

PROPOSAL: To Adopt Professional Policies Related to Patient Care

SUBMITTED BY: Board of Directors

DATE SUBMITTED: October 20, 2014

SITUATION:

1. CSHP professional policies are developed from recommendations (from the House of Delegates), resolutions (from members) and from the work of committees and task forces.
2. The Board of Directors also reviews ASHP policies & other guidance documents for consideration as CSHP Professional Policy.
3. During this process, CSHP's professional policy catalogue is checked for policies relating to the topic under review.
4. The large number of proposals thus created lends itself to grouping by topic to facilitate consideration by the House of Delegates.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012 - 2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP's professional policies accurately reflect current practice and professional standards.

PROPOSAL:

To adopt as CSHP professional policy:

Proposal D – Proposals Related to Patient Care

- D1 To Not Adopt ASHP Policy 1001 “Health Insurance for US Residents” in Consideration of Proposed CSHP Professional Policy on Health Insurance Coverage, Payment Authorization and Coverage Verification
- D2 To Adopt ASHP Policy 1013, Research on Drug Use in Obese Patients
- D3 To Adopt ASHP Policy 1102, Ag Use of Hormone & Pro-Hormones
- D4 To Adopt ASHP Policy 1103, Direct to Consumer Genetic Tests
- D5 To Adopt ASHP Policy 1106, Pain Management
- D6 To Adopt ASHP Policy 1118, Drug Product Shortages
- D7 To Adopt ASHP Policy 1119, Advertising of Medications
- D8 To Not Adopt ASHP Policy 1208, Transitions of Care

- D9 To Adopt ASHP Policy 1223, Globalization of Clinical Trials
- D10 To Not Adopt ASHP Policy 1305, Performance Enhancing Substances
- D11 To Adopt ASHP Policy 1312, Medication Overuse
- D12 To Adopt ASHP Policy 1313, Drug Containing Devices
- D13 To Adopt ASHP Policy 1318, Statement on the Pharmacist's Role in Substance Abuse, Prevention, Education & Assistance & Modify CSHP Policy 2009-06 Prevention Policy on Substance Abuse, HIV/AIDS, Sexually Transmitted Diseases and Other Infectious Diseases
- D14 To Adopt ASHP Policy 1104, Pharmacogenomics

CSHP BOARD ACTIONS: The CSHP Board of Directors has approved these proposals for consideration by the 2014 House of Delegates

PROPOSAL: To Not Adopt ASHP Policy 1001 “Health Insurance for US Residents” in Consideration of Proposed CSHP Professional Policy on Health Insurance Coverage, Payment Authorization and Coverage Verification

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies and other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins, and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines, and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1001- “Health Insurance Coverage for US Residents”

1001 Health Insurance Coverage for U.S. Residents

To advocate health insurance for all residents of the United States, including coverage of medications and related pharmacist patient-care services; further,

To advocate that the full range of available methods be used to

- (1) ensure the provision of appropriate, safe, and cost-effective health care services;
- (2) optimize treatment outcomes; and
- (3) minimize overall costs without compromising quality; further,

To advocate that health insurers seek to optimize continuity of care in their design of benefit plans.

This policy supersedes ASHP policy 0512.

4. There currently is a CSHP policy pertaining to health insurance coverage (2009-09) that applies and is more specific to California residents. Proposal A4 before the HOD seeks to create new, broader CSHP professional policy, Health Insurance Coverage, Payment Authorization, and Coverage Verification. Part of that proposal includes the deletion of CSHP Policy 2009-09.

TARGET:

1. CSHP provides resources to its members, their patients, and the public per the 2012-2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.

3. CSHP has professional policy on Health Insurance Coverage in California.

PROPOSAL:

That CSHP not approve ASHP Policy 1001 as the issue is more completely addressed in Proposal A4.

PROPOSAL: To Adopt ASHP policy 1013, “Research on Drug Use in Obese Patients”

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1013 (*Research on Drug Use in Obese Patients*) states:

1013

RESEARCH ON DRUG USE IN OBESE PATIENTS

Source: Council on Therapeutics

To encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity; further,

To encourage manufacturers to include in the Food and Drug Administration (FDA)-approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies; further,

To advocate that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients; further,

To advocate for increased enrollment of obese patients in preapproval clinical trials of new medications; further,

To encourage independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

4. ASHP’s rationale for Policy 1013 is as follows:

ASHP Rationale

Given the growing rate of obesity in the United States, ASHP is concerned about the uncertainty surrounding how obesity affects drug dosing, effectiveness, and safety. ASHP advocates for increased research of drug dosing for obese patients, as well as for other special patient populations. Drug product manufacturers should be encouraged to complete pharmacokinetic and pharmacodynamic dosing studies of obese patients,

especially for drugs for which obesity is expected to have significant clinical impact (e.g., antimicrobials, highly lipophilic drugs, etc.). If these voluntary studies are not completed, then manufacturers should include in the FDA-approved labeling complete information on the population enrolled in dosing studies and the methods used to determine dosing so that clinicians can assess the extent to which that population reflects patients being treated. ASHP advocates that the FDA develop guidance for voluntary drug dosing studies of obese patients that would define study design and reporting with the intent of standardizing this research to the extent possible. The need for this guidance is supported by the complexity of drug dosing for obese patients, which varies based on drug and patient characteristics. A paucity of research in this patient population is noted, which is similar to the lack of preapproval studies in geriatric and pediatric patients. ASHP also encourages independent clinical and practice-based research to further define clinical use of drugs in the treatment of obese patients, as well as clinician reporting of patient experience via published articles and clinical registries.

