

Fall 2005**Volume 22: Issue 6**Check out the IPS website at: www.ipsrx.org**Inside this issue:**

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THE PRESIDENT'S MESSAGE

1 As we enter another year of meetings and events, the I.P.S. is ready to serve its members to best of its ability. The current leadership will be coming to an end and the new leadership will be inducted at the December Christmas party. It doesn't mean the old leadership will go away, we will always be around for help and support for the new leadership and membership.

2 This year we have set up a full year of C.E. programs, meetings and events. We have nine meetings with C.E. for our members, a full boat ride in September with music and food, our Christmas party in December, and our annual dinner dance in March. Not too bad for a small group of pharmacists, imagine what could be done if all of the membership of the I.P.S. helped out.

3 This upcoming year also brings to us a period of great change for pharmacy. We will be continuing our fight against mandatory mail order. We will be trying to change our scope of practice so we can stop losing pharmacist so states that have an expanded scope of practice. We have the deadline for implementation of the New York State Prescription forms. But, the biggest change will be the activation of Medicare Part D. This may change the way pharmacy will look and feel for a long time to come. Are you ready for these changes, these potential threats and problems? The leadership of the I.P.S. is informed and we will giving you this information as we receive it.

4 As was said in my last president's message, the small group can not do it by themselves; we need every pharmacist to join in the fight, to obtain the knowledge needed to grow and the power of the total pharmacy population to make changes positive for pharmacy. Over and over it becomes clear to move pharmacy in a positive direction, it will take the majority of pharmacists doing work, not the current minority. This leadership needs everyone to join and everyone to come to meetings and everyone to become involved.

5 Make sure you renew your membership in I.P.S. and P.S.S.N.Y. Log onto www.ipsrx.org, and get your membership forms, watch for the meetings and events that will be held. Come to the meetings, become involved, because the current leadership can not do it without you and your support. Again, the future of pharmacy is in your hands, and it always has been.

Thank you,

*Joseph P. Navarra, R.Ph.***OFFICERS**

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A new feature of the
IPS newsletter

Spotlight *Germaine Celentano*



"...helping to make someone's life better. I make a difference!"

Brief Introduction... A graduate of St. John's University who has been a pharmacist for 10 years. Currently works for **Dan Molino** and **Anthony Ciarletta** (IPS members) at **Grassy Sprain Pharmacy** in Yonkers, NY where she has worked for over 5 years. Memberships include: IPS and Westchester/Rockland Society of Pharmacists. She has been a board member of IPS for almost 2 years, and an IPS member for over 12 years. She serves on the dinner dance committee and is in charge of invitations, RSVP, and seating arrangements.

Fondest IPS memory... Every year we host a Christmas party and a dinner dance. Each year is unique and special. The society has been growing in members, and with new ideas and venues. I especially enjoy the meetings in Manhattan. They are fun and trendy.

Funniest Pharmacy story ...Every day is a funny story. I laugh a little and cry a little with my patients.

Proudest Achievement ...Roche Pharmaceuticals award for best counseling techniques upon graduation. Also on the Dean's list. Everyday is my proud achievement, helping to make someone's life better. I make a difference!

And you would never guess that this IPS member.... loves to travel, especially Italy. She has been all through Italy several times, as well as other countries all over the world. Germaine is also a member of the Bronxville Lion's Club, an organization that raises money for charities, people in need (natural disaster/terror) and the sick (children/hospice).

From the Editor **FRAN GATTO**

Welcome to my first edition as editor of the Italian Pharmacist's Society Newsletter. Let me take this time to introduce myself. I'm Fran Gatto. I graduated from St. John's University, College of Pharmacy in 1985. My career started at Jacobi Hospital, then move onto a variety of positions within home infusion, nursing home consulting, owned my own store for several years, and worked for Pfizer in safety and adverse event reporting. I am currently back as a hospital pharmacist at NYU Medical Center in NYC and am always looking for new opportunities. I am currently pursuing my Pharm D degree at University of Florida. I am so excited to be more involved in IPS and getting to know its members as I have been attending meetings here and there for years. It wasn't until my very good friend **Lisa Anzisi** reached out and gave me the opportunity to become more involved with the newsletter and other SJU alumni functions. So together we will be looking for suggestions and ideas that you may have to help make the newsletter as informative and creative as you want it to be. From time to time, you may get an email from me on something that I have an idea for, so please feel free to send your comments. Let us know who is having a baby, moving into a new position, if you won the lottery or took a grand vacation. Serious or silly, it all makes good reading. I can be reached at **RXFRANRX@OPTONLINE.NET** and I hope I can do just as good a job as **Stephanie Vitale** has done over the past years. Much thanks to her and Lisa for all their support and assistance on getting this first issue for me off the ground!



