



Georgia Society of Health-System Pharmacists

Monthly Newsbriefs

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Announcements

GSHP Webinar March 17, 2016

12 noon-1:00pm

Agents for Oral anticoagulant reversal: The Present and future

One hour of CE. Free to members

To register:

<https://attendee.gotowebinar.com/register/7027923666384632579>

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February 2016

About GSHP



Georgia Society of Health-System Pharmacists (GSHP) is a professional society of pharmacists and related personnel practicing in organized healthcare settings.

Mission Statement
Helping our members become better practitioners.

Motto
Bringing pharmacy practice into focus.

Georgia Society of Health-System Pharmacists

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About ASHP

ASHP is a 35,000-member

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- UC San Diego Skaggs School of Pharmacy and Janssen R&D Collaborate to Treat Chagas Disease
- Ranolazine in Patients With Incomplete Revascularization After PCI
- Pharmacies Look to Telehealth Partnerships to Keep Clinics Running
- Abbott's Compounding Pharmacy Recalls Unexpired Sterile Compounded Products

GSHP News

GSHP Spring Meeting, March 11-13 in Savannah

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national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving medication use and enhancing patient safety.

American Society of Health-System Pharmacists

7272 Wisconsin Avenue
Bethesda, MD 20814
301-657-3000

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Calendar

GSHP 2016 Spring Meeting

3/11/16 - 3/13/16

Marriott Riverfront Savannah, GA

- [Agenda](#)
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GSHP Summer Meeting

7/15/16 - 7/17/16

Omni Amelia Island Plantation, FL



Call for Poster Presenters at the GSHP Spring Meeting

This is your opportunity to share your results with pharmacy colleagues from around Georgia at the GSHP Spring Meeting Poster Session in Savannah on Saturday, March 12, 2016. Posters highlighting innovative services, evaluations and pharmacy practice model change initiatives are especially encouraged. Encore presentations from national meetings (ASHP, ACCP, etc.) are accepted. Presenting a peer-reviewed poster is an ideal professional development activity for preceptors, both seasoned and new practitioners, residents and students. The primary (first) poster presenter must be a GSHP member and results must be included on abstract to be accepted. Research-in-progress abstracts with background and methods only will not be accepted. Pharmacy students and residents are especially encouraged to participate. Students and residents presenting posters will receive free meeting registration if they are the primary (first author) on the poster. Please let us know if you are able to attend the entire program or Saturday only).

NEW THIS YEAR!! The GSHP Education Committee will be evaluating ALL posters submitted for recognition and designation as "Outstanding GSHP Poster". There will be three categories recognized: 1) Best Pharmacy Student Poster; 2) Best Pharmacy Resident Poster; 3) Best Pharmacy Practitioner Poster based on the credentials of the primary (first) author. The [scoring rubric](#) by which the posters will be judged will be available on the GSHP website.

The deadline for submission of abstracts is at 12:00 Noon on March 1st.

To submit your poster abstract, or for questions, contact Marjorie Phillips, GSHP Poster Session Coordinator at: mphillip@gru.edu

Each abstract email submission must be entered on the [abstract form](#) (attached) and contain the following:

- 1) Brief descriptive title (use title case)
- 2) Author information. Include full name, professional credentials and institutional affiliation (i.e., health care organization or college name) author(s), email address for corresponding author/presenter.
- 3) Body of the abstract with the following headings: Purpose, Methods, Results and Conclusions.
- 4) The submitted abstract must fit on the attached form and be no more than

300 words.

- 5) Abstract should be written using calibri font and should be 11-point font. Do not include tables, graphs, or illustrations in abstract. Spell out all pharmaceutical acronyms and special symbols (e.g., < or >).
- 6) Include which poster category applies (should be based only on first author's credentials)
- Pharmacy Student Poster
 - Pharmacy Resident Poster
 - Pharmacy Practitioner Poster

7) Include submission type

- Descriptive report – describes new, improved, or innovative roles or services in pharmacy practice, or case report.
- Evaluative study report – describes original research including clinical research, drug effects in humans, drug use evaluations, and evaluations of clinical pharmacy services

An example of a completed abstract is provided below. You will be contacted to confirm acceptance of the poster upon review of the abstract.



