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Vermont News

Cost of Brand Name Drugs in Vermont Goes Up

According to an AARP study, the cost of brand name prescription drugs went up 8% last year. The report, recently released by AARP, states that today's average cost for a year of a brand name drug was around \$6798, compared to a cost of about \$1868 for the same drug in 2006. Furthermore, if only inflation were taken into account, that price would have been \$2178.

Vermont AARP state director, Greg Marchildon said, "We don't believe that any Vermont retirees ought to be sitting around their kitchen table and figuring out how do I need to cut a bunch of other things to afford the prescription drugs I need to take."

The AARP has asked congress to take action and they currently have a couple of bills heading toward the president to be signed. However, AARP representatives are still concerned that these bills will not fully address these issues, and have asked that the government step in and negotiate prices on behalf of Medicare patients with the drug companies.

To read WCAX's full story and watch their video, click here:

<https://www.wcax.com/content/news/AARP-Soaring-drug-prices-leaving-seniors-in-a-bind-494417191.html>

Vermont's Plan to Fight Opioid Addiction

A story in the Burlington Free Press details different ways Vermont has chosen to help people with opioid addiction. The programs are “based on science” and “will work” according to chief of police, Brandon del Pozo in a recent statement (His entire statement is worth reading, check it out on Facebook, [here](#)).

The Howard Center’s Safe Recovery, along with the City of Burlington’s needle exchange began a program to make buprenorphine available in a same day treatment program. The exchange program, available at seven locations throughout the state, gave out over 600,000 clean needles and disposed of over 200,000. It also took part in about 1000 overdose reversals, using naloxone and in getting 228 clients into treatment. The UVM Medical Center has also begun offering the buprenorphine in its emergency room to patients who have overdosed.

New state laws, passed over the last two years have also expanded access to drug treatment to inmates, and limited the amount of medication doctors can prescribe.

Read the full story in the Burlington Free Press!

<https://www.burlingtonfreepress.com/story/news/2018/10/19/opioid-addiction-three-ways-vermont-offers-hope/1694278002/>

National News

Shift in Pharmacist Role also Brings Shift in Tech Role

Recent shifts in the role of the pharmacist towards patient care have created the need for a similar shift in the roles of technicians, according to a recent article in Pharmacy Times. As demand for clinical pharmacy services grow, technicians too have been performing more clinical and operational tasks. While traditionally, technician’s roles were limited to such tasks as data entry, resolution of insurance claims, preparing medications and ringing up customers, in some areas, technicians are already conducting such tasks from medication reconciliation and MTM, to delivering bedside medications and dispensing medications under remote pharmacist supervision.

The Pharmacy Technician Certification Board has been attempting, since it's 2017 stakeholders meeting, to develop standards for qualification in these new areas, along with input from the American Society of Health System Pharmacists and the Accreditation Council of Pharmacy Education. New standards are expected to take effect over the next two years for both ACPE and PTCB.

To learn more about the advancing role of the pharmacy technician, check out the [full article](#).

Patient Right to Know Act Passes Both Houses

The Patient Right to Know Act recently passed both houses of congress and has been sent to the president to be signed into law. The bill is designed to remove “gag clauses” created by insurance companies and pharmacy benefit managers to prevent the sharing of drug prices with pharmacy customers. This will make it illegal for insurers and PBM's to restrict pharmacies sharing whether or not a drug may be cheaper to buy without insurance.

A recent study by the Journal of the American Medical Association recently found that 28% of generic prescriptions are currently overcharged, with PBM's retaining the difference when patients overpay. The report goes on to say that cost is a common barrier to prescription adherence and is associated with negative outcomes.

The bipartisan bill along with the Know the Lowest Price Act, received unanimous support and are expected to be signed into law.

For more information, check out this Pharmacy Times article

<https://www.pharmacytimes.com/conferences/ncpa-2018/lawmakers-unanimously-approve-bills-to-prohibit-gag-clauses-for-pharmacists>

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