

Message From the President



Wow! What a difference a month makes!

After returning from a pharmacy internship in Peru at the beginning of January I had all intentions of relaxing, watching movies in *English*, and catching up with family and friends. I'm sure the other P&T (Pharmacy & Therapeutics) competitors were similarly blind-sighted by the early P&T start. Nevertheless, we are all aware of the harsh reality that satisfaction and success has to begin at some point with grueling pain, anguish, and hard work- which is pretty much what every P&T team endured the entire past month.

Some may say that diving into an empty pool is similar to dissecting a 50-page dossier, comparing it to the AMCP Format for Formulary Submission, and inputting into the manufacturer's budget impact model. Although I wouldn't know about the former, I will admit that the entire case was a *tad bit* challenging. I give all 28 students a lot of credit for sticking with the case and spending countless hours analyzing, comprehending, and dreaming about the Pitt Street Health Plan's task at hand. Navery Eap, VP and super-organizer/planner, had the competition planned to a tee, right down to the timed bathroom breaks. In the end, her hard work paid off with the competition and beautiful reception that followed being quite a treat for each student and judge!

The UIC AMCP student chapter is now looking forward to the upcoming AMCP Annual Conference in Denver, CO from April 20th -23rd. A popular favorite among AMCP regulars, the conference offers an array of managed care pharmacy sessions, educational student luncheons, and entertaining hospitality suites. I personally haven't missed an AMCP meeting since Minneapolis, Spring of 2003. I live for AMCP meetings! Each one has provided me the opportunity to learn more about managed care and its potential impact on future pharmacy practice. My favorite session is "Scanning the Pharmaceutical Pipeline" where an update is given on the new drugs coming to the market and those that will potentially make a large impact on patient care in the future after receiving FDA approval. It looks like there will be between 15- 20 UIC students attending the AMCP conference this year. If you're an alumni, please look out for us at the hospitality suite and if you're interested in speaking at one of our weekly AMCP meetings please let us know!

I wish everyone a wonderful Spring semester and a memorable time in Denver for those attending the conference!

Annie Rakoczy

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UIC Annual P&T Competition

By Navery Eap

HEADLINE NEWS!!!

On Friday, February 11th, 2005, all participants gathered to compete in the chapter's most celebrated event, the 5th Annual Pharmacy and Therapeutics (P&T) Committee Competition. The case study this year involved critiquing the dossier of Eli Lilly's osteoporosis drug, Forteo®. Needless to say, the task of making clinical and economic evaluations on the ~150 pg dossier was not easy.

Seven teams of 4 were given nearly 8 weeks to review clinical trial data and budget impact analyses. Teams then had to write an executive summary, a 10-page monograph, answer a series of essay questions, and present their findings to a panel of esteemed judges. Ask any participant and he/she will say it is as tough as it sounds. You may also want to ask which was more grueling, reviewing the dossier or the 20-minute Q&A session from the judges (and Jack, in some cases).

As P&T Chair, I learned very quickly that organizing the competition also involved a lot of work but seeing the end results of everyone's hard work was spectacular and rewarding. I am grateful to have had the help and expertise of this year's panel of judges who came from a variety of settings; UIC faculty, Aon Consulting, Caremark, First Health, IPhA/Resurrection, Mercy Medical, RPh-On-the-Go, and Walgreens Health Initiatives. Thank you also to Linda Leav, Fiona Tong, Maya Campara, Norman Cheung, and, of course, Jack and Margaret for making the day's events run smoothly. Last, but not least, for the participants, I congratulate you on this major accomplishment and thank you for your discipline and determination.

In April, our winning team will get to compete nationally at the AMCP Annual Conference in Denver, Colorado against other colleges of pharmacy. Let's wish them the best of luck as they attempt to bring home the title!



Dr. Jack Salmon and Margaret Byun



The P&T Committee

Our 2005 P&T Winners...



