



PharmPAC Perspectives



Pharmacist Professional Advisory Committee

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PAC Chair's Corner

Contributed by CDR Jefferson Fredy, PharmPAC Chair

The 2014 American Society of Health-System Pharmacist (ASHP) Midyear Meeting was held December 7-11 in Anaheim, California. The Anaheim Convention Center is located across the street from *Disneyland*. In the theme park, there is a ride called "It's a Small World." The pharmacy profession is often described as being a small world. In pharmacy school, professors warn their students that pharmacy is a small world. The "Small Pharmacy Profession" means that a good (or bad) reputation can spread quickly.

I had the opportunity to attend the meeting with CDR Aaron Middlekauff (Coast Guard). Whether it was former students who are now in various pharmacy professions or other federal service pharmacists, between myself and CDR Middlekauff, we knew a lot of pharmacists. Since August 2010, I have become acquainted with over 100 pharmacy students from Pennsylvania and surrounding areas because of my service unit's established rotation site with several Philadelphia pharmacy schools. Their career paths have led to professions in drug industry, retail, hospital, academia and other federal services. It's not uncommon that I meet someone who knows a pharmacist that once did a rotation in Crownpoint, New Mexico. Our acting Deputy Surgeon General, RADM Scott Giberson, did a rotation years ago in Crownpoint.

The advice (or warning) that professors provide to their students should also be taken seriously by U.S. Public Health Service Pharmacists. Our reputations precede us. Occasionally, I receive calls from potential supervisors inquiring about a specific pharmacist. RADM Giberson, during the 2011 Commissioned Officers Foundation Scientific and Training Symposium, Pharmacy Category Day, encouraged us to be dependable, adaptable and flexible to meeting our agency's needs. We want to promote ourselves to being the best pharmacists we can be.

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PAC Chair's Corner (cont.)

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In closing, we had a memorable encounter during the ASHP Midyear. CDR Middlekauff recognized a couple of Tripler Army Medical Center pharmacy officers as we were leaving the convention area one night. One Army officer asked, "When is the Residency Showcase? Students are coming up to me and asking if I'm U.S. Public Health Service." The students were inquiring about the Indian Health Service pharmacy residency showcase. This is the first time I had heard of another uniformed service being mistaken for U.S. Public Health Service. The great Ebola response in Monrovia is certainly going to continue increasing our recognition in the small world of pharmacy.

Healthy Lifestyle and Fitness

Healthy Eating During Social Gatherings

Contributed by LCDR Tamy Leung

How many social events have you attended these past three months? Thanksgiving, Christmas, and New Year's gatherings, promotion ceremonies, and going-away parties are just a few events many of us partake each year. Do they always have healthy foods? It's difficult to not overeat at many social functions. Before you attend any social events, here are some tips to be mindful about healthy eating.

1. Earlier in the day, eat breakfast or healthy snacks; this will prevent overeating during the event.
2. Limit before-meal chips or crackers. Try to put a small portion on the plate and eat only that.
3. Drink lots of water throughout the event to

make you feel full.

4. Choose vegetables that are raw, grilled or steamed. Avoid creamy, gravy sauces.
5. Drink calorie-free, diet, or unsweetened beverages. Water is the best.
6. Limit the amount of alcohol to one drink for women and two drinks for men.
7. Ask for a small piece of dessert, avoid eating the frosting or whipped cream.
8. Plan for an exercise session afterwards to burn off the extra calories you consume.

Commitment to Healthy Living

Contributed by LT Nikolas Stajduhar

Shortly after arriving at the Choctaw Nation Health Care Center in Talihina, OK, as the Pharmacy Resident, LCDR Christopher Duff, Chief Pharmacist at Choctaw Nation Clinic in McAlester, encouraged LT Joseph Smith, Clinical Pharmacist at CNHCC and I, to join the PACE (Promoting Active Communities) program and become more health minded and fit.

Both LCDR Duff and LT Smith are physically active and do a great job of promoting a healthy lifestyle. In July of this year they encouraged me to become involved with their weekly basketball games that they organize in McAlester. On average we play two to three hours of basketball each night - an intense and enjoyable cardiovascular workout! Because of their love of health and wellness, they are great role models to me and the community. They take an active part in the lives of patients by instilling the importance of being active and reminding them of the benefits of exercising and eating right.

The Choctaw Nation's PACE organization promotes health and fitness among the community. It is an organization that is open to anyone for registration. One of the many activities they organize includes distance-running events around areas in Southeastern, Oklahoma.

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Healthy Lifestyle and Fitness (cont.)

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One requirement for inclusion into this organization includes team participation in a running event at least twice yearly.

