

Disclosure

• The speaker has no financial or nonfinancial disclosures associated with this topic. There will be discussion of dietary supplements, peptides, and counterfeit drugs, none of which are FDA approved products.

Objectives

- At the conclusion of this talk the successful participant will be able to
- 1. Describe the reasons seniors are increasingly diagnosing and treating themselves with therapies
- 2. Describe the legal and regulatory pathways that provide seniors access to therapies outside the drug supply chain
- 3. Describe ways that pharmacists can recommend dietary supplements that are free of adulterants and contaminants
- Describe the risks associated with self-treatment with dietary supplements, "peptides," and counterfeit drugs

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Seniors Take Lots of Meds Patients ≥65 years =13% of the population They consume ~30% of prescription medications 61% take at least 1 prescription medication with an average of 3-5 chronic prescriptions Seniors use ~30% of over-the-counter medications

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Costs of Prescription Medication for Seniors Are Out of Reach

- More than 1.4 million Medicare enrollees paid more than \$2,000 in out-of-pocket costs in 2020
- 3.5 million seniors (6.6%) reported affordability problems with prescriptions in 2019
- 2.3 million seniors did not get needed prescriptions due to cost
 Millions of others reduced prescribed doses or skipped doses due to costs

Prescribers Limit Controlled Substance Medication Access or Quantities Seniors experience more pain-related conditions There is a 3X increase in OUD in Medicare enrollees 46 cases per 1,000 in 2013 to 15.7 cases per 1,000 in 2018 The rate of overdose deaths among seniors quadrupled 3 to 12 per 100,000 from 2002 - 2021 according to CDC data CDC guidance now limits opioids for chronic pain

Prescribers Limit Controlled Substance Medication Access or Quantities

- From 2010 to 2018, 13.5% of seniors received a benzo and use remained relatively constant from 65 up to 89 years
- From 2002 to 2021, the use of gabapentinoids increased to 9% of all seniors (70+ years)
- The prevalence of low serum total testosterone in seniors is 39% but only 6% meet criteria for symptomatic hypogonadism

Seniors May Not Want to Discuss "Embarrassing" Health Issues with Doctors

- 75% of men 70+ years experience erectile dysfunction
- 50% of women 60+ years have low sexual desire and/or vaginal atrophy/dryness
- 75% of women 70+ experience periodic urine leakage

Question 1

- Don is a 72 year old who is looking online for alternatives. His prescriber told him he would not write any other prescriptions for oxycodone with APAP. He is looking at kratom and for Canadian Pharmacies that don't require a prescription. Which of the following is the motivator for Don to transcend the normal medication supply chain?
- a) Cost of prescription options
- b) Circumvent prescriber gatekeeping restrictions
- c) Embarrassment over his health issue

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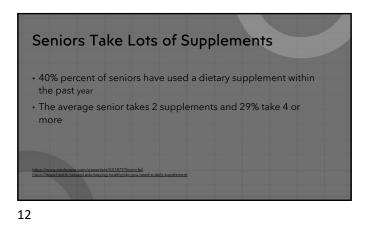
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DSHEA Rules and Limitations

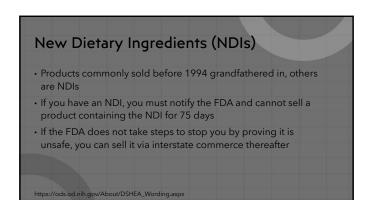
DSHEA Act of 1994:
Defined dietary supplements (legacy and NDI)

- Required ingredient and nutritional labeling
- Delineated claims and nutritional support

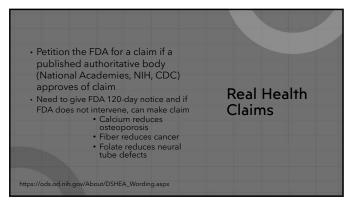
https://ods.od.nih.gov/About/DSHEA_Wording.aspx

- statements that could be made
- Empowered FDA to enforce GMP regulations

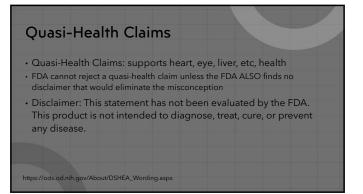
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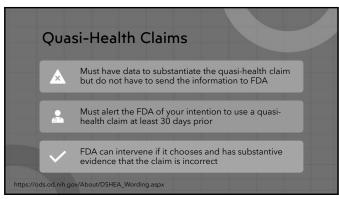


