

# Assessing Current and Future Pharmacists' Perceptions of Establishing a "Third Class" of Medications

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## Introduction

In recent years, consumers have become increasingly involved in managing their own health and continue to call for greater accessibility to healthcare.<sup>1</sup> Consumer accessibility to certain prescription medications has increased with the growth in the number of Rx-to-OTC switches. Some have suggested that the movement towards consumer self-care and the intricate nature of current and future switches warrant the evaluation of developing a transitional class of medications referred to as the "Third Class of Medications."<sup>2,3</sup> This classification could include medications that would not require a prescription from a physician and would be accessible to consumers under the supervision of a pharmacist. This classification could offer placement for medications that could potentially provide greater public health benefit through greater accessibility, such as the statins or Plan B, but would require guidance for use from healthcare professionals, such as pharmacists.<sup>3,4</sup>

The role of pharmacists would be significantly affected if this new drug classification were to be established. This survey evaluated pharmacy students' and pharmacists' general perceptions, their day to day work concerns, and their readiness to advance the profession of pharmacy with the establishment of the "Third Class of Medications."

## Objective

To evaluate the perceptions of pharmacists and pharmacy students (within two years of graduation) of the establishment of a "Third Class of Medications" in the United States.

## Methodology

**Design:** A questionnaire was provided electronically via Zoomerang to certain i) pharmacists and ii) pharmacy students in their final two professional years of pharmacy school. Recipients were primarily practicing in the tri-state area of New Jersey, New York, and Pennsylvania. E-mails with the hyperlink or hard copies of the surveys were sent to pharmacy students and preceptors from Rutgers University, St. John's University, and the University of Sciences in Philadelphia, as well as to pharmacists in certain professional pharmacy organizations. Additionally, respondents were invited to forward the hyperlink to the questionnaire to other pharmacists and students. Students with less than one year of community-based experience and pharmacists with no community-based experience were excluded from the analysis. Reminder e-mails were sent, and raw data was collected electronically from January 9, 2006 to February 10, 2006. Responses to the questionnaire were anonymous and confidential, with only the study authors having access to the data. Analysis of the results included cross-tabulations and filtering the subset of responses provided by community-based pharmacists who practice in retail and/or independent pharmacies.

### Survey Questions Evaluated:

- Awareness of the concept of a Third Class of Medications
- Agreement with the establishment of the Third Class of Medications
- Perceived Benefits**
  - Increased medication access
  - Increased patient involvement with healthcare needs
  - Increase in overall perception of pharmacy
  - Increase in overall healthcare costs
  - Increased patient compliance
- Perceived Concerns**
  - Time spent in documenting product dispensing
  - Time spent in patient counseling
  - Increase in malpractice liability
  - Increase in resources (i.e. technicians)
  - Decrease in physician/patient interaction
  - Delay in patient's receiving appropriate therapy
  - Masking of patients' symptoms associated with more severe condition
- Short-term** therapies that would be appropriate for potential "Third Class of Medications"
  - Plan B
  - Epipen
  - Ortho Tri-Cyclen
  - Diflucan
  - Fonase
  - Macrobid
  - Prevental
  - Imitrex
- Recurring** therapies that would be appropriate for the Third Class of Medications after the initial consultation by a physician
  - Ortho Tri-Cyclen
  - Macrobid
  - Prevental
  - Imitrex
- Chronic** therapies that would be appropriate for potential "Third Class of Medications"
  - Mevacor
  - Fosamax
  - Xenical
  - Glucophage
  - Hydrodiuril
- Community-based pharmacists support for the following implementations in establishing the Third Class:
  - Establishment of a guideline/algorithm
  - Need for certification
  - Willingness to become certified
  - Necessity of patient counseling
  - Documentation of medications dispensed
- Frequency of OTC counseling in a 8-hour work day
- Demographics (i.e. highest level of education, work setting, number of years of experience in a community-based setting)

## Results

### Support for Third Class Medications

#### Respondents' Degree of Support

76% of all respondents were supportive of its establishment

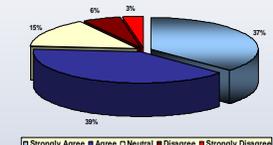


Figure 1: All students and pharmacist responses (n = 609)

### Community-based Pharmacists Support the Following Concepts Regarding the Establishment of a Third Class of Medications

- 80% would feel either very comfortable or comfortable in managing medications in this class of medications if algorithms or guidelines were established
- 92% Strongly agree or agree that patient counseling for medications in this class should be required by law
- 78% Strongly agree or agree that certification should be required for managing medications in this class
- 83% are willing to become certified if it were required by law