1st place:

Adam Bursua (P4)
Annie Rakoczy (P3)
Robert Wittenberg (P2)
Joseph Roudis (P1)



2nd place:

Frank Saracco (P4)
Shannon Murphy (P3)
Stacey Szappan (P2)
Jeff Hingtgen (P1)



3rd place:

Maggie Denewitz (P4)
Goran Miljevic (P3)
David Shapera (P2)
Tom Moran (P1)



Most professional:

Dave Baker (P3)
Dan Dangler (P3)
Chris Hollman (P2)
Jamie Vora (P1)



Best Out-of-the-Box:

Andrea Mendyk (P3)
Ferdinand Medrano (P3)
Benjamin Beshalke (P2)
Karen Eckmann (P1)



Best Q&A session:

Elizabeth Sergeant (P3)
Blair Schwartz (P2)
Nisha Mathew (P2)
Maggie Zasadzki (P1)



Best monograph:

Team 3:
Wenda Hunt (P3)
Kwanta Na-thalang (P2)
Jay Tran (P2)
Mehrooq Mathur (P1)

The P&T Experience

P1—Joseph Roudis

Working on the AMCP P&T committee competition this year as a P1 has been a great experience. I learned a great deal of information and applications from all 3 other members of my team. The workload was a bit intense at times, but the hardest part for me was understanding exactly how we were to find all of our information and how it all needed to be tied together. I was constantly told that many things would seem overwhelming, but that I should continue trying to get a basic knowledge of everyone else's areas of expertise.

For my part of the project, I helped to obtain various journal articles and studies that were related to our case. Also, I helped to review the dossier and to compare it with the AMCP format for formulary submissions. From here, Rob, our P2, and I worked to create a complete summary from our comparisons and how well the dossier matched the AMCP format for formulary submission. Along with this, I prepared the introductory slides and background information on the disease state, osteoporosis, which the drug was intended to manage. These were the same slides that I presented to the panel for our oral presentation. I also handled the formatting of all the slides for our team. As far as for next year, I will most likely compete again. It has been a great experience all around. It was great to get a prospective on the project from a student in each class and to see how the knowledge base they acquire progresses over the years. It was a relief to finish the project and it also came with a great sense of satisfaction.



P2—Robert Wittenberg

“Grueling,” “exhausting” and “perplexing” are words often used to express the work and time that go into AMCP’s annual P&T competition. But ask any of the seven teams-of-four that competed on February 11, 2005, and you will hear about the sense of satisfaction, knowledge gained and feeling of accomplishment participants felt at the banquet at Francesca's on Taylor. The beer and wine helped, too.

This year’s competition involved clinically and economically evaluating a massive dossier on the Eli Lilly and Company’s drug Forteo[®]. In addition to completing three written assignments, teams presented a 30-minute PowerPoint presentation, *then* fielded questions from a panel of judges. Our panel included members with different areas of expertise and backgrounds: UIC, PBMs Caremark and Walgreens Health Initiatives, Aon Consulting, Resurrection Hospital, Mercy Medical, RPh on the Go, and First Health.

All participants received two elective credits and were treated to a delicious post-competition meal – with wine! The winning team (P-4 Adam Bursua, P-3 Annie Rakoczy, P-2 Rob Wittenberg and P-1 Joe Roudis) now has a chance to compete against other schools of pharmacy at AMCP’s Annual Meeting & Showcase in Denver, Colorado, in April.

Like last year, I owe a lot to my teammates for teaching me about analyzing clinical trials and the approach to managed care economics. Our team faired well because we never got caught up in the minutia of the case, losing sight of the “big picture.” Hard work, ample preparation and being able to apply the case to real world scenarios are part of the formula for doing well in the P&T.

The P&T Experience

P3—Annie Rakoczy

What words can I use to describe my P&T experience this year?

Hmmm.... Let's start with fun, tiring, exciting, challenging, and best of all, rewarding!

