

# PAPA NEWSLETTER

E-Newsletter of the Pakistani American Pharmacist Association



## HOPEFUL FOR THE FUTURE

A Message from the PAPA Board

As life slowly comes to term with the new normal, we are excited to host our first post-pandemic in-person gathering! Our 27th Annual Meeting, hosted at the Marriot on November 13, will hopefully be the first of many.

During these past few months, we lost several beloved and cherished members. PAPA extends our deepest condolences to the families. We hope to look forward to a brighter future.

## CONTACT US



128 Mansion Ave Yonkers NY 10704



888-998-0576



888-639-9848



info@papausa.com

## WHAT'S INSIDE?

**PREPARING FOR  
WINTER**

**A DAY IN THE LIFE OF...**

**CLINICAL PEARLS AND  
LATEST PHARMA NEWS**

**MEMORANDUM**

**ELECTIONS**

**...AND MORE!**

# JOIN OUR COMMUNITY

## About Us

Pakistani American Pharmacist Association (PAPA) is a professional organization involved in promoting practice of pharmacy, education and research for the pharmacists of Pakistani heritage. PAPA was formed in 1980 in New York City to help pharmacists of Pakistani heritage in professional and social matters. Over the years it has grown in membership and events. We hope to continue our spread to foster a sense of professional as well as personal growth for all our members

## Our Objectives

- Encourage and advance Pharmacist education
- Assure a high quality of professional practice by establishing and maintaining a high standard of professional ethics, education and promotion of economic welfare
- Promote friendship, goodwill and communication among the members of the association
- Provide a united platform to the Pharmacists of Pakistani origin in the United States
- Establish and co-operate with other Pharmacist organizations in the United States
- Guide and help new Pharmacists

## Membership

Being a member of PAPA has many perks:

- Annual cruise, barbecue, and many other family events
- Networking opportunities for career advancement
- Continuing Education seminars throughout the year
- Fostering a sense of community with fellow professionals
- Affiliation with professional organizations and universities

Contact us at [info@papausa.com](mailto:info@papausa.com) for more details!

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**Stay Tuned:  
Upcoming  
Elections  
2022**

## GETTING READY FOR WINTER

By Samar Shamsi-Rehman, PharmD

It's time to get out our hats, gloves, and big heavy coats as many have predicted this will be a long and snowy winter. In addition to gearing up, we have to make sure that we and our family members are ready for the upcoming cold season.

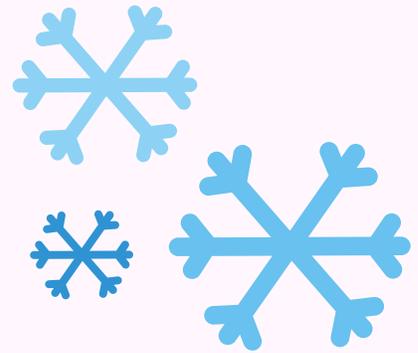
Vaccines, vaccines, and more vaccines. This is the tune we've been hearing for almost 2 years now. Covid vaccines have been in constant conversation and recently the approval for pediatrics has several parents excited or yelling #notmychild. Whether you agree with it or not the use of covid vaccines has brought down the severity and number of infections as we've seen in NYC. So #1 on our list is the covid vaccine. Hopefully, many of us should have gotten dose 1&2 under our belts and should be on line for a booster shot. Studies have shown the amount of antibodies have tremendously decreased since the last administration of the vaccine earlier this year. All three, Pfizer, Moderna, and Johnson & Johnson are offering boosters and are available in several locations.

*"Tis the season for the festive lights, shopping, and the flu."*

We got lucky last year that the flu incidents were not as high due to students and many of us working remotely. However, many of us being back in person 100%, we have yet to see how severe and how many cases we will see this winter. 'Tis the season for the festive lights, shopping, and the flu. Many pharmacies and flu clinics are being held, so please take advantage of this opportunity. We're especially looking at our elder and immunocompromised population that need to be protected from this preventable virus that could cause great harm.

For those above the age of 65, pneumococcal vaccine is a third important vaccine for the upcoming winter solstice. Pneumococcal vaccine 23 is recommended one time after the age of 65 and CDC recommends PCV13 also be given some time after, this is at the discretion of the provider. Those younger than 65 and immunocompromised are also recommended to get PCV23, as well as children, their vaccine would be Prevnar13.

There are a few other vaccines that should be discussed with the provider such as Shingles and Tdap, but these are not as time sensitive during the winter months. Please keep these vaccinations in mind as we enter into the colder weather to protect yourself as well as family members and people around you.