On November 8, 2014, the USPHS Cross Country Team participated in the Veterans 15k Relay in Talihina, Oklahoma. We proudly sported our U.S. Public Health Service attire, considering it was Veterans Day weekend. Running this race as officers meant the world to us. The opening ceremony included singing of the National Anthem and God Bless America, which motivated everyone to run hard for this event. There were twelve relay teams and a host of individual runners honoring those that have served and are currently serving our great nation. It was very nostalgic to be approached by people at the race who thanked us for our services and inquired about the Commissioned Corps.

The race concluded with a personal best for both LCDR Duff and LT Smith for their individual 5k times. As a team we finished third, running in a time of one hour and eighteen minutes. This was an experience that made us all determined to continue training and participating in more relays in the future and striving to set a new team record.



Left to right: LT Nikolas Stajduhar, LCDR Christopher Duff, LT Joseph Smith Veterans 15k relay Talihina, Oklahoma 11/11/14

Train like an Admiral

Interviewed by CDR Juliette Touré

Photos by CDR Kun Shen



RADM Randall J.F. Gardner, the current Chief Engineer Officer of the USPHS, has always considered himself a “doer,” not a spectator in life. Throughout his childhood, he ran track, played team sports, and spent a lot of time outdoors doing seasonal sports. He had to give up some of these activities during engineering school and as he progressed in his PHS career, which began in the Junior Commissioned Officer Student Training and Extern Program (COSTEP) at the Food and Drug Administration. He recalled that when his kids were becoming more physically active around the age of eight or nine, he realized he needed to “step up his game,” not just to keep up with them but to also encourage them not to be spectators in life. In a recent interview, RADM Gardner shared some of his personal views on health and how he overcame challenges in making these lifestyle changes.

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Healthy Lifestyle and Fitness (cont.)

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When your kids were about eight or nine, what lifestyle changes did you make? How did you start?

Since I was a runner in high school, I thought I would be able to pick it back up again. It was harder than expected. People have said it takes three to four weeks to see results, but for me, it was a longer journey. I was always an active person.

I didn't have to do much to be fit when I was younger. As I get older, it takes more effort to be fit. I began by increasing the amount of time at the gym, incorporating three one-hour sessions per week. It did not make a difference. I realized I needed to look at my diet because exercise alone was not enough and because of my family history of high cholesterol and blood pressure. I began to shift from walking to running. It took about a month to jog non-stop. I also tried working out at different times of the day and found that I do best when my workout is done early in the day. It was discouraging at times because I did not improve as quickly as I would have liked or perhaps expected to, but I appreciate being challenged.

Over the course of two years, I was able to lose and maintain a weight 40 pounds less than at my heaviest. Another motivator was when others started to notice the change in me. I wasn't doing it for that reason, but recognition and even questions were helpful. Before losing the weight, people would say I had an "athletic build." I would wonder if it was a compliment and started to buy into that idea. I thought the BMI [Body Mass Index] was wrong, and I was just built that way. When you accept where you are – it makes it harder to do anything to change. Once I started losing weight and exercising more regularly, I realized that it was possible to reach my goals and more, including changing my BMI. I couldn't believe how many inches (36 down to 32) I could lose in my waist.

How do you view "staying healthy"?

I view "staying healthy" as a life journey, making a commitment to being active and maintaining a good diet, seven days per week. I stay active by doing things I enjoy like biking, fishing, skiing, and archery. As I get older, competing against others is no longer as strong of a motivator. When I was training and aspiring to be an Olympic-level runner in high school, winning was more important and crucial. Now, I prefer to do things I enjoy and choose activities based on the social environment. For example, I like to go on long hikes (like the Appalachian Trail) and go sport fishing, which are both fun and physically challenging. When I feel physically healthy, I am also more productive and, overall, a happier person. From a physical and mental aspect, I'm able to respond more effectively to challenging and stressful situations.

What activities do you like to do?

My activities depend on the season. I enjoy being outdoors, observing nature and people. I like walking and hiking all year round. Although most people see biking as a sport, I see it as an activity that I have done since I was a kid. I ride about five to ten miles at a time on local bike trails, like Rock Creek Park. I also ride with my son's Boy Scout troop. My son is picking up on biking – we've done the C&O Canal, Gettysburg Battlefield, and would like to ride the Antietam Civil War Trail.

In the colder seasons, I enjoy skiing and hunting. I also use the gym at work and fully support officers doing the same. The elliptical is good for reducing impact on the knees and hips. It's also a good calorie burner. During the warmer seasons, sport fishing is fun and requires teamwork. It's a great family activity – the optimal number is six to help with gear and manning rough waters.

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Healthy Lifestyle and Fitness (cont.)

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We enjoy going to Virginia Beach to game fish for marlin and tuna. Fly fishing is also great. There is more to it than most know. When wading streams, you need to be alert, visualize things, and learn and practice the motions to cast a fly properly.

