“Responding to the Pandemic Together” Programme
The Regulatory Climate with Covid-19

Delivered by the Social & Administrative Pharmacy Section
Moderator(s)

Professor Timothy F Chen
The University of Sydney Australia
Timothy.chen@Sydney.edu.au
@timothychen17

Ms Tara Heir
Sydney, Australia
Secretary, SAPS
Welcome to the “Responding to the Pandemic Together” events
FIP’s Special Online Programme on COVID-19

These webinars aim to:

I. Provide relevant information and interim guidelines for pharmacists and the pharmacy workforce on Coronavirus SARS-CoV-2/COVID-19 pandemic.

II. Share and discuss strategies adopted by pharmacy leaders and workers - including our Member Organisations – in response to the pandemic.

III. Describe sector or area-specific implications, innovations and approaches adopted across pharmaceutical science, practice and education.

IV. Engage frontline workers of the health and pharmacy workforce to know about the realities facing them around the world.

V. Discuss the implications of the pandemic on issues such as safety, supply, shortages that have been exacerbated by COVID-19, and so on.

VI. Consider the impact of this disease on patients across age groups and with concurrent conditions.

VII. Assess and discuss the evidence behind treatments and the process of developing therapies, vaccines and tests.

To share ideas on webinar topics we should feature, or if you’d like to share your story on dealing with the pandemic please email lina@fip.org
Important Links & Resources

**FIP Covid-19 Information Hub**
A comprehensive FIP webpage containing all of our resources and outputs relating to COVID-19, including recordings of previous webinars.
Link: https://www.fip.org/coronavirus

**FIP Facebook Group: “COVID-19 & pharmacy”**
Link: https://www.facebook.com/groups/covid19andpharmacy/
Announcements

FIP Digital Events House Rules

1. This webinar is being recorded and live streamed on Facebook
2. The recording will be freely available at www.fip.org/coronavirus and on our YouTube channel
3. You may ask questions by typing them into the Q&A box
4. Your feedback is welcome (webinars@fip.org)

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Learning Objectives

1. To outline different regulatory areas which have been adjusted within the covid-19 pandemic
2. To explain how pharmacists have been involved and implemented these new regulations and changes to their practice
3. To identify the roles pharmacists can play in identifying and advocating for improved regulations and policy change
4. To understand the ethical considerations for access to medicines in times of pandemic
Speaker/panelist 1

Cody Midlam

Willis Towers Watson

Email: cody.midlam@willistowerswatson.com
Adjusting regulations to meet unprecedented challenges

Key activities from private and public sectors in the U.S. and the global pharmaceutical industry
On March 18, U.S. Congress passed the Families First Coronavirus Response Act, which includes provisions requiring health insurers to waive cost-sharing for COVID-19 testing services.

The “Families First” Act applies to all health plans in the U.S., but many states have gone farther such as mandating coverage for future vaccines or drug refill requirements.

In the U.S. state requirements only apply to certain health plans— they do not apply to self-funded employer health plans, which is where more than 60 percent of people with employer-based coverage are insured.

https://www.commonwealthfund.org/blog/2020/what-are-state-officials-doing-make-private-health-insurance-work-better-consumers-during
Individual state requirements

Waive additional services beyond testing

• Several states have issued directives to mandate expanded coverage, including California, Colorado, Maryland, Nevada, Alaska, and New Hampshire.
  • Many of these states are requiring insurers to waive enrollee cost-sharing for COVID-19 testing services, as well as requiring coverage of other services such as a vaccine if developed, early prescription drug refills, and telehealth.
• Massachusetts and New Mexico, meanwhile, have instructed their insurers to cover COVID-19 testing and treatment without cost-sharing.

https://www.commonwealthfund.org/blog/2020/what-are-state-officials-doing-make-private-health-insurance-work-better-consumers-during
Insurer actions

