



# PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Vol. 3 SPRING 2015

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## PAC Chairs' Corner

### **"See you in Atlanta!"**

Contributed by [CDR Jefferson Fredy](#), PharmPAC Chair

"Who is this LCDR Rodney Waite that sends all the PHS-Pharmacy listserv e-mails?" "Who is CAPT Aaron Sigler? I hear he's a really cool guy." "Who is CAPT Nita Sood? Her name is usually affiliated with COA." You can meet all these officers and many more if you attend the 2015 USPHS Scientific and Training Symposium in Atlanta from May 17<sup>th</sup> – 21<sup>st</sup>, 2015.

The COF Symposium is a valuable meeting for PHS officers to attend:

- Attended by HHS leaders, USPHS leadership and officers that provide outstanding service to their respective agencies/departments.
- Sharing of various practice experience successes and advances in public health.
- Invigorating camaraderie.
- Surgeon General's Ensemble always provides a performance that demands a standing ovation.
- Continuing education credits.
- Unmatched networking

Whether it's the round table set up during Category Day, pharmacy social following Category Day or the USPHS Combined Social, networking opportunities are abundant.

By attending the symposium, an officer can finally put names to faces they read or hear about. An officer can finally meet CAPT Greg Dill, LCDR Melinda McLawhorn, CDR Aaron Middlekauff, LCDR Robert Kosko, CAPT Beth Fritsch and many other outstanding pharmacy and PHS officers. The Category Day planning committee has assembled a great lineup of accomplished speakers. Please thank the committee members for their hard work. The committee members are CDR Timothy Lape, LCDR Michelle Williams, LCDR Tami Rodriguez and CDR Forrest (Ray) Ford.

To enhance networking opportunities available to officers at events such as the COF Symposium, the pharmacy category continues to lead the way in

## PAC Chairs' Corner (cont.)

utilizing social media. For example, the USPHS Pharmacy *Facebook* page is highly successful and has over 13,000 likes, and an *Instagram* account has been established under the handle "usphspharmacy." In an effort to promote the outstanding efforts of pharmacy officers in the advancement of public health at the COF Symposium, we will be asking pharmacy officers to use the following hashtags\* when posting event related photos: #USPHSPharmacy and #USPHS. There will also be an official hashtag for the Symposium. For any fitness related photos, please use #USPHSAthletics.

It's understandable that not everyone can attend the COF Symposium due to work or other training commitments, but we hope that you will follow us on social media. See you in Atlanta!

\*As a reminder, please use professional judgment, respect for the USPHS Commissioned Corps, and the privacy of others when posting photos of officers representing the Corps.



Throwback photo from the 2011 COF Symposium in New Orleans. This group pharmacy category photo was taken outside the New Orleans Pharmacy Museum.

## Captain's Log

Contributed by CAPT Aaron Sigler, PharmPAC Chair-Elect

The PharmPAC Perspectives Newsletter is a tremendous resource for discovering the diverse contributions and involvement of our officers around the country and the world. An editorial could be without value at best and self-indulgent at worst, especially given the caliber and breadth of topics presented in this newsletter. However, as PharmPAC Chair-Elect, I've been asked to contribute something. So I'd like to use my allotted space to discuss PHS issues that aren't typically addressed. The goal is to simply get you, an officer, to think about your role in your command, and the PHS. Hopefully, these articles will serve as a spark to garner and develop interest in a topic or ask a question that perhaps has been overlooked. It's titled "Captain's Log" simply because I'm not original enough to come up with a novel name. And, as luck would have it, I'm a Captain. I welcome, and sincerely solicit, your positive or negative input. Should you have a topic that you would like to be considered, do not hesitate to reach out.

