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South Dakota Pharmacist

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SOUTH DAKOTA
PHARMACIST

Volume 27 Number 1

SDPhA CALENDAR

South Dakota Pharmacists Association
320 East Capitol
Pierre, SD 57501
(605)224-2338 phone
(605)224-1280 fax
www.sdpha.org

"The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession."

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: *http://www.sdpha.org*.

JANUARY

1 New Year's Day
8 Legislative Session Begins
21 Martin Luther King, Jr. Day
30-31 **SDPhA Legislative Days, Pierre, SD**

FEBRUARY

8 Presidents' Day
14 Valentine's Day

MARCH

1-4 American Pharmacists Association (APhA) Annual Meeting
Los Angeles, CA
10 Daylight Savings Time Begins
25 Last Day of Legislative Session
31 Easter Sunday

APRIL

12-13 SD Society of Health-Systems Pharmacists (SDSHP)
Annual Conference, Rapid City, SD

Cover Photo Courtesy of Chad Coppess, South Dakota Department of Tourism

SOUTH DAKOTA PHARMACIST
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DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

Happy New Year Everyone!

I hope this message finds you all happy, healthy and ready for the challenges and excitement of a new year!

Our 2013 legislative session looks to be busy! The South Dakota Pharmacists Association plans to have legislation introduced this year regarding fair PBM audit practices, so please stay tuned. It's too early to know what other bills may be introduced that impact pharmacy, but you'll hear about them in your weekly legislative update as they are added to the legislative docket. We'll update you via email, and the update will also be available on our website at www.sdpha.org. As soon as our formal bills have been vetted and sponsored, we will be posting them online and sending them out via email. ***We'll need significant support and pharmacists ready to testify on behalf of our efforts, so please contact us if you will be able to join us in Pierre to visit with our lawmakers and share your stories.***

As President Umbreit indicated in her article, Legislative Days is schedule for January 30th and 31st this year. Please plan to attend this important event! We're excited that our student pharmacists will again be joining us to learn about the Legislative process and provide a wonderful health screening for folks at the Capitol Building. We're really hoping to increase the number of pharmacists and technicians at our event this year as well. **Please join us in Pierre!** It's critical that pharmacy maintain a strong presence at the Capitol, especially when we have legislation in play. To register for Legislative Days, just send me an email at sue@sdpha.org or give us a call at 605-224-2338. We've also included a registration form located within the pages of this issue for your convenience. We hope to see you in Pierre to enhance patient care, protect pharmacy AND celebrate the end of January!

The agenda is currently being designed by the Executive Board for our Annual Convention, September 13th and 14th in Sioux Falls. After last fall's successful convention, we're again attempting to create a powerful, compact, and smart lineup for you and hope you ***plan now to attend***. Rooms have been secured at the Ramkota Hotel and Conference Center at a discounted rate. If you have any questions, or have a great suggestion for a continuing education session, feel free to contact our office. More information will be forthcoming as we continue to plan our fall 2013 event in Sioux Falls.

As always, our door is always open and we look forward to hearing from you.

Thanks for your continued support!

Warmest Regards,

Sue

NOTICE: New CPE Monitor System Conversion

The SDSU College of Pharmacy will convert over to the new CPE Monitor system in late December.

Starting January 1, 2013, pharmacists and pharmacy technicians will need to submit their new CPE ID# and their MM/DD (month and date of birth) along with any live or home study CE completed through our College of Pharmacy – before credit will be uploaded into the new CPE national data base.

If any pharmacists or pharmacy technicians have questions about this new electronic CE system, please contact my office. I will email out an actual CE course that explains the process very well.

Best regards for the new year! – Bernie H.

Bernie Hendricks, RPh. - APPE Coordinator / CE Coordinator
SDSU College of Pharmacy
Box 2202C
Brookings, SD 57007
Ph. 605-688-4242 / FAX 605-688-6232

PRESIDENT'S PERSPECTIVE

Else Umbreit | SDPhA President

Happy New Year! Or as we say in the retail pharmacy world, "May I please see your new insurance card?"

It's hard to believe another year has passed us by already, and how much happened during the past year. There was the merger between PBM giants Express Scripts and Medco, approved by the FTC after months of investigation despite concerns expressed by several large pharmacy organizations; the harsh spotlight on compounding pharmacy after the meningitis outbreak linked to contaminated steroids from a compounding pharmacy in Massachusetts; and the ongoing fight against prescription drug abuse, and more widespread use of a tool to combat abuse, a new PDMP in South Dakota. This year will bring a whole new set of challenges with Part D, PBM audits and restricted networks, as well as many questions that remain to be answered. Will Medicare grant provider status to pharmacists? How will the role of pharmacists change in response to healthcare reform?

One ongoing hot topic will be part of the 2013 South Dakota Legislative Session. A bill is being introduced by SDPhA concerning PBM audits and auditing practices. How much time do you spend each week gathering paperwork and struggling with insurance companies just to keep money that has been paid to your pharmacy? How does that impact your day-to-day practice? According to a recent Drug Store News article, NCPA conducted a survey of 350 independent pharmacists and nearly 87% stated that PBM reimbursement and auditing practices are "significantly" or "very significantly" affecting their ability to provide patient care and remain in business. I have heard audit horror stories at both the state and national level. I am sure you have stories of your own that you could share. This bill is a chance for us to stand up to the PBMs and demand fair treatment.

To tie this all in, just a reminder that Legislative Days is January 30-31, 2013. Wednesday evening we will have a networking social and BBQ with all of the students at the AmericInn in Fort Pierre. Thursday morning the students will provide health screenings for the Legislators in the President's and Speaker's lobbies beginning at 7am. This is a great chance for pharmacists to interact with our Legislators about current issues, as well as answer any health questions they may have (which always seems to come up). I'm keeping my fingers crossed that the weather will hold this year, and I hope you can join us in Pierre for this fun and educational event.

If you have any questions on this event or other pharmacy issues, please do not hesitate to contact SDPhA. Our executive board and executive director Sue are always willing to do whatever we can to help you.

Thank you for all that you do for the practice of pharmacy, and best wishes for a fabulous 2013.

ACADEMY OF STUDENT PHARMACISTS

Sara Wettergreen | APhA-ASP SDSU Chapter President

Greetings from APhA-ASP!

Time is flying by and winter is already here! The student pharmacists at South Dakota State University have been busy this year with many exciting activities! As the end of the semester approaches and we finish up our final exams, students are looking forward to some much needed rest and relaxation and to preparing for all the big things ahead in the spring semester!

In mid-October, students ventured to Fargo, North Dakota for the APhA-ASP Midyear Regional Meeting (MRM). We had a great turn out and went all out celebrating the "Rock and Roll" theme! Not only did we rock out … but we also rocked the house by winning our first regional award ever! We were recognized for our efforts in Operation Diabetes, which included rural outreach to West River South Dakota, many

(continued on page 7)

SOUTH DAKOTA BOARD OF PHARMACY

Randy Jones | Executive Director

NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Nicholas Hite, Bonnie Walno, Sarah Luettel, Cynthia Way, Erica Zimprich, Stacey Block, Kam Cheon Li, Sean Harms, Jill Streiff, Karen Finck, Charly Abraham, Jeri Costel, and Audra Olson.

NEW PHARMACIES

Pharmacy licenses have been issued recently to: Lewis Family Drug #73 – Chamberlain; James Bregel PIC.

