



# InPharmation

The official publication of the Pharmacy Department  
Volume 1, Issue 4

## Inside this issue:

Formulary Changes, Patient Safety  
Corner, and Pharmacy Practice  
Changes 2

Regulatory Information and Dates  
to Remember 3

## Staff Spotlight

### Katie Ducote, PharmD, BCPS



Dream vacation:  
Tropical Island, under  
an umbrella enjoying great food and tropi-  
cal drinks!

Katie from Baton Rouge, LA, is the newest member of the Clinical/Staff pharmacy team. She loves being a pharmacist! She really enjoys interacting with different healthcare professions such as physicians, nurses and administration and the challenge that comes along with selecting different therapies for patient care. If Katie won the lottery, she would continue to work as a pharmacist! In addition, she would take a vacation for a month, pay off her student loans and buy a new car.

Katie loves to cook and bake and just recently took up calligraphy! If she could make her dreams come true, she would own a restaurant or bakery. When she isn't at work, you can find Katie cooking and hanging out with her cats or watching Real Housewives, her guilty pleasure. You can always find Katie walking around smiling like a ray of sunshine! If she could change anything in the world, she would change the weather and make it sunny and 65 all of the time!

## Getting Involved: The “How To’s” and the “What For’s” of Local Pharmacy Organizations

By Monica Morgan, PharmD

Throughout our professional careers, we are encouraged to “get involved,” but the majority of us have limited time for extra-curricular pharmacy activities. When choosing which organization(s) you will join, a quick guide may be useful to help you determine how you can participate in our local professional organizations and what benefits you will receive with membership. According to *ASHP’s Statement on Leadership as a Professional Obligation*, “Participation in professional societies such as ASHP provides opportunities to shape the future of the profession and affords excellent opportunities for the development of leadership skills.” Most organizations do not require weekly or even monthly commitments, but they do provide opportunities for continuing education, networking, and idea sharing with peers and colleagues. You may also choose to be involved locally, nationally, or both. Several organizations, such as Louisiana Society of Health System Pharmacists (LSHP) have a local chapter that reports to a national organization responsible for being our legislative voice and ensuring the safe practice of medication dispensation and management by all pharmacists. LSHP also offers a mentor program for pharmacy students and new practitioners.

Louisiana’s pharmacy organizations include LSHP, Louisiana Pharmacists Association (LPA), and Louisiana Independent Pharmacists Association (LIPA). LSHP and LPA both offer midyear and annual conferences that provide live continuing education and career development as well as opportunities to meet and greet colleagues from other institutions and organizations. LSHP’s mentor program provides mentorship opportunities to leaders and future leaders of the society through a program designed to develop, inspire, and encourage involvement in the profession. National pharmacy organizations you may want to explore include American Society of Health System Pharmacists (ASHP), American Pharmacists Association (APhA), American College of Clinical Pharmacy (ACCP), and the Hematology/Oncology Pharmacy Association (HOPA). Each organization supports different interests, and therefore, it is important to read the mission and vision prior to joining to ensure that your interests align with the organization’s. No matter your interest, however, there is an organization that will support your career goals and inspire or re-inspire your passion for the profession.

For more information on any of these organizations, visit their websites listed below:

- LSHP: <http://www.lshp.org>
  - ◇ To sign up as a mentor, visit <https://www.surveymonkey.com/s/259DSBZ>
  - ◇ To sign up as a mentee, visit <https://www.surveymonkey.com/s/PQ5ZR9N>
- LPA: <http://www.louisianapharmacists.com>
- LIPA: <http://lipanow.org>
- ASHP: [www.ashp.org](http://www.ashp.org)
- APhA: [www.pharmacist.com](http://www.pharmacist.com)
- ACCP: [www.accp.com](http://www.accp.com)
- HOPA: [www.hoparx.org](http://www.hoparx.org)

- **Dose Rounding Protocol:**
  - ◇ Ipilimumab (Yervoy) - round down to the nearest vial size as long as the rounded dose is within 10% of the original dose; if >10%, round to the nearest 10 mg
  - ◇ Panitumumab (Vectibix) - round down to the nearest 100 mg as long as the rounded dose is within 10% of the original dose; if >10%, round to the nearest 10 mg
  - ◇ Delete gemtuzumab
  - ◇ Tocilizumab (Actemra) - round down to the nearest vial size as long as the rounded dose is within 10% of the original dose; if >10%, round to the nearest 10mg
  - ◇ Factor Products - Round intermittent doses to the nearest vial size within 10% of the original dose. No rounding will be done for continuous infusions of factor products.

