



## Winter Edition 2016

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#### Editors:

**Della Bahmandar,**  
Pharm.D., MBA, BCPS

**Kate Keesling, Pharm.D.**  
Cand 2017

**Salwa Naim, Pharm.D.**  
Cand 2018

## Biannual Newsletter for



Visit our Website [www.NVSHIP.org](http://www.NVSHIP.org)

# HEADLINE NEWS

## Message from the President



I am delighted to start this new year as your NVSHIP President. Being an active member and serving on the Board for the past 4 years has only built up my excitement for our 2016-2017 year! By the time you had read this, the board of directors has already met twice to continue the great work of our organization. We held our strategic planning meeting early January of this year in which welcomed a new student representative, technician representative and four new members of our board of directors. At our meeting, we planned our goals for this upcoming year and established various initiatives for the 2016 year.

Work is already underway to plan our 2016 Annual Meeting which will be held again in Reno, NV. This gives way for us to look forward and plan our joint meeting with the California Society of Health Systems Pharmacy (CSHP) in Las Vegas, NV in 2017. We are looking forward to having educational sessions geared towards our growing technician and student technician members at our meeting.

Our legislative committee has been very active this year already. Our Director-at-Large is looking forward to reaching out to the pharmacy students in Nevada to help drive change and prepare for when the Nevada legislators meet in 2017.

I look forward to the growth of our organization this year as well as the growth of pharmacy. We are always seeking volunteers for our various committees. Please feel free to reach out to me or any of our Board Members if you would like to get involved. It is your association, and I am privileged to be a part of it.

*Roseann Visconti, Pharm.D.*



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# Chapter News

## NVSHP Annual Meeting

Oct. 15th, 2016

Reno, Nevada

## NVSHP

## Student Leaders Workshop

Sept. 24-25 2016

St. Rose San Martin Campus

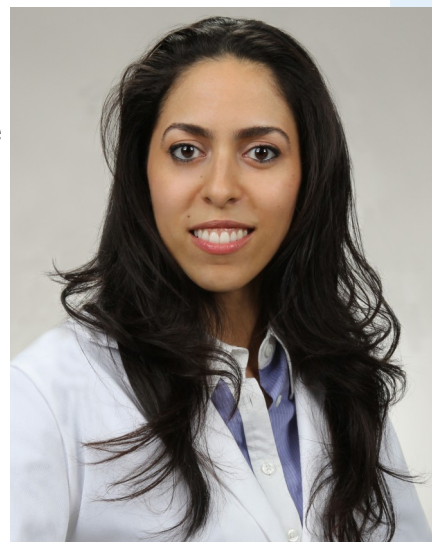
Have a topic you are passionate about and would like to present to fellow pharmacists, students, and nurses? NVSHP would like to hear from you! Please email [nvshp@nvshp.org](mailto:nvshp@nvshp.org) if you would like to present a CE or know of someone who would be interested. Also, please submit any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

# NVSHP Incoming Student Representative

By: Salwa Naim, Pharm. D. Candidate Class of 2018

NVSHP would like to introduce its new incoming student representative, Salwa Naim. Salwa is currently a PI student at the Roseman University College of Pharmacy. Born overseas in Casablanca, Morocco, she translocated to the United States where she was raised in New York City. Las Vegas is where she currently calls home. After attaining her Baccalaureate in Science (Biological Sciences and Chemistry), she entered the corporate world. Making her purpose in life to willingly and compassionately serve a cause greater than her was the foundation her parents solidified from early childhood. It is with that principle of giving back in selfless service that she took time off and traveled overseas. She followed her passion to make a difference in the lives of others during a year long hiatus overseas. This led to multiple and varied opportunities to provide aid whereby, she took part in many philanthropic projects. She was heavily involved with local charities to bring brick and mortar schools to villages with no physical link to the outside world. She went on to teach elementary courses in one of those completed schools before handing it off. Upon returning to the United States, she continued the community involvement that she began in adolescence with peer leadership of underprivileged children, feeding and transitioning the homeless, as well as the work she did with nursing homes in the geriatric community.

