



Winter Edition 2017

IN THIS ISSUE:

Chapter News	2, 3
Pharmacist Spotlight	4
Director of Legislation	5
Director of Education	6
New Drug Update	7,8
SSHP Chapter Focus	9,10
New Practitioner	11
Residency Update	12
Technician's Corner	13
New Drugs	14

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Biannual Newsletter for



Visit our Website www.NVSHP.org

HEADLINE NEWS

Message from the President

Welcome to 2017! On the heels of a very successful year, I am honored and enthusiastic to begin my term leading this organization. I am extremely fortunate to work with a Board filled with experienced and great minds. This past year, as President-Elect and a recent graduate, they have guided and advised me during my early stages in the profession of pharmacy. I have gained so much, both personally and professionally, from working within this organization. For this I am forever thankful. But this led me to realize how many of my colleagues, both new and seasoned, may be missing out on this incredible benefit.

There are many benefits of membership to our organization, including the opportunity to work closely with fellow pharmacists on issues that affect our profession and community. Ultimately, it is this work that has the potential to provide invaluable experiences and moments. I have had the chance to speak with local and national leaders over challenges we face within the healthcare industry, and through each interaction, I gained an invaluable takeaway. Therefore, I would love to extend similar experiences to other colleagues in pharmacy. In order to accomplish this, we need to increase active membership among our local practitioners.

This year, there will be many opportunities to be involved, from our annual Leadership Breakfast to the joint meeting with California Society of Health-Systems Pharmacists (CSHP). In addition, we will aim to reach out to our new practitioners, to provide training for our technicians, and to educate our community.

I would like to thank you for the privilege to lead this association. With your continued help and support, we can accomplish our goal of furthering the profession of pharmacy. Please feel free to reach out to me or any member of our Board with any concerns or ideas. We would love to hear them. Have a great year!

Sincerely,

David Nguyen

David Nguyen, Pharm.D.





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CHAPTER NEWS

Registration for NVSHP Membership is now **OPEN....**

NVSHP PRESENTS

The **BUDDY** Package



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Recruit a friend and join NVSHP together to receive a discount of 50% on both memberships!

BE HEARD. STAY CONNECTED. CREATE CHANGE.

Come join your peers and enroll now in Nevada's only state-associated pharmacy organization, welcoming all pharmacists, student pharmacists, and pharmacy technicians.

WHAT: Not a member, no problem! In the spirit of organizational membership and the power of networking, for the first time in NVSHP history we are offering a new incentive to join: **THE BUDDY PACKAGE!**

Pair up and join NVSHP with a friend to receive a 50% discount on both memberships.

WHEN: Offer valid January 2017 - August 2017

If interested please email treasurer@nvshp.org with your name and the name of the additional individual that you are buddying up with to join NVSHP.

Have a topic you are passionate about and would like to present to fellow pharmacists, students, and nurses? NVSHP would like to hear from you! Please email nvshp@nvshp.org if you would like to present a CE or know of someone who would be interested. Also, please submit any topics that you would be interested in learning about through a CE.

CHAPTER NEWS CONT'D

From the Immediate Past President, Roseann Visconti, Pharm.D. on her ASHP's Affiliate President's Dinner Experience:

"As president of NVSHP during 2016-2017, I had the honor of being able to attend the ASHP President's Reception during the ASHP 2016 Midyear Clinical Meeting. This reception brings together the current state society presidents from all over the country as well as the past ASHP presidents to come together, share ideas and network. The picture below is all of the current state society presidents. Despite us being miles away from each other, we all contributed in our own ways towards the common goal of continuing to grow our profession in many different ways and help to achieve goals in conjunction with ASHP. I would encourage both current and future pharmacists to get involved in



NVSHP and ASHP. As my year came to a close shortly after this meeting, my term serving as your president has been nothing short of memorable. Thank you all for the memories and the experiences. "

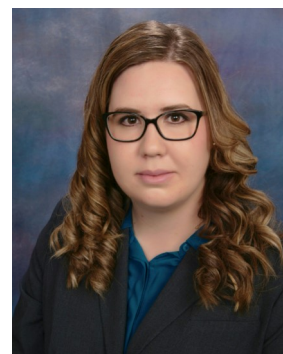
2017 NVSHP'S INCOMING BOARD OFFICERS

Please join NVSHP in congratulating our newly elected Board of Directors,
WELCOME!



