



Vermont Pharmacist Association
877.483.2646
Building One Voice for Pharmacy!

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Marci Wood, Editor

Vermont News

**Important Message from Vermont Board of Pharmacy:
Pharmacist Contract/Employment Opportunity**

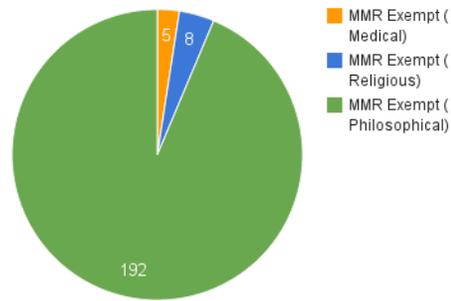
The Office of Professional Regulation, a division of the Office of the Vermont Secretary of State, is seeking proposals from qualified individuals to provide the technical, expert consultation services required for the Board of Pharmacy to license and regulate the practice of pharmacy in Vermont in support of the Board's public protection mission. This individual will assist the Board of Pharmacy and the Office of Professional Regulation in matters related to the regulation of pharmacists, pharmacies, and the practice of pharmacy.

Information about the position, contract, and application process is [available online](#). Applications must be received by March 27, 2015. If you have questions regarding the position, contact Colin Benjamin, Director, Office of Professional Regulation, at 802-828-2458 or colin.benjamin@sec.state.vt.us.

Proposed Legislation to Remove Philosophical Exemption for Vaccinations

Senator Kevin Mullin of Rutland is heading the reintroduction of legislation he sponsored in 2012 to eliminate the philosophical exemption for childhood vaccinations.

Measles/Mumps/Rubella (MMR) Exemptions by Type (2013-2014)



Of the 205 exempt kindergarteners in Vermont public schools, 192 of them were not vaccinated because their parents or guardians took advantage of the philosophical exemption.

Current Vermont State

law requires children receive vaccinations to cover measles, mumps and rubella, polio, hepatitis B, chicken pox and diphtheria, tetanus, and pertussis. Parents are able to exempt their children from any of these vaccinations because of religious reasons, for medical conditions, or for philosophical reasons. Recent reports show that 5% of public school and 14% of private school kindergarteners report at least one exemption.

The legislation introduced in 2012 was passed in the Senate, but did not pass in the House. Legislation to report school vaccination rates was passed instead. Mullin says this reporting law is helpful, but that it does address the root cause of the problem. Mullin says, "the root cause is that people are making bad decisions based on bad science."

Rite Aid Robbery Suspect Arrested

An arrest has been made in the robbery of a Rite Aid on February 23rd. Vermont State Police, working with Weathersfield Police, arrested Mary Graves of Bellows Falls in the robbery. According to police, the suspect demanded cash from the clerk at the counter and threatened to stab the clerk with a used needle and had fled the scene with an undisclosed amount of cash.

2015 Membership Reminder

The Vermont Pharmacists Association would like to thank all those that have sent in their memberships for 2015, and remind everyone that your membership is critically important to our ongoing efforts to increase our professional voice throughout Vermont and is greatly appreciated. The VPA works diligently to support pharmacy in Vermont and get information out to all pharmacists on upcoming legislation and happenings that affect the pharmacy profession. We are working on dates for upcoming Continuing Education meetings and will get that information out to you when we get dates confirmed. Membership forms are available through our website using PayPal at www.vtpharmacists.com. Click on the menu link in the upper right hand corner, then "membership" from the drop down menu. Alternatively, check or money order can be sent to P.O. Box 818, Milton VT, 05468.

Upcoming Board of Pharmacy Meeting

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

National Pharmacy News

More Deaths with Methadone than Morphine for Chronic Pain

Results of a study published online comparing the outcomes of noncancer patients receiving treatment for chronic pain showed those receiving methadone had a 46% increased risk of death compared to patients receiving morphine SR. To compare out-of-hospital deaths of patients on either opioid, researchers conducted a retrospective cohort study of Medicaid patients in Tennessee aged 30 to 74 who filled a prescription for methadone or morphine SR between January 1997 and December 2009. The study included 32,742 patients prescribed morphine SR and 6014 patients prescribed methadone, with patients excluded if they had cancer or other serious illnesses. Most patients (approximately 90%) were taking the prescribed opioid for back pain or other musculoskeletal pain. The primary endpoint of the study was death outside the hospital, classified into one of three subgroups: sudden death consistent with opioid overdose or arrhythmias, other respiratory or cardiovascular deaths with possible but less certain opioid involvement, and deaths less likely to be related to opioids.

