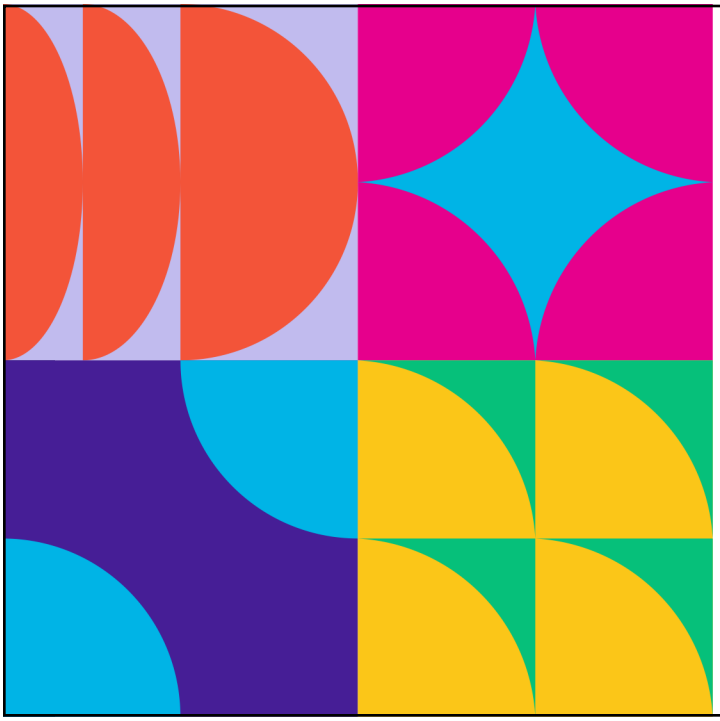


What's New – and What Matters – in Prescriptions, OTCs, and Supplements

Karl Hess, PharmD, MBA

Description

What patients ask about at the pharmacy counter is changing fast—and not all of it is evidence-based. Review the most relevant updates across prescriptions, OTCs, and supplements—and distinguish what matters from hype. Apply practical approaches to address these trends in patient interactions, workflow decisions, and front-end strategy.

Meet the Faculty

Karl Hess, PharmD, MBA

Associate Professor of Pharmacy Practice
Chapman University School of Pharmacy

Karl Hess

Dr. Karl Hess is an Associate Professor of Pharmacy Practice at Chapman University School of Pharmacy (CUSP). Dr. Hess earned his PharmD from the Massachusetts College of Pharmacy and Allied Health Sciences in Boston in 2005. He subsequently completed a PGY1 community pharmacy residency at the University of Southern California in 2006 and a Master of Business Administration from Chapman University in 2026. At CUSP, Dr. Hess course coordinates and lectures on self-care therapeutics, pharmacy practice management, and entrepreneurship/business development. Dr. Hess' areas of academic and research interests include pharmacy operations and management, the development and implementation of community pharmacy services, and self-care therapeutics and is specifically interested in the advancement of community pharmacy practice.

Disclosures

- Karl Hess has no relevant financial relationships with ineligible companies to disclose.
- Karl Hess discloses that AI tools were not utilized for this presentation.
- Karl Hess discloses that the off-label use of medications will be discussed in this course.
- Brand names may be used as examples for educational purposes only. Their inclusion does not constitute endorsement, recommendation, or promotion of any specific product.

Funding for this course was provided by Cencora.

Learning Objectives

Upon completion of this activity, learners should be able to:

- Identify recent developments in prescriptions, OTCs, and supplements relevant to community pharmacy practice.
- Differentiate evidence-based therapies from hype-driven trends using evaluation criteria.
- Assess safety considerations associated with new therapies and products.
- Apply effective approaches to address patient questions about medications, supplements, and wellness trends.
- Select strategies for evaluating and incorporating new products into pharmacy workflow decisions or front-end positioning.

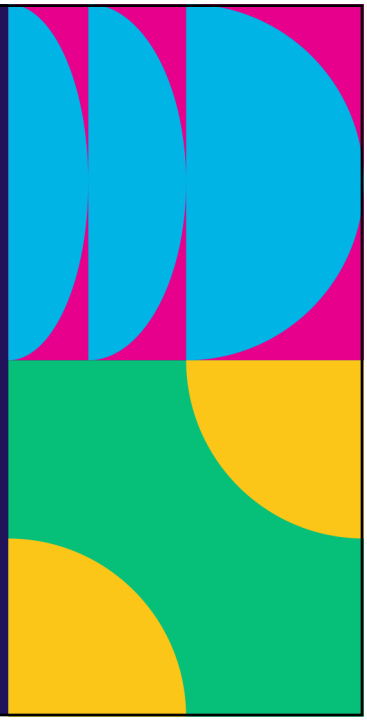
Selected Trends Across Prescriptions, OTCs, and Supplements

- GLP-1/GIP Therapies
- Hormone Replacement Therapy (HRT) Revisited
- Cannabis Revisited
- Influence of Social Media; Dietary Supplements

GLP-1: glucagon-like peptide-1
GIP: glucose-dependent insulinotropic polypeptide

ThoughtSpot | CEimpact

GLP-1/GIP Therapies



Trend 1: GLP-1/GIP Therapies

Drug	Type 2 Diabetes	Weight Loss Indication	CV Indication	Other Indication
Exenatide IR (Byetta)	Yes	No	No	
Exenatide ER (Bydureon)	Yes, 10 yrs and older	No	No	
Dulaglutide (Trulicity)	Yes, 10 yrs and older	No	Yes	
Liraglutide (Victoza)	Yes, 10 yrs and older	No	Yes	
Liraglutide (Saxenda)	No	Yes, 12 yrs and older	No	
Semaglutide (Ozempic)	Yes	No	Yes	CKD
Semaglutide (Wegovy)	No	Yes, 12 yrs and older	Yes	MASH
Oral Semaglutide (Rybelsus)	Yes	No	Yes	
Tirzepatide (Mounjaro)	Yes	No	No	
Tirzepatide (Zepbound)	No	Yes	No	Sleep Apnea

Note: Chart reflects products included in the cited source and may not include all currently available GLP-1/GIP formulations.

