



InPharmation

The official publication of the Pharmacy Department
Volume 2, Issue 4

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Staff Spotlight

Adina Ewing, PharmD

Favorite Quote: Life is like riding a bicycle. To keep your balance, you must keep moving.

— Albert Einstein



Adina, born in New Orleans, is one of the newest members of the Charge/Main group! You can find her calm spirit in the main pharmacy or working with the med group. Adina developed a strong passion for global healthcare after traveling to Kenya and China. She truly enjoys having a direct impact on patient care and being a trusted link between patients and other health care providers. In addition, Adina has 6 years of research under her belt.

A few of Adina's favorite things include painting, watching hair tutorials on YouTube and eating shrimp and grits, a meal she absolutely loves! This spring she will be attending live outdoor music and going to food festivals before the weather gets too hot. Adina doesn't have any summer plans yet, but a trip to the Caribana Caribbean Carnival in Toronto would be perfect for her.

If Adina could change anything in this world, it would be the hearts of people. She believes if everyone decided to be a little kinder, just a little, we would live in a much better place.

Skin Cancer Awareness and Prevention

By Jennifer Jones, PharmD, BCPS

Skin cancer is the most common form of cancer in the United States. Over 3.3 million people are diagnosed annually with skin cancers. One in five Americans will develop skin cancer in their lifetime.

The Skin Cancer Foundation defines skin cancer as

“the uncontrolled growth of abnormal skin cells. It occurs when unrepaired DNA damage to skin cells (most often caused by ultraviolet radiation from sunshine or tanning beds) triggers mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors.”

There are 3 main types of skin cancers. Basal and squamous cell carcinomas are the most common and are strongly related to sun exposure. Melanomas develop from melanocytes, but are much more likely to spread to other parts of the body if left untreated.

While anyone can get skin cancer, even people with darker skin tones, the following factors can significantly increase your risk of getting melanomas:






- Sun exposure: History of bad sunburns

- Skin that burns or freckles rather than tans
- Fair skin
- 50 or more moles
- Family history: first-degree relative with melanoma.

While skin cancer is common, if detected early, most skin cancers are easily treated. Sun exposure is the preventable risk factor for developing skin cancer. The following are tips to skin cancer prevention:

- Seek the shade, especially between 10 AM and 4 PM.
- Avoid tanning and UV tanning booths.
- Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.
- Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum (UVA/UVB) sunscreen with an SPF of 30 or higher. Reapply every two hours or immediately after swimming or excessive sweating.
- Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.
- Examine your skin head-to-toe every month for any abnormal or new moles.

KNOW YOUR ABCDE's

A	B	C	D	E
ASYMMETRY	BORDER	COLOR	DIAMETER	EVOLUTION
				
One half does not match the other half	Uneven borders	Variety of colors like brown, tan, or black	Grows larger than the size of a pencil eraser (¼ inch)	Change in size, shape, color, elevation, another trait, or new symptom

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Deleted from formulary:

- Levemir (insulin detemir)
 - ◊ See therapeutic interchange below
- Coal Tar Shampoo
- Exelderm 1% (Sulconazole) Topical Cream
- Gevraon Multi-vitamin 480 ml
- Razadyne ER (galantamine ER) 8mg, 16mg, 24 mg
 - ◊ See therapeutic interchange below
- Mercuoclear (merthiolate) Topical Antiseptic, 59 ml

Newly added restrictions:

- Seroquel XR (Quetiapine extended-release): Restricted to continuation of home medication
- Entresto (valsartan/sicubatril)
 - ◊ Restricted to Cardiology for new start* (new)
 - ◊ Restricted to continuation of home medication

IV to PO Update:

- Robaxin (methocarbamol) added to protocol

Therapeutic Interchanges:

- Razadyne ER (Galantamine ER) → Razadyne (Galantamine IR)
- Seroquel XR (Quetiapine extended-release) → Seroquel (Quetiapine IR)
- Levemir (insulin detemir) → Lantus (insulin glargine)
 - ◊ Conversion (0.8 x Levemir dose)
 - ◊ Frequency should be once daily unless Lantus dose is > 80 units
 - ◆ If > 80 units, frequency will be twice daily

Policy Changes

The insulin pen to insulin vial conversion was implemented this month (GO LIVE April 5th) and new orders for the following insulin pens will now be automatically converted to insulin vials:

- Humulin 70/30 pen
- Humalog (insulin lispro) pen
- Humulin N pen
- Existing orders that were entered as pens will continue to utilize pens and missing doses should be replaced with such until our stock is depleted.

Free CE on IV Push Therapy

With all the new additions to our IVPB to IV Push Program, there couldn't be a better time to participate in a free online CE to learn about IV push therapy! This activity will describe the need to replace old practices with new paradigms and will educate participants about new Institute for Safe Medication Practices (ISMP) guidelines for adult IV push medications. Expert speakers will discuss strategies for identifying and managing the risks associated with IV push injection, including those associated with unsafe unit-based preparation, unsafe injection practices, and limited training and guidance.

