

THE DAILY DOSE

UGA APhA-ASP Newsletter



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UPCOMING DATES

- Early Registration Deadline for APhA Annual - **February 28th**
- APhA2021 Annual Meeting - **March 12th-15th**
- **General Body Meeting - March 16th**
- Election Ballot Available - **March 16th-23rd**
- **Speaker - March 25th**
- Election Voting - **March 25th-29th**
- Multicultural Health Fair - **April 10th**



POLICY CORNER

DAY AT THE DOME

SENATE BILL 46 THAT EXPANDS THE VACCINES PHARMACISTS CAN ADMINISTER VIA PROTOCOL TO ALL ACIP RECOMMENDED VACCINES FOR ADULTS, INCLUDING THE COVID-19 VACCINE

BACK THE PAC

TO DONATE, TEXT "ACTION" TO 50155

LINK TO DONATE WILL ALSO BE INCLUDED BELOW THE DOSE

APHA MEMBERS CAN DONATE FROM NOW UNTIL MARCH 5TH

EMAIL OUR VP OF POLICY, TOMMY TUGGLE, FOR MORE INFORMATION

February Recap

by Carlin Williams

Hello APhA-ASP! Welcome back to the Daily Dose. I hope that everyone is having a great semester and is looking forward to our quickly approaching election season here at the College of Pharmacy. In this issue of our monthly newsletter, you can find helpful information regarding our upcoming election in addition to some words of wisdom from two of our fantastic executive board members.

Additionally, we take the time this month to recognize our Member of the Month, Ally Eubanks, and give a huge congratulations to the winner of our **Patient Counseling Competition, Chloe Baskowitz!** We wish you the best of luck representing our chapter nationally at this year's Annual meeting. I hope to see many of you at this event while we enjoy keynote speakers such as **Dan Schneider from Netflix's "The Pharmacist"**.

I encourage you all to consider running for an executive position for the 2021-2022 school year and to become a part of our amazing team!

See you all next month!

ALL ABOUT *Elections*

WHAT IS APhA-ASP?

The mission of the APhA Academy of Student Pharmacists (APhA-ASP) is to be the collective voice of student pharmacists, to provide opportunities for professional growth, to improve patient care, and to envision and advance the future of pharmacy.



HOW TO RUN FOR EXEC

The ballot form will be released on **Tuesday, March 16th** and will be open for submissions until **Tuesday, March 23rd at 5pm**. Candidates are allowed to run for up to **3 positions**. APhA-ASP members will vote using Qualtrics to vote anytime from the morning of **Thursday, March 25th** through **Monday, March 29th at 5pm**.

HOW TO PREPARE

Consider the positions you wish to run for and the running order for elections, as individual priority is not taken into consideration. Prepare a "personal statement" of 200 words or less for each position. Be sure to highlight your skills, experiences, and why you would excel in each position!



EXEC PERSPECTIVES

**Maddie Marsh,
President-Elect**

In my position, I have the opportunity to care for the people on exec as well as the people we serve through our events. A lot of people say they chose pharmacy "to help people", and I get to do that in so many capacities! I love it.

**Ryan Bok,
Operation Heart
Co-Chair**

On exec, you're surrounded by people who are dedicated to involvement and service in the same way that you are. In the past two years, I've had the opportunity to work with two incredible presidents as well as several wonderful vice presidents and co-chairs. They provided examples of leadership that I will not quickly forget.



MEMBER OF THE MONTH

ALLY EUBANKS

Where are you from? Jesup, Georgia

What year are you? P2

What is your favorite part about APhA?

I enjoy that I can join the committees and initiatives for which I have a strong passion! As well as having the opportunity to work with classmates and the community.

What are your plans after pharmacy school? I plan to apply to clinical care residencies to hopefully work in a hospital or clinic setting.

What is a fun fact about you? My very first pharmacy experience was in a veterinary hospital pharmacy!

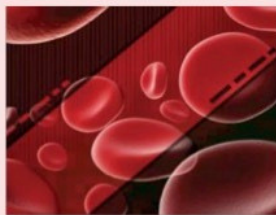
OPERATION INPHARMATION

February: American Heart Month

The RIVER Trial

By Ryan Bok and Trevor Palatine
APhA-ASP Operation Heart Co-Chairs

Both warfarin and direct oral anticoagulants (DOACs) have places in therapy for prevention of stroke in atrial fibrillation patients. AHA/ACC/HRS guidelines recommend DOACs in atrial fibrillation patients who require anticoagulation, except in those who have moderate-to-severe mitral stenosis or a mechanical heart valve.¹ The recommendation is based on trials that showed DOACs were at least noninferior to warfarin for preventing stroke and systemic embolism.²⁻⁵ However, most patients in these studies did not have valvular disease. Therefore, the Rivaroxaban for Valvular Heart Disease and Atrial Fibrillation (RIVER) trial, published last November, compared rivaroxaban and warfarin in atrial fibrillation patients with a bioprosthetic mitral valve.⁶



The RIVER trial had an open-label design and was conducted at 49 sites in Brazil. 1,005 patients with atrial fibrillation and a bioprosthetic mechanical valve were randomly assigned to receive either rivaroxaban 20 mg daily or warfarin that was adjusted to a goal international normalized ratio (INR) of 2.0-3.0. The study aimed to determine whether rivaroxaban was noninferior to warfarin with regard to the primary outcome, which was a composite of death, major cardiovascular events, or major bleeding. Patients were followed for 12 months.

A primary event occurred at an average of 347.5 days in the rivaroxaban group and 340.1 days in the warfarin group ($p < 0.001$ for noninferiority). The individual components of the primary endpoint occurred at similar rates in the two groups.

RIVER was a step forward in the effort to assess the efficacy of DOACs in atrial fibrillation patients with valvular conditions. Studies that build upon the RIVER results should ideally be multinational and include patients with mechanical valves to increase generalizability. Compared to warfarin, DOACs allow patients to make fewer trips to the clinic for laboratory monitoring and come with fewer concerns of drug-drug and drug-food interactions. Continued research in this area should be expected and could extend the benefits of the DOAC option to a broader population.

References

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