Summary of the Actions of the March Virtual House of Delegates

March 16-23, 2018

ashp
pharmacists advancing healthcare®

The House of Delegates

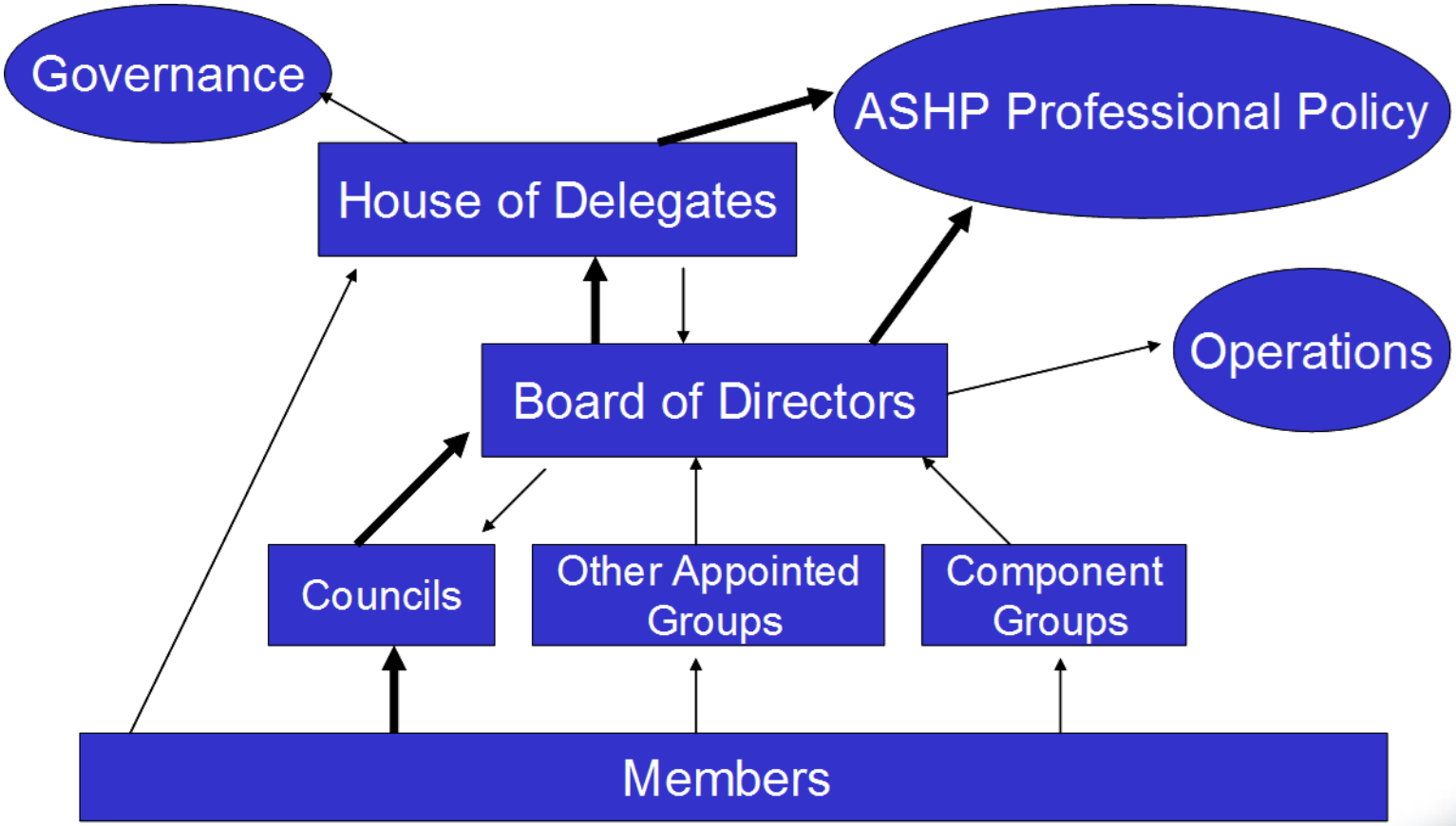
Ultimate authority over ASHP professional policies

One annual session consisting of 4 meetings: 2 meetings at the ASHP Summer Meeting and 2 virtual meetings in the spring and fall

Reviews policy proposals that have been approved by the Board of Directors

Most of these professional policy proposals are contained in reports from ASHP councils

ASHP Policy Process



CPM: Unit Dose Packaging Availability

Source: Council on Pharmacy Management

To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages or, when applicable, in packaging that reduces medication waste; further,

To urge the Food and Drug Administration to support this goal in the interest of public health and healthcare worker and patient safety.