The personal experience with loved ones unsuccessfully chasing after health with chronic conditions was one of the driving forces that laid the landscape to pick up her dream of becoming a pharmacist. She believes that, "Pharmacists are the bridge between the physicians, the diseases and the therapeutics necessary for a patient to attain a certain level of wellness. As the healthcare provider who will be most visible in the community, I feel a social obligation to ensure that individuals of every socioeconomic status receive the care they deserve. There is no greater reward than helping a patient extend the longevity or increase the quality of their life through comprehensive management of their therapy. Therefore, as a student pharmacist and future pharmacist, I believe it is my duty to know the legislation governing the practices and scope of our profession. Going a step further by using that knowledge to advocate for change where it is needed is equally critical. We can deliver the greatest quality of care when we are allowed to practice at the top end of our specialized education by fully utilizing our clinical training. Hence, the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314) becomes a truly important first step in seizing the profession's fluidity to gear pharmacy into more than the viewpoint of a 'dispenser'. As I look forward to a profession that is as fulfilling as it is constantly changing, I am excited to serve on a board who aims to address healthcare disparities and poise future leaders of Pharmacy with the ability to use the skills necessary to provide quality, comprehensive and accessible care to everyone."



# Meet the Bowl of Hygeia Recipient

By: Heather M. Mooney, PharmD, BCPS, BCPP

Heather M. Mooney, PharmD, BCPS, BCPP graduated from the University of Arizona and completed a PGY-I Pharmacy Practice Residency at the VA Sierra Nevada Healthcare System (VASNHCS). She currently works in both the inpatient and outpatient setting and precepts PGY-I residents and pharmacy students during elective Mental Health rotations. Dr. Mooney is involved in a number of organizations and committees both inside and outside the VA. She is an active member of CPNP, NVSHP, ACCP, ASHP, APhA and is a voting member of the VISN 21 Mental Health Task Force. She has been recognized by the facility for practice excellence on a number of occasions, including the 2012 VA Secretary Hands and Heart Award.

**Why did you choose the profession of pharmacy and why this particular practice of pharmacy?** My family has a long history of working in the medical field. My father is a physician and my mother a nurse, and both of my grandfathers were doctors, including one that was a Navy surgeon in WWII. My father actually started in pharmacy school before he served in the Army during the Korean War, and went to medical school afterwards. We grew up talking about medical things at the dinner table. Even as a young child, I was fascinated with medical books and would read package inserts on medications. As a high school student, I was able to work as a clerk in a small independent pharmacy and realized my love for pharmacy. Being able to have a rotation as a student, complete my residency, and for my career to be at the VA has been an incredible privilege. I love being able to give back to those that have sacrificed for our country. Psychiatric pharmacy in particular has always been very interesting to me. I really enjoy helping the whole person, not just one problem or organ system. Many with mental health conditions are underserved and unfortunately there can be a lot of stigma; I want to be an advocate for them.

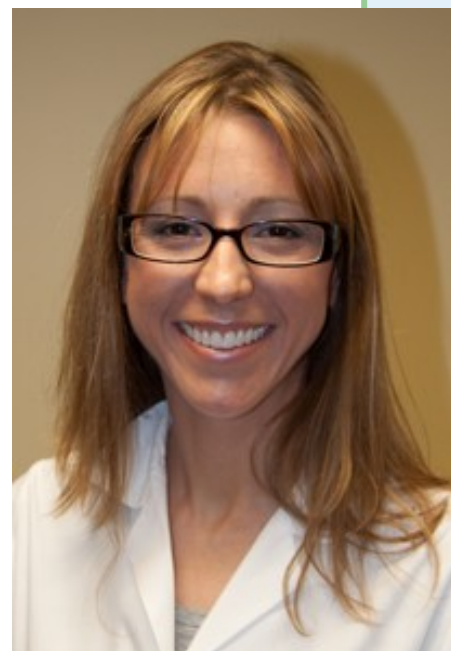
**What do you find most rewarding about your profession?** There are so many things it is hard to choose just one, but I would have to say seeing my intervention or recommendation make a substantial difference in the life of a patient. A patient many years ago gave me a card that said "Thank you for saving my life". I will never forget that.

**Where do you hope the profession of pharmacy will be in the next 10 years?** I hope to see us obtain provider status and to become much more visible as health care providers (to both patients and the general public, as well as to our professional colleagues). I feel we have made great progress in this over the past several years and hope the momentum for this will continue to grow.

