FROM THE DESK OF THE PRESIDENT

Dear Members,

I hope this letter finds you and your family well. As I write this we are preparing for our 2015 Midyear meeting (October 3rd) having just come off our annual strategic planning retreat and Board Meeting held August 15-16th. The retreat was well attended and highly energetic!

Our first order of business was the installation of new board members. Jennifer Smith was installed as President-Elect; Scott Dantonio and Roxie Stewart were installed as Board Members at Large-Elect; and Alexis Horace was installed as the South Central LSHP Chapter President. The new members were installed by Tommy Mannino. Thank you for your time and service!

The retreat marked the beginning of a “new” year for the organization and we hope it to be a productive and rewarding one. We discussed multiple issues with regards to attracting new members to LSHP and new/old members to our Midyear and Annual meetings. I call for you to assist us in that endeavor and if you have ideas/suggestions please forward them to the LSHP office. Part of that plan involves new marketing ideas, especially in the areas of social media, so visit our Facebook page and give it a “like”!

The liveliest discussion revolved around the 50th ASHP Midyear meeting in New Orleans. We have a special subcommittee headed by Monica Morgan, Alexis Horace and Jennifer Smith working on LSHP’s plans for participating in the opening ceremonies. If anyone is interested in helping please contact them ASAP. Please join us for this special occasion.

I’d also like to take this time to remind you of the new program we started last year to help students attend LSHP Annual and Midyear Meetings. Sponsorship Levels have been setup for these complimentary student registrations with a designation of Platinum for sponsorships of $100 and above, Gold $50-99, Silver $25-49, and Donor under $25. It is hoped that involvement in LSHP as students and new practitioners will translate into active membership throughout their careers.

Thank you for your support!

Shawn M. Manor, Pharm.D., BCPS
LSHP President
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

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

If you like LSHP then “like” our Facebook page!

www.facebook.com/LSHP1

If you are interested in joining a committee, please contact the LSHP office at 225-922-4520 or office@lsheap.org.
Greetings! As I reflect upon the year, I am appreciative of the opportunity to serve as President. The thing I am most grateful for is the interaction with my fellow pharmacists, pharmacy technicians, pharmacy residents, and others. Through the experience and knowledge of fellow professionals dedicated to their craft, I have gained many perspectives that cannot be learned in books.

I would like to thank the members of the Southeast Chapter of the Louisiana Society of Health-System Pharmacists for making this year a success by participating in the five meetings we have had this year. Four of those meetings included ACPE accredited continuing education sessions presented by Drs. Ogechi Iwuorie, Katrina Nguyen, Joseph LaRochelle, and Lori Gordon. I would also like to thank Gilead and Camtu Ho for sponsoring a talk on HIV Long-Term Health. Of course all of this would not have been possible without the assistance and dedication of my fellow officers – Drs. Lori Crawford, Secretary/Treasurer and Christopher Gillard, President-Elect.

As the year comes to an end, the chapter has the following activities planned. Dr. Ashley Taylor will present a talk on diabetes drugs on November 19, 2015. For those considering giving back to the profession, SELSHP officer elections will be held in November 2015 with officer installment occurring in January 2016.

I have truly enjoyed serving as President. Even though I will no longer be an officer, I am eager to serve LSHP in other capacities to promote and support the organization. Thank you for allowing me to serve.

Suvorexant (Belsomra®): An approved treatment for Insomnia

By Theresa Doan, Pharm.D. candidate and Courtney Payne, Pharm.D. candidate

Insomnia is a ubiquitous disorder affecting 10 to 15% of the adult population.² It involves various factors such as genetic, environmental, behavioral and physiological that result in hyperarousal.² Between 30 to 60% of the elderly population experiences chronic insomnia.¹ According to Riemann et al, DSM-5 has now introduced insomnia disorder as an umbrella category rather than primary and secondary insomnia. Under the umbrella category, it includes daytime (e.g. fatigue, decreased attention, and mood irritability) and nighttime (prolonged sleep onset latency, difficulties in sleep maintenance, early morning awakening) symptoms.³

Drugs currently on the market to treat insomnia include benzodiazepine and benzodiazepine-like receptor agonists (eg. temazepam, zolpidem and zopiclone), melatonin receptor agonists (eg. ramelteon), and histamine H1 receptor antagonists (eg. doxepin).²,⁵ Specifically benzodiazepine and benzodiazepine-like agents are thought to promote sleep by increasing the GABA function, the major inhibitory neurotransmitter in the brain.⁴ However, these agents have shown mixed efficacy and undesirable effects such as tolerance, potential for abuse and physical dependence, hangover effects with psychomotor impairment, increased falls, and rebound insomnia.

