



Oklahoma Society of Health-System Pharmacists

QUARTERLY NEWSLETTER

MAY 2009

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INSIDE THIS ISSUE:

OSHP Annual	2
Meeting Photos	3
Clinical Pearls	4
Member News	5
OU Student Chapter	6
SWOSU Student Chapter	7
New Members	8

We're on the Web!
www.oshp.net

Letter From The President

Greg Clack, Pharm.D.

I hope that 2009 is finding everyone doing well. It should prove to be an interesting year for us all and I intend to continue the positive direction that OSHP has taken in the past. In an era of skyrocketing drug costs, changing reimbursement, pharmacist and technician shortages, and a seemingly permanent "do-more-with less" era of hospital and health system management, every pharmacist is stretched to the max. I feel that it is increasingly important for professional organizations such as OSHP to provide a network of support in these difficult times.



Members enjoy dinner at the OSHP Annual Meeting

Studies have shown that membership in professional organizations tend to rise during difficult economic times. It is natural for people to be more focused on their careers and I feel that OSHP has value that is worth seeking out. Being a source of continuing education, information sharing via the web and our newsletter, providing career information and employment opportunities as well as the opportunity to network with others and enjoy good food are all benefits of membership.

A recent survey by ASHP on the Impact of the Current Economy on Pharmacy Services reports that "Pharmacy departments are being asked to do more with less while they still have to meet critical patient care needs to ensure safe

and effective medication use" said ASHP President Kevin J. Colgan, M.A., FASHP. I don't know about all of you, but I can certainly benefit from networking with my peers and sharing experiences that will help me to meet these and other challenges. The shortage of pharmacy professionals is predicted to continue and we will all be called upon to provide leadership in our profession.

It is with this in mind that I have placed membership recruitment and retention as the primary goal for this coming year. I believe in the old adage that there is strength in numbers and I urge all of you to promote OSHP to your colleagues so that we can work together to meet the challenges that face us. We need to develop a leadership pipeline that will ensure the success of our organization by focusing on the untapped potential that already exists in our members. ASHP is developing leadership



programs to assist all of the state affiliates in developing new leaders.

We have an opportunity to make OSHP a better and stronger organization this coming year. I look forward to your feedback on what you would like to see to make OSHP more valuable to your career and your practice site. Please feel free to contact me with any ideas or questions and I look forward to working with you in the coming year.

OSHP Meeting, April 3, 2009

Presentations

The use of technology and automation to improve quality and safety: ASHP's role and panel discussion	<i>Karl F. Gumpfer and Mark St. Cyr</i>
New therapies for diabetes: Where do they fit?	<i>Jeffrey Stroup</i>
Overview of continuous renal replacement therapy (CRRT): Focus on dialysate and replacement solutions	<i>Teresa Lewis</i>
Selected Updates of Enteral and Parenteral Nutrition for Health-System Pharmacists	<i>Nancy Williams and Ronnie Sullivan</i>
Developing and Implementing Innovative Pharmacy Practices	<i>Burl G. Beasley</i>
Say no to bugs: Implementation of antimicrobial stewardship program	<i>Yvette Morrison and Chris Gentry</i>

Residency Project Pearls

The Impact of Earlier Outpatient Follow up Appointments on Readmission Rates in the Mental Health Unit	<i>Mattea Tate</i>
Increasing Pharmacist Review of Medications Prior to Retrieval from Automated Dispensing Cabinets	<i>Jerri Cody</i>
A Prospective Evaluation Regarding the Clinical Utility of the Beers List	<i>Rebecca Warren</i>
Medication Reconciliation in a Community Pharmacy Setting	<i>Caroline Johnson</i>
Implementation of a Standard Protocol for Medication Dose Adjustment in Patients with Renal Insufficiency	<i>Lisa Mayer</i>
Implementation of Anticoagulation Point-of-Care Patient Self-Testing in an Indian Health Service Facility	<i>John Bousum</i>
Fentanyl Continuous Intravenous Infusions: Considerations for a Lipophilic Drug in a Growing Overweight Pediatric Population	<i>Emily Gish</i>
Analysis of Conventional Therapy Provided by a Tribal Facility for Chronic Obstructive Pulmonary Disease	<i>Sharla Davis</i>
Effect of Atazanavir on Cardiac Conduction in HIV-Infected Patients	<i>Russell J. Benefield</i>