There were 477 deaths during the study time frame, and 72.5% of these were sudden unexpected deaths consistent with opioid overdose. 11.1% were other respiratory or cardiovascular deaths, and 16.4% were other deaths. With adjustments for covariates, researchers found patients receiving methadone had a 46% increased risk of death compared to those taking morphine, and patients taking methadone also had a higher risk of sudden unexpected death. The study does not specifically address why patients taking methadone may be at higher risk for death, however researchers believe there may be two possible reasons – that methadone concentrations in the blood vary among patients on the same dose, and methadone suppresses breathing for longer than it suppresses pain. The researchers state that although some patients may do better with methadone than other opioids, it should not be the first choice for chronic pain in noncancer patients.

New Insulin Product Gains FDA Approval

The once-daily long-acting basal insulin injection Toujeo (insulin glargine, Sanofi) has received FDA approval for use in patients with type 1 and 2 diabetes. The product Toujeo Solostar will be available as disposable prefilled pens containing 450 units, requiring one-third of the injection volume to deliver the same number of units as Lantus Solostar. Approval was based on results from the Phase III EDITION clinical trial, which showed similar blood sugar control with Toujeo as with Lantus. Toujeo is expected to be available in the United States at the beginning of the second quarter according to Sanofi.

Afrezza Now Available in the US

The only FDA-approved inhaled insulin product, Afrezza (insulin human, Sanofi) is now available for prescription in the United States according to a press release by the manufacturer and MannKind Corporation. This product provides patients with Type 1 or 2 diabetes with a non-injectable insulin option to help control blood sugar if not adequately controlled on their current medication regimen. The dry insulin formulation is delivered by a portable inhaler, is rapidly absorbed with a short duration of action, and should be given at the beginning of a meal. This dosage form is not recommended for patients with chronic lung disease, patients that smoke or have recently quit smoking, or as a diabetic ketoacidosis treatment.

LILETTA Approved for Long-Term Contraception

The FDA has approved LILETTA (levonorgestrel-releasing intrauterine system, Actavis and Medicines 360) to prevent pregnancy in women for up to 3 years. The partnership between Actavis and Medicines 360, a non-profit women's health pharmaceutical company, will allow women access to this IUD contraception commercially as well as at a lower cost through public health clinics enrolled in the 340B Drug Pricing Program. A main goal of this partnership is to make IUD contraception accessible to women regardless of socioeconomic status. Approval of LILETTA was based on the largest hormonal trial in the US, ACCESS IUD, involving 1,751 women. This study found that the product had a three-year efficacy rate of 99.45 percent in preventing pregnancy in women of various races and ethnicities. An advantage of this IUD product as a form of contraception is that it was found to be effective in women with a large range of BMIs, with women in the ACCESS IUD trial having a BMI range of 15.8 kg/m² to 61.6 kg/m². Serious complications associated with LILETTA and other IUDs include expulsion, sepsis, perforation, and development of ovarian cysts. The most common adverse effects reported included vaginal infections, acne, headache, nausea or vomiting, dyspareunia, abdominal pain, breast tenderness, pelvic discomfort, depression, and mood changes.

Discount Information for Hepatitis C Therapies in the US

Gilead Sciences, manufacturer of the expensive hepatitis C therapies Sovaldi (sofosbuvir) and Harvoni (ledipasvir/sofosbuvir), has announced discounts for these drugs in the US will increase to an average of 46% for 2015. This is a substantial increase from the average discount of 22% in 2014. This announcement comes after another hepatitis C therapy, Viekira Pak (ombitasvir/paritaprevir/ritonavir and dasabuvir, AbbVie) gained FDA approval in December and pharmacy benefit manager Express Scripts excluded Gilead Science's therapies after AbbVie agreed to discount Viekira Pak. CVS health has provided Gilead products with exclusive coverage on its formularies and commercial plans, with Harvoni designated as the primary treatment option for patients with Anthem insurance infected with genotype 1 hepatitis C.

Please note our mailing address:

Vermont Pharmacists Association
P.O. Box 818
Milton, Vermont 05468

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