

On the Inside:

Meet Your ASHP Delegates	3-4
Accountable Care Organizations	5-6
Announcements	6
District Chairs Messages	7
Legislative Committee Report	8
Student Chapter Reports	9-11
Membership Benefits	11
Pearls: Clobazam	12-13
Fall Meeting Pictures	14-18

Letter from the President

Nancy Toedter Williams, Pharm.D., BCPS, BCNSP, FASHP

I hope everyone's 2012 is off to a great start. OSHP had a busy fall, and the winter/spring is gearing up to be eventful as well.

On Saturday, November 19th, several members participated in OSHP's community service project – St. Jude Give Thanks Walk, which was held in both Oklahoma City and Tulsa. Volunteers helped by passing out water bottles and cheering on the walkers at Penn Square Mall and Woodland Hills Mall. Both cities also had walkers for the 5K event. I am excited to announce that OSHP raised over \$900 to support St. Jude Children's Research Hospital . . . Team OSHP-OKC raised \$455, and Team OSHP-Tulsa raised \$450. Thank you so much to everyone who participated by donating their time and money to support a worthy cause.

In November and December, I had the opportunity to represent OSHP at several national meetings. In November, I attended the ASHP State Affiliate Presidential Officer Retreat held in Chicago. I was able to network with other affiliate leaders and learned about some great ideas/programs that we may be able to implement at OSHP. In December, I attended the State Affiliate Leaders Conference and the President's Dinner at the ASHP Midyear Clinical Meeting in New Orleans. These sessions presented another opportunity to learn and network with other state organizations. I've already been able to apply some of the information gained at these meetings to help improve our organization.

I'm also excited about a new program that OSHP is starting this winter. Recognizing a need to strengthen our services for new practitioners and students, we have started a new mentor program. This program will match mentors to mentees and will provide career development expertise from more experienced practitioners.



President's Letter, continued

Since this is the first year for this program, we will limit the mentees to new practitioners only and hopefully expand to include students later. I am pleased to report that I have already received several applications from both mentors and mentees wanting to participate. The program description and applications are available on the OSHP website (www.oshp.net), and applications will be accepted until January 31st. Thanks to all who have volunteered for this program.

The Oklahoma Pharmacy Legislative Day 2012 is around the corner, so mark your calendars for Tuesday, February 21st. Similar to last year, the day will kick off with a pharmacy briefing meeting, followed by "Lunch with your Legislator". In the afternoon, there will be a pharmacy-run health fair for the state legislators and their office staff. Areas will be set up to provide blood pressure readings, fingerstick blood glucose checks, cholesterol panels, and medication counseling. This health fair was such a hit last year, and I anticipate even greater success this year! It was also very rewarding to see OSHP work together with OPhA and both colleges of pharmacy to host this event.

Spring will be here before you know it . . . along with our OSHP Annual Meeting. I'd like to invite everyone to attend this meeting, which is scheduled for Friday, March 30th, at St. John Medical Center in Tulsa. The Program Committee has been hard at work and has put together a great agenda with a variety of topics, including both local and national speakers. As in the past, there will be residency project pearls, the vendor showcase, and the awards/new officer installation ceremonies. You won't want to miss this exciting meeting.

The OSHP Bylaws Committee has been hard at work these past few months, revising the bylaws, policies, and guidelines. This is a very long and meticulous process, and I sincerely thank Susan Conway for leading this effort. The proposed changes will be reviewed at the Annual Meeting and then submitted later to the full membership for vote by ballot.

Lastly, I wanted to encourage our members to show their OSHP pride and purchase our new t-shirts. The two student chapters participated in a t-shirt design contest, and the winning design (submitted by the SWOSU chapter) is now available for purchase. The design and order forms are located on our OSHP website. Because of the difficulties and expense associated with mailing the shirts to the membership, the Board decided that they will only be distributed at the Eastern and Western District Meetings. Please note that any profits made from the sale of these t-shirts go to support student scholarships. . The first deadline to order the shirts has passed, but I anticipate that we will have several other order dates during the year.

I can't believe my term as president will be ending soon. I'm proud of everything that OSHP accomplished this year. I want to personally thank all of the committee chairs/members, the board of directors, and Shirley Dunn, our staff secretary. I couldn't have done it without your hard work and support.