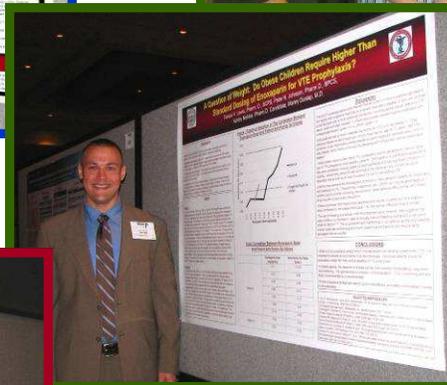
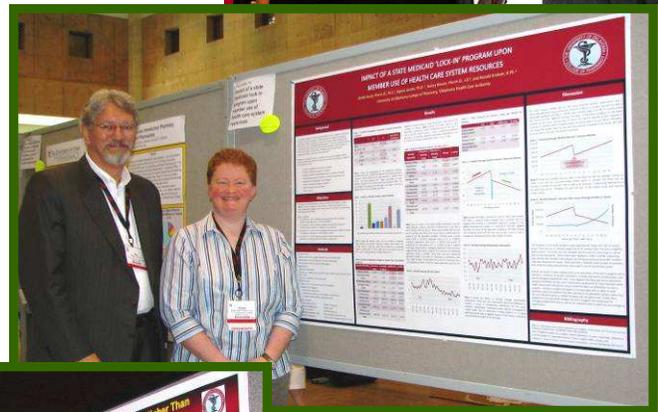
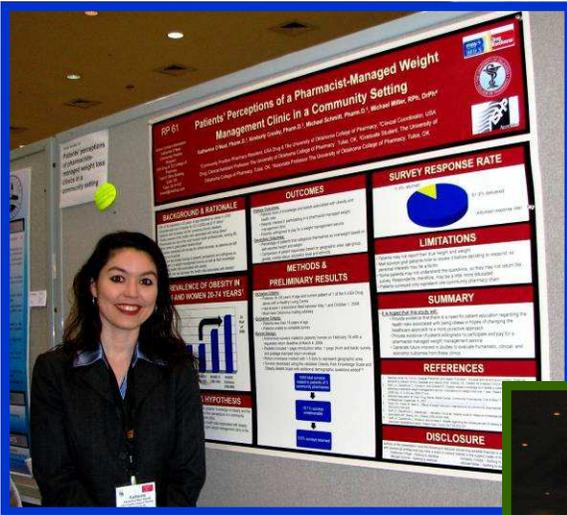
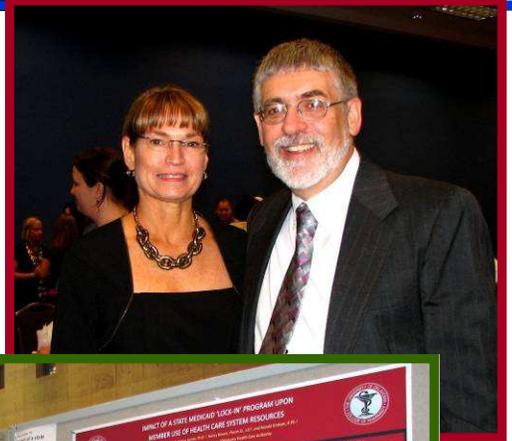
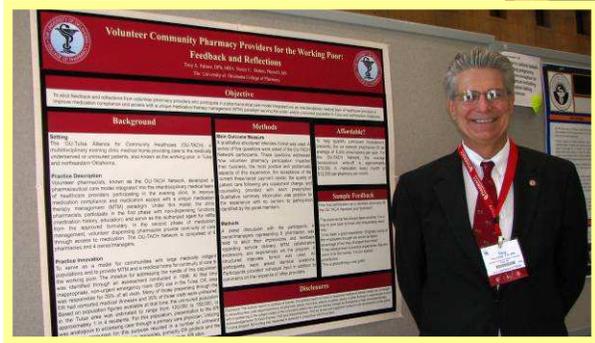
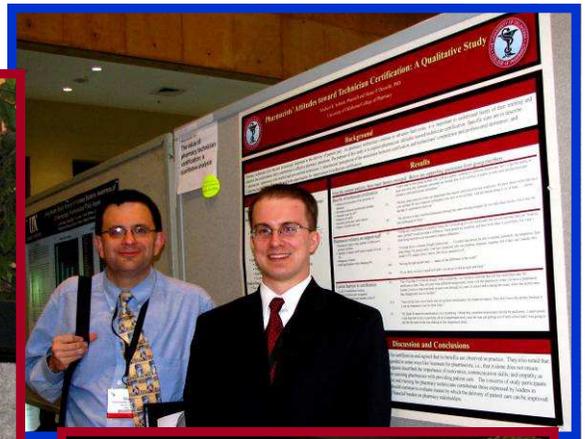
Get Involved in OSHP

