FROM THE PRESIDENT...
Susan Fugate, Pharm.D.

I would like to extend my appreciation to the OSHP members for this opportunity to serve OSHP. My tenure has been off to a busy start. The new Board has organized, and we had our first board meeting in mid-May. The Board has set a schedule for our regular board meetings to occur on the second Thursday of every month. Members can keep updated on the society by reviewing the board minutes posted to our website, www.oshp.net. With the new term, I have also appointed new committees to assist in carrying out the work of the society. Thank you to the many members that have volunteered their time to serve on the committees this year. We would not have a successful society without all these great volunteers.

The new Board, committee chairs, and delegates recently met on June 21, 2007, for a strategic planning retreat. The retreat was facilitated by our ASHP liaison, Jonathan Gerstner. The retreat was well attended, and many great ideas were exchanged in the planning for the upcoming year. Prior to the retreat, each committee developed 3 to 5 objectives of what they would like to accomplish in the coming year. At the retreat, the collective group reviewed and refined these objectives as well as discussed ways in which the objectives could be met and would be measured. It was a great opportunity to have all the committees at the table so that discussion could occur of how each committee’s efforts could complement the others. The retreat was capped off with the board agreeing on our 3 overarching goals for the 07-08 year. These goals are to:

- Establish a collaborative practice agreement between pharmacists and physicians practicing in Oklahoma.
- Increase membership of OSHP to 400 members.
- Improve value of membership in OSHP by creating resources to foster professional development in health-system pharmacy.

As you can see, we have set our sights high to accomplish many great things during the coming year.

Please mark your calendars for Friday, September 28th for this year’s OSHP Fall Meeting. This year, the Fall Meeting will be in Tulsa and the Annual Meeting in Oklahoma City. The Program Committee has already been working hard to develop this year’s programs with some can’t-miss topics focusing on the ASHP 2015 initiatives. More details about the location and topics for the meeting will be forthcoming in the next month.

I am really looking forward to my presidency year and am very hopeful that we will be successful in achieving all of our goals. Thank you to all of our members for your involvement in OSHP in the ongoing support and advancement of health-system pharmacy in Oklahoma. Feel free to contact me with any issues, concerns, ideas, or questions relating to OSHP.
FROM THE PAST PRESIDENT …
Jenean Young, Pharm.D.

It is hard to believe that my term as president is complete as I now transition into the role as past president of our society. It has been such a wonderful experience getting to know so many of the members that I would not have otherwise had the chance to meet.

I continue to be impressed by the amount of effort and volunteerism that takes place in this society. During my tenure on the Board, the Eastern District was able to host both an Annual Meeting and a Fall Meeting. I attended both of these meetings, and the attendance as well as the varied CE topics offered was excellent.

Certainly, my job was made easier by the great board members. Their flexibility with my ever-changing schedule was very much appreciated. Additionally, the student organizations’ enthusiasm is so enlightening. I now know that we have a great group of student professionals that will be active in this organization in the future, to keep our torch lit, so to speak!

I do want to thank Nancy Williams and her committee for the hard work and diligence on the society’s newsletter. Her skills and positive attitude have ensured that this organization has continuing communication through our newsletter.

Behind the scenes of the board activity are the committees that help so much. Volunteering your hard work and time has been much appreciated. Thank you all!

Lastly, I must thank Nancy Brahm. Her hard work and effort was immeasurable. As the program committee chair, she coordinated both the Fall and Annual Meetings. The meetings were each a great success as evidenced by the program evaluations. She worked many thankless hours, so again I do thank you Nancy!

Thank you OSHP for giving me this great opportunity to serve as your president, and I look forward to seeing you at the district meetings. Happy and safe summer to all!

BOARD MEMBER HIGHLIGHTS – MEET YOUR OFFICERS
SCOTT SCHAEFFER, OSHP SECRETARY

Halfway through my term as Secretary for OSHP, I find myself reflecting on the successes we’ve had and challenges we’ve faced over the past year, the prospects for a bright future, and pride in service to our organization. I’ve had the privilege of working with exceptionally devoted, bright, and enthusiastic board members and an equally impressive membership.

