



I N R E V I E W

Canadian Society of
Hospital Pharmacists



Société canadienne des
pharmaciens d'hôpitaux

HOSPITAL PHARMACY IN ONTARIO

SPRING ISSUE 2021

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- 15 **National Excellence in Pharmacy Practice Patient Care Award Winner** | Congratulations to CSHP OB Member Marion Elligsen!
- 16 **Conference Alert** | This year, the Professional Practice Conference, Banff Seminar and the Harrison Pharmacy Management Seminar are *Together: Canada's Hospital Pharmacy Conference 2021*, March 20-27. Don't miss the opportunity to register for education and networking sessions that you can attend from home.
- 17 **Pharmacy APPRECIATION Month (PAM) 2021** | Pharmacy Awareness Month, the annual campaign that shines a spotlight on all things pharmacy, is moving from 'awareness' to 'appreciation' this March to celebrate the extraordinary role pharmacy professionals play in health care, especially during COVID-19. #PAM2021
- 18 **ICYMI: Recent Journal Clubs** | Since everyone wants to know about it, we started the year off with "Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine", by pharmacist co-founders of the COVID-19 Drug Evidence Initiative (CDEI).
- 19 **Call for Nominations** | The position of President Elect, External Portfolio will become vacant at the next Annual General Meeting in the Fall of 2021.

NEXT

HOME



Olivia Ng

PRESIDENT'S ADDRESS & ADVOCACY CORNER

Within the branch, CSHP-OB council has begun operationalizing the strategic plan for 2020-2023 based on member feedback, with our key goals including membership and financial sustainability, and providing more value from member services, education, and advocacy. Your feedback is important to us and we strive to give to you what you have identified as valuable. Many of our events will continue to be virtually based at least for the beginning of 2021 and recordings for most events can also be found on the [CSHP webinar page](#), under the Ontario Branch section. With our shift to virtual offerings, we have been able to expand access to events that may have been historically chapter-specific to province-wide and beyond.

The events of COVID-19 continue to be a challenge. In addition to the challenges faced by practicing pharmacists, we saw the unfortunate impact of the pandemic on licensure of the 2020 pharmacy graduates from the University of Toronto and the University of Waterloo, who would have normally entered the workforce as fully licensed pharmacists after completing their final licensing examination. However, many candidates were unable to complete their final licensing examination in 2020 due to COVID-19 public health restrictions, leading to a delay in their licensure to practice. This delay places strain upon the pharmacy workforce capacity at a time when it is important to ensure sustained access to adequate numbers of pharmacy professionals in hospitals.

Hospitals are experiencing increased demand for pharmacy services due to the workload associated with continuity of non-COVID related and COVID related essential services, such as support of COVID-19 vaccine logistics and administration. Many hospital pharmacist vacancies remain unfilled, placing an additional demand on a strained workforce.

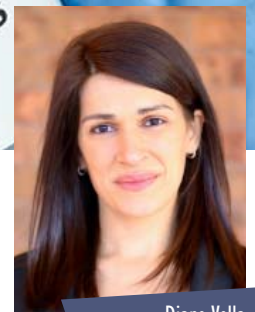
CSHP-OB wrote to the Ontario College of Pharmacists (OCP) in support of the proposed regulatory amendments that enable the creation of an emergency registration certificate class of pharmacy professionals to grant conditional licensure for pharmacy graduates, recently impacted by the COVID-19 public health

restrictions. Pharmacists and pharmacy technicians are essential healthcare workers in this fight to battle the COVID-19 pandemic – do not let staff shortages add to the already existing drug shortages that we face.

I can now be reached at a newly created email for current presidents: obpresident@cshp.ca. Please feel free to reach out to me directly, should you have any questions, comments or just to say hello!

Respectfully submitted,
Olivia Ng
President, CSHP-OB





Diane Vella

[COVID-19 VACCINES]

OPERATIONAL PLANNING AND CLINICAL PEARLS – SUNNYBROOK HEALTH SCIENCES CENTRE’S EXPERIENCE

The COVID-19 pandemic has significantly affected all health care professionals. During the pandemic, hospital pharmacists and pharmacy technicians, in all roles and capacities, have dedicated much work and a shift in focus to provide care during this unprecedented time.

The development of COVID-19 vaccines and the Health Canada Interim Orders for authorization of sale have offered much needed hope to the population at large.

