

A Guide for Autoimmune Patients: Emergency Medication Preparation

Why Preparation Matters

Natural disasters — hurricanes, wildfires, floods, blizzards — can strike with little warning. For autoimmune patients, access to medications during and after a disaster is essential for staying healthy and avoiding serious complications. A recent survey indicated that for many patients who experience such an event, flares are strongly correlated to either improper medication storage or a lack of access to medications. Now is the time to be proactive about your health! Planning in advance can save you disease activity and prevent costly trips to your provider, or worse, to the ER.



How Much Medication Should You Store?

- Minimum: Keep at least a 3-day supply of all essential medications
- Ideal: Aim for a 30-day backup supply whenever possible. If a disaster strikes and relocation is necessary, it may take time to establish a relationship with a new physician who may also want to verify the medications you are currently taking, or be able to secure an appointment with your existing one.
- Talk to your doctor: Request an extra prescription for emergency storage. You may need to pay out-of-pocket, especially if insurance limits monthly fills.
- Ask about alternatives: Inquire if there's a generic or lower-cost version you could use in an emergency. You may also inquire about having pill forms of your current liquid medications as pills are generally more resilient and less likely to suffer from exposure to heat.

Best Practices for Storing Medications

- Choose pills over liquids: Tablets and capsules last longer than liquids.
- Vacuum seal your pills and store them in a cool, dry place.
- Label clearly: Include patient name, dose, time of day, and instructions if someone needs to assist you.
- Keep refrigerated meds cold:
 - In a power outage, meds in a fridge stay cold 12–24 hours.
 - After that, store them inside the toilet tank (not the bowl!) — it's 15–20 degrees cooler than the air.
 - Consider a medical grade cooler, or a rotomolded cooler, such as a Yeti or Rtic, in an emergency.
- Mortar and pestle for liquids: Liquids may crystallize; crush and reconstitute them if necessary.

When to Prepare

- Before storms are forecasted. If you live in a storm prone area now is the time to do so. Don't wait for an official warning because it will be too late!
- Review your medications regularly: Check expiration dates and rotate your emergency supply every 1–2 years.

It's never a bad policy to be over prepared!

Tips for Staying Prepared

- Know your meds: Understand what you take and why. It's best to have everything documented and clearly written in case you are incapacitated.
- Track your refills: Refill medications before you run low. Better yet, always keep one refill cycle ahead by rotating through to your new prescription every time you get a refill.
- Use 90-day supplies: Many insurance plans allow longer fills for maintenance meds and if at all possible, it's better to have a solid 90 days in supply.
- Stock basic over-the-counter supplies: Pain relievers, antihistamines, electrolyte tablets, etc. Anticipate all your medical needs and prepare accordingly. It's also helpful to have a basic first aid kit in the same location, so when the need arises everything is close at hand.



During and After a Weather Emergency

- Early refill request: If bad weather is approaching, ask your pharmacy for an early refill (sometimes called a "vacation override").
- Communicate challenges: If you're stuck or isolated, contact your pharmacist for solutions as they often have emergency protocols.
- Inspect medications: Flooding, heat, and power loss can damage meds. When in doubt, talk to a pharmacist before using. If not, follow the Centers for Disease Control and Prevention (CDC) guidelines.
- Use life-sustaining meds carefully: If refrigeration fails, some medications (like insulin) can be used for a short time but should be replaced as soon as possible.



After a Natural Disaster: Guidance on Medication Safety

Following a natural disaster, it is critical to inspect all medications for possible damage. The CDC, referencing guidance from the FDA's Center for Drug Evaluation and Research (CDER), recommends the following precautions:

- Drugs Exposed to Heat (e.g., Fire): High temperatures can destroy the effectiveness of medications. If they may have been exposed to excessive heat, they should be replaced.
- Drugs Exposed to Flood or Contaminated Water: Medications that have come into contact with floodwater or unsafe municipal water should be discarded, even if they appear intact in their original containers. Contamination can cause serious health effects.
- Lifesaving Medications: If a life-sustaining drug (e.g., for heart disease, diabetes) has been exposed but no immediate replacement is available, it may be used temporarily only if it appears unchanged. Wet or visibly contaminated drugs must be discarded.
- Reconstituted Medications: Medications that require mixing into a liquid should be reconstituted only with purified or bottled water, not tap or floodwater.
- Temperature-Sensitive Drugs, such as biologics: If refrigeration has been interrupted, temperature-sensitive medications should ideally be discarded if they do not adhere to the manufacturer's guidance for optimum shelf stability. Check the package insert to make sure as some drugs allow for limited periods at room temperature storage but time limits vary. Generally it is not advisable to re-refrigerate medications that have been left out longer than advised. However, if critical for survival, they may be used temporarily until a replacement is available. Potency may be reduced, so replacements should be obtained as soon as possible.
- Patients who are unsure about the safety or efficacy of a medication should consult their pharmacist, healthcare provider, or the drug manufacturer.



Reference:

Adapted from the U.S. Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER), "Drug Products After a Natural Disaster."