

Adult Vaccine Update

The 2022-2023 fall and winter virus season brought what has been named the “triple-demic”- widespread COVID-19, influenza, and respiratory syncytial virus (RSV) infections. Many are left wondering what they can do to protect themselves and their families this year.¹ For most adults the current guidance from the Centers for Disease Control and Prevention (CDC) is to receive one dose of an inactivated, recombinant, or live attenuated influenza virus annually, as well as one dose of an updated COVID-19 vaccine if the individual has not yet received the most recent vaccine^{2,3}. Updated monovalent SARS-CoV2 vaccines have been approved by the FDA for the 2023-2024 season and show efficacy against currently circulating variants of the COVID-19 virus. These vaccines are recommended by the CDC for all individuals ages 6 months and older.³ The FDA has stated that they anticipate COVID-19 vaccines will need to be updated annually, similar to flu vaccines.⁴

Newly approved vaccines to prevent RSV may also be recommended for adults 60 years of age and older depending on comorbidities.² For full vaccination schedules including those for other age groups or immunocompromised individuals, please visit the CDC Immunization Schedules Homepage at <https://www.cdc.gov/vaccines/schedules/index.html>.

References:

1. Kaiser Family Foundation. News Release Pub. April 3, 2023. <https://www.kff.org/coronavirus-covid-19/press-release/half-of-the-public-would-likely-get-an-annual-covid-19-vaccine-offered-like-a-flu-shot/>
2. Centers for Disease Control and Prevention. Vaccines. Pub. April 21, 2023. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
3. Centers for Disease Control and Prevention. COVID-19 Vaccines. Pub. May 2023. <https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-most-people.pdf>
4. Food and Drug Administration. FDA Takes Action on Updated mRNA COVID-19 Vaccines to Better Protect Against Currently Circulating Variants. Published September 11, 2023. <https://www.fda.gov/news-events/press-announcements/fda-takes-action-updated-mrna-covid-19-vaccines-better-protect-against-currently-circulating>

Smoking Cessation

In a 2021 survey of Marylanders, 10.1% of adults and 3.6% of high school aged youth report smoking cigarettes. In addition, 15.6% of high-school aged youth report using any tobacco product including e-cigarettes, vapes, and waterpipes.¹ Nearly 70% of current smokers report they want to stop smoking and 50% of adult smokers try quitting every year.²

Current pharmacotherapy for smoking cessation includes five different nicotine replacement products (NRTs), as well as bupropion and varenicline. NRT pharmacotherapy is most effective when combining a long-acting product like the nicotine patch with a short-acting product such as gum, lozenges, nicotine inhaler, or nicotine nasal spray for as-needed craving control.³ Additionally, there are programs for individual, group, telephone, or online counseling that, when used in conjunction with pharmacotherapy, can more than double the likelihood of successfully quitting.² All available first-line agents along with counseling points are summarized in the table on page 2.^{3,4}

For more resources and support, those looking to quit tobacco products can call the Maryland Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669), text “READY” to 200-400, or visit online at <https://smokingstopshere.com/>.

References:

1. Centers for Disease Control and Prevention. State Fact Sheets. Pub. Feb. 14, 2023. <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm#MD>
2. U.S. Department of Health and Human Services. Smoking Cessation: A Report of the Surgeon General - Smoking Cessation by the Numbers. Pub. Jan. 23, 2020. <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-infographic-by-the-numbers/index.html>
3. Food and Drug Administration. Want to Quit Smoking? FDAApproved and FDA-Cleared Cessation Products Can Help. Pub. July 21, 2022. <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-and-fda-cleared-cessation-products-can-help>
4. Centers for Disease Control and Prevention. How to Use Quit Smoking Medications. Pub. Nov. 15, 2022. <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-to-use-quit-smoking-medicines/>