BOARD STAFF

Rita Schulz has joined the Board Staff as Sr. Secretary. Rita comes to our office from the South Dakota State University College of Pharmacy. Rita has vast experience in many levels of state government and will be a definite asset to our team. She began her duties with the staff on October 31, 2012. Rita's primary responsibilities will include office administration oversight, student affiliations, as well as assist with grant fund writing.

Ronald Huether has fully made the transition to retirement. Kari Shanard-Koenders has assumed all of the Prescription Drug Monitoring Program director responsibilities.

MEDICATION REQUESTS FOR "OFFICE USE"

The board receives frequent advice from pharmacists related to prescription the pharmacy may receive from a prescriber indicating the "for office use" on the prescription. SDCL 36-11-2 (22) defines this. "Prescription drug order," a written or oral order of a practitioner for a drug or drug device for a specific patient. Therefore, a prescription that is not patient specific is not valid. If a practitioner requests medication from a pharmacy, this transaction is considered a wholesale distribution. For non-controlled substances, the invoice must contain the name, strength, and dosage form of the medication, date of the transaction, name and address of the seller and the purchaser. For controlled substances, the record must contain all the information stated above, as well as the DEA numbers of the both the seller and the purchaser. If the medication is a CII controlled substance, the purchaser must execute a DEA Form 222 to the seller prior to the transaction. Records for controlled substance transaction must be maintained in a readily retrievable manner for a minimum of 2 years.

STAFF NOTES

As a result of the tragic events that occurred with the New England Compounding Center Pharmacy in Framingham, Massachusetts; it is imperative that anyone compounding Sterile Products should review their policies and procedures as it relates to the USP 797 document and ARSD 20:51:31 (Sterile Compounding Practices). The Board encourages you to print off the current version of USP 797. USP is making the document available on a temporary basis by going to this link: http://www.usp.org/usp-healthcare-professionals/compounding/compounding-general-chapters/download-usp-nf-general-chapter-pharmaceutical-compounding If you are outsourcing sterile compounded products, the Board would suggest that you visit the ASHP website (www.ashp.org) to review their Sterile Compounding Resource Center. They provide guidelines on outsourcing sterile compounding services. It is essential for the safety of all patients that all the pharmacies that compound medications, regardless of setting, adhere to the very highest standards.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The PDMP is progressing well and we continue to receive positive comments on the program from prescribers, dispensers and law enforcement. Nearly half (43%) of South Dakota practicing pharmacists (486) have been granted on-line access

TOP 10 CONTROLLED SUBSTANCES IN SOUTH DAKOTA BY NUMBER OF DOSES DISPENSED: January 1, 2012 to November 20, 2012

2012 Most Prescribed Drugs	RXs	Quantity	Quantity/Rx
Hydrocodone/APAP	254,069	14,303,045	56
Zolpidem	88,632	2,831,632	32
Lorazepam	74,352	3,509,306	47
Clonazepam	64,692	3,988,649	62
Alprazolam	50,805	2,944,954	58
Methylphenidate	43,778	1,982,267	45
Amphetamine Salts	40,072	1,789,340	45
Oxycodone/APAP	38,836	2,372,450	61
Oxycodone	36,825	3,038,785	83
APAP/Codeine	32,384	1,277,104	39

SOUTH DAKOTA BOARD OF PHARMACY

(continued)

to the PDMP database while approximately 21% (655) of all prescribers have been approved. Pharmacists' efforts to reach prescribers they interact with to assist with PDMP education and registration have been extremely helpful. New data on the 2011 National Survey on Drug Use in Health (NSDUH) is available at http://www.samhsa.gov/. This link provides excellent statistics on Prescription Drug Abuse in the country. As of November 20, 2012, there are over 1.35 million prescriptions in the database. We are planning a South Dakota PDMP Advisory Council meeting for January 15, 2012. All comments are appreciated.

Pharmacists are encouraged to use information from the SDPDMP when dispensing controlled drug prescriptions to patients. You may register for on-line access by going to the following website – www.hidinc.com/sdpmp. Please call the Board office if you have any questions about this very important program.

BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings.

BOARD OF PHARMACY STAFF DIRECTORY

Office ... Phone 605-362-2737 ..... FAX 605-362-2738
Randy Jones, Executive Director ... randy.jones@state.sd.us
Kari Shanard-Koenders, PDMP Director
.....kari.shanard-koenders@state.sd.us
Gary Karel, Pharmacy Inspector.... gary.karel@state.sd.us
Paula Stotz, Pharmacy Inspector ... paula.stotz@state.sd.us
Rita Schulz, Sr. Secretary ..... rita.schulz@state.sd.us
Melanie Houg, Secretary ..... melanie.houg@state.sd.us
Jony Bruns, PDMP Assistant ..... jony.bruns@state.sd.us
Board of Pharmacy Website..... www.pharmacy.sd.gov

ACADEMY OF STUDENT PHARMACISTS

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screenings both locally and in surrounding rural counties, a collaborative diabetes-friendly cooking session complete with free samples, Wellness Wednesday booths at the SDSU Wellness Center, and many more! I would like to thank all of the students who contributed to the success of this committee, but most importantly the committee co-chairs Kelsey Aker and Amber Burke. We are grateful for the work they did to make the year a success for Operation Diabetes! We also sent in two nominations for the MRM Student Recognition Awards to show our appreciation for the hard work and dedication of second year student pharmacist Joe Berendse and third year student pharmacist Megan Bechen. All in attendance enjoyed the networking, educational sessions, and fun at MRM and we look forward to next year's meeting in Des Moines!

The next big event for our chapter will be Legislative Days on January 30th-31st. We are getting ready to head out to Pierre, South Dakota to meet with legislators, provide screenings, and advocate for the profession of pharmacy! We are bringing along educational booths for some of our projects, such as the Generation Rx project against prescription drug abuse and the Script Your Future medication adherence project, to share information with legislators regarding the importance of these pharmacy issues. This event is always a favorite for students and we look forward to attending again this year. We hope to see many of you there!

In other news, the South Dakota State University Chapter continues to participate nationally by competing in the "Make Your Mark" themed contests of the year. We made our mark this semester and demonstrated that by submitting a superhero design to the APhA-ASP t-shirt contest. We also developed an Avengers-themed video for the PharmFlix video competition. We definitely have some superheros at our chapter who helped complete all of these submissions!

We are starting to get ready for APhA Annual Meeting in Los Angeles, CA! From registration, to hotel costs, to booking flights, students face many expenses in attending. Our fundraising committee has merchandise available for purchase and we would appreciate any support you would be willing to give to help fund our activities throughout the year and our travel to Los Angeles. If you would like to be added to the fundraising committee email list, please contact them at fundraising.sdsu.asp@gmail.com. They have SDSU Pharmacy gear to sell, such as polo shirts, holiday ornaments, and pharmacy cookie cutters…the perfect gifts for any pharmacist or SDSU alumni! We appreciate your support!

I wish you all a wonderful, relaxing holiday season and a happy new year!

SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy

Dennis Hedge | Dean

Following a year-long effort that included dialogue and listening sessions with numerous stakeholders, South Dakota State University unveiled its next strategic plan in late November. Titled "Impact 2018: A Strategic Vision for South Dakota State University", SDSU's next strategic plan provides a framework for the university's colleges and departments to conduct their work during the next five years. As part of the process, the university revised its mission and vision statements, and outlined four overarching strategic goals, all of which can be seen below.