Meet Your ASHP Delegates

Matthew L. Bird, Pharm.D., BCPS

Current Title & Institution

Assistant Professor, Department of Pharmacy: Clinical and Administrative Sciences (Oklahoma City), University of Oklahoma College of Pharmacy
Practice Site: OU Medical Center, Adult Medicine

Pharmacy School and Postgraduate Training

Pharmacy School: Southwestern Oklahoma State University, Pharm.D. (2006)

Postgraduate Training: Pharmacy Practice Residency (2007) and PGY-2 Internal Medicine Residency (2008), University of Oklahoma College of Pharmacy

Family, Pets, Hobbies

Family: My wife, Jennifer and I have been married for 12 years and we currently live in Yukon. Jennifer is a clinical pharmacy specialist at the VAMC and also the pharmacy practice residency director. We have one daughter, Kara (age 2) and we are awaiting “baby brother’s” arrival in April 2012. I have a twin brother who looks exactly like me. If you approach a guy who looks like me in the Tulsa area and he does not know who you are, then you have mistaken him for me! I have turned Kara into an OKC Thunder fan, with the occasional “Go Thunder” or “Thunder UP” being shouted at my house at any point.

Pets: We currently do not have any pets. If Kara had any input on the pet situation, we would be the proud owners of many cats.

Hobbies: I love to hunt and try to take a dove hunting trip to Kansas and an elk hunting trip to Colorado each year. I have also been into running the last few years and have completed 4 half-marathons with the goal of completing the entire 26.2 miles (marathon) soon.



I have been a part of OSHP since I was in pharmacy school and have benefited tremendously from this organization.

Rewarding Aspects of OSHP Involvement

I have been a part of OSHP since I was in pharmacy school and have benefited tremendously from this organization. One of the major benefits of OSHP is the diversity of pharmacy practices that are represented in the organization. I have had the opportunity to learn from many individuals, which has had a positive impact on how I practice pharmacy today and will in the future. I am truly excited to be a part of this organization as I feel that patient care and serving our community are utmost priorities for OSHP. I am looking forward to representing our organization at the ASHP summer meeting as the newly elected delegate. I have been looking forward to more involvement with our organization at the national level and I feel that it is a starting point for me professionally to represent us. I am excited about networking and engaging with pharmacists, technicians, and students from our organization and being a part of the movement forward in pharmacy.

Darin L. Smith, Pharm.D., BCPS, FASHP



“One thing I’m constantly reminded of as I deal with other health professionals is how much we as pharmacists value networking which is somewhat unique to our profession.”

Current Title & Institution

Director, Pharmacy Services and Performance Improvement, Norman Regional Health System, Norman, OK

Pharmacy School and Postgraduate Training

Pharmacy School: University of Oklahoma College of Pharmacy, B.S. Pharmacy (1991) and Pharm.D. (1993)

Postgraduate Training: Specialty Residency, Clinical Pharmacokinetics, University of Oklahoma Health Sciences Center (1994)

Family, Pets, Hobbies

Family: My wife Julie and I have been married for 12 years and we currently reside in Norman. Julie is a Masters-prepared nurse and currently works as an Infection Prevention Specialist at Norman Regional Health System. We have one daughter, Lauren (age 7), who is in second grade at All Saints Catholic School. I grew up and graduated high school in Ponca City, Oklahoma.

Pets: We have one lovable, stubborn (and quite old) pug named Haan.

Hobbies: I’m a huge Sooner fan and love to attend away football games as much as possible. I really enjoy movies, snow skiing, and travel. I’m the first to admit I’m a workaholic!

Rewarding Aspects of OSHP Involvement

My years of involvement with OSHP have allowed me to develop not only professional relationships, but to strengthen long-term friendships with many individuals. One thing I’m constantly reminded of as I deal with other health professionals is how much we as pharmacists value networking which is somewhat unique to our profession. Other disciplines are not nearly as well connected as we are through organizations such as OSHP. I appreciate the opportunities provided to me by OSHP over the years and truly feel it is an honor to serve as a delegate to the ASHP House of Delegates.

Accountable Care Organizations (ACOs)

What is an ACO?

- An ACO is an organization of healthcare professionals that is held accountable for the quality, cost, and overall care of its patients.
- Providers are jointly held accountable for achieving quality improvement measures and reducing the rate of spending growth.
- Many different arrangements exist: Medicare and/or Medicaid, insurance companies, large employers, etc.
 - If Medicare, care of at least 5000 beneficiaries is required.