President Elect: Ragini Bhakta, Pharm.D., BCPS

Treasurer: Janice Taylor, Pharm.D., BCPS



Meet the Bowl of Hygeia Recipient

By: Adam Porath, Pharm.D., BCPS AQ-Cardiology, BCACP

Adam Porath, PharmD, BCPS AQ-Cardiology, BCACP his Doctor of Pharmacy degree from graduated Idaho State University and completed a PGY-I Pharmacy Practice Residency at Renown Regional Medical Center. Dr. Porath is a board certified Ambulatory Care Pharmacist and Pharmacotherapy Specialist with additional qualifications in Cardiology. He currently holds a position with Renown Regional Medical Center's Anticoagulation Services as the Ambulatory Pharmacy Manager where he currently supervises the Outpatient Anticoagulation and Pharmacotherapy clinics and manages the healthcare pharmacy in a dual role. Dr. Porath is also the Director at Large of the Legislative Committee for the Nevada Society of Health System Pharmacists (NVSHSP) with service to Nevada as the state delegate to the ASHP House of Delegates (2012–present). Additionally, Dr. Porath serves as adjunct clinical faculty for several Colleges of Pharmacy. He has been published in several peer-reviewed journals including *CHEST*, *Clinical Infectious Diseases*, and the *Canadian Medical Association Journal*.

Why did you choose the profession of pharmacy and why this particular practice of pharmacy?

I was always interested in becoming a physician growing up. Halfway through my undergraduate training, I transferred back to Nevada and needed to get a job to pay for school. I wanted to find something healthcare related and found a job as a pharmacy clerk. I soon became a technician and was exposed to many different areas of pharmacy practice including community, long-term care, compounding and hospital. After seeing all of the different avenues that I could pursue in pharmacy practice, I decided to apply to pharmacy school. My current practice in ambulatory care started with creating an outpatient anticoagulation service while I was the Clinical Coordinator at Renown. This service grew exponentially, and I decided to devote my time fully to the growth and expansion of outpatient clinical pharmacy services.

What do you find most rewarding about your profession? I get to learn something new and help people every day I work.

Where do you hope the profession of pharmacy will be in the next 10 years? Respected as a valued (and paid) provider of healthcare

What are some of the biggest challenges you face in the field of pharmacy? Justifying outpatient clinical pharmacist positions with the current lack of reimbursement for these services.

As the recipient of The Bowl of Hygeia, what does this award mean to you?

It is a huge honor and very humbling. I know that I would not have been able to have done any of the work that I get to do without the support of my wife and some very inspirational pharmacists that helped form my practice over the years. The advances in pharmacy practice in our State that I have helped foster are really all about providing the best care for patients possible. Pharmacists are the medication experts, and I hope that someday all patients will have the opportunity to have the resource of a pharmacist better integrated into their healthcare.

What are some of your passions outside the field of pharmacy? I love to hunt, camp, go to the beach, or do anything outdoors.



National and State Provider Status Updates

By: Adam Porath, Pharm.D., BCPS AQ-Cardiology, BCACP

The New Year will bring new opportunities at both the National and State level in regards to provider status. Federally, provider status legislation will need to be re-introduced with the start of the new Congress. It will be important once again for pharmacists in Nevada to reach out to our new Congressional delegation to ask for co-sponsorship of this legislation. NVSHP will alert our membership when provider status legislation is reintroduced and provide resources to simplify communicating with your Congressmen.



“With the reintroduction of S. 314 / HR 592, it is time for pharmacists to seek co-sponsorship of provider status legislation”

At the State level, NVSHP is working with Community Health Alliance (CHA) and Nevada Health Centers (NHC) to foster legislative change to allow for expansion of collaborative drug therapy management (CDTM). Representatives from NVSHP, CHA, and NHC have met with several legislators provide education around CDTM, and why it would be beneficial for the citizens of Nevada to have expanded access to these services. We are advocating specifically to allow CDTM in Federally qualified health centers, in practices with medically underserved populations, and in medically underserved areas. Although we were unsuccessful in securing a specific bill draft request for this issue, there is still an opportunity to introduce the concept as a “friendly amendment” to another bill. NVSHP’s Legislative Committee will continue to advocate for expansion of CDTM throughout the 2017 Legislative Session.

