



Vermont Pharmacist Association

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Building One Voice for Pharmacy!

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**Marci Wood, Editor**

Vermont News

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### **Spring 2016 CE Program**

The VPA Spring CE meeting, titled **Opioid Epidemic - What Community Pharmacists Need to Know: Myths, Truths and Actions**, will be held on Sunday, April 3rd from 7 AM to 3:30 PM at the Holiday Inn in Rutland. Please see below for full schedule of presenters. Online registration is available on the [VPA website](#). We hope you will join us on April 3rd!

7:00 – 8:00 AM	<p><b>Registration, Continental Breakfast, Exhibits, Welcome</b></p>
8:00 – 9:00 AM	<p><b><u>Opioid Epidemic: Vermont State of the State</u></b>  Harry Chen, MD  Commissioner, Vermont Department of Health  Burlington, VT</p> <p><b><i>At the completion of this activity, the participant will be able to:</i></b></p> <ul style="list-style-type: none"> <li>• Recognize the challenges of opioid addiction in Vermont</li> <li>• Recall the current trends in opioid misuse, abuse, dependence and death</li> <li>• Describe the problem of neonatal abstinence syndrome (NAS) in the state</li> <li>• Identify Vermont’s public health strategy to counter the health, social and economic consequences of this problem</li> </ul>
9:00 – 10:30 AM	<p><b><u>Treatment and Recovery Options for the Opioid Epidemic</u></b>  Kurt White, LADC, LICSW  Clinical Manager  Brattleboro Retreat  Brattleboro, VT</p> <p><b><i>At the completion of this activity, the participant will be able to:</i></b></p> <ul style="list-style-type: none"> <li>• Identify how the opioid epidemic developed and worsened in the region, and the obstacles to its resolution</li> <li>• Differentiate treatment options for opioid addiction, including the process of withdrawal management, types of agonist and antagonist therapies, and the levels of treatment available from counseling to long-term residential treatment</li> <li>• Explain the common problems that can co-occur with addiction, including predisposing factors, trauma, other mental health and addictive illnesses, stigma, and ways that these can complicate the treatment picture</li> <li>• Recognize special situations that may develop in this population and its management, including legal issues and crime, impaired professionals, and ways that pharmacists can be most helpful to prescribers</li> </ul>
10:30 – 11:00 AM	<p><b>Break and Exhibits</b></p>
11:00 – 12:00 PM	<p><b>Business Meeting</b></p>
12:00 – 1:00PM	<p><b>Lunch and Exhibits</b></p>
1:00 – 2:00PM	<p><b><u>Risk Mitigation Strategies for Pharmacists to Combat the Opioid Epidemic</u></b>  Jacqueline Pratt Cleary, PharmD, PGY-2 Pain and Palliative Care Resident  Stratton VA Medical Center  Albany, NY</p> <p><b><i>At the completion of this activity, the participant will be able to:</i></b></p> <ul style="list-style-type: none"> <li>• Discuss risk mitigation strategies prior to initiating opioid therapies</li> <li>• Review utilization of urine drug screens, serum drug levels, and pharmacogenomics testing for chronic opioid patient</li> <li>• Recognize risks associated with opioid conversions and morphine equivalence calculations</li> <li>• Apply the risk index for overdose or serious opioid induced respiratory depression (RIOSORD) tool to identify patients for opioid induced respiratory depression (OIRD)</li> </ul>

- 2:00 – 3:00PM      **Understanding Individuals with Severe Opioid Use Disorder**  
Edward Baker, LICSW, LADC  
Addiction Education Specialist  
Burlington Labs  
Burlington, VT
- At the completion of this activity, the participant will be able to:**
- Acquire new knowledge relevant to the disease of opioid addiction, its treatment, and recovery
  - Formulate a list of new beliefs regarding the disease of addiction and recovery
  - Adopt one or two new approaches that they will apply to their work with this population
- 3:00 – 3:30 PM      **AWARxE – Get Informed – Prescription Drug Safety**  
Anita Young, EdD  
Director of Continuing Pharmacy Education  
Northeastern University – Bouve College of Pharmacy  
Boston, MA
- At the completion of this activity, the participant will be able to:**
- Describe the purpose of the AWARxE Program
  - Identify resources available to pharmacists to help combat the drug abuse epidemic
  - Recognize potential causes of the drug abuse epidemic facing our families, community, and country
- 3:30 PM              **Adjourn**