Who can participate in an ACO? (Participation is voluntary)

1. ACO professionals in group practice arrangements
 - ACO professional: physician, physician's assistant, nurse practitioner, clinical nurse specialist
2. Networks of individual practices of ACO professionals
3. Partnerships or joint ventures between acute care hospitals and ACO professionals
4. Acute care hospitals employing ACO professionals
5. Other approved providers and suppliers as determined by the Secretary of Health and Human Services

Basic ACO features

- Enrollment
 - Providers are required to notify patients of their ACO participation.
 - Patients are not formally enrolled in the ACO and are not required to obtain services through the ACO.
 - Patients who receive most of their care from ACO-affiliated providers are considered "assigned" to the ACO.
- Performance measurement
 - Payors collect data on utilization and costs as well as quality of care for the ACO population.
 - Providers may be required to meet minimum quality standards to continue ACO participation.
- Accountability: shared savings and costs
 - Spending for the ACO patient population will be compared to pre-ACO spending for the same population (or a similar population not assigned to the ACO).
 - If the ACO has saved money, it may receive a share of the savings.
 - If not, the ACO may be required to repay a portion of the losses.

What is the pharmacist's role in an ACO?

While pharmacists are not included in the definition of ACO professionals, we can support ACOs in their mission to improve quality of care and reduce costs. Here are some examples:

- Medication therapy management clinics
 - e.g., anticoagulation, HIV, lipid management
- Comprehensive medication review and reconciliation
 - e.g., post-hospitalization medication review and coordination with pre-hospitalization medication therapies
- Drug utilization review and identification of gaps in care
 - e.g., assessing medication appropriateness and patient safety issues; identifying patients with target disease states (asthma, heart failure, etc.) who are not on appropriate medications and recommending therapy changes
- Medication adherence clinics
 - e.g., counseling patients with chronic disease states who have been identified as non-adherent to increase adherence rates and improve outcomes

Where can I find more information?

- AMCP White Paper: <http://prod.amcp.org/WorkArea/DownloadAsset.aspx?id=9728>
- ASHP Policy Analysis: <http://www.ashp.org/doclibrary/advocacy/policyalert/aco-policy-analysis.aspx>
- CMS Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf>

Announcements

ASHP Oklahoma Delegates - Congratulations to Matthew Bird on his selection as ASHP Oklahoma Delegate. Nancy Williams has been selected as the alternate delegate. Current delegates continuing their 2nd year as ASHP Oklahoma Delegates are Edna Patatanian and Darin Smith. The Oklahoma Delegate will serve as an OSHP representative at two House of Delegate meetings at the 2012 ASHP Summer Meeting in Baltimore, Maryland.

Open Positions - Call for nominations for Secretary and President Elect will be sent out early February. The nomination and elections will be conducted electronically again. The new officers will be installed at the Annual Meeting on March 30, 2012.

OSHP Annual Meeting - Mark your calendars and keep an eye out for more program information. The upcoming OSHP annual meeting will be held this year in Tulsa at St. John Medical Center on March 30, 2012.

Oklahoma Board of Pharmacy Ballot –Mark St. Cyr and Yvette Morrison have been selected to represent OSHP on the OK State Board of Pharmacy ballot. The ballot will be sent to you and voted on by all licensed Oklahoma pharmacists. Please make sure you cast your vote for our candidates.

A Message from the District Chairs

Eastern District

Nominations for Eastern District Chair are open. The electronic call for nominations will be sent out the first week of March. The ballot will be sent out mid March. This will be the first time we will be conducting this election electronically. The new Eastern District Chair will be installed and begin a two-year term at the Annual Meeting on March 30.

Upcoming meetings:

Tuesday, February 21 at Fleming's

Topic: Clinical Overview of IV Acetaminophen

Thursday, March 8 at a location to be determined

Topic: Treatment of Complicated Intra-abdominal Infections

Thanks to Cadence and Ortho-McNeil for sponsoring these upcoming meetings.

Mark D. Mills, Pharm.D., BCPS

OSHP Eastern District Chair, 2010-2012

Western District

In 2011, the OSHP Western District held nine meetings, eight of which have been approved by the Oklahoma State Board of Pharmacy for 1.0 hour of Oklahoma continuing education credit. Credit for the December meeting is still awaiting approval. For 2012, meetings have been secured for the months of February, March, May, and June. Please check emails for details about these upcoming meetings.

