



# Oklahoma Society of Health-System Pharmacists

April – June 2006

Visit our website at [www.oshp.net](http://www.oshp.net)

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**Mark your Calendar**

**OSHP Board Meetings**  
OUCOP (OKC and Tulsa)  
First Wed. of each month, 3 PM

**2006 OK Annual Preceptors Conference**  
OUCOP (OKC and Tulsa)  
September 30, 2006  
8:00 am-2:00 pm

**Board of Pharmaceutical Specialties (BPS) Certification and Recertification Exams**  
October 7, 2006  
For information, go to [www.bpsweb.org](http://www.bpsweb.org)

**ACCP Annual Meeting**  
St. Louis, MO  
October 26-29, 2006  
For information, go to [www.accp.com](http://www.accp.com)

**ASHP Midyear Clinical Meeting**  
Anaheim, CA  
December 3-7, 2006  
For information, go to [www.ashp.org](http://www.ashp.org)

## *FROM THE PRESIDENT...*

**Jenean Young, Pharm.D.**



I would like to begin by thanking the members for their support in electing me as President of OSHP for the 2006-2007 term. In turn, need to support the organization by doing the best job that I can to help it grow and to support activities that pertain to you in each of your professional practice sites.

The recent past presidents have done an excellent job in paving the road for my tenure. Several years ago, Dick Abrahamson implemented an annual retreat for the committees to meet with the Board to report on progress within their group. This not only helped communication between the Board and the various committees but also held the committees to a standard of meeting periodically to accomplish their objectives. Most recently, Tracy Hagemann updated our entire by-laws, which was a tremendous undertaking. So, I feel much has been done in recent years, and we can now build on this base.

In order to grow the organization, retaining the loyal members that contribute to the monthly district meetings is vital. Attending the monthly CE meetings and networking with peers not only benefits you as a member but is also your voice to the Board regarding issues that you may be facing. This next year, I would like to grow our membership by encouraging our new graduates to become involved in OSHP. Recent graduates have so much to offer and will be our voice in the future.

There are many issues that affect you in the practice site. Legislation regarding collaborative care, USP 797, pharmacist provider status, and medication safety are but a few of the issues that are important. As a leader of this organization, communication regarding these issues and how they will impact your day-to-day job in your health-system employment is vital.

Committees are currently being developed as those of you attending your May and/or June monthly district meetings have heard. The committees are the Program Committee, Newsletter Committee, Membership Committee, Scholarship and Awards Committee, and the Nominations Committee. I would like to encourage you to become a committee member regardless of your previous involvement with the organization.

I can be reached at [jyoung81@cox.net](mailto:jyoung81@cox.net) or at the monthly district meetings. Please contact me with any questions, concerns, or just to say "hi". I hope each and every one of you has a great summer filled with fun and great vacations!

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***STAY INFORMED...OSHP BOARD MINUTES ARE NOW AVAILABLE ON THE WEBSITE (WWW.OSHP.NET)***

## *FROM THE PAST PRESIDENT...*

**Tracy Hagemenn, Pharm.D.**



As the outgoing president, it has been a pleasure and an honor to serve OSHP the past year. I would like to thank the board members for their help, assistance, and support. I'd also like to especially thank the members who served on committees this past year because you are the reason this organization continues to thrive.

I will continue to serve on the Board for the next year and am looking forward to another great year. The new OSHP Board is excited about continuing the momentum that was started by our predecessors, and I look forward to being a part of the process as I step back. I encourage all members to give their full support to the new Board as they work toward the goals that have been set for OSHP.

I will continue to encourage all members, especially new graduates, to step up and get involved in committee work for the organization. It's a great way to become a part of a growing and changing profession as well as to get the word out that health-system pharmacists are vitally important to patient care.

Again, it has been a pleasure to serve the membership, and I look forward to seeing everyone at meetings and events over the next year!

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## **An Editorial from the OSHP Legislative Committee Chairman**

**Submitted by: Wiley "Butch" Williams, R.Ph., J.D.**

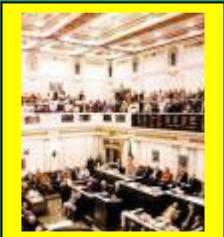
### ***Why Not OPhA?***

Recently I received an email from Phil Woodward, Executive Director of the Oklahoma Pharmacists Association (OPhA). He was sharing a comment that he had received from an anonymous respondent to OPhA's recent membership drive. We talked about it and assume the response was from a hospital pharmacist because the person simply asked the question "What has OPhA done for hospital pharmacy lately?" The person declined to join OPhA. Regretfully, I think the pharmacist's response misses the point of membership in a professional organization. Maybe the response from Phil Woodward should have been "What have you done for OPhA lately?"

