



LA HEALTH-SYSTEM PHARMACIST

Newsletter of the Louisiana Society of Health-System Pharmacists

Editor: Dana Jamero djamero@xula.edu

www.lshp.org

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FROM THE DESK OF THE PRESIDENT

I begin my address with a heavy heart in the loss of a very dear and close friend and colleague to many of us, Dr. Greg Leader, Dean of the University of Louisiana-Monroe, College of Pharmacy. Greg passed away on April 17, 2010 of an untimely death. May God bless his family and may they find strength today and in the future.

A year has passed rather quickly and my time as LSHP President is quickly coming to an end. I have immensely enjoyed serving the members of LSHP and representing our state at the various meetings and workshops that I've attended on behalf of the organization. I will continue to serve and represent our members and our State as an ASHP Delegate for Louisiana along with Tommy Mannino and Michael Cockerham. In the upcoming weeks we will be attending one of the Regional Delegate Conferences to begin our responsibilities in this facet for the next year. We will keep abreast of all the "hot" issues.

On another note, the LSHP Annual Meeting is quickly approaching and will be held on May 27-29, 2010 in New Orleans at the Hilton Riverside. We have a very exciting program in store for our members and guests and will be offering a total of 16.5 live continuing education hours. Our meeting will begin on Thursday with the Welcome Reception that will be held at the New Orleans Pharmacy Museum in the French Quarter. Come and join us during this time for great food, catching up with friends and networking with your colleagues in a great, historic location. On Friday our meeting will be in full-force with a day full of Poster Presentations from pharmacists, students, and pharmacy residents; the Exhibit Program, and exciting continuing education programs. Saturday will be the last day of the meeting, however, this day will also be full with continuing education, the LSHP Annual Awards Luncheon, and the



(Continued on page 6)



In Memoriam

It is with much sadness that we inform you of the passing of LSHP Board Member and ULM College of Pharmacy Dean Dr. Greg Leader.



Dr. Leader was born May 18, 1964 in Baton Rouge, LA and passed away April 17, 2010, in Vicksburg, MS. Dr. Leader was named dean of ULM's pharmacy program Marsh 23 after serving as interim dean since January 2009. A 1986 graduate of ULM (then Northeast Louisiana University), Dr. Leader returned to ULM in 1999 as an associate professor. He was an associate dean at the college since 2004 before being named interim dean. Dr. Leader, who was named the ULM Outstanding College of Pharmacy faculty member in 2002, had more than 50 publications and has helped secure more than \$9 million in grants and contracts during his career. Dr. Leader served on a subsection of the editorial board for the Annals of Pharmacotherapy, as well as the Louisiana Society of Health System Pharmacists Board of Directors. Dr. Leader was preceded in death by his mother, Mary Leader.

Dr. Leader is survived by his wife, Barbara Grigg Leader; 2 children; Christopher Leader and Alyssa Leader; father, David Leader and wife Sandy; sister, Tari Allen and husband Bobby; nieces, Myranda Allen Mire and husband Tagan, Lakin Allen LeBoeuf and husband Gilbert; great-niece, Aubrey Mire; a host of friends and colleagues at ULM.



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VACANT

**Info about CE you should know****Continuing Education Credit**

A total of 16.5 contact hours (1.65 CEUs) are scheduled. To receive credit for a program, registrants must register for and attend the program; complete and submit a credit report onsite. LSHP will mail via USPS validated Statements of Credit to participants within one month after the meeting.

**Accreditation**

The Louisiana Society of Health-System Pharmacists, Massachusetts College of Pharmacy and Health Sciences, and Medical Education Resources are accredited by the Accreditation Council for Pharmacy Education as providers of continuing pharmacy education.

*Schedule of CE activities on page 3.
Registration form on page 4.*

LSHP Bimonthly Newsletter**LA HEALTH-SYSTEM PHARMACIST****Publisher Information**

The *LA Health-System Pharmacist* is published 6 times a year by the LSHP, 8550 United Plaza Blvd., Suite 1001, Baton Rouge, LA 70809. Subscription to the *LA Health-System Pharmacist* is a benefit of LSHP membership. All articles published represent the opinions of the authors and do not reflect the policy of the LSHP unless so specified. *All student submissions must be reviewed by a pharmacist mentor whose name will be included on the article.*

Copy, advertising and nonmember subscription inquiries should be directed to the Copy Editor, Kati Craig, at (225) 922-4520. Advertising rate sheets and deadlines are available upon request.

