53rd NYSCHP Annual Assembly: Reflect, Refresh, Recharge
Join us for the 53rd Annual Assembly: Reflect, Refresh, Recharge, May 2-4, 2014. This year's event will be held at the Saratoga Hilton in Saratoga Springs, NY.

Don't miss out on this great opportunity to gather the latest information from pharmacy experts. This event offers many opportunities for networking, education, industry exhibits, and professional development.

Registration is now open at www.nyschp.org. Click on the event under calendar of events, then register today!

We look forward to seeing you at the Saratoga Hilton in May!

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About ASHP
ASHP is a 35,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving medication use and enhancing patient safety.

American Society of Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, MD 20814
301-657-3000
• e-mail link
• web link

NYSCHP Calendar of Events
Summer Meeting and Exhibition
5/31/14 - 6/04/14
Mark your calendars! ASHP is excited to bring the Summer Meeting to Las Vegas! We will offer our meeting attendees and exhibitors the best of both worlds—a world-class hotel where you can find pharmacy’s best educational and networking opportunities, and one of the most exciting cities with endless entertainment options. The Mirage Las Vegas, Nevada
web link
• Pharmacological Approach to Overactive Bladder and Urge Urinary Incontinence in Women: An Overview

• Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014

• Data Shows Prescription Drug Abuse Problem

**NYSCHP News**

**NYSCHP/CSHP: Ontario Branch CE**
NYS/Canada Pharmacy Educational Programming

March 28, 2014

D’Youville College, School of Pharmacy

Topics to include: IV Compounding CDTM Patient/Medication Safety Oral Oncology Antimicrobial Med Reconciliation

Registration now open at www.nyschp.org.

web link | return to headlines

**Technology Summit**

Join us on March 21, 2014 all of the practice-based, state-wide, professional pharmacy organizations in New York State are collaborating to sponsor the first Pharmacy Technology Summit in Albany, NY. Representatives of the NYS Board of Pharmacy and the Department of Health, Bureau of Narcotic Enforcement will also be joining the conference. The Albany College of Pharmacy and Health Sciences will serve as the
host for the conference.

The purpose of this meeting is to bring together multiple stakeholders in the pharmacy technology sphere to discuss emerging and existing technologies, their impact on the practice of pharmacy, importance to patient safety, and the potential challenges of the existing regulatory framework. This meeting is being cosponsored by all of the NYS Pharmacy professional organizations (NYSCHP, PSSNY, NYS-ACCP, NY-ASCP) as well as participation by the NYS Board of Pharmacy and the Department of Health (Bureau of Narcotic Enforcement). Albany College of Pharmacy and Health Sciences has generously agreed to host the meeting.....this is truly a collaborative effort across the profession in NYS! Besides excellent expert presenters, we will also have panel discussions to allow an opportunity to engage pharmacists and representation from regulatory bodies in meaningful discussion about the role of technology in modern pharmacy practice.

The emphasis will be on evolving healthcare delivery systems, the emerging and important role of pharmacists and pharmacy practice, the importance of technology and informatics on achieving the goals of an emerging healthcare system, and how the regulatory framework will need to evolve to keep pace with these changes. We are not really focusing on the financial and ROI issues of technology, but rather the importance from a patient care and evolving practice perspective.

This Summit is sponsored by: New York Council of Health-system Pharmacists (NYSCHP) Pharmaceutical Society of the State of New York (PSSNY) New York State Chapter of the American College of Clinical Pharmacy (NYS-ACCP) New York State Chapter of the American Society of Consultant Pharmacists (NYS-ASCP)
Follow the link below for Registration!

Pharmacist Emergency Responders for Cardiac Arrest and Other Medical Emergencies Practice Based Program

Join us at the Saratoga Hilton for New Practice Based Program:

Pharmacist Emergency Responders for Cardiac Arrest and Other Medical Emergencies 16 Contact Hours

ACLS & BCLS Certification

Pharmacists play an essential role as an emergency code responder. This certificate program is a comprehensive program designed to provide pharmacists with the knowledge and skills necessary to address cardiac arrest and other medical emergencies. Certification is necessary to ensure appropriate advance cardiovascular life support and necessary medical interventions and medication management based pharmacology and evidence-based literature.

Registration is now open. Go to www.nyschp.org for further information.