Therefore, recent interest in a new therapeutic class called rexin receptor antagonist is growing. Orexin (hypocretin) is a hypothalamic neuropeptide that targets a different mechanism of action and plays a critical role in promotion and maintenance of wakefulness as well as regulating feeding behavior. Orexin neurons (Orexin A and Orexin B) are referred to as dual orexin receptor antagonists. They bind selectively to orexin 1 receptor (OX1R) and orexin 2 receptor (OX2R). They are presumed to follow the circadian rhythm and be active during wakefulness and inactive during sleep.²,⁵

Suvorexant is the first FDA approved orexin-receptor antagonist drug for the treatment of adult patients with insomnia. It is an orally active dual agent treating insomnia defined as difficulties with sleep onset and/or sleep maintenance.² Suvorexant received approval in August 2014 and is placed into Schedule
Suvorexant is available as a 5-, 10-, 15-, and 20-mg oral tablet in blister packs of 30 each. The recommended starting dosage for most patients is 10mg. Patients are instructed to take one tablet orally within 30 minutes prior to bedtime and with at least 7 hours remaining before the planned time of awakening. If the 10mg dose is well tolerated and not effective, the dose may be increased to the maximum dose of 20mg once per night. However, the FDA strongly advised against next-day activities that require full mental alertness such as driving. If a patient is receiving concomitant therapy with drugs that inhibit the cytochrome P-450 isoenzyme system, initial treatment should be at 5mg and take no more than 10 mg per night.

The most common reported adverse events include somnolence, dizziness, diarrhea, and fatigue. Headache, normal dreams, dry mouth, cough, and upper respiratory tract infection occurred more frequently in women than men. There may be a risk for depression, sleep paralysis, and complex behaviors such as “sleep driving”. It is not associated with a significant risk for abuse for most patients, but there remains a concern that individuals with a history of abuse or addiction to alcohol or other drug may be increased risk for abusing suvorexant.

Contraindications include patients with narcolepsy. Also, because suvorexant has not been studied in patients with severe hepatic impairment, it is not recommended for these patients. For renal impairment, no dose adjustment is required. Suvorexant has not been studied in patients with severe obstructive sleep apnea or severe chronic obstructive pulmonary disease.

A recent systematic review was conducted to determine the efficacy and safety of suvorexant. Results showed that suvorexant was superior to placebo for sleep latency and sleep maintenance. Also, the efficacy was similar to both men and women and Caucasians and non-Caucasians. As for safety information, clinically meaningful impairment driving performance was observed in non-elderly patients who had taken either a 20 or 40 mg dose of suvorexant. However for 15 or 30 mg dose, there was no statistically significant effect in elderly patients. They also evaluated the effects of taking suvorexant at night and testing patients on their memory and balance the next day. In three different trials, results showed no significant effects on memory or balance compared to placebo. In the fourth trial, there was significant word recall difficulty and body swaying in healthy non-elderly patients when taking a single dose of suvorexant 20 or 40 mg.

Suvorexant’s approval provides clinical professionals another option when choosing the right treatment for patients with insomnia.

References
5. Citrome L; Suvorexant for insomnia: a systematic review of the efficacy and safety profile for this newly approved hypnotic- what is the number needed to treat, number needed to harm and likelihood to be helped or harmed? The International Journal of Clinical Practice; 2014; DOI: 10.111/ijcp.12568.
The 2015 Midyear Meeting was a great success and we want to thank all who attended at the Shreveport Convention Center! This year we had 11 CE sessions, a Reverse Expo, Exhibit Hall and great opportunities for networking. We also want to thank our Midyear Meeting Sponsor, Morris & Dickson!

Thank you to all who attended the 2015 Midyear Meeting!
Listed below are the motions passed from the 2015 Board of Directors Retreat on August 16, 2015:

- All Board members and Board member-elects are “Editors” on the LSHP Facebook page and can edit and make additions to the page.
- A $500 dollar budget for social media promotions
- Anne LaVance was nominated and elected as Technician on the Board of Directors
- A budget of $2,000 for the ASHP Midyear meeting.

Listed below are the motions passed from the 2015 Board of Directors Meeting during the Midyear meeting on October 2, 2015:

- A 1 year CD and a 2 year CD will be purchased to put a sum of LSHP’s revenue in to hold until needed.
- LSHP will join ASHP on the Patient Access to Pharmacists’ Care Coalition.

Save the Date!

2016 LSHP ANNUAL MEETING
HYATT REGENCY
601 LOYOLA AVE
NEW ORLEANS, LA
MAY 26-28, 2016