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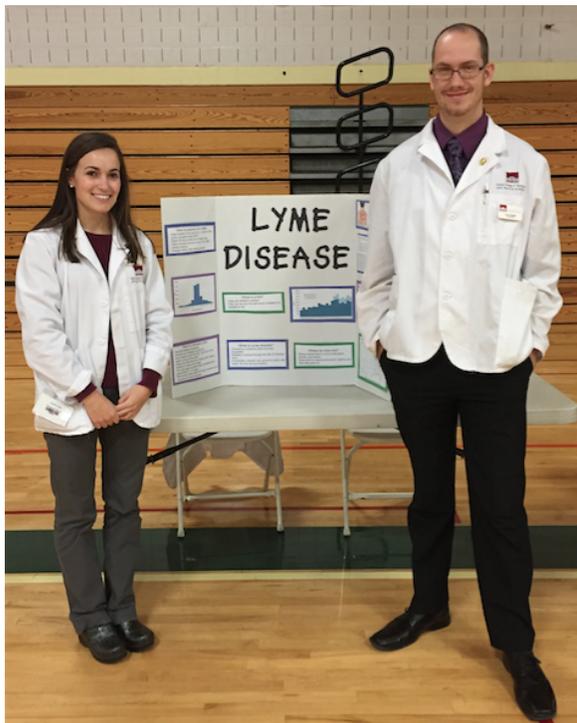
Madeline Ciccone, Editor

Vermont News

PAs and NPs to Prescribe Buprenorphine in Vermont

Non-physicians like nurse practitioners and physician assistants will soon be able to write prescriptions for anti-opioid drugs like buprenorphine in an effort to curb opioid addiction and relieve burden from physicians. Authorization waivers to prescribe will require a 24 hour training and will take effect in February.

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VPA Student Representation at the Colchester Wellness Fair

Janelle Puleo and Cory Petretti of *Albany College of Pharmacy and Health Sciences* represented VPA at the Colchester Wellness Fair held on November 4th at Colchester High School where they presented a poster on Lyme Disease prevention.

Upcoming Board of Pharmacy Meeting

The next meeting of the Board of Pharmacy will be held at 9 AM on Wednesday, December 28th. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

National Pharmacy News

Pharmacies of the Future Feature Robots on the Rise

Pharmacy robots are on the rise in retail pharmacies and hospital pharmacies alike, with the global pharmacy automation market increasing from \$3.5 billion in value to \$5.5 billion over the next five years.



Photo Source: SwissLog

These robots are equipped to sort through medications, identify correct dosages, prepare IV fluids, count tablets, and package prescriptions for nurses to administer. According to University of California San Francisco Health CEO Mark Laret, “What we have now is a pill picker that fills all of the pharmaceutical orders for our patients. ... And what it’s really done is improved the reliability of what we do.” Since introducing pharmacy robots into the USCF Medical Center in 2010, fewer pharmacist errors and better patient safety was seen, including 350,00 error-free prescriptions filled by robots. Now, pharmacists can worry less about “counting pills” and focus more on patient centered care like medication therapy management, including counseling, educating patients, and medication therapy reviews. Many pharmacists, industry observers, and organizations like APhA are in support of automation in pharmacies, arguing that robots are not replacing jobs, but rather freeing up pharmacists to do higher-order jobs. APhA spokesman Mohamed Jollah states, “the level of judgment and expertise that pharmacists provide can’t be replaced by robots.”

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New Study Reveals Celecoxib Non-inferior To Ibuprofen or Naproxen With Regard To Cardiovascular Safety

By Marci Wood

A trial published in the New England Journal of Medicine suggests that celecoxib poses similar cardiovascular risk to naproxen or ibuprofen. The PRECISION trial was a 10-year study prompted by the removal of the selective COX-2 inhibitor rofecoxib (Vioxx) from the market in 2004. The trial included a total of 24,081 patients who were receiving NSAIDs for osteoarthritis or rheumatoid arthritis and were at increased cardiovascular risk due to factors such as previous history of cardiovascular disease, hypertension, diabetes, dyslipidemia, or smoking. Participants were randomized to receive either celecoxib, naproxen, or ibuprofen at more than 900 study centers worldwide. NSAID daily doses were celecoxib 100-200 mg twice daily, ibuprofen 600-800 mg three times daily, or naproxen 375-500 mg twice daily. Additionally, all patients received concomitant treatment with esomeprazole 20-40 mg daily, although adherence was not measured. The study aimed to assess if celecoxib was noninferior to the other NSAIDs by measuring the number of patients who experienced the primary composite outcome of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke. In the intent-to-treat analysis, the primary outcome occurred similarly regardless of NSAID used (celecoxib = 1.7%; naproxen = 1.8%; ibuprofen = 1.9%). Gastrointestinal risk was significantly lower with celecoxib than both naproxen and ibuprofen, and the risk of renal adverse effects was significantly lower with celecoxib than ibuprofen. Therefore, this study suggests that celecoxib may be as safe as naproxen or ibuprofen in terms of cardiovascular risk, and have a better GI and renal safety profile. Importantly, 69% of patients discontinued use of the study drug and the study had a 27% drop out rate during the trial's 10 year duration. The trial sponsor, Pfizer, was involved in trial design and data collection.

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FTC Announces Homeopathic Products Must Prove Safety and Efficacy

By Marci Wood

The Federal Trade Commission has issued a new [policy statement](#) that states over-the-counter homeopathic products must prove claims made concerning safety and efficacy with scientific evidence. According to the statement, the FTC will hold these claims to the same standards as other products. Reliable scientific data will be required to support health-related statements, such as that a product can treat a specific condition. According to the FTC, manufacturers can avoid a violation by stating on the label and in advertisements that there “is no scientific evidence the product works” or “that the product's claims are based only on theories of homeopathy from the 1700s that are not accepted by most modern medical experts”.

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Unfamiliarity with New Inhalers is Cause of Recently Reported Medication Errors

In recent years, many new inhalation products have been introduced to the market with the intent to address previous inhaler misuse. While some are newly marketed medications, others contain previously available drugs in a new administration form. According to the Institute for Safe Medication Practices, unfamiliarity with the newer inhalers by pharmacists, physicians, and patients have been the cause of several recently reported errors. While these newly designed inhalers were designed to address problems with older inhalers and improve the ease of use for patients, proper patient education and counseling remains the chief way to reduce medication errors. Pharmacists should reinforce proper and safe use of inhalation devices and encourage patients to demonstrate inhaler technique. Counseling habits such as these may reduce errors and create an opportunity to correct improper use of inhalers.

[Read more](#)

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