



Vermont Association of Chain Drug Stores

To: Senator Ginny Lyons
Cc: Senate Committee on Health & Welfare
From: Vermont Association of Chain Drug Stores
Heather King; Price Chopper/Market 32

Date: April 23, 2020

Re: Covid-19 Response: *Medication Access, Pharmaceutical Issues*

On behalf of the Vermont Association of Chain Drug Stores (VACDS), thank you for the time to talk with you today. I am Heather King; Pharmacy System Coordinator and Compliance Officer for Price Chopper/Market 32. I am also the Chair of the New York Board of Pharmacy. We appreciate the opportunity to comment on the impact of the COVID-19 pandemic on community pharmacies. As a member of the VACDS, we commend the State of Vermont for taking proactive steps to ensure continued access to essential medications by preventing product shortages. We also appreciate the Vermont Senate taking the time today to learn more about how pharmacies have been affected and have been proactive during Covid-19.

March showed a run on all medications due to panic and fear created by COVID 19. The allowance to refill medications early and provide a 3 month supply additionally taxed the supply chain. However, the pharmacy supply chain traditionally contains 3-6 months product. This includes the amount of product at both the wholesaler and the manufacturer. Therefore, there were a few days in community pharmacies that were challenging due to right sizing, but the pharmacies were eventually able to obtain supply within a week or 2.

The exceptions are the products that are potential treatment for COVID-19. There were struggles getting product thought to be key in treatment of COVID19 such as maintenance and rescue inhalers, acetaminophen, and over the counter treatment for cold and flu symptoms.

Once Hydroxychloroquine and Zithromax were touted in the media as a potential treatment for COVID 19, we experienced a dramatic increase in demand. Any available product was provided to state and federal governments first and the remainder placed on allocation to the pharmacies by wholesalers. This means each pharmacy could only be provided a limited amount based on purchasing history. Current HCQ patients with RA and Lupus often used the early refill and 3-month supply allowance to obtain their medications for fear of supply issues so the inventory was therefore quickly drained. Additionally, we did see a number of orders for HCQ and Zithromax sent to the pharmacies by prescribers to have on hand for the just-in-in case scenario. Those orders have dramatically decreased with the guidance provided from the Department of Health, VMS, and/or UVMMC having the intended effect. Pharmacists now collect and document the diagnosis code with each new order for these medications and can educate prescribers on the OPR guidance if needed.

We are not currently experiencing any shortages on these products and believe that currently there is enough supply to service those patients with chronic illnesses such as RA and Lupus. China is heavily involved in the production of most of the world's API (Active Pharmaceutical Ingredient) as well as the chemical for the inactive ingredients used to produce these medications. India plays a large role in the production of the completed drug product. With these 2 countries so heavily impacted by COVID19, there is an expectation that supply issues will be seen in 2-4 months.

Key factors are:

- Many Americans refilled a 3-month supply or more of their medications, depleting the already manufactured inventory proportionately.
- Delays in chemicals from China and the finished products from India will lead to a gap in the supply. The United States no longer has the capacity to provide these ingredients.

With the allowance of early refills in addition to the allowance of a 90-day supply, pharmacies are trying to balance between patients obtaining an excess amount of drug and having an adequate supply on hand. Pharmacies are working with their wholesaler and those pharmacies who warehouse some of their own product are feverishly working with the manufacturers to source more product. Insurance/PBM agreements do not allow pharmacies to cut back the quantity the prescription was written for so we cannot only provide a 30-day supply of some medications that are experiencing a shortage. If the prescriber wrote for a 3-month supply, the pharmacy must fill a 3-month supply. If the pharmacy does not have the product then they provide what they have free of charge to the patient until they can fill the remainder of the 3 months order. Additionally, relaxing of the rule in VT to allow pharmacists to substitute equivalent product when the ordered product is not available is extremely helpful when shortages are experienced.