Upcoming Board of Pharmacy Meeting

Continuing Education: CE credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit. Remember to sign in for attendance!

Reno Meetings start at 9AM and are held at: Hyatt Place, 1790 E. Plumb Ln, Reno NV

Las Vegas meetings start at 9AM and are held at: Hilton Garden Inn, 7830 S. Las Vegas Blvd, Las Vegas, NV

- April 12 & 13: Las Vegas
- July 19 & 20: Las Vegas
- March 1 & 2: Reno
- May 30 & June 1: Reno

Diabetes Education

By: Alanna Whittaker, Pharm.D.

There are two new combination therapies added to the arsenal to treat type 2 diabetes mellitus.

In November 2016, the Food and Drug Administration approved two new once daily combination insulin and glucagon-like peptide-1 (GLP-1) agonist drugs.

Soliqua® 100/33, a combination of insulin glargine and a new GLP-1 agonist, lixisenatide, is manufactured by Sanofi®. Soliqua® is indicated for patients inadequately controlled on less than 60 units of basal insulin daily or lixisenatide. Xultophy® 100/3.6, a combination of insulin degludec and liraglutide, is manufactured by Novo Nordisk®. Xultophy® is indicated for patients who are inadequately controlled on less than 50 units of a basal insulin daily and liraglutide of 1.8 mg or less daily.

Both of these agents will utilize a pre-filled pen delivery system.

These agents are only approved for adults.

The most common side effects experienced by patients in clinical trials with these agents include nausea, diarrhea, headache, hypoglycemia and stuffy and runny nose or upper respiratory tract infections. Pancreatitis is also a potential issue with these agents due to the GLP-1 components.

Patients on these combination products are expected to have less weight gain due to insulin than patients on just insulin alone.



“FDA approves two new pre-filled pens, Soliqua® and Xultophy®, for treatment of diabetes mellitus type 2”

Education Committee Events

NVSHHP hosted its Annual Meeting at the JA Nugget in Sparks, NV on Saturday October 15th, 2016. The meeting was well attended with approximately 50 attendees, including pharmacists, pharmacy technicians, pharmacy students, pharmacy technician students and other healthcare professionals. This year’s programming included a technician track with two talks geared specifically towards a technician audience. Additional programming included four ACPE accredited CE sessions.

NVSHHP and the Education Committee would like to thank all the sponsors, presenters, attendees and volunteers for making the 2016 Annual Meeting a great success!

NVSHHP looks forward to seeing you in 2017 at our CE events. More information can be found on the NVSHHP website: <http://www.nvshp.org>.

We wish you good luck in your future endeavors!

Velpatasvir-Sofosbuvir (Epclusa): The Only Pan-Genotypic Direct-Acting Antiviral

By: Ryan Kavooosi, Pharm.D./MBA Candidate, Class of 2017

About 3.5 million people in the U.S. suffer from chronic Hepatitis C and roughly 19,000 of them die from it every year. The Hepatitis C Virus (HCV) is transmitted via contaminated blood and there is no vaccine for it. Around 80% of patients with acute HCV do not have symptoms; it eventually leads to chronic HCV, which may result in cirrhosis and liver cancer. In 1991 standard Interferons came to the market and were considered as the first line. However, patients had to tolerate year-long flu-like symptoms. Ribavirin (RBV) combined with Interferon was regarded as another advancement in 1998. PEGylated Interferon was another step! In 2011, direct-acting antiviral (DAA) revolutionized HCV treatment .