**What are some of the biggest challenges you face in the field of pharmacy?** For me, time is the biggest challenge – I wish there was more of it!

**As the recipient of The Bowl of Hygeia, what does this award mean to you?** This was an incredibly humbling award to receive. I always feel that I don't do enough and should do more; honestly this made me feel even more that way. Primarily though, receiving the award has made me think about how much my colleagues in pharmacy do and give and how I want for them to be recognized as well. Just imagine- if everyone were to contribute something to the well being of others, how great this world could be.

**What are some of your passions outside the field of pharmacy?** -Volunteering is one, but I also love running, backpacking, and being outside to enjoy nature. I am blessed to have a husband that enjoys the exact same things.



# Adam Porath, NVSHP Director-at-Large

Dr. Adam Porath is the Ambulatory Pharmacy Manager for the Department of Anticoagulation Services at Renown Regional Medical Center in Reno, NV.

He received his Doctor of Pharmacy degree from Idaho State University. Dr. Porath completed a Pharmacy Practice Residency at Renown Regional Medical Center. He is a board certified Pharmacotherapy Specialist with added qualifications in cardiology and board certified Ambulatory Care Pharmacist. In his current role, Dr. Porath is responsible for

overseeing the daily clinical activities of the Outpatient Anticoagulation and Pharmacotherapy clinics at Renown Health. He also manages the Healthcare Center Pharmacy. Additionally, Dr. Porath serves as adjunct clinical faculty for several Colleges of Pharmacy. He has been published in several peer-reviewed journals including *CHEST*, *Clinical Infectious Diseases*, and the *Canadian Medical Association Journal*.

Dr. Porath successfully lobbied the Nevada Legislature on behalf of NVSHP to pass CDTM legislation in 2011. In 2015, Dr. Porath worked with Senator Debbie Smith in the introduction of advanced practice pharmacist legislation. He has served as a State of Nevada Delegate to the ASHP House of Delegates from 2012 to present. Dr. Porath has recently been elected as NVSHP's Director at Large of Legislation, and looks forward to utilizing his role to benefit the pharmacy community.



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- See more at: <http://www.ashp.org/menu/Advocacy/ProviderStatus#sthash.sWTUWcTI.dpuf>

"Allow pharmacists to get reimbursed for direct patient care in medically underserved areas (MUAs)."



# National and State Provider Status Updates

By: Adam Porath, PharmD, BCPS AQ-Cardiology, BCACP

At the national level, the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S.314) has yet to be heard in a Congressional hearing. H.R. 592 currently has 269 cosponsors including 3 out of the 4 Representatives from Nevada. Representative Dina Titus is the only remaining Representative in Nevada yet to sign onto the bill. If you live in Congressional District 1 (Central Las Vegas), I encourage you to reach out to Representative Titus asking her to cosponsor this important legislation.

S.314 currently has 41 cosponsors. To date, neither Nevada Senator has signed on to cosponsor the bill. It is critically important that all Nevada pharmacists make their voices heard and reach out to Senators Heller and Reid asking for their support of pharmacist provider status.

No matter your Congressional District, ASHP has made reaching out to your legislators extremely easy. Visit: <http://www.ashp.org/menu/Advocacy.aspx> for customizable form letter emails which outline the key points to the bill.

At the State level, the 2015 Legislative session ended without SB357 being heard on the Senate floor. Although the bill was not successful this session, several NVSHP members testified to Senate committees to introduce the concept of advanced practice pharmacy. Recently, NVSHP advocated again for advanced practice pharmacy with the Nevada Legislature. At the request of the Nevada Board of Pharmacy, I had the opportunity to testify to the Interim Legislative Committee on Healthcare. At this meeting, I was able to suggest advanced practice pharmacists as a potential solution to help with the current shortage of healthcare providers in our State. The response of the Committee was positive, and I anticipate that we will be asked back to provide more specific proposals to be considered for the 2017 Legislative Session.

If you are interested in joining NVSHP's Legislative Committee and helping to advocate for the advancement of pharmacy practice in Nevada, please email [nvshp@nvshp.org](mailto:nvshp@nvshp.org).