- Incretin hormone agonists approved for diabetes; expanded indications for:
  - Cardiovascular (CV) prevention
  - Obesity
  - Other conditions (see chart)
- Injectable due to poor bioavailability with daily or weekly administration
- Typical side effects:
  - Nausea/vomiting/diarrhea (may lead to acute kidney injury), dizziness, headache, injection site reactions
  - GI side effects ∝ weight loss
  - Tirzepatide frequently associated with injection site reactions
- Low risk of hypoglycemia

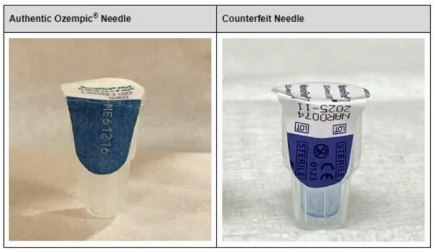
CKD: chronic kidney disease; MASH: metabolic dysfunction-associated steatohepatitis
Diabetes Education Services 2025; Collins L, Costello RA 2026.

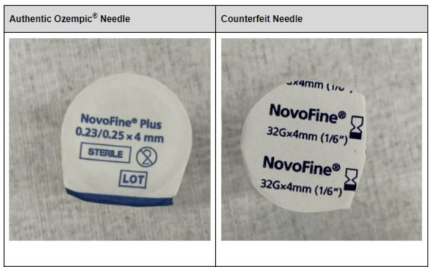
Trend 1: GLP-1/GIP Therapies

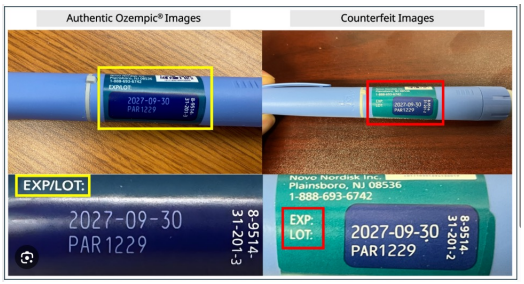
- Rise of Direct-to-Patient (DTP) program
  - Popularity of these medications
  - Telehealth services post-COVID
  - Convenient, discreet ways to access
  - Lower costs vs. Rxs
- Variability in DTP offerings
  - Delivery
  - Insurance support/coverage
  - Compounded versions, including microdosing
  - Clinical support (labs, side effect management, behavioral/nutritional support)
- Red flags with DTP programs
  - Asynchronous interactions with providers
  - Lack of lab testing
  - Lack of quality control (compounded meds)
- Other issue with GLP-1s: possible fake or counterfeit medications
  - Open seals, misspellings, off-colors, poor print quality, odd fonts
  - Lack of manufacturer logo/seal
  - Incorrect pen and needle for product

US News and World Report 2026

Trend 1: GLP-1/GIP Therapies







FDA 2025

Trend 1: GLP-1/GIP Therapies

- Retrospective review of Federal Adverse Event Reporting System (FAERS) from 2018 to 2024
  - Compounded GLP-1s associated with more adverse drug reactions (ADRs), safety concerns, and quality issues compared to non-compounded products
  - Liraglutide, semaglutide, and tirzepatide included in analysis
- Compounded product ADRs
  - Abdominal pain (2.84 OR), diarrhea (1.59 OR), nausea (1.27 OR), suicidality (6.34 OR), cholecystitis (3.39 OR)
- Compounded product errors and quality issues
  - Preparation errors (48.92 OR), prescribing errors (4.46 OR), contamination (19 OR), manufacturing issues (8.51 OR)
  - Administration errors (0.29 OR), dosing errors (0.24 OR)
- Administration resulting in hospitalization was higher for compounded products (2.35 OR)
- Importance of cautious prescribing, rigorous quality standards, and patient monitoring/counseling

McCall KL, et al. *Expert Opinion on Drug Safety* 2026.

Trend 1: GLP-1/GIP Therapies

- Interchanging:
  - Semaglutide 14 mg PO ≈ semaglutide 0.5 mg SUBQ ≈ dulaglutide 1.5 mg ≈ liraglutide 1.8 mg ≈ tirzepatide 2.5mg
- If switching from one product to another; consider:
  - Time on stable therapy
  - Presence of GI ADRs with prior therapy
  - Relative dose of prior therapy
- Counseling
  - Transient GI ADRs may still occur
  - Reducing food portions and fat intake may reduce GI risks
- **No** standard dose equivalence between products

Piszczatoski CR, Pharmacy Today May 2026. Kalyani R, et al. *JAMA* 2025; 334(11)

Trend 1: GLP-1/GIP Therapies

Indication	Example Insurance Documentation Requirements	
Type 2 Diabetes	• Current A1C or prior A1C >6.5% (venous sample preferred) or other glycemic data • Prior/current medications utilized • Prior medication (metformin) intolerance/allergy noted, if appropriate	
CV Risk Reduction	• BMI/weight • Prior/current medications utilized • Prior medication intolerance/allergy/ contraindication noted, if appropriate • Cardiac-related comorbidities/risk factors and status, if present	• Imaging/labs demonstrative of cardiac conditions/risks • Risk estimation tools with scoring and category • Statement that ordering user is either a specialist in the condition's field of interest or has consulted a specialist in this field • Statement that lifestyle modifications for both diet and exercise components have been maximized
Weight Loss	• Current weight/BMI • Prior/current medications utilized • Prior medications intolerance/allergy/ contraindication noted, if appropriate	• Weight-related comorbidities and status, if present • Cardiovascular event history, if present • Statement that patient is enrolled in a chronic weight management program involving lifestyle modifications for both diet and exercise components

