

**Subject:** News from CSHP: Lobby Day, March CE, CTW Call for Presentations, May Compounding Conference and more! 3.8.16



## Connecticut Society of Health-System Pharmacists

*Informing and Advocating for Pharmacy Professionals in Connecticut since 1948*

# NEWS BRIEF

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#### Inside CSHP

- ~A Great Resume Builder for Our Members
- ~Help Us Grow!

#### Legislative Update

- ~2016 Legislative Session
- ~Pharmacy Day- March 10th

#### Continuing Education

- March 23 CE Program

Dear Michael,



CSHP is getting ready for Spring with a great sense of optimism and energy. We are now fully engaged in the 216 legislative process and have begun planning for our major Society meetings. These activities provide excellent opportunities for you to LEARN, SERVE, TEACH and GROW if you are willing to get engaged.

If you have not done so already, as a CSHP member and resident of Connecticut, we need you to appeal to your state legislators to support a CSHP initiative to pass legislation for Connecticut Medicaid to fund pharmacist medication therapy management (MTM). Pharmacy Day at the state capitol is March 10th and we encourage you to schedule a visit with your representatives during the afternoon, and stay for the reception hosted by CSHP and our partner pharmacy organizations from 5 to 7 p.m.

Planning committees are quickly forming to organize the TriState Health System Pharmacy Summit and Catch the Wave Conference. In addition, CSHP is collaborating with the Connecticut Pharmacist Association and the Connecticut Chapter of the American Society of Consultant Pharmacists to host a full day, 5 credit hour continuing education conference focused on compounding on May 20th 2016. If

## 2016 CTW

- ~Call for Presentations
- ~Call for Volunteers
- ~Two Keynote Speakers Announced

## Student News

News from the student chapters at USJ and UConn Schools of Pharmacy

## Special Feature

Alirocumab (Praluent) and Evolocumab (Repatha) Injection  
PCSK9 Inhibitors for LDL Lowering

## Opportunities

- ~ A sampling from our web site
- ~PharmacyTechnicianCE.org

## CSHP Headquarters

888-506-3784

[office@cshponline.org](mailto:office@cshponline.org)

We don't want to lose you. If your home or work contact information has changed, please let us know.



## USEFUL LINKS

[CSHP Online Membership Application](#)

[ASHP Website](#)

you would like to get involved with a program planning committee for any of these conferences, please contact the CSHP office. Program content development, speaking opportunities and other pathways for involvement abound.

Remember, as a CSHP member, you have a say in what the Society does, how it is done and how we represent the interests of your profession. As a CSHP family, we all LEARN, SERVE, TEACH and GROW together! Please engage in these activities so you can realize your full professional potential. The CSHP Board of Directors looks forward to seeing you at our events throughout 2016!

Sincerely,

Eric M. Tichy, PharmD, BCPS, FCCP  
2016 CSHP President

## Inside CSHP

### CSHP's "The Great Eight" - An Opportunity for Residents!

CSHP is offering pharmacy residents who are CSHP members the opportunity to submit their residency research abstracts for presentation at CSHP's June 21st meeting at Yale-New Haven Hospital. Once submitted, a panel of judges will evaluate each abstract based on an objective rubric and will select the top 8 abstracts as the "Great Eight". These selected abstracts will be presented in a platform format, each 12 minutes in length, with 3 minutes for questions and answers.

Plaques will be presented to the top three ranked abstract winners. The winning abstracts will be featured in the CSHP *News Brief* and on the CSHP web site. This is a resume building opportunity!

Requirements:

1. PGY1 resident in a Connecticut Health-System Pharmacy program
2. Member of CSHP in good standing (applicant may submit CSHP application and dues with their abstract)
3. If accepted, the applicant must present their abstract in person at the June meeting (evening)

Pharmacy residents should e-mail their abstracts to [Ginger Morris](#) no

[CT Dept. of Public Health](#)

[Your Legislative Contacts](#)

[CT Dept. of Consumer Protection](#)

[US Food and Drug Administration](#)

**May 5, 2016**  
**Deadline for submissions to the next issue of**  
*News Brief*  
**E-mail to our editor,**  
[Michelle Vo Pakchoian](#)

*News Brief* is a service for and about CSHP and its current members. We invite you to send us information to share as well as your comments on the information contained in this issue.



