WMSHP Newsletter

JUNE 2014

Contents

Newsletter Editor
Monique Bonhomme, PharmD, MS, BCPS

Spring is still in the air and summer is just around the corner. Hopefully everyone is enjoying the wonderful weather. I am pleased to see more submissions to the Newsletter. Please enjoy the wide array of topics in this edition: updates on policy, tips on precepting students, clinical updates pertinent to our practice, even an interesting post-transplant story. Also, featured is a long-standing member with an interesting bio and student leader. Not to mention the paparazzi pics. Wishing you all a wonderful summer ahead!

Monique, ASHP Delegate
2014 – 2016

President's Message:

I would like to thank all of our members and new members for attending WMSHP and DC-CCP society's May 10, 2014 all day, CE event. We had a great turnout with excellent presentations by leading physicians and clinical pharmacists throughout the metropolitan area. If you missed our first all day, CE event (which was worth a total of 6 CE hours!) there will be another opportunity to attend the next one. Our next all day, CE event will be on Saturday, September 13, 2014 at the 4H Youth Conference Center in Chevy Chase, Maryland. And yes, this will be worth a total of 6 CE hours again presented by another set of excellent guest speakers! Please visit our website (www.wmshp.org) for a complete listing of CE events, non-CE events, family events and detailed programs. This year our Membership Committee will also be hosting a WMSHP family picnic for the first time! All members and their family are invited. The date of our picnic is scheduled for Saturday, September 20, 2014. Please save the date and watch for more details in the upcoming months.

WMSHP is proud to present our Mentoring Program for 1st year Pharmacists, Residents, Fellows and Students this year. The goal of this program is to mentor, assist, and support first year Pharmacists, Residents, Fellows and Students in pharmacy practice. We have a group of experienced Pharmacists who are ready to share their expertise and advice. Please visit our website for a complete list of Mentors and their contact information.

WMSHP also recently hosted a networking event for pharmacy students at Holy Cross Hospital in April. The event gave the students an opportunity to network with our members, their peers, have a question and answer session as well as meet our mentors. You will be seeing more of the students in the upcoming events. Please welcome the pharmacy students to our society!

Our ASHP Delegates and Alternative Delegate will be representing WMSHP at the ASHP regional and summer delegate meetings soon. Please visit our website for the link to the proposed ideas, policies and agenda discussion for this year's ASHP Summer House of Delegates session and contact our Delegates for further comments, suggestions or representations. They are looking forward to your comments and suggestions. They will also take your ideas and present them as amendments at this summer's House of Delegates as well as enjoy hearing if you are in support of a policy to help them know how to vote.

Many of our Committees have met and already started committee work. If you are interested in serving on one of our many committees (Programming, Legislative, Membership, Nomination, Finance or Publication Committees) please contact the respective Chairs. Last year our committee members did an excellent job and we would like to continue this excellence this year. There are many talented Pharmacists in our society who are ideal candidates for our many Committees. Please join us with your creative ideas and make WMSHP a great society to belong to. See everyone at our many events this year!

Vicki
WMSHP 2014 President

Understanding H.R. 4190

Samantha Al-Faruque, PharmD
PGY-1 Pharmacy Resident at Sibley Memorial Hospital - Johns Hopkins Medicine

A new bipartisan bill proposed in the House would let pharmacists receive Medicare reimbursements under Part B for pharmacist services depending on their state laws.

The bill titled H.R. 4190 aims to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program for pharmacist services such as immunizations, diabetes management, blood pressure screenings and routine check-ups.

Title XVIII section 1861 of the Social Security Act defines the term "medical and other health services," which does not include services performed by pharmacists. The law currently only allows reimbursements for certified physician services including those performed by physician assistants under supervision from a physician and nurse-practitioners or clinical nurse specialists in collaboration with a physician.

"I routinely hear from Kentuckians who rely on their pharmacists as their initial access point to health care," said Rep. Brett Guthrie (R-Ky.) sponsor of the bill. "Whether it's to inquire about medication, potential side effects, or discussing other ailments and complications, many patients view their pharmacist as a critical member of their health care team. This legislation will increase patient access to basic services in a cost-effective and responsible way."