Many health-system pharmacists are members of OPhA, and several have served in various roles within OPhA over the past few years. Barbara Poe, Dorothy Gourley and myself have served on OPhA legislative and lobbying committees. Anetta Harrell, Tracy Hagemann, and Edna Patatanian have worked with Phil Woodward on various issues and served on other OPhA committees. Barbara Poe, Tracy Hagemann, and Dorothy Gourley are currently working very hard behind the scenes to promote legislation for collaborative drug therapy. I am sure I am leaving other valuable members off of this list.

Health-system pharmacist members of OPhA have been influential within that organization. OSHP has needed the support of OPhA to obtain most of the professional changes gained over the past few years. It is my observation that the source of resistance to professional growth in our profession lies more with the State Board of Pharmacy than with the membership of OPhA. For the most part, I have found that OPhA is supportive of issues important to health-system pharmacists. However, I also recognize that the only way to change this resistance is with a stronger voice in OPhA. That voice comes through membership and participation.

Service to our profession does not end at the pharmacy counter or in front of the computer screen. It should not end when you get off work. Service is something that you do in addition to your normal workweek task as a pharmacist. That service can be in the form of time, but it should also include a financial commitment. That commitment should include



**An Editorial  
from the OSHP  
Legislative  
Committee  
Chairman  
(continued)**

**Attention Potential  
Authors:**

If you or a colleague is interested in submitting an article for publication in the OSHP Newsletter, please contact the OSHP Newsletter Committee or a Board Member.

Newsletter Committee  
Co-Chairs are Darin  
Smith and Nancy  
Williams:

[dsmith@nrh-ok.com](mailto:dsmith@nrh-ok.com)  
[nancy.williams@swosu.edu](mailto:nancy.williams@swosu.edu)

membership in both OSHP and OPhA. These organizations cannot exist without dues-paying members. And each of us should give some financial assistance to the OPhA Political Action Committee (PAC) and its lobbying efforts. It is a small price to pay to have some voice in the future of your chosen profession. Because OSHP has deliberately kept membership fees and service costs as low as possible, OSHP simply does not have the economic strength to have a meaningful legislative voice. Each of us contributing \$50 to \$100 to the OPhA PAC each year will go a long way toward making changes and getting our voice heard.

My experience is that OPhA, as an organization, is not against hospital pharmacy, nor is it adverse to our goals and objectives. There are members in both organizations that are resistant to change. But if we want to get OPhA's attention, we must be active and participate. We must not only give of our time but also our money. OSHP is a great organization; however, it is small in terms of having a significant voice. Although we have nearly as many active dues-paying members as OPhA, OPhA is often considered the voice of pharmacy in Oklahoma. Why? Because they put more money on the table. OPhA dues are higher, and their active members support their lobbying efforts with financial contributions to the pharmacy PAC. If you want OPhA to do more for hospital and health-system pharmacy, then you have to get involved and make your voice heard. And that is done through active membership and with cash contributions. Whether in the form of membership or contributions to the PAC, those in charge will be cognizant of the source of their funding and will be responsive to it. At least we will be less likely to be ignored. If it seems like OPhA is out of touch with health-system pharmacy, it is because we have allowed it to get that way by our own apathy. I have been told there is a perception by some hospital pharmacists that OPhA is an organization controlled by a few locally owned retail pharmacists with a myopic desire to protect their own economic interest. I don't believe that is really true, but if it were true, isn't the source of that problem our own apathy? If hospital and health-system pharmacy want a greater voice, then we have to get involved in OPhA. OSHP simply does not have the financial resources to be a strong voice for health-system pharmacists. OSHP provides excellent programs for health-system pharmacists, but under its current format, it is simply not able to carry the torch for our growth as a profession. However, we do have the numbers to have a significant impact in the direction of OPhA. OPhA's membership numbers have dwindled over the past few years. OPhA's current membership numbers are no greater than that of OSHP. The reason that OPhA is able to have a stronger legislative voice is because its contributing members are willing to let go of their money and invest in their future or to preserve the status quo. If we as health-system pharmacists want to have a greater voice, then we have to be willing to turn loose some of our hard-earned money. It is as simple as that.

