

# S O U T H D A K O T A PHARMACISTS AT



## In This Issue:

- President's Perspective
- Celebrating American Pharmacists Month
- 2012 Convention Highlights

**South Dakota Pharmacists Association**

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

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# SDPhA 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: <http://www.sdpha.org>.

## OCTOBER American Pharmacists Month

- 6 SDAPT Fall Meeting  
Capital University Center, Pierre, SD
- 8 Native American Day
- 9 Sioux Falls District Meeting - 5:45 p.m.  
Museum of Visual Arts, 500 N. Main Ave. Sioux Falls, SD
- 11-12 South Dakota Infection Prevention Council Annual Conference  
Ramkota Hotel, Rapid City, SD
- 13-17 NCPA Annual Convention and Trade Exposition  
San Diego Convention Center, San Diego, CA
- 19-21 APHA/ASP Midyear Regional Meeting (MRM)  
Fargo, ND
- 21-27 National Hospital and Health-System Pharmacy Week
- 23 National Pharmacy Technician Day
- 24 Rosebud District Meeting - 6:30 p.m.  
Homesteader Restaurant, 119 Main St. Gregory, SD

## NOVEMBER

- 1 Black Hills District Meeting - 6:00 p.m.  
Minerva's Rapid City, SD
- 11 Veterans Day
- 22 Thanksgiving

## DECEMBER

- 3 ASHP Midyear Clinical Meeting - Dakota Night Reception - 5:30 p.m.  
MGM Grand, Las Vegas, NV
- 25 Christmas

*Cover Photo Courtesy of Woody's Wild West, Deadwood, SD  
SDPhA Board Members at 2012 SDPhA Annual Convention*

### SOUTH DAKOTA PHARMACIST

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# DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director



## Happy American Pharmacists Month!

What a beautiful month to celebrate Pharmacy! Fall has always been a favorite of mine, and I love the seasonal changes.

Located within this issue of the *South Dakota Pharmacist*, you will find various ways to celebrate your profession. We encourage all of you to do something special to

show the value of pharmacy, whether it's a brown bag event, health screening, signage, etc. Blood pressure, heart and stroke awareness programs are always excellent ways for you to showcase your skills, and the value of immunizations cannot be understated. We've already had numerous cases of confirmed influenza (A and B) so it's time to turn up the fire and get vaccinating in the best interests of your patients!

The fall timeframe and abbreviated schedule for convention seems to have been a positive move! We enjoyed the company of around 250 folks during this year's event. Deadwood was a big hit and we heard many positive comments from attendees and vendors alike. And the students!! We welcomed close to 60 students! And Technicians were there in a good number representing their profession! Their hard work needs to be recognized by all! You would surely have a difficult day in the pharmacy without their valuable assistance. A big THANK YOU to our sponsors and vendors too. We wouldn't be able to put on a nice convention if it wasn't for their support.

The continuing education presenters were outstanding, and we're so blessed to be able to provide such excellent education by our very own pharmacists, as well as physicians, and regulators. Considerable discussion was held regarding the Prescription Drug Monitoring Program, and how it's taking off. If you have any thoughts concerning the program, you're urged to contact the South Dakota Board of Pharmacy or your association office. It's always good to receive feedback on a new endeavor, and we all value your opinions.

The convention attendees determined pharmacy has two very important issues to work on in the coming months to prepare for Legislative Session. I have placed the resolutions in this journal which were deemed extremely critical and passed during the business meetings at Convention. Each issue in and of itself is extremely import to the profession, and we'll be doing our best to work towards passage of both. For more detailed information,

please don't hesitate to contact our office, and look for more information in the near future in e-mailings, notifications, etc.

The Fall District Meetings have begun scheduling, with Sioux Falls scheduling theirs for October 9, Rosebud on the 24th of October and the Black Hills District meeting will be November 1. (See the calendar at the front of the journal for more detailed information.)

Once again, we will be going out to visit with Legislators to educate them on our initiatives in November following the election. We'll be looking to you for your wonderful support at home, and we'll also be in need of critical financial support via C&L. We need to keep our Lobbyist Bob Riter engaged, so your help is very much appreciated.

I'm happy to announce and welcome two new pharmacists to your Executive Board team! Rob Loe from Lynn's Dakotamart Pharmacy in Pierre, and Dave Mentele, Cigna Home Delivery in Sioux Falls, were elected and have agreed to serve. Both bring a wealth of knowledge and expertise in various pharmacy practice settings, which we believe remains critical to the success of your organization! I would be remiss if I didn't thank all of our wonderful board members, past and present, for their dedicated service. They work so hard for all of you and do their best to represent you all. Take a minute to thank one of them sometime.

My sincerest congratulations to President Else Umbreit as she begins her Presidency. Else has been on the Board for quite a few years and really knows the ins and outs of what's going on with the profession! I'm really looking forward to working with another fine leader and an excellent board.

If I didn't take a minute to thank our Immediate Past President Lenny Petrik, it would be a tragedy. Lenny stepped up and took on a 15-month tour of duty with the transition to a fall convention. Lenny, you are an amazing leader and we were all very fortunate to have you in that role these past months. It's not an easy job, but you made it fun and we all knew you had the backs of all of your members, board and staff at all times. Thank you!

As you can see, the SDPhA plate is heaped with activities, challenges, and opportunities. We want to remind you that we'll continue to do our best to help and support you. We're only a phone call or an email away, so don't hesitate to contact us with your questions, thoughts or concerns ... we'll keep the coffee pot on!

Healthy Regards,  
*Sue*



# PRESIDENT'S PERSPECTIVE

Else Umbreit | SDPhA President



Greetings! Early fall would be my favorite time of year, if it wasn't always followed by winter. None the less, I still love it. The leaves are changing, the temps are a little cooler, and the Vikings are still in contention for a Super Bowl win. This could be our year! Thank you to everyone who joined us in Deadwood recently for the 126th annual SDPhA convention. This was our first run with a shortened

convention format, but the condensed schedule definitely did not translate into less substance. There were excellent education sessions, in-depth discussions on trending topics such as PDMP and audit abuse practices by PBMs, and plenty of opportunities to network with colleagues. Plus the hills were especially beautiful with the wide array of fall colors. A special thank you to the technicians and students who were able to join us and help make the event such a success, as well as all the great vendors who shared their information with us and helped support the event.

Pink is everywhere! That's an everyday occurrence for me with a little princess at home, but for everyone else, it means October is here. Breast cancer awareness steals the spotlight this month, but as pharmacists, October is also our time to shine. Fortunately, so many of the things we often do on a daily basis help to promote the profession. This includes everything from taking a blood pressure, checking a blood glucose level, giving an immunization, and especially the time we take to counsel our patients, strengthening those patient-pharmacist relationships. Take a little time to do something extra, even something as simple as an informational bag stuffer, to celebrate American Pharmacists Month. Don't forget the technicians, who play a pivotal role in our success. Make a point to recognize them for their hard work and dedication every day, but especially on October 23rd, National Pharmacy Technician Day.

Pharmacy always seems to have hot button issues come legislative session, and this year is no exception. Two resolutions were passed at convention, one regarding pharmacist immunization practices and a second regarding legislation to address abusive PBM audit practices. PBMs have a large presence and deep pockets, but we need to keep fighting to make our voice heard. You can help by supporting the Commercial and Legislative (C & L) Fund, and now making a donation has never been easier. Just visit the SDPhA website and select the "C&L and District Dues" link. We have added an auto-renewal feature, so your yearly contribution can be automatic. If you have already

made a contribution, thank you so much! If not, I strongly encourage you to go online and make your contribution today.

Personal contact with your legislators is an additional way you can help support pharmacy. Help your profession by letting us know who you know. Contact Sue at the office or fill out the Political Contact Form on the SDPhA website if you have connections to anyone in the legislature. Save the date now for Legislative Days in Pierre January 30th-31st, 2013, which is a great opportunity to interact with several legislators as well. If you have any questions about C&L or other legislative issues, please give Sue or myself a call.

