

OraQuick the Revolutionary HIV Testing Option

HIV/AIDS is a rapidly growing pandemic that has become one of the leading causes of death in the world; with an estimated 40 million people world-wide and one million people in the United States being infected. Of that one million infected Americans, the CDC estimates that approximately one third are unaware that they have the HIV/AIDS virus.

Standard HIV testing in a clinic or doctor's office usually takes two days – two weeks to yield results. This can be problematic because many patients do not return to their healthcare providers for the results and are, therefore, unaware of their infectious status. Others use fear and ignorance as a barrier for not knowing. HIV/AIDS in this country also carries a negative stereotype, labeling it as a disease of drug users, homosexuals, and prostitutes. Although these people are at a higher risk for contracting the virus, HIV/AIDS infects all races, genders, and sexual preferences.

Since the mid 1990s, two home HIV/AIDS have been available to be purchased over-the-counter [OTC]. Both kits required patients to send a blood sample to a laboratory and call within one week to receive their anonymous results. This type of testing does offer privacy, but still has problems because many patients do not call for results.

In November 2005 OraSure Technologies, maker of The OraQuick Advance Rapid HIV-1/2 Antibody Test, announced that it was planning to make its product available OTC. The test, which was approved by the FDA in 2004, differs from all other test due to its ability to detect HIV antibodies via blood OR saliva. It produces results within 20 minutes. OraQuick being available to the general public holds great advantages. For the first time patients will know their status the same day and in the privacy of their own homes. For the first time new couples or sex partners can test each other and receive results before engaging in intercourse.

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Virginia Health-System Pharmacy News

Jan/Feb 2008

New Reporting Requirements

Starting January 1, 2008, hospital outpatient departments are required to report National Drug Code (NDC) numbers on both single-source drugs and 20 multiple-source drugs identified by the Secretary for Health and Human Services (HHS) when submitting claims to State Medicaid offices. VSHP is urging hospital pharmacy departments to comply with this requirement. Hospital pharmacy departments should be determining whether their billing departments are using NDC numbers that accurately reflect the NDC numbers associated with the medications that are actually administered to the patient. Hospital pharmacy directors should also be talking with their hospital compliance officers and billing department managers about the requirement and the complexities relating to its implementation.

Breaking News: [DMAS has received a six month stay on implementing the federal mandate of reporting NDC numbers on outpatient physician administered drugs billed on the UB04 and 837I claim forms. Their office will be following up with a Medicaid Memo in the near future.]

The Deficit Reduction Act (DRA) of 2005 requires states to collect NDC numbers in order to secure Medicaid rebates on physician-administered drugs. The Centers for Medicare and Medicaid Services (CMS) is requiring hospital outpatient departments to comply with this rule.

VSHP does not agree with CMS that hospital outpatient departments should be subject to the NDC requirement, and supported ASHP comments asking CMS to

exempt hospital outpatient departments. CMS refused to grant an exemption, so ASHP submitted comments to the Office of Management and Budget (OMB), urging OMB to grant an exemption. Additionally, ASHP, along with several other organizations, sent a letter to HHS Secretary Leavitt asking for relief from this burdensome requirement. ASHP has not yet received a response from either OMB or Secretary Leavitt. While ASHP continues to advocate for an exemption, State Affiliate's members should contact their State Medicaid Offices to seek a delay in the implementation of the NDC requirement. Under both the DRA and the implementing regulation, a state that requires additional time to comply with the requirement may apply to the HHS Secretary for an extension. If Virginia is granted an extension by CMS, hospitals in Virginia will have more time to comply with the requirement, and ASHP will have additional time to advocate for an exemption. Please be aware that, notwithstanding ASHP's efforts to exempt hospital outpatient departments from the NDC requirement, the requirement is still in effect, and may remain in effect despite our efforts. Again, VSHP is urging hospital pharmacy departments to comply with this requirement in time for the January 1, 2008 deadline. For further information, please contact David Chen, Director, Section of Home, Ambulatory, and Chronic Care Practitioners, dchen@ashp.org, phone (301) 664-8684, or Edward Stemley, Director, Section of Pharmacy Practice Managers, estemley@ashp.org, phone (301) 664-8603.

