



Vermont Pharmacist Association

877.483.2646

Building One Voice for Pharmacy!

June 2015

Volume 5 Issue 6

Marci Wood, Editor

Vermont News

Spring CE Conference

Just another reminder that there is only 1 week left before the VPA Continuing Education Conference next Sunday May 31st at the Capitol Plaza Hotel in Montpelier. There is still time to register using PayPal through the [website](#) or sending a check or money order to the address on the brochure. You can support the VPA and get your Continuing Education credits at the same time. Not sure you can make it in advance? Walk-ins are always welcome. A complete schedule of presentations and workshops is below.

VPA Spring Meeting 2015 Sunday, May 31, 2015	
<u>Registration deadline: May 29, 2015</u>	
Please register early to allow for better planning. Walk-ins are welcome. No refunds	
Name:	_____
Address:	_____
City/St/Zip:	_____
Phone (Day):	_____
E-mail:	_____
e-Profile ID#:	_____ MM/DD of Birth: ____/____
Meal Preference	<input type="checkbox"/> Carnivore <input type="checkbox"/> Herbivore
Payment Information:	
<input type="checkbox"/>	Check for \$_____ payable to Vermont Pharmacists Association Check # _____
<input type="checkbox"/>	Payment online via PayPal at www.vtpharmacists.com
Mail check and completed registration form to: Vermont Pharmacists Association P.O. Box 818 Milton, VT 05468	
For questions or more information contact: James Marmar, Executive Director vtpa@sover.net 877-483-2646 or 802-457-1306 (w)	
Fees/Refund Information (check one)	
<input type="checkbox"/>	VPA Member.....\$125
<input type="checkbox"/>	Non-VPA Member..... \$275 (inc membership)
<input type="checkbox"/>	VPA Pharmacy Technician.....\$125
<input type="checkbox"/>	Non-VPA Pharm Tech....\$160 (inc membership)
<input type="checkbox"/>	VPA Student Member.....\$10

7:00 – 8:00 AM	Registration, Continental Breakfast, Exhibits, Welcome
8:00 – 9:00 AM	<p>Blood Glucose Monitoring Device Workshop Elizabeth Higdon, PharmD Pharmacy Practice Laboratory Instructor – Albany College of Pharmacy and Health Sciences Objectives: Upon the completion of this activity the participants should be able to:</p> <ol style="list-style-type: none"> 1. Demonstrate how to use several of the most common blood glucose (BG) meters 2. Describe how to choose a blood glucose meter based upon patient needs and limitations 3. Train diabetic patients how to monitor their blood glucose levels for improved glycemic control
9:00 – 9:30 AM	Break and Exhibits
9:30 -10:30 AM	<p>Diabetic Foot Care Stephen J. Merena, DPM Assistant Professor – Department of Orthopedics and Rehabilitation University of Vermont College of Medicine Objectives: Upon the completion of this activity the participants should be able to:</p> <ol style="list-style-type: none"> 1. Describe essential elements of diabetes foot screening and risk stratification tools 2. Identify self-care products which may benefit diabetic foot care 3. Explain the role of the community pharmacist in educating diabetic patients on proper foot care
10:30 – 11:30 AM	<p>Update in the Management of Diabetes: GLP-1 Agonists, SGLT-2 Inhibitors and New Insulins Michael Kane, PharmD, FCCP, BCPS, BCACP, Professor of Pharmacy Practice – Albany College of Pharmacy and Health Sciences Objectives: Upon the completion of this activity the participants should be able to:</p> <ol style="list-style-type: none"> 1. Describe mechanism of action of glucagon-like peptide-1 (GLP-1) agonists and sodium-glucose cotransporter-2 (SGLT-2) inhibitors 2. Recall current data on the use of GLP-1 agonists and SGLT-2 inhibitors in the treatment of type 2 diabetes 3. Explain the clinical utility of the new formulation of inhaled insulin compared to subcutaneous insulin 4. Compare and contrast insulin glargine U100 with insulin glargine U300 5. Outline the important patient counseling points for these new agents in order to improve therapeutic outcomes
11:30 – 12:15 PM	Business Meeting
12:15 – 1:00 PM	Lunch and Exhibits
1:00 – 3:00 PM	<p>Acute and Long Term Complications of Diabetes and the 2015 ADA Diabetes Guidelines Emily Sutton, PharmD Assistant Professor of Pharmacy Practice – Albany College of Pharmacy and Health Sciences Objectives: Upon the completion of this activity the participants should be able to:</p> <ol style="list-style-type: none"> 1. Specify the course of action to manage acute diabetes complications 2. Describe the long term complications of diabetes, their treatment and impact on care 3. Recognize critical new treatment guidelines in the Standards of Medical Care in Diabetes – 2015 4. Inform and educate diabetic patients on the complications related to their disease and the latest practice guidelines to improve diabetes outcomes
3:00 PM	Adjourn

