Vermont Pharmacist Association
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Building One Voice for Pharmacy!

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Vermont News

Vermont Insurers Support Refill Synchronization

Letters received from Blue Cross Blue Shield of Vermont and MVP health care to the Senate Health and Welfare committee confirm support of a bill that would allow patients to synchronize refills without financial penalty to either the patient or the pharmacy. Both MVP and Blue Cross Blue Shield state the intent to allow these "short scripts" to be filled early with authorization received from pharmacists calling Express Scripts, the pharmacy benefit manager for both insurance companies. Co-pays will be pro-rated for synchronization partial fills for patients interested in participating in this new program. Both insurance companies understand the importance of this synchronization can have in improving patient medication adherence. BCBSVT stated in their letter that this program will be promoted to patients and pharmacists in their quarterly newsletter.

Man Posed as Doctor to Obtain Prescription Drugs

Police report that Kyle Daley, a 29-year old South Burlington man, was able to pose as a doctor to obtain Suboxone prescriptions by posing as a pain clinic doctor from Massachusetts phoning in small quantities of Suboxone and paying cash for them at the Williston CVS. In total, he is accused of obtaining 35 prescriptions in Vermont and 3 at a CVS in New Hampshire in this scheme. Police say a pharmacist at the CVS in Williston reported the suspicious activity in March.

Upcoming Board of Pharmacy Meeting

The next meeting of the Board of Pharmacy is scheduled for **June 25th** at 9 AM. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

Congratulations ACPHS-VT Class of 2014

Albany College of Pharmacy and Health Sciences held its commencement ceremony for the Vermont campus on May 18th, with 65 students receiving Pharm. D. degrees. Congratulations to these new pharmacists!

source: http://donaldwelliott.fotomerchant.com/acphs-2014/acphs-grads-vermont

National Pharmacy News

MERS-CoV Infection Confirmed in US

To date, there have been 2 confirmed infections of Middle East Respiratory Coronavirus (MERS-CoV) in the United States. The first infection was confirmed in early May in Indiana. The patient flew from Saudi Arabia to Chicago through London, and was reported to the Indiana State Department with infection confirmed by the CDC. The second case in Florida involved a patient that also traveled to Saudi Arabia. All reported cases thus far of MERS have been connected to six countries in the Arab peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates, Oman, and Kuwait. According to the CDC, MERS poses a very low risk for the general public of the US. Healthcare providers are advised to evaluate patients for MERS-CoV if severe acute respiratory illness is developed within 14 days after traveling to these countries (excluding those who only traveled to an airport) or if close contact has been made with a traveler to these countries or confirmed case of MERS-CoV.

FDA Warns of Lunesta Impairment and Lowers Recommended Dose

A recent study found that the previously recommended Lunesta (eszopiclone) dose of 3 mg at bedtime could impair driving skills, memory, and coordination for more than 11 hours after taking the dose. Women and men were both susceptible to impairment, and patients were often unaware they were impaired despite the driving and coordination problems experienced. Therefore, the FDA is recommending a decrease in the starting dose of Lunesta to 1 mg at bedtime for both men and women. This dose can be increased to 2 mg or 3 mg if needed, but patients must be aware this may impair driving and other activities the next day.

Dalvance Approved for Acute Skin Infections

The FDA has approved Dalvance (dalbavancin) to treat acute bacterial skin and skin structure infections in adults, including methicillin-resistant Staphylococcus aureus (MRSA). Dalvance's efficacy was shown in 2 clinical trials with 1289 adult participants with acute skin and skin structure infections. These trials showed that Dalvance was as effective as vancomycin in treating these infections. Common side effects experienced by trial participants were nausea, headache, and diarrhea. Dose adjustments are recommended in patients with renal impairment. Dalbavancin is the first drug with the designation Qualified Infectious Disease Product (QIDP) to receive FDA approval, and was given this designation because it is used to treat serious or life-threatening bacterial infections. With its QIDP designation, dalbavancin was given priority review by the FDA and an added 5 years marketing exclusivity.

Entyvio Receives Approval to Treat Ulcerative Colitis and Crohn's Disease

The FDA has approved Entyvio (vedolizumab) injection, an integrin receptor antagonist, in adults with moderate to severe ulcerative colitis or Crohn's disease when standard therapies such as corticosteroids, immunomodulators, or TNF blockers have failed to effectively control symptoms, as neither condition has a cure. The safety and efficacy of Entyvio for ulcerative colitis and Crohn's disease was evaluated in separate clinical trials. For ulcerative colitis, results of two clinical trials involving 900 patients who had not responded to previous treatment with standard therapy showed Entyvio was more effective than placebo in managing symptoms. Three clinical trials involving 1,500 patients were conducted to evaluate response in Crohn's disease and found that these patients who did not respond to standard therapy had better managed symptoms than those receiving placebo. Patients receiving Entyvio should be monitored for new or worsening neurological symptoms, as treatment with integrin receptor antagonists have been associated with progressive multifocal leukoencephalopathy (PML), a rare and fatal viral infection of the central nervous system. While no PML cases were seen in clinical trials of Entyvio, there is uncertainty regarding the risk of infection.

Continued Study Finds Lower Cardiovascular Risks but Higher GI Bleeding with Pradaxa versus Warfarin

In an ongoing review of the safety and efficacy of the blood thinner Pradaxa (dabigatran), the FDA completed a study of more than 134,000 Medicare patients 65 years and older comparing Pradaxa to warfarin. This study found that Pradaxa use in new users was associated with lower risk of clot-related strokes, bleeding in the brain, and death than warfarin. However, the study also found an increased risk of gastrointestinal bleeding with Pradaxa than warfarin and risk of MI was similar for the two drugs. Compared to previously conducted studies, this study involved a much larger and older group of patients. The results of this study, other than MI risk similarities, were consistent with the clinical trial data that warranted the approval of Pradaxa. Therefore, the FDA has made no changes to the current label or recommendations for use.

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