Development and Implementation of an Anticoagulation Program for Use in Outpatient Physician Practice

Kendal Hembree, Pharm D;
Megan Freeman, Pharm D, BCPS; Sarah Murphy, Pharm D
Northside Hospital- Atlanta, GA
Kendal.Hembree@northside.com

Purpose: In the United States approximately 4 million people are on anticoagulation therapy, including warfarin, rivaroxaban, apixaban and dabigatran. In 2008, The Joint Commission (TJC) released a sentinel event alert on prevention of errors related to anticoagulants and released the National Patient Safety Goals (NPSG) on safe use of anticoagulant medications. Northside has an inpatient anticoagulation program compliant with this NPSG, but has recently acquired multiple outpatient physician practices. This creates the need to develop an outpatient anticoagulant program. The purpose of this program is to develop standardized outpatient anticoagulation guidelines that comply with the NPSG, to guide dosing, monitoring, follow-up and education to prevent adverse events with these high alert medications.

Methods: Phase one included analysis of current practices and retrospective chart review of patients on anticoagulants being treated in Northside physician offices. Information collected included use of standardized dosing protocols, anticoagulant dose, baseline labs, follow-up visit timing, labs, education, and documentation of dose, labs, and education. Phase two included development of outpatient anticoagulation guidelines to help guide therapy. Implementation and education to physician practices will be completed in phase three.

Results: Interviews and chart review were performed at fourteen physician practices. Data suggested the opportunity to increase guidance of monitoring follow-up, education and documentation. Six of the fourteen offices consistently provided verbal or written education to patients and none of the offices consistently documented education. Baseline and follow-up labs were consistently drawn for patients on warfarin; however only four offices drew baseline labs for other anticoagulants and no offices have protocols for follow-up labs.

Conclusion: Data demonstrates the opportunity to enhance prescribing, monitoring and documentation of anticoagulants in physician practices.

2/27/2015

Call for Candidates to GSHP Board

The Committee on Nominations-2016 is pursuing members who wish to get or stay active and involved in GSHP. These candidates should exhibit qualities of leadership, vision and professional awareness that will sustain the enterprising and pioneering spirit that has characterized GSHP.

WHO: Any pharmacist member of GSHP.

WHAT: Submit your name or another GSHP member's name to the Committee on Nominations for consideration as a candidate for the following offices:

President-Elect

Treasurer

District Directors-elect for:

SE Georgia (Savannah, Statesboro, Brunswick, etc)

S Metro West Georgia (McDonough, Stickbridge, Griffin, Peachtree City)

SW Georgia (Albany, Tifton, Thomasville, etc)
Central Savannah River District (Augusta area)
Central Georgia District (Macon, Warner Robins, Dublin area)
NW Georgia (Cobb County, Rome, Dalton, etc)

Functions:

President Elect: The President-elect serves as a member of the Executive Committee, Finance Committee, Board of Directors and as a non-voting ex-officio member of all standing committees and ad hoc bodies of the GSHP Board. Perform the duties of the President in the President's absence. Monitor progress of committees and individuals in addressing issues identified and charges assigned from the planning retreats. Succeeds to the offices of President and Chairman of the Board. Your term of office would be from August 2016 to August 2017 as President-elect; August 2017 to August 2018 as President and August 2018 to August 2019 as Chair of the Board.

Treasurer: The Treasurer shall serve as the Chair of the Finance Committee, be responsible for prudent investment of the assets and funds of the Society, assure expenditure of funds in accord with the programs, priorities and budget established by the Board of Directors, and regularly inform the Board, Executive Committee and members of the financial status of the Society. Your term of office will be from August 2016 to August 2019.

District Directors: In addition to representing membership from the local district as a voting member of the Board, the District Directors serve as membership liaison and coordinate local continuing education programming for GSHP. You would serve as district director elect from August 2016 to August 2017, and District Director from August 2017 to August 2019.

