



## Connecticut Society of Health-System Pharmacists

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

# NEWS BRIEF

### Spring May/2016

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Call for Volunteers

Dear Michael,



As summer approaches, CSHP is moving forward with our fall conference preparation. To become a more engaged member, I encourage you to join a planning committee or volunteer to work on some aspect of our Society's work on your behalf. Participating in conference planning and/or attending conferences will provide you with the opportunity to LEARN, SERVE, TEACH and GROW.

Plan to attend at least one of our four, major, upcoming events:

- "[Connecticut Compounding Conference](#)" May 20th [REGISTER](#)
- "[The Great Eight: Residents Spotlight](#)" June 21st
- "[Tri-State Health System Pharmacy Summit](#)" September 30th
- "[Catch the Wave Annual and Greg Gousse Residency Conference](#)" November 11th

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

## Professional News of Note

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~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

## Inside CSHP

### Give Credit Where Credit is Due!

Honor your colleagues by nominating them for one of CSHP's prestigious awards to be presented during the annual 2016 Catch the Wave conference Awards Luncheon. Winning a CSHP award is a substantial enhancement to a resume as well as a wonderful way to recognize and celebrate deserving colleagues.

NOTE: *Nominees must be current CSHP members.*

Awards include:

- Meritorious Achievement Award - Awarded to a CSHP member who made significant contributions to enhance patient care, an original contribution to pharmacy administration, or expanded the role/impact of CSHP.
- Paul G. Pierpaoli Award - Awarded to a CSHP member who made significant long term contributions to the practice of pharmacy.
- Pharmacist of the Year - Awarded to a CSHP member who best exemplifies service to the profession and community.

For more information and to nominate a colleague, please see attached nominations form. **Deadline: We are accepting nominations until August 5, 2016. [Click for a nominations form.](#)**

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### CSHP Leadership Opportunities

Members of the Board have the opportunity to play a significant role in guiding the Society and have an influence on the future of your profession. In addition to the specific responsibilities listed below, every Board member should be willing to be actively engaged in the business of the Society, to attend Board meetings and to support the activities of the Society as needed. Please take a moment to review the CSHP offices & their responsibilities:

- President-Elect: Term of office -3 years (1 year as President-Elect, 1 year as President, and 1 year as Immediate Past President)  
The President-Elect assumes the duties of the President in his/her absence. The Immediate Past President is the nominee of the Board of Directors as a state delegate to the ASHP House of Delegates during the year in which s/he is President-Elect. Both the President-elect and the Immediate Past President act as advisors to the President and assist with Society initiatives.
- Treasurer: Term of Office - 2 years  
The Treasurer oversees the Society's financial management. S/he reviews all transactions and statements, signs checks, develops the draft budget, oversees investments and facilitates the annual review of societal finances by a Certified

[CSHP Online Membership Application](#)

[ASHP Website](#)

[CT Dept. of Public Health](#)

[Your Legislative Contacts](#)

[CT Dept. of Consumer Protection](#)

[US Food and Drug Administration](#)

June 24, 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,

Public Accountant. S/he works in concert with the management office in matters relative to accounts receivable and payable, bookkeeping, and the creation of financial reports.

- **Secretary:** Term of office -1 year

The Secretary reviews the minutes of the Society's meetings, writes correspondence for the Society and advises on other Society communications. The Secretary monitors societal actions and recommends changes to the Constitution, By-Laws and Operations as appropriate.

- **Junior Board Member:** Term of office: 2 years (1 year as Junior Board Member and following 1 year as Senior Board Member)

The Junior Board Member serves on the continuing education committee and assumes overall responsibility for planning and coordinating monthly CE programs.

The **Senior Board Member** serves as chairperson of the Annual Meeting Committee and assumes responsibility for the overall coordination of this meeting.