Health plans

- Insurers waive co-pays (cost sharing for numerous health services):
  - Diagnostic testing
  - Telemedicine visits (for any reason, not only COVID19)
  - Behavioral health services (including digital cognitive behavioral therapy apps) dCBT
  - In-patient admissions for COVID19 treatment or associated complications
- Take steps to ensure adequate medicine supply:
  - Relax refill-to-soon edits (allow members to refill their drug supply earlier than usual)
  - Encourage 90 day supplies of medications primarily through mail order pharmacies
- Prior Authorizations waived for COVID19 related services and patient transfers

https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/
Insurer actions continued

Pharmacy benefit managers

• Medicines access
  • *Refill to soon limits waived and 90 day supplies encouraged*
  • *Prior authorizations are extended (typically require renewal at 6 months, 1 year, or 3 years)*
  • *Relaxing network requirements (allow members to fill prescriptions at out of network pharmacies)*
  • *Offering free delivery of medications*
  • *Implement quantity limits of drugs used to treat COVID19 to prevent drug shortages*
Food and Drug Administration (FDA)

Drug approval and emergency use

- The Emergency Use Authorization (EUA) authority allows the FDA to protect public health against chemical, biological, radiological, and nuclear (CBRN) threats by facilitating the availability and use of medical counter measures (MCMs) needed during public health emergencies.
- Under EUA, the FDA may allow the use of unapproved devices or drugs to diagnose or treat CBRN threats. To date, EUA has included diagnostic tests, personal protective equipment, ventilators and other medical devices, and these drugs:
  - Hydroxychloroquine and chloroquine (issued March 28, rescinded June 15, 2020)
  - Remdesivir for treatment of hospitalized patients with severe disease (issued May 1, 2020)

• Effective March 10, 2020, the FDA postponed most foreign inspections through April. Inspections outside the U.S. deemed mission-critical will still be considered on a case-by-case basis.
  • In addition to safety concerns, this also impacts the market entry of new generics
• The week of July 20, 2020, the FDA will resume “prioritized” domestic manufacturing inspections
  • The agency will use their own metrics to determine which facilities are safe enough to enter and will provide advanced notice of inspection (not surprise visits)
  • Some non-U.S. based firms continue to request virtual visits

Drug Enforcement Agency (DEA)

**Controlled substances**

- DEA allows telemedicine practitioners to prescribe controlled substances without face-to-face patient visits – March 20
- DEA increases the aggregate production quotas allowable for controlled substances by 15% - April 7
- Exception to practitioners requiring unique licenses in each state for prescribing, including controlled substances – March 25

https://www.deadiversion.usdoj.gov/coronavirus.html
Impact on new drug approvals

Clinical trial – slow and fast

• More than two-thirds of trials hit by COVID-19 enrollment halts, with midstage tests the worst affected
  • Nearly 200 companies have stopped or delayed their trials over the pandemic
  • Most of the impact has been from patients not being allowed into trials; repurposing investigators and focus to COVID19 has also been an impact
• Operation Warp Speed aims to deliver 300 M doses of vaccine by 1/2021
  • Accelerate development, manufacturing, and distribution of COVID19 countermeasures (vaccines, therapeutics, and diagnostics)
  • $2B invested between March and May, 2020 with 14 promising vaccine candidates selected

Looking ahead

Temporary changes that may become permanent

• Many Industry experts believe the major gains in the uptake of telemedicine and digital health care during the past 6 months will be here to stay
  • *Regulatory changes associated with reimbursement and patient adoption may prove to be irreversible trends*

• Members receiving 90 day supplies of medications through the mail may continue these practices as contagion concerns persist

• Clinical trial design and drug discovery may be changed forever
  • *Companies meet on ‘master trial protocols’ with single points of interest, adopt virtual trials, remote monitoring and wearable technologies, and develop flexible endpoints*

Speaker 2

Peter Guthrey

Pharmaceutical Society of Australia

peter.guthrey@psa.org.au

@pguthreyrx
Australia

25 million people

Island nation

8 states & 2 territories
Australia

States: regulate supply of medicines & fund public hospitals

Federal: fund most medicines & primary care

Co-payment $A41.50 (gen) & $A6.60 (pension)

Regulate and fund aged care

Private hospitals mainly elective surgery
Digital image prescriptions

Continued Dispensing

Serious Supply Shortage Notices

Supply limits

Hydroxychloroquine and salbutamol restrictions

Telehealth medicine reviews

Home medicine service [delivery & post]
PSA has prepared this information using the best and most-up-to-date information that we have received. This is rapidly and constantly changing. We are in constant contact with both the Australian Government and the State and Territory Governments and will update this information regularly.

