Greetings LSHP Members,

Our LSHP Midyear meeting, held October 2nd-3rd at the Shreveport Convention center, was a success! I would like to personally thank Mandy Storer, Liz Lafitte and the LSHP executive staff for planning and facilitating our meeting. We had 99 total registrants which included 68 pharmacists, 17 students, 14 technicians and 12 exhibitors. I would also like to thank Robert Cloud for facilitating our Directors’ Forum which continues to be a success. This year we had members from Mississippi Society of Health-System Pharmacists attend and we are currently exploring opportunities to collaborate with our neighbors.

The ASHP 50th Midyear Clinical Meeting is less than a month away in our very own backyard (New Orleans). The LSHP Board of Directors and committee members have been busy preparing for this event. The meeting is December 6th-10th and we will have an LSHP booth set up for the 6th and 7th. We also have a little surprise set up for Monday morning; I look forward to seeing you there.

As the holidays approach, I’d like to take the time to wish you and your family the absolute best. And as always, find a non-LSHP member and sign them up!

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2015-2016
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Upcoming Events

December 6-10, 2015
The 50th ASHP Midyear Meeting
Ernest N. Morial Convention Center
New Orleans, LA

January 2016
SELSHP
HIV Topic (Title TBD)
Presented by: Camtu, Ho, PharmD
Presentation with Dinner

May 26-28, 2016
2016 LSHP Annual Meeting
Hyatt Regency
New Orleans, LA

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LSHP Bimonthly Newsletter

LA HEALTH-SYSTEM PHARMACISTS

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Please send article submissions to the newsletter editor, Dana Jamero, via email at djamero@xula.edu.
Pharmacy Technician Corner
By Anne LaVance, CPhT
Technician Activities Committee Chair

LABP Update

Beginning January 1, 2016, LABP will require technician candidates to provide proof of completion of a Nationally Accredited (ASHP/ACPE) training program in addition to completing 600 training hours and providing proof of PTCB certification to qualify for the Pharmacy Technician Certificate. There are currently 5 fully accredited training programs and 15 programs that have applied for or are pending accreditation in Louisiana. For a list of programs and locations see: https://accred.ashp.org/aps/pages/directory/technicianProgramDirectory.aspx

PTCB Update
Recent changes to PTCB involve recertification and CE hours. There will now be 12 recertification deadlines (instead of 3). Please be sure to check your e-mail for information regarding your assigned recertification date. Your original certification expiration date will not change, but when you need to submit your CE and payment may have changed. Also, beginning in 2015, the maximum number of CE hours a CPhT may earn through in-service projects and training (earned at a certificant’s workplace under the direct supervision of a pharmacist) is reduced to 5 hours from the previous level of 10.

Pharmacy Management Committee Report
By Michael Loftin
Co-Chair, Pharmacy Management Committee

Congratulations to all involved in the Midyear Meeting Directors Forum and Reverse Expo. A special thank you goes out to Robert Cloud who did a terrific job as moderator for the forum. Robert presented a wide and significant variety of topics to stimulate conversation among the directors assembled. Topics ranged from drug supply chain track and trace to the impact of USP Chapter 800. Lively discussion with some excellent observations and shared experiences were appreciated by all who attended.

The major focus of these Director Forums, held in conjunction with the LSHP Annual and Midyear Meetings, is the opportunity for directors to meet with their leadership peers. The forums have been very well received and highly complemented by the attendees. Input from the directors related to topics to be covered in these forums is appreciated. If you have an idea, please send the concept to LSHP at office@lshp.org and have it forwarded to the Pharmacy Management Committee for inclusion in an upcoming forum.

LSHP would like to extend our appreciation to the directors and industry leaders who participated in the Reverse Expo. The Expo provides a comfortable atmosphere where pharmacy leaders can meet with industry partners. The Expo allows time for the directors to review important new

Continued on page 4
concepts and determine future engagements to explore significant opportunities for operational improvements.

In its efforts to be the voice of Health System Pharmacy in Louisiana, LSHP recognizes the importance of the participation of the individual pharmacy directors in that voice. Please help us serve pharmacy in Louisiana better by including your voice in that representation. If you see an area we should focus our efforts, please do not hesitate to contact us and share your insight. You may wish to participate in one of the LSHP committees. Use of newer technology and staff make that process much easier than before.

We look forward to hearing from you and hope to see you at our next Directors Forum in conjunction with the Annual Meeting in New Orleans. Thanks and see you then!

PTCB Releases 20-Year Anniversary Film:

In honor of PTCB’s 20-year history, PTCB recently released a short film that highlights the role of the pharmacy technician and the importance of PTCB certification. The film features leaders within the pharmacy community and certified technicians who speak about their own experiences.