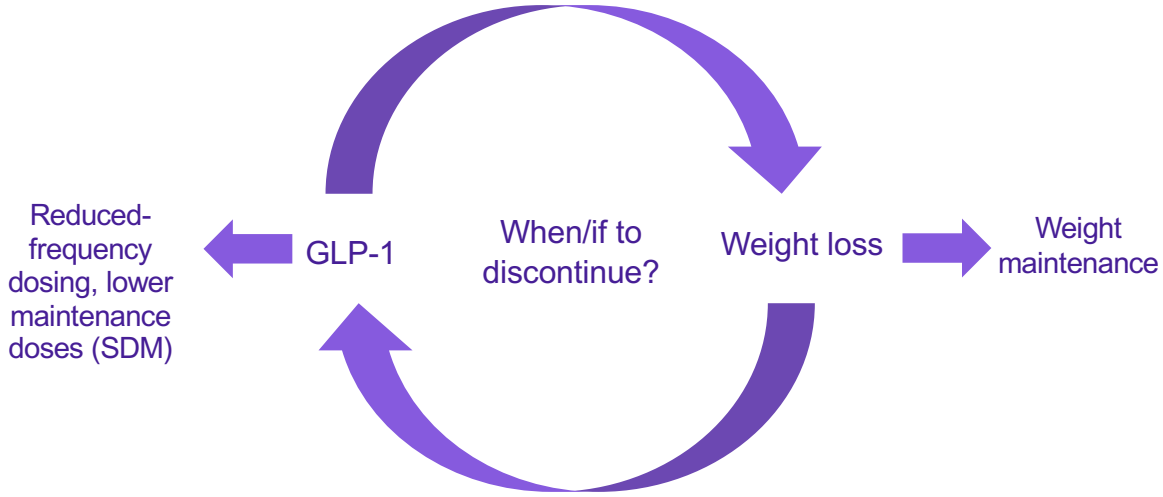
Piszczatoski CR, Pharmacy Today May 2026. Kalyani R, et al. *JAMA* 2025; 334(11)

ThoughtSpot | CEimpact

Reflection Question:

Should GLP-1/GIP therapies ever be discontinued for weight loss?

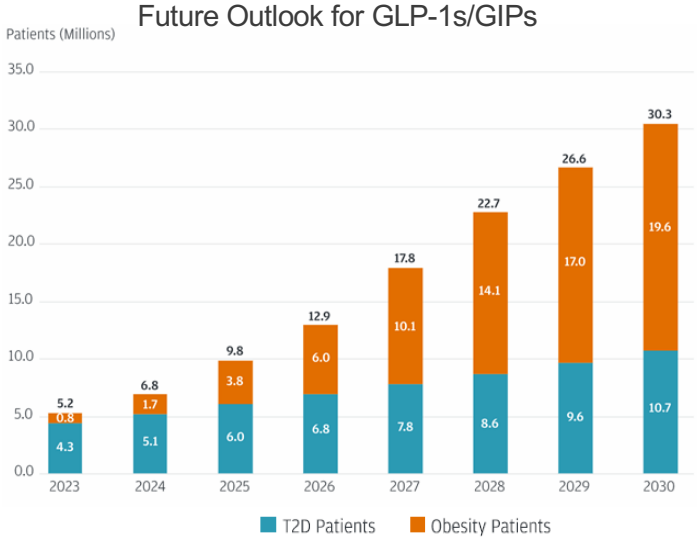
Trend 1: GLP-1/GIP Therapies



SDM: Shared Decision Making
Piszczatoski CR, Pharmacy Today May 2026.

Trend 1: GLP-1/GIP Therapies

Future Outlook for GLP-1s/GIPs



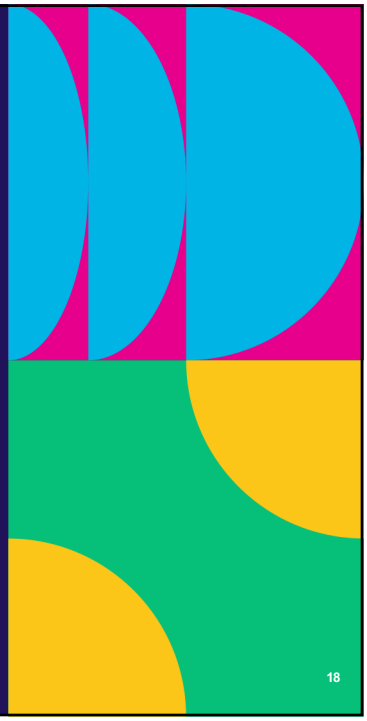
- Tirzepatide most commonly prescribed (diabetes, obesity)
- Semaglutide Rxs increasing (obesity)
- Class growth drivers
  - Introduction of generics
  - New formulations
    - Oral semaglutide (Wegovy)
    - Oral orforglipron (Foundayo)
  - Medicare Bridge Program
    - Foundayo
    - Wegovy (injectable and PO)
    - Zepbound (KwikPen)

ThoughtSpot | CEimpact 17

JP Morgan Chase 2026; Gratzl S, et al March 2026

ThoughtSpot | CEimpact

Hormone Replacement Therapy Revisited



18

Trend 2: Hormone Replacement Therapy Revisited

- 1.3 million women in the U.S. transition into menopause annually
  - HRT helpful for vasomotor, genitourinary, sleep, cognition symptoms associated with transition (~80% of women symptomatic; 30% severe symptoms)
  - Increased HRT use fueled by observational data showing cardioprotective effects, reduced deaths
- Boxed warnings developed following the Women's Health Initiative (WHI) revealed risks > benefits
  - Risk of breast cancer, heart attack, stroke, and probable dementia in women ages 50-79
  - Oral conjugated equine estrogens 0.625 mg plus medroxyprogesterone acetate 2.5 mg
- Resulted in a decline in usage among postmenopausal women, 27% (1999) → 5% (2020)
  - Estrogen-only therapies (53%)
  - Estrogen/progestogen (36%)
  - Progestogen only (11%)

Yang L, Toriola AT. *JAMA Health Forum* 2024; 5(9); Zeeshan FNU, Saqlain A. *Annals of Medicine and Surgery* 2026.

