



# Drug Update and Medication Therapy Management for the Pharmacist



Friday

## June 17, 2016

9 a.m. - 5 p.m.

**LOCATION**

Southern Regional AHEC  
1601 Owen Drive  
Fayetteville, NC 28304

**SOUTHERN  
REGIONAL AHEC**  
AREA HEALTH EDUCATION CENTER

In affiliation with Duke University Medical Center  
Part of the NC AHEC Program

## Target Audience

Pharmacists, pharmacy technicians and other interested health care providers.

## Program Description

This seven hour program will focus on updates on new pain and opioid use disorder guidelines, update on old drugs, and Medication Therapy Management (MTM) for the pharmacist.

## Learning Objectives

Upon completion of this knowledge-based course, the participant should be able to:

- Describe the presentation on non-cancer pain;
- Define the role of opioids in the treatment of pain;
- Construct a treatment of algorithm and monitoring plan for opioids in the treatment of pain;
- Explain the presentation of an opioid use disorder;
- Discuss treatment options for an opioid use disorder;
- Construct a treatment algorithm and monitoring plan for medication used for an opioid use disorder;
- Discuss new updates for medications that are already FDA approved;
- Discuss literature surrounding medication updates and warnings;
- Apply medication updates in patient scenarios;
- Define Medication Therapy Management (MTM) and related terminology;
- Describe the importance of providing MTM services using examples from high performing practice sites;
- Identify barriers to delivering MTM services and discuss strategies to overcome these barriers; and
- Review the process of providing MTM services as well as common disease states encountered in the outpatient setting by completing a patient encounter with your assigned group.

## Speakers

**Andrew Muzyk Pharm D**, is an assistant professor in the Department of Pharmacy Practice, Campbell University. He is also an adjunct assistant professor in the Department of Psychiatry and Behavioral Services at Duke University School of Medicine.

**Kim Kelly, PharmD, BCPS**, Clinical Pharmacist Faculty, PGY1 Residency Director at Harnett Health System and she is also Clinical Assistant Professor at Campbell University Department of Pharmacy Practice

**Quita Gatton, R.Ph.**, Kroger Pharmacy District Clinical Coordinator

**Mary Anna Armstrong**, PharmD. Kroger Pharmacy

## Agenda

8:30 a.m.	Registration and light breakfast refreshments
9 a.m.	An update on the new pain and opioid use disorders guidelines--Andrew Muzyk
10 a.m.	New alerts,warnings and drugs in the news--Kim Kelly
12 p.m.	Lunch-provided
1 p.m.	Medication Therapy Management (MTM)--Quita Gatton and Mary Armstrong
5 p.m.	Adjourn

## Fee

\$159 registration fee for individuals on or before June 10, 2016

\$149 registration for group of three or more from the same office. Registration and payment must be made together either by phone or fax.

\$169 registration fee for individuals on June 11, 2016 and thereafter.

Payment Policy: SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's signatures in lieu of payment. Access to workshops materials and handouts cannot be released until payment is received.

## Important Information

The handouts for the program will be provided online through MyCE located on the SR-AHEC website ([www.sr-ahec.org](http://www.sr-ahec.org)). Early registration is encouraged, as full instructions will be sent with a registration confirmation via e-mail. For continuing education references concerning inclement weather, tobacco policy and ADA requirements, please go to: [sr-ahec.org/ContinuingEd/CE.html](http://sr-ahec.org/ContinuingEd/CE.html)

## Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

## Credit

CEU: .70; Contact Hours: 7.0

ACPE: 7.0 hours of ACPE credit will be awarded to pharmacists and pharmacy technicians who attend 100% of this program.

ACPE# 0046-9999-16-106-L01-P

*In collaboration with UNC Eshelman School of Pharmacy.*



The UNC Eshelman School of Pharmacy is accredited by the Accreditation Council of Pharmacy Education as a provider of continuing pharmacy education. To receive CE credit, attendance must be acknowledged at the registration desk upon arrival at the program. Statements of credit will be uploaded to CPE Monitor within 4-6 weeks of completion of program. Participants will have access to print CE certificates from their CPE Profile under CPE Monitor.

Disclosure: Southern Regional AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Disclosure of faculty/planning committee members and commercial relationships will be made known at the activity. Speakers are also expected to openly disclose a discussion of any off-label, experimental or investigational use of drugs or devices in their presentations.

## **PLEASE NOTE:**

Construction at Southern Regional AHEC will limit parking availability, therefore, locations for continuing education programs will vary. Please check the communications you have received, including the front of this brochure, to ensure that you know the program's location.

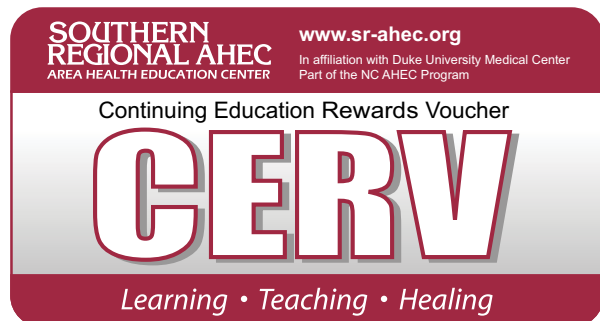
## Contacts

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*\*Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

# Registration Form

Form may be duplicated.

Phone: 910-678-7226 Fax: 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=49423>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

**Drug Update and Medication Therapy Management  
for the Pharmacist  
CASCE # 49423**

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Name Last 4 digits of SS#

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Certifications/Degrees Specialty Area

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Employer Job Title

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Work Address City State Zip Code

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Home Address City State Zip Code

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Phone (work) (home)

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Email (primary) (secondary)

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Do not send email announcements of upcoming SR-AHEC programs.  Do not share my information with exhibitors or participants.

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Special Needs / Food Allergies

Payment Information

Check (Make payable to SR-AHEC)

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Mastercard / Visa # Expiration Date (mm/yy)

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Name on Card Signature

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**Office Use Only:** Check Auth # \_\_\_\_\_ Date \_\_\_\_\_ From \_\_\_\_\_ Amount \$ \_\_\_\_\_

[www.sr-ahec.org](http://www.sr-ahec.org)

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