5. CSHP does not have policy addressing research on drug use in obese patients.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012-2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP has policy addressing research on drug use in obese patients.

PROPOSAL(S):

1. That CSHP adopt as professional policy,

Research on Drug Use in Obese Patients

The California Society of ~~Health-System~~ ~~Health-System~~ Pharmacists:

1. Encourages drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity.
2. Encourages manufacturers to include in the Food and Drug Administration (FDA)-approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies.
3. Recommends that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients.
4. Encourages increased enrollment of obese patients in preapproval clinical trials of new medications.

5. Encourages independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

PROPOSAL: To Adopt ASHP Policy 1102, Agricultural Use of Hormone and Pro-hormone Therapies

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies and other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins, and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines, and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.

3. ASHP Policy #1102: Agricultural Use of Hormone and Pro-hormone Therapies

To advocate that the Food and Drug Administration and United States Department of Agriculture re-evaluate the agricultural use of hormone and pro-hormone therapies for purposes of animal growth promotion based on evidence demonstrating potential adverse effects on human health; further,

To encourage additional research to better define the public health impact of using hormone therapies for agricultural purposes.

4. CSHP does not have a policy on Agricultural Use of Hormone and Pro-hormone Therapies.

TARGET:

1. CSHP provides resources to its members, their patients, and the public per the 2012-2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP has a professional policy on Agricultural Use of Hormone and Pro-hormone Therapies.

PROPOSAL:

That CSHP adopt as professional policy,

Agricultural Use of Hormone and Pro-hormone Therapies

The California Society of ~~Health-System~~ ~~Health-System~~ Pharmacists:

1. Supports that the Food and Drug Administration and United States Department of Agriculture re-evaluate the agricultural use of hormone and pro-hormone therapies for purposes of animal growth promotion based on evidence demonstrating potential adverse effects on human health.
2. Encourages additional research to better define the public health impact of using hormone therapies for agricultural purposes.

PROPOSAL: To adopt ASHP Policy 1103, Direct-to-Consumer Clinical Genetic Tests

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.

3. ASHP Policy 1103 DIRECT-TO-CONSUMER CLINICAL GENETIC TESTS

To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,

To encourage the Food and Drug Administration to use existing authority to regulate these tests as medical devices and to work with the National Institutes of Health to expedite establishment of a process to evaluate and approve direct-to-consumer clinical genetic tests; further,

To advocate that direct-to-consumer clinical genetic tests to support disease diagnosis or management of drug therapy be provided to consumers only through the services of appropriate health care professionals that order tests from laboratories that are certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,

To oppose advertising of direct-to-consumer clinical genetic tests unless such testing includes the established patient-health care provider relationship as a mechanism to provide information and interpretation of test results; further,

To oppose advertising of direct-to-consumer clinical genetic tests unless the following requirements are met: (1) that the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) that the benefits and risks of testing are discussed, and (3) that such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-health care provider relationship as a critical source for information about the test and interpretation of test results; further,

To encourage pharmacists to educate consumers and clinicians on the appropriate use of direct-to-consumer clinical genetic tests for disease diagnosis and drug therapy management.

4. ASHP Rationale for this policy:

The Council sought to address the use of genetic testing for disease diagnosis and drug therapy management. Discussion addressed tests available in the clinical setting but focused on those available directly to the public. There was significant concern about direct-to-consumer clinical genetic tests. The July 2010 Government Accountability Office (GAO) report, *Direct-to-Consumer Genetic Tests: Misleading Test Results Are Further Complicated by Deceptive Marketing and Other Questionable Practices*, found that blood samples from the same individuals sent to different direct-to-consumer genetic testing services had significant variability in results. In many instances, this variability can be attributed to the expansive number of markers and genes, including those supported by the FDA, that have been correlated to specific diseases. In the absence of regulation or guidance on which markers are most predictive or reliable, genetic testing companies select freely from among these markers when developing tests, thus resulting in variable results. The Council encouraged additional research to determine the clinical relevance of the genetic and biomarkers used in these tests and establishment of standardized markers to assess for specific diseases and conditions, and the Board and House concurred. It was also recommended that ASHP advocate to the FDA and the National Institutes of Health (NIH) to establish a thorough process to evaluate and approve genetic testing. The Council cautioned about the accuracy and patient interpretation of these tests, which are generally provided outside the context of an established patient-health care provider relationship that includes dialog and interpretation to support decision-making. The Council, Board, and House strongly believed that these tests should only be provided in the context of that relationship and be performed only by laboratories that are CLIA certified. Further, the Council, Board, and House sought to limit direct-to-consumer advertising of these tests, based on concerns about gaps in regulatory oversight and because the relationship between test markers and disease is often unclear. In addition the Council believed that oversimplification found in many advertisements is misleading to consumers, and the Board and House agreed. Education of consumers and clinicians about use of these tests was supported by the Council, Board, and House.