Just ask Ray.....

Medicare Part D 101

As you may have heard, **Medicare Part D**, covering prescription drugs, goes into effect on January 1, 2006. Since this program is new, not many people are familiar with it, and it can be confusing. Over the next few months, **Ray Macioci of Pilgrim Pharmacy** will write articles in the Bronx Times Reporter, explaining Medicare Part D.

Who is eligible?

Medicare Part D is a voluntary program in which anyone enrolled in Medicare Part A or Part B is eligible. Any retirees already receiving Medicare drug subsidies through their qualified retiree plan **may not enroll** in Part D.

What is covered ?

Most **prescription drugs, insulin &** medical supplies associated with insulin injections are covered by Part D. Some prescription drugs are **not covered**, such as vitamins & minerals, cough & cold medications, weight loss drugs, drugs for cosmetic use and any non-prescription medications are also **not covered**.

Will there be any premiums or deductibles ?

That depends.

For individuals covered by the “**standard benefit**” (those people whose income is above 150% of federal poverty level guidelines), there will be a **premium** of approximately \$35 per month, plus a \$ 250 per year **deductible**, and co pays for each Rx that vary, depending on the cost of the medications that the individual uses during a year. We will go into further detail in upcoming articles.

For “low income” individuals there are subsidies that will reduce the amounts of the premiums, deductibles and copes, depending on the person’s income. Low income subsidy applications are being mailed out to Medicare recipients. **I encourage everyone to apply for the subsidies by filling out the application. You have nothing to lose by applying for the subsidy, even if you think you don’t qualify.**

For individuals who are currently covered by BOTH Medicaid & Medicare (known as **dual eligibles**), there will be **no premiums or deductibles**. They will be subject to **a small co-pay** for each prescription. Dual eligible people will be **automatically be enrolled** in Medicare Part D, by November, 2005.

If you have any questions regarding Medicare Part D, send them in an e-mail to PILGRIMPHARMACY@AOL.COM -- Those questions will be answered in forthcoming articles.

CAROLE’S ANISETTE COOKIES

- **Mix until blended:**
 - 1/4 lb Margarine
 - 1 cup Sugar
 - 6 Eggs
 - 1/2 cup Vegetable Oil
 - 3 tsp Anise Extract
- **Combine dry ingredients then add to wet:**
 - 4-5 cups Flour
 - 4 tsp Baking Powder
 - 1/2 cup Chopped Almonds *optional*
- **Shape thick/pasty dough into approximately 10 flattened loaves 4”x12” in size on cookie sheet.**
- **Tip: Line baking tray with parchment paper.**
- **Bake at 350 x 15-20 min.**
- **Remove from oven and slice into 3/4”—1” cookie bars using a wide chopping knife and turn them onto their sides. Make sure they don’t touch each other.**
- **Return to oven and bake another 10-15 min. till crisp and golden.**

Recipe make approximately 120 cookies. Store in tin container to keep them crisp. Enjoy!

New FDA Warning regarding the use of Antipsychotic Drugs in Elderly Patients with Dementia

Noel Torres, Pharm.D. Candidate, Danielle C. Ezzo, Pharm.D.

