Washington Metropolitan Society of Health-System Pharmacists Newsletter

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Wheaton, MD 20902

President's Message

Dear WMSHP Members,

It has been another exciting month, and I wanted to provide some updates on some of the key activities we have been actively working on:

WMSHP Spring Meeting
We are excited to announce our Spring 2017 event entitled "Breaking Ground: Enhancing Clinical Knowledge in Pharmacotherapeutics"! This event will feature topics which include: Infectious Diseases, Cardiology, Critical Care, Alternative Medicine, Compounding, and Policy. This event will take place on Sunday May 21st starting at 7:00 am at Holy Cross Hospital in Silver Spring, MD. Please see website under the events tab for registration information.

WMSHP Constitution and Bylaws
Our Constitution and Bylaws are currently being revised to better reflect the current state of our organization. Key revisions revolve mainly around the roles and responsibilities of "Student" Members and "Technician" Members: how they are elected, qualifications, etc. The proposed revisions have been in place for the prerequisite time as stipulated in our current Constitution and Bylaws, and remains currently open for comment. A Qualtrics Survey to tally votes will be sent out in the coming weeks for all members to confirm. Please see our website under the Constitution and Bylaws tab for further information.

WMSHP Student Scholarship
The WMSHP Student Leadership Scholarship recognizes students with an interest in pharmacy practice in health-systems who have demonstrated leadership ability. The scholarship recognizes and celebrates the contributions of students who represent the very best attributes and accomplishments of WMSHP student members. WMSHP will offer this $500 scholarship annually. This scholarship will be formally announced and rolled out at our May 21st Spring Event, eligibility details to follow.

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President's Message

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WMSHP New Committee Appointment
In order to facilitate our growing workload, WMSHP has appointed a new Co-Chair to assist with the Communications Committee agenda: Dr. Joe Wenninger. Joe will be working hand-in-hand with our other amazing Co-Chair Dr. Gayle Unhjem on increasing readership of our Newsletter, Webpage, Twitter account, and various other social media outlets. Current projects this month include: updating/formalizing "Spotlight Members" and updating/maintaining our website to allow for advertisement space. Feel free to email any member on the committee for further details.

Warm regards and best wishes,
Justin Sebakijje, PharmD, BCPS
President, WMSHP

Clinical Capsule

Continuity of Care: Continuing Methadone During Hospital Admission
By Joseph Wenninger, PharmD, BCPS

Opioid use disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) as "a problematic pattern of opioid use leading to clinically significant impairment or distress". Despite opioid overdose mortality increasing four-fold in the decade leading up to 2008, public health interventions are not adequately addressing opioid use disorder as evidenced by the 2014 National Survey on Drug Use and Health (NSDUH). This survey revealed a staggering 4.3 million people are using prescription pain medication for non-medical use and 914,000 people report using heroin in the past year.[1] After decades of stigma preventing adequate care, and though prejudices still hinder progress, opioid use disorder is now officially classified as a medical disorder, not simply a self-inflicted reflection of one's character. Treating opioid use disorder should be approached in similar fashion as treating other chronic conditions—such as asthma, hypertension, or diabetes—where adherence to therapy and a holistic approach to care are paramount.

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Upcoming Events

Treatment Options for Your Patients Requiring Urgent Warfarin Reversal: A Case-Based Presentation
(NON-CE Event)

Location:
Season 52
11414 Rockville Pike
North Bethesda, MD 20852

Thursday, May 4, 2017
6:30 PM Dinner & Presentation

RSVP:
Yildiz.Voyles@cslbehring.com

Registration is closed

Breaking Ground: Enhancing Clinical Knowledge in Pharmacotherapeutics
(CE Event)

Location:
Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910
Conference Room A

Sunday, May 21, 2017
7:00 am – 5:00 pm

Online Registration:
www.wmshp.org > Events Tab
Payment via PayPal

Email Registration:
rtaylorwmshp@gmail.com
Payment via cash/credit/check

Register by May 14, 2017 for early bird pricing.
Act fast, space is limited!

Please see flier for full program schedule and registration fee.

Clinical Capsule

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The public health intervention for opioid use disorder that may first come to mind is medication-assisted treatment as provided by opioid treatment programs (OTPs), also known as methadone clinics. These federally regulated OTPs are accredited by the Substance Abuse and Mental Health Services Administration and are held to the standard of serving the medical and psychosocial needs of their patients. The basic goal of methadone maintenance therapy is to decrease symptoms of withdrawal and craving, and minimize opioid abuse. Because of the various services provided by OTPs, methadone maintenance treatment has been found to decrease drug-related crime, improve compliance with HIV therapy, reduce seroconversion to HIV positive status, and reduce opioid use disorder mortality.[2,3]

Many patients with opioid use disorder also have a variety of comorbidities that may result in hospitalization. Because of the long half-life of methadone, patients admitted to the hospital will rarely show symptoms of methadone withdrawal on admission if they were adherent as an outpatient. Despite this lack of symptoms, and barring any contraindications to methadone, it is essential that these patients continue methadone therapy on admission so that steady state concentrations of methadone are maintained throughout their stay and upon discharge.