Upcoming Board of Pharmacy Meeting

The May meeting of the Board of Pharmacy will be held at **11 AM** on May 27th. The June meeting of the Board of Pharmacy is scheduled for **May 24th at 9 AM**. The meetings will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

Congratulations ACPHS Class of 2015!

The ACPHS-Vermont Class of 2015 graduation was held on May 17th at the Champlain Valley Exposition. The 58 PharmD graduates (pictured below) were addressed by former Vermont Governor Jim Douglas at the commencement ceremony. Congratulations to these new pharmacists!



Notice of Additional Rules Change: Invitation to Comment

At its May 12, 2015 meeting the, Board added a “Grandfather Clause” to the rules relating to certified pharmacy technicians.

At its April 29, 2015 meeting, the Board of Pharmacy decided to make a new change to proposed rule 13.22(c) which created an exception to the 797 requirements for compounding pharmacies.

The proposed Rule 13.22 was publicized as follows:

13.22 USP 797 Compliance for Compounded Sterile Products

(a) All pharmacies, either in state or out of state, dispensing or distributing compounded sterile products as defined by USP 797 to Vermont patients, institutions or providers shall meet all requirements of USP 797.

(b) Such pharmacies shall file with the Board proof of USP 797 compliance or an affidavit describing their procedures for quality assurance, sterilization methods, environmental controls, sterility and pyrogen testing, and maintenance of the quality of sterile products throughout packaging, handling, and distribution. The Board may conduct audits of any licensee.

(c) This rule does not apply to institutional pharmacies as defined in Part 11 of these rules that when they compound high risk sterile products solely for their own patients.

The Board now proposes striking sub-section (c) in its entirety. Before it proceeds further, it wishes to give anyone concerned an opportunity to comment. The comment period is extended through June 8, 2015.

Email comments may be submitted by clicking on the email comment link on the [Board of Pharmacy website](#).

Mailed comments can be addressed to: Board of Pharmacy c/o Peter Comart, Office of Professional Regulation, 89 Main St., 3rd Floor, Montpelier, Vermont, 05620-3402.

Public Hearing: **You may provide comments in person at a public hearing on May 27th at 1:00 p.m. at the Office of Professional Regulation Conference Room, 89 Main Street, 3rd Floor, (City Center) in Montpelier.** If you comment at the hearing, we ask that you also submit a written summary of your comments.

Once the Board considers all of the written and hearing comments, it will make final revisions to the proposed rules for review by the Legislative Committee on Administrative Rules.

If you have any questions about the process, please contact Peter Comart (802-828-2808 or email: peter.comart@sec.state.vt.us).

Vermont Legislatures Vote to End Philosophical Vaccination Exemption

The Vermont House voted 85-57 to end the philosophical exemption that allowed some parents to not fully vaccinate their children. The vote was pre-empted by 4 hours of debate over improving public health versus personal choice. This vote overturned the previous action of the House three years ago, and will require all children to be fully vaccinated to attend school.

Vermont immunization rates have been declining in some areas, with some places dropping below the 95% threshold and risking loss of the protecting effects of herd immunity. Centers for Disease Control statistics show that 6.1% of Vermont children had not received one or more of the 34 CDC recommended vaccinations for children by age 6 during the 2012-2013 school year.

The House-approved version of the bill sets the effective date of ending the exemption on July 1, 2016 to give families and schools time to adapt to the change.

South Burlington Kinney Drugs Robbery

Police have arrested 37-year-old Shon Shoram of South Burlington after he allegedly attempted armed robbery of the Kinney Drugs on Williston Road. According to police, Shoram entered the pharmacy on the afternoon of Sunday, May 24th and pulled out a gun, pointing it at witnesses while demanding drugs from the pharmacist. He then fled the scene, but police were able to track him down. Shoram faces charges of assault and robbery, aggravated assault, and interference with accessing emergency services.

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.