# MANAGEMENT AND TREATMENT OF EPISODIC MIGRAINE IN ADULTS

By Rabia Shah, PharmD

Migraine is a common disorder with one-year prevalence estimates of approximately 17 percent in females and 6 percent in males. While there are no strict definitions for the precise frequency or duration of migraine headaches that would prompt preventive therapy, more than four headaches per month or headaches that last longer than 12 hours are generally considered reasonable thresholds. Based on expert consensus, preventive migraine therapy also is indicated to reduce the risk of neurologic damage and/or impairment in the presence of uncommon migraine conditions including

## Pharmacotherapy

Pharmacotherapy and lifestyle measures are the mainstay of migraine prevention. For mild to moderate migraine attacks not associated with vomiting or severe nausea, simple analgesics or combination analgesics are often tried first because they can be effective and are less expensive than migraine-specific agents. For attacks unresponsive to analgesics, the combined use of an NSAID with a triptan appears to be more effective than using either drug class alone.

## Triptans

The serotonin 1b/1d agonists (triptans) are effective for the acute treatment of migraine. Triptans inhibit the release of vasoactive peptides, promote vasoconstriction, and block pain pathways in the brainstem. Triptans inhibit transmission in the trigeminal nucleus caudalis, thereby blocking afferent input to second order neurons; this effect is probably mediated by reducing the levels of calcitonin gene-related peptide (CGRP). Triptans may also activate 5-HT 1b/1d receptors in descending brainstem pain-modulating pathways and thereby inhibit dural nociception. Triptans may also activate 5-HT 1b/1d receptors in descending brainstem pain-modulating pathways and thereby inhibit dural nociception.

Most commonly use triptans are

- Sumatriptan – Oral sumatriptan is given at 50 to 100 mg once. The most effective dose of oral sumatriptan is 100 mg; subcutaneous sumatriptan is more effective than oral, but its use is associated with more adverse events. For acute migraine, the usual initial dose of subcutaneous sumatriptan is 6 mg. The dose may be repeated once if needed after one hour; Intranasal spray sumatriptan (liquid) is given as one insufflation of 20 mg in a single nostril. The dose may be repeated once after two hours if needed.
- Zolmitriptan – A number of randomized placebo-controlled trials and a systematic review and meta-analysis. There was a dose-response relationship in terms of both efficacy and adverse effects; 2.5 mg appeared to be the optimal starting dose.
- Rizatriptan – Significant benefit of rizatriptan compared with placebo was shown for both the 5 and 10 mg dose of rizatriptan for all five main efficacy outcomes (ranging from relief at 1 to 24 hours).
- Naratriptan – In a study, patients who did not respond to sumatriptan 50 mg with a first attack had a significantly superior response to naratriptan 2.5 mg compared with placebo during a second migraine attack one week later, suggesting that patients who do not respond to one triptan may respond to another

## Other agents

For most patients with episodic migraine ( $\leq 14$  headache days per month) who have an indication for preventive therapy initial treatment with amitriptyline, venlafaxine, one of the beta blockers (metoprolol or propranolol), or topiramate has shown promising results. Approximately half of patients given any of these drugs will have a 50 percent reduction in the frequency of headache, but the doses required may lead to intolerable side effects

## Antihypertensives

Blood pressure treatment appears to reduce the overall prevalence of headache in general. This point is illustrated by the results of a meta-analysis of 94 randomized controlled trials examining four different classes of antihypertensive medications

- **Beta blockers:** Metoprolol and propranolol are established as effective for migraine prevention. Propranolol in two divided doses starting at 40 mg daily; dose range 40 to 240 mg daily. Metoprolol in two divided doses starting at 50 mg daily; dose range 50 to 200 mg daily. It's recommended to not use beta blockers as initial therapy for migraine prevention in patients over age 60 and in smokers. Compared with other antihypertensive drugs in the primary treatment of hypertension, beta blockers may be associated with a higher rate of stroke and other cardiovascular events.
- **ACE inhibitors/ARBs:** A double-blind crossover study of 60 patients with two to six migraine episodes per month found that the ACE inhibitor lisinopril (10 mg/day for one week, then 20 mg/day) significantly reduced the number of hours and days with headache and headache severity compared with placebo

## Antidepressants

In a systematic review of prospective double-blind, randomized controlled trials of medications for migraine prevention, the tricyclic antidepressant amitriptyline (starting dose 10 mg at bedtime, dose range 20 to 50 mg at bedtime) was effective for migraine prevention in four trials. Doses ranging from 10 to 100 mg per day are used in clinical practice. In other trials, the serotonin-norepinephrine reuptake inhibitor venlafaxine (starting at 37.5 mg once a day, dose range 75 to 150 mg once a day) was also effective as prevention for migraine. Similarly, a 2012 guideline from the American Academy of Neurology (AAN) concluded that amitriptyline and venlafaxine are probably effective for migraine prevention. Although other tricyclic antidepressants are used in clinical practice, amitriptyline is the only tricyclic that has proven efficacy for migraine.