As a P3, I felt that this year's competition allowed me to apply more managed care concepts to the case, and I finally didn't feel like a deer in headlights, as I did during last year's competition. Being a P3 participating in the competition permitted me to use my stellar literature searching skills and combine it with my managed care elective skills found during "Jack's class" to more thoroughly review the Forteo dossier. It was helpful to have "Bitter Rx" scenes playing through my mind as I thought to myself, "What would Peter Jennings have said about this Forteo drug?!?"

Adding the competition's workload wasn't easy, and it took many sacrifices, mainly sleep, to fit all the work in. I'll be honest, I suffered extreme insomnia for nearly a week, but it was all worth it when my group came together and presented a wonderful case for Forteo in front of the judges. Each one of us answered the questions with an unexpected maturity and insight, that even P4 Adam Bursua couldn't help but shed a tear.

I realized from this competition, more so than last year, that I really enjoy presenting to a crowd. I take pleasure in the challenge of answering questions that do not necessarily have a right or wrong answer, but that require thorough insight and explanation into how I came up with the decision. I enjoy working with a team and bouncing off ideas to better predict what possessed the dossier creators to present the data they provided.

This year I was blessed to work with such smart & intuitive partners that I kept from last year's competition, Rob Wittenberg & "Alan" Bursua, and to experience the joy and amazement that newcomer Joe Roudis added to our dynamic team structure. Having an excellent team means the world during this challenging competition. We each complemented each other well and when the going got tough no one "freaked out!" I am so glad that I stuck with the competition for a second year and I hope that my rotations provide me the opportunity to compete for a third time next year.

Now that the competition's over, and my therapeutic exam stress has settled, I'm thinking that a full weekend of laying in front of the T.V. while watching *telenovelas* really sounds like fun. *But oh wait, hot off the press, word's just in, that I can't forget about the case because we've been accepted among the top 8 schools to compete at the AMCP Annual Conference in Denver! Yeah! So look for us to compete one more time and hopefully we'll bring the crown back to UIC!*

P4—Adam Bursua

This year marked the 3rd P & T competition I have participated in. Each year it has been a very different experience, and each year I have learned about something completely new that I didn't even know existed prior to the competition. As a P-4, the experience I have gained from the P & T competitions has provided me with critical thinking skills and a unique perspective that has benefited me countless times throughout my rotations. Many of you will consider participating in the competition as a P-4 and think it isn't worth the work. It is a lot of extra work, but I will tell you that every year I have participated it has been well worth the work. I have taken away skills you won't get anywhere else, and I would definitely do it again as a P-5, just give me that chance;)

Facilitating Outcome Assessments in Disease State Management Programs

By David Baker, Navery Eap, J. Warren Salmon

As an extension of the project sponsored by Novartis Pharmaceuticals regarding outcomes in disease management (DM) programs presented last fall at the AMCP student chapter meeting, a paper with added analyses of global DM implications was submitted to the Midwest Business Administration Association (MBAA) where Dr. Jack Salmon serves as a chairperson on one of the committees. Subsequent to the submission, Dave and I now have the opportunity to present our project and paper at the Business and Health Administration Association (BHAA) session of the MBAA 2005 conference on March 18, to be held at the Palmer House Hilton in Chicago. The same project will also be presented as a poster at the AMCP 17th annual meeting and showcase. The following is an abstract of the paper submitted to MBAA. This project was made possible through an educational grant from Novartis Pharmaceuticals. Special thanks to Josh Lang for your support with this project.

ABSTRACT

The evolution of outcomes measurements in disease state management (DM) programs and the prevalence of current barriers to generating them were documented through an exhaustive literature review. In order to support current literature findings of documented barriers, interviews with health care executives and managed care pharmacists were also performed. Overall consideration was paid towards reaching possible solutions to listed problems and understanding health care's perception as a whole to the value of DM. Consequently, theorized solutions to outcome assessment barriers domestically can be applied on a global field to impact care internationally of chronic disease sufferers in single payer systems as well as developing countries.

