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Pharmacists speak out

The AMA's "drug store intrusion" resolution and Walgreens' "good faith dispensing" policy



At its last House of Delegates meeting, the American Medical Association (AMA) introduced a resolution, "AMA response to drug store intrusion into medical practice, Resolution 218 (A-13)." Representing AMA in a public statement, Orange County delegate Dr. Melvyn Sterling had a message for pharmacists: "Don't call us, we'll call you!"

While subsequent communications with AMA members and staffers indicate disagreement with Sterling's comment, the situation set many pharmacists to gnashing their teeth and rattling their sabers against their physician colleagues.¹

Professional pharmacy organizations, pharmacists, and physicians alike have weighed in on this issue, stating the need for collaboration between our professions to provide the best patient care possible. Professional organizations have cited the central issue precipitating this communication crisis as one of prescription drug abuse and resultant deaths.²

However, the title of the AMA resolution targets "drug store intrusion" and is specifically directed at Walgreens Corp. for implementation of its "good faith dispensing" (GFD) policy addressing opioid prescriptions for chronic pain.

We believe that AMA Resolution 218 (A-13) is directed *not* against pharmacists per se, but against Walgreens, which is using its pharmacists as pawns to satisfy internal requirements set forth in a deal with the Drug Enforcement Agency (DEA).³ Walgreens, the "drug store" that lit this fuse, has emerged remarkably unscathed.

The backstory

After a dramatic increase in the number of oxycodone doses dispensed by Walgreens pharmacies in Florida, Walgreens and the U.S. Drug Enforcement Agency (DEA) entered into a Memorandum of Agreement (MOA) in the fall of 2011.⁴ It appears that as a result of this MOA, Walgreens implemented its good faith dispensing (GFD) policy.

Misinformation has accompanied the implementation of this policy. This is exemplified in a "Dear Provider" letter that attempts to explain why Walgreens pharmacists are compelled to telephone providers and ensure that "the necessary infor-

mation to confirm the appropriateness of the prescription is documented to satisfy the DEA requirements."⁵ However, the DEA has issued no such "requirements" for the filling of prescriptions, as Walgreens' "Dear Provider" letter claims.

To further cloud the issue, Walgreens' GFD policy is based on federal law, implying that this policy should be implemented on a consistent basis across the country. The reality is that the corporate GFD is applied inconsistently between states, and in a manner that amounts to "profiling" a state. In New York state, we have learned, Walgreens' GFD has been implemented in a manner that is not at all obstructive to patient care. However, we have discovered the opposite in states such as California, Florida, Indiana, and New Mexico.

The consequences

The heart of the GFD policy is Title 21 of the *Code of Federal Regulations*, Section 1306.4, which states that pharmacists have a corresponding responsibility to ensure that when a prescription for a controlled substance is dispensed, the dispensing must be done for a legitimate medical purpose.⁶ This is appropriate, valid, and justified; it is part of a pharmacist's responsibility.

However, Walgreens' GFD policy has compromised its pharmacists' ability to make a free-will professional interpretation and, ironically, places patient safety at risk.⁷ This policy obstructs the delivery of patient medications, as it requires the gathering of medical chart information above and beyond requirements set forth by any state or federal regulations, prior to the dispensing of an opioid prescription for chronic pain.

If Walgreens honestly believed in the validity of that policy, pharmacists would also be required to obtain routine laboratory monitoring tests prior to dispensing statins, hypoglycemic agents, and antibiotics, for example. The thought is absurd!

Absence of accountability

The most unsettling element of Walgreens' GFD policy is that, while it promotes the concept of "corresponding responsibility," there is no advocacy for "corresponding accountability" on the part of the Walgreens pharmacist.

The question remains as to how a Walgreens pharmacist would be held accountable for "prescribing by omission" if an adverse event occurred through the withholding or delay of a patient's opioid prescription resulting from Walgreens' GFD policy.

Imagine a parallel situation, in which a patient becomes hyperglycemic because the pharmacist didn't have glucose levels and refused to fill a prescription for an oral hypoglycemic agent.

Or consider this: As a result of Walgreens' previous irresponsible dispensing behaviors, the GFD policy is stigmatizing chronic pain patients, through no fault of legitimate pain patients themselves or of the doctors and pharmacists caring for them.

The real issue

When the above facts are elucidated, it is quite clear that behind the rhetoric of AMA Resolution 218 (A-13), the issue is not that of physicians striking out at pharmacists¹; to the contrary, it is Walgreens Corp. itself that is being condemned.

This is not simply an issue of "prescription drug abuse." More precisely, it is the result of corporate "drug store intrusion" into patient therapy. The pharmacist's healthcare role in this instance is not being defined by our knowledge, collaboration, clinical expertise, and direct patient-care contributions, but by irresponsible and selfish corporate policy arising from an effort to satisfy previous misgivings and corporate greed, in an escalating lack of due diligence.

The issue of the necessity for advance information to be obtained before an opioid prescription can be safely dispensed is distracting from a deeper conflict.

The business model

Walgreens' actions here are not based on the contemporary clinical role of pharmacists; they are focused on a singular business model that exudes patient neglect — not safety, as Walgreens claims.

This distinction is critically important. It speaks to a duality with which the pharmacy profession has struggled for decades.

The practice of pharmacy based on a *healthcare* model places the patient first, incorporates clinical knowledge, and enables the pharmacist to act in a fully collegial, collaborative manner with other healthcare providers in order to deliver the best patient care possible.

The pharmacy profession needs to realize the uncomfort-

able truth: that in this particular case, Walgreens reflects the worst that the pharmacy *business* model has to offer.

Before we see further erosion between medical and pharmacy colleagues, and further decline of the societal covenant between pharmacy and our patients, there must be careful and heartfelt examination of this crisis.

Today we call upon our professional organizations to support our colleagues who are Walgreens pharmacists on the front lines and caught in the corporate crossfire, as well as all pharmacy colleagues nationwide and, most important, the patients who heretofore confidently relied on pharmacist professionalism and integrity. **DT**

References

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