**To submit a nomination, or to nominate yourself, please complete the [attached nominations form](#) and either fax (781/245-6487) or e-mail to the CSHP office by 4 p.m., July 25th.**

Questions? Contact Sherri Oken, CAE, Executive Director at 888/506-3784 or [office@cshponline.org](mailto:office@cshponline.org)

NOTE: You don't have to serve on the CSHP Board or chair a committee to hone your leadership skills. Whether you've only an hour to spare or several hours a month, there are many opportunities to affect the future of your Society and profession. [Click to find out.](#)

## Legislative and Advocacy

### CSHP Legislative Committee Report

by Tom Buckley, RPh, MPH, CSHP Legislative Chair



The CT General Assembly did not pass a budget before their midnight May 4th deadline, so a special session was called for May 12th. It is anticipated that a very large implementer bill may also be part of this session, in which many bills are grouped together and held as a single vote.

However, we do know of a few legislative actions that were finalized before the deadline. These include the passing of *An Act Increasing Access to Overdose Reversal Drugs*, which improves a previous bill on the use of opioid antagonists by not holding a health professional liable for any damages in the administration of an antagonist, opening up availability to first responders, prohibiting insurance companies from instituting prior authorizations of an antagonist, limiting the initial prescription of an opioid drug to 7 days, and changes to the electronic prescription monitoring program

presentations; marriage, birth, special anniversary, volunteer activity; book review, case study, new technique

**SAVE THESE DATES**

**REGISTER**

Friday, May 20, 2016

Radisson Hotel Cromwell

**CT COMPOUNDING  
CONFERENCE**

**Program Details and Exhibit**

**Information**

**Tri-State Health System  
Pharmacy Summit**

Friday, September 30, 2016

*Jointly presented by CSHP,  
NJSHIP, and NYSCHP  
at the DoubleTree by Hilton  
Hotel, Tarrytown, NY*

**Information**

**Catch the Wave**

Friday, November 11, 2016

Radisson Hotel Cromwell  
Parallel Track at CTW:

Greg Gousse Residency  
Conference

**Information**

**We Welcome Our  
Newest & Returning  
Members**

\*Glenn Beloso, PharmD

\*Alex Robert Dozier,  
PharmD

\*Michael E. Guerra, PharmD

\*Kathleen B. Koczka,  
PharmD,  
BCPS



to require reporting of a dispensed controlled substance within 24 hours of dispensing.

Two bills did not pass. The first one included a change in the pharmacist vaccination administration from the current age of 18 to a minimum age of 12. The second would have provided Medicaid reimbursement for pharmacist medication management services. There has been discussion of a change in strategy for next year's legislative session regarding medication management reimbursement by focusing our efforts away from Medicaid and toward commercial payers. More information on that initiative will be forthcoming in future newsletters.

Legislators need to hear from their constituents -who are pharmacists - on our issues.  
**Your congressional district is**

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CSHP represents you and your interests as a pharmacy professional. 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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**Plan to attend our annual residents showcase**

**The Great Eight**

**Tuesday, June 21, 2016**

*Hosted by Yale-New Haven Hospital*

2 CE Credits for both Pharmacists and Pharmacy Technicians

5:00 - 6:00 p.m. registration, exhibits, networking dinner

6:00 - 8:00 Program

A light supper will be served

**Complimentary registration** for current CSHP members and members of the Yale-New Haven Hospital pharmacy staff. To receive complimentary registration for future



**your state affiliate**



Download the ASHP eBooks app for any smartphone or tablet, or download eBooks to your computer for offline access.

**SHOP eBooks**

USE CODE CT2014 for your state affiliate to receive credit.

CE programs, join CSHP. Please RSVP by Friday, June 17 to guarantee your registration.

We have received a wealth of abstract submissions that are currently under review. The eight winning abstracts and presenters will be posted on the "[Upcoming CE](#)" page of the CSHP website shortly.

**REGISTRATION You can register now!**

Please register by the Friday prior to this CE program, June 17th.

CSHP members and Yale-New Haven Hospital Pharmacy staff (pharmacists and technicians): 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](#), remitting payment with a credit card, or mail a check for receipt by Monday, June 20th. Please provide full name, preferred first name, credentials (ex. PharmD, CPhT), employer, e-mail address and daytime phone number.



2 live credit hours (0.2 CEUs) pending approval 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**

<http://www.ynhh.org/visitor-information/hospital-locations-directions-parking-and-lodging.aspx>

Yale-New Haven Hospital-Air Rights Garage: The Garage is open 24 hours a day and located between North and South Frontage roads, straddling York St. Rate: \$2 per hour for 0-4 hours. When you exit the Garage, you will be in the Park Street building. The security officer can direct you to our meeting location.