From The President

Michelle McCarthy



Happy New Year! I hope that this message finds you well and full of excitement about 2008. In reflecting upon 2007 and planning for 2008, I took a personal inventory of the things most important to me. My family, both immediate and extended, was first on my list. The next item on the list was my friends. My profession follows behind my family and friends. When evaluating many of my most important friendships, it became clear that a common thread of these relationships was the pharmacy profession and VSHP. By attending the regional continuing education meetings, the Fall and Spring Seminars, the Board of Directors' meetings and the Board Retreats, I have made many contacts that have blossomed into friendships. I am so honored to call many of these accomplished, respected, and fun individuals my friends. I feel so blessed that I can e-mail a recipient of the Harvey A. K. Whitney Award, R. David Anderson, and the current President of ASHP, Janet Silvester, to ask them to come and speak to the residents at my institution. Many, many others have reached out to provide advice, support, and a helping hand, and I am so grateful for all of you.

During my New Year's inventory, I also resolved to find more work-life balance. As I sit at the computer on a Sunday night at 9 PM writing this column, I can't say that I've succeeded. Because of the need to improve in this area, I would like to summarize a story that I know many of you have heard at least once before. A college professor shows his class a glass jar, large rocks,

small pebbles, and sand. He places the rocks in jar and asks the class, if the jar is full. The class indicates that it is. However, he is able to add the pebbles. Again, the class agrees that the jar is full. Next, the sand is added. It falls between the small gaps left between the rocks and pebbles and completely fills the jar. The professor states that the jar is like a lifetime. The large rocks reflect the most important aspects, the small pebbles are items that are not as important, and the sand represents the many items that fill the spaces but are of little importance. I know that my family is my largest rock. However, my profession and VSHP also represent rocks. Although pharmacy and VSHP may not be a rock or even a pebble for some, it's still part of your jar (even if you've decided that it is sand).

Regardless of where VSHP falls in your list of priorities, take a moment to reflect upon a friend you've made, a problem you've solved, or something that you've learned just by attending a VSHP function. As I resolve to find more work-life balance, I hope many of you resolve to become more active in the profession and VSHP. If you are interested in participating in certain areas, please contact me. I welcome your participation and suggestions. Also, as you read this short column, please realize that I wrote it at the end of an extremely busy day. Be thankful for the brevity of my remarks as they allowed each of us a few more minutes with which to find work-life balance.

Enjoy the Rest of Your Day!

VIRGINIA HEALTH-SYSTEM PHARMACY NEWS

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Calendar

- Mar 27-29:** VSHP 2008 Spring Seminar
www.vshp.org
- Apr 5-9:** American College of Clinical Pharmacists, ACCP Update Pharmacotherapy Prep Course, Phoenix, AZ
www.accp.com
- Apr 16-19:** Academy of Managed Care Pharmacy, Annual Meeting, San Francisco, CA
www.amcp.org
- May 14-16:** American Society of Consultant Pharmacists, Geriatrics 2008, Las Vegas, NV
www.ascp.com
- May 16-19:** Minority Health Conference, Atlanta, GA
www.ashp.org
- June 8-11:** ASHP Annual Meeting, Seattle, WA
www.ashp.org
- June 20-21:** VSHP Annual Board Retreat, *Seven Measure of Success*
- Oct 16-17:** VSHP 2008 Fall Seminar and Annual Awards Banquet, Wintergreen Resort, www.vshp.org

2008 Spring Seminar Agenda

Thursday, March 27

	4:00–4:15 pm	Break	
11:00-12:00 pm	VSHP PAC Board of Trustees Meeting	4:15–5:45 pm	Part I: Prostate Cancer Update
12:00-4:00 pm	VSHP Board of Directors Meeting (Open to all members)		Part II: Decisions, Decisions, Decisions: The Story of a Prostate Cancer Survivor ACPE #108-000-08-000-L01 (.15 CEU)
4:30-5:00 pm	Cocktail Reception		
5:00-6:00 pm	Thromboembolism Presented by Gregg Morrow sanofi-aventis, U.S.	5:45-7:45 pm	Reception/Exhibit Program Dinner on your own
6:00-7:30 pm	Opening Night Banquet		