Please send article submissions to the newsletter editor, Dana Jamero, via email at djamero@xula.edu.

Schedule of Activities at the LSHP 2010 Annual Meeting

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2:00-2:15 p.m. **Welcome & Announcements**

2:15-3:45 p.m.

Managing Pharmaceutical Waste: The Right Combination

179-000-10-013-L04-P/T

3:45-4:45 p.m.

Automation

179-000-10-014-L04-P/T

4:45-5:45 p.m.

Pharmacy Buying

179-000-10-015-L04-P/T

7:00-9:00 p.m.

LSHP Welcome Reception @ the New Orleans Pharmacy Museum

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8:00-10:00 a.m.

Zero Tolerance for Failure: Pharmacists Take the Next Step Towards Quality Improvement and Patient Safety

0026-9999-10-013-L01-P

10:00-11:00 a.m.

Immunization Update

179-000-10-016-L01-P/T

11:00 a.m.– 12:00 p.m.

Demonstrating Advances in the Intensive Care and Perioperative Settings

179-000-10-017-L01-P/T

12:00-3:00 p.m.

Lunch/Exhibits/ Poster Session

179-000-10-018-L04-P/T

3:00-4:00 p.m.

MRSA

179-000-10-019-L01-P/T

4:00-5:00 p.m.

Tobacco Cessation: Behavioral Counseling and Pharmacotherapy

179-000-10-020-L01-P/T

5:00-6:00 p.m.

Emerging Pathways for Treating Osteoporosis: Pharmacy Considerations for Advancing Bone Health and Improving Outcomes

816-999-10-006-L01-P

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8:00-9:00 a.m.

Optimizing Anemia Management through Medication Reconciliation: Applying the Joint Commission Patient Safety Goal Requirements

816-999-10-007-L05-P

9:00-10:00 a.m.

Advanced Pain Management– What to do When All Else Fails

179-000-10-021-L01-P/T

10:00-11:00 a.m.

Kidneys for Life: An educational program promoting kidney health for living and for a lifetime

179-000-10-022-L04-P/T

11:00 a.m.-12:00 p.m.

General Membership Meeting

12:00-2:00 p.m.

Awards Luncheon and Featured Presentation, “Health Care Reform”

179-000-10-023-L03-P/T

2:00-3:00 p.m.

Current Issues in Law and Health Policy

179-000-10-024-L03-P/T

Annual Meeting Registration Form

Discount for early registration if postmarked by May 7, 2010

Name: _____ Badge Name: _____

Institution/Affiliation: _____ Designation: (circle one) Pharm.D. R.Ph CPhT Other _____

Address: _____ City/State/Zip: _____

Business Phone: _____ Email: _____

Registration

Annual Meeting registration includes admission to all educational sessions, meals and social events. *You must indicate below if you are attending the Welcome Reception and Awards Luncheon; these are ticketed events..*

Member Registration applicable to LSHP members paid through 2010 by 4/14/10.

Non-member Full Registration includes membership for the remainder of the 2010 year.

**Hospital Administrators accompanied by their director of pharmacy fully registered for the meeting are offered complimentary registration. However, please submit a registration form for the administrator.*

LSHP Pharmacist Member

Full Registration _____ \$150
One day _____ \$100

Please indicate which day: _____

Pharmacist Non-Member

Full Registration _____ \$230
One day _____ \$135

Please indicate which day: _____

LSHP Technician Member

Full Registration _____ \$100
One day _____ \$50

Please indicate which day: _____

Technician Non-Member

Full Registration _____ \$135
One day _____ \$85

Please indicate which day: _____

Pharmacy Resident

Full Registration _____ \$100
One day _____ \$50

Please indicate which day: _____

Student

_____ \$25
Does not include admission to Welcome Reception or Awards Luncheon.

Space is limited. Please reserve your seat. Tickets will only be distributed to pre-registrants.

