

# S O U T H D A K O T A PHARMACIST

## IN THIS ISSUE

SDPhA Annual Convention Line Up

SDPhA Annual Convention Registration

Initiated Measure 26 Update

SUMMER EDITION 2018

## SOUTH DAKOTA PHARMACISTS ASSOCIATION

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www.sdpha.org

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

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**PRESCRIPTION DRUG  
MONITORING PROGRAM**  
Melissa DeNoon, Director  
Melanie Houg, Assistant

# CALENDAR

*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: [www.sdpha.org](http://www.sdpha.org).*

## JULY

- 4 Independence Day
- 21–25 American Association of Colleges of Pharmacy (AACP)  
Boston, MA
- 27 Annual Gary Van Riper Society Open Classic  
Hartford, SD

## AUGUST

- 25–27 National Association of Chain Drug Stores (NACDS)  
Total Store Expo – Denver, CO

## SEPTEMBER

- 20 South Dakota Board of Pharmacy Meeting  
Sioux Falls, SD  
1-5 pm
- 21–22 South Dakota Pharmacists Association  
132 Annual Convention  
Sioux Falls, SD

*The SOUTH DAKOTA PHARMACIST is published quarterly – January / April  
/ July / October. Opinions expressed do not necessarily reflect the official  
positions or views of the South Dakota Pharmacists Association.*



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advertisers the support they deserve.*



# DIRECTOR'S COMMENTS

Amanda Bacon // Executive Director



Happy Summer!

I hope this finds you all getting to enjoy some of the season's simple pleasures! Summer is my favorite time of year. We spend 99.5% of our free time on Lake Oahe, and I wouldn't have it any other way. I've recently determined our 6-year-old daughter must be part fish – our summer cycle is basically swim, splash, repeat. (With some campfires and

s'mores thrown in for good measure.) I often tell people the water is my happy place. We spend as much time there as we can, making as many great memories as we can. I hope you're getting some time to play this summer, too!

Meantime, things in the office are rollin' on quickly this summer. Here's a look at some of the big things you need to know:

## INITIATED MEASURE 26

We've visited and worked with many of you regarding IM 26, and are thrilled to report the judge has now removed the measure from the 2018 general election ballot. This is fantastic news for patients and pharmacists – the measure was not only deceptive, it was unworkable – and could've spelled disaster for some of our pharmacies. You can learn more about this latest development on page 28.

## 132<sup>ND</sup> SOUTH DAKOTA PHARMACISTS ASSOCIATION ANNUAL CONVENTION – AGENTS OF CHANGE

We're excited to be back in Sioux Falls this year for the 132nd annual convention, and we have a great lineup of continuing education prepared. Not only does this event provide a perfect opportunity to get your CE credits, it's an invaluable chance to visit with, and learn from your fellow pharmacists and technicians from around the state. We'll honor the annual award winners, and we have some fantastic exhibitors we know you want to see. We're planning some fun events, too! They're still top secret for now, but watch your email, our website, and social media pages to learn more. You can find all the convention details on pages 16-19. You can register by printing off the forms you find in those pages and mailing them in, or you can register online, too. And you'll want to do that sooner rather than later – early bird prices end Aug. 24.

## SOCIAL MEDIA

You asked and we delivered! We have created a Facebook SDPhA Member News and Announcements Group page. This is a closed group page, intended to be distinctly different from the current South Dakota Pharmacists Association page. The group page is now where you will find member news, and the public Facebook page will be dedicated to patient-centered information. This will be a great resource for you to share! You can also look for a LinkedIn profile and an Instagram coming soon. We're trying to make sure we reach you where you are – and those are the places you've said you like to see us. In turn, we ask that you please follow, share and engage with us there!

## PHARMACY TECHNICIANS UNIVERSITY

About six months ago, SDPhA worked with Pharmacy Technician University (PTU) to establish a training opportunity for pharmacy technicians to gain vital training at a reasonable rate. Many of you already take advantage of this online program through us, and we are happy to provide this service. We know the cost of this training can often be a burden, so the SDPhA board committed to fronting some of the cost associated with the learning module. The PTU 101 Training Program contains 80-110 hours of high-quality technician training in a variety of learning modalities, and we're getting very positive user feedback. You can find details on pages 14-15. Shoot me an email or give me a call at 605-224-2338 for cost and enrollment information.

## REDESIGNED JOURNAL

Last but not least, you'll likely notice things look a little (actually a lot) different around the Journal these days. We hope you enjoy our fresh new look and find this layout much easier for your online viewing. We're committed to providing you valuable news and information in these pages, in a manner that's easy for you to follow, view, and even print if you desire. We welcome your feedback – if you have comments or questions, just give me a shout.

See you in Sioux Falls in September!

Respectfully,

**AMANDA BACON**

SDPhA Executive Director

# PRESIDENT'S PERSPECTIVE

Eric Grocott // SDPhA President



Last time I wrote one of these articles, we were wondering if winter would ever come to an end. Thankfully, warm weather and sunshine have finally arrived! I hope everyone gets a chance to spend some time outdoors, but do not forget your DEET (the mosquitos this year are part dinosaur, I swear!).

The board had the opportunity to meet in Custer State Park for the annual board retreat earlier this summer. During the retreat, Curt Rising and Joshua Ohrtman offered a special presentation regarding CPESN Networks in South Dakota. The board has endorsed the work these two gentlemen have done, and we look forward to the information they will provide during the upcoming Annual SDPhA Convention. Also during the retreat, the board discussed updating the SDPhA by-laws with the intent of cleaning up language and making necessary adjustments to make the document current and applicable. We anticipate this process will take roughly a year. The updates will then be presented to the membership for consideration. The last important issue addressed during retreat was the annual award nominations. Once again, we received many qualified nominations for each of the respective awards and had the challenging task of selecting only one recipient for each. Although only one person can receive an award each year, I encourage everyone to continue to nominate our worthy counterparts across the state for these prestigious honors. Even if an individual has previously been nominated, as long as they have not been presented an award, they can continue to be considered.

The last time we talked (I wrote), IM 26 was a pressing issue for pharmacy in South Dakota. I am relieved to inform you that Hughes County Circuit Court Judge Patricia DeVaney issued an order to permanently remove IM 26 from the November ballot, on July 16. Judge DeVaney ruled that signatures for this measure were illegally obtained, thus disqualifying those signatures from the petition, and therefore leaving the petition short of the required number of signatures needed to make the ballot. This is the third state in which proponents of this measure have failed to successfully get the measure approved. If anyone has any questions regarding this or any other legislative matter, I encourage you to contact Amanda or one of the board members for assistance.

As another reminder, SDPhA Annual convention is scheduled for September 21-22, 2018 at the Best Western Ramkota PLUS Sioux Falls Hotel and Convention Center. Registration is open, so please visit [www.sdpha.org](http://www.sdpha.org) to get signed up for this great event. The board has assembled an outstanding lineup of presenters, so please join us for this event (and obtain 12 hours of CE, including 2 hours of immunization credit!).

Finally, I would be remiss if I did not take a moment to thank everyone for another great year for the association. The board has worked tirelessly on numerous issues throughout the year, some with little-to-no notice, and continues to represent the profession in all facets throughout the state. Amanda has stepped in (or jumped in head-first) to some extremely large shoes to fill in Sue's absence, but I truly do not believe we could have a more passionate or hard-working executive to hold the reins of the board and the association. And finally, to all of you, thank you for confidence to allow me to lead the association throughout the past year. I have truly enjoyed all of the communication I have had with pharmacists, technicians and students throughout the state, and will cherish the friendships I have developed..

