



49th ASHP Midyear Clinical Meeting & Exhibition
Anaheim, California | December 7–11, 2014

PHARMACOGENOMICS AND EXHIBITION HALL

Dr. Ignacio Cardona Pascual
Hospital Universitari Vall d'Hebrón



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PHARMACOGENOMICS

Dr. Ignacio Cardona Pascual
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Medicina individualizada

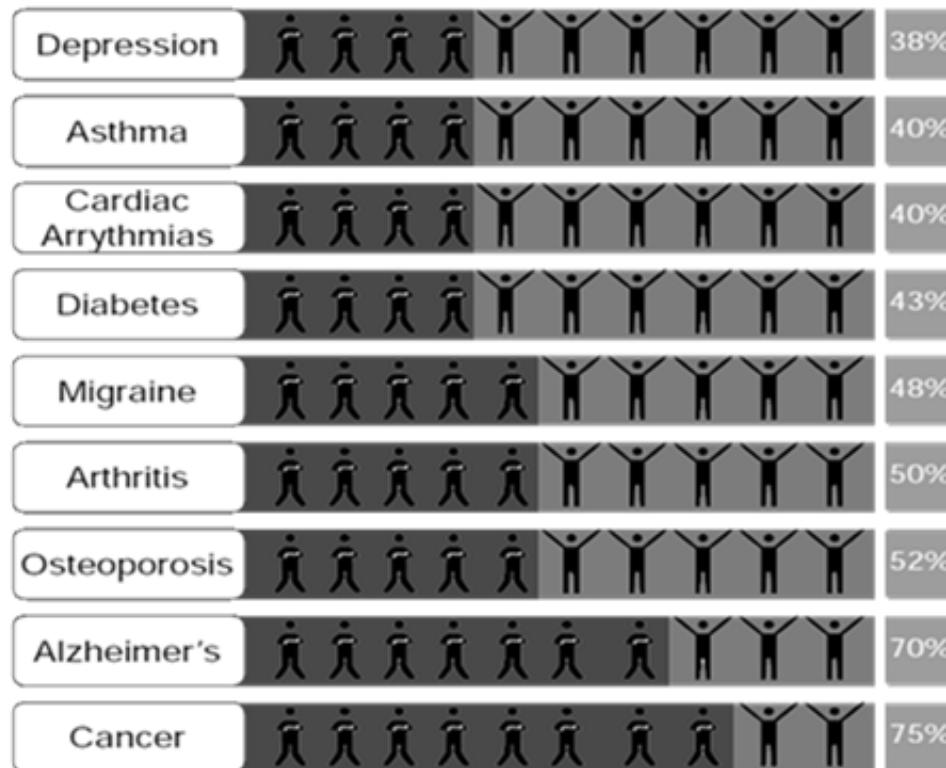
Achieving “personalized medicine”



Porque no responden los pacientes?

Medications often don't work for people

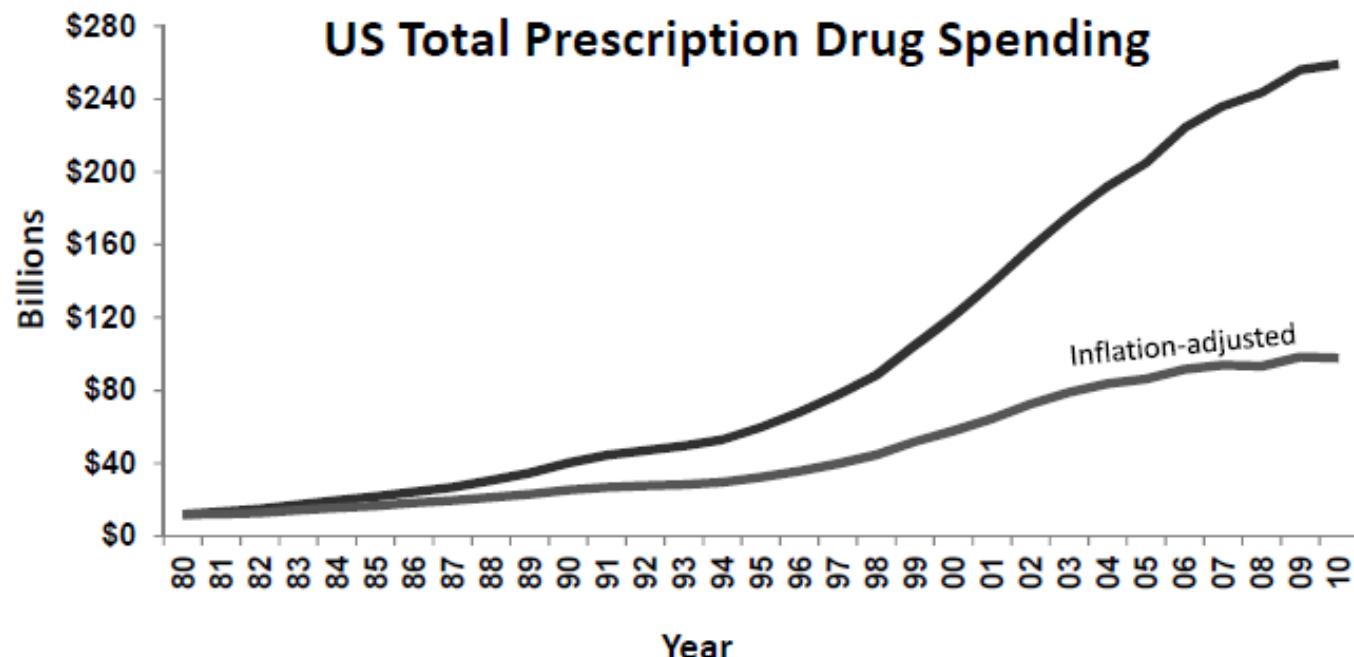
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% of patients
for whom
drugs are
ineffective

Tto. “indiscriminado”=coste y ef. 2rios

“Trial and Error” pharmacotherapy is costly THE 2014 midyear CALIFORNIA

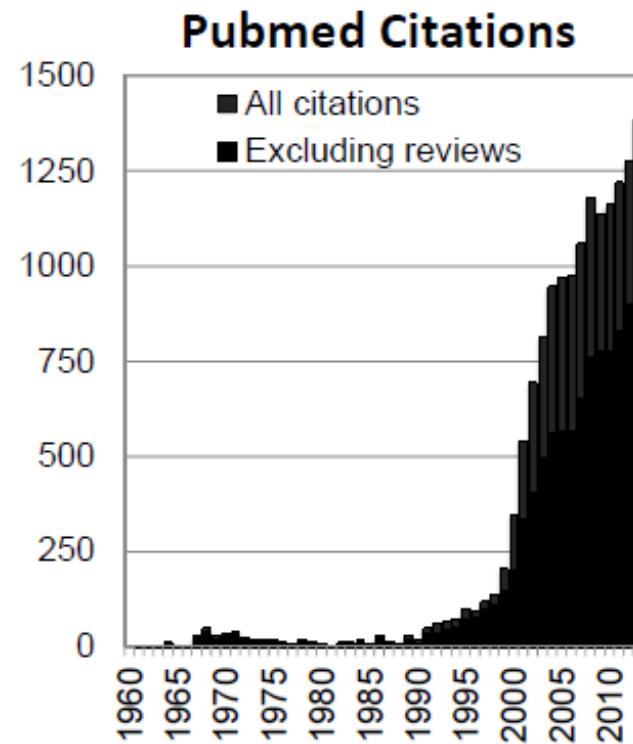
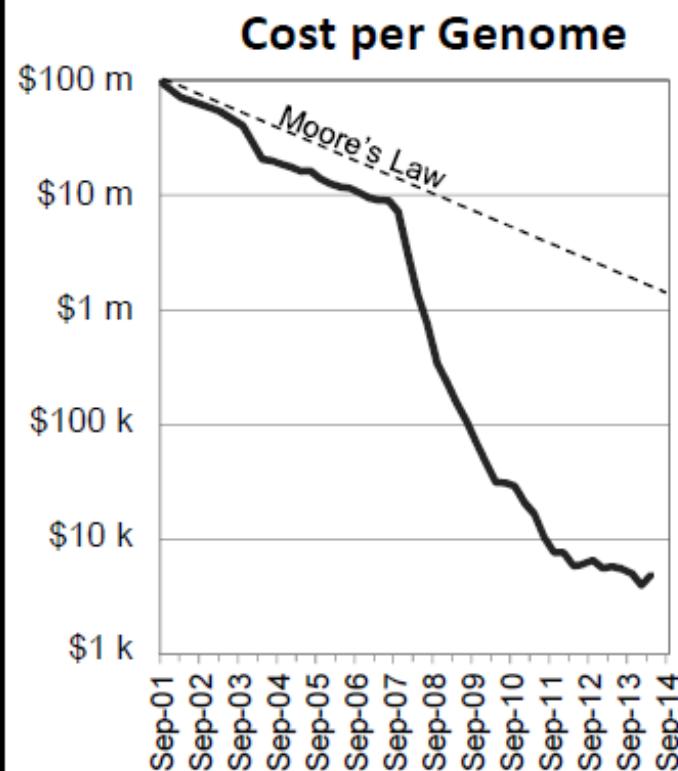


Care/reimbursement models: volume-based → value-based

Pruebas al alza, costes a la baja

Emergence of PGx: a wealth of data

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NHGRI, www.genome.gov/sequencingcosts, 9/2014

Empey et al. Crit Care Med. 38(6):S106-16

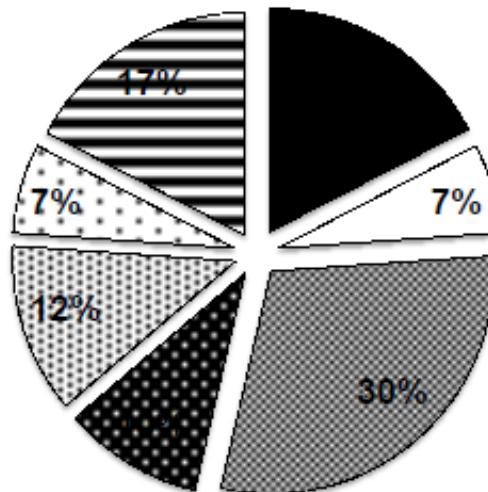
Info. genética en ficha técnica

PGx is already in medication label THE 2014 midyear CALIFORNIA

138 drugs currently have genetic data in their FDA-approved product labeling

Therapeutic area:

- psychiatry
- neurology
- ▣ oncology
- CV
- ▣ ID
- GI
- other



❖ Key examples:

- codeine
- azathioprine
- statins
- clopidogrel
- proton pump inhibitors
- abacavir
- carbamazepine
- warfarin

18 guías publicadas

Making sense of the data



PharmGKB

CPIC: Implementing PGx
a PharmGKB & PGRN collaboration

- 1500+ drug-specific annotations; 29 currently at level 1A
- 18 genetics-guided drug therapy guidelines published

Drug(s)	Gene(s)	Recommendation
azathioprine, 6-MP	TPMT	Dosing based on genotype
clopidogrel	CYP2C19	Alternative therapy
warfarin	CYP2C9, VKORC1	Algorithms (genotype with clinical factors)
codeine	CYP2D6	Avoid in ultrarapid or poor metabolizers
abacavir	HLA-B	Avoid in those with HLA-B*5701
simvastatin	SLCO1B1	Dosing based on genotype
allopurinol	HLA-B	Avoid in those with HLA-B*5801
tricyclic antidepressants	CYP2D6, CYP2C19	Dosing based on genotype
carbamazepine	HLA-B	Avoid in those with HLA-B*1502
5-FU, capecitabine, tegfur	DPYD	Dosing based on genotype
peginterferon alpha	IL28B	Avoid in those with HLA-B*1502
Ivacaftror	CFTR	Alternative therapy if no G551D variant
rasburicase	G6PD	Avoid in those with G6PD deficiency

Barreras

Clínicas

- “Pocos” fármacos y algoritmos de decisión
- Faltan datos de resultados en salud prospectivos
- Poca información coste/eficacia

Tests

- Disponibilidad / coste / reembolso de las pruebas
- Resultados lentos
- Gestión de la información

TI

- Sistemas informáticos no preparados
- Soporte a la decisión inadecuado

Educac.

- Conocimiento de los profesionales
- Comprensión y expectativas de los pacientes

Sociales

- Éticas (privacidad, equidad, allazgos accidentales, toma de decisiones)
- Privacidad / legal (consentimiento informado / discriminación, patentes)

Pruebas comerciales dirigidas al paciente

- Disponibilidad
- Accesibles
- Múltiples pruebas
- Económicos (100 dólares aprox.)
- Muestreo fácil (saliva)
- Calidad de la interpretación variable / resultados sin interpretación

The screenshot shows the 23andMe website. At the top, there's a green navigation bar with links for 'sign in', 'register kit', a shopping cart icon, and a user count '0'. Below the bar, the 23andMe logo is on the left, followed by a menu with 'welcome' (which is underlined), 'ancestry', 'research', 'how it works', 'buy', and 'help'. A large image of a DNA helix is centered above a 'welcome to you' banner. To the right, a call-to-action section features the text 'Find out what your DNA says about you and your family.' Below this are three bullet points: 'Learn what percent of your DNA is from populations around the world', 'Contact your DNA relatives across continents or across the street', and 'Build your family tree and enhance your experience with relatives'. A pink button labeled 'order now' and a price '\$99' are prominently displayed. Underneath, a rating of '★★★★★ 3.7 (1315)' is shown. At the bottom, there's a section titled 'A little saliva is all it takes.' with a description of the process and a magnifying glass over a droplet icon.

Oportunidad sin precedentes

Take home points



- Genetic variation is a source of PK/PD variability
- Actionable PGx data are in drug labeling and are being used as standard of care at several institutions.
- FDA regulates testing; landscape is rapidly changing
- Testing is moving towards pre-emptive/sequencing and FDA-approved/point-of-care simultaneously
- Barriers remain, but personalized medicine is here and being led by PGx!

Pharmacists have an unprecedented opportunity to lead implementation to improve the care of our patients in all practice settings

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Personalized Medicine Program- Launched June 25, 2012



UF&Shands Healing Learning Discovery Community visit University of Florida

Intranet Department of Medicine COM

Search Our Site

UF Division of Cardiovascular Medicine
Department of Medicine, College of Medicine

About Us Patient Care Education Research Resources Contact Us

UF delivers promise of personalized medicine to heart patients

Personalized medicine — a concept in which an understanding of a patient's genetic makeup is used to enhance treatment — has arrived at UF&Shands, the University of Florida Academic Health [...] [Read More >](#)



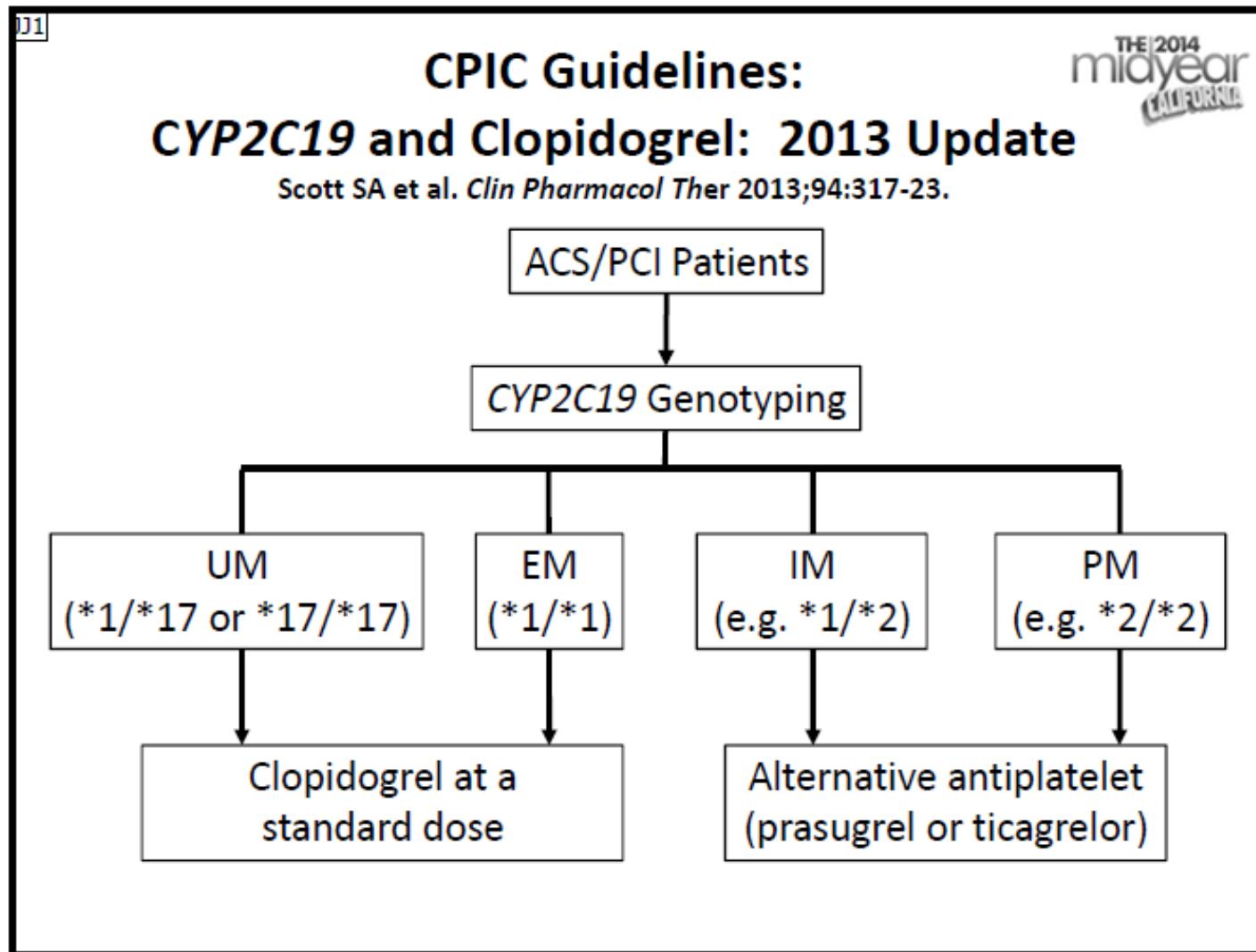
<https://ufandshands.org/news/2012/uf-delivers-promise-personalized-medicine-heart-patients#/!/1/>

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IMPLEMENTACIÓN CLÍNICA:

- CYP2C19 incorporado a las pruebas de lab.
- El resultado se incorpora a la HC (aunque no haya tto. con clopidogrel)
- El farmacéutico clínico monitoriza los casos e interviene
- Después de un año pasa a facturarse e incluirse como opción en las ordenes de los pacientes post-PCI



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EMR Clinical Decision Support

BestPractice Advisory - Epicwillow.Lemongello

PROBLEM
This patient's CYP2C19 genotype is associated with very impaired metabolic activation of the prodrug clopidogrel (Plavix) and elevated risk for stent thrombosis or other cardiovascular events following PCI.

REASONS
Reduced clopidogrel activation in this genotype results in significantly reduced platelet inhibition, increased residual platelet aggregation, and decreased clopidogrel efficacy.

RECOMMENDATIONS - MODIFY TREATMENT BY CHOOSING ONE OF THE FOLLOWING:

(A) Prescribe prasugrel (EFFIENT) 10 mg daily
*Contraindications: History of stroke or transient ischemic attack, active bleeding
*Caution: Increased bleeding risk: Age > 75 years, Body weight < 60 kg

OR

(B) Prescribe ticagrelor (BRILINTA) 90mg twice daily
*Contraindications: History of intracranial hemorrhage, active bleeding, severe hepatic impairment
*Caution: Aspirin doses > 100 mg/day reduce ticagrelor effectiveness and should be avoided.