Operational Planning

On December 9th, 2020, Health Canada authorized the first COVID-19 vaccine, Pfizer-BioNTech COVID-19 mRNA vaccine, under an interim order. From the

date of authorization, receipt of the first doses at Sunnybrook Health Sciences Centre, to the administration into the arms of patients, a considerable amount of work by our pharmacy department was required.

The roll-out of an efficient vaccine clinic and the fast-paced nature with which information is changing made the process very challenging, and having accurate and up-to-date information was essential. The work began early, prior to authorization of the vaccine, and was continuously changing and being updated as new information became available.

Adding to the complexity of the roll-out, the first authorized mRNA COVID-19 vaccines had

additional operational challenges. The Pfizer-BioNTech vaccine, which was received by our site, required transport and storage in ultra-low frozen conditions (-70°C). The vaccine had limited stability, short beyond-use-dates (BUD) and had to be carefully monitored at all points in the receiving, storage, preparation, and dispensing process to ensure the cold chain was maintained up until the point of administration. The cold chain is a temperature-controlled supply chain to maintain a desired low-temperature from the manufacturer to the patient. If there are breaks in this chain, the vaccine can lose potency and the patient may receive a less effective vaccine.

Standard Operating Procedures (SOPs) and checklists were

developed to provide step-by-step instructions for all staff involved to ensure instructions were clear and the procedures were consistently followed at each step of the process.

Another challenge was that this highly valuable and fragile vaccine was in limited supply. The overarching goal was that no dose of vaccine went to waste. Plans were made at all steps in the process to ensure that Pharmacy supported the vaccine roll-out plan and the ethical framework developed by the hospital. To prevent wastage, close and regular collaboration with other health care professionals in the vaccine administration process was essential. Communication between organizers of the vaccine clinic and the Pharmacy team was needed



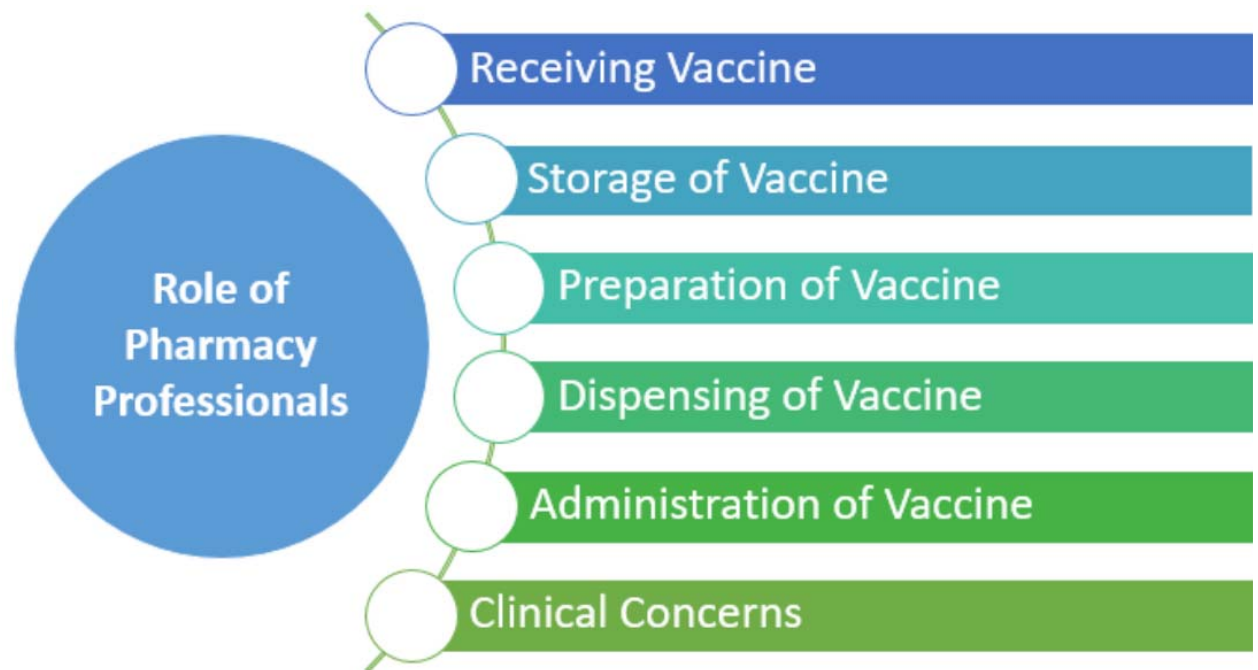
[COVID-19 VACCINES continued]

throughout each clinic day to ensure appropriate numbers of doses were prepared and available when needed. If there were extra doses anticipated due to “no-shows” at the clinic, a waiting-list of prioritized recipients was available.