Volunteer to serve on a committee for 2009

Communications / Finance / Legislative / Membership / Newsletter / Nominations / Program / Scholarship and Awards

— Contact Shirley Dunn for details

OSHP members present their research at the OSHP and ACCP Meetings



Clinical Pearls: HLA Screening

Julia Chiappe, Pharm.D., Clinical Pharmacy Specialist, Integris Baptist Medical Center

Due to recent FDA MedWatch Alerts on testing for presence of specific human leukocyte antigens (HLA) subtypes to predict potential for severe hypersensitivity reactions to certain anticonvulsant drugs and abacavir, education on the availability of genetic tests has been a recent educational focus of Pharmacy & Therapeutics Committees.

Phenytoin, carbamazepine, and phenobarbital have been involved in most published case reports of anticonvulsant hypersensitivity syndrome (AHS). The incidence has been quoted to be one case per 1,000 – 10,000 exposures. Cross-sensitivity among the aromatic anticonvulsants is estimated to be 40-80%. The other aromatic anticonvulsants associated with cross-sensitivity include: lamotrigine (case reports published), felbamate, oxcarbazepine, and zonisamide (no case reports published). Cross-sensitivity is theorized as being possible with the aromatic antiepileptics because the metabolic pathway includes oxidation via CYP enzymes and aromatic hydroxylation. Non-aromatic antiepileptic alternatives not involved with cross-sensitivity include valproic acid, benzodiazepine, ethosuximide, gabapentin, levetiracetam, tiagabine, and topiramate. Valproic acid has published case reports of AHS but these have not been related to cross-sensitivity. Due to the familial association with AHS, family members of patient with AHS should be educated on the increased risk of developing AHS if they use aromatic anticonvulsant drugs.

Typical signs and symptoms of AHS include high fevers, maculopapular rash, lymphadenopathy, elevated hepatic transaminase levels, and eosinophilia. Leukocytosis, neutropenia, thrombocytopenia, and lymphocytosis often cause the syndrome to be misdiagnosed as an infection causing delay in the discontinuation of the anticonvulsant and unnecessary antibiotic use. The type of rash associated may be mild or progress to Stevens Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN).

Carbamazepine-induced SJS and TEN are significantly more common in patients with HLA-B*1502. Preliminary data suggests that the structurally similar phenytoin and fosphenytoin antiepileptics also may induce the serious skin reactions. HLA refers to the group of genes on chromosome 6 that encode a variety of proteins involved in immune function.

Recommendations from 12/12/07 (carbamazepine) and 11/24/08 (phenytoin & fosphenytoin) MedWatch Alerts:

Screen for HLA-B*1502 in most patients of Asian ancestry due to variability in rates of this allele appearing and due to difficulty in ascertaining ethnic ancestry. Screen prior to starting carbamazepine therapy in especially at-risk populations. Approximately 10-15% of patients may carry the HLA-B*1502 allele in parts of China, Thailand, Malaysia, Indonesia, the Philippines, and Taiwan. South Asians, including Indians, appear average 2 to 4% while the Japanese and Koreans appear to have the lowest risk of less than 1%.

Patients who test positive for HLA-B*1502 should not be treated with carbamazepine unless the benefit outweighs risk. Watch for SJS/TEN signs and symptoms even if patient found to be HLA-B*1502 negative.