Presentations following dinner by
Janet A. Silvester, President
ASHP

Kevin Colgan, President-Elect
ASHP

Saturday, March 29

7:00-8:15 am Breakfast Presentation
Emerging Antimicrobial Resistance Among
Gram Negative Pathogens
sponsored by Ortho McNeil
ACPE #108-000-08-000-L01 (.10 CEU)

8:15 – 9:15 am Mysteries of Memory:
Management of Alzheimer’s Disease
and Related Dementias
ACPE #108-000-08-000-L01 (.10 CEU)

9:15-11:15 am New Drug Update
ACPE #108-000-07-012-L01 (.20 CEU)

11:15-11:30 am Break

11:30-12:30 pm Reexamining an Old Pathogen
with New Challenges:
An Update on *Clostridium difficile*-
Associated Disease
ACPE #108-000-08-000-L01 (.10 CEU)

12:30-2:00 pm ASHP Lunch Symposium
Improving Quality of Antithrombotic Therapy
through the Use of National Performance
Measures (.10 CEU)

2:00 – 3:00 pm Antimicrobial Resistance:
Emerging Threats, Therapeutic Options
and Management Strategies
ACPE #108-000-08-000-L01 (.10 CEU)

3:00 – 4:00 pm Antiretrovirals: New Agents, Potential
Pitfalls, and Important Resources
ACPE #108-000-08-000-L03 (.10 CEU)

Friday, March 28

7:00-8:15 am	Breakfast Presentation sponsored by HCA Richmond/Capital Division
8:15-9:15 am	Overview of Anticoagulation: Warfarin Therapy Management ACPE #108-000-08-000-L01 (.10 CEU)
9:15-10:15 am	Overview of Anticoagulation: Heparin/ LMWH Therapy Management ACPE #108-000-08-000-L01 (.10 CEU)
10:15–10:30 am	Break
10:30-11:30 am	HIT Me with Your Best Shot: Direct Thrombin Inhibitors ACPE #108-000-08-000-L01 (.10 CEU)
11:30-12:30 pm	Fraud, Waste and Abuse in Medicare ACPE #108-000-08-000-L01 (.10 CEU)
12:30–2:00 pm	Lunch/Exhibit Program
2:00–3:00 pm	Patient Safety: Strategy for the Future ACPE #108-000-08-000-L01 (.10 CEU)
3:00–4:00 pm	Complimentary and Alternative Methods for Stress Management ACPE #108-000-08-000-L04 (.10 CEU)

2008 Spring Seminar

Virginia Society of Health-System Pharmacists

The *Virginia Society of Health-System Pharmacists* invites you to the premier continuing education seminar of the year. The VSHP 2008 Spring Seminar will be held March 27-29.

We have developed an outstanding program including:

- 14 hours of the highest quality continuing education on timely topics you have requested
- we are honored to host the current President and President-elect of ASHP during the 2008 Opening Night Banquet
- by popular demand we present a second 3 hour Technician Workshop addressing technician-specific topics presented by Gayle Nicholas Scott
- 4 hour Exhibit Program featuring the latest pharmaceutical developments, products, equipment and services available

Technician Workshop

As Seen on TV:

Natural Medicines, aka Dietary Supplements

Gayle Nicholas Scott, Pharm.D., BCPS, ELS
Medical Communications and Consulting
Assistant Professor, Eastern Virginia Medical School

- Summarize the strengths, limitations, and clinical significance of the current state of dietary supplement regulation.
- Describe uses and scientific evidence for some of the more frequently advertised dietary supplements.
- Explain why dietary supplements can cause drug interactions and adverse reactions.

Saturday, March 29, 8:15 - 11:15 a.m.

ACPE #108-000-08-000-L01 (.30 CEU)

Does Focus Factor help you think? Can you really lose weight drinking green tea? Will Cosamin DS relieve joint pain? Are male enhancement products all spam? This workshop will address popular dietary supplement products advertised in the media. We will describe the regulation of this multibillion-dollar industry in the US and its effect on commercials we see on the evening news. We will also discuss specific product ingredients, the scientific evidence, drug interactions, and potential adverse reactions of some of the most frequently advertised products.

If you plan to attend the workshop and are interested in specific herbs (eg, Echinacea) or products (eg HeadOn), please e-mail VSHP (vsHP@aol.com). We will cover these in the workshop.

