Regulated by People Who've Never Practiced Medicine – An Independent Pharmacist Speaks Out Transcript

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Opening Story: Vaccine Overreach

My husband went to a Walgreens recently and he was noticing this elderly woman, she was in her 80s, sitting there waiting and she said, I'd like to get a COVID shot.

And the pharmacist said well, that's great. I also have his shingles and I have a flu. He was rattling off all these vaccines that would be really helpful for her.

And so she said, anything that you think is good for me, I'll do today. That would be great. And Marty literally watched her get a whole bunch of shots.

There was no physical, there was, no history, No physical. No nothing. We follow every single thing to the dot T cross. Everything is done. Light and oxygen, you get history and physical forget about injections.

What? I'm confused. When did we start doing that? Welcome to the Deeper Healing Podcast. I'm your host, Danielle Howley. This is for everyone who's been dismissed, misdiagnosed or told to just live with it and refuse to accept that answer.

You're going to hear amazing patient recovery stories, raw and real in their own words. People who found answers after everything had failed them. you're gonna hear from medical experts we trust that are pioneering new approaches to healing the body because we deeply know we're designed to heal.

Let's dig in. Okay, everybody, I'm here today with Chad from Phoenix Pharmacy. He's an independent pharmacy owner, and we have been having the most wild, interesting conversations, that I am like, you need to do a podcast about this, because people do not, the general public does not including myself, do know about what the hell is going on out there.

So how about, can I tell you a story? I have two stories that I wanna tell, but I want a professional like you to explain why it makes sense. One is related to Dr.

B. Dr. B made a prescription for ivermectin to Target, CVS, and they would not fill it. And Dr B said, well, I've been a physician for 45 years and in my entire 45 year career, i have never had a corporation deny my prescription.

He was like dumbfounded. So what's that about? It started during COVID. It is the overreaching of the business model that pharmacy finds itself in, where we have wholesalers practicing those and dictating what we as pharmacists can and can't sell.

And as a result, I have a feeling in this situation, it was a Target, which really is CVS. Target sold their pharmacy several years ago to CVs and they have instructed their pharmacist not to sell ivermectin.

So my question to Dr. B, because I'm just a regular person, who at the corporation has more credentials to decide what that patient needs than the physician that is treating them.

Ivermectin Prescription Denial

Yeah. I mean, during COVID, we had our wholesaler that we use, which is not going to be the same, the one that Target and CDS have used, minimize what we could do.

And we have to show the validity behind scripts if we were to order it. We couldn't even order from the

wholesalers. It's an overreaching, it is telling physicians how to practice from someone that's probably not going to medical school that knows what they're doing.

And I don't know where it's come from. I mean, we can venture a guess, but you know, I What's the end of that? I don't want some mystery person deciding.

What you end up finding out is they go down to the tractor supply and buy the label for vet use only or for animal use. which you can readily get at Tractor Supply for the ivermectin versus something that we know is deemed safe, has gone through manufacturing, FDA, you know, follows all the processing and manufacturing requirements in a box that's coming from a wholesaler that is an AD rated drug.

So we now it's safe yet we're forcing people to go down the street to something we don't really know 100% about. Okay, so that was one. Second story, and then we're going to go deeply into your side of the house, which is really mind blowing, is my husband went to a Walgreens recently and he was noticing this elderly woman, she was in her 80s, sitting there waiting and she said, I'd like to get a COVID shot.

And the pharmacist said, well, that's great. And you know what? I also have a shingles and I have flu and he was rattling off all these vaccines that would be really helpful for her.

So she said very mildly, anything that you think is good for me, I'll do today. That would great and Marty literally watched her get a whole bunch of shots.

What was so astonishing was there was no physical There was no history, no physical, know nothing. I mean, I know here, we follow every single thing to the dot T cross, everything is done.

Light and oxygen, you get a history in physical. Like, literally. Forget about injections. We would never give an injection.

Pharmacy Vaccine Practices and Incentives

What? I'm confused. When did we start doing that? Oh, the process there, let me rephrase that. The problem here is getting all five. You know, from a pharmacist standpoint, some of the vaccines that are out have been deemed safe for us to give as pharmacists.