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Air Travel Control: Post-Organ Transplantation and Flight Health

Tara L. Smith, PharmD, MS RSHS, CCRP

Mr. Jones was a 67-year old retiree who enjoyed travel excursions. His medical history consisted of respiratory disorders and Type II diabetes for over 15 years, however in recent years he and his medical team decided that a kidney transplant would be necessary for his longevity, wellness and lifestyle. Four months ago, Mr. Jones received a kidney transplant. His consistent follow-up visits and medication regimen compliance assisted in his successful post-transplantation status. Mr. Jones was well when he booked a flight to visit and assist his ailing brother. The morning of the flight, Mr. Jones told his wife that he felt "a little flushed and a little sick." However, she could not convince him to contact his physician. Mr. Jones expressed that he was "probably ok and would absolutely not miss his flight to visit his brother." Feeling slightly ill but determined, Mr. Jones boarded the aircraft, disembarked at landing and collapsed. He was rushed to the hospital where he was placed on life support two days later and pronounced dead in less than 10 days. Prognosis: Bacteremia.

This case is based on a true medical occurrence

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Doris Voigt

Born in Troy, New York, Doris Voigt is a native of the NY Capital District Area. While in her Junior Year of High School, she attended a College Fair. It was that day her dream to be a member of the Health Care Profession began to take shape.

She applied and was fortunate to be accepted to Albany College of Pharmacy for the Class of 1969. She was on the journey. She knew she would become a Pharmacist! The clouds of uncertainty presented them when she was confronted with the array of opportunities that lay ahead. Many members of the faculty, each with their experiences and wisdom to share, influenced her. Dean Emeritus O'Brien was a pillar of strength. It was Dean Albert White that presented the path for her to follow. She enrolled in Dean White's Institutional Pharmacy elective and fell in love with the idea of being part of a multi-disciplinary health care team to provide not only distributive services to assist the hospitalized patient but cognitive services to impact on how medications could be utilized to impact on the total patient outcome.

While attending Albany College of Pharmacy, she learned the art of Retail Pharmacy at Crestwood Pharmacy on Whitehall Road in Albany. She was mentored by Hal Seitz, RPh., working there for three years part-time on weekends and evenings. Upon graduation, she completed a six-month internship at Tompkins County Hospital in Ithaca, New York. She enjoyed working with the staff under the supervision of A. D Broadhead, RPh.

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Save the Date

Summer Meeting and Exhibition

May 31, - June 4, 2014

Las Vegas, Nevada

National Pharmacy Preceptors Conference

August 20 - 22, 2014

Washington, DC

WMSHP September Meeting

September 2014

Chevy Chase, Maryland

2014 Midyear Clinical Meeting and Exhibition

December 7 – 11, 2014

Anaheim, California

Doris Voigt

(continued)

Due to illness in her family, she was forced to return to the NY Capital District Area. She worked in Marra's Pharmacy in Cohoes, under the supervision of James Marra RPh. and his daughter Barbara Marra-McDonald RPh. until her marriage to Thomas Voigt in 1972.

With her husband posted in Maryland at Ft. Meade, her pharmacy career took another turn. She was not the type to have spent all those years pursuing the dream of becoming a Pharmacist to not continue the journey. She was driven to continue the journey. She took a job at Kimbrough Army Hospital, Ft. Meade in 1972.
As the profession changed, she adapted and continued the journey. With the advances in the Health Care Industry came opportunities to participate in Unit-Dose, IV Admixture, Emergency Care and involvement in Medical Rounds to assist the Physician in choice and dosage of medications for the care of the hospitalized patient.

In 1983, she attended a conference on the future of the profession. She appealed to her supervisor to allow her to accept Pharm D. Candidates from University of Maryland as a preceptor. Her journey took yet another turn.

When Kimbrough transformed to an Ambulatory Care Center in 1995, she once again adapted to serve the ambulatory patient. She continued to precept Pharm D. Candidates. She retired from Ft. Meade in 2003.
And as word of the rotation she offered grew, more Colleges of Pharmacy sent students to her. She currently accepts students from several institutions to include Albany College of Pharmacy, mentoring up to thirty students per school year. Mrs. Voigt was honored as "Preceptor of the Year" in 2002 by University of Maryland, School of Pharmacy.