I want to thank our dedicated members for their continued attendance and support. In addition, I would encourage Western District members to email me at teresa-truong@ouhsc.edu if they have a potential topic/sponsor for one of our Western District meetings. I am currently planning our meetings for Fall 2012 and would appreciate any input.

Lastly, I'd like to ask all Western District members to indicate whether they need a Certificate of Attendance when they RSVP for the meetings. By doing so, it allows me to bring the exact amount needed and avoid wasting paper and trees.

Teresa Truong, Pharm.D., BCPS, CDE

OSHP Western District Chair, 2011-2013

Legislative Committee Report

The Legislative Committee has an overall goal to improve advocacy effectiveness among the membership. To achieve this, a four-pronged approach to be implemented in phases over 2-3 years, was developed in 2010.

1. Survey health-system pharmacists on involvement in collaborative practice (completed in 2010)
2. Increase student involvement in professional advocacy
3. Involve membership in grassroots advocacy
4. Invite your legislator to your work place

This year we are working on Phases 2 and 3. We are working with the Legislative Committee of OPhA in planning the 2012 Oklahoma Pharmacy Legislative Day – which is scheduled for February 21, 2012 at the State Capitol in Oklahoma City.

ALL pharmacists, pharmacy technicians and pharmacy students are urged to attend Pharmacy Legislative Day. A morning briefing will take place at the Jim Thorpe Museum (4040 N. Lincoln) from 10-11:30 AM. You are encouraged to make an appointment with your state senator or representative that day to discuss important issues facing pharmacy, including collaborative medication management, drug shortages, etc. A Health Fair is set for 1-4 PM for senators/representatives and their staffs. OSHP will be well-represented at this health fair, to ensure that the health-system pharmacy side of the profession is visible and involved. There is an evening reception from 5-7 PM that night at the Oklahoma History Center and all are encouraged to come and mingle. Please keep your eyes open for a registration email.

Two other important notes:

1. There is an Oklahoma Pharmacy Political Action Committee. While it operates within OPhA, it is crucial that **ALL** Oklahoma Pharmacists participate. Legislative success today involves more than just knowing your legislators at the grass roots level. The reality is that legislative efforts require significant money, and the facts are basic, PAC donations get your legislator's attention. The stark reality is that politicians will listen to those who bring the most to the table. If our profession is to control its own destiny in a political society such as ours, we must support the political candidates who support us, regardless of party. If every pharmacist and pharmacy student in the state gave even \$10, it could have a huge impact. Please see this link for more information:

<http://www.opha.com/GovernmentAffairs/PACDonationForm.aspx>

– or you can contact me with questions (t.hagemann@cox.net).

2. A United States Public Health Service report to the Surgeon General calls for collaboration between pharmacists and physicians: “Improving Patient and Health System Outcomes through Advanced Pharmacy Practice.” It calls for pharmacists to be classified as health care providers under the Social Security Act and for the Centers for Medicare & Medicaid Services to recognize pharmacists as non-physician practitioners. I would encourage all OSHP members to take a look at the report: <http://www.usphs.gov/corpslinks/pharmacy/comms/pdf/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf>.

The Legislative Committee, in conjunction with AOKPharm, will be working on talking points for pharmacists to use from this report. Please stay tuned.

We look forward to continuing our progress toward reaching our broad goal for the committee. If you have comments or questions for the committee, please contact me.

Tracy Hagemann, Pharm.D., FCCP
OSHP Legislative Chair

SWOSU Fall 2011 sOSHP Chapter Highlights

Advisors: Tiffany Kessler and Nancy Williams

Our Southwestern OSHP Student Chapter had another busy and productive fall semester. We hosted several great speakers and organized the local Clinical Skills Competition.

Our speakers throughout the semester included Dr. Mark Gales, Dr. Krista Brooks, and Dr. Chelsea Church. Dr. Gales came to give our group information and helpful tips in preparation for the Clinical Skills Competition. Dr. Brooks spoke to us about the different components of a residency and her personal experiences as a resident. She also covered various activities that are part of the application process and mentioned residency opportunities in Oklahoma. Dr. Church brought to our attention the subject of pharmacy advocacy, specifically related to the proposed legislation in Oklahoma that would have mandated Health Choice members to convert to mail-order pharmacy. Students at the meeting were concerned over this issue, and many took the initiative of emailing and making phone calls to their legislators. We were proud to see our students take an interest in advocacy and be active.

