

Generic Viagra available early!

Pfizer settled its litigation lawsuit against Teva, relating to the patent covering the use of Viagra[®] to treat erectile dysfunction (ED) which expires in April 2020 (this includes pediatric exclusivity). As a result of the settlement, Teva will be allowed to launch . . . [More Details](#)

Priapism with ADHD medications

The FDA has issued a warning that atomoxetine (Strattera[®]) and methylphenidate-containing products that are used to treat attention deficit hyperactivity disorder (ADHD), may cause rare instances of priapism (prolonged and painful erections). Priapism can . . . [More Details](#)

Testosterone Supplementation

A recent study published online in the Journal of Clinical Endocrinology and Metabolism in January 2014 identified a significant increase in testosterone testing and replacement. The study identified 1,114,329 men in the U.S. and 66,140 . . . [More Details](#)

Heart Attack Risk Following Testosterone Therapy

With the significant increase in testosterone replacement therapy prescriptions in the past five years, it is important to understand the long-term risk associated with its use. A study published in January in PLOS One evaluated the risks of non-fatal myocardial . . . [More Details](#)

Smoking and Cancer

Men diagnosed with cancer who continue to smoke are at a greater risk of mortality when compared with men who successfully stop smoking. In a study published in Cancer Epidemiology, Biomarkers & Prevention, researchers prospectively evaluated 18,244. . . [More Details](#)

Electronic Cigarettes

Electronic cigarettes (e-cigarettes) are cigarette-shaped battery-powered nicotine vapor delivery devices. They are growing rapidly in popularity. Two studies conducted by the CDC indicate that over 50 percent of respondents are aware of . . . [More Details](#)

Long-Term Safety Effects of Testosterone Unknown

Testosterone therapy is often marketed to consumers for “low T”. There are studies that show short-term benefits, but there are few studies evaluating the long-term safety. A recent study evaluating testosterone therapy in frail older men was stopped early . . . [More Details](#)

Advanced Prostate Cancer Treatment

Data recently presented at the 2014 Genitourinary Cancers Symposium show an increased survival in men with castration-resistant prostate cancer (CRPC), when treated with enzalutamide (Xtandi[®]). The study involved 1,717 men with CRPC that had . . . [More Details](#)

Driving with Attention-Deficit/Hyperactivity Disorder (ADHD)

[More Details](#)

Alpha blockers vs Alpha Blockers Plus Anticholinergics for Benign Prostatic Hyperplasia

[More Details](#)

Upcoming Events and Reminders

- [Communication Skills Series](#)
 - [Wellness—What's Happening? - August 22—23](#)
 - [Know a Community Pharmacist—Refer them to ACA](#)
 - [New 2014 Training Schedule](#)
- [More Details](#)

Thanks to our Corporate Members & Affiliates

ACA Corporate Members

AirClean[®] Systems; Attix Pharmaceuticals; B & B Pharmaceuticals; Diversified Pharmaceutical Ingredients, LLC; Fagron; Freedom Pharmaceuticals, Inc.; HD Smith; Health Engineering Systems**; Humco Compounding; LETCO Medical**; Mallinckrodt**; MEDISCA; Medistat; Moore's Pharmacy; Paddock Laboratories, Inc**; Pharmacy Marketing Quarterly; Prescribe Wellness; Professional Compounding Centers of America**; Tacit Almonds, LLC; and The Compounders Group.

ACA Corporate Affiliates

CompoundingToday.com; International Academy of Compounding Pharmacists; International Journal of Pharmaceutical Compounding; Pain Treatment Topics; PBA Health; Pharmacist Letter; Pharmacy Compounding Accreditation Board; Pharmacy Technician Letter; Prescribe Wellness; RS Software; RXinsider; Storey Marketing and Xenex Laboratories.

** REF Corporate Life Members

Generic Viagra available early!

Pfizer settled its litigation lawsuit against Teva, relating to the patent covering the use of Viagra® to treat erectile dysfunction (ED) which expires in April 2020 (this includes pediatric exclusivity). As a result of the settlement, Teva will be allowed to launch a generic version of sildenafil on December 11, 2017, in the U.S. Teva will pay a royalty for a license to produce generic sildenafil. Teva has received tentative approval from the U.S. Food and Drug Administration (FDA) for its generic version of sildenafil. Viagra® was originally approved on March 27, 1998 to treat ED.