It's great that you share a lot of your hobbies with your kids. Are there lifestyle habits that you hope your kids will adopt?

Many of the activities I enjoy now are ones that I learned as a kid. I hope to reinforce in my children to try new things, to learn which activities they do and do not enjoy. I have also taught my kids certain hobbies so that they can decide whether they want to pursue them in the future.



RADM Gardner with his son, Randall

Some activities, like archery, can be harder to pick up as an adult or without someone else introducing you to the sport. For example, I learned bow-hunting as an adult. I was invited by colleagues to give it a try. I picked up a catalog and ordered a bow based roughly on my own dimensions. It was the worst thing I could have done – the bow I ordered wasn't what I needed. I spent a season reading and trying to make it work. I enjoyed shooting the bow but could not progress, so I went to a pro shop for help. I spent a few

hours with a staff member, who gave me a few pointers that made a huge difference. I still wasn't as successful as I wanted to be, so when I got promoted, I decided to treat myself to a new bow .

I went to the pro shop again for advice. They outfitted me with the right bow (finally!). On my first trip out, my first three shots were at bull's eyes range at 20 yards. Since then, I've kept working at it and now help others. If you are looking to start a new activity, you might have a better learning experience and save yourself time and grief if you find someone who wants to share his/her passion with you. #1 tip for archery – don't buy a bow until you have talked to knowledgeable people first.

One thing I'm happy about is that my kids understand that fitness is a life journey. My parents didn't really reinforce that or understand how it improves the quality of life. I was raised physically active, but our diet was pretty horrible. There are cultural and ethnic differences in perceptions of health, but we must all adapt. Why wait until the doctor tells you have diabetes and instead take steps to prevent it?

Have you ever had a serious injury? And if so, how did you get back in shape?

I got a fracture about 15 years ago, when I was putting my boat away for the winter. I had to sit through the winter, gained weight, which made it harder to be active and prepare for the APFT. It was a physical setback, and I realized that I needed to make some lifestyle changes. When I was beginning to get back into shape, the fracture got re-aggravated. The doctor said nothing could be done, so I continued to work at it slowly. Each person's body responds differently, therefore, I recommend not pushing yourself to failure or "empty," and to listen to your body. Eventually my body healed itself and the fracture is only a distant memory.

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Healthy Lifestyle and Fitness (cont.)

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Have you had get a medical waiver for the APFT?

No, I've had rotator cuff tears but have never requested a medical waiver. I was able to complete the tests despite injuries, but I don't encourage people to do that. Officers should not jeopardize their health for the requirement. I discussed my goals for health with my physician and find ways to live with my injuries through physical therapy for now, but we may have to discuss other options eventually. It helps to have a brother who is an orthopedist.

Because of my injuries, at times, I've strived to meet the minimum requirements for the APFT, and at other times, I've strived to see how far I can go. Shoulders are my limiting factor. Doing the APFT is also a condition of service and can be a challenge for some people, but there are ways to get help. I believe as officers, that we should try to do our best in everything that we do. The APFT is yet an opportunity to do our best and work to improve.

Through the years, there have been many initiatives to encourage officers to be more active. I've always thought that was a great idea and encourage people to be healthy and active for their own purpose. I think that healthy people feel good, and you can do your job better when you feel good.

Anything you'd like to say to PHS officers on fitness?

I applaud people who achieve high levels of fitness, but I think it is just as great an accomplishment for those individuals who don't achieve the same levels but have tried their best. There are a lot people who are in the middle. They are equally good officers, no less important to the Corps.

When I look at the history of our Corps, I sometimes feel that we are searching for an identity, but for me, our identity is already there. Our physical attributes aren't going to redefine us as a Corps.

What defines us are our missions, public health training and experience, the pride of our service, and the unique qualifications we bring to the challenges of improving public health.



RADM Gardner with his son, Randall

Pharmacy Spotlight

A Rare Opportunity for Pharmacists throughout CMS to Meet and Greet

Contributed by LCDR Jeannette Joyner and LCDR Jacquelyne T. Ivery

Baltimore, Maryland – During a rare occasion on August 20th, 2014 CMS pharmacists locally and from regional offices all over the country gathered for an opportunity to meet fellow co-workers at the Central Office for the Centers for Medicare & Medicaid Services (CMS), Baltimore.

The momentous occasion was further enhanced when Rear Admiral (RADM) Pamela Schweitzer, the new United States Public Health Service (USPHS) Chief Professional Officer (CPO), Pharmacy, joined USPHS and CMS Pharmacist colleagues for a group photo (see below). There are currently 31 USPHS pharmacists serving at CMS: 17 stationed at Central Office (Baltimore), 2 stationed in the Bethesda CMS Office, and 12 stationed in regional offices throughout the country.

