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KENTUCKY SOCIETY OF HEALTH-SYSTEM PHARMACISTS

NEWSLETTER

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PRESIDENTS MESSAGE



Gavin T. Howington, PharmD, BCCCP, BCEMP
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KSHP proudly celebrates the graduates from the University of Kentucky College of Pharmacy and Sullivan University College of Pharmacy. Two outstanding students received the KSHP Anne Policastri Student Leadership Award during their respective ceremonies – Emma Harper (UK) and Kassidy Reid (SUCOP).

Additionally, KSHP would like to congratulate Kentucky pharmacy residents that completed their Post-Graduate Year One and Post-Graduate Year Two residency training this year. We hope you find value in your membership and would like to encourage you to maintain your involvement within KSHP. Also, we'd like to encourage you to join one of our various committees. Please fill out the volunteer interest form found on our KSHP website.

In May, KSHP hosted its Spring Meeting at the Crowne Plaza in Louisville Kentucky. The event featured a vast array of educational programming, poster presentations, vendor engagement, and networking opportunities. We are grateful to our members, vendors, and speakers as you each contributed to a successful event! I'd like to give a special shoutout to the Programming Committee, chaired by Dr. Emily Followell and Dr. Lindsey Harper and their board liaison Dr. Melissa Nestor. Their combined efforts lead to a strong lineup of speakers covering clinical, advocacy, and professional development topics.

Also, in May, over 80 pharmacists and pharmacy interns from across the profession came together for the Standard of Care Summit organized by the Advancing Pharmacy Practice in Kentucky Coalition (APPKC). APPKC is comprised of 7 member organizations, including KSHP. The work completed by APPKC to move pharmacy practice forward in our state is a testament to how strong we are when we unite around a shared vision. The standard of care regulatory model is a framework that will expand access to care for our patients and empower pharmacists to practice at the top of their education, training, and experience.

Mark your calendars for the KSHP Fall Meeting, scheduled to occur on October 8 – 9, 2026 at the Hyatt Regency Downtown, Lexington, KY. The Programming Committee has issued a call for speakers. Additionally, the Kentucky Pharmacy Residency Network will once again host the annual Residency Showcase. Lastly, KSHP leadership in conjunction with Cornerstone will continue our advocacy efforts throughout the summer. We will work to strengthen our relationship with legislators, bolster our partnerships, and align our legislative priorities to maintain a united front.

SPRING MEETING RECAP

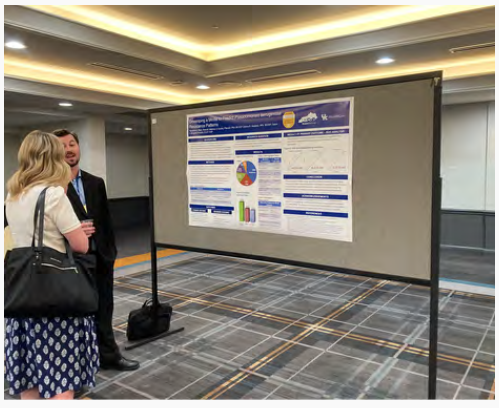
Emily Followell, PharmD, BCPS

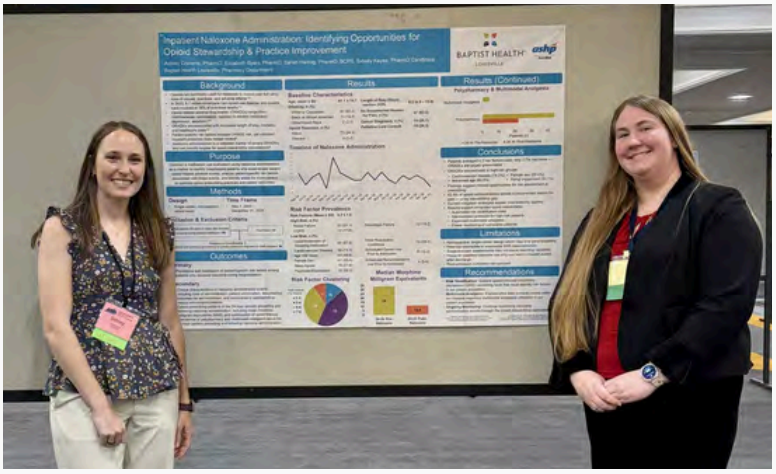
Transitions of Care Clinical Pharmacist Specialist Norton Hospital

