



# InPharmation

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## Staff Spotlight

### Opel Martinez, CPhT



Favorite Quote: "The sky is the limit and if that is too small then reach for the universe."

Opel, from White Castle, LA can usually be found making every one laugh and smile around the pharmacy. She is the newest edition to the pharmacy purchasing team. In her free time, Opel loves to spend time with her family, relax on the couch, and spend money on heels. If given the opportunity, she would take a 2 week vacation to Jamaica and the Bahamas.

Opel has 3 handsome boys that she loves to play sports with. What Opel loves the most about her boys is that, like her, they are always willing to lend a helping hand to anyone in need. In fact, helping others get healthier, especially kids, is what Opel enjoys the most about being a pharmacy technician. However, her dream job would be a career in physical therapy that specializes in children with special needs. Opel's love for others is huge. When asked about changing one thing in the world, she said "If I could change one thing in this world...hmm that's a tough one. It would be a tie between racism and hunger. I hate to see children go without eating. It breaks my heart. Racism is a story in itself."

## Pharmacist Provider Status: an evolution or a metamorphosis of practice?

By Brandi LaFrance, PharmD, BCPS

Evolution is defined as a gradual development of something, especially from a simple to a more complex form. A metamorphosis, however, is considered a marked and abrupt change in form or structure. Paul Abramowitz, Pharm.D., Executive Vice President and CEO of American Society of Health-Systems Pharmacists, seems to think that pharmacy practice has experienced both over the last century.

In the 1970's, pharmacy practice was heavily centered around medication distribution. The roles of pharmacy technicians were limited, communication occurred exclusively on paper and by phone, and automation and premixed IV admixtures were virtually non-existent. Colleges of pharmacy had just begun to introduce therapeutics into the curriculum and in clerkships. There were fewer drugs available, but information on pharmacokinetics, pharmacodynamics, and drug interactions was becoming available. More and more, physicians were turning to pharmacists to help make decisions about patient care based on this new information.

Fast forward to the late 80's and early 90's when hospitals were starting to carve out time for pharmacists to work on patient care units, attend rounds, and monitor drug therapy. Several new antibiotics were being introduced and there was an increased focus on rational, cost-effective use of medications. These were the beginnings of the establishment of interdisciplinary teams and pharmacists were being viewed as integral members.

Over the past 10-15 years, it's been common for pharmacists to practice as generalists and specialists in hospitals and clinics. In outpatient settings, collaborative practice models are formed, giving pharmacists the

ability to initiate, modify, and discontinue drug therapy based on protocols developed with their physician partners. Today, 47 states and the District of Columbia recognize collaborative practice agreements. Additionally, under the Affordable Care Act, pharmacists are authorized to independently perform preventive services such as: blood pressure, cholesterol, and diabetes screening as well as administer immunizations. Though these services are being performed across the country, pharmacists are not recognized as providers and therefore, services are not eligible for Medicare reimbursement. The Congressional Budget Office estimates that an additional 25 million individuals will gain health coverage under the Affordable Care Act. The Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer doctors than needed to meet demand. The medically underserved populations will likely be the most affected.

In March 2014, HR 4190, also known as the Pharmacy and Medically Underserved Areas Enhancement Act, was introduced in the Senate. However, even with bipartisan support and 123 co-sponsors, it was not passed. On January 28-29, 2015 H.R. 592, was introduced to the U.S. House of Representatives and Senate. If enacted, it will allow for Medicare Part B reimbursement for services performed by pharmacists in medically underserved communities.

Provider status is necessary to continue our profession's evolution, metamorphosis, or whichever one considers this forward movement to be. But, it requires a commitment from pharmacists to take ownership of their roles as patient care providers and help others recognize the value they bring to patient care.

- **Cyramza (ramucirumab):** formulary; restricted for outpatient use only. Ramucirumab is indicated for gastric, colorectal, and non-small cell lung cancers. Ramucirumab will be added to the rounding policy and may be rounded down to the nearest 100 mg if within 10% of the prescribed dose.
- **Monurol (fosfomycin):** formulary; restricted to use in treating UTI's with VRE or ESBL-producing organisms
- **Kcentra (4-factor prothrombin complex concentrate):** 25 unit/kg dose allowed in the ED prior to INR result for intracranial hemorrhage in patients receiving warfarin, rivaroxaban, or apixaban. Re-dosing up to a max total dose of 50 units/kg permitted if warranted once INR is known.
- **TOBI (tobramycin for nebulization):** FDA approved for management of cystic fibrosis patients with pseudomonas. Cost is ~\$100/dose (vs. \$7/dose if injectable solution is used). Formulary; restricted to use in patients with cystic fibrosis. Injectable tobramycin will be used to make inhaled doses for all non-cystic fibrosis patients.

## Pharmacy Practice Changes

**Meds-to-Beds After Hours:** A new SOP has been created to address workflow and medication storage for Meds-To-Beds patients being discharged outside of Meds-to-Beds hours of operation. Medications should be sealed in a security bag and labeled with a patient sticker then logged and stored in the CDS vault lockbox. These medications have already been paid for. Please see Monica Hartman with questions.

**Patients' Own Controlled Substances:** A new SOP has been created to address storage of a patient's own controlled substances. Nursing is responsible for counting, sealing, and transporting meds to pharmacy. The pharmacist and nurse will fill out the storage log, and medications and form will be stored in the CDS vault.

**Cardiac Med Education:** A new consult type has been created for physicians to request education for patients with cardiac conditions who are at increased risk of readmission or on complicated regimens. Please see Monica Morgan with questions.