Welcome Reception, Thursday 5/27 **Awards Luncheon, Saturday 5/29**

I will bring a guest/spouse. Additional ticket costs at right. Spouse/Guest Welcome Reception _____
\$40

Contribution for student sponsorship to attend the Annual Meeting (\$25, \$50, \$75, \$100) _____

Late registration fee if postmarked after May 7, 2010 _____

TOTAL AMOUNT: _____

PAYMENT: Check Visa MasterCard American Express _____

Name on Card: _____ **Credit Card No.:** _____ **Exp. Date:** _____

Billing Address for Card (If different from above address): _____

Signature: _____

Make checks payable to LSHP or provide credit card information and mail or fax to
LSHP, 8550 United Plaza Blvd, Suite 1001, Baton Rouge, LA 70809 Fax (225) 408-4422.

Contact the LSHP office via email at office@lsph.org or at 225-922-4520 if you have a disability and need special assistance.

FDA Mandates New Safety Requirements for Long-acting Beta-Agonists (LABAs)

By Lisa Chetta, RPh

On February 18th 2010, the U.S. Food and Drug Administration authorized changes to how long-acting beta agonists (LABAs) are to be utilized in the treatment of asthma. These changes were prompted by safety concerns resulting from the analysis of three studies that showed an increase risk of severe asthma exacerbations as well as death in asthma patients using LABAs. There is no evidence that people who have COPD are at a greater risk with the use of LABAs, therefore, it should be emphasized that the new FDA recommendations only apply to asthma patients that are using long-acting beta agonists.

Long-acting beta agonists are available as single entity products, salmeterol (Serevent Diskus) and formoterol (Foradil Aerolizer), or in combination with a corticosteroid namely, salmeterol/fluticasone (Advair) and formoterol/budesonide (Symbicort). All of these products have FDA indications for asthma. There are two LABAs that have indications for COPD only, arformoterol (Brovana) and another formoterol formulation marketed as Perforomist.

The FDA has outlined on their website the following four changes to the product labeling in order to ensure the safety of these long-acting beta agonist products:

1. The use of long-acting beta agonists (LABAs) is contraindicated without the use of an asthma controller medication such as an inhaled corticosteroid. Single-ingredient LABAs should only be used in combination with an asthma controller medication. LABAs should not be used alone.
2. Long-acting beta agonists (LABAs) should only be used long term in patients whose asthma can not be controlled on asthma controller medications.
3. LABAs should be used for the shortest duration of time required to achieve control of asthma symptoms and discontinued, if possible, once asthma control is achieved. Patients should then be maintained on an asthma controller medication.
4. Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both an inhaled corticosteroid and a LABA, to ensure compliance with both medications.¹

The FDA has also set up a Risk Evaluation and Mitigation Strategy (REMS) that targets reeducating the patients as well as the health care professional on the safe use and monitoring of LABAs. In addition, the FDA is requiring the manufacturers to conduct additional studies on the safety of LABAs when used in combination with inhaled corticosteroids.

Although it is well documented that inhaled corticosteroids reduce morbidity and mortality^{2,3}, this will clarify whether the use of LABAs in combination with an inhaled corticosteroid reduces or eliminates the risk of asthma related hospitalizations and death.

The decision for the product labeling changes and the REMS strategy was based on analyses from the Salmeterol Multi-Center Asthma Research Trial (SMART), the Salmeterol Nationwide Surveillance study (SNS), and a meta-analysis conducted by the FDA in 2008 and discussed at the joint Pulmonary Allergy Drugs, Drug Safety and Risk Management and Pediatric Advisory Committees, held in December 2008.

DATA SUMMARY

The SMART Trial was a randomized 28 week placebo controlled study of 26,355 patients 12 years and older receiving standard asthma therapy. These patients were randomized into 2 groups: those receiving salmeterol therapy and those receiving placebo. The results indicated that there was an increased risk for asthma related deaths in the patients receiving salmeterol which resulted in the early discontinuation of the study. Of note are the higher percentage risk of respiratory and asthma related deaths in the African American population and the absence of such in the Asian, Hispanic and other populations. However, the smaller population size of the Hispanic and Asian patients enrolled in this study prevents any significant conclusions in regards to these populations. In addition, the researchers admitted that the study was not designed to evaluate whether the higher numbers in the African American population was due to treatment effect or other factors such as treatment for concurrent medical conditions, an imbalance of controller treatment, socioeconomic reasons or chance. **Table 1** (*following page*) provides a summary of the results.

The SNS study was a double blind study of 25,180 asthma patients on standard asthma therapy that were randomized to either salmeterol or albuterol. Results of this 16 week study revealed an increase of respiratory and asthma related deaths in the salmeterol group = 0.07% (12 out of 16,787 patients) compared to the albuterol group = 0.02% (2 out of 8,383 patients) with a relative risk of 3.0.