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**Catch the Wave - Opportunities Abound**



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

**Friday, November 11, 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. If interested in helping, please email [Liz Cohen](#), CSHP's Senior Director and the 2016 CTW Chair. Your time and dedication is appreciated.

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.**

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

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### **Professional News of Note**

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#### **ASHP House of Delegates Virtual Meeting**

*submitted by Molly Billstein Leber, PharmD, BCPS, FASHP*

The second ASHP Virtual House of Delegates just concluded in March 2016. The Virtual House of Delegates is an online voting process that allows ASHP to provide a timelier and more responsive policy process by allowing ASHP to take final policy action without waiting until June every year. Policy recommendations approved by > 85% of delegates through the Virtual House will become ASHP policy. Those not reaching that level of consensus will be considered by the House of Delegates in June. Discussions around the policy occur on ASHP Connect House of Delegates Community and everyone is encouraged to participate.

The Virtual House considered four policy recommendations which included the following:

- Safety of Intranasal Route as an Alternative Route of Administration
- Drug Product Supply Chain Integrity
- Direct-to-Consumer Advertising for Prescription Drugs and Implantable Devices
- Cultural Competency and Cultural Diversity

Delegates approved the first two recommendations (Safety of Intranasal Route as an Alternative Route of Administration, and Drug Product Supply Chain Integrity) but did not approve the second two recommendations (Direct-to-Consumer Advertising

for Prescription Drugs, and Implantable Devices, and Cultural Competency and Cultural Diversity), so those recommendations will be added to the agenda for the for consideration at the June meeting of the House.

Please feel free to share any comments on the [ASHP Connect](#) House of Delegates Community or contact your CSHP State Delegates with thoughts and comments.

[Molly Leber](#)

[Lori Lee](#)

[Eric Tichy](#)

alternate: [Stacy Vaeth](#)

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## **PTCB's 2020 Initiative on Pharm Tech Education**

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### **Accredited Education Requirement**

*A Message from Executive Director & CEO Everett McAllister, MPA, RPh*

I want to share some important news about changes in PTCB's Certification Program, including the 2020 initiative. As you know, beginning in 2020, technicians applying for certification for the first time will be required to complete an education program accredited by the American Society of Health System Pharmacists and the Accreditation Council for Pharmacy Education (ASHP/ACPE).

### Success So Far

You may recall that in 2013 PTCB announced the 2020 Initiative and a number of other changes we would make in our requirements over 7 years. These are significant changes that require careful implementation to ensure our program provides continued value. I am pleased to report the process has been successful so far; we implemented updates in our continuing education (CE) requirements in 2014, 2015, and 2016 according to the phase-in schedule as planned. These include requiring 20 hours of technician-specific CE, with 1 hour of patient/medication safety CE, and a reduced number of acceptable CE hours that can be earned from college credit and in-service CE. These changes are intended to ensure technicians are educated through programs that are specific to their workplace knowledge and responsibilities.

### Accredited Education Requirement in 2020

2020 is 4 years away, and PTCB continues to prepare to implement required accredited education for initial applicants. As pharmacists provide more direct patient care, technicians are being given more responsibility as they assume new and expanding roles; PTCB's new requirement reflects this evolution and is the result of years of collaboration and collective thinking among stakeholders in the pharmacy community. (Please note this requirement will not apply to already certified pharmacy technicians, only to initial certification applicants.)

### Your Input: PTCB is Listening

PTCB regularly interacts with state boards of pharmacy, and with employers, educators, and state associates. We are committed to providing various opportunities for you to inform the implementation process. PTCB also conducts regular surveys to

allow our stakeholder community to have input into our program decisions.

We have hosted forums, including the 2014 stakeholder meeting which brought the community together to discuss perspectives on the ASHP/ACPE accreditation process. In 2011, we hosted a summit focused on Consumer Awareness, Resources, Education, State Policy, and Testing (CREST) which led to PTCB's decision to strengthen our certification requirements. We look forward to future events to convene stakeholders to continue to build consensus and share information. The more information we share, the better prepared the community will be for the accredited education requirement.