The duties of my position allow contact with and input into nearly every aspect of our society. The Board of Directors meets monthly, and as a board member, it is one of my responsibilities to contribute to discussions, bring new ideas to the table, and occasionally play devil’s advocate. Sometimes the ideas flow so quickly from all of the board members that it’s difficult to remember to take minutes! When compiling an agenda for the monthly meeting, I have the opportunity to begin reflecting on current issues to be addressed and contemplating long-range goals that might be considered.

Other responsibilities include the organization and procurement of the awards presented at the annual meeting, as well as compiling the annual report. The weeks leading up to the meeting were hectic indeed, and it was gratifying to see everyone pull together to organize what I feel was a successful and well-received event.

When I decided to run for the position of Secretary, I knew that if elected I would have to take time from my schedule to devote to OSHP matters. How much time was anybody’s guess – would it be overwhelming? We’re all busy, and the prospects for additional tasks can seem daunting. After a year of performing my duties, I can truly say that the time and energy required for my position have not been excessive and are more than balanced by a feeling of accomplishment, pride in service, and belief that I’ve made a positive contribution to our organization.

I encourage all members of our society to consider running for office. Serving OSHP has been and will continue to be a fulfilling experience for me, and I know that many of you have the capacity to make great contributions.
LEGISLATIVE COMMITTEE UPDATE
Submitted by: Wiley “Butch” Williams, D.Ph., J.D.
OSHP Legislative Committee Chair and OPhA Legislative Committee Chair

The Oklahoma PharmPAC needs your help.

As Chairperson for the Legislative Committees for both the Oklahoma Pharmacists Association (OPhA) and for the Oklahoma Society of Health-Systems Pharmacists (OSHP), I want to thank everyone who has contributed either time and/or financial resources to the Oklahoma PharmPAC over the past year. Your contributions of time and money have not only been used to promote the image of the profession as a valuable member of the healthcare community, but more importantly, they have been used to support causes that are beneficial to the profession as well as to fight against legislative enactments that would adversely impact the profession and further imperil our businesses. This past legislative term our lobbyist, Clayton Taylor, and OPhA Executive Director Phil Woodward were successful in limiting legislation adverse to pharmacy. Clayton and Phil worked hard to keep several bills related to the sale of dextromethorphan from reaching a vote in both sides of the legislature. Instead, a legislative committee was established to study the issue and make a recommendation to the legislature. Hopefully, the committee report will be favorable. OPhA will have a voice during the process. One of the proposed bills, opposed by OPhA, would have criminalized certain sales of dextromethorphan, and would have moved it into a status with pseudoephedrine, drastically reducing the product’s availability for retail sale. Phil and Clayton also laid groundwork for next year and hope to be able to generate support for meaningful pharmacy benefit manager legislation. Their efforts should be commended.

Recently, the OSHP Board of Directors held an all day committee workshop. One of the issues discussed in regard to the OSHP Legislative Committee was renewing efforts to develop rules and regulations for collaborative drug therapy. I have to tell you that I believe in this effort, and I also believe that one of our biggest hurdles will be convincing the Oklahoma State Board of Pharmacy, and the Executive Director, that the rules and regulations are needed and required by state law. I am confident that the OPhA Legislative Committee will support efforts for collaborative drug therapy, as many members of the committee have publicly expressed support. I know that Dr. Phil Woodward supports the issue. And if we can convince the Board of Pharmacy to implement rules and regulations, OSHP will need political support to get the adopted rules and regulations approved by the legislature and signed by the governor. This is part of the political process. You can help greatly with this issue by calling on your local state representatives and encouraging their support.

I know that you are all aware that many times legislative efforts take money to implement. One only has to spend a few days in the halls of Congress or our state legislatures and see that they are filled with lobbyists, all competing for legislative attention. In the absence of some sensational public outcry regarding an issue, it is a reality that politicians are inclined to listen most to those who bring the “most” to the table. It is the dark side of our political society. Our profession has increasingly done battle with insurance and drug companies that seem to have unlimited financial resources. The last time that OSHP made a serious attempt at implementing collaborative drug therapy legislation, osteopathic physicians who either did not understand or agree with the issue opposed it. This means that OSHP needs you, as individuals, to be proactive in supporting efforts to implement rules and regulations for collaborative drug therapy.
LEGISLATIVE COMMITTEE UPDATE
Submitted by: Wiley “Butch” Williams, D.Ph., J.D.
(continued)