WHERE: Submit names for consideration to: The Committee Nominations - 2016, c/o sglass@gshp.org.

When: Before March 31, 2016

WHY: The future of our profession needs the participation and contribution of its leaders.

GSHP Logo Contest

GSHP is considering following in ASHP's footsteps and modernizing our logo! We are looking for entries from members, so get those creative juices flowing. We will review the submissions at the March 10th Board of Directors meeting.

Please send your logo ideas to Steve Glass at by March 5. Submissions should be sent either electronically as a jpg or pdf. You are also welcome to send drawing to sglass@gshp.org

If a winner is chosen, the winner will receive a registration and two nights' hotel at the GSHP Summer meeting.

NOTE: All submissions will become property of GSHP.

Current logo below



Clinical Article

Reviewing Standard PRN Medications on Order Sets May Reduce Oversedation Events

Jennifer Stone, RPh and Kellee Lively, PharmD, Gwinnett Medical Center, Pharmacy Department, Lawrenceville Ga 30046 December 2015

Background

In 2012, The Joint Commission's Sentinel Event Alert identified opioid analgesics as one of the most frequently reported drug classes associated with adverse drug events. The report urged organizations to take actions to prevent unintended consequences and improve patient safety with opioid analgesics. ¹

A multidisciplinary team, consisting of nurses, physicians and pharmacists at our facility, reviewed information from The Joint Commission's SE Alert ¹, literature related to sedation risk factors², and internal data on naloxone used to reverse opiates in hospitalized patients. Common contributing factors identified during this review included advanced age, concurrent sedating medications, poor renal function, comorbidities, and patients in the immediate post-operative period, among others.² Several recommendations for improvement were made by the teams, one of which was a request for pharmacy to participate in a review of medications on the standard as-needed (PRN) order set.

Process

Order sets are used in most institutions as a method to improve quality and safety, and to reduce cost through standardization. Regular review of order sets is necessary to address new clinical recommendations and safe medication practices. Pharmacists play an important role in evaluating medications used in order sets for safety and appropriateness. Upon review, it was determined that the current standard PRN order set used at our facility contained several options for pain, anxiety, sleep, and nausea. By narrowing the medication options presented, removing certain medications, and providing more guidance on the PRN order set, we hoped to better meet patients' needs for PRN medications and potentially improve safety.

Narcotic orders were the first focus of review. The goal was to address the pain control needs of patients, including those with advanced age, lower weight, or comorbidities. Each of these patient factors could increase the risk of an adverse event. One method used to reduce risk was to offer lower starting doses for narcotics. Although a simple concept, standard orders sets often do not consider dosing for adults that are underweight or of highly advanced age. Guidance was also included for narcotics orders by

adding verbiage to evaluate renal function and consider reduced doses if the patient's creatinine clearance is below 30 (CrCl<30). Duplication of therapy issues were minimized by allowing only one injectable and one oral narcotic option to be ordered on electronic forms. In addition, non-sedating analgesic choices such as ketorolac were added as alternatives to opiates.

Antihistamines and benzodiazepine orders are often included in PRN orders sets but these can contribute to oversedation through an additive effect in patients receiving pain medications.

Diphenhydramine for itching, lorazepam, and alprazolam for anxiety were on previous forms for convenience. Due to sedation potential these were removed as standard choices. The physician always has the option to order these medications for an individual patient if necessary, but these are not included on the standard PRN orders. Zolpidem dosing options with reduced doses for females and patients over age 65 years were added. Additionally, since the nausea drug ondansetron is both efficacious and less sedating, it was added to the standard orders and promethazine was removed. Metoclopramide and ketorolac orders with options for lower doses for patients less than 50 kg weight and instructions for renal dosing were included to enhance safety, though these changes were not related directly to sedation concerns.

