10th Annual All-Ohio Residency Showcase, Academic Challenge and Clinical Skills Competition

Saturday • November 2, 2013
Crowne Plaza Columbus North

Kimberly Novak, PharmD, BCPS
Director, Educational Affairs Division

OSHP will hold its 10th Annual All-Ohio Residency Showcase on Saturday, November 2, 2013 at the Crowne Plaza Columbus North. Each year, the Showcase’s popularity continues to grow in both student and residency program attendance. Last year over 250 students and 38 residency sites participated!

Students in all professional years are welcome to attend, and the Classes of 2014 and 2015 are highly encouraged. Again this year, the Class of 2014 will be given a period of exclusive access to the Residency Showcase.

Continued programming will include dual breakout panel discussions for students in both early and later professional years. Students can learn about residencies in general or learn how to more effectively navigate the search and application process.

An additional onsite CV review session will again be offered for pre-registered attendees. New this year: Students in the Class of 2014 will be asked to submit their CV two weeks in advance to allow for more comprehensive review.

Of course the Showcase attendees always enjoy a little friendly competition among colleagues! The Pharmacy Bowl Academic Challenge returns with the University of Cincinnati trying to defend last year’s title against Ohio Northern University, the University of Findlay, The Ohio State University, the University of Toledo, and Northeast Ohio Medical University (NEOMED)! The University of Cincinnati will also be defending last year’s title in the 4th Annual Clinical Skills Competition. The competition will begin prior to the Showcase programming and will allow school winners to practice on a state level before competing at the ASHP Midyear Clinical Meeting.

New programming this year will include a preceptor development CE session prior to the residency program set-up and lunch. Preceptors and current residents are encouraged to attend, learn, and network… all while meeting some of the residency accreditation requirements for preceptor training.

Registration and additional programming details are available at www.ohioshp.org. Register today.

Dates to Remember

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<td>October 20-26</td>
<td>National Hospital and Health-System Pharmacy Week</td>
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<td>October 21-22</td>
<td>ASHP Leadership Conference, Chicago</td>
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<td>November 2</td>
<td>OSHP 10th Annual All-Ohio Residency Showcase, Columbus</td>
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<td>November 4-5</td>
<td>State Board of Pharmacy Meetings, Columbus</td>
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<td>November 10</td>
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<td>December 8-12</td>
<td>ASHP Midyear Clinical Meeting, Orlando</td>
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<td>January 29</td>
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President’s Message

Michael Ganio, R.Ph., PharmD
President, 2013-2014

Triathlon Lessons Applied to Pharmacy

As we come to the end of summer, I feel compelled to reflect on my experiences over the past few months. Some of you know that I’m a runner and triathlete. During the summer months, I swim, bike and run my way through each week. The physical exercise is a great way to maintain focus and relieve stress. The actual competitions come with some benefits; and I would like to share some lessons that apply not only to competition, but to our daily practice as pharmacists and to life in general.

Be prepared and have the right equipment. There is no substitution for preparation. However, one of the keys to triathlon training is finding the right type of preparation. Athletes do not need to run 20 miles a week to prepare for a sprint triathlon. Likewise, 20 miles a week is not adequate for someone preparing for an Iron or half-Iron distance triathlon. One of the best ways to prevent getting burned out during preparation is to have fun while training! Train with others who are at your skill level and learn from those more experienced.

Your training and race equipment are just as important. While it’s possible to complete a 40-kilometer road race on a mountain bike, it’s certainly not ideal. Nor is it practical to expect a first-time racer to have the most expensive bike on the course!

Health-system pharmacy is very similar. Some preparation is relatively simple: get to know your patients and optimize their therapy. Other preparation may take time and persistence: preparing monographs or completing research and submitting manuscripts. It’s easy to become burned out in any of these scenarios without finding the right balance of preparation and fun. Finding peers at your institution or through professional networking will help keep your preparation on schedule and enjoyable. You also have the opportunity to learn from seasoned veterans in health-system pharmacy.

Making sure you have the tools needed to succeed is important in pharmacy practice, too. Whether it’s having accurate and timely patient information or access to the latest medical publications, the quality of our jobs depends on having the right tools. Ensure your own success by recognizing what you need to accomplish your professional goals!