MISSION

South Dakota State University provides a rich academic experience in an environment of inclusion and access through inspired, student-centered education, creative activities and research, innovation, and engagement that improve the quality of life in South Dakota, the region, the nation, and the world.

VISION

As a leading land-grant university, South Dakota State University will champion the public good through engaged learning, bold and innovative research and creative activities, and stewardship within a global society.

STRATEGIC GOALS:

1. Promote academic excellence through quality programs, engaged learners, and an innovative teaching and learning environment.
2. Generate new knowledge, encourage innovations, and promote artistic and creative works that contribute to the public good and result in social, cultural, or economic development for South Dakota, the region, nation, and world.
3. Extend the reach and depth of the University by developing strategic programs and collaborations.
4. Secure human and fiscal resources to ensure high performance through enhanced financial, management, and governance systems.

With the above goals serving as a guide, the College of Pharmacy will identify its own strategic initiatives during a planning retreat that is scheduled for January 9, 2013. Dr. Bob Smith, Professor of Pharmacy Practice at Auburn University, has agreed to serve as facilitator for the retreat that will include faculty, staff, students, and other College of Pharmacy stakeholders. Once the strategic initiatives and associated action steps are established at the retreat, I look forward to sharing them with you.

I would also like to wish you all a wonderful New Year! We would enjoy seeing you in Brookings for a campus visit in 2013.

PHARMACY TIME CAPSULES Dennis B. Worthen, PhD, Cincinnati, OH

1988 TWENTY-FIVE YEARS AGO

- Medicare Catastrophic Health Care Act passed by Congress but repealed also immediately after outcry by a groundswell of negative reactions.
- Board of Pharmacy Specialties (BPS) recognizes Pharmacotherapy and Nutritional support as pharmacy practice specialties.

1963 FIFTY YEARS AGO

- The first measles vaccine was licensed for use in the U.S. in 1963. John Enders developed the vaccine from a strain of measles isolated by Thomas Peebles.
- Valium (diazepam) marketed by Hoffman-LaRoche.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

John Kappes, Pharm. D. | SDSHP President

Happy Holidays from SDSHP!

After a recent return from the Midyear Clinical meeting, I am happy to report that South Dakota health systems pharmacy is practicing with a quality of medicine equal to any major academic center. South Dakota was well represented with 12 residents presenting posters at the meeting. Eighteen students also attended the meeting in pursuit of a residency and additional education. Dakota night was well attended with 49 pharmacist, residents, and students from South Dakota. A large number of these people stayed after the reception for continued conversation. It was a great night. The SDSHP board will be formally evaluating Dakota night in reference to the format of hors d'ourves and casual conversation. If you have attended Dakota night in the past and have comments or thoughts about the format of the event, please share them with one of the SDSHP board members.

SDSHP students have held a number of events which have advanced other professional skills. These events include; a leadership presentation provided by Dr. Tom Johnson on the importance of taking a leadership role in pharmacy, a behavioral interviewing presentation was provided by Target to about 50 students, and a residency showcase was held in Sioux Falls for students interested in residency positions. The students also provided their skills to the public with a brown bag clinic held at the Center for Active Generations in Sioux Falls in which students provided glucose, blood pressure, cholesterol screenings and medication counseling. These and more activities were demonstrated on a poster presentation at the Midyear Clinical Meeting. With these activities, the SDSU Student Society of Health-Systems Pharmacist (ASHP-SSHP) will hopefully gain ASHP recognition next year.

As mentioned in the Fall SDPhA article, SDSHP added a new position to the board; resident liaison. Dr. Joel Van Heukelom was selected to this board elected one-year term. Dr. Van Heukelom is currently completing a PGY2 Critical Care residency at Avera McKennan. Please congratulate Dr. Van Heukelom on this position. All of the residents of the state will also be playing a role with SDSHP in providing continuing education. Please take advantage of these opportunities for free CE and to support the residents of South Dakota. Flyers with topics and presenters for these continuing education events will be distributed prior to the events. CE events are scheduled as follows:

- Date: January 26, 2013
  Time: 0800 – 1200
  Place: Student Union Lewis & Clark Room, Brookings
  Note: SDSU vs NDSU men's basketball game starts at 1400
- Date: February 23, 2013
  Time: 0800 – 1200
  Place: Rapid City Regional Health – West Auditorium
- Date: March 16th
  Time: 0900 – 1200
  Place: Avera McKennan Auditorium, Sioux Falls

With the growing number of residents in the state and the growing contributions the residents make to our organization the SDSHP board is entertaining ideas of developing a state wide residency conference. This conference would be held in the fall with the intent to cover basic topics that all residents need as well as allow residents to start networking. We would like your input on this idea. If you have comments/suggestions or would like to help with the planning of such an event please contact one of the board members.

The 37th Annual Meeting (April 12-13; see registration form on page 13 and agenda on page 27) will soon be upon us. We are happy to announce that Diane Ginsburg, a past ASHP president will be presenting at the meeting this year. You will also notice a clinical pearls section on the agenda which should provide excellent education in a rapid fire presentation.

Finally we need your help. The hard working technicians and pharmacists in South Dakota deserve to be recognized. Nominations for Technician of the year, Pharmacist of the year, or the Gary W. Karel Lecture are now being accepted. Please contact a board member with your nominations. Please also consider running for a SDSHP board position. It is a great opportunity to give back to the profession.

NOTICE:

Part D Claims Will Require Valid NPI January 1, 2013

For the remainder of 2012, the Centers for Medicare & Medicaid Services will continue to accept the National Provider Identifier, Drug Enforcement Administration number, Unique Physician Identification Number, or state license number as prescriber identifiers on Medicare Part D claims. Starting Jan. 1, however, CMS will require sponsors to submit an active and valid NPI on Prescription Drug Event records, but the reported NPI may be a group identifier if the prescriber has not yet obtained an individual NPI. Beginning on May 6, sponsors will be required to report ONLY individual (or Type 1) NPI on the PDE record.

SD ASSOCIATION OF PHARMACY TECHNICIANS

Twila Vavra | President

We held our Annual Meeting along with 5 hours of continuing education on Oct. 6, at the CUC Building in Pierre, SD. The meeting was well attended by 24 Pharmacy Technicians that enjoyed the varity of outstanding topics and presentations from our continuing education speakers. The SDAPT would like to thank the following presenters for taking out of their busy schedules to provide us with very informative presentations and to let them know that we do appreciate the support that they have shown to the technician association.

- Randy Jones - "Federal Law Update"
- John Wenande - "Trends in Drug Diversion in South Dakota"
- Sandy Jacobson - "Unlocking the Omega 3 Mystery"
- Darin Pedneau - "Designer Drug Trends"
- Dana Darger - "Drug Therapy for Bowel Diseases"

The annual business meeting was held over the lunch hour, with the following topics being addressed:

- The SDAPT voted to renew the Affiliation Agreement with SDPhA. We also voted on to give Scholarships to Pharmacy Technicians that are attending a vo-tech school or an university. Also discussed fundraiser ideas and how to get more Pharmacy Technicians to join the association.
- President Twila encouraged the members to attend the SDPhA and SDSHP conventions in the year of 2013, because the presentations and topics offered for continuing education are known to be interesting and very educational.