5. CSHP does not have specific professional policy on direct-to-consumer clinical genetic tests.

TARGET:

1. CSHP advocates for its members, their patients, and the public (2012-2015 Strategic Plan).
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP does have professional policy on direct-to-consumer clinical genetic tests.

PROPOSAL:

That CSHP adopt as professional policy,

Direct-to-Consumer Clinical Genetic Tests

The California Society of ~~Health-System~~ ~~Health-System~~ Pharmacists:

1. Supports research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice.
2. Encourages the Food and Drug Administration to use existing authority to regulate these tests as medical devices and to work with the National Institutes of Health to expedite establishment of a process to evaluate and approve direct-to-consumer clinical genetic tests.
3. Opposes advertising of direct-to-consumer clinical genetic tests unless the following requirements are met:
 - a. that the relationship between the genetic marker and the disease or condition being assessed is clearly presented,
 - b. that the benefits and risks of testing are discussed, and
 - c. (that such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-health care provider relationship as a critical source for information about the test and interpretation of test results.
4. Encourages pharmacists to educate consumers and clinicians on the appropriate use of direct-to-consumer clinical genetic tests for disease diagnosis and drug therapy management.

PROPOSAL: To Adopt ASHP Policy 1106, Pain Management

SITUATION:

1. Opiate use has been increasing for several years and there has been an increasing trend in inappropriate opiate prescribing, opiate misuse, and opiate abuse-related deaths and admissions to hospital emergency rooms nationwide. Most notable opiates involved are oxycodone, hydrocodone, methadone, morphine, and fentanyl.
2. Pharmacists have been put into the position as gatekeepers for rational opiate prescribing and use, due to their corresponding responsibility to maintain the appropriate and legitimate use of opiates as required by California pharmacy law and the Comprehensive Drug Abuse Prevention and Control Act of 1970 otherwise known as the Controlled Substances Act. This has also created discord between pharmacists and prescribers.
3. A precedential case brought against a pharmacist and the pharmacist-in-charge by the California State Board of Pharmacy in 2013 reinforces the pharmacists corresponding responsibility to ensure controlled substances prescriptions are filled only for legitimate medical purposes.
4. Outpatient, community, and chain pharmacies have been the primary healthcare facilities where appropriate and inappropriate opiate use is monitored, while health-systems are an untapped resource for the appropriate use of opiate analgesics and prevention of opiate abuse.
5. The 2013 ASHP House of Delegates approved Pain Management Policy 1106. CSHP does not have a policy on pain management.

1106

PAIN MANAGEMENT

Source: Council on Therapeutics

To advocate fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care; further,

To advocate that pharmacists actively participate in the development and implementation of health-system pain management policies and protocols; further,

To support the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse; further,

To encourage the education of pharmacists, pharmacy students, and other health care providers regarding the principles of pain management and methods to minimize drug diversion.

TARGET:

1. Develop a CSHP professional policy on pain management based on current ASHP policy with modifications to comply with California State Board of Pharmacy regulations, United States Drug Enforcement Administration regulations, and standards of practice.
2. Such CSHP professional policy should encourage health-system pharmacists to be proactive in ensuring the rational use of opiates through a multidisciplinary pain management process that includes the use of the Department of Justice CURES system in California for all patients admitted and known to be on chronic opiate therapy or admitted due to opiate abuse or overdose or are seen in the emergency room and are abusing opiates or could potentially be abusing opiates.

PROPOSED ACTIONS:

Adopt the following as CSHP Professional Policy, based on ASHP Professional Policy 1106:

Pain Management

The California Society of ~~Health-System~~ **Health-System** Pharmacists:

1. Supports fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care.
2. Supports the active participation of pharmacists in the development and implementation of health-system pain management policies and protocols.
3. Supports the active participation of pharmacists in the development and implementation of best practices for ordering, administering and documenting of pain management in Electronic Health Records.
4. Supports the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy.
5. Encourages health-systems to have pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse and that are not detrimental to the continued care of the patient.
6. Encourages health-systems pharmacists to access the California CURES system (Controlled Substance Utilization Review and Evaluation System) for suspected diversion or where opoid abuse is suspected ~~all patients seen in the emergency room who are abusing opiates or could potentially be abusing opiates; or are admitted for opiate abuse or overdose; or whose admission medication reconciliation indicates usage of opiates for chronic pain management~~ and to notify the attending physician when indications of opiate abuse are found, such as excessive use, multiple opiates, multiple pharmacies or multiple prescribers.
7. Encourages the education of pharmacists, pharmacy students, and other health care providers regarding the principles of pain management and methods to minimize drug diversion.

PROPOSAL: To Adopt ASHP Policy 1118, Drug Product Shortages

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies and other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins, and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines, and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.

3. ASHP Policy 1118 Drug Product Shortages

To advocate that the Food and Drug Administration (FDA) have the authority to require manufacturers to report drug product shortages and the reason(s) for the shortage, and to make that information available to the public; further,

To strongly encourage the FDA to consider, in its definition of “medically necessary” drug products, the patient safety risks created by use of alternate drug products during a shortage; further,

To support government-sponsored incentives for manufacturers to maintain an adequate supply of medically necessary drug products; further,

To advocate laws and regulations that would (1) require pharmaceutical manufacturers to notify the appropriate government body at least 12 months in advance of voluntarily discontinuing a drug product, (2) provide effective sanctions for manufacturers that do not comply with this mandate, and (3) require prompt public disclosure of a notification to voluntarily discontinue a drug product; further,

To encourage the appropriate government body to seek the cooperation of manufacturers in maintaining the supply of a drug product after being informed of a voluntary decision to discontinue that product.

