

# NYS-ACCP INSIDER

St. John Fisher College | Wegmans School of Pharmacy | January 2020

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## Dear Colleagues,

It is my pleasure to bring to you the first issue of the NYS-ACCP Insider of 2020! This issue is brought to you from the SCCP chapter at St. John Fisher College's Wegmans School of Pharmacy (WSoP). Our issue focuses on some of the highlights our chapter and school have had over the past year including one of our own faculty members, Dr. Lisa Avery being inducted as an ACCP Fellow at the national meeting in New York City this year! If you have any questions or comments about this issue feel free to reach out to me: [mcm09424@sjfc.edu](mailto:mcm09424@sjfc.edu). Thank you for reading!

**- Morgan Marriott, WSoP SCCP President**



# Chapter Overview

The ACCP student chapter at the Wegmans School of Pharmacy (WSoP-SCCP) was founded in 2014 by current faculty advisor, Dr. Kathryn Connor. The aim of our student chapter is to expose members to areas of pharmacy that are not highlighted in our typical coursework. This is of particular benefit for students who are hoping to seek post-graduate opportunities such as residency and fellowship. One way we exposed students to unique aspects of pharmacy this year was by hosting Andy Verderame, a partner at the US Regulatory and Consulting Services at PharmLex US for a talk at WSoP. Mr. Verderame has been involved in the FDA approval of many drugs including Xarelto, Gonal-F, and Ciprofloxacin for post-exposure prophylaxis of anthrax. Our chapter also provides opportunities to help student members develop professionally. In the past, we have hosted CV events to help students better present themselves on paper. Looking forward to our spring semester, we are currently looking into collaborating with other student organizations within the school of pharmacy to host a residency and fellowship prep event to help student's professional development and prepare for residency and fellowship applications.

One unique aspect of our student chapter is the opportunity our student members have to participate in a mentorship program with the University of Rochester Medical Center (URMC). Through this program, students are matched with clinical specialists at URMC and are presented with the opportunity to ask questions and shadow them. Some areas our student members have been matched in include hematology/oncology, pediatrics, emergency medicine, and transplant. This program is a very unique opportunity for members to develop a relationship with clinical pharmacists and start expanding their network. Students are also able to be exposed to areas of pharmacy that they may not have had experience with until APPE rotations or later in their careers.

Our chapter strives to provide students with various learning opportunities. We held our local ACCP Clinical Research Challenge competition in December and the winning team was: Casey Zakrzewski, Brittany Post, and Aladin Zukic. They will be representing WSoP in the national competition in the spring. Last year's winning team of Morgan Marriott, Micheal Sellars, and Michelle Brown.



The winning team of the WSoP's local Clinical Research Challenge in 2019. This team advanced all the way to the final round of the national competition. Morgan Marriott, Micheal Sellars, and Michelle Brown. The new team will be competing in 2020.

Micheal Sellars, and Michelle Brown advanced all the way to the final round of the national competition where they drafted a research proposal titled: “Use of Telemedicine to Reduce 30-day Readmission Rates for Patients Admitted for DKA: A Pilot Study.” The winning team of our local ACCP Clinical Pharmacy Challenge from the spring: Matthew Cheung, Jeremy Rushby, and Jenna Stogstill went on to compete in the national competition and did well! Our newest learning opportunity for student members is a Journal Club series, we held three events over the fall semester and had good attendance! This was a great opportunity for P1 students to learn with and from P3 and P2 students and really get some experience reading medical literature. During our last session we were lucky enough to be joined by Dr. Patrick McCabe, an ambulatory care pharmacist at Rochester Regional Health who specializes in heart failure discuss the PARAGON-HF trial! Looking forward into our spring semester we hope to bring in more guest speakers, continue our journal club series, and host a volunteer event to get our members out serving the local community.