Title: Advancing Medication Safety for Adult Patients Receiving IV Push Therapy
Provided by: ProCE, Inc. and ISMP
Credits: 1.5 contact hours (0.15 CEU)

Click [here](#) to access!

Safety Opportunities:

- There were 18g albuterol inhalers labeled with 8g albuterol circle labels in Talyst. Please use caution when labeling and checking these albuterol inhalers. All albuterol inhalers should remain in their respective boxes until they are ready to be circle labeled and only one size (18g or 8g) should be labeled at a time. Technicians should leave all of the boxes with the inhalers so that the pharmacist may use the box as a reference when checking.

ISMP 2016-2017 Best Practice:

The purpose of the Targeted Medication Safety Best Practices for Hospitals is to identify, inspire, and mobilize widespread, national adoption of consensus-based best practices for specific medication safety issues that continue to cause fatal and harmful errors in patients, despite repeated warnings in ISMP publications. Numbers 1-7 were detailed in prior newsletters.

#8 Administer high-alert intravenous (IV) medication infusions via a programmable infusion pump utilizing dose error-reduction software.

- High-alert IV medications include anesthetic agents, vasopressors, inotropes, etc. A complete list can be found at: <http://www.ismp.org/Tools/institutionalhighAlert.asp>.
- Small volume vesicants (i.e. chemotherapy vesicants) which when administered peripherally should only be infused by gravity are exempt.
- Drug libraries should be built into each of these pumps with dose error-reduction software and periodic maintenance/ updating should occur

Rationale:

The goal of this best practice is to ensure dose error-reduction technology is utilized in order to prevent infusion related medication errors in these high-alert medications. High-alert medications are those that have a higher risk of causing patient harm when administered incorrectly, thus proper infusion and administration double-checks are vital. Programmable pumps add another opportunity for double checking of the medication prior to patient administration.

Regulatory

Recent FDA Drug Approvals

- **Defibrotide (Defitelio)** is a deoxyribonucleic acid derivative anticoagulant for the treatment of hepatic veno-occlusive disease with renal or pulmonary dysfunction following hematopoietic stem-cell transplantation.
- **Reslizumab (Cinqair)** is an interleukin-5 antagonist monoclonal antibody (IgG4 kappa) indicated for add-on maintenance treatment of patients with eosinophilic asthma.
- **Ixekizumab (Taltz)** is a humanized interleukin-17A antagonist indicated for the treatment of adults with moderate-to-severe plaque psoriasis.
- **Obiltoxaximab (Anthim)** is a monoclonal antibody anthrax antitoxin for the treatment and prevention of inhalational anthrax in combination with appropriate antibacterial drugs.
- **Antihemophilic factor (recombinant) (Kovaltry)** is a human DNA sequence derived, full length Factor VIII concentrate indicated for the control and prevention of bleeding episodes in adults and children with hemophilia A.
- **Coagulation factor IX (recombinant), albumin fusion protein (Idelvion)** is a long-acting recombinant human blood coagulation factor indicated for the control and prevention of bleeding episodes in patients with hemophilia B.
- **Emtricitabine/rilpivirine/tenofovir alafenamide (Odefsey)** is a fixed-dose combination of emtricitabine and tenofovir alafenamide, both HIV nucleoside analog reverse transcriptase inhibitors, and rilpivirine, a non-nucleoside reverse transcriptase inhibitor, indicated as a complete regimen for the treatment of HIV-1 infection.

Louisiana Board of Pharmacy

Re-issuance of Emergency Rule Regarding National Accreditation of Pharmacy Technician Training Programs

Effective March 24, 2016, the Board has directed the re-issuance of the Emergency Rule delaying the implementation date of a rule that requires an applicant for a pharmacy technician certificate to demonstrate successful completion of a nationally-accredited pharmacy technician training program. The Board has determined this emergency rule is necessary to prevent interruptions in the licensure process for pharmacy technicians, which could potentially cause a decrease in the number of pharmacy technicians in the available workforce. A copy of the Emergency Rule is available [here](#).

Compounding for Office Use for Veterinarians - Proposed Revision of Original Notice of Intent

On February 24, 2016, the Board approved the revised language for the original proposed rule allowing pharmacists to compound veterinary preparations for office use for veterinarians. The [Pot-pourri Notice](#) been published and will advise interested parties of the April 19 public hearing to receive comments and testimony on the proposed revision to the original proposed rule.

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WANTED

Pharmacy Technician to participate on Newsletter Committee

Committee member responsibilities include:

- Attending monthly committee meetings (2nd Monday of the month at 2:30)
- Bring ideas for newsletter content

Any interested persons should email:

Jennifer.jones2@ololrnc.com

Reminders

April 22nd: Gospel Choir Spring Concert

May 8-14th: Hospital Week

May 7th: Get your Rear in Gear- 5K Walk/
Run

May 8-14th: Nurses Week