OSHP, as a not-for-profit charitable organization, cannot use its resources for political action causes without jeopardizing its tax-exempt status. Therefore, your voluntary financial contributions to the OPhA PharmPAC, is the primary source of funding legislative efforts for this cause. In order to have a chance at having a significant impact in our political society, we must support the candidates who support us, regardless of party. In order to do that, we must have adequate financial reserves in the PharmPAC to provide meaningful support. That is where we, as pharmacists, come in. We must give to “our” Oklahoma PharmPAC. As pharmacy professionals, we have a non-delegable duty to support issues important to our profession, and this is a worthy cause.

The OPhA PharmPAC is desperately low in funding and currently has a balance of around $2000. It is considered a good year if the PAC can raise more than $25,000, and this amount comes mainly from retail pharmacies. This is woefully inadequate to do what needs to be done. Oklahoma has around 3500 pharmacists living in the state. Imagine if each pharmacist gave around 0.1% of his or her salary per year (approximately $100.00) to the PharmPAC, then we could generate $350,000 per year. (I dream of similar participation for OSHP and OPhA.) Now, that kind of PAC would generate attention. The Oklahoma PharmPAC desperately needs financial support, and I encourage you to contribute. Please join me in supporting our OPhA PharmPAC.

Certainly, you are not obligated to share information about your contributions, but it would be beneficial to the OSHP Board of Directors, to know when and how much our members give to the PharmPAC. Armed with this information when standing before the State Board of Pharmacy will help the OSHP Board demonstrate the importance of collaborative drug therapy to the profession and its significance to our membership. A simple email to a board member would be sufficient.

I personally think your contributions to the Oklahoma PharmPAC should be without restriction because I think it is important that we support efforts important to OPhA without limitation. However, I speculate that some of you may be hesitant to give because there is no guarantee the PharmPAC will use the contribution for issues important to you or OSHP, such as collaborative drug therapy. I’m sure that you understand that it is impermissible and impractical to contribute to a political campaign or party conditioned upon a particular vote or outcome. Such a position is repugnant to a democratic society, and if openly practiced, would lead to votes being bought by those entities or persons with the most money. There is no way our profession could compete in such an environment. However, if it is your desire to encourage use of your contribution for issues important to you, consider sending your contribution to the PharmPAC and indicate that you prefer that it be used to support candidates who have publicly expressed an opinion or position favorable to those issues, such as collaborative drug therapy. Such an indication could be demonstrated by a candidate’s willingness to sponsor or support favorable legislation implementing collaborative drug therapy. The important thing is to give thought to the process and contribute, as you deem appropriate. However, if you do decide to give, I have faith that the PharmPAC and our lobbyist who distribute the contributions will do the right thing.
OSHP District Update

Western District
Recent Meeting: May 10th, 2007
Topic: Evolving Anticoagulation Concepts in ACS
Speaker: DVD Presentation
Location: Mickey Mantle’s Restaurant, OKC, OK

Upcoming Meeting: July 12th, 2007
Topic: Evaluating Fibrinolytics Across Indications
Speaker: Michael Crouch, Pharm.D., BCPS
Location: Boulevard Steakhouse, Edmond, OK

Eastern District
Recent Meeting: May 17th, 2007
Topic: Updates in ACS
Speaker: Sarah Spinler, Pharm.D.
Location: Fleming’s Steakhouse, Tulsa, OK

Recent Meeting: June 21st, 2007
Topic: Optimal Treatment for Post-MI LVD Pts
Speaker: Alan Kaneshige, MD
Location: French Hen Restaurant, Tulsa, OK

Upcoming Meeting: July 19th, 2007
Topic: New Treatments in Alcoholism
Speaker: TBA
Location: TBA

