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Hospital Pharmacy
**Summer
Session**
Live! **ONLINE**



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Hospital Pharmacy Summer Session *Live!* ONLINE



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David Mason

Welcome to our 2021 Summer Session - Hospital Pharmacy LIVE ONLINE.

The Summer Session is an exciting addition to our event schedule this year, and we are thrilled that you've chosen to join us.

We had such an incredible response to our LIVE ONLINE conferences over the last year that we spent some time sharing ideas with our attendees and decided to host our first Summer Session, which is a slightly different twist on the format from our spring and fall conferences. We started with a very elite list of Hospital Pharmacy Provider Executives, limited the number of Supplier participants, and increased the time of each one-on-one LIVE ONLINE Reverse Expo meeting to nine minutes. Since we held our first online conference last spring, we have consistently received requests from our attendees - both Providers and Suppliers - for the opportunity to have more than five minutes to connect online. We know that this additional time is important to you, so we have structured this Summer Session to provide an opportunity for fewer but longer connections in our Live Online Reverse Expo platform, which has given Suppliers and Providers the connections that they have needed over the last year while meeting in person wasn't possible.

For this Summer Session, we are pleased to bring you six unique educational opportunities. Since so many didn't get to join us for the spring conference, we are re-broadcasting three of our popular sessions from that event: **503As and The FDA: Understanding Sterile Compounding Laws and Policies**; **Confronting and Overcoming Bias in the Healthcare Industry**; and the amazing keynote address **Live Inspired**, delivered by John O'Leary.

We are also offering three new educational sessions on timely topics: **Preparing for an HRSA 340B Audit**; **The Usability of Real-Time Prescription Benefit Data and its Impact on Provider Behavior**; and **Intravenous Drug Delivery Systems: Balancing Safety, Cost, and Shortages**. Each of these sessions will be available to all registered attendees for On-Demand viewing around the clock from Monday, June 14th - Thursday, July 1st.

And Providers: don't miss the Virtual Supplier Showcase, which will also be open to you from Monday, June 14th - Thursday, July 1st. This is an excellent opportunity to research, learn about, and connect with participating Suppliers in a unique virtual space.

If you have questions at any time during this event, stop by the help desk or call us at 615-449-6234. Our team is here for you and happy to help.

Thank you for your support and participation. We look forward to hosting you LIVE ONLINE for this Summer Session.

David, Nelson and Jason



Nelson Hendry



Jason Green



Special thanks to BD, our title sponsor, for their support of this unparalleled event.



FERAHEME® provides established efficacy and safety profile, flexible scheduling

Administration¹:

- Feraheme only requires 2 infusions limiting the number of visits
- No pre-treatment or test dose is required

Dosing¹:

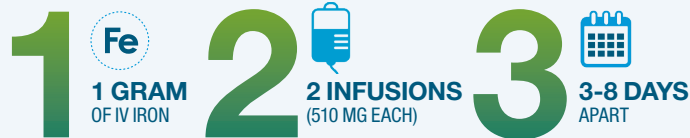
- Feraheme infusions can be dosed as early as 3 days apart, allowing for a complete course of therapy in less than a week

Management of materials¹:

- Feraheme can be mixed with 0.9% NaCl (normal saline) or 5% dextrose
- Feraheme can be diluted in a range of volumes from 50 – 200mL
- Once diluted, Feraheme can be stored at room temperature for up to 4 hours or refrigerated for up to 48 hours
- Many of AMAG's commercial supply chain partners are located within North America, and we currently have adequate stock of all our products

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FERAHEME® (ferumoxytol injection), for intravenous use Brief Summary:
Consult the package insert for complete prescribing information.

WARNING: RISK FOR SERIOUS HYPERSENSITIVITY/ ANAPHYLAXIS REACTIONS

Fatal and serious hypersensitivity reactions including anaphylaxis have occurred in patients receiving Feraheme. Initial symptoms may include hypotension, syncope, unresponsiveness, cardiac/cardiopulmonary arrest.

- Only administer Feraheme as an intravenous infusion over at least 15 minutes and only when personnel and therapies are immediately available for the treatment of anaphylaxis and other hypersensitivity reactions.
- Observe for signs or symptoms of hypersensitivity reactions during and for at least 30 minutes following Feraheme infusion including monitoring of blood pressure and pulse during and after Feraheme administration.
- Hypersensitivity reactions have occurred in patients in whom a previous Feraheme dose was tolerated.

INDICATIONS AND USAGE: Feraheme is indicated for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron, or who have chronic kidney disease (CKD).

CONTRAINDICATIONS: Feraheme is contraindicated in patients with known hypersensitivity to Feraheme or any of its components or have a history of allergic reaction to any intravenous iron product.

WARNINGS AND PRECAUTIONS, Serious Hypersensitivity Reactions: Fatal and serious hypersensitivity reactions including anaphylaxis, presenting with cardiac/cardiopulmonary arrest, clinically significant hypotension, syncope, or unresponsiveness have occurred in patients receiving Feraheme. Other adverse reactions potentially associated with hypersensitivity have occurred (pruritus, rash, urticaria, and wheezing). These reactions have occurred following the first dose or subsequent doses in patients in whom a previous Feraheme dose was tolerated.

Patients with a history of multiple drug allergies may have a greater risk of anaphylaxis with parenteral iron products. Carefully consider the potential risks and benefits before administering Feraheme to these patients.

Only administer Feraheme as an intravenous infusion over at least 15 minutes and only when personnel and therapies are immediately available for the treatment of anaphylaxis and other hypersensitivity reactions. Closely observe patients for signs and symptoms of hypersensitivity including monitoring of blood pressure and pulse during and after Feraheme administration for at least 30 minutes and until clinically stable following completion of each infusion.

In a clinical study in patients with IDA, regardless of etiology, hypersensitivity reactions were reported in 0.4% (4/997) of subjects receiving Feraheme administered as intravenous infusion over at least 15 minutes. These included one patient with severe hypersensitivity reaction and three patients with moderate hypersensitivity reactions.

