MSHP BULLETIN

Maine Society of Health -Systems Pharmacists

1 February, 2015 Volume 1, Issue 1

Inside this issue:

Special points of interest:

- Welcome to our new Newsletter!
- Send ideas for articles and any feedback to Nathan A. Cookson (contact info on last page)
- Put the MSHP annual meeting on your calendar today! April 4th to April 6th at Sugarloaf

IMPROVE-IT

By Lindsay Robusto, Pharm.D. Candidate 2016, UNE

IMPROVE-IT found modest benefit for ezetimibe

The IMPROVE-IT trial illustrated the benefits of non-statin lipid-lowering therapy in secondary prevention. The study had three major goals: to determine if lowering LDL-C with a non-statin agent (ezetimibe) reduces cardiac events, if targeting an even lower LDL-C is better, and to test the safety of ezetimibe.

The primary endpoints of the study were CV death, MI, hospital admission for unstable angina, coronary revascularization (≥ 30 days after randomization), or stroke. Patients were randomized into two arms to receive either ezetimibe 10 mg/simvastatin 40 mg arm or simvastatin 40mg.

The primary endpoint was significantly lower in the ezetimibe/simvastatin arm compared to the simvastatin arm. This trial is the first to show clinical benefit in reducing CV events when adding a non-statin agent (ezetimibe) to statin therapy. It also affirmed that lowering LDL-C even further than guidelines is beneficial in reducing CV events. There was also no difference in safety profile for either arm, confirming the safety of ezetimibe in this patient population.

ACA/AHA guidelines published in 2013 recommend *high-intensity* statin therapy for patients with clinical ASCVD, meaning the results of this trial may not be relevant to this large patient population. Despite this, we can expect future guidelines to take this trial into account for high-risk patients requiring lipid-lowering therapy for secondary prevention.

From the Board of Directors

By Nathan A. Cookson, Pharm.D.

Thank you for reading this first publication of our new MSHP newsletter! We hope to publish this letter quarterly to keep you, our esteemed membership, abreast of all the goings-on in MSHP, as well as offer informational tidbits and interesting pieces of pharmacy news.

To that end, we have enlisted the aid of students from both schools of pharmacy, and received submissions from clinical pharmacists across the state. If you or someone you know would like to contribute an article please contact me!

I hope you enjoy this first attempt at a newsletter, hope you find it interesting and valuable, , and welcome any feedback you would offer!

Pharmacists in the Team

By Jefferson G. Bohan, Pharm.D. and Zachariah C. Logiodice, Pharm.D.

Since moving to a new hospital in November 2013, the pharmacy department at MaineGeneral Medical Center has set goals to increase multidisciplinary involvement. As pharmacy residents, we aligned our goals to work proactively with medical staff. We each joined an inpatient team of medical residents with an attending physician from the Maine-Dartmouth Family Medicine Institute medical residency program. Each day we review patients being managed by the service and attend mid-morning sign-out where residents discuss ongoing issues and plans of care. During this time, the medical team has come to value our input on drug therapies and solicits input regularly. We consistently follow up on drug information questions, and patient laboratory results, providing recommendations on drug related issues. In addition, we provide brief educational sessions on drug therapy and antibiotic topics, as well as provide peer-reviewed handouts to the team for future reference. The experience is extended to our pharmacy students through pre-rounding and post-rounding discussions. This service provides an added learning experience to the residency program and a new dimension of pharmacy services at MaineGeneral in a layered practice model as encouraged by ASHP.

Entrance to the new Alfond Center for Health

"...two vaccines... are being discussed..."

Ebola Vaccine Update

By Dang Nguyen, Pharm.D. Candidate 2016, UNE

The Ebola epidemic swept through fast and has since lost a lot of media coverage, but government programs have not stopped with its research. There are two vaccines that are being discussed to be candidates for the prevention of the Ebola infection, cAd3-ZEBOV (cAd3) and rVSVΔG-ZEBOV-GP (rVSV). The cAd3 vaccine was shown be 100% effective in studies involving non-human primates. The cAd3, monovalent and bivalent forms, entered phase 1 trials in the United States, United Kingdom, and Mali with expansion to Germany, Switzerland, Gabon, and Kenya soon to follow. Results are yet to be released in regards to the safety trials. Phase 1 trials for the rVSV vaccine has not yet been initiated, but National Institute of Allergy and Infectious Disease (NIAID) is currently recruiting healthy volunteers for the safety trials to be held in Maryland.

Quality Improvement

By Alejandro Zamalloa, Pharm.D., MS

Since 1984, Medicare Quality Improvement Organizations (QIOs) have been a driving force for quality improvement throughout the country. The Centers for Medicare & Medicaid Services (CMS) recently transformed the state-based QIO program to create multi-state, regional organizations called Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs).

The New England QIN-QIO will work with health care providers and stakeholders across the region to enhance patient care, improve health outcomes and decrease costs for all Medicare beneficiaries.