Chapter News

CONGRATULATIONS TO THE AWARD RECIPIENTS FROM THE 2007 ANNUAL MEETING

❖ Health-System Pharmacist of the Year Award – Wiley “Butch” Williams
❖ Sylvia J. Martin Outstanding Technician Award – Joylyn Elaine Burdine
❖ OSHP Student Scholarships ($500)
  • OU College of Pharmacy – Michelle Lamb
  • SWOSU College of Pharmacy – Beverly Medcalf
❖ President’s Leadership Award & Bristol-Myers-Squibb Award – Jenean Young
❖ Past President’s Award – Tracy Hagemann
❖ Service Awards – Kimi Vesta, Scott Schaeffer, Wiley Williams, Darrell Willyard
❖ OSHP Senior Student Awards
  • OU College of Pharmacy – Steven Skimbo
  • SWOSU College of Pharmacy – Thomas Massey

******************************************************************************************
Welcome New Members:

Michael Hogan  Peter Johnson  Joyce Moore
Tracy Hunter  Lisa Maple
Scenes From The 2007 OSHP Annual Meeting
(April 12th-13th, 2007)

2007 Annual Meeting
Location: St. Anthony Hospital in Oklahoma City

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

Meeting Attendance: 92 people attended all or part of the meeting.

Vendor Showcase: 14 vendors participated.

Our excellent speakers educating us. Thanks for your hard work!

Pharmacists and students having a great time at the meeting. See how learning makes us so happy!

The vendor showcase was a great success! Thanks Yvette Morrison for all of your hard work.

The awards ceremony and installation of new officers. Congratulations to all! Good luck with your new offices.

Thanks to the Program Committee for putting on such a great meeting!
Thrombocytopenia and Fondaparinux

Submitted by: Teresa Nguyen, Pharm.D.

(When written, Dr. Nguyen was an OU student at Norman Regional Health System.)

QUESTION:
What is the incidence of thrombocytopenia with fondaparinux? Can it be used in patients who experience heparin-induced thrombocytopenia?

ANSWER:
Fondaparinux (Arixtra®, GlaxoSmithKline) is a synthetic Factor Xa inhibitor available as a sterile injectable solution for subcutaneous use. Fondaparinux selectively binds to antithrombin III resulting in selective inhibition of Factor Xa, thus preventing thrombin formation and thrombus development. Fondaparinux is indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing: hip fracture surgery, hip replacement, knee replacement, or abdominal surgery. It is also indicated for the treatment of acute DVT and/or PE with the use of warfarin sodium. (1)

The identified incidence of fondaparinux-associated thrombocytopenia is based on clinical trials that evaluated the prophylactic use of fondaparinux in patients following hip, knee, and abdominal surgeries and on studies evaluating treatment of DVT and PE. Fondaparinux-associated thrombocytopenia can be classified as follows: 1) Moderate – platelet counts between 100,000/mm³ and 50,000/mm³ and 2) Severe – platelet counts less than 50,000/mm³. (1) Incidence is outlined in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Moderate thrombocytopenia</th>
<th>Severe thrombocytopenia</th>
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<tbody>
<tr>
<td>Prophylactic</td>
<td></td>
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<tr>
<td>2.5 mg daily for 7+2 days</td>
<td>3.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2.5 mg daily for 21+2 days</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
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<tr>
<td>5 mg daily if ABW&lt;50 kg</td>
<td>0.5%</td>
<td>0.04%</td>
</tr>
<tr>
<td>7.5 mg daily if ABW 50 to100 kg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 mg daily if ABW &gt;100 kg (duration: 7+2 days)</td>
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Heparin-induced thrombocytopenia (HIT) is a clinicopathologic condition/adverse reaction occurring when heparin binds to platelet factor 4 (PF4) forming a complex that results in production of immunoglobulin G (IgG) antibodies and associated thrombosis. (2,3,4) The heparin-PF4-antibody complex also results in activation of platelets and increased levels of thrombin leading to thrombocytopenia and possible thrombosis. (5) HIT is defined as a 50% or more decrease in platelet count compared with any previous value during exposure to unfractionated heparin (UFH) or low molecular weight heparin (LMWH), and confirmed by findings of specific antibodies against the heparin-platelet factor 4 complex by means of functional and immunoassays. (2,3,4)