**Kudos**

CSHP is an association of individual members. Send us information to help celebrate **your professional and personal accomplishments and milestones and to share your expertise.**

Examples: promotions, degrees or certificates, publications, new jobs, awards, grants, presentations; marriage, birth, special anniversary, volunteer activity; book review, case study, new technique

later than May 2nd. Please don't hesitate to contact Ginger with any questions.

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### **HELP CSHP GROW**

We ask all of our members to spread the word about CSHP and encourage their colleagues to join us. CSHP is the organization dedicated to providing professional development opportunities and advocating for the very best practice environment for those who work in CT health-system pharmacy.

Together we can offer and accomplish so much!

Joining CSHP is easy:

1. Fill out a membership form on the [CSHP website](#) and remit dues using Mastercard, VISA or AMEX.  
OR
2. [Download a form](#), fill it out and mail with a check to the CSHP office.

CSHP thanks you for your continued support and for helping us grow!

### **Legislative and Advocacy**



#### **CSHP Legislative Committee Report by Tom Buckley, RPh, MPH CSHP Legislative Chair**

The Connecticut legislative session began the first week of February, and there are numerous bills we are tracking that are closely related to the practice of pharmacy. Your CSHP leadership receives a monthly "bill book" during the session that contains brief overviews of bills we are tracking, along with the bill number. If you would like to receive this bill book, please let me know by e-mail: [Tom Buckley](#).

In addition to the bills we are monitoring, we are actively seeking to raise and pass a bill that would enable pharmacists to be reimbursed by Medicaid for medication management. At the time this newsletter went to print, the bill had not yet been assigned a bill number but the [text of the proposed bill language](#) can be found here. If you are attending

**SAVE THE DATES**

**Thurs., March 10, 2016**

**Pharmacy Day**

State Capitol  
Hartford, CT

**Wed., March 23, 2016**

CSHP CE Program

**ACLS:**

**A Pharmacist's**

**Perspective**

*hosted by Bridgeport Hospital*

**REGISTER**

**Friday, May 20, 2016**

Radisson Hotel Cromwell  
(formerly the Crowne Plaza)

Full day conference on

**STERILE COMPOUNDING**

*co-sponsored by CSHP, CPA and  
CT-ASCP*

**Tri-State Health System**

**Pharmacy Summit**

**Friday, September 30, 2016**

*Jointly presented by CSHP, NJSHP,  
and NYSCHP*

*at the DoubleTree by Hilton  
Hotel, Tarrytown, NY*

More information to follow.

**Catch the Wave**

**Friday, November 11, 2016**

Radisson Hotel Cromwell  
(formerly the Crowne Plaza)

Parallel Track at CTW:  
Greg Gousse Residency  
Conference

**We Welcome Our  
Newest Members**

Melanie Liptrot, RPH

Christine Sukoian  
Abraham Tharakan, PharmD

Pharmacy Day at the Capitol on March 10th and would like to visit your legislator that day, this bill would be an excellent topic of discussion. If you would like anyone from CSHP to attend a meeting with you, please let the CSHP office know. Even if this bill has not yet been raised by March 10th, it can be added to the budget implementer bill at the end of the session, so it would still be extremely valuable to discuss it with your legislator.

We are also linking you to a document you can share with your legislator that is a brief [summary of the Medicaid MTM project](#) completed by the UConn School of Pharmacy that highlights the clinical and cost benefits of pharmacist medication management. With our evolving health delivery marketplace, your written and/or vocal advocacy contribution is more important than ever. Together we will position the pharmacist as a sustainable key component of the health care team.