Smoking Cessation Agents

Product	Dosing	Frequency of Use	Common Adverse Effects	Counseling Points
bupropion SR* (Zyban SR)	Start at 150 mg once daily for 3 days, then increase to 150 mg twice daily	Twice daily, after initiation period; Start 1-2 weeks before target smoking quit day; Continue for 3-6 months	Agitation, headache, insomnia, vivid dreams, xerostomia	Should not be used in patients taking other forms of bupropion or those with a history of seizure disorders; Do not chew, cut, or crush tablets; Take doses at least 8 hours apart. If experiencing insomnia or abnormal dreams, take second dose earlier in the day; May be combined with NRTs.
nicotine gum	4 mg dose if 1 st cigarette LESS than 30 minutes after waking; 2 mg dose if 1 st cigarette MORE than 30 minutes after waking	Hourly, as needed; Max of 24 pieces/day; Tapering frequency over 12 weeks is recommended	Dyspepsia, hiccups, jaw soreness, mouth or throat irritation, nausea	Use "chew-and-park" method- chew until the mouth tingles, then park gum in the cheek until tingling stops. Repeat process until tingling sensation stops (about 30 minutes); Avoid food and drinks while using gum and for 15 minutes prior to use; Different flavors exist. Cinnamon flavor is more likely to cause mouth irritation.
nicotine inhaler*	10 mg/cartridge fixed dose; Amount of nicotine delivered per puff is user-controlled	Short puffs as needed until nicotine taste subsides (about 20 minutes); Max of 16 cartridges/day; Tapering frequency over 12 weeks is recommended	Coughing, dyspepsia, dysphagia, mouth or throat irritation, nausea	Although called an inhaler, the nicotine inhaler is not meant to be used in the same way as other inhalers; Use short, shallow puffs, not deep inhalations into the lungs. Each cartridge will last about 20 minutes. Avoid food and drinks while using inhaler and for 15 minutes prior to use.
nicotine lozenge	1 st cigarette LESS than 30 minutes after waking: use 4 mg dose; 1 st cigarette MORE than 30 minutes after waking: use 2 mg dose	Hourly, as needed; Max of 20 pieces/day; Tapering frequency over 12 weeks is recommended	Dyspepsia, hiccups, mouth or throat irritation, nausea	May be a better choice than gum for patients with dentures; Allow lozenge to dissolve between gum and cheek. Repeat as needed; Avoid food and drinks while using lozenge and for 15 minutes prior to use.
nicotine spray*	0.5 mg per spray, 1 spray in each nostril equals one dose	1-2 doses per hour as needed; Minimum effective dose is 16 sprays per day, max of 80 sprays per day; Use for 12 weeks	Cough, nasal or throat irritation, sneezing, tearing	Slightly tilt head back before using spray, do not sniff or inhale the spray; Prime pump before first use by spraying into the air 6-8 times. Re-prime if not used in more than 24 hours; Avoid blowing nose for 2-3 minutes after use; Discard bottle 30 days after opening.
nicotine patch	10 or more cigarettes per day: 21 mg patch; Less than 10 cigarettes per day: 14 mg patch; May taper to 7 mg based on adverse effects or after 6 weeks on higher strength	Apply once daily; Consider tapering dose after 6 weeks	Insomnia, skin irritation, vivid dreams	Rotate application site to reduce skin irritation. Place on clean, dry, hair-free skin on the upper body (upper chest, upper arm, shoulder, back, inner arm); If experiencing insomnia or vivid dreams, can remove patch before bedtime; May be combined with short-acting NRTs.
varenicline*	Days 1-3: 0.5 mg Days 4-7: 0.5 mg Day 8+: 1.0 mg	Start 1-4 weeks before target smoking quit day; Twice daily, after initiation period; Continue for 3-6 months	Headache, insomnia, nausea, vivid dreams	Take with food and a full glass of water to help minimize nausea

* Available by prescription only

Oral Contraceptive Discussion

There are several different hormonal contraceptive products available once a patient has been evaluated and found to be a candidate for use of one. In many instances, choosing or modifying a hormonal contraceptive regimen can be done using the patient's treatment goals. Other instances, prescribing will be influenced by patient preferences, drug interactions, adherence issues, or contraindications. 14% of patients taking an oral contraceptive pill (OCP) report using them for non-contraceptive reasons, which may include acne, dysmenorrhea, endometriosis, menorrhagia, or other hormonally mediated conditions.¹

