



The Pharmacist Activist

Volume 16, No. 9 • July 2021

**"I lift up my eyes to the hills – where does my help come from?
My help comes from the Lord, the Maker of heaven and earth." Psalm 121: 1-2**

Editorial

The ONLY Thing that CVS Management Fears – Strong and Sustained Negative Publicity! The CVS Underground

CVS has enough wealth that it can buy almost any company it wants (e.g., Caremark, Omnicare, Aetna), settle every lawsuit arising from medication errors out of court, terminate many pharmacists and other employees by alleging they violated a policy, and require its pharmacists and other employees to function in understaffed, stressful, and error-prone workplace conditions.

CVS can usually prevent widespread awareness of harmful and sometimes fatal medication errors, as well as unjustified/retaliatory terminations of employees who voice concerns, by offering confidential settlement agreements to the victims of errors and management failures. It does this to avoid negative publicity that would likely be occurring every day because it would result in a loss of customers/revenue and a loss in its stock values.

I will quickly acknowledge that my strong and repeated criticisms of CVS have had absolutely no influence on the decisions and actions of CVS management. Even Ellen Gabler's three excellent investigative reports in *The New York Times* (NYT; Jan. 31, 2020, Feb. 21, 2020, July 16, 2020) that exposed the errors and horrible working conditions at CVS and certain other chain stores had limited influence, notwithstanding a readership of many millions.. However, the NYT coverage did elicit a response from the highest level of CVS denying certain concerns and reiterating its big lie that the safety of its customers is its highest priority. But even though the situations described in the NYT reports were shocking, the attention of the public and regulators rapidly diminished in the face of the avalanche of media coverage of the presidential elections and the COVID-19 pandemic. What CVS management fears most is *strong* and *sustained* negative publicity, and the recognition of this is increasing the size and activity of the *CVS Underground* of current and recent CVS employees. Almost all of these individuals must remain anonymous because of the likelihood of retaliation/termination. However, they can provide information to members of the media and individuals such as myself who can disseminate the horror stories

and protect the identity of our sources.

Many have experienced or are otherwise aware of CVS errors or its harassment of its pharmacists and other employees. These should be documented and provided to a newspaper or television news reporter. Although members of the media must be able to communicate with and confirm the credibility of the individual who is the source of information, most will protect the confidentiality of their sources. If there is concern that CVS management could identify a current employee as the source of the information and retaliate, the specific incident could be described in a general manner that would protect the identity of the individual involved. Patient safety and employee well-being are in jeopardy, and the following are continuing examples that have been provided to me by current and former CVS employees.

From the CVS underground

1. "I will remember the day forever. It was in March 2020. Store management and support staff marched to the edge of the pharmacy and started taping off for social distancing. Sheets were handed to the pharmacy staff with orders to wipe down the counters and credit card touch pads. We were instructed to do this hourly and sign the sheet when this hourly task was completed. This program lasted for maybe a day at my store. Later masks were handed out and we were told to wear them until further notice. Employee temperature checks were also ordered for the beginning of shifts. I had my temperature taken only once since March 2020.

It gets worse. A more aggressive phone call program started. We began to make calls on prescriptions that had refills left and needed to be filled. We also started offering free delivery through the USPS. Actually they

Contents

New Drug Review: Rimegepant sulfate (Nurtec ODT – Biohaven)	Page 3
Challenging Political Correctness	Page 4

Visit www.pharmacistactivist.com for a FREE subscription

were mailed and not hand delivered as the CVS television ads showed. I have become aware of prescriptions left in customers' mailboxes when the temperature was about 100°. CVS also wants us to mail out some prescriptions for which a copay is not needed. Some of these prescriptions had been in the waiting bin for days, and patients did not respond to our phone messages. As a pharmacist, I know that prescriptions for certain medications were not or no longer needed if they were not picked up in a timely fashion. However, CVS mailed them and got paid for them.