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CSHP is looking to make a big splash at this year's

**Pharmacy Day at the Capitol**

**Thursday, March 10th 5:00 - 7:00 p.m.**

CT State Legislative Office Building (LOB)  
Atrium



To make Pharmacy Day more effective, we are asking you to meet with your legislator that afternoon before the reception to educate them on the issues. To make an appointment, please [use this link to find your legislators' contact information](#) at home and at work. Then email your legislator to ask to schedule an appointment. Introduce yourself as a pharmacist constituent (student or pharmacist) who would like to discuss issues that impact you professionally. If you are unsure of what to do, please contact the office so we may assist you in requesting the appointment, or inform us if you make an appointment on your own.

CSHP [Board members](#) would like to attend the meeting with you to help make the case for our initiatives. Legislators need to hear from their constituents -who are pharmacists - on our issues.

**Your congressional district is 5**

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We work to create the best possible work environment for all. Throughout the year, CSHP's Committee, in concert with our lobbyist, identifies issues of special concern to health-system pharmacists, monitors the progress of legislation, submits written testimony and provides verbal testimony.

As noted above, during the legislative session, we utilize a tracking service call "Bill Book". "Bill Book" contains information CSHP's Legislative Committee and paid lobbyist are monitoring on behalf of CT pharmacy staff. We post these reports on the CSHP web site's [Legislative Session](#) page.

Become part of this important work on behalf of all CT pharmacists. For more information on CSHP's legislative initiatives, please contact [Tom Buckley](#), Legislative Chair.

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### **Continuing Education**

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**Wednesday, March 23, 2016**

**Advanced Cardiac Life Support:  
A Pharmacist's Perspective**

*Hosted by Bridgeport Hospital*

1 CE Credit: 0106-9999-16-003-L01-P

5:30 - 7:00 p.m. registration, exhibits, networking dinner

7:00 - 8:00 Program

A light supper will be served

**Complimentary registration** for current CSHP members and members of the Bridgeport Hospital pharmacy staff.

To receive complimentary registration for future CE programs, join CSHP. Please RSVP by Friday, March 18th to guarantee your registration.

### **SPEAKER**

Maria Cardinale, PharmD, BCPS, BCCCP; Pharmacy Clinical Specialist - Critical Care, Saint Peter's University Hospital; Clinical Assistant Professor, Ernest Mario School of Pharmacy, Rutgers, the State University of New Jersey

### **LEARNING OBJECTIVES**

Upon completion of this activity, the participant should be able to...

1. Critique the evidence supporting medication administration in the management of cardiac arrest
2. Compare and contrast the 2015 Advanced Cardiac Life Support (ACLS) guidelines with the 2010 guidelines
3. Describe the role of a pharmacist in a cardiac arrest response team
4. Evaluate the evidence supporting pharmacist involvement in cardiac arrest response
5. Recommend strategies to increase pharmacist participation in Code Blue teams

### **REGISTRATION**

Please register by the Friday prior to this CE program.

CSHP members and Bridgeport Hospital Pharmacy staff:

Call 888/506-3784 or email [office@cshponline.org](mailto:office@cshponline.org). Please provide your name, a daytime phone number and an email address.

Non-members: Please register on line or mail a check for receipt by Tuesday, March 22nd

Please provide full name, preferred first name, credentials (ex. PharmD, CPhT), employer, e-mail address and daytime phone number.



1 live credit hour (0.1 CEUs) approved by the Connecticut Pharmacists Association which is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

### **DIRECTIONS AND PARKING**

Hollander Auditorium, 267 Grant Street, Bridgeport, CT, 06610

<http://www.bridgeporthospital.org/Visitors/Contact/AreaMap/default.aspx>

If you would like to be part of the important work of planning educational programs or if your hospital would like to host a CE program, please contact [Ginger Morris](#), CSHP's Jr. Director.

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### **Catch the Wave - Opportunities Abound**



*Play a part in CSHP's premiere annual event.*

**Friday, November 11, 2016**

**CALL FOR PRESENTATIONS Deadline: Friday, April 29, 2016**

This year, CSHP is pleased to issue a call for presenters for the annual *Catch the Wave* Conference on November 11, 2016 in Cromwell, CT. We are looking for timely and influential topics, relevant to health systems pharmacy. Proposed presentations will be evaluated on how helpful and practical the presentation will be for the audience.