In clinical studies predominantly in patients with IDA and CKD, serious hypersensitivity reactions were reported in 0.2% (4/1,806) of subjects receiving Feraheme (administered as a rapid intravenous injection – prior method of administration no longer approved). Other adverse reactions potentially associated with hypersensitivity (e.g., pruritus, rash, urticaria or wheezing) were reported in 3.5% (63/1,806) of these subjects.

In the post-marketing experience, fatal and serious anaphylactic type reactions presenting with cardiac/cardiopulmonary arrest, clinically significant hypotension, syncope, and unresponsiveness have been reported. Elderly patients with multiple or serious co-morbidities who experience hypersensitivity reactions and/or hypotension following administration of Feraheme may have more severe outcomes.

Hypotension: Feraheme may cause clinically significant hypotension.

In a clinical study with Feraheme in patients with IDA, regardless of etiology, moderate hypotension was reported in 0.2% (2/997) of subjects receiving Feraheme administered as intravenous infusion over at least 15 minutes.

In clinical studies in patients with IDA and CKD, hypotension was reported in 1.9% (35/1,806) of subjects, including three patients with serious hypotensive reactions, who had received Feraheme as a rapid intravenous injection (prior method of administration no longer approved).

Hypotension has also been reported in the post-marketing experience. Monitor patients for signs and symptoms of hypotension following each Feraheme administration.

Iron Overload: Excessive therapy with parenteral iron can lead to excess storage of iron with the possibility of iatrogenic hemosiderosis. Regularly monitor the hematologic response during parenteral iron therapy. Do not administer Feraheme to patients with iron overload. In the 24 hours following administration of Feraheme, laboratory assays may overestimate serum iron and transferrin bound iron by also measuring the iron in the Feraheme complex.

Magnetic Resonance (MR) Imaging Test Interference: Administration of Feraheme may transiently affect the diagnostic ability of MR imaging. Conduct anticipated MR imaging studies prior to the administration of Feraheme. Alteration of MR imaging studies may persist for up to 3 months following the last Feraheme dose. If MR imaging is required within 3 months after Feraheme administration, use T1- or proton density-weighted MR pulse sequences to minimize the Feraheme effects; MR imaging using T2-weighted pulse sequences should not be performed earlier than 4 weeks after the administration of Feraheme. Maximum alteration of vascular MR imaging is anticipated to be evident for 1 – 2 days following Feraheme administration.

Feraheme will not interfere with X-ray, computed tomography (CT), positron emission tomography (PET), single photon emission computed tomography (SPECT), ultrasound or nuclear medicine imaging.

ADVERSE REACTIONS: The following serious adverse reactions are described elsewhere in the labeling: Serious Hypersensitivity Reactions, Hypotension, Iron Overload, Magnetic Resonance (MR) Imaging Test Interference.

Clinical Trial Experience: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical studies, 3,968 subjects were exposed to Feraheme. Of these subjects 31% were male and the median age was 54 years (range of 18 to 96 years).

The data described below reflect exposure to Feraheme in 997 patients exposed to a 1.02 g course of ferumoxytol administered as two 510 mg intravenous (IV) doses: 992 subjects (99.5%) received at least 1 complete dose of ferumoxytol and 946 subjects (94.9%) received 2 complete doses. The mean cumulative IV iron exposure was 993.80 ± 119.085 mg.

The safety of Feraheme was studied in a randomized, multicenter, double-blind clinical trial in patients with IDA (IDA Trial 3). In this trial, patients were randomized to two intravenous infusions of 510 mg (1.02 g) of Feraheme (n=997), or two intravenous infusions of 750 mg (1.500 g) of ferric carboxymaltose (FCM) (n=1000). Both intravenous infusions were infused over a period of at least 15 minutes. Most patients received their second infusion of Feraheme and FCM 7(+1) days after Dose 1.

The mean (SD) age of the study population (N=1997) was 55.2 (17.16) years. The majority of patients were female (76.1%), white (71.4%) and non-Hispanic (81.8%). The mean (SD) hemoglobin at baseline for all patients was 10.4 (1.5) g/dL.

Serious adverse events were reported in 3.6% (71/1997) of ferumoxytol- and FCM-treated patients. The most common (≥2 subjects) serious AEs reported in Feraheme-treated patients were syncope, gastroenteritis, seizure, pneumonia, hemorrhagic anemia, and acute kidney injury. In FCM-treated patients the most common (≥2 subjects) serious AEs were syncope, cardiac failure congestive, angina pectoris, and atrial fibrillation.

Adverse reactions related to Feraheme and reported by ≥ 1% of Feraheme-treated patients in IDA Trial 3 following administration of Feraheme 2 x 510 mg (N=997)

or ferric carboxymaltose 2 x 750 mg (N=1000) were headache (3.4% Feraheme, 3.1% ferric carboxymaltose), nausea (1.8, 3.4), dizziness (1.5, 1.6), fatigue (1.5, 1.2), diarrhea (1, 0.8), and back pain (1, 0.4).

In IDA Trial 3, adverse reactions leading to treatment discontinuation and occurring in ≥ 2 Feraheme-treated patients included arthralgia (0.3%), dyspnea (0.3%), flushing (0.2%), chest discomfort (0.2%), chest pain (0.2%), nausea (0.2%), back pain (0.2%), dizziness (0.2%) and headache (0.2%).

Across two clinical trials in patients with IDA (IDA Trial 1 and 2), patients were randomized to: two injections (rapid intravenous injection - prior method of administration no longer approved) of 510 mg of Feraheme (n=1,014), placebo (n=200), or five injections/infusions of 200 mg of iron sucrose (n=199). Most patients received their second Feraheme injection 3 to 8 days after the first injection. Adverse reactions related to Feraheme and reported by ≥ 1% of Feraheme-treated patients in these trials were similar to those seen in Trial 3.