Pharmacists traveled from as far as San Francisco, Seattle and Dallas to attend the conference. Wide-ranging job responsibilities include but are not limited to: integrating business and technology systems

for the Health Information Technology for Economic and Clinical Health Act (HITECH), coordinating drug data requests for Internal Revenue Service (IRS) & the Treasury, providing consultation for the Healthcare Common Procedure Coding System (HCPCS) work group, and testing new health care delivery model systems that promote and rapidly disseminate evidence-based best practices to clinicians and public health workers which empower local/state governments and private industry.

The symposium provided a great opportunity to match faces with names. For much of the time, collaboration virtually is the norm for various day-to-day projects. The event also provided wonderful camaraderie as pharmacy officers serving in many diverse capacities came together to coordinate the lunchtime gathering, take photographs, and to acknowledge each other's accomplishments.



CMS pharmacists Meet and Greet with RADM Schweitzer (seated in the center) at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, MD on August 20th, 2014.

Pharmacy Spotlight (cont.)

Pharmacy Based Tobacco Cessation Program at Phoenix Indian Medical Center

Contributed by LCDR Jing Li, LCDR Holly Van Lew, and CDR Megan Woehr

Tobacco use costs the US over \$289 billion each year in medical care and productivity. Tobacco use is the number one preventable cause of illness and death among American Indians/Native Alaskans (AI/ANs). AI/ANs have the highest rate of adult cigarette use, 26% in comparison with approximately 18% of other ethnic groups across the US according to CDC's MMWR 2013. The success rate of tobacco cessation is extremely low, only 7%, when a person tries to quit on his/her own. However, research has shown with intensive tobacco cessation intervention, counseling, and pharmacotherapy success rates may increase up to 30%. An evidence-based, multi-faceted, tobacco cessation program culturally tailored to AI/AN's, has the potential to significantly reduce the burden of tobacco-related disease in a population with extraordinarily high rates of health disparities.

At Phoenix Indian Medical Center (PIMC), we use evidenced-based intensive interventions to help patients through the tobacco cessation process. Patients are provided opportunities for educational group sessions, intensive 30 minute private counseling sessions, pharmacotherapy and optional use of complementary/alternative medicine (CAM) ear acupuncture. Patients are followed in person and by phone to monitor progress, adjust therapy and provide support. The program also collaborates with Arizona Smoker's Hotline (ASHLine) to offer patients additional counseling and support and assistance 24/7.

The PIMC Tobacco Cessation Clinic was established in 2001 by CDR Megan Woehr, who later became the IHS National Tobacco Control Specialist with the To-

bacco Task Force through the IHS Division of Epidemiology and Disease Prevention. Since implementation of the program, the clinic has flourished under the multifaceted approach used consistently throughout the years. The PIMC Pharmacy Based Tobacco Cessation Program has shown cessation rates that exceed the national average of 23%; attaining a quit rate of 34% in 2013, and preliminary quit rate of 48% in 2014.

The Immigration and Customs Enforcement (ICE) Artesia Family Residential Facility (AFRC)

Contributed by LT Kristina M. Snyder

The Immigration and Customs Enforcement (ICE) Artesia Family Residential Facility (AFRC) in Artesia, New Mexico was developed and opened in June 2014 in response to an influx of undocumented women traveling with children apprehended at the Southwest border. The site primarily operates with ICE Health Service Corps (IHSC) USPHS Commissioned Corps officers rotating from two weeks to one month temporary duty assignment (TDY) rotations. Pharmacy services are provided via a remote filling pharmacist located in Taylor, TX. I served a TDY rotation at the facility to establish pharmacy operations in conjunction with the remote pharmacist.

Upon arrival, one of the initial tasks that required attention was the method of medication administration. One of the continuing challenges of the residential facility is that each medication must be prescribed as Nurse administered or Pill Line which is directly observed therapy (DOT), and no medications dispensed as self-administered, Keep on person (KOP). With this mandate in place, the time required to administer medications was daunting.

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Pharmacy Spotlight (cont.)

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My initial attempt to minimize the volume of doses given per prescription was educating prescribers to write for as little of a day supply as appropriate (a max of 30 days for non-maintenance medications). Another effort initiated was asking providers to order medications "as needed" or whenever possible. This included medications that patients may require around the clock such as allergy, GERD, or pain medications. The benefit of writing prescriptions as needed was so patients could choose when they did not want a dose without required refusal documentation.