Atypical antipsychotic drugs are prescribed off label to many elderly patients with dementia, commonly those in residential or nursing homes. The FDA has approved all atypical antipsychotics for the treatment of schizophrenia, however none are approved for the treatment of behavioral disorders in patients with dementia. As of April 11, 2005, The Food and Drug Administration stated that there is an association of increased mortality with the treatment of behavioral disorders in elderly patients with dementia concurrently treated with atypical antipsychotic medications. A meta-analysis of seventeen placebo controlled trials was performed using olanzapine (Zyprexa), aripiprazole (Abilify), risperidone (Risperdal), or quetiapine (Seroquel) in elderly demented patients' behavioral disorders. Of these, fifteen showed increases in mortality in the drug-treated group compared to the placebo-treated groups. These studies enrolled a total of 5106 patients. The course of these trials averaged about 10 weeks in duration and the rate of death in drug-treated patients reported to be approximately 4.5%, compared to a rate of about 2.6% in the placebo group. The analysis of the results demonstrated an approximate 1.6-1.7 fold increase in mortality in the drug treated patients. The causes of these deaths were examined to be of either heart related events (heart failure, sudden death) or infections (mostly pneumonia). The FDA concluded that the effect is probably related to the common pharmacologic effects of all atypical antipsychotic medications, including those that have not been systemically studied in the dementia population.

The FDA has determined that patients with dementia-related psychosis treated with atypical antipsychotic medications are at an increased risk of death compared to placebo. Based on currently available data, FDA has requested that the package insert for atypical antipsychotics be revised to include a black box warning describing this risk and noting that these drugs are not approved for this indication. The FDA has concluded that these effects are probably related to the common pharmacological effects of all the atypical antipsychotics and therefore have issued the warning on all medication in its class, including clozapine (Clozaril), ziprasidone (Geodon) and Symbyax (olanzapine and fluoxetine). Review of available data is still ongoing of the risk associated with older antipsychotics.

Klondike Boat Ride

After a 15-year hiatus, 107 IPS friends and guests gathered in New Rochelle on the Klondike IX for a moonlight sail to Manhattan. Despite a treacherous downpour, thunder and lightning, and a slight delay until it cleared, our crew steered its way down the East River. As soon as the music started, the rain stopped. Once the aroma of eggplant rollatini hit the deck, our party had started! The beauty of a full moon lead our way past breathtaking views of NYC and the Statue of Liberty. Someone must have known we were coming because the Empire State building was lit up just for us, with red, white, and green lights! The evening was filled with delicious food, good company, dancing under the stars, and a scrumptious chocolate cake decorated with the Italian flag. Extra special thanks are in hand for **Ray Macioci** who put this event together with **Lisa Anzisi** and **Fran Gatto**. My advise to all is to RSVP early next year so you don't get closed out. It's sure to be another successful tradition of the Italian Pharmaceutical Society!



Are you on the 2005 Paid Membership List ?



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Vincent Alibrandi
Lisa Anzisi-Lasange
Anthony Arloro
David Balsimini
Andrew Bartilucci
Albert Belmonte
Joseph Bova
Patricia Bova
Carmela Brucculeri
Tulio Bruno
Marianna Bruno
Madalene Buonaiuto
John Buscini
Tina Caliendo
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Italian-American Pharmacists Society

founded in 1898

2006 Membership Application

Please mail your check for \$20.00
and this form to:

Raymond Macioci
c/o Pilgrim Pharmacy
2941 Westchester Avenue
Bronx, NY 10461
IPS Membership

Students are invited to join free!

Name _____

Title: RPh. Pharm.D Other _____

Address _____

Phone _____

E-mail _____

Don't forget! Annual dues include all meetings
and the newsletter! Fill out, print and mail this application today.

Are you receiving email notices???
If you are tired of snail mail
email Lisa at
LisaAnzisi@optonline.net

TIP OF THE MONTH

Would you like to share a tip with your fellow pharmacists that has improved your pharmacy care practice? We will publish your suggestions in future issues. Tips that prevent medication errors, improve adherence, or achieve a higher level of pharmacy practice are encouraged. Send your best practice tip via e-mail to RXFRANRX@optonline.net.

St. John's University 46th Annual Alumnae Fashion Show

Saturday, November 5, 2005
Noon- 4 p.m.
Long Island Marriott
Uniondale, NY

For more information contact Joanne Filippone at 718 990-1992, email filippo@stjohns.edu or Gina Hemenes at 718 990-6036, e-mail hemenesg@stjohns.edu
Support SJU by attending! Models are needed.