In Trials 1 and 2, adverse reactions leading to treatment discontinuation and occurring in ≥ 2 Feraheme-treated patients included hypersensitivity (0.6%), hypotension (0.3%), and rash (0.2%).

In addition, a total of 634 subjects enrolled in and completed participation in a Phase 3 open label extension study. Of these, 337 subjects met IDA treatment criteria and received Feraheme. Adverse reactions following this repeat Feraheme dosing were generally similar in type and frequency to those observed after the first two intravenous injections.

Across three randomized clinical trials in patients with IDA and CKD (CKD Trials 1, 2, and 3), a total of 605 patients were exposed to two injections of 510 mg of Feraheme and a total of 280 patients were exposed to 200 mg/day of oral iron for 21 days. Most patients received their second Feraheme injection 3 to 8 days after the first injection.

Adverse reactions related to Feraheme and reported by ≥ 1% of Feraheme-treated patients in the CKD randomized clinical trials following administration of Feraheme 2 x 510 mg (n=605) or oral iron (n=280) were nausea (3.1% Feraheme, 7.5% oral iron), dizziness (2.6, 1.8), hypotension (2.5, 0.4), peripheral edema (2, 3.2), headache (1.8, 2.1), edema (1.5, 1.4), vomiting (1.5, 5), abdominal pain (1.3, 1.4), chest pain (1.3, 0.7), cough (1.3, 1.4), pruritus (1.2, 0.4), pyrexia (1, 0.7), back pain (1, 0), muscle spasms (1, 1.4), dyspnea (1, 1.1), and rash (1, 0.4). Diarrhea (4%), constipation (2.1%) and hypertension (1%) have also been reported in Feraheme-treated patients.

In these clinical trials in patients with IDA and CKD, adverse reactions leading to treatment discontinuation and occurring in ≥ 2 Feraheme-treated patients included hypotension (0.4%), chest pain (0.3%), and dizziness (0.3%).

Following completion of the controlled phase of the trials, 69 patients received two additional 510 mg intravenous injections of Feraheme (for a total cumulative dose of 2.04 g). Adverse reactions following this repeat Feraheme dosing were similar in character and frequency to those observed following the first two intravenous injections.

Postmarketing Experience: Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

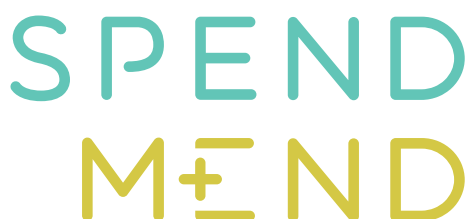
The following serious adverse reactions have been reported from the post-marketing experience with Feraheme: fatal, life-threatening, and serious anaphylactic-type reactions, cardiac/cardiopulmonary arrest, clinically significant hypotension, syncope, unresponsiveness, loss of consciousness, tachycardia/rhythm abnormalities, angioedema, ischemic myocardial events, congestive heart failure, pulse absent, and cyanosis. These adverse reactions have usually occurred within 30 minutes after the administration of Feraheme. Reactions have occurred following the first dose or subsequent doses of Feraheme.

See full Prescribing Information for Feraheme available at www.feraheme.com.

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Health Connect Partners' Virtual Supplier Showcase provides a format for hospital decision makers to research, learn about, and connect with suppliers in a unique virtual space. Each virtual booth features the supplier organization and highlights their solutions, products, and technologies. This platform is designed to give hospital providers and supplier organizations the ability to directly interact in a customized environment.

In addition to providing the platform, Health Connect Partners is focused on driving high-quality traffic to each Virtual Supplier Showcase booth—just like we do during our in-person Supplier Showcase events. The Virtual Supplier Showcase is open for visits any time during the conference dates and is a required stop on the way to the educational sessions. Each provider executive will be encouraged to participate in a fun, interactive virtual experience allowing them to learn and request information along their journey through the Virtual Supplier Showcase.

Best of all—the Virtual Supplier Showcase platform allows provider executives to directly request information, and schedule meetings with suppliers through our live online meeting platform. Providers have a choice of requesting a meeting during the Live Online Reverse Expo or selecting a specific date and time for an on-demand meeting outside of the Live Online Reverse Expo times.

Providers: Be sure to visit **ALL 17 of the Showcases.**



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CE CREDIT DETAILS

All educational sessions will be released at 8:00am Central on Monday, June 14th.

This spring we are pleased to bring you six educational sessions.

Sessions will be released at 8:00am Central on Monday, June 14th, and will be available for on-demand viewing, 24/7, until 10:59pm Central on Thursday, July 1st.

Your Enduring CE credit will be posted to your CPE Monitor account 4–6 weeks after the conference.

ON-DEMAND educational session ONE keynote address

Live Inspired

John O'Leary

In 1987, John O'Leary was a curious nine-year-old boy. Playing with fire and gasoline, John created a massive explosion in his home and was burned on 100% of his body. He was given less than a 1% chance to live.

This epic story of survival was first showcased in his parents' book, *Overwhelming Odds*, in 2006. Originally printing 200 copies for friends and family, his parents have sold 60,000+ copies. It was this book that first invited John to embrace his miraculous recovery and share it with the world.

John inspires 50,000+ people at 100+ events each year. He speaks to companies and organizations across industries, such as: sales, healthcare, safety, marketing, finance, faith, education, and insurance.

Consistently described as "the best speaker we've ever had," John receives nearly 100% of his engagements from referrals.

His schedule is a testament to the power of his message and who he is as an individual. His emotional story-telling, unexpected humor, and authenticity make each of his presentations truly transformational.

John is a two-time #1 National Bestselling author. His first book *ON FIRE: The 7 Choices to Ignite a Radically Inspired Life* has sold 250,000+ copies and been translated into 12 languages. *IN AWE: Rediscover Your Childlike Wonder to Unleash Inspiration, Meaning and Joy* published in May 2020 with many saying it is the message we all need right now.