The FDA did a meta-analysis of 110 studies evaluating the use of long-acting beta agonists in 60,954 asthma patients. The results indicated an increased risk for severe exacerbations of asthma symptoms in those patients on LABAs with the largest risks being seen in children 4-11 years of age. The FDA did indicate that the increase was primarily driven by asthma related hospitalizations and that other meta-analysis evaluating the safety of LABAs in asthma have not shown a significant increase in the risk for severe asthma exacerbations.

References and Table 1 on following page.

Can't make the Annual Meeting? Need more CE?

Don't miss the LSHP Mid Year Meeting!

Saturday, October 9, 2010

Sam's Town Shreveport

From LABA, prior page

Table 1 SMART Trial Data Summary

Patient Population	Asthma-related deaths in Salmeterol Group n (%)	Asthma-related deaths in Placebo Group n (%)	Relative Risk of Asthma Related Death (95% Confidence Interval)
All Patients Salmeterol: n = 13,176 Placebo : n = 13,179	13 (0.10%)	3 (0.02%)	4.37 (1.25, 15.34)
Caucasian Patients Salmeterol: n = 9,281 Placebo: n = 9,361	6 (0.07%)	1 (0.01%)	5.82 (0.70, 48.37)
African American Patients Salmeterol: n = 2,366 Placebo: n = 2,319	7 (0.31%)	1 (0.01%)	7.26 (0.89, 58.94)
Hispanic Salmeterol: n = 996 Placebo: n = 999	0	0	
Asian Salmeterol: n = 173 Placebo: n = 149	0	0	
Other Salmeterol: n = 230 Placebo: n = 224	0	0	
Ethnic origin not reported Salmeterol n = 130 Placebo: n = 127	0	1	

References:

- FDA Drug Safety Communication: New Safety requirements for long-acting inhaled asthma medications called Long-Acting Beta Agonists (LABAs). February 18, 2010. Available online at <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm199565.htm...> Accessed March 9, 2010.
- Suissa S, Ernst P, Benayoun S, et al Low-Dose inhaled corticosteroids and the prevention of death from asthma. *N Engl J Med* 2000;343:332-336.
- Donahue C, Weiss ST, Livingston JM, et al Inhaled steroids and the risk of hospitalization for asthma. *JAMA* 1997; 277:887-891.

- Nelson HS, Weiss ST, Bleecker ER et al The Salmeterol Multicenter Asthma Research Trial: a comparison of usual pharmacotherapy for asthma or usual pharmacotherapy plus salmeterol. (SMART trial). *Chest* 2006 Jan;129(1): 15-26.
- Castle W, Fuller R, Hall J, and Palmer J, Serevent nationwide surveillance study: Comparison of salmeterol with salbutamol in asthmatic patients who require bronchodilator treatment. (SNS Study). *British Medical Journal* 1993 April 17: 306(6884): 1034-1037.

From The Desk of the President, page 1

presentation of the LSHP Annual Awards. Our guest speaker for the Awards Luncheon will be Diane Ginsberg, ASHP President-Elect. We look forward to seeing you all at the meeting, and we look forward seeing our students from ULM-Monroe and XULA for the exciting student programming. For further information, please see the LSHP website for the meeting brochure and for online registration. Until then, take care, and I look forward to seeing of you at our meeting.

Kindest regards,
Keturah R. Robinson, PharmD, BCPS

Other dates to remember:

ASHP Summer Meeting
June 6-9, 2010
Tampa Convention Center
Tampa, Florida

ASHP Midyear Clinical Meeting
December 5-9, 2010
Anaheim Convention Center
Anaheim, California



Public Policy Update

By William Kirchain, PharmD
LSHP Public Policy Chair

Locally the Louisiana State Legislature is in session. Several health care related bills were pre-filed and are slowly being considered in the House and Senate committees on health care. Of particular interest is a bill, currently HB 872 introduced by Representative Mills (a pharmacist) to significantly expand our scope of practice to include providing immunizations without a collaborative drug therapy agreement and without an individual prescription. Walgreen's has aggressively pursued immunization services and will soon be followed by most others in our market.