In 2001, she felt the need to fine tune her clinical skills and is enrolled in the Non-Traditional Pharm D. program at University of Maryland with projected completion Spring 2004. To facilitate the curriculum of the NT Pharm D, she accepted a position at the Walter P. Carter Center.

While at the Carter Center, she developed a passion to help those who could not help themselves. She was fortunate to be recruited to serve the pharmacy profession further through the vision of Tony Tommasello, PhD, by joining the Pharmacist' Education and Advocacy Council as a Monitor for Pharmacy Students, Technicians and Pharmacists with dependency concerns.

With the impending closure of the Carter Center, she was open to change. Luck would come through the offer, in 2004, of a position with Kaiser Permanente Health Plan of the Mid-Atlantic States. She served as Lead Pharmacist at the Kaiser Annapolis Medical Center. Her skills with Precepting were notices and she was promoted to the Pharmacy Academic Affairs Coordinator for the Mid-Atlantic Region. She retired in December 2013.

She now practices as a Contractor at the Kimbrough Ambulatory Care Center, Ft. Meade.

Dr. Voigt has been a member of the American Society of Health-System Pharmacists, the American Pharmacist Association, since her days in the ACP student chapter. She is also an active member in a number of local Pharmacy Professional Organizations.

She currently resides in Maryland.

Air Travel Control: Post-Organ Transplantation and Flight Health

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Globally, more than one billion people travel by commercial aircraft each year. Amongst them are an increasing number of elderly, disabled, and chronically ill passengers - including kidney, heart, liver, lung, and pancreas transplant patients. The American Journal of Transplantation 2012 status report on "Solid-Organ Transplantation in Older Adults" states that there is an increase in the number of patients older than 65 years that are referred for and have access to organ transplants. While the population of seniors receiving transplants is peeking, so are their interests in continuing enjoyable activities such as recreation, leisure and travel *without* the fear of transplant-related illnesses. Illness occurrence as a direct result of air travel is uncommon; however, major concerns for solid organ transplant patient travelers include exacerbations of chronic medical problems due to changes in air pressure, humidity and oxygen concentration as well as in-flight transmission of communicable diseases.

The 2014 CDC Yellow Book regarding air travel and the 1999 study entitled "Medical Advice for Commercial Air Travelers" report that underlying chronic medical problems can be aggravated by aircraft conditions. The aircraft cabin environment is usually dry and about 10% - 20% humidity, causing dryness of the mucous membranes. The pressure in the aircraft cabin is maintained at approximately 6,000-8,000 ft above sea level and can intensify cardiopulmonary and cerebrovascular diseases, anemic conditions and cause tearing of suture lines, hemorrhaging or perforation in passengers with some surgeries.

The aircraft cabin ventilation and air quality are *not* generally conducive to the spread of most infectious diseases due to the transverse flow of air across the plane in limited bands and the high-efficiency particulate air (HEPA) filters which capture 99.9% of bacteria and fungi. Still, transplant patients are at an increased risk of infection; particularly precipitated by immunosuppressant medications used by transplant patients to prevent transplant rejection. Some infections and infectious diseases to which solid organ transplant patients are commonly susceptible include: invasive candidiasis, aspergillosis, cryptococcosis, cytomegalovirus, tuberculosis, measles, influenza and meningiococcal disease. Since the degree of immune compromise and thus the greatest risk of infection are within the first year post-transplantation, solid organ transplant patients must take extra precaution when traveling during this time.

Quality of life is a most important concern for most surgery and transplantation patients who eagerly desire for their life normalcy to be as unrestricted as possible. A 2013 study in the American Journal of Kidney Disease confirms that life participation activities, like travel and recreation, are strongly desirable by [kidney] transplant patients.

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Understanding H.R. 4190

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Guthrie presented the bill it to the House Energy and Commerce subcommittee on Health on March 11. As of May 22, the list of co-sponsors consisted of of 24 Democrats and 10 Republicans including Rep. Morgan Griffity (R-Va).