John's award-winning Live Inspired Podcast has more than 2.5 million downloads and enjoys world-class guests like Brené Brown, Mitch Albom and Shawn Achor.

John considers his greatest success to be his marriage to his wife Beth, their four children, and his relationships with friends and family.



learning objectives

After attending this presentation, attendees will be able to:

- Identify how changing the way they ask questions transforms the answers they receive – and the lives they lead
- Improve personal accountability for actions, attitudes and outcomes
- Better understand their impact within their team and re-ignite their passion for their profession



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Educational Review Systems is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. Participants of the session who complete the evaluation and provide accurate NABP e-Profile information will have their credit for 6.0 contact hours (0.60 CEU) submitted to CPE Monitor as early as 14 days after the event and no later than 60 days after the event. Please know that if accurate e-Profile information is not provided within 60 days of the event, credit cannot be claimed after that time. The participant is accountable for verifying the accurate posting of CE credit to their CPE Monitor account within 60 days.

ON-DEMAND educational session TWO



503As and The FDA: Understanding Sterile Compounding Laws and Policies

learning objectives

After attending this presentation, attendees will learn to:

- Summarize FDA's oversight of traditional compounding pharmacies according to Section 503A of the Federal Food, Drug, and Cosmetic (FD&C) Act
- Describe Insanitary Conditions at Compounding Facilities as defined by the FDA
- Summarize the FDA's policy on Compounding Drugs Using Bulk Drug Substances under Section 503A of the FD&C Act
- List interim guidance for industry by the FDA that may impact pharmacy practice

Katrina K. Harper

PharmD, MBA, BCPS, BCSCP, DPLA

Katrina K. Harper has more than 20 years of healthcare experience in several clinical and leadership roles. She is currently the Director of Pharmacy Services for AIS Healthcare's Ophthalmic Division.

Prior to joining AIS Ophthalmics, she was the Clinical Pharmacy Director for the nation's largest member-driven, health care performance improvement company where she served as a subject matter expert in the areas of drug compounding, medication safety, regulations, quality, and compliance.

Her previous experiences include being a Pharmacy Manager for a community pharmacy chain, Director of Pharmacy of a cardiovascular specialty hospital, and Medication Safety Officer for a safety-net academic county hospital.

She has served as chairperson and adjunct faculty for an ASHP-accredited Pharmacy Technician program at a community college. Katrina is also a recipient of the Texas Society of Health-Systems Pharmacist's Larry C. Nesmith Pharmacist Recognition Award.

She holds a Doctorate of Pharmacy degree from Xavier University of Louisiana College of Pharmacy and a Master's degree in Business Administration from the University of Texas at Arlington College of Business Administration. She is also a Board Certified Pharmacotherapy Specialist, a Board Certified Sterile Compounding Pharmacist, and holds numerous other certifications.

ON-DEMAND **educationalsession** **THREE**

Confronting and Overcoming Bias in the Healthcare Industry



Luther Wright, Jr. J.D., B.S.

Luther Wright, Jr. began his career with a general practice firm in the litigation section. He spent the first several years of his legal career practicing in the general litigation area before joining the Labor & Employment team. He has significant experience in the areas of labor and employment law, corporate business litigation and complex litigation, including class action and collective action lawsuits. He typically represents management in all forms of employment discrimination litigation, including litigation based on federal anti-discrimination statutes, state statutes and common law, violence in the workplace, Fair Labor Standards Act claims and independent contractor disputes. Luther is a member of Ogletree's Diversity and Inclusion Action Team that provides timely client advice and guidance on diversity related matters. Luther also devotes a significant amount of his practice to day-to-day client advice, general supervisor/employee training, training and advising on

diversity and inclusion issues and workplace violence issues, and also acts as the Assistant Director of Client Training as part of the Ogletree Deakins Learning Solutions ("ODLS") team. ODLS provides employee and supervisor training in a variety of formats, including in-person training, training by webinar/webcasts and customized video training products.

Luther has experience representing banks, national gaming companies, automotive companies, government contractors, hospitals, restaurants, retail establishments, closely held businesses and entertainment companies in employment and business litigation. He has represented clients in litigation based on federal and state anti-discrimination laws, state tort litigation, personal injury matters involving commercial vehicles, claims under the Equal Credit Opportunity Act, class action and multi-plaintiff litigation.

learning objectives

After attending this presentation, attendees will be able to:

- Reveal unconscious biases
- Interrupt unconscious biases
- Address the issue of Microaggressions
- Develop strategies for improving cross-cultural communication and relationships organizationally and individually

ON-DEMAND educational session FOUR



Preparing for an HRSA 340B Audit

learning objectives

After attending this presentation, attendees will be able to:

- List three compliance risks seen in recent HRSA audits
- Identify recent changes to the HRSA data request
- Execute a game plan for reducing risk of a finding during an HRSA audit

Rob Nahoopii PharmD, MS, 340B ACE

Rob Nahoopii has frontline 340B experience as a Regional Director of Pharmacy within a 22-hospital health system. His responsibilities included regional oversight, and direct responsibility for a 395-bed DSH hospital, in-house retail pharmacy, and contract pharmacy arrangements. For the last eight years, he has been providing 340B external independent compliance audits and 340B gap analyses for 340B covered entities across the country through his role as CEO of Turnkey Pharmacy Solutions, and after Turnkey's acquisition by SpendMend, as SVP of Pharmacy Services. Rob has personally conducted over 300 independent 340B audits for covered entities, and has supported over 20 HRSA 340B audits for clients.

Rob obtained his Doctor of Pharmacy from the University of Utah College of Pharmacy. After graduation, he completed a two-year pharmacy administration residency with Intermountain Healthcare and a Master of Science in Pharmacotherapy in the pharmacy administration tract at the University of Utah. He has also completed 340B ACE training with Apexus. Rob has served on the Apexus DSH council and was a 340B University faculty member for over three years.