Respectfully,

**ERIC GROCOTT**

SDPhA Board President

# SOUTH DAKOTA BOARD of PHARMACY

Kari Shanard-Koenders // Executive Director



## BOARD WELCOMES NEW REGISTERED PHARMACISTS/ PHARMACIES

Congratulations to the following 55 candidates who recently met licensure requirements and were registered as pharmacists in South Dakota: Mary Ables, Avery Aldridge, Kara Benson, Benjamin Bolinske, Anna Boyd, Kayla

Breems, Jamiey Brooks, Janine Cleveland, Landi Collins, Jada Cunningham, Aimee Dufour, Janathan Feist, Casey Goodhart, Kiel Grant, Erin Gullickson, Teagan Gustafson, Austin Haugestuen, Rick Heiman, Kelsie Heiser, Morgan Hemmingson, Casey Hettinger, Elizabeth Hodges, Christina Huey, Gina Johanson, Austin Johnsen, Colby Johnson, Jack Kerner, Kayte Kurth, Spencer Kurtz, Lauren Kuschel, Jade Kutzke, Alyssa Larson, April Lick, Lydia Lowe, Morgan Mathieu, Biljana Milicevic, Shannon Miller, Allison Mitchell, Keaton Moffitt, Emma Peschong, Jodene Rectenwald, Tessa Reynolds, Syra Ruhl, Nicole Schaberg, Gregory Schaeffer, Natalie Schulze, Sanaa Shafai, Trace Steckler, Nicole Stenzel, Kayla Struck, Mariah Taylor, Crystal Van Iperen, Lauren Wilde, Shelby Young and Aaron Zieske.

There were two new full-time pharmacy licenses: Lewis Family Drug LLC dba Lewis Family Drug #57, Clark CHOW; Marshall County Memorial Hospital, Britton, changed to Full-Time license, Telepharmacy. There was also one new part-time pharmacy license issued during this time: Avera McKennan Hospital dba Wagner Dialysis, change to Part-Time, AMDD.

## SOUTH DAKOTA MEDICAID OPIOID PRESCRIPTION CHANGES

by Darren Kueter, P4 Regulatory Intern

South Dakota Medicaid is implementing many changes to the way opioid prescriptions for Medicaid patients will be covered. These changes are scheduled to occur in different phases over several months in order to allow providers enough time to implement these changes. These changes include changing the early refill threshold for controlled

substances, prior authorizations for Medicaid patients requiring more than one long acting and one short acting opioid, limits on prescribing for opioid naïve patients, and prior authorizations for any patient over the morphine equivalent dose maximum. The change in early refill threshold for controlled substances will go into effect on June 1, 2018. This change will make 30 day prescriptions for controlled substances eligible for refill after 26 days instead of 23 days. Prior authorizations for Medicaid patients requiring more than one long acting and one short acting opioid will start on July 1, 2018. This change will also require that any changes in therapy will require a new prior authorization request. The limits on prescribing for opioid naïve patients will go into effect on August 1, 2018. This change will require that patients who have not filled a prescription for an opioid in the past 60 days only be allowed a 7 day supply and a maximum dose of 60 morphine equivalents. Prior authorizations for any patient over the morphine equivalent dose maximum of 300 per day will start on October 1, 2018. Both new and renewal prescriptions will be affected by this change. The morphine equivalent dose threshold will decrease by 10% each month after October 1, 2018 until the target morphine equivalent dose is reached. The target morphine equivalent dose is 90 by October 1, 2019. One thing to note is that the prior authorizations for more than one long acting and one short acting opioid product, prior authorizations for the morphine equivalent dose maximum and the opioid naïve limit do not apply to patients with a terminal diagnosis.

## HAZARDOUS WASTE DISPOSAL

by Darren Kueter, P4 Regulatory Intern

According to the Environmental Protection Agency, EPA, and the South Dakota Department of Environment and Natural Resources, businesses must categorize waste into non-hazardous and hazardous waste and dispose of the waste in the proper way based on its classification. Pharmacists must be aware of pharmaceutical products that are considered hazardous waste, warfarin is one of these common among pharmacies. Medications and compounds found on the EPA U and P series waste lists are considered hazardous as well as any compounds that have hazardous waste characteristics (ignitable, corrosive, etc.). Warfarin is a medication that is classified as both a U listed and a P listed hazardous waste. With these regulations there has arose some confusion as what pharmacies should do with their empty warfarin bottles and other hazardous waste.

Current regulations allow pharmacies in South Dakota to dispose of hazardous waste, empty warfarin bottles, at a permitted Municipal Solid Waste facility if that pharmacy produces less than 2.2 pounds of acute (P-listed waste) hazardous waste in one month. If a pharmacy produces more than 2.2 pounds of acute hazardous waste in one month, disposal of the waste must occur at a permitted hazardous waste facility. Empty warfarin bottles can be disposed of at a permitted Municipal Solid Waste facility if a month's worth of warfarin residue inside the prescription bottles weighs less than 2.2 pounds. If a month's worth of warfarin residue inside the prescription bottles weighs more than 2.2 pounds, then the pharmacy must dispose of the bottles at a permitted hazardous waste facility. When calculating the weight of the hazardous waste, pharmacies can use the residual powder in the bottle to calculate the amount of waste and not the container itself. With that stated in those words the likelihood of having more than 2.2 pounds of hazardous waste would be minimal.

Currently the opinion is that no special disposal is required for empty p-listed drug containers unless a pharmacy is disposing of very large amounts of p-listed drug containers. Keep in mind this rule can change as federal and state laws and rules change.

## BOARD IMPLEMENTING LICENSING SOFTWARE

The Board office is in the long process of implementing an on-line licensing software platform. We did an RFP and selected I-Gov Solutions. As promised, all licenses will be able to be renewed on line going forward, just not until next year. The 2019 renewals will all be completed online – we promise. Thanks for your patience! Remember Pharmacist renewals start in August and Technicians start in September.

## BOARD MEETING DATES

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

## BOARD OF PHARMACY DIRECTORY

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### PDMP DATA ACCESS

<https://southdakota.pmpaware.net/login>

### PDMP DATA SUBMITTERS

<https://pmpclearinghouse.net/>

### NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

[www.NABP.pharmacy](http://www.NABP.pharmacy)



# SD BOARD of PHARMACY

( continued )

## PDMP UPDATE

by Melissa DeNoon, PDMP Director

Time flies as it's been one year since enactment of SD's mandatory PDMP registration of all prescribers with a SD CSR (controlled substance registration). The Board is pleased to report prescriber compliance is currently at 95%. Pharmacists have no mandate and 86% of SD pharmacists have PDMP accounts. Our goal is to have 100% of SD prescribers and pharmacists able to access this valuable clinical decision-making tool so if you don't have an account, get one! Follow the "Quick User Guide - How to Register for a New Account in PMP AWAReX" on the program's web page, <http://doh.sd.gov/boards/pharmacy/PDMP/>. Program focus has now shifted to utilization and strategies to continue the positive trends by all user roles.

An application was submitted for the federal 2018 Comprehensive Opioid Abuse Program Harold Rogers PDMP Enhancement Grant Solicitation. Awardees will be announced in September. The following proposed grant projects will significantly propel evolution of the SD PDMP:

1. **NarxCare Enterprise Platform** – Provides a more comprehensive approach to addressing substance use disorder and aids prescribers and pharmacists in clinical decision-making and provides support to help prevent or manage substance use disorder. The enhanced patient profile report will include patient risk scores and an interactive visualization of usage patterns to help further identify potential risk factors. This enhancement will also provide much requested tools and resources including MAT locators, CDC information sheets, and the ability for care teams to communicate enabling coordination of care.

2. **Facilitate Statewide Gateway Integration** which will integrate the SD PDMP into all prescriber electronic health record platforms and all pharmacy management systems providing all SD's prescribers and pharmacists in-workflow, one-click access to this invaluable tool.