The American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA) provide joint guidelines for Hepatitis C treatment. The treatment is based on the degree of liver dysfunction, genotype, past treatment experience and special populations: HIV co-infected patients and post-liver transplants. Drug companies have found the variety of HCV genotypes to be a challenge. Many different DAAs that have been manufactured do not cover all the genotypes. Harvoni (Ledipasvir/Sofosbuvir) was a groundbreaking discovery that was initially approved for Genotype 1 in 2014, and then approved for Genotypes 4, 5 and 6. Finally, in 2016, the first pan-genotypic DAA, Epclusa (Velpatasvir & Sofosbuvir) was approved by the FDA. Velpatasvir inhibits the HCV n5A protein, necessary for viral replication, and Sofosbuvir 400 mg and Velpatasvir 100 mg. It is prescribed for patients without cirrhosis or with compensated cirrhosis, as well as for decompensated cirrhosis, in combination with ribavirin.

The FDA approved Epclusa based on data from four international Phase 3 studies: ASTRAL-1, ASTRAL-2, ASTRAL-3 and ASTRAL-4. Of the 1,035 patients treated with Epclusa for 12 weeks in the ASTRAL-1, ASTRAL-2 and ASTRAL-3 studies, 1,015 (98%) achieved sustained viral response 12 (SVR12), meaning that HCV is undetectable for twelve or more weeks after the end of treatment. In ASTRAL-4, patients with decompensated cirrhosis receiving Epclusa with RBV for 12 weeks achieved a high SVR12 rate (94%) compared with those who received only Epclusa for 12 or 24 weeks (83% and 86%, respectively).

Patients with Child-Pugh A take one tablet orally on a daily basis, for 12 week. Patients with Child-Pugh B or C take one tablet daily, orally, with ribavirin for 12 weeks. No dose adjustment is required for renal impairment (mild/moderate), hepatic impairment (mild/moderate/severe) and geriatric. The safety and efficacy of Epclusa have not been established in patients with severe renal impairment (eGFR less than 30 mL/min/1.73 m²), or ESRD requiring hemodialysis. Only headache (22%) and fatigue (15%) have been reported as side effects that occur above 10%. Strong/moderate inducers of CYP3A4, CYP2C8, CYP2B6, or p-glycoprotein inducers, affect the concentration of Velpatasvir. Specifically, a careful evaluation is required if Epclusa is co-administered with amiodarone or digoxin.



“FDA approved first pan-genotypic direct acting antiviral, Epclusa® (Velpatasvir & Sofosbuvir) in the treatment of hepatitis C”

Velpatasvir-Sofosbuvir (Epclusa): The Only Pan-Genotypic Direct-Acting Antiviral (Cont'd)

Negative effects in pregnancy cannot be ruled out yet. Available evidence is inconclusive for determining infant risk when used during breastfeeding. Moreover, the safety and effectiveness of Sofosbuvir-velpatasvir are not established in pediatric population. There is no data for the use of Epclusa in patients with HBV co-infection. The clearance of HCV may lead to increased replication of HBV in patients who are HBV co-infected. HBV levels should be monitored during treatment with Epclusa, as well as during the post-treatment follow-up. Finally, it is worth mentioning that DAAs are expensive medications and some insurances don't cover the cost. The average wholesale price (AWP) of Epclusa tablets (400 mg-100 mg) is around \$26,484 for a supply of 28 tablets - \$945.84 per tablet.

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1. FAQ's for the Public CDC Division of Viral Hepatitis (/hepatitis) and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (/nchhstp) last reviewed May 23, 2016
2. MMWR Sexual Transmitted Disease Treatment Guidelines, published June 5th, 2015
3. Recommendations for Testing, Managing, and Treating Hepatitis C (updated July 8th, 2016) www.hcvguidelines.org
4. Novel Drug Approvals for 2014 -16. *Fdagov*. 2016. Accessed August 30, 2016
5. Epclusa (sofosbuvir and velpatasvir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; June 2016.
6. Feld JJ, Jacobson IM, Hézode C, et al. Sofosbuvir and Velpatasvir for HCV Genotype 1, 2, 4, 5, and 6 Infection. *N Engl J Med*. 2015;373:2599-607.
7. Curry MP, O'Leary JG, Bzowej N, et al. Sofosbuvir and Velpatasvir for HCV in Patients with Decompensated Cirrhosis. *N Engl J Med*. 2015;373:2618-28.