[More information on clopidogrel and CYP2C19](#)

Last CYP2C19=*2/*8 on 4/12/2012

Acknowledge Reason:

Open order: Place order for prasugrel (EFFIENT) 10 mg daily. Note: remove order for clopidogrel on next screen.
(Last done by Ellen Kershner at 2:50 PM on 4/16/2012)

Open order: Place order for ticagrelor (BRILINTA) 90 mg twice daily. Note: remove the clopidogrel order on next screen.
(Last done by Inpatient Physician, MD at 12:12 PM on 5/16/2012)

Open order: Proceed with clopidogrel (PLAVIX) 75 mg daily. Note: please remove the bottom or second clopidogrel order as it will duplicate.
(Last done by Inpatient Physician, MD at 12:17 PM on 4/26/2012)

Message sent: This alert has been sent via In Basket

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Clopidogrel Pilot: Results



- First year, *CYP2C19* ordered on patients with LHC for suspicion of coronary disease.
 - 1097 with *CYP2C19* test ordered
 - PCI only – 247/291 patients (84%)
 - First 2 months (June and July 2012) 30/48 (63)
 - Last 2 months (May and June 2012) 40/41 (98) <0.001
 - Actionable genotypes post-PCI – n=80
 - 6/6 (100%) PMs had drug therapy changed
 - 50/74 (67%) IMs had drug therapy changed

American Journal of Medical Genetics Part C (Seminars in Medical Genetics) 166C:56–67 (2014)

ARTICLE

Clinical Pharmacogenetics Implementation: Approaches, Successes, and Challenges

KRISTIN W. WEITZEL, AMANDA R. ELSEY, TAIMOUR Y. LANGAEE, BENJAMIN BURKLEY,
DAVID R. NESSL, ANIWAA OWUSU OBENG, BENJAMIN J. STALEY, HUI-JIA DONG,
ROBERT W. ALLAN, J. FELIX LIU, RHONDA M. COOPER-DEHOFF, R. DAVID ANDERSON,
MICHAEL CONLON, MICHAEL J. CLARE-SALZLER, DAVID R. NELSON, AND JULIE A. JOHNSON

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5 genes and 14 drugs
have been implemented

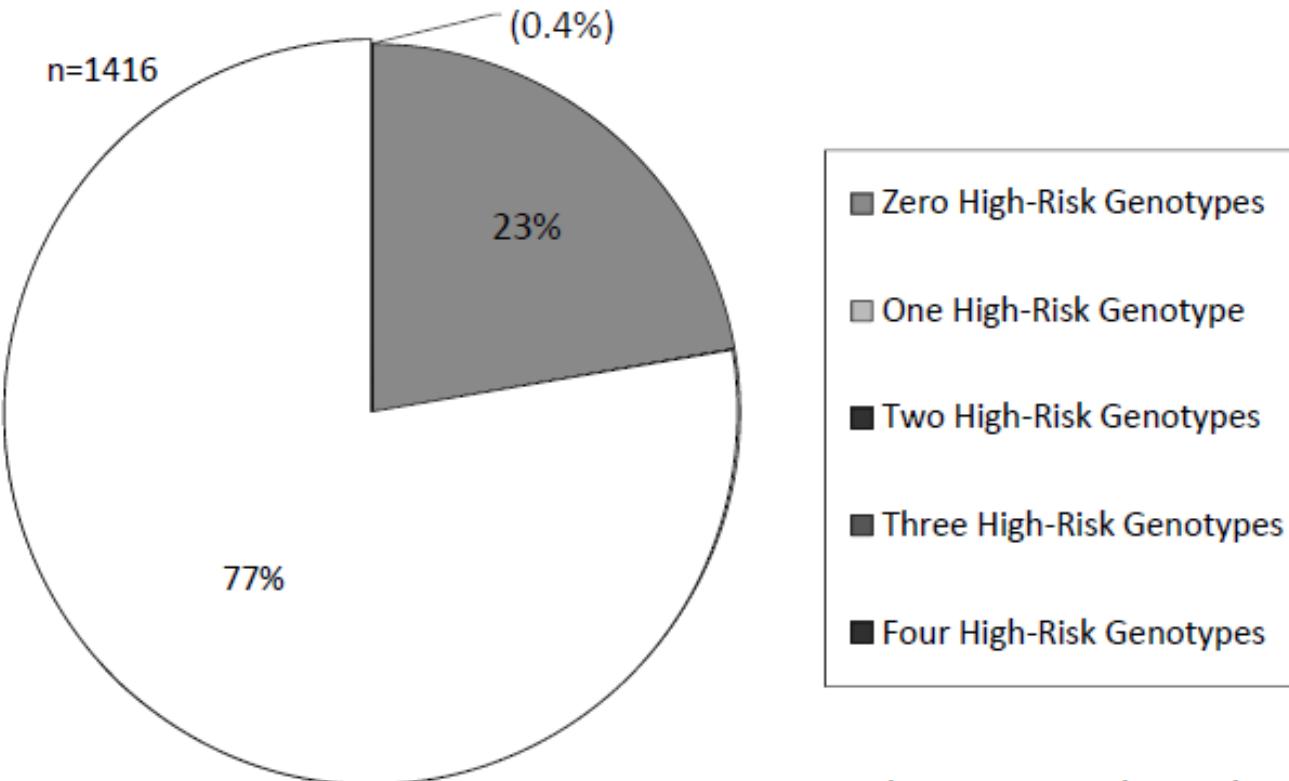


- CYP2D6
 - Codeine
 - Oxycodone
 - Tramadol
 - Amitriptyline
 - Fluoxetine
 - Paroxetine
 - Ondansetron
- DPYD
 - Fluorouracil
 - Capecitabine
- CYP2C19
 - Clopidogrel
 - Amitriptyline
- SLCO1B1
 - Simvastatin
- TPMT
 - Mercaptopurine
 - Thioguanine
 - Azathioprine

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Most patients have at least one high-risk genotype

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What are the features of useful pharmacogenetic CDS?

Actionable

- Concisely state what should be done
 - Drug selection
 - Dose change
- Do not message if no action is needed

The *HLA-B*57:01* allele, associated with abacavir hypersensitivity, was detected in this patient. *HLA-B*5701* positive patients should **NOT** be prescribed abacavir.

Clinician Friendly

- Messages will be read by
 - Busy clinicians
 - Often do not have substantial genetics training!
- Carefully consider word choice
 - “wild type” vs. “normal function”
 - TPMT Genotype *1/*3C vs. TPMT intermediate activity
 - Provide both

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What are the features of useful pharmacogenetic CDS?

Timely

- An interruptive message must be sent at the right time

Post Test Alert

A screenshot of a "Post Test Alert" window. At the top, it says "WARNING". The main text area states: "Based on the genotype result, this patient is predicted to have intermediate TPMT activity. The patient is at risk for myelosuppression with normal doses of 6-mercaptopurine. Consider starting 6-mercaptopurine doses at 30 - 70% of the normal dose. Please consult a clinical pharmacist or review the pharmacogenetics tab for more information." Below this is an "Alert Action" section with three radio button options: "Cancel entry", "Dose altered accordingly", and "Modify". At the bottom are "Home", "Add alert", and "OK" buttons.

Targeted

- The message must reach the people who can take action

Pre Test Alert

A screenshot of a "Pre Test Alert" window. At the top, it says "PGEN TESTING". The main text area states: "TPMT genotype data is recommended before using a thiopurine (mercaptopurine, thioguanine, and azathioprine). A TPMT genotype test result does not appear to be available for this patient. Please consider ordering a TPMT genotype test to help guide prescribing." Below this is an "Add Order for:" section with a dropdown menu showing "Methyl-Corporate 3.0 Clinical Test, Blood, DNA". At the bottom are "Home", "Add alert", and "OK" buttons.

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Pharmacogenetic information must be presented in the EHR two ways

Passive

- Concise gene-specific interpretations must be provided to clinicians through the EHR
- The information can be posted once per gene
- Many combinations exist, and so the process must be automated

Active

- Pre and post test alerts
- High-risk phenotypes automatically placed on the problem list
- Interruptive point of care alert triggered when problem list entry and high risk drug prescribing combine

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<p>***PHARMACOGENETICS CONSULT FOR*** *CYP2D6 GENOTYPE*</p> <p>Sample for CYP2D6 Genotype Obtained: 9/22/2011 PG4KDS CYP2D6 Genotype Result: (*1/*1)2N</p> <p>Based on the genotype result this patient is predicted to be an extensive (normal) metabolizer of CYP2D6 substrates.</p> <p>This result signifies that the patient has two copies of a wild-type (normal function) allele. The expected phenotype suggests that there is no reason to selectively adjust the dose of most medications (including codeine) that are metabolized by the CYP2D6 enzyme pathway. The diplotype result equates to a CYP2D6 activity score of 2. For more information about specific medications metabolized by CYP2D6, please go to www.stjude.org/pg4kds.</p> <p>Comments: none Jane Smith, Pharm.D., pager 1234</p>	<p>Deconstruct the consult into sections; scalable to add additional diplotypes</p> <p>Phenotype Assignment (6 versions)</p> <p>Diplotype Interpretation (32 versions)</p> <p>Dosing Recommendations (6 versions)</p> <p>Activity Score (11 versions)</p> <p>Educational Link</p>
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Hicks et al. *Clin Pharmacol Ther.* 2012 PMID: [22990750](#)

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Result and Consult Display

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Flowsheet

Protocol/NPT Documents, Consents Consents

Labs/DL Quick View Vitals/Measures All Results Daily Clinical/Scanned Doc Mole Micro/Sero Diag

Flowsheet: Pharmacogenetics Level: Pharmacogenetics

1.) (Medium Importance) Result Comment by DUNNENBERGER, MARK on August 28, 2013 17:21
 PHARMACOGENETICS CONSULT FOR
 TPMT GENOTYPE

Sample for TPMT Genotype Obtained: 06/06/2013 10:16:00
 PG4KDS TPMT Genotype Result: *1/*3C

This result signifies that this patient has one copy of a wild-type (high activity) allele and one copy of a non-functional (low activity) allele. This patient is predicted to have intermediate TPMT activity. The patient is at risk for myelosuppression with normal doses of drugs in the thiopurine class (6-mercaptopurine, 6-thioguanine or azathioprine), and thus reduced starting doses may be needed. Some experts recommend lower doses of thiopurines in heterozygotes because these patients may be at a higher risk of thiopurine-related late secondary cancers. For 6-mercaptopurine and azathioprine, consider starting at 30-70% of the normal dose. For example, a normal dose of 6-mercaptopurine (e.g., 75 mg/m²/day) should be reduced to 20-50 mg/m²/day. A normal dose of azathioprine (e.g., 2.3 mg/kg/day) should be reduced to 0.6 - 2.0 mg/kg/day. For thioguanine reduce the normal dose by 30-50%.

