaline auto-injectors, used for the emergency treatment of anaphylaxis. As such prescribing is high throughout primary and secondary care, even though ultimate usage (to treat anaphylaxis) is unknown but believed to be very much lower; and adrenaline auto-injectors are deployed in a range of health settings. In the UK, there are also two alternative adrenaline auto-injector devices available: Jext, manufactured by ALK, and Emerade, manufactured by Bausch and Lomb. Both companies also supply the adult (0.3mg) and paediatric (0.15mg) presentations of adrenaline auto-injectors. EpiPen and EpiPen Junior are used by the majority of patients and Mylan have historically supplied approximately 70-75% of the UK market for these devices.

Average prescribing across all adrenaline auto-injectors is approximately 60,000-65,000 pens per month for the adult formulation and 20,000-25,000 a month for the paediatric pen.

Mylan’s supply issue

DHSC was first informed about potential supply issues with the adult EpiPen 0.3mg in March this year and have remained in close contact with Mylan since this time. As
you are aware, the supply issues have arisen due to manufacturing delays at their sole contract manufacturing site, Meridian Medical Technologies, a Pfizer company in the US, following an adverse FDA inspection last year. The site is taking longer than anticipated to resolve the issues and return to full capacity: as the sole global manufacturing site for EpiPen and EpiPen Junior, this means supply constraints are affecting countries worldwide.

Management of supply issues affecting the adult presentation (0.3mg)

Up until August 2018, the issue had been confined to the adult presentation of EpiPen (0.3mg). Throughout this period, Mylan have been able to support approximately 50% of their normal usage, and DHSC officials have worked closely with the suppliers of Jext and Emerade to increase their supplies to the UK in order to meet the supply gap. Throughout this time, we have been closely monitoring the overall availability and the scheduled deliveries of all three suppliers to ensure that the available supplies are sufficient to meet normal UK requirements. This has been the case.

As you will also be aware, the different brands of adrenaline auto-injector require specific training and advice for each device and patients cannot be directly switched unless this training has been provided. The Department therefore circulated information about the EpiPen supply issue and the availability of the alternative devices to health care professionals in primary and secondary care in April and have discussed the issue with the key patient group, Anaphylaxis UK, to support communications to affected patients.

In addition, in order to further support the supply position, the Department has worked closely with the MHRA and Mylan to expedite the extended use of nine batches of adult EpiPen, which can be used for four months beyond their labelled expiry date. This action depended on the company supplying data to support the extended stability of the product and was taken rapidly when those data were received.

As a result of these actions, the Department is confident that overall supplies of the adult adrenaline 0.3mg auto-injector devices remain available in sufficient quantities to meet normal UK requirements.

Management of supply issues affecting the paediatric presentation (0.15mg)

The Department had previously been assured by Mylan that supplies of the Junior presentation were not affected by the manufacturing issues and that supplies remained available. However, on the 6th of August 2018, Mylan advised DHSC that it was implementing a supply management process for the Junior pen by supplying a maximum of two pens per prescription in primary care, although there was no indication at this stage that they were expecting a complete stock out. That same
week we made the manufacturers of the alternative products aware of this development. On the 14th of September, Mylan then informed us that all supplies of EpiPen Junior had been depleted with only very limited deliveries planned until mid-November 2018.

It is very disappointing that Mylan provided such limited notice to the Department of the likely problems with the Junior presentation. It is worth noting that the lead time for the manufacture of these devices averages 3-4 months. Nonetheless, the Department has responded quickly to manage the situation. This has included the following actions:

1. **Seeking to expedite and increase supply to the UK:**

   - The Department’s Chief Commercial Officer has been in close contact with Mylan and Pfizer executives within both their UK and global teams to reiterate the seriousness of the situation, our concerns about the short notice of a problem, the lack of clear information being supplied by the company on resolution timescales, and to seek commitment from the company to expedite deliveries to the UK. We now have much greater insight into the nature of the root causes of these issues and the companies are providing regular updates. Through these contacts, Mylan have agreed to divert additional stock to the UK in the coming months.

   - We are also working with the MHRA to support Mylan expediting the next deliveries due in November and December by allowing Mylan to label, package and release the product for use in the UK based on US quality release data (whilst conducting EU release data in parallel), thus saving three weeks in the supply chain process.

   - Departmental officials are holding weekly meetings with the suppliers of the alternative adrenaline auto-injectors Jext and Emerade to seek an expedition of their delivery schedules to the UK.

   - On 9th October a note reminding healthcare professionals to store adrenaline ampoules in anaphylaxis kits (as opposed to adrenaline auto-injectors), for emergency use in anaphylaxis, was disseminated within England to all NHS dental practitioners and dental lead commissioners, GP practices and community pharmacies, the Medication Safety Officer network, Chief Pharmaceutical Officers of the devolved nations and the UK Chief Medical Officers. The Chief Dental Officer of England is also attempting to reach private dentists in England with this advice and the Chief Dental Officers of the devolved nations.
2. Seeking to manage demand:

- A supply disruption alert was issued by the Department on 28 September – drawing upon clinical advice from relevant NHS National Clinical Directors, NHS Improvement, NHS allergy experts, the MHRA and supported by the Deputy Chief Medical Officer. This provides guidance to healthcare professionals across the UK to help support patients to continue to have access to adrenaline auto-injectors where needed. In particular, the guidance highlights that, depending on their weight, some children using the Junior EpiPen could be using the adult EpiPen, which is recommended for children weighing greater than 30kg (the age threshold for reaching this weight varies between children but in the UK would be typically aged 9½ years). Anecdotally, we deduce from current EpiPen prescribing data that there may be significant ‘over-prescribing’ of the junior devices to children likely to be over 30kg, so we do expect the new advice to have some impact.

- The Department has been in close contact with patient groups to keep them fully informed about the advice that has been issued, and to encourage them to reach out to patients through their networks and pass on relevant messages.

- Guidance has been issued to schools, providing information on potential actions if a child does not have access to two adrenaline auto-injector devices within their expiry date.

I am confident that the clinical advice issued was measured and necessary. It will be kept under constant review so that it can be adapted if the situation changes.

I can assure you that my Department, reporting closely to Lord O’Shaughnessy as the responsible Minister, will continue to take every action to ensure that supplies of adrenaline auto-injectors return to normal as quickly as possible. I understand that the situation should start to improve from the middle to the end of October, though full resolution is not expected until the end of the year.

Yours ever,

Matt

MATT HANCOCK