Although everyone hopes that processes run smoothly, a “Code Grey Vaccine” SOP was also created in the event that a power failure or freezer failure occurs. In addition to instructions on how to manage a freezer failure, the SOP provided clear guidance in the event of temperature excursion to ensure the vaccine maintains the longest BUD possible.

Figure 1: Role of Pharmacy Professionals

This figure outlines how Pharmacy professionals were involved in each step of the process, from accepting receipt of shipment to addressing clinical questions.





[COVID-19 VACCINES continued]

Figure 2: Operational Planning Stages

Operationalizing vaccine roll-out involved a) ongoing information gathering, b) collaboration within pharmacy and outside pharmacy, and c) staffing requirements

Information Gathering	Collaboration and Clinical Support	Staffing Requirements
<ul style="list-style-type: none">• Prior to authorization:<ul style="list-style-type: none">• Seek out any available information from trial protocols, media releases• When available, utilize official information from manufacturer and federal and provincial sources• Sharing of information<ul style="list-style-type: none">• Freely and regularly share information between hospitals and other sites• Avoid duplication of information• Larger sites with more resources can assist smaller sites	<ul style="list-style-type: none">• Collaboration with:<ul style="list-style-type: none">• Pharmacy staff from all areas involved with any step in the roll-out process• Performance Improvement specialists• Risk Management• Operations managers• Security/patient transport• Other health care professionals• Real-Time Pharmacy Support in the Clinic<ul style="list-style-type: none">• Ensure no doses wasted• Regular communication with clinic to match preparation of vaccines with appointments• Wait-list for extra doses• Vaccine Information<ul style="list-style-type: none">• Clear, concise information to address common questions (see FAQ below)	<ul style="list-style-type: none">• Expanded Scope of Practice<ul style="list-style-type: none">• Medical directive, delegated act for pharmacists to administer vaccine in clinic until the law allowed for pharmacists /pharmacy technicians to administer vaccines in the hospital COVID19 vaccine clinic.• Training Requirements<ul style="list-style-type: none">• Training for Pharmacists and Pharmacy Technicians to prepare the vaccine• System training for COVax_{ON} software• IM administration refresher for certified vaccinators offered.• CPR and first-aid certification was required for those volunteering to vaccinate• Scheduling<ul style="list-style-type: none">• Staff volunteers for extra and overtime shifts, weekends, holidays• Re-deployment of staff to vaccine clinic during regular hours• Hiring for new Pharmacy roles – Pharmacy coordinator to manage vaccine supply for clinic



[COVID-19 VACCINES continued]

Figure 3: Standard Operating Procedures (SOPs)

SOP documents were created to provide step-by-step instructions from the point of receiving vaccine to the point of administration. A SOP for was also created in the event of power or freezer failure.

Receipt, Handling and Storage of Vaccine	Cold Chain Monitoring	Preparation and Delivery of Vaccines	Ordering and Accounting for Vaccine Doses	"Code Grey Vaccine" Power or Freezer Failure
<ul style="list-style-type: none">• Equipment:<ul style="list-style-type: none">• Freezers/refrigerators, temperature monitors, personal protective equipment (PPE) for handling• Personnel<ul style="list-style-type: none">• Pharmacy, security, patient transport	<ul style="list-style-type: none">• Procedures from time of removal from the freezer to transferring to the clinic refrigerator.• Recording of temperatures at each relevant time point (i.e., freezer, transport container, receiving refrigerator) and throughout the day	<ul style="list-style-type: none">• On-site of clinic: Initial procedure to allow for timely preparation• In Pharmacy hood: Later moved to to increase efficiency and long term sustainability	<ul style="list-style-type: none">• Documentation of the number of vials used, the number of doses obtained from each vial, wasted dosing• Process for determining the number of appointments for the following day and ensuring this was communicated to Pharmacy	<ul style="list-style-type: none">• Steps to follow in the event of a vaccine freezer malfunction<ul style="list-style-type: none">• What to do if there is a temperature excursion• Who to contact• Who is responsible for doing what



[COVID-19 VACCINES continued]

Clinical Pearls

Information about the COVID-19 vaccines was continuously being updated. Pharmacy received many clinical questions regarding the appropriateness (indications and contraindications) of the vaccine in certain patients, questions about timing of vaccines, considerations around allergic reactions and hypersensitivities and drug interactions.