Pharmacists are recommended to read this information as a guide only and in conjunction with specific laws in each jurisdiction.

**On this page**

- Powerless transfer of prescriptions from prescribers to pharmacists to support COVID-19 telehealth consultations
- A ‘full supply’ of an essential Prescription Only Medicine [34] **without a prescription** in an emergency
- Supply of alternative quantity and strength, or dose forms of a medicine in shortage
- Phonefax order by prescriber
- Emergency supply – 3 day rule
- Urgent prescription ordered via phonefax followed by facsimile (known as ‘owing’ prescription)
- Supply of a small quantity of an essential medicine **without a prescription** in an emergency
<table>
<thead>
<tr>
<th>Requirement for supply under PBS – Commonwealth legislation</th>
<th>Legality to supply – TAS regulation</th>
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</thead>
<tbody>
<tr>
<td>Effective to</td>
<td>30 September 2020</td>
</tr>
<tr>
<td>Effective from</td>
<td>20 March 2020</td>
</tr>
<tr>
<td>Prescriber</td>
<td>15 April 2020</td>
</tr>
<tr>
<td>Creates a paper prescription during telehealth consultation, signed as normal or using valid digital signature</td>
<td>Must annotate prescription to state that it is a digital image of the prescription</td>
</tr>
<tr>
<td>Provides patients’ pharmacy with a digital image of the prescription via fax, email or text message</td>
<td>Must record (in clinical system) that prescription was issued to a pharmacist as a digital image only</td>
</tr>
<tr>
<td>Must retain the (original) paper prescription (or a copy) for 2 years from date of prescription unless original prescription</td>
<td>Must also record that digital image of the prescription has been sent directly to the pharmacy, noting the particulars of the pharmacy and method of transmission</td>
</tr>
<tr>
<td>More information in the fact sheet for prescribers</td>
<td></td>
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<tr>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Can dispense and claim for the PBS item from the image</td>
<td>Recommended that pharmacists record in the dispensing system when they have made a supply based on the digital image of a prescription</td>
</tr>
<tr>
<td>Must print out hardcopy of digital image prescription</td>
<td>Repeats must be retained and supplied at original dispensing pharmacy and may not be returned to the patient or transferred to another pharmacy</td>
</tr>
<tr>
<td>Must retain the hardcopy for 2 years from date of supply</td>
<td>Same requirements apply for supply of S4 medicines on a digital image of a prescription sent from a prescriber in a hospital</td>
</tr>
<tr>
<td>Repeats should be held in the pharmacy</td>
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<tr>
<td>Eligible medicines</td>
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<tr>
<td>Excludes medicines in S8 and S4 + Appendix D in the Poisons Standard*</td>
<td>Excludes (i.e. cannot be supplied on a digital image of a prescription) S6s and S4 declared restricted medicines as outlined in the Poisons (Declared Restricted Substances) Order 2017</td>
</tr>
<tr>
<td>*Unless state and territory legislation allows supply via a digital image</td>
<td></td>
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<tr>
<td>Legislative instrument/s</td>
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<tr>
<td>National Health (COVID-19 Supply of Pharmaceutical Benefits) Special Arrangement 2020</td>
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<tr>
<td>National Health (COVID-19 Supply of Pharmaceutical Benefits) Amendment (Expansion of Telehealth and Telephone Attendances) Special Arrangement 2020</td>
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<tr>
<td>Veterans’ Affairs Pharmaceutical Benefits Schemes Amendment (Special Arrangement – COVID-19 Supply of Pharmaceutical Benefits) Determination 2020</td>
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<td>Poisons Regulations 2018</td>
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<td>Relevant resources</td>
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<tr>
<td>A guide for pharmacists</td>
<td>Fact sheet and FAQ for pharmacists</td>
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<tr>
<td>A guide for prescribers</td>
<td>Fact sheet and FAQ for prescribers</td>
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<tr>
<td>A guide for patients</td>
<td></td>
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<tr>
<td>Prescriptions via telehealth – state and territory rules</td>
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</tbody>
</table>

