



# The Pharmacist Activist

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They have become filled with every kind of wickedness, evil, greed, and depravity. Romans 1:29a

Editorial

## CVS is Destroying the Profession of Pharmacy (Part 4)

**CVS** recently reported a 9% increase in same-store sales during the first quarter. During part of the first quarter many retail stores had to close/lockdown because of the COVID-19 pandemic. Many of the purchases in CVS stores were for a wide variety of products and other merchandise that have no relationship to healthcare needs and products. However, unlike many retailers that were required to close during the lockdown, CVS stores have remained open as an essential retailer during the pandemic for the sole reason that they include pharmacies. Not only did CVS experience a large jump in sales, but it announced that it planned to hire 50,000 people in part-time, full-time and temporary roles to keep pace with the demand. This situation is occurring at the same time that many smaller retail stores have had to remain closed and may not be able to reopen because of financial losses. In the interest of the safety of their patients and employees, many independent pharmacies have restricted prescription and other healthcare purchases to curbside pickup or deliveries and/or limit the number of individuals permitted in the pharmacy. CVS reaps great profits from having pharmacies, but harasses its pharmacists and technicians in requiring faster and greater assembly-line productivity in selling prescriptions without consultation. As noted in Part 3 of this series, CVS has betrayed and abandoned its own pharmacists and technicians, as well as the profession of pharmacy.

### Ignoring safety

CVS wants others to think they have taken appropriate precautions to protect the safety of their customers and employees. It has *failed* to do so. It was slow in providing equipment and materials for the protection of its employees, and the implementation of cleaning procedures is woefully inadequate even now. A company can have very comprehensive policies/

statements regarding cleaning/sanitizing, but when there is insufficient staffing to perform these tasks, they don't get done. Where are all those 50,000 workers CVS said it was hiring? If CVS or another retail store is not able to provide a safe location, it should not be permitted to be open until it does. A California congresswoman recently wrote a letter to the CEO of CVS that includes the following statements:

"I am alarmed and disappointed by the conditions that exist in your facilities and for your delivery workers. I am sending along these pictures that show the unsafe conditions."

In many areas of the country other retail establishments have been permitted to reopen with restrictions as long as appropriate precautions are observed (e.g., customers must wear masks). In my limited travels away from my home, I have been to stores with large signs on the doors saying, "No mask, no entrance." At CVS, although employees are required to wear masks and customers are requested to, store employees have been instructed to not deny entrance or service to customers who do not wear masks. The message is that CVS management is willing to place CVS employees at added risk for the purpose of not losing a sale. Prior to the pandemic, it was the customers who were at primary risk because of the occurrence of errors resulting from the stressful workplace environment due to management negligence and metrics. Now it adds additional risks for its own store employees that go beyond the stress, burnout/moral injury, and other health issues they were already experiencing. Recently, a former CVS employee came back to the CVS store and committed suicide. The news has been suppressed but the situation is being investigated.

The front-line CVS pharmacists and other employees who place themselves at risk for the sake of more profits for their employer are heroes who should be recognized and rewarded! CVS management that works

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with no risk from their suites or home offices should be terminated and replaced with management that values its employees and customers.

### Pharmacy hero Joe Zorek

Joe Zorek is one of my pharmacy heroes whom I first came to know when he was a student at the Philadelphia College of Pharmacy. Joe worked for CVS for 43 years and was the pharmacist-in-charge for 37 years at the store that was the highest-performing CVS store in his district. Joe's accomplishments and service to his customers, community, and CVS are all the more remarkable because he experiences the challenges of multiple sclerosis (MS) that is exacerbated by standing for long periods of time. Therefore, it was necessary for him to be seated while he worked during certain periods of the day. The arrangement in which he was seated while he fulfilled and exceeded the responsibilities of his position description was unacceptable to his district leader, and the resulting harassment and the additional stress from management-imposed metrics resulted in a relapse of Joe's MS. It was necessary for him to take disability leave, but with the expectation that he would return to his position. At the conclusion of the period of disability CVS terminated Joe Zorek.

Joe retained an attorney and sued CVS. In spite of strong CVS pushback, the strong persistence of Joe and his attorney over 5 years resulted in a settlement. The terms of the settlement are confidential (a condition imposed by CVS) and I don't know the terms or the amount of the settlement. However, I am aware of the going hourly rate for skilled attorneys and the settlement has to be substantial. Joe is "silenced" because of the terms of his settlement, but his wife Paula has been a great source of encouragement and suggestions for many current and terminated CVS pharmacists and technicians. Both of them are heroes in their courage to challenge CVS management and in their advocacy for so many colleagues.

