

Volume 1, Issue 2

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# NYS-ACCP Insider

## Special points of interest:

- Medical Cannabis and New York State
- Post-graduate training: fellowship spotlight
- Toxicology pharmacist interview
- NYS ACCP annual meeting highlights
- 2015 NYS ACCP chapter awards
- WSoP student chapter highlights

*St. John Fisher College Wegmans School of Pharmacy*

Dear fellow pharmacy colleagues,  
Happy New Year! I am very excited to work with St John Fisher College to bring you to the first NYS-ACCP quarterly newsletter of 2016. Each of the four New York State student ACCP chapter have taken ownership in creating this quarterly publication. As we aim to expand our clinical and networking horizons throughout New York State, we hope that you will circulate our newsletters amongst your colleagues.

Additionally, we want to hear from you! All are encouraged to submit contributions for new or existing columns to the NYS-ACCP Insider. This is an excellent opportunity for NYS pharmacy students and pharmacists to become regionally published. We are currently welcoming submissions for the hot topic, clinical conundrum, and clinical update columns. Please submit ideas or articles to [amanda.winans@bassett.org](mailto:amanda.winans@bassett.org). We also welcome ongoing feedback and input as we continue to develop the NYS-ACCP Insider newsletter. Until next time, best wishes for 2016.

Respectfully,  
Amanda Winans, NYS-ACCP Secretary/Treasurer



## Medical Cannabis and Pharmacy Practice

By Karl Williams, RPh, LL.M., J.D.

Pharmacy practice will be transformed in many significant ways as a result of The Compassionate Care Act and associated regulations. Because this will touch virtually every pharmacist with a clinical practice involving direct patient care, Wegmans School of Pharmacy is responding by integrating the multi-dimensional science of cannabinoids into the curriculum and by providing comprehensive post-graduate training to the pharmacy community.

New York has taken, perhaps, the most conservative approach to regulation of this substance. The Act has specifically prohibited the crude delivery method of smoking, has limited the number of companies that will be supplying the medication, has adopted strict security requirements for manufacturing and dispensing, and strict regulatory scrutiny by the Department of Health ("DoH"). Also, most important to our community, pharmacists will be called on to supervise dispensaries and provide direct patient care.

The medication use process, unlike other medications, will not begin with the traditional prescription. This is a result of the federal DEA's definition of the term, and its regulation of prescribing. Schedule I substances are defined, in part, as having no accepted medical use, and "tetrahydrocannabinols" are listed under this federal schedule. Because DEA requires prescriptions be issued for a "legitimate medical purpose", a prescription for medical cannabis is not permissible. Like many other states, New York has adopted another term for this: "certification".

Patients with a "serious condition" may receive a "certification" from a qualified physician. To become qualified, the physician must possess training or experience to treat specific diseases and conditions, and have completed a 4.5-hour course of training adopted by the DoH. If a patient under the continuing care of the physician who believes the patient will receive "therapeutic or palliative benefit" for specified conditions from medical cannabis, then a certification may be made. The conditions include: cachexia, severe or chronic pain, severe nausea, and/or severe or persistent muscle spasms associated with one of the following diagnoses:

- Cancer
- HIV/AIDS
- ALS
- Parkinson's disease
- Multiple sclerosis
- Spinal cord damage exhibiting intractable spasticity
- Epilepsy
- Inflammatory bowel disease
- Neuropathies, and
- Huntington's disease.



Also, the Commissioner has authority to add Alzheimer's, muscular dystrophy, dystonia, post-traumatic stress disorder, and/or rheumatoid arthritis. At the time of this writing, the Commissioner's intent is unclear.

Note that, prior to issuing a certification, the prescriber is required to have checked the prescription monitoring program registry (PMP) established under the iSTOP regulations for the purpose of reviewing the patient's controlled substance history.

The certification is a document issued to the patient with a copy retained in the patient's medical record. This will include the practitioner's contact information; the patient's contact information and supporting diagnosis; medication-related information including the authorized brand, quantity (not exceeding a 30-day supply), dose, and dosing information. In addition the prescriber is required to include several affirmative statements on the document including:

- Risks and benefits have been explained
- Informed consent has been obtained
- Affirmation of currency of DEA registration and state license (and the numbers)
- Registered with Department to issue a certification
- Caring for patient with a specified serious condition
- Qualified to treat by training or experience, and
- Opinion of likely benefit.

