



SCHOOL OF PHARMACY

1ST QUARTER | MARCH 2026

MINER RX NUGGET

Updates for the preceptors of the University of Texas at El Paso School of Pharmacy

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Preceptor Recognition Dinner Fall 2025



Thank you Preceptors!

Calendar:

May 12th: PET Quarterly Meeting

May 15th: Class of 2026 Hooding Ceremony at Don Haskins Center (7:00pm)

May 17th: Class of 2026 Graduation Ceremony at Don Haskins Center (6:00 pm)

May 25th: Memorial Day Holiday - University Closed

June 19th: Juneteenth Holiday - University Closed

Upcoming Rotation Dates:

2025-26 APPE

Mar. 30 - May 8: APPE 8

2026-27 APPE & IPPE

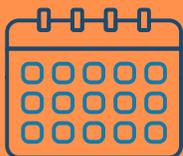
May 25 - July 3: APPE 1

June 1 - June 12: IPPE 1

June 15 - June 26: IPPE 2

June 29 - July 10: IPPE 3

Update your calendar:
Send us your events!



Announcements

2026-27 Summer IPPE & APPE Schedule Release!



The Office of Experiential Education has been working to finalize the 2026 Summer IPPE Community/Hospital and 2026/27 APPE schedules. We recently sent out an announcement with the finalized schedules through CORE ELMS.

Please take a moment to review your student assignments through your CORE ELMS preceptor profile if you have not done so already. We understand that unexpected events occur so if something comes up and your availability changes, please contact us at exedpharmacy@utep.edu at your earliest convenience to allow us to make any necessary changes to your schedule.



Pharmacist CEImpact Course Highlight

As an active UTEP SOP preceptor, OEE encourages you to take advantage of the on-demand continuing education courses in CEImpact. The new [2026 CEImpact access code](#) and a list of [TCEP approved CEImpact courses](#), are located in the Preceptor Resources section of your CORE ELMS home page. We would also like to highlight three courses below which are essential to renewing your TSBP license.

- [Providing Effective Feedback](#) - FREE
- [How to Develop and Lead a Journal Club Activity at Your APPE Site](#) - 1hr On-Demand - FREE
- [Incorporating Artificial Intelligence into Pharmacy Education: A Byte-Sized Approach](#) - FREE
- [From Awareness to Action: Pharmacy's Role in Combating Human Trafficking 2026](#) - 1hr On-Demand - \$19

Thank you Preceptors!

CORE ELMS Corner

Ability For Preceptors To Generate Annual Evaluation Report Through CORE ELMS

Preceptors can utilize the "Reports" function in CORE ELMS to generate an aggregate Preceptor evaluation report based on all prior student completed evaluations. This report is available to all preceptors with at least three completed evaluations. Please review the steps below to generate this report.

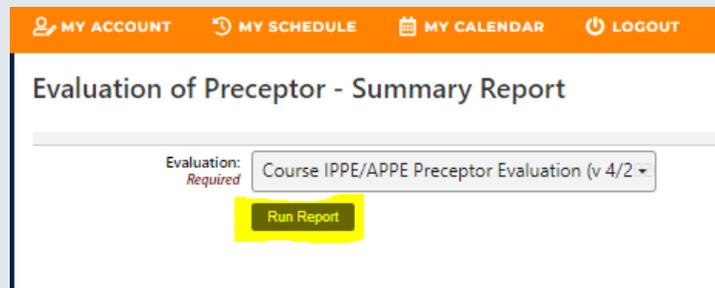
Step 1.

Select the "Reporting" option from the left hand menu of your CORE ELMS homepage. Then select "Run" on the following screen.



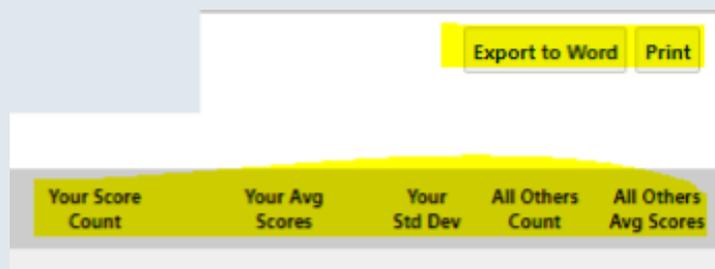
Step 2.

The designated evaluation "Course IPPE/APPE Preceptor Evaluation" will pre-populate in the evaluation type field. Select "Run Report" to generate.



Step 3.

The generated report will present the total number of evaluations submitted, the overall average score for each question response, a comparison of your average to all other preceptors, and all comments provided by the students. You will also have the option to export the report to Word and to print.