Encourage those around you.

love multisport, and I love that more and more people are interested in triathlons and duathlons than ever before. During each race, I encourage those around me – especially if I know it’s their first race. I want them to feel welcome and to recognize how amazing their accomplishment is when they finish their first race! I have also taken a more active role in helping our local triathlon club with open-water swimming workouts, sharing my expertise with those who are less experienced.

Local Affiliated Chapter Presidents

Akron Area Society:
- John Moorman, john.moorman@akrongeneral.org
- Central Ohio Society:
  - Justin Cole, justin.cole@nationwidenochildren.org
  - Cleveland Society:
    - Emily Bean, emilye.bean@gmail.com
  - Dayton Area Society:
    - Doug Lukens, douglukens@khnetwork.org
  - Greater Cincinnati Society:
    - Ronnie Moore, veronica_moore@trihealth.com
- Toledo Area Society:
  - Ashley Hemp, ashley hemp@mhsmr.org
- West Central Ohio Society:
  - Karen Kier, k-kier@ou.edu
- Cedarville Student Society:
  - Kyle Hultz, kylehultz@cedarville.edu
- NEOMED Student Society:
  - Morgan Sherritt, msherritt@neomed.edu
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  - Kellie Evans, k-evans.8@ou.edu
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  - Yan Cui, cui.113@buckeyemail.osu.edu
- UC Student Society:
  - Jaime Schweenmann, schwenjm@email.uc.edu
- UF Student Society:
  - Colin Eckard, eckardc@findlay.edu
- UT Student Society:
  - Daniel Israel, daniel.israel@rocks.utoledo.edu

OSHP

The Ohio Society of Health-System Pharmacists is an organization of pharmacists and associates who believe that pharmacy is a clinical profession whose main purpose is to serve the public by promoting rational drug therapy, providing appropriate drug use control and ensuring the safe and appropriate clinical outcomes from their use.

It is the mission of the Ohio Society of Health-System Pharmacists to support its members by advocating for the pharmacy profession and promoting safe and appropriate medication use.

The OSHP Bulletin is published six times per year in January, March, May, July, September, and November by the Ohio Society of Health-System Pharmacists. Subscription to the OSHP Bulletin is a benefit of membership in OSHP. The views expressed by authors do not necessarily reflect the policy of the Ohio Society of Health-System Pharmacists or the institution with which the author is affiliated.

OSHP officers:
- President: Michael Ganio, michael.ganio@osumc.edu
- President-Elect: Teresa Cavanaugh, cavanatm@uc.edu
- Treasurer: Doug Stillwell, dougstillwell@yahoo.com
- Past President: Sue Fosnight, fosnighs@summahealth.org
- Communications Director: Katie Clark McKinney, kathryn.mckinney@uchealth.com
- Educational Affairs Director: Kim Novak, kimberly.novak@nationwidenochildren.org
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- Organizational Affairs Director: Steve Smith, steve.smith@promedica.org
- Professional Affairs Director: Lorrie Burns, Lburns@ohiohealth.com
- Executive Vice President: Robert Parsons, phone & fax: 740.373.4949, e-mail: bobparsons@aol.com

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Treasurer: Doug Stillwell, dougstillwell@yahoo.com  
Past President: Sue Fosnight, fosnighs@summahealth.org  
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Professional Affairs Director: Lorrie Burns, Lburns@ohiohealth.com  
Executive Vice President: Robert Parsons, phone & fax: 740.373.4949, e-mail: bobparsons@aol.com
less confident.

Likewise, I am excited by our future in pharmacy practice. I am constantly encouraging those around me to become involved with a pharmacy professional organization (preferably OSHP, of course!). I share information about the Pharmacy Practice Model Initiative with pharmacists and non-pharmacists to try to get others excited about our evolving roles. I also share my experience with pharmacy students and potential pharmacy students to get them interested in pursuing a career in health-system pharmacy practice.

Thank those who make your day possible. As any of you who have participated in any competition know, races and other events aren’t possible without the help of volunteers. Whether it’s handing out cups of water or ensuring you’re on the right course, volunteers serve a vital role in making sure your race or event run smoothly.