### Best Practices for pharmacies to assist with PDMP patient name matching challenges:

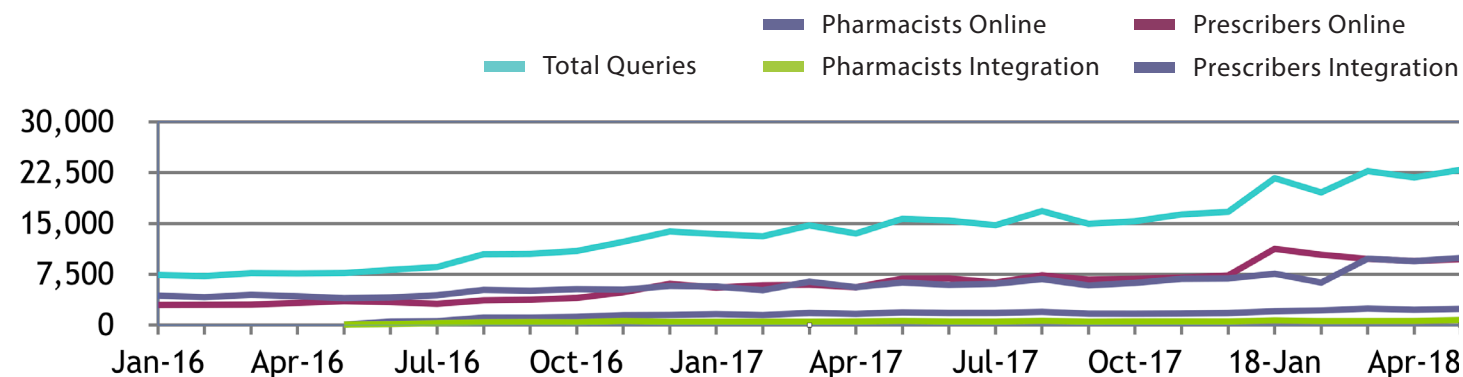
- Ensure pharmacy profile patient name matches prescriber patient name; use legal name or same name that appears on e-prescriptions
- Do not use middle names as first names
- Do not use nicknames instead of legal, full first names; i.e. use Elizabeth not Betty
- Verify spelling of names with possible variations
- Do not add *extras* in specific patient name fields; i.e. first name field only John, not John Jr.

### Controlled Substance Prescription Red Flags = Check the PDMP:

- New patient without insurance willing to pay cash price
- Multiple patients with the same address present prescriptions from the same prescriber
- Patient and/or prescriber is located a significant distance from the pharmacy
- Drugs prescribed are outside the prescriber's scope of practice
- Patient requesting early refill due to *loss* of medication
- Patient with prescriptions for the *trinity* – an opiate, a benzodiazepine, and a muscle relaxant

## PDMP QUERIES

January 2016 – May 2018



# SOUTH DAKOTA STATE UNIVERSITY COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS



Jane Mort // Dean



Greetings from the College of Pharmacy and Allied Health Professions!

Let me take a moment to overview some recent outstanding achievements at the College. This spring 77 PharmD students received their hoods and are on their way to engage in exciting careers in South Dakota and across the nation. In addition, the College's students and

student organizations have achieved praiseworthy recognition. Two student organizations distinguished themselves as recipients of the South Dakota Board of Regents' Student Organization Awards with APhA-ASP chosen as the recipient of the Organizational Leadership Award and Kappa Epsilon selected to receive the Academic Excellence Award. Furthermore, three Kappa Psi brothers qualified to receive the Kappa Psi Scholarship Key Award which is the highest academic award presented by the Fraternity. Finally, two of our graduate students received first and second prize in the Sigma Xi graduate student competition on campus. We are very proud of our students who continue to demonstrate their excellence and leadership at the state and national levels.

We are currently completing our college level strategic plan which will set the course for the next five years in the College. We will share our progress on the plan as it

unfolds. For example, this summer the drills and saws are running in the College as our two labs are transformed to create new dynamic simulation and collaborative learning spaces. This work is on track for completion by the fall semester and we are looking forward to showing these labs off soon. So be sure to make plans to visit campus soon.

In faculty news, Dr. John Kappes was selected as the College of Pharmacy Students' Association Teacher of the Year. The College of Pharmacy and Allied Health Professions recognized Dr. Josh Reineke with the *Excellence in Research and Scholarly Activity Award*, Dr. Teresa Seefeldt with the *Excellence in Teaching Award*, Ms. Pam Rieger with the *Pharmacy Staff Award*, and Dr. Shafiqur Rahman with the *Community Engagement Award*.

In closing, I want to share how honored I am to serve as Dean of the College of Pharmacy and Allied Health Professions I look forward to working with our outstanding leadership team, excellent faculty members, wonderful preceptors, great alumni, and of course our energetic students as we continue to enhance health care provision and advance the pharmacist's role in meeting patients' critical health care needs.

Warm regards,

**JANE MORT**

Dean

College of Pharmacy and Allied Health Professions

## Did You Know?

You can submit immunization information to the South Dakota Department of Health's Immunization Registry? Contact Tammy LeBeau to get registered! Tammy is the Coordinator for South Dakota's Immunization Information System (SDIIS) and can be reached at her direct extension, 605-773-4783.

# ACADEMY of STUDENT PHARMACISTS

*Bailey Buenger // SCAPP/APhA-ASP SDSU Chapter President*



Hello SDPhA!

Since the last newsletter we have finished the 2017-18 school year and are already looking ahead to 2018-19! At our last chapter meeting the new executive board was inducted and the chapter name officially changed to the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP). We also celebrated setting a record

number of patient care screenings completed throughout the year with 1,664 patient care screenings. Our chapter was excited to receive the Board of Regents Student Organization Award for Organizational Leadership.

The new SCAPP Executive Board, pictured below after officer induction, has started planning our programming for next fall. Our theme for the upcoming year will be collaboration! As stated in the new name, our chapter will aim to be a collaboration of students that advocate for the profession of pharmacy. We hope to collaborate within our chapter, with other student groups at SDSU, with our local community, and with our state and regional organizations. Our committees are encouraged collaborate and be creative in their event planning.



The *More Than A Count* campaign will continue this year with the second annual health screenings at the South Dakota State Fair in Huron on Friday, August 31st. The campaign started last fall with a series of videos that can be found at [www.morethanacountsd.com](http://www.morethanacountsd.com) or on our *More Than A Count* Facebook page. This spring we sent out posters to the community pharmacies throughout South Dakota. It is our hope that you will hang these posters in an area where patients can view them to spread the word about the campaign and educate the public about our profession and the role we can play in their health management. Continue to keep an out for *More Than A Count* campaign in pharmacies and on social media. This campaign is sponsored by SDPhA and we could not be more thankful for this opportunity they have granted us to impact the profession at the state level. Thank you for all of your support thus far!

Respectfully,  
**BAILEY BUENGER**  
*SCAPP/APhA-ASP SDSU Chapter President*



# SOUTH DAKOTA SOCIETY of HEALTH-SYSTEM PHARMACISTS

*Aaron Larson, PharmD, BCPS // SDSHP President*



Greetings from the South Dakota Society of Health-System Pharmacists!

It is crazy to think that summer has already began in full force! SDSHP has continued to stay busy with planning activities and events for summer and fall. To kick off summer, we recently held two social events on May 31st. One was held at Remedy Brewing Company in Sioux Falls,

and the other event was held at Lost Cabin Beer Company in Rapid City. Both events had a good turnout with several pharmacy professionals socializing over food and drinks. SDSHP will be planning another social event on both sides of the state for Pharmacist's Month in October so be on the lookout for more details this fall!

Rhonda Hammerquist and Jaclynn Chin recently represented the ASHP members from South Dakota as delegates at ASHP's Regional Delegate Conference (RDC) in Phoenix on April 28-29 and at the House of Delegates (HOD) during ASHP's Summer Meetings and Exhibition in Denver on June 3-5. The purpose of the RDC is to allow ASHP delegates the opportunity to discuss and further refine language of ASHP policy proposals that are later voted on by the HOD during the Summer Meetings. If approved during the HOD, policy recommendations become official ASHP policy statements. The delegates then provide a written report on approved ASHP policies at the next SDSHP Annual Meeting.