If interested in submitting, we would be willing to work with potential presenters in submitting grant applications. Please fill out the [attached form](#) and submit to [office@cshponline.org](mailto:office@cshponline.org). The deadline for submitting is Friday, April 29, 2016.

**CALL FOR VOLUNTEERS**

The *Catch the Wave* (CTW) Planning Committee is looking for volunteers who are willing to help in one or more of these areas:

1. Develop programs and determine format for CTW or Greg Gousse Residency Conference.
2. Suggest and contact potential speakers for CTW or Greg Gousse Residency Conference.
3. Promote poster submissions.
4. Review poster submissions, provide written feedback, and respond to questions.
5. Contact potential exhibitors for CTW and the Reverse Expo.
6. Research and apply for grants for presentations.
7. Develop sponsorship possibilities that go beyond exhibiting and help to sell them.
8. Coordinate distribution and completion of speaker paperwork to be eligible for CE credit.
9. Write promotional intros for broadcasts and articles for the *News Brief* (before and after conference).
10. Assist at the conference: monitoring AV, helping student volunteers, photographing all the action, distributing evaluations, setting up exhibit hall for (very) early morning, visiting the exhibits, etc.
11. Review Greg Gousse presentations

**All members are asked to talk up the conference at their hospitals.**

If interested in helping, please email [Liz Cohen](#), CSHP's Senior Director and the 2016 CTW Chair. Your time and dedication is appreciated.

Note: The Greg Gousse Residency Conference is a parallel track of *Catch the Wave*.

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## CSHP Announces TWO Keynotes Speakers for Catch the Wave 2016!

*Many more CE bearing presentations to come*



**Ron Culberson**, speaker, humorist, and author of Do it Well. Make it Fun. The Key to Success in Life, Death, and Almost Everything in Between, will present "Do It Well, Make It Fun". Mr. Culberson's mission is to change the workplace culture so that organizations are more productive and staff are more content. By combining excellence with humor, he helps organizations attract and retain great employees, develop excellent leaders, and deliver extraordinary products and services.

**Paul W. Abramowitz**, PharmD., ScD (Hon), FASHP, Chief Executive Officer of the American Society of Health-System Pharmacists (ASHP), will speak on the Practice Advancement Initiative (PAI). Prior to joining ASHP in September 2011, Dr. Abramowitz worked in hospitals and health-systems for 34 years.



### Student News



#### Student News from USJ by Meredith Gilbert, Chapter President

The Spring Semester is well on its way at the University of Saint Joseph, and students continue to remain busy with many events through our student chapter.

To promote Heart Health Month, the Heart Health Awareness committee held a "Go Red for Women" day on February 8th, when students and faculty wore red to bring awareness to heart disease in women. On February 20th, a basketball tournament was held at the main campus gym to raise funds for the American Heart Association. Many students and alumni from both USJ and UConn participated in this fun and successful event.



The Organ Donor Awareness Project committee has several upcoming events including guest speakers specializing in organ donation services, a transplant recipient, as well as transplant pharmacists. The second Spike for Life volleyball tournament and participation in the Greater Hartford Kidney Walk are being planned for April, which is Organ Donor Awareness month.

Our Chapter is excited to hold its annual CV Workshop at the end of February. We also are planning to host a webinar in March discussing PAI and its implications on pharmacy practice. We are looking forward very much to our 4th annual Residency and Fellowship Informational Session in June, during which residency directors and current residents will be invited to form a panel, to both educate and connect with current students.

Case Study Competitions and Journal Club meetings continue throughout the semester. The final Case Study Competition winner, based on all points earned over four case studies offered this school year, will be announced at the end of March.

The USJ School of Pharmacy's student chapter is looking forward to a successful remainder of the semester, while wrapping up the winter season and starting the spring months.