When COVID vaccinations became available CVS appeared to be prepared with plenty of pharmacists and support staff to direct traffic in stores. This went great. We even had extra people in the pharmacy to help us with the normal workflow. During this period we were instructed to promote our other immunizations like tetanus, shingles, pneumonia. Quotas were then established for each store. More pressure for all of us. Confusion resulted as patients asked, 'why more vaccinations? We are only here for COVID shots.'

The demand for shots has diminished and so has the staffing for the COVID clinics in the stores. Pressure has increased for pharmacists to step up and give the shots as part of the workflow of filling prescriptions. We do not have the personnel to watch the patient for the 15 minutes after the shot. Once again, CVS fails to provide services that the U.S. is paying us to do. This is dangerous. CVS is placing its customers at risk but I need my job and there are no other positions for pharmacists in my area."

2. "I worked at Omnicare. The job was terrible, management was terrible, but my hours were regular and it paid the bills. A lot of us had complaints but we had no idea what was about to come our way.

Omnicare started laying off thousands of employees across the nation. They laid off people who had been loyal employees for the company for over 20 years. Rumors began to circulate that they were preparing to sell the company. In a short time, it was announced that Omnicare had been acquired by CVS Health. From there, things only went further downhill. Management was given a 'scheduling tool' that changed the schedules and shift times for everyone. Everyone was required to be available 24 hours a day and no one was guaranteed a regular schedule of any kind. These and other changes they were making were of the highest level of idiocy.

CVS continued to change policies and made several more rounds of layoffs. Work conditions and relations with management got so bad that a lot of people left. Departments in this large-scale pharmacy had been decimated. Meanwhile, management had taken on new contracts with nursing homes and increased the workload by at least 50%. This only worsened the situation.

Techs began to speak up about it. They felt they could trust me to back them up and, on at least 3 occasions, I was asked to be a witness to the official complaint to management. I am not one to sit back and watch bullying happen, and that is exactly what management was doing. I went with the technicians to their meetings with management and every time I was sent out of the room by management, and someone else (usually FROM management) was brought in to be the official 'witness.' So basically, complaints about a bully management team were being met with more bullying. I made no secret of my dislike for the new changes and the ways the techs were being treated, and the news made its way to the bullies in the offices.

I was eventually terminated for a technician failing to deliver an intravenous medication to a facility. This happened after my shift had ended, and I was not in the building. Still, I had been the last pharmacist to work on the IV order, and management held me responsible and deemed it 'extreme negligence.' It was clearly retaliation, but because I was so fed up with the company, I just left. I have many other horrible stories about that place. There was another incident that happened to me which I could have sued over, but I didn't because I wanted to give management the benefit of the doubt. Never again!

I stay in touch with a friend who is part of the management team. It has lost almost 70% of its business and had to cut hours and staff back even further. All because CVS would not hire enough staff to cover the workload. Our 'profession' is doomed if it isn't reclaimed by the pharmacists themselves, but it's not looking good."

3. A long-term CVS pharmacist was terminated after she voiced concerns that there was not compliance with DEA regulations, as well as concerns about other situations and policies. Following her termination she sued CVS alleging retaliation and other issues. She was offered a settlement but declined it, and the litigation continues. CVS must have great concerns regarding this situation as it already has used two law firms and multiple attorneys.
4. "My long-term CVS employment was terminated shortly after I turned 60. The only other pharmacist who was 'laid off' was about the same age. I had to fight for several months to get my stock purchase money."

Share your concerns with your local media and beyond. *The Pharmacist Activist* is only published once a month, but readers who are current or former employees of CVS can add their concerns in the media every day.

More potent than ipecac

As I was concluding this editorial I was made aware of a message, "CVS introduces new purpose statement." The new statement is:
"Bringing our heart to every moment of your health"

I had an instant recall of a popular song that most readers are too young to have heard. It was a hit song from the 1950s by the Fontane sisters titled, "Hearts of Stone" that featured the line, "Hearts of stone will cause you pain."

