Vermont Pharmacist Association
877.483.2646
Building One Voice for Pharmacy!

**May 2017**

**Volume VII, Issue V**

**Madeline Ciccone, Editor**

## Vermont Pharmacy News

### Welch Proposes Bill For Medicare Access to Underserved Pharmacies

Vermont's Congressman Peter Welch and Virginia's Congressman Morgan Griffith introduced a new bill geared towards underserved pharmacies. This bill, the *Ensuring Seniors Access to Local Pharmacies Act of 2017*, would become an amendment to the Social Security Act. The proposed legislation would help those on Medicare in underserved or non-populous areas access coverage in their community pharmacies. According to Congressman Welch, "Vermont seniors need reliable access to affordable medicines no matter where they live. Our legislation will help ensure that seniors are able to fill their prescriptions at their local pharmacy." Congressman Griffith was in agreement, stating, "The network pharmacy designation allows rural residents to receive the same reductions in coinsurance or copayments than those in higher population areas are able to receive."

*Read more*

## Vermont Prescription Monitoring System Changes

Beginning June 15th, the Vermont Prescription Monitoring System (VPMS) will go live with a new system on the AWARxE Platform. This new system offers improved functionality and clinical tools and is currently being used in states across the country, such as New York, Massachusetts, Connecticut, and New Hampshire. Once the VPMS is live, VPMS staff will offer presentations, webinars, and in-person assistance to ensure users are able to effectively utilize the new system. All registered users should have been sent an email regarding the update. The new site will not be able to be accessed until its unveiling on June 15th, but on that date, access will be granted. If you have any questions or concerns, please contact Hannah Mason Hauser, MSW, VPMS Manager at 802-652-4147 or Hannah.hauser@vermont.gov.

*Read more*

## New VPMS Rules for Pharmacists

Beginning July 1, 2017, Vermont prescribers will have new rules in effect for prescribing opioids and querying the Vermont Prescription Monitoring System. However, there are some new rules that are already in effect for pharmacists.

Dispensers must check the prescription monitoring system when:
-Dispensing an opioid to a **new patient**
-A patient **pays cash** for an opioid, **but has insurance**
-A patient requests a **refill** of an opioid **before it is due**
-The dispenser knows the patient is being prescribed an opioid by **more than one prescriber**

An exemption for a hospital-based dispenser dispensing a quantity of an opioid that is sufficient to treat a patient for 48 hours or fewer is in effect.

Review the full updates rules governing the prescribing of opioids for pain and chronic pain.

## Student VPA Board Announced

Congratulations to the new student VPA Chapter elected officers on the *Albany College of Pharmacy and Health Sciences* Vermont campus!

**President:** Kimberly Colgan
**Vice President:** Hogan Smith
**Secretary/Treasurer:** Cameron Thirkell

## Vermont Board of Pharmacy Meeting

**Cancelled This Month**

---

# National Pharmacy News

---

## Senate Approves Dr. Scott Gottlieb as Commissioner of the FDA


*Zach Gibson / Getty Images*

Dr. Scott Gottlieb now sits as commissioner of the Food and Drug Administration as of early this May. In his history, Dr. Gottlieb held the title of deputy commissioner at the FDA during the Bush administration. He has written on FDA policy as a fellow at the American Enterprise Institute. Dr. Gottlieb has also served on advisory boards for various large-scale pharmaceutical companies and invested financially in the health care industry. Dr. Gottlieb, though a controversial choice due to previous industry ties, has vowed to “divest himself from several health care companies and rescue himself for one year from decisions involving those businesses” in an effort to remain bipartisan with his decisions as commissioner. A large task for the new commissioner will be to put in place the 21st Century Cures Act, signed by Obama last year, that directs the FDA to speed up drug approvals. Dr. Gottlieb also states he would “make addressing the nation’s opioid epidemic a top priority.”

*Read more*

## FDA Approves ALS Treatment

Radicava (edaravone) has just been approved by the Food and Drug Administration to treat patients with amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's disease. ALS is a rare, progressive disorder that destroys nerve cells that control voluntary muscles, causing muscle weakness and eventually paralysis. Edaravone has been successfully used to treat ALS in Japan, thus leading to the filing of a marketing application in the United States. Efficacy for edaravone for the treatment of ALS was demonstrated in a six-month clinical trial in Japan consisting of 137 participants, either receiving edaravone or placebo. At week 24, those receiving edaravone showed less progression of the disease compared to those receiving placebo. Radicava is an intravenous infusion administered with an initial treatment cycle of daily dosing for 14 days, followed by a 14-day drug-free period. Subsequent treatment cycles consist of dosing on 10 of 14 days, followed by 14 days off. The most common adverse reactions were bruising and gait disturbance. Serious side effects included hives, swelling, shortness of breath, and allergic reactions to sodium bisulfite, an excipient in the product.