As is customary in the fall, we set up and sponsored the local Clinical Skills Competition. Congratulations to the winning team of Robert Gholson and Patrick Kelley who proudly represented SWOSU in the national competition as the winners of our local Clinical Skills Competition.

Towards the end of the fall semester, we held a pizza party made possible by the OSHP board members in recognition of our winning the t-shirt design contest. Our submission was designed by Rubin Varghese and Long Tran. We ended the semester with officer elections. We are very excited for the spring semester and look forward to a great group of speakers and activities. We would like to thank all of our officers and especially the faculty advisors for doing such a great job!

Officers	Fall 2011	Spring 2012
President	Duy Nguyen	Victoria Lam
President-Elect	Victoria Lam	Melody Elder
Secretary	Melody Elder	Jennifer Le
Treasurer	Sharon George	Corey Williams
Fundraising Co-Chairs	Long Tran Rubin Varghese	Thomas Tran Ying Lin



OU Fall 2011 sOSHP Chapter Highlights

Faculty advisors: Michele Splinter and Ann Lloyd

The University of Oklahoma student chapter of Oklahoma Society of Health-System Pharmacists had a great fall 2011 semester. Throughout the semester, we attempted various means to encourage student involvement in our chapter and we have had great success with most of our events. This year we recruited 105 members combined from the Oklahoma City and Tulsa campuses.



August-

We started the fall semester with a booth at the organization fair at the P1 orientation during which we displayed a poster to introduce sOSHP to incoming OU pharmacy students.

September-

Our first meeting of the fall semester attracted over 100 students combined on our two campuses.

Dr. Ann Lloyd, our co-advisor and OSHP president-elect, shared information with students about the goals and mission of OSHP and opportunities to get involved in OSHP.



October-

sOSHP launched a series of activities to celebrate pharmacy month at OU College of Pharmacy. Our fundraiser campaign sold bracelets and tumblers with the OU Pharmacy logo to help fund sOSHP events.

We are working with Ms. Shannon Holcomb from the Oklahoma Poison Control Center to develop a service-learning project, which involves presentations and brown bag activities at retirement centers. Our chapter's faculty co-advisor, Dr. Michele Splinter, challenged us to participate in the annual Clinical Skills Competition. Nine teams at our chapter fought for the opportunity to compete at the national level. The winning team, Lourdes Ramos and Loan Tran, represented OU College of Pharmacy in the national Clinical Skills Competition at the ASHP Midyear Clinical Meeting in New Orleans, LA.

The annual homeless health fair took place in late October at the City Rescue Mission, a homeless shelter in Oklahoma City. sOSHP participated along with organizations from many OU Health Sciences Center colleges. We sponsored a booth promoting smoking cessation. We displayed a poster and handed out flyers with information collected from the American Lung Association and American Cancer Society.



Following the homeless health fair, a group of sOSHP members attended the OSHP residency showcase at Norman Regional Hospital.

November-

Our chapter sponsored a residency panel consisting of 8 current residents practicing at OU Medical Center. They shared valuable insights and tips on how to choose and apply to residency programs and how to become good candidates for those programs.

December-

The ASHP Midyear Clinical Meeting & Exhibition took place in New Orleans, LA. A group of students from our chapter were actively involved in the preparation of a poster presentation. The topic was "Co-curriculum in diabetes and poison prevention in youth." The poster was based on a service project developed by students from sOSHP and SNPhA to promote healthy lifestyles by educating students at Marcus Garvey Leadership Charter School about physical activity, nutrition, diabetes, and poison prevention.



In the upcoming semester, we will continue the service projects mentioned above. We will also have speakers from various health care settings to help students learn about different career paths. Poison Prevention month will take place in March this year. Our chapter will work with the Oklahoma Poison Control Center to promote poison awareness and management.

As active participants in the annual Big Event in the past, the OU chapter of sOSHP will continue to put effort into serving the underserved populations in areas around Oklahoma City and Tulsa.