Read full details on Digital image prescription here
From the President: New advice on masks, recognising your essential role and more

Dear Peter,

This is a crucial week in Australia’s COVID-19 response. Greater Melbourne is dealing with over 1800 active cases while NSW and the ACT nervously await to see if widespread community transmission occurs following now locally acquired cases. All jurisdictions have tightened border control and paused relaxation of restrictions, or in some cases reintroduced some restrictions as a result.

The Victorian wave, and its seeding in NSW and the ACT should spook those who had thought COVID-19 in Australia was over. Physical distancing and hygiene measures must be a priority for every Australian, and pharmacists need to be ongoing advocates of this, leading by example.

There are lessons to be learnt – most notably how quickly the community and businesses relax as case number drop. This just creates an environment where the virus spreads rapidly when reintroduced.

There are also lessons to be learnt in how the health response makes sure pharmacists can continue to do what you do best – supporting the health and safety of your patients. This week PSA appeared at the inquiry into the Queensland Government’s health response to COVID-19. PSA is also preparing
Vaccination
Infection control
Mask and personal protective equipment
COVIDSafe plans
Penalties for abuse of health professionals
“Self-isolating” people / triage & referral
Speaker 3

Carolina Oi Lam UNG

• Assistant Professor,  
  Institute of Chinese Medical Sciences, University of Macau  
• Secretary General,  
  Pharmaceutical Society of Macau

Email: carolinaung@um.edu.mo
Community pharmacists in Macau:
Quick to action against COVID-19 outbreak
Macau and COVID-19

One of the first areas affected by COVID-19

Population: 696,100
Area: 32.9km²
Visitor: 39.4 million in 2019

Population density top of the world

China, Macao SAR

Coronavirus Cases: 46
(44 imported, 2 related)

Deaths: 0

Recovered: 46
Macau and COVID-19
Timeline since 01/01/2020

01/01/2020
Tightened cross-border health inspection and quarantine measures

21/01/2020
The Novel Coronavirus Response and Coordination Centre

23/01/2020
Guaranteed Mask Supply Scheme

16/02/2020
Electronic health declaration system

18/03/2020
Prohibited entry for most visitors

22/06/2020
Gradual opening up of the border

05/01/2020
Alert elevated to Level III (Severe)

22/01/2020
First COVID-19 case reported
All casino staff required to wear a mask at work

04/02/2020
15-Day suspension of all casinos and other venues

20/02/2020
Tightened border control

05/04/2020
High school resumed

26/06/2020
46th COVID-19 case diagnosed

https://www.ssm.gov.mo/apps1/PreventCOVID-19/ch.aspx#clg17046
Legal powers regarding disease control

Law No. 2/2004 on the Prevention, Control and Treatment of Infectious Diseases

Responsibilities and obligations of:
- Government
- Health Authority
- Public sector
- Private sector
- Individuals
- Infected patients

Major areas of action:
- Keeping the public informed and educated
- Epidemiological surveillance and reporting
- Entering Macau
- Domestic control measures
- Coordinated effort
- Exemption of diagnostic and treatment fees
- Civil or criminal liability

The Novel Coronavirus Response and Coordination Centre

Established on 21/01/2020

Chief Executive

The Secretary for Social and Cultural Affairs

The Secretariat For Social and Cultural Affairs
- Office Director
- Health Bureau
- Education and Youth Affairs Bureau
- Higher Education Bureau
- Social Welfare Bureau
- Macao Government Tourism Office
- Tourism Crisis Management Office