Around the country there are several issues that the Society may wish to address in the coming years. They are listed below in no particular order. These observations are primarily based on a variety of reports or articles from the National Conference of State Legislatures, the Economist, Health Affairs and our own ASHP Public Policy Group.

(1) There is a continuing effort to decrease access to pseudoephedrine. Several state legislatures this year are considering or have passed bills to make pseudoephedrine prescription only.

(2) Medical marijuana laws or regulations are now active in approximately 17 states. Amongst the long list of issues resulting from these laws is that many bypass any medical supervision. The Board of Pharmacy in Iowa recently proposed making cannabis a Schedule II drug liable to all state Schedule II controls.

(3) Prescription drug disposal is a growing concern of many. A few states have introduced a prescription drug "take back" program. Similar to processes available at some hospitals around the country that take back used insulin needles for disposal. The concerns are both environmental and patient safety related.

(4) State's rights versus Health Care Reform. There are two camps developing along this issue; states that want to oppose reform and states that want to accelerate the slow pace of the bill passed and signed by the President. If the issue does split this way, those states embracing health care reform may achieve an economic advantage over the states that block it.

(5) Health Information Technology regulation will shift from HIPAA toward state regulation over the next few years. We have already seen this in Louisiana with the Prescription

Monitoring Program. The specific issues are individual privacy, rules for health information exchange and IT adoption assistance for primary care practices.

(6) The role of the pharmacist in a medical home will be an issue for the profession for some time to come. The health care reform process that has been put in motion is almost entirely structured toward developing a medical home for every patient. Louisiana has a special fund for Community Health Centers to improve facilities and expand services.

(7) The role of Louisiana in general medical education funding will change over the next decade. This will include both the core and residency training of all health care professionals.

(8) According to the National Conference of State Legislatures, 28 states have introduced bills that would set up systems or organizations to identify, study or work to eliminate health disparities.

(9) Our aging population will force states to look at improving the quality and quantity of care provided as long term care. This may include additional certifications for staff, changes in regulation structures for facilities and improved coordination of payment between Medicare and Medicaid.

(10) From the The Pharmacist Activist: March 2010 Issue... APhA (adopted policy March 2010) urges pharmacies, and the facilities that include pharmacies, that sell tobacco products to discontinue doing so; urges the federal government and state governments to limit participation in government-funded prescription programs to pharmacies that sell tobacco products; urges state boards of pharmacy to discontinue issuing and renewing licenses to pharmacies that sell tobacco products and to pharmacies that are in facilities that sell tobacco products; urges colleges of pharmacy to only use pharmacies that do not sell tobacco products as experience sites for their students; urges the Accreditation Council for Pharmacy Education (ACPE) to adopt the position that college-administered pharmacy experience programs only use pharmacies that do not sell tobacco products, and; urges pharmacists and pharmacy students who are seeking employment opportunities to first consider positions in pharmacies that do not sell tobacco products.

Have you completed the LSHP Member Survey?

This survey will help the association evaluate its current membership benefits, products, and services to identify new opportunities and areas for improvement. The results will allow LSHP to become an even greater professional resource for you, the member.

To access the survey please click on the link below or copy it into your Internet browser's address bar: <http://www.surveymonkey.com/s/lshpmembersurvey>

Need CE? Take advantage of these opportunities offered by ASHP

Web and Podcast Continuing Education on Advancing the Pharmacy Team

Learn about innovative roles for PTCB certified pharmacy technicians! Participate in a free continuing education activity for pharmacy technicians and pharmacists. This activity will highlight innovative practices for pharmacy technicians that advance the entire pharmacy team, and outline the benefits of Pharmacy Technician Certification Board (PTCB) certification in seeking these career paths. This activity is available in two formats: Web-Based CE and Podcast for 2 hours (0.2 CEUs) of continuing education credit and will be available through August 31, 2011.

<http://www.ashpmedia.org/symposia/innovation/overview.html>

Mark your calendar for live, free CE webinars by ASHP Advantage

All activities are accredited for continuing pharmacy education. A series of webinars on breast cancer are also accredited for nurses and nurse practitioners. Activities may be accessed from the convenience of home or a work place. Many participants set up an area at their facility to attend these live activities as a group. There is no charge for participating in these activities. ASHP membership is not required.

To register and obtain complete program information on webinars, visit

<http://www.ashp.org/Import/CONTINUINGEDUCATIONCE/LiveActivities/Webinars.aspx>.