First and foremost, pharmacy is a profession. It is a great profession, and we as pharmacists are stewards of that profession. I have seen various salary surveys, and I am glad to report that pharmacists make good money. Starting salaries with the major drug chains are approaching six figures. Most local young lawyers graduating from law school would love to make half of that income. With such high salaries, I find it difficult to understand why pharmacists are so unwilling to contribute to service organizations like OPhA and OSHP. I personally know that Phil Woodward desires to serve all pharmacists within the state, regardless of practice location. The problem is not with Phil or with OPhA. The problem is apathy. If you want more representation on the State Board of Pharmacy, then you have to be willing to get the politicians' attention, and that, in our current political process, is best done through effective lobbying. If you want OPhA to do things for health-system pharmacy, then join the organization and participate. Make your voice heard through OPhA. The vineyard is as fertile as it has ever been. We just have to plant seeds through membership and water them by contributing our time and money. Phil Woodward struggles to get retail pharmacies and individual pharmacists to join. While OPhA's numbers are down, this is an excellent time to step in. This past year Walgreen's Pharmacies declined to renew its corporate membership in OPhA, claiming that it was existing on its last dollar and had to cut expenses, all while reporting a 14% increase in profits. That makes no sense to me, but it is indicative of the apathy that exists in our profession. We need pharmacists to wake up and protect themselves. The apathy from retail pharmacies and pharmacists provides health-system pharmacists an excellent opportunity to have a stronger voice in OPhA. So, why not join OPhA?



# OSHP District Update

## **Western District**

**Recent Meeting:** June 15th, 2006  
Topic: Erythropoietic Stimulating Protein Management  
Speaker: Jill M. Kolesar, Pharm.D., BCPS, FCCP  
Location: Boulevard Steakhouse, OKC, OK

**Upcoming Meeting:** July 27th, 2006  
Topic: ABCs of COPD  
Speaker: Brent Brown, MD  
Location: Crabtown, OKC, OK

**Upcoming Meeting:** August TBA

## **Eastern District**

**Recent Meeting:** June 15th, 2006  
Topic: Low Molecular Weight Heparins  
Speaker: Jim Clem, Pharm.D.  
Location: Southern Hills Chop House, Tulsa, OK

**Recent Meeting:** July 20th, 2006  
Topic: Allergies  
Location: TiaKei's Asian, Tulsa, OK

**Upcoming Meeting:** No August Meeting



## **Welcome New Members:**

**Carolyn Aden  
Ron Arwood**

**Scott Oder  
Rebecca Soukup**

**Debra Stevens  
Renee Tobey**



## **ANNUAL MEETING 2006**

**Education Offered:**  
7 contact hours  
(0.7 CEUs)  
ACPE accredited

**Meeting Attendance:**  
82 people attended all or part of the 2006 Annual Meeting. Of these, 48 were pharmacists, 24 were students, 2 were technicians, 2 were supporting, and 6 were not specified.

**Vendor Showcase:**  
19 vendors participated.

**Special thanks to the following for their support of the meeting:**  
Sanofi-Aventis  
Amgen  
Abbott  
Astellas

# **SCENES FROM THE OSHP 2006 ANNUAL MEETING IN TULSA (APRIL 6TH-7TH)**





## OSHP Clinical Pearls

The intention of clinical pearls is to highlight information regarding various therapeutic topics pertinent to health-system pharmacy practice. If you or your institution has information, protocols, etc... and are willing to share, please contact the OSHP Newsletter Committee.

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### **Tygacil<sup>®</sup> (Tigecycline, Wyeth)**

**Submitted by: Emily Lam, Pharm.D.**

#### **Pharmacology/Indication**

Tigecycline is a glycylicycline antibiotic. It is structurally derived from tetracyclines. Like tetracyclines, it inhibits bacterial protein synthesis by binding to the bacterial 30s ribosomal subunit, but with greater affinity. Its activity is not affected by the two tetracycline resistance mechanisms. Tigecycline displays *in vitro* and clinical activity against gram-positive, gram-negative, and anaerobic isolates. It is considered a bacteriostatic agent.