Director, Health Bureau

Representative from Government Information Bureau

The Secretariat For Security Affairs:
- Customs
- Public Security Police Force
- Fire Services Bureau
- Unitary Police Service

The Secretariat For Security Affairs:
- Customs
- Public Security Police Force
- Fire Services Bureau
- Unitary Police Service

The Secretariat for Administration and Justice Affairs:
- Municipal Affairs Bureau

The Secretariat for Economy and finance affairs:
- Macao Economic Bureau Gaming Inspection and Coordination Bureau
- Consumer Council

The Secretariat for Transportation and public works affairs:
- Marine and Water Bureau
- Civil Aviation Authority

Integrating community pharmacy in COVID-19 strategies

The Guaranteed Mask Supply for Macao Residents Scheme since 23/01/2020

- Accessible – more than 100 million facemasks sold since 23/01/2020 (as of 13/07/2020)
- Affordable – sold at < USD 0.10 each
- Appropriate and correct use of masks – education by pharmacists

Special webpage against Epidemics
Guaned Mask Supply for Macao Residents Scheme

Update time: every 15 minutes.
Note: The public are reminded to examine the masks at time of purchase.

Contracted pharmacies | Health centres | Institution
--- | --- | ---

**Pharmacy Name**

**POPULAR (FONTE)**
Largo do Senado nº 16-A, 1º andar e Travesa da Misericórdia nº 3, 1º andar, Macau
Tel: 25596590, 25573739
Fax: 25517959

2ª feira - 6ª feira: 10:00 - 19:00
Sábado - Domingo e Feirado: 10:00 - 19:00
Observações: Temporariamente encerrado, a partir de 20 a 27 de Fevereiro de 2020

Stock of masks 16958

**LAP KAI**
Câmara do Gaio nº 3-C, Tong Hei C, r/c com Cave, Macau
Tel: 25596359
Fax: 25505501

2ª feira - 6ª feira: 9:00 - 20:00
Sábado: 9:00 - 17:00
Descanso no Domingo

Stock of masks 22354

Community pharmacists in action

Other key areas

1. Information Hub
   - Address the public enquires with up-to-date information about COVID-19 and government policies.
   - Build trustful relationships with customers/patients
   - Provide assurance to reduce panic due to miscommunication

2. Continuity of medicine supply and patient care
   - Secure sustainable supply of medicines and related health products at reasonable prices
   - Redirect patients from hospital setting to fill their prescriptions at community health centers
   - Home medication delivery and other ad hoc services

3. Educating about personal and environment hygiene
   - Safe and ethical care to the public at all times
   - Infection prevention and control practices at the pharmacy
   - Education about hand and environment hygiene, and other preventative measures

4. Active surveillance of suspected cases
   - Stepping up the respiratory-disease-surveillance system
   - Early detection and referral of suspected cases
   - Screen patients for any necessary referral

Ung COL, Community pharmacist in public health emergencies: Quick to action against the coronavirus 2019-nCoV outbreak, Research in Social and Administrative Pharmacy, 2020, 16(4): 583-586,
Enablers for community pharmacy participation

Important factors in the decision-making process

Community Pharmacy Workforce

- **Sufficient pharmacy workforce**
  - 368 of 520 practicing registered pharmacists working at 296 community pharmacies
  - 82 registered pharmacist/100,000 population (OECD average 80/100,000 population)
  - 2-tiered pharmacy workforce: pharmacist and pharmacy technician

- **High pharmacy/population density**
  - 46.9 community pharmacies/100,000 population (OECD average 25.1/100,000 population)

Public-Private Partnership

- Provision of subsidized pharmaceutical products
  - Public
    - Government hospital
    - Health Centers
  - Private
    - Contracted pharmacies
  - Outpatients
  - All patients

Information Technology

- Patient Information
- Central Stock
- Central System
- Pharmacy System
- Finance System

Assessing pharmacist’s intention to practice

A pharmacist survey study since May 2020 (n=260)