We welcome you to share this film with others and we thank you for your continued support of the PTCB Certification Program.
Praluent® (alirocumab): New Drug Review
By Sean Weeks, PharmD Candidate, Brittany Strong, PharmD, Candidate, and Elizabeth M. Lafitte, PharmD, BCPS

In 2012, the estimated number of Americans over the age of 20 with a low density lipoprotein cholesterol (LDL-C) of 130 or higher was 73.5 million. The benefits of lowering LDL-C levels are well established; HMG-CoA reductase inhibitors, commonly known as statins, are the drug of choice for lowering LDL-C levels and lowering risk of cardiovascular disease. However, statins, along with diet and exercise, are not always enough to lower LDL-C levels, and some patients are not taking statins at the recommended intensity due to adverse effects such as myalgias. The Food and Drug Administration recently approved Praluent® (alirocumab) on July 24, 2015 as adjunctive therapy for adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease on maximally tolerated statin therapy who need additional lowering of LDL-C. Alirocumab offers a novel mechanism to lower LDL-C levels as it is a fully human monoclonal antibody that binds to proprotein convertase subtilism kexin type 9 (PCSK9). PCSK9 promotes the degradation of low-density lipoprotein receptors (LDLR) by lysosomes in the liver. Alirocumab decreases the degradation of LDLRs, and thereby increases clearance of LDL-C from the blood.

In a phase 3 randomized (2:1 alirocumab vs placebo) clinical trial, patients with heterozygous familial hypercholesterolemia or established coronary heart disease or risk equivalent, on maximally tolerated statin therapy received either 150 mg of alirocumab or a placebo every 2 weeks for 78 weeks. Compared to the placebo group, alirocumab decreased LDL levels 62% more than the placebo by week 24. Alirocumab was also studied in another multicenter, randomized trial with patients taking either 150 mg alirocumab or placebo every 2 weeks. This trial included only patients with heterozygous familial hypercholesterolemia and baseline LDL-C of 160 mg/dl or higher who were taking a maximally tolerated dose of a statin with or without other lipid-modifying therapy. The treatment difference in mean LDL-C percent change at week 24 between alirocumab and placebo was -36%, which was statistically significant. Although alirocumab shows promising reductions in LDL levels, the impact on cardiovascular mortality and morbidity has not been determined.

Praluent® is supplied in prefilled pens and syringes at 75 mg/ml and 150 mg/ml. The recommended initial dose is 75 mg subcutaneous injection once every two weeks with a maximum dose of 150 mg once every two weeks. The wholesale acquisition price is $40 per day and will be $14,600 per year for both 75 mg and 150 mg doses. No dosage adjustments are necessary for mild to moderate renal or hepatic impairment. There is no data available concerning patients with severe renal or hepatic dysfunction. Patients should be trained in Praluent® administration. First, the medication should be brought to room temperature for 30 to 40 minutes prior to use. It should not be used if it has been at room temperature for 24 hours or longer. When administering the subcutaneous injection it can be given on the top of the thigh, stomach (except for the 2 inches area around the navel), or the upper arms. The injection sites should be rotated so that the injection is not given in the same place as the
Praluent continued...

last shot. When using the pen, it should be pushed against the skin at a 90° angle until the yellow safety cover is no longer visible. The button should be pushed and released. The injection will begin and can take up to 20 seconds or longer. The injection is complete when the window on the pen has turned completely yellow. Once the window is completely yellow, the pen can be removed. The pen should then be properly disposed in a Sharps container. For the syringe formulation, the injection angle is based on the number of inches the skin can be pinched. A 90° angle should be used if 2 inches of skin can be pinched, and a 45° angle should be used if only 1 inch of skin can be pinched. The plunger should be pushed down slowly and steadily. Before removing the needle, check to make sure the entire syringe is empty. For complete instructions on the administration of Praluent®, please refer to the Instructions For Use available online. 7,8

The most common adverse reactions with alirocumab are nasopharyngitis, injection site reactions, and influenza-like illness. The adverse events that lead to discontinuation most often are allergic reactions (erythema/redness, itching, swelling, and pain/tenderness at the site) and elevated liver enzymes. Neurocognitive events like confusion or memory impairment were reported in 0.8% of patients. 4

Praluent® (alirocumab) offers a new way to help lower LDL-C levels in patients who are unable to meet their LDL-C goal on standard therapy. Although, this new drug seems promising, more data is needed on its effect on cardiovascular mortality and morbidity.

References:
2016 DUES RENEWALS

It’s that time of year! Online Dues Renewals for the 2016 Calendar year have been uploaded to your online account at www.lshp.org. After you have logged in and clicked into your account you will find on the left hand side of the page a Renew Now button. Your Member Type and Chapter will automatically select and you can add the renewal to your cart to complete payment for your 2016 Dues Renewal. If you need to change your Membership Type or Chapter please contact the office before making payment!

WHY I JOINED LSHP

“I have been with LSHP for over 35 years. I have enjoyed networking with directors and pharmacists from all around the state on issues ranging from clinical to political. I find my solutions to problems are always made better through seeing them from different perspectives. Many great friendships over the years.”
-Mike Loftin, RPh

“I joined LSHP as a first-year pharmacist to meet other pharmacists in my area and get plugged in professionally. Today (5 years later), I serve as the president of our local chapter and have made some great friends in the profession and honed my leadership skills through my continued involvement!”
-Elizabeth Lafitte, PharmD, BCPS