Evidence suggests that drug-induced risk for HIT is dependent on the molecular weight (>2.4 kDa) and length (>10 saccharide unit) of the UFH or LWMH used. (6) The length and weight of UFH and all LMWHs exceed this threshold and thus would be expected to have associated HIT. Using the same measures, fondaparinux (molecular weight 1.7 kDa, length 5 saccharide units) would not be expected to induce the same type of antibody response. It also has negligible or no cross-reactivity in vitro with HIT antibodies. (3,4) It has been hypothesized by many that fondaparinux may be useful in patients requiring anticoagulation who have experienced HIT. (4)
Current management of HIT includes discontinuation of the UFH or LMWH and initiation of a direct thrombin inhibitor (DTI) for those patients requiring continued anticoagulation. In the United States, FDA-approved DTIs include lepirudin, argatroban, and bivalirudin.\(^5\) Disadvantages of using a DTI include the fact that they must be given as a continuous intravenous infusion, the high associated drug costs (>$500/day),\(^4\) required monitoring, and high bleeding risk.\(^2,5\)

Several case reports (n=4)\(^6,7,8,9\), case series (n=13)\(^10,11\), and retrospective medical record reviews (n=20)\(^12\) mention the use of fondaparinux in HIT. Based on data from these reports, it would appear that fondaparinux may be safe for administration up to 8 months, may be a therapeutic alternative in pregnancy due to absence of placental transfer, and has the potential to be a safe alternative for thromboembolic prophylaxis in patients with a history of HIT.\(^4\) Drawing concrete conclusions is difficult since the data is anecdotal and comes from case reports and retrospective reviews involving a small number of patients with relatively short follow-up duration.\(^4\) At this time, there have been no placebo-controlled trials conducted to evaluate the efficacy and safety of fondaparinux in patients with HIT; therefore, fondaparinux is not currently recommended in the American College of Chest Physicians guidelines.\(^4,5\)

**Conclusion:** Currently, there is a lack of concrete evaluative data regarding safety and efficacy of fondaparinux use in patients with HIT. Based on anecdotal information, molecular size, convenience of administration, and cost factors, fondaparinux has the potential to be an attractive alternative to DTIs for the management of patients requiring anticoagulation who experience HIT. Further clinical studies are warranted.

References

7. Lian EC, Chua L, Oberstein E. Long-term use of fondaparinux in a patient with antiphospholipid syndrome, heparin-induced thrombocytopenia and refractoriness
Because every pharmacist in the institutional setting possesses strong drug information skills, the assistance of the drug information pharmacist is mainly relied upon when complex information needs requiring comprehensive searches of the medical literature arise. Each question must be analyzed to uncover the true request in order to prevent delaying patient care due to the provision of incomplete information. Responses are delivered in a variety of written and verbal formats to fit the needs of the professional requesting the information. Obtaining feedback after responses have been delivered allows for continued improvement of the drug information service and completion of the documentation process.

Effective adverse drug event (ADE) surveillance in the institutional setting requires the effort of all healthcare professionals. The drug information pharmacist maintains the formal internal reporting program, contributes to the reporting, prepares summary reports for quality improvement committees, and conducts in depth investigations of drug-related morbidities and mortalities. Proactively performing quality improvement measures dictated by adverse drug event trends often involves chart review as part of the drug utilization evaluation process.

Managing the formulary of drugs involves coordinating all aspects of the Pharmacy & Therapeutics Committee in conjunction with the physician chairperson and the director of pharmacy as well as preparing a majority of the agenda items for presentation. Participating in the management of non-formulary requests, development of protocols, and implementation of medication safety alerts arising from internal and external sources (e.g., ADEs, medication errors, and MedWatch Alerts) are also key functions.

Administrative functions include maintaining an updated library of drug information resources and participating in the annual cost-savings initiatives of the pharmacy department. These are prioritized with the main administrative function of providing written and verbal communication concerning changes to policies, formulary items, and protocols using electronic and paper-based formats as appropriate. Providing in-service education to healthcare professionals and clinical rotations for students and residents is also performed as needed.