Epclusa tablets
Each tablet contains
400 mg of sofosbuvir and
100 mg of velpatasvir.
Store below 30 °C (86 °F)
(see insert).
Dispense only in
original container.
See package insert
for dosage and
administration.

Manufactured for:
Gilead Sciences, Inc.
Foster City, CA 94404
Made in Ireland

NDC 61958-2201-1 28 tablets

Epclusa[®]
(sofosbuvir and velpatasvir)
tablets
400 mg / 100 mg

Take 1 tablet once daily

Note to pharmacist:
Do not cover ALERT box with pharmacy label.

**ALERT: Find out about medicines that
should NOT be taken with Epclusa**

GILEAD
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Rx only

Lot: Exp:
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NVSHP/Student Alliance Symposium: Big Fish, Small Pond

By: Jennifer Te, Pharm.D. Candidate, Class of 2018

I am a second-year student pharmacist and I attended Student Alliance's first student workshop (Big Fish, Small Pond) on September 24 and September 25. The event consisted of many speakers including Roseman alumni and faculty. The event was a great exposure to learn about the different pathways to residency, preparing for a residency, and other career options within pharmacy.

Lunch with Roseman alumni was a great networking and learning opportunity. I learned about different paths that our alumni took to get to where they are. It was extremely inspiring to see classmates that started out just like us get to where they are today. The advice and experiences they shared with us were extremely helpful.

They reviewed why you should pursue a residency and how to prepare for that. I found the timeline and explanation of the process to be extremely informative. Residency requires a lot of preparation, and we were given insight into what a residency director is looking for in a potential candidate. The director went over the details of what a student should be doing over the few years before applying. It was a guideline if you did not know where to start.

Along with the directors of pharmacy, we were able to meet the current residents from the VA hospital and St. Rose Hospital. We were able to learn about their current experiences as residents and their recommendations on how they were a successful candidate. We also learned about what the programs offered.

Overall, I found the event to be extremely encouraging and helpful when you are trying to learn and prepare for residency and other fields of pharmacy. My favorite thing about the event was being able to be in an environment where I could talk to everyone. They were open to questions, informative, encouraging, and challenging at the same time. This event provided me with a lot of information that was relevant and useful for deciding on my career path as a pharmacist.



Mallinckrodt Donation

Mallinckrodt Pharmaceuticals has chosen the student chapter (Student Alliance) at Roseman University of Health Sciences as one of three student-led organizations who will be disseminating 60,000 easy to use charcoal activated pouches for proper drug disposal. In an effort to combat the opioid drug epidemic that is affecting our communities nationally, Student Alliance will be on the forefront disseminating these drug disposal pouches during their Health Fairs to patients. In service to their community, the student pharmacists of Student Alliance are leading the charge in being part of the solution in Nevada's concerted effort to combat opioid drug abuse.



Seven Hills Surgery Center Health Fair

By: Yousef Toma, Pharm.D. Candidate Class of 2019

I was very fortunate to participate in the Seven Hills Surgery Center Health Fair on September 17th, 2016. One of the many reasons that I chose to become a pharmacist is to help others; I felt that I demonstrated this desire by attending the health fair. At the event, cholesterol, blood pressure and blood glucose screenings were provided for the attendees. Promoting health and wellness awareness by providing the previously mentioned screenings was the main goal of the health fair. Further, I gained a tremendous amount of information from Dr. Chris Quimby and Ms. Amanda Villa who both helped me through my first health fair. Being able to have hands-on experience during my first year of pharmacy school is a great benefit. Also, communication skills were another advantage that I gained from the health fair. Now, I am very motivated to attend more health fairs in the near future. I strongly believe that this event has enhanced my knowledge for the pharmacy profession. Lastly, the health fair gave me a sense of value within myself to spend my free time helping the community. Attending the health fair was an experience that I have never had before, and I would highly recommend it to everyone!



American Lung Association

Student Alliance welcomed the American Lung Association (ALA) to provide students with a one-hour course on tobacco cessation interventions. More than sixty students were trained and certified by ALA's Community Health Liaison, Amber Greene. Since creating this project in 2014, Student Alliance has had continued success in training and providing resources focused on the prevention and reduction of tobacco use. The project's continued expansion has given student pharmacists the ability to deliver preventative care services at community outreach events, helping patients to be tobacco free.