4. There currently is no CSHP policy on Drug Product Shortages

TARGET:

1. CSHP provides resources to its members, their patients, and the public per the 2012-2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP has professional policy on Drug Product Shortages

PROPOSAL:

That CSHP adopt as professional policy,

Drug Shortages

The California Society of ~~Health-System~~ Health-System Pharmacists:

1. Endorses the Food and Drug Administration's (FDA) authority to require manufacturers to report drug product shortages and the reason(s) for the shortage, and to make that information available to the public.
2. Strongly encourages the FDA to consider in its definition of "medically necessary" drug products, the patient safety risks created by use of alternate drug products during a shortage.
3. Supports government-sponsored incentives for manufacturers to maintain an adequate supply of medically necessary drug products.
4. Supports laws and regulations that would:
 - i. Require pharmaceutical manufacturers to notify the appropriate government body at least 12 months in advance of voluntarily discontinuing a drug product.
 - ii. Provide effective sanctions for manufacturers that do not comply with this mandate.
 - iii. Require prompt public disclosure (e.g. 6 months) of a notification to voluntarily discontinue a drug product.
5. Encourages the appropriate government body to seek the cooperation of manufacturers in maintaining the supply of a drug product after being informed of a voluntary decision to discontinue that drug product.

PROPOSAL: To adopt ASHP Policy 1119, Direct-to-Consumer Advertising of Prescription and Nonprescription Medications and Modify CSHP Policy 2013-22, Regulation of Dietary Supplements.

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1119

DIRECT-TO-CONSUMER ADVERTISING OF PRESCRIPTION AND NONPRESCRIPTION MEDICATIONS

Source: Council on Public Policy

To oppose direct-to-consumer advertising unless it is educational in nature about prescription drug therapies for certain medical conditions and appropriately includes pharmacists as a source of information; further,

To oppose direct-to-consumer advertising of specific prescription drug products unless the following requirements are met: (1) that such advertising is delayed until post-marketing surveillance data are collected and assessed, (2) that the benefits and risks of therapy are presented in an understandable format at an acceptable literacy level for the intended population, (3) that such advertising promotes medication safety and allows informed decisions, (4) that a clear relationship between the medication and the disease state is presented, (5) that no such advertising or marketing information for prescription or nonprescription medication is directed toward minors, and (6) that such advertising include mechanisms that direct consumers to a medication adverse event reporting system (AERS); further,

To advocate that the Food and Drug Administration require an AERS reporting link in direct-to-consumer advertising material available on the Internet; further,

To support the development of legislation or regulation that would require nonprescription drug advertising to state prominently the benefits and risks associated with product use that should be discussed with the consumer's pharmacist or physician.

This policy supersedes ASHP policy 0609.

4. CSHP does not have policy specifically on direct-to-consumer advertising, but does mention it in policy 2013-22, Regulation of Dietary Supplements:

Regulation of Dietary Supplements (#2013-22)

Source: HOD 10/12/08

To advocate that Congress grant authority to the Food and Drug Administration (FDA) to:

1. require that dietary supplements undergo FDA approval for evidence of safety and efficacy;
2. mandate FDA-approved dietary supplement labeling includes disclosure of excipients;
3. mandate FDA-approved patient information materials that describe safe use in a clear, standardized format, including the potential for interaction with medications and cautions for special populations; and
4. establish and maintain an adverse-event reporting system specifically for dietary supplements, and require dietary supplement manufacturers to report suspected adverse reactions to the FDA; further
5. To oppose direct-to-consumer advertising of dietary supplements unless the following criteria are met:
 - a) federal laws are amended to include all the requirements described above to ensure that dietary supplements are safe and effective;
 - b) evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer;
 - c) the advertising includes a recommendation to consult with a health care professional before initiating use;
 - d) any known warnings or precautions regarding dietary supplement–medication interactions or dietary supplement–disease interactions are provided as part of the advertising; and
 - e) the advertising is educational in nature and includes pharmacists as a source of information.

(Note: Dietary supplement as used in this policy is defined by the Dietary Supplement Health and Education Act of 1994, as amended; 21 U.S.C 321).

5. CSHP should have a stand-alone policy on direct-to-consumer advertising.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012 - 2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP does not have professional policy on direct-to-consumer advertising of medications.

PROPOSAL:

That CSHP adopt as professional policy, ASHP Policy 1119, Direct-to-Consumer Advertising of Prescription and Nonprescription Medications.