We take a brief history, they fill out a form, we have access to the immunization registry. So here in South Carolina, there's an immunisation registry, anytime anybody gets a vaccine, it gets reported to a registry so we know what the patient has received when they got their last pneumonia.

Because it's typically a series, you never get it again. Once you get shingles, there's two shingle vaccines as a serious, once you got that, You never got it.

You know, flu once a year, COVID once year. That's about all you'll get once the year so in getting five and an 80 year old lady, I would venture to guess the pharmacist probably didn't check the SC registry.

So she may have duplicated it, used immunocompromised this patient significantly and in their eighties, it is ridiculous. I mean, the shingles vaccine itself is a duty, especially not the first one, but the second one.

And even though it's the same vaccine, that immune response is pretty significant. I recommend people. Do you know how many people we've had in here sick from overdoing things?

But the caveat also that's not really known is the pharmacist are incentivized by the corporate. Well, that is what I wanted to know. Vaccines, they can per shift per month.

Their bonus is all dependent on that, especially when it comes out with flu vaccines. Now, it pisses me off when your big boxes start showing up in July and August saying, flu vaccine available, well, here's the thing.

Flu vaccine lasts six months. If you get it in August, guess what? It's expired by December in your body. When I say it, we laugh all the time when you go to the food store and it's literally like, get your $10. It is, again.

I mean, shit up. The pharmacist is getting X amount of dollars per flu vaccine they give per shift. That's ridiculous. Insane. This is not what it is about.

If people want to get, it fine. They're entitled to their own freedoms to give the vaccine to protect them. But at the end of the day, It not about the money to be incentivized.

it isn't. And COVID is the same way. They are looking at potentially doing a COVID flu combo. So it's one shot now that's not out. Who knows when it is going to be out, but that would allow some of the manufacturers that are doing COVID to enter the flu space that have never been in the fluid space before.

It all comes down to some money here and there, you know, but yeah, my recommendation is never get five vaccines, especially in your 80s. Listen, I'm glad Dr.

B's not here. I can already feel his head on fire right now. So yes, a hundred percent. Okay, so I was wondering that. When I said that to my husband, obviously, they're getting paid.

Why would you do that? Why are we doing it? Like, no, get another one. Come on, lady. Made no sense. Let's talk about what's going on under the hood in the pharmacy world.

So there's the big guns, right? There's big companies, they have lots of franchises all over the place, and then there is the independence. Let us talk what that world looks like and what is going right now that is hot.

control substances. It's always a hot topic, right? It is always controversial. You know, you see it in the press, it's spun this way, spun that way. it is all the different things.

Now, at the end of the day, walls are walls, Right? As a pharmacist and as a pharmacy, we have certain things that we need to uphold. So if we get a controlled substance prescription in-house, which in South Carolina and pretty much all over the country now due to legislation that hit back in 21-22, all controlled substances have to be in electronic script.

no more paper writing, which is minimizes counterfeit prescriptions, you know, being able to send a control electronically via the system. It's pretty hard to do.

You have to have a secondary authentication piece on the physician side. So you can deem the script pretty legit, at least if it shows up in your computer to be able So just because a lot of these people are medical pharmacy people, so controlled substances are some hormones, right?

Testosterone, specifically. Okay, because people wouldn't think of that as like, they think controlled substance.

Controlled Substances and Prescription Monitoring

They think like you know, opioids or something. So control substance, in order for a medication to be considered a control substances, there's several classes.

There's one through fives. Ones are all the illegal drugs. Say your marijuana, your cocaine, all that type of stuff. Your 2s are going to be your Adderalls, your Stimulants, uh, you Ridlins, Your Painkillers, Oxycodone, Hydrocodone.

A lot of them, the Morphines, those type of things. Your 3s, Tylenol 3, there's not Testosterone and then you get into your 4s which are gonna be Benzodiazepine, Xanax, Valiums, and those types of thing.

And then there are some 5s but not a lot. These like levels of severity? It's the level of the severity of addiction

potential by the DEA. Interesting.

So it's all based on addiction potentially. Okay. Then the other piece to that is there are some controls out there, seizure meds for instance, Dean of Barbital.

not addicted per se, but it's needed from a seizure standpoint. There's a few other ones out there that have controls on them, But people aren't using them to abuse.