We had a wonderful day and I would like to thank all the members that attended the meeting and hope you enjoyed the C.E. speakers and the events of the day.

I would like to give a thank you to Bonnie, Diane, Phyllis and Sue for their support and help with promoting SDAPT this past year and a Big Thank You to Bonnie for organizing the breakfast, lunch, and getting the CUC Building for the SDAPT Meeting.

Hope to see you all at the 2013 Annual Meeting which is scheduled for October 5, and will again be held at the CUC Building in Pierre and the conventions in 2013.

If you have any questions you may go on our website: www.SDAPT.org for information or contact information.

Contact Information:

Twila Vavra, President ..... tvavra@hotmail.com
Bonnie Small, President Elect .... bnnsmall@yahoo.com
Melanie Angelos, Secretary..... moniejo@msn.com
Diane Feiner, Treasurer ..... dianefeiner@sanfordhealth.org

PHARMACY TIME CAPSULES Dennis B. Worthen, PhD, Cincinnati, OH

1938 SEVENTY-FIVE YEARS AGO

- The Federal Food, Drug, and Cosmetic Act was passed in response to deaths from the use of Massengill's Elixir of Sulfanilamide.
- Albert Hofmann of Sandoz Laboratories in Switzerland synthesized LSD (lysergic acid diethylamide).

1913 ONE HUNDRED YEARS AGO

- Alaska passed territorial practice act.

1888 ONE HUNDRED TWENTY-FIVE YEARS AGO

- First class of pharmacy students enrolled in the South Dakota State College (then the State Agricultural College) in Brookings, SD.

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org

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Contribute to the 2013-14 South Dakota Pharmacists Association District Dues and SDPhA Commercial & Legislative Fund! Visit our website at www.sdpha.org. Thank you for your support.

Reducing Adverse Drug Events through the Patient Safety and Clinical Pharmacy Service Collaborative (PSPC)

Jane R. Mort, PharmD, FASCP, Lori Hintz, RN

The South Dakota Foundation for Medical Care (SDFMC) through their work with the Center for Medicare & Medicaid Services (CMS) is part of a national effort to impact more than 265,000 lives over the next three years by achieving optimal health and reducing Adverse Drug Events (ADEs). This project entails pharmacists working with other health care providers in a national collaborative called the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) sponsored by the Health Resources and Services Administration (HRSA).

This is an exciting opportunity to improve quality of health care by integrating evidence-based clinical pharmacy services in a variety of settings (clinics, hospitals, and nursing homes). Jane Mort with the SDSU College of Pharmacy is assisting SDFMC with this project along with national experts from around the country. The improvement project is a patient-centered collaboration that puts pharmacists in a primary role as leaders working with other health care providers to improve the health and safety of some of our most fragile patients.

In this project, SDFMC is recruiting teams comprised of:

- Clinicians from hospitals, nursing homes, clinics, etc.
- Local pharmacy representation interested in developing and providing improved clinical pharmacy services
- Clinic and hospital senior leadership
- Patients and or patient advocacy representatives

These partners will work together to reduce the incidence of ADEs. The focus of the project is on high risk Medicare patients who are taking anticoagulants, antipsychotics or hypoglycemics.

What is the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) model and why get involved?

- Sponsored by the Health Resources and Services Administration (HRSA) and in its 4th year, it has a successful track record in reducing ADEs. For example, teams participating in PSPC during the third year decreased ADEs from 0.7 per patient to 0.5.1
- PSPC is a breakthrough effort to improve the quality of health care by integrating evidence based clinical pharmacy services in a variety of settings (clinics, hospitals, nursing homes).
- PSPC is a quality improvement project designed to support teams in testing and spreading leading practices found to significantly improve health outcomes and patient safety.
- PSPC helps teams identify the type of services which might be appropriate for a specific setting or patient group.
- PSPC takes teams through implementation of Clinical Pharmacy Services (CPS) including design/adaptation, integration into practice, outcomes measurement and re-designs, when needed.
- PSPC compiles outcomes measurement at a national level which will provide robust data regarding the pharmacist contribution to the reduction in ADEs and transitions of care.
- SDFMC will work with PSPCs in South Dakota and submit the aggregate data documenting the impact of PSPCs to CMS.

What is really involved when a team participates?

- Join the PSPC initiative: PSPC promises to have a wealth of information on the development, implementation and monitoring of clinical pharmacy services. The initiative provides opportunities to participate in webinars with teams across the nation.
- Participate in education via Learning and Action Network (LAN): Learning will be pertinent to the participant's area of focus, as well as sharing ideas and best practices.
- Document data: Data collection tools will be provided.

What is SDFMC's role?

In general, SDFMC will be working behind the scenes to support project participants with appropriate training, local leadership commitment, data collection tools, data analysis, reporting and anything needed to overcome barriers and improve processes using the PSPC model.

There has been considerable interest in this particular project as evidenced by the fact that SDFMC has recruited two clinics, a hospital and a nursing home to participate in this collaborative in just the first few months of the program. Enrollment in the PSPC may occur at any time if you are working with SDFMC. If you are interested in being a part of the PSPC movement, please be sure to contact Lori Hintz at SDFMC at 1-800-658-2285 or via email to lhintz@sdqio.sdps.org. You may also want to check out the Healthcare Communities website at www.healthcarecommunities.org to learn more about the national collaborative.

1. Health Communities. PSPC 3.0 National Performance Story. Available at http://www.healthcarecommunities.org/showcontent.aspx?id=4294969160. Accessed 2/2/2012

SD Society of Health-System Pharmacists
37th Annual Conference

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605-348-4000

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Registration will also be accepted at the door for an additional $50.00 fee.

Check or Money Order Payment: SDSHP, PO Box 393, Bruce, SD 57220-0393

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Rx AND THE LAW by Don R. McGuire Jr., R.Ph., J.D.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

Do I have to fill this prescription?

Many pharmacists have asked the question, "I have some doubts about this prescription, do I have to fill it?" We will deal with this question in terms of therapeutics and patient health. We will reserve the topic of conscientious objection for a different time. When I was a young pharmacist, a more experienced colleague at the hospital received a phone order for IV propranolol, but at an oral dosage. The other pharmacist refused to dispense it, even in the face of verbal threats from the prescriber. In the end, the order wasn't filled and any potential harm to the patient was avoided. What should you do if faced with a prescription that you believe is harmful to the patient?

This harm may come from serious side effects, drug interactions, or possible addiction to controlled substances. Some states deal directly with this question in their regulations. For example, California states that pharmacists can refuse to fill prescriptions that would be against the law or that could potentially have a harmful effect on a patient's health.[1] Indiana states that the pharmacist can refuse to fill a prescription that is contrary to law, that is against the best interests of the patient, that would aid or abet an addiction or habit, or that is contrary to the health and safety of the patient.[2] Two general rules can be formulated from these examples.

1. Prescriptions that are illegal or invalid can't be filled – this is one of the most difficult scenarios for a pharmacist when it comes to controlled substances. The DEA takes the position that to be valid; a prescription for a controlled substance must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. The DEA believes that the law does not require a pharmacist to dispense a prescription of doubtful, questionable, or suspicious origin. It is difficult for a pharmacist to know when the line has been crossed from legitimate treatment to addiction. I think it is safe to say that if the current prescription presented to you is causing you to ask the question, then the line is very close or perhaps already crossed.

