

# MSHP BULLETIN

Maine Society of Health  
-Systems Pharmacists

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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 Waterville CE on Vaccines and Med Safety on your calendar today! May 30th at 9 AM!

## Biosimilar filgrastim-sndz

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



*Biosimilar filgrastim-sndz approved by FDA*

On March 6, 2015, the FDA approved the nation's first 'biosimilar' product: filgrastim-sndz. Meeting the FDA's rigorous standards for similarity to Neupogen, the new "copy-cat" drug from Sandoz, Inc. shows no meaningful differences in safety and effectiveness and is predicted to sell at a price 30% lower than that of the brand-name product. This could save the health-care industry a \$5.7 billion over the next ten years, while providing even more patients with access to

the therapy.

In 2010, the Affordable Care Act created a shortened pathway for biological products to gain licensure with sufficient data supporting their similarity to a previously-approved biologic. The term 'biosimilar', however, does not imply interchangeability, so filgrastim-sndz cannot necessarily be automatically substituted for Neupogen. It will be up to providers to decide whether to switch existing patients to the new product.

The development of the biosimilar has been met with controversy as well as objections from Amgen, the company producing Neupogen. Generic versions of traditional drugs share the same INN (international nonproprietary name), but biosimilar products are manufactured by unique methods and are not exact copies of the model agent. The FDA has therefore named the new compound "filgrastim-sndz", but is expected to formalize its position on the naming of biosimilars in future guidelines. More information is available at [www.fda.gov](http://www.fda.gov).

## From the Board of Directors

By Kelly Estremera, Pharm.D., BCPS

Welcome new and returning members! We have had an exciting year so far. Our first conference, Transitions of Care (TOC), held in Sugarloaf, was a great success. Many of you asked us to hold a follow-up to TOC next year and we plan to do just that!

On a legislative front, we successfully defeated LD 292, An Act to Require Hospitals to Allow Patients to Use Their Own Medications. We stood as one with Maine Pharmacy Association (MPA) and our united front proved to be formidable. Additional-

ly, MSHP in collaboration with other organizations became the FIRST state to set infusion standards for hospitals across Maine! A great job done by our own Paul Barrett! Visit our website [www.meshp.org](http://www.meshp.org) for more details!

**Pharmacists in the Team**

By Jessica Pelotte, Pharm.D.

Inland hospital has a 40 bed med-surg unit, where our pharmacists have recently begun a new patient rounding program. Beginning mid-2014, we have contributed to daily multidisciplinary rounds with our health care team, as well as preformed bedside patient rounding for inpatients.

The multidisciplinary team consists of the hospitalist, physician assistant, case manager, nurse, pharmacist, physical and

occupational therapy. Having a pharmacist at rounds not only improves patient safety, but solidifies a working relationship with the new hospitalists. Many of our locum hospitalists have commented on how involved our pharmacists are in patient care, and the value our medication knowledge brings to the team.

We also preform bedside patient rounding, as close to admission as possible. We strive to share our

drug knowledge with the patient and their families, and make them feel comfortable with the drug therapies we are using during their inpatient stay. If any adverse drug events or drug questions are brought up, the pharmacist is again at bedside. At discharge, we educate on any new medications being prescribed. It will be interesting to see future patient satisfaction scores and how they reflect our new rounding program!



Inland Hospital, Waterville, Maine

*“... we emphasized the importance of understanding...”*

**HUSoP SSHP Update**

By Bret Laforge, Pharm.D. Candidate 2017

Husson’s SSHP chapter attended Inland Hospital’s 18th Annual World of Women’s Wellness Health Fair, where we presented on polypharmacy. Interacting one-on-one with residents of Waterville and

surrounding areas, we emphasized the importance of understanding their medications, keeping an accurate medication list, adherence strategies

An overwhelming number of people in the

community have difficulty remembering their medications, and we were able to assist them in choosing a pill organizer and a simple paper list, both of which we provided free of charge.

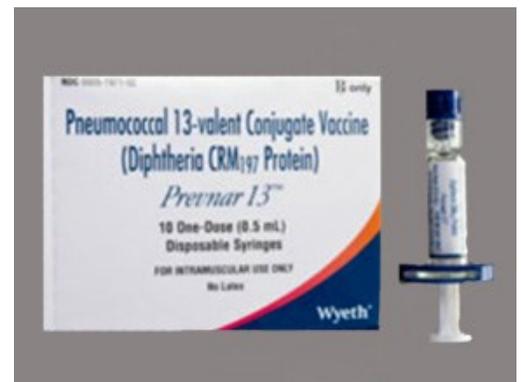
**Upcoming Events**

By John Merchant, Pharm.D., MHA, BCPS

The next MSHP Continuing Education event will be held on Saturday May 30th at the Waterville Grand Hotel located on 375 Main Street in Waterville Maine. There will be a total of four hours of ACPE – approved continuing education credits available: One hour in Medication Safety which Certified Pharmacy Technicians need for licensure renewal and two hours’ worth of vaccine CE’s for registered Maine Pharmacists.