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ON-DEMAND educational session FIVE



The Usability of Real-Time Prescription Benefit Data and its Impact on Provider Behavior

Megan Holsopple, PharmD, BCPS - Clinical Product Director, RxRevu

Megan Holsopple is the Director of Clinical Product Development at RxRevu. She works closely with the analytics, clinical, and product teams on technology strategies focused on improving patient medication access and cost transparency.

Megan has over ten years of experience in the academic hospital setting where she worked as a clinical coordinator in formulary management at the Center for Medication Use and Finance at Froedtert and the Medical College of Wisconsin. In this role, Megan was involved with medication management across a 5-hospital network with an emphasis on implementing evidence-based practice at the point-of-care in various technology platforms.

Megan completed her PGY1 pharmacy practice residency at SCL Health and a specialized PGY2 residency in medication-use safety and policy at University of Utah Hospital and Clinics. She holds her Doctorate in Pharmacy and her Bachelor of Science in Health Sciences and Chemistry degrees from Creighton University.

She is an active member in various professional organizations. She has served two terms in a leadership position as a network facilitator for the Drug Policy and Pharmacoeconomics group within ASHP's Section of Clinical Scientists and Specialists. Her professional interests include health information technology and medication safety. Outside of work, Megan enjoys spending time with her family, traveling, and enjoying all of the outdoor activities her home state of Colorado offers.

learning objectives

After attending this presentation, attendees will learn to:

- Define Real-Time Prescription Benefit and the current state of its use
- Discuss provider perceptions of Real-Time Prescription Benefit as a value-added service
- Identify key strategies to optimize Real-Time Prescription Benefit and for health systems to drive adoption



Christie Callahan – Chief Operating Officer, RxRevu

Christie is responsible for product development and operations at RxRevu, with a focus on growth.

Christie brings more than ten years of experience in the healthcare space with a dedicated focus on interoperability, technology innovation, and process improvement. She has developed and delivered the strategy for technology transformation in some of the largest healthcare operations including specialty and mail pharmacies, prior authorization departments, and call centers. Additionally, Christie led efforts at CVS/Caremark to maximize usability and adoption of ePA and Real-Time Prescription Benefit.

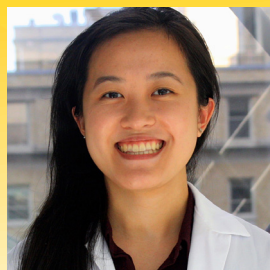


Prior to joining RxRevu, she was the Vice President of Strategy and Innovation for Members Services at CVS Health and, previously, a consultant at Bain and Company.

A graduate of the University of Illinois Urbana-Champaign, Christie holds a Bachelor of Science in Industrial Engineering. She loves to travel, discover new restaurants, and spend time with her family. She resides near Chicago with her husband Matt and daughter Claire.

FIVE

ON-DEMAND educational session SIX



Intravenous Drug Delivery Systems: Balancing Safety, Cost, and Shortages

Lena Kim Tran, PharmD, BCCCP

Lena Tran is a board-certified critical care pharmacist practicing at Brigham and Women's Hospital in Boston, MA.

After completing a critical care residency, Lena's primary practice areas include the intensive care unit where she helps to manage drug therapy, and the emergency department where she assists with emergent cardiac and rapid responses. Lena is also part of a novel pharmacy allergy service to help provide rapid drug desensitization for patients with unique hypersensitivities.

In addition to clinical involvement, Lena has published several peer-reviewed research articles regarding implementation of a vial transfer device at an academic medical center, intravenous push vs. piggyback lacosamide administration, intravenous levothyroxine stewardship, desmopressin for hyponatremia, progesterone hypersensitivities, and more. She has been involved in creating multiple drug administration guidelines and protocols.

Her interests include medication safety process improvement, drug optimization, trauma, toxicology, and acute care bedside medication therapy.

learning objectives

After attending this presentation, attendees will learn to:

- Review pros and cons of various intravenous (IV) drug delivery systems
- Identify barriers affecting drug product acquisition and utilization
- Evaluate implementation of a vial transfer device at a single-center institution



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DAILY

8:00am–5:00pm CT

Session ONE

Tuesday

June 22

Session TWO

Wednesday

June 23

Session THREE

Thursday

June 24

Session FOUR

Friday

June 25



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- **Suppliers.** Bring your best "elevator pitch" and a warm smile. Share your product or service and allow time for the Provider to share their needs—you may be able to meet them in a way you did not initially anticipate.
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System Requirements

- **Desktop – Windows 10 & MacOS 10.7 Mojave**
4th gen Intel Core i3, 4GB Ram
 - Google Chrome (preferred)
 - Firefox
 - Microsoft Edge Chromium
 - Safari 11+
- **Mobile – Android 7.0**
 - Google Chrome
- **Mobile – iOS 12.2**
 - Safari 11+
- **Networking – Recommended**
 - Download 5.0 mb/s
 - Open TCP port 443
 - UDP port 3478
- **Networking – Minimum**
 - Download 1.2 mb/s
- **Open TCP port 443**
- **Speakers & Microphone – Built-in or USB**
- **Webcam – Built-in or USB**

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Hospital Pharmacy *Live!* ONLINE reverse expo

AdventHealth, Sanford, FL, Trena Yielding, PharmD, Executive Director of Pharmacy

AdventHealth Daytona Beach, Daytona Beach, FL, Marshall Hughey, Director of Pharmacy

AdventHealth Orlando, Orlando, FL, Steven Allison, Executive Director of Pharmacy

Alta Bates Summit Medical Center, Oakland, CA, Michael Federico, Director of Pharmacy

AMITA Healthcare, Hinsdale, IL, Elizabeth Greenhalgh, Regional Pharmacy Director- South

Antelope Valley Hospital, Lancaster, CA, Ross Bauman, Pharm.D., Executive Director of Professional Services (DOP)

Archbold Medical Center, Thomasville, GA, Andrea Jarzyniecki, Pharm.D., BCPS, Director of Pharmacy