There are some other challenges pharmacies are seeing during this pandemic. Buprenorphine is an opioid used for Medication Assisted Therapy to treat addiction. Relaxation around the early fills for these types of medications is leading pharmacies to hit their maximum allowable amount of purchases for that drug for the month. These limits, called thresholds, are imposed by the wholesalers in order to be compliant with DEA rules. Some pharmacies are finding it difficult to provide a supply to their current customers because they are denied shipments due to hitting these thresholds. Additionally, pharmacies that hit their order thresholds for these products or place orders of increased size or frequency are reported to the DEA by the wholesaler which can then in turn create troubling DEA audits. These 2 circumstances are leading to some pharmacies turning new patients in need away. This is not a new issue, however it is having a greater impact during this time of additional stress when the need for addiction services may be on the rise. Even though, this is a federal issue, we thought it important that the legislature was aware.

Additionally, clinics that treat addiction are closing and long acting injectable drugs such as Vivitrol, used to treat addiction, can no longer be administered in these closed clinics leaving the patients without any treatment. Some of these patients are then switched to oral treatment such as buprenorphine creating additional stress on the highly controlled supply sent to the pharmacies.

Several states have made the move to allow Pharmacists to administer injectable drugs, such as Vivitrol, in order to ensure continuity of patient care, especially in high risk conditions involving Diabetes and Mental Health.

Given this unprecedented pandemic and the need to ensure the health of our communities and the health of the state's economy, we urge Vermont legislators to act to remove any remaining barriers for pharmacists to order and test for COVID-19 and administer any forthcoming FDA-authorized vaccines. Doing so will expand access to testing and treatment in neighborhoods across this great state.

As we all have heard, COVID-19 testing is a critical element in reopening America. That means expanding accessible testing. Recently, the U.S. Department of Health and Human Services (HHS) released COVID-19 pharmacy testing guidance, authorizing pharmacists to order and administer COVID-19 tests when appropriate. Considering the tremendous public health need to increase testing and the accessibility of community pharmacists throughout the nation, pharmacy testing is an important solution in the pandemic response. Community pharmacy-based testing for infectious diseases, including influenza, group A streptococcus, HIV, and Hepatitis C has been a well-established practice for many years and is already occurring throughout the country. However, despite the federal-issued pharmacy testing guidance, it is imperative that states remove any remaining barriers to mobile, outdoor COVID-19 testing conducted by community pharmacies. Nineteen (19) states, including North Dakota, Louisiana, and Ohio, currently allow pharmacists to administer COVID-19 point-of-care tests via existing statutory authority or issued guidance. Therefore, we urge your leadership to take affirmative action to remove any unintended barriers to expand access to COVID-19 testing for Vermont citizens.

Not only is increased testing capacity essential in curbing the spread of COVID-19, immunizations will be the next important milestone in the response. Through this pandemic, we have learned that preparedness is crucial. Hence, the time is now to take action to accelerate the availability of any forthcoming treatment and vaccine authorized by FDA. Importantly, the Centers for Disease Control and Prevention's (CDC's) existing pandemic plans heavily rely on the use of community pharmacies nationwide to meet public health goals. Vermont pharmacists administer CDC-recommended immunizations to patients 18 years and older via prescription or written protocol. Across all states, pharmacies provide vaccines to protect patients, with approximately 1 in 3 flu shots being provided at pharmacies. In the 2009 H1N1 pandemic, and in other disasters and emergencies, pharmacies actively engaged in emergency response efforts, using strong local presence to administer vaccines to patients quickly and safely. Accordingly, we strongly urge you to expand existing pharmacist immunization authority to include the administration of FDA-authorized vaccines to patients of all ages in anticipation of COVID-19 vaccine; and to do so without any needless administrative burdens.

We would support and request that the Senate take the language within S.220 regarding "expanded pharmacy prescribing" to be included as part of the Covid-19 response so that pharmacists can be available to administer a coronavirus vaccination as well as Covid-19 testing.

We appreciate the tremendous and diligent efforts taken by Vermont leadership, Office of Profession Regulation, VT Dept of Health as well as the General Assembly for quickly working to address these issues during the pandemic. As the pandemic response unfolds, we welcome the continued opportunity to work with you all to further to expand access to your citizens through increased engagement of pharmacies.