Progestin-only oral contraceptives (POPs), such as norethindrone and the newly approved OTC Opill (norgestrel), require more attention to adherence with only a three-hour dosing window, however have fewer contraindications than combined hormonal contraceptive (CHC) products containing estrogen.² Drospirenone is a newer POP with a longer 24-hour dosing window. Drospirenone also has anti mineralocorticoid and anti-androgen activity, approximately equivalent to 25 mg of spironolactone. The resulting mild potassium sparing diuretic effects may be beneficial alone or in a CHC for patients who report significant cyclical bloating, acne, hair growth, and weight gain but should be avoided in those with hyperkalemia.^{1,3}

Hormonal contraceptives were originally dosed to maintain a natural menstrual cycle with 21 days of active therapy followed by 7 days of placebo, however there are several reasons a patient may desire to decrease the frequency of off-week withdrawal bleeding. Extended cycle oral contraceptive regimens and the ability to use a contraceptive continuously can reduce

hormonal migraines, excessive bleeding and pain associated with menstruation by maintaining hypothalamic-pituitary-ovarian axis suppression and reducing or eliminating withdrawal bleeding associated with hormone free weeks. Studies have shown that combination monophasic oral products, etonogestrel and ethinyl estradiol vaginal rings, and norelgestromin and ethinyl estradiol patches can all be used to achieve an extended cycle of 84 days of use, followed by seven days off without an increased risk of thromboembolism, contraceptive failure, or breakthrough bleeding. Combination monophasic oral products and etonogestrel and ethinyl estradiol vaginal rings may also be used continuously, with no placebo tablets or ring-free weeks, however there is not strong data to support the safety of using contraceptive patches in this way.^{1,4}

For patients with endometriosis, CHCs can reduce growth of endometrial tissue and as a result decrease associated symptoms.⁴ Depo-subQ provera 104 is indicated for prevention of pregnancy and for management of endometriosis-associated pain but is not recommended for use longer than 2 years, has a longer return to fertility following cessation of therapy, and has been associated with loss of bone mineral density and increased osteoporosis risk.⁵ Patients with polycystic ovarian syndrome or who are experiencing androgenic symptoms can also benefit from CHC products especially those containing an anti-androgenic progestin such as drospirenone or desogestrel.⁶

Information for Maryland pharmacist prescribers of hormonal contraceptives can be found at <https://health.maryland.gov/pharmacy/Pages/Contraception-Prescribing.aspx>.

References:

1. Cooper DB, Patel P, Mahdy H. Oral Contraceptive Pills. Updated Nov 24, 2022. <https://www.ncbi.nlm.nih.gov/books/NBK430882/>
2. Norethindrone prescribing information. Morgantown, WV: Mylan Pharmaceuticals Inc.; Revised 2022 May.
3. Slynd (drospirenone) prescribing information. Florham Park, NJ: Exeltis USA, Inc.; Revised 2019 Jun.
4. Teal S, Edelman A. Contraception Selection, Effectiveness, and Adverse Effects: A Review. JAMA. 2021;326(24):2507-2518. <https://jamanetwork.com/journals/jama/fullarticle/2787541>
5. Depo-subQ provera 104 (medroxyprogesterone) prescribing information. New York, NY: Pfizer; Revised 2020 Dec.
6. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 194: Polycystic Ovary Syndrome. Obstet Gynecol. 2018 Jun;131(6):e157-e171. Erratum in: Obstet Gynecol. 2020 Sep;136(3):638.

Wes Moore, Governor

Aruna Miller, Lt. Governor

Laura Herrera Scott, MD, Secretary

OFFICE OF PHARMACY SERVICES

300 West Preston Street
Baltimore, MD 21201

833-325-0105

www.mmpqi.com



Receive electronic copies of
Newsletters at: www.mmpqi.com

CONTACT NUMBERS

- ◆ **Conduent Technical Assistance**
800-932-3918
24 hours a day, 7 days a week
- ◆ **Maryland Medicaid
Pharmacy Access Hotline**
833-325-0105
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

Atypical Antipsychotic Agents: 30-day Emergency Supply

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply. Do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.

To obtain authorization for an emergency supply of an antipsychotic, call Conduent Technical Assistance at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

Earn CE/CME credits with MDH Office of Pharmacy Services!

CONTINUING EDUCATION SEMINARS

For details visit: MMPPI.COM

Live ▪ Virtual ▪ Free

Spring & Fall Events