



Oklahoma Society of Health-System Pharmacists

April – June 2007

Visit our website at www.oshp.net

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Mark your Calendar

OSHP Board Meetings
OUCOP (OKC and Tulsa)
Second Thurs. of each month, 3 pm

TPA-OPhA Annual Meeting
Grapevine, TX
July 12th-15th, 2007
For information, go to www.opha.com

AACP Annual Meeting
Orlando, FL
July 14th-18th, 2007
For information, go to www.aacp.org

Annual Preceptors Conference
Moore-Norman Technology
Conference Center, South OKC
September 19th, 2007, 8 am – 2 pm

OSHP Fall Meeting
Tulsa, OK
September 28th, 2007

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.

Check it Out!

This is a new section in our newsletter that profiles our OSHP board members. That way, you can learn more about their offices and various responsibilities. So next time you see one of our board members, thank them for all of their hard work!



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.

PharmPAC Address

If you would like to contribute to the OPhA PharmPAC, please send your donation to:

OPhA PharmPAC
P.O. Box 18731
Oklahoma City, OK
73154

Although donations are not tax deductible, they will be put to good use.

Attention Potential Authors:

If you or a colleague is interested in submitting an article for publication in the OSHP Newsletter, please contact the OSHP Newsletter Committee or a Board Member.

Newsletter Committee Chair is Nancy Williams:

nancy.williams@swosu.edu



OSHP District Update

Baby Picture:

That future pharmacist is Tracy Hagemann, who was OSHP President from 2005-2006. Thanks for all of your hard work and continued support.

Do you have a baby picture to submit? Then contact the Newsletter Committee.

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

Upcoming Meeting: August 9th, 2007

Topic: Asthma/Symbicort

Speaker: TBA

Location: TBA

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
Tracy Hunter**

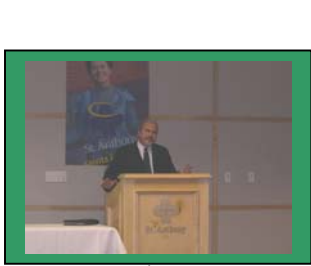
**Peter Johnson
Lisa Maple**

Joyce Moore

Scenes From The 2007 OSHP Annual Meeting (April 12th-13th, 2007)

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

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



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





The intention of clinical pearls is to highlight information regarding various therapeutic topics pertinent to health-system pharmacy practice. If you or your institution has information, protocols, etc. and are willing to share, please contact the OSHP Newsletter Committee.

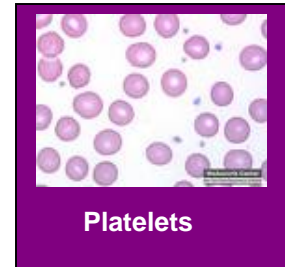
Thrombocytopenia and Fondaparinux

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:

	Moderate thrombocytopenia	Severe thrombocytopenia
Prophylactic 2.5 mg daily for 7±2 days 2.5 mg daily for 21±2 days	3.0% 0.0%	0.2% 0.0%
Treatment 5 mg daily if ABW<50 kg 7.5 mg daily if ABW 50 to100 kg 10 mg daily if ABW >100 kg (duration: 7±2 days)	0.5%	0.04%

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.⁽³⁾ 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 LMWH used.⁽⁴⁾ 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⁾

Thrombocytopenia and Fondaparinux (continued)

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.⁽⁶⁾ 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

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Institution-Based Drug Information Practice

Submitted by: Julia M. Chiappe, Pharm.D.
Drug Information/Drug Use Policy
Integris Baptist Medical Center; Oklahoma City, OK



The provision of drug information to healthcare providers, patients, and the community is usually the first job function to come to mind when one thinks of the drug information pharmacist position. This function, practiced to some degree by every pharmacist, is only one of many involvements. In the institutional setting, providing drug information services to hospital-affiliated healthcare professionals can be a full-time task. However, due to its non-revenue-generating status, the institutional drug information pharmacist is often also involved in adverse drug event reporting, formulary management, and administrative functions in order for the position to be financially justifiable. Practice settings in academia, industry, managed care, and combination positions offer a variation of these and other job roles.

Check it Out!

This is a new section in our newsletter that highlights different areas of pharmacy practice. If you are doing something interesting that may benefit others, then please contact the OSHP Newsletter Committee so we can profile you.

What's in the News?

The Joint Commission has selected safer anticoagulant use as a National Patient Safety Goal for 2008. The central goal is for organizations to implement a defined anticoagulant management program to individualize care provided to each patient receiving anticoagulant therapy.

For more information regarding institution-based drug information practice, please contact Julia Chiappe at (405) 949-3660 or julia.chiappe@integris-health.com.

Institution-Based Drug Information Practice (continued)

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	SPRING 2007 - SPRING 2008
President	Jennifer Gass	Mark Bateman
President-Elect	Mark Bateman	Renee Tobey
Vice President	Amanda Bishop (OKC), Katherine O'Neal (Tulsa)	Misty Broyles (OKC), Traselynn Anderson (Tulsa)
Secretary	Lisa Mayer	Shannon Beekman
Treasurer	Django Belote	Maria Bates
Historian	Misty Broyles (OKC), Jesse Schmidt (Tulsa)	Cory Binova (OKC), Kevin Diller (Tulsa)



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	FALL 2007
President	Cassi Mettry	Jessica Bowen
President-Elect	Jessica Bowen	Samantha Mitchell
Secretary	Jaime Miller	Jaime Miller
Treasurer	Donovan Fuller	Becca Stodieck
Fundraising Chairs	Beverly Medcalf & Melissa Gloden	Melissa Gloden & Rebekah Vermillion



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