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**Student News from UConn  
by Anna Slupecki, Chapter President**

UConn CSHP hosted its first specialist panel on February 4, 2016. We would like to thank Dr. Elizabeth Cohen, Dr. Nicholas Forcello, Dr. Jennifer Giroto, Dr. Ted Kowalczyk, and Dr. Michelle Krawczynski for participating. This Q&A session was a great success and our members received priceless advice from our guest speakers. This likely will become an UConn CSHP annual event.

Upcoming events include a PAI speaker event during the week of March 28th in collaboration with the USJ CSHP chapter, as well as other New England student societies of health system pharmacy. This "New England Pharmacy Advancement Week" was coordinated by Tom Szymanski of URI's chapter and UConn CSHP sees it as a great opportunity to share ideas for a successful PAI event.



Photo: Site visit to Yale-New Haven Hospital

In addition, UConn CSHP is beginning to plan for its annual Residency Director and Residents Panel, and charity dodge ball tournament. One change to our Residency Panel will be our P4s will lead a Q & A session on April 5th while Residents and Directors will lead the Q & A panel on April 14th. This was based on feedback from last year as well as an informal member survey. We are looking forward to the new format.

UConn CSHP's charity dodge ball tournament, Dodge for ALS, will take place on April 16th from 3-7 p.m. in the Hawley Gym on UConn's Storrs campus. Any interested participants (pharmacists, students, non-students, etc) are welcome to contact Anna Slupecki at [anna.slupecki@uconn.edu](mailto:anna.slupecki@uconn.edu) to receive more details. All proceeds are donated to the Connecticut ALS Foundation. We hope to match our \$500 donation from last spring this year.

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## Special Feature

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Enhance your resume by contributing a clinical pearl, case study, book review or other article that would be of interests to pharmacists in CT. For consideration for publication in the spring issue, send your article to [Michelle Pakchoian](mailto:Michelle.Pakchoian@uconn.edu) by May 5th.

### **Alirocumab (Praluent) and Evolocumab (Repatha) Injection PCSK9 Inhibitors for LDL Lowering**

*Submitted by Nisrine Dagamseh, PharmD Candidate, USJ School of Pharmacy, and Julie D'Ambrosi, PharmD, BCPS, Yale-New Haven Hospital*

#### **Background**

There is a new class of antihyperlipidemia drugs known as proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors. Alirocumab (Praluent®) & evolocumab (Repatha®) were approved in July and August 2015 respectively. This will provide a summary of their similarities and differences and their current place in therapy.

Hypercholesterolemia is a major risk factor leading to cardiovascular events and death. Guidelines focus on therapies that treat blood

cholesterol levels to reduce atherosclerotic diseases (ASCVD). Statins have been the mainstay of therapy for dyslipidemia because thus far they provide the greatest reduction of LDL (30 to 50 % reduction depending on dose), which has also been demonstrated to lower ASCVD rate. However, some patients can't tolerate high intensity statin therapy, even at reduced dosing, due to adverse effects, such as myalgia, myositis, and rhabdomyolysis.

### **Indications**

Alirocumab (Praluent©) was the first fully human monoclonal antibody approved from the new class of PCSK9 inhibitors. Alirocumab is indicated as adjunctive therapy along with diet and maximally tolerated statin therapy to lower the LDL level for patients with genetic heterozygous familial hypercholesterolemia (HeFH), or with established ASCVD, including coronary, cerebrovascular, or peripheral vascular diseases requiring more intensive LDL reduction<sup>1</sup>. HeFH is a condition where patients genetically have a high level of low-density lipoprotein. Evolocumab (Repatha©), the second PCSK9 inhibitor approved by FDA, is also approved for same indications as alirocumab, but also includes homozygous FH (HoFH).<sup>2</sup>

### **Mechanism of Action**

The mechanism of action of alirocumab and evolocumab is different from statins. The liver has receptors that bind LDL and facilitate its removal. PCSK9, a protein, binds to LDL receptors, targets them for lysosomal degradation, thereby inhibiting the recycling of LDL receptors to the surface of liver cells. Decreasing LDL receptor density causes an increase in the LDL concentration in blood<sup>3</sup>. Alirocumab and evolocumab are antibodies that bind to PCSK9 and inhibits its interaction with the LDL receptor, thus reducing receptor degradation, increase LDL receptors recycling, and decrease the accumulation of LDL in blood.<sup>1,2</sup>