- *Morgan Marriott, PharmD Candidate Class of 2021*

## NYS-ACCP Annual Meeting Recap

The NYS-ACCP Annual Meeting was held in Schenectady, NY this year. There was a lot of exciting programming at the meeting, and the annual awards were handed out. Sierra Stauber, PharmD, BCPPS was awarded Clinical Practitioner of the Year. Educator of the Year was Wesley Kufel, PharmD, BCIDP, BCPS, AAHIVP. Calvin Meaney, PharmD, BCPS was awarded Researcher of the Year. Congratulations to all of the winners!

- *Morgan Marriott, PharmD Candidate Class of 2021*

## Get to Know a Fellow: Lisa Avery PharmD, BCPS

The American College of Clinical Pharmacy (ACCP) has recently inducted Dr. Lisa Avery as a 2019 Fellow, recognizing her excellence in the practice and science of clinical pharmacy. Dr. Avery is the Director of the Antibiotic Stewardship Team at St. Joseph’s Health in Syracuse, NY as well as a faculty member of the Wegmans School of Pharmacy, teaching future pharmacists what they need to know about infectious disease. Dr. Avery is revered among WSoP students as one of the best professors in the program and highlights her ability to make sense of the most complicated concepts.

As a student pharmacist, deciding what you want to do after graduation can be daunting. This was not the case for Dr.



Avery. When asked about her inspiration for pursuing infectious disease, she credits an enthusiastic preceptor that became a sort of role model for her. She also highlights connection with the content and the desire to care for patients with infectious diseases. As the Director of Antibiotic Stewardship Team at St. Joseph's Health in Syracuse, Dr. Avery starts her mornings rounding with the doctors. Afterwards, she spends her time with the team reviewing patient information and ensuring each hospital-wide patient is being prescribed the correct antibiotic for the infection with the appropriate dose and frequency. She also spent some time with her resident last year researching the impact of a pharmacist on antibiotic use in urgent care. They looked at 3 different time periods, before the presence of a pharmacist, 1 month with the presence of a pharmacist and afterwards. This highlighted the Pharmacist's role in patient care and showed a positive impact on antibiotic use in the urgent care setting.

What else should we expect to see from Dr. Avery in the future? Besides continuing to build and better her residency program, Dr. Avery has also been working on penicillin skin testing as the newest frontier. Currently, it is not within the scope of practice for NYS Pharmacists to administer intradermal injections. However, Dr. Avery and her colleagues are working on ways to change that.

- *Marie Le, PharmD Candidate Class of 2021*

## Exciting New Proposals in NYS Law

There are many new and exciting changes coming in pharmacy law. These four bills would expand pharmacy practice and allow community pharmacists to have more involvement in interprofessional patient care. Each bill is titled with its assembly and senate identification number to allow readers to easily look up the bill and track its progress through the legislature. Laws such as these will allow New York pharmacists to expand our scope of practice and further the profession, this is why advocacy for these laws is important for both students and experienced pharmacists alike.

### **CLIA-waived point-of-care testing A3867A/S5092**

CLIA-waived tests are point-of-care tests that have a waiver in the public health law permitting them to be performed outside of a laboratory setting. This new law would allow pharmacists to perform these tests within community pharmacies. Examples of waived tests include opioids, influenza type-A/B, strep type-A, hepatitis C, human immunodeficiency virus, and blood glucose. Protocols would be established between providers and pharmacists with regard to specific tests for further evaluation and treatment depending on results. This new bill would allow patients quicker access to care for acute conditions, more timely treatment, and decrease the burden on the emergency department and urgent care systems. Other tests such as hepatitis C and HIV would



SCCP Members attending Albany Day in 2019.

further public health initiatives to diagnose and treat these patients early to avoid complications and burden on the health care system.

### **Comprehensive Medication Management A3849/S5296**

The Comprehensive Medication Management (CMM) bill would allow qualified pharmacists to enter a collaborative care agreement with a physician enabling them to manage a patient's medication regimen, assess appropriateness and effectiveness of medication, order pertinent laboratory tests (if included in the care agreement), and adjust dosing of medication as needed. According to this proposed statute, the collaborative care agreement must be established voluntarily between the provider, pharmacist, and patient. Also included in the bill is the requirement that pharmacists have access to, "the complete patient medical record", for the purpose of managing the patient's medication regimen as well as providing documentation of any and all changes that are made by the pharmacist. This bill would bring drastic changes to community pharmacy practice and would allow patients to experience a more cohesive interprofessional care team.