Direct-to-Consumer Advertising of Prescription and Nonprescription Medications

The California Society of **Health-System** Pharmacists:

1. Opposes direct-to-consumer advertising of medications unless the following criteria are met:
 - a. It is educational in nature about prescription drug therapies for certain medical conditions and appropriately includes pharmacists as a source of information.
 - b. Advertising is delayed until post-marketing surveillance data are collected and assessed,
 - c. The benefits and risks of therapy are presented in an understandable format at an acceptable literacy level for the intended population,
 - d. Evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer;
 - e. The advertising includes a recommendation to consult with a health care professional before initiating use;
 - f. Any known warnings or precautions regarding interactions are provided as part of the advertising; and
 - g. A clear relationship between the medication and the disease state is presented,
 - h. Advertising or marketing information for prescription or nonprescription medication is not directed toward minors, and
 - i. Such advertising include mechanisms that direct consumers to a medication adverse event reporting system (AERS).
2. Recommends that the Food and Drug Administration require that an FDA Adverse Event Reporting System (AERS) reporting link be included in any direct-to-consumer advertising material available on the Internet.
3. Supports the development of legislation or regulation that would require nonprescription drug advertising to state prominently the benefits and risks associated with product use that should be discussed with the consumer's pharmacist or physician.

And Modify CSHP 2013-22, Regulation of Dietary Supplements:

The California Society of **Health-System** Pharmacists:

~~To advocate that Congress grant authority to~~ Encourages the Food and Drug Administration (FDA) to:

1. Require that dietary supplements undergo FDA approval for evidence of safety and efficacy;
2. Mandate FDA-approved dietary supplement labeling includes disclosure of excipients;

3. Mandate FDA-approved patient information materials that describe safe use in a clear, standardized format, including the potential for interaction with medications and cautions for special populations; and
4. Establish and maintain an adverse-event reporting system specifically for dietary supplements, and require dietary supplement manufacturers to report suspected adverse reactions to the FDA; further
5. To oppose direct-to-consumer advertising of dietary supplements unless the following criteria are met:
 - a) federal laws are amended to include all the requirements described above to ensure that dietary supplements are safe and effective;
 - b) evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer;
 - c) the advertising includes a recommendation to consult with a health care professional before initiating use;
 - d) any known warnings or precautions regarding dietary supplement–medication interactions or dietary supplement–disease interactions are provided as part of the advertising; and
 - e) the advertising is educational in nature and includes pharmacists as a source of information.

(Note: Dietary supplement as used in this policy is defined by the Dietary Supplement Health and Education Act of 1994, as amended; 21 U.S.C 321).

PROPOSAL: To Adopt ASHP Policy 1208 Transitions of Care by Modifying CSHP Policy 2013-17

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1208 Transitions of Care

To recognize that continuity of patient care is a vital requirement in the appropriate use of medications; further,

To strongly encourage pharmacists to assume professional responsibility for ensuring the continuity of care as patients move from one setting to another (e.g., ambulatory care to inpatient care to home care); further,

To encourage the development, optimization, and implementation of information systems that facilitate sharing of patient-care data across care settings and providers; further,

To advocate that payers and health systems provide sufficient resources to support effective transitions of care; further,

To encourage the development of strategies to address the gaps in continuity of pharmacist patient care services.

4. CSHP #2013-17 Transitions of Care was modified and reaffirmed by the HOD in 2013. The content of the CSHP policy covers the points in the ASHP policy.

CSHP supports pharmacists providing transitions of care services between levels of care, healthcare providers, and insurance coverage for the benefit of patient care. Healthcare systems should make patient specific information readily available to pharmacists and pharmacy technicians who provide transitions of care services. The information may include, but is not limited to, the following:

- Medical history and diagnosis,
- Discharge summaries,
- Medication lists,
- Laboratory tests,
- Allergies and medication intolerances
- Pertinent patient care and treatment plans.

TARGET:

1. CSHP advocates for its members, their patients, and the public (2012-2015 Strategic Plan).
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.

PROPOSAL:

To not adopt as CSHP Policy ASHP #1208 Transitions of Care, but modify CSHP Policy 2013-17:

~~CSHP~~ The California Society of Health-System Pharmacists supports pharmacists providing transitions of care services between levels of care, healthcare providers, and insurance coverage for the benefit of patient care. Healthcare systems should make patient specific information readily available to pharmacists and pharmacy technicians who provide transitions of care services. ~~The information may include, but is not limited to, the following:~~ **Examples may include:**

1. Medical history and diagnosis,
2. Discharge summaries,
3. Medication lists,
4. Laboratory tests,
5. Allergies and medication intolerances
6. Pertinent patient care and treatment plans.

PROPOSAL: To Adopt ASHP Policy 1223, Globalization of Clinical Trials

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1223

GLOBALIZATION OF CLINICAL TRIALS

To encourage the Food and Drug Administration (FDA) to use its existing authority to increase monitoring and inspection of foreign clinical trials to ensure the integrity and quality of those studies; further,

To advocate that the FDA expand its oversight of clinical trials conducted abroad by continuing to pursue innovative strategies, such as increased collaboration with foreign regulatory agencies and changes in domestic regulatory processes that support timely submission of foreign clinical trial information; further,

To encourage the FDA to establish a standardized electronic format and reporting standards that would be required for submission of data from foreign clinical trials; further,

To support the ethical treatment of patients in foreign clinical trials in accordance with international standards designed to protect human subjects; further,

To encourage public and private research to study the impact of the globalization of clinical trials on patient care.

4. CSHP does not have a policy on Globalization of Clinical Trials currently.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012- 2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP has professional policy on Globalization of Clinical Trials.