Whenever racing by an aid station packed with volunteers or someone directing me to make the next turn, I’m sure to thank them for being there and helping out (even when out of breath!). I know my race depends on them, and I want to make sure their experience is as good as mine so that they will hopefully volunteer again.

Likewise, there are several members of our pharmacy team who we need to thank frequently. We are surrounded by many people who make our jobs possible. Whether technicians, students, interns, or other staff members within our departments, we could not take care of our patients and teach experiential rotations without help. Make sure they know just how much you appreciate their contributions to your daily practice!

New Vaccine Storage Recommendations

The Centers for Disease Control and Prevention (CDC) updated their Vaccine Storage and Handling Toolkit to ensure patients receive safe and effective vaccine therapy, keep institutions in compliance with regulatory agency guidelines, and reduce monetary loss from improperly stored vaccines. These new guidelines resulted from collaboration of CDC with the National Institute of Standards and Technology (NIST) and the Advisory Committee on Immunization Practices (ACIP). The updated recommendations address thermometers and temperature monitoring, stand-alone refrigerator and stand-alone freezer units, package labeling and storage location, expiration date monitoring and stock rotation, etc.


Improving Adult Immunization Rates at Hospitals

Tools and strategies for improving adult immunization rates across health systems may be found at www.immunizeadults.org. In addition to the on-demand CE activities, the website includes many other valuable resources.

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Institutional Partners
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Cleveland Clinic Health System

Emerald Level:
Summa Health System, Akron
Wexner Medical Center, OSU

OSHP Corporate Recruiter
Kortney Hamm, kortneyhamm@gmail.com

OSHP on Facebook
Become a “Facebook fan” of OSHP and start using this social networking tool today by going to http://www.facebook.com/pages/OSHP/97845711291, or by searching Facebook for Ohio Society of Health-System Pharmacists, if you already have a Facebook account. You do NOT need a Facebook account to view the OSHP Facebook page, but you will need a Facebook account to use all of the features.

September/October 2013
Individualization of Glycemic Targets

The ADA guidelines recommend lowering A1c to <7% in most patients to reduce the risk of developing microvascular disease. The results of the recent large trials (ACCORD, ADVANCE, and VAHD) have shown that not everyone benefits from aggressive therapy; thus, treatment targets should be individualized. More stringent A1c targets (6-6.5%) are considered appropriate for patients with a short disease duration, long life expectancy or without significant cardiovascular disease (CVD), as long as this can be achieved with minimal risk of hypoglycemia. On the other hand, less stringent A1c goals (~7.5-8%, or even higher) are appropriate for patients with severe hypoglycemia, limited life expectancy, multiple micro- and macrovascular complications, extensive comorbid conditions, or for whom glycemic targets are difficult to attain. Lower targets are preferred if they can be attained with less complex regimens and minimal to no adverse effects.

Implementation Strategies

Consistent with previous consensus statements, metformin is the preferred first-line agent, if not contraindicated and if tolerated. If metformin cannot be used, a sulfonylurea (SU), meglitinide, thiazolidinedione (TZD), or dipeptidyl peptidase-4 (DPP-4) inhibitor can be used. Additionally, if weight loss is necessary, a glucagon-like peptide-1 (GLP-1) receptor agonist may be used. For patients with baseline A1c >9%, starting with a combination of noninsulin agents is preferred, as monotherapy is likely to be ineffective.

In contrast, insulin should be initiated first-line in patients with A1c >10%, severely elevated blood glucose (BG >300–350 mg/dL) and/or significant hyperglycemic symptoms. This is due to the ability of insulin to resolve the initial glucotoxicity faster than noninsulin agents. Once the initial glucotoxicity is resolved and the patient’s metabolic state is stabilized, tapering insulin partially or entirely and transitioning to noninsulin agents is recommended.

Patient-Specific Factors

The 2012 update emphasizes consideration of patient-specific factors, such as age, weight, gender, race, ethnicity, genetic makeup, and comorbidities, when making therapy decisions. Patients with DM2 often have one or more comorbidities, including coronary artery disease (CAD), heart failure (HF), chronic kidney disease (CKD), liver dysfunction, and/or hypoglycemia. The update includes recommendations for patients with each of these factors.