Finally, a quick thank you to Jim Bregel, who served as a member-at-large for our board this past year, and Lenny Petrik, out-going president. Both of these guys work very hard to support and promote pharmacy, and their contributions to SDPhA are greatly appreciated. I am very fortunate to have such a great board to work with and I am looking forward to the coming year. Our association board is here to serve you, the members, and I am grateful to be entrusted with that responsibility. Have a great fall, and I hope to see many of you in Pierre the end of January!



## ***Team Up. Pressure Down.*** **Coaching Patients to Take Control.** **A Free On Demand CPE activity**

Citing strong evidence of effectiveness, the U.S. Preventive Services Task Force in May 2012 recommended team-based care – uniting the efforts of physicians, pharmacists, nurses and other health care professionals – to improve blood pressure control. Participate in a free, one hour (0.1 CEU), On Demand, CPE activity to learn more about ***Team Up. Pressure Down. Coaching Patients to Take Control.***, a new Million Hearts™ educational program that offers support and resources for health care professionals working to help Americans improve medication adherence and more effectively manage their blood pressure.

For more information and to register, go to  
[www.GoToCEI.org](http://www.GoToCEI.org).

# 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: Ashley Landenberger; Ryan Rekow; Stephanie Petersen; Ian Alverson; Elizabeth Bohls; Elliot Hinricher; Jacob Hobbs; Brandon Kirchner; Ashley Kling; Brianna Siefkes; Rhianna Tuchscherer; John Weitgenant; Ashley Barta; Anna Cutler; Marisa Erlandson; Angela

Pepin; Joshua Holstein; Stephanie Jones; Bruce Jorgensen; Michael Magbuhat; Jillian Tucek; Kacie Bohlken; Timothy Magnuson; Sarah Neuhauser; Melissan Olson; Kelsey Oye; Randi Sandbulte; Emily Vitek; Terry Hoffman; Rachel Lebrun; Jennifer Sheeley; Sara Solem; Lisa Becker; Eldon Edge; Kara Estabrook; Carrie Jansen; Marie Potthoff; Andera Roche; Joseph Rose; Corrie Thurmer; Nathaniel Ehni; Lance Linderman; Jonathon Nickolas; Laura Garza; Walter Phelps; Amanda Schmig; James Sherman; Any Brandner; Reina Bruinsma; Jessica Nelson; Christopher Reynolds; Hillary Siebels; Timothy Habeck; Erik Lambrechts; Lindsay Neugebauer; Beth Sundahl; Alexandra Saastad; Scott Fjeldheim; Andrew Zwack; Jenifer Abrahamson; Jordan Baye; Katie Hagen; Greg Wollman; Clay Sloan; Donna McPherson; Daniel Shin; Kelli Shaw; and Kristine Stultz.

## NEW PHARMACIES

Pharmacy licenses have been issued recently to: Avera Medical Group-McHale Institute – Sioux Falls; Tom Johnson PIC; Avera ePharmacy – Sioux Falls; Andrea Darr PIC; Wal-Mart Pharmacy 10-3872 – Rapid City; Alex Chmura PIC.

## BOARD STAFF

Kari Shanard-Koenders began as the Prescription Drug Monitoring Program Director July 30th. Kari brings a diverse pharmacy background to the office. Most recently Kari's experience includes an extensive background in Long Term Care Pharmacy. The Board is excited to have Kari on staff as Ron Huether transitions fully into his retirement.

## MEDICATION RECONCILIATION

Medication Reconciliation is extremely important to avoid errors. In the August edition of Modern Medicine article, it is noted that almost half of patients discharged from the acute geriatric department of a hospital had 1 or more discrepancies on their medication information at discharge. It is important to put a process in place to be sure a patient's medication list at discharge from the hospital is the same information that is provided to the primary care physician to avoid errors. To view the entire article, go to [www.formularyjournal.modernmedicine.com](http://www.formularyjournal.modernmedicine.com)

## NOTES FROM INSPECTORS

Our Inspector Staff will like to make the following comments. If you have questions, please contact your inspector or the Board office.

- (1) For those pharmacies that have a freezer, please remember to record/log the temperature. If you need a form to record this information, please contact the board or your inspector and they can supply you with one.
- (2) Combat Meth Certificate-please check the expiration date of the certificate. Inspectors continue to find certificates that have expired.
- (3) Random Audits – Inspectors and the board encourage all pharmacies to conduct random audits on controlled substances.

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

South Dakota pharmacies and Non-Resident pharmacies licensed by the Board are very responsive in complying with the requirement to submit prescription information to the SDPDMP. Our Board has also signed the Memorandum of Understanding (MOU) with the National Association of Boards of Pharmacy (NABP) for NABP's PMP InterConnect platform. This will allow pharmacists and prescribers the ability access prescription data in those states that have agreed to participate. Some states laws and rules prevent the electronic sharing of data across state lines; however NABP staff has offered assistance to those states if a legislative change is needed.

As of August 14th, 2012 there are over 1 million prescriptions in the database. Many pharmacists have help our staff reach out to prescribers and encourage them to request on-line access. Currently 406 pharmacists and 525 prescribers have been approved to access the SDPDMP database.

## BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings. The December 7th Board Meeting will be held in Sioux Falls.

## BOARD OF PHARMACY STAFF DIRECTORY

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# SOUTH DAKOTA BOARD OF PHARMACY

(continued)

## TOP 10 CONTROLLED SUBSTANCES IN SOUTH DAKOTA BY NUMBER OF DOSES DISPENSED: January 1, 2012 to August 14, 2012

2012 Most Prescribed Drugs	RXs	Quantity	Quantity/Rx
Hydrocodone/APAP	173,770	9,758,303	56
Zolpidem	60,636	1,928,997	32
Lorazepam	50,874	2,394,217	47
Clonazepam	44,061	2,270,830	62
Alprazolam	34,614	2,000,337	58
Methylphenidate	29,509	1,337,890	45
Amphetamine Salts	26,990	1,206,322	45
Oxycodone/APAP	26,616	1,620,729	61
Oxycodone	25,085	2,078,989	83
APAP/Codeine	22,728	874,652	38

## ACADEMY OF STUDENT PHARMACISTS

Sara Wettergreen | APhA-ASP SDSU Chapter President



Greeting from the South Dakota State University Chapter of APhA-ASP!

The fall is off to an exciting start! Students are back to school and are using the energy they saved up throughout the summer to get productive, both inside and outside of the classroom.

We kicked off the year with SDPhA at the annual Welcome Back Picnic on September 4th. The event

is always a fun way to start off the year and we thank SDPhA for making the picnic possible. Pre-Pharmacy and professional program students had the opportunity to get to know each other and discuss the benefits of membership in APhA-ASP.

To continue our success as a student pharmacist chapter, the executive committee and the committee co-chairs each met to plan our goals for the year. We have focused on the themes of involvement, impact, and innovation to improve the current chapter programs, as well as develop creative new programs that will build on our past success. We hope that the upcoming programs will help meet the unique needs of South Dakota, such as rural healthcare. Please check our calendar at [www.sdstateasp.org](http://www.sdstateasp.org) to see our upcoming programs!

After getting the chapter off to a solid start, students will pack their bags and hit the road! First, students will head out west for

the SDPhA Annual Meeting in Deadwood, SD! We are looking forward to meeting South Dakota pharmacists with a beautiful backdrop of the Black Hills. We are also attending the APhA-ASP Midyear Regional Meeting in Fargo, ND in late October to represent SDSU in the student policy process. We will definitely be making our way around the Mid-West this fall!

In October, we are excited to celebrate American Pharmacists Month! We have many plans to raise public awareness about the roles of pharmacists. We are planning to send letters to the editor for South Dakota newspapers, visit local hospitals to talk to patients about what pharmacists do, set up informational booths at pharmacies, and hold a community service event called "Student Pharmacists Giving Back". We will also raise awareness of American Pharmacists Month on campus by holding a pharmacist appreciation event for faculty, posting information about American Pharmacists Month, and wearing our "Know Your Medicine, Know Your Pharmacist" t-shirts. Thank you to all of the pharmacists in South Dakota for your dedication to the profession!