The SDSHP Board of Directors has also recently approved the organization's 2018-2019 strategic plan. This strategic plan will help guide SDSHP's future endeavors until the 2019 Annual Meeting next April. In addition to strategic planning, the SDSHP Board of Directors is currently in the process of submitting re-affiliation materials to ASHP. The

re-affiliation process occurs every 5 years and functions as a tool for ASHP to evaluate the current state of the affiliate organization and provide recommendations for improvement.

## SUMMER EVENTS

The 6th Annual SDSHP Statewide Residency Conference was held on Friday, July 13 at Cedar Shore Resort in Oacoma. All of the pharmacy residents throughout the state are invited to this conference. The conference provides the residents an opportunity to network with fellow residents in the state and to gain knowledge on topics that will benefit them throughout the residency year.

The 17th Annual Gary Van Riper Society Open Golf Classic will be held at the Central Valley Golf Course in Hartford on Friday, July 27. This event supports SDSU student pharmacists by providing academic scholarships and funding for travel to the ASHP Clinical Skills Competition in December. Please note that this event is open to all golfers. Golfers do not need to be members of SDSHP or even work in a pharmacy! If you are interested in registering online, please visit the *events* tab on [www.sdshp.com](http://www.sdshp.com).

We encourage you to visit SDSHP's website at [www.sdshp.com](http://www.sdshp.com) to learn more about SDSHP and find a list of upcoming events!

Respectfully submitted,  
**AARON LARSON**  
PharmD, BCPS  
SDSHP President



# SOUTH DAKOTA ASSOCIATION of PHARMACY TECHNICIANS

Jerrie Vedvei // SDAPT President



Warm Greetings from SDAPT!

We are so very excited for this year's lineup of our presenters for our CE courses during our Fall/ Annual meeting on October 6th in Pierre. Remember, we will also have two satellite locations with DDN livestreaming for us to Sioux Falls and Rapid City. So, please be sure to send in your membership forms sooner rather than later.

The SDAPT member benefits include the CE's of course, in addition to a one-year subscription to the South Dakota Pharmacists Journal, discounted rates for the South Dakota Pharmacists Association Annual Meeting and an awesome opportunity to network with others in our profession. The SDPhA Annual meeting is coming up in September, and I would like to encourage all other technicians to attend this as well. It is so much more effective and fun receiving your CE's live and in person vs sitting behind a computer and not having any interaction with others in your field of expertise.

Same holds true for the SDAPT annual meeting! Our required Law CE will be presented by the South Dakota Board of Pharmacy. We will also have Hasium Zaibak, Pharm D and Independent Pharmacy owner of Hayat Pharmacies of Milwaukee, Wisconsin to present on, *The Technicians Role, How to Improve Work Flow and Patient Safety*. Zaibak started his career as a Pharmacist in 1999 after graduating from the University of Illinois–Chicago. With more than 16 years of

experience as a Pharmacist, he has seen the industry from multiple vantage points. He opened his first pharmacy in 2011, and as of 2016, he is now majority owner of 8 Hayat pharmacies in the metro Milwaukee area and 2 others also in Wisconsin. Known by his patients and community a helpful, educated medical counselor, Hashim dedicates his time to providing community outreach health presentations and advocating his customers. As recognition of Hashim's excellent service to the community, Pharmacy Development Services named him *2014 Pharmacist of the Year*, and Hayat Pharmacy was named Health Mart's *2014 Pharmacy of the Year* that same year.

In addition, a wonderful leader in her field of expertise, Melissa Gorecki, Pharm D from the South Dakota Developmental Center in Redfield SD will present on antipsychotic and depression mediations. Also, Sandy Jacobson, retired Pharmacy Director from Avera St. Mary's Hospital in Pierre SD keeps busy helping Pierre and Ft. Pierre seniors - giving monthly pharmacy talks and going through their medications for interactions and right timing. Sandy also is a volunteer Chaplain for the hospital in Pierre, and she will be presenting on Fibromyalgia.

And of course, we will have the ever so popular presentation on the *current* happenings around the State from the South Dakota Department of Criminal Investigations.

Thank you to all who support SDAPT! Warm Blessings to all as you enjoy the rest of summer.

Sincerely,  
**JERRIE VEDVEI**  
CPhT  
SDAPT President

2018 SOUTH DAKOTA ASSOCIATION OF PHARMACY TECHNICIANS [WWW.SDAPT.ORG](http://WWW.SDAPT.ORG)

## MEMBERSHIP & CONFERENCE REGISTRATION FORM

### MEMBERSHIP INCLUDES

- FREE attendance to the annual Continuing Education Conference October 6th in Pierre, satellite locations Sioux Falls and Rapid City
- One year's subscription of The South Dakota Pharmacist Journal and discounted rates for the South Dakota Pharmacist Association Annual Meetings
- An awesome opportunity to network with others in your profession

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ SD \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CPHT: YES OR NO \_\_\_\_\_ PTCB CERTIFICATION# \_\_\_\_\_ SD STATE REGISTRATION # \_\_\_\_\_

PAST MEMBER OF SDAPT: YES \_\_\_\_\_ NO \_\_\_\_\_ NEW MEMBER \_\_\_\_\_

PLEASE LIST ANY OTHER STATE OR NATIONAL PHARMACY ORGANIZATION(S) YOU BELONG TO: \_\_\_\_\_

ARE YOU WILLING TO SERVE ON A COMMITTEE? YES OR NO \_\_\_\_\_ COMMITTEE: \_\_\_\_\_

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PLEASE CIRCLE THE LOCATION YOU WILL ATTEND: PIERRE      SIOUX FALLS      RAPID CITY

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- Please note, this form is for the South Dakota Association of Pharmacy Technicians only. Please do not confuse this form with the SD State Technician registration form that is required by the South Dakota Board of Pharmacy.



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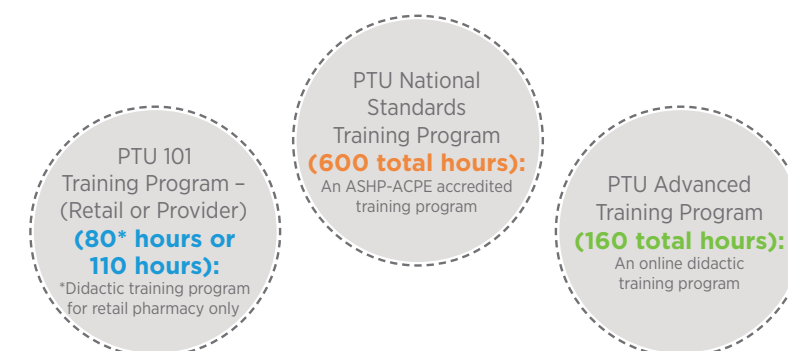
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Thursday, September 20	<div>10:30–11:30 AM</div> <div>BOARD OF PHARMACY PDMP UPDATE</div> <div>EXHIBIT HALL – ANNEX</div> <div>Kari Shanard-Koenders, Executive Director, SDBOP and Melissa DeNoon, PDMP Director, SDBOP</div>	Saturday, September 22
<div>5–7:30 PM</div> <div>REGISTRATION OPEN</div> <div>EAST LOBBY</div>	<div>11:30 AM–1:30 PM</div> <div>VENDOR TIME / LUNCHEON AWARDS PRESENTATIONS</div> <div>EXHIBIT HALL – ANNEX</div>	<div>7 AM–12 PM</div> <div>REGISTRATION OPEN</div> <div>EAST LOBBY</div>
<div>5–7:30 PM</div> <div>WELCOME SOCIAL</div> <div>WASHINGTON ROOM</div>	<div>1:30–2:30 PM</div> <div>NEW DRUG UPDATE</div> <div>EXHIBIT HALL – ANNEX</div> <div>Dr. Joe Strain</div>	<div>8–9:30 AM</div> <div>LIGHT BREAKFAST</div> <div>2<sup>ND</sup> SDPhA BUSINESS MEETING</div> <div>EAST LOBBY + AMPHITHEATER II</div>
Friday, September 21	<div>7 AM–5:30 PM</div> <div>REGISTRATION OPEN</div> <div>EAST LOBBY</div>	<div>9:30–11:00 AM</div> <div>DRUG DIVERSION–CASES / Q &amp; A</div> <div>AMPHITHEATER II</div> <div>Pat Kneip, Special Assistant Attorney General, South Dakota DCI</div>
<div>7–8 AM</div> <div>BREAKFAST</div> <div>EAST LOBBY</div>	<div>2:30–3:30 PM</div> <div>1<sup>ST</sup> SDPhA BUSINESS MEETING</div> <div>EXHIBIT HALL – ANNEX</div>	<div>11 AM–1 PM</div> <div>IMMUNIZATIONS–WHAT’S NEW?</div> <div>AMPHITHEATER II</div> <div>Dr. Jessica Strobl and Dr. Deidra Van Gilder</div>
<div>8–9 AM</div> <div>USP &lt;800&gt;</div> <div>EXHIBIT HALL – ANNEX</div> <div>Brenda Jensen, CPht, CNMT, MBA</div>	<div>3:30–4 PM</div> <div>SDSU ICE CREAM SOCIAL</div> <div>EXHIBIT HALL – ANNEX</div>	<div></div>
<div>9–10:30 AM</div> <div>PHARMACY LAW</div> <div>EXHIBIT HALL – ANNEX</div> <div>Dr. Dave Helgeland</div>	<div>4–5:30 PM</div> <div>PHARMACY HOT TOPICS</div> <div>EXHIBIT HALL – ANNEX</div> <div>A Panel Discussion</div>	