Hotel Information

VSHP has negotiated room rates at Williamsburg Marriott for Spring Seminar attendees. The Williamsburg Marriott is located in an area that offers something for everyone! Step back in time by touring Historic Colonial Williamsburg and neighboring Jamestown and Yorktown. Enjoy the fun adventures of Busch Gardens and Water Country USA. Go on a shopping spree by visiting area merchants or one of the fantastic outlet malls. Tee-off on one of eleven championship golf courses. All are located just minutes away! We understand that leisure time is also important in planning our meetings and have selected a site that offers tennis courts, a Health Club, indoor-outdoor pool, and whirlpool.

Please take advantage of this extraordinary opportunity and bring your family along with you. Combine the greatest of continuing education experience with the very best in recreation and relaxation.

Reservations should be made directly by the individual with the hotel's **Group** Reservations Department at 1-800-442-3654 before March 5, 2008. After this date, reservations will be accepted by the hotel on a space-available basis and at the hotel's prevailing rate.

Single and Double Rate \$139.00

Cancellation/Grievance Policy

To receive a refund, confirmed registrations must be canceled in writing on or before March 14, 2008 (postmark or fax date); cancellations postmarked on or before March 18 will be subject to a \$25.00 handling charge. Refunds will be issued only for cancellations faxed or postmarked before March 18.

Should any registrant be dissatisfied with the quality of the continuing education program, the participant may submit their grievance in writing to the attention of the Continuing Education Administrator (CEA), VSHP, P.O. Box 2567, Fairfax, VA 22031-2567 within 5 days of the conclusion of the program. The CEA will review the grievance within 10 days of receipt and provide written response of the findings and the basis for the decision made to the complainant no later than 30 days after receipt of the written grievance.



The Virginia Society of Health-System Pharmacists is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmaceutical education. Registrants may obtain up to 14.0 contact hours (1.40 CEUs) at the VSHP 2008 Spring Seminar. Attendees must attend the entire time allotted for each session, complete a Speaker and Program Evaluation Form on-site for each session attended, and present it at the registration desk at the conclusion of the program for validation. VSHP will provide validated Statements of Continuing Pharmaceutical Education to meeting participants no later than 30 days after the completion of the program. This program is directed toward all individuals actively engaged in the practice of pharmacy.

Continuing Education Learning Objectives:

Overview of Anticoagulation:

Warfarin Therapy Management

Neal S. Huang, Pharm.D.

Supervisor, Clinical Pharmacy Anticoagulation Services
Kaiser Permanente Mid-Atlantic States, Inc.

Pharmacist and Technician Objectives:

- Describe the clotting cascade and the Vitamin K-dependent clotting factors.
- Define the indications, duration, target INRs and intensity of warfarin therapy.
- Describe monitoring parameters for patients receiving warfarin therapy and frequency of follow up.
- Summarize warfarin dosing with special considerations for the elderly.
- List potential side effects associated with warfarin therapy.
- Identify potential drug interactions with warfarin.

Overview of Anticoagulation:

Heparin/LMWH Therapy Management

Quocbao Pham, Pharm.D., BCPS

Transitional Care Clinical Pharmacist
Kaiser Permanente Mid-Atlantic States, Inc.

Pharmacist and Technician Objectives:

- Briefly describe how heparin works and its influencing factors.
- Compare and contrast Low Molecular Weight Heparin (LMWH) and Unfractionated Heparin.
- Describe how LMWH is used to transition patients out of the acute care setting.
- List factors influencing LMWH dosage and duration of therapy.
- Summarize the LMWH bridging process in the outpatient setting.

HIT Me With Your Best Shot:

Direct Thrombin Inhibitors

Jason Hoffman, Pharm.D., BCPS

Surgical/Neurotrauma Clinical Specialist
Carilion Roanoke Memorial Hospital

Pharmacist and Technician Objectives:

- Define heparin-induced thrombocytopenia (HIT) and describe its pathophysiology.
- List the anticoagulants used in the prevention and treatment of HIT.
- Summarize the challenges of monitoring anticoagulant therapy with direct thrombin inhibitors (DTIs).

Fraud, Waste and Abuse in Medicare

Debra S. Devereaux, MBA, FASHP

Senior Consultant, Pharmacy Benefits
Gorman Health Group LLC
Washington, DC

Pharmacist and Technician Objectives:

- Define the potential elements of fraud, waste and abuse in the Medicare Part D system.
- Summarize the magnitude of the financial implications of fraud, waste and abuse.