I went on the CVS website to learn more and found a longer statement that included "Our purpose," "Our strategy," "Our values," and "The heart of health." I urge you to read it but observe the following: WARNING: May cause violent emesis. Take the maximum dose of ondansetron before reading!

When I recovered, I thought of a possible "silver lining" that has inspired the first CONTEST in the history of *The Pharmacist Activist*. Current employees of CVS are eligible and should submit proposed revisions of the "Our purpose" and "Our values" sections of the CVS statement based on your experience and opinions regarding the realities of your CVS employment and CVS management. The prize is publication (anonymously) in a future issue, with the possibility of a second contest to put it to music as a theme song for the CVS Underground. Entries that include profanity, vulgarity, or blatant slander will not be considered. Submit your entry via email to danandsue3@verizon.net.

Daniel A. Hussar
danandsue3@verizon.net

New Drug Review

Migraine

Rimegepant sulfate (Nurtec ODT – Biohaven)

Description:

A calcitonin gene-related peptide (CGRP) antagonist.

Indication:*

Administered orally for the acute treatment of migraine with or without aura in adults.

New Drug Comparison Rating (NDCR) = 3

(in a scale of 1 to 5 with 5 being the highest rating)

Comparable drug:

Ubrogepant (Ubrelvy).

Advantages:

- Has a longer duration of action and a second dose is not needed during each 24-hour period of treatment;
- Is supplied in an orally disintegrating tablet (ODT) formulation that disintegrates in saliva and additional liquid is not needed.

Disadvantages:

- Has not been evaluated in studies designed to directly compare it with triptans;
- May be more likely to cause hypersensitivity reactions;
- Use should be avoided in patients being treated with a moderate CYP3A inducer or inhibitors of P-glycoprotein (P-gp), (whereas ubrogepant in an adjusted dosage may be used concurrently);
- Use should be avoided in patients with severe hepatic impairment (whereas ubrogepant may be used in a reduced dosage).

Recommended dosage:*

75 mg; tablet is placed on or under the tongue, allowed to disintegrate in the saliva and swallowed;

- Maximum dose in a 24-hour period is 75 mg;
- In patients being treated with a moderate CYP3A4 inhibitor, another dose should be avoided within 48 hours.

Products:

Orally-disintegrating tablets – 75 mg.

Contraindications/most important risks:

- Hypersensitivity reactions;
- Use should be avoided in patients being treated with strong CYP3A4 inhibitors, strong and moderate CYP3A4 inducers, and P-gp inhibitors;
- Pregnancy: risk of harm based on animal studies;
- Hepatic impairment: use should be avoided in patients with severe hepatic impairment;
- Renal impairment: use should be avoided in patients with end-stage renal disease;
- Interactions: Activity is increased in patients being treated with strong CYP3A4 inhibitors and P-gp inhibitors (avoid concurrent use), as well as moderate CYP3A4 inhibitors (another dose should be avoided in 48 hours);
- Activity is decreased by strong and moderate CYP3A4 inducers (avoid concurrent use).

Most common adverse events:

Nausea (2%).

Comments:*

Rimegepant is the second CGRP antagonist for oral administration for the treatment of migraine. It was evaluated in a placebo-controlled trial in which efficacy was established by an effect on pain freedom and Most Bothersome Symptom (MBS; e.g., photophobia, nausea) freedom at 2 hours. Twenty-one percent of patients treated with rimegepant were pain free at 2 hours, and 35% were MBS free at 2 hours.