Respectfully yours,

AWS

## PAC Chairs' Corner (cont.)

### What's your professional culture?

Contributed by CAPT Aaron Sigler

The greatest adjustment required when transitioning from the DoD to PHS is the culture. Certainly there are numerous advantages to being a PHS officer that are easily accepted. For me, switching from the Navy was fairly simple in terms of the uniform, ranks, grooming requirements, and so on, as they were very similar. About a year after I joined, I deployed to an IHS duty station in Bethel, AK in order to backfill for a staffing shortage. At the time, I was a Lieutenant with a new baby and was excited to serve. In hindsight, I was fortunate to be deployed with CAPT (ret.) Jim Stumpf and CAPT (CDR at the time) Sharon Thoma. Not only did they provide context and guidance both personally and professionally, they took care of me. Groceries are expensive in Bethel. Everything has to be flown in during the winter. I recall the three of us gathering supplies for the two weeks. Only realizing, at the check-out, they had no intentions of letting me pay. I did not bring this up as a belated thank you, but as recognition that senior staff looked after junior staff. It was the same in the Navy that I had just left. The officers would support the enlisted when it came time for pizza on a Friday after a long week. It was a culture to which I could relate. Other aspects of the new PHS culture, however, were very different. I joined prior to implementation of the "transformation," when attention to uniform standards was inconsistent. At the time, I remember thinking there was little depth of knowledge regarding Officership, likely stemming from low reinforcement or social incentives. However, years later, I can argue with old Navy friends that PHS has officers as fine as any other service. What remains different is our culture. We hug. For many PHS officers that haven't served in the armed forces, I am not sure they can appreciate how different that is. I wouldn't have hugged my kids while in uniform. We also sing during our PHS March (our Anthem), as opposed to standing at attention, as Navy enlisted and Officers would do during "Anchors Aweigh." Certainly there are a few others, but those two items stand out to me. It has taken me years to embrace these differences and assimilate into a different PHS culture. Different doesn't mean bad, it just requires understanding and framing those differences in a way that makes sense.

So what's your PHS culture like at work? Are you shaping it? Have you created a culture of excellence? Have you embraced the positive actions and adjusted those less complimentary to our service? I encourage you to engage your fellow officers and reflect on how you should carry yourself at your current duty station and everywhere you represent the Public Health Service. Ultimately, what do you want your PHS culture to be? Finally, ask yourself if you're taking steps to make that vision a reality?



## Healthy Lifestyle and Fitness

### Celebrating Diabetic Success: The Mountain Climber

*Contributed by CDR G. Brent Hobbs*

Can you remember the last time you went hiking or walked through a stream in the great outdoors? I am writing to you from the White Mountains in Arizona. Our patient enjoys these outside activities. He lives in the White Mountains at a place called Whiskey Flats. He has 6 people in his household, and has had diabetes for 4-5 years. He is currently only taking metformin for his diabetes.

Changing eating habits has been key to controlling our patient's blood glucose. "Yes, I changed my eating habits, I substitute Equal® for sugar. I stopped drinking soda; I stopped eating canned fruit with sugar as well as candy. Now, I eat fruits and drink more water. I try not to eat red meat. I like to eat more fish, turkey, and chicken. I don't eat too much fry bread, but I do eat ash bread or tortillas. I also eat wheat bread."

Staying active is important. "I operate a tractor so I get a lot of physical work climbing in and out of the tractor. I also move around a lot every day. I have lost a lot of weight. I go hiking whenever I get a chance though not too often because of my work schedule. I go about 1-2 times a month. I like to take family and friends or go by myself. I like to climb mountains. This morning I went hiking south of Lakeside, Arizona."

So why did our patient change to these habits? "I have seen a lot of people that have diabetes. I see them really sick. Some lose limbs and I wasn't going to give in to that. They have these problems because they don't eat right and they don't take their medications or exercise. My wife is a diabetic and she is doing well like me. She eats the same as me."

Our patient's biggest challenge is that "it took me 1 year to accept that I had diabetes. Once I accepted it I started obeying the doctor. The doctor told me to exercise (walking) more. When I am not working I walk about 2 miles a day, however I work 6 ten hour

shifts."

According to our patient these changes have been worth it and he will continue these efforts. "Yes, I am going to keep up doing what I am doing. I feel a lot better, I feel healthy, content, satisfied, and happy. Before, I felt lousy and lazy. I think it has been worth making the change. I regret that I didn't understand nutrition in the first place."

