

**The Utah Society of Health System Pharmacists and University of Utah Hospitals and Clinics Present:
Spring 2017 Resident Continuing Pharmacy Education Series**

Target Audience: Pharmacists, pharmacy technicians, and pharmacy students

Date	Time & Location	Presenter	Title, Objectives & ACPE UAN
3/14 Tue.	HSEB 2600 at 3:00 pm	Meryl Biksacky, PharmD Mentor: Elyse A. MacDonald, PharmD, MS, BCPS	<p style="text-align: center;">Drug Information Pearls – REMS, Shortages, and VAERS, Oh My! (0.1CEU) A-0167-0000-17-001-L03-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> Describe 3 basic components of a medication guide required by law, and identify 2 ways medication guide components ensure patient safety. Defend the importance of a Risk Evaluation and Mitigation Strategies (REMS) program for an example drug and apply this process to other drugs in the future. Compare and contrast drug shortage information provided by FDA and ASHP. Identify adverse events required by law to be reported to the Vaccine Adverse Event Reporting System (VAERS). Differentiate between VAERS data and data from observational studies designed to investigate reported post-marketing vaccine adverse events. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> Indicate 3 basic components of a medication guide required by law. Identify whether a specific drug has a REMS program. Compare and contrast the methods for reporting drug shortages to FDA and ASHP. Describe 3 ways to report a vaccine related adverse event to FDA.
3/14 Tue.	HSEB 2600 at 4:00 pm	Kaitlyn Brown, PharmD Mentor: Barbara Crouch, PharmD, MSPH	<p style="text-align: center;">Drug-Induced Seizures: Common Causes and Management Principles (0.1CEU) A-0167-0000-17-002-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> Compare the pathophysiology of idiopathic seizures and drug-induced seizures. Identify specific drugs and medication classes most commonly associated with seizures at therapeutic doses and in overdose. Evaluate the efficacy of specific anticonvulsants for treatment of drug-induced seizures. Examine the risks associated with administration of specific anticonvulsants for treatment of drug induced seizures. Develop a pharmaceutical care plan for managing drug-induced seizures. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> List three drugs associated with seizures in overdose. Review available formulations of benzodiazepines. Differentiate between phenytoin and fosphenytoin.
3/16 Thur.	HSEB 2600 at 3:00 pm	Morgan Ratté, PharmD Mentor: Jennifer Babin, PharmD, BCPS	<p style="text-align: center;">When the Going Gets Tough: Managing Opioid-Induced Constipation (0.1CEU) A-0167-0000-17-003-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> Describe the pathophysiology of opioid-induced constipation and recognize contributing factors. Evaluate the use of targeted therapies for management of opioid-induced constipation. Apply evidence-based practices to formulate a treatment strategy for opioid-induced constipation. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> Define opioid-induced constipation and recognize contributing factors. List brand and generic names of targeted therapies for opioid-induced constipation. Identify the dosage forms and appropriate storage of targeted therapies for opioid-induced constipation.