Another initial task was organization and supply of pharmaceuticals. With no dedicated on site pharmacy personnel to manage the pharmaceuticals stock, AFRC medical staff found it difficult to assess what medications were available and maintain an adequate supply. The first endeavor I undertook was to perform an inventory of all medications. Space is a constant challenge at AFRC, located at the Federal Law Enforcement Training Center (FLETC) with the main medical clinic currently located in a trailer. I was able to reorganize the medications, which had been stored in several locations, according to use, thereby improving accessibility to pertinent staff. To address the issues of supply and demand, I developed an inventory list with PAR levels of all stocked medication. The system was then developed for an AFRC staff member to review the PAR levels weekly, maintain a vigilant watch of stock and re-order in a timely and consistent manner.

During this period of not having a full-time pharmacist on staff, there was a need to provide resources to providers who are unfamiliar with pediatric dosing. With the assistance of fellow pharmacists in IHSC, we developed a weight-based pediatric dosing guide for the most commonly prescribed medications at the facility. This guide provided a quick, easy and accurate dosing reference ensuring providers are selecting the available medications. Identifying a

need for continued pharmacist support, a telephone pharmacist consultant program was developed. After identifying seven interested pharmacists within IHSC, I developed a schedule, rotating every seven to ten days, of on call pharmacists for the facility. With this system in place, providers and nursing staff could utilize the clinical expertise of pharmacists in our agency while providing cost savings and reducing the chance of medication dosing errors.

My TDY to AFRC proved to be an invaluable experience I will not forget. This assignment exemplifies the uniqueness a Commissioned Corps pharmacist by providing ingenuity and resourcefulness in areas outside of our typical, daily operations.

Maryland Public Television Pledge Drive

Contributed by CDR Karen Abraham-Burrell

For the twelfth consecutive year, the Baltimore Branch of the Commissioned Officers Association (BCOA) in conjunction with the DC area Branch of the Commissioned Officers Association (DCOA) participated in the Maryland Public Television (MPT) On-Air Pledge Drive. Maryland Public Television provides public television programming across the state of Maryland, the District of Columbia, parts of northern Virginia, West Virginia, Delaware and Pennsylvania. (See page 15 for picture).

Only one-third of MPT's funding comes from the state; therefore, roughly two-thirds of the budget must be raised through funding activities. Each year BCOA/DCOA answers the call to help meet MPT's funding needs. BCOA member LCDR Gerald A. Brozyna, Jr., DHSc, MHA, MPH volunteered to organize this year's event, which was well-attended.

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Pharmacy Spotlight (cont.)

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Officers from various disciplines and agencies participated in this year's event, which raised over \$11,000 for MPT. The PHS Officers that participated in the Maryland Public Television On-Air Pledge Drive, provided a service to the community by raising funds to contribute to the maintenance of free public television for local viewers while simultaneously promoting Corps visibility.

Bulletin Board

APhA 2015 Training Opportunities

By LCDR Christine Corser

The American Pharmacists Association (APhA) 2015 Annual Meeting & Exposition will be held in San Diego, CA, from March 27 to March 30, 2015. Various training opportunities are available, including some APhA Certificate Training Programs (CTP). A few highlights of the CTP trainings available are Pharmacy-Based Immunization Delivery and The Pharmacist and Patient-Center Diabetes Care. Advanced Competency Training (ACT) sessions, Residency Training, and Board Certification and Recertification Review courses are also available.

A two day Ambulatory Pharmacy Care Review Course is of interest to officers planning to sit for the Board of Pharmacy Specialties certification exam in Ambulatory Care Pharmacy.

A complete list of training opportunities available at APhA 2015 is found online at: <http://www.pharmacist.com/apha2015-additional-education-training>.

Register now before all spots are filled!

FDA announces the publication of the Pregnancy and Lactation Labeling Rule (PLLR)

Contributed by CDR Carrie Ceresa

On December 4, 2014, the Food and Drug Administration (FDA) announced the publication of the "Content and Format of Labeling for Human Prescription Drug and Biological Products; Requirements for Pregnancy and Lactation Labeling," also known as the Pregnancy and Lactation Labeling Rule (PLLR). The PLLR requirements include changes to the structure and content of labeling for human prescription drug and biologic products with regard to pregnancy and lactation, and creates a new subsection for information with regard to females and males of reproductive potential. Specifically, the pregnancy categories (A, B, C, D, and X) will be removed from all prescription drug and biological product labeling. A new format will be required for all products that are subject to the 2006 Physicians Labeling Rule format to include information about the risks and benefits of using these products during pregnancy and lactation.

FDA determined the old letter categories did not effectively communicate fetal risk, and were also confusing and often incorrectly used as a grading system. Often, there were instances when healthcare professionals relied on the letter categories incorrectly assuming that a particular category such as "B" was safe to use while "X" was not, and this was not necessarily the case. Another challenge with the letter categories was the assumption that products with the same letter category had the same risk, when in fact, they could have completely different risks.