Questions were either addressed by Pharmacy using available drug information resources, or referred to appropriate specialists (e.g., Infectious Diseases, Infection Prevention and Control, Occupational Health and Safety) for specific concerns.

In the weeks following the authorization of the vaccines,

several high quality guidelines and summary documents have been published which provide extensive information and answer many common questions. To best disseminate this information, and to have it available for health care professionals in the vaccine clinic when needed, Pharmacy created a concise document on COVID-19 Vaccine Frequently Asked Questions (FAQs).

In collaboration with the Infectious Diseases service and the Drug Safety service, the summary below was created to provide 'bottom line' answers to common questions, and reference/directly link to available guidelines and published information for additional details. The intent of this document was to emphasize that the vaccine is indicated, appropriate, safe and *should be offered to most patients.*

Appendix I COVID-19 Vaccine Frequently Asked Questions (FAQs)

On the following three pages.

This summary FAQ document was prepared in January based on the information available at the time. For up-to-date recommendations please refer to the most recent published information from the organizations listed in the references

Final Thoughts

The roll-out of the COVID-19 vaccine program involved a large amount of work in a short period of time. The initial steps can be the most challenging, however this process is a great example of how collaboration between dedicated professionals can achieve a huge task in a short timeframe.





Frequently Asked Questions about the COVID-19 Vaccines - Reference for Vaccinators

Who SHOULD receive the COVID-19 Vaccine?

- The available mRNA COVID-19 vaccines **do not** contain live virus; there is no risk of viral dissemination even in immunocompromised individuals
- Long-term side effects from vaccines are rare.
 - Most **adverse reactions** related to vaccines occur **within days to weeks** of receiving the vaccine.
 - The available vaccines do not contain components are expected to have long-term effects
- There are **few** absolute contraindications to receiving the COVID-19 vaccine. In most situations, the benefit of receiving the vaccine outweighs any potential risks

Who should NOT receive the COVID-19 Vaccine?

Concern	Examples and/or Details	Guidance	Reference
Allergy to COVID-19 vaccine	- Severe and/or immediate allergic reaction* to mRNA COVID-19 vaccine or any component of the vaccine including polyethylene glycol (PEG) (or polysorbate which is not a component of the vaccine but may cross-react with PEG)	- AVOID vaccination, or patient must be assessed by their Allergist/Immunologist to determine candidacy for vaccination, and documentation must be provided to vaccine clinic	NACI; ACAAI; Ontario2;
Recent vaccination with other vaccines	- Administration of other non-COVID-19 vaccine in prior 14 days - Other vaccines have potential for immune interference, or adverse effects could be erroneously attributed to COVID-19 vaccine	- AVOID COVID-19 vaccine for at least 14 days following other vaccine - Wait at least 28 days after receiving the 2-doses of COVID-19 vaccine before receiving other vaccine - If a vaccine has been co-administered, there is no need to repeat dose of either vaccine	NACI
Active COVID-19 illness	- Active COVID-19 infection or experiencing symptoms that could be COVID-19	- AVOID vaccination until COVID-19 symptoms have resolved and the individual is off isolation as per Public Health Guidelines	NACI
Other acute illness	- Symptoms of an acute illness could be confused with symptoms of COVID-19 or a vaccine adverse event	- AVOID vaccination until other acute illness resolved	NACI

- o *** Severe reactions include:** anaphylaxis, swelling of the throat, hypotension and delayed reactions (e.g., Stevens-Johnson syndrome (SJS), Toxic epidermal necrolysis (TEN))
- o *** Immediate reactions** generally occur within a few seconds to 1-2 hours of drug administration (though may occur up to 4 hours after administration)

Other Patient Populations:

- Evidence in the following patient groups is limited. **COVID-19 vaccine should still be offered in the following groups** as benefits usually outweigh risks.
 - o Safety data has been extrapolated from studies with many other inactivated vaccines which have demonstrated that they are generally safe