2. Prescriptions that could harm the patient shouldn't be dispensed – This seems obvious, but is not always easy to apply in the real world. The dosage is on the high side of normal, the patient has had penicillin before, the drug interacts with a previous prescription, or any other scenario that you can imagine where the prescriber directs you to go ahead and fill the prescription. However, if you think there is a high probability that the patient will be harmed, no one can order you to dispense the prescription.

While California and Indiana spell out the responsibility of the pharmacist in these two situations, I believe that the same responsibility exists even in jurisdictions that don't explicitly cite it. If not, then why bother to require that drug utilization reviews be performed? And if the pharmacist is powerless to act when something is detected, again, why require them? We all know that there are some risks associated with every drug and every treatment. What we are talking about here are the large, severe risks. In the propranolol example given earlier, the pharmacist was convinced that the patient would die if he dispensed that order as prescribed. If the prescriber can overrule the pharmacist's professional judgment in this situation, then the chances of an irreversible, negative outcome increase. But you can't make these decisions in a vacuum. Discussion with the prescriber will probably be necessary. Perhaps discussions with the patient also will be necessary. Use the information from these discussions in conjunction with your professional knowledge, experience and judgment.

As I tell pharmacists in these situations, it is much easier

(continued on page 16)

Generic Pill Color Changes May Affect Medication Adherence

Generic medications that differ in color may make people less likely to want to continue taking them, according to a new study.

Researchers discovered that subjects whose generic prescription medication changed colors from the time they first time they filled the prescription were over 50 percent more likely to stop consuming them.

"Pill appearance has long been suspected to be linked to medication adherence, yet this is the first empirical analysis that we know of that directly links pills' physical characteristics to patients' adherence behavior," principal investigator Dr. Aaron S. Kesselheim, assistant professor of medicine in the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women's Hospital in Boston, and said in a written statement. "We found that changes in pill color significantly increase the odds that patients will stop taking their drugs as prescribed."

Generic medications make up more than 70 percent of all prescriptions given to patients. While they may not have the same look as the brand-name drug, they are clinically bioequivalent - meaning they have the same intended use and effect.

An estimated 50 to 75 percent of patients do not follow the advice of their health care professionals when taking medication, Kesselheim told CNN. When people skip out or do not use their medication as directed, it could have dire negative financial, social and medical effects.

Researchers looked at patients who were taking anti-epileptic drugs and used a national database of filled prescriptions from 2001 to 2006 to see if and when patients stopped filling their prescriptions. When that point was identified, they checked to see if the prior prescriptions had varied in shape or color before the patient decided to stop taking their medication.

In total, 11,472 patients stopped getting their prescriptions and 50,050 others continued taking their medication. Fifty-three percent of the patients with epilepsy and 27 percent of people taking the same prescriptions for other reasons were more likely to stop taking their pills once the color changed.

"I think we've identified another hurdle to medication adherence and a relatively easy way to fix it," Kesselheim said to the *New York Times*. "The color of a pill does have clinical relevance."

The study was published on Dec. 31 in the *Archives of Internal Medicine*.

Rx and the Law: Do I have to fill this prescription?

(continued from page 15)

to defend a case where the pharmacist refuses to fill a questionable prescription than it is to defend a case where the pharmacist has doubts about what was dispensed. You don't want your answer to the deposition question, *"And what did you do when you became aware of this potential danger?"* to be, *"Nothing."* We can't insure 100% safety, but we want to avoid high probabilities of serious harm.

Pharmacists owe patients their highest efforts to treat their health problems and try to protect them from avoidable harm. The pharmacist's duty to a patient does not require the pharmacist to do anything illegal. However, I do believe that it requires the pharmacist to use their professional judgment for the patient's benefit. That may mean refusing to dispense a particular prescription. And that situation may require some intestinal fortitude on the part of the pharmacist.

1 California Code of Regulations, Division 17, Title 16, Article 2, Section 1707.6

2 Indiana Code 25-26-13-16

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

SDPhA Legislative Days
January 30 - 31, 2013

The 2013 SDPhA Legislative Days is scheduled for January 30 - 31 in Pierre. Legislative Days provides you with an opportunity to visit face to face with your state legislators, express your opinions, and observe the legislative process.

Wednesday, January 30th

- Networking social & BBQ at 6:00 pm at the AmericInn in Ft. Pierre for Student Pharmacists, Pharmacists, and Pharmacy Technicians
- Legislative Update

Thursday , January 31st

- SDSU College of Pharmacy Student Pharmacists will provide healthcare screenings in the President's and Speaker's lobbies (third floor of the Capitol) starting at 7:00 am
- Pharmacists will visit with Legislators
- A light breakfast will also be provided

Reservations:
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Fort Pierre, SD 57532
605-223-2358

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sdpha@sdpha.org

Or give us a call at (605) 224-2338

Please RSVP to the SDPhA Office by January 21st, 2013

Hope to see you in Pierre as we address important pharmacy issues!

There is no cost to attend for SDPhA Members!

FINANCIAL FORUM

This series, Financial Forum, is presented by Pro Advantage Services, Inc., a subsidiary of Pharmacists Mutual Insurance Company, and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

How much retirement income should you withdraw?

The answer varies for everyone. Here are some important factors to consider.

The big question: how much is too much?

In the first few years of retirement, some couples really "live it up" ... and some of them risk spending down their retirement savings. Their portfolios aren't earning enough to make back the income they're withdrawing.

Some new retirees end up withdrawing as much as 7-10% of their retirement assets annually. A bull market tends to encourage this kind of exuberance. But what happens when the bulls don't run? What if your portfolio only returns 1-2% this year? Can you see the potential problem?

Ultimately, the answer is highly personal. There is no "standard" retirement income withdrawal rate. Your withdrawal rate should be determined in consultation with your financial advisor, who can help you evaluate some very important matters: your risk tolerance, your age and health, and your lifestyle needs.

Many new retirees are told that a 4-5% annual withdrawal rate makes sense. If you withdraw 4-5% from your retirement nest egg annually and your investments steadily earn about 5-6% year-to-year, it is quite possible that your invested assets will last a quarter-century or longer given mild inflation.[1]

But that's a rather stable scenario. Even more variables come into play.

Consumer Costs

Over the past 50 years, consumer prices have increased (on average) about 4% annually.[2] So you might assume that your portfolio should generate at least a 4% annual return just to help you keep up with the cost of living. But if you retire with that assumption and inflation should spike notably higher for some reason after you retire, you may need to adjust your withdrawal rate.

Now consider the price of health care. In recent years, health care costs have increased at a much greater rate than inflation. The same goes for nursing home care.

Market Dips

When you are 35 or 40, your investments have time to rebound from a market downturn. When you are 70, things are different.

Let's cite an example: let's say you are 70 years old, and you have $250,000 in your portfolio. All of a sudden, your portfolio has two really bad years: you lose 12% in Year 1 and 7% in Year 2. So at 72, your portfolio is now worth $204,600. You want to get back to $250,000 or better. How long will that take? Well, your portfolio would have to gain almost 23% in Year 3 to get back to that $250,000 level.[2] So if you suffer through a couple of bad years with ill-chosen investments or ill-advised asset allocations, your nest egg may be considerably smaller and your income withdrawal rate may have to change.

*This is a hypothetical example and is not intended to imply the performance of any specific investment.