### **Efficacy**

Studies have demonstrated a significant reduction of LDL from baseline (62-77% reduction) with use of PCSK9 inhibitors. In Odyssey Long-Term, patients received 150 mg of alirocumab every two weeks for 78 weeks total. The primary endpoint, percentage change in LDL from baseline to week 24 was statistically significant, an LDL reduction of 61.0% +/- 0.7 between baseline and week 24 in the treated group, compared to 0.8% +/- 1 in the placebo group (p<0.001). At week 24, the treated group's mean LDL level was 48 mg/dl, a reduction of -74 mg/dl from baseline vs. 119 mg/dL in the placebo group. A sustained benefit

was seen over the long-term follow-up with a slight rise in LDL to 57.9 mg/dL in the treated group. In a post-hoc analysis, treated patients saw a 48% reduction rate in the major adverse cardiovascular events at the end of the study (1.7% vs. 3.3%).<sup>4</sup> According to OSLER-1 and OSLER-2 open-label, randomized controlled trials, evolocumab demonstrated approximately a 61% reduction in LDL level from baseline, when used as adjunct therapy with maximally tolerated statin dose. Evolocumab was associated with a 1.23% absolute reduction in cardiovascular events reduction at one-year follow up.<sup>5</sup>

The ability of both drugs to reduce cardiovascular events or mortality has yet to be established in prospective trials. The ODYSSEY Outcomes study, a phase III trial, is investigating the safety and efficacy of alirocumab in patients with acute coronary syndrome and an LDL level  $\geq 70$  mg/dl, non HDL cholesterol  $\geq 100$  mg/dl or apolipoprotein B  $\geq 80$  mg/dl despite high intensity statin therapy (40-80 mg atorvastatin or 20-40 mg rosuvastatin) at the maximum tolerated dose. Following a run-in period, patients are receiving alirocumab 75-150 mg SC every 2 weeks. The primary end point is a composite end point of coronary heart disease death, nonfatal MI, fatal and nonfatal ischemic stroke, and unstable angina requiring hospitalization. Study completion is anticipated in 2017.<sup>6</sup> Similarly, the FOURIER trial is an ongoing randomized placebo controlled trial with anticipated enrollment of 27,000 high-risk patients with cardiovascular morbidities currently on statin therapy. This trial is evaluating the impact of evolocumab administered as SC injection 140 mg every 2 week or 420 mg (three separate 140 mg injections given within 30 minutes) monthly on reducing the risk of cardiovascular death, MI, stroke, coronary revascularization, and hospitalization of unstable angina in patients with clinically evident cardiovascular disease<sup>4</sup>. Study completion is not anticipated until the end of 2017.<sup>7</sup>

### **Safety**

Alirocumab side effects are mainly injection site reactions, resulting in an extremely low discontinuation rate, and flu-like symptoms. The most commonly reported adverse events of evolocumab were nasopharyngitis, upper respiratory tract infection, back pain, influenza, cough, UTI, and injection site reaction. Development of neutralizing antibodies remains a concern in regard to transient or prolonged loss of efficacy with these agents and was demonstrated in 0.3% of alirocumab treated patients and none of the evolocumab treated patients. The long-term consequence(s) of extremely low LDL levels (<25 mg/dl) which have not been previously achievable is unknown.<sup>1,2</sup>

### **Dose**

Alirocumab's dose is started at 75 mg SC every 2 weeks. The dose may be increased to 150 mg SC every 2 weeks after 4-8 weeks as needed to achieve LDL goal. Evolocumab is dosed as either 140 mg SC every 2 weeks or alternatively 420 mg (three 140 mg inj) SC every month.