Drug Induced Dermatologic Disorders

by **Danielle C. Ezzo, B.S., Pharm.D**

The American Academy of Dermatology defines adverse cutaneous reactions caused by a drug as any undesirable change in the structure or function of the skin, its appendages, or mucous membranes. Cutaneous drug reactions occur in 2 – 3% of patients and are a frequent reason for patients to visit their physicians. As pharmacists we must have a strong suspicion in evaluating possible drug reactions. Suspected cutaneous drug reactions are of numerous clinical types, result from various pathophysiologic mechanisms, demonstrate varying degrees of probable causation, and require various approaches to diagnosis and treatment. There are five issues to be considered in possible drug eruptions:

1. The assessment of the cutaneous eruption.
2. The probability of a relation between the cutaneous eruption and the drug.
3. If a drug eruption is probable, clinical and laboratory factors that might alert the clinician to the potential seriousness of the eruption.
4. The management of the eruption.
5. The prevention of future eruptions, including patient education.

TYPES OF DRUG-INDUCED DERMATOLOGIC DISORDERS

<u>MILD – MODERATE</u>	<u>SEVERE</u>
Maculopapular Rash Urticaria & Anaphylaxis Angioedema Fixed-Drug Eruption Photosensitivity/ Warfarin Skin Necrosis Purple Toe Syndrome	Erythema Multiforme Stevens-Johnson Syndrome Toxic Epidermal Necrosis

MACULOPAPULAR RASH

Most common drug-induced skin reaction.

Lesions: Nonspecific; measles-like in presentation. Symmetrical, maybe flat or raised, vesicles maybe present.

Prognosis: Generally fade within a few days after discontinuing offending agent.

Treatment: Tepid or cool water baths or compresses and systemic antihistamines are typical treatments; a short term course of systemic corticosteroids maybe used in severe reactions.

URTICARIA & ANAPHYLAXIS

Lesions: Raised, well-defined, pruritic wheals (hives) that vary in size.

Prognosis: Hypersensitivity reaction that must be carefully monitored for progression to serious angioedema or anaphylaxis.

Treatment: Discontinuation of offending agent and administration of antihistamine. Careful monitoring of progression of reaction is necessary.

ANGIOEDEMA

Lesions: Vascular reaction resulting in increased permeability and fluid leakage, leading to edema of the deep dermis, subcutaneous tissue or submucosal areas.

Prognosis: Tongue, lips, eyelids or genitalia are generally affected. Hypersensitivity reaction must be carefully monitored for progression to serious asphyxia (laryngeal edema) or anaphylaxis.

Treatment: Discontinuation of offending agent and administration of antihistamine. Careful monitoring of progression of reaction is necessary.

FIXED-DRUG ERUPTION

Lesions: Round/oval erythematous or hyperpigmented lesions ranging in size. Color changes from pale red → dusky red → gray/brown. This hyperpigmented spot may persist.

Prognosis: Lesions will commonly leave permanent mark. Upon re-exposure, a recurrence of the eruption will occur in the exact location as the previous; hence the term 'fixed-drug eruption.'

Treatment: Remove offending agent and apply cool water compresses. Bleaching creams may be used for persistent hyperpigmented skin. Systemic corticosteroids and antihistamines have minimal effect on the course of eruptions

Drug Induced Dermatologic Disorders cont.

PHOTOSENSITIVITY

Lesions: Resembles sunburn. Offending drug acts as a chromophore and absorbs ultraviolet light hence causing damage to adjacent skin. Erythema of skin with pain and possible blistering may occur.

Prognosis: Reaction may occur within 30 minutes of sun exposure.

Treatment: Prevention!!! Counsel patients to avoid sun exposure and use sunscreen. Antihistamines and corticosteroids are typically ineffective, unless being used in the case of severe reactions for symptomatic relief.

WARFARIN SKIN NECROSIS

Lesions: Well-demarcated erythematous lesions that usually progress to purpuric and hemorrhagic areas. Occur in areas of subcutaneous fatty tissue including breast, thigh and buttock.

Prognosis: Typically occurs between the 3rd and 10th day of warfarin therapy due to an excessive initial dose of warfarin. This causes a severe and rapid decrease in factor VII and protein C (natural anticoagulants) and leads to a hypercoagulable state. Patient presents with a sudden onset of cold and pain sensations.