New Practitioner: My Path to Clinical Pharmacy

By: John C DeVilbiss, Pharm.D.

When I started pharmacy school I knew only two things: 1) retail was not for me, and 2) I was going to get a job as a clinical pharmacist. P1 year, I learned that in order to become a clinical pharmacist, you had to do a residency and to get a residency you needed four things (at least): 1) Teaching experience, 2) Research experience, 3) Hospital/work experience, and 4) Involvement. I had some experience tutoring and doing research from my Bachelors/Masters, but to compete against the best in the country I was going to have to do better than that.

One of the best decisions I made during pharmacy school was applying to be the NVSHP student liaison. That helped me network, because it is not what you know, it is who you know...and then what you know. Additionally, from the connections I made through NVSHP I got an intern position at a local hospital. A year later, while interviewing at New York Presbyterian I would discover that ALL the other residency candidates who were interviewed had hospital experience.

Besides being the student liaison for NVSHP, I was lucky enough to be inducted into PDC and PLS, and also joined Student Alliance to be able to attend immunization clinics, and health fairs. There is no denying the role “luck” played for me throughout this journey. As I was trying to figure out how to get involved in research, Dr. Talbot announced he was looking for research assistants. The work we did in his lab took us to Boston that year to present two posters at the annual symposium of experimental biology: one on RGS proteins, and the other on a novel antidepressant.

My P3 year, I tried to get as many clinical rotations as possible. I went to Guatemala with Dr. Holder as part of a medical mission, and went to Seattle for oncology. I also did rotations in ID and critical care.

One of my professors had once mentioned that each rotation is a job interview. And she was right. Work I did during each one of those rotations helped me build the reputation that would ultimately help me get the job.

I applied to 6 residency programs and got 4 interviews: three in New York and one in Las Vegas.

While I was in NY, after my 3rd interview I received a text message from a former preceptor who had taken a position as a clinical manager asking if I would be interested in joining his team as a clinical pharmacist. It was a tough decision. I had decided to rank the residency in Las Vegas, but one day before the deadline I pulled out of “the match”.

The job offer fell through, but it did give me the opportunity to interview for my current job as a clinical pharmacist. In the end, all the work I had put into trying to get a residency had paid off.



“Each individual’s road to success is unique. When opportunities are presented, seize them.”

ASHP 2016 Midyear Clinical Meeting & Exhibition

By: Donna Eom, Pharm.D. Candidate, Class of 2017

The Decision

When the thought of pursuing a PGY-I residency first popped into my mind, I remember feeling stressed-out because I was uncertain about my career goals. It did not help that it felt like my colleagues seemed so confident about their path upon graduation. Whether it was opening an independent pharmacy, applying for a fellowship, getting into a residency to specialize in oncologic pharmacy, or working in a community setting, I admired their certainty. I knew that there were numerous avenues in pharmacy, but there wasn't an area that I felt like was truly my place. It was not until I started my advanced pharmacy practice experiences (APPEs) that I discovered my deep interest in pediatric and cardiology. I absolutely loved my pediatric intensive care unit rotation at University Medical Center of Southern Nevada; every day that I was there, I felt like I contributed to making a difference in the lives of my patients and their families. Although, it was a huge challenge being that my knowledge base and experience with children was minimal, I was determined to learn the skills needed to optimize each child's medication therapy. It was then I decided to register for ASHP Mid-year Meeting in order to attend the residency showcase.

The Experience

When I initially stepped into the convention, the sheer size of the place left me feeling uneasy and quite overwhelmed. Imagine thousands upon thousands of eager pharmacy students crowded into a hall to meet with representatives from hundreds of residency programs. Luckily, I had reached out to experienced alumni and took the time to prepare and plan ahead. This included identifying specific programs of interest and coming up with a list of questions to ask the residents or residency program directors. Although this took a significant amount of time, I was glad I had well thought out questions because the answers helped me narrow down programs I wanted to apply to. I also prepared five printed copies of my CV and plenty of professional business cards to hand out to people that asked for it. Finally, I made sure to schedule and prioritize my days at the convention. The residency showcase was divided into three time slots that spanned over two days and each program was only available during one of the time slots. Therefore, it was important to decide which programs I wanted to allocate my time to and plan accordingly. A resource that I found to be surprisingly helpful was the ASHP mobile app because I was able to quickly look up locations of programs, events schedules, and exhibit information. If you know you want to pursue post-graduate training through residency, utilize your resources and reach out to experienced people for insight.