Life is good! We so enjoy and are so fortunate to live in the beautiful White Mountains of Arizona. We build memories as we associate with each other with rodeos, sunrise dances, or other activities. I am sure similar activities go on elsewhere where you live. These events can help to build fond memories and can improve our health. We can feel "healthy, content, satisfied, and happy," as we stay active, eat healthy, and follow our doctor's advice in taking medications. LET'S CONTROL OUR DIABETES BEFORE IT CONTROLS US!

### Planning to Get and Stay Fit. Using the APFT as Your Motivation!

*Contributed by LCDR Jason Kinyon*

With the July 1<sup>st</sup> 2015 deadline approaching of the elimination of President's Challenge for readiness, some officers may need to begin an exercise program in preparation for the Annual Physical Fitness Test (APFT). It is recommended to see a doctor for a physical examination before starting any exercise program especially if one has not had a physical exam or has not been active for a while. The following are some suggestions on how to start an exercise program.

#### Where to Start

Many options for exercise are available. When committing to an exercise program, it is important to participate in exercises that will help you excel in the APFT. The APFT tests an individual's cardiovascular fitness (1.5 mile run or 450 meter swim or 500 yard swim), upper body strength (push-ups), and core

## Healthy Lifestyle and Fitness (cont.)

strength (sit ups or side-bridge). Exercise programs that incorporate building muscle and increasing cardiovascular endurance abound. When evaluating exercise programs, make sure it is appropriate to your level of fitness and that you will enjoy participating. Beginners commonly make the mistake of doing too much all at once which can lead to injury. Exercise programs that include pre-workout stretching and rest days for recovery will decrease the likelihood of injury. It is important to become educated about nutrition to appropriately replenish calories during and after athletic activities. Choosing enjoyable activities will encourage consistency in working out. Programs offering a variety of exercises often keep people's interests. For example, having a workout of the day program that changes the activities each day helps keep some people engaged and interested. A workout partner will assist in making the experience more social and enjoyable while keeping you on track with your workout program.

### Find your Strengths and Weaknesses on the APFT

If you have never completed the APFT before, try completing all exercises as instructed with another officer or friend as a dry run to see where you stand. Research the specific goals based on your gender and age to gauge improvement. You can

then cater your workout plan to your weaknesses. A resource available is the APFT Initiative website (<https://sites.google.com/site/apftinitiative/>), created by the PharmPAC Readiness Section to motivate and enable officers to complete the APFT to meet Basic Readiness.

### Making a Plan

Evaluate your daily schedule to set aside time when you can exercise. As mentioned earlier, you do not have to invent your own plan. However, once you commit to a plan, it is important to follow through and just do it. Also, ***do not wait until the last minute*** to set up your plan or training program if you have never completed the APFT. Military.com (<http://www.military.com/military-fitness/>) is a great resource for training specifically for the APFT and has recommendations to improve on specific APFT exercises. Stew Smith is a former Navy Seal who writes most of the articles for the military fitness portion of military.com and has written several books and exercise plans for the APFT. A great beginner workout by Stew Smith is the "Father Hoog Workout" (<http://military-fitness.military.com/wp-content/uploads/2013/01/45dayplan.pdf>) that includes a daily workout and stretching schedule for 45 days.



## Pharmacy Spotlight

### Alaska Native Medical Center (ANMC) Hazardous Medication Safety Team Receives NIHB IMPACT Award

*Contributed by CDR Gene Hampton, CDR Sara Doran-Atchison, CDR Anne Marie Bott, and LCDR Ashley Schaber*

The National Indian Health Board (NIHB) awarded an NIHB 2014 Area Service Award to the Alaska Native Medical Center (ANMC) Hazardous Medication Safety Team (CDR Gene Hampton, CDR Sara Doran-Atchison, CDR Anne Marie Bott, and LCDR Ashley Schaber). The team was recognized for their phenomenal contributions to advancing American Indian and Alaska Native health at the NIHB Annual Awards Gala on September 10, 2014, in Albuquerque, NM. This annual award is given to individuals or organizations based on their national contributions to advancing American Indian and Alaska Native health policy. The ANMC Hazardous Medication Team is acknowledged for their recent work for implementing practices to enhance the safety of healthcare workers when handling hazardous medications.

