MSHP BULLETIN

Maine Society of Health -Systems Pharmacists

1 Aug, 2015 Volume 1, Issue 3

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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 Harraseeket CE on your calendar today! August 13th h at 6 PM!

Dronabinol as a possible adjunct to chronic pain management

Jesse Graffam, PharmD Candidate 2016

Package of dronabinol tablets

Dronabinol, brand name Marinol®, is a pill form of Δ^9-tetrahydrocannabinol, one of the active substances in marijuana. Dronabinol provides fewer psychoactive effects compared to marijuana and has shown benefit in nausea, anorexia and weight loss, spasticity in multiple sclerosis, as well as chronic pain in a variety of disorders.[1-3]

One study including multiple sclerosis patients with chronic pain associated with central lesions found a 20.5% reduction in pain after 3 weeks when compared to placebo. Almost half the patients in the study experienced a 50% reduction in their pain score.[3] Another study examined the effects of adding dronabinol to opioid treatment in chronic non-cancer pain patients. They found that the addition of dronabinol led to a statistically significant reduction in their pain score, an improvement in their sleep schedule, and an increase in their overall satisfaction with their pain regimen.[4] Dronabinol is not without side effects though. The most common complaint by patients is a feeling of dizziness, drowsiness, or dry mouth, but is not normally severe enough for discontinuation.[3,4] The adverse events are most prominent during the first couple weeks and do seem to diminish over time.[3]

Dronabinol has shown through multiple studies that its analgesic properties may be beneficial to chronic pain patients.[1-3] Its addition to chronic opioid regimens has the potential to limit opioid dose increases while still providing additional pain relief.[4] Using dronabinol as adjunct therapy for persistent pain despite standard therapy may be an option for select patients with difficult to manage chronic pain.

Russo EB. Cannabinoids in the management of difficult to treat pain. Ther Clin Risk Manag. 2008;4(1):245-59.

Rahn E, Hohmann A. Cannabinoids as Pharmacotherapies for Neuropathic Pain: From the Bench to the Bedside. *Neurotherapeutics*. 2009;6(4): 713-737.

Svendsen KB, Jensen TS, Bach FW. Does the cannabinoid dronabinol reduce central pain in multiple sclerosis? Randomised double blind placebo controlled crossover trial. *BMJ*. 2004;329(7460):253.

Narang S, Gibson D, Wasan AD et al. Efficacy of Dronabinol as an Adjuvant Treatment for Chronic Pain Patients on Opioid Therapy. *J Pain*. 2008;9(3):254-264.

From the Board of Directors

Paul Barrett, Pharm.D.

July may seem like a quiet month for MSHP Board; with no scheduled continuing education or board meetings. Nevertheless, there are things happening!

During the month of July, month ASHP members have the opportunity to vote for national leadership. If you haven't already done so; vote! http://www.ashp.org/elections.

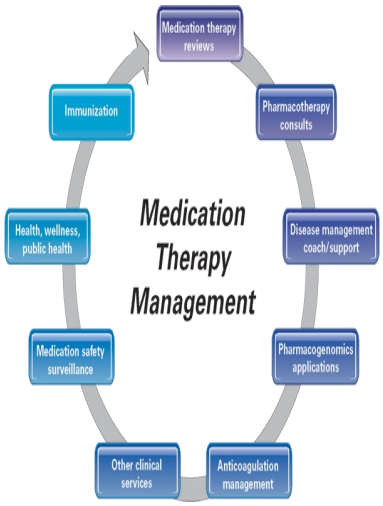
Preparations for the August dinner meeting, at the Harrasseeket, are being finalized (thanks Larry!). Many members look forward to this annual event for first class dining and education. Registration is now open and available here: http://meshp.org/ai1ec_event/harraseeket-ce/.