Outcome research has become difficult to perform; it has especially become difficult in finding the appropriate methodologies and accurate measurements to utilize. To determine the barriers encountered in conducting these programs, a 10-item standardized questionnaire was administered to health care professionals in different MCO settings. The interviews assessed the interviewees' experience with DM, their perception of the barriers involved with outcomes research, and their perceived solutions to said barriers. In addition, a systematic literature review was performed to gain insight into published barriers and how frequently barriers were reported or DM programs evaluated. Both data sources were utilized to identify common barriers among existing attitudes and to gain insight into possible solutions.

Survey analysis indicates that electronically tracking medical claims was the best means of measuring outcomes of DM programs with securing of clinical indicators. In addition, the data suggests that a majority of executives (9 out of 15 professionals agreed) feel that the lack of technological advances and acceptable standardized measurements remain among the major barriers to facilitating outcomes assessments. The development of quality centralized databases with the ability to retrieve and analyze data in a timely manner remains the only solution to this barrier; however, expensive technology prevents adoption of such practices in small MC settings.

Additionally, the inability to critically assess the outcomes of DM programs was illustrated with only 8 out of 15 executives stating that program results should be presented to plan sponsors. With about half of them stating results are presented, it is understandable that even less programs are evaluated. This is supported by the literature search with only 17% of articles concerning DM providing outcomes as well as only 6% documenting any type of program evaluation.

On a global level, due to an overall aging world population, chronic disease is becoming a pandemic in developing countries as well. The focus is shifting from acute care to chronic care and most healthcare systems of the developing countries cannot adapt to meet these new demands. Most healthcare systems lack long-term care needed for the best outcomes in chronically-ill patients. Preventive measures and DM can be utilized to impact clinical outcomes in a cost-effective manner. Solutions to present problems discussed within this study must be addressed before DM is expanded internationally.

WHI Field Trip

By Christopher Hollman

On November 15th Dr. Salmon's managed care class, along with other members of AMCP, were afforded the opportunity to get an inside look at the workings of a pharmacy benefits management company at Walgreen's Health Initiatives (WHI) in Deerfield, IL. The presentation covered the gamut of working in the PBM industry, from the residency program at WHI to discussion of each facet of the company including clinical services, industry relations, medication use evaluation, clinical sales and services, specialty pharmacy and many others. Though WHI is a for-profit entity, it is interesting to note that they are not necessarily a company riddled with MBAs. Vice-President of Clinical Services Jim Langman indicated that the heads of most divisions at WHI are indeed pharmacists who have made the transition from traditional pharmacy to the pharmacy benefits world.



WHI's Director of Clinical Services, Carl Bertram, emphasized the importance of having a diverse education, respect for diversity, and understanding health care drivers and stakeholders as paramount for success in the PBM industry. The Clinical Services division at WHI began as a small three-person team in the last several years and is slated to grow to 64 employees within the next two months. While there has been much discussion of the importance of disease state management programs, Mr. Bertram emphasized that anything that goes through the Clinical Services division at WHI must demonstrate a return on investment and must be *measurable*. Predicting the outcomes of these programs is difficult, but predictive modeling and risk stratification are two tools that WHI uses to ensure that their clinical services programs offer both improved patient outcomes and avoid financial drains to the company.

In addition to evaluating clinical services, the bread and butter of WHI, as with all PBMs, is evaluating medications. Vanessa Jacobsen from the Medication Management division explained the means by which all medications are evaluated. Not only does she look at the clinical merit of a medication, but also the economic ramifications of putting any particular drug on a formulary. These two facets, clinical and economic, are evaluated based on WHI's client needs and determined to have a certain value. While aspiring pharmacists always want what is clinically best for their patients, Ms. Jacobsen said that the harsh reality is that most companies tend to consider the impact rather than patient outcomes as their bottom line when making formulary decisions.