Titrate thiopurine doses based on myelosuppression. In the setting of myelosuppression, and depending on other therapy, emphasis should be on reducing thiopurine doses over other agents. Allow 2-4 weeks to reach steady-state after each dosage adjustment. For drug monitoring, consider obtaining a thiopurine metabolite erythrocyte concentration (i.e., test name TGNRBC clinical). For more information about how TPMT activity influences thiopurine dosing please go to www.stjude.org/pg4kds.

Kristine Crews, Pharm.D., pager 2256

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High-risk pharmacogenetic phenotypes are added to the problem list

Qualifier	Name of Problem	Onset Date	Classification
	CYP2C19 ULTRA-RAPID METABOLIZER	08/20/2013	Clinical
	Hepatocarcinoma	09/21/2012	HIMS Sum...
	HEPATOCELLULAR CARCINOMA	09/21/2012	HIMS Sum...
	HEPATOCELLULAR CARCINOMA, INV. LIVER	08/22/2013	HIMS Sum...
	HEPATOCELLULAR CARCINOMA, INV. PELVIS	12/26/2012	HIMS Sum...
	HEPATOCELLULAR CARCINOMA, INV. PERITONEUM	11/08/2012	HIMS Sum...
	HEPATOCELLULAR CARCINOMA, INVOLVEMENT LUNG	09/21/2012	HIMS Sum...
	PT HAS SUBPORT SINGLE	09/21/2012	Medical
	SLCO1B1 - INTERMEDIATE FUNCTION	05/16/2013	Clinical

Problem list entries serve as the discrete data element for interruptive point of care CDS

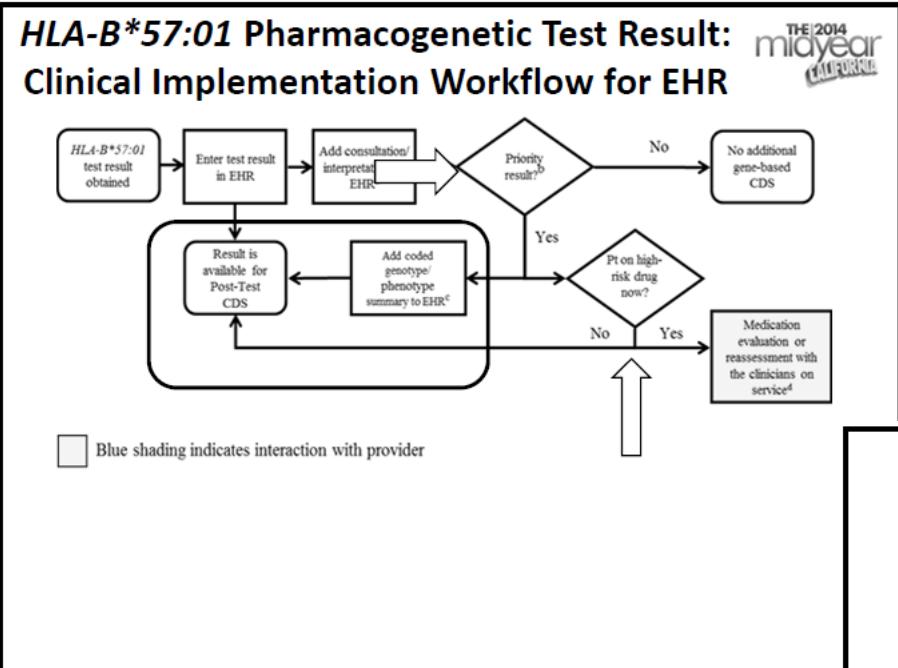
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Summary of Alert Prescribing Outcomes



- For May 2011 to November 2012, prescribing attempts per patient related to the first post-test alert for
 - *TPMT* and thiopurines
 - *CYP2D6* and codeine
- 19/20 (95%) of patients with post-test alert at the time of the first prescription received the appropriate change in therapy
- Additional data collection ongoing

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Translation Tables

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Table for abacavir is simple:

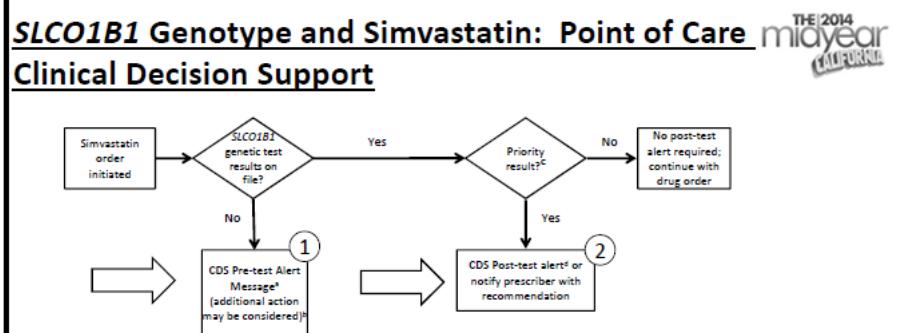
Test Result for HLA-B*57:01	Examples of Diplotypes	Interpreted Phenotype
Negative	X/X	Low Risk of abacavir hypersensitivity
Positive	X/57:01 or 57:01/57:01	High Risk of abacavir hypersensitivity

SLCO1B1/Simvastatin – Many more diplotypes

All possible diplotype combinations Post to PharmGKB

Diplotypes of known functional significance CPIC Supplement Table

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Note: Circled numerals refer to *Supplementary Table 12*

Supplemental Figure S3. SLCO1B1 Genotype and Simvastatin: Point of Care Clinical Decision Support

- ^aSee **Supplementary Table S12** for diplotype/phenotype specific pre-test alert example.
- ^bAdditional actions may include ordering a pharmacogenetic test, preventing the clinician from ordering the medication or allowing the clinician to cancel out of the alert.
- ^cPriority result defined as a genetic test result that results in a change in drug, drug dose, or drug monitoring.
- ^dSee **Supplementary Table S12** for diplotype/phenotype specific post-test alert example.

Supplemental Table S12. Example Implementation of this Guideline: Point of Care Clinical Decision Support

Flow Chart Reference Point (See Supplemental Figure S3)	CDS Context, Relative to Genetic Testing	Trigger Condition	CDS Alert Text ^a
1	Pre-Test	No <i>SLCO1B1</i> result on file	<i>SLCO1B1</i> diplotype may be important for simvastatin side effects. An <i>SLCO1B1</i> genotype does not appear to have been ordered for this patient. Use of an alternative statin or dose may be recommended. Please consult a clinical pharmacist ^b for more information.
2	Post-Test	<i>SLCO1B1</i> - Intermediate Function	Based on the genotype result, this patient is predicted to have intermediate <i>SLCO1B1</i> function and may be at increased risk for developing simvastatin-associated myopathy. Consider starting with a lower dose of simvastatin (20 mg/day for adults) or choosing an alternate statin agent. Monitor creatine kinase levels routinely. Please consult a clinical pharmacist ^b for more information.
2	Post-Test	<i>SLCO1B1</i> - Low Function	Based on the genotype result, this patient is predicted to have low <i>SLCO1B1</i> function and may be at high risk for developing simvastatin-associated myopathy. Consider starting with a lower dose of simvastatin (20 mg/day for adults) or choosing an alternate statin agent. Monitor creatine kinase levels routinely. Please consult a clinical pharmacist ^b for more information.

^aThe specific wording of the alert text may differ among sites.

^bPharmacist, pharmacologist, or a clinician with pharmacogenetic expertise/training.

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PharmGKB
Pharmacogenomics. Knowledge. Implementation.

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CPIC: Clinical Pharmacogenetics Implementation Consortium

The [Clinical Pharmacogenetics Implementation Consortium \(CPIC\)](#) was formed in late 2009, as a shared project between [PharmGKB](#) and the [Pharmacogenomics Research Network](#). CPIC guidelines are peer-reviewed and published in a leading journal ([in partnership with Clinical Pharmacology and Therapeutics](#)) with simultaneous posting to PharmGKB with supplemental information/data and updates. Anyone with clinical interests in pharmacogenetics is eligible for membership. CPIC's goal is to address some of the barriers to implementation of pharmacogenetic tests into clinical practice.

Questions? Send email to cpic@pharmgkb.org.

CPIC Team

Leader Mary V. Relling, Pharm.D. St. Jude Children's Research Hospital, Memphis	Co-Leader Teri E. Klein, Ph.D. Stanford University	Coordinator Kelly Caudle, Pharm.D., Ph.D. St. Jude Children's Research Hospital, Memphis
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CPIC Steering Committee

Mary V. Relling, Pharm.D. St. Jude Children's Research Hospital	Teri E. Klein, Ph.D. Stanford University	Julie A. Johnson, Pharm.D. University of Florida	Dan M. Roden, M.D. Vanderbilt University	Rachel F. Tyndale, Ph.D. University of Toronto and CAMH
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BACKGROUND

One barrier to clinical implementation of pharmacogenetics is the lack of freely available, peer-reviewed, updatable, and detailed gene/drug clinical practice guidelines. CPIC provides guidelines that enable the translation of genetic laboratory test results into actionable prescribing decisions for specific drugs. The guidelines can center on genes (e.g. thiopurine methyltransferase and its implications for thiopurines) or around drugs (e.g. warfarin and CYP2C9 and VKORC1). Priority is given to genotyping tests that are already offered in CLIA-approved clinical settings.

CPIC GUIDELINES

CPIC guidelines are designed to help clinicians understand HOW available genetic test results should be used to optimize drug therapy, rather than WHETHER tests should be ordered. A key assumption underlying the CPIC guidelines is that clinical high-throughput and pre-emptive (pre-prescription) genotyping will become more widespread, and that clinicians will be faced with having patients' genotypes available even if they have not explicitly ordered a test with a specific drug in mind. Each CPIC guideline adheres to a standard format, and includes a standard system for grading levels of evidence linking genotypes to phenotypes, how to assign phenotypes to clinical genotypes, prescribing recommendations based on genotype/phenotype, and a standard system for assigning strength to each prescribing recommendation. The SOP for guideline creation has been published in [Current Drug Metabolism: Incorporation of Pharmacogenomics into Routine Clinical Practice: The Pharmacogenetics Implementation Consortium \(CPIC\) Guideline Development Process](#). The SOP was updated in June 2014: www.pharmgkb.org/page/projects [Update](#).

Resaltar todo Coincidencia de mayúsculas/minúsculas 13 de 17 aciertos

Cuál crees que son los potenciales campo de desarrollo profesional del farmacéutico relacionados con la farmacogenética?