If patient HLA-B*1502 positive patients, avoiding use of phenytoin and fosphenytoin as an alternative to carbamazepine. Over 90% of carbamazepine treated patients who will experience SJS/TEN have this reaction within the first few months of treatment. Patients of any ethnicity or genotype (including HLA-B*1502 positive) who have been taking carbamazepine for more than a few months are at low risk of SJS/TEN from carbamazepine.

Until the FDA evaluation is completed, healthcare providers who are considering the use of phenytoin or fosphenytoin should be aware of the risks and benefits described in the current prescribing information for this drug.

Abacavir hypersensitivity reaction (AHR) has an incidence of 4% and typically presents with a combination of the following: fever, malaise, dizziness, headache, nausea, vomiting, and diarrhea. Rash may occur in up to 30% of patients, but rash without other the other symptoms should not be classified as AHR. The median time to onset of symptoms in patch test-confirmed cases is seven to eight days, with most cases presenting within the first three weeks of abacavir initiation.

Recommendations from 7/24/08 MedWatch Alert:

Screen for the HLA-B*5701 allele in all patients prior to starting abacavir therapy for the first time and prior to restarting abacavir-containing therapy in patients of unknown HLA-B*5701 status who have previously tolerated abacavir. Do not use this test for diagnostic purposes when AHR is suspected.

If positive, treatment with an abacavir-containing regimen is not recommended unless benefit clearly outweighs risk. Watch for signs and symptoms of AHR even if negative due to rare incidence of occurrence.

Discontinue abacavir therapy permanently if the patient becomes seriously ill and hypersensitivity cannot be ruled out, regardless of HLA-B*5701 status.

HLA Screening, cont.

Following a hypersensitivity reaction to abacavir, NEVER restart abacavir or any abacavir-containing product because severe symptoms can occur within hours and may include life-threatening hypotension and death. If genetic testing is not available, abacavir can be initiated in conjunction with a clinical management program.

One recent editorial highlighted ethical issues that have arisen from the FDA’s use of ancestry to stratify populations at risk for antiepileptic hypersensitivity syndrome. The editorial expressed the lack of specificity regarding the definition of who has Asian ancestry and lacks data supporting the inclusions of some Asian countries (e.g., Philippines) but not others (e.g., Russia and Mongolia). The editorial suggested that the cost of caring for one population of patients vs. another may increase and cause discrimination. Due to the vagueness of the recommendations, it is felt that the insurance companies will need to decide if genetic testing should be approved only for certain subgroups or if testing should be approved for all people who need the implicated antiepileptic drugs.

Testing for the presence of specific HLA subtypes is available from most labs as a send-off lab and will in most cases be completed at the discretion of the physician on an outpatient basis due to the long turn-around time and required follow-up. The patient charge for the HLA-B*1502 and HLA-B*5701 is approximately \$833 with a 9-12 day turnaround time based on a quote from a local company. As pharmacogenetic screening becomes more and more part of the standard of care, the pharmacist’s role will evolve to provide needed patient care in this setting.

REFERENCES

Bohan KH, Mansuri TF, Wilson NM. Anticonvulsant hypersensitivity syndrome: implications for pharmaceutical care. *Pharmacotherapy* 2007;27(10):1425–1439.

Center for Drug Evaluation and Research, Information for Healthcare Professionals: Carbamazepine (Marketed as Carbatrol, Equetro, Tegretol, and Generics) - FDA Alert, available at <<http://www.fda.gov/cder/drug/InfoSheets/HCP/carbamazepineHCP.htm>> (last visited December 23, 2008)

Center for Drug Evaluation and Research, Information for Healthcare Professionals Phenytoin (marketed as Dilantin, Phenytek and generics) and Fosphenytoin Sodium (marketed as Cerebyx and generics) - FDA Alert, available at < http://www.fda.gov/cder/drug/InfoSheets/HCP/phenytoin_fosphenytoinHCP.htm > (last visited December 23, 2008)

Center for Drug Evaluation and Research, Information for Healthcare Professionals Abacavir (marketed as Ziagen) and Abacavir containing Medications - FDA Alert, available at <<http://www.fda.gov/cder/drug/InfoSheets/HCP/abacavirHCP.htm> > (last visited December 23, 2008).