Pfizer Press Release (12/17/2013)

Priapism with ADHD medications

The FDA has issued a warning that atomoxetine (Strattera®) and methylphenidate-containing products that are used to treat attention deficit hyperactivity disorder (ADHD), may cause rare instances of priapism (prolonged and painful erections). Priapism can occur at any age in males. It is unclear as to the true number of priapism cases, but it appears to be more common with atomoxetine. The FDA recommends discussing this issue with male patients, especially since young males who haven't reached puberty may not recognize or understand the problem, as well as they may be embarrassed. Caution is advised when transitioning patients from methylphenidate products to atomoxetine. Products in the methylphenidate list include: Concerta®, Daytrana®, Focalin/Focalin XR®, Metadate CD®/Metadate ER®, Methylin/Methylin ER®, Quillivant XR®, Ritalin®/Ritalin LA®/Ritalin SR®. You are encouraged to report any episodes to the FDA's MedWatch Safety Information and Adverse Event Reporting Program using one of the following procedures.

- Complete and submit the report online: www.fda.gov/MedWatch/report.htm
- Download the form or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

Methylphenidate (12/17/2013)

FDA Safety Announcement (12/17/2013)

FDA Drug Safety Communication: FDA warns of rare risk of long-lasting erections in males taking methylphenidate ADHD medications and has approved label changes

<http://www.fda.gov/Drugs/DrugSafety/ucm375796.htm>

Testosterone Supplementation

A recent study published online in the Journal of Clinical Endocrinology and Metabolism in January 2014 identified a significant increase in testosterone testing and replacement. The study identified 1,114,329 men in the U.S. and 66,140 men in the U.K. who had a testosterone laboratory measurement and 410,019 men in the U.S. and 6,858 UK men who initiated some type of testosterone replacement. The U.S. testing showed that there has been a significant increase in the number of men with normal levels, yet they tend to have replacement initiated. The study also showed a significant number of men initiate testosterone replacement without a recent laboratory evaluation. It is important to remind patients that safety and efficacy has not been truly evaluated in men with normal testosterone concentrations and that more harm may come from replacement. (*Testosterone Lab Testing and Initiation in the United Kingdom and the United States, 2000 to 2011. The Journal of Clinical Endocrinology and Metabolism. January 1, 2014 Ahead of Print. DOI: <http://dx.doi.org/10.1210/jc.2013-3570>*)

Heart Attack Risk Following Testosterone Therapy

With the significant increase in testosterone replacement therapy prescriptions in the past five years, it is important to understand the long-term risk associated with its use. A study published in January in PLOS One evaluated the risks of non-fatal myocardial infarction (MI) following testosterone therapy (TT) in men. The study evaluated 55,593 men in a large healthcare database following the initiation of TT. Results showed a two-fold increase in the risk of MI in the 90 days after the initial TT fill in men 65 and older, regardless of cardiovascular history. Risk began to decline toward baseline from 91 to 180 days. For younger men, there was a 2-3 fold increase in MI risk in the initial 90 days, if the men presented with a history of cardiovascular disease. It is important to counsel men on the potential of cardiovascular disease and for them to be able to identify the signs and symptoms of MI when initiating TT therapy. (*Increased Risk of Non-Fatal Myocardial Infarction Following Testosterone Therapy Prescription in Men. PLOS One 2014; 9(1): e85805.*) (<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0085805>)

Smoking and Cancer

Men diagnosed with cancer who continue to smoke are at a greater risk of mortality when compared with men who successfully stop smoking. In a study published in *Cancer Epidemiology, Biomarkers & Prevention*, researchers prospectively evaluated 18,244 men for 25 years. Participants were males between 45 and 64 years of age with no prior history of cancer. This population-based study evaluated the association between post-cancer diagnosis smoking and risk of all-cause death among the 1,632 patients diagnosed with cancer during the evaluation period. Patients who continued to smoke post-cancer diagnosis experienced a 59 percent increased risk of death compared with patients who stopped smoking after cancer diagnosis. This shows the continued importance of offering smoking cessation opportunities for your male patients diagnosed with cancer.

(Impact of Postdiagnosis Smoking on Long-term Survival of Cancer Patients: The Shanghai Cohort Study. Cancer Epidemiol Biomarkers Prev. 2013; 22: 2404-2411)

Electronic Cigarettes

Electronic cigarettes (e-cigarettes) are cigarette-shaped battery-powered nicotine vapor delivery devices. They are growing rapidly in popularity. Two studies conducted by the CDC indicate that over 50 percent of respondents are aware of e-cigarettes and among current smokers, over 20 percent have used them. A study in New Zealand evaluated the use of e-cigarettes for smoking cessation. They found that the group using e-cigarettes had similar abstinence rates to those using patches and placebo e-cigarettes. There is still much unknown about e-cigarettes such as what are the risks associated with inhaling the nicotine vapor, what other harmful substances may be present, and how harmful is second hand vapor. The FDA is looking to regulate these products.