1. Identificar oportunidades de mejora de la terapéutica gracias a la FG
2. Aportar la evidencia necesaria para desarrollar la FG en la práctica
3. Elaborar herramientas de soporte a la decisión clínica
4. Todas las anteriores



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EXHIBITION HALL

Dr. Ignacio Cardona Pascual
Hospital Universitari Vall d'Hebrón

Empresas representadas

- Automatización: 40
- Lab. Farmacéuticos Biotecnología: 20
- Lab. Farmacéuticos (“marcas”): 39
- Lab. Farmacéuticos Genéricos: 43
- Software: 40
- Dispensación: 32
- Administración de Fármacos: 22
- Agencias de empleo: 6

Empresas representadas

- Instalaciones y accesorios: 11
- Agencias Gubernamentales: 4
- Centrales de compras: 8
- Instituciones: 14
- Cuidados a domicilio: 11
- Cabinas de seguridad: 10
- Estudios de mercado: 4

Empresas representadas

- Embalaje y acondicionamiento: 18
- Parenterales: 13
- Servicios de Gestión: 33
- Asociaciones profesionales: 18
- Publicaciones: 21
- Refrigeración: 15
- USP: 24
- Distribución Mayorista: 10

Pyxis® CareFusion



NE



Pyxis® CareFusion



Cerner Corporation



Codonics

Create Customized Labels

eSLS provides a multitude of labeling options including drug name, units, expiration, warning and message alerts, preparation notes, and 2D bar codes. All labels are TJC compliant, can be produced in full-color, and are specific to a facility's own formulary.



Noritsu



NarcoMedic
Pharmacy
Management
Platform

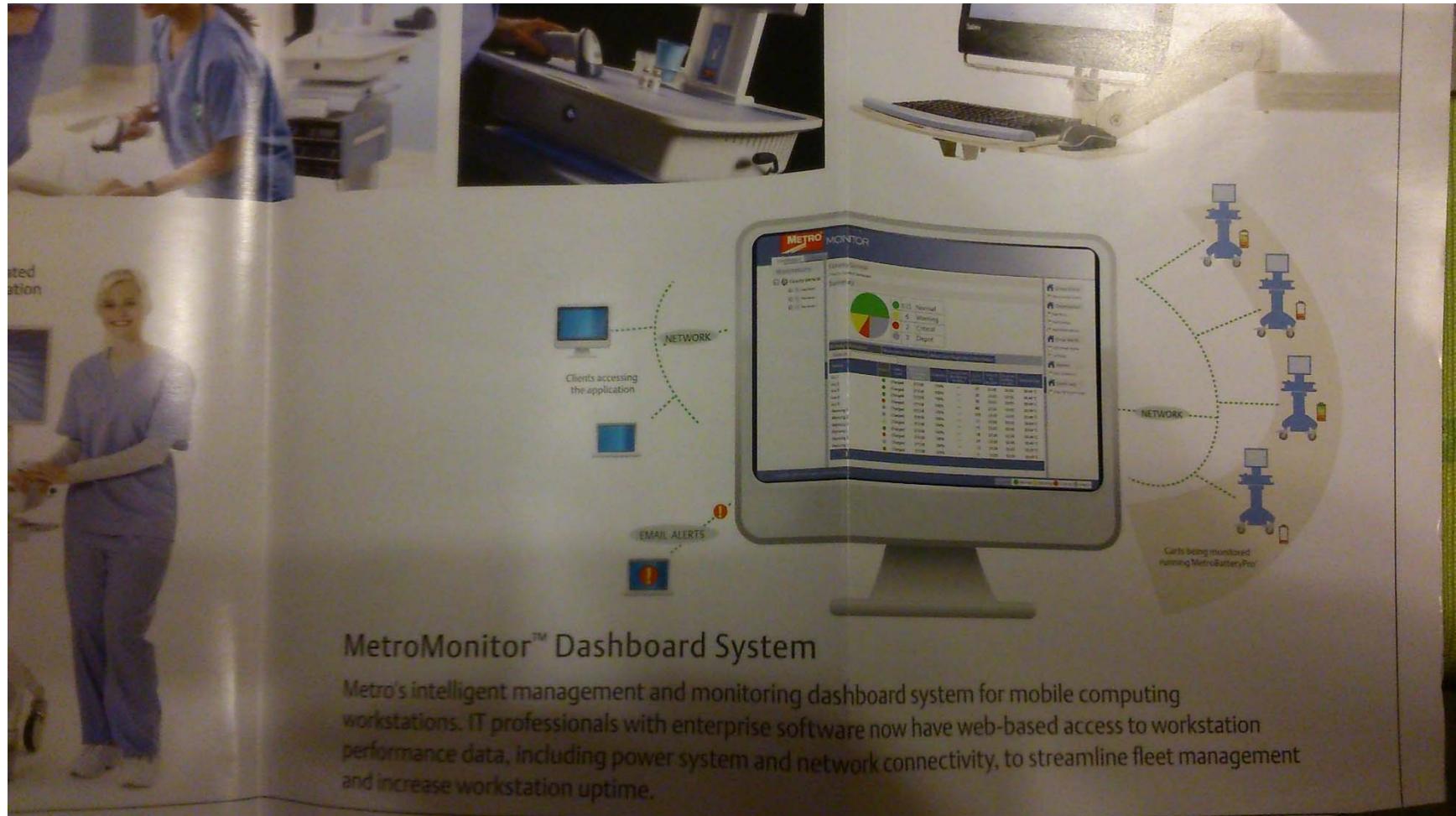
XANA
Dose Dispensing
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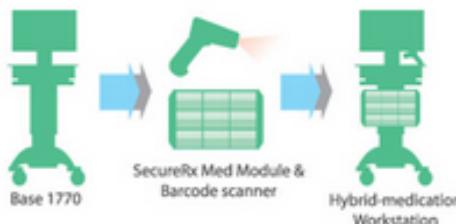
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OPTIONS TO FIT
YOUR TECHNOLOGY

MULTIPLE STORAGE
OPTIONS FOR YOUR
APPLICATION

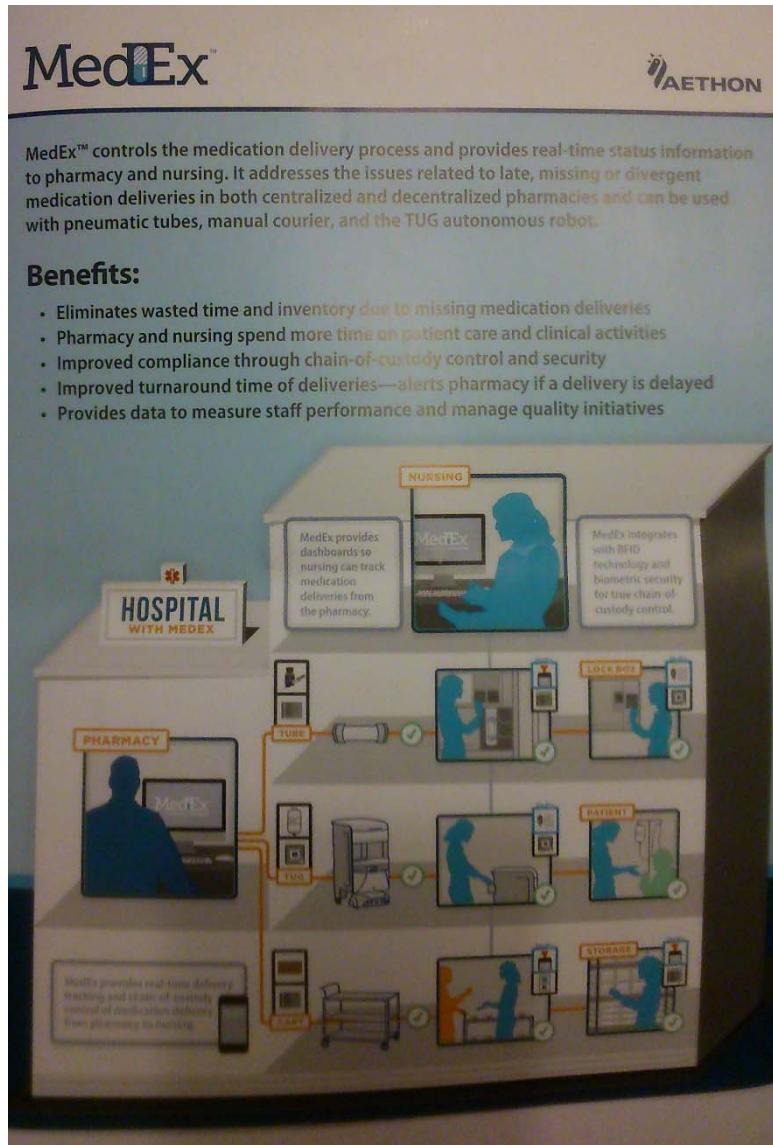
RELIABLE AND
SECURE INDIVIDUAL
PATIENT BINS

ROBUST MOBILE
HOSPITAL
COMPUTER CART

FIELD-UPGRADABLE
FOR SPECIFIC
APPLICATIONS
SUCH AS BCMA



Aethon MedEx®



Contact Us Today

Aethon, Inc.
100 Business Center Dr., Pittsburgh, PA 15205
www.aethon.com • inquiries@aethon.com
(412) 322-2975

Product Features

MedEx™ Dashboard Tracking

The dashboard displays a grid of medication delivery status, likely tracking by patient ID or delivery route. Each cell in the grid contains a small icon and some text, indicating the current state of a specific delivery.

Performance Dashboards

Streamlined dashboards inform pharmacy and nursing

A streamlined easy to navigate dashboard keeps track of all medication deliveries. It provides visibility to both pharmacy and nursing so everyone is on the same page. It provides alerts when a delivery falls behind and also provides reports for measuring performance.

Lockbox & RFID

RFID tags and iRFID enabled lockboxes to track location detail

With Aethon's lockbox and RFID tags medications can be tracked based on their location. The lockbox has biometric security and ensures chain-of-custody. Aethon also RFID-enables their TUG mobile robot.

Mobile Handheld Access

Delivery control anywhere in the hospital using Apple devices

Apple handheld devices running the free MedEx™ app allows for communication between the pharmacy and nursing. It also provides bar code reading for receipt and delivery and the ability to remotely request and send the TUG robot.