Please watch your email, the SDPhA Facebook pages and [sdpha.org](http://sdpha.org) for updates and additional conference information.

AGENTS OF CHANGE

132<sup>ND</sup> ANNUAL SOUTH DAKOTA PHARMACISTS ASSOCIATION CONVENTION  
SEPTEMBER 21-22, 2018 | BEST WESTERN PLUS RAMKOTA HOTEL, SIOUX FALLS, SD 57107

Register Online at [www.sdpha.org](http://www.sdpha.org)

All SDSU Student Registrations are FREE! <small>(hotel not included) Registration must be submitted prior to September 7, 2018.</small>	SDPhA Member	\$150 \$175							
	Spouse or Guest	\$75 \$100	\$20 \$20						
Full Registration* Before August 24, 2018 After August 24, 2018	SDAPT Member	\$75 \$100	\$125 \$140						
	Pharmacy Technician								
1-Day Registration** Friday, September 21, 2018 Saturday, September 22, 2018	Children	\$20 \$20							
		\$50 \$50	\$90 \$50						
Extra Tickets Friday Lunch Saturday Breakfast		\$15 \$15	\$10 \$10						
		\$15 \$15							
I would like to sponsor a student. I have included an additional gift of ..... \$									
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Total Due \$									
* Full Registration includes all educational sessions, exhibits, meals and evening events. ** 1-Day Registration includes educational sessions, exhibits, meals, and evening event, if applicable.									
Please send payment and registration to: <b>South Dakota Pharmacists Association, PO Box 518, Pierre, SD 57501</b> Tax ID#: 46-019-1834									

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Convention Registration Cancellation Policy:

- Cancellations will be accepted without penalty prior to September 7, 2018.
- A \$25 fee will be applied to all cancellations after September 7, 2018.
- Refunds will be issued after October 1, 2018.

The South Dakota Pharmacists Association is a non-profit 501 (c)(6) organization serving member pharmacists, technicians and students. Specific goals of our annual meeting are to showcase existing and emerging pharmaceutical treatment options, new technology and enhance educational opportunities.

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Exhibit Area

The exhibit area will be at Exhibit Hall - Annex, Ramkota in Sioux Falls, SD. Lunch will be available for both the exhibitors and all convention attendees. Set-up may begin Friday morning from 8-10am. All materials must be removed by 3pm that afternoon.

Exhibit Hours

The exhibit area will be open Friday, September 21, from 11:30am to 1:30pm.

Exhibit Space

Exhibit space includes one 6 ft, skirted table for tabletop exhibits, two chairs, electricity (additional cost), two convention registrations and exhibitor/sponsor recognition.

Enhanced Experience

SDPhA is providing an enhanced experience with pharmacists through our exhibitor signature card. When a pharmacist, student or technician completes his/her signature card by visiting the exhibits, he/she will be entered in a drawing to win a significant prize at the end of display time.

Setting Up

Setup takes place Friday morning, however, exhibitors are welcome to ship materials directly to the hotel up to three days prior to the SDPhA Convention. Exhibitors are asked to load and unload their materials in a timely fashion, move them to their table (or to vehicle when loading out), then promptly move their vehicle to an appropriate parking location.

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SOUTH DAKOTA

PHARMACISTS ASSOCIATION

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18 · South Dakota Pharmacist

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# CONTINUING EDUCATION *for* PHARMACISTS

## Naloxone: Important Considerations & Appropriate Use in Opioid Toxicity

( Knowledge-based CPE )

**Course Author:** Shelby K. Young, Pharm.D., PGY1 Pharmacy Resident, Avera McKennan Hospital and University Health Center, Sioux Falls, SD

**Course Development:** This course was developed under the guidance and review protocols of the Office of Continuing Education, South Dakota State University College of Pharmacy and Allied Health Professions.

### LEARNING OBJECTIVES:

1. List the main opioid compounds commonly involved in overdose emergencies, and explain their toxicological properties;
2. Provide a drug review of naloxone, and describe its mechanism of action;
3. Recognize signs and symptoms of a patient in possible need of an opioid reversal agent;
4. Explain the appropriate steps and detail the clinical considerations involved in naloxone administration;
5. Describe the pharmacist's role in educating a patient's family/friends in the proper administration of naloxone.

### THE OPIOID CRISIS

According to the Centers for Disease Control and Prevention (CDC), 115 Americans die each day from an opioid overdose.<sup>1</sup> Deaths from prescription opioids alone, which typically involve oxycodone, hydrocodone or methadone, have quadrupled since 1999. More than 33,000 people died in the U.S. in 2015 from opioid poisoning involving prescription opioids, heroin, or illicitly manufactured opioid drugs.<sup>2</sup> An estimated half million opioid-related deaths have occurred between 2000 and 2015.<sup>1</sup> During part of that same period, 1999 to 2010, sales of prescription opioids nearly quadrupled, most notably without a concomitant increase in clinically relevant pain levels.

Statistics from the South Dakota Board of Pharmacy's Prescription Drug Monitoring Program (PDMP) have revealed a similar surge in opioid prescription volume in South Dakota.<sup>2</sup> The highest number of opioid prescriptions ever recorded in South Dakota occurred in 2016 when it rose to 664,191.

The South Dakota Department of Health formed an Opioid Abuse Prevention Initiative in 2016.<sup>3</sup> This initiative included 13 strategies for implementation to reduce opioid abuse. One of the primary strategies involved increasing the availability and utilization of naloxone: *Equip first responders and emergency departments with naloxone to increase statewide access, and support distribution in high-need communities.* South Dakota pharmacies should expect to see a marked increase in the number of naloxone prescriptions written for high-risk patients.

### OPIOID OVERDOSE & ABUSE

The most commonly prescribed opioids nation-wide in 2016 were hydrocodone/acetaminophen, oxycodone/acetaminophen, oxycodone, morphine (extended-release formulation), and fentanyl (transdermal).<sup>4</sup> While prescription opioid compounds and heroin have been responsible for the rapid growth of opioid toxicity cases spanning the last 15 years, illicitly manufactured fentanyl and its various analogues are responsible for driving the opioid death rates increasingly higher over the past four years.<sup>5</sup>

Illegally manufactured fentanyl is 50 times more potent than heroin and 50-100 times more potent than morphine.<sup>5</sup>

Carfentanyl (4-carbomethoxyfentanyl) is an analogue of fentanyl which is 100 times more potent than fentanyl, and therefore 5,000 times more potent than heroin, and 5,000 – 10,000 times more potent than morphine.<sup>6</sup>

Illegally manufactured fentanyl is often combined with heroin or cocaine to increase euphoric effects and is especially lethal in opioid-naïve patients.<sup>1</sup>

Opioid compounds exert their toxic effects via the mu-opioid receptor, which includes the mu-opioid receptors in the brainstem responsible for respiratory control. Opioid agonists, such as morphine, act by binding to mu-opioid receptors. This alters the perception of pain and leads to a powerful inhibition of pain pathways. This agonist activity at the mu-opioid receptor also causes central nervous system (CNS) depression. CNS depression presents most commonly as drowsiness, decreased respiratory rate, and decreased pulse.