## Anticonvulsants

The anticonvulsants sodium valproate and topiramate are more effective than placebo for reducing the frequency of migraine attacks. A 2012 guideline from the AAN concluded that topiramate and sodium valproate are established as effective for migraine prevention, while evidence is insufficient to determine the effectiveness of gabapentin.

The starting topiramate dose in most of these studies was 25 mg/day, with slow titration by 25 to 50 mg/week to the maximum of 100 mg twice daily or the highest tolerated dose. A review of three trials evaluating valproate products (divalproex sodium, sodium valproate, and valproic acid) at doses ranging from 500 to 1500 mg daily for migraine prevention found that valproate was significantly more effective than placebo as measured by the number of patients experiencing a  $\geq 50$  percent reduction in migraine frequency.



## CGRP antagonists

Calcitonin gene-related peptide (CGRP) is a therapeutic target in migraine because of its role in mediating trigeminovascular pain transmission and neurogenic inflammation. Large molecules in the form of monoclonal antibodies directed against the CGRP receptor or ligand are given by injection for migraine prevention. Small-molecule CGRP antagonists are oral agents first shown effective for acute migraine treatment. There is little evidence to guide the use of the CGRP antagonists in specific populations (e.g., children, older adults, and pregnant or lactating patients). They should be avoided for those who are pregnant or likely to become pregnant and for individuals with recent cardiovascular or cerebrovascular ischemic events, since CGRP has theoretical cardioprotective and vasodilatory effects

- Rimegepant is a small-molecule CGRP receptor antagonist administered orally that is effective for migraine prevention. In a trial of 1591 patients with migraine, those assigned to receive rimegepant 75 mg every other day for 12 weeks had a greater reduction in migraine days per month than those assigned to placebo. The response rate in those with  $\geq 50$  percent reduction in moderate or severe monthly migraine days was also higher among those who received rimegepant (49 versus 41 percent).



- Erenumab a human monoclonal antibody that binds to and inhibits the CGRP receptor, was modestly effective for migraine prevention in a placebo-controlled trial of over 900 adults with episodic migraine. The trial randomly assigned subjects in a 1:1:1 ratio to subcutaneous injections of erenumab 70 mg, erenumab 140 mg, or placebo monthly for six months. At baseline, the mean number of migraine days per month was 8.3 in the overall population. At months four through six, the number of migraine days per month was reduced by 3.2 in the 70 mg erenumab group, 3.7 in the 140 mg erenumab group, and 1.8 in the placebo group. The rates of adverse events were similar between the erenumab and placebo groups.

- Fremanezumab a human monoclonal antibody that binds to both isoforms of the CGRP ligand, is effective for prevention of episodic migraine. One trial randomly assigned 875 adults with episodic migraine in a 1:1:1 ratio to subcutaneous fremanezumab 225 mg monthly for three months, a single dose of fremanezumab 675 mg (intended to support a quarterly dose regimen), or placebo. At three months compared with placebo, the mean number of migraine days per month decreased by 1.5 in the fremanezumab monthly dose group and by 1.3 days in the single higher dose group. The proportion of patients with at least a 50 percent reduction in the mean number of monthly migraine days was 48 percent in the fremanezumab monthly dose group and 44 percent in the fremanezumab single higher dose group, compared with 28 percent for the placebo group.
- Galcanezumab a human monoclonal antibody that binds to the CGRP ligand, is also effective for episodic migraine prevention, as demonstrated in several placebo-controlled trials. As an example, one of these trials randomly assigned 858 patients with episodic migraine to monthly subcutaneous galcanezumab 120 mg, galcanezumab 240 mg, or placebo in a 1:1:2 ratio. At six months, the mean number of migraine days per month decreased by 4.7 and 4.6 for the galcanezumab 120 and 240 mg groups, respectively, compared with 2.8 days for the placebo group.