Trend 2: Hormone Replacement Therapy Revisited

- Original WHI findings often overgeneralized, led to widespread HRT avoidance
  - Increased risk of breast cancer subsequently attributed to medroxyprogesterone, not in common use today
  - Later estrogen use, when arteries narrow and harden, not considered in WHI
- Secondary analysis of WHI data revealed:
  - Cardiovascular effects become significant depending on initiation of menopause and age
- Led to "timing hypothesis"
  - Among women 50-59 with vasomotor symptoms: HRT beneficial and no increased risk of CVD
  - Among women ≥70: HRT increased CVD risk despite benefit from HRT
  - Symptomatic relief with combined estrogen-progestin therapy declined with age
- Women in their 60s represent an intermediate group
  - Risks and benefits become individualized
  - Represents an opportunity for shared decision making (SDM)

Schweitzer K. *JAMA* 2025; 334(15); Makary MA, et al. *JAMA* 2026; 335(12)

Trend 2: Hormone Replacement Therapy Revisited

FDA NEWS RELEASE

HHS Advances Women's Health, Removes Misleading FDA Warnings on Hormone Replacement Therapy

For Immediate Release: November 10, 2025

The U.S. Department of Health and Human Services (HHS) today announced historic action to restore gold-standard science to women's health. After more than two decades of fear and misinformation surrounding hormone replacement therapy (HRT), the U.S. Food and Drug Administration (FDA) is initiating the removal of broad "black box" warnings from HRT products for menopause.

- FDA removing boxed warnings from:
  - All combined estrogen-progestin
  - Estrogen alone
  - Other estrogen containing
  - Progestin only
- Applies to:
  - CVD, stroke, breast cancer, and probable dementia warnings
- Exception:
  - Endometrial cancer with unopposed estrogen in women with a uterus
- Labeling focus on individualized treatment decisions (SDM), timing of initiation

FDA 2025; Makary MA, et al. *JAMA* 2026; 335(12)

Trend 2: Hormone Replacement Therapy Revisited

	ACOG (2014)	NAMS (2022)	AHA (2023)	AACE/ACE (2017)
Indication	Menopausal symptoms	Menopausal symptoms	Menopausal symptoms	Menopausal symptoms
Considerations	--	Age of HRT initiation and menopause start, years of treatment, (attention to type, dose, route of administration)	Preference for initiation at <60 years or within 10 years of menopause	Age of HRT initiation and menopause start, years of treatment, CVD risk factors, and known ASCVD
Dosing and administration	Lowest effective dose	Appropriate dose to manage symptoms, individualized	Lowest effective dose, transdermal preferred over oral	Lowest effective dose
Duration of therapy	Shortest time to alleviate symptoms	Shared decision making based on risk/benefit, periodic reevaluation	--	<5 years with dose reductions when able
CVD Prevention?	No	No	No	No

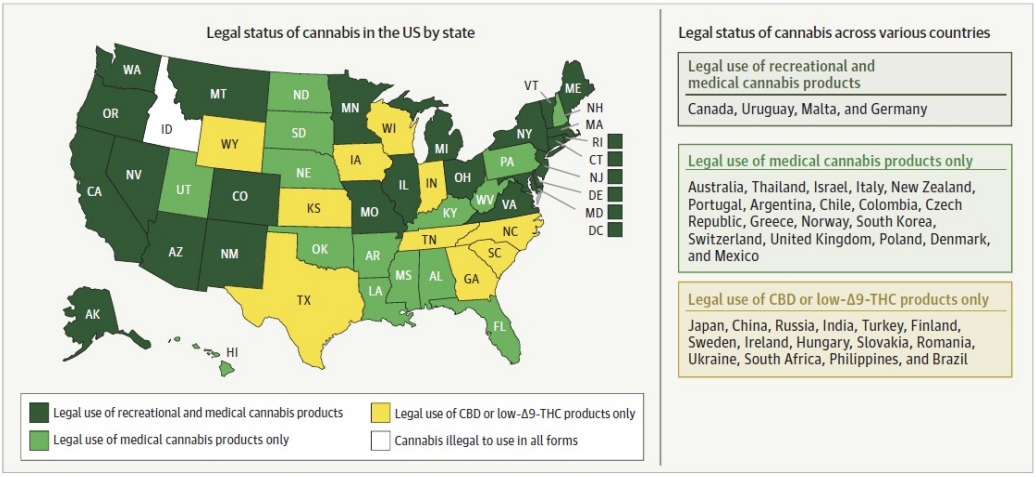
ACOG (American College of Obstetrics and Gynecology); NAMS (North American Menopause Society); AHA (American Heart Association); AACE/ACE (American Association of Clinical Endocrinology/American College of Endocrinology); ASCVD: atherosclerotic cardiovascular disease

Schwartz AM, et al. *Endocrine Practice* 2025; 31.

ThoughtSpot | CEimpact

Cannabis Revisited

Trend 3: Cannabis Revisited



ThoughtSpot | CEimpact 24

Hsu M, et al. *JAMA* 2026; 335(4).