*Read more*

## NIH Offers Free COPD Toolkit for Pharmacists

In an aim to help patient with chronic obstructive pulmonary disease (COPD) better manage their condition, the National Heart, Lung, and Blood Institute, part of the National Institutes of Health, is calling on pharmacists to help educate their patients by providing a free toolkit full of information on the condition. The kit will provide pharmacists with the tools necessary to warn patients of their risks of developing COPD, help manage their diagnosis, and provide information about when to contact a provider. The toolkit comes as a container with fact sheets for patients diagnosed with COPD or are at risk for developing the disease. The kit not only offers resources for patients, but also information to help guide pharmacists with education and behavioral counseling for their patients.

*Read more*

## FDA Approves Hepatitis C Treatment For Children

The U.S. Food and Drug Administration approved supplemental applications for Sovaldi (sofosbuvir) and Harvoni (ledipasvir/sofosbuvir) to now treat hepatitis C virus (HCV) in pediatrics ages 12 to 17. Sovaldi and Harvoni were previously approved to treat hepatitis C virus in adults. This approval makes these drugs the first direct-acting antiviral treatments approved for children and adolescents with HCV. Direct-acting antiviral drugs reduce the amount of HCV in body by the prevention of multiplication of the virus, and in most cases, can cure the infection. With the approval of these drugs in pediatrics, the need is met for treatment in this difficult-to-treat population. Harvoni is now indicated for the treatment of pediatric patients, age 12 or older, weighing at least 35 kg with HCV genotype 1, 4, 5, or 6 infection with mild or no cirrhosis. Sovaldi, given in combination with ribavirin, is indicated for pediatric patients, age 12 or older, weighing at least 35 kg with HCV genotype 2 or 3 infection with mild or no cirrhosis. The most common adverse reactions reported with Harvoni were fatigue and headache. Similar reactions are most commonly reported with the Sovaldi/ribavirin combination.

*Read more*

*Justin Sulivan / Getty Images*

## Internet-based Retailer Explores Online Pharmacy Options

According to a report published by CNBC, Amazon.com has shown interest in entering the pharmaceutical dispensing business. Amazon has reportedly began the search for a general manager whose role is to develop a plan of getting into the industry. While the discussion to enter the pharmacy market is not new to Amazon, the proposal has recently turned serious this year with the rise of high-deductible plans and unsatisfied patients. “I think Amazon would introduce a lot of transparency to what drugs really cost,” according to Stephen Buck, co-founder of GoodRx. Amazon would go against top competitors like Express Scripts and CVS Health and introduce a great deal of competition into the market. Amazon often tests out new ventures in non-U.S. markets before bringing them into the States. In Japan, Amazon has already expanded its service to deliver drugs to its Prime Now customers, and even includes a “pharmaceuticals” tab on its site. The service sells drugs to patients with the approval from a pharmacist. For patients with high cost deductibles, Amazon may become a go-to destination to shop for drugs.

*Read more*

## New Changes to the 2017 Immunization Schedules

Each year, revisions are made to the previous Immunization Schedules in order to stay up to date to current data and practices. Changes to the immunization schedule for pediatrics, from birth through 18 years of age, include modifications to the influenza, hepatitis B, polio, DTaP, Haemophilus influenza type B, human papillomavirus (HPV), meningococcal, and pneumococcal vaccines. The use of live-attenuated influenza vaccine has been removed from the schedule due to reduced efficacy. Modifications to the hepatitis B include administering the monovalent hepatitis B vaccine within 24 hours of birth for stable infants weighing 2kg or more who are born to hepatitis B surface antigen-negative mothers. For premature infants weighing less than 2kg, the first dose of the hepatitis B vaccine should be given 1 month after birth or at hospital discharge. In regards to the polio vaccination, additional guidance has been published on the assessment of poliovirus vaccination status and the vaccination of children who have received the vaccine outside the United States. For DTaP, current data suggests that vaccinating with Tdap early on in pregnant, adolescent mothers will maximize passive antibody transfer to the infant. For H. influenza type B, use of Comvax was removed and Hiberix was added as the first-line choice for primary vaccination. The updated schedule also mentions that the HPV series of Gardasil can be started in children aged 9 to 10 years. The two-dose series for HPV prevention can be started in children younger than 15 years. Finally, the updated meningococcal schedule encourages a meningococcal conjugate vaccine booster at age 16 years.

Changes to the immunization schedule for adults include modifications to the influenza, hepatitis B, HPV, and meningococcal vaccines. Similarly to pediatric patients, the live-attenuated influenza vaccine is removed from the schedule, but information regarding adults with a history of egg allergies was also added. For the hepatitis B vaccine, it was added that the series should be given to adults with chronic liver disease. Information was added on vaccine adequacy in adults who initiated the HPV vaccination series before 15 years of age. Information was also added on the appropriate use of meningococcal vaccine in high-risk adult populations.

*Read more*

## Contact Information:

### Mailing Address:

Vermont Pharmacists Association
P.O. Box 267
St. Albans, VT 05478

**Visit our website, and like the VPA Page on Facebook!**