### Selected comments from CVS pharmacists and technicians

The following are a small sampling of comments I have received:

"We are told we may use 2 masks a week even though the package says single use only. A sheet is provided to document that the counters and keypads have been sanitized hourly. That lasted about a week and now some days it is not done at all because overworked staff with reduced hours do not have time to do it."

"I submitted an ethics line complaint about understaffing and risk of patient safety. They responded 'where is this?' And I said 'everywhere.'"

"This CVS response (to Ellen Gabler's article in the New York Times) is so vague, nonspecific, and full of ignorance that it makes me sick. At the same time, it further fuels the fire within me to expose CVS for the ethics-less sweatshop it is."

"How many more deaths and articles written will it take for management to do the right things?"

"We are nothing but disposable bodies in this company and the sad

thing is that there are unemployed pharmacists who will gladly take our spot with a big pay cut."

"I ask my district leader for more help. He responds, 'Nope. Maybe CVS isn't the right place for you if you need more help.'"

"In spite of almost 20 years working for CVS, I still love being a pharmacist. I just hate my job. I am afraid. Afraid so much that I don't have the fortitude to reveal my identity. I am afraid I will NOT find another employer if I am terminated by CVS. I know this because I have tried to find other positions."

"I was written up for not meeting quota on calls and not getting people to refill prescriptions THEY DO NOT NEED."

"I feel that I am committing fraud with the calls I am required to make and filling items that are not wanted."

"I was brutally honest on those surveys. I was unemployed 3 months later. They are NOT anonymous."

"I know 3 pharmacists who responded to the CVS surveys honestly and all of a sudden their scores went down and they were reassigned to other stores or floating duties."

"The survey is described as anonymous but when you work in a rural pharmacy and there's only you and your manager, you better bite your tongue."

"I know of a pharmacist experiencing anxiety who went into very early labor after the pharmacy supervisor threatened her job if all prescriptions are not finished at night."

"I am a tech and my #1 goal/job is to protect and support my pharmacist. My store has some of the best techs I have ever worked with, and we simply cannot keep up. We are always understaffed and always scrambling, and the pharmacists jump in to help the techs. Then we get patients yelling at us and corporate's response to us is to reprimand us."

"In my job as a tech the stress sent me into emotional overdrive. Eventually I landed in a psychiatric unit for 5 days due to the stress of not only my job but also not making enough money in spite of asking for raises."

"In my estimation, EVERYTHING changed the day when the former CEO retired."

(Editor's note: I remember when CVS started and was an advocate for the professional role of its pharmacists and the profession of pharmacy. If the founder of CVS was aware of what CVS has become, he would be turning over in his grave. Oh! My mistake – he is still alive.)

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## New Therapeutic Agents Marketed in the United States in 2019

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification <sup>a</sup>	New Drug Comparison Rating <sup>b</sup>
Afamelanotide	Scenesse (Clinovel)	Agent for erythropoietic protoporphyria	Subcutaneous	1-P,O	5
Alpelisib	Piqray (Novartis)	Antineoplastic agent	Oral	1-P	4
Amifampridine phosphate <sup>c</sup>	Firdapse (Catalyst)	Agent for Lambert-Eaton myasthenic syndrome	Oral	1-P,O	5
Bremelanotide acetate	(Vyleesi – AMAG)	Agent for female sexual dysfunction	Subcutaneous	1-S	4
Brexanolone	(Zulresso – Sage)	Antidepressant	Intravenous	1-P	4
Brolucizumab-dblb	Beovu (Novartis)	Agent for macular degeneration	Intravitreal	S <sup>d</sup>	4
Caplacizumab-yhdp	Cablivi (Sanofi Genzyme)	Agent for thrombotic thrombocytopenic purpura	Intravenous	P,O <sup>d</sup>	5
Crizanlizumab-tmca	Adakveo (Novartis)	Agent for sickle cell disease	Intravenous	P,O <sup>d</sup>	5
Darolutamide	Nubeqa (Bayer)	Antineoplastic agent	Oral	1-P	4
Elexacaftor/tezacaftor/ ivacaftor	Trikafta (Vertex)	Agents for cystic fibrosis	Oral	1,4-P,O	5
Emapalumab-lzsg <sup>c</sup>	Gamifant (Sobi)	Agent for hemophagocytic lymphohistiocytosis	Intravenous	P,O <sup>d</sup>	5
Enfortumab vedotin-ejfv	Padcev (Astellas)	Antineoplastic agent	Intravenous	P <sup>d</sup>	4
Entrectinib	Rozlytrek (Genentech)	Antineoplastic agent	Oral	1-P,O	4
Erdafitinib	Balversa (Janssen)	Antineoplastic agent	Oral	1-P	4
Fedratinib	Inrebic (Celgene)	Antineoplastic agent	Oral	1-P,O	3
Givosiran	Givlaari (Alnylam)	Agent for acute hepatic porphyria	Subcutaneous	1-P,O	5
Golodirsen	Vyondys 53 (Sarepta)	Agent for Duchenne muscular dystrophy	Intravenous	1-P,O	4
Imipenem monohydrate/ cilastatin sodium/ relebactam monohydrate	Recarbrio (Merck)	Antibacterial agent	Intravenous	1,4-P	4
Istradefylline	Nourianz (Kyowa Kirin)	Antiparkinson agent	Oral	1-S	4
Lefamulin acetate	Xenleta (Nabriva)	Antibacterial agent	Intravenous; oral	1-P	4
Luspatercept-aamt	Reblozyl (Celgene)	Agent for beta thalassemia	Subcutaneous	P,O <sup>d</sup>	5
Omadacycline tosylate <sup>c</sup>	Nuzyra (Paratek)	Antibacterial agent	Intravenous; oral	1-P	4
Onasemnogene abeparvovec-xioi	Zolgensma (AveXis)	Agent for spinal muscular atrophy	Intravenous	°	5
Pexidartinib	Turalio (Daiichi Sankyo)	Antineoplastic agent	Oral	1-P,O	5