Trend 3: Cannabis Revisited

Highlights From Executive Order

- Growing evidence for chronic pain
- 40 states plus D.C. have medical programs
  - 6 million patients
  - 30,000 providers
- Directs Attorney General to expedite the rescheduling of cannabis from Schedule I to III
- Aims to expand research on medical cannabis and cannabidiol
  - Patient care
  - Prescribing practices
  - Standards of care

The White House 2025.

Trend 3: Cannabis Revisited

Cannabis (As Schedule I)	Cannabis (As Schedule III)	Potential Patient Impact with Move to CIII	Possible Misconceptions and Roles/Education
No acceptable medical use	Some acceptable medical uses	Expanded evidence-based uses, possible new indications	Patient Misconceptions: • All cannabis is FDA-approved • Cannabis is 100% safe • Pharmacies will immediately dispense it now
Production, distribution, and possession illegal other than specific/limited research	Fewer restrictions = ↑ number and diversity of studies		
Requires an Investigational New Drug (IND) application; products available for research don't mirror retail availability	No IND required, reduces restrictions on where cannabis is purchased for study	Potential development of new FDA-approved products	RPh Educational Roles: • DEA scheduling • FDA approval process • State cannabis laws • Current evidence-based therapeutic uses
Reduces external validity of studies	Improves external validity of studies	Greater integration into the healthcare system as acceptable products	

Collins RL, et al. *J Stud Alcohol Drugs* 2025; 86(1)

Trend 3: Cannabis Revisited

Select Patient Uses (Not FDA-Approved)	Notes	Patient-Reported Prevalence
Chronic noncancer pain	• IASP, ACP, CRA recommend against use of cannabinoids • Dronabinol, nabilone may reduce pain severity • ACP, CRA recommend against inhaled cannabis	48% use for pain management
Cancer pain	ASCO states there is insufficient evidence to recommend for or against use of cannabis or cannabinoids	25-40% undergoing chemotherapy*
Spasticity due to multiple sclerosis	AAPM&R suggests further study before recommending cannabis or cannabinoids	20-36% to manage symptoms*
Insomnia	• WSS and KP insomnia guidelines do not recommend cannabis or cannabinoids • Meta-analysis found oral cannabinoids may cause small improvement in sleep quality and sleep disturbance	• 45% use to help fall asleep • 45% use to improve sleep quality
Dementia	• RCTs suggest that cannabis and cannabinoids have no effect on prevention or treatment of dementia; insufficient evidence for behavioral or psychological symptoms	Not reported
Psychiatric	• APA and ASAM recommend against use of cannabis or cannabinoids for any psychiatric disorder; may exacerbate/precipitate (psychosis, suicidality in depression) • VA/DoD strongly recommend against use of cannabis or cannabinoids for PTSD	52% use for reducing anxiety

AAPM&R: American Academy of Physical Medicine and Rehabilitation; ACP: American College of Physicians; APA: American Psychiatric Association; ASAM: American Society of Addiction Medicine; ASCO: American Society of Clinical Oncology; CRA: Canadian Rheumatology Association; IASP: International Association for the Study of Pain; KP: Kaiser Permanente; PTSD: Post-Traumatic Stress Disorder; RCT: Randomized Controlled Trial; VA/DoD: Veterans Affairs/Department of Defense; WSS: World Sleep Society

Hsu M, et al. *JAMA* 2026; 335(4); Flowhub 2026; *Google

Trend 3: Cannabis Revisited

Cannabinoid	Schedule	FDA-Approved Indication(s)	Dosing	ADRs	Drug-Drug Interactions (DDIs)
Cannabidiol (CBD solution)	Not scheduled	Dravet syndrome, Lennox-Gastaut Syndrome, tuberous sclerosis	2.5 mg/kg BID Max: 20 mg/kg	Diarrhea, increased ALT/AST, rash	Avoid use/caution with sedating medications (benzodiazepines, opioids, antidepressants) Strong CYP3A4 inhibitors (e.g., ketoconazole) CYP3A4 inducers (e.g., rifampicin) CYP2C19/ CYP3A4/CYP2D6 inhibitors and CBD products
Dronabinol (synthetic THC)	II (oral solution)	HIV/AIDS-induced anorexia	2.5 mg BID	Dose-related high	
	III (capsule)	CINV	5 mg 1-3 hours prior to chemo, followed by 5 mg every 2-4 hours (4-6 doses/day)	Abdominal pain, nausea/vomiting, dizziness, somnolence, paranoia	
Nabilone (CB1 agonist)	II	CINV	1-2 mg BID Max: 6 mg	Vertigo, drowsiness, xerostomia, ataxia, euphoria, sleep disturbances, dysphoria, headache	

CINV: Chemotherapy-induced nausea and vomiting; THC: Tetrahydrocannabinol

Hsu M, et al. *JAMA* 2026; 335(4)

ThoughtSpot | CEimpact

Influence of Social Media Dietary Supplements

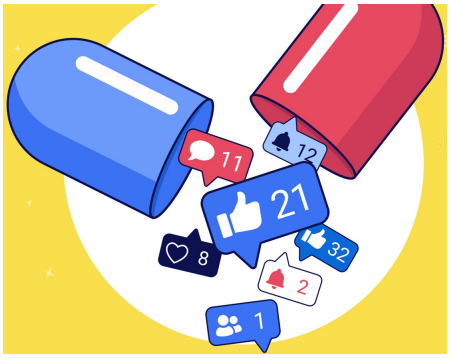
ThoughtSpot | CEimpact

Reflection Question:

How would you handle a patient seeking a product they saw on social media from an influencer?