***“Pharmacists have received bipartisan support in both the House and the Senate”***

## Upcoming Board of Pharmacy Meeting

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

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

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

- April 13 & 14: Las Vegas
- June 1 & 2: Reno
- July 20 & 21: Las Vegas
- September 7 & 8: Reno

## Update on the new CHEST Guidelines

By: Alana Whittaker Pharm D.

The American College of Chest Physicians updated their guidelines in 2016. These guidelines were published February, 2016 in the journal, Chest. Several updates were made and the first line therapy for venous thromboembolism (VTE) and duration of therapy be discussed below.

Changes in the guidelines were made with respect to agents of choice. One of the biggest changes was that the novel oral anticoagulants, dabigatran, rivaroxaban, apixaban and edoxaban were recommended over vitamin K antagonists (VKA), such as warfarin for venous thromboembolism (VTE) and no cancer (Grade 2B). For this population, VKAs were recommended over low molecular weight heparins (LMWH). LWMH remain the treatment of choice for patients with VTE and cancer. For recurrent VTE on non-LMWH anticoagulants, LMWH are recommended (Grade 2C); for recurrent VTE on a LWMH anticoagulant, the dose of the LMWH should be increased by one quarter or one third. (Grade 2C)

Other updates in this guideline were with respect to duration of therapy. Patients with proximal or isolated deep vein thrombosis (DVT) of the leg or pulmonary embolism (PE) provoked by surgery or other non-surgical transient risk factors should be treated for 3 months. Patients who have a first or second unprovoked proximal DVT or PE with low bleeding risk should be treated for an extended period (no scheduled stop date suggested) (Grade 1B) and the same recommendation is there for a moderate bleeding risk (Grade 2B); however, if these patients have a high bleeding risk, 3 months of therapy is suggested (Grade 2B). In patients with VTE and active cancer, an extended period of anticoagulant therapy is recommended for patients without a high risk of bleeding (Grade 1B); also, the same extended period is recommended for patients with a high risk of bleeding (Grade 2B). For patients with proximal DVTs or PE who want to stop

*“Changes in the guidelines were made with respect to agents of choice.”*

## (Education Committee Events)

NVSHP has several new CEs within the next several months. NVSHP's CE events will be offered at no cost to all attendees. The CE's being offered will be ACPE accredited.

In Las Vegas, the Southern Nevada VA residents will present a CE titled “Hepatitis C Updates: Introduction and Comparison of New Hepatitis C Treatment Options” on June 16<sup>th</sup> in the Alijan Conference Rooms at 5:45 PM at St. Rose Hospital, San Martin Campus. Registration will begin at registration starts at 5:15 PM.

In Reno, the Northern Nevada VA and Renown residents will present their residency conference with different clinical tracks. This residency conference's date/time and location are TBD. The Education Committee thanks all the attendees of our previous CE events and looks forward to seeing everyone at all upcoming events!

# Student Spotlight

## MidYear 2015 In New Orleans

By: Judy (Nha) Chau Pharm.D. Candidate Class of 2016

The 2015 Midyear Clinical Meeting and Exhibition returned to New Orleans, Louisiana for its 10th visit on December 6th-10th. The annual event broke record in attendance as the American Society of Health-System Pharmacists (ASHP) celebrated their 50th year of excellence in clinical pharmacy. As a graduating student seeking a post-graduate year I (PGY-I) residency, I sought the opportunity to attend the Residency Showcase in hopes of meeting and learning more about my desired programs. I was able to interact with residents and residency program directors, which helped me grasp a better perception of their work culture and team dynamic. In addition, there were educational workshops, poster presentations, networking sessions, and seminars available to assist candidates with the application process. For example, I attended a seminar that provided thorough explanation about the matching process and also had a chance to showcase Roseman's first Senior Health Fair.



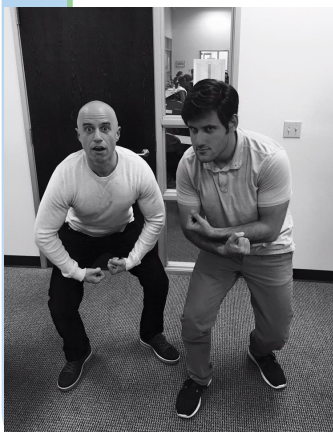
As for those who are interested in pursuing a fellowship, there are opportunities for recruitment during the Personnel Placement Service where candidates are scheduled for short interviews with their desired programs. I highly recommend students who are interested in residency or fellowship to consider attending Midyear as it will help determine which residency programs will be suitable for you. I also highly suggest the incoming second year students to take advantage of this upcoming Midyear in December 2016, since it will be held conveniently here in Las Vegas.

