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MILITARY IMPLEMENTATION OF COMPOUNDING RESOURCES & OPERATIONS

Dr. Jeffery A. Johnson, RPh, MBA, ND, PharmD
(Colonel, USF/Retired)

HOUSEKEEPING

Cell Phones

Download the Slides

Questions

No photography, audio, or video recordings

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DISCLAIMER: The information contained in this program, which may include treatment modalities, diagnostic and therapeutic information, and instructions related to regulatory guidelines and current standards of practice for pharmacy compounding, is FOR EDUCATIONAL PURPOSES ONLY and should not be taken as a treatment regimen, product indication, suggested treatment modality, or suggested standard of practice. NOTE TO MEDICAL OR ALLIED HEALTH PROFESSIONAL: Any treatments, therapies, or standards of practice must be fully investigated and prescribed by a duly licensed medical practitioner in accordance with accepted professional standards and compendia. Any regulatory or practice standard must be fully investigated by a licensed pharmacist in accordance with accepted professional practice standards and compendia.

JEFFERY A. JOHNSON, RPH, MBA, ND, PharmD

- PhD in Naturology/Herbal Medicine
- BS/Pharm from Purdue University
- Doctorate of Pharmacy from the University of Kansas
- Board Certified Naturopathic doctor
- Colonel (USAF/Retired)
- 30-year veteran of the U.S. Armed Forces
- Experience in military treatment facilities; deployed settings, community-based, and hospital based ambulatory care; squadron commander (5 times)

DISCLOSURES

- DISCLAIMER: The material presented is not to be construed as SUAF policy or position.
- FYSA – I am a consultant for Medisca

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LEARNING OBJECTIVES

PHARMACISTS and PHARMACY TECHNICIANS

1. Provide awareness of compounding pharmacy operations in a military pharmacy
2. Present relevant/real-time past/present compounding pharmacy intel
3. Recommend potential avenues for expansion

LEGEND OF APPLIED ACRONYMS

- CPX = compounding pharmacy
- OPS = operations
- RXCY = pharmacy
- MTF = medical treatment facility
- MIL = military
- RX = prescription medication
- INX = interactions
- RX-CARE = pharmaceutical care
- SPOC/U = specialty pharmacy on-site compounding unit
- TEAM/RX = RXCY team of RPH and pharmtechs

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OUTLINE

- Basic (Brief) History Personal Compounding History
- Compounding Pharmacy via Military Applications
  - Past
  - Present
- Future Potential for Compounding Pharmacy & Military Operations
- Conclusions/Q&A

DR. J's BASIC QUESTIONS

- How many have served in their nations' armed forces?
- Of those who've served, how many did CPX/OPS?
- Of those who've served, how many never saw a CPX/RX?

DR (COL) J'S WAR STORY

THERE I WAS…

(BRIEF) HISTORY OF CPX VIA MILITARY APPLICATION

- **Past**
- **Apothecary:** Homeopathic and tailored medications
- **FD&C:** Drug Efficacy Amendment PL 87-781 (October 10, 1962)
- **Advent of Manufacturing:** RPH/RXCY role changes from preparing to dispensing
- **Economics Change:** Evolution and commoditization

PERSONALIZED MEDICINES

Personalized Medicines

- Allergies
- Dosing
- Sensitivities, aversion to Oral Meds
- Race and ethnicity genetic effects: Metabolism, Distribution, Elimination [1]
- Side Effects, Comorbidities, RX-RX INX

Regulatory Considerations

- Not a FDA 505(b)1, 505(b)2, or 505(j)
- Not a commercial copy
- Not on FDA Banned substance list
- 503(a) and 503(b) exempted from NDA and listed as a legend drug [2]
- Does Require a prescription

1) Balmaceda CM, The impact of ethnicity and cardiovascular risk on the pharmacologic management of osteoarthritis: a US perspective. Postgrad Med January 2015, Vol. 127, No. 1 , Pages 51-56

2) US FDA: Compounding Quality Act http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm375804.htm Accessed 03/15/2015

PRESENT APPLICATIONS

- Providing safe/effective/thrifty RX-care
- Providing bridges to gaps in care
- Benefits
- Detractions
- Current Limitations of CMPDG

PRESENT APPLICATIONS

AN EXAMPLE OF PRESENT USE

- 2011-2015: US Industry-wide challenges: Triple Whammy!
- Specific USAF and 88 MDG Challenges

DOD REACTION

TAKE-AWAYS FROM THIS EXPERIENCE

- Impact of intervention
- Filled gap in therapeutic care
  - Top 3 reports of Continuous Process Improvement

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WHAT NEXT?

- Future potentials for CPX & MIL OPS:
- Basic trainees
- Combat readiness
- Continuing to fill the gaps in needed care
- Naturopathic potentials

CONCLUSIONS AND Q&A

REFERENCES

- Balmaceda CM, The impact of ethnicity and cardiovascular risk on the pharmacologic management of osteoarthritis: a US perspective. Postgrad Med January 2015, Vol. 127, No. 1 , Pages 51-56

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