Age

For elderly patients with long-standing disease or with multiple comorbidities, an A1c goal of 7.5–8% is acceptable. Drugs that may precipitate hypoglycemia (SU or meglitines), heart failure exacerbations (TZD) or bone fractures (TZD) should be avoided if the risks are considered to outweigh the benefits. In healthier adults with a long life expectancy, lower targets (A1c <6.5–7.0%) and earlier control of other risk factors are still recommended.

Weight

About 80% of patients with DM2 are obese. Metformin, GLP-1 agonists and DPP-4 inhibitors are favored in heavier patients due to their associated weight loss/neutrality. TZDs are effective in obese patients, but weight gain limits their use. Bariatric surgery should be considered in patients with a body mass index ≥35 kg/m².

Gender, Racial, Ethnic, and Genetic Differences

Patients with maturity-onset diabetes of the young (MODY) may respond preferentially to SU therapy. Use of TZDs in postmenopausal women should be minimized due to the associated risk of bone fractures.

Coronary Artery Disease

Patient with DM2 often develop atherosclerosis. Hypoglycemia may ex-
ac erb ate myocardial ischemia and in-duce dysrhythmias.\textsuperscript{11} Therefore, drugs likely to cause hypoglycemia, such as SU or meglitinides, should be avoided if possible. Metformin or TZDs may be beneficial in patients with established macrovascular disease if HF is ruled out.\textsuperscript{13,15} There is only short-term evidence supporting cardiovascular benefit with GLP-1 agonists and DPP-4 inhibitors, and their use is not recommended for primary prevention of CAD in patients with DM2.\textsuperscript{16}

**Heart Failure**

TZDs should be avoided in patients with advanced or decompensated heart failure.\textsuperscript{17} Metformin, which was previously contraindicated in patients with severe HF, can now be used if the ventricular dysfunction is mild, renal function is normal, and the patient is stable.\textsuperscript{18,19} Metformin provides CV protection in patients with isolated HF.\textsuperscript{18} The effects of incretin-based drugs in patients with HF are being investigated.

**Chronic Kidney Disease**

Several antidiabetic medications, such as insulin, SU, meglitinides, DPP-4 inhibitors, and GLP-1 agonists, are renally-eliminated. Therefore, medication regimens must be evaluated for the risk of adverse events, need for dose reductions, and potential contraindications. Metformin should be avoided in men with a serum creatinine $>1.5$ mg/dL or in women with a serum creatinine $>1.4$ to reduce the risk of lactic acidosis.\textsuperscript{1} Glyburide especially should be avoided due to its long duration of action and renally-eliminated active metabolites, as the risk of hypoglycemia increases dramatically in patients with CKD.\textsuperscript{2} Dose reduction is needed for the DPP-4 inhibitors sitagliptin and saxagliptin.\textsuperscript{1} Caution must be exercised when using exenatide in patients with creatinine clearance $<30$ mL/min due to increased risk of acute kidney injury; the safety of liraglutide in these patients is unknown.\textsuperscript{1} Pioglitazone is not eliminated renally, but fluid retention is a concern. Insulin needs to be titrated carefully due to slower elimination with CKD, and rapid-acting insulin analogs may be preferred over short-acting regular insulin as a result.

**Hepatic Dysfunction**

Pioglitazone may be beneficial in patients with fatty liver disease, but its use should be avoided in patients with active liver disease.\textsuperscript{1} Sulfonylureas or meglitinides can be used, but SU can induce liver function test abnormalities; however, these agents should be avoided in patients with severe liver disease due to hypoglycemia risk.\textsuperscript{20} Incretin-based drugs can be used in mild cases if pancreatitis is ruled out.\textsuperscript{21} In patients with advanced liver disease, insulin is the preferred agent.