The 100th anniversary of Hobo Days is coming up on October 27th-28th and we are already gearing up to say "Go Jacks"! APhA-ASP is teaming with the SDSU College of Pharmacy and the pharmacy organizations on campus to build a great float for the Hobo Day Parade. We hope that you will be able to join us at the parade to cheer on the pharmacy float!

We wish you a wonderful fall and hope to see you at an event soon!



# SOUTH DAKOTA STATE UNIVERSITY

## College of Pharmacy



Dennis Hedge | Dean



Greetings from the SDSU College of Pharmacy!

Successful recruitment of strong students is a major factor impacting the quality of academic programs. Last year, in response to other pharmacy colleges/schools and in an effort to better serve students, the SDSU College of Pharmacy moved to a "rolling admission" program. We were very happy

with the process and believe it was beneficial in enhancing the College's ability to attract students. This year, the College is pleased to announce that it is taking an additional step in attracting students by implementing a pre-admission program for high school graduates. Details regarding the pre-admission program are as follows:

### WHAT IS PRE-ADMISSION?

To guarantee admission into the professional program, prior to the regular selection process, for students who are in pre-pharmacy and who meet specific, pre-established criteria.

### WHAT ARE THE INITIAL QUALIFICATIONS FOR THE PRE-ADMISSION PROGRAM?

- Must begin college career at SDSU and have freshman status.
- Must have an ACT score  $\geq 27$ .
- The specific courses listed in the pre-pharmacy course requirements must be taken at SDSU (students with AP credit and/or PSEO students will be evaluated on a case by case basis).

### HOW DO YOU GAIN PRE-ADMISSION STATUS?

- Must submit an Application for Pre-Admission during your senior year of high school.
- Meet qualifications for and be admitted into the SDSU Honors College.

### HOW DO YOU MAINTAIN PRE-ADMISSION STATUS?

- Must be a full-time student each semester prior to beginning the professional program and complete the required pre-pharmacy coursework within two years.

- Must maintain a cumulative GPA of  $\geq 3.5$ .
  - o Students who receive a GPA between 3.25 and 3.49 in the first semester will be placed on probationary status for one semester and must achieve a cumulative GPA of  $\geq 3.5$  by the end of the second semester or be dismissed from the Pre-Admission Program.
  - o Students who fall below 3.25 in the first semester will be dismissed from the Pre-Admission Program.
- Earn a letter grade of at least 'B' in biology, chemistry, and mathematics pre-pharmacy coursework.
- Must successfully complete general chemistry, general biology, calculus, anatomy, and one semester of organic chemistry by the end of the third semester (fall semester preceding the beginning of the academic year of the desired start date in the Pharm.D. program) at SDSU.
- Must complete the 12-credit Honors general education requirement and at least one advanced requirement (i.e. Honors Colloquium or a contracted course) within the first two years on campus.
- Successfully complete an interview and writing assessment with the College of Pharmacy Admissions Committee within the fall semester of the year prior to enrolling in the Pharm.D. program.
- Must complete the College of Pharmacy shadowing requirement and submit a completed Shadowing Experiences Form to the College of Pharmacy prior to the end of finals week of the third semester at SDSU.
- Must pay a \$600 seat deposit prior to the end of finals week of the third semester at SDSU.

Questions regarding the pre-admission program can be directed to Dan Hansen, Assistant Dean for Student Services at the College of Pharmacy. Dan's email address is [Dan.Hansen@sdstate.edu](mailto:Dan.Hansen@sdstate.edu).

Finally, we hope to see you for an event on our campus this fall. Many things are happening including the 100 Years of Hobo Day celebration which promises to be a great fun.



# SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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John Kappes, Pharm. D. | SDSHP President

## Greetings from SDSHP:

### SDSHP STUDENTS

The profession of pharmacy is in good hands. The SDSHP student liaisons have been working hard and have lots to show for their work. Andrea New was selected to the ASHP Student Society Development Advisory Group. Congratulations Andrea on selection to this national committee. Kaitlyn Jude, with help from Tadd Hellwig, applied and received a \$750 grant from the ASHP Student Society Development Grant Program. This grant will help SDSU gain Student Society of Health-Systems Pharmacist (ASHP-SSHP) recognition. A poster will be presented at Midyear of all their completed work and proposed future plans. SDSHP helped host a local skills competition which was won by Tonya Gross, Amanda Ludwig, and Andrea New. These three ladies will represent South Dakota at the ACCP Clinical Challenge competition in September.

### GVR OPEN

The 11th annual GVR open was yet another success. A total of 10 foursomes played in the tournament and raised \$2585.20! The tournament was fortunate to have beautiful weather (best day for golf in recent months). Photos will be posted to the SDSHP website soon. The winning foursome: Craig Beers, Jess Haensel, Michael Kuchta, Jeff Jonas. They won with an 11-under round of 60. All Sioux Falls Pharmacy Residents were in attendance and many SDSU students volunteered and/or played in the tournament. Many thanks to our Platinum Sponsors: Gary and Sharon Van Riper, Tom and Jodi Johnson, Tyler and Kristin Turek, and Avera McKennan Hospital Pharmacy! A special thank you to Tyler Turek for organizing the Open and to Bakker

Crossing Golf Course for hosting the event.

### SOUTH DAKOTA PHARMACY RESIDENCIES

SDSHP board will be adding a new position this year; Resident liaison. With currently 20 residents in the state of South Dakota and SDSHP's utilization of these residents for continuing education, their representation on the board is warranted. This will also be a great opportunity for one resident to gain experience with working in a state organization.

Continuing education provided by residents in conjunction with an SDSU basketball game was a huge success last year. SDSHP will again provide this CE event and hopes to expand by holding multiple events including one West River. The continuing education committee will distribute information on these events in the future.

### ASHP MIDYEAR CLINICAL MEETING – DAKOTA NIGHT RECEPTION

SDSHP will again be hosting Dakota Night Reception for pharmacists, students and technicians during the Annual ASHP Midyear Clinical Meeting in Las Vegas, NV. Please join us for refreshments and networking opportunities on Monday, Dec 3, 2012 from 5:30 PM to 7:00 PM at the MGM Grand.

### 37th ANNUAL SDSHP CONFERENCE

Mark your calendars for the 2013 SDSHP Annual Conference, which is being held April 12th & 13th at the Rapid City Holiday Inn. Our conference planning committee is hard at work organizing another quality conference.

# SD ASSOCIATION OF PHARMACY TECHNICIANS

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Twila Vavra | President

What a wonderful Fall we are having. The SDAPT are in the final stage of planning our Fall Meeting/CE which will be held on October 6, 2012, with 5 hours of continuing education. I would like to thank the SDPhA for their informative presentations at the 2012 Convention in Deadwood. What an enjoyable two days of convention.

As of the September 1, we have entered the 2012-2013 membership year. On behalf of the SDAPT, I would like to welcome all new and returning members of our association and thank you for your continued support. If you haven't renewed your membership you can go on our website [www. SDAPT.org](http://www.SDAPT.org) and print the form and send it in along with your \$35.00.

October is American Pharmacist month and on October 23, we celebrate National Pharmacy Technician Day. This gives us an opportunity to plan activities and to celebrate and promote our practices and profession.

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# PHARMACIST CARV THOMPSON NAMED TO SD HALL OF FAME

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The South Dakota Hall of Fame has named former Faith Pharmacist Carv Thompson as one of their ten inductees for 2012. The Hall of Fame, located in Oacoma/Chamberlain, SD, honors those who helped shape the great state of South Dakota and those individuals who continue to contribute to development of their communities and the state in general.

Carv Thompson was born, raised, and spent his professional life in Faith. He graduated from SDSC in 1954 with a Bachelor's Degree in Pharmacy.

After two years as a US Army Officer stationed in Japan, he returned to Faith, purchased the family drug store, and grew the business to a chain of seven Walgreen franchised pharmacies with locations in Faith, Deadwood, Lead, Philip, Lemmon, McLaughlin and Eagle Butte. Active in the SDSU Preceptor Program, he hired SDSU graduates and mentored them to become successful store managers, partners or owners of their own pharmacies.

In 2003, Carv and Cliff Thomas raised the money to publish and print 1000 copies of Harold Schuler's book, *A HISTORY OF PHARMACY IN SOUTH DAKOTA*, for the SDPhA. All proceeds from the sale of the book go to an endowment at SDSU to provide pharmacy scholarships.

