

# MSHP BULLETIN

Maine Society of Health  
-Systems Pharmacists

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## Special points of interest:

- ◆ Welcome to our new Newsletter!
- ◆ Send ideas for articles and any feedback to Nathan A. Cookson (contact info on last page)
- ◆ Put the Harraseeket CE on your calendar today! August 13th h at 6 PM!

## Risk Evaluation and Mitigation Strategy Updates

Alexandra Lavoie, PharmD, PGY-1 Pharmacy Resident, EMMC

Risk Evaluation and Mitigation Strategy (REMS) programs are established for high risk medications to ensure that the benefits exceed the risk of use. Over the past six months, there have been two major changes to medications and their REMS requirements.

In October 2015, the FDA approved a new shared REMS program for clozapine (Clozaril®). Clozapine is an antipsychotic medication that has a black box warning for severe neutropenia. In order to prescribe or dispense clozapine, prescribers and pharmacies are now required to be certified with the REMS program. More information can be found on the REMS website ([www.clozapinerems.com/](http://www.clozapinerems.com/)).

In March 2016, the FDA released dofetilide (Tikosyn®) from its REMS requirements. Dofetilide is an anti-arrhythmic medication that has a black box warning for induced arrhythmias. It is no longer required for prescribers and pharmacies to be certified with the program. As a result, the manufacturer is no longer providing a free 7 day supply for hospitals to give to patients. The FDA states that it is still important to ensure that patients do not have an interruption in therapy. Many of the other components remain relevant to clinical practice, including the requirement for patients being initiated or reinitiated on therapy be admitted and monitored closely for three days. More information can be found in the package insert or Pfizer's website.

## Sugarloaf 2016 Recap

Emily Tilton, PharmD

The Leadership Development Meeting at Sugarloaf brought a great group of speakers who educated, inspired, and sparked interesting conversations.

We were delighted to have

This meeting also served as a platform for the residents from across the state to share the projects. We wish all of the residents the best of luck in the future as graduation approaches.

**Pharmacists in the Team**

**St. Joseph Healthcare and Penobscot Community Healthcare Collaborate to bring Pharmacist-Managed Transitions of Care to a New Level**

Jessica E. Bates, PharmD, PGY-1 Pharmacy Resident, PCHC

After years of discussions and planning, the joint resident rotation shared between Penobscot Community Health Care (PCHC) and St. Joseph’s Internal Medicine (SJIM) is now a reality. The goal of this collaboration is to provide patients with transitional care before being discharged from the hospital, and then again in the outpatient setting with a pharmacist. As the first resident to rotate through this experience, I witnessed this rotation became all that and much more. I moved from a position where I am integrated in an outpatient practice,

I wasn’t sure how being the first pharmacist within a practice would go. However, on my first day at SJIM, providers were going out of their way to meet me and consult after consult began to flood my desktop. Providers began consulting me on anything and everything from medication absorption following bariatric surgery to treatment for Mycobacterium avium complex. Perhaps most important, I was able to see patients, assess their medication therapy, and make recommendations to the providers.

*“...will set a bar for transitions of care that will benefit providers, patients, and pharmacists alike.”*

Not only were my recommendations valued, but they were utilized in a way that I felt confident was improving that patients’ overall healthcare. Patients often seemed hesitant to meet with a pharmacist at first, but by the end of the visit, more often than not, patients were asking if they could come back again or saying how much they had learned about their medications. The integration of pharmacists into the practice at SJIM will set a bar for transitions of care that will benefit providers, patients, and pharmacists alike.

**Longitudinal APPE Experience Prepares Student for Post-Graduate Training**

Megan Rusby, Pharm.D.

*“...I feel prepared for my upcoming PGY1 residency at Penobscot Community Health Center.”*

This past year I had the opportunity to participate in Eastern Maine Medical Center’s longitudinal APPE program. Through this program I was able to do all of my APPEs at EMMC allowing for a continuum of learning throughout my rotations. The program allowed for me to work with current PGY1 residents, do weekly presentations, and a long-term project. I was also able to participate in various forms of rounding from board rounds on the rehab unit to family centered rounds on the pediatric unit. I also had the opportunity to do a non-traditional ambulatory care rotation in which I actually went to the patient’s home with a licensed social worker, medical student, and a social work student, allowing for a true insight into the patients home life.