The merit of conservative withdrawals. With ongoing improvements in healthcare, today's retirees stand a good chance of living into their eighties and nineties (and perhaps even longer). This is a good reason to exercise a little moderation when scheduling retirement income.

The wisdom of a retirement income plan. Ideally, you will retire with the help of a financial advisor who will meet with you periodically to review your investments and income needs, and adjust your withdrawal rate over the course of your retirement. If you don't have a personal financial advisor or a personalized retirement income plan, change that situation today and make sure you prepare for retirement with both.

Citations.

1. arpmagazine.org/money/retirement_planning_made_easy.html [Jan/Feb 2008]

2. finance.yahoo.com/how-to-guide/retirement/18310 [7/25/08]

Provided by courtesy of Pat Reding, CFP™ of Pro Advantage Services Inc., in Algona, Iowa. For more information, please call Pat Reding at 1-800-288-6669.

Continuing Education for Pharmacists

"Prescription Drug Monitoring Programs – Countering Rx Drug Diversion and Abuse"

-Knowledge-based CPE

Randy Jones, RPh.
Executive Director
South Dakota Board of Pharmacy

and

Bernie Hendricks, RPh
Continuing Education Coordinator
South Dakota State University
College of Pharmacy
Brookings, SD

Goal: To enhance understanding of of Prescription Drug Monitoring Programs and their benefits for patient care and public health.

Pharmacist learning objectives:
1. Describe the goals and benefits of a Prescription Drug Monitoring Program (PDMP) for states within an area, like SD, IA, MN, WY, ND, NE.
2. Outline the date sequences for full implementation in South Dakota.
3. List the legal requirements of a South Dakota licensed pharmacy under the SD PDMP.
4. Describe the immunity from liability parameters (pharmacy, pharmacist) under the new law.
5. Describe the two methods for receiving a patient profile report.

Jones

Hendricks

Pharmacy technician learning objectives:
1. Outline the primary goals and expected benefits of the Prescription Drug Monitoring Program (PDMP).
2. Describe the process for acquiring patient profile request forms / submitting reports.
3. Describe the pharmacy technician's potential role and participation in the PDMP process.

Prescription drug abuse - background:
Prescription drug abuse is one of the nation's fastest-growing drug problems. According to the Office of National Drug Control Policy 2011(ONDCP), the National Survey on Drug Use and Health data show that "nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically."

It further showed "over 70 percent of people who abused prescription pain relievers got them from friends or relatives, while approximately 5 percent got them from a drug dealer or [via] the Internet."

The ONDCP reported new data analysis on prescription drug diversion and abuse on April 25, 2012:

- Among **new abusers** of pain relievers (those who began misuse of pain relievers in the past year), **68 percent** obtained the pills from a friend or relative for free or took them without asking, **17 percent** got them through prescription by one or more doctors, and **9 percent** purchased them from a friend, dealer, or the Internet.
- Among **occasional abusers** of pain relievers (less than once a week on average in the past year), **66 percent** obtained the pills from a friend or relative for free or took them without asking, **17 percent** got them through prescription from one or more doctors, and **13 percent** purchased them from a friend or relative, dealer, or [via] he Internet.
- Among **chronic abusers** of pain relievers, **41 percent** obtained the pills from a friend or relative for free or without asking, **26 percent** got them through prescription from one or more doctors, and **28 percent** purchased them from a friend or relative, dealer, or [via] the Internet.

Prescription opioid abuse is the major focus of programs designed to curb prescription drug abuse, primarily due to the seriousness of the abuse potential. The growth in opioid prescription volume in the U.S. has been dramatic. Retail pharmacies in the U.S. "dispensed 174 million prescrip-

tions for opioids" in 2000, and by 2009 " 257 million prescriptions were dispensed," an increase of 48 percent. The milligram per person dose over a 10 year span (1997-2007) increased from "74 milligrams to 369 milligrams, an increase of 402 percent.," according to SDI. While opioid overdose in past years was nearly always the result of heroin or cocaine use, prescription painkillers now represent a growing share of the unintentional drug overdose deaths annually in the U.S.

Prescription Drug Monitoring Programs (PDMPs) are designed to curb prescription drug diversion and abuse by identifying "doctor / pharmacy shoppers" and to "detect therapeutic duplication and drug-drug interactions." A 2002 General Accounting Office report noted that "PDMP managers and law enforcement agencies" thought that PDMPs would prove to be a "useful tool to reduce drug diversion."

Several PDMP studies have been conducted in recent years. A 2006 analysis "found that PDMPs were associated with lower rates of substance abuse treatment admission." Two other studies showed that PDMPs were "associated with slower rates of increase in abuse/ misuse over time," and better clinical management in emergency departments. One more recent study, however, "found no association between having a PDMP and lower rates of overdose mortality, although the study was evaluating PDMPs between 1999 and 2005."

PDMP - Goal and Objectives

The overall goal of Prescription Drug Monitoring Programs for most states is simple: to "help prevent prescription drug abuse and diversion" as well as "assist prescribers in an effort to increase patient care and outcomes."

The objectives are to maintain appropriate pain management, while at the same time providing education and information for patients. The program will also focus on drug abuse prevention / early intervention, supporting investigations and enforcement when necessary, and protecting confidentiality.

Programs are designed to deter prescription drug abuse by keeping records of specified outpatient controlled drug dispenser transactions. These records are stored and evaluated to see if illicit use of prescription drugs has been occurring. Then reports are generated to aide prescribers, dispensers, and the government in stopping illicit use.

Benefits

Prescription Drug Monitoring Programs, by scaling back illegitimate prescription volume, reduce prescription drug abuse and diversion, while also lowering insurance costs, and improving access to information for investigations.

Several studies since 2006, as noted earlier, have shown benefits in emergency medicine. Prescription Drug Monitoring Programs have been associated with lower rates of treatment admission for substance abuse and have provided a basis for " better clinical management in emergency departments."

Prescription Monitoring Programs establish an official monitoring process to improve patient safety and better protect overall public safety. They are expected to reduce costs for both Medicaid and for private insurance carriers. And the monitoring reports will aid law enforcement investigations and improve efficiency within the criminal justice system.

History - progress

Prescription Drug Monitoring Programs were originally funded through an "implementation grant" through the Bureau of Justice Assistance, U.S. Department of Justice.

By the year 2011, 48 states had enacted legislation for a PDMP, with 35 states fully operational. Some state programs only cover Schedule II drugs, while most cover Schedules II-V and allow for monitoring of other drugs of concern (example: Tramadol).

South Dakota PDMP

The SD PDMP (SDCL 34-20E) "became Law on July 1st, 2010," giving the South Dakota Board of Pharmacy the authority to "establish and maintain a prescription drug monitoring program to monitor the prescribing and dispensing of all controlled substances."

SDCL 34-20E states that: "The program shall utilize a central repository, to which each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. The information submitted for each prescription shall include specifically identified data elements adopted by the board.."

"Dispensers were required to begin submitting prescription data as of December 5th, 2011." Prescription data for controlled drugs, Schedules II, III, IV, were required to be reported weekly (or more often, if

preferred) to the SD PDMP database. Additional controlled drug prescription data was later requested and received, retroactive to July 1, 2011.