## Summary of S. 243 as passed by Senate Health & Welfare Committee

By Marty Irons, RPh

The efforts by the Vermont Pharmacists Association and other pharmacy groups to confer Health Care Provider Status to pharmacists continues to move forward in the Vermont State Legislature. Attached to Senate Bill 243 An Act to End Opioid Abuse in Vermont, the HCPS piece of the legislation has progressed very quickly for an inaugural effort. If passed, Vermont will be among the very few states that have enacted similar legislation.

The entire bill can be found at:

<http://legislature.vermont.gov/assets/Documents/2016/Docs/BILLS/S-0243/S-0243%20As%20Introduced.pdf>

## Registration Open for Vermont Blueprint for Health Conference

Registration is now open for the Vermont Blueprint for Health Annual Conference. The conference will be held on April 12th at the Sheraton Hotel in Burlington. The full brochure can be found online. Online registration is also available. Note that no ACPE pharmacist hours are available at this conference.

## **Spring Palliative Care Conference**

The Vermont Ethics Network, in partnership with the Palliative Care and Pain Management Task Force, will have a conference on May 6th at the Sheraton Hotel in Burlington. This year one of the presenters is a pharmacist-- Mary Lynn McPherson, PharmD, BCPS, CPE—professor and vice chair for education in the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy in Baltimore who teaches extensively on topics of pain management and end-of-life care. She will be offering a keynote presentation and a breakout session. Another featured presenter is Thomas Strouse, MD - Medical Director of the Resnick Neuropsychiatric Hospital at UCLA whose clinical expertise is in the psychiatric aspects of medical illness and cancer pain management. The full agenda and registration information will be available in the coming weeks at [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org).

The Vermont Ethics Network is working with Northeastern Vermont AHEC on continuing education credits and is planning to offer credits for pharmacists as well as other health care professionals.

## **Notice from Office of Professional Regulation: Drugs and Vehicle Operation**

The National Transportation Safety Board (NTSB) has written asking that licensees be reminded about proper patient consultation regarding the effects drugs may have on a their ability to operate a vehicle. As you can see from their recommendations (below), how drugs may impair a person's ability to operate a vehicle in any mode of transportation is seen by the NTSB as a serious safety issue.

Please keep in mind the importance of counseling your patients on how any drug they take may affect their ability to drive or operate any kind of vehicle. This consultation is an important facet of medical care for patients and the communities in which they live.

NTSB Recommendations:

"I-14-1: Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their medical condition and medication may have on their ability to safely operate a vehicle in any mode of transportation."

"I-14-2 Use existing news letters or other routine forms of communication with licensed health care providers the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation."

## **Upcoming Board of Pharmacy Meeting**

The next meeting of the Board of Pharmacy will be held at 9 AM on Wednesday, April 27th. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

## **National Pharmacy News**

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## Medication Spending Report For 2015

A 2015 report from Express Scripts found that prescription drugs spending increased by 5.2% in 2015. While this is roughly half the rate seen in 2014, Express Scripts said that it included rebates in its annual drug spending report for the first time, which cut 2.7 percentage points off spending growth.

Most of the spending increase can be attributed to a 17.8% increase in specialty medicines. Overall, spending on specialty drugs accounted for 37.7% of drug costs with the figure projected to rise to 50% by 2018. The majority of this specialty drug spending went towards drugs for inflammatory conditions, such as Amgen's Enbrel (etanercept) and AbbVie's Humira (adalimumab). Inflammatory conditions therefore exceeded diabetes medication spending for the first time in 2015; diabetes medications held the top spending spot from 2011 to 2014. Prices of traditional drugs declined by 1.4% in 2015, while use rose by 1.9%.