Arrowhead Regional Medical Center, Colton, CA, Andrew Lowe, Pharm.D., VP, Clinical Pharmacy

Ascension Wisconsin Milwaukee- South, Milwaukee, WI, Christopher Dykstra, Regional Director of Pharmacy

Ballad Health, TN, Trish Tanner, DPh, CPh, MBA, AVP/ Chief Pharmacy Officer

Banner - University Medical Center Phoenix, Phoenix, AZ, Jeff Anderson, Pharm.D., BCPS, FACHE, Director of Pharmacy

Banner Desert Medical Center, Mesa, AZ, Jake Regnitz, Associate Director of Pharmacy

Baptist Health Louisville, Louisville, KY, Celina Cummings, Director of Pharmacy

Baptist Healthcare System Inc., Louisville, KY, Nilesh Desai, MBA, BS, RPh, CPPS, Chief Pharmacy Officer

Baptist Hospitals of Southeast Texas, Beaumont, TX, Aily Powell, Director of Pharmacy

Baptist St. Anthony's Health System, Amarillo, TX, Jamie McCarrell, PharmD, BCPS, BCGP, FASCP, Director of Pharmacy

Blessing Hospital, Quincy, IL, Robert Ritchey, Administrative Director of Pharmacy

Boston Medical Center, Boston, MA, Alexander Pham, PharmD, MBA, Director, Strategy & Business Development

Bronson Healthcare Group, Kalamazoo, MI, Troy Shirley, PharmD, MBA, System Director of Pharmacy

Brookdale University Hospital, Brooklyn, NY, Maria Claudio, PharmD, BCPS, Associate Director of Pharmacy

Cape Cod Healthcare, Hyannis, MA, James Mangan, Director of Hospital and Ambulatory Pharmacy

Capitol Regional Medical Center, Tallahassee, FL, Michael Jackson, Pharm.D, MBA, Director of Pharmacy

Carilion Clinic, Roanoke, VA, Trina Epperly, MHA, Director of Pharmacy Contracting/340B

Carilion Clinic, Roanoke, VA, William Lee, D.Ph, MPA, FASCP, Senior Director, Pharmacy System Innovations

Carilion Roanoke Memorial Hospital, Roanoke, VA, Larry Mullins, BS, MBA, Pharmacy Director

Carle Health, Urbana, IL, Linda Fred, Vice President of Pharmacy

CHI St. Luke's Health Memorial, Lufkin, TX, Christopher Murray, Market Director of Pharmacy

Children's Hospital of Atlanta at Egleston, Atlanta, GA, Timothy Stacy, Rph, MBA, System Director of Pharmacy

CHRISTUS Health, Irving, TX, Justin Simon, System Director, Pharmacy Network Operations

Columbus Regional Hospital, Columbus, IN, Ben Caughey, Pharm.D., B.S., Director, System Pharmacy, Oncology, EMS

Comanche County Memorial Hospital, Lawton, OK, Cheryl Hale, DPh, Director of Pharmacy Services

Conway Medical Center, Conway, SC, Robert Gajewski, BS Pharmacy, Director of Pharmacy

Covenant HealthCare, Saginaw, MI, Aaron Feinauer, Ambulatory Pharmacy Manager

Covenant Medical Inc. Harrison, Saginaw, MI, Terry Wernette, Rph, Director of Pharmacy

CoxHealth, Springfield, MO, Louis Kynard, Pharm D., MBA, BCSCP, FAB, System Director of Pharmacy

Duke University Health System, Durham, NC, Bryan Yourich, PharmD, Chief Pharmacy Officer

East Alabama Medical Center, Opelika, AL, Laura Matthews, PharmD, Director of Pharmacy

provider attendees *by facility*

Erlanger Health System, Chattanooga, TN, Seth Hammonds, Director of Pharmacy Operations

Floyd Medical Center, Rome, GA, Robert Purcell, PharmD, Director, Pharmacy Services

Good Samaritan Hospital (CHI), Kearney, NE, Nicki Bohl, PharmD, Director of Pharmacy

Good Samaritan Medical Center, Brockton, MA, Richard Bautz, PharmD, MBA-HM, DPLA, Director of Pharmacy

Greater Baltimore Medical Center, Baltimore, MD, Yuliya Klopouh, Pharm.D, Executive Director of Pharmacy Services

Hamilton Medical Center, Dalton, GA, Gregory Stinnett, RPh, Director of Pharmacy

HCA Healthcare, Nashville, TN, Nicole Bryan, PharmD, MBA, Sr. Director, Performance Improvement-Pharmacy

Hemet Valley Medical Center, Hemet, CA, Phyllis Bennett-Mobley, Director of Pharmacy

Heritage of Care (120 LTC Facilities), Bloomington, IL, Ryan Taylor, PharmD, Vice President of Pharmacy Services

Holzer Health System, Gallipolis, OH, Neil Creasey, PharmD. MBA, System Director of Pharmacy Operations

Huntsville Hospital, Huntsville, AL, Jack Adams, R.Ph., Pharmacy Director

Huntsville Hospital, Huntsville, AL, Michael McDaniel, RPh, MBA, FASHP, Executive Director, System Pharmacy Services

Indiana University Health, Indianapolis, IN, Bill Shaw, Director Statewide Pharmacy Purchasing & Logistics

Jacobi Medical Center, Bronx, NY, Manfredo Pompa, Rph, BSc, Assistant Dir of Pharmacy - Purchasing/Inv Manager

JPS Health Network, Fort Worth, TX, Nicole Shoquist, PharmD, MBA, Chief Pharmacy Officer

Lahey Hospital & Medical Center, Burlington, MA, Nancy Huff, PharmD, Director of Pharmacy

Lankenau Medical Center, Philadelphia, PA, Amy Benner, Pharmacy Director

Lehigh Valley Health Network, Allentown, PA, AnnMarie Higgins, Pharm D, Director of Pharmacy