#### References:

- <https://www.uptodate.com/contents/preventive-treatment-of-episodic-migraine-in-adults?>
- <https://pubmed.ncbi.nlm.nih.gov/31427046/>
- <https://pubmed.ncbi.nlm.nih.gov/30982348/>
- <https://pubmed.ncbi.nlm.nih.gov/30360965/>

# "A Day in the Life" Series:

## Upcoming and Recent Pharmacy Graduates

### Rotation at the FDA

By Ifrah Ansari, PharmD Candidate 2022

This August I had the wonderful opportunity to complete an Advanced Pharmacy Practice Experience rotation at the FDA in the Office of Pharmaceutical Quality. I had spent a lot of pharmacy school focusing on clinical topics so when I saw the opportunity to have a rotation in a different area of pharmacy, I took the leap of faith and applied. The experience, although virtual, was one of a lifetime. I was able to learn so much about the drug development process, pharmacists' role at the FDA, and the everyday processes to ensure safe and efficient drugs. My day consisted of attending lectures from FDA pharmacists who gave an insight on their jobs, meeting with my preceptor, and completing a project that I was focusing on for 5 weeks. The project was difficult because I was on a team of Chemists, so I had to really apply my critical thinking skills. The project focused on the chemical review process and gave me the opportunity to understand the details that go into reviewing a drug application. The end of the project led to an abstract and poster that will be presented at the Office of Generic Drug Research Day. I highly encourage pharmacy students to apply to the Pharmacy Student Experimental Program rotations at the FDA. It will allow you to learn about other areas that Pharmacists can work in and how they make innovative changes every day.

### The Journey of a Pandemic Graduate

By Maryam Sekhery, PharmD

There's no doubt that COVID-19 pandemic has greatly affected every individual in one way or another. In March 2020, my colleagues and I were in our last semester of pharmacy school and many of us were working as front-line workers. This was a tough time for everyone. Some of my close friends lost their parents. I lost many relatives. The world had not seen such a pandemic in a hundred years. Chaos was everywhere.

In May 2020, I graduated from St. John's University's Doctor of Pharmacy Program, during the height of the pandemic. There was no graduation. The last couple of rotations were virtual. The job market was crazy. I had been working at CVS Pharmacy for more than 5 years in Times Square, NY. When no one wanted to go outside or take public transportation, essential workers still showed up to work. My sister is also in the field of pharmacy, so my sister and I were risking exposure to my family every day. Yet, we knew that we were helping people. Our parents were and are proud of us, to this day, for playing a role in helping the citizens of New York.

By the time the vaccine had been approved, I had been a pharmacist for many months. My sister, a pharmacy intern at the time, and I were so fortunate to be able to play a role in vaccinating the citizens of New York against COVID-19. I worked with the Department of Health, Hospital for Special Surgery, Mount Sinai and Northwell to promote vaccination and to vaccinate New Yorkers. As most of the citizens of NY have been vaccinated, I feel content that I have been able to play a small part in helping to achieve this.

When I graduated, the job market was terrible, not only for pharmacists, but most fields. People were being let go because of the pandemic and many new graduates had their new offers for employment taken back. Afraid that it would be difficult to get a job during the pandemic, I took what I was offered at that time, which was a position at CVS Pharmacy. Afterwards, I took any opportunity to broaden my skill set and experience. I never lost hope and was eager for any opportunity. Eventually, I got my foot into the door at Northwell LIJ Forest Hills Hospital. To all the new grads, work hard and you can do anything. Don't give up. It's easy to give up and settle for a position that might not be the best fit for you. When I see how far the graduates of 2020 have come, when there were little to no job opportunities and it was the middle of the COVID-19 pandemic, I know that those who are persistent and hardworkers can get any job that their heart desires.

# Plavix vs. Brilinta: Treatment of Acute Coronary Syndrome

By Bisma Sekhery, PharmD

Acute Coronary Syndrome is defined as a range of conditions that causes shortage of adequate blood flow to the heart. Essentially, this can be due to a clot blockage or a plaque rupture, which makes it difficult for adequate blood circulation. There are 3 forms of ACS: Non-ST elevation Myocardial Infarction, ST-Elevation Myocardial Infarction and unstable angina. The use of P2Y12 inhibitors is essential in preventing platelet aggregation, which can worsen the heart condition. Recently, Ticagrelor, a reversible P2Y12 inhibitor has proven to be more effective than Clopidogrel in the treatment of NSTEMI patients.