3/16 Thur.	HSEB 2600 at 4:00 pm	Anthony Trovato, PharmD Mentor: Erin Bailey, PharmD, BCOP	<p align="center">Vaccines in Patients with Functional and Anatomical Asplenia (0.1CEU) A-0167-0000-17-004-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify what conditions constitute anatomical and functional asplenia. 2. Review which vaccines are recommended in asplenic patients. 3. Recognize which vaccines should not be given simultaneously in asplenic patients. 4. Compare vaccine timing recommendations in asplenic patients from various organizations. 5. Design vaccine schedules for 2 asplenic patients. <p align="right"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify proper storage and preparation of the vaccines used in asplenic patients. 2. Recognize which vaccines should not be given simultaneously in asplenic patients. 3. Distinguish which brand name vaccines correspond to the appropriate generic vaccines.
3/18 Sat.	HSEB 2600 at 9:00 am	Irene Pan, PharmD Mentor: Laura Shane McWhorter, PharmD, BCPS, BC-ADM, CDE, FASCP, FAADE	<p align="center">Time to Get Psyched: An Overview of Old and New Antipsychotic Agents (0.1CEU) A-0167-0000-17-005-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Compare and contrast first generation and second generation antipsychotic agents and their mechanisms of action. 2. Describe common side effects and warnings associated with antipsychotic agents. 3. Analyze evidence for the use of the newest FDA-approved antipsychotic agents. 4. Select appropriate pharmacotherapy based on co-morbidities, side effects, formulation and monitoring requirements. <p align="right"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify common side effects for first generation antipsychotics and second generation antipsychotics. 2. List brand and generic names for newly approved antipsychotic agents. 3. Compare the cost of antipsychotic medications.
3/18 Sat.	HSEB 2600 at 10:00 am	Emma Jones, PharmD Mentor: Dan Witt, PharmD, FCCP, BCPS	<p align="center">aDAPtIng to the New Guideline: Updates on Duration of Dual Antiplatelet Therapy (0.1CEU) A-0167-0000-17-006-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify patients indicated for DAPT. 2. Compare and contrast the various P2Y₁₂ inhibitors. 3. Assess the appropriateness of DAPT based on the current literature. 4. Accurately calculate an individualized DAPT score. <p align="right"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Recognize dosing regimens of P2Y₁₂ inhibitors. 2. Define shorter, standard and longer duration of DAPT. 3. Select the corresponding generic name of P2Y₁₂ inhibitor given the brand name.
3/18 Sat.	HSEB 2600 at 11:00 am	Heidi Pigott, PharmD Mentors: Christine Jamjian, PharmD, AAHIVP	<p align="center">The Fall of the “EFV”pire and the “Integrase”tion of INSTIs: Updates to the HIV Guidelines (0.1CEU) A-0167-0000-17-007-L02-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Review updates to the DHHS HIV guidelines for Treatment-Naïve. 2. Compare and contrast newly recommended regimens with alternative regimens. 3. Apply patient-specific criteria to select an appropriate HIV regimen. 4. Design a comprehensive monitoring plan for a patient with HIV. <p align="right"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify at least 3 single tablet regimens. 2. List 1 benefit with new drug, tenofovir alafenamide. 3. Recall which regimens can be switched to tenofovir alafenamide. 4. Employ strategies to help switch patients to newly recommended regimens from alternative regimens.