Pharmacy TUG

Specifically designed cart securely delivers medications

TUG is an optional autonomous mobile robot that delivers all medications including those requiring chain-of-custody control. TUG communicates wirelessly to MedEx™ as it makes deliveries.

Optional Pharmacy TUG

Two Aethon TUG robots are shown side-by-side. They are white and grey mobile carts with a control panel on top and wheels at the bottom. One robot is slightly taller than the other.

Aethon MedEx®



Logística





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Talyst



Kirby Lester

Always-Accurate Counting



Kirby Lester's fastest, smallest tablet counter.

Scan-Verification *Plus* Counting



Eliminate dispensing errors on one small device. Verify and count 100% of medications.

Robotic Dispensing Systems



KL60 and KL100 pharmacy robots free up time by automating your common medications.

Pharmaceutical/ Industrial



Industrial line of counting & bottling devices for QC, check-counts, bottle-filling.

Fluidose®



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Aesynt Robot –Rx®



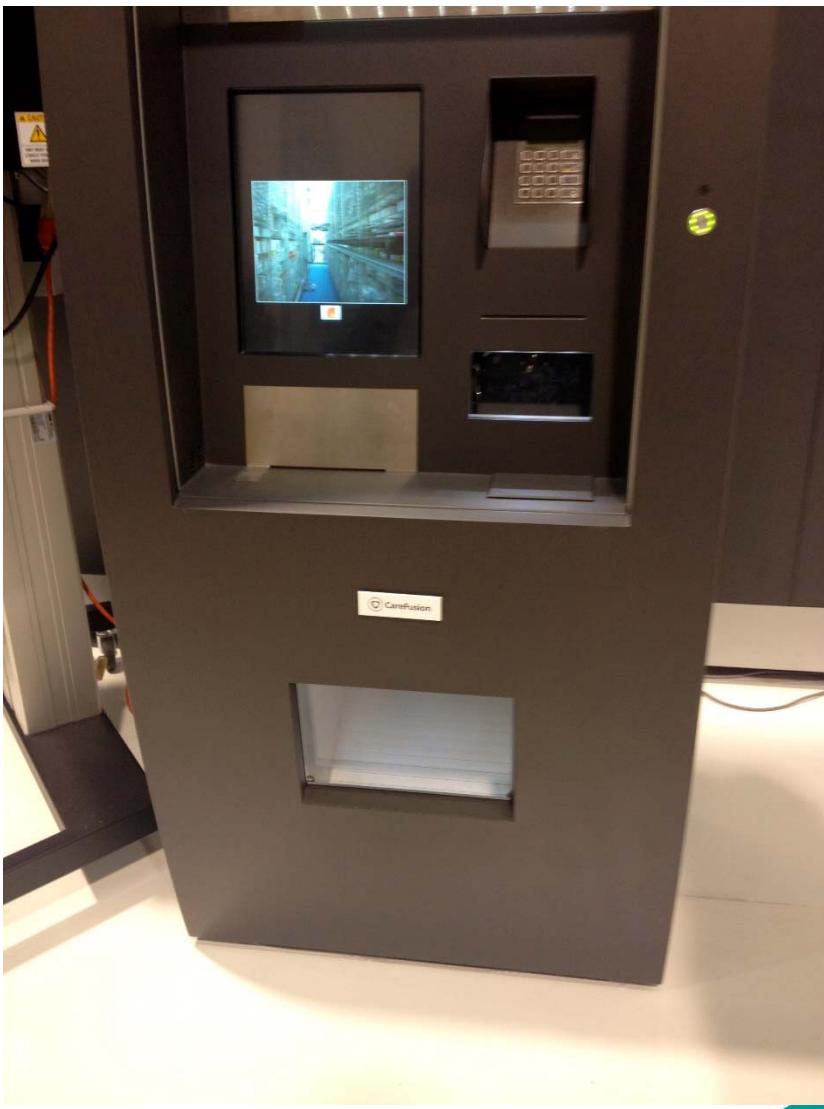
Aesynt Robot –Rx®



Aesynt Robot –Rx®

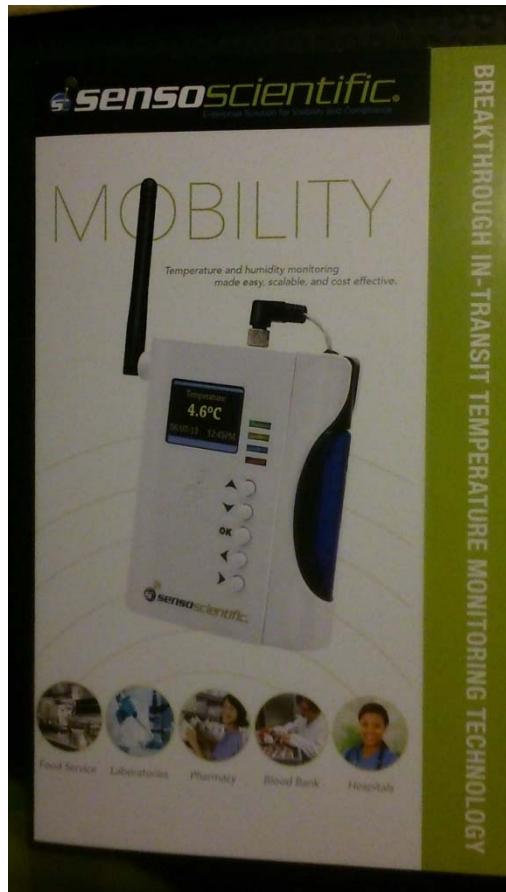


Dispensación

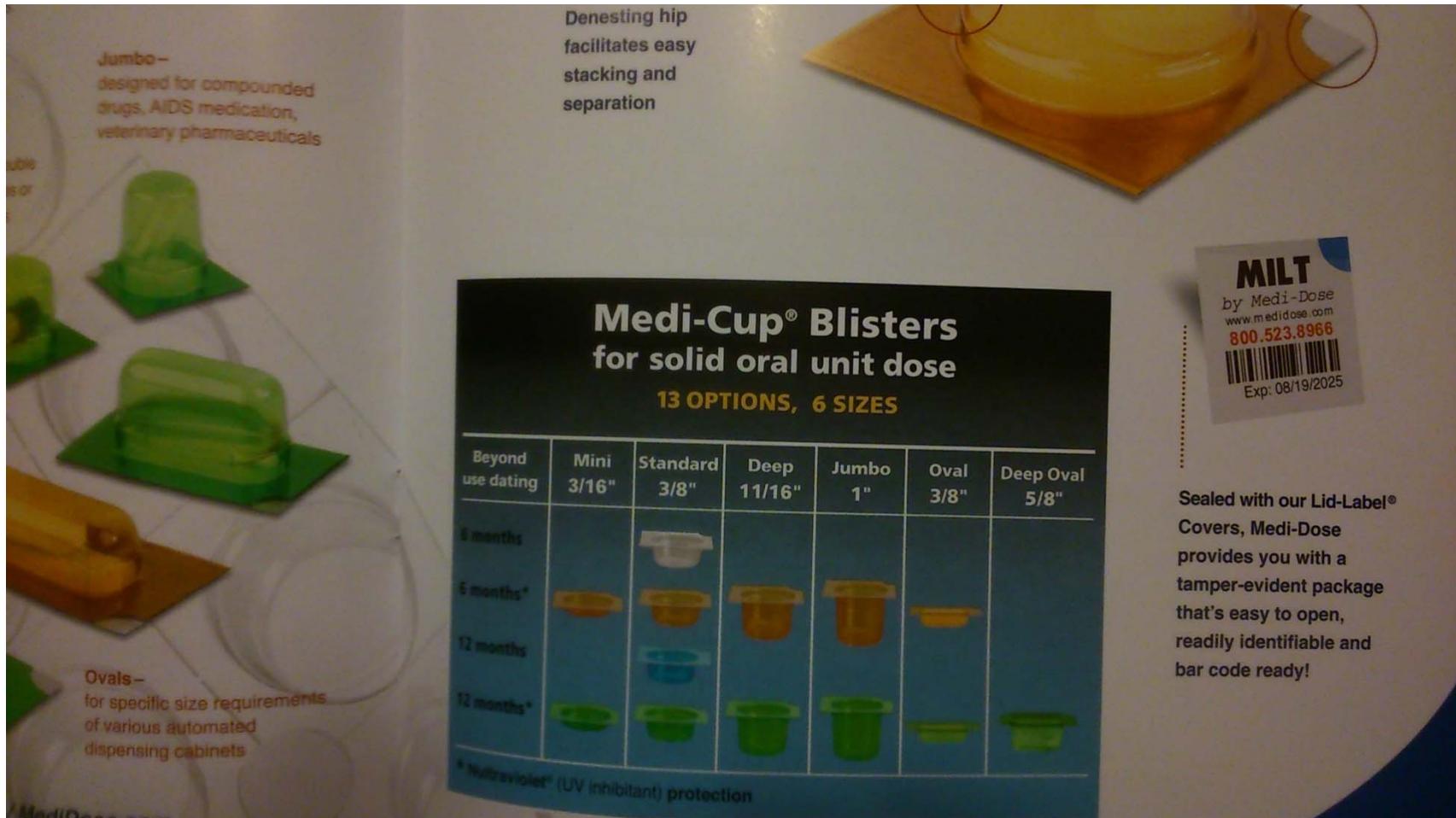


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SensoScientific



Medi Cup® blisters MediDose®



Jumbo – designed for compounded drugs, AIDS medication, veterinary pharmaceuticals

Ovals – for specific size requirements of various automated dispensing cabinets

Denesting lip facilitates easy stacking and separation

**Medi-Cup® Blisters
for solid oral unit dose
13 OPTIONS, 6 SIZES**

Beyond use dating	Mini 3/16"	Standard 3/8"	Deep 11/16"	Jumbo 1"	Oval 3/8"	Deep Oval 5/8"
6 months						
6 months*						
12 months						
12 months*						

* NutraViolet® (UV inhibitor) protection

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800.523.8966

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Exp: 08/19/2025

Sealed with our Lid-Label®
Covers, Medi-Dose
provides you with a
tamper-evident package
that's easy to open,
readily identifiable and
bar code ready!

MLT® 4 MediDose®

MLT 4 Powerfully Easy Software for Unit Dose Labeling

Simple. Convenient. Flexible.