Payne PW Jr. For Asians only? The perils of ancestry-based drug prescribing. *J Law Med Ethics*. 2008 Fall;36(3):585-8.

OSHP Members News

AWARDS

- Health-System Pharmacist of the Year: Susan Conway (formerly Fugate)
- Continuing Excellence Award: Beth H. Resman-Targoff
- President’s Leadership Award and Bristol-Myers-Squibb Award: Lesley Maloney
- Past Presidents Award: Susan Conway
- Service Awards: Yvette Morrison and Jennifer Bird
- OSHP Scholarship (\$500): Renee Tobey (OU) and Asmini Mohanlal (SWOSU)
- OSHP Senior Awards: Louis Mark Bateman (OU) and Jessica L. Easterwood (SWOSU)

CAREER NEWS

- Brooke Honey has accepted a faculty position with the OU College of Pharmacy – Tulsa in Pediatrics
- Katherine O’Neal and John Barnabas will be completing a PGY2 in Ambulatory Pharmacy with OU Tulsa

OU Student Chapter Report

Advisor: Michele Splinter

Meetings

On February 9th, guest speaker Tammy Spears spoke to the chapter about her work as a pharmacist in a long-term acute care hospital. Amulya Vanguri, Bridges to Access committee member, also spoke to the chapter about the Bridges to Access Conference, held on March 7, 2009. The Bridges to Access Conference, sponsored by the OU Community Health Alliance, aimed to teach how to implement preventative health education programs in the community. On March 2, guest speaker Sarah Martin, clinical pharmacist at St. John Medical Center in Tulsa, spoke to the chapter about her PGY-1 residency at St. Francis in Tulsa. Nominations for new officers were opened during the March 2 meeting and were voted on at the next chapter meeting, April 8th. New officers took office on April 30, 2009.



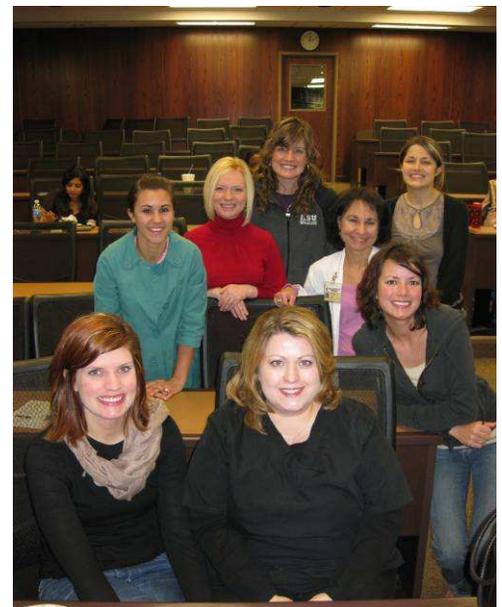
OU Students participate in OU's Big Event



OU Students pose with OSHP Past-President Lesley Maloney

Service

On January 23rd, members of sOSHP assisted at Wish Night, a fundraiser held by the students of the OU College of Pharmacy benefiting the Make a Wish Foundation. Members assisted the Poison Control Center during National Poison Prevention Week, March 15-21, 2009. Members also organized a group of students on both the Tulsa and OKC campuses to participate in The Big Event on March 28, 2009. The Big Event is a project of the University of Oklahoma that coordinates thousands of students in helping the community in a single day.



Students have some fun while volunteering to help the community

Officers	Spring 2009	Fall 2009
President	Renee Tobey, P-3	Kate Denney, P-2
President-Elect	Kate Denney, P-2	
Vice-President	Allie Hooper, P-2 Sue Krueger, P-3	Allie Hooper, P-2 Todd Worsham, P-2
Secretary	Molina Mhatre, P-2	Kristie Williams, P-2 Josiah Schomer, P-2
Treasurer	Sarah Peters, P-2	Jessica Hille, P-1 Bruce Winchester, P-1
Historian	Natasha Goli, P-2 Leah King, P-2	Natasha Goli, P-2 Minhye Kim, P-2
Service Chair/Co-Chairs	Maria Bates, P-3 Minhye Kim, P-2	Amulya Vanguri, P-1 Leah King, P-2

SWOSU Student Chapter Report

Advisors: Mark Gales, Virgil Van Dusen, and Nancy Williams

The Southwestern student chapter of OSHP has had a busy and productive semester. We have participated in numerous volunteer activities and had many informative speakers come and talk to our group. Additionally, we continued to fundraise this semester in anticipation of sending several members to the next ASHP Midyear Clinical Meeting in Las Vegas in December 2009.

