Who is the Pharmacy Department

The Valley Hospital’s Pharmacy Department is a highly eclectic group. The diversity represented includes heritage, education, personality and interests. Currently there are approximately 40 Registered Pharmacists as well as an equal number of pharmacy technicians.

Pharmacy Technicians can be certified by the Pharmacy Technician Certification Board or not. Right now there are no specific requirements, but it is our goal to have all our technicians certified. A new N.J. State regulation requires that all technicians be registered.

As a cohesive group, our pharmacists provide excellent service to all our units throughout the hospital. As individuals they have attained a variety of educational backgrounds. Most of our “seasoned” pharmacists went through a five year program which afforded them a Bachelor of Science Degree. Today, pharmacy students are required to complete six years of training which earns them a Pharm D. After graduation about one in six graduates augment their education with a specialization residency. Many of our experienced pharmacists have returned to school to further their education and get their Pharm D. The HR department at Valley provides a generous tuition reimbursement program which help in the endeavor. In addition to advanced degrees in pharmacy, some of our pharmacists have earned advanced degrees in such fields as Public Health (MPH), Business Administration (MBA) or Science (MS).

Medication Safety Corner

Two recent Medication safety issues have recently come to light.

The first is that the FDA has added a Black Box Warning to the labeling for Bristol-Myers Squibb’s (BMS) ultrasound contrast drug Definity because of serious cardiopulmonary reactions, including death. The labeling instructs physicians to monitor patients’ vital signs during and 30 minutes after administering Definity (perflutren lipid microspheres). Physicians should have resuscitation equipment and trained personnel ready.

According to the labeling, four patients experienced fatal cardiac arrests during or within 30 minutes of Definity administration in postmarketing use.

For more information see: http://www.fdanews.com/newsletter/article?articleId=99796&issueId=10863

The second issue surrounds the medication Trasylol (aprotinin). The preliminary findings suggest that, compared to the studied antifibrinolytic drugs, aprotinin increases the risk of death. FDA anticipates re-evaluation of the overall risks and benefits of Trasylol which may result in the need to revise the prescribing information or other regulatory actions. For additional information please see www.fda.gov and look under safety information.
P&T Updates drugs added and deleted from our formulary

June 26, 2007
In a past P&T meeting the lidocaine/tetracaine anesthetic combination (Synera) was added to the formulary for a six-month trial to be used only on pediatric patients. FDA-labeled indications: Topical local anesthetic to skin, for superficial dermatological procedures, Topical local anesthetic to skin, for superficial venous access. The results of the 6 month trial were reported and the committee agreed to continue the use of Synera patch in its current setting and review again in 6 months.

A summary on Crofab (Antivenin Crotalide) was presented. Crofab is Antivenom that is given to patients that present with poisoning due to pit viper venom in our area from North American Copperheads. The initial dose is the contents of 4 to 6 vials over 1h started as soon as possible after the crotalid snakebite.

September 25, 2007
The P&T committee added Reclast (Zoledronic acid) to the formulary restricted for use to patients in the Infusion center or outpatient clinic. Reclast is FDA approved for treatment of osteoporosis in postmenopausal women, and Paget’s disease of the bone in men and women. Reclast is a bisphosphonate and acts primarily on bone. Dosing for treatment of postmenopausal osteoporosis is a single 5mg infusion given once a year.

Meet the Newest Pharmacy Staff
Mary Dinos

Mary Dinos joined the Valley Hospital Pharmacy department on Sept. 24th.

She comes to us from The Valley Hospital Luckow Infusion Center in Paramus where she worked for the past five years as an Oncology nurse administering Chemotherapy and other IV agents for various medical needs.

She is currently pursuing her Master of Science in Nursing degree with a focus on Education.

Over the past 30 years Mary has worked with patients in a variety of settings, including Post Partum, Telemetry, ICU, CCU, Medical/Surgical, Home Care/Hospice and Oncology. She has also worked as an IV nurse for several years both in home care and at The Valley Hospital.

Mary accepted the position with optimism and enthusiasm and is looking forward to working closely with the nursing departments and the pharmacy department to ensure improved safety and efficacy resulting in increased satisfaction by patients, physicians, nurses, and pharmacy staff.

Mary is excited to have the opportunity to learn the Pharmacy process and be included in the implementation of the BMV system for medication administration. She looks forward to meeting and assisting with educating the nursing staff in the use of the BMV system, and hopes to become an integral member of the Pharmacy department working closely with the Pharmacy team.

Mary has expressed delight by the friendly, heartfelt acceptance and welcome she has received here at Valley, not just from the Pharmacy Department but by everyone she has met in every department she has visited.

Mary feels that although she will miss her patients at The Luckow Ambulatory Infusion Center very much she will begin this new chapter of her life with renewed energy and determination.

Mary also just bought a “Little Piece of Heaven”, a little lakefront house on Upper Greenwood Lake where she throws out her fishing line on her dock after work and “catches her supper”.

...I feel very lucky to be a part of the Pharmacy team!
And I look forward to the challenge.
Meet the Pharmacy Residents (cont.)

Michael Fox

Mike Fox, our inpatient Oncology Pharmacist, joined The Valley Hospital in February of 2007. Mike, originally from New York, is a graduate of St. John’s University, and also has an MBA in Finance from the Stern School. Mike started his career as a hospital pharmacist at Montefiore Medical Center in the Bronx. After a stint in management at St. Luke’s/Roosevelt Hospital in Manhattan, Mike entered the pharmaceutical industry, where he worked for 13 years in a series of marketing jobs for several companies, including Lederle Laboratories, Wyeth and Roche Labs.