### **Immunizer bill A6511/S5227**

Pharmacy has seen exciting changes in immunization law in the past few years with the addition of pediatric influenza vaccines and interns as immunizers to the immunization law. A new proposal currently in the NYS legislature would allow pharmacists to administer any immunization in the currently recommended adult vaccine schedule by the CDC. This is a change from the limited list of immunizations pharmacists could previously administer, and would include important preventative vaccines such as the HPV vaccine (Gardasil) and hepatitis A and B vaccines. Hepatitis B, in particular, being a three-part series is often difficult for patients to manage when it requires a doctor visit but is required for many healthcare-related jobs. Having this vaccine available in pharmacies would enable patients to receive their vaccines in a convenient and timely manner, and pharmacies can ensure patients are reminded of when their next vaccine is due.

### **Long-acting injectables A3830/S4848**

This bill would amend the pharmacist scope of practice to include administering long-acting injectables for the treatment of mental health and substance abuse disorders. Some of these injectables may include injectable olanzapine and risperidone which are used to treat chronic mental health conditions and have been shown to increase patient compliance and improve outcomes. Injectables used to treat substance abuse disorders such as Sublocade a long-acting buprenorphine injection, and Vivitrol a naltrexone injection would also be included dependent on further regulations put into place by the board of pharmacy. The way the bill is currently written does not discuss the allowance of a non-patient specific order as it does for immunizations such as influenza, it is assumed then that pharmacists would need to receive a patient-specific order for these medications and other regulations regarding the specifics of these injections would have to be further addressed by the board of pharmacy if this bill were to become law. This bill would allow pharmacists to intervene and help manage some of our most vulnerable patients, keeping these patients compliant on their medication can be life-saving and having the accessibility of a

community pharmacy to provide these medications would give patients the support they need when they need it.

These four laws have the potential to bring about important changes in pharmacy practice in New York State. Pharmacists in other states already have the opportunity to participate in these activities which makes it even more important for us to advocate for these expansions of practice here in NY. Despite having some of the best hospitals in the country right here in New York State we still have a shortage of primary care and mental health care providers, particularly in rural areas of the state. Allowing pharmacists to perform point-of-care testing, adult scheduled immunizations, and provide mental health and substance abuse treatment would fill the gap in care that affects the state's rural population. As the job-market in pharmacy becomes more competitive and specialized, expanding the scope of practice for community pharmacists supports our profession and allows pharmacists to use their expertise to benefit patients across the state.

*- Ashley Hannigan PharmD Candidate, 2021*

## Zolgensma: Onasemnogene Apeparvovec

Zolgensma is the single most expensive medication ever approved by the FDA for treatment in the United States. It is for use in patients that have spinal muscular atrophy that are 2 years of age or younger and includes patients that have not shown symptoms yet. This is a big step for the treatment of spinal muscular atrophy as current treatments are meant to only treat the symptoms and as such are not effective until patients are exhibiting symptoms. The current treatments also do not currently halt disease progression, but only slow it. Zolgensma offers a way to replace the missing or dysfunctional gene and allows an attempt to prevent the symptoms from ever arising in patients in the first place.

Zolgensma is a product of a newer field of medicine known as targeted gene therapy. In the case of Zolgensma it is targeting a missing, or non-functioning survival motor neuron (SMN) protein gene and utilizes a virus, (AAV9), to implant copies of the missing gene into the cells. This works for spinal muscular atrophy because these neuronal cells would undergo apoptosis without the presence of SMN and they are not regenerated in any form.



The most notable aspect of Zolgensma is the fact that it is the most expensive medication ever approved for use by the FDA. It carries a price tag of \$2.125 Million. The manufacturer considers the medication itself cost effective at \$5 million per patient because of the long-term costs of previous treatments that are repeated over the patient's lifetime. The high price of the medication has garnered it discussion in different forums related to medications and their ever-increasing prices as time marches onward.