While the bill would allow reimbursements for pharmacists who provide ambulatory-based services as defined under the scope of practice permitted by the State laws in which they are operating, it does not expand pharmacists' scope of practice.

H.R. 4190 also restricts pharmacist services to patients in medically underserved communities which may include areas with health professional shortage, areas that are medically underserved, or medically underserved populations as designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration.

Reimbursement for services would be set at 80 percent of the lesser of the actual charge or 85 percent of the physician fee schedule, consistent with the reimbursement rates for other non-physician practitioners under Medicare.

The bill also calls for the development of pharmacist specific billing codes by the Secretary of Health and Human Services.

If the bill becomes law it would be effective January 1, 2015.

H.R. 4190 was drafted by Patient Access to Pharmacists' Care Coalition (PAPCC), a group of more than 20 organizations including the American Association of Colleges of Pharmacy, the American Pharmacists Association, the American Society of Health-System Pharmacists, CVS Caremark, Rite Aid and Walgreens.

The introduction of the bill was a major step towards recognizing the importance of pharmacist services and the need to reimburse pharmacists for their work. However, there is still a lot more work left before H.R. 4190 can be signed into law by the president.

The bill has to be approved by the House Energy and Commerce subcommittee on health before being called before the whole committee for discussion and approval. Next, it would need to be voted in the House and Senate before an approved bill is sent to the president's desk to be signed into law.

Currently, there is no further action scheduled for the bill. You can follow the bill's progress and read the current version of the bill at Congress.gov.

What Students Like

Toyin Tofade, MS, PharmD, BCPS, CPCC
Assistant Dean, Experiential Learning Program - University of Maryland School of Pharmacy, Baltimore

The new cycle for experiential Learning had begun for many schools and it is important to keep in mind what students consider important as they journey through the different experiences. While we do not like to be compared with our colleagues, it is inevitable. Here is a list of some factors students consider as they identify who their "favorite preceptor" is:

- Preceptors who take the time to show them what a pharmacist actually does in practice

While we may be broadening some students knowledge by placing them with technicians for the entire experience, it is important to note that many students these days have worked as a technician before and will benefit more from what a pharmacist has to do. Take the time to show them how you think through decisions, how you make the difficult ones and what you do to take care of patients and make sure of their safety. If you are in a store the operations of the store and how you manage the "books" can be quite insightful as well. In a few months they hope to be you.

- Preceptors who take the time to conduct a thorough orientation of their site

Students are very appreciative of the time you take to orient them to your rotation, what the day to day activities will be, reading assignments, perhaps a calendar detailing the duration at the site, who they will interact with on a day to day basis, how to communicate effectively with patients, staff and health care professionals and simple things such as where to place their belongings or lunch. Remember it took you several years to acquire the details, short cuts or nuances you have now. Share a few of them with your next student so they can be successful. They will thank you for it.

- Discussion of the learning contract or expectations on the rotations, activities, assignments, projects, rubrics for grading and evaluation.

This aspect is the main piece of information that brings many students anxiety. Providing specifics and examples can help the student understand better. Relying on both verbal and written instructions is likely to bring more results than either one alone. The first week is usually overwhelming. Allow for the opportunity to clarify information. Welcome questions and see them as a curious eager learner.

- Preceptors who take the time to conduct a face to face midpoint and final evaluation

Many students like to get those "A"s however they do appreciate constructive feedback on how they can improve. No one likes surprises on final evaluations. Use the midpoint to guide the student on what is going well and what is left to be accomplished. If the student is not performing well on rotation, the midpoint is critical documentation to assist the decisions at the final evaluation.Understanding H.R. 4190

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What Students Like

(continued)

- Preceptors who care enough to provide feedback on progress throughout the rotation(what is going well and what can be improved upon)

Even though the midpoint and final are the minimum expectations for providing feedback to the student, ongoing feedback is very helpful to reassure the student on how they are performing. How did they do on that presentation? How about the recommendation given on rounds? Was it well stated? Could they have done something different to improve that delivery? If you don't tell them, they will not know and carry on this deficiency to the next rotation. Thank you for serving the profession by providing complete and substantive feedback.