## Pharmacy Practice Changes

- **DoseEdge Downtime:** A new SOP has been created addressing scheduled and unscheduled DoseEdge downtime. This has been done in order to avoid potential patient safety events that may occur when the usual workflow process is disrupted.
- **Time and Attendance Policy:** This policy has been updated, and includes changes to the point system and changes to the PTO process for 8 on/6 off pharmacists.
- **Liposomal Bupivacaine in Colorectal Surgery:** The impact of Exparel (liposomal bupivacaine) on post-surgical outcomes in patients receiving colectomies in 2013-2014 was retrospectively assessed. One hundred twenty-four patients with a DRG code 330 or 331 were included in the study as part of the conventional post-operative opioid arm (n=62) or the Exparel arm (n=62), which included the use of intraoperative liposomal bupivacaine plus conventional post-operative opioid therapy. Length of hospitalization was decreased by 1.4 days in the Exparel arm. Total post-operative opioid use was decreased in the Exparel arm by an average of 66 mg of IV morphine equivalents. Liposomal bupivacaine is now allowed for unrestricted use in colorectal surgeries.

## What is Board Certification? Rachel Williams, PharmD, BCPS

As the profession of pharmacy evolves, pharmacists are expected to be medication experts and ensure optimal medication therapy outcomes. The mission of the Board of Pharmacy Specialties is "to improve patient care by promoting the recognition and value of specialized training, knowledge, and skills in pharmacy." Through board certification, pharmacists can expect to gain personal satisfaction, financial incentives from employers, and career advancement.

To be eligible for board certification in pharmacotherapy (BCPS), you must have:

- Graduated from an ACPE accredited pharmacy school,
- An active US license,
- Completed either a PGY1 residency or 3 years of practice experience, and

## ISMP Best Practices (2014-2015)

- **ISMP Best Practice 4:**  
**Ensure that all oral liquids that are not commercially available as unit dose product are dispensed by the pharmacy in an oral syringe.**

### Safety Opportunities

- For any warfarin order received, ensure that a baseline INR has been ordered. If no INR has been ordered, the pharmacist should order an INR per protocol under the name of the ordering physician. Patients must have an INR reported prior to the first dose whether continuing a home medication or initiating warfarin for the first time. This ensures the safety of the patient as often times, patients are admitted with elevated INR's and should not receive warfarin under such circumstances. If you have questions about ordering an INR, please see any of the clinical specialists for assistance.
- Use caution when dispensing epidurals. We had a medication safety event regarding a fentanyl IV dose that was dispensed as an epidural. When verifying these orders, ensure that the correct product is chosen. Epidurals must be sent to DoseEdge and compounded in the IV room. Preservatives injected into the spinal fluid may cause adverse neurological effects.

- Achieve a passing score on the BCPS 200 item exam.
- Board certified pharmacists must be recertified every 7 years by either
- Passing the 100 question recertification exam
  - or
  - Complete 120 hours of BPS approved continuing education
    - With no more than 60 hours completed within the first four years of certification
    - Most of these CEs may also be counted towards annual re-licensure CE requirements

Board certification is available in the areas of pharmacotherapy (with possible Added Qualifications in cardiology and infectious disease), ambulatory care, psychiatric, nuclear, nutrition support, oncology, pediatric and critical care pharmacy.