PROPOSAL:

That CSHP adopt as professional policy,

Globalization of Clinical Trials

The California Society of ~~Health-System~~ **Health-System** Pharmacists:

1. Encourages the Food and Drug Administration (FDA) to use its existing authority to increase monitoring and inspection of foreign clinical trials to ensure the integrity and quality of those studies.
2. Supports that the FDA expand its oversight of clinical trials conducted abroad by continuing to pursue innovative strategies, such as increased collaboration with foreign regulatory agencies and changes in domestic regulatory processes that support timely submission of foreign clinical trial information.
3. Encourages the FDA to establish a standardized electronic format and reporting standards that would be required for submission of data from foreign clinical trials.
4. Supports the ethical treatment of patients in foreign clinical trials in accordance with international standards designed to protect human subjects.
5. Encourages public and private research to study the impact of the globalization of clinical trials on patient care.

PROPOSAL: To not adopt ASHP policy 1305, Education about Performance- Enhancing Substances as CSHP professional policy

SITUATION:

1. CSHP has a goal that by 2020, every ASHP professional policy will be reviewed for possible adoption independently as CSHP policy.
2. ASHP professional policy #1305 states:

1305

EDUCATION ABOUT PERFORMANCE-ENHANCING SUBSTANCES

Source: Council on Pharmacy Practice

To encourage pharmacists to engage in community outreach efforts to provide education to athletes on the risks associated with the use of performance-enhancing substances; further,

To encourage pharmacists to advise athletic authorities and athletes on the dangers of performance-enhancing substances and other products that are prohibited in competition; further,

To advocate for the role of the pharmacist in all aspects of sports doping control.

3. CSHP has professional policy 2012-02 that is more specific than the ASHP policy.

Sports Pharmacy (#2012-02)

Source: HOD 10/21/07

(Note: modified by the BOD at 04/20-21/12 BOD mtg as #2007-02; reaffirmed by the HOD in 2012 as #2012-02)

The California Society of Health-System Pharmacists:

1. Encourages safe and healthy participation in competitive sport and exercising.
2. Supports the pharmacist's role in promoting safe and proper use of medications and nutritional supplements and recognizes the unique medication needs of athletes.
3. Encourages the general public to seek health professional advice related to medications and nutritional supplements promoted for sports performance or used to maintain health.
4. Supports the efforts of organizations to educate and enforce drug testing to discourage the use of banned and/or harmful performance-enhancing substances.
5. Develops collaborative efforts with health and sport organizations in order to educate athletes and others regarding the safe and most effective legitimate use of medications.
6. Supports public and professional education campaigns in discouraging the use of banned and/or harmful performance-enhancing substances.
7. Encourages members to offer consultation to athletes about the potential harm of using banned performance-enhancing substances.
8. Encourages schools of pharmacy to develop education programs for students and pharmacists that address the safe use of medication recognizing the unique needs of athletes.

TARGET:

CSHP advocates for its members, their patients, and the public (2012-2015 Strategic Plan). CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.

PROPOSAL:

CSHP 2012-02, Sports Pharmacy Performance Enhancing Substances and the Pharmacist's Role in Sports Pharmacy

The California Society of **Health-System** Pharmacists:

1. Encourages safe and **healthy healthful** -participation in competitive sport and exercising.
2. Supports the pharmacist's role in promoting safe and proper use of medications and nutritional supplements and recognizes the unique medication needs of athletes.
3. Encourages the general public to seek health professional advice related to medications and nutritional supplements promoted for sports performance or used to maintain health.
4. Supports the efforts of organizations to educate and enforce drug testing to discourage the use of banned and/or harmful performance-enhancing substances.
5. Develops collaborative efforts with health and sport organizations in order to educate **athletic authorities**, athletes and others regarding the safe and most effective legitimate use of medications.
6. Supports public and professional education campaigns in discouraging the use of banned and/or harmful performance-enhancing substances.
7. Encourages members to offer consultation to athletes about the potential harm of using banned performance-enhancing substances.
8. Encourages schools of pharmacy to develop education programs for students and pharmacists that address the safe use of medication recognizing the unique needs of athletes.

PROPOSAL: To adopt ASHP policy 1312, Medication Overuse as CSHP professional policy

SITUATION:

1. CSHP has a goal that by 2020, every ASHP professional policy will be reviewed for possible adoption independently as CSHP policy.
2. ASHP professional policy #1312 states:

**ASHP Professional Policy
#1312 Medication Overuse**

Source: Council on Therapeutics

To define medication overuse as use of a medication when the potential risks of using the drug outweigh the potential benefits for the patient, further,

To recognize that medication overuse is inappropriate and can result in patient harm and increased overall health care costs; further,

To advocate that pharmacists take a leadership role in interprofessional efforts to minimize medication overuse.

3. CSHP does not currently have professional policy that addresses the same or related issues.

TARGET:

1. CSHP advocates for its members, their patients, and the public (2012-2015 Strategic Plan).
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.

PROPOSAL:

Adopt the following as CSHP Professional Policy:

Medication Overuse

The California Society of **Health-System** Pharmacists:

1. Defines medication overuse as use of a medication when the potential risks of using the drug outweigh the potential benefits for the patient.
2. Recognizes that medication overuse is inappropriate and can result in patient harm and increased overall health care costs.
3. Encourages pharmacists to take a leadership role in interprofessional efforts to minimize medication overuse.