Tigecycline is FDA indicated for: 1) the treatment of complicated skin and soft tissue infections caused by *Escherichia coli*, *Enterococcus faecalis* (vancomycin-susceptible isolates only), *Staphylococcus aureus* (methicillin-susceptible and –resistant (MRSA) isolates), *Streptococcus agalactiae*, *Streptococcus anginosus* grp., *Streptococcus pyogenes*, and *Bacteroides fragilis*; and 2) complicated intra-abdominal infections caused by *Citrobacter freundii*, *Enterobacter cloacae*, *E. coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, *E. faecalis* (vancomycin-susceptible isolates only), *Staphylococcus aureus* (methicillin-susceptible isolates only), *Streptococcus anginosus* grp., *Bacteroides fragilis*, *Bacteroides thetaiotaomicron*, *Bacteroides uniformis*, *Bacteroides vulgatus*, *Clostridium perfringens*, and *Peptostreptococcus micros*.

#### **Safety**

The most common adverse effects include: nausea, vomiting, diarrhea, infection, fever, abdominal pain, headache, and SGOT/SGPT elevation. Because of structural similarity to tetracyclines, tigecycline may have similar adverse effects including photosensitivity, pseudotumor cerebri, pancreatitis, and antianabolic action (increased BUN, azotemia, acidosis, and hypophosphatemia). Its use during tooth development (last half of pregnancy, infancy and childhood to the age of eight years) may cause permanent discoloration of the teeth. Tigecycline is pregnancy category D, and its use in patients under 18 years of age is not recommended.

Tigecycline is primarily eliminated through biliary excretion. It is not a cytochrome P-450 enzyme inducer or inhibitor and is not extensively metabolized by these enzymes; therefore, it is unlikely to undergo drug interactions by this mechanism. Tigecycline should be used cautiously when treating patients with intra-abdominal infections due to clinically apparent intestinal perforation.

#### **Efficacy**

The efficacy of tigecycline for the treatment of complicated skin and soft tissue infections has been confirmed in two randomized, double blind, parallel clinical trials involving hospitalized adults. In these trials, the primary endpoint was clinical response at the test of cure visit. Tigecycline (100 mg IV initial dose followed by 50 mg IV q 12 hrs) demonstrated noninferiority compared to vancomycin (1g IV q 12 hrs) and aztreonam (2g IV q 12 hrs).

The efficacy of tigecycline for the management of complicated intra-abdominal infections was established in two randomized, double blind, parallel clinical trials in hospitalized adults. These studies compared tigecycline (100 mg IV initial dose and 50 mg IV q 12 hrs thereafter) and imipenem/cilastatin (500 mg IV q 6 hrs). Noninferiority of tigecycline was demonstrated at the test of cure visit.

#### **Place in Therapy**

Tigecycline may be a valuable alternative agent for the treatment of infections due to multiresistant pathogens, including *Acinetobacter* spp., extended-spectrum beta-lactamase (ESBL) producers, MRSA, and vancomycin-resistant enterococci (VRE). However, it lacks activity against *Pseudomonas aeruginosa* and *Proteus* spp. Tigecycline also provides an option for penicillin-allergic patients or those intolerant of other antimicrobial agents. It should be used judiciously to prevent the development of resistance.

#### **Check it Out!**

There are several new additions to the OSHP web page. This includes a "Universal Medication Form" for patients to list medications they are taking. Additionally, Rx for Change is providing several informational sheets for patients interested in quitting smoking. Feel free to print out any of these forms.



# Chapter News

## CONGRATULATIONS TO THE AWARD RECIPIENTS FROM THE 2006 ANNUAL MEETING



- ❖ Health-System Pharmacist of the Year Award – **E. Ben Welch**
- ❖ Sylvia J. Martin Outstanding Technician Award – **Dawn Marie Geizer**
- ❖ OSHP Student Scholarships (\$500)
  - OU College of Pharmacy – **Lauren Hromas**
  - SWOSU College of Pharmacy – **Rachel Adams**
- ❖ President's Leadership Award & Bristol-Myers-Squibb Award – **Tracy Hagemann**
- ❖ Past Presidents Award – **Edna Patatanian**
- ❖ Service Awards – **Susan Fugate** and **Greg Clack**
- ❖ OSHP Senior Student Awards
  - OU College of Pharmacy – **Beniam Baissa**
  - SWOSU College of Pharmacy – **Rodney L. Brumbelow**



## Pharmacy Technician Topics

*Submitted by: Kristen Passoni, Pharmacy Technician Instructor at Tulsa Technology Center*

### ***Technicians in Compounding***

Pharmacy is defined as the art, practice, or profession of preparing, preserving, compounding, and dispensing medical drugs. Although the modern-day pharmacist may spend more time counseling and dispensing than compounding, compounded medications may still be necessary to alleviate a patient's symptoms. After the physician and pharmacist create a customized prescription for a patient, pharmacy technicians play an important role in the compounding process. In some pharmacies, technicians prepare the majority of compounded prescriptions. Before beginning to compound, technicians should familiarize themselves with the procedures, techniques, and terminology listed in the formula. Technicians should also request training on any equipment they are unfamiliar with and abide by all safety precautions. More adequate personal protective equipment is usually required when compounding medications.