Among many honors, Thompson has received the Bowl of Hygeia Award, the SDSU Distinguished Alumni Award for Community Service, was a member of the Executive Committee of the SDPhA and was named SDPhA Honorary President. In 2004 he was recognized for his 50 years as a South Dakota pharmacist and is now a Pharmacist Emeritus.

In 2008 Carv was honored by the College of Pharmacy as their Alumnus of the Year.

In 1965, Thompson created the "Faith Area News" radio program that was broadcast over KBHB in Sturgis five days a week for 28 years. The program heard in five states, really "Put Faith on the map" and continues today.

A tireless promoter of Faith, Carv chaired organizations that built a Main Street Shopping Mall, New School Gym, Grandstand, Swimming Pool, Motel, and Catholic Church. In 2011, he headed a committee that raised over 1.2 million dollars for building a new Faith School. He is one of the owners of the local bank.

Carv was appointed by six different South Dakota Governors to serve on various Boards and Commissions including two terms on the SD Board of Pharmacy. He served two terms in the State Legislature and in 1972, he was the Republican Candidate for Governor of South Dakota, losing to the incumbent Governor, Richard Kneip.

Thompson's main hobby is as a producer/director of concerts at fairs and festivals. He produced concerts at the Faith Stock Show and Rodeo for 28 years and at the SD State Fair for 13 years. He continues today working the Romeo Entertainment Group of Omaha and Nashville and over the past 20 years, has produced events in ten Midwestern states and Canada. Carv has worked with over 500 national acts including everyone from Bob Hope and Red Skelton to Garth Brooks and George Strait. His greatest pleasure was Emceeding the Jerry Lewis Labor Day Telethon for Muscular Dystrophy for nine years in the Rapid City market, raising over \$500,000 for "Jerry's Kids."

Carv credits his wife, Margaret, for much of his success who says, "Carv has been very generous with his time, talent and treasure and has worked hard to make his home town of Faith, and the State of South Dakota, a better place."

***Congratulations, Carv!***



# *Executive Proclamation*

## *State of South Dakota*

### *Office of the Governor*

*Whereas*, Pharmacy is one of the oldest health professions concerned with the health and well-being of all people; and,

*Whereas*, Today, there are an estimated 275,000 pharmacists licensed in the United States providing valuable services to assure the rational and safe use of all medications; and,

*Whereas*, Today's powerful medications require greater attention to the manner in which they are used by different patient population groups, both clinically and demographically; and,

*Whereas*, It is important that all users of prescription and nonprescription medications, or their caregivers, be knowledgeable about, and share responsibility for their own drug therapy; and,

*Whereas*, Pharmacists are specifically educated with a focus and level of expertise on medication therapy and are ideally suited to work collaboratively with other health care providers and patients to improve medication use and outcomes by providing services through medication therapy management and adherence; and,

*Whereas*, Pharmacists provide both expertise and accessibility which are crucial to patients fully optimizing access to medications that are not self-administered such as, but not limited to, immunizations; and,

*Whereas*, South Dakota's pharmacists have been actively participating in blood pressure education, screenings, and awareness events throughout the state to assist patients who may be at risk for a heart attack or stroke; and,

*Whereas*, The American Pharmacists Association and South Dakota Pharmacists Association have declared October as American Pharmacists Month with the theme "Know Your Medicine – Know Your Pharmacist";

*Now, Therefore, I, Dennis Daugaard*, Governor of the state of South Dakota, do hereby proclaim October 2012 as

## *PHARMACISTS MONTH*

in South Dakota, and urge all our citizens to acknowledge the valuable services of pharmacists to provide safe, affordable, and beneficial pharmaceutical care services and products to all citizens.



*In Witness Whereof*, I have hereunto set my hand and caused to be affixed the Great Seal of the state of South Dakota, in Pierre, the Capital City, this Tenth Day of September in the Year of Our Lord, Two Thousand and Twelve.

*Dennis Daugaard*  
Dennis Daugaard, Governor

Attest:

*Jason M. Gant*  
Jason M. Gant, Secretary of State

# Know Your MEDICINE Know Your PHARMACIST

American Pharmacists Month

## Celebrate Your Profession!

**October is American Pharmacists Month!** It's time to celebrate your profession, recognize your staff, and reach out to your patients. SDPhA has compiled some creative ways for you and your colleagues to celebrate American Pharmacists Month!

### in the community pharmacy setting

- Use a special answering message promoting American Pharmacists Month. When you answer your phone, say "Thank you for calling. We are celebrating American Pharmacists Month. How can I help you?"
- Conduct an Immunization Day (flu clinic), blood pressure clinic or osteoporosis screening. Create a patient care center in your pharmacy.
- Hold a week-long event of brown bag medication reviews in your pharmacy.
- Decorate your pharmacy for the month of October with banners and posters highlighting American Pharmacists Month.
- Hold an educational session with snacks at a convenient time. Call it "Snacks & Facts" and invite the public.
- Hold an open house at your pharmacy and hand out good bags with an informational brochure inside.
- Give an OTC tour to your patients on how to select the best OTC products for their individual condition.
- Invite local students to your pharmacy for a class trip and give them a tour of the pharmacy.
- Reach out to local media.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.

### hospitals, institutions, managed care & long-term care settings

- Place information in your facility's newsletter about American Pharmacists Month.
- Decorate the hospital or institution lobby with posters or displays. Create a lunch tray tent card explaining the goals of pharmacy and services you offer.
- Hold an open house for all employees to visit the pharmacy.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.
- Reach out to local media.

### student pharmacists and Colleges of Pharmacy

- Create a plan and be prepared to help your employer or rotation site hold activities and events for the month of October.
- Create a banner and ask your school to display the banner to promote American Pharmacists Month.
- Hold a t-shirt fundraiser at your school in honor of American Pharmacists Month.
- Talk to high school students about pharmacy careers.

Please send SDPhA information on what you are doing this year to celebrate American Pharmacists Month. Send us an email at [sdpha@sdpha.org](mailto:sdpha@sdpha.org) or fax at 605-224-1280 telling us your plans. Make sure to include names of those who participated and photos, if available. Visit our website at [www.sdpha.org](http://www.sdpha.org) and click on "October is American Pharmacists Month" for more ideas on how to celebrate. This is a celebration of pharmacists and pharmacy so make sure to share your story!



# American Pharmacists Month

**October 2012**

Make sure to recognize your pharmacy staff during American Pharmacists Month!  
October is the perfect time for managers and supervisors to show their appreciation for the great work the pharmacy staff does throughout the year.

## go out into your community

- Senior Citizen Centers are always looking for new, exciting educational events. Set up a brown bag medication review event at the local Senior Citizen Center.
- Hold a healthcare event in your community or get involved in your local health fair.
- Present information on pharmacy to people in the community. Promote the event in advance and invite the public.
- Speak with the local school nurse on educating high school teachers about pharmacy. Ask the guidance counselor if you can set up a presentation on careers in pharmacy for Career Day.
- Contact the media in your area. Write a news release and talk with the media about American Pharmacists Month.



## don't forget to celebrate!

**October 21-27, 2012**  
**National Hospital and Health Systems  
Pharmacy Week**

**October 23, 2012**  
**National Pharmacy Technician Day**

Make sure to show your appreciation for your pharmacy technicians on this day by acknowledging their significant contributions in the pharmacy!

## resources

**For more information, visit the APhA website at:**  
**<http://www.pharmacist.com>**

Follow the Newsroom tab to the American Pharmacists Month tab for a web page full of promotional items and gifts available to you for American Pharmacists Month.

**Visit our website at [www.sdpha.org](http://www.sdpha.org)**

Click on "American Pharmacists Month" for more ideas on how to celebrate.

Spread the Word  
Pharmacists are the medication experts!



### Pharmacy Technician of the Year Award

Carol Kirchberg | Liebe Drug

Each District submits a name for consideration and one Technician is chosen overall by the Executive Board. This award nominator said some pretty amazing things about this super tech: "Carol is a cancer survivor and has devoted countless hours of her personal time to bring more awareness regarding this disease and tirelessly supports local fundraising initiatives to help find a cure. She's a pleasure to work with and is truly deserving of this award."