With client companies calling for more transparency in the PBM industry, it was timely for one of WHI's industry relations liaisons, Tom Rough, to get down to the brass tacks – how do PBMs make money? PBMs generate revenue in three distinct ways: 1) service fees, 2) pharmacy network differential, and 3) rebates. Service fees include such per transaction fees as claims adjudication as well as fees for prior authorization and calls to physicians concerning patient medication. Pharmacy network differential is calculated based on the difference between what a PBM charges its clients and what it is charged by the drug manufacturers. Which leads us to one of the more interesting and controversial aspects of the PBM industry – rebates. Mr. Rough indicated that PBMs receive rebates from pharmaceutical companies for three reasons, though only two of those were disclosed. The first reason that a pharmaceutical company may find it advantageous to offer a rebate would be for access. In other words, they can offer the drug at a discounted price in order to get on a formulary or to become the preferred therapy. The second form of rebate is termed a “market share rebate” and is a tiered payment based on the market share of a drug. For example, a company may pay out a 10% rebate if their drug gets to 40% of market share within a particular therapeutic category and if the PBM can drive that share higher, say 45%, the rebate could be increased to 12%. These numbers are completely hypothetical, though the supposed maximum rebate that a PBM can receive is 15%, as they are prohibited by law from getting more than the 15.1% rebate that the government receives for Medicaid. As stated above, there is supposedly a third form of rebate, though it was not discussed.

In the end, the trip provided a very insightful look into the PBM industry and how PharmD candidates can best position themselves for this career path. WHI showed that the opportunities in the PBM industry are quite diverse, including positions in clinical services, specialty pharmacy, medication management, and many others. So as PharmD candidates with an eye toward managed care, we must realize that working for a PBM is not just evaluating medications for inclusion or exclusion on a formulary. The opportunities in managed care abound and are there for those with the proper skill set and work ethic to get involved in an exciting and rapidly evolving industry.

Vioxx—Mistakes, mishaps, misfortunes

In the PHARMA sector

By Jack Salmon

A year ago it seemed simpler for UIC AMCP folks to consider careers in the PHARMA industry. Then, who would have guessed the most recent set of developments that have thrust the pharmaceutical companies onto the front pages of both the business press and popular press.

Events rarely stay newsworthy long enough for all the details and nuances to be explored; they merely fall into lingering remembrances. But embellished in the minds of nearly everyone (public, professionals, payers, purchasers, and policymakers) are the ongoing debates over the drug industry with a brand new twist: **the safety of our nation's drug supply**. This concern stretches beyond high and climbing higher pharmaceutical prices, their impact on Medicare and Medicaid budgets, denial of drug access for uninsured and underinsured Americans and the teeming unmet needs for pharmaceuticals across the Southern Hemisphere, political lobbying and corporate campaign contributions, declining stock values of prominent drug firms, and the M&A fervor in the industry. Such issues recently have wrought prominent exposure to a variety of drug firms, but the plastered headlines related to the COX-2s safety became a newsman's frenzy.

Today, with the COX-2 mishaps, the question, **can we trust the safety of marketed drugs?**, complicates the Institute of Medicine's previous spin on medication errors that put the onus of drug safety on practitioners and failings in the delivery system. The redefining of the drug safety issue now goes deeper to probe manufacturers' "science" in drug discovery and development and the FDA's procedures for drug approval, along with its credibility. Sorting through recent news accounts may allow settlement of the criticism that profits have taken precedence over the public's health. (For those of you from my classes, recall the anecdote's punch line: "Everyone who can smell it is already in on the deal").

MANUFACTURERS GUILTLSS?

As I have followed the controversy swirling around the safety of the drug supply in America, it appears as if drug companies prefer the issue had stayed focused on counterfeit drugs made elsewhere and bought over the Internet. Manufacturers keep this one issue buzzing not just due to their lost sales, but to forestall consideration of Canadian reimportation of pharmaceuticals.