Comparison between past behavior and intention to practice related to COVID-19

1. Ensure the continuity of medicine supply
2. Ensure the continuity of related products
3. Ensure the continuity of patient care
4. Address the public enquiries with accurate information
5. Provide reassurance to the community to minimize panic
6. Perform active surveillance of suspicious cases among the population
7. Prepare to make referral of suspected patients according to guideline
8. Educate the community about personal and environment hygiene
9. Collaborate with other healthcare professionals in providing patient care
10. Participate in the government strategies in managing the disease

Comparison of Weighted Average Scores:

- **Intention to practice**
- **Past Behaviour**
Assessing pharmacist’s intention to practice
A pharmacist survey study since May 2020 (n=260)

<table>
<thead>
<tr>
<th>Most important enablers to support pharmacist practice related to COVID-19</th>
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<tr>
<td>Collaboration</td>
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<tr>
<td>Among pharmacy staff</td>
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<td>Pharmacy Management</td>
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<td>Infection exposure management</td>
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<td>Staff training about infection prevention and control</td>
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<tr>
<td>Pharmacy staff protection</td>
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<tr>
<td>Education</td>
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<td>International quality standards of face masks</td>
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<tr>
<td>Scientific information about COVID-19</td>
</tr>
<tr>
<td>Hand/face and environmental hygiene</td>
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</tbody>
</table>

- Collaboration:
  - Among pharmacy staff: 4.15
  - With pharmacy management personnel: 4.2
  - Between pharmacy and the government: 4.25

- Pharmacy Management:
  - Infection exposure management: 4.1
  - Staff training about infection prevention and control: 4.2
  - Pharmacy staff protection: 4.3

- Education:
  - International quality standards of face masks: 4.25
  - Scientific information about COVID-19: 4.3
  - Hand/face and environmental hygiene: 4.3
Community pharmacist in the COVID-19 paradigm

Well-positioned to bridge between the government and the public

Dimensions
- Decisive Leadership
- Sound Governance
- Efficient use of health resources
- Public-Private Partnership

Government
- Actions against COVID-19
- Strategic Planning
- Legal basis
- IT system for data sharing and monitoring

Community pharmacist
- Enhanced competence in public health

General public/patients
- Be responsive to changing healthcare needs
- Cross-disciplinary communication

Support self-discipline with reliable information
- Best practice development and sharing

Ensure continuity of patient care/medicine supply
- Safe and effective pharmacy management

Build trustful relationships
- Support self-discipline with reliable information
- General public/patients
Challenges and Opportunities in the New Norm

The way forward for community pharmacists and policy-makers...

**Enhanced capacity of public health services to enable emergency response**

<table>
<thead>
<tr>
<th>Focus of pharmacy practice</th>
<th>Products → services → patients → community + visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentials of pharmacists</td>
<td>Being integrated → becoming more proactive</td>
</tr>
<tr>
<td>Role in disease management</td>
<td>Chronic disease management → public health</td>
</tr>
<tr>
<td>Mode of service delivery</td>
<td>Face-to-face → new technologies</td>
</tr>
<tr>
<td>Values in the community</td>
<td>Scattered points of care → reliable community network</td>
</tr>
</tbody>
</table>
A/Professor Betty B. Chaar

Experienced in Community Pharmacy, Hospital Pharmacy, the Pharmaceutical Industry and as an Academic Pharmacist.

Current Chair of FIP Ethics Group and Program committee of FIP
Repurposing and access to medicines in COVID 19 - Ethical Considerations

A/Professor Betty Chaar
School of Pharmacy-The University of Sydney
FOUR PILLARS OF BIOETHICS

RESPECT FOR AUTONOMY

TO DO GOOD (BENEFICENCE)

TO DO NO HARM (NON-MALEFICENCE)

JUSTICE
Hypothetical
Let’s imagine… a new medicine to treat Coronavirus is finally found and is in its Phase III with promising results so far…
And let’s estimate the cost ..... 

Turns out it’s just starting to be manufactured, and there’s not much stock in hand.