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**(cont.) New Therapeutic Agents Marketed in the United States in 2019**

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification <sup>a</sup>	New Drug Comparison Rating <sup>b</sup>
Pitolisant hydrochloride	Wakix (Harmony)	Agent for excessive daytime sleepiness	Oral	1-P,O	2
Polatuzumab vedotin-piiq	Polivy (Genentech)	Antineoplastic agent	Intravenous	1-P,O	4
Pretomanid	(TB Alliance; Mylan)	Antimycobacterial agent	Oral	1-P,O	5
Prucalopride succinate <sup>c</sup>	Motegrity (Shire)	Agent for constipation	Oral	1-S	2
Rifamycin sodium <sup>c</sup>	Aemcolo (Aries)	Antibacterial agent	Oral	1-P	3
Risankizumab-rzaa	Skyrizi (AbbVie)	Agent for psoriasis	Subcutaneous	S <sup>d</sup>	4
Romosozumab-aqqg	Evenity (Amgen)	Agent for osteoporosis	Subcutaneous	S <sup>d</sup>	4
Sarecycline hydrochloride <sup>c</sup>	Seysara (Almirall)	Antibacterial agent	Oral	1-S	3
Segesterone acetate/ ethinyl estradiol <sup>c</sup>	Annovera (Therapeutics MD)	Contraceptives	Vaginal	1,4-S	3
Selinexor	Xpovio (Karyopharm)	Antineoplastic agent	Oral	1-P,O	4
Siponimod	Mayzent (Novartis)	Agent for multiple sclerosis	Oral	1-S	4
Solriamfetol hydrochloride	Sunosi (Jazz)	Agent for excessive daytime sleepiness	Oral	1-S,O	4
Stiripentol <sup>c</sup>	Diacomit (Biocodex)	Antiepileptic drug	Oral	1-P,O	4
Tafamidis Tafamadis meglumine	Vyndamax (Pfizer) Vyndaqel (Pfizer)	Agent for cardiomyopathy of transthyretin-mediated amyloidosis	Oral	1-P,O	5
Triclabendazole	Egaten (Novartis)	Anthelmintic	Oral	1-P,O	5
Trifarotene	Aklief (Galderma)	Agent for acne	Topical	1-S	2
Upadacitinib	Rinvoq (AbbVie)	Antiarthritic agent	Oral	1-S	3
Voxelator	Oxbryta (Global Blood Therapeutics)	Agent for sickle cell disease	Oral	1-P,O	5
Zanubrutinib	Brukisa (BeiGene)	Antineoplastic agent	Oral	1-P,O	4

<sup>a</sup>FDA classification of new drugs: 1 = new molecular entity; 4 = combination product; S = standard review; P = priority review; O = orphan designation

<sup>b</sup>The New Drug Comparison Rating (NDCR) system was developed by Daniel Hussar in 2002 and is used as an indicator of the relative importance of a new drug:

5 = importance advance; 4 = significant advantage(s); 3 = no or minor advantage(s)/disadvantage(s); 2 = significant disadvantage(s); 1 = important disadvantage(s)

<sup>c</sup>Approved in 2018 but not marketed until 2019.

<sup>d</sup>A biological approved through an FDA procedure that does not assign a numerical classification.

<sup>e</sup>A gene therapy considered in a separate category by the FDA.

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