



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215**

February 17, 2021

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 513 – Cancer Drugs—Physician Dispensing and Coverage – Letter of Opposition

Dear Chair Kelley and Committee Members:

The Maryland Board of Pharmacy (the “Board”) submits this Letter of Opposition for SB 513 – Cancer Drugs—Physician Dispensing and Coverage and respectfully requests an unfavorable report on this bill.

Our opposition to this bill is primarily based on the fact that the treatment and diagnosis of cancer is outside of the physician’s scope of authority. Pharmacists are very familiar with the procedures, supply chain, case management, and methods of cancer drug administration that make them uniquely equipped for the practice of cancer drug administration. In addition, pharmacists are trained to protect their patients from cancer medications and treatments such as chemotherapy by reviewing the patient’s medicine regimen with them and managing dosage based on individual factors such as weight, and vital organ function. Removing this check would place patients at a higher risk for adverse effects. Finally, pharmacists work in teams and are familiar with the information needed by insurance companies to receive approval for insurance claims associated with cancer drug treatment. For more information, please see the attached position paper.

I hope this information is useful. If you would like to discuss this further, please contact me at deena.speights-napata@maryland.gov or the Board’s legislative liaison, Iman Farid, at iman.farid@maryland.gov.

Sincerely,
DEENA SPEIGHTS-NAPATA

Deena Speights-Napata, MA
Executive Director

MARYLAND BOARD OF PHARMACY

2021 SESSION POSITION PAPER

BILL NO: SB/513

COMMITTEE: House Health Government and Operations

Committee POSITION: Opposed

TITLE: Cancer Drugs—Physician Dispensing and Coverage

POSITION AND RATIONALE: Opposed

This bill allows physicians to dispense cancer drugs, including refills, through the mail. This would effectively deprive a vulnerable patient population of the drug utilization review and monitoring services of specialty pharmacists under the current medication delivery model. Just as oncologists are specifically trained and experienced in diagnosing and treating cancer, specialty pharmacists are trained and experienced in the appropriate selection, dosing, monitoring and safe utilization of high-risk cancer medications. This bill relegates the vital component of cancer drug therapy from specialty pharmacists, who are the drug experts, to oncologists who do not have the experience, resources or time to effectively monitor a patient's medication therapy in addition to their existing demanding practice. Ultimately, this bill may cause increased risk to an already vulnerable patient population who, due to their compromised medical conditions, make identification of medication errors or adverse reactions more difficult to identify.

There is an entire section of pharmacy and a complicated existing set of processes and supply chains, that go well beyond simply putting a medication into the patient's hands, dedicated to making sure specialty medications such as the cancer drugs cited here are used appropriately and safely.

- Additionally, specialty pharmacists provide valuable case management to their patients that helps to ensure continued adherence as well as side effect management.

While you may hear anecdotal evidence regarding delays to dispensing certain cancer drugs, please understand that the most common reason for delays is often tied directly to the fact that the pharmacist is going through a comprehensive set of safety checks or awaiting necessary labwork. Although pharmacists always make every effort to provide medication to the patient without delay, a pharmacist may not disregard integral processes intended to ensure the accuracy, appropriateness and safety of these high-risk medications. In other words, they have to make sure that they have the lab work and other supporting documentation to ensure that it is the right medication at the right dose for the patient at that time, and ensure all clinical and administrative documentation is complete so that once the regimen is started, there is no interruption of therapy that could interfere in the effectiveness of the regimen. Furthermore, there is no added convenience to the patient in receiving the medication through the mail from the patient's physicians versus the patient's mail-order pharmacy. Conversely, mail-order pharmacies are specifically operationalized to safely deliver medications and timely respond

to patient medication inquiries, whereas physician practices are not designed nor intended to provide these types of services.

- Safety:

- One of the most valuable services pharmacists provide is protecting our patients from adverse effects of their medications. This service especially comes into play when discussing high-risk medications such as chemotherapy. We look at the patient's entire medication regimen to make sure drugs don't interact with each other. We calculate and verify dosages based on kidney function, liver function, body surface area, and body weight to ensure they are safe for the patient to take at that moment.
- By removing this check we're placing our patients at higher risk for adverse effects.
- Almost all chemotherapy agents are part of Risk Evaluation and Mitigation Strategy (REMS) programs setup by the FDA which have specific requirements that must be met before the medication can be dispensed. Specialty pharmacists have expertise in this area to make sure that each strategy is appropriately followed.
- Specialty pharmacies have established supply chains for obtaining these medications and have processes in place to make sure that the medications are available for patients as they are due for refills. Some of these chemo agents are part of a limited distribution network – providers won't have any better access to these medications than a pharmacy excluded from the network.

- Insurance:

- Most oral chemotherapy medications require a prior authorization from the patient's insurance company before they can be billed successfully and dispensed.
- Specialty pharmacies have teams of pharmacists and technicians who specialize in getting the information necessary to get these approvals from the insurance companies so that the process moves smoothly for the patients.
- Insurance companies may also be very hesitant to allow providers to bill for these high cost medications, without the independent double check that these medications are being used in the most appropriate and safest manner possible. They often have very complex rebate programs in place that allow them to do their best to control the cost of chemo and other specialty medications. Fragmenting the delivery system of these high-risk and high-cost medications can interrupt the rebate structure causing the cost of the medication to increase dramatically and result in delays in patient treatment.

In a time when we're all trying to do everything we can to increase the quality and safety of medication use while at the same time containing the skyrocketing costs of care, the last thing we should be doing is fragmenting the drug dispensing process, eliminating the pharmacist safety

check and coordination of care, and interrupting the complex system of checks and balances that ensures that these medications are used safely and appropriately.

For more information, please contact Deena Speights-Napata, Executive Director at deena.speights-napata@maryland.gov or Iman Farid, Legislative Liaison for the Board, at iman.farid@maryland.gov.

THE VIEWS IN THIS POSITION PAPER DO NOT NECESSARILY REFLECT THE MARYLAND DEPARTMENT OF HEALTH OR THE ADMINISTRATION.