NYSCHP links with ASHP eBooks

Purchase ASHP eBooks directly through your state affiliate! ASHP’s clinical, professional, drug information, and educational resources are now easier to access than ever with ASHP eBooks. Use the ASHP eBooks platform as an app on iPhone, iPad, and Android devices to view your online purchases, or download them to your computer with the iOffline. Make a purchase through the ASHP eBooks store then bookmark, highlight, and instantly post content on social media platforms. Once you have ordered your books through the ASHP eBooks store, then download the app by searching ASHP eBooks in the App Stores. Make
Elosulfase Alfa Approved for Rare Lysosomal Disorder
Kate Traynor

BETIHEDA, MD 18 February 2014 - FDA and BioMarin on February 14 announced the licensing of elosulfase alfa as an enzyme-replacement product in patients with Morquio syndrome type A, or mucopolysaccharidosis type IVA, a rare lysosomal storage disorder.

The condition is caused by a deficiency in N-acetylgalactosamine-6-sulfate sulfatase, which is associated with bone development, growth, and mobility. FDA said the disease affects about 800 people in the United States.

Read more

Manufacturer Recalls Roxane-Labeled Acetylcysteine Lot
Cheryl A. Thompson

BETIHEDA, MD 18 February 2014 - Lot 2005479 of Roxane Laboratories' 10% acetylcysteine inhalation solution is being recalled because a glass particle was seen in one of the 30-mL vials, manufacturer Ben Venue Laboratories announced on February 14.

Ben Venue said hospitals, clinics, and other health care facilities as well as health care providers should not use acetylcysteine from lot 2005479 and should immediately quarantine those vials for return.
**ASHP Points Out Unique Role of Health-System Pharmacies in Comments on FDA Compounding Guidelines**

2/12/2014

ASHP asked the FDA to recognize the role that hospital and health-system pharmacies play in enhancing patient-safety in the use of compounded products in outpatient clinics and other ambulatory settings in the Society’s comments on the agency’s proposed rules for Section 503A of the Food, Drug and Cosmetic Act.

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**ASHP Sends Letter of Support for ADAPT Act**

2/12/2014

ASHP applauded the sponsors of The Antibiotic Development to Advance Patient Treatment (ADAPT) Act for their work to incentivize and streamline development of new and badly needed antibiotics for immediate use to treat serious or life-threatening conditions.

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**Pharmacy News**

Experts Issue 'Blueprint for Action' to Combat Shortages of Life-Saving Drugs

*Newswise (02/01/14)*

Prominent healthcare experts from a variety of organizations, including the Food and Drug Administration, The American Society of Pediatric Hematology/Oncology, and patient advocacy groups, have published a set of recommendations for preventing shortages of life-saving drugs. The recommendations, published in the journal Pediatrics, call for an end to the practice of simply reacting to drug shortages and to instead focus on preventing shortages before they occur. For instance, the experts recommended developing a
centralized source of information about drug supplies and examining ways to facilitate the transfer of drugs between healthcare institutions and states. However, the experts acknowledged that it could be difficult to implement these recommendations given the reticence among drug manufacturers in disclosing manufacturing problems that lead to drug shortages as well as the hesitancy among healthcare institutions to share resources with competitors. But perhaps the most provocative of the recommendations calls for ending the practice of giving participants in drug trials priority access to medications. The experts conceded that this recommendation could stir controversy, though they said there are a number of good reasons—including the need to use drugs for indications for which evidence of benefits exist—for this type of preferential treatment to end.

U.S. Hospitals Hit With Shortage of Intravenous Saline

Reuters (01/28/14) Kelly, Susan
The U.S. Food and Drug Administration (FDA) is working with three manufacturers of intravenous saline solutions -- Baxter International Inc, Hospira Inc, and B. Braun Medical Inc. -- to address a shortage caused by a spike in demand. The solutions are commonly used to hydrate hospital patients, and healthcare providers are reserving their supplies for the most seriously ill patients. FDA Associate Director for Drug Shortages Valerie Jensen says the manufacturers have stepped up production in response, noting, "We have not heard of anyone running out of the IV solutions at this point, but we know the hospitals are not comfortable with the low supplies." Some healthcare providers are using substitute products, such as oral hydration fluids or smaller IV saline bags with slower drip rates when appropriate, said Bona Benjamin, director of medication use quality improvement for the American Society of Health System Pharmacists. The FDA is looking into alternative sources,
Study: Pharmacist Intervention Improves Shingles Vaccine Rate