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Even though the letter categories will be gone, the data will remain. In fact, the current labeling will be expanded upon when applicants adopt the new content and format requirements of the PLLR.

The PLLR will officially take effect on June 30, 2015. Although the publication of the PLLR does not require that manufacturers conduct new studies in pregnant and lactating women, the PLLR may guide research on the effects of drugs and biologics on pregnancy and lactation in hopes of filling in the data gap that exists in both populations. Along with the publication of the final PLLR, the FDA also published draft guidance, "Pregnancy, Lactation and Reproductive Potential Labeling for Human Prescription Drugs and Biologic Products – Content and Format, Guidance for Industry, December 2014," to assist industry and other stakeholders in complying with the requirements of the PLLR.

References

1. Content and Format of Labeling for Human Prescription Drug and Biological Products, Requirements for Pregnancy and Lactation Labeling (79 FR 72063, December 4, 2014).
2. Requirements on Content and Format of Labeling for Human Prescription Drug and Biological Products, published in the Federal Register (71 FR 3922; January 24, 2006).

7th Annual U.S. Public Health Service Commissioned Corps Awareness Day

Contributed by LCDR Jessica Fox

The 7th Annual U.S. Public Health Service Commissioned Corps Awareness Day will be held at the Food and Drug Administration's (FDA) White Oak Campus in Silver Spring, MD on April 7, 2014, 11:00 am to 1:30 pm ET. The program is presented by the FDA Commissioned Officers Network. There will be opportunities to meet advisory group and organization representa-

tives. Officers will be able to learn valuable information about benefits, deployments, uniforms, awards, COERs, career progression, readiness requirements, the application process, and much more. There will be free refreshments and a uniform exchange as well. For more information, please contact LCDR Jessica Fox at Jessica.Fox@fda.hhs.gov.

American Society of Health-System Pharmacists (ASHP) 2014 Federal Forum – Be Adventurous: Come Listen, Learn, and Become Inspired

Contributed by LCDR Christina Andrade

Commissioned Corps officers from many different sites and all of the Indian Health Service (IHS) residents congregated during the Federal Forum, proudly representing IHS, alongside colleagues from the armed forces, Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA) and Veteran's Affairs (VA). Following the didactic portion of the Federal Forum, the IHS residents presented their posters during the ASHP Federal Forum Poster Session. Attendees included prospective residents, curious pharmacist colleagues, and the Chief Pharmacy Officer Rear Admiral Pamela Schweitzer.

The residency showcase was organized by CDR Rebecca Reyes, the National IHS Residency Director. Residents and residency directors of IHS sites from as far away as Anchorage, Alaska, Claremore, Oklahoma and Cherokee, North Carolina came together to speak with students from all across the nation about IHS Residencies and the attributes of their residency site and residency program.

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Bulletin Board (cont.)

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As a wrap up, a social breakfast was coordinated by LCDRs Hillary Duvivier and Christina Andrade. Attendees were able to sit back and speak with each other in a more informal setting.

It was a true delight to see everyone at the 2014 ASHP Midyear Clinical Meeting.



Front row, left to right: LT Francisco (Frank) Antigua-Santana, ENS Kaitlyn Skulkan, LT Katherine Fromm, LT Carlos Gonzalez-Mercado, LT Tenzin Jangchup, LCDR Kimberly Andrews, LCDR Heather Peterson, LT Fiona Chao, LT Heng (Helen) Chang, CDR Rebecca Reyes, LT Nikolas Stajduhar, CDR Jefferson Freedy, LT Tabitha Dillinger, LT Madalene Mandap, LT Alyson Stambaugh, LT Rebecca Wong, Ginger Turner, LT Racheal Moliver, LT Benjamin Le

Back row, left to right: CDR John Carothers, Jessica Eggen, LT Garrett Heitmann, LT Gregory Berg, Christopher Pack, CDR Mary Byrne, LT Dakota (Cody) McMurray, LT Dewey (Trey) Foutz, LT Christopher Chong, CDR Timothy Murray, LCDR Jason White, CDR Mike Beiergrohlein, LT Michelle Locke, LCDR Christina Andrade, Alexander Hendricks

Not pictured, but in attendance: LCDR Hillary Duvivier, LT Makia Dove, LT Kristen Mazurkiewicz, LT Nicholas Daniel

PHS Pharmacists in Action



Eight officers from the Oklahoma City Area IHS participated in the 2014 Route 66 Marathon and Half Marathon.

Left to right: LCDR Joyce Oberly, CAPT Robert Failing, CAPT Tami McBride, CDR Joseph Jones, CDR Kaileen Skidgel, LT Kayla Meeks, LCDR Eddie Winn, and LCDR Brady Fath.



