

“I’ve gone from a pharmacist to a therapist.”

Scott Welch

PharmD

Preston’s Pharmacy

Arlington, VA

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You know, Preston's Pharmacy, it's a hybrid pharmacy. So we do both traditional retail dispensing and compounding. And over the last two years, we provided the compounded GLP is along with the commercial products. And I knew as soon as I heard that the FDA had taken the compounded or tirzepatide injection off the shortage, that there was going to be hysteria from patients and providers. So the first thing I did was think about the patients and said, well, 'if I can't compound this anymore, I need to get in the commercial product. I need an answer.' So day one after the shortage, I logged into Cardinal, who's our wholesaler, and I had a zero allocation for both Zepbound® and Mounjaro®.

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So on day one, where I was planning to bring in stock for my patients to offer a solution, I didn't have the ability to do that. When something comes off a shortage coming from the FDA, I at least expect to be able to get product and service our patients. And over this last week, concerns have grown from providers, from patients they've kind of left holding the bag. And what I say is my team has gone from pharmacist to therapists. All we can do is console these patients, try to work up a solution when we don't have a ton of options. You have to have a conversation with your provider as a patient, right, about switching from a compound back to the commercial product.

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You got to see if your insurance is going to cover it, which I will tell you that, we process a lot and a lot of them are not being covered, or they might offer a prior authorization. That prior authorization can take up to two weeks to hear back. We're talking about patients going without

this medication for a substantial amount of time when they've *had* access to this. I have one woman who has been on compounded tirzepatide for about a year and a half. She tried semaglutide. It didn't work. The doctor put it on compounded tirzepatide, and it was a life changing medication. She's down 75 pounds. She's on a maintenance dose. She's very adherent to the medication. A rockstar ideal patient.

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And she called me last week and I was on the phone with her for 45 minutes trying to come up with a solution, trying to console her, trying to tell her it's going to be alright.”

“Everyone is freaking out.”

Jennifer Burch

PharmD, RPh, CDCES, FNCAP
Central Compounding
Durham, NC

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I own Central Compounding Center and I own a retail store about 15 miles away on the north side of town. And so we are seeing the same thing that Scott's seeing as far as allocation at the retail store is I can order the commercial products, but I can get one box a day. So I can take care of 30 patients a month. I compound for a lot more than 30 patients a month. And so what we've seen is patients freaking out and doctors freaking out, and my phone's blowing up while I'm just sitting in here with a doctor saying, 'oh, my God, help me'. And I had one text me last night that said, 'you just gotta keep making it'. And I'm like, 'dude, no, that's not how this works'.

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And so, you know, we have a huge educational gap that has to be filled with providers on when we can compound and when we can't compound and that type of thing. They've never really had to face this before. I serve patients in the state of North Carolina, both locally here in Durham, which we affectionately call the city of medicine. And getting in to see your doctor can take two or three weeks, if you're lucky. And sometimes it takes two or three months to get in to see your provider. And when you start talking about switching drugs, as doctor Welch was just talking about, doctors, a lot of times want to see that patient face-to-face to have that conversation. And it may take several weeks, several months to get in to see them.

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And then, gosh forbid, you have to go through the prior authorization process. And that's like a maze in itself. We ship within the state of North Carolina, and so we ship into the western part of the state, which has been just affected by the hurricane. And so not only have some of those patients not even heard the news, you know, when they get to order a refill, they're going to find

out that, oh, they can no longer get their medication. You know, we've been working 10 hours a day with this. Outside of when we first got COVID vaccine in and the local media was at my retail store, I have never seen the amount of patients coming in or calling or texting. And so it has been a real stretch on our staff.

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And so that's where if we would have had some notice from the FDA, we could have done that a little more methodically, with a little more fine-tuned process than we're doing right now.

“This is driving patients to extremes.”

John Herr

RPh, FAPC

Town & Country Pharmacy

Ramsey, NJ

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I tried to order, because I still am a pharmacy, so I do have contracts, so I tried to order some for my patients, and I didn't have any past history because I'm not a traditional retail pharmacy, so I couldn't get any. So that was a big problem. And then I did have, like, one woman who actually, again, she came to me, you know, she had a real success story. Lost over 50 pounds on tirzepatide, she was on semaglutide, you know, previously, but, you know, she didn't get the same weight loss with that one. You know, she lost 50 pounds. Most people would think, well, that's great, but that's, you know, she has more to go. And it's really been life changing for her. So, you know, she obviously thought she could get some from me, which I told her we couldn't.