Featured Article

Recently Approved Wegovy Pill Expands Access to GLP-1 Therapy for Chronic Weight Management

“At the end of 2025, the FDA approved an oral formulation of Wegovy (semaglutide; Novo Nordisk), making it the first oral glucagon-like peptide-1 (GLP-1) receptor agonist indicated for chronic weight management. The semaglutide pill offers an alternative to subcutaneous injections with comparable efficacy, and both expand access to GLP-1 receptor agonists for the millions of US adults living with obesity or overweight with at least 1 weight-related comorbidity.¹

Differences Between the Wegovy Pill and Injection

Both the oral and injectable formulations contain semaglutide, but they differ in how the drug is delivered, absorbed, and used. The injectable form is administered subcutaneously in the abdomen, thigh, or upper arm, whereas the pill is swallowed and absorbed through the gastrointestinal (GI) tract. Although clinical trials show similar adverse effects (AEs) with both formulations—most commonly GI symptoms such as nausea and vomiting—experts suggest these may be more pronounced with the oral option because of its administration method. Overall, AEs were observed as being generally mild to moderate and transient, and gradual dose escalation reduced their frequency and severity.²

Both formulations follow titration schedules; however, the specifics differ. For the injectable version, Novo Nordisk recommends starting at 0.25 mg once per week and increasing the dose every 4 weeks until reaching a typical maintenance dose of 2.4 mg. The oral formulation begins at 1.5 mg daily and is increased every 30 days, up to a maximum of 25 mg daily. The substantially higher oral dose is necessary because only a small fraction of the drug is absorbed into the bloodstream when taken by mouth, according to an editorial published in JAMA.²

To optimize absorption, the pill requires strict administration rules: Patients must take the treatment first thing in the morning on an empty stomach, swallow it with no more than 4 ounces of water, and wait at least 30 minutes before eating, drinking anything else, or taking other medications. Failure to follow these instructions can reduce absorption. Conversely, the injectable version is simpler to use, requiring a single weekly injection on the same day each week.²

Although its administration is more demanding than its counterpart, the oral formulation offers advantages in manufacturing and cost. Generally, pills are easier to take and less expensive to produce and scale, potentially reducing supply shortages currently seen with injectable GLP-1 pens. Although Novo Nordisk recently lowered the self-pay price of the injectable to \$349 per month, the oral version is expected to cost between \$149 and \$299 monthly, depending on the dose, with some commercially insured patients paying as little as \$25 per month.³

Featured Article

Educating and Counseling Patients on Oral vs Injectable Wegovy

Pharmacists will play a central role in helping patients and providers navigate the introduction of the oral semaglutide formulation for obesity treatment, particularly as access to injectable GLP-1 receptor agonists becomes more restricted. As medication experts, pharmacists should be prepared to counsel patients on appropriate candidate selection, expected efficacy, and management of adverse effects, which are similar to those of injectable Wegovy but may be more prominent due to the oral route. Pharmacists should emphasize the importance of gradual dose escalation to minimize GI intolerance and assess patients' ability to adhere to therapy, especially those with prior sensitivity to GLP-1-associated nausea or vomiting. Pharmacists are also well positioned to monitor transitions from injectable to oral therapy, ensuring appropriate timing, dose selection, and follow-up to prevent avoidable intolerance or reduced effectiveness.

Equally important, pharmacists must educate patients on the strict administration requirements that distinguish the Wegovy pill from the injectable formulation. To achieve adequate absorption, the pill must be taken first thing in the morning on an empty stomach with a small amount of water, and a 30-minute wait must be observed before food, beverages, or other medications. This adherence barrier could significantly impact real-world outcomes. Pharmacists should assess daily routines, identify potential conflicts with other morning medications, and reinforce counseling at each refill. In addition, pharmacists can help patients navigate changes in insurance coverage, compare costs between formulations, and coordinate care with prescribers. As oral GLP-1 therapies continue to expand, pharmacists will be essential in translating trial data into practical, patient-centered guidance that supports safe, effective, and sustainable obesity treatment.

Clinical Evidence Supporting the Wegovy Pill's Approval

The Wegovy pill's approval was supported by data from the phase 3 OASIS 4 clinical trial (NCT05564117)⁴, a 71-week, double-blind, randomized, placebo-controlled trial that randomly assigned 307 patients to receive either 25 mg of oral semaglutide (n = 205) or placebo (n = 102) in addition to lifestyle interventions.



All enrolled participants had a body mass index of 27 or higher and at least 1 weight-related comorbidity. The trial's coprimary end points at week 64 were the percent change in body weight and a reduction of 5% or more in body weight. Confirmatory secondary end points included reductions in body weight of 10%, 15%, and 20% or more and the change in the Impact of Weight on Quality of Life-Lite Clinical Trials Version (IWQOL-Lite-CT) Physical Function score. Trial results were published in the New England Journal of Medicine.^{4,5}

Featured Article

The findings indicated that the estimated mean change in body weight from baseline to week 64 was approximately -13.6% in the oral semaglutide group and -2.2% in the placebo group (estimated difference: 11.4 percentage points [95% CI, -13.9 to -9.0]; $P < .001$). Those receiving treatment with oral semaglutide were significantly more likely than those receiving placebo to have body-weight reductions of 5%, 10%, and 15% or more, as well as 20% or more ($P < .001$ for all comparisons). Those treated with semaglutide were also more likely to have an improved IWQOL-Lite-CT Physical Function score ($P < .001$). Overall, GI-related AEs were more common with oral semaglutide (74.0%) than with placebo (42.2%).⁵

Future Directions in the Evolving GLP-1 Landscape

Overall, experts agree that choosing between the pill and injection formats will largely depend on patient preference, lifestyle, and affordability. Patients who value flexibility may prefer the injection, while those with consistent morning routines may find the pill manageable. Some health care professionals and providers are more inclined to recommend the injectable option, expressing concern that real-world adherence to the pill's rigid timing requirements may be challenging and could compromise effectiveness²; however, the decision is ultimately up to the individual patient with consultation with their provider.

