Maryland
DEPARTMENT OF HEALTH

PHARMACY News & Views

Fall 2022

The Expanding Role of the Community Pharmacists and Technicians

Over the last decade, the pharmacists' role has continued to expand as more pharmacists have become Board Certified, are completing pharmacy residencies, and are finding themselves in clinical roles treating patients. New research released this year by the Columbia University Mailman School of Public Health and Express Scripts Pharmacy, demonstrates that the role is likely to grow even more amid the COVID-19 pandemic and provider shortages.

The Prescription of Trust report, which surveyed more than 3,000 patients, 1,000 pharmacists, and 500 providers (physicians and nurse practitioners), was designed to better understand the expanding role of pharmacists in transforming patient care. It is the largest study of its kind ever conducted.

Some of the reports driving themes included:

Primary care gaps: Primary care supply shortages and gaps can be filled with pharmacists.

Patient care activities: The expanding role of the pharmacist will include more patient care activities.

Training and education: To meet growing demand and fill gaps in care, pharmacists training will be a key focus.

Trust: There is a high level of trust in pharmacists to expand their role.

Supportive technology: Growth in use of technology will help free up pharmacist time to focus on patient care.

Looking forward to the next decade, a majority of pharmacists will see a transition from transactional care to more direct patient care. Pharmacists are already providing clinical services in a multitude of settings including hospitals, long-term care facilities, ambulatory clinics, community pharmacies, and telemedicine and those opportunities are likely to grow.

As the pharmacists' role continues to grow and change, so too does the role of the pharmacy technician. Some of the many roles that pharmacy technicians are now taking on include technician product verification or tech-check-tech, medication preparation including vaccines and vaccine screenings, and medication history collection. Data shows that pharmacy technicians are competing 59% of tasks related to product verification, 37% of tasks related to vaccine preparation for pharmacist administration, and 56% of tasks related to medication history collection.

Future opportunities for pharmacists and pharmacy technicians are limitless. This is good news for the future of the profession and for patients and patient care.

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Paxlovid Update:
Pharmacists Can Now Prescribe: Restrictions and Recommendations

Paxlovid (nirmatrelvir/ritonavir) is authorized for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg or about 88 pounds) with positive results of direct SARS-CoV-2 viral testing, who are at high risk for progression to severe COVID-19, including hospitalization or death. Approval comes under Emergency Use Authorization (EUA) and was based on the Phase 2/3 EPIC-HR study. Paxlovid reduces the risk of hospitalization or death by 90% when taken within 3 days of symptom onset and 88% when taken within 5 days of symptom onset compared to placebo. More recent data indicates that Paxlovid maintains antiviral activity against the Omicron variant of COVID-19.

The dose of Paxlovid is 300 mg nirmatrelvir and 100 mg of ritonavir twice daily for 5 days. It should be started as soon as possible after symptom onset to maximize its benefit. For this reason, on July 6, 2022, the U.S. Food and Drug Administration revised the EUA for Paxlovid to authorize licensed pharmacists to prescribe Paxlovid to eligible patients.

Under the expanded EUA, Paxlovid maybe be prescribed for an individual patient by a state-licensed pharmacist under the following conditions:

- Sufficient information is available, such as through access to health records less than 12 months old or consultation with a health care provider in an established provider-patient relationship with the individual patient, to assess renal and hepatic function; and
- Sufficient information is available, such as through access to health records, patient reporting of medical history, or consultation with a health care provider in an established provider-patient relationship with the individual patient, to obtain a comprehensive list of medications (prescribed and non-prescribed) that the patient is taking to assess for potential drug interaction.

The state-licensed pharmacist should refer an individual patient for clinical evaluation (e.g., telehealth, in-person visit) with a physician, advanced practice registered nurse, or physician assistant licensed or authorized under state law to prescribe drugs, if any of the following apply:

- Sufficient information is not available to assess renal and hepatic function.
- Sufficient information is not available to assess for a potential drug interaction.
- Modification of other medications is needed due to a potential drug interaction.
- PAXLOVID is not an appropriate therapeutic option based on the authorized Fact Sheet for Healthcare Providers or due to potential drug interactions for which recommended monitoring would not be feasible.

When announcing the expansion of the EUA, Patrizia Cavazzoni, MD, director for the FDA's Center for Drug Evaluation and Research said, "The FDA recognizes the important role pharmacists have played and continue to play in combatting this pandemic. Since Paxlovid must be taken within five days after symptoms begin, authorizing state-licensed pharmacists to prescribe Paxlovid could expand access to timely treatment for some patients who are eligible to receive this drug for the treatment of COVID-19."

To provide quick access to COVID-19 treatment, the Biden-Harris Administration launched the nationwide Test to Treat program in March 2022. Through this initiative, patients are able to get tested for COVID-19, and if positive, they may receive a prescription for a COVID-19 treatment medication that can be filled onsite, all at one location. Thousands of Test to Treat sites are available nationwide, including many at pharmacy-based clinics.

Test to Treat locations can be found online at https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/.

Pharmacists are playing an integral role in COVID-19 testing and treatment access.