**Hypoglycemia Risk**

Repeated hypoglycemic episodes may increase risk of dysrhythmias, brain dysfunction, accidents, falls, dizziness, and confusion, especially in the elderly.\textsuperscript{22} Hypoglycemia is more dangerous in the elderly, and may be underreported as a cause of death. Drugs with a high potential for causing hypoglycemia, such as SU, meglitinides, and insulin should be used with caution in high-risk patients.\textsuperscript{1}

**Conclusion**

DM2 management should be individualized based on patient- and drug-specific characteristics. The presence of comorbidities associated with DM2, such as CAD, HF and CKD, likely play a role in treatment decisions. The updated consensus algorithm takes these factors into account, and includes a wider array of recommendations than past consensus statements. As with previous guidelines, the 2012 ADA/EASD consensus statement advocates adjustment of medication regimens often if glycemic targets are not met, and earlier insulin use in patients with $\text{A1c} > 9\%$ to control the initial glucotoxicity. Many other patient-specific factors, such as age, weight, genetics, susceptibility to side effects, goals, and values, should guide therapy selection.

References available upon request.

New Pharmacy Technician Accreditation Commission Launched

The American Society of Health-System Pharmacists (ASHP) and the Accreditation Council for Pharmacy Education (ACPE) have announced their collaboration to accredit pharmacy technician education and training programs, beginning in late 2014.

The collaboration will result in the creation of the Pharmacy Technician Accreditation Commission (PTAC), which will be tasked with assuring and advancing the quality of pharmacy technician education and training programs.

The PTAC will conduct document reviews and site surveys, and advise the ASHP and ACPE boards of directors, which will then agree on final accreditation actions.

The establishment of the PTAC expands upon ASHP’s 31-year history as the national accrediting body for pharmacy technician training programs and incorporates ACPE’s expertise in the accreditation of educational programs.

**National Hospital and Health-System Pharmacy Week**

**October 20-26, 2013**

Details at www.ashp.org
Ohio Northern University

Interim Dean Tom Kier

Late in July, Dr. Jon E. Sprague announced his resignation as Dean of the Raabe College of Pharmacy, and his new appointment as Director of Research and Discovery at his undergraduate alma mater, Ferris State University. Current students and recent graduates familiar with Dr. Sprague’s accomplishments as an administrator may question Jon’s academic change. However, pharmacy students who knew Dr. Sprague during his early ONU years as their pharmacology professor, or who worked in his research lab during that time, can attest to Dr. Sprague’s love of the classroom and how talented he is as a teacher and researcher.

Throughout his service as Dean of the Raabe College of Pharmacy, Dr. Sprague kept a white board on his office wall. Frequently, students, faculty, and college guests could be seen nodding their heads as Dr. Sprague drew chemical structures, or flow charts, or any number of facts and/or original thoughts on that board during countless mini-lectures Jon conducted during office visits.

We are happy, proud and excited Dr. Sprague has the opportunity to apply his extraordinary talents to the needs of his alma mater. Although Jon’s ONU family will miss his leadership, humor and collegiality, we wish him the best and deeply appreciate his 16 years of service to Ohio Northern University and the Raabe College of Pharmacy.

The University and College currently are preparing a national search for the next Dean of the Raabe College of Pharmacy. The upcoming national search will culminate with a Dean who understands and appreciates the values of history, teaching, service, personal relationships and professional development, values that have long been the hallmarks of our respected academic institution.

The next Dean will be the 15th in the 129 years of existence. Only five pharmacy deans had served longer than Dr. Sprague’s seven years of commitment to the Raabe College of Pharmacy. We look forward to the academic search process and are excited about the next chapter in our college’s proud history.

The Ohio State University

Dr. Henry Mann was named dean of The Ohio State University College of Pharmacy as of August 15, 2013. Dean Mann joins Ohio State after serving five years as dean of the University of Toronto Faculty of Pharmacy. Previously, he served as professor and associate dean for critical care at the University of Minnesota, where he helped establish The Center for Excellence in Critical Care. He has been elected a Fellow by ASHP, ACCP, and the American College of Critical Care Medicine. Dean Mann is a graduate of the University of Kentucky, where he earned a B.S. in pharmacy in 1976 and a PharmD in 1980. He also completed a three-year residency program at the University of Kentucky Medical Center.