Once certified, patients must then submit an application to the DoH for a registry ID card with a \$50 fee enabling the acquisition and lawful possession of a specified product. A specified caregiver may apply to the Department for the purpose of lawfully acquiring and temporarily possessing the product on behalf of a patient. Up to two caregivers may be named. The Department has thirty (30) days from the time of receipt of an application to approve the patient's application. Assuming approval, it will issue registry ID cards to the patient and caregivers (if appropriate).

Similarities exist, but dispensaries are not pharmacies. Unlike pharmacies, regulated by the Department of Education, dispensaries are licensed and regulated by the Department of Health. Dispensaries are permitted to distribute only medical cannabis products. The regulations specify that "dispensing facilities shall not be open or in operation unless... [a NYS licensed/registered] pharmacist...is on premises and directly supervising" [...].

The dispensing process begins when the patient, or a designated caregiver, presents a registry ID card for up to a 30-day supply for a particular product and dosage. Unlike pharmacies, dispensaries are required to consult the PMP to ensure that the patient will not receive a renewal supply more than seven days early. Presumably, this will be the responsibility of the pharmacist. Also, within 24 hours, the dispensary is required to report dispensed products to the DoH, similar to any controlled substance in the pharmacy context. Like prescription-requiring products, the dispensary is required to attach a patient-specific label to the unopened package which includes:

- Name and registry ID number of the patient and designated caregiver (if appropriate);
- Certifying physician;
- Dispensing facility;
- Dosing and administration instructions;
- Quantity and date dispensed; and
- Any recommendation or limitation as to use of the medication.

There is an implicit clinical role for the pharmacist provided in the regulations. Section 1004.21(d) provides that no employee shall "counsel...on the use, administration of, and the risks...unless...provided by a pharmacist...or under the direct supervision of...the pharmacist on-site in the dispensing facility." *Since the unprofessional conduct rules of the Board of Regents prohibit delegation of counseling to any unlicensed person, it follows that counseling must be conducted by a pharmacist or an intern.*

There has been a great deal of discussion about federal liability for those directly involved in the NY's certification and dispensing process. In a published statement, the United States Department of Justice, though reserving its authority to enforce the law, has adopted a position of *prosecutorial discretion in states that have adopted regulatory measures that are likely to prevent serious collateral effects (e.g., funding organized crime, increase in associated violence, inappropriate access by minors, etc.)*. *Recasting tetrahydrocannabinols in Schedule II, as in legislation proposed by Senator Gillibrand of New York, would relieve this tension for professionals and institutions.*



## Career Development and the Differences of Post-graduate Pharmacy Programs

By Chas Hoffmann, PharmD, BCPS

*"I feel these programs provide added years of dedicated learning that reaps noteworthy benefits for overall clinical expertise."*

### My Background:

My home town is Pittsburgh, PA and in 2012 I graduated with my PharmD from the University of Pittsburgh School of Pharmacy. Upon graduation, I completed an ASHP-accredited Post-Graduate Year-1 (PGY-1) Pharmacy Practice Residency at Firelands Regional Medical Center in Sandusky, OH and an ASHP-accredited Post-Graduate Year-2 (PGY-2) Infectious Diseases Pharmacy Residency at the University of Rochester Medical Center in Rochester, NY. After completing my PGY-2, I transitioned to an Emergency Medicine Clinical Staff Pharmacist at the University of Rochester Medical Center, Strong Memorial Hospital. Starting in July 2015, I accepted a two-year post-doctoral epidemiology/outcomes research fellowship at Wegmans School of Pharmacy at St. John Fisher College in Rochester, NY.