# Regulatory

## Recent FDA Drug Approvals

- **Viberzi (eluxadoline)** – an oral tablet mu-opioid receptor antagonist, indicated in adults for the treatment of irritable bowel syndrome with diarrhea
- **Stiolto Respimat (tiotropium bromide and olodaterol)** – a combination anticholinergic and long-acting beta2-adrenergic agonist indicated for the long-term maintenance of COPD
- **Hycofenix (hydrocodone/pseudoephedrine/guaifenesin)** – an oral solution combination of an opioid antitussive, nasal decongestant, and expectorant indicated for the symptomatic relief of cough, nasal congestion, and to loosen mucus associated with the common cold
- **Flowtuss (hydrocodone/guaifenesin)** – a combination opioid antitussive and expectorant indicated for the symptomatic relief of cough and to loosen mucus associated with the common cold
- **Invega Trinza (paliperidone plamitate)** – an atypical anti-psychotic 3-month injection, indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna for at least four months

## FDA Drug Recalls for March:

Flu-Gel (fluorescein ophthalmic strips). Manufacturers are predicting a release date in late June.

## Joint Commission Quick Safety Tip:

Medications that are to be given to a patient during a procedure must be labeled. This is particularly important for pharmacists participating in Code Blue situations, to ensure there is no confusion and to reduce the risk of patient harm.

## Are You Ready for the Joint Commission Survey

**Question:** What are the different types of emergency codes, and how do you activate one?

**Answer:** Code **Red** – smoke or fire, **Blue** – medical emergency/cardiac arrest, **Gray** – severe weather, **Pink** – child abduction, **White** – security alert, **Silver** – active shooter or hostage situation, **Black** – bomb threat, **Yellow** – mass casualty event, **Orange** – Chemical exposure, and **Green** – radiation contamination. A code can be activated by dialing ext. 53333 and telling the operator the code and location. More information on your role in an emergency code can be found on the Featured Lakelink Destination section, under “Emergency Codes Guide.”

## Louisiana Board of Pharmacy:

- **Electronic signatures on faxes:** An emergency ruling has been passed allowing for prescribers to electronically sign any faxes for a non-controlled substance. Electronic prescribing software frequently tell prescribers that prescriptions will be delivered electronically, when they are actually delivered by facsimile. E-scripts can legally be signed electronically, so this generated confusion and delays in patient care. Additionally, not all pharmacies are equipped with e-scribing capabilities. This ruling will be effective until December 31, 2016, in order to allow time for prescribers and pharmacies to update their operating systems.
- **Veterinary compounding:** The Drug Quality & Security Act of 2013 restricted the right of pharmacists to compound any medications designated for office use only. With clarification from the FDA that this rule applied to human prescriptions only, the board adopted an emergency ruling, effective June 1<sup>st</sup>, which allows for pharmacists to compound prescriptions for office use by veterinarians without a patient-specific prescription.

## QUESTIONS, COMMENTS OR SUGGESTIONS?

Please contact:

Monica Morgan, PharmD

225-374-5760

Monica.morgan@ololrnc.com

## INPHARMATION EDITORIAL STAFF

Editor-in-Chief  
Monica Morgan, PharmD

Content Editor  
Carli Nesheiwat, PharmD, BCOP

Page Editor  
Jennifer Jones, PharmD, BCPS

Writing Staff  
Sara Dejong, PharmD  
Cortney Dodson, PharmD  
Ashley Joseph, PharmD  
Brandi LaFrance, PharmD, BCPS

## Dates to Remember

June 20<sup>th</sup>: An Nguyen’s Birthday

June 22<sup>nd</sup>: Brandi LaFrance and Cardez Ford’s Birthdays

June 23<sup>rd</sup>: Sara’s CE at LSHP meeting

June 26<sup>th</sup>: Lana Prejean’s Birthday

June 27<sup>th</sup>: Kevin Tripode’s Birthday

June 28<sup>th</sup>: Shana Vessel’s Birthday

July 1<sup>st</sup>: Angela Harvey’s Birthday

July 3<sup>rd</sup>: Newsletter content due

July 4<sup>th</sup>: Independence Day

July 6<sup>th</sup>: Idowu Olatokunbo’s Birthday

July 17<sup>th</sup>: Jacqueline Weatherman’s Birthday

July 18<sup>th</sup>: John Grenfell and Taryn Jones’ Birthdays

July 20<sup>th</sup>: Mike Smith’s Birthday