Dear Felicia,

Thank you for contacting the New Jersey Pharmacists Association about the current drug shortages. While this is a fluid situation that changes daily, the NJPhA Professional Affairs Committee compiled the following information to assist pediatricians with medication alternatives when needed and appropriate.

As we discussed, it is important for physicians and pharmacists (in both independent and chain pharmacies) within the community they each serve to have or develop relationships to ensure patients receive the care they need. Often, independent pharmacies for example, have more flexibility to work with new patients, order medications quickly, and offer available alternatives. I secured a list of independent pharmacies that are members of the Garden State Pharmacy Owners entity, with whom we work on a regular basis. Please share the county breakdowns with your members, however, this list is not for public distribution.

Keep in mind that there are additional pharmacies within the state that may be local to a specific pediatric office but not among the members of GSPO and therefore, not included on the list provided. I’m sure, they too, are valuable resources for physicians and should not be discounted.

Shortages involve multiple layers of the supply chain. Many of the active pharmaceutical ingredients (API) are produced overseas and imported to the U.S. Once the ingredients reach the pharmaceutical manufacturer, the drug goes into production. Finished products are shipped to wholesalers that fill orders for the pharmacies (community, hospitals, etc). On occasion, pharmacies will find some medications in limited supply (i.e.: Tamiflu during flu season) because of increased demand but the FDA has not declared the drug on shortage (meaning a major disruption in the supply chain). As you are aware, amoxicillin and Adderall, for example, are currently on FDA shortage list.

- https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm

Wholesale distribution can vary, too. A wholesale company may use an allotment or allocation system to provide their customers with some
medication and other supplies rather than decline orders. Stock may also be dependent on the wholesaler used by a pharmacy. As you can see the scenarios are endless. In addition, a brand medication may be available when a generic is not available. Patients may be required to pay out-of-pocket for a prescription if insurance does not cover the available product (i.e.: brand vs. generic). That said, however, pharmacists will do everything they can to find the medication each patients needs when they need it. Please discuss for possible alternatives with the local pharmacy to see what can be ordered or if the medication can be located at another pharmacy. Actual availability is subject to change at any time.

The tables below organize information as drugs in a specific class, and as potential medication options by disease or illness. Neither list is exhaustive and links to other resources may provide additional guidance for specific circumstances.

Of course, clinical judgement should determine if an alternative medication is acceptable for the patient’s indication. Verification of therapeutic equivalency between drugs is advised when formulation alternatives are considered.

**Drugs by class:**

<table>
<thead>
<tr>
<th>Shortage</th>
<th>Alternative</th>
</tr>
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<tbody>
<tr>
<td>Amoxicillin/Cefixime</td>
<td>Cefuroxime/clindamycin/azithromycin*/cefpodoxime/Clarithromycin/cephalexin/doxycycline monohydrate tabs/penicillin VK tabs/Sulfamethoxazole-trimethoprim tabs and suspension</td>
</tr>
<tr>
<td>Amphetamine Aspartate/ amphetamine sulfate/dextroamphetamine saccharate/amphetamine sulfate tablets</td>
<td>Per FDA database, majority of the manufacturers are available</td>
</tr>
<tr>
<td>Methylphenidate (Ritalin, Ritali)</td>
<td>Liquid is on shortage. 5 mg tablets, 10 mg capsules, 20 mg capsules, 30 mg capsules available</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>On shortage but may be available in some pharmacies based on their history of usage. Possible alternative: Adderall or available dosage forms of methylphenidate</td>
</tr>
</tbody>
</table>
Antibiotics:

**Amoxicillin Oral Powder for Suspension** [125mg/5mL; 200mg/5mL; 250mg/5mL; 400mg/5mL]

FDA status: [https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Amoxicillin+Oral+Powder+for+Suspension&st=c&tab=tabs-3&i=2&panel=2](https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Amoxicillin+Oral+Powder+for+Suspension&st=c&tab=tabs-3&i=2&panel=2)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Therapeutic Alternative Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Otitis Media</td>
<td>• Cefuroxime</td>
</tr>
<tr>
<td>Acute rhinosinusitis</td>
<td>• Clindamycin</td>
</tr>
<tr>
<td>Community Acquired Pneumonia</td>
<td>• Clarithromycin&lt;br&gt;• Azithromycin</td>
</tr>
<tr>
<td>Endocarditis prophylaxis:</td>
<td>• Cephalexin&lt;br&gt;• Clindamycin&lt;br&gt;• Azithromycin&lt;br&gt;• Clarithromycin</td>
</tr>
<tr>
<td>Lyme disease</td>
<td>• Prophylaxis: Doxycycline&lt;br&gt;• Treatment: Doxycycline or Cefuroxime</td>
</tr>
<tr>
<td>Streptococcus, group A; pharyngitis/tonsillitis</td>
<td>• Penicillin V: dosing varies by child’s weight</td>
</tr>
<tr>
<td>Urinary tract infection, prophylaxis</td>
<td>• Amoxicillin/clavulanate&lt;br&gt;• Cefixime&lt;br&gt;• Cefprozil&lt;br&gt;• Cephalexin</td>
</tr>
</tbody>
</table>

**Alternative antibiotic options** (compiled by the American Pharmacists Association)

- Attached a reference document (amoxicillin shortage guidance) created by Nationwide Children’s Hospital (NCH) in Columbus, OH.
  - Amoxicillin Shortage Guidance.pdf


FDA Guidance on Compounding Amoxicillin for Suspension in response to shortage

- https://www.fda.gov/media/163367/download

**Public-facing information on when you need antibiotics and when you don’t**

- Choosing Wisely – when you need antibiotics and when you don’t ADULT
- Choosing Wisely – when you need antibiotics and when you don’t PEDIATRIC
  - https://www.choosingwisely.org/patient-resources/antibiotics-for-respiratory-illness-in-children/
- CDC – Antibiotic prescribing and use

**Related Articles:**

https://www.washingtonexaminer.com/policy/healthcare/easier-access-adhd-diagnoses-fuels-medication-shortage


https://my.clevelandclinic.org/health/treatments/11766-adhd-medication


Additional References:

Micromedex & Lexicomp:
1. Dosing and Administration. Micromedex Methylphenidate. 
   Dosages:Pediatric. http://0-online-lexi-com.liucat.lib.liu.edu/lco/action/doc/retrieve/docid/pdh_f/129551?cesid=0arJtuRXgZH&searchUrl=%2Flco%2Faction%2Fsearch%3Fq%3Daugmentin%26t%3Dname%26acs%3Dfalse%26acq%3Daugmentin

Disclaimer: the information contained herein is subject to change without notice. Reader is advised to consult referenced materials provided for most current information.