- Preceptors who submit evaluations by the deadlines

Most experiential offices appreciate preceptors who take time to comply with requests by the deadlines. Students appreciate it as well. It is very frustrating to them to have an incomplete transcript when they are ready to submit a residency packet or internship application.

- Preceptors who respond to their emails, concerns or phone calls within 48-72 hours

Lastly, students like preceptors to be responsive to their requests. It is the age of texting. Prompt responses, truly listening can draw the student's attention and send a message that you truly care about what they care about.

As we journey through the next several blocks wishing everyone a smooth experience with the students. Who knows, maybe you will be their next selection for preceptor of the year!

Updates on Chronic Hepatitis C Therapy

Cristen Lambert, PharmD
PGY-1 Pharmacy Resident at Sibley Memorial Hospital - Johns Hopkins Medicine

Background

Hepatitis C virus (HCV) is primarily transmitted via blood exposure most often resulting from intravenous drug use, needle-stick injuries, and health-care settings with poor infection control. HCV transmission is also possible as a result of sexual contact with an HCV-infected person, tattoos applied under non-sanitary conditions, and infants born to HCV-infected mothers. It is estimated that nearly 3.2 million people in the United States are chronically infected with hepatitis C virus. An estimated 16,600 new infections occurred in 2011, of which, approximately 75-85% will develop into chronic infection.[1] Not only is HCV a prevalent disease worldwide, but it is especially burdensome to Washington, DC. There were 13,520 reports of chronic hepatitis C from 2006-2011, not including cases which go unreported.[2] Since there is no vaccine available for preventing HCV, other primary prevention measures have been emphasized, and linkage to care and treatment is important. Genetically distinct strains, known as genotypes, of HCV can infect humans. Genotype 1 is the most common in Americans, but genotypes 2,3,4,5, and 6 also exist.[3] The different strains have varying virological response to therapies, so it is important to determine the HCV genotype prior to initiating therapy in patients.

New Therapy: Sofosbuvir

Sofosbuvir, recently approved by the United States Food and Drug Administration (FDA) in December 2013, exerts its effects by inhibiting HCV RNA polymerase.[4] It is a nucleotide pro-drug that is metabolized to active uridine analog triphosphate, which can be incorporated into HCV RNA and results in chain termination.[5] Sofosbuvir is the first medication in this novel therapy class and is better tolerated (Table 1) compared to other currently available HCV therapies. Several advantages of this new therapy include: shorter duration of therapy, can be taken with only ribavirin in some patients, and is FDA approved for HCV/HIV co-infection. The drawback of sofosbuvir is the price: it costs around $90,000 for 12 weeks of therapy compared to $40,000 to $80,000 for 24 to 48 weeks of therapy with a protease inhibitor (e.g. boceprevir, simeprevir, telaprevir).[6]

Guidelines

Prior to the FDA approval of sofosbuvir, guidelines from the American Association for the Study of Liver Diseases (AASLD) recommended protease inhibitors, boceprevir or telaprevir, in combination with interferon-alfa and ribavirin, for treatment-naïve chronic HCV patients with genotype 1.[7] New guidelines were released in March 2014 from AASLD jointly with the Infectious Diseases Society of America. For chronic hepatitis C (genotype 1) patients in which therapy is being initiated, or who experienced a relapse after prior peginterferon/ribavirin therapy, the recommended regimen is now sofosbuvir, ribavirin, and peginterferon for 12 weeks (Table 1).[8] If the patient is not eligible for peginterferon therapy (Table 2), the recommended regimen is sofosbuvir and simeprevir with or without ribavirin for 12 weeks.[8] Table 3 includes guideline recommendations for each chronic hepatitis C genotype.