You know what I mean? It's more of a, let's minimize my seizures or prevent seizures so I can keep my driver's license and get to work. What was interesting, when we were talking the other day, we we're talking about this just absolute epidemic of people on amphetamines.

And, you know, I was like, it's like all the kids, all of the teens, and all adults, like and even my kids who like back in the day they were like everybody has it when they take a test.

They were literally kids that weren't even like on them, were getting them and like I needed to like do really well on my SATs and whatever. And then you were telling me you have no idea what I'm seeing on the pharmacy side.

So tell that story. Several years ago when I was in another pharmacy in our town, we have a large prescription population that's on amphetamines like we were talking about.

They're legitimate scripts. They come in, they're every 30 days, it's five up to 95. It just depends typically. To 95 meaning like age. Ageing, yes. Five-year-olds to ninety-five- year-old on amphetamine.

Take it in. Now we also have to, as a pharmacist, we have do several things. Number one, make sure it's a legit script, which is pretty easy to do because it is e-script.

Um, number two, you have look at what they call the prescription monitoring program, Which is a ancillary website that you had to have a license to get into, meaning physicians and pharmacists are supposed to check it upon every fill of a controlled substance.

It shows us when the patient last had it filled, where they had filled if it was run as cash or insurance. And it shows the prescriber, the volume, how long it should have lasted, that type of thing.

So we know when to fill the next prescription. I feel like that's going to turn into an AI thing where everything is just scrubbed. Yeah, well, and it helps uncover the patients that used the doctor shop for they could see, oh, they went to this doctor, They got the same med from that doctor.

They picked it up from this pharmacy. So it helped minimize a lot of the abuse potentials. And so we check for every control. You log in, you run it, look, then you document on the script when they last got it where they got last it.

Upon our inspections that are annual from a DHEC standpoint on control substances, they see we're doing what we are supposed to do. Again, it keeps the patient safe, keeps family safe and keeps community safe.

And so all of the networks, whether you're in a big franchise corporation or a small mom and pop shop, everybody's on the same field. Yeah, and it's national.

It's a national program. So you can check various states. You know, the biggest thing for us is we don't take out-of-state prescribers on control synthesis.

That's an easy no. We don' do that. Okay. Meaning, is that just you or is it just the state? It's no, it's just us, but also to validate and why is a patient here in Charleston going to a physician in California to get a controlled substance?

Oh, let's say because it is 1 million people travel here, so let say you're on your trip in But if they have a license from California and we got the script from california, we'd call the office, verify this is your patient, they're here traveling.

Got it. That's easy. But let's say if it's you, for instance, and you use a physician in California, but you live here, why would you be doing that? It doesn't make sense, right?

So we, again, would call that office. Hey, this why is this? What is that, you know, a lot of times, unfortunately in the big boxes, there's one pharmacist working, how often are you waiting for your prescriptions?

How busy do they look? They aren't having the time to call those offices. They don't have time. To do some of the stuff and great. I mean, frankly, we all need to take the.

Because it's the safety and security of patient and the community at state care, right? Okay. You know, but getting back to our little story. So that's number one.

We have to check the validity. What the DEA says is a corresponding responsibility to. Check the authenticity of. The script to make sure it. Is warranted for the patient, the prescribers writing within their realm of practice.

You don't want, let's say for instance, an eye doctor writing for a narcotic for back pain. It doesn't make sense, right?

Wholesaler Pressure and Pharmacy Restrictions

So, you know, they're writing within their own realm of practice, and so when I own the old store, for example, there's a magic number every pharmacy has assigned.

And I say this magic numbers were assigned because we weren't privy to the number. What? The wholesaler has the number or the DEA has a number, but I can only order X amount of control substances per week, per month, or per day.

Of all categories? Of categories across the board. It's some magic number that's assigned. And you're not aware of what it is? They are not allowed to tell us.

And so we were ordering. We were getting in amphetamine scripts. we would order and it wouldn't be put in our order. And we are on hold because we had ordered too much for the week or the month or whatever.

So we're waiting for time to catch up to where we could order again. Now we don't get told this, we just know it doesn't show up in our order. So we have to call the patient, say, Hey, sorry, We can't fill the script.

