Vermont Pharmacist Association
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Building One Voice for Pharmacy!

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Marci Wood, Editor

Vermont News

VPR Story Highlights Local Pharmacists

A two-part VPR story highlighted the roles Vermont pharmacists and other healthcare professionals are playing in helping to decrease medication errors. Marty Irons and Randy Pratico were highlighted in Part 2 of the story as pharmacists who are working towards improving patient outcomes.

Part 1 and Part 2 of the story are both available on the VPR website.

S. 243 Opioid bill update - testimony begins in the House Human Services Committee

On Wednesday, 4/6 Dr. Chen updated the House Human Services Committee on new developments at the Department of Health and updates for the Vermont Prescription Monitoring System (VPMS). Some highlights from his presentation include:

▪ Multistate access to prescription monitoring data should be available to VPMS users starting 4/22/16 that will include Connecticut, Rhode Island and other about 28 other states. Access to data from Maine, Massachusetts, and New York, which is maintained in another hub should be available by June 2016. Access to data from New Hampshire will take longer.
▪ In other states electronic medical records (EMR) vendors are connecting to a prescription monitoring program gateway which provides access to the prescription monitoring program hubs in multiple states. This would enable prescribers to obtain data about their patients' controlled substances prescriptions directly through their electronic medical records, without requiring a separate log-in to the VPMS system. The Department of Health plans to work with UVM Medical Center, which uses Epic, to test this in Vermont. Other vendors that are able to link to other states' the prescription monitoring programs through the gateway include Allscripts, Cerner and Meditech. There is not a time frame for how linking the VPMS with EHRs will roll out in Vermont, but a number of other states are connected to the hub or in the queue and a number of hospitals are connected to the PMP Gateway or in the queue for connection.
▪ The Vermont Department of Health received a four-year CDC grant of about $1 million each year for prescription drug overdose prevention. The Department plans to use the funding to
▪ Make the VPMS system more useful to users by highlighting patient use patterns and identifying outliers;
▪ Provide technical assistance in prescribing best practices and quality improvement to primary care and specialty practices through the Blueprint practice facilitators and the UVM College of Medicine;
▪ Improve VPMS data sharing and links to epidemiological data; and
▪ Identify use patterns of opioid users through an ethnographic evaluation.
▪ Pharmacy data should be uploaded daily by pharmacies into the VPMS by February of 2017. Currently about 42% of prescriptions are uploaded within 24 hours of being dispensed, but pharmacies are only required to report data weekly.
▪ The number of patient queries to the VPMS has increased from about 7000 monthly as of September of 2015 to about 13,000 monthly as of February 2016 (about 156,000 queries per year as of February of 2016.)
▪ Commissioner Chen expressed concern that there were about 10,167 recipients of opioid prescriptions who also received prescriptions for benzodiazepines, which is not safe and can lead to overdose. The VPMS can be used to identify patients who are getting benzodiazepines and opioids from different providers at the same time. There were four overdoses in 2015 that involved both a benzodiazepine and a prescription opioid (excluding heroin).
▪ Dr. Chen also expressed concern that the overall number of opioid prescriptions in Vermont (for analgesia and for addiction treatment) continues to increase.

Dr. Chen's full presentation is available online.

Vermont Board of Pharmacy Opening

We have a rare and rewarding volunteer opportunity for one of you to represent your profession on the Vermont Board of Pharmacy.
Come help shape the future of your profession in Vermont. Join fellow practitioners and members of the public and help us provide an important service to your community, the State and the public at large. We believe good professional regulation is the foundation of public protection.
If you have an interest, or want more information, please call me at (802) 828-5030. Or you can go straight to this link and complete an application.

This is a gubernatorial appointment. The applicant must be a licensed pharmacist with five years of experience in the practice of pharmacy in this state.
The applicant also has to remain in active practice for the duration of their appointed term.
Best Regards,

Lora Nielsen
Assistant Director
Office of Professional Regulation

Upcoming Board of Pharmacy Meeting

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

National Pharmacy News

Statin Therapy Unlikely Risk Factor for Tendon-related Adverse Events

Based on the results of a recent meta analysis of 3 case-control studies and one cohort study, tendinopathy and tendon rupture were rare in adults receiving statin therapy. No study found a significant association with statin therapy and tendon rupture, and although subgroup analysis found an association between tendon rupture and statin use for women only this did not remain statistically significant in a larger cohort study analysis. One subgroup analysis found atorvastatin use was associated with the highest risk of tendon rupture, while simvastatin was associated with a reduced risk.

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Small Updates to Adult Immunization Schedule

The latest recommendations from the CDC Advisory Committee on Immunization Practices have updated a few recommendations for immunizing adults. Of note, a change was made to the recommendation for the timing of pneumococcal vaccination. The recommended interval of Prevnar 13 followed by Pneumovax 23 was changed from “6 to 12 months” to at least 1 year” for most adults. The complete immunization schedule with a list of all updates and changes can be found on the CDC website.

Metformin Safe for Some Patients with Reduced Kidney Function

The FDA announced in early April its updated recommendation that metformin can be used safely in patients with mild renal impairment, and in some cases patients with moderate renal impairment. The revised labeling will reflect a review of published studies demonstrating metformin can be safely used in patients with reduced kidney function based on eGFR. Metformin use should no longer be based on a patient's serum creatinine. Rather, its use is contraindicated in patients with an eGFR below 30 mL/min and should be discontinued if a patient's eGFR falls below this. While it is not recommended to start metformin in a patient with an eGFR between 30-45 mL/min, use in patients with a eGFR below 45 mL/min already on metformin should be determined based on the benefits versus risks of continuing treatment.

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FDA Warns of Heart Failure With Two DPP-4 Inhibitors

Saxagliptin, alogliptin, and combination products including these drugs may increase the risk of heart failure according to an FDA safety review. Two large clinical trials in patients with heart disease found that more patients who took saxagliptin- or alogliptin-containing medications were hospitalized for heart failure when compared to patients taking placebo (saxagliptin vs. placebo: 3.5% vs. 2.8% of patients; alogliptin vs. placebo: 3.9% vs. 3.3% of patients). Patient risk factors included a history of heart failure or kidney disease. The FDA recommends that health care professionals consider discontinuing medications containing saxagliptin and alogliptin in individuals who develop heart failure, and is updating the drug labels of these medications to reflect this potential risk. It is not yet clear if this is a class-effect of DPP-4 inhibitors, or a risk only associated with these two drugs.

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FDA Pulls Approval of Niacin/Fibrate Combinations with Statins

Due to a lack of evidence supporting cardiovascular benefits, the FDA took the rare step in mid-April of withdrawing approval of certain medications used with statins to treat high cholesterol. The decision affects previously approved indications for niacin ER (Niaspan) and fenofibric acid (Trilipix), as well as Advicor and Simcor that combine niacin with a statin. Based on the results of large trials studying cardiovascular outcomes, including AIM-HIGH, ACCORD, and HPS2-THRIVE, the FDA ultimately withdrew indication for these products. A "scientific evidence no longer supports the conclusion that a drug-induced reduction in triglyceride levels and/or increase in HDL-cholesterol levels in statin-treated patients results in a reduction in the risk of cardiovascular events. According to a document filed in the Federal Registry, "Consistent with this conclusion, the FDA has determined that the benefits of niacin ER tablets and fenofibric-acid [delayed-release] capsules for coadministration with statins no longer outweigh the risks, and the approvals for this indication should be withdrawn." The full text of this document, which details the FDA decision, is available online.

Read more

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