### Salesperson of the Year Award

Jerry Michlitsch | Dakota Drug

Jerry started with Jewett Wholesale Drug in Aberdeen in 1975. He remained with Jewett until it was purchased by D&K Wholesale in 1999. He continued with D&K until it was purchased by McKesson in 2005. Jerry left McKesson and joined Dakota Drug in Minot in January of 2006. Jerry has been married to his wife Debbie for 36 year and they have one daughter Tiffany (Aaron) Carlson, who lives in Spearfish, and two grandchildren.



### Distinguished Young Pharmacist Award

Trish Hadrick | Faulkton

Trisha Hadrick graduated from South Dakota State University in 2004. She has been the Aberdeen District President since 2008, and was the District's Vice President for the two years preceding her Presidency. She has been a member of the Faulkton Business and Professional's Association since 2008, and Chair and Co-Chair of numerous business events throughout the Faulkton community.

Trisha is a Senior High Youth Group Leader, an Education Committee Member of the United Methodist Church, Naomi Circle Secretary, and ASA Youth Softball Coach. She has been engaged in various practice settings of pharmacy and is currently the Pharmacist-in-Charge at Faulkton Drug in Faulkton as well as the part-time Hospital Pharmacist-in-Charge at the Faulk County Memorial Hospital. In addition to all this, she's a "super mom" to two beautiful girls and a supportive farm partner to husband David.



## Bowl of Hygeia Award

Galen Jordre

The Bowl of Hygeia Award is presented annually by participating pharmacy associations in each of the fifty states, the District of Columbia, Puerto Rico, and the ten Canadian provinces. The recipients are selected by their respective associations for their outstanding record of community service.

Galen Jordre graduated from SDSU's College of Pharmacy in 1968. He served as a Pharmacy Officer in the US Army Medical Service Corps before joining the SD Development Center in Redfield as a Pharmacist. He owned a drug store in Gettysburg from 1977-1986 and also worked as a Consultant Pharmacist to the local hospital. He was the Executive Director for SDPhA and Executive Secretary to the SD Board of Pharmacy from 1986-1997, and worked as the Executive Vice President of NDPhA, NDSHP and ND Pharmacy Service Corp from 1997-2004. He then returned to South Dakota and joined the South Dakota Health Department as a Pharmacist Consultant from 2005-2012 before his retirement.

Galen has served as President of the National Alliance of State Pharmacy Associations, NAPB Committeeman and Board Member; President of the South Dakota Society of Health-System Pharmacists; SDPhA's Pharmacist of the Year; Honorary President; Past Officer of the Aberdeen and current President of the Mobridge District; SDSU College of Pharmacy Advisory Committee and was named SDSU's College of Pharmacy Distinguished Alumni in 2009.

His community service includes various offices within the Catholic Church, Knights of Columbus, American Legion and the Elks Club; City Councilman, Chamber of Commerce President; Founder of the High Plains Arts Council; a member of the Board of Directors for the Gettysburg Clini, the Gettysburg Country Club and the Great Lakes of South Dakota, Pierre/Ft. Pierre Exchange Club, the YMCA and the Pierre Swim Team.

Galen and his wife, Ann, have three children and four grandchildren.



## Hustead Award

Ron Huether

The Hustead Award recognizes contributions or service during a career for significant accomplishments during a short period of time that impact the profession in a positive manner. This award stresses both the individual's professional career and the impact they have made on the profession as well as their community service and personal activities.

Ron Huether began his career as a Staff Pharmacist for Avera McKennan Hospital in 1968. He became the Director of Pharmacy, followed by Director of Physician Relations, and Vice President for Environmental Services for Avera, and was also the Part-time Property Manager and Outreach Pharmacist there.

In 2004 he became a pharmacy inspector for the State Board of Pharmacy, and was appointed Executive Secretary, a position he held for two years. His most recent position before his retirement in July 2012 was the Director for the South Dakota Prescription Drug Monitoring Program.

Ron has been President of SDPhA, and the Society, and was recognized for outstanding achievement in the professional practice of hospital pharmacy in 1979, and was the Society's Pharmacist of the Year in 1983. He also received the Bowl of Hygeia award from the SD Pharmaceutical Association in 1991.

He has served as a board member for the Carroll Institute; the Tyler Hospital Corporation; Sioux Vocational Services; the Metz-McKenna Federal Credit Union; the South Dakota Safety Council; Dow Rummel Retirement Village and the Avera Health Institutional Review Board.

Ron has been a moderator for the First Congregational Church where he has held positions on numerous boards and committees.

He and his wife, Dorothy, have two children.















# 50-YEAR PHARMACISTS

Four pharmacists, originally licensed in South Dakota, reached their 50-year mark in 2012.



## John T. Ellgen | Golden Valley, MN

John Ellgen was born and raised in Ivanhoe, MN. He was the son of the local veterinarian. John worked summers at Ivanhoe Drug and Smith Drug in Lemmon, SD, while attending South Dakota State College, where he graduated in June 1962. After graduating, he worked at Sioux Valley Drug, Sioux Falls; Eastman Drug, Platte; and Snyder Drug, Rochester, MN until he joined the USMC 4th Air Wing (medium helicopter squadron) in 1963.

On discharge to USMC Reserve, John worked in White Bear Lake and Saint Paul, MN (Wright Pharmacy, Capitol Drug, Wildwood Rexall and Minnehaha Drug). In 1967, he joined the staff of Glenwood Hills Hospital in the Minneapolis suburb

of Golden Valley. In 1970 he was promoted to Director of Pharmacy and in 1985 he became the Director of Clinical Support Services (Pharmacy, Radiology, Laboratory, Medical Records, Dietary, and Chaplaincy) as the hospital was renamed Golden Valley Health Center.

The hospital reincorporated to become Health Central Inc. and started two other Twin City hospitals (Unity in Fridley, MN, and Mercy in Anoka, MN) also developing purchasing relationships with a number of Upper Midwest hospitals (i.e. Dakota Midlands in Aberdeen, SD and a multi-state pharmacy drug purchasing group).

While with Golden Valley Health Center, John enjoyed providing 'Psychopharmacy' rotations for University of Minnesota Pharm D. students and lecturing on psychotropic medication at Saint Catherine's College (Occupational Therapy Dept.) and the University of Minnesota College of Pharmacy. He also enjoyed providing medication classes for patients in the Adult Mental Health, Eating Disorder, Sexual Dependency, and Chemical Dependency Units.

He concluded his career with various assignments in Long-Term Acute Care, Home Health Care, Specialty Drug & IV Services, including six years in Pharmacy Benefits Management. John and his wife Elisabeth, a Hospice RN at North Memorial Medical Center, live in Golden Valley, MN. They have three sons: Jonathan, Matthew and David.

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## John (Jack) Halbkat, Jr. | Webster, SD

John (Jack) Halbkat, Jr. graduated from the South Dakota State University College of Pharmacy in 1962. He worked for the Walgreen Company Pharmacy in Aberdeen, SD, for 18 months before returning to Webster to join his father in the family drug store. In 1972, Jack purchased the store from his father and operated it until 1992.

In 1992, he started work for the Kmart Corporation in their pharmacy at Watertown until 1997. In 1997, Jack joined the Nash Finch Corporation, working in their pharmacy in Aberdeen's econofoods until February 2011, at which time he retired.

During his professional career, Jack was active in the Watertown District and also on the State level for several years. He served as

President of the State Association from 1982-83, giving he and his wife a wonderful opportunity to make lasting friendships with pharmacists throughout the state.

Jack's wife, Mary, is a retired RN having worked almost her entire career as an operating room nurse. Mary received her BSN through the RN Upward Mobility Program through SDSU in 1989.

Jack and Mary have four children: Mark and Kathryn (Missy) who are pharmacists and SDSU graduates, John who is in sales and also an SDSU graduate, and Matthew who is in the automotive field and a graduate of NDSCS.

