



The Pharmacist Activist

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Editorial

Walmart Should Get Out of Pharmacy!

Walmart has terminated hundreds of pharmacists and technicians! But before addressing this action, let's identify an extremely important event that has had a large influence on Walmart's not being able to operate its pharmacies as profitably as it wants to. Walmart recently withdrew from the network of pharmacies participating in CVS-Caremark's prescription plans because of its determination that the reimbursement it was being provided was too low. However, within just several days Walmart and CVS-Caremark reached an agreement. If Walmart insisted on appropriate compensation from CVS-Caremark and other health insurers and pharmacy benefit managers (PBMs), it would not have to be terminating pharmacists and technicians, and its customers would be much better served. If Walmart as the world's largest retailer can't successfully operate pharmacies because of the mandates/demands and inadequate compensation from PBMs and health insurers, can anybody?

Walmart caved in to CVS-Caremark, as did Target, another huge and otherwise successful retailer, several years ago when it sold its pharmacies to CVS. The PBMs and health insurance companies are destroying the quality and scope of health care, and by not challenging them, Walmart and Target are complicit in the responsibility for this debacle.

Walmart terminations

It is surprising that the Walmart terminations have not received more media attention. However, the coverage in Bloomberg News (Matthew Boyle; June 26, 2019 and updated on June 27) identifies pertinent information as well as the lack of transparency on the part of Walmart. The article quotes a Walmart spokeswoman as saying the company "is aligning our staffing with the demands of the business. I don't have a lot to share right now, other than we are on a transformational journey on how we operate our pharmacies

and serve our customers." The spokeswoman would not specify the number of jobs being cut.

The Bloomberg News report identifies a source who is familiar with the decision as saying that the pharmacy cuts will represent less than 3% of all health and wellness staffers in the U.S. This statement appears highly deceptive. The number of "health and wellness staffers" at Walmart has to be much higher than the number of pharmacists and pharmacy technicians, thereby creating a larger denominator from which pharmacy cuts representing less than 3% is calculated. "Less than 3%" is seemingly intended to suggest that the number of individuals terminated is small. Walmart should reveal the percentage of pharmacy cuts based on the number of *pharmacy* staffers rather than health and wellness staffers. However, that would look bad and raise even more questions as to whether the significant reduction in pharmacy staff will increase the risk of errors and harm to customers.

The numbers of pharmacists and technicians who have been terminated or have had their hours reduced are more likely in the many hundreds and possibly thousands. Posts on social media and message boards suggest that the cuts may include as many as 40% of senior pharmacists.

The Bloomberg News report includes a comment of the Walmart CEO at a gathering of investors in October, at which he stated that the company wants to find ways to increase its "share of wallet" in the \$3.5 trillion market for health spending in the U.S. My loose translation of that statement is: Get the money, even at the expense of our customers and employees.

Responses of Walmart pharmacists and technicians

Hundreds of comments from Walmart pharmacists and technicians have been posted on social media sites and message boards regarding

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the actions taken and the manner in which they were communicated. For understandable reasons, most are provided anonymously, and the following represent a very limited representation of the distress and anger experienced.

“I was called to the back by the district manager several hours into my shift He gave me the talking points, went back to the pharmacy, handed me my license, and I was on my way home in 10 minutes! I thought our store was doing well!”

“Accompanied’ out of the building in front of staff and customers, desperately trying to hang on to my dignity. Failed miserably.”

“I got laid off yesterday as a pharmacy tech after 25 years of loyal service.”

“My exit interview wasn’t honest. I was encouraged to reapply full well knowing no positions will be posted within the 2-month window so IF I ever went back to Walmart it would be at drastically reduced pay.”

“Has anyone got any kind of paperwork from being let go? I’m having a hard time trying to get any kind of paperwork with my name on it.”

“The corporate email sent out this week said all the layoffs and changes were done to benefit customers. Well, my pharmacy has no more cashiers, no more pharmacist overlap, and tech hour cuts, but the script counts aren’t going down. Customers used to 20 minute waits will start leaving when the minimum reaches 1 hour+. Benefits only the shareholders.”

“Now with all of the staffing shortages its only a matter of time when big mistakes will be made due to the rush and stress of vaccinations, 90-day adherence, and pushing to get scripts out fast! With no cashiers at our busy store, we have techs trying to be both techs and cashiers and still get things done. One pharmacist per day at our store, long hours, no breaks, and his license on the line if a mistake is made.”

“Mr. Sam Walton (the founder of Walmart) said “There is only one boss – the customer. And he can fire everybody in the company from the chairman on down, simply by spending his money somewhere else.”

“I bet Sam Walton would be rolling over in his grave if he could see what his company has become.”

“Walmart was the company who started the \$4.00 prescriptions years ago. If they would have only raised it over time, they would be able to pay for adequate staffing and keep long-time, loyal employees.”