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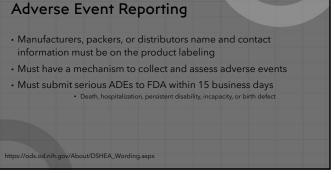


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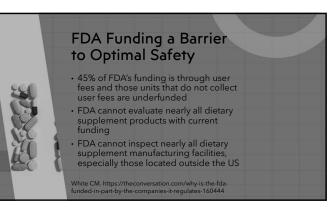
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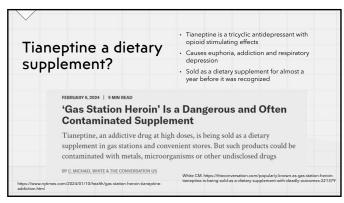
FDA Has A High Bar to

• If the FDA believes a product is unsafe because of its ingredients, GMP issues, or other reasons it

Innocent until proven guilty









Issues with Dietary Supplements: Microbial Contamination

- Herbal products (alfalfa, coriander, echinacea, garlic, ginkgo, juniper, licorice, psyllium, and St John's wort, CBD, cannabis, kratom) contaminated with fungi and/or bacteria in levels above USP specifications
- Kratom Salmonella issues January 2017 May 2018 resulted in 199
 adverse events & 50 hospitalizations.

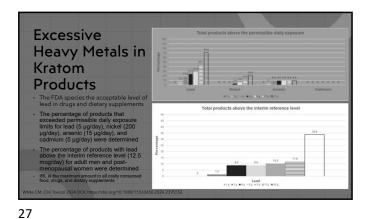
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Issues with Dietary Supplements: Heavy Metal Contamination

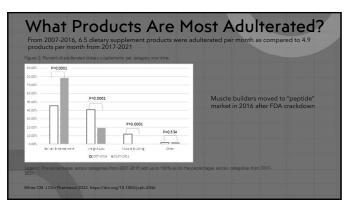
- Concentrations of heavy metals in 121 dietary supplements were compared with the concentrations designated for safe daily consumption by the NSF International
- 5% of dietary supplements exceeded the upper limit for arsenic, 1.7% of samples exceeded the levels for lead, cadmium, and aluminum, and 0.8% of samples exceeded the levels for mercury

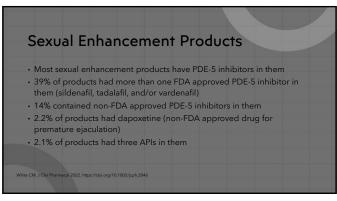
White CM. Ann Pharmacother

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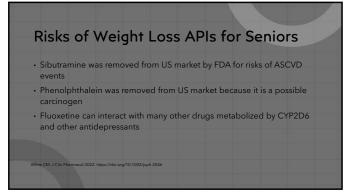
Risks of Hidden APIs for Seniors

- PDE5-inhibitors and nitrates are contraindicated
- Higher dose PDE5-inhibitors, unapproved analogues, and multiple
 PDE5-inhibitors can cause priapism
- Dapoxetine was not effective in clinical trials and has standard antidepressant adverse events

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Weight Loss Products From 2017 through 2021: sibutramine (84.9%), sibutramine analogues (6.3%), phenolphthalein (23.7%), and fluoxetine (5.4%) One product (1.8%) contained 1,3-dimethylamylamine, a non-FDA approved API structurally related to ephedrine 3.6% of products contained three API while 1.8% contained five of them

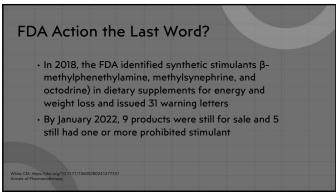
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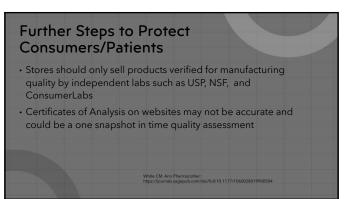


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Issues with Dietary Supplements: Little to No Active Ingredients

- In an assessment of cannabadiol (CBD) products, only 12.5%, 25%, and 45% of vaporization liquids, tinctures, and oils were labeled correctly (±10% of the labeled value) and in most cases contained far less CBD than promised
- In two studies using DNA barcoding, many herbal dietary supplement products contained little to no labeled ingredient





Question 2

You are a pharmacist at a community pharmacy and a patients asks you which supplements to buy. What is a validated way to assure the dietary supplement you recommend does not have excessive microbial or heavy metal contamination and has the ingredient in the tablets/capsules advertised on the label?