## Dr. Damania (aka ZDoggMD) Blogs at Roseman University

By: Katherin Keesling Pharm D. Candidate Class of 2017

This fall, the students at Roseman University had a wonderful opportunity to have the viral sensation, and very informative, Dr. Damania, aka ZDoggMD, come in to speak with them. Dr. Damania went to medical school at UCSF and completed his internal medicine residency at Stanford. After practicing many years in the Bay area, he moved to Downtown Las Vegas to be a part of the Downtown Project. The

downtown Las Vegas transformation was started to take a part of our town that was only visited when absolutely necessary, often misunderstood, and sometimes scary and to transform it into a central hub where people could gather, learn, and grow. Dr. Damania's vision of how the healthcare industry should actually operate fell in line with what was being done in downtown Las Vegas, and a partnership was born. Dr. Damania came in to speak with students about the downtown clinic, Turntable Health, a membership based primary care and wellness center that focuses on the overall patients' wellbeing with the goal of maintaining health. Turntable Health took the current healthcare layout, that is often only used when absolutely necessary, misunderstood by many and often scary to many patients and turned it on his head. By creating a





### Dr. Damania (aka ZDoggMD) Vlogs at Roseman University (continued)

healthcare system from scratch that allows member to become healthy and learn and grow to maintain their health, he gave many people of Las Vegas the option of not just getting healthcare when they are ill but also to have unlimited access to take ownership of maintaining their own health to prevent recurrent illnesses. Speaking to students about the importance of prevention emphasized the crucial need for pharmacists to help their patients, not only achieve health but to maintain it, through proper counseling and MTM. The number one goal of pharmacists is the health and wellbeing of our patients and perhaps, by being a part of preventative medicine, our profession can also turn the status quo of healthcare on its head.

## Student Advocacy: Provider Status

By: Salwa Naim, Pharm. D. Candidate Class of 2018

My interest in legislation has been a long standing one. Coming upon ASHP's second annual Student Advocacy and Legislative Day conference in Washington, D.C. was a perfect opportunity that I seized immediately. The conference, also known by SSHPTakesDC, spanned two days where more than 50



students represented schools across the United States, visiting more than 20 congressional offices on Capitol Hill. The students came from different backgrounds with different levels of advocacy experience, but we all shared a passion for positive change through targeted leadership. We began the conference with an expertly led in-depth look into the legislation surrounding the Medically Underserved Areas Enhancement Act (H.R. 592/S. 314), its status, followed with sessions of advocacy's importance and lobbying workshops. On Tuesday, I headed to Capitol Hill, along with a fellow student and an ASHP staff member, to speak with the congressional offices of Senator Harry Reid, Senator Dean Heller and their staff about the value of pharmacists, their direct, measured impact on patient outcomes and the potential for decreased healthcare costs. Personally interacting with the Democratic and Republican offices, they were receptive as I described the evolving healthcare paradigm and the important role pharmacists should play to close the ever increasing gap of physician availability to patient population. They remained engaged as we discussed salient points of the law, its impact and why support of provider status aligns with the interests of their respective offices as much as it serves the general public. The sessions I took part in were greatly informative to the state of our profession and opened my eyes to the need for

effective leaders to take the reins in establishing and maintaining a dialogue with our legislative body on a local and, consequently, a federal level. My experience at the conference showed me more than anything that my voice does matter. It established the role I should take on as an advocate for the profession that I have committed to and am investing in. It also ignited a responsibility to increase awareness among fellow classmates concerning pharmacy legislation and encourage participation through empowerment of student pharmacists to advocate for the patients we serve and on behalf of the profession of pharmacy, its perception and guidelines. Attending ASHP's Student Advocacy and Legislative Day Conference was a personally fulfilling experience that I hope to foster in Roseman University's student members as the incoming APhA-ASP/ASHP Chapter President.