Another energizing KSHP Spring Meeting took place at the Crowne Plaza in Louisville on May 15th! Pharmacists, residents, students, and technicians were in attendance for a variety continuing education opportunities, resident poster session, exhibitors, and networking. Many talented speakers presented on a range of topics from microbiological weapons to furthering technician roles in the ambulatory care setting. Dr. Katie McKinney opened the meeting with an update on Kentucky's recently closed 2026 Legislative Session and how we are using our partnership with Cornerstone to make health-system pharmacists' voices heard and advance the practice of pharmacy. Pharmacy residents from across the state took part in the 2026 Spring Meeting Poster Session to showcase their research. Congratulations to Dr. Ashley Cravens, PGY1 Pharmacy Resident at Baptist Health Louisville (on right of bottom left photo), for being selected as winner of the poster competition for her work on naloxone prescribing and opioid stewardship! KSHP would like to thank all our speakers, poster evaluators, attendees, and exhibitors for making this a very successful meeting! Mark your calendars for the KSHP 2026 Fall Meeting on October 8th and 9th at the Hyatt Regency Downtown in Lexington If you are interested in providing continuing education at the Fall Meeting, the KSHP Programming Committee is seeking submissions from potential speakers. All proposals will be thoroughly reviewed and considered. The speaker proposal form is available on the KSHP website. Please direct any questions to the Programming Committee at programming@kshp.org.











MEET THE MEMBERS



Lourdes Cross, PharmD, BCPS, CDCES

Associate Professor at Sullivan University College of Pharmacy and Health Sciences

Lourdes Ramos Cross, PharmD, BCACP, CDCES, is an Associate Professor at Sullivan University College of Pharmacy and Health Sciences (SUCOPHS). Dr. Cross earned her Doctor of Pharmacy degree from the University of Oklahoma. She then moved to Kentucky to complete two years of post-graduate training at the University of Louisville Hospital, specializing in Ambulatory Care.

Dr. Cross joined the SUCOPHS faculty in 2014. She has practiced at the Ireland Army Community Hospital Behavioral Health Clinic in Ft. Knox and the University of Louisville Hospital Adult Internal Medicine and Endocrinology Clinics. Teaching and mentoring learners is one of her greatest passions, and she has been honored with the SUCOPHS Teacher of the Year award in both 2019 and 2023 and the Preceptor of the Year Award in 2023. She was also named KSHP Pharmacist of the Year in 2021.

At the national level, Dr. Cross served as Leader of the Pharmacy Community of Interest for the Association of Diabetes Care and Education Specialists in 2021 and contributes as a faculty writer for American Society of Health-System Pharmacists BCPS recertification modules. Away from work, she's an avid long-distance runner and enjoys traveling the world with her spouse and two children.

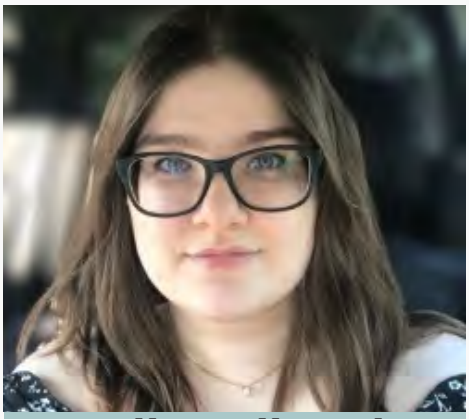
What is a piece of advice you would share with others?
A saying that's helped me lately is: "It's not an emergency." While this doesn't apply to acute patient care, it's been vital for balancing a heavy professional workload with my personal life. It's easy to feel overwhelmed when work piles up, but the small stuff is usually just small stuff. Pausing to recognize that an email or minor task isn't urgent keeps me centered, lets me be fully present, and helps me enjoy the day.

What is your favorite TV show and why?
It's a tie between Bridgerton and Outlander, both for the drama and the acting. I'm drawn to imaginative storytelling, especially anything with a fantasy element like time travel, which is part of why Outlander pulls me in. I'm also a big fan of the music, especially the way Bridgerton reimagines modern pop songs in a classical style.