- Designed with pharmacists and healthcare professionals to reduce medication errors, simplify bar coding and improve packaging workflow and reporting.
- Compatible with BPOC and BCMA systems to synchronize bar coding information for all departments.
- Can be installed on an unlimited number of computers for easy data sharing.
- Includes pre-designed label templates or easily allows custom designs to contain as much information as you prefer.
- Laser and direct thermal labels accommodate solids, liquids, syringes, IVs, ampules, equipment and supplies.
- Print Linear and 2-D barcodes with data from up to seven fields including NDC, lot numbers and expiration dates.
- Includes the FDA NDC database of medications that is updated at no additional cost.

Choose a Medication

- Scan Bottle to import from included NDC Database
- Automatic Date Calculation Saves with Medication
- Control Who Can Edit, Save and Delete Information
- Prompt Users for Specific Fields (Optional)
- Customizable Field Names
- Formulary Grouping and Sorting Options
- Include Controlled Symbols (I, II, III, IV, V)

Choose a Label

- Label Selection Saves with Medication
- Supports All Medi-Dose® and LiquiDose® Laser and Thermal Labels
- Labels Designed Specifically for Pharmacy Use with Aggressive Adhesives for Maximum Durability
- The Perfect Labels for Solids, Bottles, Syringes, Ampules, Bags and Anything You Package

Choose a Template

- Template Selection Saves with Medication
- Add Data Fields, Fixed Text and Formula Fields
- Add 1-D or 2-D Multi-Part Bar Codes
- Add Shapes and Images
- Use Tall Man Lettering
- Supports Any Windows Compatible Font
- 256 Colors for Fonts, Fills and Outlines

Preview and Print

- Remembers Printer, Tray and Alignment Settings for Each Label Type
- Choose Quantity of Doses, Log 1 and Log 2 Labels
- Print Log Labels for Your Paper Log Book
- Approve Print Jobs Before They are Recorded in Electronic Log History (Optional)
- View and Print Log History for Approved and/or Rejected Print Jobs and All User Activity

U.S. & Canada: 1-800-523-8966 / Worldwide: 215-396-8600 / MediDose.com

Medi-Dose EPS

Sort Generics Strength (None)

- Acetaminophen
- Activated Charcoal
- Aspirin 25 mg 81 mg
- Atropine Sulfate
- Azithromycin
- Caffeine Citrate
- Calcium Chloride
- Doxepin Hydrochloride
- Hydrocodone Bitartrate
- Insulin Aspart
- Lorazepam
- Nalbuphine Hydrochloride
- Nitroglycerin
- Potassium Phosphate, Dibasic

Approve **Reports** **Settings** **Help** **Exit SUP**

Find Delete Expand Multi

1. Medication: Aspirin 81 mg 2. Label: Laser Lid-Label MD24x/MD23x 3. Template: Standard 1-D 4. Preview

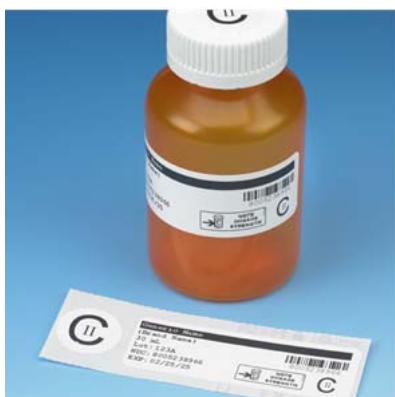
Clear Save

1. Medication: Aspirin 81 mg 2. Label: Laser Lid-Label MD24x/MD23x 3. Template: Standard 1-D 4. Preview

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MILT® 4 MediDose®



TampAlert[®] MediDose[®]

Packaging solids, liquids or powders

TampAlerT[®] System

- 1 Dispense medication into TampAlerT bottle.
- 2 Twist TampAlerT cap onto bottle.
- 3 A secure, tamper-evident seal adheres to the bottle when you twist-off the cap.

TampAlerT[®] for no-leak, tamper-evident unit dose

Twist on tamper-evidence for liquid unit dose that's child-resistant and senior-friendly

A twist of the wrist is all it takes to dispense no-leak, tamper-evident unit dose. TampAlerT is the simple, fast and inexpensive system for packaging solids, liquids or powders.

Security and convenience for all generations. Ideal for legend drugs and controlled substances in-patient, OPD or after hours dispensing. TampAlerT vials are available from 15 to 120 ml, in natural or UV inhibitor polyethylene with regular or child-resistant screw caps.

Providing manual tamper-evidence was never so easy and cost-effective. See for yourself why TampAlerT[®] is the right solution for your packaging needs.

Square LiquiDose[®] labels were designed with TampAlerT bottles in mind. The label's size makes it ideal for scanning bar codes around the tight circumference of small bottles.

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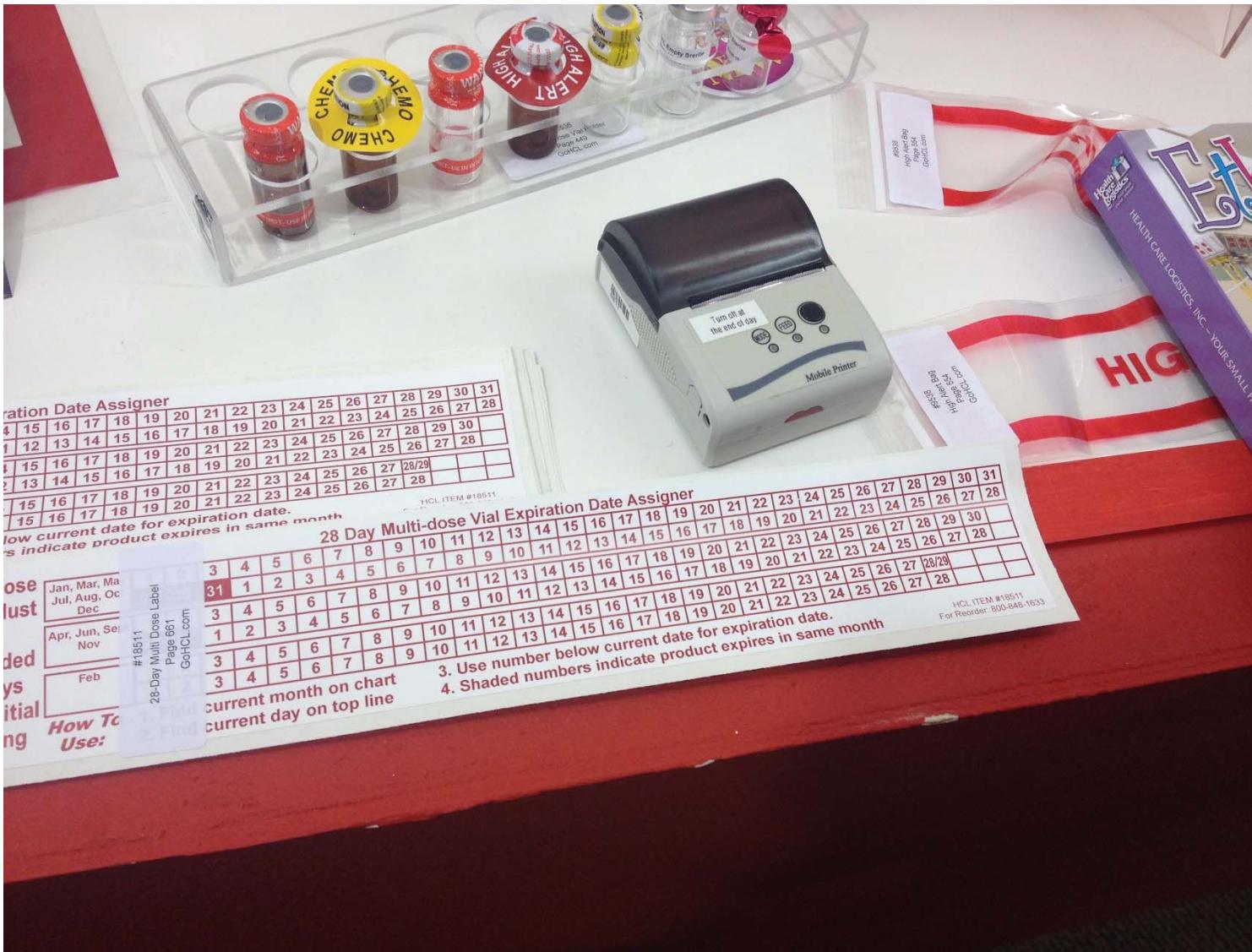
Steri-Tamp®



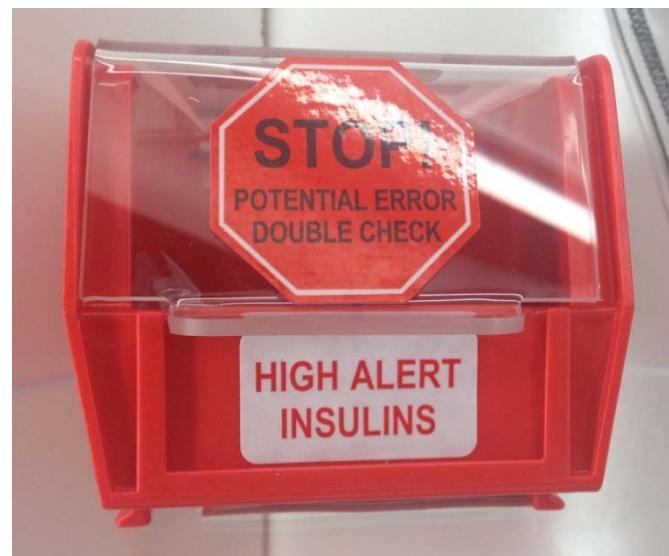
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provide extraordinary value to your pharmaceutical operation. Unique product and package designs will add control and efficiency to your CSP's. Check out the sterile tray of 10 luer lock caps for example.