If you are interested in learning more about compounding, visit [www.pccarx.com](http://www.pccarx.com) or [www.iapcrx.org](http://www.iapcrx.org) for more information.





## **OUCOP Student Chapter Report**

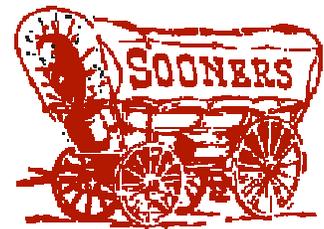
**Advisor: Michele Splinter**

Regular meetings were held throughout the year at the College, and invited speakers presented on a wide range of topics. Teena Thach, P-2 student, presented her research project "Deconstructing USP Chapter 797: Overview of the practice standards for compounding sterile preparations". Our January 2006 speaker was the current OSHP President, Tracy Hagemann, and she informed us about several state issues and opportunities for involvement. In February, Scott Schaeffer, pharmacist at the Poison Center, described his career and a typical day at the Oklahoma Poison Center. Erin Kinsella, Vice Chair of the New Practitioners Forum and Specialty Practice Resident in Health System Pharmacy Administration at The Ohio State University Medical Center, spoke as the ASHP representative during Pharmacy Week in April.

The chapter was also active with service projects this semester, which involved distributing poison prevention literature at the Asian Consortium health fair.

New officers for the coming year were elected in April and are listed below. We look forward to an exciting fall semester and thank the past officers for all of their hard work this year.

OFFICERS	SPRING 2005-SPRING 2006	SPRING 2006- SPRING 2007
President	Lauren Hromas	Jennifer Gass
President-Elect	Jennifer Gass	Mark Bateman
Vice President	Sarah Gross	Amanda Bishop (OKC), Katherine O'Neal (Tulsa)
Secretary	Shandi Marriott	Django Belote
Treasurer	Katherine O'Neill	Lisa Mayer (OKC)
Historian	Michelle Bilger	Christine Le (OKC), Jesse Schmidt (Tulsa)



## **SWOSU Student Chapter Report**

**Advisors: Erin Callen, Mark Gales, Virgil Van Dusen, Nancy Williams**

The SWOSU College of Pharmacy-ASHP student chapter has had a very successful semester. We were privileged to have several guest speakers come talk on various topics that were of interest to our members. Jennifer Mooney came to our February meeting to discuss nuclear pharmacy. In March, Dr. Tracy Hagemann gave a presentation on pediatric pharmacy and various pharmacy residencies. April was a busy month because we held officer elections plus several students on rotation spoke to the chapter about the ASHP Midyear Meeting and how to prepare for interviews. We were also honored that month to have Dr. Chris Gentry talk to the students about infectious diseases and the role of pharmacists in disease prevention.

The student chapter fundraised over \$1000 this semester towards the ASHP Midyear Meeting. We held two fundraisers and sold T-shirts, sweatshirts, and various pharmacy keepsakes. We hope to be able to send many students from our chapter to the next Midyear meeting. At the end of the semester, the chapter also held a volleyball tournament/social for its members. We had a great turnout, and everyone had lots of fun!

In addition to our fundraising and social activities, our chapter continued to work with Trinity Hospice as our service project, making decorations for the patients.

We are very optimistic about the chapter's future growth and success. The chapter is excited for our newly elected officers and look forward to the upcoming semester.

OFFICERS	SPRING 2006	FALL 2006
President	Jennifer Le	Rachel Adams
President-Elect	Rachel Adams	Cassi Mettry
Secretary	Kayly Tran	Jaime Miller
Treasurer	Dat Pham	Donovan Fuller
Fundraising Chair	Ashley Rowe	Ashley Rowe and Kim Le



**WATCH FOR UPCOMING ISSUES OF THE OSHP NEWSLETTER**

July-Sept 2006, Oct-Dec 2006