**Update (May 2021): Rimegepant has been subsequently approved for the preventive treatment of episodic migraine in adults. The recommended dosage is 75 mg every other day. It is the first medication to have labeled indications for both treating and preventing migraine. In a 12-week placebo-controlled trial, it reduced the average number of monthly migraine days (MMD) by 4.3 from baseline, compared with a reduction of 3.5 in those in the placebo group. The percentage of patients who achieved at least a 50% reduction from baseline in moderate to severe MMD was 49.1 with rimegepant and 41.5 with placebo.*

Daniel A. Hussar

Challenging Political Correctness

For some issues and views, political correctness is appropriate, sensitive, and important. However, the extent to which it is now used and applied has greatly diminished its meaning and value to the point that those with differing opinions are often criticized, intimidated, and/or silenced. In the name of truth, fact, science, evidence, or history, advocates for their preferred narrative demean those with differing views as biased, bigoted, deniers, and worse. The intolerance for the views of others that are “judged” to not be politically correct has escalated with the result that many are intimidated and unwilling to voice their opinions on certain topics for fear of political, economic, employment, or other reprisals. I am in a better position than most to voice opinions with which others may disagree, and I do not fear criticism or intimidation. Indeed, such responses often are further confirmation of what I consider to be the validity of my views. Therefore, beginning with this issue of *The Pharmacist Activist*, the discussion on the last page will be CPC, the code for Challenging Political Correctness.

The Olympics provide a marvelous opportunity for international recognition and celebration of the athletic accomplishments of diverse individuals from all parts of the world. At the present time, however, there are just two situations that dominate the Olympics news.

Hammer throw

In the U.S. Olympic track and field trials the national anthem was played during the medal ceremony for the women’s hammer throw. The gold and silver medalists stood with their hands over their hearts while looking ahead at the American and Oregon flags, but the bronze medalist turned away from the flag and grabbed her T-shirt. She not only disrespected the flag, but also the country in which she chooses to live AND her own teammates. The dominant story is her personal actions, criticisms, and identity, but very few know the names of the gold and silver medalists (DeAnna Price and Brooke Anderson, respectively) whose hammer throws were significantly longer than the throws of the bronze medalist (who earned the bronze medal with throws just

two inches longer than the fourth-place nonmedalist finisher).

I am a strong advocate for freedom of speech and freedom of the press. However, in events in which one is representing their country and team, blatant disrespect of this type is inappropriate and should be unacceptable, regardless of the debatable validity of the individual’s concerns. The U.S. Olympic organization should establish regulations and policies to prevent such situations in the future, and penalize violators.

Marijuana

Sha’Carri Richardson was the gold medalist in the 100-meter dash in the U.S. Olympic trials. However, she tested positive for THC, the psychoactive component of marijuana that is a banned substance, has been suspended from the team, and will not be permitted to participate in the Olympics. She promptly acknowledged her use of marijuana during an “emotional panic” following the death of her mother, her awareness of the rules regarding drug use and that she should not have violated them, and said that she would not make excuses for her violation. Her response impressed me as being sincere, open, and contrite.

Marijuana is not a performance-enhancing drug and the laws, regulations, and policies with respect to its use are a chaotic maze, and vary widely among countries, states, and even between different Olympic events. Urgent attention should be given to reform, but this will not be accomplished soon enough to reinstate Sha’Carri Richardson to the team. I strongly support searching for a “loophole” that would permit her to rejoin the U.S. team that will participate in the Tokyo Olympics, with the provision that the individual designated to replace her remain on the team.

I welcome your comments, as well as suggestions of topics for future columns on CPC.

Daniel A. Hussar
danandsue3@verizon.net

Free Subscription

Go to www.pharmacistactivist.com
to sign-up for a FREE subscription.

The Pharmacist Activist will be provided FREE via e-mail to interested pharmacists and pharmacy students who request a complimentary subscription by signing-up online at:

www.pharmacistactivist.com

Author/Editor – Daniel A. Hussar, Ph.D.
Dean Emeritus and Remington Professor Emeritus at
Philadelphia College of Pharmacy

Assistant Editor – Suzanne F. Hussar, B.Sc. (Pharmacy)

Publisher – G. Patrick Polli II **Publications Director** – Jeff Zajac

The opinions and recommendations are those of the author and do not necessarily represent those of his former employer or the publisher.

The Pharmacist Activist, 620 Allendale Rd #60884, King of Prussia, PA 19406

610-337-1050 • Fax: 610-337-1049

E-mail: danandsue3@verizon.net

NEWS-Line
PUBLISHING