Concern	Examples and/or Details	Guidance	Reference
Immunocompromised	- Immunocompromised due to: <ul style="list-style-type: none"> - Disease (primary or acquired) - Treatment including chemotherapy or other medications which suppress immune function 	- Vaccine should be offered - Immunocompromised persons may have a diminished response to vaccine. - Non-live vaccines do not carry additional safety risks in these patients.	NACI; Ontario1 Transplant; CRA; CAG; CCO
Pregnancy or breastfeeding	- Someone who is currently pregnant or actively breastfeeding	- Vaccine should be offered	NACI; SOGC



	<ul style="list-style-type: none"> - Consensus Statement (SOGC): Women who are pregnant or breastfeeding should be offered vaccination at any time if they are eligible and no contraindications exist. - This decision is based on the women’s personal values and an understanding that the risk of infection and/or morbidity from COVID-19 outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding. Women should not be precluded from vaccination based on pregnancy status or breastfeeding. 		
Bleeding disorder	<ul style="list-style-type: none"> - Hemophilia 	<ul style="list-style-type: none"> - Vaccine should be offered - Bleeding disorder should be optimally managed prior to vaccination to reduce risk of bleeding - Use the smallest gauge needle available. Applying prolonged pressure (e.g. for 5-10 minutes) to injection site may reduce risk of bruising 	NACI; Ontario1; WFH
Anticoagulant or antiplatelet therapy	<p>Concomitant use of:</p> <ul style="list-style-type: none"> - Anticoagulant medications (e.g., warfarin, apixaban, dabigatran, rivaroxaban, edoxaban) - Antiplatelet medications (e.g., ASA, clopidogrel, ticagralor) 	<ul style="list-style-type: none"> - Vaccine should be offered - Applying prolonged pressure (e.g. for 5-10 minutes) to injection site may reduce risk of bruising 	NACI ; Thrombosis Canada; Ontario1
History of allergy to other vaccines or injectable therapy	<ul style="list-style-type: none"> - Prior severe and/or immediate allergic reaction (*see examples on page 1) to any other vaccine or other injectable therapy 	<ul style="list-style-type: none"> - Vaccine <u>may be</u> offered however, any patient with history of a reaction that was severe and/or immediate MUST be cleared by their allergist/immunologist prior to receiving vaccine, and documentation must be provided to vaccine clinic - An observation period of 30 minutes is recommended post-vaccination 	Ontario2; NACI; ACAAI
History of allergy to something other than vaccines or injectables	<ul style="list-style-type: none"> - Prior allergic reactions (including severe) to food, oral medications, pets, venom or environmental allergies 	<ul style="list-style-type: none"> - Vaccine should be offered with usual precautions - If prior allergic reactions were severe, an observation period of 30 minutes is recommended post-vaccination 	Ontario2; ACAAI
Asplenia or hyposplenia	<ul style="list-style-type: none"> - Patients with an absent or defective function of the spleen (including surgical removal of spleen) 	<ul style="list-style-type: none"> - Vaccine should be offered 	CIG
TB skin test	<ul style="list-style-type: none"> - Recent tuberculosis skin test 	<ul style="list-style-type: none"> - Vaccine should be offered there is no reason to believe that a TB skin test will impact effectiveness of COVID-19 mRNA vaccine. 	CDC-TB

Other FAQs

Concern	Examples and/or Details	Guidance	Reference
Drug Interactions	<ul style="list-style-type: none"> - Will any other medications interact with the COVID-19 vaccine? 	<ul style="list-style-type: none"> - Vaccine should be offered - Participants in COVID-19 vaccine studies could take medications for another condition, including antipyretic and pain medications. 	Pfizer/Moderna monograph; Pfizer communication
Alcohol Consumption	<ul style="list-style-type: none"> - Can you consume alcohol following COVID-19 vaccine? 	<ul style="list-style-type: none"> - Heavy alcohol consumption is not recommended as it suppresses immune function and could reduce efficacy of the vaccine - Moderate consumption is not expected to affect immune response 	See #18



Vaccination Schedule and timing of second dose of vaccine (NACI)

- If a patient cannot receive their 2nd dose of vaccine at the recommended interval, what alternate intervals are acceptable?