Long-Term Safety Effects of Testosterone Unknown

Testosterone therapy is often marketed to consumers for “low T”. There are studies that show short-term benefits, but there are few studies evaluating the long-term safety. A recent study evaluating testosterone therapy in frail older men was stopped early because adverse cardiovascular events occurred more rapidly in the treatment group compared to the placebo group. (*Association of testosterone therapy with mortality, myocardial infarction, and stroke in men with low testosterone levels. JAMA. 2013 Nov 6; 310(17): 1829-1836*)

Advanced Prostate Cancer Treatment

Data recently presented at the 2014 Genitourinary Cancers Symposium show an increased survival in men with castration-resistant prostate cancer (CRPC), when treated with enzalutamide (Xtandi®). The study involved 1,717 men with CRPC that had metastasized beyond the prostate and were given enzalutamide prior to chemotherapy. Enzalutamide treatment resulted in an 81 percent decrease in radiographic tumor progression and a 30 percent reduction in mortality. This phase III trial was stopped early due to the overall benefits seen at the interim analysis. Additionally, the median time to chemotherapy initiation was 28 months in the enzalutamide group compared with 10.8 months in the placebo group. Enzalutamide was initially approved in 2012 to treat metastatic prostate cancer after docetaxel chemotherapy. It is a second-generation androgen-receptor blocker that has shown improved survival when given post-docetaxel.

(<http://investors.medivation.com/releasedetail.cfm?ReleaseID=815018>; http://www.nytimes.com/2014/01/29/health/drug-shows-promise-in-advanced-prostate-cancer-when-used-before-chemotherapy.html?hpw&rref=health&_r=0)

Driving with Attention-Deficit/Hyperactivity Disorder (ADHD)

Data published in JAMA Psychiatry in January 2014 showed that male patients with ADHD had a 58 percent reduction in serious auto accidents if they were taking medication to control symptoms. A total of 17,408 patients with a diagnosis of ADHD were identified and observed from 2006 to 2009. To evaluate the effect of ADHD medications, risk of accidents while on medication was compared with accidents during a nonmedication period, within the same patients. Estimates of the population suggest that 41-49 percent of accidents in male patients with ADHD may have been avoided if they had been receiving medication during the follow-up period. Of note, there was no increased accident in female patients during the medication and nonmedication follow-up. (*Serious Transport Accidents in Adults With Attention-Deficit/Hyperactivity Disorder and the Effect of Medication. JAMA Psychiatry Published online January 29, 2014. doi:10.1001/jamapsychiatry.2013.4174*)

Alpha blockers vs Alpha Blockers Plus Anticholinergics for Benign Prostatic Hyperplasia

Researchers conducted a meta-analysis of seven studies to compare alpha blocker monotherapy to combination therapy (alpha blocker plus anticholinergic agent) for treatment of benign prostatic hyperplasia (BPH). Alpha-blockers work by relieving the obstructive symptoms, but often the patient still has other “storage” symptoms such as frequency, urgency, or nocturia. In patients with BPH, the results showed that combination therapy improved symptoms on a storage subscale of the International Prostate Symptom Score scale; however, it is not clear whether the difference of 0.7 points on the scale has clinical relevance. Patients who added on anticholinergic therapy were more likely to experience acute urinary retention during the twelve weeks of treatment. There are other side effects that are of concern with anticholinergics. Practitioners should consider each patient and determine whether the benefits of combination therapy outweigh the potential harms. (*The efficacy and safety of combined therapy with α -blockers and anticholinergics for men with benign prostatic hyperplasia: A meta-analysis. J Urol 2013 Dec; 190:2153. <http://dx.doi.org/10.1016/j.juro.2013.05.058>*)

Communication Skills in Selecting and Managing “Our Most Valuable Resource”

ACA is launching a **LIVE, 4-part series, 1-hour webinars on Communication Skills.**

Presented by Dr. Jeremy Fyke, Assistant Professor, Communication Studies & Corporate Communication, Diederich College of Communication, Marquette University.

In any industry, effective communication is the life blood of organizations. Communication (or lack thereof) impacts a host of business-related concerns and functions. Whether focused on managing conflict, providing feedback, conducting performance reviews, or maintaining a positive and productive culture, communication skills play a vital role in the effectiveness of organizations. Employee development begins early on in the socialization process into an organization. Thus, this 4-part webinar series will develop communication skills in interviewing, retaining and motivating and engaging employees in the pharmacy setting.