In a meta-analysis the efficacy of Ticagrelor and Clopidogrel was compared. A literature search was performed using PubMed, Embase and Cochrane Library (Wang 2018). The key words were "ticagrelor," "clopidogrel" and "acute coronary syndrome." All randomized clinical trials were included in the meta-analysis and patients with a confirmed diagnosis with ACS. In order to reduce bias, two independent raters performed the analysis. The primary endpoint was the incidence of major cardiovascular events, which encompassed stroke, myocardial infarction, bleeding and dyspnea. A 95% CI was used and a p value of 0.05 was chosen. Eventually, only 10 of the 364 clinical trials examined were included. The meta-analysis concluded that the faster onset of action of Ticagrelor compared to Clopidogrel makes it a better choice in patients with ACS. Clopidogrel requires the prodrug to be converted to the active drug by CYP2C19, while Ticagrelor is already active. Since Clopidogrel requires metabolism by CYP2C19, while Ticagrelor does not, genetic polymorphism in the CYP2C19 can make Clopidogrel an ineffective drug. This is particularly a problem in East Asian populations, who may present with this genetic polymorphism. Ticagrelor is the preferred agent in the East Asian population due to this. Overall, the risk of bleeding, risk of stroke or risk of myocardial infarction was judged to be similar in the meta-analysis. Since the data was not statistically significant in any of the primary outcomes, the chances that either drug is more efficacious in reducing those outcomes can be merely by chance. This is important because all the p values were greater than 0.05, which means more testing needs to be done to truly determine if a true difference exists in terms of efficacy. However, since the data is inconclusive, Ticagrelor can be used in place of Clopidogrel since they are judged to have similar efficacy and it does not require hepatic activation.



In a randomized, double-blinded, multi-centered clinical trial (PLATO), the two drugs were also compared (Wallentin 2009). A sample size of 18,264 patients provided an adequate power of 90%. One treatment arm received Ticagrelor 180 mg loading dose PO, then Ticagrelor 90 mg twice daily. The second treatment arm received Clopidogrel 300-600 mg loading dose, followed by 75 mg once daily. The primary endpoint was death due to cardiovascular events including vascular events, stroke or MI. The patients all had STEMI or NSTEMI. The major exclusion criteria were any contraindication to Clopidogrel, increased risk for bradycardia, fibrinolytic therapy within 24 hours or if the patient was on concomitant therapy with a strong CYP450 inducer or inhibitor. The baseline characteristics of the patients were similar, but majority of the patients were white and male. The primary endpoint was seen in 9.8% in the Ticagrelor group and 11.7% in the Clopidogrel group at 12 months. The p value was less than 0.001, which means the data was statistically significant. However, the side effects such as dyspnea and intracranial bleeding was observed to be higher in the Ticagrelor group. However, it is also important to note that the risk of bleeding in general was about the same in both groups. Overall, after looking at the data from this trial, it is appropriate to give Ticagrelor over Clopidogrel to patients with NSTEMI. The benefits of Ticagrelor in improving overall mortality is evident. The faster onset of the drug is important especially in the management of patients who need treatment acutely. The rate of adverse effects is similar, which makes it a better choice.

## References:

Wang D, Yang XH, Zhang JD, Li RB, Jia M, Cui XR. Compared efficacy of clopidogrel and ticagrelor in treating acute coronary syndrome: a meta-analysis. *BMC Cardiovasc Disord.* 2018;18(1):217. Published 2018 Nov 29. doi:10.1186/s12872-018-0948-4  
Wallentin L, Becker RC, Budaj A, Cannon CP, Emanuelsson H, Held C, Horrow J, Husted S, James S, Katus H, Mahaffey KW, Scirica BM, Skene A, Steg PG, Storey RF, Harrington RA; PLATO Investigators, Freij A, Thorsén M. Ticagrelor versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med.* 2009 Sep 10;361(11):1045-57. doi: 10.1056/NEJMoa0904327. Epub 2009 Aug 30. PMID: 19717846.

# Pfizer's Novel COVID-19 Oral Antiviral Treatment Candidate

By Imaan Sekhery, PharmD Candidate 2025

As time advances, the innovations within the medical field advance as well. The debate between the people standing first in line to get the Covid-19 vaccine versus the people who would rather take horse vitamins than step one foot closer to the vaccine has been going on for longer than we can recall. Now, we have gotten one step closer to more people willing to get protection against Covid-19: an oral fix. Companies like Pfizer, Merck & Co Inc, and Ridgeback Therapeutics have developed an antiviral Covid-19 pill in order to combat this ongoing issue we have been battling for over a year now.



The Pfizer pills, also known as PAXLOVID, treatment consists of a pack of 30 pills taken over a time period of 5 days. 10 pills of the 30 pills consist of a drug used to combat HIV in the past, ritonavir<sup>1</sup>. The Merck treatment system consists of 40 pills within the span of 5 days. After trials with both pills from Pfizer and Merck & Co, Pfizer's efficacy rate has proven to be 89%, while Merck has been able to reach 50% effectiveness. If the adaptation of Pfizer's pills become widespread and more common, there will be a great decrease in hospitalization related deaths due to coronavirus thus further helping us move on forward from this seemingly never ending pandemic. Along with the use of ritonavir, which was once used to treat HIV, Pfizer also has begun using protease inhibitors, to treat hepatitis C. It also uses the specifically designed SARS-CoV-2-3CL<sup>3</sup> protease inhibitor, and if PAXLOVID were approved or authorized, it would be standing as the first oral antiviral of its kind. Their new innovative pill is designed to stop the virus from replicating by blocking a key enzyme's activity that Covid-19 uses to replicate within cells.