#### Preparing for Change: Growing Capacity

We have heard some concerns that the 2020 effective date may not allow enough time for the number of accredited pharmacy technician training programs to reach the level necessary to meet anticipated demand. As evidenced by the chart below, access to accredited programs continues to expand. It is important to note that a number of online education programs are taking steps toward becoming accredited. These programs show promise for employers and technicians by offering potential cost savings, increased capacity, and expanded access, particularly for technicians in rural and remote areas. PTCB will work with you to help ensure your planning allows time to prepare for the new requirement. The PTCB Board anticipated this major change would take time to implement, and thus recommended the gradual 7-year implementation.

#### Your Impact: Updates in Accredited Education Program Standards

The importance of participating in discussions with PTCB and other stakeholders is illustrated by the December 2015 decision by ASHP/ACPE (collaborating as the Pharmacy Technician Accreditation Commission, PTAC) to adjust the standards for accreditation of technician programs, effective January 1, 2016. These updates include expanded flexibility for training programs to meet requirements regarding the number and types of student experiential activities that must be performed, requiring at least one and encouraging two different contemporary pharmacy practice experiences. The updates, in large part, resulted from stakeholders voicing their views.

#### Your Participation: Please Contact Us

As always, PTCB requests your input to guide us. The transition to accredited education calls for your involvement and participation. We recently welcomed Miriam Mobley Smith, PharmD, FASHP as PTCB's new Director of Strategic Alliances. Please reach out to her at any time to share your questions or comments at [mmobleysmith@ptcb.org](mailto:mmobleysmith@ptcb.org).

Dr. Mobley Smith and/or I are available to meet with you or present at meetings. If you would like us to participate in your conference or lead an information session, please contact Dr. Mobley Smith. We look forward to joining you.

Thank you for your interest. Please share this message with other decision-makers in your organization.



## Student News



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

As the semester comes to a close, our SSHP remains active within the school and community. In March, members collaborated with other pharmacy schools throughout New England during Pharmacy Advancement Week. We hosted a Practice Advancement Initiative (PAI) webinar, welcoming others to join in remotely. We would like to thank Dr. Kimberly Boothe from Yale-New Haven Hospital for her time and insight into PAI.

The Organ Donor Awareness committee celebrated National Donate Life Month in April. We hosted representatives from Life Choice Donor Services, Caitlyn Bernabucci as well as Jane Andrews, a transplant recipient. They discussed facts, myths, and gave a firsthand account of the lifesaving gift of an organ donation. We also invited Dr. Spencer Martin, Dr. David Reardon and Dr. Mabel Wai, who discussed the role of pharmacists in the dynamic area of solid organ transplant.



After holding our second Spike for Life volleyball tournament we donated all proceeds to Donate Life CT. Jane Andrews also discussed her story at this fun event. Moreover, we had members volunteer at this year's Blue & Green Walk and Hartford/Springfield Kidney Walk. We would like to thank all who came to our school to speak, or hosted us at these events.

Our SSHP further completed its first Case Study Competition sessions, announcing winner, Emma Gimose. We recognized two Chapter members for their contributions: Andrea Aquilato and Adeel Kadeer.

To conclude, an upcoming event includes our 4th Annual Residency and Fellowship Informational Panel. We are honored to host pharmacists from hospitals across Connecticut in order to discuss residencies and fellowships. In addition, we look forward to an outreach event through our Heart Health committee in May, as well as hearing the account of a heart attack survivor in June. We are enthusiastic to continue our involvement as the spring semester comes to a close!

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

UConn's CSHP chapter had a successful end of the semester.

This year, we set a chapter goal of creating a new and stronger development project that could turn into our submission of ASHP's Student Society Showcase at Midyear. A team of students, lead by P3 Victoria Stevens, put together an amazing event to raise awareness about organ donation. Our organization teamed up with UConn's NCPA chapter to sign up organ donors through Donate Life and Delete Blood Cancer campaigns. Overall 32 new donors signed up. In addition, we hosted a Transplant Pharmacy Information session where Dr. Elizabeth Cohen, a living donor and recipient, discussed the unique aspects of pharmaceutical care in transplant patients and the importance of a pharmacist on the team.