Over 8 million U.S. health care workers are potentially exposed to hazardous medications, posing an increasing problem of health concern per the Occupational Safety and Health Administration. The Hazardous Medication Safety Team at ANMC combatted hazardous and chemotherapy medications safe handling concerns by implementing numerous practice changes. The team reviewed 157 medications deemed hazardous, classified them into risk categories to determine appropriate personal protective equipment needed when handling, and educated over 700 healthcare workers. The team facilitated the segregation of hazardous medication in the pharmacy including separate storage bins and proper labeling. This required organization of a separate storage area for hazardous medications to increase awareness and proper handling. Demonstrating a

commitment to enhancing and promoting health safety and education, the team disseminated pharmacy procedures, risk assessment and educational materials state-wide to 7 Alaska facilities including 5 rural Alaska Native hospitals and over 42 villages. The team significantly contributed to improving the healthcare safety for Alaska Native and American Indian people.

For more information regarding ANMC's hazardous medication practice changes, contact [sedoran@anthc.org](mailto:sedoran@anthc.org).



CDR Gene Hampton, LCDR Ashley Schaber, CDR Sara Doran-Atchison, CDR Anne Marie Bott

### Oral Rehydration Therapy Project

*Contributed by LT Teisha Robertson*

On March 15, 2015, a team of fifteen Public Health Service (PHS) officers volunteered their time to support the Beth El Hebrew Congregation located in Alexandria, Virginia with its annual Oral Rehydration Therapy (ORT) Project. The project was led by LCDR Samantha Fontenelle, Chair of the District of Columbia Commissioned Officers Association (DC COA) ORT Project Subcommittee, and was attended by PHS officers from the Washington DC, Metropolitan area.

According to the World Health Organization (WHO),

## Pharmacy Spotlight (cont.)

diarrhea disease is the second leading cause of death and kills about 760,000 children under the age of five each year. Globally, diarrhea is the leading cause of malnutrition in children under the age of five. This unfortunate disease is both preventable and treatable.

Each year, the Beth El Hebrew Congregation sponsors an all-day community project in which volunteers from the community along with PHS officers assemble packets of life-saving ORT packets to be delivered to areas in need to prevent fatality from dehydration often caused by diarrhea. Since the inception of this project, ORT packets have been delivered to places such as Haiti in response to the 2010 earthquake disaster and the Philippines after the tropical storms in 2013 to name a few. A team of six to eight volunteers sit around a table and bag packets consisting of salt, sugar, baking soda, and potassium. Each ingredient is appropriately measured using a teaspoon or tablespoon and added to the packets in an assembly-line format. These ORT packets when mixed together with water provide children the rehydration needed to survive dehydrating illnesses, including diarrhea.

The goal of the Congregation was to prepare a total of 20,000 packets. This year, the congregation came extremely close in meeting the goal and prepared 19,970 packets, which are likely destined for Liberia. Each year these rehydration kits are distributed to areas of need around the world, and save several thousands of lives.

In keeping with our mission of service to the community as well as increase visibility of the U.S. PHS, officers volunteered their time to this notable cause, while working side-by-side with other individuals and community organizations.



Pictured Above (From Left to Right): CDR Janis McCarroll, LCDR Samantha Fontenelle, LCDR Cindy Eugene, LT Teisha Robertson, Rebecca Fontenot volunteer at Beth El Hebrew Congregation ORT Project



Pictured Above (From Left to Right): LCDR Samantha Spindel, LCDR Samantha Fontenelle, LT Diana Wong, LCDR Nguyet Ton, CDR Felicia Duffy, LCDR Deveonne Hamilton-Stokes, CDR Ruby Lerner, LCDR Theodore Garnett, LT Eithu Z. Lwin, CAPT Melanie Mayor volunteer at Beth El Hebrew Congregation ORT Project

## Pharmacists in Action



SG Visit to Clearwater FL, PHS Officers Pictured (Left to Right):

LCDR Samantha Pinizzotto (FDA), LCDR Gene Gunn (FDA), LT Michael Tollon (FDA), LT Michelle Brown (BOP), CAPT Randolph Coffey (USCG), U.S. Surgeon General VADM Vivek H. Murthy, CAPT Esan Simon (USCG), LT Michael Gifford (FDA), CDR David Schatz (USCG), LCDR Marlene Nicholson (BOP), CDR Leslie Cartmill (FDA)

LCDR Paul Michaud escorted the Surgeon General during a recent visit to Miami to participate in a panel discussion held by President Clinton.