LT Jennifer Lind, a graduate of the Epidemic Intelligence Service (EIS) program, was featured in the “I am CDC” video series, designed to highlight the work of staff across CDC. The full video can be viewed here: <https://www.youtube.com/watch?v=bANJ-fbBtNA>

PHS Pharmacists in Action (cont.)



Fit Families 5K Run/Walk supporting Health Equity (9/20/14): Sponsored by the Black Health Care Coalition, Kansas City, Missouri.

Left to right: LT Garrette Martin-Yeboah, CDR Shary M. Jones, LCDR Valerie Scott



Gallup Indian Medical Center pharmacists participate in the McKinley County Flu Pod in Gallup, NM on November 8th, 2014. Approximately 700 no cost flu shots were administered among the community.

Front row, left to right: LCDR Gabriella Janke, CDR Dana Springer, LT Lashley Hatch, LT Whitney Conroy

Back Row, left to right: CDR Cecil Aycok, LT Jason Kinyon, LCDR Christina Andrade

Not Pictured, but in attendance: LCDR Denise Norman

PHS Pharmacists in Action (cont.)



Pictured on left, left to right: LCDR Maria Martinez, PA-C and LT Domenic D'Alessandro, PharmD presenting their poster at the AMSUS meeting in Washington D.C. on December 2, 2014. Their research demonstrated that a team approach involving a pharmacist significantly improved hemoglobin A1C of diabetic patients at their correctional institution, FCI Fairton.

Pictured on right—LT John Mistler educating the community on bicycle & medication safety at the Taos Picuris Indian Health Center.



Left to right: CDR Rochelle Young (FDA), LT Teisha Robertson (CMS), LT Tracy Smith (CMS), LT Lisa Jarvis-Durham (CMS), LT Jamie Kamon-Brancasio (FDA), CDR Angela Ramsey (FDA), Rhea Feikin -MPT Host, LT Joyce Davis (CMS), CDR Karen Abraham-Burrell (CMS), LT Julia Zucco (CMS), LCDR Jeannette Joyner (CMS)

Not Pictured, but in attendance: LCDR Gerald Brozyna (CMS), CDR Sandra Magera (FDA)

PHS Pharmacists in Action (cont.)



PHS Officers at Bryn Mawr Science, Technology, Engineering, and Mathematics (STEM) Career Fair
Left to right: Lisa Naeger, CDR Harvey J. Ball, CDR Kyong Hyon, CDR Angela Ramsey, LCDR Mona Patel, and CDR Candace Hander

Surgeon General Spotlight

Surgeon General's Initiatives

Contributed By LCDR Rodney Waite II

As noted in the previous issue of the *PharmPAC Perspectives*, there will be a space dedicated to updates on the various Surgeon General's initiatives. Articles highlighting work towards achieving these initiatives are encouraged. Current initiatives from SurgeonGeneral.gov:

- [NEW: My Family Health Portrait](#) including the "My Family Health Portrait" tool
- [Fast Facts about Ebola in the U.S.](#)
- [Tobacco Cessation, 50th Anniversary](#)
- [National Prevention Strategy](#)
- [Everybody Walk Campaign](#)
- [Support Breastfeeding](#)

- [Prevent Skin Cancer](#)

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

Welcoming America's 19th U.S. Surgeon General

VADM Vivek H. Murthy
 Confirmed December 15, 2014
[Read More...](#)

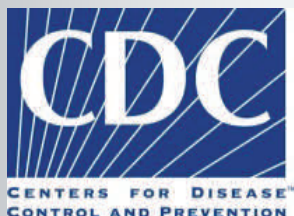


Liaison Reports



Contributed by LCDR Michelle Williams

- BOP had a successful pharmacy recruitment booth at ASHP in December and hopes to host a booth at APhA in March.
- Updating BOP Hepatitis C Treatment Interim Guidance.
- Revised Agency's Latent Tuberculosis Infection Guidelines.
- BOP supports USP Leavenworth pharmacist, LT Quinn Bott, in his deployment for the PHS Ebola mission in Liberia.



Contributed by LT Jennifer Lind

- Upcoming CDC Grand Rounds: 1/20/2015: Understanding the Causes of Major Birth Defects; 2/17/2015: Global Polio Eradication; and 3/17/2015: Emergency Preparedness Challenges.
- The CDC Foundation and several partners have announced the launch of Africa United, a global health communications campaign aimed at preventing the spread of Ebola in West Africa.
- The CDC Pharmacists Workgroup is offering free CE credit in hypertension and dyslipidemia on January 27, 2015 from 9am-12 pm; for more information email: PharmacistsWG@cdc.gov.