- Describe oversight and auditing necessary to detect fraud, waste and abuse.
- State specific examples of fraud, waste and abuse discovered to date.

Patient Safety: Strategy for the Future

Diane B. Ginsburg, M.S., R.Ph., FASHP

Clinical Professor
Assistant Dean for Student Affairs
Regional Director, Statewide Internship Program
College of Pharmacy
The University of Texas at Austin

Pharmacist and Technician Objectives:

- Summarize the purpose of the Institute of Medicine Study on Medication Errors.
- Describe significant study findings.
- Identify evidence-based medication error prevention strategies.
- Describe IOM recommendations for preventing medication errors.

Complimentary and Alternative Methods for Stress Management

Christine Marr, LCMFT, CHt

Alternative Medicine Department Mind Body Program
Kaiser Permanente Mid-Atlantic States, Inc.

Pharmacist and Technician Objectives:

- Summarize the stress and relaxation responses.
- Describe the impact of stress on the body including interference with nutrient absorption.
- Describe integrative stress management methods, efficacy research and practical resources. Methods Include: breathwork, guided imagery, hypnosis, meditation and mindfulness practices, biofeedback, brainwave entrainment, neurotherapy, exercise and holistic nutrition.
- Describe stress management methods for breathwork, guided imagery and meditation through workshop exercises.

Part I: Prostate Cancer Update

Mandy Gatesman, Pharm.D., BCOP

Clinical Pharmacy Specialist
Hematology and Oncology
Virginia Commonwealth University Health System

Pharmacist and Technician Objectives:

- List and describe potential advantages and disadvantages of prostate cancer prevention.
- Outline current recommendations on prostate cancer screening.
- Describe appropriate patient-specific treatment options and monitoring plans.
- Summarize new strategies currently being studied for prostate cancer treatment.

Part II: Decisions, Decisions, Decisions: The Story of a Prostate Cancer Survivor

Bruce E. Large, R.Ph.

Retired from Veterans Administration Medical Center
Founder and Leader of Rowan Chapter
US TOO Prostate Cancer Education and Support Group

Continuing Education Learning Objectives:

Pharmacist and Technician Objectives:

- Describe the seriousness of prostate cancer and describe how a newly diagnosed prostate cancer patient decides on treatment.
- Summarize the significance of establishing patient and spouse/caregiver support groups within the health-system.
- Describe how a patient copes with being told "you have cancer."
- Describe the experience of acting as a cancer support group leader.

Mysteries of Memory: Management of Alzheimer's Disease and Related Dementias

Bonnie Rosiak, Pharm.D.
Clinical Consultant
Advanced Pharmacy

Pharmacist and Technician Objectives:

- State three risk factors associated with Alzheimer's disease and related dementias.
- List four warning signs that may indicate a need for further assessment for potential Alzheimer's disease or related dementias.
- State three potential non-pharmacologic interventions for managing behavioral symptoms associated with dementia.
- List three different types of pharmacotherapeutic options for treating the cognitive, functional, and behavioral symptoms of dementia.

New Drug Update

Lynn Limon, Pharm.D.
Staff Pharmacist
Virginia Commonwealth University Medical Center

Pharmacist and Technician Objectives:

- Differentiate between priority and standard drug review by the Food and Drug Administration (FDA).
- Describe the mechanism of action, indication, dosing, and cost of select new molecular entities (NMEs) approved by the FDA in 2007.
- Evaluate the medication error potential, select adverse effects, and drug interactions of the NMEs approved in 2007.
- Summarize pharmacy-related issues (e.g., storage, stability) of the NMEs approved in 2007.
- Identify major medication safety issues of 2007.

Reexamining an Old Pathogen with New Challenges: An Update on *Clostridium difficile* Infection

Asha L. Tata, Pharm.D., BCPS
Internal Medicine Clinical Pharmacy Specialist
University of Maryland Medical Center

Pharmacists Objectives:

- Describe the epidemiological changes and clinical significance of *Clostridium difficile* Infection (CDI).
- Define the pathophysiology of CDI.
- Compare the treatment strategies for the management of initial and recurrent CDI.
- Summarize new treatment guideline recommendations and modalities in the management of CDI.
- Define the role of probiotics in the prevention and treatment of CDI.