Pictured left to right: President Bill Clinton, Surgeon General VADM Vivek Murthy, LCDR Paul Michaud, VADM Murthy's father Dr. Hallegere Murthy.



## Pharmacists in Action (cont.)

CDR Lara Nichols (not pictured) and LCDR Ashley Schaber (left) were recognized for their superior leadership and dedication to the affiliation between the state of Alaska and American Society of Health-System Pharmacists (ASHP), resulting in all 50 states having ASHP affiliates.

LCDR Brittany Keener (right) was presented the Distinguished Young Pharmacist Award for the state of Alaska for her outstanding service to the pharmacy profession.



LT Sarah Pak (left) teaching healthy cooking at Taos Picuris Healthy Heart Program at the Taos Picuris Indian Health Clinic, NM.

## PharmPAC Highlights

### FDA Drug Shortage App Available

From a March 4th, 2015 FDA Press Release:

[“The FDA understands that health care professionals and pharmacists need real-time information about drug shortages to make treatment decisions,” said Valerie Jensen, associate director of the Drug Shortage Staff in the FDA’s Center for Drug Evaluation and Research. “The new mobile app is an innovative tool that will offer easier and faster access to important drug shortage information.”](#)

- [Apple Store \(Apple Devices\) Link](#)
- [Google Store \(Android Devices\) Link](#)

### Social Media Updates

Contributed by LCDR Thomas Raisor

VADM Vivek Murthy said “I would say that my priorities are to make sure that we are getting the best possible information about health to all sectors of the population using modern technology and modern approaches.”

We invite you to responsibly share how you or other USPHS Pharmacists are improving Public Health or share important health information on Social Media. This can be done with the use of (#) hashtags which make your post accessible through a common search term. This can be done with our own hashtags:

- #USPHS
- #USPHSpharmacy
- #USPHSathletics

You can also follow our USPHS PharmPAC sanctioned pages on:

- Facebook ([www.facebook.com/USPHSPharmacists](http://www.facebook.com/USPHSPharmacists))
- Instagram (<https://instagram.com/usphspharmacy/>)
- Twitter (Coming Soon)

## Surgeon General Spotlight

As noted in previous issues of the *PharmPAC Perspectives*, this space is dedicated to updates on the various Surgeon General’s initiatives. Articles and Social Media activities highlighting work towards achieving these initiatives are encouraged.

Current initiatives from [SurgeonGeneral.gov](http://SurgeonGeneral.gov):

- [My Family Health Portrait](#) including the “[My Family Health Portrait](#)” tool
- [Fast Facts about Ebola in the U.S.](#)
- [Active Living](#)
- [Tobacco Free Living](#)
- [National Prevention Strategy](#)
- [Mental and Emotional Well-Being](#)
- [Support Breastfeeding](#)
- [Prevent Skin Cancer](#)

Check these pages out! They have lots of useful information for clinicians and patients alike!



## Quarterly Agency Liaison Reports

Compiled by: *LT Sadhna Khatri*

### Federal Bureau of Prisons (BOP)



Liaison: [LCDR Michelle Williams](#)

- BOP is hosted a recruitment booth at APhA in San Diego in March.
- ASHP engaged to look at review of 1995 ASHP Guidelines on Pharmaceutical Services in Correctional Facilities <https://www.ashp.org/DocLibrary/BestPractices/SettingsGdlCorrectional.aspx>
- BOP Psych pharmacists selected, duties are being formalized/prioritized, and are invited to BOP Mental Health Conference, which includes BOP Social Workers, Psychiatrists, and Psychologists. RADM Bina will be presenting an update on BOP Pharmacy initiatives to the group. Psych pharmacists are also spearheading draft of new BOP Transgender Clinical Practice Guideline
- Four graduation (2015) SrCOSTEPs have been placed. Looking to select five SrCOSTEPs from 2016 graduating class.