“Walmart just paid \$282 million to settle and try to silence an international bribery scandal.”

“I am not a young pharmacist. I have been doing this for 20+ years. It has taken a toll on my body – standing for 12 hours a day, with less breaks than are legally mandated – all have contributed to knee/back/joint problems.....I am a single parent with kids. And no job. In a saturated market. I think I’m going to have to sell my house, and most of the things in it. This has dramatically impacted me and my children. I have no illusions that I will find another job anytime soon, or that we will even have a home to live in. Devastated!”

These comments and the hundreds of others are all important. However, the last comment above has such a disturbing impact that I had to interrupt my reading, and resume reading more comments at a later point. Walmart executives must be made to recognize that the actions they take because of their mistakes have devastating consequences for individuals who have served their company well. However, they avoid personal responsibility to the point that a number of the individuals terminated observed that the manager who informed them of their firing said that the decisions were made by computers.

Actions Walmart should take

All of the comments posted by former and current Walmart employees should be compiled in a document titled, “How NOT to treat employees and run a business.” Every Walmart executive and manager should be required to read it in its entirety.

Walmart has attempted to operate pharmacies, and it has failed! It has placed its customers at risk, and treated its pharmacists and technicians horribly. Walmart, as a company should now get out of pharmacy before it makes things even worse for its customers, pharmacy staff, and the profession of pharmacy. Rather than doing what Target did in selling its pharmacies to CVS, Walmart should sell its pharmacies and first offer them for purchase to its current and former pharmacists.

North Dakota has it right!

North Dakota has a law that requires majority ownership of pharmacies to be held by licensed pharmacists. There have been numerous attempts to overturn or circumvent this law that have been led by Walmart, Walgreens and others (please see my editorial, “Voters in North Dakota Should Oppose the Challenge to the Pharmacy Ownership Law!” in the September, 2014 issue of *The Pharmacist Activist*, www.pharmacistactivist.com). These challenges have failed, and residents of North Dakota are served well by this law.

Other states should enact similar laws for new pharmacies, and existing pharmacies when ownership is changed. To protect the safety of the public, state boards of Pharmacy should require Walmart and other chain pharmacies that are substantially reducing pharmacist and technician staffing to submit reports of errors that occur.

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New Therapeutic Agents Marketed in the United States in 2018

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification ^a	New Drug Comparison Rating ^b
Andexanet alfa	Andexxa (Portola)	Reversal agent	Intravenous	P ^c	5
Angiotensin II acetate	GiaPreza (La Jolla)	Vasopressor	Intravenous	1-P	4
Apalutamide	Erleada (Janssen)	Antineoplastic agent	Oral	1-P	4
Avatrombopag maleate	Doptelet (Dova)	Agent for thrombocytopenia	Oral	1-P	4
Baloxavir marboxil	Xofluza (Genentech)	Antiviral agent	Oral	1-P	4
Baricitinib	Olumiant (Lilly)	Antiarthritic agent	Oral	1-S	2
Benralizumab	Fasenra (AstraZeneca)	Antiasthmatic agent	Subcutaneous	S ^c	4
Bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy (Gilead)	Antiviral agents	Oral	1,4-P	4
Binimetinib	Mektovi (Array)	Antineoplastic agent	Oral	1-S,0	3
Burosumab-twza	Crysvita (Ultragenyx)	Agent for hypophosphatemia	Subcutaneous	P,0 ^c	5
Calaspargase pegol-nknl	Asparlas (Servier)	Antineoplastic agent	Intravenous	S,0 ^c	3
Cannabidiol	Epidiolex (Greenwich)	Antiepileptic drug	Oral	1-P,0	5
Cemiplimab-rwlc	Libtayo (Regeneron)	Antineoplastic agent	Intravenous	P ^c	5
Cenegermin-bkbj	Oxervate (Dompe)	Agent for neurotrophic keratitis	Ophthalmic	P,0 ^c	5
Dacomitinib	Vizimpro (Pfizer)	Antineoplastic agent	Oral	P,0 ^c	4
Doravirine	Pifeltro (Merck)	Antiviral agent	Oral	1-S	4
Duvelisib	Copiktra (Verastem)	Antineoplastic agent	Oral	1-P,0	4
Elagolix sodium	Orilissa (AbbVie)	Agent for endometriosis	Oral	1-P	4
Elapegademase-lvir	Revcovi (Leadiant)	Agent for adenosine deaminase deficiency	Intramuscular	P,0 ^c	4
Encorafenib	Braftovi (Array)	Antineoplastic agent	Oral	1-S,0	3
Eravacycline	Xerava (Tetraphase)	Antibacterial agent	Intravenous	1-P	4
Erenumab-aooe	Aimovig (Amgen; Novartis)	Agent for migraine	Subcutaneous	S ^c	4
Ertugliflozin L-pyroglytamate	Steglatro (Merck)	Antidiabetic agent	Oral	1-S	3
Fostamatinib disodium hexahydrate	Tavalisse (Rigel)	Agent for thrombocytopenia	Oral	1-S,0	4
Fremanezumab-vfrm	Ajovy (Teva)	Agent for migraine	Subcutaneous	P ^c	3
Galcanezumab-gnlm	Emgality (Lilly)	Agent for migraine	Subcutaneous	S ^c	3
Gilteritinib fumarate	Xospata (Astellas)	Antineoplastic agent	Oral	1-P,0	4
Glasdegib maleate	Daurismo (Pfizer)	Antineoplastic agent	Oral	1-P,0	4
Ibalizumab-iuyk	Trogarzo (TaiMed; Thera)	Antiviral agent	Intravenous	P,0 ^c	4
Inotersen sodium	Tegsedi (Akcea; Ionis)	Agent for amyloidosis	Subcutaneous	1-P,0	2
Ivosidenib	Tibsovo (Agiros)	Antineoplastic agent	Oral	1-P,0	4
Landelumab-flyo	Takhzyro (Shire)	Agent for hereditary angioedema	Subcutaneous	P,0 ^c	4