Technicians Objectives:

- Describe the significance of *Clostridium difficile* Infection (CDI).
- Describe risk factors for CDI and how it is acquired.
- Compare the treatment strategies for the management of initial and recurrent CDI.
- Summarize new treatment guideline recommendations and modalities in the management of CDI.
- Define the role of probiotics in the prevention and treatment of CDI.

Antimicrobial Resistance: Emerging Threats, Therapeutic Options, and Management Strategies

Katie M. Muzevich, Pharm.D.
Clinical Instructor
Virginia Commonwealth University Medical Center

Pharmacist Objectives:

- Identify emerging multi-drug resistant organisms as defined by the Infectious Diseases Society of America.
- Classify the mechanisms by which bacterial organisms develop resistance to antimicrobial agents.
- Determine the role of newer antibiotic and older therapeutic options for the treatment of multi-drug resistant bacterial infection.
- Develop strategies to manage antibiotic resistance within an institution.

Technician Objectives:

- Recognize the multi-drug resistant bacteria defined by the Infectious Diseases Society of America.
- Give examples of how bacteria develop resistance to antibiotics.
- Summarize treatment options for multi-drug resistant bacterial infection.
- Describe methods to manage antibiotic resistance within an institution.

Antiretrovirals: New Agents, Potential Pitfalls, and Important Resources

Rebecca Dillingham, MD/MPH
Center for Global Health
Assistant Professor of Medicine
Division of Infectious Disease and International Health
University of Virginia Health System

Pharmacist and Technician Objectives:

- Identify all classes of antiretrovirals, including integrase inhibitors and CCR5 blockers, and understand their place in therapy.
- Describe potential drug-drug interactions between antiretrovirals and commonly prescribed inpatient medications.
- Summarize the importance of errors in anti-retroviral medication administration in hospitalized patients, describe the most common errors, and identify strategies to prevent these errors.
- Identify resources available to pharmacists to assist in the co-management of hospitalized patients on anti-retroviral therapy.

HIV Testing Option • continued from page 1

So how does OraSure Technologies product compare to standard HIV testing methods? In a clinical study O'Connell et al. evaluated 100 individuals who were deemed not likely to have HIV and 101 individuals who had been previously diagnosed with HIV. The results proved to be 100% effective in the non infected group and 97% effective in the infected group with four infected individuals testing negative. It is important to note that 90% of the previously diagnosed HIV group were receiving treatment for HIV and that the four individuals who had a false negative had significantly lower Western blot band as compared to the rest of the sample group. In another study by Landrum et al., researchers studied the effectiveness of OraQuick in individuals who were exposed to HIV due to occupational hazards and it was found to be 100% effective.

There are two draw backs to the OraQuick becoming available to the pub-

lic. The first, and most obvious, is the lack of counseling, guidance, motivation, and treatment options that healthcare providers their patients. There is the risk that those who become infected may not seek help. The second problem is that it may greatly reduce our knowledge on the trends of the virus, how and where it is actively being spread, is this pandemic growing or subsiding? With this product becoming OTC questions such as these may not be able to be accurately answered.

They say knowing is half the battle. If this holds true, OraQuick will provide that knowledge for many Americans who otherwise would not proactively seek to know their HIV/AIDS status. Although we may lose the advantage of onsite counseling, we gain the advantage of HIV/AIDS status knowledge and that may be the greater weapon.

— *Damien Eastman*
Pharmacy Practice Resident
Riverside Medical Center

VSHP PAC Silent Auction

Back by popular demand, VSHP Political Action Committee (PAC) will host the second annual silent auction for this year's fundraiser.

VSHP is seeking your assistance by requesting donations for this year's auction. Ideas for contributions include artwork, photography, and collectibles; books, subscriptions, education and training; hand-made clothing and accessories; sports equipment; regional food and wines; home furnishings and accessories; handcrafted jewelry; electronics; condo and timeshare weeks, recreational outings; gift certificates; gift baskets.

Remember . . . one man's trash is another man's treasure. So search your attics, basements and garages. Look for those diamonds in the rough.

Contact Kelly Gill at the VSHPoffice if you have an item to donate and thank you for your continued support.

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