I especially liked being able to do a long-term project as I got to pick my project, apply for IRB approval, perform the data collection and analysis, and present the final results at both Husson Research Day and the annual Pediatric Pharmacy Association meeting in Atlanta, Georgia. Being able to see my project from beginning to end was an experience not many other students were able to have. The combination of the experiences I was able to have this past year with setting up my own project, attending rounds, making recommendations, and answering drug information questions are the reason that I feel prepared for my upcoming PGY1 residency at Penobscot Community Health Center.

## Pharmacy Technician Certification Board Exam Study Tips

Tanya Ricker, CPT

With the ever changing job market of today, there has been a spike of interest in the pharmacy technician opportunities here in the State of Maine. It is projected to have a 9% national increase in the coming years which is faster than many occupations according to the United States Department of Labor.

The Pharmacy Technician Certification Board (PTCB) reports that over 400,000 pharmacy technicians nationwide have earned the PTCB Certified Pharmacy Technician credential since 1995.

As of April 2015, there are 23 states where it may be necessary to have pharmacy technicians obtain and maintain an active PTCB certification for employment.

Being a certified technician has its benefits in the career field: pay increases, promotion opportunities, pharmacy staff recognition, and maintaining a higher level of competency.

The test consists of 9 items that pharmacy technicians will be tested on.

- 1) Pharmacology
- 2) Pharmacy Law and Regulations
- 3) Sterile Compounding
- 4) Medication Safety
- 5) Pharmacy Quality Assurance
- 6) Medication Order Entry and Fill Process
- 7) Inventory Management
- 8) Pharmacy Billing
- 9) Pharmacy Information System Usage

The test may seem a bit daunting to many, but once you determine the criteria you may already know and topics you know you have to focus on, studying will become easier. In my 13 years of being a pharmacy technician I have come across a lot of people who struggle with one or two items on the test. The number one area on the exam that is rather difficult is the math section. The test will have questions concerning retail math and also IV room conversion problems. The other topic that technicians have trouble on is the law section. It will cover topics of figuring out DEA numbers, 222 forms and how to fill them out, and HIPPA regulations and laws.

There are many options and avenues for preparing for the exam. The PTCB website has useful links that technicians can use to take practice exams, including a simulated interactive test. A website such as Quizlet® has flashcards and conversation boards that you can collaborate with other technicians to help you through the process. If a book is your more your cup of tea the Mosby's Review for the Pharmacy Technician Certification Examination is highly recommended.

To maintain your certification you will need to obtain 20 hours of pharmacy technician specific continuing education every 2 years. It will require you to have at least one hour of medication safety, and also at least one hour of law. My best piece of advice for this is to breathe. If you go in there flustered and nervous, you will mostly blank and forget everything you just put your hard work and dedication into.

P.S. Ask for a calculator!

<sup>1</sup><http://www.nabp.net/news/ptcb-reports-record-number-of-pharmacy-technician-certification-candidates>

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Do you have a project or updates that you would like to have shared with pharmacists, pharmacy technicians, and students across the state? If so, please email me at the address above with your ideas! Thank you for your support of MSHP!

### Upcoming Events

#### **June 8, 2016**

Joe Bruno, Board of Pharmacy

CE Dinner

Paddy Murphy's, Bangor

#### **August 18, 2016**

Antimicrobial Stewardship Programming

CE Dinner

Harraseeket Inn, Freeport

#### **September 17, 2016**

CE event

Medication Safety Conference

Sue Dill: Joint Commission/CMS Medication

Management Standards

Senator Inn, Augusta

#### **November 5, 2016**

MSHP Annual Meeting

TBD, Portland



**For membership information and to  
register for events, please visit us at:  
<http://meshp.org>**