Most importantly, prepare yourself and have a plan for the ASHP Midyear Meeting!

If possible, I would definitely encourage pharmacy students to attend the ASHP Midyear Meeting. Even if you do not have fellowship or residency in mind, anyone can benefit from the unique opportunity to build a solid network, present a poster, attend student sessions, experience the showcase, or even find your niche in the pharmacy profession.



“Preparation is the key to maximizing potential opportunities that the ASHP Midyear Clinical Meeting presents”

Technician's Corner: Updates

By: Jeanine Hearn, CPhT

TRICARE HAS REPARTNERED WITH WALGREENS

As of Dec 1, 2016 Walgreens Pharmacies have rejoined with Tricare's pharmacy network. Tricare decided to partner with CVS in 2011 after a contract dispute over reimbursement rates with Express Scripts. "Walgreens is very proud to partner with Express Scripts to serve the Department of Defense and Tricare beneficiaries," company officials said in a statement Friday. "We will work closely with Express Scripts in the next two months to ensure a smooth transition to Walgreens." This change will affect the 9.4 million beneficiaries that Tricare currently serves.

PTCB PUBLIC PERCEPTION SURVEY

PTCB conducted a public perception survey this year that revealed "85% of the public believes it is very important for pharmacy technicians to be certified."

Here are some key findings of the survey:

- 85% say it is very important for people preparing prescriptions to be certified.
- 76% would seek out a pharmacy where technicians are required to be certified.
- 94% say their trust in pharmacy technicians' work would increase with standardized training and certification.
- 66% believe it is very important for pharmacy technicians to have a certification that is nationally accredited.
- 76% say it is very important that all pharmacy technicians be held to the same standard no matter what state they work in.
- 77% say it is very important for state regulations to require training and certification of all pharmacy technicians.
- 77% incorrectly believe that pharmacy technicians are required by law to be trained and certified before they can help prepare prescriptions.
- 65% incorrectly believe that only licensed pharmacists are involved in dispensing drug prescriptions.
- 66% of frequent pharmacy visitors are very confident in the accuracy of the information they receive there.

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2. Humphrey, L. Public Perception survey key findings. PTCB website. <http://www.ptcb.org/about-ptcb/news-room/news-landing/2016/10/13/survey-shows-three-quarters-of-americans-would-look-for-a-pharmacy-where-pharmacy-technicians-are-certified#.WESlnv4zVIt>. Accessed on December 7, 2016.

New FDA Approved Drugs for 2017

Drug Name	Active Ingredient	Date Approved	FDA-approved use on approval date
Spinraza	nusinersen	12/23/2016	To treat children and adults with spinal muscular atrophy (SMA)
Rubraca	rucaparib	12/19/2016	To treat women with a certain type of ovarian cancer
Eucrisa	crisaborole	12/14/2016	To treat mild to moderate eczema (atopic dermatitis) in patients two years of age and older
Zinplava	bezlotoxumab	10/21/2016	To reduce the recurrence of Clostridium difficile infection in patients aged 18 years or older
Lartruvo	olaratumab	10/19/2016	To treat adults with certain types of soft tissue sarcoma
Exondys 51	eteplirsen	9/19/2016	To treat patients with Duchenne muscular dystrophy

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Like us on [Facebook](#), and stay up to date on upcoming events, and the latest news. Just go on Facebook, and type NVSHP in the search bar. Then invite your friends to like us too!

Become involved with NVSHP!

NVSHP is seeking members who would like to actively participate in changing the profession of pharmacy. We would love to have you serve on one of our standing committees: Education, Membership and Legislation. If you are interested in becoming more involved, please email us at nvshp@nvshp.org.