Our annual residency informational panel was divided into two events this year, one hosted by P4 students and a second hosted by Residency Directors and current residents. We would like to thank all those who participated and look forward to next year! Topics included tips on interviewing, networking, and attending conferences such as Tri-State and Midyear.

Our 4th annual charity dodge ball tournament was a success, and



overall we raised \$500 to donate to the ALS Foundation of CT. For those interested in seeing event photos, please use this link to access a drop box file of some photos taken by Anna Keogh, an UConn pharmacy student and CSHP member:

<https://www.dropbox.com/sh/ocr45pf4ihv442fz/AAA9aWYVccxqR5ba6qrh2SyTa?dl=0>

Finally, our chapter would like to congratulate **Elizabeth Tencza** (Class of 2016) who received the **CSHP UConn Award**. Good luck to all of our CSHP 2017 graduates on your future endeavors!

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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](#) by June 24th.

### Metformin Label Changes:

### Food and Drug Administration Responds to Citizen Petitions

*submitted by Andrea Bastiaanse, PharmD, PGY-1 Pharmacy Resident; Amanda Williams, RPh, BCACP, CDE, CACP, Clinical Pharmacist, PGY2 Ambulatory Care Residency Program Director; Michelle Vo Pakchoian, PharmD, BCPS, Clinical Pharmacist; Saint Francis Hospital and Medical Center*

On April 8th, 2016, the Food and Drug Administration (FDA) announced mandatory changes to the labeling of all metformin containing products to reflect new recommendations for the use of metformin in patients with reduced renal function.<sup>(1)</sup> Traditionally, metformin was contraindicated in patients with reduced renal function as determined by elevations in serum creatinine. This contraindication was established due to the risk for development of lactic acidosis.<sup>(2)</sup> For several years the healthcare community has pushed for re-evaluation of these restrictions based on data indicating that metformin may be safer in renal dysfunction than originally thought.<sup>(3,4,5,6,7,8)</sup> In 2012 and 2013 New York Presbyterian Hospital and Yale University, respectively, submitted Citizen Petitions requesting re-labeling of metformin containing products. Subsequently, the FDA proceeded with a formal review process.<sup>(9,10)</sup>

Lactic acidosis is a metabolic disorder in which an accumulation of lactic acid contributes to metabolic acidosis with or without an elevated anion gap. Lactic acid, or lactate, accumulates when its production is greater than its elimination. Several mechanisms can contribute to this phenomenon including, hypoxia, toxins, medications, chronic alcoholism, or mitochondrial disorders. Furthermore, certain disease states increase the risk of developing lactic acidosis, including, diabetes mellitus, liver disease, malignancy, and thiamine deficiency.<sup>(11)</sup>

Biguanide-associated lactic acidosis has been widely reported with phenformin. Phenformin was a popular biguanide in Europe during the 1950s. However, by 1970 the agent was withdrawn from the market due to multiple case reports of fatal lactic acidosis. During that time, cautious metformin use continued. Due to the risk associated with phenformin, metformin was not approved for use in the United States until late 1994. Despite sharing a pharmacologic class, there are several key differences between metformin and phenformin. Phenformin contributes to elevated lactate levels by increasing lactate production and inhibiting lactate elimination. During therapy with phenformin, there may be increased production due to peripheral conversion of glucose to lactate in the intestinal mucosa and a shift towards anaerobic metabolism. Due to the potential for reduced renal clearance during phenformin therapy, there is also added risk of lactate accumulation. Lastly, phenformin is hepatically metabolized and is subject to accumulation in patients with a genetic polymorphism of cytochrome P450 2D6. In contrast, metformin does not undergo hepatic metabolism and use is not associated with impaired glucose oxidation or lactate elimination. Thus, theoretically metformin appears to be less likely to cause lactic acidosis.<sup>(5, 6)</sup>

Several studies have evaluated the incidence of lactic acidosis during metformin therapy. A 2009 Cochrane review assessed the risk of both fatal and nonfatal lactic acidosis in patients with type 2 diabetes treated with metformin. The review included studies evaluating metformin versus placebo, as well as other oral anti-diabetic therapies. A total of 96,295 patients were included (69,642 metformin treated patients,