This new treatment is priced at $US1,000 per day and stocks are running out fast. The Head of State of the country announced he has placed orders for the next 6 months of all the medicines being manufactured.

Insurance companies not yet decided on whether to cover or not – they suggest trying Hydroxyquinine or Dexamethasone +/- a concoction of herbal products [garlic+ onion+ ginger+ ginko+ lemon] boiled and made into a ‘healthy’ soup
How many ethical issues are loaded in this hypothetical scenario?

Ethical research – *how do we know?*

What about off-label use of medicines? and alternative medicines? – is there evidence?

Medicines shortages: What if there is simply not enough to go around?

Equitable **access** and **affordability** – *who gets the treatment first?*

Universal cover – *is this the silver bullet?*
What is Ethical Research?

- No coercion
- No pressure from Big Pharma or granting bodies or government
- Evidence based premise [based on existing literature]
- No harm inflicted on anyone
- No conflict of interest
And what about “off-label” prescribing, including complementary medicines?

- Doctors do have the right to prescribe off-label.
- Scrutiny by pharmacists is imperative.
- Check the evidence upon which the doctor has relied on to prescribe.
- Make your own decision as a pharmacist – do not succumb to pressure or hear-say.
- Communicate clearly and meaningfully to patients
- Leave the final decision to the patient [respect autonomy].
Medicines shortages: What if there is simply not enough of this new treatment to go around?

• If supply is indeed limited, should healthcare decisions be left to politicians?

• In a pandemic, is the whole world eligible to share the findings or restrict access to the country the treatment was found and trialled in? Do patent rules still apply?

• Leaders in healthcare professions should have the moral courage to stand up and voice dissent if necessary (and safe to do so)

• How do we adapt to supply in times of shortage?

• It is important to reflect on the values which set aside the professional from the trader or even the politician.

• If prioritising is absolutely needed, clarify your process of thinking, decisions and be prepared to justify them.
Equitable access and affordability – who gets the treatment first?

- Again, should healthcare decisions be left to politicians or Big Pharma?

- Power imbalance between these powers and the consumer is huge

However….

- Moral courage and the role of healthcare providers is crucial in this pandemic. **Universal healthcare cover** should be a norm across the globe.

- At local level (in hospitals and community pharmacies)– what criteria should we use to prioritise?

- You need to specify, communicate clearly and adhere to your own criteria. Random choices could cost you your reputation.
Summary of discussion points

- Activate your own clinical judgement in cases of off-label and complementary medicines requests in the pharmacy
- Reflect on your professional values and create your own criteria or rubric to enable fair prioritisation if there is a shortage of treatment or vaccine
- Support our professional leaders when they voice values of healthcare professions and advocate for justice of distribution and Universal healthcare cover.
- Communicate clearly with patients your justification for recommendation/s or choices in prioritising access to medicines in shortage.
JUSTICE – FAIR ACCESS TO MEDICINES IS A HUMAN RIGHT.

THE ROLE OF HEALTHCARE PROFESSIONALS IS TREMENDOUS.

MAKE SURE WE **ALL** DO OUR PART AND NOT JUST BE **Bystanders**

....AND REMEMBER
Today’s question(s):
1. Do you think short term policy changes to improve medical and pharmacy access will become permanent?
Today’s question(s):
1. What have been some of the challenges in implementing these changes?
2. Which of these changes do we want to see long term?
Question Time

Please use the chat board to log your questions & comments.

Today’s question(s):

1. What would be the challenges for such a small-scale health system like Macau in the combat of COVID-19 pandemic?

2. How would community pharmacists contribute to the exit strategy to cope with the long term impact of COVID-19 pandemic?
Today’s question(s):
1. What kind of patency laws do you anticipate would work for a pandemic? E.g. Can exclusions be enforced in a pandemic?

2. What can we do for those who miss out for either affordability or other reasons e.g. not enough to go around?
Living and learning through the COVID-19 pandemic – Global reflections

For more information and registration: virtual2020.fip.org
Thank you for participating!

Please provide your feedback through the 4-question survey that will appear to you at the end of the event.