### Centers for Disease Control and Prevention

(CDC)



Liaison: [LT Jennifer Lind](#)

- [Upcoming CDC Grand Rounds](#): 3/17/2015: Emergency Preparedness Challenges and 4/21/2015: Prevention and Control of Skin Cancer.
- Presentation on “*CDC and Pharmacy: Partners in Protecting the Nation’s Health*” at the [American Pharmacists Association \(APhA\) Meeting](#) on March 29, 2015 in San Diego, CA.
- [2015 Epidemic Intelligence Service \(EIS\) Conference](#): April 20-23, 2015 in Atlanta, GA.

### Centers for Medicare and Medicaid Services

(CMS)



Liaison: [LT Teisha Robertson](#)

- [CMS finalizes program changes for Medicare Advantage and Prescription Drug Benefit Programs for Contract Year 2016](#) On February 6, 2015, the Centers for Medicare & Medicaid Services (CMS) issued a final rule revising regulations for the Medicare Advantage (MA) program (Part C) and prescription drug benefit program (Part D).

## Quarterly Agency Liaison Reports (cont.)

- [Oncology Care Model](#) CMS is developing new payment and service delivery models that will improve quality and reduce the cost of specialty care.
- [National Coverage Determination \(NCD\) for Screening for Lung Cancer with Low Dose Computed Tomography \(LDCT\)](#) Today the Centers for Medicare & Medicaid Services (CMS) issued a final national coverage determination that provides for Medicare coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT).

### Department of Defense (DOD)



Liaison: [LT Kendra Jenkins](#)

#### February 2015 DoD Pharmacy and Therapeutics (P&T) Committee Meeting

- Class Reviews: oral oncological agents (prostate I & II), transmucosal immediate release fentanyl, pulmonary arterial hypertension agents
- New Drug Reviews: Zontivity®, Hetlioz®, Belsomra®, Jardiance®, Esomeprazole strontium, Stendra®

#### Next DoD P&T Committee Meeting: 13-14 May 2015

- Class Reviews: newer oral anticoagulants and warfarin, hepatitis antivirals (Hepatitis C)
- New Drug Reviews: Belsomra®, Plegridy®, Diclegis®

### Food and Drug Administration (FDA)



Liaison: [LT Sahnna Khatri](#)

- [Personalized Medicine and Companion Diagnostics Go Hand-in-Hand](#) : 2/10/2015 personalized medicine is an evolving field of medicine in which treatments are tailored to the individual patients. FDA is working with drug and device manufacturers that are developing certain tests called companion diagnostics that will help identify which patients would benefit from a particular drug therapy or, conversely, which patients should not receive the medication.
- [Expanded Access \(Compassionate Use\)](#) : 2 /12/2015: The FDA has issued a draft guidance introducing a form that, when finalized, will simplify and expedite application for use of an investigational drug or biologic outside of a clinical trial. It is intended to provide access for patients with serious or immediately life-threatening diseases or conditions, and who have no comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition. For more information, visit [draft guidance for industry Individual Patient Expanded Access Applications: Form FDA 3926](#), [Dr. Peter Lurie's FDAVoice blog](#), and [Expanded Access \(Compassionate Use\)](#).
- [FDA seeks \\$4.9 billion for FY 2016 to implement the FDA Food Safety Modernization Act and improve the quality and safety of the medical products Americans use](#) : 2/3/2015: The FDA is requesting a budget of \$4.9 billion to protect and promote the public health as part of the Presi-

## Quarterly Agency Liaison Reports (cont.)

dent's fiscal year (FY) 2016 budget – a 9 percent increase over the enacted budget for FY 2015

### Health Resources and Services Administration (HRSA)



Liaison: [CDR Krista Pedley](#)