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## Clifford VanHove | Sioux Falls, SD

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## Donald Strahl, RPh | New Berlin, WI

### *In His Own Words:*

"I started working at Payant Drug in Faribault, Minnesota in the seventh grade. Working after school and week-ends. I learned at a very young age what was needed to make a Drug Store Work. This store was a Walgreen's Franchise Store that was independently owned. We had a fountain, a large gift, cosmetic and liquor area. I worked at this store all the way thru college. I earned sufficient money to pay nearly all college expenses with some help from Mom and Dad. I was debt free of college expense when I graduated.

"Upon graduation from SDSU in May 1962, I took the pharmacy boards in Minnesota and South Dakota. The draft was still on so I signed up for the South Dakota Air National Guard and went in to USAF Pilot Training Program in February 1963. During the few months before starting the Pilot Training Program I worked at Pat Locks Drug Store in Gregory, SD. This is where my future wife, Leah Summerville, spent her first year teaching Home Economics. She is also a 1962 graduate of SDSU.

"Leah and I were married July 5, 1963. This time was picked because I was still in pilot training at Selma Air Force Base in Selma, Alabama. There were two phases to USAF Pilot Training in those days a basic training in The T-37 twin engine jet and the second phase in a T-33 single engine. After this training was complete, we were sent to Parren Air Force Base, Texas. This base was in Sherman, Texas, about 50 miles north of Dallas. This is where we learned to fly the Convair F-102 (Delta Dagger), the supersonic all weather interceptor. This plane was used to protect the northern sector from Russia bombers coming over the shorter northern route from Russia to US targets. After graduating from the F-102 school, I returned to Sioux Falls, SD and was assigned to the SD Air National Guard. I flew the F-102 for nearly ten years.

"Leah and I had four children over this same time period. Kevin, Brian, Darren and Karla. Kevin had a Electrical Engineering Degree from SDSU; Brian, a Business & Marketing Degree from Mankato State University; Darren, a Mechanical Engineer from the School of Mines & Technology and later received an Electrical Engineering Degree; Karla, received her Bachelor of Fine Arts in Musical Theatre from Webster University in St Louis, Missouri. Our oldest son Kevin, died in a gun accident at age 40.

"During this ten-year period, I also was the Chief Pharmacist at McKennan Hospital. When I first started at McKennan, the pharmacy was on first floor in two converted patient rooms. We had the sliding ladder to the ceiling because our drugs were stored from the floor to the ceiling. The ladder moved back and forth to reach needed drugs. The pharmacy was then moved to a more spacious quarter on ground floor where we started the

intravenous piggy back and IV additive service using our new laminar flow hood. The pharmacy served outpatients, employees and the long-term care. The McKennan Poison Center was started in this location.

"I moved to Yankton, SD, in the summer of 1970 where I became Chief Pharmacist at Sacred Heart Hospital in Yankton, SD. I took over from Sister Mary Moore. This pharmacy operated on a complete floor stock system where each nursing unit had bulk drug supplies. Nurses would dispense from their floor stock into patient cups using medications cards. Each unit had large quantities of meds and the pharmacy filled these stock bottles. I changed this system over to a unit dose type system. We started doing IV Piggy Backs, IV Additives, Hyper-Alimentations, Baby Hypers. We started daily printing the patient Medication Administration Records for all patients. We did this also for the long-term care unit. SHH was printing MARs long before other area hospitals started doing the same. We had trained many pharmacy students over the years, many are still in practice. SHH owned two pharmacies in Nebraska which we staffed and managed.

"While in Yankton, I started my own business. I provided consulting service to several nursing homes when the State Health Departments required monthly pharmacist review for their patient care. This led to my providing the Medication Administration Record on a monthly basis to 18 area nursing homes. Each nursing home would send their monthly corrections and I would print up new records. This was before nursing homes had their own computers.

"In June 1999, I left Sacred Heart Hospital and moved to Milwaukee, Wisconsin, to manage a large outpatient pharmacy. I worked for Family Health Plan, a very large Staff Model HMO. This type of HMO had all components to health care delivery: Clinic Doctors, Hospital, Insurance and Pharmacies. When I first started we were filling 1200 prescriptions per day under a very strict formulary. We did not have any auto-fill devices at first. About one and one-half years later Family Health HMO was bought by Aurora Health Care. I still manage the pharmacy full time. We now have a Script Pro machine which does about 60% of our filling. We have much less staff but only fill 350-500 prescriptions per day.

"We are doing MTMs, TIPS and started giving immunizations. I completed the Diabetic Training Module thru APHA and managed patients in the ten city diabetic challenge program. Leah recently had her knee replaced and is doing great. I took up radio controlled airplane flying and spend some time playing the piano. We live in New Berlin, WI, a western suburb of Milwaukee. We enjoy our Milwaukee Brewers baseball team and the Green Bay Packers football team."

# DEA to Pharmacies:

## No Sending Prescribers Pre-Populated Controlled Substance Prescription Forms

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DEA recently interpreted the legality of pharmacies that serve nursing homes sending letters to physicians reminding them that a controlled substance prescription for a patient had run out or no longer had refills. DEA confirmed that reminder letters are permissible and can provide the prescriber with the patient's name, the drug name and other relevant prescribing information. However, the letter cannot prepopulate any of the fields in the actual prescription to be transmitted to the pharmacy. DEA stated that "...a pharmacy may not initiate a reminder letter

*to a prescribing practitioner that provides a partially or fully pre-populated form for the prescribing practitioner because the practitioner has not yet made the determination, in the usual course of professional practice, that there is a legitimate medical purpose for the prescription."*

Pharmacists should be aware of DEA's guidance on this point and ensure appropriate compliance with DEA's regulations on prescriptions and related regulations and laws.

## 2013 CONVENTION RESOLUTIONS

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### Title of Resolution: Immunization Clarification Legislation

WHEREAS, pharmacists work diligently with South Dakota's residents, to enhance the quality of their lives through the use of important medication therapy and consultation including but not limited to vaccinations; and

WHEREAS, Pharmacists receive specialized training regarding vaccinations and have additional continuing educational requirements on this type of medication therapy after graduation, as well as the responsibility to obtain and retain certification in CPR in case of any adverse medication reaction; and

WHEREAS, South Dakota's Board of Pharmacy is the regulatory body providing oversight to all of South Dakota's pharmacists and is supportive of the Association's efforts to provide further clarity regarding immunizations; and

WHEREAS, South Dakota's laws regarding the ability of pharmacists to provide immunizations to South Dakota's residents has not been updated for 20 years; and

WHEREAS, Pharmacists are on the front lines of healthcare and are very accessible trained professionals who provide excellent patient care and a valuable service to the public; and

WHEREAS, South Dakota's pharmacists believe the laws and rules regarding immunization therapy are antiquated and in need of clarification and updating for the betterment of the public's health;

THEREFORE BE IT RESOLVED, that the South Dakota Pharmacists Association work to develop legislation to clarify and update the current laws and rules regarding immunization activities for South Dakota residents.

Submitted by: The South Dakota Pharmacists Association  
Executive Board, 2012

### Title of Resolution: Pharmacy Audit Integrity Resolution

#### Purpose/Objective of Resolution:

To prevent abusive auditing practices by Pharmacy Benefit Managers (PBMs) by establishing guidelines for PBM audits.

WHEREAS: Audits are a good tool to protect the public and detect fraud or abuse, but are often unreasonable and used in a way to deprive pharmacies of fair reimbursement.

WHEREAS: Most audit chargebacks are not the result of intentional noncompliance with State and Federal laws or PBM requirements.

WHEREAS: Numerous states have introduced Bills to prevent PBMs from using opaque methods and unfair tactics that threaten access to community pharmacy-provided services.

THEREFORE BE IT RESOLVED, that South Dakota will set forth standards for PBM audits that allow the pharmacy to correct the claim before recoupments can be done. Guidelines will be established to prevent abusive audits.

Resolution submitted by Jessica Frederiksen, Pharm D. on June 14th, 2012.

# 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 7:00 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:  
AmericInn Lodge & Suites and Teton Island Conference Center  
312 Island Drive  
Fort Pierre, SD 57532  
605-223-2358

### Pharmacy Days Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pharmacy/Organization: \_\_\_\_\_

Please send registration form by January 21st, 2013 to:

SDPhA  
PO Box 518  
Pierre, SD 57501  
Fax: (605) 224-1280  
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!