The training received by practitioners of drug information is as varied as the job functions. Preparative training ranges from completion of residency or fellowship program(s) to simply having received on-the-job training. In order for an aspiring, entry-level drug information pharmacist/specialist to be competitive in today's job market, completion of a postgraduate year 2 (PGY2) residency or fellowship in drug information following completion of a postgraduate year 1 (PGY1) residency is advisable. Board certification is also a bonus and often required in the academic setting. Currently, there are twenty-one, PGY2 drug information residencies accredited by the American Society of Health-Systems Pharmacists. Eleven additional drug information specialty residencies and one fellowship are listed on the Online Directory of Residencies, Fellowships, and Graduate Programs maintained by the American College of Clinical Pharmacy.

Drug information pharmacy practiced in the institutional setting offers a variety of job functions in addition to the provision of formal drug information. Roles in adverse drug event reporting, formulary management, and administration add an interesting mixture of challenges to this pharmacy specialty.
OUCOP Student Chapter Report  
Advisor: Michele Splinter  

The OU College of Pharmacy student chapter of OSHP continued to hold bimonthly meetings throughout the year at the college. In April, Dr. Jonathan Ference, a Clinical Assistant Professor at the OU College of Pharmacy spoke about his path to becoming a faculty member, his primary care clinic, and interactions with family medicine residents. Dr. Teresa Cooper, a Clinical Oncology/Bone Marrow Transplant Pharmacist at St. Francis in Tulsa was our May speaker. Students also continued to attend the Eastern and Western District Meetings on a regular basis.

Annual student officer elections were held in April. While we are excited about welcoming our new student officers and look forward to their ideas and input, we are also very grateful for our current officers and all of their hard work these past two semesters.

### OFFICERS  
**SPRING 2006 - SPRING 2007**  
President: Jennifer Gass  
President-Elect: Mark Bateman  
Vice President: Amanda Bishop (OKC), Katherine O’Neal (Tulsa)  
Secretary: Lisa Mayer  
Treasurer: Django Belote  
Historian: Misty Broyles (OKC), Jesse Schmidt (Tulsa)

**SPRING 2007 - SPRING 2008**  
President: Mark Bateman  
President-Elect: Renee Tobey  
Vice President: Misty Broyles (OKC), Traselynn Anderson (Tulsa)  
Secretary: Shannon Beekman  
Treasurer: Maria Bates  
Historian: Cory Binova (OKC), Kevin Diller (Tulsa)

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SWOSU Student Chapter Report  
Advisors: Erin Callen, Mark Gales, Virgil Van Dusen, Nancy Williams  

The SWOSU College of Pharmacy OSHP student chapter had a productive spring semester. During the 2006-2007 school year, we had record growth in our membership, which climbed from 23 to 35 students. We also hosted three speakers this semester. In February, Dr. Patrick Medina, an OU College of Pharmacy faculty member, came to speak about his specialty in oncology medicine. In March, Dr. Randall Sharp, a clinical faculty member of SWOSU College of Pharmacy, came to speak about his specialty in cardiology medicine and his activities at Heart Solutions of Oklahoma. Our April speaker, Dr. Erin Callen, also a clinical faculty member of SWOSU College of Pharmacy, spoke about pharmacy residencies and how they can be beneficial in a clinical pharmacy career.

Our chapter also participated in several community service projects. We spent an afternoon at the Trinity Hospice in Weatherford making St. Patrick’s Day door decorations for the hospice patients. It was both a fun and rewarding experience for everyone who participated. Additionally, in early April, we visited the local elementary school to speak to the second-graders about poison prevention and drug safety. What a great experience!

Thanks to our hard-working officers, the SWOSU OSHP chapter has had a wonderful semester! We also congratulate our new officers for Fall 2007. We know they will continue this hard work, and we look forward to the coming school year.

### OFFICERS  
**SPRING 2007**  
President: Cassi Mettry  
President-Elect: Jessica Bowen  
Secretary: Jaime Miller  
Treasurer: Donovan Fuller  
Fundraising Chairs: Beverly Medcalf & Melissa Gloden

**FALL 2007**  
President: Jessica Bowen  
President-Elect: Samantha Mitchell  
Secretary: Jaime Miller  
Treasurer: Becca Stodieck  
Fundraising Chairs: Melissa Gloden & Rebekah Vermillion

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**WATCH FOR UPCOMING ISSUES OF THE OSHP NEWSLETTER**  
July-September 2007, October-December 2007