Contributed by LT Teisha Robertson

- New CMS rules enhance Medicare provider oversight; strengthens beneficiary protections CMS Administrator Marilyn Tavenner announced new rules that strengthen oversight of Medicare providers and protect taxpayer dollars from bad actors.
- Public reporting of 2013 quality measures on the Physician Compare and Hospital Compare Websites The Centers for Medicare & Medicaid Services (CMS) has added new quality data to the Physician Compare website.
- CMS finalizes new safeguards to reduce Medicare fraud On December 3, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that will improve CMS' ability to deny or revoke the enrollment of entities and individuals that pose a program integrity risk to Medicare.



Contributed by LT Kendra Jenkins

- November 2014 DoD Pharmacy and Therapeutics (P&T) Committee Meeting
- Class Reviews: multiple sclerosis, self-monitoring blood glucose strips
 - New Drug Reviews: Anoro Ellipta, Prolensa, Simbrinza, V-Go

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Liaison Reports (cont.)

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Next DoD P&T Committee Meeting: 11-12 February 2015

- 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



Contributed by LT Sadhna Khatri

- [Ebola Response Update from FDA](#) December 12, 2014. FDA is working to help expedite the development and availability of medical products for Ebola response.
- [FDA issues final rule on changes to pregnancy and lactation labeling information for prescription drug and biological products](#) December 3, 2014. The FDA has published a final rule that sets standards for how information about using medicines during pregnancy and breastfeeding is presented in the labeling of prescription drugs and biological products.
- [FDA finalizes menu and vending machine calorie labeling rules](#) November 25, 2014. The FDA has finalized two rules requiring that calorie information will now be listed on menus in chain restaurants, similar retail food establishments, and vending machines to provide consumers with more nutritional information.



Contributed by LCDR Stephanie D. Daniels

- New Email Addresses: All IHSC Pharmacists have now transitioned to emails on the ICE network. New email addresses follow the format: [first-name.middleinitial.lastname@ice.dhs.gov](#). Messages sent to old email addresses (@phs.dhs.gov) are not accessible and are not forwarded to the new inboxes.
- New Facilities: ICE has opened two new facilities this quarter, the Alexandria Staging/Processing Center in Louisiana, and the South Texas Family Residential Center in Dilley, TX. IHSC pharmacy leadership thanks LT Matthew Dunbar for taking on the additional duties of being the remote fill pharmacist for the Alexandria facility.
- Board-Certified Pharmacists: IHSC Pharmacy leadership would like to recognize the three IHSC pharmacists who achieved Ambulatory Care Board Certification (BCACP) in 2014 – CDR Vanessa Thomas-Wilson, LCDR Carl Olongo, and LCDR Stephanie Daniels. IHSC looks forward to expanding utilization of pharmacists in clinical practice, and applauds the initiative and hard work of these pharmacists toward attaining that goal.

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Liaison Reports (cont.)

(continued from page 18)



Contributed by LCDR Sophia Park



Contributed by CAPT Richard DeCederfelt

- Nominations for 2014 IHS Pharmacy Residency Preceptor of the Year by 2/1/15 – Please contact CDR Rebecca Reyes (Rebecca.Reyes@ihs.gov)
- Nominations for 2014 IHS Junior, Senior Pharmacist of the Year and Pharmacy Technician Of the Year by 3/1/15 – please visit http://home.pharmacy.ihs.gov/index.cfm?module=gen_one&id=33
- **Guaranteed Returns (GRx)** – Several top officials at GRx have been indicted on charges of fraud. IHS has been advised to immediately cease all business with GRx. Sites are to hold on to drug returns until further guidance by NSSC. <http://www.fbi.gov/philadelphia/press-releases/2014/government-contractor-its-owner-and-two-employees-charged-in-multi-million-dollar-fraud-scheme>
- **IHS National Pharmacy Council Strategic Plan** identified six areas to prioritize over the next five years which are aligned with the Agency's shared vision to change our systems and our communities to enhance patient-centered pharmacy services. Please look forward upcoming news.
- [President's Visit to NIH Highlights Research on Ebola](#)
- [Alzheimer's-in-a-Dish: New Tool for Drug Discovery](#)
- [Teen prescription opioid abuse, cigarette, and alcohol use trends down](#)

JOIN OUR MEETINGS



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

February 5th, 2015

March 5th, 2015

April 2nd, 2015

Join us for PharmPAC's monthly meetings via teleconference or in person, details provided in the agenda distributed on the PHS Rx Pharmacists listserv.

Join the PHS Rx Pharmacists Listserv to receive updates and information and stay connected to the PharmPAC:
[Click to Join Now!](#)

[Click here for the U.S. Public Health Service Pharmacists Facebook Page](#)

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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