Four years ago, Mike returned to his first love, pharmacy, first in retail, then as an Oncology pharmacist at Columbia Presbyterian Hospital in NY.

Mike enjoys the science behind cancer chemotherapy, and the advances in treatment that have prolonged life expectancy for so many types of cancer patients. He is really pleased to be working at The Valley Hospital, with its friendly and caring environment. As a native of Wyckoff, NJ, he also says that the great commute is just icing on the cake for him.

Mike’s wife Martha, an RN, also works at Valley, in the Home Care division, and they have a 17 year old daughter who hopes to be a physician. When not working, Mike enjoys working out, hiking, playing guitar, and collecting and listening to music.

What Does a Pharmacist Do at… The Anticoagulation Management Service?

- Terri Marxen, PharmD, CACP

Blood clots can cause a multitude of problems ranging from a Deep Vein Thrombosis (DVT) in the leg to a blockage in the brain causing a stroke. An anticoagulant is used to treat or prevent blood clots. Initial treatment for a DVT includes IV heparin or subcutaneous low molecular weight heparin which is overlapped with the oral anticoagulant, warfarin, until a therapeutic International Normalized Ratio (INR) is attained. Warfarin is also used to prevent the formation or propagation of a blood clot in conditions such as atrial fibrillation or heart valve replacement.

Warfarin (Coumadin®) is a drug that must be individually dosed for every patient and carries a high risk of adverse effects if not maintained in the appropriate range. Patients taking warfarin must have their blood drawn regularly to determine their INR which is then used to correlate the appropriate dose and regimen.

The Anticoagulation Management Service is provided by a specially trained team of Valley Hospital pharmacists who work collaboratively with each patient, their family and physician to provide a comprehensive approach in managing their anticoagulation therapy. A single drop of blood is obtained via a finger stick instead of a venous blood draw, to determine the INR. The blood is then tested on the newest point of care the CoaguChek XS, which provides results in 60 seconds. The pharmacist then uses the INR results to determine the correct dose and dosing interval for each patient based on a protocol approved by The Valley Hospital Medical Board. When making dosing recommendations the pharmacist takes into account the patients’ drugs, which may interact with warfarin, and foods consumed that are high in vitamin K, which decrease the effectiveness of warfarin. Education about diet, potential drug interactions, and other factors effecting warfarin is provided during each visit.

The Anticoagulation Management Service started in 1998 and the pharmacists have managed over 10,000 patient visits. The service directs a wide variety of patients including those who are being initiated on warfarin following a recent DVT, PE or diagnosis of Atrial fibrillation, as well as those maintained on warfarin for many years. The narrow therapeutic window and multitude of confounding factors make the management of warfarin a challenge, but the pharmacists at the Anticoagulation Management service provide high quality care to assure the best patient outcome.
September 25, 2007

The P&T re-established Beclomethasone dipropionate on Formulary as it is compatible with our current vent system. This is not a replacement to Flovent. Beclomethasone was put back on formulary to since Flovent (formulary) has changed its device to include a dose counter. However, this alteration poses an inconvenience to ICU/CCU patients.

The P&T agreed to remove Cancidas (Caspofungin) and Mycamine (Micafungin) from formulary and add Eraxis (anidulafungin) to the formulary to be used according to FDA indications. Eraxis is FDA approved and indicated for treatment of candidemia and other forms of Candida infections (intra-abdominal abscess and peritonitis), as well as esophageal candidiasis. The initial dose is 200mg on day 1 then 100mg QD x 13 days.

The P&T discussed the medication Brovana (arformoterol inhalation solution) and decided not to add this medication to the formulary.

The committee reviewed a surgical injectable drug combination that was previously presented by Dr Pizzurro. The combination is used to optimize post-operative performance in total knee arthroplasty. The combination contains, Bupivicaine, morphine, epinephrine, Methylprednisolone Acetate and Sodium Chloride. The decision by the P&T was to add Protocol to standardized post-operative orders, as an option, in total knee replacement patients to be revisited in 3 months depending on patient volume.

October 23, 2007

The P&T agreed to add Boniva to formulary, restricted for use in outpatient/infusion settings. FDA labeled indications for Boniva® are Postmenopausal osteoporosis and Postmenopausal osteoporosis, Prophylaxis. Boniva® is a bisphosphonate that inhibits osteoclast-mediated bone resorption and turnover leading to a net gain in bone mass. Boniva® is administered to patients every three months over a period of 15-30 seconds.

A decision was made to expand the formulary line and add Zemplar (paricalcitol) ORAL formulation as the IV formulation is already on formulary. Zemplar is a synthetic analog of calcitrol, which is the metabolically active form of Vitamin D. Its biological actions are mediated through binding of the Vitamin D receptor.

Who is the Pharmacy Dept. cont.

As if all this education isn’t enough, many Pharmacists go on to get specialized certifications from a variety of academic institutions. Some of the certifications represented by our Pharmacists include Board Certification in Oncology, anticoagulation or consultation.

As most of us feel that our profession has been very good to us, we would be happy to discuss a career in pharmacy with anyone interested, be it yourself or a family member, see one of the managers.

Next Issue:

- Pharmacy students experiences at The Valley Hospital.
- Learn more ways to take an active role in patient safety.
- Learn what a pharmacist does in a different area of the pharmacy.