University of Cincinnati

Neil MacKinnon, PhD was appointed Dean of the University of Cincinnati’s Winkle College of Pharmacy, effective August 15, 2013. Since 2011, Dr. MacKinnon served as professor at the University of Arizona College of Public Health where he also had appointments in the College of Pharmacy and School of Government and Public Policy. A graduate of Dalhousie University in Halifax, Nova Scotia, Canada, he completed an M.S. in hospital pharmacy and an administrative hospital pharmacy residency at the University of Wisconsin, and a doctorate and fellowship at the University of Florida. He also completed a fellowship with the Commonwealth Fund in New York City under the mentorship of a professor of population medicine at Harvard Medical School. Dean MacKinnon has practiced in community and hospital pharmacy settings.

Cedarville University

Cedarville University School of Pharmacy has been selected to receive a Student Society Development Grant in the amount of $750 to work in collaboration with OSHP. The application outlined several excellent ideas to help their Student Society reach its eventual goal of ASHP-SSHP recognition. They have been invited to present a poster on proposed and/or competed activities and programming to date at the 2013 ASHP Midyear Clinical Meeting Student Society Showcase.

NEOMED

The NEOMED Student Society of Health-System Pharmacy (SSHP) has achieved official ASHP-SSHP Recognition for 2013-14. This honor is shared among 121 SSHPs across the nation.
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- Meets Joint Commission Standard for the most ready-to-administer form available.*
- Utilizes bar code medication administration (BCMA) to accommodate point-of-care scanning.
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Charlie Broussard 513.398.1173
OSHP 740.373.8595
OPA 614.389.3236

OSU’s SSHP Chapter reports the following plans for 2013-2014.

- We participated in the Student Organization Fair at OSU on Tuesday 8/20
- Our fall membership drive was held during the week of 8/26-9/6. During this time, we also sold merchandise to fundraise for our organization!
- General body meeting dates for the fall: 8/28, 9/11, 9/25, 10/9, 10/23, 11/6, 11/20 (spring dates are not yet available)
- We are offering a Midyear to Match series, which includes 3 to 4 after-school sessions with residents/students who have gone through the match
- Mock Residency Interviews will be offered to mainly P4 students who will be attending ASHP Midyear/applying for residencies
- CV critique
- We offer a practice clinical skills competition prior to the actual competition in the fall
- Pie a Professor is held in the spring as a charity fundraiser

Karl Kappeler, R.Ph., M.S., FASHP was awarded a 2013 Jack L. Beal Postbaccalaureate Award by The Ohio State University College of Pharmacy. Karl earned his M.S. in hospital pharmacy administration from OSU where he also completed a residency. Currently, he is Director of Pharmacy Services at Nationwide Children’s Hospital in Columbus and administrator for the Central Ohio Poison Center located on the hospital’s campus.

Joe Dula, R.Ph., PharmD was awarded the Josephine Sitterle Failer Alumni Award, along with his wife Colleen, by the OSU College of Pharmacy. Joe is regional director of clinical services for Pharmacy Systems, Inc.

Robert Weber, R.Ph., PharmD, MS received honorable mention in the Manager category of Columbus Business First’s annual Health Care Heroes event. Bob is senior director of OSU’s Wexner Medical Center Department of Pharmacy. He was recognized for the many safety measures he has initiated to decrease the number of medication errors.

Karl Kappeler, R.Ph., M.S., FASHP

The Ohio State University

President Yan Cui

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Karl Kappeler, R.Ph., M.S., FASHP was awarded a 2013 Jack L. Beal Postbaccalaureate Award by The Ohio State University College of Pharmacy. Karl earned his M.S. in hospital pharmacy administration from OSU where he also completed a residency. Currently, he is Director of Pharmacy Services at Nationwide Children’s Hospital in Columbus and administrator for the Central Ohio Poison Center located on the hospital’s campus.

Joe Dula, R.Ph., PharmD was awarded the Josephine Sitterle Failer Alumni Award, along with his wife Colleen, by the OSU College of Pharmacy. Joe is regional director of clinical services for Pharmacy Systems, Inc.

Robert Weber, R.Ph., PharmD, MS received honorable mention in the Manager category of Columbus Business First’s annual Health Care Heroes event. Bob is senior director of OSU’s Wexner Medical Center Department of Pharmacy. He was recognized for the many safety measures he has initiated to decrease the number of medication errors.