

Summary of Epilepsy Task Force Activities at the Iowa Pharmacy Association's Annual Meeting (Updated 7/12/2012)

1.) Chasity Mease spoke in the open microphone session on Saturday June 23rd to give a summary of the task force's activities to date and to encourage pharmacists to stop by our booth in the exposition hall to pick up additional flyers for outreach and to engage in additional discussion. We also promoted the continuing education activity and informed the pharmacists that copies of the neurologists survey results would be available for those who were interested.

- Encouraged the "best practice" of notifying the patient and provider when a manufacturer change may need to be made (bullet #6 on flyer)
- Informed the group of our recent discussions regarding introducing legislation, including the possibility of 30 day advanced notice or permission to/from the provider prior to manufacturer changes

2.) Chasity Mease manned the expositional hall booth for two hours on Saturday June 23rd. We had educational flyers available, copies of the continuing education activity description and slides and copies of the neurologist survey results. Approximately 170 pharmacists were in attendance. Several picked up the materials and several (about 10) stopped by to talk to us. Here is a summary of the themes of comments and questions I received (note: these are comments from individuals and do not necessarily represent the membership as a whole).

- "I am favorable to notifying the physician at the time of the switch, but a 30 day advanced notice would not always be reasonable and is an unrealistic expectation."
- "We always order the same manufacturer. We get the one that our distributor has in stock and have to dispense that."
- "I have worked with doctors to get the brand that the patient needs. Sometimes they will say ""Teva or Mylan is ok, but not XXX brand."" Sometimes XXX brand is the formulary or contracted brand. It puts me in a hard spot"
- "We have a contract with the insurance that may prefer a specific brand. I try to accommodate the insurance and the patient, but in the long term it is not a sound business model to lose upwards of \$50 on non-formulary medications."
- "I don't know what brand I am going to get day to day"
- "A law such as this would have **unintended consequences**. (the pharmacist wanted me to emphasize that) I would be put in the position to either dispense a medication unlawfully or withhold the medication from the patient."
- "The relationship with the pharmacist is important too. When a provider sends a patient to another pharmacy for one medication (ie. Walmart can get the brand that they want, but I can't) it fractures the relationship with the pharmacist. It also opens up the possibility for dangerous drug interactions to go undetected. The patient may also end up filling all of their medications with another pharmacy. It hurts small town business." It was discussed at the task force meeting that an educational point to pharmacists would be to obtain a full medication list to avoid drug interactions.

- "I am the only pharmacy in town (rural eastern Iowa). How is the patient going to get their medication if I can't get the manufacturer?"
- "What would be the onus on the prescriber? Why does pharmacy always have to be the gatekeeper?"
- "The problem that I have had with all of these bills is that all of the responsibility lies with the pharmacist."
- "I think more education is needed on this issue"
- "If you think pharmacists aren't following DAW, then why would you think they would follow this rule?"-In response to the neurologist survey
- "DAW needs to be followed first"--In response to the neurologists survey. I also received conflicting opinions on the subject of DAW. Some pharmacists believed that by law DAW only is in regards to Brand to Generic switches, but not generic brand to generic brand. However, most of the pharmacists reported following the prescribers wishes in regards to manufacturer. We reviewed the Iowa Code 155A which discusses drug product selection and noted that in 155A.32 there was only information about the restriction of interchange from "brand or trade name" to "generic name" if the prescriber specifically indicates that "no product selection shall be made". It was asked that a copy of this code be brought to the next task force meeting. It was also discussed that the Board of Pharmacy has not received a formal complaint on pharmacists not following DAW. It was discussed that informal complaints have been discussed with local compliance officers and there is not a clear method of filing a formal complaint. It was discussed at the task force meeting that this should be a point of clarification and discussion from the Board of pharmacy (Lloyd Jessen from the BOP has agreed to come to our next task force meeting on 8/14/12).
- "Pharmacists would need to be in agreement with any legislation that is introduced, or the Pharmacy Association will use all the resources they can to fight for their membership."-Threase Harms also echoed this at the task force meeting and provided a summary of previous attempts of legislation. It was discussed that copies of the previous bills should be brought to the next task force meeting.
- "Have you surveyed pharmacists?"-This was in response to the neurologist survey
- "What if there's a shortage?"
- "How would mail order pharmacy be regulated?"-It was discussed at the task force meeting that mail order pharmacies are supposed to be licensed in states for which they send medications and therefore would be subject to following Iowa's rules. Task force members had received conflicting information and thought this could be another point of clarification from the BOP.
- "Legislation is not going to solve this problem."-This was from a person who thought education was greatly needed
- "I can't see how this would happen with limited evidence. Where's the data that it would help?"-This person thought that there was not evidence that pharmacists are not following the drug product selection laws.
- "Anecdotal evidence"-In response to the neurologist survey results

In addition, I received the following feedback from Iowa Pharmacy Association staff about previous legislation attempts (it was brought up at the last meeting that any new legislation to be introduced would need to be different). (Note: This is not an official IPA statement)

- First, pharmacists want to take care of patients first and foremost. There needs to be a mutually acceptable solution.
- Past legislation has included a blanket statement that limits the pharmacist's right to use professional judgement in drug product selection
- IPA would have to oppose any legislation that included a blanket statement that limits pharmacist's rights to drug product selection for the following reasons:
 - 1. Regresses the progress that the profession of pharmacy has made
 - 2. There are many uses for anti-epileptic medications. The pharmacist does not currently have a way to know if the medication is being used for epilepsy.
 - 3. It is a slippery slope to limit drug product selection, what drug class will be next? Diabetes medications? What would the cost impact be?
- A fiscal note was provided to Medicaid that limiting anti-epileptic medications to brand name only would cost \$11 million
- Question for the group: When is legislation the best idea? I.e. California passed a law to prohibit immunizations that contain preservatives. Did this solve the issue? What were the unintended consequences? Increased costs? Reduced immunization rates? Disease outbreaks? (The point of this question was to make sure that the task force thinks that legislation is the best route to go. This was discussed at the task force meeting and was decided that it was not a valid comparison of the issue at hand.)
- Potential mutually acceptable solutions?
 - Intensified educational outreach
 - Provider needs to indicate "for epilepsy" (It was also discussed at the task force meeting that pharmacists should ask for the diagnosis from the patient during counseling)
 - No financial penalty to patient or pharmacy for dispensing specified manufacturers (current legislation froze)
 - The task force also discussed that board of pharmacy rules may need to be clarified with the pharmacists in the state and that the patient safety CE on epilepsy should be encouraged in the next license renewal cycle.

Thank you,
Chasity Mease
Task Force Vice Chair