Results

Within the first few months of instituting the revised standard PRN order set the number of oversedation event reports noticeably decreased. The rate of oversedation reports is trending below the baseline rate reported prior to instituting these changes over nine months later. In fact, the number of events reported for the most recent quarter represents a nearly a 40% decline compared to the pre-study period. Of course, reductions in oversedation events cannot be solely attributed to order set changes, but implementing these evidence-based safety practices does appear to have had a positive impact.

Improving the safety of opiates in hospitalized patients requires a multidisciplinary approach to identify patients at risk, implement processes to assess and monitor individual patient's response to medication.¹ Order set review is a tangible and important way for pharmacists to be involved in a medication safety project that affects many patients.

Conclusion

Review of standard PRN order sets by pharmacists is important in promoting safe medication practices and may be beneficial in reducing adverse events related to opiates and other medications.

References

1

http://www.jointcommission.org/assets/1/18/SEA_49_opioids_8_2_12_final.pdf
(accessed October 21, 2015)

2 Pawasauskas, Jayne, et al. "Predictors of naloxone use for respiratory depression and oversedation in hospitalized adults." *American Journal of Health-System Pharmacy* 71.9 (2014): 746-750.

1/28/2016

ASHP stressed the importance of federal provider status for pharmacists in its comments to the Senate Finance Committee Chronic Care Working Group this week. The working group is developing recommendations as the Senate pursues policy options for improving care for Medicare patients with chronic diseases.

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ASHP Publishes Guide for Treating Obese Patients

New Reference First to Summarize Literature on Weight-based Dosing

1/27/2016

A new publication from ASHP will help clinicians determine optimal medication doses for obese patients. Demystifying Drug Dosing in Obese Patients is the first text focused on dosing critical and narrow therapeutic index drugs in obese pediatric and adult patients.

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Proposed Changes to NABP Model Act Support Provider Status Effort

1/21/2016

A recently released report from the National Association of Boards of Pharmacy (NABP) includes several recommendations to the NABP Model State Pharmacy Act that support the profession wide push for provider status.

The recommendations of the NABP Task Force on the Regulation of Pharmacist Care Services streamline the Model Act's definition of the "Practice of Pharmacy" to give state boards the flexibility to enact rules and regulations that reflect the evolving nature of practice, including the use of new technologies and the availability of new services. The task force also proposed changes that give state boards more authority over pharmacists who practice outside of a licensed pharmacy and encourage expanding the scope of activities that pharmacists may delegate to certified technicians.

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Drug Price Hikes and Shortages Have Similar Roots, Experts Say

[February 1, 2016, AJHP News]

Kate Traynor

BETHESDA, MD 15 Jan 2016 - Experts say that recent increases in the prices of off-patent generic drugs are closely tied to the drug shortages that have plagued hospitals for years.

"They have the same root cause: a lack of competition in certain parts of the generic market," said Gerard Anderson, professor of health policy and management, medicine, and international health at Johns Hopkins University in Baltimore.

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I.V. Batching Improvements Cited in Baldrige Win

[February 1, 2016, AJHP News]

Kate Traynor

BETHESDA, MD 15 Jan 2016 - The health system that won a 2015 Malcolm Baldrige National Quality Award for healthcare credited improvements in i.v. medication preparation as a contributing factor in earning the recognition for performance excellence.

"We are constantly looking at new and better processes throughout all of our departments," said Brian Sayre, director of pharmacy for Charleston Area Medical Center (CAMC) Health System in West Virginia.

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Pharmacy News

Teaming for Value-Based Reimbursement: Benefits of Health system and Retail Pharmacy Collaboration

Healthcare IT News (01/16)

The coming of value-based reimbursement is prompting hospitals and retail pharmacies to reconsider their relationship and where their respective responsibilities overlap. Success for hospitals in value-based contracts is determined by meeting quality metrics and managing the total cost of care for their population. When patients adhere to their medication regimens, they're less likely to be readmitted to the hospital and, for pharmacies, it's an opportunity to deliver more services and demonstrate their value proposition to other in the delivery chain. Analysts say there is an undeniable positive impact on patient health by being medication adherent. If a retail pharmacy can help a hospital keep its patients adherent, it can reduce emergency room visits, admissions, re-admissions and length of stay. The incentives for both hospitals and retail pharmacies that want to set up such partnerships must be aligned. Sharing data is a great way to build trust. Each side must believe in data and be committed to giving the relationship time to produce and share outcome and cost data that support the goals of the partnership. In addition, a coordinated workflow where everyone knows the role of each partner in the relationship will reduce care fragmentation. By using health IT, including analytics and communication tools, clinical information can be shared in a timely manner, intervention opportunities such as gaps in care, can be identified and communicated and hospitals and retail pharmacies will know who did what, all resulting in better care.