- A. USP certification
- B. Better Homes and Gardens Certification
- c. The most expensive one

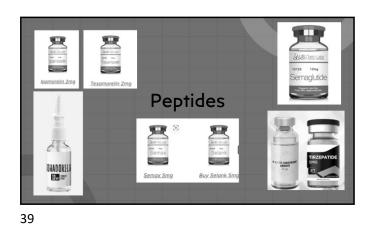
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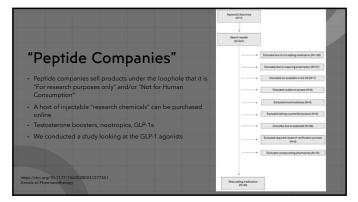


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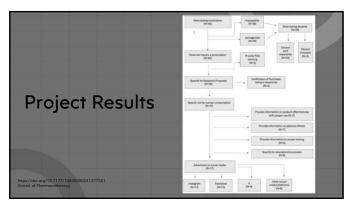
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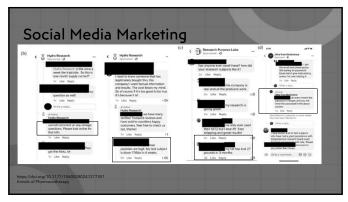
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Quality of Peptides

Several semaglutide products independently tested:

- One product had elevated presence of endotoxin (8.95 EU/mg)
- Product purity levels ranged from 7% to 14% (vs. promised ~99% purity)
- Semaglutide content varied 29% to 39% more or less than promised on the label
- Three products never arrived and purchaser asked to pay additional fee to clear customs

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https://doi.org/10.1177/10600. Annals of Pharmacotherapy

Question 3

- Sylvia is a 68 year old woman who weighs 120 pounds but wants to weigh 108 pounds like she did when she was 40 years old. Which of the following is NOT a risk she could have if she started using a "peptide" GLP-1 product?
- a) She does not have a disease or disorder that requires a GLP-1 product and the risks could outweigh the benefits
- b) The products are known to contain lead and arsenic in too high a levelc) The product dosage could vary from the label amount and she could

either overdose or underdose as a result

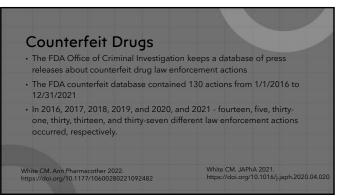
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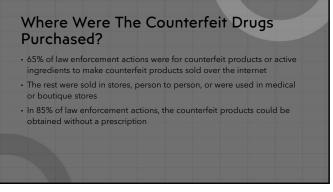
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Which Drug Classes Are Most Implicated

- Erectile dysfunction drugs [sildenafil, tadalafil] were identified 40 times
- Opioids were identified 36 times [tramadol, hydrocodone, oxycodone (Fentanyl a common adulterant)]
- Stimulants were identified 31 times [sibutramine, amphetamine, 3,4methylenedioxymethamphetamine (MDMA)]
- Anabolic steroids were identified 22 times
- Benzodiazepines were identified 21 times [alprazolam, diazepam, clonazepam, temazepam]

Size of the Counterfeit Ring

- Six law enforcement actions reported more than a million pills were
 involved and five reported 200,000 to 999,999 pills
- Four law enforcement actions measured the quantity in kilograms (21.4 kg, 234 kg, and 1,200 kg)
- One was measured in terms of the number of packages shipped each month (~10,000 packages)

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Question 4

- Don finds a "pharmacy" willing to sell him oxycodone with APAP for \$7 a pill without a prescription. The site says it is a best seller in Canada. What is the main risk of Don getting his opioids from the unlicensed online site?
- a) Fentanyl adulteration and variability of doses could lead to respiratory depression
- b) It is more expensive than the prescription version
- c) There is no money back guarantee

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Question 4

- Don from question 1 finds a "pharmacy" willing to sell him oxycodone with APAP for \$7 a pill without a prescription. The site says it is a best seller in Canada. What is the main risk of Don getting his opioids from the unlicensed online site?
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Conclusions:

- Seniors can use dietary supplement product, peptide company products, and
 counterfeit drugs to access (knowingly or not) drugs without a prescription
- Cost, desire to circumvent safeguards, and embarrassment are main reasons seniors go it alone
- The FDA is feebly unable to prevent many of these risks to seniors (and others) even though they are trying really hard
- The dietary supplement laws make it hard for the FDA to take action and the current drug laws allow peptide companies a loophole to directly sell drugs to seniors
- Pharmacists must ask about the use of these nonstandard products and relay the risks to consumers