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 (yearly dues)

- Active pharmacist - \$75.00
- Active – 1st year pharmacist licensee - \$50.00

Associate Members

- Supporting - \$50.00
- Technician - \$20.00
- Pharmacy Student - \$10.00

Clinical Pearls: Clobazam in the Treatment of Lennox-Gastaut Syndrome

Avery Wight, Pharm.D., PGY-1 Resident 2011-2012; Oklahoma City Veterans Affairs Medical Center

In October 2011, clobazam (Onfi™) was approved in the United States as adjunctive treatment for seizures associated with Lennox-Gastaut syndrome in patients 2 years of age and older.¹ LGS is an uncommon form of epilepsy described as a “catastrophic encephalopathy”.² LGS typically occurs before eight years of age, has a poor prognosis, and is resistance to treatment. It is characterized by multiple types of epileptic seizures, severe neurocognitive or behavioral disturbances, and “drop attacks” which are characterized by a sudden loss of posture control which causes the patient to fall to the ground.^{3,4} Combination antiepileptic drug therapy is typically necessary to manage this syndrome due to the involvement of multiple seizure types.

Historically, a variety of anticonvulsants have been used in the treatment of LGS and this treatment has often been patient-specific.² No single therapy has been shown to be highly effective and may depend in part on underlying etiology. Treatment is limited by side-effects. Valproate is often tried first but is rarely effective as monotherapy. Felbamate, lamotrigine, topiramate, and rufinamide are FDA approved in the treatment of LGS. Clobazam has been used in other countries for decades as monotherapy and adjunctive therapy in epilepsy and for short-term treatment of acute anxiety.⁴ The approval of clobazam was based on the results of two randomized, double-blind, placebo-controlled studies containing 238 and 68 patients each. All patients were diagnosed with Lennox-Gastaut syndrome and went through a 4-week baseline period followed by a 3-week drug titration period and a 4 to 12-week maintenance period. The trial results revealed that clobazam’s beneficial effects appeared to be dose-related with no evidence of tolerance to the therapeutic effect developing over the maintenance period.^{1,5,6}

Clobazam is metabolized by N-demethylation by CYP3A4 to the active metabolite desmethylclobazam (norclobazam). Norclobazam is then metabolized by CYP2C19 to an inactive form. Both the parent drug and the metabolite are metabolically active and have long half-lives, around 39 and 76 hours, respectively. CYP2C19 inhibitors such as fluconazole, fluvoxamine, ticlopidine, and omeprazole may increase the concentration of the active metabolite by up to 5-fold, necessitating a lower clobazam dose. Alcohol increases the plasma concentration of clobazam by approximately 50% as well as producing an additive CNS-depressant effect. CYP3A4 inducers seem to have no effect on clobazam. Because clobazam is a weak inducer of CYP3A4, dose adjustments of CYP3A4 substrates, especially certain hormonal contraceptives, may be necessary. Product labeling recommends the use of additional non-hormonal forms of contraception in this instance. Based on in vivo testing, it may be necessary to adjust doses of a CYP2D6 substrate, due to clobazam’s inhibitory effects. Clobazam is a benzodiazepine with a unique structure.¹ It is a 1,5-benzodiazepine, structurally similar to 1,4-benzodiazepines like diazepam.³ It is not fully known how clobazam works, but may be related to its ability to bind with the gamma-aminobutyric acid (GABA) receptor and enhance the inhibitory effect of GABA.^{1,7} Similar to other benzodiazepines, clobazam’s most common adverse effects include somnolence, ataxia, sedation, drooling, constipation, cough, aggression, insomnia, and fatigue. The incidences of some adverse reactions (e.g., somnolence, sedation, aggression) appear to be dose-

related.^{1,5,6} Besides the associated adverse reactions, the manufacturer warns of the risk of physical and psychological dependence, withdrawal symptoms, and suicidal behavior and ideation.¹

Due to clobazam’s long half-life, the manufacturer recommends that all patients start at a low dose based on body weight and titrate weekly according to clinical efficacy and tolerability (see Table).¹ Clobazam is available in 5 mg, 10 mg, and 20 mg tablets. It can be administered without regard to food and, if necessary, can be crushed and eaten in applesauce.¹ It should be administered in divided doses twice daily, although the 5 mg dose can be administered as a single daily dose.¹ Clobazam is pregnancy category C and enters breast milk.¹

Table. Clobazam Dosages

	≤30 kg Body Weight	>30 kg Body Weight
Starting Dose	5 mg	10 mg
Starting Day 7	10 mg	20 mg
Starting Day 14	20 mg	40 mg