Sophia Carpico

Sophia Carpico is a second-year pharmacy student at the University of Kentucky College of Pharmacy (UKCOP). Sophia received her bachelor's degree in neuroscience and minors in psychology and pharmacology from the University of Kentucky in 2022. At UKCOP, she is the President of the Student Society of Health-System Pharmacists, secretary of Phi Lambda Sigma-Chi Chapter, and a lead intern for the UK Pharmacist Intern Program. After completing her PharmD, she plans to pursue a residency.



Holly Holbrook

Holly Holbrook is a second-year student at Sullivan University College of Pharmacy and Health Sciences. Holly Holbrook received her bachelor's degree of science at Texas A&M in Corpus Christi, Texas. She is the current President of the Student Society of Health-System Pharmacists. She is currently focused on pursuing a pharmacy residency after completing her degree.

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ADVOCACY





Yahya Ahmed PharmD, BCPS
KSHP Committee on Public Policy Co-chair
Pharmacy Director Associate - University of Kentucky HealthCare



This year, your KSHP Public Policy Committee has built a proactive, multi-front advocacy strategy to shape the future of pharmacy in Kentucky.

We've increased our presence by showing up in person at Board of Pharmacy meetings, staying in constant communication with state legislators, and leveraging our incredible Cornerstone partners.



Cornerstone has helped us track key bills, narrow our focus to the legislation with the highest chance of passing, and coached us on how to land our message with key lawmakers.





With feedback from our members, policymakers and the Board of Pharmacy, we planned on three major priorities for the 2026 legislative session:

- Getting Paid for Our Care: We have partnered with KPhA to push for fair pharmacist reimbursement for clinical services.
- Supporting Our Teams: We are working directly on regulatory changes with the Board of Pharmacy to expand pharmacy technician duties and strengthen our workforce.
- Defending 340B: We're fighting back against manufacturer restrictions and protecting critical safety-net programs.

We are proud to be your voice at the Capitol and with the Board. Please let us know what programs you would like for us to advocate for in the coming session

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BOARD REPORT



Brooke Watts PharmD, BCPS
KSHP Board Secretary
Surgery Clinical Pharmacist - Orthopedic Surgery
University of Kentucky HealthCare
Secretary@kshp.org

The KSHP Board of Directors has been busy during the first half of this year working on behalf of the membership throughout the state. The full board convened virtually on January 20th and March 17th and in-person on May 14th (pictured) prior to the Spring Meeting for regularly scheduled meetings. An emergency virtual meeting was also held on February 18th to review CE accreditor proposals due to the time sensitive nature prior to the Spring Meeting. A summary of voting items can be found below.

In January, the awards and nominations committee submitted a proposal to allocate additional funds for award winners to encourage further nominations during the award cycle. The board recommended a full proposal including monetary values be submitted and voted on during the March board meeting. They also reviewed two policies up for renewal, ASHP Awards Nominations and the KSHP Awards Program, which were approved unanimously by the board. The communications committee presented the 2026 communications calendar and was ultimately approved by the board. Long time KSHP member and editor of the KSHP Newsletter, Cliff Hynniman, reported to the board he would be stepping down as the chair for the subcommittee on publications after serving in this role for 24 years. The society is incredibly grateful to Cliff for his involvement in this role for such a significant time.

The board held an emergency meeting in February to review proposals submitted by three CE accreditors and ultimately voted to sign with UK College of Pharmacy Continuing Professional Development Office for CE during the 2026 Spring and Fall meetings.

In March, the organizational affairs and documents committee submitted two policies for review and renewal (KSHP Board of Directors: Oversight of Committees and KSHP Board of Directors Orientation policy) that were unanimously approved by the board. The board approved the funding proposal submitted by the awards and nominations committee discussed in January. The membership and marketing committee presented three new event ideas submitted by the new practitioner subcommittee which were fully supported by the board with previously budgeted funds. These ideas included: Fresh Scripts and Scoops – Connecting New Kentucky Practitioners, PharmForward or PharmD to Practice series and MentorRx.

Finally, the board gathered on May 14th prior to the Spring Meeting for an in-person board meeting. The board reviewed an updated budget due to changes in pricing for our management company, CE accreditor and planned President's dinner. This was approved unanimously. The awards and nominations committee also presented an updated House of Delegates Policy which was approved unanimously.

We are grateful to the board for their work over this half of the year and look forward to the continued work throughout the remainder of 2026.