Zolgensma does carry its own inherent risks like any medication. The most notable being the risk of an acute liver injury. There is a black box warning of acute liver injury on Zolgensma to begin with, and liver function tests are part of the required monitoring for any patient that receives it to ensure that a close eye is kept on liver function in these patients. Patients that receive Zolgensma can often see a rise in troponin-I levels as well, although it is unknown what clinical relevance this bears for these patients at this time. Troponin-I levels are monitored from administration of Zolgensma until they return to the patients baseline.

Overall, Zolgensma is a promising new drug with a unique mechanism of action. This medication is filling a gap for spinal muscular atrophy patients as none of the current treatments are approved for use before symptoms even start. However, Zolgensma is not without its risks including the black box warning for liver damage which may be detrimental especially in younger patients whose organs are still developing. The factor that may prevent widespread use of Zolgensma is its hefty price tag. While the long-term benefits of use with Zolgensma may render it cost-effective, it is likely that there will be a lag time before Zolgensma is considered an option for many patients based on their insurance coverage and a need for more evidence of long-term effectiveness before footing a bill that is over \$2 million.

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- *Griffin Steinbilber, PharmD Candidate 2021*

## Clinical Pharmacist Interview: Dr. Katherine Juba PharmD, BCPS



Dr. Katherine Juba is an Associate Professor of Pharmacy Practice at St. John Fisher College Wegmans School of Pharmacy in Rochester, New York. After working as a clinical pharmacist at Suncoast Hospice for three years, she started at WsoP in November of 2009. Her didactic teaching is mainly in the P2 and P3 years and her clinical teaching site is with the palliative care team at the University of Rochester Medical Center-Strong Memorial Hospital.

**Q: You attended the National Meeting in New York City this year, what did you take away from the sessions that would be useful for members to know and what did you enjoy most?**

**A:** I attended a session on the new opioid equianalgesic table that was recently developed by Mary Lynn McPherson from the University of Maryland School of Pharmacy. New opioid pharmacokinetic literature prompted the equianalgesic table revision. This was one of the first presentations of the new equianalgesic table to a general pharmacy audience. I anticipate that many health systems will be switching to this new table in the near future. ACCP is also a great meeting for networking; I saw many colleagues that I haven't seen in a long time including former NYS ACCP officers, faculty members who taught me at UB, WSoP alumni, and pain and palliative care colleagues.

**Q: What is your favorite source for new trial data and pharmacy updates?**

**A:** Email blasts with updates from key journals are helpful. Professional organizations are another great resource. The ACCP pain and palliative care PRN was one of the reasons that I first joined ACCP as a new pharmacist, it helped me connect with other pain and palliative care pharmacists outside of my geographic region. It is a great way to network and seek insight from experts when complex situations arise. I find that people are really kind and generous with their time and expertise.

**Q: You used to practice in Florida are there any significant differences in practice between Florida and New York that you have noticed?**

**A:** I worked in Florida over a decade ago. Much has changed in terms of how health care professionals care for pain management patients including defining more realistic treatment goals balancing opioid risk versus benefit, treating patients with concurrent substance use disorder and pain, and optimizing multimodal analgesia and non-pharmacologic treatments.

**Q: What surprised you most about palliative care pharmacy?**

**A:** I am amazed by how much the specialty has grown since I was a pharmacy student and resident. The number of PGY 2 residency programs, health systems with a designated palliative care pharmacist, and pharmacy schools with a faculty member specializing in palliative care has grown substantially over the last few years. The Society of Pain and Palliative Care Pharmacists was established in 2016 to further this specialty area.

**Q: What makes palliative care special to you?**

**A:** I love the interprofessional aspects of palliative care. The providers that I work with value and actively seek input from the different professions on the palliative care team including our chaplain, social worker, nurses, hospice evaluators and many others. There is a unified effort to provide the best care possible for patients and families. I am also always amazed with how much people are willing to go the extra mile for patients and families. I really feel honored to work in this community.

- *Michelle Brown, PharmD Candidate 2021*

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### Questions?

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