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The Right Dose: How Pharmacy Researchers are Making Medicine More Precise

UCSF News (CA) (01/20/16) Wetmore, Koren

Researchers at the University of California, San Francisco, are helping to shape the field of precision medicine, which could lead to more efficient prescribing and save lives. Pharmacist Janel Boyle has developed computer models as part of the university's initiative to advance the field. They aim to prevent the serious drug reactions that more than 700,000 people experience each year, with more than 117,000 related deaths. When a patient takes a dose of prescribed medication, they are putting their trust in the hands of a dosing formula that is based primarily on age and weight, without much consideration of other factors, such as genetics, gender, and lifestyle. The UCSF computer models take into account these factors and more to craft a system based on real-world patient evidence, one that could someday lead to personalized prescriptions calculated by software programs that ensure the medicine is uniquely suited to a specific patient. Building these models requires massive amounts of data from a diverse array of patient populations—a process that can take years, not to mention the constant refining of calculations that must occur as the technology develops. But these models are currently in development and will soon be applied to a broad range of medications, according to the researchers.

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Pharmacist-led Interventions Included in AHRQ Report

Pharmacy Today (01/16) Bonner, Loren

A recent draft report from the Agency for Healthcare Research and Quality (AHRQ) on medication safety in the ambulatory care setting highlights the role of pharmacists in several pharmacist-led interventions. The purpose of the report is to find better strategies for patient safety in the ambulatory care setting, since most research to date has looked at safety strategies in the hospital setting. Of the 28 identified hospital safety practices most relevant to ambulatory care safety, the report identified pharmacist-led interventions as one of the patient safety practices that had a moderate evidence base. The report highlights 12 studies on patient safety in which pharmacists led interventions around medication reconciliation, preventing adverse drug events, and more. As stated by AHRQ, it is expected that the report will inform individual health plans, providers, purchasers, and the health care system as a whole and advance patient safety practices in the ambulatory setting. APhA commented on the draft report, supporting AHRQ's initiative to spearhead patient safety efforts in the ambulatory setting and the role of pharmacists in addressing medication safety and optimal medication use.

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Morris Hospital Pharmacist Wants Patients to be Aware of Dangerous Drug Reactions

Joliet Herald News (IL) (01/12/16) Millsap, Jeanne

Rebecca Capshaw, a pharmacist at Morris Hospital in Joliet, Ill., says many people take prescription side effects with a grain of salt – but they shouldn't. "It's very easy for us to make excuses for what's going on," Capshaw says. "Rashes could be absolutely nothing, but it takes the trained eye of a physician to know that. ... I'm shocked to see how often people wait to call their physician." Doctors and pharmacists normally warn patients of common side effects that new medications might cause, she says, but patients also should read the more comprehensive inserts pharmacists include with their prescriptions. Capshaw says she does not want to scare people about taking drugs, but they do need to be aware of when they are experiencing a dangerous reaction. In particular, Capshaw advises patients to be aware of any difficulties in breathing, swelling in the mouth or throat, itching and hive-type rashes, which could indicate a dangerous anaphylactic allergy reaction. Abnormal bleeding can indicate a problem with clotting, Capshaw says, which can lead to internal hemorrhaging or hemorrhagic strokes. "See your doctor when you have any bleeding that doesn't stop in seven to 10 minutes," she says, "like a nosebleed. Or blood that is anywhere that it shouldn't be."