# Ivabradine (Corlanor™)

By: Shane Salimnejad, PharmD Candidate Class of 2016

**“Controlling  
heart failure  
through novel  
medication  
decreases the  
burden of  
heart failure  
on society and  
patients”**

## Introduction

Heart failure continues to prove synonymous with high mortality rates, frequent hospital admissions, and an economic burden on the US healthcare system. In 2013, the American Heart Association reported that the total cost of heart failure care in the US exceeded \$30 billion annually; with absolute mortality at 50% within 5 years of diagnosis.<sup>1</sup> This has prompted the development and approval of agents for the treatment of heart failure. One such medication is ivabradine, an  $I_f$  current inhibitor previously approved for the symptomatic relief of angina in Europe.

Ivabradine has a novel mechanism of action. The  $I_f$ , or “pacemaker”, is a mixed sodium/potassium inward current found in sinoatrial node myocytes.<sup>2</sup> Ivabradine acts here to decrease the steepness of the depolarization phase of diastole, effectively slowing heart rate without causing negative inotropy.<sup>2</sup> Unlike beta-blockers, this agent has no effect on cardiac contractility, only heart rate. While previously used in Europe for angina, a phase 3 study called SHIFT (Systolic Heart Failure Treatment with the  $I_f$  inhibitor ivabradine Trial) examined the drug’s potential for use in the heart failure population.

SHIFT was a randomized, double-blind, placebo controlled study with a primary composite endpoint of cardiovascular death or hospital admission for worsening heart failure.<sup>3</sup> There was a statistically significant decrease in primary endpoint for the treatment group when compared with placebo. Secondary analysis revealed significant reduction in all-cause and cardiovascular hospital admissions. Reduction in hospital admissions had a much higher contribution to the composite difference than mortality. Mortality from heart failure was significantly less for the treatment group, however the study was not powered for this endpoint thus interpretation must be made with caution. Further studies may be needed to distinguish whether a true mortality difference exists. Ultimately, the SHIFT trial proved influential in the FDA’s approval and indication of ivabradine, which is to reduce the risk of hospitalization in patients with stable heart failure and a resting heart rate of at least 70 bpm, receiving the maximum tolerated dose of beta-blockers or have a contraindication to beta-blocker use.



## Dosing and Administration

Starting dose is traditionally 5 mg twice daily, with a dose adjustment based on heart rate occurring 2 weeks after initiation as show in Table 1 below.<sup>4</sup>

## Ivabradine (Corlanor™) (Continued)

**Table 1. Dose Adjustment<sup>4</sup>**

Heart Rate	Dose Adjustment
> 60 bpm	Increase dose by 2.5 mg (given twice daily) up to a maximum dose of 7.5 mg twice daily
50-60 bpm	Maintain dose
< 50 bpm or sign and symptoms of bradycardia	Decrease dose by 2.5 mg (given twice daily); if current dose is 2.5 mg twice daily, discontinue therapy

### Adverse Reactions

The SHIFT trial demonstrated that ivabradine has potential to cause symptomatic bradycardia, hypertension, atrial fibrillation, and visual disturbances (primarily phosphenes and brightness).<sup>3</sup>

### Contraindications

Ivabradine is contraindicated in patients with acute decompensated heart failure, blood pressure less than 90/50 mmHg, resting heart rate less than 60 bpm prior to the start for treatment, severe hepatic impairment, pacemaker dependence, concurrent use of strong cytochrome P450 3A4 inhibitors, and SA (or 3<sup>rd</sup> degree AV) block.<sup>4</sup>

### References

1. Yancy CW, Jessup M, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation*. 2013;128(16):e240-327.
2. DiFrancesco D, Borer JS. The funny current: cellular basis for the control of heart rate. *Drugs*. 2;67 Suppl 2:15-24.
3. Swedberg K, Komajda M, Böhm M, et al. Ivabradine and outcomes in chronic heart failure (SHIFT): a randomised placebo-controlled study. *Lancet*. 2010;376(9744):875-85.
4. Corlanor [package insert]. Amgen Inc., Thousand Oaks, California; April 2015. <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=92018a65-38f6-45f7-91d4-a34921b81d0d>. Accessed September 8, 2015.