Drug Store News (01/22/14)

The use of patients' electronic medical records along with pharmacist intervention can markedly improve preventative care for shingles. Researchers at Ohio State University conducted a study on older patients, and report that those who received written information on shingles were almost three times more likely to get vaccinated against the disease than those who did not receive a similar communication. Although people over age 60 account for more than half of all shingles cases, less than 15 percent get the vaccine, according to researchers, due to a lack of awareness, cost, and the fact that face-to-face appointments may not offer enough time to discuss shingles. "With older patients, there are usually more pressing health issues to discuss during routine appointments, so herpes zoster falls off the list," said Stuart Beatty, a pharmacist with Ohio State's College of Pharmacy. "Plus, as a live vaccine, it's not appropriate for people with certain illnesses." The results of the study, published in the American Journal of Medicine, challenge the belief that there are too many logistical barriers to such an intervention effort. "It took pharmacists a matter of minutes to review the chart and mail out a prescription," saving time for both the physician and patient and improving the overall health of the patients," noted Neeraj Tayal, an Ohio State Wexner Medical Center general internist on the research team.

FDA Finalizes Guidance on 'Dear Healthcare Provider' Letters

RAPS (01/22/2014) Gaffney, Alexander

The FDA has released final guidance on "Dear Healthcare Provider" (DHCP) letters, entitled, "Dear Health Care Provider Letters: Improving Communication of Important Safety Information."
The guidance calls on pharmaceutical manufacturers to work with the FDA to determine when it is appropriate to send a DHCP letter. Such cooperation should also determine how the information in the DHCP is presented, who needs to receive it, and how the letters should be distributed. The guidance also suggests that DHCP letters be sent when new information about the drug or biologic product becomes available that "relates to an important safety concern that could affect the decision to use a drug or require some change in behavior by health care providers, patients, or caregivers to reduce the potential for harm from a drug." DHCP letters may also be required under the terms of a Risk Evaluation and Mitigation Strategy (REMS) or in the event of a drug shortage or misleading advertising. These situations should be covered by Important Drug Warning Letters in the case of a change to how the drugs are used due to a safety concern. These notifications are usually added to the drug's labeling in the Warnings, Contraindications or Warnings and Precautions Sections. Manufacturers may also send Important Prescribing Information Letters to indicate changes that are less serious, but should still be added to the Indications and Usage and Dosage and Administration sections. Finally, they may send an Important Correction of Drug Information Letter to correct false or misleading advertising or promotional information.

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Pledges Reduce Inappropriate Antibiotic Prescribing Rates

*Health Leaders Media (01/28/2014) Clark, Cheryl*

A study published in JAMA Internal Medicine on Jan. 27 examined the effectiveness of a technique aimed at getting clinicians not to prescribe antibiotics when it is not appropriate to do so. Fourteen clinicians who inappropriately prescribed antibiotics to patients with viral infections roughly 43 percent of the time were reminded about the basic guidelines for prescribing antibiotics at the beginning of the study and were then divided into
two groups: an intervention group in which clinicians pledged not to prescribe antibiotics for viruses and posted those pledges next to pictures of themselves in exam rooms; and a control group that did not do either of these things. The study found that inappropriate prescribing of antibiotics fell to 33.7 percent in the intervention group but rose to 52.7 percent in the control group. Researchers concluded that the decrease in inappropriate prescriptions was due to the fact that doctors wanted to make good on their pledges not to prescribe antibiotics for patients who did not truly need them.

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Saxagliptin Drug Safety Communication - FDA to Review Heart Failure Risk
Medwatch (02/11/2014)
The FDA is investigating a potential association between saxagliptin (Onglyza and Kombiglyze XR) and heart failure. The agency requested the drug's manufacturer provide data regarding this risk, following the publication of a study in the New England Journal of Medicine (NEJM) that indicates the drug may increase hospitalization risks due to heart failure. The study did not find increased rates of death or other major cardiovascular risks, including heart attack or stroke, in patients who received saxagliptin. The manufacturer is expected to submit the trial data to FDA by early March 2014, after which FDA will conduct a thorough analysis and report findings publicly. At this time, FDA considers information from the NEJM study to be preliminary. Analysis of the saxagliptin clinical trial data is part of a broader evaluation of all type 2 diabetes drug therapies and cardiovascular risk.

