

How is your practice handling or managing the ongoing shortages of ADHD medications. A practice is getting an influx of calls from patients pharmacies out of a variety of ADHD meds; different brands and strengths. Patients are requesting to change their medicine to a brand they

We are handling each patient on a case by case basis. Sometimes we have to change medications. We are having to do A LOT of Prior Authorizations!

We use a spreadsheet that lists potential alternatives to medications that are currently on backorder and which pharmacies have a depletion of their stock. We also use Anchor Pharmacy

Try to check with the smaller personally owned pharmacies. They've been a great resource!

With a lot of time commitment and frustration. We are going to start writing scripts in office and give to family rather than escript. We have attempted prior auths for other meds without much success. Particularly Medicaid and some other insurances do not take into consideration or allow space on prior authorization to enter reason for change. We are trying to change to as closely available meds as insurance will cover. We need advocacy from AAP to intervene with insurance coverage. I have been told to see if patients insurance mail order is able to supply but have not explored this option. Even if works these options are very temporary unless something positive happens in supply chain. Bluntly put this is a nightmare. I am spending more than an hour a day changing meds.

Besides pulling out our hair, we are trying to deal with each patient individually. For those patients that can "shop around" we are having them pick up a paper script and bringing it to the pharmacies to find one that has their meds in stock since they cannot call to find out if they have it. For those that have insurance changes or cannot find meds, we try to change it but don't encourage it. WE ARE VERY FRUSTRATED BY THE ENTIRE SITUATION.

prescribing alternative medications. It's not ideal, but leaving the kids without any medication whatsoever is not a great option either.

Snellville Pediatrics Triage department calls all the pharmacies near the patient's home until they find the medication. Usually a small pharmacy will have it. We will use another brand only if all resources are exhausted.

For Concerta patients - other methylphenidate brands like Metadate CD that aren't as commonly used are being substituted. If we have trouble with Adderall XR patients, we plan to try for a PA on Vyvanse.

Most of our doctors are having families call around to different pharmacies instead of switching medicines. If necessary we are switching meds after their doctor speaks with them about this.

If we don't have a choice (pharmacies all around are out), the provider knows it's medically acceptable and the parent agrees, we change the medication to Qelbree. We have samples. The problem is once they are finished with the samples we have to get a PA for insurance to pay for Qelbree. That's not always easy and is time consuming. The experience with Qelbree is about 70% like it.

print prescriptions on security paper so they can take it to different pharmacies, change to a different medication, change to a non stimulant medication

We are also receiving many calls about not only shortages but major formulary changes that are causing parents to look for alternatives, which also may be in short supply. We are dealing with it on a case by case basis because the physician really has to look at chart closely to determine best option. This is now consuming at least 50% of our triage nurses' time, with another 25% going towards antibiotic shortage

In the beginning we were telling them to call different pharmacies to see if one had it in stock. Now nobody has it so yes they are changing Rx's which is increasing the amount of PA's needed. Also albuterol for the nebs are on manufacture backorder. We are telling parent they can use an inhaler.

We are changing the meds if all other options fail.

We have a care coordinator call the pharmacies in the area and get an update on what medications they have in stock. If we know the patient's medication is not at their normal pharmacies than we will send the script to a pharmacy who has it in stock.

Very difficult situation. We're spending tons of time trying to find meds, coming up with alternatives, obtaining prior authorizations for brand names etc. we've assigned extra staff to help with the time involved with this issue. No end in sight.

This hasn't been a big problem to date. The few cases that this has occurred I have been able to locate the medication at another pharmacy

Our doctor will try the dosage that's available same brand and will change the instructions on how to take the medicine depending the strength of the medicine

We are having the same issues. Our providers are 1) Pushing hard on PA's to get our most vulnerable patients prioritized; 2) Bringing patients back in and deep diving in their past ADHD meds use, and trying to determine if there's a past med that was next most effective, or combo of meds that are more available that work(ish). 3) Crossing fingers and toes that this ends soon.

We ask parents to call 4 pharmacies and if they are all out to contact us again.

We are changing to different brands. Although it is not the best plan, we really do not have another option.

We are coming up with a plan presently