## Technician's Corner

By: Jeanine Hearn CPhT

*"The new recertification window has been reduced from 100 days to 60 days"*

PTCB Recertification reminder – Effective in January 2016, PTCB has implemented a new recertification schedule for all active CPhT's. PTCB has added nine additional deadlines for a total of 12 recertification deadlines per year. The new recertification window has been reduced from 100 days to 60 days. Your new application deadline is the first day of your CPhT certification expiration month. You can go to: [www.ptcb.org/whats-my-certification-expiration-date](http://www.ptcb.org/whats-my-certification-expiration-date)

to check if you have a new expiration date. If you need more information you can go to the following website:

[www.ptcb.org/renew/recertify/new-recertification-deadlines](http://www.ptcb.org/renew/recertify/new-recertification-deadlines)

PTCB has made a few changes to their CE requirements: CE's must be Technician Specific, 1 hour is required to be in patient safety, and allowable in-service CE has been reduced to 5 hours. Also in-service CE will be completely phased out by 2018.

If you or someone you know is not an active CPhT and did not graduate from an ASHP Accredited program, time is running to be eligible to take the PTCE. Beginning in 2020 PTCB will require initial candidates to complete a pharmacy technician education program accredited by ASHP/ACPE.

For more detailed information regarding upcoming changes to PTCB please see the two sided handout you can visit:

<http://www.ptcb.org/docs/default-source/Certification-Program-Changes/what-is-changing---guide-to-ptcb-program-changes---july-2015.pdf>

Lastly, this year is a renewal year for Pharmacy Technicians. Be on the lookout, a Pharmacy Law CE will be scheduled for both Las Vegas Technicians and Reno Technicians.

### RECERTIFICATION DEADLINE CHANGES

Previous Certification Expiration Date	New Certification Expiration Date	Application Window Opens	Application Deadline*
March 31	March 31	January 31	March 1
	April 30	March 1	April 1
	May 31	April 1	May 1
	June 30	May 1	June 1
July 31	July 31	June 1	July 1
	August 31	July 2	August 1
	September 30	August 1	September 1
	October 31	September 1	October 1
November 30	November 30	October 1	November 1
	December 31	November 1	December 1
	January 31	December 2	January 1
	February 28	December 30	February 1

\*Any recertification application received after the 'Application Deadline' will be assessed a \$25 late application fee. An application submitted after the Application Deadline will be processed as soon as possible, however PTCB cannot guarantee it will be processed by the certification expiration date.

# FDA Drug Approval Report

Drug Name	Est. Name	Date Approved	FDA-approved use on approval date
CORLANOR	IVABRADINE	4/15/2015	TO REDUCE THE RISK OF HOSPITALIZATION FOR WORSENING HEART FAILURE IN PATIENTS WITH STABLE, SYMPTOMATIC CHRONIC HEART FAILURE WITH LEFT VENTRICULAR EJECTION FRACTION $\leq$ 35%, WHO ARE IN SINUS RHYTHM WITH RESTING HEART RATE $\geq$ 70 BEATS PER MINUTE AND EITHER ARE ON MAXIMALLY TOLERATED DOSES OF BETA-BLOCKERS OR HAVE A CONTRAINDICATION TO BETA-BLOCKER USE
KYBELLA	DEOXYCHOLIC ACID	4/29/2015	FOR IMPROVEMENT IN THE APPEARANCE OF MODERATE TO SEVERE CONVEXITY OR FULLNESS ASSOCIATED WITH SUBMENTAL FAT IN ADULTS
VIBERZI	ELUXADOLINE	5/27/2015	FOR THE TREATMENT OF IRRITABLE BOWEL SYNDROME WITH DIARRHEA
KENGREAL	CANGRELOR	6/22/2015	AS AN ADJUNCT TO PERCUTANEOUS CORONARY INTERVENTION (PCI) TO REDUCE THE RISK OF PERIPROCEDURAL MYOCARDIAL INFARCTION (MI), REPEAT CORONARY REVASCULARIZATION, AND STENT THROMBOSIS (ST) IN PATIENTS WHO HAVE NOT BEEN TREATED WITH A P2Y <sub>12</sub> PLATELET INHIBITOR AND ARE NOT BEING GIVEN A GLYCOPROTEIN IIB/IIIA INHIBITOR

## Like us on Facebook

The site is up. Now you can like us on Facebook, and stay up to date on upcoming events, and the latest news. Just go on Facebook, and type NVSHP in the search bar. Then invite your friends to like us too.



# Become involved with NVSHP!

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