Nevertheless, a long series of highly publicized industry-inspired endeavors lay some blame at PHARMA players feet: from the COX-2 fiasco to the Chiron flu vaccine contamination (with the British closing them down, not the U.S. FDA), neglected dangers of child administered SSRIs, fen-phen, Baycol, Herceptin, Lotrenox, Rezulin, Seldane, to name a few of the drugs taken off the market. Given the FDA's undistinguished enforcement role, it appears that public confidence in the drug supply has dwindled. Last weekend's Chicago Tribune front page headline claimed "Flaws in drug agency put consumers at risk."

FDA DAMAGED?

FDA has not emerged unscathed from the COX-2 mishaps, and Merck took its beating with a 30-some percentage stock price fall last year and a drop of about 23% in profits after the withdrawal announcement of its \$2.5 billion Vioxx blockbuster. A Louisiana federal court will adjudicate the Vioxx product liability lawsuits and charges of misleading statements by Merck officials. As of December 31, Merck was defending itself against over 575 individual Vioxx lawsuits from about 1400 plaintiff groups. Merck's legal liability could run from \$4 billion to up to \$30 billion. But happily for management--given the latest FDA advisory recommendation--Vioxx (and the launching of Arcoxia) will come back to fight for market share against Pfizer's Celebrex and Bextra. All COX-2s are to have "black box" warnings, though it is uncertain whether such warnings work well to truly prevent the potential heart and stroke complications among those persons who will be prescribed for. Again, the onus will fall upon prescribers and pharmacists.

But FDA's political image under Bush serving drug manufacturers will be hard to erase. Even Republicans in Congress have weighed in to doubt the FDA's functioning. Bush quickly nominated a permanent head after years of

temporary leadership. Nevertheless, the COX-2 debate revealed many conflicting and hard to interpret data, but several outside respected critics (along with the publicized maverick insider, Dr. David Graham) argued a significant and serious questioning of this entire class of pain medications.

Our nation has a powerful PHARMA lobby (more than two per Congressman), with the Bush administration enjoying the largest of the industry's PAC monies (before and after the Medicare Act). Criticism has arisen that "science" may be compromised within the government regulatory role. The FDA's announcement that a group of scientist bureaucrats (without independent power) would be appointed to fix the problem was naturally met with broad cynicism. This past weekend in Washington, D.C., the Associated Press reported: "Speakers at the national meeting of the American Association for Advancement of Science expressed concern Sunday that some scientists in key federal agencies are being ignored or even pressured to change study conclusions that don't support policy positions."

There remain many decent professionals and scientists within FDA who likely observe all these politics with dismay. Last month, the New York Times wrote: "Many believe the agency is filled with dedicated public servants who perform difficult jobs well, and many feel that constraints on the agency's public pronouncements have ill-served its image."

BELIEVE IN THE POWER OF THE INDUSTRY

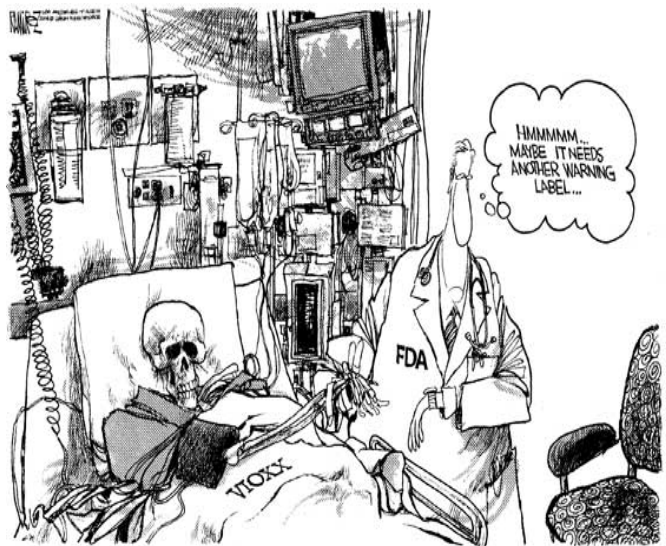
Pharmaceutical firms may make a few compromises to try to quickly settle the dust on drug safety. But for an industry that clears 16-25 percent return on investment after all the R&D spending, drug promotion, lobbying, public relations, etc., the COX-2 mishaps should be a warning to tighten up pharmacovigilance and start to worry about further public erosion of trust. For sure, the FDA has been stung by Congressional criticisms, even from Republicans. The under-funded FDA has in recent years sped-up approvals in classifications of more important drugs (the majority of approvals being me-toos lately). Nevertheless, it seems time for a new stronger policy environment to evolve devoid of special interests. Public health must achieve primacy from government in light of the industry's neglect for it.