3/21 Tue	HSEB 2110 at 3:00 pm	Jessica Carey, PharmD Mentor: Teshia Sorensen, PharmD, BCPS	<p style="text-align: center;">Pulmonary Arterial Hypertension (PAH) (0.1CEU) A-0167-0000-17-008-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Define the hemodynamic parameters used to diagnose PAH. 2. Recognize screening and monitoring parameters for PAH specific therapy. 3. Demonstrate knowledge of safety measures for administration of PAH specific therapy in the inpatient setting. 4. Formulate an appropriate treatment plan for a Group 1 PAH patient naive to PAH specific therapy. 5. Identify two FDA-labeled indications for riociguat (Adempas). <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. List PAH specific therapy agents included in R.E.M.S Programs. 2. Distinguish PAH specific therapy agents by mechanism of action. 3. Identify two FDA-labeled indications for riociguat (Adempas).
3/21 Tue	HSEB 2110 at 4:00 pm	Laura Steffens, PharmD Mentor: Russell Benefield, PharmD, BCPS	<p style="text-align: center;">Busting Through the Blood Brain Barrier: Antibiotics in Bacterial Meningitis Therapy (0.1CEU) A-0167-0000-17-009-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. List several barriers to antibiotic penetration into the central nervous system for treatment of infection. 2. Describe the physiology of various areas of the brain in the setting of meningitis compared to an uninflamed state. 3. Evaluate a specific antibiotic's potential to cross the blood brain barrier based on its physiochemical properties. 4. Analyze literature critically with regards to methodological strengths and weaknesses of cerebral spinal fluid pharmacokinetic studies and how this translates to clinical application. 5. Develop clinical recommendations for antibiotic treatment for a patient with bacterial meningitis. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Identify antibiotics that come as premixed bags, with a mini-bag or Advantage system, or need to be compounded by the IV center. 2. Demonstrate the importance of timing of antibiotic administration in patients presenting with bacterial meningitis and medication delivery implications. 3. Recognize look-alike sound-alike issues with the cephalosporin antibiotic drug class to avoid medication errors.
3/23 Thu	HSEB 2110 at 3:00 pm	Leila Khurshid, PharmD Mentor: Jeanette Bean, PharmD, BCPS	<p style="text-align: center;">Weighing In: Enoxaparin and DOAC Dosing in Obesity (0.1CEU) A-0167-0000-17-010-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Recognize and define the pharmacokinetic changes in obesity. 2. Evaluate the risks of inadequately dosing enoxaparin or DOACs in an obese patient. 3. Apply dosing and monitoring strategies for enoxaparin in an obese patient. 4. Outline evidence and recommendations regarding direct oral anticoagulants (DOACs) in obesity. 5. Formulate an appropriate treatment plan given a patient case. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Recognize and define the pharmacokinetic changes in obesity. 2. Explain the significance of under-dosing a patient with an anticoagulant. 3. Estimate an appropriate dose of enoxaparin given a patient case. 4. Evaluate the role of direct oral anticoagulants (DOACs) in obesity. 5. Interpret a patient case to determine risk factors and potential benefit of anticoagulation.

3/23 Thu	HSEB 2110 at 4:00 pm	Darren Seegmiller, PharmD Mentor: Braden Adamson, PharmD	<p style="text-align: center;">2016 IDSA Guidelines Update: HAP/VAP. <i>Hasta la vista, HCAP!</i> (0.1CEU) A-0167-0000-17-011-L01-P/T</p> <p><u>Pharmacist Objectives:</u></p> <ol style="list-style-type: none"> 1. Outline the recent clinical recommendations provided in the 2016 HAP/VAP guidelines. 2. Identify the risk factors associated with multi drug resistant pathogens (MDR) in patients with HAP/VAP. 3. Design an empiric medication regimen for a patient with HAP/VAP. 4. Assess the need for antibiotic de-escalation and discontinuation. <p style="text-align: right;"><u>Technician Objectives:</u></p> <ol style="list-style-type: none"> 1. Compare and contrast medications available to treat patients with HAP/VAP. 2. Define the following terms: HAP, VAP, empiric antibiotic therapy, de-escalation. 3. Identify two common pathogens empiric therapy is directed towards.
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***A=application-based CE**

Registration, Info & Fees: All presentations are one hour. The cost is \$45 for pharmacists and \$15 for technicians to attend regardless of the number of hours or sessions attended, and this fee can be paid online at www.ushp.org. No RSVP is required for the weekday sessions, but registration for the Saturday event on March 18, 2017 is required to ensure a sufficient number of handouts are printed. Seating is limited. To receive CE (Continuing Education) credit, you must be a USHP member. If you are interested in joining USHP, please visit our website www.ushp.org and join online.

Credit Hours: Through attending this program, up to 11.0 contact hours (0.11 CEUs) can be attained. Participants must be a member of USHP, sign in at each program, register and pay for the series, and complete evaluation forms. You must register and pay for the CE Series by 3/24/17. A link to the evaluations will only be sent to those who have registered and paid beginning on 3/25/17. Electronic evaluations must be completed by April 14, 2017 to receive CE credit

Special Accommodations: If you are in need of any special accommodation, please contact us a minimum of 2 days prior to the program in order to make arrangements at the below listed contact.

Commercial Support: No commercial support was received for this program.

Questions? Contact Sara deHoll (sara.hiller@hsc.utah.edu) or Stacy Prelewicz (stacy.prelewicz@hci.utah.edu)



The Utah Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.