(Note: This policy would supersede ASHP policy 0309.)

CPM: Gene Therapy

Source: Council on Pharmacy Management

To assert that health-system decisions on the selection, use, and management of gene therapy agents should be managed as part of the medication formulary system in that (1) decisions are based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, comparative effectiveness , and pharmacoeconomic factors that result in optimal patient care; and (2) such decisions must include the active and direct involvement of physicians, pharmacists, and other appropriate healthcare professionals; further,

To advocate that gene therapy be documented in the permanent patient health record; further,

To advocate that documentation of gene therapy in the permanent patient health record accommodate documentation by all healthcare team members, including pharmacists.

(Note: This policy would supersede ASHP policy 0103.)

CPhP: Medications Derived from Biologic Sources

Source: Council on Pharmacy Practice

To discontinue ASHP policy 0809, Medications Derived from Biologic Sources, which reads:

To encourage pharmacists to take a leadership role in their health systems for all aspects of the proper use of medications derived from biologic sources, including preparation, storage, control, distribution, administration procedures, safe handling, and therapeutic applications; further,

To facilitate education of pharmacists about the proper use of medications derived from biologic sources.

(Note: Section 351(a) of the Public Health Service Act [42 U.S.C. 262(a)] defines biological product as follows: a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or analogous product, or arsphenamine or derivative of arsphenamine [or any other trivalent organic arsenic compound], applicable to the prevention, treatment, or cure of a disease or condition of human beings.)

CPhP: Role of Pharmacists and Business Leaders in Health Care Services and Policies

Source: Council on Pharmacy Practice

To discontinue ASHP policy 9819, Role of Pharmacists and Business Leaders in Health Care Services and Policies, which reads:

To support the principle that business leaders and health professionals must share responsibility and accountability for providing optimal health care services to patients; further,

To support the principle that business leaders should expect practicing pharmacists to formulate policies that affect the prerogative of pharmacists to make optimal care decisions on behalf of patients.

CPuP: Confidence in the U.S. Drug Approval and Regulatory Process

Source: Council on Public Policy

To support and foster legislative and regulatory initiatives designed to improve public and professional confidence in the drug approval and regulatory process in which all relevant data are subject to public scrutiny.

(Note: This policy would supersede ASHP policy 9010.)

CPuP: Size, Color, and Shape of Drug Products

Source: Council on Public Policy

To discontinue ASHP policy 8310, Size, Color, and Shape of Drug Products, which reads as follows:

To approve the authority of manufacturers to copy the size, shape, and color of generically equivalent drug products as a means of promoting better patient compliance (rational drug therapy), but only when the source and identity of the product are readily ascertainable from a uniform mark or symbol on the product.

COT: Drug Dosing in Conditions that Modify Pharmacokinetics or Pharmacodynamics

Source: Council on Therapeutics

To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,

To advocate healthcare provider education and training that facilitate optimal patient-specific dosing in populations of patients with altered pharmacokinetics and pharmacodynamics; further,

To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions; further,

To collaborate with stakeholders in enhancing aggregation and publication of and access to data on the effects of such pharmacokinetic and pharmacodynamic changes on drug dosing within these patient populations.

(Note: This policy would supersede ASHP policy 1720.)

COT: Appropriate Dosing of Medications in Patient Populations with Unique Needs

Source: Council on Therapeutics

To discontinue ASHP policy 0228, Appropriate Dosing of Medications in Patient Populations with Unique Needs, which reads:

To advocate reforms in medication-use systems, including electronic systems, and healthcare provider education and training that facilitate optimal patient-specific dosing in populations of patients with altered pharmacokinetics and pharmacodynamics.

COT: DEA Scheduling of Hydrocodone Combination Products

Source: Council on Therapeutics

To discontinue ASHP policy 1314, DEA Scheduling of Hydrocodone Combination Products, which reads:

To advocate that the Drug Enforcement Administration (DEA) reschedule hydrocodone combination products to Schedule II based on their potential for abuse and patient harm and to achieve consistency with scheduling of other drugs with similar abuse potential.

Questions or Suggestions?

Feel free to contact:

Amber Lucas, Chair, ASHP House of Delegates:

hodchair@ashp.org

ASHP: https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Participate-in-Guidance-Development