Pharmacists in the Team

Jason Berube, Pharm.D., Maine Coast Memorial Hospital

Since August 2013, Maine Coast Memorial Hospital has been providing outpatient pharmacy consultation services to patients within the MCMH primary care system. These services include Medication Therapy Management (MTM) from a certified MTM pharmacist. MTM is a comprehensive, patient centered, review of an individual's medication profile to identify medication-related problems such as drug-drug interactions, adverse side effects, therapeutic duplications, etc. The pharmacist works with the patient's healthcare provider to come up with solutions to these problems and improve therapy outcomes for the patient. This is often a billable visit using the level 1 Evaluation and Management (E&M) code 99211, making this a valuable service to both the patient and the organization.

Other pharmacy services that are being provided by the onsite clinical pharmacist include: Asthma/COPD inhaler training and education for adults and pediatrics; vaccinations; warfarin dosing assistance and counseling; insulin management and education for diabetics; drug information services; And weekly or bi-weekly pill box fills for patients with complex medication regimens and problems with medication adherence.



MTM Cycle courtesy of APhA and www.pharmacist.com

"...is now required to receive all necessary vaccinations..."

California Senate Okays Required Vaccinations

Ellie Provisor, Pharm.D., MaineGeneral Medical Center

The California governor has recently approved SB277 which makes California the 3rd state in the country to no longer allow philosophical and religious exemptions from required vaccine administration. To enroll in school or daycare, a child is now required to receive all necessary vaccinations unless they have a medical exemption. After a recent measles outbreak at Disneyland, many states are looking into strengthening vaccine laws. The outbreak spread to 147 individuals throughout the US where the majority were unvaccinated. Maine recently tried to pass LD471, a bill that would require parents to consult with a physician prior to refusing vaccines because of a philosophical exemption, however the governor vetoed the bill citing it went against parental rights. Currently Maine allows for philosophical, religious, and medical exemptions and has one of the highest vaccine opt-out rates in the country.

ASHP House of Delegates Update

Tyson Thornton, Pharm.D., BCPS

In June, the ASHP House of Delegates (HOD) convened at the ASHP Summer Meeting 2015 in Denver, CO. Representing MSHP and the state of Maine as delegates were Paul Barrett and Tyson Thornton. Jim Cattin also participated as an alternate Delegate for the State of Maine. There was some excellent debate which occurred during both the House of Delegates and the related Caucus events. Some hot topics at this year's HOD included Supply Chain Integrity, State Board of Pharmacy Oversight, Population Health, Dose Standardization, and the Pharmacists Role in Capital Punishment.

For more information on this year's HOD please check our www.ashp.org/menu/PracticePolicy/HOD. A reminder that MSHP has an upcoming open seat for the 2016/2017 HOD. If you have any interest, please reach out to your local MSHP Board Member. On behalf of Paul, Jim and myself, I would like to thank the membership for the opportunity to represent Maine and MSHP at the 2015 ASHP House of Delegates.

ashp pharmacists advancing healthcare

ASHP logo from www.ashp.org

Preceptor's Corner

John Redwanski, Pharm.D., University of New England

Precepting pharmacy students are a rewarding experience for pharmacists but can be challenging. Students embarking through rotations will also find many perils along the way. Here are some major pointers for preceptors and students to incorporate in their experiential experiences.

For students, make sure to contact your next preceptor two weeks before your start date. This shows you are organized and may alleviate potential problems in scheduling. This further gives you a time to bring up any days you may request off for interviews and such. Preceptors do not like to be blind-sided by times you may need off when their schedule is complete. Students should take copious notes the first day as well. This shows the preceptor you take their rotation seriously and have great communication skills for listening.

For preceptors, before the rotation starts, ask the student to present an updated CV and portfolio. These will not only show what the student has accomplished and experienced but will also show how organized they are. Finally, ask the student to submit two to three objectives they would like to accomplish before your rotation. Then you can tailor your own objectives with theirs to conduct a diverse learning experience for all.