Main Line Health System, Media, PA, David Showalter, PharmD, MBA, System Director of Pharmacy

Maury Regional Medical Center and Affiliates, Columbia, TN, Jeff Binkley, PharmD, BCNSP, FASHP, Administrative Director of Pharmacy

McLaren Health Care Corporate Office, Pontiac, MI, Sharelle Brown, PharmD, MBA, Director of Pharmacy

McLeod Regional Medical Center, Florence, SC, Artie McKnight, RPh, Director of Pharmacy

Medical Center Hospital, Odessa, TX, Minh Hong, Director of Pharmacy

Memorial Hermann Healthcare System, Houston, TX, Paulette Bickham, RPh, MBA, System Operations Director of Pharmacy

Memorial Hermann Healthcare System, Katy, TX, Cody Meuth, Ambulatory Pharmacy Director

Memorial Hermann Southeast Hospital, Houston, TX, Rachel Samuel, B.S. Pharm., R.Ph., M.B.A., Director of Pharmacy

Mercy Hospital Jefferson, Festus, MO, William Kennon, Pharm.D., Director of Pharmacy

Mercy Medical Center, Springfield, MA, Heather Upchurch, Pharm.D., Pharmacy Director

Mercy Rehabilitation Hospital, St. Louis, MO, John Kleiss, PharmD, Director of Pharmacy

MercyOne Clinton Medical Center, Clinton, IA, Christine Gallagher, Pharmacy Director

MercyOne Waterloo Medical Center, Waterloo, IA, John Hamiel, PharmD, Director of Pharmacy

Merit Health Wesley, Hattiesburg, MS, Pam Miles, Pharm.D., Director of Pharmacy

Methodist Charlton Medical Center, Dallas, TX, Jeena Jacob, Pharm.D., Director of Pharmacy Services

Methodist Health System, Dallas, TX, Jon Albrecht, RPh, MHA, BCNSP, FASHP, VP, Chief Pharmacy Officer

Methodist Mansfield Medical Center, Mansfield, TX, Steven Knight, PharmD, BCPS, CMTM, Director of Pharmacy Services

Mission Health, Asheville, NC, Joseph Bonkowski, Director of Pharmacy

Montefiore Medical Center, Bronx, NY, Philip Manning, Director of Specialty Pharmacy

Monument Health, Rapid City, SD, Scott Peterson, Senior Director of Pharmacy

Monument Health Rapid City Hospital, Rapid City, SD, Dana Darger, RPh, Director of Pharmacy

providerattendees *by facility*

Mount Sinai Hospital, Chicago, Chicago, IL, Tejal Patel, Director of Inpatient Pharmacy Services

MultiCare Health System (7 Hospitals), Tacoma, WA, Teresa Harberg, PharmD, System Director of Ambulatory Pharmacy

Munson Healthcare, Cadillac, MI, Billy Evans, PharmD, Pharmacy Director

New York Presbyterian Health System, New York, NY, Timeka Russell, PhD., NYP Pharmacy Enterprise Director

New York Presbyterian Hospital, New York, NY, Patrice Dupart, Pharm.D., BCPS, MSHCM, VP of Pharmacy Services/ Apothecary-in-Chief

North Mississippi Medical Center, Tupelo, MS, Wes Pitts, Pharm.D., BCPS, FASHP, FMSHP, Director of Pharmacy

Northridge Hospital Medical Center, Northridge, CA, Blair Galbreath, PharmD, Director of Pharmacy

Northwell Health, Lake Success, NY, Julio Viola, M.S., R.Ph, Senior Director, Pharmacy GPO/ Procurement

Norwalk Hospital, Norwalk, CT, Robert Bepko, Jr., BS. Pharm, MHA, Senior Director Network Pharmacy Services

Norwalk Hospital, Norwalk, CT, Keith Shuster, Director of Pharmacy

NYC Health and Hospitals - Metropolitan, New York, NY, Chike Igboechi, RPh; PhD, Director of Pharmacy

NYU Langone Health, New York, NY, Kenny Yu, Pharm. D., MBA, Interim Senior Director, Pharmacy Services

NYU Langone Health- Brooklyn, Brooklyn, NY, Gregory Filipowski, RPh, Director of Pharmacy

Ochsner Health System, New Orleans, LA, Ryan Pepper, MBA, AVP Pharmacy Supply Chain

Ochsner Medical Center, New Orleans, LA, Myra Thomas, RPh, MBA, AVP Pharmacy

Ohio State University Wexner Medical Center, Columbus, OH, Mitch Dorn, PharmD, MS, Associate Director of Pharmacy

Olive View - UCLA Medical Center, Sylmar, CA, Nadrine Balady-Bouziane, Pharm.D., Director of Pharmacy

Orlando Regional Medical Center, Orlando, FL, Mikko Isaac, Director of Pharmacy

Our Lady Of The Lake Regional Medical Center, Baton Rouge, LA, Brian Ziegler, RPh, MS, Director of Business Operations

Penn State Milton S. Hershey Medical Center, Hershey, PA, Kimberly Cimorelli, Director, Inpatient Pharmacy Services

Phoebe Putney Health System, Albany, GA, Martin Kelvas, MS, DPh, RPh, Corporate Director of Pharmacy

Presbyterian Healthcare Services, Albuquerque, NM, Erica Downing, PharmD, Chief Pharmacy Officer

Prospect Medical Holdings, Inc., Los Angeles, CA, Darshan Parekh, PharmD, MHA, FACHE, Vice President/Chief Pharmacy Officer

Providence St. Joseph Health, Seattle, WA, Sophia Humphreys, Director, System Pharmacy Clinical Services

Regional One Health, Memphis, TN, Matt Currie, Pharm. D, MBA, Director of Inpatient Pharmacy

Riverside Medical Center, Kankakee, IL, Emily Meyer, PharmD, MHA, Director of Pharmacy

Riverside University Health System, Moreno Valley, CA, Edward Yen, PharmD, Assistant Director of Pharmacy Operations