As of May 1, 2012, approximately 800,000 controlled drug prescription records had been compiled in the South Dakota database. For the July – December 2011 period, data on 402,975 controlled drug prescriptions was entered into the Board's central repository. For the period January – May, 2012, data on an additional 299,392 controlled drug prescriptions was collected.

The "most prescribed substance" in the database during this period was shown to be Hydrocodone / APAP , with nearly triple the number of prescriptions of the next most prescribed drug, zolpidem. This was followed in turn by lorazepam, clonazepam and alprazolam.

"Access to data by health care practitioners became viable in March of 2012, as long as their applications for access had been received and approved by the Board." Further access via individual "queries" became available in late April 2012.

Disclosure of Data

Prescription history data from the central repository may be provided to:

1. Prescribers and dispensers. Information for prescribers is intended : "for the purpose of providing medical care to a patient." And the intended use of information for dispensers is: "for the purpose of filling a prescription or providing pharmaceutical care for a patient." Prescribers and dispensers may also access data to review records of their own past prescribing and dispensing activity.

2. The Board is also authorized to provide data to "any individual who requests the prescription information of the individual [himself] or of the individual's minor child."

3. The Board may disclose data to "Any state board or regulatory agency that is responsible for the licensing of individuals authorized to prescribe or dispense controlled substances if the board or regulatory agency is seeking information from the central repository that is relevant to an investigation of an individual who holds a license issued by that board or regulatory agency

4. Information from the central repository may also be provided to "Any local, state, and federal law enforcement or prosecutorial officials engaged in the enforcement of laws relating to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation compliance of an individual."

5. Information may be provided to "The Department of Social Services for purposes regarding the utilization of controlled substances by a Medicaid recipient."

6. Any insurer may be provided information "for purposes regarding the utilization of controlled substances by a claimant."

7. "Any judicial authority under grand jury subpoena or court order or equivalent judicial process for investigation of criminal violations of controlled substances laws."

8. "Any public or private entity for statistical, research, or educational purposes after the information is de-identified with respect to any prescriber, dispenser, or patient who received a prescription for a controlled substance."

9. And finally, the law authorizes that the Board may provide information to "Any peer review committee, which means any committee of a health care organization, composed of health care providers, employees, administrators, consultants, agents, or members of the health care organization's governing body, which conducts professional peer review."

Monitoring activity

Patient profiles may be requested by practitioners when concerns arise about a patient's past record of controlled prescription drug use. Prescribers and dispensers may utilize this information to determine the best interests of the patient in further prescribing/dispensing activity.

An unsolicited report may also be sent to a prescriber or dispenser by the Board of Pharmacy. According to the Board, the unsolicited report will state that the patient has breached the thresholds of the program as established by the South Dakota PDMP Advisory Council – for further information please log on to the PDMP or contact the Board of Pharmacy. However, "Unsolicited report threshold criteria has not been established thus far [June 2012]. This needs to be determined by the PDMP Advisory Council."

Prescribers and dispensers, acting in good faith, are not obligated to obtain information in prescribing or dispensing medications for a given patient."

SDCL 30-24E states: **Immunity from civil liability**. Nothing in this chapter requires a prescriber or dispenser to obtain information about a patient from the central repository prior to prescribing or dispensing a controlled substance.

A prescriber, dispenser, or other health care provider may not be held liable in damages to any person in any civil action on the basis that the prescriber, dispenser, or other health care provider did or did not seek to obtain information from the central repository. Unless there is shown a lack of good faith, the board, a prescriber, dispenser, or any other person in proper possession of information provided under this chapter is not subject to any civil liability by reason of:

(1) The furnishing of information under the conditions provided in this chapter;

(2) The receipt and use of, or reliance on, such information;

(3) The fact that any such information was not furnished; or

(4) The fact that such information was factually incorrect or was released by the board to the wrong person or entity.

Consulting and assistance (Q/A)

***Question*:** Are health care providers restricted from consulting with other providers about a patient's condition without the patient's written authorization?

***Answer*:** No. Consulting with another health care provider about a patient is within the HIPAA Privacy Rule's definition of "treatment" and, therefore, is permissible. In addition, a health care provider (or other covered entity) is expressly permitted to disclose protected health information about an individual to a health care provider for that provider's treatment of the individual. See 45 CFR 164.506

Question: May a pharmacist allow another pharmacist or a technician to utilize his/her log in information to request a patient profile report.

Answer: No. Each pharmacist must have his / her own access code to log in to the system and review patient information. Pharmacy technicians have not been granted any authority to request a patient profile report and review information.

Question: What may a pharmacy technician do to assist the pharmacist in any of the SD PDMP process?

Answer: A pharmacy technician may not independently access the system, but may assist the pharmacist with uploading data to the PDMP database, and with verifying / obtaining accurate information on a given controlled drug prescription, such as the birth date or address of the patient.

Question: Are all PDMPs uniform, from state to state?

Answer: No, PDMP regulations can vary considerably from state to state. For example, Prescription Drug Monitoring in certain states only applies to CII medications, not all controlled substances.

Health care prescribers from one state may request a patient profile on a patient from that patient's home state. For access to information and specific PDMP rules and regulations in another state, individual state boards of pharmacy should be contacted.

SD PDMP Contact information:

Web site - www.pharmacy.sd.gov
Phone 605-362-2737
FAX 605-362-2738
Email: sdpdmp@state.sd.us
Technical assistance sdpdmp-info@hidinc.com / 877-719-3122

References:

1. "National Survey Shows Friends and Family are Primary Sources of Abused Painkillers," Office of National Drug Control Policy, April 25, 2012. Accessed from: http://www.whitehouse.gov/ondcp/news-releases-remarks/national-survey-shows-friends-and-family-are-primary-sources-of-abused-painkillers

2. "SD Prescription Drug Monitoring Program," CPE, 125th Annual SDPhA Convention, 6-5-11

3. SDCL 34-20E

4. HIPPA (45 CFR 164.506)

5. SDI, Vector One: National. Years 2000-2009.

All continuing pharmacy education courses developed by the South Dakota state University College of Pharmacy are intended to be balanced and non-commercial, not promoting or endorsing any commercial product or service.

Disclosure: The authors and planners of this course have had no financial relationship with any commercial party having a vested interest in the content of this course.

"Prescription Drug Monitoring Programs – Countering Rx Drug Diversion and Abuse"

Continuing Education quiz (select the best answer or answers for each question below)

1. Each of the following statements is true, EXCEPT:
   a. Of the first-time illicit drug users in the U.S. in 2009 (aged 12 and over), nearly 1/3 "began by using a prescription drug non-medically."
   b. In 2009, more than 70% of those people abusing prescription pain relievers "got them from friends or relatives."
   c. Growth in opioid prescription volume (2000 – 2009) has been modest.
   d. In 2009 5% of the people who abused prescription pain relievers obtained them from a "drug dealer or from the Internet."