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From Injection to Ingestion: The Next Chapter of Wegovy™



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Wegovy™ (semaglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist that has gained significant traction since its FDA approval for weight management in 2021. Semaglutide was previously approved under other brand names, such as Ozempic™ and Rybelsus™, but was only approved for type 2 diabetes and cardiovascular risk reduction. Since the Wegovy™ injectable formulation was introduced to the market, other injectable GLP-1 receptor agonists and the dual GIP/GLP-1 receptor agonist, tirzepatide, have also been approved for weight management, indicating a saturated market. In December 2025, the oral Wegovy™ tablet received FDA approval. The introduction of the oral Wegovy™ tablet offers an alternative dosage form to the weekly subcutaneous injection previously available.

The Wegovy™ tablet has been FDA approved to:

- Reduce the risk of major cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either have obesity (BMI > 30) or are overweight (BMI 25 to less than 30)
- Reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults who are overweight in the presence of at least one comorbid condition

As with other GLP-1 receptor agonists, it is important to combine the use of Wegovy™ with lifestyle changes, such as a reduced-calorie diet and increased physical activity, to receive the greatest effects. The Wegovy™ tablet should be administered once daily on an empty stomach and patients should wait 30 minutes after ingestion before eating any food, taking other medications, or drinking any beverages.

Dosing regimen for initiating oral Wegovy™:

	Day	Once Daily Dosage
Starting Dose	1 to 30	1.5 mg
Dose Escalation Phases	31 to 60	4 mg
	61 to 90	9 mg
Maintenance Dose	91 and onward	25 mg

A patient switching from the 2.4 mg subcutaneous injection to the tablet, can begin using the 25 mg maintenance dose one week after discontinuing the injection. Conversely, a patient established on the 25 mg oral dose can switch and begin the 2.4 mg injection the next day. Adverse effects reported in clinical trials are similar between dosage forms of Wegovy™, the most common being nausea, diarrhea, and constipation.

Oral Wegovy™ was analyzed for safety and efficacy outcomes in the OASIS 4 trial. This trial enrolled 307 adults with obesity (BMI > 30) or overweight (BMI > 27) and at least one weight-related condition (heart disease, obstructive sleep apnea, hyperlipidemia, or hypertension). The 64-week trial randomized 205 adults to Wegovy™ once daily and 102 adults to the placebo group. Patients who remained adherent to the Wegovy™ tablet achieved a 14% weight loss on average versus 2.4% average weight loss in those taking the placebo. These results are comparable to the Wegovy™ injection, which provides an average 15% weight loss.

Pharmacist Counseling Pearls:

- Wegovy™ tablets should be dispensed and stored in the original container.
- Wegovy™ tablets should be stored at room temperature in a dry place.
- If a dose of Wegovy™ is missed, skip the missed dose and go back to the regular schedule for the next dose.

Compared to previous GLP-1 formulations available, the Wegovy™ tablet is an advantageous weight management option for patients that have an aversion to needles. Oral Wegovy™ also offers patients a more cost-effective cash pay option if they do not have insurance or their insurance plan does not offer coverage. Looking at efficacy and safety data, many patients see significant weight loss results, and adverse effects are similar to other GLP-1 formulations.

References:

1. Wegovy. Package insert. Novo Nordisk Inc. 2025. <https://www.novo-pi.com/wegovy.pdf>

2. Results With the Pill. Wegovy.com. Published 2026. https://www.wegovy.com/obesity/is-wegovy-right-for-me/wegovy-pill-results.html

Monitoring of Alpha-2 Agonist Withdrawal in Critically Ill Children



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Pharmacologic pain and sedation management is commonly used in critically ill children. In pediatric patients, many barriers are present when assessing signs and symptoms of efficacy and withdrawal of these medications. These can include developmental delay, altered mental status, and nonverbal communication (1). Pain, undersedation, delirium, and withdrawal have many common signs and symptoms which include agitation, irritability, insomnia, vomiting, and tachycardia. These similarities can make it difficult to differentiate iatrogenic withdrawal from other diagnoses (2).