Express Scripts estimates that prescription drug spending will rise by 6.8 percent in 2016, 7.3 percent in 2017 and 8.4 percent in 2018. The pharmacy benefit manager added that spending on specialty drugs, including treatments for inflammatory conditions and new therapies for cancer, is expected to increase by 17 percent over the next three years.

## CDC Releases New Guidelines to Limit Opioid Use for Chronic Pain

The CDC has published new guidelines to provide recommendations concerning the use of opioids in treating chronic pain. The target patient population is those patients aged 18 years or older and excludes opioid use for cancer, palliative, or end of life care. In light of current trends of opioid abuse in the United States, the main goal of these guidelines is to improve patient care by reduce risks associated with long-term opioid use, including abuse of opioids, overdose, and death. The CDC provides three principles to guide treatment selection – that non-opioid therapy is preferred for chronic pain (excluding cancer, palliative, and end of life care), when used opioids should be given at the lowest possible effective dose, and that providers should use caution when prescribing opioids and monitor all patients closely. In the guidelines, recommendations for when to initiate or continue opioids for chronic pain, opioid selection (immediate release over ER/LA when starting therapy), dosage, duration, follow-up, and discontinuation. Ways to assess risk, address harms of opioid use, and increase use of other treatments for chronic pain are also discussed.

The full text of the guidelines can be found on the [CDC website](#) (see Box 1 for more information about the CDC's specific recommendations), along with a [checklist](#) for prescribing opioids for chronic pain that is a helpful reference when assessing opioid use

# New Research Suggests ADHD Medications May Weaken Bones

By Madeline Ciccone

Researchers are calling upon pharmacists to recommend nutrition counseling and other preventative measures to those children and adolescents on ADHD medications. According to data sourced from the National Health and Nutrition Examination survey, the use of these ADHD medications are associated with decreased bone mineral density (BMD). The case-control study sampled 5,315 children and adolescents, aged 8 to 17 years and measured BMD in three different regions: total femur, femoral neck, and lumbar. Researchers were able to determine those taking ADHD medications presented lower BMD than non-medicated participants in all three regions after controlling for factors such as age, sex, ethnicity, and poverty level. However, an important limitation to note is that the study did not take into account changes in medication dose, duration of use, or other changes in therapy. Jessica Rivera, MD, a senior study author with the U.S. Army Institute of Surgical Research recommends, "parents of patients taking ADHD medications should be informed of potential bone loss, especially if the findings of this study are validated in prospective studies."

[Read more](#)

# Low Adherence to All Anticoagulants in Patients with Atrial Fibrillation

New oral anticoagulants (NOACs) have been promoted as more convenient to take than warfarin, however a recently published cohort study suggests adherence to NOACs is also suboptimal. This study included 64,661 patients with atrial fibrillation who started treatment with warfarin or a NOAC (apixaban, dabigatran, or rivaroxaban) between November 2010 and December 2014, identified using information an insurance database. End points included first hospital admission for ischemic stroke or systemic embolism, major GI bleeding, intracranial hemorrhage, or bleeding from other sites. After 1 year median follow up, 47.5% of patients taking a NOAC had an adherence of greater than or equal to 80%, compared to 40.2% of patients taking warfarin.

Although this difference was significant ( $p < 0.001$ ), the authors of the study mention that adherence to these drugs was low. The researchers looked at if adherence was related to the end points they identified, and found that nonadherent patients with a CHADS2-VASc of 2-3 who did not take an oral anticoagulant for 6 months or more had a 2.7-fold greater risk of stroke than patients who were nonadherent for less than a week. For patients with a CHADS2-VASc score of greater than 4, nonadherence for 6 months or more was associated with a 3.6-fold increased risk of stroke. No significant effects were found between nonadherence and stroke risk in patients with a score of 0 or 1.

Nonadherence seen in this patient population was most likely due to failure to refill medications, resulting in discontinuation of medication between refills, according to researchers. This highlights a potential intervention pharmacists could make if failure to refill a warfarin or NOAC prescription is noticed.

[Read more](#)

## Contact Information:

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