Although trials showed comparable efficacy between formulations, experts caution that adherence in real-world settings may differ from controlled study environments. Similar doubts once surrounded injectable GLP-1 therapies, yet many patients ultimately accepted weekly injections given the significant and sustained weight loss benefits.

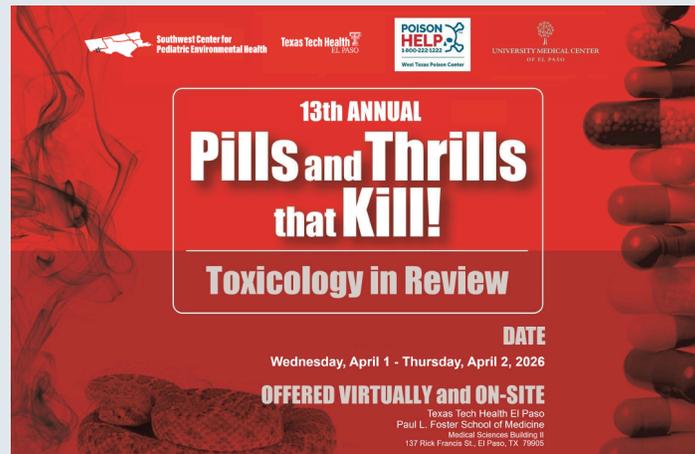
Further, choice may be limited for some patients because many insurers plan to either restrict or eliminate coverage for injectable GLP-1 therapies for weight loss in 2026, making the pill a more accessible option. Patients switching from the injectable 2.4-mg dose can transition to the 25-mg pill 1 week following their last injection, though close monitoring is advised to minimize GI AEs.

Looking ahead, real-world data collection is ongoing, and competition is expanding. For example, orforglipron, a once-daily GLP-1 medication that can be used without food or timing restrictions, is undergoing investigation in the phase 3 ATTAIN-2 (NCT05872620), ACHIEVE-1 (NCT05971940), and ACHIEVE-3 (NCT06045221) clinical trials, signaling continued innovation and broader potential access.⁶ Together, these developments point toward an evolving future for weight management at the population level.”

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1. Valletti D. FDA approves first oral GLP-1 for weight management. Pharmacy Times. December 23, 2025. Accessed January 28, 2026. <https://www.pharmacytimes.com/view/fda-approves-first-oral-glp-1-for-weight-management>
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5. Wharton S, Lingvay I, Bogdanski P, et al; for the OASIS 4 Study Group. Oral semaglutide at a dose of 25 mg in adults with overweight or obesity. N Engl J Med. 2025;393(11):1077-1087. doi:10.1056/NEJMoa2500969
6. What to know about orforglipron: an investigational oral GLP-1. Eli Lilly & Co. December 18, 2025. Accessed January 28, 2026. <https://www.lilly.com/news/stories/what-to-know-about-orforglipron>

13th Annual Pills and Thrills that Kill! Toxicology in Review CE Conference



Texas Tech University Health Science Center is hosting its 13th annual “Pills and Thrills that Kill! Toxicology in Review” conference taking place on April 1st & 2nd, 2026. Click [HERE](#) for event information and registration. This continuing professional education program provides up to 14.5 contact hours (1.45 CEUs) of continuing pharmacy education

This program will review common toxicological problems, poisonings of high morbidity and mortality, and evidence-based clinical management of poisoned patients. This educational activity is designed for physicians, advanced practice providers, nurses, and pharmacists, in particular those working in emergency medicine, internal medicine, pediatrics, critical care, and family medicine. It will particularly interest those preparing to take the certification exam for Certified Specialists in Poison Information (CSPI) and those preparing for board certification in Emergency Medicine.



Want to get more involved?

Join our Preceptor Excellence Team!

The Preceptor Excellence Team is a great way to be more involved with efforts focusing on developing, recruiting, retaining, evaluating and recognizing preceptors. Reach out to Amanda Loya at amloya1@utep.edu if you are interested in being part of the PET.



This is a quarterly publication of the UTEP Office of Experiential Education/Preceptor Excellence Team.

We'd love to hear from YOU - Please send article ideas, events, awards/achievements/celebrations, or reach out to us if you are interested in becoming more involved.

Contact the OEE/PET: exedpharmacy@utep.edu