Social Media's Influence on Patient and Provider Decisions

- Potential impact
  - Risk of misinformation from influencers
  - Spread of misinformation is amplified
  - Minimal enforcement from weak oversight
- Examples
  - Chantelle Knight (100K Instagram followers)
  - Khloe Kardashian (300M Instagram followers)
  - Dr. Eric Berg, DC (14M YouTube followers)
  - Ellie Grey (200K Instagram followers)
- Effects
  - 69% of patients inquired about medication after seeing it on social media
  - 61% of providers prescribed the specific medication



Gell S, et al. *JAMA Open Network* 2026; 9(3); Heiss R, et al. *BMJ* 2025; 391; NORC at The University of Chicago 2025.

Trend 4: "I Saw This On TikTok…"

Product	Patient Use	Supportive Evidence*	Dosing (Patient Use)	ADRs	DDIs
Berberine	Weight loss (aka "nature's Ozempic")	Diabetes Hypertension Hyperlipidemia Others (Insufficient evidence to rate for obesity)	300-1500 mg daily	GI: nausea/ vomiting/ diarrhea, gas	CYP3A4 inhibitor (weak) Additive effects with diabetes (DM) meds
Ashwagandha	Stress Anxiety Sleep	Generalized anxiety disorder (GAD) Insomnia Stress	1 g daily (GAD) 250-600 mg QHS (insomnia) 240 mg-1 g daily (stress)	GI: nausea/ vomiting/ diarrhea	May increase sedative effects of CNS-active meds
Creatine	Athletic performance Muscle growth Cognition	Athletic performance Muscle growth	Loading dose: 20 g daily x 5-7 days Maintenance dose: 5 g daily (For both uses)	Dehydration, diarrhea, cramps, water retention	--

*Conditions for which product could be recommended

Natural Medicines Database

Trend 4: "I Saw This On TikTok…"

Product	Patient Use	Supportive Evidence*	Dosing (Patient Use)	ADRs	DDIs
L-Theanine	Sleep Reducing cortisol	Cognitive function (Insufficient evidence to rate for insomnia)	50-200 mg QHS	Drowsiness, headache	May increase sedative effects of CNS-active meds
Glycine	Sleep	Negative symptoms of schizophrenia (adjunct therapy) (Insufficient evidence to rate for insomnia)	3 g QHS	Generally well tolerated	May reduce effectiveness of clozapine
Magnesium	Sleep Reducing cortisol	Supplementation (Evidence for insomnia is conflicting)	500-729 mg daily (magnesium oxide)	Nausea/vomiting/ diarrhea, GI upset	May reduce the absorption of many meds (e.g., antibiotics, carbidopa/levodopa)

*Conditions for which product could be recommended

Natural Medicines Database

Trend 4: "I Saw This On TikTok…"

Product	Patient Use	Supportive Evidence*	Dosing (Patient Use)	ADRs	DDIs
Lion's Mane Mushroom	Memory	Insufficient evidence to rate for any use	3.2 g daily for 1-3 months (cognition)	Generally well tolerated GI discomfort, nausea	Additive effects with anticoagulants, DM meds
Shiitake Mushroom	Focus	Insufficient evidence to rate for any use	3-6 g daily (cancer)	GI discomfort, nausea/vomiting/ diarrhea, bloating	Induces CYP2D6 Decreased effect of immunosuppressants
Turkey Tail Mushroom	Cognitive function	Adjunct to chemotherapy (polysaccharide krestin)	1-3.6 g daily for 24-36 months (cancer)	GI discomfort Liver dysfunction Palpitations	Inhibits CYP2C9 Additive effects with DM meds
Reishi Mushroom	Well-being	Insufficient evidence to rate for any use	1 g daily for 30 days (well-being)	Dizziness, dry mouth, nausea/GI upset	Additive effects with anticoagulants, BP meds, DM meds
Cordyceps Mushroom	Energy Cancer	Insufficient evidence to rate for most uses Possibly ineffective for athletic performance	3 g daily for 5-12 weeks (athletic performance)	Abdominal discomfort, constipation, diarrhea	Additive effects with anticoagulants, testosterone

*Conditions for which product could be recommended

Natural Medicines Database

Trend 4: "I Saw This On TikTok…"

"Likely Effective Products" According to Natural Medicines Database (NMD)

Condition*	Supplement	Comments
Anxiety	Ginkgo	240 or 480 mg EGb 761 extract daily for 4 weeks
	Kava	150-400 mg standardized to 70% kavalactones daily for 5 weeks
	Lavender	Essential oil capsules 80-160 mg daily, 500-1500 mg dried flower BID, or aromatherapy over 30 minutes
	Passionflower	400 mg dried flower BID for 2-8 weeks
Stress	Essential oils (aromatherapy)	Unclear which specific oils are best
	Lemon balm	300-600 mg as a single dose added to food or drink
Memory	Rosemary	500 mg twice daily for 1 month
	Tyrosine	150-300 mg/kg x1 prior to acute stressors

*Melatonin rated as "possibly effective" for sleep

NMD Criteria

- Evidence from 2 or more RCTs/meta-analysis
- Several hundred patients enrolled
- Low risk of study bias
- High level of validity
- Evidence is consistently positive without significant evidence otherwise

Natural Medicines Database

Trend 4: "I Saw This On TikTok…"

- A word about dietary supplements…
  - Regulated under DSHEA; foods > medicine
  - Not intended to diagnose, cure, or treat a medical disease or condition
  - Structure/function claims
  - Manufacturers are responsible for the safety/efficacy of their products; data not submitted to FDA
  - Manufacturers must follow Good Manufacturing Practices (GMPs)
  - Exception: new dietary ingredients (NDIs), but there is no authoritative list of these ingredients

- Role of the technician (and pharmacist)
  - Talk to your patients:
    - Be skeptical about testimonials
    - "Natural" doesn't mean safe
    - Seek out reliable sources of information
    - Look for USP, NSF seal

DSHEA: Dietary Supplement Health and Education Act of 1994
Tsourounis C, Dennehy C. APhA OTC - Complementary Therapies, 2024.