The current pediatric guidelines for pain, agitation, neuromuscular blockade, delirium, and early mobility recommend using alpha-2 agonists as adjunctive therapy for pain and first-line therapy for sedation (1). These agents include dexmedetomidine and clonidine. Following prolonged duration of alpha-2 agonist therapy, iatrogenic withdrawal syndrome (IWS) can occur. IWS is a clinical syndrome following the abrupt discontinuation, rapid decrease, or chemical reversal of a drug (3). IWS from alpha-2 agonists has been reported in up to 80% of critically ill children (3). Risk factors for IWS from alpha-2 agonists include dexmedetomidine use for greater than 24 hours, abrupt discontinuation, and cumulative exposure.

Currently validated assessment tools for IWS include the Withdrawal Assessment Tool (WAT-1) and the Sophia Observation Scale. These scales were developed and validated for use in IWS caused by opioids and benzodiazepines. Their scoring framework emphasizes symptoms such as irritability, nausea, vomiting, and tachycardia–features more characteristic of opioid or benzodiazepine withdrawal (4). Many pediatric intensive care units have extrapolated these tools for use in assessing IWS from alpha-2 agonists, even though they were not designed or validated for that purpose.

Given that the WAT-1 and Sophia Observation Scale are not validated for use in alpha-2 agonist IWS, the Withdrawal Assessment Tool for Alpha-2 Agonists (WAT-A2A) was created and studied for validation in critically ill children. WAT-A2A assesses signs and symptoms more specific to IWS from alpha-2 agonists such as tachycardia, hypertension, and tremors (5). It also includes assessment from the State Behavior Scale to account for mental status (5). Following implementation of WAT-A2A assessment, Solodiuk et al showed earlier discontinuation and less exposure of alpha-2 agonists, as well as more objective guidance on sedation taper regimens (5). While WAT-A2A has shown benefit in decreasing exposure to dexmedetomidine, it was not validated for use with prolonged clonidine use. Other disadvantages of WAT-A2A include the fact that it has not been studied when alpha-2 agonists are weaned concurrently with other medications such as opioids and benzodiazepines, which is a frequent scenario in clinical practice. In addition, there is a lack of care-team education regarding the components of the assessment tool and how to use it in clinical practice (5). Care-team education and implementation of a new assessment tool remain the biggest anticipated challenges to use of WAT-A2A. While these barriers to use are still present, this tool presents an opportunity for more objective guidance of discontinuation of alpha-2 agonists while preventing IWS. It also delivers a more specific assessment for alpha-2 agonists compared to previously validated tools designed for opioid and benzodiazepine-related IWS.

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2.Harris J, Ramelet AS, van Dijk M, et al. Clinical recommendations for pain, sedation, withdrawal and delirium assessment in critically ill infants and children: an ESPNIC position statement for healthcare professionals. Intensive Care Med. 2016 Jun;42(6):972-86. Epub 2016 Apr 15.

3.Best KM, Boullata JI, Curley MA. Risk factors associated with iatrogenic opioid and benzodiazepine withdrawal in critically ill pediatric patients: a systematic review and conceptual model. Pediatr Crit Care Med. 2015 Feb;16(2):175-83.

4.Franck LS, Scoppettuolo LA, Wypij D, Curley MAQ. Validity and generalizability of the Withdrawal Assessment Tool-1 (WAT-1) for monitoring iatrogenic withdrawal syndrome in pediatric patients. Pain. 2012 Jan;153(1):142-148. doi: 10.1016/j.pain.2011.10.003. Epub 2011 Nov 16.

5.Solodiuk JC, Donado C, Wickerham L, et al. Development and Preliminary Testing of the Withdrawal Assessment Tool-Alpha 2 Agonist: An Assessment Instrument for Monitoring Iatrogenic Withdrawal Symptoms in Children Receiving an Alpha-2 Agonist. Pediatr Crit Care Med. 2025 Jan 1;26(1):e67-e76. Epub 2024 Dec 3.

Upcoming Dates

- **7/31/2026** The KSHP-KPRN Summer Meeting will be held at the University of Kentucky College of Pharmacy in Lexington, KY on Friday, July 31st. Registration is open now! There will be separate programming tracks for residents and program directors/preceptors. The keynote speaker this year is Jessa White, PharmD presenting “Second Victim, Psychological Safety, and Just Culture”. We hope you can join us for a day of networking and professional development.

- **10/8/2026-10/9/2026** The KSHP Fall Meeting will take place October 8-9, 2026 at the Hyatt Regency Downtown in Lexington, Kentucky. Hold space on your calendar for our exciting two day event this fall in Lexington, KY. We look forward to seeing you there!