When used in a geriatric population, dose escalation should proceed slowly starting with 5 mg per day. Although there is no need for dose adjustment in renally impaired patients, those with hepatic involvement have special instructions. For patients with mild to moderate hepatic impairment (Child-Pugh score 5-9), the starting dose should be 5 mg/day in both weight groups. Patients should then be titrated according to weight, but to half the maximum dose presented in the table as tolerated. If necessary and based upon clinical response, an additional titration to the maximum dose may be started on day 21. There is inadequate information about metabolism of clobazam in patients with severe hepatic impairment. Therefore, no dosing recommendation in those patients can be given.^{1,4}

Lennox–Gastaut syndrome is a challenging disease to treat. Clobazam is a welcome adjunctive treatment option for LGS due to its minimal side-effect profile, low development of tolerance, and a long safety history. The approval of clobazam provides physicians with another weapon in their arsenal to improve outcomes in LGS patients.

References:

1. Onfi [package insert]. Deerfield, IL: Lundbeck Inc; October 2011.
2. Wilfong A. Epilepsy syndromes in children. In: UpToDate, Basow DS (Ed), UpToDate, Waltham, MA, 2011.
3. Leahy JT, Chu-Shore CJ, Fisher JL. Clobazam as an adjunctive therapy in treating seizures associated with Lennox-Gastaut syndrome. *Neuropsychiatr Dis Treat* 2011;7:673-81.
4. Drug facts and comparisons. St. Louis: Facts and Comparisons, c2012 [cited 2012 Jan 5]. Clobazam; Available from: Facts & Comparisons 4.0 [proprietary database on the Internet]. <http://online.factsandcomparisons.com/FMS/index.aspx>
5. Ng YT, Conry JA, Drummond R, Stolle J, Weinberg MA, OV-1012 Study Investigators. Randomized, phase III study results of clobazam in Lennox-Gastaut syndrome. *Neurology* 2011;77:1473-81.
6. Clobazam in subjects with Lennox-Gastaut syndrome (NCT00162981). ClinicalTrials.gov Web site. <http://www.clinicaltrials.gov>. Updated April 2010. Accessed January 11, 2012
7. Lexi-Comp Online™, Lexi-Drugs Online : Clobazam™, Hudson, Ohio: Lexi-Comp, Inc.; February 2, 2012.



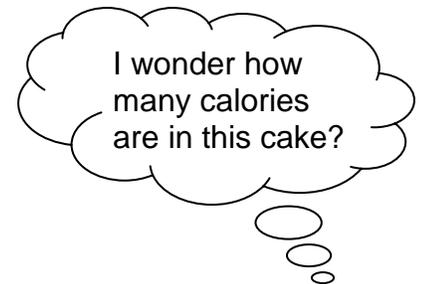
OSHP Fall Meeting – October 28, 2011



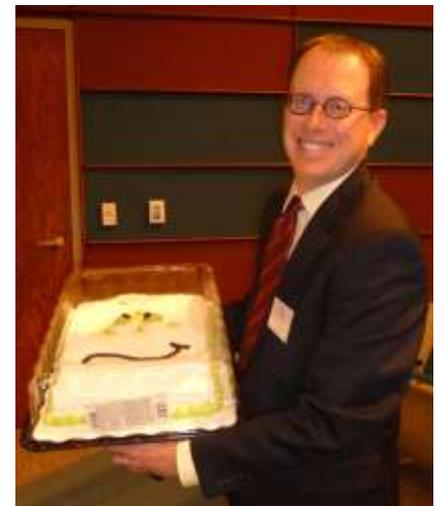
Speakers for the meeting: L-R; Darin Smith, Yvette Morrison, Lourdes Planas, Richard Wheeler



Proud Basket Winners; Debbie Poland & Edna Patatanian



Darin Smith admiring his birthday cake.



OSHP Fall Meeting, OKC – October 28, 2011



Some of the audience enjoying the speaker's presentation.



Taking a break. L-R: Tiffany Kessler, Brooke Honey, Winter Smith, Matthew Bird, Jennifer Bird



Conversing with company representatives during the Vendor Showcase.





Conversing with program representatives during the Residency Showcase.





Conversing with program representatives during the Residency Showcase.

Eastern District Meeting – December 2011



L to R: Kristie Woodring, Marlene Hall, Company Representative, Mark Mills, Company Representative.