Table 1: Community-based pharmacists (n = 205)

### Perceived Effect of the Development of a Third Class of Medications on the Profession of Pharmacy

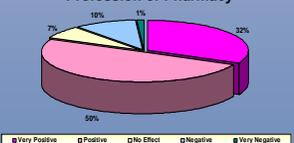


Figure 2: Community-based pharmacists (n = 205)

### Benefits & Concerns

#### Benefits Reported by Community-based Pharmacists

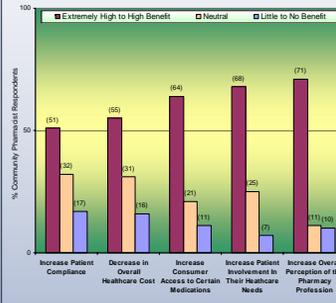


Figure 3: Community-based pharmacists (n = 205)

#### Concerns Reported by Community-based Pharmacists

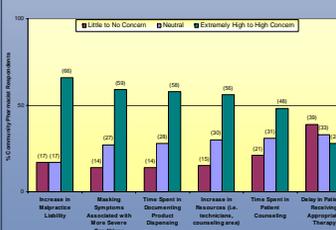


Figure 4: Community-based pharmacists (n = 205)

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### Reported Appropriateness of Medications

#### Short-Term Therapies\*



Figure 5: All student and pharmacist responses (n = 609)

#### Recurring Therapies\*

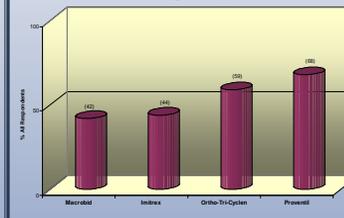


Figure 6: All student and pharmacist responses (n = 609)

#### Chronic Therapies\*

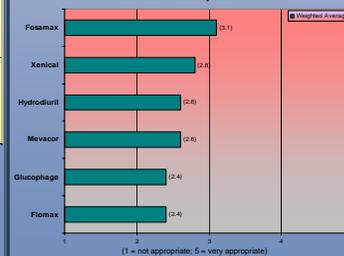


Figure 7: All student and pharmacist responses (n = 609)

## Discussion

Of the approximately 1600 recipients of the survey, 693 respondents (46%) completed the questionnaire, the vast majority of which (86%) practiced in the tri-state area of PA, NJ, & NY.

A significant majority (76%) of respondents supported the establishment of a Third Class of Medications. (Figure 1) The degree of support was similar between the total sample and the various subgroups of pharmacists and pharmacy students.

Eighty-two percent of respondents perceived that a development of a Third Class of Medications would have either a very positive or a positive effect on the pharmacy profession. Results revealed strong support for the development of necessary algorithms/guidelines, the requirement of certification, the need for patient-counseling, and the need for a documentation tool to alleviate concerns about the development of a Third Class of Medications.

The questionnaire examined community-based pharmacists' perceptions of various potential benefits and concerns that might arise with a new classification system. Their major concerns for this concept included the need for an increase in malpractice insurance, masking symptoms of more severe conditions, time spent in documenting, increase in resources (technicians & etc.), and time spent on counseling. They were comparatively less concerned with the potential for a delay in patients receiving appropriate therapy or a possible decrease in patient/physician interaction. Thirty-eight percent of community-based pharmacist respondents were relatively concerned that there would be an increase in medication errors with development of this classification while 28% perceived that there would be a decrease in medication errors. This could possibly be due to variability in interpreting the question.

The greatest number of community-based pharmacist respondents identified the benefits of establishing a Third Class of Medications as being i) an improvement in the perception of the pharmacy profession, ii) an increase in patient involvement in self-care, and iii) an increase in consumer access to medications.

## Limitations

- Sample may not be projectable to the general population of all practicing pharmacists due to the following: A relatively small sample size; Respondent demographics included more pharmacists in the industry and academic settings than the general population of practicing pharmacists; Majority of respondents practiced in the NJ, NY, & PA area.
- Differences in the method of survey distribution (hard copy vs. electronic)
- The effect on the results of distributing the survey to members of professional pharmacy organizations is unknown

## Conclusion

The survey identified strong support for the development of a Third Class of Medications among both current and future pharmacists, including the subset of community-based pharmacists, provided that it would include suitable medications that could be monitored and managed appropriately. The perceived positive effect on the profession of pharmacy is noteworthy. Further evaluation is necessary to determine which medications pharmacists believe would be appropriate to include in a Third Class of Medications.

## References

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