**Saturday May 30th:**

- 0900 – 1000 Registration
- 1000 – 1100 Jen DeZenzo MS RD LD: Oncology Nutrition
- 1100 – 1200 Megan Trafton PharmD: Medication Safety
- 1200 – 1300 Lunch
- 1300 – 1500 Rachel Foster PharmD: Vaccine Update



Upcoming vaccine and medication safety CE

## Preceptor's Corner

By Alexander Kappelman, Pharm.D., BCOP, Residency Program Coordinator , Oncology Pharmacy, Maine Medical Center

Graduation from Pharmacy School is an exciting time of your life. After many long and stressful days, graduation is finally here. There are many options after graduation, with one being a Pharmacy Practice Residency. If you were lucky enough to find a match, you're probably very excited, but nervous to begin your career in health-system pharmacy. I hope I'm able to offer you some tips that will make your year as rewarding as it should be.

The first thing to do is get licensed in the state where you match. Most programs will allow you to practice with an intern license but it's important to get your pharmacist license so that you're able to practice at the highest level.

Transitioning from a student to resident can be difficult. Patient care is rarely black and white; rather, there is a lot of gray area when working with complex human beings. What you learned in school may not apply to the patient lying in the hospital bed. Be open-minded and eager to learn new things.

It is important to explore and get involved in activities at your institution, such as: committees, volunteering, intramural sports, just to name a few. Getting to know your co-workers on a personal level will help you quickly integrate into the department and make your year more enjoyable.

Give 100% on each rotation. You are exposed to many areas of the health-system during your year and not every rotation will be your favorite. However, it's important to be open-minded and put in the effort required of you by the preceptor. This will also make the preceptor very happy.

Residencies are full of many challenges but the rewards of completion are invaluable to your career. Get involved, be open-minded, give all you can on each rotation, and the year will be a success.

## The Vial of Life—UNECO P SSHP Update

By Emily Prescott, Pharm.D. Candidate 2017

Vial of Life is a nationwide initiative that provides medical information to emergency responders in the event that patients cannot do so themselves. We brought Vial of Life to the residents in Portland, to aid emergency personnel. Through outreach events with

the Visiting Nurses Association and a grant from UNE, we were able to assemble and distribute these vials. The vials are amber outpatient medication vials, a medical history document, and a Vial of Life sticker. The document includes a place for the patient to rec-

ord all current drugs and conditions. Patients are asked to place the vial inside their refrigerator door and place the Vial of Life sticker on the outside. The idea being that everyone has a refrigerator, which acts as a centralized location to find information in an emergency.

“...asked to place  
the vial inside  
their  
refrigerator...”



*I. Scapularis*

## Lyme Disease Update

By Kelly Estremra, R.Ph, BCPS

Lyme Disease is the 2<sup>nd</sup> most reportable disease on the East Coast.

The CDC recommends a two-step process for testing blood. The first step is the Enzyme Immunoassay (EIA). The 2<sup>nd</sup> step, the Western blot test, is only done if the EIA is positive or deemed indeterminate. If the EIA is negative, no further testing is recommended.

A single 200 mg dose of doxycycline is recommended for Adults and Children > 8 yrs, provided ALL of the conditions are met:

The tick is identified as an adult or nymphal (*I. scapularis*) and is estimated to have been attached for > 36 hrs

Prophylaxis should be started within 72 hours after the tick was removed

Local infection rate with *B. burgdorferi* is >20 %

Doxycycline is not contraindicated.

Sources: CDC; 2006 IDSA Guidelines

## Maine Society of Health Systems Pharmacists

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



*The legislature is considering a bill to add pharmacists to the definition of Health Care Practitioners*

## Pharmacists as Health Care Practitioners—LD 141

By Kelsie Anderson, Pharm.D.

Pharmacists, student pharmacists, and a plethora of supporters throughout the state gathered to attend the joint House/Senate hearing on LD 141, brought forth by Representative Paul Chace, at the Cross State Office Building on February 24, 2015. The bill aspires to amend the definition of 'health care practitioners' to include pharmacists as the current definition includes physicians, nurses, podiatrists, optometrists, physical therapists, dentists, psychologists, physician's assistants, and veterinarians. The proposed change would formally recognize pharmacists as part of the healthcare team in Maine and potentially allow participation in programs that are based on the lan-

guage of the existing law. Many individuals testified in favor of the bill, including current and future pharmacists, a physician, and a member of the House/Senate committee itself who is licensed practitioner. No person spoke out against the intent of the bill, though its language would need to be revised to achieve its envisioned effects.