UNE logo from www.une.edu

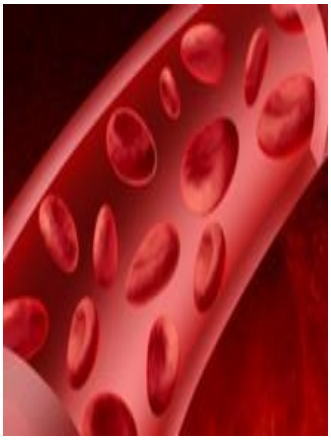
ACIP recommendations for new meningococcal vaccine

Lynn Thornton, Pharm.D., BCPS

Last year, the FDA approved two serogroup B meningococcal vaccines (MenB), Pfizer's Trumenba and Novartis's Bexsero, for use in persons aged 10 to 25. These vaccines were approved through an expedited process following outbreaks of serogroup B meningococcal disease on two college campuses in 2013. Current quadrivalent vaccines for meningococcal disease recommended by the CDC cover 4 out of 5 serotypes, A, C, W and Y.

The Advisory Committee on Immunization Practices (ACIP) made formal recommendations this June for vaccination with MenB vaccine for people older than 10 in high risk groups including: complement deficiencies, anatomical or functional asplenia, and those at risk during meningitis B outbreaks. ACIP has not endorsed adding this vaccination to routine pediatric immunization schedule, leaving the decision to physicians and their patients.

> *"...has not endorsed adding this ... to routine pediatric vaccinations..."*



A reversal agent for NOACs may be available soon

Clinical Pearl ~ Holy Grail of NOAC Reversal Agent May Be in the Pipeline

Sandy Bartlett, PhD, PharmD, BCPS, Associate Professor of Pharmacy Practice, Husson University

The new oral anticoagulants (NOACs) have gained great popularity in the treatment and prevention of thromboembolism and for stroke prevention in patients with non-valvular atrial fibrillation. The unfortunate disadvantage of these agents is the lack of an antidote for either reversal in emergent surgery situations or for significant bleeding which may occur as an expected yet serious adverse reaction. However, rational drug design may be coming to the rescue. Using recombinant technology, Portola Pharmaceuticals has produced Andexanet alfa® (AnXa) which may be the Holy Grail as a universal antidote for NOAC reversal. The potential new drug is a modified factor Xa protein which is catalytically inactive yet binds with high affinity to direct factor Xa inhibitors[1]. Data from a Phase II placebo controlled trial, demonstrated greater than 90% reversal of NOAC anticoagulation from apixiban in two minutes following an AnXa bolus. With a subsequent infusion, the anti-Xa activity remained in the normal range for two hours after the completion of the infusion[2]. Phase III clinical trials of AnXa for the reversal of apixiban (ANNEX-A), rivaroxiban (ANNEX-R) and edoxiban (ANNEX-E) are currently underway (NCT02220725).

[1]Lu G, DeGuzman FR, Hollenbach SJ, Karbarz M et al., *Nat Med*, **2013**, 19, 446 – 451; [2]Crowther M, Lu G, Conley R, Hollenbach S et al., *Eur Heart J*, **2014**, 35 (Suppl 1), 137 (abstract P738).

Maine Society of Health Systems Pharmacists

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

Track and Trace Delayed

Ellie Morisette, Pharm.D. Candidate, 2018

The Drug Supply Chain Security Act was signed into law in November of 2013. Title II of the Drug Quality and Security Act (DQSA) outlines steps to create an electronic system in which to identify and trace the distribution of prescription drugs. Beginning on January 1, 2015, pharmacies are only allowed to accept drug products from authorized trading partners and are required to have steps in place to identify potential illegitimate products. On their website, the FDA discusses that by July 1, 2015, pharmacies are required to receive and maintain for at least six years "the three Ts" for each drug product received: transaction information, history, and statement. Because pharmacies in Maine and throughout the United States just aren't ready for this major overhaul of drug distribution requirements, the FDA will not begin to enforce these new regulations until November 1, 2015. This act brings much needed standardization to the way drugs are distributed and tracked.