Pfizer's pill has been advised not to be used in women who are pregnant, breastfeeding, or who plan on becoming pregnant during the given treatment period. From today, Britain has become the first in the world to approve Merck's Covid-19 pill<sup>2</sup>. These pills have been seen as a "new hope" for many, as even within wealthier countries, there are those who had not gotten the injection vaccines due to concerns about their own safety, which may comfortably accept pills instead. There are many who also simply fear needles or fear the pain of the injection, which continues to leave the pill as a more comforting option available.

Citations:

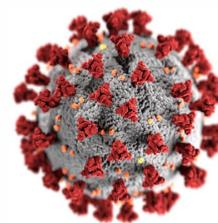
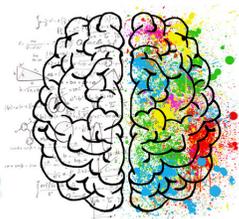
1) Robbins, Rebecca. "Pfizer Says Its Antiviral Pill Is Highly Effective in Treating Covid." The New York Times, The New York Times, 5 Nov. 2021, <https://www.nytimes.com/2021/11/05/health/pfizer-covid-pill.html>.

2) Person, and Pushkala Aripaka. "Britain Approves Merck's Covid-19 Pill in World First." Reuters, Thomson Reuters, 5 Nov. 2021, <https://www.reuters.com/business/healthcare-pharmaceuticals/britain-approves-mercks-oral-covid-19-pill-2021-11-04/>.

3) "Pfizer's Novel Covid-19 Oral Antiviral Treatment Candidate Reduced Risk of Hospitalization or Death by 89% in Interim Analysis of Phase 2/3 Epic-HR Study." Pfizer, Pfizer, <https://www.pfizer.com/news/press-release/press-release-detail/pfizers-novel-covid-19-oral-antiviral-treatment-candidate>.

# CE HIGHLIGHTS

*Looking Back at Our CE Events of 2021*



## Continuing Education Seminars

### JANUARY 2021

**The Role of the  
Community Pharmacist  
During the COVID-19  
Pandemic**

by Taiba Siddiqui, PharmD

**Psychological Insulin  
Resistance (PIR) in Type  
2 Diabetes?**

**Communication Tools  
for Healthcare Providers  
to Help Improve  
Glycemic Outcomes**  
by Ali Jilani, PharmD

### APRIL 2021

**The Role of Bone-  
Modifying Agents (BMAs)  
in Oncology**

by Muneeb Jilani, PharmD

**IVIIG: Past, Present, and  
Future**

by Fawad Piracha, PharmD

**Epidemiology of COVID-  
19**

by Leslie Lee, PharmD

**Overview of Law**  
by Karl D. Fiebelkorn, RPh,  
MBA

### OCTOBER 2021

**COVID-19 Treatment with  
Monoclonal Antibodies**  
by Fawad Piracha, PharmD

**Psychiatric and  
Psychosocial Disorders in  
Pediatrics**

by Samar Shamsi-Rehman,  
PharmD

**Overview of Major  
Depressive Disorder**  
by Zachary Piracha,  
PharmD

**A Review of Recent DEA  
Pharmacy Investigations  
and Related Resolution of  
Such Settlements**  
by James Schiffer, Attorney  
at Law, and Carlos Aquino

### NOVEMBER 2021

**Outpatient Therapies for  
COVID-19 Pneumonia**  
by Leslie Lee, PharmD

Interested in Presenting a CE?  
Contact M. Saleem at [info@papausa.com](mailto:info@papausa.com) for more info

# stay in the loop

## Latest Pharmacy News

### Drug Approvals

Approval Date	Drug Name	Active Ingredient	FDA-Approved Indication
10/29/21	Scemblix	Asciminib	To treat Philadelphia chromosome-positive chronic myeloid leukemia with disease that meets certain criteria
10/07/21	Tavneos	Avacopan	To treat severe active anti-neutrophil cytoplasmic autoantibody-associated vasculitis (granulomatosis with polyangiitis and microscopic polyangiitis) in combination with standard therapy, including glucocorticoids
09/29/2021	Livmarli	Maralixibat	To treat cholestatic pruritus associated with Alagille syndrome
09/28/21	Qulipta	Atogepant	To prevent episodic migraines
09/20/2021	Tivdak	Tisotumab vedotin-tftv	To treat recurrent or metastatic cervical cancer with disease progression on or after chemotherapy