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Pharmacists can Significantly Improve Patient Compliance in 2 Minutes, Study Finds

Drug Store News (01/04/16) Johnsen, Michael

Pharmacists who use an interactive patient counseling technique can more than double patient compliance and understanding, according to a study published in the *Journal of the American Pharmacists Association*. The approach involves three open-ended questions: how to use and store a certain medication, what the side effects are, and what to do should those side effects occur. The Oregon State University (OSU) study found that 71% of patients using this approach answered all three questions correctly, compared with 33% who were instructed using the traditional "lecture format" based on one-way communication. The concept also takes a mere 2 minutes to complete. The traditional method only takes 75 seconds; however, Robert Boyce, director of pharmacy services in the Student Health Center Pharmacy at OSU, and corresponding author on the study, said "when you compare that to the risks of something not going right when a patient does not understand what the specific directions are, or what to expect from their medication, the additional effort seems minimal."

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UC San Diego Skaggs School of Pharmacy and Janssen R&D Collaborate to Treat Chagas Disease

Infection Control Today (01/07/16)

Researchers have entered into a research collaboration to identify new therapeutics for Chagas disease, a parasitic infection that affects millions of people worldwide and is the leading cause of heart failure in Latin America. The Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of California, San Diego, will receive funding and access to the "Jump-Starter" screening library of compounds from Janssen Research & Development. The team at the Skaggs School of Pharmacy will use the library to identify chemical probes for studying Chagas disease and potential compounds for treating it. A new robotic drug screening facility in the Skaggs School of Pharmacy will also be used to test thousands of Janssen R&D compounds for their ability to kill or inhibit *Trypanosoma cruzi*, the parasite that causes Chagas disease.

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Ranolazine in Patients With Incomplete Revascularization After PCI

The Lancet (01/09/2016) Vol. 387, No. 10014, P. 136; Weisz, Glora; Genereux, Philippe; Iniguez, Andres

Researchers conducted a study assessing adjunctive anti-ischemic pharmacotherapy with ranolazine and its ability to improve patients with incomplete revascularization following percutaneous coronary intervention. Ranolazine was administered to 1,332 patients, who were compared with placebo group. After a median followup of 643 days, the primary endpoint—time to first occurrence of ischemia-driven revascularization or ischemia-driven hospitalization without revascularization—occurred in 26% of the ranolazine group and 28% of the placebo group. "Ranolazine did not reduce the composite rate of ischemia-driven revascularization or hospitalization without revascularization in patients with a history of chronic angina who had incomplete revascularization after percutaneous coronary intervention," the researchers concluded. Further researcher is needed to see if other treatment could help high-risk patients in this population.

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Pharmacies Look to Telehealth Partnerships to Keep Clinics Running

mHealth Intelligence (01/11/16) Wicklund, Eric

Advocate Health Care announced January 11 that it will take over 56 Walgreens retail clinics in and around Chicago. The new clinics will debut in May and will feature integrated EMR and billing platforms. The announcement signals a continuing shift in health care. While most of the estimated 2,800 community pharmacy clinics in the United States are standalone entities, they often do not make positive gains in the company's bottom line. Pharmacies can offset this problem by partnering with a health system, which allows for better connections and coordination. At a time when accountable care is more important than ever, the prospect of these integrated networks means that coordinated health care is attainable. In the case of Walgreens' new partnership, care delivery will be expanded and will provide more options for patients. It also represents another big move for Walgreens, which is preparing for its acquisition of Rite Aid.

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Abbott's Compounding Pharmacy Recalls Unexpired Sterile Compounded Products

FDA MedWatch (01/16/16)

All unexpired lots of sterile compounded products from Abbott's Compounding Pharmacy are being recalled due to concerns about a lack of sterility assurance. The products—for both humans and animals—include injectable medications, sterile solutions, eye drops, and eye ointments. The voluntary recall affects all sterile products from Abbott's distributed between January 1, 2015 and January 14, 2016. The recalled products were distributed within

California directly from Abbott's Berkeley location. The move follows a series of on-site inspections by the Food and Drug Administration. There have been no reports of adverse effects or injuries thus far.

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