What About Over-The-Counter Medications?

- Currently, medications are designated as OTC based on:
  - Patients' ability to self-diagnose
  - Patients' ability to self-treat (following Drug Facts Label)
  - Medications are used for limited indications for a defined period of time according to monograph

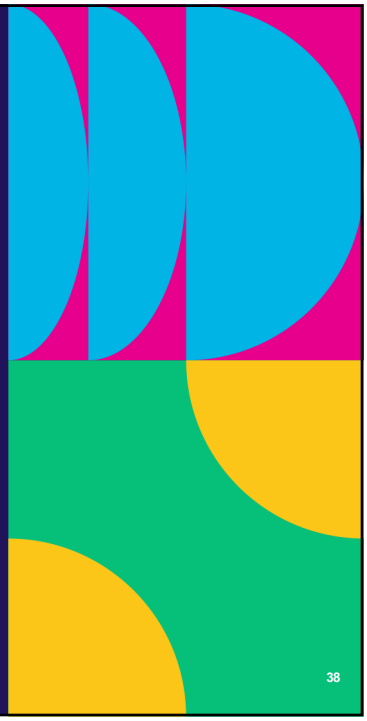
- Additional Conditions of Nonprescription Use (ACNU)
  - Rx medications available OTC when certain criteria are met
  - Not a true Rx-to-OTC switch
  - Requires manufacturer to demonstrate additional safety criteria met beyond Drug Facts Label
    - Patient questionnaire
    - App
    - Affirmation about watching a video
    - RPh, technician role?

- Possible examples:
  - Antibiotics, insulin/metformin, statins, PDE-5 inhibitors, estrogen-based oral contraceptives
  - No product currently has an approved ACNU pathway

Dunn A, et al 2025

ThoughtSpot | CEimpact

Practice Pearls



To S.T.O.C.K. Or Not To S.T.O.C.K.?

S.T.O.C.K. is a practical framework to help evaluate new medications, supplements, and general trends or consumer hype. It considers the **Science, Trend relevance, Operational fit, Commercial value,** and whether to **Keep the product or not** based on the science and operational considerations in community pharmacy.

	Science	**T**rend Relevance	**O**perational Fit	**C**ommercial Value	**K**eep?
GLP-1/GIP Therapies	DM, CV, obesity, other FDA-labeled indications	High demand (oral) DTP/telehealth Social media	Storage (injectables) PA/insurance issues Injection training Counterfeit meds	Traffic driver Patient expectation (?) Low margins	Keep – high relevance to current practice
HRT	Menopause symptom management (timing hypothesis)	Growing with recent FDA label changes	Individualized risk-benefit counseling Physician consults	Relevant for older populations	Keep – opportunity for SDM
Cannabis	More research coming with CIII status FDA indications for limited conditions	High public interest, expected to increase with CIII rescheduling	Counseling complexity with current Rx products (e.g., DDIs, legal issues, misconceptions) **(tech role w/CBD)**	Front end wellness CBD products FDA products may be minimally dispensed in pharmacies	Selective CBD products (COA link on product) Possible BTC items Order current Rx products PRN
Supplements*	Ashwagandha	High social media, wellness exposure	Front-end OTC section **(tech role)**	Possibly higher margins	Keep; with education
	Creatine	Established in body-building community	Front-end OTC section **(tech role)**	Opportunity for new sales	Keep; strong evidence-base

BTC: Behind-the-counter; COA: Certificate of Analysis
*Additional conditions exist to stock supplements for; e.g. magnesium for general dietary intake

How to Say and What to Say to Patients?

- Communication Strategies
  - Motivational Interviewing (MI)
  - Teach-Back Method
  - Shared Decision Making (SDM)
  - Indian Health Service (IHS) Model

Joint Commission of Pharmacy Practitioners

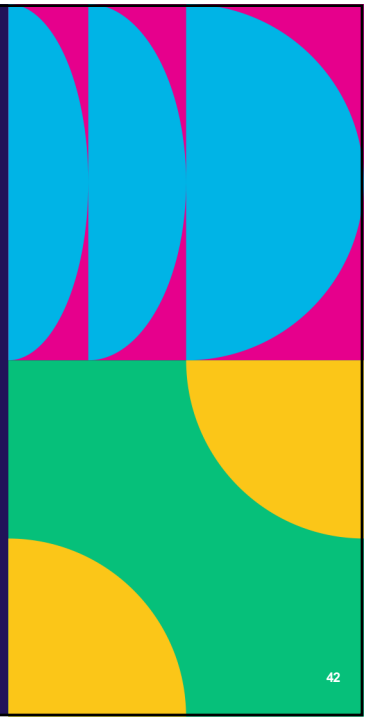
- Unified model
  - Start with IHS: "What do you already know?"
  - Use MI techniques: "What are you hoping this will do for you?"
  - Apply SDM: "Here are your options, let's choose together"
  - Close with teach-back: "Just to make sure I explained it well…"

Key Takeaways

- GLP-1/GIP therapies are growing in popularity; perhaps more so with oral dosage forms. Counsel on appropriate use and storage, warnings with DTP programs/compounding, and possible counterfeit products.
- HRT prescriptions may be increasing, counsel on risk vs. benefit and appropriate use. Great SDM model for pharmacists.
- More research on cannabis is coming. For now, limited prescription medications for limited indications. Recreational cannabis is not coming to a pharmacy near you anytime soon.
- Lots of supplements are easily available, but safety/efficacy may be questionable, and social media is not an evidence-based drug information resource. ACNU pathway may create opportunities in community pharmacy with operations and role expansions for pharmacists and technicians.
- Technicians are often the first points of contact in the pharmacy for patient questions; opportunity for added training/role expansion. Possible community health worker role (?)