A key aspect of continuing methadone therapy while inpatient is that the hospital physician must contact the OTP to notify the program of the patient's admission and acquire information necessary for continuing methadone therapy. That information includes confirmation of current enrollment, current dose of methadone, and time and date that methadone was last administered. It then becomes the responsibility of the hospital staff to continue methadone therapy and collaborate with the OTP physician regarding any plans to change the methadone dose.[4]

Federal law specifies that methadone should be administered in such a way as to best prevent diversion.[5] One way to help achieve this goal is to administer methadone oral solution instead of oral tablets. The oral solution cannot be easily tucked away or hidden during administration. Methadone oral tablets can be dissolved in water to achieve a similar effect, but this extra step in dose preparation is undesirable and can result in non-standardized drug concentrations. On a related note, it should be known that there can be differences in pharmacokinetics between available methadone products. Despite potential differences, empiric dose changes are not recommended, and dose modifications should only be made in collaboration with the methadone clinic provider after the patient has become symptomatic at steady state with the new formulation.[3]

The typical methadone maintenance patient may be eliminating methadone with a half-life of 24 to 36 hours, but some patients eliminate the drug much more slowly with a half-life up to 60 hours. Because of this prolonged and variable half-life, it may take more than one week to reach steady state concentrations with dose adjustments.[3]

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Clinical Capsule

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Patients on methadone therapy should be monitored for signs of efficacy as well as signs of toxicity. Efficacy would be apparent by a lack of reported cravings and withdrawal symptoms. Common adverse effects with methadone include constipation due to inhibited gastrointestinal motility and sweating. Adverse effects on sleep and sexual performance are also not uncommon. Of primary concern with methadone is the cardiovascular effect of prolongation of the QT interval and subsequent increased risk of arrhythmias, including torsade de pointes. Baseline and serial electrocardiogram monitoring is recommended to monitor for fatal arrhythmias.[1,3]

Methadone relies on cytochrome P-450 (CYP) enzymes for metabolism to inactive metabolites. The primary enzyme is CYP3A4, but CYP2D6 is also important for metabolism of the more active (*R*)-methadone enantiomer. Additional metabolism occurs to a lesser extent by CYP2B6, CYP1A2, CYP2C9, and CYP2C19. A thorough drug interaction screen is necessary for all patients receiving methadone therapy.[3]

As patients are being discharged, the hospital physician must contact the OTP to inform them of the time of discharge and when the last dose of methadone was administered. If the patient is being discharged to a facility, the hospital physician must ensure proper arrangements are in place for the patient to continue to receive methadone therapy.[4]

References:

1. Ayanga D, Shorter D, Kosten TR. Update on pharmacotherapy for treatment of opioid use disorder. Expert Opin Pharmacother. 2016;17(17):2307-2318.
2. Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. http://store.samhsa.gov/shin/content//PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf. Published March 2015. Accessed April 2017.
3. Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. http://store.samhsa.gov/shin/content//SMA12-4214/SMA12-4214.pdf. Published November 2012. Accessed April 2017.
4. Federal opioid treatment standards, 42 C.F.R. §8.12. https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol1/pdf/CFR-2016-title42-vol1-sec8-12.pdf. Revised June 2015. Accessed April 2017.
5. Opioid treatment program certification, 42 C.F.R. §8.11. https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol1/pdf/CFR-2016-title42-vol1-sec8-11.pdf. Revised March 2001. Accessed April 2017.

Photo Gallery

The Team II 2016 WMSHP Fall Meeting

Photo Gallery

Exceptional Content II 2016 WMSHP Fall Meeting

Food for Thought II 2016 WMSHP Fall Meeting

Washington Metropolitan Society of Health-System Pharmacists

PRESENTS:

THE SPRING 2017 PHARMACY MEETING:
BREAKING GROUND:
ENHANCING CLINICAL KNOWLEDGE IN PHARMACOTHERAPEUTICS

In Collaboration With:

University of Maryland
Student Society of Health-System Pharmacy

ashp Recognized Student Society

Come Join US as we bring pharmacists, pharmacy students and technicians around the Metropolitan area together for a **networking** and **educational opportunity** to earn up to 6 CE credits!

Providing Breakfast, Lunch & RAFFLE PRIZES!!

When: **Sunday, May21st , 2017; 7 am - 5:00 pm**

WHERE: **HOLY CROSS HOSPITAL 1500 FOREST GLEN RD, SILVER SPRING, MD 20910 CONFERENCE ROOM A**

Featuring:
Six-one hour ACPE-approved Sessions & Pharmaceutical Exhibit Showcase Displays

WMSHP Executive Officers & Board:
President: Justin Sebakijje, PharmD
President-elect: Ivan Cephas, PharmD
Treasurer: Joanne Woskov, PharmD
Secretary: Roberta Taylor, PharmD
Board Members:
Sadhna Khatri, PharmD
Dipti Kalra, PharmD
ASHP Delegates:
Carla Darling, PharmD
Laura Zendel, PharmD
Immediate Past President:
Vaiyapuri Subramaniam, PharmD

WMSHP Executive Committee:
Finance Committee
Chairs: Joanne Woskov/Rola Halabi
Membership Committee
Chairs: Porscha Johnson/Mary Li
Legislative Committee
Chairs: Samra Agonafer/Samantha Al-Faruque
Programming Committee
Chairs: Ivan Cephas/Sharika Johnson
Communications Committee
Chairs: Gayle Unhjem/Joe Weninger
Nominations Committee
Chairs: Justin Sebakijje/LyLy Doan

Special thanks to WMSHP Members:
Victoria Ly, PharmD; Meriam Senay, PharmD; Waffa Abou-Zeineddine, PharmD; De Angelo Price, PharmD; John Quinn, PharmD.

Acknowledgements:
Justin Sebakijje, PharmD- President WMSHP