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- COVID-19 Test to Treat Locator. https://aspr.hhs.gov/TestToTreat/Pages/default.aspx

Pharmacological Approach to Weight Management

The US obesity prevalence in 2017 was 41.9% per the Centers of Disease Control and Prevention (CDC). Body Mass Index (BMI) can be used to define overweight and obesity. BMI of 25.0-29.9 kg/m^2 is defined as overweight and BMI > 30 kg/m^2 is defined as obesity. The World Health Organization further states obesity is the abnormal or excessive fat accumulation that presents a risk to health. Stroke, heart disease, and type 2 diabetes are some conditions related to overweight and obesity that lead to premature death. Not only does obesity contribute to mortality and morbidity but also impacts cost. The CDC estimates the annual medical cost of obesity in the Unties states to be nearly $173 billion in 2017. Drug therapy can play a role to help prevent, treat, or reserve complications of obesity. Chart below reviews medications FDA approved for obesity.

Name (Trade Name) Year FDA Approved	Mechanism of Action / Clinical Effect	Dose Limits	Contraindications	Special Considerations
Orlistat (Xenical) ——— 1999	Gastrointestinal lipase inhibitor / reduces fat absorption	360 mg/day PO (Rx-only) 180 mg/day PO (OTC use)	Pregnancy/breastfeeding, chronic malabsorption syndrome, cholestasis & oxalate nephrolithiasis	Take multivitamin containing fat-soluble vitamins at least 2 hours before/after Orlistat: Significant GI adverse drug reactions and drug-drug interactions; Maximum length of continuous drug therapy is 24 months
Naltrexone HCL/ Bupropion HCL (Contrave) ——— 2014	Opioid antagonist (naltrexone) & reuptake inhibitor of dopamine and norepinephrine (bupropion) / decreases appetite and cravings	32 mg naltrexone/ 360 mg bupropion PO daily	Pregnancy/breastfeeding, uncontrolled hypertension, seizure disorder, anorexia nervosa, bulimia nervosa, severe depression, drug or alcohol withdrawal, concomitant MAOI (within 14 days) & chronic opioid use	Black box warning for suicidal indication; Avoid use in end-stage renal disease & high-fat meal; Discontinue if at least 5% decrease in baseline weight is not achieved after 12 weeks of maintenance dosage
Liraglutide (Saxenda) ——— 2014	Glucagon-like peptide (GLP)-1 agonist / decreases appetite, increases fullness, increases satiety	3 mg/day subcutaneously	Pregnancy/breastfeeding, personal or family history of medullary thyroid cancer or MEN2, pancreatitis, acute gallbladder disease & pediatric patients with type 2 diabetes	Consider reducing dose of sulfonylureas by 50% to reduce risk of hypoglycemia if initiating liraglutide; Injection therapy approved for patients >12 years; Discontinue if at least 4% decrease in baseline weight is not achieved after 4 months
Setmelanotide (Imcivree) ——— 2020	Melanocortin 4 receptor agonist/ decreases appetite	3 mg/day subcutaneously	Obesity not due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency interpreted as pathogenic, likely pathogenic, or of uncertain significance, or due to Bardet-Biedl syndrome	No data on pregnancy; Injection therapy approved for patients > 6 years of age; Discontinue if at least 5% decrease in baseline weight is not achieved after 4 months
Semaglutide (Wegovy) ——— 2021	GLP-1 receptor agonist/ decreases appetite, increases fullness, increases satiety	2.4 mg/week subcutaneously	Personal or family history of medullary thyroid cancer or MEN2 & history of pancreatitis	No dose adjustment in hepatic/renal impairment; Injection therapy approved for patients >18 years; Discontinue if at least 5% decrease in baseline weight is not achieved after 4 months

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- **Conduent Technical Assistance**
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- **Maryland Medicaid Pharmacy Access Hotline**
  800-492-5231 (option three)
  Monday-Friday, 8:00 am - 5:00 pm
- **Kidney Disease Program**
  410-767-5000 or 5002
  Monday-Friday, 8:00 am - 5:00 pm
- **Breast and Cervical Cancer Diagnosis and Treatment**
  410-767-6787
  Monday-Friday, 8:00 am - 4:30 pm
- **Maryland AIDS Drug Assistance Program**
  410-767-6535
  Monday-Friday, 8:30 am - 4:30 pm
- **Peer Review Program**
  855-283-0876
  Monday-Friday, 8:00 am - 6:00 pm

New MDH Pharmacy Point-of-Sale Electronic Claims Management System Training!

The Maryland Department of Health is pleased to announce the targeted launch of our new Pharmacy Point of Sale Electronic Claims Management System (POSECMS) on October 30, 2022. POSECMS will replace the Maryland Medicaid Pharmacy Program (MPP) current system with a cloud-based solution that improves the quality of pharmacy service delivery, supports cost containment strategies, and drives claims processing continuity for MPP providers and participants. POSECMS is to enhance the user experience while maintaining current claims processing requirements, which will not change with the new system release.

POSECMS training will be offered at the following dates & locations:

- **Wednesday, October 19, 5:30-7:30 pm**, Courtyard Waldorf, 3145 Crain Highway, Waldorf
- **Monday, October 24, 5:30-7:30 pm**, Courtyard Hagerstown, 17270 Valley Mall Road, Hagerstown
- **Tuesday, October 25, 5:30-7:30 pm**, Hyatt Regency, 100 Heron Boulevard, Cambridge

Training Registration

Please register for either in-person or virtual attendance within 24 hours of the scheduled event at: POSECMS Training Registration (https://tinyurl.com/2nc4vvsd).