For our first speaker meeting of the spring semester, Dr. Tiffany Kessler spoke to the students about her residency experiences. She is a Southwestern College of Pharmacy graduate and will be teaching at the school starting in the fall of 2009. At this meeting, she explained the details of what a residency is and her experience in a specialized residency program focused on Internal Medicine. We also helped out the Faith Hospice of Oklahoma in February. We made candy vases

for a Faith Hospice charity and Valentine’s Day cards for patients.

In March, Ryan Walker came to speak about Walgreen’s new and innovative residency opportunities as well as the benefits of summer internships. For the National Poison Prevention Week, we visited the elementary school in Hydro, Oklahoma. We educated students from kindergarten to fifth grade on the dangers of poisons. We created a “Poison Match” game and supplied the students with stickers, magnets, and coloring games that all had to do with poison prevention. In April, we had Dr. Jodi Graft speak about her residency experience and her current position at the Edmond Specialty Hospital.

To end the semester, we had our last meeting at a local park where we grilled hamburgers and hotdogs. There, we elected

our new group of officers for the upcoming fall semester.

We look forward to what the next semester will bring. We would also like to thank our current officers and faculty advisors for a job well done!



SWOSU Students educate elementary school students about the dangers of poisons



Officers	Spring 2009	Fall 2009
President	Rebecca Stodieck	Tara Newton
President-Elect	Tara Newton	Daniel Chapman
Secretary	Jason Peace	Khoi Phan
Treasurer	Daniel Chapman	Robert Gholson
Fundraising Chair/Co-Chairs	Shawn Poole Angela Ward	Shawn Poole

Oklahoma Society of Health-System Pharmacists

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To submit an article, photos, or updates, send an email to:

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— or —

Debbie Poland
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Help OSHP grow—forward this newsletter to your coworkers and print copies for others to read.

— Thanks for your support

Our Goals

- Advance rational, patient-oriented drug therapy.
- Promote pharmacists as integral members of the health care team, fully utilizing their clinical and drug-use-control functions.
- Serve as a primary advocate for advancing professional practice, enhancing the cost-effectiveness of pharmaceutical services, and improving the quality of patient care.
- Promote the pharmacists' value to patients to insure that appropriate medication management is applied for their benefit.
- Encourage good health by fostering the optimal and responsible use of drugs, including prevention of improper or uncontrolled usage.
- Assure sufficient, competent manpower in the profession by offering education and training programs.
- Contribute to continuing education programs for pharmacy practitioners and support staff.
- Provide leadership in the identification, analysis and evaluation of health care trends and in the development of public policy, and address legislative and regulatory initiatives of concern to the pharmacy profession.

Not yet a member of OSHP? Join Today!

Benefits

- **Meetings and conferences** provide current information pertaining to all areas of the health-system pharmacy profession and related areas.
- **Monthly district meetings** are an excellent opportunity for continuing education.
- **Networking with pharmacy professionals**, sharing past work experiences, and generating new ideas.
- **Opportunity to participate** in the future planning of health-system pharmacy.

Membership Categories

- Active - Pharmacist: \$75.00/year
- Active - First Year Pharmacist Licensee: \$50.00/year

Associate Members:

- Supporting: \$50.00/year
- Technician: \$20.00/year
- Pharmacy Student: \$20.00/year

For full details about membership in OSHP visit <http://www.oshp.net>

Welcome New Members

Teresa Boatner
 Marshall Brown
 Sammy Maples
 Laura Niemann
 Sherri Peden
 Sarah-Ann Stephens
 JoNel Weber
 Leah King