26,653 non-metformin treated patients). The total follow up was 125,941 patient-years (70,490 patient-years in metformin treated patients, 55,451 patient-years in non-metformin treated patients). There were no cases of fatal or nonfatal lactic acidosis in either treatment groups. The estimated true incidence of lactic acidosis with 95% confidence was 4.3 cases per 100,000 patient-years in metformin treated patients versus 5.4 cases per 100,000 patient-years in non-metformin treated patients. There was no significant difference in serum lactate between metformin and placebo or non-metformin therapies.(7)

Studies evaluating metformin serum concentration have shown reduced clearance in patients with mild or moderate chronic kidney disease. Despite reduced clearance by up to 78%, metformin serum levels remained in therapeutic range. Serum lactate levels have been shown to be slightly higher during metformin therapy, but data has consistently demonstrated that levels are similar regardless of kidney function. An observational study utilizing data from a United Kingdom general practice database evaluated the risk of lactic acidosis in patients treated with metformin. Overall incidence of lactic acidosis in metformin users was 10.37 per 100,000 patient-years. The incidence per 100,000 patient-years was further differentiated by renal function. There were 7.6 cases per 100,000 patient-years in patients with an estimated glomerular filtration rate (eGFR) of greater than 90 mL/minute, 4.6 cases per 100,000 patient-years in patients with an eGFR of greater than 60 to 90 mL/minute, 17 cases per 100,000 patient-years in patients with an eGFR of greater than 30-60 mL/minute, and 39 cases per 100,000 patient-years in patients with an eGFR of less than 30 mL/minute. There was no significant difference in the incidence between groups; however, there was a trend towards more events in patients with reduced renal function beginning at eGFR less than 60 mL/minute.(4)

Based on the available evidence the FDA concluded that metformin can be used safely in patients with reduced renal function. The new recommendations to be included in metformin labeling are as follows:(1)

- Metformin is contraindicated when eGFR is less than 30 mL/minute
- Avoid initiating metformin when eGFR is between 30 and 45 mL/minute
- Monitor eGFR at least annually and use caution if eGFR falls below 45 mL/minute
- Discontinue metformin if eGFR falls below 30 mL/minute
- Iodinated contrast
  - ~ Hold metformin in patients with an eGFR of 30 to 60 mL/minute, a history of liver disease, alcoholism, heart failure, or if patient is to receive intra-arterial iodinated contrast
  - ~ Re-evaluate eGFR after 48 hours and restart if renal function is stable

In conclusion, the FDA label changes to metformin products highlight the importance of continued vigilance and advocacy from the healthcare community regarding medication labeling. Without these efforts, the FDA may not have independently reviewed the mounting evidence regarding safety of metformin in renal disease. One study estimated that by utilizing eGFR restrictions, versus creatinine cut offs, there is

potentially between 425,000 to 560,000 additional patients in the United States that would qualify for metformin therapy.(3) Because it is the only oral anti-diabetic agent that exhibits mortality benefit, the opportunity to expand the use of metformin is a potentially important public health opportunity.

### References

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### **Opportunities**

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:

#### **[Now Available! ASHP Professional Certificate for Pharmacy Informatics](#)**

This brand new ASHP Professional Certificate Program is designed to enhance the skills and resources of pharmacy informaticists who serve an integral role in managing medication-related information. The program consists of 19 modules that provide pharmacy informatics professionals focused education on the essential and unique skills for managing medication-related information in electronic health records, pharmacy information systems, and automated systems. (source: ASHP NewsLink 5.10.16)

#### **Highlights from the ASHP National Survey: The Current State of Pharmacy Practice in Hospitals - Part I: Medication Use Process** Tuesday, May 24, 2016, 12:00-1:00 PM ET

The authors of the ASHP National Survey will present top line and detailed data from the last three National Surveys, highlighting and analyzing meaningful findings on



current pharmacy practice and trends likely to impact practice in the future. This webinar, part one of a two part series, will examine and analyze survey data on the full medication use process; prescribing and transcribing, dispensing and administration, and monitoring and patient education. There will be a question and discussion period after the presentation. [Click to Register](#)



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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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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.