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Air Travel Control: Post-Organ Transplantation and Flight Health

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The following are advisable for flight health of all post-solid organ transplant patients:

- **Physician Consultation**. Patients should always consult their physicians and other pertinent health care providers regarding safe travel pre- and organ post-transplantation. A pre-flight assessment, medical clearance certificate or special precautionary measures may need to be considered.
- **Vaccinations**. Some vaccinations are very safe and effective post-transplantation. Patients should communicate with health care team for required immunizations prior to travel.
- **Plan Trips and Flights**. Patients should plan trips at least 6 – 8 weeks in advance, when possible.
- **Reconsider Travel if Ill**. Acutely ill patients or those within infectious period should delay travel and avoid congested areas until they are no longer contagious or at increased risk of infection.
- **Locate Care Facilities**. Patients should locate nearest hospitals and always carry their physicians and health team contact information.
- **Obtain Medical Records**. Patient medical records should be obtained prior to trip in case of emergency.
- **Designate Emergency Contact**. Patients should make certain that they choose an emergency contact person and notify them of their travel plans.
- **Identify In-Flight Resources**. Patients should be very familiar with in-flight resources, including location of emergency kits and oxygen.

Pharmacists in clinical and community settings can work in collaboration with solid organ transplant patients - like Mr. Jones - and their health care teams to 1) increase education about the importance of flight health post-transplantation; 2) to give advice about potential health risks and 3) to provide excellent expertise in prevention and treatment options of infectious diseases and other health conditions specific to solid organ transplantation and most common in commercial air flight and travel health.

For more information regarding travel health:

APhA Pharmacy-based Travel Health Services Advanced Competency Training

http://www.pharmacist.com/apha2014-additional-education-training

ISTM Certificate in Travel Health

http://www.istm.org/WebForms/Members/MemberResources/cert_travhlth/Default.aspx

WMSHP MENTORING EVENT - April 24, 2014

Mentors and Howard University pharmacy students

2014 REGIONAL DELEGATE CONFERENCE - BALTIMORE, MD

ASHP President & Chair of ASHP House of Delegates

Gerald E. Meyer, MBA, PharmD, FASHP

ASHP Delegate - Mary Binghay

ASHP Delegate - Monique Bonhomme

Updates on Chronic Hepatitis C Therapy
(continued)

Table 1: Dosing Information for Components of Recommended Chronic Hepatitis C Virus Treatment Regimens6,7,8,9,10

Drug	Route and Dose	Side Effects
sofosbuvir (Sovaldi	400 mg PO daily with or without food	When used with peginterferon and ribavirin (frequency >20%): fatigue, headache, nausea, insomnia, anemia
ribavirin (Copegus®) Used with peginterferon alfa-2a	*Genotype 1&4*: 1000 to 1200 mg PO in divided doses twice daily, depending on weight *Genotype 2&3*: 400 mg PO BID *Renal dosing for CrCl <50 ml/min	When used with peginterferon (frequency >35%): fatigue, weakness, fever, myalgia, headache, rigors, nausea, insomnia, mood instability, alopecia
ribavirin (Rebetol®) Used with peginterferon alfa-2b	800 to 1400 mg PO in divided doses twice daily, depending on weight *Contraindicated if CrCl <50 ml/min	
peginterferon alfa-2a (Pegasys®)	180 mcg SubQ weekly *If CrCl <30 mL/min: 130 mcg	When used with ribavirin (frequency >25%): headache, fatigue, fever, insomnia, irritability/anxiousness, alopecia, neutropenia, ALT increases 5-10x ULN, weakness, myalgia, rigors, arthralgia
peginterferon alfa-2b (PegIntron®)	1.5 mcg/kg SubQ weekly	When used with ribavirin (frequency >25%): fatigue, fever, headache, depression, dizziness, anxiety, rash, anorexia, nausea, vomiting, neutropenia, anemia, ALT/AST increase, myalgia, weakness, arthralgia, musculoskeletal pain
simeprevir (Olysio	150 mg PO daily with food	When used with peginterferon and ribavirin (frequency >20%): rash, photosensitivity, itching, nausea

Table 2: Definition of Interferon Ineligible Patients8

Interferon ineligible if one or more of the following apply:
➢ Intolerance to interferon ➢ Autoimmune hepatitis and other autoimmune disorders ➢ Hypersensitivity to peginterferon or any of its components ➢ Decompensated hepatic disease ➢ Major uncontrolled depressive illness ➢ Baseline neutrophil count below 1500/µL, a baseline platelet count below 90,000/µL or baseline hemoglobin below 10 g/dL ➢ History of preexisting cardiac disease