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That's the person I tried to order it for, that I couldn't. She tried other pharmacies to, you know, retail pharmacies where she couldn't get the drugs. She actually called Lilly because she was very adamant about staying on tirzepatide, and she was willing to. Its cost wasn't an option for her – she wanted to order from Lilly the vials because she heard that there's vials available, but she's on the upper dose now, and the vials only are, I think they're 2.5 and 5 milligrams. So there wasn't enough in a vial to get her dose. But when she spoke to Lilly, she was saying, 'well, that's okay. I'll just buy, if I'm 15 milligrams, I'll get three vials and do it that way'. And then Lilly refused to sell her three vials.

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So that was a little disheartening, them saying that they'd have it available, but now they won't allow the patient who needs it to get it. And then my other fear, because I do a lot of clinical trials for, I do clinical trials for farmer, Department of Defense, universities. So I'm very familiar with the different types of drugs that are out there. And we're seeing patients speaking to us and also

seeing in social media, there's something that's called, like, a research grade chemical. I think a lot of people think because it's research grade, it must be a better grade, but it's not. Research grade is for, like, a university to use and not for human use. But we've now created this black market that's been created, and patients are going and buying these research grade peptides.

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And they're not even like, when they get it from us, it's sterilized in a liquid form for injection. These research grades are typically what we call lyophilized or a dry powder. So, number one, they were never intended for human use. Number two, they don't have preservatives. And there's this whole black market that you can go and look on the different social media platforms of people teaching one another how to, like, find sterile water, how to reconstitute it. They're pulling the cap off that they should have never been doing. So this, in my opinion, is really putting patients at risk. They're so desperate that they're ordering things from China that is unregulated and ordering these research grade chemicals, which is very concerning to me as a pharmacist.

“Rural folks are out of options.”

Shelbi Witt

PharmD, AE-C

Montana Apothecary

Great Falls, MT

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I'm Shelby. I'm owner and pharmacist of Montana Apothecary. From the rural aspect, for patients in rural Montana and other areas that have limited access to healthcare, the impact of losing tirzepatide is especially profound. We have rural patients that don't have the option to go to another pharmacy to find their medications. They don't have a secondary go-to. There is no other solution. So these individuals have already faced significant challenges. They live hours away from the nearest pharmacy, we're shipping to them, it already takes four days to get their medication. Tirzepatide was a game changer for a lot of my patients. It really helped stabilize their cardiac health, manage their diabetes, their blood sugar control, and it's been that lifeline's been abruptly taken away from them.

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Right now, I have a gentleman living in the northeastern corner of the state in Montana, and he lives hours from the nearest city. His life was changed really dramatically because of tirzepatide. So for years, he really struggled with cardiac issues, high blood pressure, cholesterol. It wouldn't come down. We got him going with tirzepatide – everything began to shift. His blood pressure stabilized. The LDL cholesterol came down. Triglycerides came down. He was a new person. He really was. Despite the distance of living in such a remote area, he managed it, and it was worth getting the tirzepatide in his hands. It became something that he could count on for his health and for his heart health. Now that lifeline, it's been cut, and without access to that, it's brought him wondering what he's going to do. And the fear of unstable cholesterol worsening diabetes.

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It really just reminded me it's not a matter of convenience for some of these patients. It's a matter of life and death and his health. That patient's sense of stability with tirzepatide and that

medication has been pulled out from under him. There's not a stable go-to for him anymore. And then to flip that, in terms of the providers that we have, and we're very spaced out in Montana, we did an emergency zoom call with 38 Montana providers the other day and to discuss what was going on. It was a difficult conversation to have with them. We had to tell them that despite our best efforts, we can no longer facilitate the drug orders. And that was a sense of frustration and concern that was palpable. You could feel it.

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These providers care deeply about their patients, and most of them are neighbors to their patients. They know where they grew up, and they're trying to find solutions on a patient by patient scenario. Placing providers now in a position also, that they must contend with these unforeseen difficulties has been difficult on the rural aspect as well.