### Drug Recalls

Recall Date	Company Name	Drug Name	Recall Reason
10/19/2021	Bryant Ranch Prepack	Methocarbamol 500mh	Bottles labeled as Methocarbamol 500mg contained Methocarbamol 750mg
10/12/2021	Teligent Pharma, Inc.	Lidocaine Hcl Topical Solution 4%	Super potent
10/01/2021	Bayer U.S. LLC	Lotrimin AF and Tinactin	Presence of benzene
09/26/2021	Eli Lilly and Company	Glucagon Emergency Kit	Loss of potency
09/16/2021	Pfizer	CHANTIX	N-nitroso-varenicline above acceptable intake level



### Recent Pharmacy Headlines



#### **Opioid taper and overdose risk: What pharmacists should know**

In the ongoing aftermath of the opioid crisis, it's common for physicians to attempt to wean some patients off opioids in favor of alternative means of pain management. But while the goal is increased safety for the patient, opioid tapering does not come without risks. A recent study in JAMA found a significant association between opioid dose tapering and both overdose and mental health crises.

#### **In case you missed it: new study warns against acetaminophen use during pregnancy**

A recent study published in Nature Reviews Endocrinology sheds light on the debate about acetaminophen use for pregnant women. After reviewing the medical literature on the topic going back 25 years, the research team is urging caution on the use of this common OTC during pregnancy because of the strong link associated with adverse neurological, urogenital, and reproductive outcomes in children.

#### **New impurities lurking in some heart medications**

Over the past few years, blood pressure medications have been recalled due to concerns about N-nitrosodimethylamine (NDMA), a probable carcinogen. But this may not be the only impurity to be worried about in these medications. As drug companies have addressed the NDMA issue, they have also found new potentially dangerous chemicals known as azido impurities.

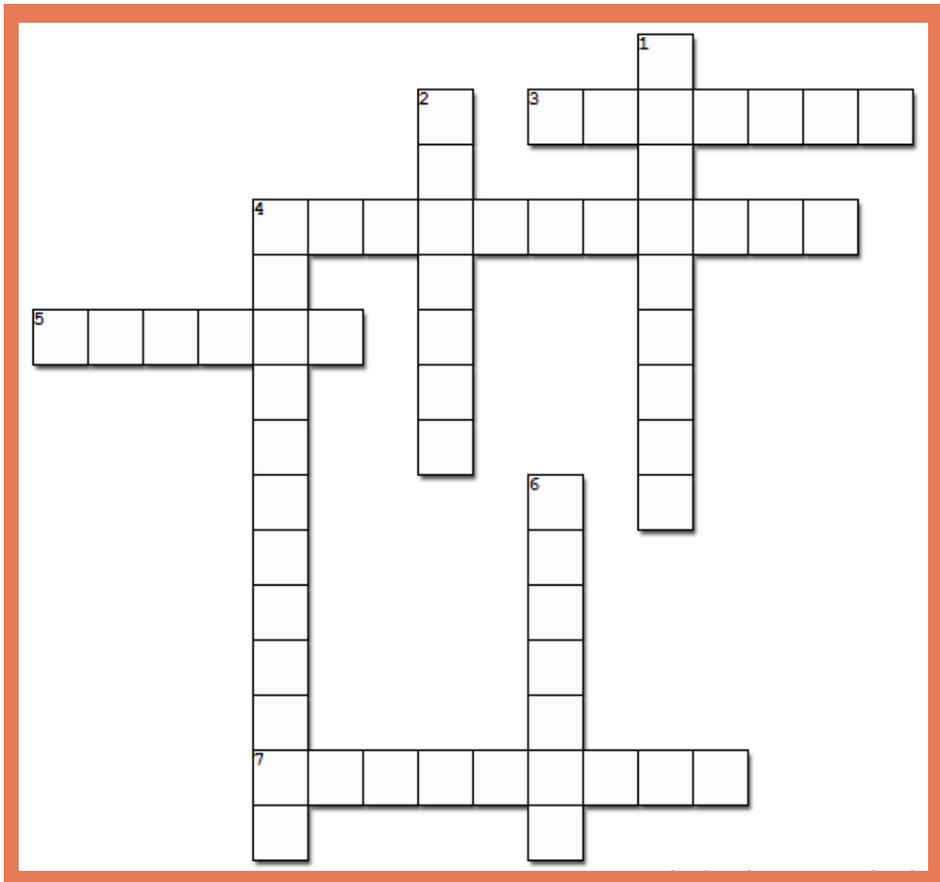
**OCT 29, 2021**  
**FDA AUTHORIZES**  
**PFIZER-BIONTECH**  
**COVID-19 VACCINE**  
**FOR EMERGENCY USE**  
**IN CHILDREN 5**  
**THROUGH 11 YEARS OF**  
**AGE**