According to the Wall Street Journal, direct-to-consumer marketing campaigns oversold the COX-2 drugs, among other powerful and dangerous entities, and DTC even created "a distorted view that drugs are essentially risk-free". Moreover, the article, "What makes a drug too risky? There's no easy answer" goes on to say: "Compounding the problem is a paucity of data from rigorous clinical trials to provide doctors and patients alike with objective long-term data on the performance of many pills in America's medicine cabinet."

BALANCING RISKS AND BENEFITS

FDA officials spoke to the positive benefits of COX-2 drugs to allow Vioxx back on the market (with Celebrex and Bextra and two other entities by Merck and Novartis yet-to-be approved) with a "black box" warning. Recognizing the possible harm to a subset of individuals, the FDA advisory group recommends that prescribers to take careful note of patients' cardiovascular conditions, despite editorials in the New England Journal of Medicine, the Journal of the American Medical Association, and other leading medical journals raising doubts about the safety of this class and pondering if the U.S. system of drug approvals needs revamping. The European Medicines Agency intends to do it differently. It has received expanded authority to require more studies on safety and effectiveness from manufacturers, with power to remove a medicine from the market if it proves harmful or if clinical evidence indicates the drug is less effective than previously thought.

Students interested in future employment within PHARMA may want to follow industry developments very closely and choose potential employers that both seem stable and try in some ways to embrace public health progress. There are no easy answers to these policy dilemmas over American pharmaceutical safety, or what technically may make a drug too risky. But to allow political economic considerations to guide policy decision making--rather than err on the side of science and caution to protect the public's health--may turn out to be an injudicious choice.



Managed Care in My Future...

By Maggie Dennewitz-Rausa

It seems like only yesterday that I was in the P-3 frenzy, frantically reviewing my rotation options and preparing my trigger finger for registration day. Despite my unfavorable lottery number, I was determined to get the rotations of my choice.

What elective rotations did I choose?

If you know me, and the involvement that I have had in AMCP over the years, it was no surprise that I wanted to gain some exposure to managed care pharmacy. One of my top picks for an elective rotation was Aon Consulting with preceptor Amy Padley. It was a really great experience. I learned about the PBM industry, including the major players and the services they have to offer. Throughout the rotation I was involved in a plethora of projects. I often worked closely with resident, Joy Medrano, which was very beneficial as we relentlessly challenged each other's managed care knowledge. In addition to the day to day projects, there were three required projects for completion of the rotation. These projects included a new drug evaluation, journal club presentation/discussion, and a final presentation on any managed care topic of choice. I definitely had my work cut out.

Since Aon is a consulting firm and not a PBM, it gave me the opportunity to get an unbiased look at various PBMs, their marketing strategies and performance guarantees. This clerkship allowed me to see the "big picture" and make some sense out of managed care pharmacy.