### **Availability, Storage, and Cost**

Alirocumab is only dispensed through select specialty pharmacies as either two 75 mg/ml or two 150 mg/ml prefilled syringes or as a prefilled auto injectors, whereas evolocumab is available in similar dosage forms of 140 mg/ml as 1, 2 or 3 injections/package through a variety of wholesalers and can be obtained by community pharmacies. Both drugs require cold storage (36

°F-46

°F). Injections should be removed from the refrigerator approximately 30 minutes prior to administration. Aloricumab should be discarded if left at room temperature for greater than 24 hours, whereas evolocumab can be stored at room temperature for up to 30 days.<sup>1,2</sup>

Wholesale acquisition cost for alirocumab is \$14,600/year and slightly less for evolocumab at \$14,100 annually. There is much controversy surrounding the cost of these agents, in excess of \$14,000/yr. and the implications of that for the healthcare system.

### **Conclusions**

In conclusion, alirocumab and evolocumab could play a significant role in hypercholesterolemia therapy. Patients with HeFH, HoFH, or established ASCVD, who are unable to tolerate or achieve LDL goals on high intensity statins in conjunction with diet, now have an option with either alirocumab or evolocumab. Further studies assessing the sustained efficacy and safety profile of these new agents, in addition to outcomes relative to the cardiovascular morbidity and mortality are anxiously awaited.

### **References**

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3. Akram ON, Bernier A et al. Beyond LDL cholesterol. a new role for

- PCSK9. Arterioscler Thromb Vasc Biol 2010;30:1279-81.
4. Robinson JG, Farnier M et al. Efficacy and safety of alirocumab in reducing lipids and cardiovascular events. NEJM 2015;372:1489-1499.
  5. Sabatine MS, Giugliano RP et al. Efficacy and safety of evolocumab in reducing lipids and cardiovascular events. NEJM 2015;372:1500-1509.
  6. Schwartz GG, Bessac L, et al. Effect of alirocumab, a monoclonal antibody to PCSK9, on long-term cardiovascular outcomes following acute coronary syndromes: Rationale and design of the ODYSSEY Outcomes trial. Am Heart J 2014;168:682-689.e1.
  7. Further Cardiovascular Outcomes Research With PCSK9 Inhibition in Subjects With Elevated Risk (FOURIER). ClinicalTrials.gov <https://clinicaltrials.gov/ct2/show/NCT01764633>

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### **Opportunities**

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Each week, new professional development and educational opportunities are posted on the Resources section of the [CSHP web site](#). Here is a sample of recent posts:

#### **[Call for Nominations: ASHP Distinguished Service Award](#)**

The Distinguished Service Award recognizes a member from each Section and the New Practitioners Forum whose volunteer activities have supported the mission of their group and helped advance the profession. Nominations for the 2016 ASHP Distinguished Service Award must be submitted by **April 1**.

#### **[ASHP, ACPE Update Pharmacy Technician Accreditation Standards](#)**

On the recommendation of the Pharmacy Technician Accreditation Commission, ASHP's and the Accreditation Council for Pharmacy Education's boards of directors have updated the Accreditation Standards for Pharmacy Technician Education and Training Programs. The update gives pharmacy technician training programs more flexibility to meet the requirements regarding the number and types of student experiential activities that must be performed.



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For questions about group subscriptions or to schedule a demonstration, contact Chris Jezowski at [cjezowski@ashp.org](mailto:cjezowski@ashp.org).

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**CSHP is your professional organization**

**THERE TRULY IS STRENGTH IN NUMBERS.**

CSHP is the professional society that represents the interests of those who practice in health-system environments.  
For information, please visit our web site or contact our office at 888/506-3784 or [office@chsponline.org](mailto:office@chsponline.org)

Please encourage your colleagues to join us.  
Click for an [application](#) with details of member benefits.

OR

[apply on line](#)

Click here for a [student application](#)

Note: We can fill out applications and registrations, and complete a credit card transaction over the telephone.  
The CSHP office is here to assist you on weekdays from 9 - 5.

Connecticut Society of Health-System Pharmacists, 888/506-3784,  
[office@cshponline.org](mailto:office@cshponline.org), 591 North Avenue Suite 3-2, Wakefield, MA 01880

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