Updates on Chronic Hepatitis C Therapy
(continued)

Table 3: Summary of Recommendations for Chronic Hepatitis C 6,7,8,9,10

Genotype	Recommended Regimens	Alternate Regimens
1 & 4	**sofosbuvir** + peginterferon + ribavirin x 12 weeks *Interferon ineligible:* **sofosbuvir** + simeprevir ± ribavirin x 12 weeks	simeprevir x 12 weeks + peginterferon/ribavirin x 24 weeks *Interferon ineligible:* **sofosbuvir** + ribavirin x 24 weeks
2	**sofosbuvir** + ribavirin x 12 weeks	None
3	**sofosbuvir** + ribavirin x 24 weeks	**sofosbuvir** + peginterferon/ ribavirin x 12 weeks
5 & 6	**sofosbuvir** + peginterferon + ribavirin x 12 weeks	peginterferon/ribavirin X 48 weeks

References: Available upon request

MEMBER SPOTLIGHT SECTION

Treasurer: John Pelosi - "Gatekeeper"

MEMBER SPOTLIGHT SECTION

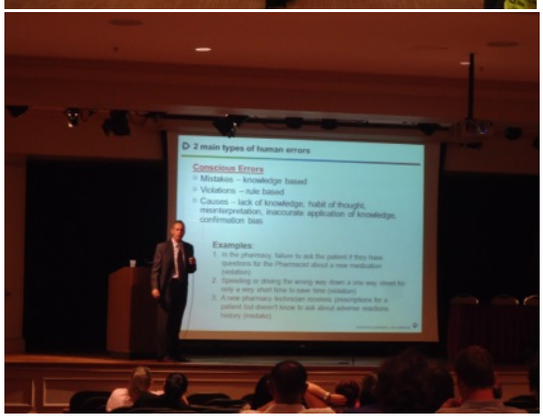




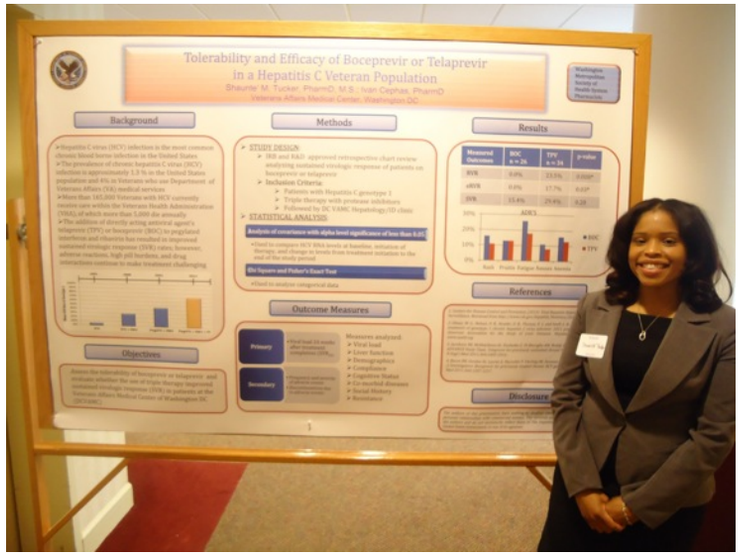








MEMBER SPOTLIGHT SECTION



PGY1 Resident Shaunte M. Tucker, PharmD, MS

Delicious food

Raffle ticket fun

STUDENT MEMBER SPOTLIGHT SECTION

Prince Chijioke is a pharmacy student in Howard University's Class of 2015 and the outgoing president of Howard's Student Society of Health-System Pharmacy. He is from Baltimore, MD and went to the University of Maryland-College Park prior to starting pharmacy school. His main goal was to increase the relationship between Howard's SSHP and the WMSHP. Currently, his pharmacy interests include: Managed Care, Informatics, and Military.

WMSHP Committees

Interested in becoming actively involved in WMSHP?

Join and participate in one or more of our Committees

Finance	Legislative
Membership	Programming (monthly meetings)
Nominations	Publications (newsletters, website)

Send email with interest to Committee Chairs posted on www.wmshp.org

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