Treatment: Discontinue anticoagulation therapy immediately. IV heparin should be initiated when warfarin is removed. Vitamin K maybe initiated if skin necrosis is discovered early in therapy. Approximately half of patients will require debridement, skin grafting and/or amputation. The safety of reinitiating warfarin at a lower dose has been well documented.

PURPLE TOE SYNDROME

Lesions: Patients present with sudden onset of bilateral discoloration on the toes and side of feet. This area is cold and tender to touch.

Prognosis: Typically develops 3 – 8 weeks after initiation of warfarin therapy. This reaction is also due to excessive initial doses of warfarin.

Treatment: Same as for warfarin skin necrosis.

ERYTHEMA MULTIFORME (EM)

Lesions: Initial round erythematous macules, approximately 1 – 10 cm in size, that may enlarge into plaques. Center clears and becomes cyanotic or purpuric. “Iris” or target lesions form.

Prognosis: Will resolve in 3 – 4 days with complete healing in 2 – 4 weeks, however new lesions may arise within that timeframe. Careful monitoring of patient is necessary due the rare case that EM can progress to SJS.

Treatment: Symptomatic relief using anti-histamines and cool compresses are recommended, along with careful monitoring of patient for progression.

STEVENS-JOHNSON SYNDROME (SJS)

Lesions: Severe variant form of EM with extensive mucosal and conjunctival edema, erosions, high fever, malaise, vomiting, diarrhea and arthralgias.

Prognosis: Associated with many complications such as keratitis, blindness, and pneumonia

Treatment: Rapid withdrawal of causative agent as well as anti-inflammatory and/or immunosuppressive treatments. Supportive treatment is required including aggressive nutritional support.

TOXIC EPIDERMAL NECROSIS

Lesions: Severe reaction of skin characterized by erythema and extensive skin detachment. Prodromal state with nonspecific symptoms has been noted.

Prognosis: Highly dependent on patients’ age and extent of skin involvement. Rare reaction associated with high mortality rate. Reaction is associated with many complications including: fluid and electrolyte imbalances, septicemia, corneal ulceration, conjunctivitis as well as systemic involvement.

Treatment: Rapid withdrawal of causative agent as well as anti-inflammatory and/or immunosuppressive treatments. Supportive treatment is required including aggressive nutritional support.

PHARMACIST’S ROLE

When a skin rash is potentially drug-induced, the pharmacist should take an accurate medication history. All current and recent medications should be noted, including over-the-counter, herbal preparations, and injections, including vaccines or contrast media. Pharmacists may be more aware than other health professionals of the problems that can occur due to sensitivity to pharmaceutical excipients, which often manifest as skin reactions. It can be useful to know when each drug was first taken relative to the onset of the reaction and whether there has been previous exposure to the drugs. The patient should be asked whether they have a previous history of drug sensitivity, contact dermatitis, or atopic disease with asthma or eczema. If possible, the rash should be examined to determine whether it appears typical of a classic drug-induced eruption. Patients must be counseled on signs and symptoms of cutaneous reactions and be aware to hold their medication and seek medical advice if any type of reaction starts to occur.

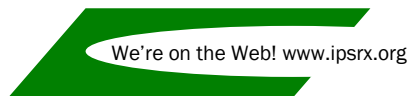
Special thanks to Dr. Ezzo for highlights from her June CE meeting presentation!

**I.P.S.
Newsletter**

c/o Town Total Health
6 East 32nd Street 5th Floor

Email: ipsnewsletter@aol.com

Mailing Label Here



Schedule of Events and Meetings

CE Meetings usually 2nd Thursday each month!

October 13, 2005

Membership Meeting

Location change:

FIAMMA OSTERIA

206 Spring Street
Manhattan , NY
212 653-0100

Cocktail Hour: **7p m**

CE/Meeting: 8 pm

Topic: Adherence

(Must be an I.P.S. and P.S.S.N.Y. member to receive 1 credit)

November 10, 2005

Membership Meeting

Back to usual location:

Dante's Restaurant

CE/Meeting: 8 pm

Topic: To be announced

(Must be an I.P.S. and P.S.S.N.Y. member to receive 1 credit)

December 8, 2005—I.P.S. Christmas Party