National Pharmacy News

FDA Warns of Ketoacidosis with SGLT-2 Inhibitors for Diabetes

In a recently issued warning, the FDA advises that treatment with the type 2 diabetes medications Invokana, Farxiga, and Jardiance may lead to ketoacidosis. Patients should be advised to pay close attention for signs or symptoms of ketoacidosis, which may include difficulty breathing, nausea, vomiting, abdominal pain, confusion, and unusual fatigue, and to seek medical attention if these are experienced. The FDA is continuing to investigate this issue, which could require changes in prescribing information for the SGLT2 inhibitor class in the future. Adverse events can be reported to the FDA online through [MedWatch](#).

Reports Provide National Medication Prescribing Information

Recent reports have detailed prescribing trends across the United States. The most prescribed brand-name drugs in the United States are Synthroid (levothyroxine, AbbVie), Crestor (rosuvastatin, AstraZeneca), Ventolin HFA (albuterol, GlaxoSmithKline), Nexium (esomeprazole, AstraZeneca), and Advair Diskus (fluticasone propionate/salmeterol, GlaxoSmithKline). Topping the list of drugs with the highest sales was Humira (adalimumab, Abbott Laboratories) with sales of approximately \$8.3 billion. Other top-selling drugs include Abilify (aripiprazole, Otsuka Pharmaceutical) with sales of \$8 billion, Sovaldi (sofosbuvir, Gilead Sciences) at \$7 billion, Crestor at \$6 billion, and Enbrel (etanercept, Amgen) at just under \$6 billion.

For Medicare Part D patients specifically, the US Centers for Medicare and Medicaid Services cites total prescription drug spending at approximately \$103.7 billion in 2013. Nexium, Advair, Crestor, and Abilify accounted for almost 10 percent of this spending. Lantus, with spending analyzed separately for the drug available as a vial or pen, also represented a large portion of Medicare spending. The most prescribed Medicare drug was lisinopril with 36.9 million prescriptions, followed by simvastatin with 36.7 million and levothyroxine with 35.2 million. Spending figures for 2013 are the first to be released by CMS, with the goal of providing greater transparency for patients, researchers, and healthcare professionals. According to the agency, it intends to release this data annually.

Research Finds Antimicrobial Boosting Properties in Maple Syrup

Preliminary research conducted at McGill University suggests that maple syrup may make antibiotics more effective. Researchers studied the components contained in maple syrup by removing the water and sugar to isolate maple syrup compounds. When the maple syrup extract was combined with ciprofloxacin, researchers needed less of the antibiotic to see inhibition of bacterial growth. The researchers believe the maple syrup compound made the bacterial membrane more permeable, which allowed the ciprofloxacin to penetrate the bacterial cell wall more effectively. The research team plans to continue experimenting by using human cells grown in the lab. Once positive results are obtained from this research, they plan to move on to animal trials and eventually clinical trials in the distant future.

Treximet Approved for Migraine Treatment in Pediatrics

The FDA has approved Treximet (sumatriptan and naproxen sodium, Pernix Therapeutics) for use in pediatric patients aged 12 years and older for the acute treatment of migraine headaches with or without aura. Treximet is the first combination medication and the first medication containing sumatriptan to be approved for use in pediatric migraine patients. Approval is based on results of a phase 3 clinical trial and long-term safety data showing the drug is more effective than placebo and has a safety profile in pediatric patients similar to what is seen in adults. The drug has a boxed warning for cardiovascular and gastrointestinal risks. Recommended dosing for pediatric patients is one tablet of Treximet 10/60 mg (sumatriptan 10 mg and naproxen 60 mg) in a 24 hour period.

New ADHD Formulation Approved

The FDA has approved Aptensio XR (methylphenidate HCl ER, Rhodes Pharmaceuticals) for the once-daily treatment of ADHD. According to the manufacturer, the drug should be available sometime this summer. This ER formulation of methylphenidate capsules has an onset of efficacy in 1 hour and 12-hour duration of effect. Approximately 40% of the drug is released immediately, with the other 60% delivered later in the day. Approval was based on data from two Phase 3 randomized, double-blind, placebo-controlled studies that evaluated safety and efficacy in pediatric patients ages 6 to 17 years old. Common adverse events seen in these trials were abdominal pain, decreased appetite, headache, and insomnia, with a boxed warning for abuse and dependence. The drug will be available in 10, 15, 20, 30, 40, 50, and 60 mg capsules.

Please note our mailing address:

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