### Career Aspiration:

During pharmacy school, I was introduced to inpatient clinical pharmacy through my Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE). These rotations substantially broadened my knowledge base and reinforced my desire to pursue a career as a hospital clinical pharmacist participating in interprofessional medical rounds. During APPE, I was introduced to infectious diseases clinical pharmacy and developed a passion to specialize in this field. I applied to several post-graduate training programs and trained at two remarkable institutions under excellent preceptors. It was during these years of post-graduate training that I was introduced to clinical pharmacy research and developed an aspiration to broaden my aptitude in this field. Post-residency, I continued to participate in several small research projects during my employment as an Emergency Medicine Clinical Staff Pharmacist and was approached to consider additional training in a Post-Doctoral Epidemiology/Outcomes Research Fellowship through Wegmans School of Pharmacy at St. John Fisher College. As a practitioner who is striving for additional opportunities to build upon my research and writing skills, I decided to apply for this research-focused academic fellowship. After completing the fellowship, I hope to obtain a faculty position in a school of pharmacy with additional time precepting pharmacy students at an academic medical center. Additionally, I strive to continue my research focus by functioning as a principal investigator on future research projects.

### What is post-graduate training?

Pharmacy residencies, originally termed internships, began in the 1930s to train pharmacists to manage pharmacy services in the hospital setting. In the early 1960s, following revisions in the standards, the American Society of Health-System Pharmacists (ASHP) established an accreditation process for residencies in hospital pharmacy. Post-graduate residencies involve year(s) of additional training focused intensively on disease state management. These programs improve the practitioner's knowledge and confidence when providing pharmacotherapy recommendations to the healthcare team. PGY-1 training programs focus in areas ranging from pharmacy practice to community pharmacy and managed care pharmacy. An additional year of training, known as PGY-2, is dedicated to refining knowledge of specific pharmacotherapy, such as pertaining to critical care or infectious diseases. This year of training is applicable to candidates who graduate from PGY-1 programs. Upon completion of post-graduate training programs, clinicians will have practiced in several unique settings thus increasing their knowledge and skill base with regard to patient management.

### What is Fellowship Training?

Post-graduate research oriented programs (fellowships) were developed in the 1970s, paralleling the advancements in hospital clinical pharmacy. These programs may be conducted in colleges of pharmacy and in academic based health centers to train practitioners to conduct pharmacy research. The ASHP Research and Education Foundation defined a pharmacy fellowship as "a directed, but highly individualized program [that] emphasizes research. The focus of a pharmacy fellowship is to develop the participant's (the fellow's) ability to conduct research in his or her area of specialization." Fellowships exist to develop competency in the scientific research process, including planning, conducting, and reporting research. Upon graduation, a fellow will be capable of functioning as a principal investigator for clinical research. Fellowships are usually offered for predetermined, finite periods of time, often 12 to 24 months.

### Take Home Message:

It is important to note that pharmacists are not required to complete post-graduate training programs (PGY-1, PGY-2, pharmacy fellowships) however, these additional learning opportunities significantly enhance pharmacotherapy knowledge and foster a team-based learning approach. I recommend post-graduate training for all pharmacy students as I feel these programs provide added years of dedicated learning that garner noteworthy benefits for overall clinical expertise. To be successful throughout post-graduate training, I believe one must have a strong dedication to pharmacy practice and a desire for additional scholarship. Students who are self-motivated, driven yet humble, with good time-management and communication skills should consider post-graduate training programs. During my schooling at the University of Pittsburgh, faculty often preached that pharmacists are "lifelong learners" and I believe there is much truth to this statement. I am very thankful to have completed these years of post-graduate training as they have considerably increased my confidence as an independent practitioner as well as improved my understanding and ability to conduct clinical research.

### Reference:

1. Residencies and fellowships. *Am J Hosp Pharm.* 1987;44(5):1142-4.

## Clinical Spotlight: Rachel Schult, PharmD, DABAT

Clinical Toxicologist at the University of Rochester Medical Center, Rochester, NY



*“Take advantage of the opportunities you have while you are in school and utilize the resources at your fingertips.”*

### What made you interested in Clinical Pharmacy?

I have several family members who are pharmacists but I first became interested when one of my loved ones was in the hospital. He was having a medication adverse reaction and he improved after a pharmacist recommended stopping one of his medications. Once I began pharmacy school at the University of Rhode Island (URI), I interned at a hospital and then Walmart after the summer of P1 year. I continued these intern positions throughout my time at URI, but I always found myself interested in the bad things drugs do to the body. Based on my community pharmacy experience, I found it difficult to make connections with patients due to time limitations and lack of available patient information. The clinical setting provides an opportunity to use the available patient data to apply what I learned in pharmacy school and have more patient interaction.