ThoughtSpot | CEimpact

What is one next step you will apply in your practice as a result of this session?



Questions?

References

1. Diabetes Education Services. Indications for GLP-1/GIP RA Summary Sheet and Beyond. Accessed June 5, 2026. https://diabetesed.net/indications-for-glp-1-gip-ra-summary-sheet-and-beyond/
2. Collins L, Costello RA. Glucagon-like peptide-1 receptor agonists. In: StatPearls. StatPearls Publishing; updated February 29, 2024. Accessed June 5, 2026. https://www.ncbi.nlm.nih.gov/books/NBK551568/
3. US News & World Report. 15 Top GLP-1 Weight Loss Medication Providers in 2026. Accessed June 5, 2026. https://health.usnews.com/best-diet/medication/top-glp-1-weight-loss-medication-providers
4. US News & World Report. 5 Tips for Spotting Fake Ozempic and Wegovy. Published 2026. Accessed June 5, 2026. https://health.usnews.com/wellness/articles/how-to-spot-fake-ozempic
5. US Food and Drug Administration. FDA warns consumers not to use counterfeit Ozempic (semaglutide) found in U.S. drug supply chain. Published 2023. Accessed June 5, 2026. https://www.fda.gov/drugs/drug-alerts-and-statements/fda-warns-consumers-not-use-counterfeit-ozempic-semaglutide-found-us-drug-supply-chain
6. McCall KL, et al. Safety analysis of compounded GLP-1 receptor agonists: a pharmacovigilance study using the FDA adverse event system. Expert Opin Drug Saf. 2026; 25(3): 581-8
7. Piszczatoski CR. GLP-1 Innovations: Guidance for Pharmacist Practice. Pharmacy Today. May 2026
8. Kalyani RR, et al. Diagnosis and Treatment of Type 2 Diabetes in Adults. JAMA. 2025;334(11): 984-996
9. JPMorgan Chase. How Demand for (and Supply of) Weight Loss Drugs Is Playing Out in 2026. Published 2026. Accessed June 5, 2026. https://www.jpmorgan.com/insights/global-research/current-events/obesity-drugs
10. Gratzl S, et al. Monitoring Report: GLP-1 RA Prescribing Trends, March 2026 Data. Published 2026. Accessed June 5, 2026. https://www.medrxiv.org/content/10.1101/2025.03.06.25323524v6

References

11. Yang L, Toriola AT. Menopausal hormone therapy use among postmenopausal women. JAMA Health Forum. 2024;5(9): e243128. doi:10.1001/jamahealthforum.2024.3128
12. Zeeshan FNU, Saqlain A. FDA's 2025 removal of black box warnings on menopausal hormone therapy. Ann Med Surg 2026; 88: 2222-3
13. Schweitzer K. New analysis of womens health initiative data aims to clear the air over menopausal hormone therapy. JAMA 2025; 335(15): 388-390
14. Makary MA, et al. Updated labeling for menopausal hormone therapy. JAMA. 2026; 335(12): 117-8
15. US Department of Health and Human Services. HHS Advances Women's Health, Removes Misleading FDA Warnings on Hormone Replacement Therapy. Published 2026. Accessed June 5, 2026. https://www.fda.gov/news-events/press-announcements/hhs-advances-womens-health-removes-misleading-fda-warnings-hormone-replacement-therapy
16. Schwartz AM, et al. Menopause hormone therapy: 30 years of advances and controversies. Endocr Pract. 2025; 31: 1642-48
17. Hsu M, et al. Therapeutic use of cannabis and cannabinoids a review. JAMA. 2026; 335(4): 345-59
18. The White House. Increasing Medical Marijuana and Cannabidiol Research. Published December 2025. Accessed June 5, 2026. https://www.whitehouse.gov/presidential-actions/2025/12/increasing-medical-marijuana-and-cannabidiol-research/
19. Collins RL, et al. Effect of the federal governments move to reschedule cannabis: a commentary. J Stud Alcohol Drugs. 2025; 86(1): 8-12
20. Flowhub. Cannabis Industry Statistics. Accessed June 5, 2026. https://www.flowhub.com/cannabis-industry-statistics

References

21. Google. Accessed June 5, 2026. https://www.google.com
22. NORC at the University of Chicago. From Scrolling to Script: The Growing Influence of Prescription Drug Ads on Social Media. Accessed June 5, 2026. https://www.norc.org/research/library/from-scrolling-to-script-the-growing-influence-of-prescription-drug-ads-on-social-media.html
23. Gell S, et al. Prescription drug promotion by social media influencers. JAMA Netw Open. 2026;9(3): e262738. doi:10.1001/jamanetworkopen.2026.2738
24. Heiss R, et al. Responding to public health challenges of medical advice from social media influencers. BMJ 2025; 391: e086061. http://doi.org/10.1136/bmj-2025-086061
25. Natural Medicines. Natural Medicines Database. Accessed June 5, 2026.
26. Tsourounis C, Dennehy C. Complementary therapies. In: APhA Handbook of Nonprescription Drugs. American Pharmacists Association 2024.
27. Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. Accessed June 5, 2026. https://jcpp.net/patient-care-process/
28. Dunn A, et al. A Look at FDA's Plans to Establish New OTC Drug Category. Skadden, Arps, Slate, Meagher & Flom LLP. January 2025. Accessed June 5, 2026. https://www.skadden.com/-/media/files/publications/2025/01/a_look_at_fdas_plans_to_establish_new_otc_drug_category.pdf?rev=d42c2b192d3544eead3d6e3532b7d84e
29. Green JL, et al. Prevalence of over the counter and prescription medication use in the US. JAMA Netw Open. 2026; 9(2): e2559479. doi:10.1001/jamanetworkopen.2025.59479