Vaccine	Minimum Interval	Authorized Interval	Alternate Interval	Comments
Pfizer-BioNTech COVID-19	19 days	21 days	28 days	- Every effort should be made to vaccinate according to the recommended schedule - If administration of the second dose of a COVID-19 vaccine is delayed, the second dose should be provided as soon as possible, there is no need to restart the series
Moderna COVID-19	21 days	28 days	None	

Document prepared and reviewed by: Medication Information, Quality and Safety (MedIQS), Department of Pharmacy & Antimicrobial Subcommittee

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4.	Thrombosis Canada	Thrombosis Canada. Antithrombotics and COVID-19 Vaccines Guidance Document. December 15, 2020. Available: https://thrombosiscanada.ca/wp-uploads/uploads/2020/12/Antithrombotics-and-COVID-19-Vaccines-Guidance.pdf
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12.	CCO	Cancer Care Ontario. The COVID-19 Vaccine and Cancer: Frequently Asked Questions. January 6, 2021. <small>CCO COVID Vaccine Clinical FAQ Jan 6</small>
13.	CDC-TB	Centers for Disease Control and Prevention. Dear Colleague Letters – TB Tests and mRNA COVID-19 Vaccines. January 7, 2021. Available: https://www.cdc.gov/tb/publications/letters/covid19-mrna.html
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[COVID-19 VACCINES continued]

Figure 4: Final Thoughts and Pharmacy Lessons

Collaborate wherever possible

- Openly share information within your site and externally
- Learn from others! Especially those who have gone through the process first

Expect the unexpected

- Be nimble
- Update processes as you learn what works and what does not
- Review and incorporate new evidence or expert opinions as it becomes available

Remember intent of the vaccine program

- Provide vaccination to those who need it most first, followed by the population at large
- Be aware of 'absolute contraindications' to vaccine, and offer vaccine to all others
- Some exclusion criteria was adjusted as time went on, be aware of updated recommendations

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Clarence Lam

RESIDENT'S CORNER - CLINICAL UPDATE

SGLT2 INHIBITORS: EVIDENCE IN HEART FAILURE

Sodium-glucose cotransporter-2 (SGLT2) inhibitors are a class of medications commonly used in patients with Type 2 Diabetes Mellitus (T2DM). SGLT2 inhibitors are effective in reducing plasma glucose due to its mechanism of action in the renal proximal tubule – where roughly 90% of glucose filtered through the glomerulus is transported back into the circulation by SGLT2 proteins.¹ Inhibition of these SGLT2 proteins leads to marked excretion of glucose in the urine resulting in lower plasma glucose in patients with T2DM.

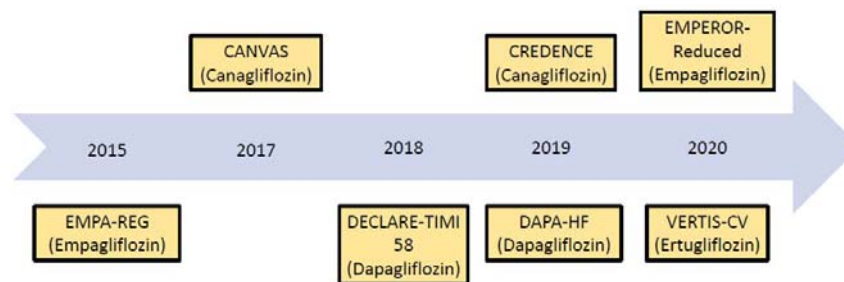
Outside of these glucosuria effects, there are various proposed mechanisms of improved cardiac function with SGLT2 inhibitors. Particularly, lowering of intravascular volume through osmotic diuresis and natriuresis may reduce both

cardiac preload and afterload, which can be beneficial in reducing cardiac workload and improving left ventricular function.² Given these unique mechanisms of action, it seems reasonable that SGLT2 inhibitors may be beneficial in patients with heart failure.

DAPA-HF³ (2019) and EMPEROR-REDUCED⁴ (2020) are two randomized control trials evaluating the effects of dapagliflozin and empagliflozin in patients with heart failure with reduced ejection fraction (HFrEF), respectively. In both trials, the patient populations can be summarized as adult patients with HFrEF, NYHA class II and III, LVEF ~30%, eGFR ~60 mL/min per 1.73 m², and reasonably treated with mainstay therapies for heart failure (ACE inhibitors/ARB, beta-blockers, aldosterone antagonists).