### What is your current practice and/or role?

After graduation from pharmacy school, I completed a two year toxicology pharmacy fellowship at the Florida/USVI poison information center in Jacksonville, Florida. My official title at the University of Rochester Medical Center is toxicology clinical pharmacist specialist. Our toxicology consult service is frequently involved in the care of patients with drug overdoses, adverse drug events, and addiction/withdrawal. We work with physicians and other healthcare professionals to come up with patient specific treatment plans related to their toxicology issue until they are discharged from the hospital. I also work with different trainees who rotate with the toxicology service including medical residents, pharmacy residents, and students. Additionally, I spend time as a clinical staff pharmacist in the emergency department. Another role I have is to teach healthcare professionals including nurses, residents, and providers about medication overdoses and potential interventions. In addition to these duties, I work on protocols and/or guidelines for antidote use in the hospital, attend journal clubs and scheduled topic discussions.

### What type of person do you think would best be suited for practicing as a toxicology specialist?

The person would have to enjoy pharmacology and pathophysiology because the foundation of the specialty is an understanding of how drugs work in the human body and what can be done to correct toxic effects. The person should also have a medication safety mindset so they can use their clinical knowledge to keep the patient safe while administering potentially high risk antidotes. Finally, the person should be detail oriented to ensure providers can easily interpret the suggestions of a guideline/protocol when you can't be at the patient's bedside.

### With a unique specialty practice, where do you see your specialty going in the future?

I hope more pharmacists pursue a residency and/or fellowship in the toxicology field as we are clinically trained to assess toxicology cases. I think we have an expertise that is incredibly valuable to patient care. The specialty is relatively small, so there may be barriers to expanding the field due to a relative lack of toxicology pharmacist outcome data. Hopefully, this is an area we can target in future research.

### What is one of the most interesting cases you have seen in your career so far?

Snake bites in Florida. I do not miss those cases.

### What advice would you give a pharmacy student interested in pursuing a clinical pharmacy career?

Take advantage of the opportunities you have while you are in school and utilize the resources at your fingertips. If there is an area you are interested in, shadow a pharmacist and get first-hand experience on what it would be like to work in that specialty. Additionally, get involved with organizations. When I was in pharmacy school, I was involved in the American Society of Health System Pharmacists (ASHP) and I was surrounded with like-minded people who helped me stay focused. Finally, find people that you can trust, not just for clinical advice but for support and other advice as well.

### How do you stay current on all of the updated guidelines, treatment options, and medications?

I am part of a few email listservs through pharmacy organizations, such as the American College of Clinical Pharmacy (ACCP), my fellowship, and the poison center in Syracuse. Since I practice at a large institution, I have the opportunity to attend a variety of journal clubs and lectures, which help me stay current as well. Finally, I personally do not have a twitter account, but I know some of my colleagues share new publication/guideline updates on twitter and this helps them stay current.

*-Interviewed by Jennifer L Mappus, PharmD Candidate: WSoP Class of 2017, WSoP ACCP Secretary*

## NYS-ACCP Annual Meeting Summary

The NYS ACCP annual meeting was held at the Hilton Garden Inn Albany Medical Center in Albany, New York on Friday, November 13, 2015. The conference featured educational programming applicable to a members across various practice settings. Pharmacy students, residents, fellows, practitioners, and educators representing different NYS regions were in attendance.

Presenters came from a variety of NYS institutions including the University of Rochester Medical Center (URMC), Columbia University Medical Center (CUMC), Albany College of Pharmacy and Health Sciences (ACPHS), and Bassett Medical Center. This year's keynote speaker was Dr. Kari Franson from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences who presented on medical cannabis. Other program topics included strategies to reduce adverse drug effects, new heart failure therapies, updates on antimicrobials, and emerging clinical "hot topics" presented by pharmacy residents. The conference also featured lunchtime student programming on interviewing, CV preparation, post-graduate training opportunities, and board certification.