# TRIVIA

test your knowledge

## CROSSWORD



### Across

3. Serotonin 1b/1d agonists effective in acute treatment of migraines
4. One of the two beta blockers used in migraine prevention
5. Pharmaceutical company approved by the FDA for EUA of COVID-19 vaccine in children 5 - 11
7. First line treatment in mild to moderate migraine attacks

### Down

1. Active ingredient in oral antiviral treatment for COVID-19
2. Plavix requires metabolism by this enzyme to be converted to the active drug
4. Vaccine recommended to people after the age of 65
6. Term for 3rd dose in COVID-19 vaccine series

## WORD SEARCH

These terms and topics were seen in this issue:

- prevnar
- titration
- rizatriptan
- placebo
- elections
- brilinta
- paxlovid
- venlafaxine
- vaccine
- antagonist
- pfizer
- coronary
- pandemic
- merck
- overdose

A	S	I	V	E	N	L	A	F	A	X	I	N	E
G	S	T	P	A	N	D	E	M	I	C	A	T	L
O	C	P	S	N	O	I	T	C	E	L	E	I	V
V	F	F	N	A	I	O	R	R	R	N	X	T	O
E	N	I	C	C	A	V	A	T	C	A	V	R	P
R	M	Z	R	A	R	R	N	E	O	T	P	A	A
D	O	E	A	T	R	C	T	L	R	P	Z	T	X
O	B	R	N	N	I	X	A	A	O	I	N	I	L
S	E	C	V	I	A	I	G	D	N	R	I	O	O
E	C	A	E	L	A	I	O	P	A	T	P	N	V
P	A	C	R	I	N	N	N	O	R	A	P	T	I
O	L	I	P	R	A	C	I	N	Y	Z	X	T	D
E	P	T	L	B	R	T	S	I	R	I	N	I	A
K	C	R	E	M	A	Z	T	A	S	R	E	S	C

# TRIVIA

*test your knowledge*

## FILL IN THE BLANKS

1. Those younger than 65 and \_\_\_\_\_\_\_\_\_\_ are recommended to get the pneumococcal vaccine
2. The \_\_\_\_\_\_\_\_\_\_ lisinopril dose at 10mg/day for 7 days then 20 mg daily reduced duration and intensity of headaches
3. New study issues \_\_\_\_\_\_\_\_\_\_ against acetaminophen use during pregnancy
4. Clopidogrel requires the prodrug to be converted to the active drug by \_\_\_\_\_\_\_\_\_\_, while Ticagrelor is already active
5. Pfizer's \_\_\_\_\_\_\_\_\_\_ rate is at 89%, while Merck has reached 50%
6. It's the season for festive lights, shopping, and \_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_ is a small-molecule CGRP receptor antagonist administered orally that is effective for migraine prevention

Bonus Word: \_\_\_\_\_



All the answers are found in this issue! Be the first one to email us the **bonus word** and get a shoutout in our next newsletter!



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# إِنَّا لِلّٰهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

"Surely we belong to Allah, and to Him we shall return"

This previous year was tumultuous as PAPA dealt with the loss of several dear members. We would like to extend our sincere condolences to the following beloved members and allies, and pray for their families during this difficult time.

**Samiur Rehman**, Past President, General Secretary and active Board member  
Samiur Rehman came to America in 1989 after graduating from the University of Karachi. He was very active in the professional community and leaves behind a wife, three daughters, and one son.

The **2021 PAPA Scholarship of St. John's University** will be awarded to a Pharmacy Student in recognition of his dedication and support.



**Saleem Tatari**, Board member

Saleem Tatari was a very active and dedicated board member. He was a fellow graduate of the University of Karachi, and is survived by his wife and four children. He was also one of the founding members of Hillside Islamic Center.

The **2021 PAPA Scholarship of Long Island University** will be awarded to a Pharmacy Student in recognition of his loyalty and services.



**Akbar Merchant**, CEO and Owner of Micro-Merchant

Akbar Merchant was an instrumental part of the PAPA community, most members being independent pharmacy owners who utilized his software.

The **2021 PAPA Scholarship of Touro College of Pharmacy** in recognition of his services and support towards the Pharmacy Profession.

"Oh Allah, forgive him and have mercy on him, and give him strength and pardon him. Be generous to him, and cause his entrance to be wide, and wash him with water and snow and hail. Cleanse him of his transgressions as white cloth is cleansed of stains. Give him an abode better than his home, and a family better than his family, and a wife better than his wife. Take him into Paradise, and protect him from the punishment of the grave [and from the punishment of Hell-fire]."

Reference: Muslim 2/663.

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