PROPOSAL: To adopt ASHP policy 1313, Drug-Containing Devices, as CSHP professional policy

SITUATION:

1. CSHP has a goal that by 2020, every ASHP professional policy will be reviewed for possible adoption independently as CSHP policy.
2. ASHP professional policy #1313 states:

1313

DRUG-CONTAINING DEVICES

Source: Council on Therapeutics

To recognize that use of drug-containing devices (also known as combination devices) has important clinical and safety implications for patient care; further,

To advocate that use of such devices be documented in the patient's medical record to support clinical decision-making; further,

To encourage pharmacists to participate in interprofessional efforts to evaluate and create guidance on the use of these products through the pharmacy and therapeutics committee process to ensure patient safety and promote cost-effectiveness; further, To advocate that the Food and Drug Administration (FDA) and device manufacturers increase the transparency of the FDA approval process for drug-containing devices, including access to data used to support approval; further,

To encourage research that evaluates the clinical and safety implications of drug-containing devices to inform product development and guide clinical practice.

3. CSHP does not have professional policy on drug-containing devices.

TARGET:

1. CSHP advocates for its members, their patients, and the public (2012-2015 Strategic Plan).
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.

PROPOSAL:

Adopt the following as CSHP Professional Policy:

Drug-Containing Devices

The California Society of **Health-System** Pharmacists:

1. Recognizes that the use of drug-containing devices (also known as combination devices) has important clinical and safety implications for patient care.
2. Endorses that use of such devices be documented in the patient's medical record to support clinical decision-making.
3. Encourages pharmacists to participate in inter-professional efforts to evaluate and create guidance on the use of these products through the pharmacy and therapeutics committee process to ensure patient safety and promote cost-effectiveness.
4. Supports that the Food and Drug Administration (FDA) and device manufacturers increase the transparency of the FDA approval process for drug-containing devices, including access to data used to support approval.
5. Encourages research that evaluates the clinical and safety implications of drug-containing devices to inform product development and guide clinical practice.

PROPOSAL: To Adopt ASHP Policy 1318, The ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance and Modify CSHP Policy #2009-06 Prevention Policy on Substance Abuse, HIV/AIDS, Sexually Transmitted Diseases and Other Infectious Diseases

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. Review for inclusion into the CSHP Policy Catalog, ASHP Policy 1318, The ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance:

The American Society of Health-System Pharmacists (ASHP) believes that pharmacists have the unique knowledge, skills, and responsibilities for assuming an important role in substance abuse prevention, education, and assistance. Pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, health systems, and the pharmacy profession.

Further, ASHP supports efforts to rehabilitate pharmacists and other health-system employees whose mental or physical impairments are caused by substance abuse.

See the full document attached, which is available at www.ashp.org/DocLibrary/BestPractices/SpecificStSubstance.aspx

This statement supersedes a previous version dated June 1, 2003.

4. CSHP does not have a stand-alone policy on substance abuse; current policy is combined with policy on HIV/AIDS and other infectious diseases

(This policy is included in Proposal I, STP Professional Policies Review)

#2009-06: Prevention Policy on Substance Abuse, HIV/AIDS, Sexually Transmitted Diseases and Other Infectious Diseases

To support and encourage participation by members in prevention and education activities aimed at topics related to substance abuse, HIV/AIDS, sexually transmitted diseases and other infectious diseases at local, regional and state programs.

To support programs aimed at the prevention, detection, and treatment of substance abuse, HIV/AIDS, sexually transmitted diseases, and other infectious diseases.

Activities may include:

1. Providing education, counseling and/or treatment for:
 - a. Alcohol and drug abuse
 - b. HIV/AIDS
 - c. Sexually transmitted diseases
 - d. Viral Hepatitis
 - e. Tuberculosis
2. Developing practice models that incorporate pharmacists to provide elements of education, counseling, treatment or provide care in non-traditional settings (e.g., mobile health vans, free community clinics).
3. Participating in needle exchange programs
4. Administering vaccinations
5. Providing education on ways to prevent the transmission of infections including but not limited to common colds, influenza and staphylococcal infections.
6. Providing education on ways to prevent the development of drug-resistant bacteria

5. CSHP also has policy on recovering pharmacy professionals:

#2012-06: Recovering Pharmacy Professionals

CSHP encourages members to support and participate in the State of California's Pharmacist Recovery Program, which identifies and rehabilitates pharmacists and pharmacy interns with impairment due to the misuse and abuse of dangerous drugs and substances or due to mental illness.

CSHP encourages the California State Board of Pharmacy to also include pharmacy technicians in the State of California's Pharmacist Recovery Program.

6. And on employee assistance programs:

#2013-08: Employee Assistance Programs

To support the development of employee assistance programs (EAPs) that employ qualified personnel to assist impaired workers through counseling and treatment referral; further

To encourage the membership to participate in the development of employee assistance programs and in educational programs aimed at increasing employee and public awareness of alcohol and drug abuse and addictions within their institution or health-system and community.

To support and encourage the rehabilitation of employees with alcoholism or other drug addictions.

7. Substance abuse and diversion and HIV/AIDs and other infectious diseases are both large enough issues to have their own separate policies.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012 - 2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP should have separate policies on substance/abuse and HIV/AIDs and other infectious diseases.