We don' know when we're going to be able to fill this script, that being said, w we were then told that we could increase our allocation by filling out reports and applying as a result.

we got an email from a lady that worked at corporate. She was a farm D she's the director of their control substance division. And she was going to pay us a visit.

Great. So she shows up. If she said once, how many times she, was on the witness stand in the DA hearing against the pharmacy. She said it probably tend to very threatening.

I'm like, this is, you have instructed us to apply for this. And yet now here we are going like what's going on? So, she shares up with a report, handwritten notes of three patients that she wanted me to fire from my pharmacy, all three were psych patients.

They were on a combination of drugs that she didn't like. And I keep in mind, she's a PharmD that works for a drug wholesaler. She's not practicing pharmacy.

she is not a physician, nothing of the sort. So I looked at her and I said, ma'am, I say, if you have a problem with that, two of those patients I know personally have been released from psychiatric institutions.

so if You have her problem, with you need to go talk to the physician that literally is a mile down the road. I will call him and let you go meet with him, and Let him know your concerns.

and i said if I were to fire them, They're going to walk a hundred feet to the Walgreens right down the street of which, wait, you work for a wholesaler that owns 25% of Walgreen's.

So you're now going have me fire a patient that you will then probably get that said patient because they live right behind where we are. Our pharmacy was out of convenience.

And that won't be a problem. whatever it is, we aren't privy to the MRIs, not privying to x-rays, the patient's history to a point. All we see across is maybe a diagnosis code, conversation with the patients, what's going on.

But like I said, if it's a true addict and you say, hey, What's your pain level? They're going to say 10, 10 10. You know, but going back to this story, so she showed up, she didn't like the fact that I say you need to go tell the doctor.

The next day we got an overnight letter saying our control substance ordering to be cut off. So that's like a big scramble for every patient. Well, the amount of control substances, again, you remember I said seizure drugs?

Right. We have seizure patients that then we could not fill their prescriptions. So you're taking this little mom and pop pharmacy who, what's interesting though is we were right down the street from a Walgreens.

And if you add up the Walgreen's in this town, guarantee you the volume in that Walgreens of controls alone are exceeded what little means. But I'm thinking, yeah.

So got attorneys involved. We were able to negotiate the contract three months out, so it shut off three month later on the control substance side. I was part of a big buying group, one of the largest ones in the country, Compliant Pharmacy Alliance.

I called them repeatedly, zero phone calls. When you attach control substance to something, everybody backs away. There's no guidance. It's like everybody's afraid of DEA.

So I call our local DHAC guys who are controlled substance. In the state of South Carolina, we have two divisions, the DEA and then DHEC has its own control substance.

They both oversee pharmacy operations, ordering, dispensing, all that of control substances. So I called DHAC, they came in, did another inspection, just a proactive, hey, They are doing everything right.

This pharmacy is not abusing the system. We're doing things right, We are trying to help the community. And our source didn't care. So they had a attorney to attorney phone calls.

I was not allowed to be on the phone call of which we then learned that we were a line item that the DEA and the opioid epidemic settlement had come up with a list of 250 pharmacies in the country and 250 of a lists that they wholesaler were to determine.

And each wholesalers had to visit these 500 pharmaces within a time frame. Basically this was get them off your lines because they are basically putting you at risk that the DEA would then come in and find them.

So it became a business decision. I was just going to say this is good for their business. You know, they're looking cleaner. Heard the numbers on paper.

so you have this pencil picture of PharmD who, again, never worked a day in her life in a pharmacy retail setting.

She’s now practicing medicine, telling me that after our patients that, the physician needs to stop writing this way.

This all goes back to the opioid epidemic. Unfortunately, the wholesalers got caught up in this. The DEA did not have the balls to take it to the physicians that started it.

Who is the one that writes the script? Where does it start? The physician. Hold the physician’s accountable. There was zero accountability. Why? Because these scummy boyars knew all the whole wholesaler’s had the money.

Right. The little physician that’s part of a network or something doesn’t have the money. The billions are being made in that piece of it. There was a reason for the epidemic.

Looking at it now, you’ve got minimal day supplies, three days, five days on the control substance side, or pain meds. Insurance has had those stops in place.