Part I: Communication Skills Series: “Finding the “Right Fit”: Beginning Interviewing Skills and Techniques”
Wednesday, April 16

Part II: Communication Skills Series: “Finding the “Right Fit”: Advancing Interviewing Skills and Techniques”
Wednesday, April 23

If you missed Part I and II remember all sessions will be available in our On-Demand library 24 hours after the session.

Part III: Communication Skills Series: “Motivating and Retaining Employees through Performance Reviews and Feedback”
Wednesday, April 30

Time - 10:00 am CST (8:00 am PT, 9:00 am MT, 11:00 am EST) for 1 hour
ACPE UAN 0201-0000-14-059-L04 P/T

Part IV: Communication Skills Series: “Cultivating Participation and Motivation through Employee Identification”
Tuesday, May 6

Time - 10:00 am CST (8:00 am PT, 9:00 am MT, 11:00 am EST) for 1 hour
0201-0000-14-060-L04 P/T

This program is made possible through an unrestricted educational grant-in-aid from Humco.



Register Today!

Visit: www.acainfo.org

Call: ACA at (901) 383-8119

ACA Members: \$45/webinar

ACA Non-Members: \$70/webinar

Bundle Deals

Register for Part I & II together to
save \$10

Register for Part III & IV together to
save \$10



The American College of Apothecaries (ACA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



Wellness - What's Happening?

Establish your pharmacy as a local health and wellness support center. Education, resources and marketing that will help improve your patients' outcomes and your pharmacy's success. 12 hours of continuing education for pharmacists and pharmacy technicians.

CE sessions will include a variety of topics:

- Nutrient Depletion
- Women's Health and BHRT
- Making Money with MTM Services
- Andropause
- Reducing Your Stress
- Improving Adherence & Outcomes by Behavior Change
- Obesity in Obamacare
- Health Care Providers Maintaining Compliant Pharmacy Practices
- and more!

Arrive early for the Thursday evening "Meet & Greet" reception. Continuing education sessions will be all day Friday and until noon on Saturday.

Hotel Reservations

The Renaissance Tulsa Hotel & Convention Center. Room reservations can be made [online here](#). The ACA group room rate is \$94 plus taxes per night.

You must book by 07/31/14 to receive the group rate.



2014 Class Schedule

January

10 – 12 Regional High Risk – Conway, AR – ACA
15 & 16 Compounding Pain Meds – Letco
17 & 18 Aseptic Technique Compounding – ACA
22 & 23 Contemporary Prescription Compounding (ACA)
31 & 1st Basic Veterinary Compounding – Letco

February

10 Pharmacy Calculations – A Review – ACA
21 & 22 Aseptic Technique Compounding – LETCO
24 & 25 High Risk Compounding – LETCO
28 & 1ST Women's Health Compounding – LETCO

March

11 & 12 Contemporary Prescription Compounding – ACA
25 & 26 Compounding Pain Meds – LETCO

April

1 & 2 High Risk Sterile Compounding – ACA
11 & 12 Basic Veterinary Compounding – LETCO
14 & 15 Aseptic Technique – ACA
25 & 26 Women's Health Compounding – ACA

May

5 & 6 Compounding Pain Meds – ACA

June

18 & 19 Basic Veterinary Compounding – ACA

July

14 & 15 Aseptic Technique – ACA
16 & 17 High Risk Sterile Compounding – ACA
21 Pharmacy Calculations – A Review – ACA
22 & 23 Contemporary Prescription Compounding – ACA
25 & 26 Women's Health – LETCO
28 & 29 Compounding Pain Meds – ACA

August

5 & 6 Aseptic Technique Compounding – LETCO
7 & 8 High Risk Sterile Compounding – LETCO
18 Pharmacy Calculations – A Review – ACA
19 & 20 Compounding Pain Meds – LETCO
29 & 30 Basic Veterinary – ACA

September

12 & 13 Aseptic Technique Compounding – ACA
15 & 16 Contemporary Prescription Compounding – ACA
26 & 27 Basic Veterinary Compounding – LETCO
Hospice & Palliative Care for Pets (t)

October

7 & 8 Compounding Pain Meds – ACA
10 & 11 Women's Health Compounding – ACA
13 & 14 Dentistry Compounding – Human & Vet. (t)
24 & 25 Advanced Compounding – ACA

November

5 & 6 Contemporary Prescription Compounding – ACA
13 Pharmacy Calculations – ACA
14 & 15 Women's Health Compounding – ACA
18 & 19 Aseptic Technique Compounding – ACA
20 & 21 High Risk Sterile Compounding – ACA

December

2 & 3 Aseptic Technique Compounding – LETCO
4 & 5 High Risk Sterile Compounding – LETCO
11 & 12 Contemporary Prescription Compounding – ACA