What is interesting about these two trials is that roughly 50% of the patient population did not have T2DM at baseline. This contrasts previous clinical trials that demonstrated cardiovascular and renal benefits of SGLT2 inhibitors predominantly in populations with T2DM (see evidence timeline Figure 1).

Figure 1: Evidence for SGLT2 Inhibitors



In the EMPEROR-REDUCED trial, a 25% reduction (HR 0.75, 95% CI 0.65 – 0.86, p <0.001) in their primary outcome (composite of HF hospitalization or CV death), was demonstrated with empagliflozin compared with placebo. This correlates with a NNT = 19 with empagliflozin over 16 months. In the DAPA-HF trial, a 24% reduction (HR 0.74, 95% 0.65 – 0.85, p <0.001) in their primary outcome (composite of hospitalization or urgent visit for HF, CV death), was demonstrated with dapagliflozin compared with placebo. This correlates with a NNT = 21 with dapagliflozin over 18 months. In subgroup analyses for both trials, consistent results were seen in patients with or without T2DM at baseline.



[RESIDENT'S CORNER - CLINICAL UPDATE continued]

Both the EMPEROR-REDUCED and DAPA-HF trials suggest that empagliflozin and dapagliflozin can reduce the risk of cardiovascular death and heart failure hospitalization in adult patients with reduced ejection fraction. More importantly, these cardioprotective benefits are seen in patients with or without T2DM.

So where are we now with this evidence? The 2019 update of the CCS/CHFS Heart Failure Guidelines now recommend the use of dapagliflozin in patients with heart failure with reduced ejection fraction, with or without concomitant diabetes, to reduce the risk of hospitalization and cardiovascular mortality.⁵ These recommendations do not include empagliflozin, likely

as the EMPEROR-REDUCED trial was not published at this time. Given the cardioprotective effects seen in the EMPEROR-REDUCED trial, I imagine that empagliflozin will find its way into the above recommendations at the next guideline update.

In summary, there is growing evidence to support the use of SGLT2 inhibitors in patients with heart failure with reduced ejection fraction, irrespective of concomitant T2DM. Upcoming trials, EMPEROR-PRESERVED (empagliflozin in preserved ejection fraction heart failure) and DELIVER (dapagliflozin in preserved ejection fraction heart failure), may further support the

use of SGLT2 inhibitors in broader heart failure populations.

Clarence Lam

Mount Sinai Hospital
– Pharmacy Resident
Ontario Pharmacy Residency
Association Hospital/Ambulatory
Representative



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Cheyenne Matinnia

RESIDENT'S CORNER - CLINICAL UPDATE continued

Rx PEARLS: PLASMAPHERESIS

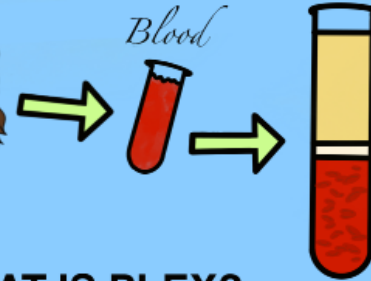
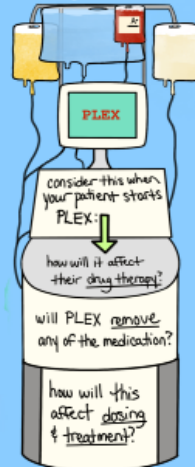
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Rx Pearls:

Cheyenne Matinnia, PharmD



PLASMAPHERESIS



WHAT IS PLEX?

- A process that filters your blood
- Plasma is filtered from your other blood cells



PHARMACIST PERSPECTIVE



For medications, consider the following...

% protein binding

High Protein Binding (>80-90%) = Bound To Protein = Not free In plasma = Less likely To be removed By PLEX



volume of distribution

High Vd (>1L/kg) = Distributes From blood To tissue = Less drug In blood = Less likely To be removed By PLEX



timing of medication vs PLEX



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NATIONAL EXCELLENCE IN PHARMACY PRACTICE PATIENT CARE AWARD WINNER

CONGRATULATIONS TO CSHP OB MEMBER MARION ELLIGSEN!

Congratulations to Marion Elligsen, recipient of this year's CSHP National Excellence in Pharmacy Practice – Patient Care Award!

For over a decade now, Marion has dedicated her pharmacy career to the world of antimicrobial stewardship – ensuring excellent patient care through the optimization of antibiotics for patients at Sunnybrook Health Sciences Centre and beyond.