PROPOSAL:

That CSHP adopt as professional policy,

The Role of the Pharmacist in Substance Abuse and Drug Diversion

The California Society of ~~HealthSystem Health-System~~ Pharmacists endorses the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance:

1. That pharmacists have the unique knowledge, skills, and responsibilities for pharmacists assuming an important role in substance abuse and drug diversion prevention and education.
2. That pharmacists should be actively involved in the identification and mitigation of substance abuse and diversion within ~~health-systems~~ **health-systems**.
3. That pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, ~~health-systems~~ **health-systems**, and the pharmacy profession.
4. Rehabilitation programs for pharmacists and other health-system employees whose mental or physical impairments are caused by substance abuse.

And modify current policy #2009-06 Prevention Policy on, HIV/AIDS, Sexually Transmitted Diseases and Other Infectious Diseases to remove reference to substance abuse.

(See Proposal I for these modifications)

Any modifications made to this policy in Proposal I will supersede these changes. (see Proposal I for proposed changes to 2009-06).

~~#2009-06: Prevention Policy on Substance Abuse, HIV/AIDS, Sexually Transmitted Diseases and Other Infectious Diseases~~

The California Society of ~~Health System~~ Health-System Pharmacists supports:

1. Participation by members in prevention and education activities aimed at topics related to HIV/AIDS, sexually transmitted diseases and other infectious diseases at local, regional and state programs.
2. Programs aimed at the prevention, detection, and treatment of HIV/AIDS, sexually transmitted diseases, and other infectious diseases.

Activities may include:

1. Providing education, counseling and/or treatment for
 - a. HIV/AIDS
 - b. Sexually transmitted diseases
 - c. Viral Hepatitis
 - d. Tuberculosis
2. Developing practice models that incorporate pharmacists to provide elements of education, counseling, treatment or provide care in non-traditional settings (e.g., mobile health vans, free community clinics).
3. Participating in needle exchange programs
4. Administering vaccinations
5. Providing education on ways to prevent the transmission of infections including but not limited to common colds, influenza and staphylococcal infections.
6. Providing education on ways to prevent the development of drug-resistant bacteria ([link to ASHP Statement](#))

PROPOSAL: To Adopt ASHP Policy 1104, Pharmacogenomics

SITUATION:

1. CSHP Professional Policy #2010-04 directs CSHP to adopt ASHP policies & other guidance documents as CSHP Professional Policy:

To adopt as CSHP policy all ASHP Policy Positions, Guidelines, Bulletins and all official Statements in the current edition of the Best Practices for Health-System Pharmacy of the ASHP, except when such policies differ substantially from CSHP policy.

To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.

2. CSHP will review all ASHP Policy Positions by 2020 for possible adoption as CSHP Professional Policy.
3. ASHP Policy 1104:

PHARMACOGENOMICS

Source: Council on Therapeutics

To advocate that pharmacists take a leadership role in the therapeutic applications of pharmacogenomics, which is essential to individualized drug therapy; further,

To support research to validate and standardize genetic markers and genetic testing for drug therapy and to support research and other efforts that guide and accelerate the application of pharmacogenomics to clinical practice; further,

To advocate for the inclusion of pharmacogenomic test results in medical and pharmacy records in a format that clearly states the implications of the results for drug therapy and facilitates availability of the genetic information throughout the continuum of care and over a patient's lifetime; further,

To encourage pharmacists to educate prescribers and patients about the use of pharmacogenomic tests and their appropriate application to drug therapy management; further,

To encourage pharmacist education on the use of pharmacogenomics and advocate for the inclusion of pharmacogenomics and its application to therapeutic decision-making in college of pharmacy curricula.

This policy supersedes ASHP policy 0016.

4. There is a policy in the CSHP Policy Catalog on this subject:

2009-11

Pharmacogenomics (2009-11)

Source: HOD 10/4/09

The California Society of Health-System Pharmacists supports continued pharmacogenomic research and where proven effective, its application. Furthermore, CSHP supports education of pharmacists on the concepts and practice applications of pharmacogenomics.

5. ASHP's policy on pharmacogenomics is more comprehensive than CSHP's existing policy.
6. CSHP 2009-11 is currently being reviewed as part of the five-year review process and is included in Proposal I.

TARGET:

1. CSHP provides resources to its members, their patients and the public per the 2012 - 2015 Strategic Plan.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP has professional policy on pharmacogenomics.

PROPOSAL:

That CSHP adopt ASHP Policy 1104, Pharmacogenomics by amending CSHP professional policy 2009-11 as recommended in Proposal I.

The California Society of ~~Health-system~~ Health-System Pharmacists:

1. Support that pharmacists take a leadership role in the therapeutic applications of pharmacogenomics, which is essential to individualized drug therapy.
2. Supports research to validate and standardize genetic markers and genetic testing for drug therapy and to support research and other efforts that guide and accelerate the application of pharmacogenomics to clinical practice.
3. Recommends that pharmacogenomic test results be included in medical and pharmacy records in a format that clearly states the implications of the results for drug therapy and facilitates availability of the genetic information throughout the continuum of care and over a patient's lifetime.
4. Encourages pharmacists to educate prescribers and patients about the use of pharmacogenomic tests and their appropriate application to drug therapy management.
5. Endorses pharmacist education on the use of pharmacogenomics and recommends the inclusion of pharmacogenomics and its application to therapeutic decision-making in college of pharmacy curricula