The New York State ACCP 2015 award recipients were also announced. Winners included Dr. Nicholas B. Norgard from the University at Buffalo School of Pharmacy and Pharmaceutical Sciences as educator of the year award, Dr. Elizabeth Hanson at URMC for clinical practitioner of the year, and Dr. Thomas Lodise from ACPHS as researcher of the year.

The next NYS ACCP conference will be scheduled for the fall of 2016. Information regarding the next conference will be available at: <http://nys-accp.echapters.com>.



Nicholas B. Norgard, PharmD  
2015 Educator of the Year recipient



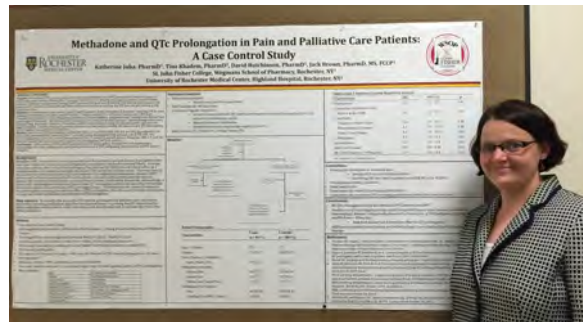
Elizabeth Hanson, PharmD, BCOP  
2015 Clinical Practitioner of the Year recipient



Thomas Lodise, PharmD, PhD  
2015 Researcher of the Year recipient

## NYS ACCP Member Recognized at 2015 ACCP Global Conference

NYS-ACCP president and Wegmans School of Pharmacy assistant professor, Katherine Juba won “The Great Eight-2015 Annual ACCP Meeting Best Paper Award,” during the recent ACCP Global Conference in San Francisco, CA. Dr. Juba presented her research on “Methadone and QTc Prolongation in Pain and Palliative Care Patients.” Her co-authors were Dr. Tina Khadem from the University of Rochester Medical Center/Highland Hospital and Wegmans School of Pharmacy faculty members Drs. David Hutchinson and Jack Brown.



## WSOP-ACCP Student Chapter Summary

The ACCP student chapter at the Wegmans School of Pharmacy (WSOP) was created in January 2014 by faculty advisor Dr. Kathryn Connor. The ACCP student chapter at WSOP has been committed to exposing students to unique fields of pharmacy that are not emphasized in didactic coursework. During the Fall 2015 semester ACCP brought in speakers from many pharmacy specialties to educate students about their fields and career paths. Drs. Lauren Gashlin and Rachel Schult explained the fields of drug information and toxicology, respectively. Drs. Kate Kokanovich and Nicole Acquisto discussed the various aspects of emergency medicine. Dr. Steve Bean presented his experience as a pharmacist involved with investigational drugs and spoke about advanced pharmacy practice experience (APPE) rotations offered in the investigational pharmacy at the University of Rochester Medical Center. Dr. James Tsay discussed his experience of working as a pharmacist working in the operating room. All of these speakers also gave students advice on available residencies and fellowships to obtain a job in their respective fields.

The WSOP ACCP student chapter offered learning opportunities for their members during 2015. The ACCP student chapter held a local clinical skills competition, where the winners of the local competition were entered into the national competition held by the national ACCP organization. Additionally, a workshop was provided to highlight portfolios as a way to market oneself in the field of pharmacy. This workshop was held by local residency directors and provided students' insight on how to differentiate themselves during the residency interview process.

Finally, many social activities were offered by the ACCP student chapter at WSOP. During the spring 2015 semester, ACCP organized a dodgeball tournament and Fall 2015 semester basketball tournament as fundraisers. Members also volunteered at the Gilda's Club of Rochester throughout the semester.

Overall, the ACCP student chapter at WSOP is proud of all of the opportunities it has been able to offer its members and is excited for events to come.

*-Mackenzie Crist, PharmD Candidate: WSOP Class of 2017, WSOP ACCP Treasurer*

### A special thanks to:

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 Maria Caraballo, PharmD Candidate: WSOP Class of 2017, WSOP ACCP President, editor  
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Questions? Please contact:  
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