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# 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.*

## Contracts

Contracts are a fact of life in the modern world. We are faced with all types of contracts in both our professional and personal lives. These include leases of real property, agreements to sell real estate or to buy a car, or even the terms and conditions that we click on a website in order to proceed to the whatever product or service that we want to purchase. Contracts provide stability and certainty in the business world, but occasionally the terms contained in them can come back to haunt us.

A contract is defined as “a promise, or set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty.”<sup>1</sup> A contract can require a party to do some act and/or prohibit them from doing some other act. It can also set mutual expectations for quality and quantity of goods, price, delivery, etc. A contract essentially sets out the rules that will govern a particular transaction. Contracts can be either oral or written, although the written contract is easier to review and interpret later. Except in some special circumstances, oral contracts are every bit as valid and enforceable as a written one. Don’t be fooled by thinking that all contracts must be written. When things proceed as agreed, which is usually the case, the stability of our commerce and society is enhanced. The problem, of course, occurs when things don’t go as planned. The key is to be informed before a contract is signed.

The law of contracts has developed over centuries and the parts of a contract are legally well-defined. Many of the words and phrases are words of art, i.e., they have a particular meaning in the world of contract law. This makes it difficult for a pharmacist, or any layperson, to effectively and efficiently interpret a contract without the help of an attorney who is knowledgeable about contracts. It will not be an effective defense in a lawsuit over a contract to state that either you didn’t understand or didn’t read the contract that you signed. By signing the contract, you have agreed to the terms of that contract. Absent a showing of fraud or deceit (for instance, that the contract was altered after you signed it), the contract will be binding.

The pharmacist should initially review a contract to assure that it accurately sets out what the parties have agreed to. However, when reviewing a contract, a pharmacist should be aware that the words in the contract are there for a reason and should not assume that they are fluff, boilerplate or other “mumbo jumbo”. The old adage about reading the fine print is true and is derived from previous experiences with contracts. The pharmacist should seek professional help for any confusing or unfamiliar terms. The time to clarify and change terms is before the contract is signed and not after.

While there is a cost to obtain this help up front, it will usually be less costly than trying to get out of an unfavorable contract. As the attorney, there will be fewer tools available and much more work to do in trying to “undo” a contract than in reviewing it prior to execution.

As noted at the beginning, we are all faced with many types of contracts in our lives and not all of them will justify this type of expense. However, when it comes to our profession and our businesses, contracts are an area where an ounce of prevention is definitely worth a pound of cure.

1. 1 Williston, Contracts § 1

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© 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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## Immunizations, Part 2 of 2: Frequently Asked Questions and Useful Resources

### Faculty:

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### Goal

To enhance pharmacists' knowledge regarding immunizations.

### Learning Objectives

Upon successful completion of this course, the pharmacist should be able to:

1. Describe how and when to use an accelerated vaccination schedule.
2. Explain why vaccines are given via intramuscular or subcutaneous administration.
3. Identify contraindications for vaccination regarding egg allergies and steroid use.
4. Describe a scenario utilizing simultaneous vaccine administration and how to administer vaccines which are not given simultaneously.
5. Explain when gloves would be necessary for vaccine administration.
6. Identify useful resources for vaccination information.

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### INTRODUCTION

In part one current vaccination schedules, adult vaccines available for specific disease states, and a variety of information on proper administration routes, needle length, and storage of vaccines were introduced. Part two will focus on answers to frequently asked immunization questions, hypothetical case scenarios, and a description of useful immunization resources.

### COMMON VACCINATION QUESTIONS

#### ***When is it necessary to use an accelerated or "catch up" schedule and how is it used clinically?***

An accelerated schedule should be utilized any time the patient is more than one dose or one month behind the recommended schedule. The accelerated schedule uses the minimum allowable time intervals between doses which will still produce an appropriate response for each dose of the vaccine. Administering

vaccines sooner than the minimum time interval allows may result in a decreased response to the vaccine. The accelerated schedule should be followed until the patient is caught up. At that time, it is beneficial to return to the recommended schedule. Counseling the patient or caregiver on the importance of vaccine timing may help increase compliance with appropriate vaccination schedules.<sup>1</sup>

#### ***Is there a maximum number of vaccines that can be administered at one time?***

There is no maximum number of vaccines which can be given at one time. All indicated vaccines should be administered in order to prevent the possibility of patients not returning for deferred vaccines. If multiple injections in the same limb are needed, separate intramuscular injections by at least one inch in order to decrease the chance of overlapping local reactions.<sup>1</sup>

#### ***Why are some vaccines recommended to be given intramuscularly while others can be given via a subcutaneous injection?***

Adjuvants that are present in vaccines to increase the antigenic response can also cause irritation to subcutaneous tissue. Therefore, vaccines with adjuvants are generally administered intramuscularly. Most of the inactivated vaccines, with the exception of inactivated polio vaccine and pneumococcal vaccine which can be given via subcutaneous or intramuscular injections, must be given intramuscularly. Failure to administer the vaccine by the correct route may result in decreased efficacy. However, if a vaccine is given by the wrong route, the U.S. Public Health Service's Advisory Committee on Immunization Practices (ACIP) still regards the dose as valid unless it was for hepatitis B or rabies vaccines. These vaccines must be given intramuscularly or the doses must be repeated using the correct route.<sup>1</sup>

#### ***What does simultaneous administration of vaccines mean and which vaccines may be given simultaneously?***

Simultaneous administration of vaccines would include any vaccines given on the same day. All routine vaccines may be given simultaneously without concern for decreased efficacy or increased adverse events. Inactivated vaccines may be given at any time in relationship to all other vaccines. Live vaccines must be separated from each other by at least four weeks.<sup>2</sup>

#### ***How far in advance can vaccines be drawn up into syringes?***

The ACIP prefers that syringes of vaccine not be filled in advance due to the chance for dosing and administration errors. However, filling syringes in advance is tolerated if only one type of vaccine is being administered. The healthcare provider must also pay attention to the shelf life of the vaccine after

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reconstitution. For example, the vaccines for varicella, zoster, and meningococcal polysaccharide must be administered within 30 minutes. The Centers for Disease Control and Prevention (CDC) also recommends discarding any unused prefilled syringes at the end of the day.<sup>1</sup>

### ***Should gloves be worn while administering vaccines?***

The Occupational Safety and Health Administration (OSHA) does not require gloves to be worn while administering vaccines as long as there is no hand contact with blood or non-intact skin. Therefore, to limit exposure to blood, have the patient hold a cotton ball to the administration site after the injection. If the healthcare provider chooses to wear gloves, it is important for the gloves fit properly and to be changed for each patient.<sup>3</sup>

### ***Is it necessary to aspirate before giving a vaccine?***

There is no data to support the need for aspiration when administering vaccines. The intramuscular injection is not administered near any large vessels and it would be difficult to accidentally give a vaccine intravenously due to the angle of administration and the small needle size. Therefore, the ACIP does not recommend aspiration.<sup>1</sup>

### ***What are some conditions commonly misperceived as contraindications for vaccination?***

- Breastfeeding
- Diarrhea
- Mild Upper Respiratory Tract Infection With or Without Fever
- Otitis Media
- Mild – Moderate Local Reactions to Prior Vaccines
- Current Antibiotic Therapy
- Non Anaphylactic Latex Allergies
- Household Member is Pregnant

### ***Can patients on steroids receive vaccines?***

Inactivated vaccines may be administered to immunocompromised patients, including those taking steroids. However, these patients may have suboptimal responses to the vaccine. Live vaccines should be deferred until one month after steroids have been discontinued if the patient is receiving a steroid dose equal to 2 mg per kg of body weight or 20 mg per day of prednisone for two weeks or longer.<sup>1</sup>

### ***Which vaccinations are contraindicated for patients with allergies to eggs?***

Only the yellow fever and influenza vaccines are contraindicated for patients with severe egg allergies. The MMR vaccine is no longer contraindicated due to several studies which showed the vaccine to be safe in patients with severe egg allergies.<sup>1</sup>

### ***How long should women be advised to avoid becoming pregnant after receiving a live vaccine?***

The ACIP recommendations state that women should preferably wait at least four weeks after a live vaccine has been administered before becoming pregnant. However, the vaccine manufacturer recommendations may state a longer time frame for avoiding pregnancy.<sup>1</sup>

### **True or False?**

Vaccines may be safely administered in areas that have a tattoo.