RWJ Barnabas Health, West Orange, NJ, Robert Pellechio, RPh, MPA, Vice President

Saint Francis Health System, Tulsa, OK, David Donald, System Director of Pharmacy

Saint Francis Medical Center, Monroe, LA, Tammy Belleau, MBA, RPh, VP Ancillary Clinical Operations

Saint Francis Memorial Hospital, San Francisco, CA, Osas Nosa-Idahosa, Director of Pharmacy

SBH Health System, Bronx, NY, Ruth Cassidy, B.S., PharmD, MBA, FACHE, SVP, Clinical Support Svs / Chief Pharmacy Officer

Self Regional Healthcare, Greenwood, SC, Cliff Collie, RPh, Director of Pharmacy and Radiology

Sentara Norfolk General Hospital, Norfolk, VA, Jon Horton, System Director of Pharmacy Operations

Southeast Missouri Mental Health Center, Farmington, MO, Kelly Gabel, Director of Pharmacy

Southern Maryland Hospital Center, Clinton, MD, Karla Evans, Director of Pharmacy

Southwest General Hospital, San Antonio, TX, Adrian Russell, Pharm D, Director of Pharmacy

Springhill Medical Center, Mobile, AL, Joe Adkins, Director of Pharmacy

St. Catherine of Siena Medical Center, Smithtown, NY, Gary Grabkowitz, Pharmacy Director

provider attendees *by facility*

St. Francis Hospital, Wilmington, DE, Hiral Patel, PharmD, Director of Pharmacy

St. John's Episcopal Hospital So Shore, Far Rockaway, NY, Karen Muir, Director of Pharmacy

St. Joseph Mercy Health System, Livonia, MI, Cheryl Arendoski, R.Ph., M.S., Director of Pharmaceutical Services

St. Joseph Mercy Oakland, Pontiac, MI, Phillip Wein, R.Ph., Director of Pharmacy

St. Joseph's Hosp & Med Ctr (Dignity Health), Phoenix, AZ, Pooyan Mesdaghi, PharmD, MBA, Senior Director of Pharmacy

St. Lukes Health, Houston, TX, Venita Papillion, PharmD, MBA, Division VP of Pharmacy

St. Luke's Health System, Boise, ID, Brian Dotter, Sr. Director of Pharmacy

St. Rose Dominican Hospital San Martin Campus, Las Vegas, NV, Reed Howe, PharmD, Pharmacy Director

Steward Health Care System, Dallas, TX, Zachary Feldkamp, Senior Director Corporate Pharmacy and Lab Ops

STHS Edinburg, Edinburg, TX, Ricardo Salinas, Director of Pharmacy

Suburban Community Hospital, East Norriton, PA, Charles Day, Multi Site Director of Pharmacy

Temple University Health System, Philadelphia, PA, Amir Emamifar, PharmD, MBA, Vice President - Chief Pharmacy Officer

The Valley Hospital, Ridgewood, NJ, Ron Krych, RP, MPA, System Pharmacy Director

Torrance Memorial Medical Center, Torrance, CA, Steven Thompson, Pharm.D., Director of Pharmacy

Touro Infirmary/ LCMC Health, New Orleans, LA, Tara Montgomery, PHARM.D, MS, MBA, MPH, Director of Pharmacy

Trinity Health, Livonia, MI, Meena Rupani, RPh, Sys Director Strategic Sourcing Clinical Products

UCSF Mission Bay, San Francisco, CA, Jennifer Egbert, PharmD, MBA, FACHE, Director of Pharmacy

UF Health The Villages Hospital, The Villages, FL, Felix Smith, PharmD, MBA, Director of Pharmacy Services

Unity Health | White County Medical Center, Searcy, AR, Scotty Parker, PharmD, Assistant VP Ancillary Services

University Medical Center of El Paso, El Paso, TX, Myron Lewis, R. Ph., Administrative Director of Pharmacy Services

University of Chicago Medicine, Chicago, IL, Russell Orr, PharmD, MBA, Executive Director of INPATIENT Pharmacy

University of Cincinnati Medical Center, Cincinnati, OH, Kathryn McKinney, PharmD, MS, BCPS, FACHE, FASHP, Director of Pharmacy

University of Maryland Medical Center, Baltimore, MD, Joseph Dicubellis, RPh., MPH, Senior Director of Pharmacy

University of Maryland Medical Center, Baltimore, MD, Carla Williams, PharmD, BCPS, Director of Pharmacy Clinical Services

University of Mississippi Medical Center, Jackson, MS, Andrew Ostrenga, PharmD, Asst Dir of Pharmacy-Pediatrics and Critical Care

University of South Alabama Medical Center, Mobile, AL, Allen Broome, Health System Director of Pharmacy

University of Texas Medical Branch, Galveston, TX, Zinkeng Asonganyi, Director of Pharmacy Services-Ambulatory

UPMC - HC Pharmacy, Pittsburgh, PA, Jeffrey Bruggeman, Category Lead, 503B and Oral Generic Products

Valley Children's Hospital Homecare, Clovis, CA, Bruce Lepley, RPh, Pharmacy Operations Manager

Vanderbilt University Medical Center, Nashville, TN, Michael O'Neal, BS, DPh, MBA, Director- Pharmacy Procurement & Inventory

Vizient, San Antonio, TX, Dawn Rana, R.Ph, D.Ph, Senior Director of Oncology Solutions

Vizient, El Dorado Hills, CA, Cinda Schledewitz, BS, PharmD, MBA, Pharmacy Executive - West Region

WellStar Atlanta Medical Center, Atlanta, GA, Valerie Bandy, PharmD, MBA, BS, RPh, Director of Pharmacy Operations

WellStar West Georgia Medical Center, LaGrange, GA, Don Davis, Director of Pharmacy

WVU Healthcare (WV Univ), Morgantown, WV, Marc Phillips, PharmD, CPHQ, Pharmacy Supply Chain Manager



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