But then again, we have those that are on chronic med, every 30 days. They need 30 tablets a month. I can’t just get the five or whatever it is. So, I mean, there’s a lot to be said out there.

Independent Pharmacy Advocacy

Unfortunately, the people making the decisions are not Dr. B. They aren’t the pharmacists. We’re being regulated by people that have never practiced medicine a day in their life.

This is exactly where we started at the beginning of this thing. It’s insane. Some corporate person at CVS was making a decision about someone getting a script that Dr B wrote.

And he was like, wait, what? What are their credentials to make that determination? And what do they know about my patient? Nothing. No. And as a pharmacist, I have the ability to deny any script that comes in if I had a concern over filling it, whether it’s duplicative therapy, or whether I feel that it is not a valid prescription, there’s concern.

But as you know me, and you the staff at Phoenix, we fortunately will call you and say, hey, What’s this? Why is this, can you help us better understand why we need to fill this for this patient?

Or maybe there’s a better alternative. It’s, it’s in joint system and effort. And the more that people get involved, the safer everybody’s going to be, whether the healthier the patient’s gonna get, getting them the proper medication.

But when you got big brother leaning over telling you how to do and what to I mean, that’s what I think. I thinks that where Americans are just like losing their minds is just the overreach in all these different areas.

And you can kind of just feel it. Everybody says this all the time. He’s like, people want to make medical decisions with someone who knows them, who know their situation.

It just sounds so like basic. Like, yeah, you do. What’s the most trusted profession out there? I mean, we know more about some of these patients and their families that come in and what’s going on historically and stuff, and we have easier access.

Not that you don’t trust a physician. You should always trust your physician, Well, the other, big difference between what we’re doing here is there are people that are coming here all the time.

We actually know, we know that people have a different level. I mean, when I was in the old model and I would see the guy like for three minutes every third year, that’s why we like affiliating with a small pharmacy that cares so deeply that is really invested in what’s happening and compounding them.

Really making the, you know the medication. Not one medication is a one-size-fits-all for everybody. And I will say, I appreciate the way that Dr. B has brought in what he’s done here at Deeper Healing to where you think outside

the box.

You're forced to think, outside of the boxes. Yeah, there is space for some commercial meds that you can get off the shelf, but a lot of times there's not.

A lot times the side effects or whatever outweigh some of risk of what the patient has going on. So you do have to handhold the process. Yeah. You know, we're really excited about our connection.

And I think that the average person has no idea about the pharmacy side of the world. I remember distinctly, the first time that I heard that shots were being given at the pharmacies, I was like, wait, i thought shots we re given a doctor's offices.

i'm confused. Then it rolled into the parking lot drive-through. Wow, I'm dating myself here. So I attended a pharmacy school in the early 2000s and I was one of the first classes to be trained on immunizations.

Interesting. And we're like, where's this going? Okay, that's wild. It's been 25 years now that pharmacists can give immunizations. So they knew it was coming.

COVID opened up the doors for us. Yeah. That's where people had to go because a lot of doctors' offices couldn't get them. The distribution channels, again, came to the pharmacy levels.

Now there's ways that pharmacies can prescribe birth control. I'm not going there. Wow, I did not know that. We would have gone maybe towards antibiotics prior to birth control, but you know.

I didn't know, okay, that's wild. There's stuff coming down the pipe. Well, Chad, thank you so much for sharing. Is there anything else parting words for people who don't really understand all that is going on out there?

Yeah, you can stop by Phoenix anytime. just a proponent of independent pharmacies. The biggest thing across the board is go to your independent. Don't go through your big box.

We are the same price insurance tells me what to charge you. I don't get to make up the price. People do think that they do. They kind of think like Costco pricing at Target kind It's more important to go to the independent where you're going to get, Hey, Daniel, how are you today?

How's the family? You know, what can we do for you? Is there any issues where we need to be aware of that type of thing? So that's my biggest stance is go independent.

Okay, everybody hear that? We're gonna make that a real. Okay. Let's support our small pharmacies. There is really no difference. And they are, I mean, let's face it, we have Big Brother and the other ones.

We know that. Big brother everywhere. But we got to fight for our health freedoms. to do what's right out there and to really advocate for our children and just stay healthy, everybody.

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