The CNS depression from opioid agonists does not have a ceiling-dose response. Therefore, a large enough opioid dose could cause enough respiratory depression to be lethal.

### NALOXONE MECHANISM OF ACTION & MEDICATION PROPERTIES

Naloxone is a competitive mu-opioid antagonist.<sup>8</sup> Upon administration during an opioid overdose, naloxone quickly displaces opioids at the opioid receptor sites. This causes reversal of opioid toxicity and all related symptoms. Naloxone is currently available as an injectable medication for intravenous, subcutaneous, intramuscular use. It is also available as a nasal spray. Naloxone is unsuitable for administration as an oral tablet due to its extensive first pass metabolism.

In 2015, the Food and Drug Administration (FDA) approved the user-friendly nasal spray formulation of naloxone, Narcan®.<sup>8</sup> This nasal spray formulation is able to produce naloxone blood levels that are equivalent to the blood levels produced with the intravenous naloxone formulation, which makes the intranasal spray an attractive alternative due to its ease of use.

When administered intravenously, naloxone's mean response time is approximately 1.5 minutes, with full onset of action within approximately 2-5 minutes. The response time and duration of action are just slightly longer with intramuscular and subcutaneous administration. It is important to note venous administration of naloxone may be complicated or even impossible to achieve with IV drug users due to venous damage.

The mean response time for the naloxone intranasal formulation is approximately 2-3 minutes, with full onset of action within 8-13 minutes.<sup>8</sup>

While intranasal spray administration is the preferred route of delivery for opioid reversal, the timeliness and effectiveness of Narcan® may on rare occasions be impaired by nasal passageway complications such as excessive mucous and damaged tissues. Habitual abusers of cocaine, heroin, and other opioids via nasal pathways may present with damaged nasal passages with scarring and necrosis, which may then inhibit timely absorption of the product.

One disadvantage of naloxone is its very short duration of action compared to the longer duration of action of most opioid agonists. The duration of action of naloxone is 60-90 minutes. The duration of action of hydrocodone/acetaminophen is 4-8 hours. Therefore, a naloxone dose may need to be repeated several times, or possibly for an ongoing succession of times, as toxicity symptoms reappear.

### RECOGNITION OF A PATIENT IN NEED

When counseling on the use of naloxone, pharmacists should instruct potential users on how to recognize the clinical symptoms of an opioid overdose.<sup>8</sup> The most prevalent symptoms of a potentially lethal opioid overdose involve respiratory depression and apnea. Family members or friends can suspect opioid overdose if a patient is found to be unresponsive, with a noticeably slow breathing pattern (apnea). They should also be instructed to look for signs of hypoxia, or lack of oxygen in the blood, which presents as blue fingernails or blue lips. Miosis (excessive constriction of the pupils) and stupor (dulled mental status) are two additional classic symptoms of opioid intoxication.

### CURRENTLY AVAILABLE PRODUCTS

Narcan® is available as a 4 mg single-dose nasal spray.<sup>8</sup> The appropriate administration of this product involves the 4 mg dose given as one spray (the contents of one nasal spray pump) into one nostril. This dosing may be repeated every 2-3 minutes until medical personnel arrive.

Evzio® (naloxone HCl injection) is an intramuscular injectable opioid reversal product for home use.<sup>9</sup> It is available as a packet of two pre-filled auto-injector devices, with each containing a 0.4mg/0.4mL dose of naloxone HCl. Each auto-injector guides the user with electronic voice-activated instructions and provides an accidental needle-stick safeguard mechanism. The recommended site for injection is the outer thigh region.

The FDA also approved a higher dose formulation of Evzio® for home use in 2016, available as two 2mg/0.4mL auto-injectors with a trainer. This formulation is designed to be *consistently adequate for the emergency treatment of an opioid overdose* in the non-clinical setting, since it will *rapidly meet a single threshold for exposure and onset that approximates 2mg naloxone administered by injection (the high end of the established safe and effective initial dose range), rather than 0.4mg (the low end of the initial dose range).*<sup>10</sup>

# CONTINUING EDUCATION *for* PHARMACISTS

## Naloxone: Important Considerations & Appropriate Use in Opioid Toxicity

(continued)

### SIDE EFFECT PROFILE

Although there was initial concern regarding the safety profile of naloxone on patients suffering opioid dependence, naloxone has proven to be safe when used appropriately.<sup>8</sup>

Narcan® (naloxone nasal) has been judged to be safe for use in a pregnant patient.<sup>8</sup> However, the compound does cross the placenta, so in an habitual user it may lead to withdrawal symptoms in the fetus. Therefore, mother and baby should be monitored continuously until the situation has stabilized.

The common side effects of naloxone in opioid-dependent patients who have overdosed on an opioid include yawning, lacrimation, piloerection, diaphoresis, myalgia, vomiting, tachycardia, fever, shivering and diarrhea.<sup>8</sup> The side effects of naloxone are not life-threatening, however, patients, family members, friends or care givers should always be instructed to call 911 after administration of naloxone. Naloxone is not a substitute for emergency care.

### NARCAN® ADMINISTRATION

Narcan® (naloxone nasal) was formulated to be user friendly and simple to use. Potential users of this product should be counseled in advance to watch the instructional video at [www.narcan.com](http://www.narcan.com).

The first step in the administration of Narcan® Nasal Spray is to lay the patient on his or her back.<sup>7</sup> Next, peel back packaging to expose Narcan® nasal spray.<sup>8</sup> A Narcan® Quick Start Guide is readily available inside the package and can be quickly reviewed if needed.

Then, remove the Narcan® spray device from the package and take hold of it with the thumb on the bottom of the plunger and first and middle fingers on either side of the nozzle.<sup>8</sup> It is important to not push down the plunger until the nozzle is in the nostril of the patient in order to avoid wasting any amount of the intended dose.

The nasal spray does not need to be primed prior to administration.<sup>8</sup> Tilt the patient's head back and support the neck with your hand. Then place the nozzle into the patient's nose until your fingers are against the patient's nose. Press the plunger firmly to administer the dose.

After administration of Narcan®, emergency medical help should be summoned immediately.<sup>8</sup> Cardiopulmonary resuscitation (CPR) may be administered while waiting for emergency personnel to arrive.

Narcan® is not a replacement for further emergency medical care.<sup>8</sup> The patient must remain under close observation following the administration of a Narcan® dose. If the patient does not wake up, respond to voice or touch, or begin to breathe normally within 2-3 minutes after the initial administration of Narcan®, another dose of Narcan® may be given, and this dose may then be administered into the opposite nostril.

The used Narcan® receptacle should be placed back into its box and disposed of in a secure manner, protecting against potential access by young children.<sup>8</sup>

### SUMMARY

Pharmacists are uniquely equipped as medication experts in their communities to help raise public awareness of the dangerous trends in illicit drug use in America and to highlight the potential life-saving benefits of naloxone in acute opioid toxicity.

Patients, family members, and care givers should be encouraged to learn about the lifesaving benefits of naloxone in acute opioid toxicity, along with the steps involved in the appropriate use and administration of naloxone products, and the importance of post-treatment monitoring.