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Rx-Vent™ Sterile Venting Needles

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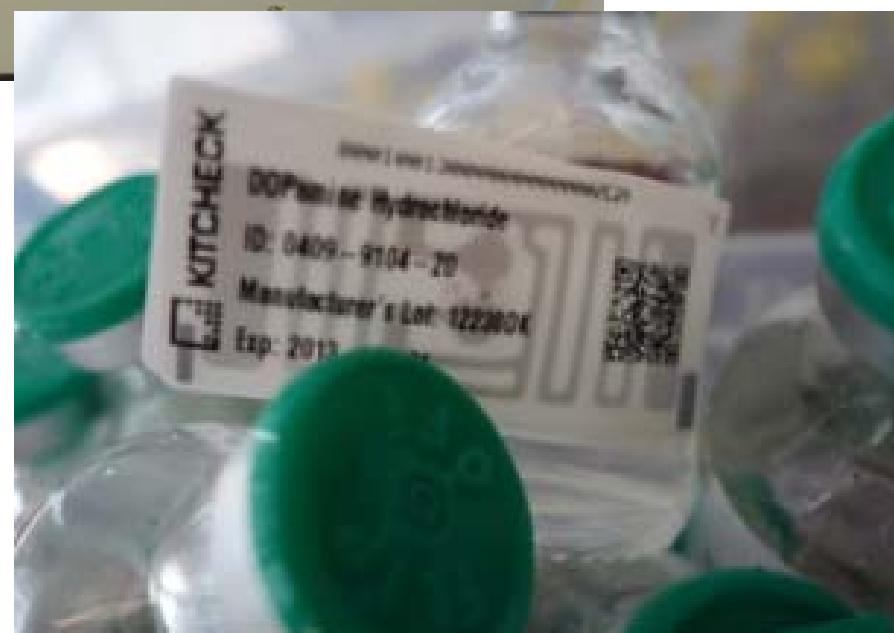
					
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Printing & Room	Security Seals	Temperature			

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Kit Check



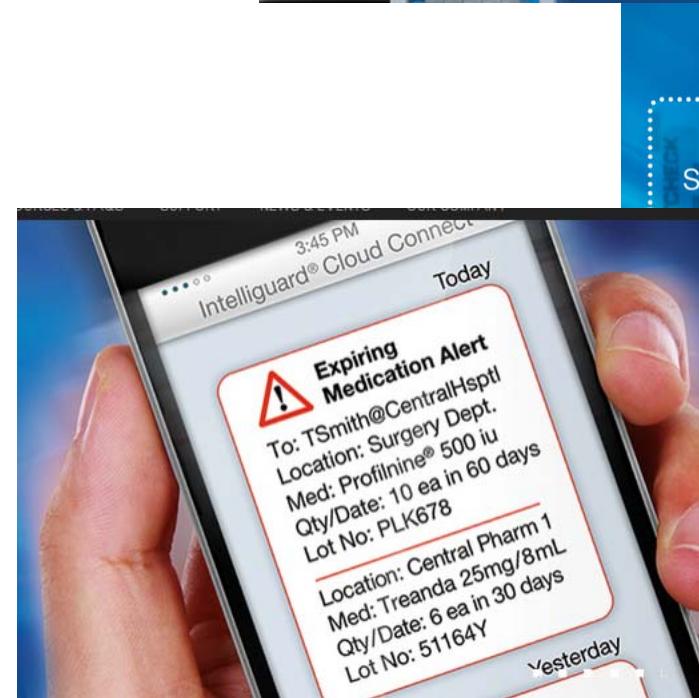
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Checking Processes



MEPS Real-Time



RFID-Enabled Inventory Management
Open the Door,
Close the Door
System
Automatically
Re-inventories



Pinnacle® NPT Braun



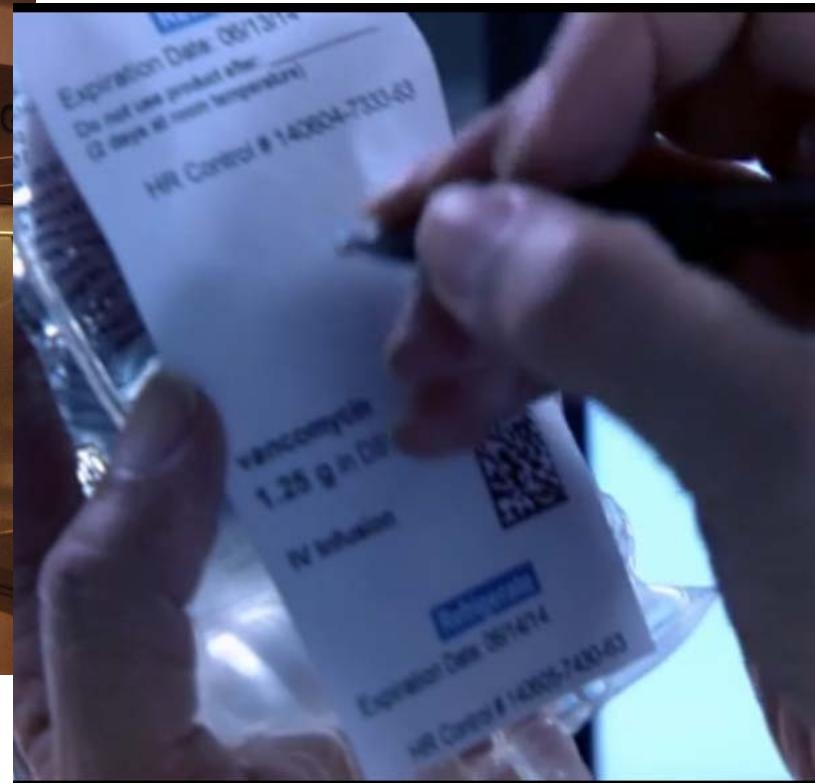
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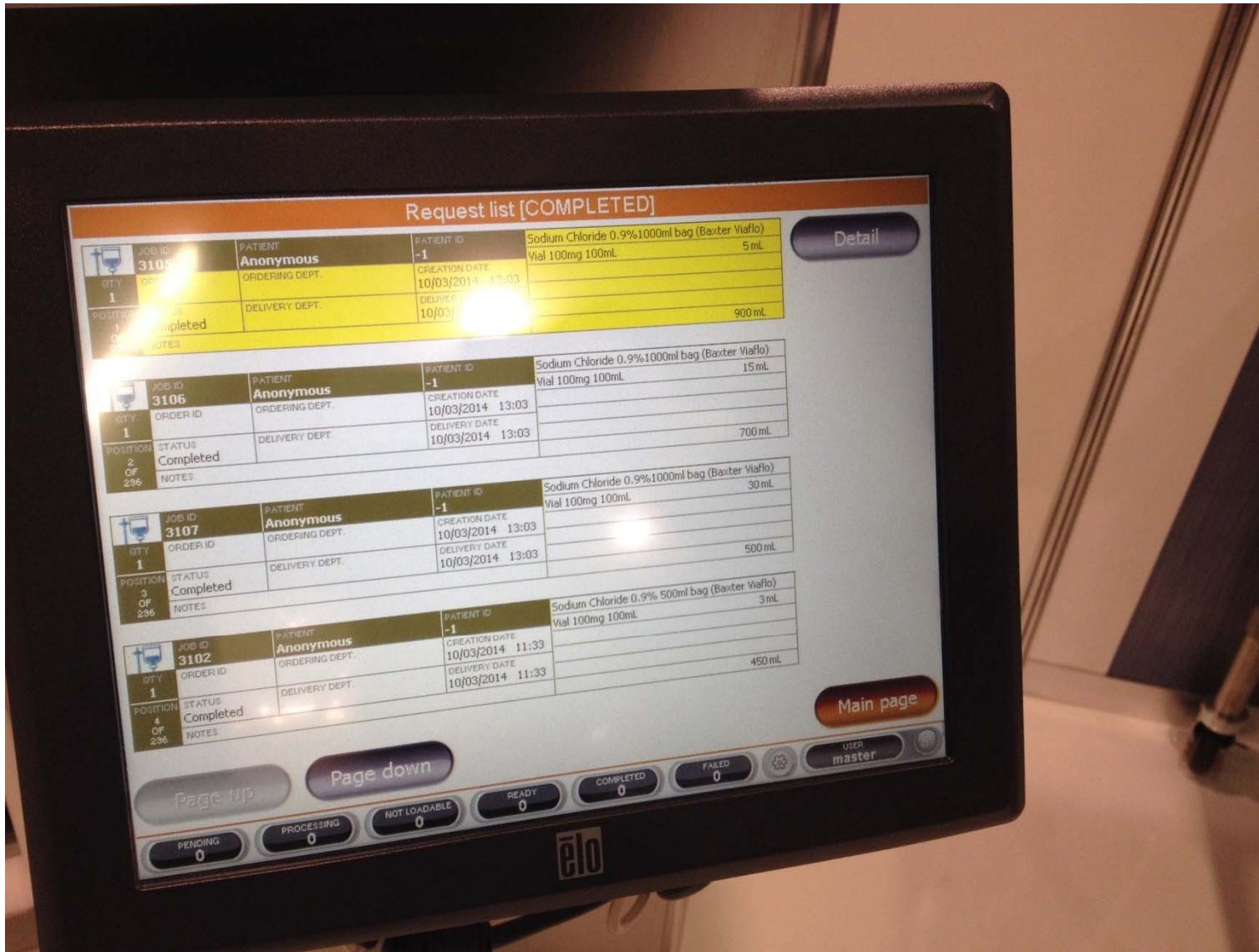
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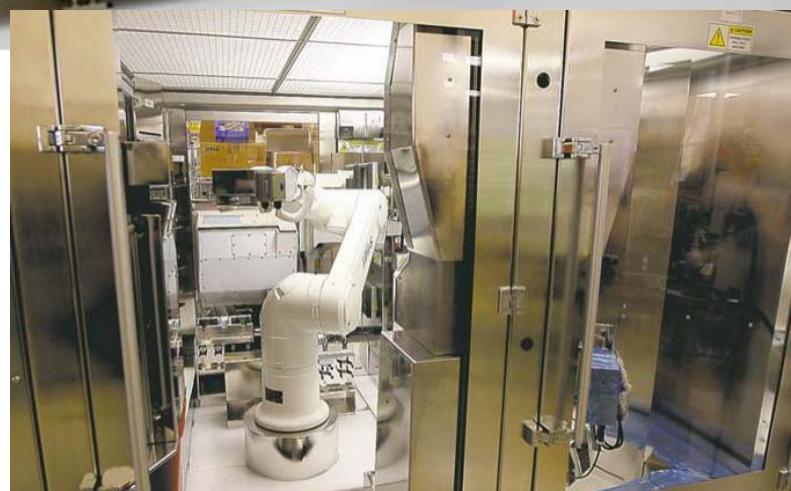
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