Most recently, Marion embarked on a journey to complete her Master of Science with the goal of improving antibiotic patient care in the most innovative manner. With her research team (Nick Daneman, Derek MacFadden, Ruxandra Pinto, Jerome Leis, and Sandra Walker), she led the

IDEAS (Improving Decision-making in Empiric Antibiotic Selection) study from 2018 to 2020. This project utilized mathematical models to predict bacterial susceptibility in order to provide a streamlined empiric antibiotic recommendation. This intervention has resulted in a significantly shorter time to concordant antibiotic therapy, and an increased proportion of patients receiving empiric therapy concordant with previous culture results.

Thank you, Marion, for your continual dedication to antimicrobial stewardship, and congratulations to the study team on this new and innovative approach in optimizing antibiotic therapy to improve patient care. We look forward to the next steps in the expansion of IDEAS!





Canada's Hospital Pharmacy Conference 2021

TOGETHER: CANADA'S HOSPITAL PHARMACY CONFERENCE

MARCH 20-27

This year, we are **combining** the **Banff Seminar**, the **Harrison Pharmacy Management Seminar**, and the **Professional Practice Conference** into one week-long virtual conference. Join us for the “**Triple Crown**” of Canadian hospital pharmacy conferences, taking place from **March 20-27, 2021**. Log in from the comfort of your home as we deliver hours of accredited learning, celebrity keynote speakers, posters, exhibit hall, social events, and so much more! You will be receiving more information on what's in store for you through each of our emails.

A Preliminary Conference Schedule is available online. **Check back for updates!**
cshp.ca/together-online-march-20-27



TOGETHER

BANFF • PPC • HARRISON

Pharmacy Appreciation Month

**THANK YOU
PHARMACY** 

MARCH 2021

#PAM2021

#ThankYouPharmacy

It's time to celebrate the pharmacy community and the role you play, day in and day out! That's why this March we are moving from 'awareness' to 'appreciation.' We want to reflect and celebrate the extraordinary role pharmacy professionals play in health care, especially during the COVID-19 pandemic.

This March, let's celebrate your hospital pharmacy team's commitment to continuous delivery of care throughout the pandemic. This past year, pharmacy professionals were flexible, delivered on best practices, and put in countless hours in the face of adversity. We've gained a stronger appreciation for our entire pharmacy team.

This March 2021 join us in celebrating Pharmacy *Appreciation* Month. As we get closer to March we will have lots of ideas and resources to help you celebrate your role, recognize your staff or colleagues on the pharmacy team, and much more. Follow CSHP on Facebook, Twitter, LinkedIn, and Instagram for more info and resources about #PAM2021!

Hashtags

#PAM2021

#ThankYouPharmacy

JOURNAL CLUB

[CSHP OB JOURNAL CLUB]

ICYMI: RECENT JOURNAL CLUB PRESENTATIONS

Available to members at <https://cshp.ca/cshp-webinars> (scroll down to Ontario Branch section)

Date	Journal Club Title	Presenter
2021/02/04	Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine	Avery Loi, Sameera Toenjes and Roshni Patel, COVID-19 Drug Evidence Initiative (CDEI)
2020/11/23	Gram Negative Bacteremia: A Review of the Evidence Surrounding Duration and Route of Therapy 🔒	Emily Hammond, Trillium Health Partners
2020/10/27	Consensus Statement for the Prescription of Pain Medication at Discharge after Elective Adult Surgery 🔒	Alice Watt, ISMP Canada



[CALL FOR NOMINATIONS!]

It is that time of year once again when we send out a call for nominations for upcoming positions that are opening up. The following positions will become vacant at the next Annual General Meeting in the Fall of 2021:

- **President Elect-Vision Portfolio:** this is a Branch Executive position. The President stream is a 3 year commitment with year 1 serving as President Elect, the year of learning; year 2 is the Presential term and year 3 is Past President. This allows for continuity without significant multi-year workloads. Each presidential position comes with a portfolio that is overseen for the entire 3 years. This year, it will be the Vision Portfolio that the President Elect will oversee. The Vision Portfolio oversees Awards, Education, Membership and the Ontario Hospital Pharmacy Management Seminar. The ideal applicant would have an interest or experience in providing education or training.





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cshp

ON
BRANCH

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HOSPITAL PHARMACY IN ONTARIO

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