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Notes From the Field: Rotavirus Vaccine Administration Errors--United States, 2006-2013
Morbidity and Mortality Weekly Report (01/31/14) Vol. 63, No. 4, P. 81; Hibbs, Beth F.; Miller, Elaine R.; Shimabukuro, Tom
Vaccine providers may have less experience administering oral vaccines, since most childhood
Vaccines are injectable. Two live rotavirus oral vaccines--RotaTeq (RV5) by Merck & Co. and Rotarix (RV1) by GlaxoSmithKline--are approved for preventing rotavirus gastroenteritis. The Advisory Committee on Immunization Practices recommend these vaccines for children aged two, four, and six months. Researchers from the Centers for Disease Control and Prevention (CDC) searched the Vaccine Adverse Event Reporting System for rotavirus vaccine administration errors, finding 66 reports involving injection and eye splashes in the United States from Jan. 1, 2006 to Aug. 1, 2013. The researchers found 39 reports of administration by injection, including a cluster of six reports involving RV1 by a nurse who was not properly trained and who had not read the package insert. Nineteen reports (49 percent) documented an adverse event, including irritability and injection site redness. The CDC also found 27 reports of eye splashes, often because infants coughed, sneezed, or spit vaccine into the eyes of vaccination providers, parents, or themselves. With about 55 million doses distributed, these vaccine administration errors appear to be rare. Providers are advised to follow instructions in package inserts regarding proper vaccine administration. An injected dose of RV1 or RV5 is not considered valid; a properly administered oral replacement dose should be given at the appropriate age and dosing schedule. These oral vaccines should be administered gently inside the cheek to minimize coughing, sneezing, and spitting.

Pharmacological Approach to Overactive Bladder and Urge Urinary Incontinence in Women: An Overview

European Journal of Obstetrics & Gynecology and Reproductive Biology (01/14) Cipullo, L.M.; Cosimato, C.; Filippelli, A.

Besides life-style changes, electrical stimulation, or surgery, pharmacological treatment is becoming the first-choice approach in women suffering from lower urinary tract symptoms.
(LUTS), including urge urinary incontinence (UUI) and overactive bladder (OAB). Several drugs for the treatment of bladder storage and voiding disorders are currently available and, in the near future, novel compounds with higher specificity for the lower urinary tract receptors will be accessible. This will bring optimization of therapy, reducing side effects and increasing compliance, especially in patients with comorbidities and in women. The purpose of this paper by researchers at the University of Salerno is to give an overview on the pharmacotherapy of two common intercorrelated urological conditions, UUI and OAB. The study was conducted by analyzing and comparing the data of the recent international literature on this topic. Advances in the discovery of pharmacological options have dramatically improved the quality of life of patients affected by incontinence, but further studies are needed to increase the effectiveness and safety of the therapies used in this field.

Advisory Committee on Immunization Practices
Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014
Morbidity and Mortality Weekly Report (02/03/14)
Bridges, Carolyn B.; Coyne-Beasley, Tamera
The Advisory Committee on Immunization Practices approved the Recommended Immunization Schedule for Adults Aged 19 Years or Older for 2014 in October 2013. The new schedule updates the footnote regarding which people should receive the Haemophilus influenzae type b vaccine and the use of the new recombinant influenza vaccine and the inactivated influenza vaccine in people with egg allergies, and it moves the footnote for the pneumococcal conjugate vaccine recommendations prior to those for the pneumococcal polysaccharide vaccine because it should be administered first. Additionally, it clarifies the recommendations for the Tdap and Td vaccines, the timing of the second and third doses of the HPV vaccine, and the use of meningococcal vaccines in adults. The
The general counsel for Oklahoma Gov. Mary Fallin says that the governor's office will likely call for mandatory use of the state's Prescription Monitoring Program (PMP) this year in response to data that shows that the Sooner State is experiencing a growing prescription drug abuse problem. Under current state law, doctors and other healthcare practitioners are only required to check the database before prescribing methadone but not other controlled substances. Fallin is likely to call for other measures to cut down on prescription drug abuse, including new restrictions on prescribing practices. But the mandatory use of the PMP could be the most controversial of the proposals among the state's doctors, as they have lobbied against previous efforts to require them to check the system for all prescriptions for controlled substances.