As part of this effort, we aim to partner with pharmacists across all care settings to support their quality improvement efforts, understand the impact of ADEs on a state and regional level and implement evidence-based interventions to reduce ADEs across New England. For more information go to http://www.healthcarefornewengland.org/contact-us/

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

NEW ENGLAND
QUALITY INNOVATION NETWORK
Administered By Healthcentric Advisors in Partnership with Qualidigm

QIOs can help drive quality improvement

Preceptor's Corner

By Frank McGrady, RPh, BCPS

When I was first asked to precept students from the two new pharmacy schools in Maine, I was excited to give back to my profession as others had done for me. I was also afraid that I would not be able to give the pharmacy students what they needed in preparation for their educational/practical experiences. I had graduated many moons before them and was the Director of Pharmacy in a critical access hospital. My first response was to decline the request, but another pharmacist had told me that these schools of pharmacy needed our help. I agreed to precept my first students, and the experience has been one of the most positive of my career. Still I found myself having moments of regret, unsure that I gave the students all that I felt they deserved in a clinical pharmaceutical preparation experience. Over time I have learned from my preceptor experience, from other pharmacy preceptors, and from school of pharmacy experiential staff that there are resources to be a good preceptor, and I have reduced my fear and regret.

I recently spoke at the Maine Society of Health System Pharmacists fall meeting about precepting students. Some of the 'pearls of precepting' I shared are: prepare for the students by making a plan for the entire experience with contingencies; include in your preparation the school of pharmacy syllabus, the pharmacy staff, the hospital administration, and all hospital staff that may be asked to spend time working with the students; remember that each school offers preceptor training either directly or through resources such as Pharmacist Letter. The main point I can make that will help anyone with pharmacy student precepting is to plan ahead and work with each student to build on their strengths and interests. The relationships and feelings of pride that I have developed by precepting students have encouraged me to help other preceptors succeed in this rewarding endeavor.

Influenza Update

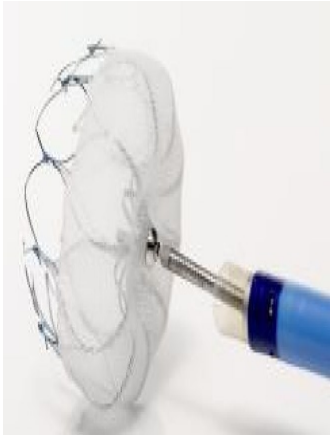
By Thomas J. Frail, Pharm.D., BCPS

The viruses included in each year's influenza vaccine are recommended based on trends submitted from 111 countries to the World Health Organization (WHO). This year's strains include H1N1, H3N2 (A/Texas/50/2012), and with one to two B strains, depending on formulation. This year's low efficacy can be linked to the high prevalence of H3N2 (88.2% of identified virus) and antigenic drift of the H3N2 virus. Only 35.7% of H3N2 viruses tested as of January 17, 2015 were similar to the H3N2 included in this year's vaccine. The lack of efficacy makes infection control measures increasingly more important. Following proper hand-hygiene protocols are a start but look for infection control departments to mandate more strict preventative measures.

> *"This year's low efficacy can be linked to the high prevalence of H3N2…"*

Anticoagulation

By Bret LaForge, Pharm.D. Candidate, 2017, HUSoP



The WATCHMAN device

In July, the PREVAIL trial compared the WATCHMAN device to long-term warfarin therapy for stroke prevention in patients with non-valvular atrial fibrillation (NVAF). This was a prospective, randomized controlled trial in which the treatment group received left atrial appendage (LAA) occlusion with no oral anticoagulants, while the control group received chronic warfarin therapy.

WATCHMAN was noninferior to warfarin for prevention of ischemic stroke with a risk difference of 0.0053 and a 95% confidence interval of -0.0190 to 0.0273. Early safety events including the need for pericardiocentesis and surgical repair of pericardial effusions occurred significantly less in PREVAIL than in PROTECT AF, the previous trial assessing the device.

While improving procedural safety, the PREVAIL trial supports previous evidence that WATCHMAN is a safe and noninferior alternative to warfarin therapy for stroke prevention in patients with NVAF.

Maine Society of Health Systems Pharmacists

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We're on the Web!
http://meshp.org

Pharmacies can now sign up to be authorized collectors

Drug Disposal Act

By Bret LaForge, Pharm.D. Candidate 2017, HUSoP

On October 9, the DEA's final rule on the Secure and Responsible Drug Disposal Act of 2010 went into effect. Under the Act, a controlled substance can be handed over by the ultimate user to authorized individuals hosting mail-back programs or collection receptacles. "Ultimate user" also includes another household member or a person lawfully able to dispose of the substance if the original user is deceased. Patients previously had limited options for disposal, and most commonly flushed medications down the toilet or simply threw them away with garbage.

The final amendments to the Act focused on recordkeeping and paperwork. Any destruction of a controlled substance must be documented, as does any incidence of theft or loss by the registered facility. Non-controlled medications may still be accepted by registrants, but if they are intermixed with controlled substances they must be destroyed in the same way. Pharmacies may become authorized collectors of schedule II controlled substances at http://www.DEAdiversion.usdoj.gov for no fee.