Another elective rotation that I would highly recommend is Clinical Education Consulting for Pfizer Inc. Although it was not managed care-related, it was a great combination of clinical information and outcomes research. Similar to the Aon rotation, there were many projects to complete. By the end of the rotation, I had finished close to seven projects and had given four presentations. In addition, this rotation taught me a lot about business etiquette and gave me the opportunity to network with several people in the pharmaceutical industry. The Pfizer Inc. experience was truly unique and well worth my time and effort.

How did my clerkships influence my career decision?

Ultimately it was time to make a career decision. I really enjoyed working in the managed care sector and was also very intrigued with health outcomes. After speaking with several mentors and fellow pharmacists, I realized that it was in my best interest to complete a residency. With that objective in mind, I applied to residencies that would possibly fulfill my career interests.

My first interview was with Caremark for the specialty residency in analytics and outcomes. The interview process was strenuous, especially since it was a highly competitive and selective residency. First impressions are lasting impressions, which is why good preparation was crucial. I practiced my presentation until it was almost memorized and I spent time going over questions that I would be asked.

At the end of the interview I was absolutely exhausted but very excited that the residency was so appealing to me. Although I had several interviews scheduled for the following weeks, I was almost sure that Caremark is what I wanted. I crossed my fingers and hoped that Caremark was interested in me.

It turned out in my favor and I was offered the residency position the week following my interview. I was both shocked and honored. However, I did take some time before jumping the gun on the acceptance. At that moment, I could have accepted but I knew that I had other interviews scheduled. I went on with my interviews, some of which were not managed care, and was also very impressed with several of the residency programs. After hours and days of contemplation, I made my decision to go with my first choice, Caremark.

Any P-4 will agree that making the initial career decisions can be extremely stressful, much more stressful than PDAT exams, or even choosing rotations. It is important to seek out all options especially when choosing a residency. Even if you think you know, it is always best to keep your options open and learn about as many programs as possible. Once the decision is made do not look back and think what you would have, should have, or could have done (this also pertains to interviewing). Get excited about the decision you made and start thinking about what contributions you will make to your new chosen residency. Good Luck and Never Be Afraid to Seek Advice.

I hope these are some helpful tips when interviewing for a residency:

1. BE PREPARED!!!! Practice answering questions, go over presentations several times, look over your portfolio, get some sleep the night before, oh yeah, map quest directions to the location.
2. Look good- Wear a business suit. Think blues and blacks. Remember dry cleaning takes a couple of days! Also, don't put the suit coat on until you get out of the car!
3. Don't be late. Play it safe and leave early. Hang out in the closest Starbucks if you beat the traffic and are too early.
4. Take notes while you are there. There is no harm in jotting things down for your information.
5. Have questions prepared. This is a two-way interview, try to figure out if the position is right for you.
6. Make sure you know the name of the person/people who is/are interviewing you. How embarrassing would that be if you called them "hey you"!!
7. If you are giving a presentation, make sure you have paper printouts. Computers can sabotage you at the worst times.
8. Follow up any questions that you could not answer. I mean look up the answer and send an email to the person who was so curious (this is a nice way to earn bonus points).
9. Handshakes say a lot. Give a firm shake to everyone you are introduced to.
10. And finally.... Thank yous. Send a thank you card or email to the residency director and to all of those people who asked you all of those wonderful questions. HINT: get business cards!

A Word from the Editor

Welcome to the second issue of the AMCP Student News for the 2004-2005 academic year. I hope that many of you are finding this newsletter interesting and informative. I also hope that it has kept you up to date on many of the happenings occurring with the AMCP student chapter. If you have any questions, comments or suggestions, please do not hesitate to email me at ftong1@uic.edu. You can also stop by our weekly meeting in Room 134-3 on Thursdays or visit our website at www2.uic.edu/stud_orgs/prof/amcp/ for more information.

I would like to take this opportunity to thank all the writers for their submissions. Special thank you to Norman for all his help. The AMCP annual conference is always an exciting time of the year for everyone and I look forward to seeing you all in Denver. Last but not least, good luck to our P& T team! I know you'll make us proud!

Fiona Tong

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