**Financial Disclaimer:** The author and planners of this course have no financial relationships to declare.

### References:

1. Centers for Disease Control. Understanding the Epidemic. 2015. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
2. Centers for Disease Control and Prevention. Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017. U.S. Department of Health and Human Services. Published August 31, 2017. Accessed from <https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>
3. USA Today, Sep 1, 2017: South Dakota Opioid Prescriptions Grew in 2016: <https://www.usatoday.com/story/news/politics/2017/08/14/s-d-opioid-prescriptions-grew-2016/564473001/>
4. South Dakota's Statewide Targeted Response to the Opioid Crisis; October 2017
5. SFI Medical Publishing
6. CDC National Center for Injury Prevention and Control; July 2017; Prescription Behavior Surveillance System (PBSS) Centers for Disease Control and Prevention National Center for Injury Prevention and Control ISSUE BRIEF
7. The role of science in addressing the opioid crisis. Nora D. Volkow, Francis S. Collins. N Eng J Med. September July 2017.
8. Narcan [package insert]. Radnor, PA: Adapt Pharma, Inc; 2017.
9. Evzio [package insert]. Richmond, VA: Kaleo; April 2014.
10. FDA Advisory Committee on the Most Appropriate Dose or Doses of Naloxone to Reverse the Effects of Life-threatening Opioid Overdose in the Community Settings Sep 2, 2016.

### Additional Reading:

**Naloxone for Treatment of Opioid Overdose Advisory ... - FDA**  
<https://www.fda.gov/downloads/AdvisoryCommittees/.../Drugs/.../UCM522690.pdf>

Oct 5, 2016 - The initial adult dose of naloxone in known or suspected narcotic overdose is 0.4 to 2 mg, which may be ... Administration (FDA) approved non-injectable naloxone product for the treatment of opioid overdose. .... Naloxone has an onset of action within 1-2 minutes following IV administration and within 2-5.

**Life-Saving Naloxone: Review of Currently Approved Products**  
<https://www.practicalpainmanagement.com/.../life-saving-naloxone-review-currently-...>

To help prevent accidental drug overdoses, the Food and Drug Administration has approved a number of new naloxone-containing products. Naloxone is a non-scheduled opioid antagonist that has been proven to rapidly reverse life-threatening respiratory depression and other opioid depressant effects.

**Naloxone product chart - PrescribeToPrevent**  
[prescribetoprevent.org/wp2015/wp-content/.../Naloxone-product-chart.16\\_01\\_21.pdf](http://prescribetoprevent.org/wp2015/wp-content/.../Naloxone-product-chart.16_01_21.pdf)  
January 21, 2016. Injectable (and intranasal- IN) generic<sup>1</sup>. Intranasal branded<sup>2</sup>. Injectable generic<sup>3</sup>. Injectable generic. Auto-injector branded. Brand name. Narcan Nasal Spray. Evzio Auto-Injector. Product comparison. FDA approved. Labeling includes instructions for layperson use. X (for IV, IM, SC).

**Evzio Auto-Injector Demo - YouTube**  
[https://www.youtube.com/watch?v=mtdPk\\_\\_7xlc](https://www.youtube.com/watch?v=mtdPk__7xlc)

**Drugs for Opioid Use Disorder | The Medical Letter, Inc.**  
<https://secure.medicalletter.org/w1522a>  
Jun 5, 2017 - In opioid overdose, naloxone begins to reverse sedation, respiratory depression, and hypotension within 1-2 minutes after IV administration, 2-5 minutes after IM or SC administration, and 8-13 minutes after intranasal administration.



# CONTINUING EDUCATION *for* PHARMACISTS

## Naloxone: Important Considerations & Appropriate Use in Opioid Toxicity

( Learning Assessment - Post Test )

- Which of the following drugs is **NOT** one of the compounds involved in the opioid overdose crisis?  
A. Heroin  
B. Methamphetamine  
C. Fentanyl  
D. Oxycodone
- Opioids exert their agonistic effects by binding to the mu-opioid receptor which leads to \_\_\_\_\_ :  
(select all that apply)  
A. pain inhibition  
B. CNS depression  
C. decreased respiration  
D. increased pulse
- Which of the following clinical signs is **NOT** typically present in cases of opioid agonist toxicity?  
A. unresponsiveness  
B. vomiting  
C. respiratory depression  
D. miosis
- Naloxone exerts its antagonistic effect by competitively displacing opioids at mu-receptors throughout the body and may be administered via each of the following routes, **except**:  
A. intranasal  
B. intravenous  
C. subcutaneous  
D. oral
- Which of the following statement(s) is/are **TRUE**?  
(select all that apply)  
A. The single dose Narcan® nasal spray formulation delivers 4 mg of naloxone.  
B. The Narcan® nasal spray device does NOT need to be primed prior to use.  
C. Following Narcan® nasal spray administration, cardiopulmonary resuscitation (CPR) may need to be administered while waiting for emergency responders to arrive.  
D. Narcan® nasal spray can reverse the toxic effects of morphine, methadone, carfentanyl, and methamphetamine.
- Naloxone HCl is also available to patients as an auto-injector for intramuscular injection.  
A. True  
B. False
- Which of the following statement(s) regarding Narcan® nasal spray formulation is/are **TRUE**?  
(select all that apply)  
A. Narcan® nasal spray is able to produce naloxone blood levels that are equivalent to the blood levels produced with the intravenous naloxone formulation.  
B. Narcan® nasal spray is judged to be safe for use during pregnancy, however it does cross the placenta and may precipitate withdrawal symptoms in the fetus, as well as the mother, so continued monitoring is required.  
C. The absorption and effectiveness of Narcan® nasal spray is never impaired by nasal passageway complications.  
D. Narcan® nasal spray mean response time is considerably faster than that for naloxone intravenous.
- Which of the following is a potential after-effect of naloxone when administered to an opioid-dependent patient?  
A. Diarrhea  
B. Constipation  
C. Bradycardia  
D. Drowsiness
- Narcan® nasal spray mean response time is \_\_\_\_\_, with full onset of action within \_\_\_\_\_, and a duration of action of approximately \_\_\_\_\_.  
A. 0-1 minute / 8-13 minutes / 15-20 minutes  
B. 1.5 minutes / 2-3 minutes / 4-6 hours  
C. 2-3 minutes / 8-13 minutes / 60-90 minutes  
D. 2-5 minutes / 8-13 minutes / 4-6 hours
- The pharmacist's role in educating a patient, family, friend, or caregiver includes:  
A. Identification of the typical signs and symptoms related to opioid toxicity.  
B. Instructions on appropriate use of the product.  
C. Counseling that naloxone nasal spray is **NOT** a replacement for emergency care.  
D. All of the above.

## Naloxone: Important Considerations and Appropriate Use in Opioid Toxicity

( Knowledge-based CPE )

To receive 1.0 Contact Hours (0.1 CEUs) of continuing education credit, preview and study the attached article and answer the 10-question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of at least 70% is required to earn credit for this course. 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. Participants should verify credit upload to their NABP accounts within two weeks of submission of this answer sheet to insure appropriate credit award.



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: **#0063-0000-18-036-H01-P**

**Learning Objectives - Pharmacists:** 1. List the main opioid compounds commonly involved in overdose emergencies, and explain their toxicological properties; 2. Provide a drug review of naloxone, and describe its mechanism of action; 3. Recognize the signs and symptoms of a patient in possible need of an opioid reversal agent; 4. Explain the appropriate steps and clinical considerations involved in naloxone administration; 5. Describe the pharmacist's role in educating a patient's family/friends in the proper administration of naloxone.

Circle the correct answer:

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

Course Evaluation – must be completed for credit.