- The Office of Pharmacy Affairs plans to release two major documents this Spring that outline policies for the 340B Drug Pricing Program ([www.hrsa.gov/opa](http://www.hrsa.gov/opa)): A Notice of Proposed Rulemaking for Civil Monetary Penalties for Manufacturers and an Omnibus Guidance that will cover areas of the 340B Program where HRSA does not have rulemaking authority but where clarity is needed.
- In February, the Home Visiting Program provided \$386 million in awards to states, territories, and nonprofit organizations to allow states to continue to expand voluntary, evidence-based home visiting services to women during pregnancy and to parents with young children (<http://mchb.hrsa.gov/programs/homevisiting>).

### Indian Health Service (IHS)



Liaison: [LCDR Sophia Park](#)

- **2015 IHS Southwest Regional Pharmacy Continuing Education Meeting (Quad)** was held on April 10-12<sup>th</sup> in Scottsdale, AZ.
- **National Pharmacy and Therapeutics Committee (NPTC)** website has been updated to reflect the newest formulary changes which can be found [here](#). Upcoming meeting on May 5-6<sup>th</sup> will focus on ticagrelor, sulfonyleureas, testosterone use, and medication adherence.
- **IHS National Pharmacy Council Strategic Plan** will advocate for inclusion of pharmacists on medical staff; will standardize pharmacy position descriptions; will promote clinical initiatives, outcomes, and patient-centered delivery models; will expand utilization of the VA Centralized Mail Outpatient Pharmacy (VA CMOP); will promote development of the pharmacy workforce; and will support pharmacy revenue generation across IHS. Various workgroups have been assigned and are diligently working to meet these goals.
- Beginning February 12<sup>th</sup>, **CMOP Implementation training sessions** will be offered weekly on Thursdays from 10:00-11:00 a.m. Central Time. A total of 8 sessions are planned. To join the meeting through Adobe Connect: click [here](#).

## Quarterly Agency Liaison Reports (cont.)

### National Institutes of Health (NIH)



Liaison: [CAPT Richard DeCederfelt](#)

- NIH-sponsored HIV vaccine trial launches in South Africa [Link to full article](#)
- Eylea® outperforms other drugs for diabetic macular edema with moderate or worse vision loss [Link to full article](#)
- Many Older People Take Anti-Anxiety Meds Despite Risks [Link to full article](#)
- The NIH Clinical Center Pharmacy Department is pleased to announce that Pharmacotherapy Frontier was held on April 25, 2015 from approximately 7:30 am -1:00 pm for four hours of live, free, ACPE-accredited continuing education. [Link to full article](#)

### United States Coast Guard (USCG)



Liaison: [LCDR Paul T. Michaud](#)

- **USCG Pharmacy Leadership**  
CDR Aaron Middlekauff was selected to serve as the new USCG Pharmacy Force Manager Consultant, following the retirement of CAPT Deborah Thompson. A special thanks to all of her years of service to USCG Pharmacy.
- **Epic EHR Rollout and Implementation**  
Electronic health record rollout continues with administrative input and program building, but a pilot rollout has yet to be scheduled due to server complications in 2014.
- **Upcoming Events and Meeting**  
Joint Federal Pharmacy Forum for 2015 was held in San Diego, CA during the APhA annual meeting on March 27<sup>th</sup>. CDR Aaron Middlekauff scheduled to present the annual USCG pharmacy report during this meeting.



# JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 2pm EST.  
Upcoming meetings will be on:

June 4, 2015  
August 6, 2015

Join us for PharmPAC's monthly meetings via teleconference or in person  
By Conference Call:

Phone: 855-828-1770 or 301-796-7777  
Meeting ID: 17874411  
Password: 17874411

In Person: FDA White Oak Campus  
Bldg 22, room 1419

Join the PHS Listserv to receive updates and information and stay connected to the PharmPAC:

[Click to Join Now!](#)

Don't Forget our Hashtags!:

#USPHS  
#USPHSpharmacy  
#USPHSathletics

This newsletter has been provided by the PharmPAC Communications Section. For more information on how to contribute to future editions, please contact Section Co-Leads:

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