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(cont.) New Therapeutic Agents Marketed in the United States in 2018

Generic name	Trade name (Manufacturer)	Therapeutic classification	Route of administration	FDA classification ^a	New Drug Comparison Rating ^b
Larotrectinib sulfate	Vitrakvi (Bayer)	Antineoplastic agent	Oral	1-P,O	5
Lofexidine hydrochloride	Lucemyra (US WorldMeds; Salix)	Agent for opioid withdrawal	Oral	1-P	4
Loratinib	Lorbrena (Pfizer)	Antineoplastic agent	Oral	1-P,O	4
Lusutrombopag	Mulpleta (Shionogi)	Agent for thrombocytopenia	Oral	1-P	3
Lutetium Lu 177 dotatate	Lutathera (Advanced Accelerator Applications)	Antineoplastic agent	Intravenous	1-P,O	4
Migalastat	Galafold (Amicus)	Agent for Fabry disease	Oral	1-P,O	4
Mogamulizumab-kpkc	Poteligeo (Kyowa Kirin)	Antineoplastic agent	Intravenous	P,O ^c	5
Moxetumomab-pseudotox-tdfk	Lumoxiti (AstraZeneca)	Antineoplastic agent	Intravenous	P,O ^c	4
Moxidectin	(Medicines Development for Global Health)	Antiparasitic agent	Oral	1-P,O	4
Netarsudil dimesylate	Rhopressa (Aerie)	Agent for glaucoma	Ophthalmic	1-S	2
Ozenoxacin	Xepi (Medimetriks)	Antibacterial agent	Topical	1-S	2
Patisiran	Onpattro (Alnylam)	Agent for amyloidosis	Intravenous	1-P,O	5
Pegvaliase-pqz	Palynziq (BioMarin)	Agent for phenylketonuria	Subcutaneous	P,O ^c	4
Plazomicin sulfate	Zemdri (Achaogen)	Antibacterial agent	Intravenous	1-P	4
Ravulizumab-cwvz	Ultomiris (Alexion)	Agent for paroxysmal nocturnal hemoglobinuria	Intravenous	S,O ^c	4
Revefenacin	Yupelri (Theravance; Mylan)	Bronchodilator	Oral inhalation	1-S	2
Semaglutide	Ozempic (Novo Nordisk)	Antidiabetic agent	Subcutaneous	1-S	4
Sodium zirconium cyclosilicate	Lokelma (AstraZeneca)	Agent for hyperkalemia	Oral	1-S	3
Tafenoquine succinate	Krintafel (GlaxoSmithKline)	Antiparasitic agent	Oral	1-P,O	4
Tagraxofusp-erzs	Elzonris (Stemline)	Antineoplastic agent	Intravenous	P,O ^c	5
Talazoparib tosylate	Talzenna (Pfizer)	Antineoplastic agent	Oral	1-P	3
Tecovirimat	Tpoxx (Siga)	Antiviral agent	Oral	1-P,O	5
Tezacaftor/ ivacaftor	Symdeko (Vertex)	Agents for cystic fibrosis	Oral	1,4-P,O	4
Tildrakizumab-asmn	Ilumya (Sun)	Agent for psoriasis	Subcutaneous	S ^c	2
Voretigene neparvovec-rzyl	Luxturna (Spark)	Agent for retinal dystrophy	Subretinal	^d	5

^aFDA classification of new drugs: 1 = new molecular entity; 4 = combination product; S = standard review; P = priority review; O = orphan designation.

^bThe 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 = important advance; 4 = significant advantage(s); 3 = no or minor advantage(s)/disadvantage(s); 2 = significant disadvantage(s); 1 = important disadvantage(s).

^cA biological approved through an FDA procedure that does not assign a numerical classification.

^dA gene therapy considered in a separate category by the FDA.

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