2. Pharmacists may apply for on-line access to PDMP data:
   a. True b. False

3. Pharmacy technicians may apply for on-line access to PDMP data
   a. True b. False

4. A pharmacist may not contact the prescriber with a question about a prescription filled at another pharmacy if the information was obtained from a PDMP report.
   a. True b. False

5. Under South Dakota Law (CL 34-20E) profile reports may be provided to patients by:
   a. Pharmacists
   b. Pharmacy technicians
   c. Physicians
   d. South Dakota Board of Pharmacy

6. South Dakota pharmacists must check the PDMP data base before dispensing any CII substance.
   a. True b. False

7. The Pharmacist-In-Charge (PIC) may share his/her login information, so pharmacy technicians can quickly request PDMP profiles.
   a. True b. False

8. Under South Dakota law, prescription data for controlled drugs, Schedules II, III, IV, is now required to be reported to the SD PDMP database :
   a. on a daily basis
   b. on a weekly basis
   c. on a bi-weekly basis
   d. on a monthly basis

9. A pharmacy technician may assist the pharmacist in the controlled drug data transmission process.
   a. True b. False

10. Along with "prescribers" and "dispensers," the South Dakota Board of Pharmacy may also provide data to which of the following (select all that apply):
    a. SD Department of Social Services regarding a Medicaid recipient.
    b. Local, state, and federal law enforcement officials for the enforcement of laws relating to controlled substances.
    c. Any judicial authority under grand jury subpoena for investigation of criminal violations of controlled substance laws.
    d. An insurer – regarding the utilization of controlled drugs by a claimant.
    e. An individual himself /herself who wishes to view his/her own PDMP records or those of his minor child.

"Prescription Drug Monitoring Programs – Countering Rx Drug Diversion and Abuse"

-*Knowledge-based CPE (Knowledge-based CPE)*

To receive 1.0 Contact Hours (0.10 CEUs of continuing education credit, read the attached article and answer the 10-question test by circling the appropriate letter on the answer form below. A test score of 70% or better is required to earn 1.0 Contact Hours (0.10 CEUs) of continuing pharmacy education credit. If a score of 70% (7/10) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-9999-12-019-H03-P, #0063-9999-12-019-H03-T.

Learning Objectives - Pharmacists*: 1. Describe the goals and benefits of a Prescription Drug Monitoring Program (PDMP); 2. Outline the date sequences for full implementation in South Dakota; 3. List the legal requirements of a South Dakota licensed pharmacy under the SD PDMP; 4. Describe the immunity from liability parameters (pharmacy, pharmacist) under the new law; 5. Describe the two possible methods for receiving a patient profile report.*

Pharmacy Technicians: *1. Outline the PDMP primary goals and expected benefits; 2. Describe the process for acquiring patient profile request forms/submitting reports; 3.Describe the pharmacy technician's potential role and participation in the PDMP prcess.*

Circle the correct answer:

1.	**A**	**B**	**C**	**D**	**6.**	**A**	**B**	**C**	**D**
2.	**A**	**B**	**C**	**D**	**7.**	**A**	**B**	**C**	**D**
3.	**A**	**B**	**C**	**D**	**8.**	**A**	**B**	**C**	**D**
4.	**A**	**B**	**C**	**D**	**9.**	**A**	**B**	**C**	**D**
5.	**A**	**B**	**C**	**D**	**10.**	**A**	**B**	**C**	**D** **E**

Course Evaluation *– must be completed for credit.*

	Disagree						Agree
Material was effectively organized for learning:	1	2	3	4	5	6	7
Content was applicable for Rx drug monitoring in professional practice:	1	2	3	4	5	6	7
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7

*List any learning objectives above not met in this course:*_____

*List any important points that you believe remain unanswered:*_____

Course material was balanced, noncommercial:	1	2	3	4	5	6	7
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7
Length of time to complete course was reasonable for credit assigned	1	2	3	4	5	6	7

(Approximate amount of time to preview, study, complete and review this 1.0 hour CE course: _____)

Comments: *List any future CE topics of interest (and related skill needs):*

……

Name:_____ RPh License #: _____ Technician #:_____

Address: _____

Street City State ZIP

Email address:_____Ph:_____ **Interest in additional CE courses? Y / N**

E-Profile ID number (ePID):_____ **Date of Birth (MMDD):** _____

Register for ePID at: www.MYCPEMonitor.net

Course release date: 6-17-12 / Expiration date: 6-17-15 / Target audience: Pharmacists , Pharmacy Technicians

Please mail this ***completed answer sheet*** *with your check of* ***$8.00*** *to:* ***SDSU College of Pharmacy – C.E. Coord.***

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South Dakota Society of Health-System Pharmacists

2013 Annual Conference

April 12-13

Rushmore Plaza Holiday Inn, Rapid City, SD

Friday – April 12, 2013	
7:30 AM-4:30 PM	**Registration**
8:00-9:00 AM	**The Pharmacy Practice Model Initiative: What It Means to You *(1 CEU)*** *- Diane Ginsburg, MS, RPh, FASHP*
9:00-10:00 AM	**Pharmacy and HIV: What the Pharmacist Needs to Know *(1 CEU)*** *- Gary Meyers, RPh, PharmD, AAHIVE, NWAETC*
10:00-10:15 AM	**Break**
10:15-11:15 AM	**Cancer Therapy: From Saturation Bombing to Individual Targets *(1 CEU)*** *- Richard Tenglin, MD*
11:15 AM-1:15 PM	**Exhibit Theater / Poster Presentation (Lunch Buffet)**
1:15-2:15 PM	**Synthetic Drugs *(1 CEU)*** *- Elizabeth Gau, PharmD*
2:15-3:15 PM	**South Dakota State Board of Pharmacy Update *(1 CEU)*** *- Randy Jones, RPh*
3:15-3:30 PM	**Break**
3:30-4:30 PM	**Anemia in CKD: An Update *(1 CEU)*** *- Melissa Olson, PharmD*
4:30-5:30 PM	**Renal Osteodystrophy; A Review of the Disease and the Available Treatment Options *(1 CEU)*** *- Reina Bruinsma, PharmD*
5:30-6:30 PM	**Member Appreciation Reception (hors d'ouerves)**
Saturday – April 13, 2013	
7:00-10:30 AM	**Registration**
7:30-8:45 AM	**Breakfast Buffet / Business Meeting / Awards Presentation**
8:45-10:45 AM	**Clinical Pearls *(2 CEU)*** **(1) The Silent Killer: Testing and Treatment -** *Michael Lemon, PharmD* **(2) Diabetes Update: Part 1 -** *Kelley Oehlke, PharmD* **(3) Diabetes Update: Part 2 -** *William Hayes, PharmD* **(4) Symptom Management at the End of Life -** *Brandi Tackett, PharmD/Tessa Haggerty, PharmD* **(5) Oral Cancer Agents: Continue on Admit? -** *Jan Opperman, PharmD* **(6) A Challenging Choice in Anticoagulation Management : The Decision to Bridge -** *Krista Sarvis, PharmD, BCPS* **(7) So, I can't control warfarin and my patient has bad kidneys, can I use a new oral anticoagulant? -** *Michael Gulseth, PharmD, BCPS, FASHP*
10:45-11:00 AM	**Break**
11:00 AM–12:00 PM	**Preceptor Education: Obesity: Today's Challenges and Treatment Options *(1 CEU)* -** *Annette Johnson, PharmD*
12:00 PM-1:00 PM	**Preceptor Education: Tastes Gluten Free to Me: Guidance on how to help celiac disease patients *(1 CEU)*--** *Tiffany Jastorff Gillies, PharmD/Lynn Hickox, PharmD*

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Save the Date!

2013 Legislative Days • January 30-31, 2013

Pictured Above: Governor Dennis Daugaard, SDPhA Board Members, and SDSU College of Pharmacy Faculty and Students on the Capitol Stairs During 2012 Legislative Days