	DISAGREE							AGREE						
Material was effectively organized for learning:	1	2	3	4	5	6	7							
Content was timely and applicable for re-licensing / recertification:	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 evidence-based, balanced, noncommercial:	1	2	3	4	5	6	7							
List any instance of perceived bias _____														
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7							
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Comments: List any future CE topics of interest (and related skill needs): _____														

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Course release date: May 4, 2018 / Expiration date: May 4, 2021 / Target audience: Pharmacists  
Mail this **completed sheet** with your check of \$8 to: SDSU College of Pharmacy-C.E. Coord. Box 2202C, Brookings, SD 57007  
Office Ph: 605-688-4242 / Bernie.Hendricks@sdsu.edu

# JUDGE PERMANENTLY PULLS IM26 FROM THE SOUTH DAKOTA BALLOT

July 16, 2018

**Contact:** Sherry Kurtz-Anderson at 605-610-2275

## Initiated Measure 26

Sioux Falls, SD (July 16, 2018) – Today, Hughes County Circuit Court Judge Patricia DeVaney issued an order to permanently remove Initiated Measure (IM) 26, the deceptive prescription drug ballot issue, from South Dakota’s November 2018 ballot. Judge DeVaney’s ruling found that proponents of the ballot issue had improperly circulated IM26 petitions under South Dakota law which led to signatures being disqualified. The number of remaining valid signatures was far below the threshold required to qualify for the ballot.

Sherry Kurtz-Anderson, the spokesperson for South Dakotans Against the Deceptive Rx Ballot Issue, the coalition formed to oppose IM26, issued the following statement in the wake of the Court’s decision:

*IM26 was about deception from the beginning. Proponents of this deceptive proposal took a bad idea rejected by voters in California and Ohio, funded it with contributions from an out-of-state health care organization and violated the law in attempting to qualify it for the ballot. We applaud Judge DeVaney for seeing through this deception, applying the clear requirements of South Dakota law, and protecting South Dakota voters and the integrity of the initiative process with her ruling.*

### ADDITIONAL BACKGROUND

South Dakotans Against the Deceptive Rx Ballot Issue filed the complaint in the Hughes County Circuit Court in May 2018 following the certification of the petitions submitted by proponents to the South Dakota Secretary of State. While the Secretary of State followed the statutory requirements in reviewing the signatures, her office is not required to review the circulator oaths or the circulators’ qualifications as South Dakota residents. A court challenge was the only option to address unqualified circulators or improperly circulated petitions.

Washington insider, political activist and failed political candidate Rick Weiland led the IM26 effort in South Dakota. For Michael Weinstein, the CEO of the California-based AIDS Healthcare Foundation that funded the South Dakota measure, being kicked off the ballot in South Dakota is strike three after losing similar measures in both California and Ohio.

PAID FOR BY SOUTH DAKOTANS AGAINST THE DECEPTIVE RX BALLOT ISSUE

# OUTPATIENT RETAIL PHARMACY REIMBURSEMENT CHANGES

By William Snyder, Director, Division of Medical Services

## SD Medicaid

In compliance with federal final rule CMS-2345-FC published on February 1, 2016 South Dakota Medicaid will change the formula used to calculate prescription costs for reimbursement to pharmacies. The purpose of the federal final rule is to move prescription reimbursement to a more cost-based, transparent payment methodology.

The new formula will be the lesser of National Average Drug Acquisition Cost (NADAC), or Wholesale Acquisition Cost (WAC) if no NADAC, Federal Upper Limit (FUL), State Maximum Allowable Cost (MAC), plus the professional dispensing fee of \$10.50, or Usual and Customary (U&C) price. This new pricing will be in effect for claims with dates of service on or after August 1, 2018.

AAC implementation is expected to be a budget neutral implementation. Pharmacists should expect to see lower reimbursement for ingredient costs, alongside a significant increase in the professional dispensing fee. This will cause some prescriptions to pay more than the old formula but it will also cause some prescriptions to pay less. The overall aggregate impact is expected to be budget neutral. As always, the Medicaid budget for pharmacy services is determined by Legislative appropriation and is subject to budget constraints.

Beginning in June 2016, South Dakota Medicaid met with a small group of pharmacists representing both chain and independent pharmacies to discuss the approach for determining a professional dispensing fee. South Dakota Medicaid analyzed the professional dispensing fee of surrounding states and collected key data points from South Dakota pharmacists to inform the analysis. Budget neutrality was an important determinant in calculating the new professional dispensing fee. South Dakota’s

professional dispensing fee of \$10.50 is in line with the fee paid by surrounding Medicaid agencies (IA & NE \$10.02, WY \$10.65, MT \$10.67, ND \$12.46). As required under federal rule, South Dakota Medicaid plans to perform a cost to dispense survey in the future.

Federal Supply Schedule (FSS) purchased drugs are required to be billed at no more than their actual acquisition cost plus the professional dispensing fee. Drugs acquired through the federal 340b program and dispensed by 340b contract pharmacies are not covered.

NADAC prices typically apply to single source drugs and requests for NADAC price reviews are handled by the federally contracted vendor Myers & Stauffer. Reviews can be submitted to Myers and Stauffer utilizing the form found at the following link: <https://www.mslc.com/uploadedFiles/NADAC%20-%20Request%20for%20Medicaid%20Reimbursement%20Review.pdf>

MAC prices typically apply to multi-source drugs and MAC appeals will continue to be handled by OptumRx utilizing the following link: <https://prdgov.rxportal.mycatamaranrx.com/rxclaim/SDM/SMAC.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).



# PHARMACY 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.*

## Animal Patients

The pharmacist at Anytown Pharmacy had prepared prescriptions for two pets and placed them in the refrigerator awaiting pickup. When Butch's owner came in to pick up his prescription, the owner was given another dog's prescription. Upon administration, the dog became lethargic and Butch's owner took him to the vet. Unfortunately, Butch's symptoms couldn't be reversed and he died as a result of the incorrect drug's effects. Butch's owner subsequently made a claim for damages against the pharmacy.

What damages is Butch's owner entitled to recover? In the majority of states, pets and other animals are considered personal property. As such, the owner is not entitled to recover damages for emotional pain and suffering or mental anguish, no matter how close the owner is to the pet or how much a part of their family they consider the pet to be. This can make these types of claims difficult to settle because the owner feels that the bond with their pet is not being considered. Under the law, they are correct. The bond with their pet is not compensable.

What is compensable is the market value of the animal and other costs resulting from the incident. These other costs could be the cost of treatment by a vet or in extreme cases, the cost of burial or cremation of the animal. The market value of an animal includes a number of factors, such as the original purchase price, the cost of replacement, and other elements that can enhance the animal's value. For example, if the animal patient is a prize-winning race horse, the owner would be entitled to recover lost stud fees and other income derived from the horse's performances. The cost to replace a winning race horse can also be substantial.

The potential vet bills for an injured pet could also be substantial. Because of the bond with their pet, the distraught owner might be willing to try any treatment, even those with only a small chance of success. It would not be unusual for vet bills to exceed the market value of an animal.

Because animals are considered property under the law, some states may have different procedures for these types of claims. States that have damage caps in medical negligence cases may not apply them here. These caps are generally applied to the injured patient's damages for pain and suffering.

Because animal claims are property claims and there are no emotional damages, these caps do not apply. Also, because these claims are property claims, they may not be eligible for the Medical Review Panel process if that is in place in your state. In the Medical Review Panel process, the negligence claim is reviewed and evaluated by a panel of practitioners before the case can go to court. The case then only goes to court if one of the parties disagrees with the panel's decision.

Pharmacists may not think much about the financial risks from an animal claim because there are no damages for emotional distress. While this is true, the other exposures can still be significant. Market values for race horses that have died as the result of prescription errors can reach six figure settlements. This can be multiplied if more than one animal is killed or injured. A case in Florida in 2009 resulted in the deaths of 21 polo ponies from a compounded nutritional supplement. A jury awarded the owners of the horses \$2.5 million.

Pharmacists are health care providers because they want to help their patients. This is true whether the patient is human or an animal. The differences in the law for damages as the result of an error should not influence the way that a pharmacist approaches the care that they provide. There are groups advocating in several states for changes in these laws to allow for the owner to recover emotional damages. Pharmacists will need to verify the law in their state. All patients deserve the same processes and safeguards. As with any aspect of their practices, pharmacists should be well informed of the standards and risks for any activity undertaken.

© 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.

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