**PCA Preparation:** PCAs prepared in the main pharmacy must have a manually attached Mednet barcode, which will be applied by IV room staff.

**Clozapine Monitoring:** There is a new process for monitoring patients on clozapine (see clozapine binder in Main Pharmacy).

1. Pharmacist receives order for clozapine.
2. Ensure that the ordering physician is a Teva Registry registered physician.
3. Check the Teva Registry for the patient and register them if they are a new start.
4. Ensure that lab values are ordered and appropriate.
5. Fill out monitoring form including notation of any upcoming labs.
6. Place monitoring form in binder in main pharmacy at end of shift.
7. Main/Charge pharmacist will be responsible for daily monitoring of clozapine patients thereafter.
8. Main/Charge will check clozapine report e-mailed out each morning to make sure there is a monitoring form for each patient on clozapine.

**Tikosyn policy (NEW):** The purpose of this policy is to establish guidelines for Tikosyn® (dofetilide) administration in Our Lady of the Lake (LOL) hospital. Initiation/reinitiation of Tikosyn must occur on a monitored unit (see Medications Requiring Special Monitoring Document). Continuation of Tikosyn as a home medication may occur on any unit, but does require a Tikosyn registered prescriber to continue the medication.

**Parenteral nutrition policy (NEW):** A new policy has been created regarding adult parenteral nutrition (PN) orders. Pharmacy and Nutrition will work together to initiate and monitor PN.

- Nutrition will enter recommendations for macronutrients and additional additives or monitoring.
- Pharmacy will determine the appropriate electrolytes and other additives to be given.
- When starting a new PN, initiate the "General orders-TPN" order set for laboratory monitoring.
- Orders must be entered into Powerchart and Abacus by 1300 daily, and the standard hang time for adult PN is 2000.

## ISMP Best Practices (2014-2015)

- **ISMP Best Practice 3:**  
**Measure and express patient weights in metric units only. Ensure that scales used for weighing patients are set and measure only in metric units.**

### Safety Opportunity

Be mindful when checking expiration dates of any medication. The Nitro-Dur patch from Key Pharmaceuticals embosses the expiration date in a manner that is not legible in all cases, especially if the numbers 3 or 5 are used in the expiration date. Due to several reports of administration of expired medications, the ISMP has asked the FDA and the USP to use specific expiration date formats so that all dates comply with a uniform sequence and are clearly legible.

# Regulatory

## Recent FDA Drug Approvals

- **Kybella** (deoxycholic acid) – an injectable cytolytic drug indicated for improvement in the appearance of moderate to severe convexity of fullness associated with submental (chin) fat in adults
- **Aripiprazole** – an oral approved generic for Abilify
- **Corlanor** (ivabradine) – an oral hyperpolarization-activated cyclic nucleotide-gated channel blocker indicated to reduce the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure with LVEF  $\leq$  35% who are in sinus rhythm with resting heart rate  $\geq$  70 bpm and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use
- **Jedenu** (deferasirox) – an oral iron chelator
- **Proair Respiclick** (albuterol sulfate) – an oral inhalation powder beta2-adrenergic agonist

## FDA Drug Recalls for March:

None affecting OLOL

## Joint Commission Quick Safety Tip:

Multi-dose vials should be dated with the expiration date, not the date opened, when first used. The correct expiration date is 28 days after being opened if properly stored, but should not exceed the manufacturer's expiration date. Vaccines are exempt from this rule, and are to be discarded per the manufacturer's expiration date. Be aware that tuberculin is a diagnostic agent, not a vaccine, and therefore follows the 28 day rule.

## Are You Ready for the Joint Commission Survey

**Question:** What responsibilities do pharmacists and technicians have during a Mock Code J?

**Answer:** Main pharmacists and technicians should ensure that the order entry area and pick up window are clear of food, drink, and expired medications. No cardboard boxes should be left on the floors. Refrigerators, Talyst, Pyxis, and the oral compounding area should be checked for expired drugs, properly labeled vials, and cleanliness. IV room and OR satellite pharmacists and technicians are responsible for ensuring compliance in their areas. Decentralized pharmacists should complete the OLOL Mock Survey Form and conduct med room reviews. Clinical specialists and residents should review patient profiles on their assigned units for duplicate orders or inappropriate PRN orders.

## Louisiana Board of Pharmacy:

- **Prescription Monitoring Program:** The Louisiana Board has amended the Prescription Monitoring Program by removing tramadol from its list of "drugs of concern" and by requiring pharmacists to submit required prescription monitoring information to the board by no later than the next business day after dispensing.
- **CII Dispensing:** The expiration date for a CII prescription has been reduced from 6 months to 90 days after the date written.

### QUESTIONS, COMMENTS OR SUGGESTIONS?

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## Dates to Remember

May 19<sup>th</sup>: Tiara Johnson's Birthday

May 24<sup>th</sup>: Latoya Jackson's Birthday

May 25<sup>th</sup>: Memorial Day

May 29<sup>th</sup>: John Tran's Birthday

June 12<sup>th</sup>: Newsletter Content Due

June 10<sup>th</sup>: Jess Ge's Birthday

June 12<sup>th</sup>: Erika Richard's Birthday

June 13<sup>th</sup>: Michael Mohundro's Birthday

June 14<sup>th</sup>: Peter Tran's Birthday

June 15<sup>th</sup>: Jennifer Jones and Carli Nesheiwat's Birthday