### ***Can vaccines be safely administered into an area that has a tattoo?***

Yes, it is safe to administer vaccines through a tattoo.<sup>1</sup>

### ***What should be done if two live virus vaccines are administered less than four weeks apart?***

When two live virus vaccines are not administered on the same day, four weeks must pass before a second dose can be given. If the second dose is given before the end of this four week period, the second dose is considered invalid. The patient must then have the second dose repeated four weeks after the administration date of the invalid dose. An alternative but more expensive option would be serologic testing to assess for immunity.<sup>2</sup>

### ***What is the four day grace period and when is it used?***

The ACIP allows a four day grace period for vaccine administration. This means that if a vaccine is administered four days prior to the recommended minimum interval or age, it may still be considered valid. However, if the vaccine is administered five or more days prior then it would be considered invalid and would need to be repeated. The spacing between the invalid dose and the repeat dose must follow the recommended minimum interval. The four day grace period does not apply to rabies vaccine or the required four week period between live vaccines nor should it be used for scheduling future vaccinations.<sup>2</sup>

## **HYPOTHETICAL CASE SCENARIOS**

### ***Scenario One***

Sue Viver is a 47-year-old female who has just finished her last round of chemotherapy. She presents to the pharmacy wishing to receive the influenza vaccine. After her recent healthcare battle, she prefers not to receive any more injections and asks you about the intranasal formulation of the vaccine. Is Sue an appropriate candidate for FluMist®?

Sue is not an appropriate candidate for the FluMist® vaccine. Although she is in the vaccine's recommended age range of 2 to 49 years old, she should not receive a live vaccine due to her immuno-suppressed health status. Sue should receive the



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inactivated influenza formulation which is administered via an intramuscular injection.<sup>1</sup>

## **Scenario Two**

Adam Sapple is a 25-year-old male with asthma. He also smokes one pack of cigarettes daily. His physician recommended he receive the pneumococcal polysaccharide vaccine (PPSV23). Is Adam an appropriate candidate for the vaccine and will he ever need to be revaccinated?

Adam is an appropriate candidate for the vaccine because both smoking and asthma are risk factors for pneumococcal disease in patients between the ages of 19 and 64 years old. Therefore, Adam should receive the PPSV23 vaccine now and then receive a one-time revaccination once he reaches age 65.<sup>1</sup>

## **Scenario Three**

Polly Farmicee is a 50-year-old female who presents to the pharmacy inquiring about the Zostavax® vaccine. She had shingles three years ago and never wants to go through that again. Should Polly receive the Zostavax® vaccine or does she already have immunity because of her prior shingles experience?

It is permissible for Polly to receive the Zostavax® vaccine because it has been FDA approved in patients who are 50 years old and older. The CDC is currently not recommending the vaccine for routine use in patients between the ages of 50 and 59 years. Even though Polly has had shingles in the past, it is still possible for her to have another episode. Therefore, it is fine to vaccinate Polly against shingles.<sup>4</sup>

## **Scenario Four**

Ima Missen is a two-year-old female who was recently adopted from India. At the time of adoption, her adoptive parents were told that she is up to date on all of her vaccines. After examining the vaccination record, the pharmacist notices that only one dose of hepatitis B has been recorded. Should the pharmacist assume Ima has received the other doses and they just were never recorded? If not, how should the remaining doses be administered?

The pharmacist should not assume Ima has received the remaining doses of hepatitis B vaccine. Only written, dated records of vaccination may be accepted. The accelerated or catch-up immunization schedule should be utilized because Ima is more than one month behind schedule. Therefore, the second dose of hepatitis B vaccine should be administered now and then eight weeks later the final dose should be given. Even if Ima has previously received these doses, it should not harm her to receive extra doses. However, if the parents are against vaccinating her again then serologic testing may be done to check for immunity.<sup>4</sup>

## **USEFUL RESOURCES**

### ***Centers for Disease Control and Prevention Website***

<http://www.cdc.gov/vaccines/><sup>4</sup>

The CDC website on vaccines and immunizations contains information such as:

- The most current vaccine recommendations from the ACIP
- Vaccine schedules for children and adults including minimum intervals and ages
- Vaccine precautions and contraindications
- Vaccine shortages and delays
- Vaccine storage and handling
- Vaccine Information Statements
- Vaccination recommendations for people traveling outside of the United States ([www.cdc.gov/travel/](http://www.cdc.gov/travel/))
- Downloadable version of Epidemiology and Prevention of Vaccine-Preventable Diseases also known as the "Pink Book"

### ***Immunization Action Coalition Website***

<http://www.immunize.org><sup>1</sup>

The Immunization Action Coalition website contains information such as:

- The most current vaccine recommendations from the ACIP and the American Academy of Pediatrics Committee on Infectious Diseases (AAP)
- Patient resources such as screening questionnaires to assist in determining necessary vaccines for children and adults
- Health care provider information on how to manage vaccine reactions in patients
- Standing orders for vaccines
- Vaccine Information Statements in over 35 different languages

### ***The Children's Hospital of Philadelphia Vaccine Education Center Website***

<http://vaccine.chop.edu><sup>5</sup>

This Children's Hospital of Philadelphia website contains information such as:

- Education materials for parents and healthcare providers
- Information for educating students about vaccines
- Vaccine safety information
- How vaccines are made and how they work
- Vaccines in the news

## **CONCLUSION**

Proper vaccine administration is important for ensuring that patients have the proper immunity against vaccine preventable diseases. Therefore, it is important to be knowledgeable about the correct timing and administration of these vaccines. Credible vaccine information is easy to find by visiting the CDC

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or Immunization Action Coalition websites. Being familiar with these sites will increase the speed with which needed information can be accessed. It will also provide quality resources to help answer patient questions. Utilizing these resources will assist pharmacists in providing quality patient care to their communities.

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## SUGGESTED READINGS

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- Rothholz, M. Pharmacists as Part-ners in Adult Vaccinations. American Pharmacists Association. August 2011. Available from: [http://www.ct.gov/dph/lib/dph/infectious\\_diseases/immunization/naicp/pharmacists\\_and\\_adult\\_immunizations\\_final.pdf](http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/naicp/pharmacists_and_adult_immunizations_final.pdf)

### *Disclosure statement:*

*The author of this CPE has had no financial relationship with any party having any vested commercial interest in this program.*

**ASSESSMENT QUESTIONS ON NEXT PAGE**

# ASSESSMENT QUESTIONS

## Immunizations, Part 2 of 2: Frequently Asked Questions and Useful Resources

1. An accelerated vaccination schedule should:
  - A. Be used when a patient is more than one month behind the recommended schedule
  - B. Be used when a patient is more than one dose behind the recommended schedule
  - C. Never be used because it decreases a patient's immune response to the vaccine
  - D. Both A and B are correct
2. Which of the following statements is TRUE?
  - A. Patients can only receive three vaccines at one time.
  - B. All vaccines administered at the same visit should be mixed into one syringe so the patient only experiences one injection.
  - C. Injections administered in the same muscle should be separated by at least one inch to prevent local adverse reactions from overlapping.
  - D. None of the above statements are true.
3. Which of the following statements is FALSE?
  - A. Adjuvants are used in vaccines to increase the antigenic response.
  - B. Adjuvants can cause irritation to the subcutaneous tissue.
  - C. Any vaccine administered by the wrong route is invalid and must be repeated.
  - D. Some vaccines may be administered via intramuscular or subcutaneous injections.
4. Which of the following scenarios describes a patient who has received simultaneous administration of vaccines?
  - A. A 15-month-old who receives the hepatitis B vaccine and varicella vaccine at the same visit
  - B. An 11-year-old received the human papillomavirus vaccine yesterday and today is receiving her annual Influenza vaccination
  - C. A 12-month-old who receives the Haemophilus influenza type B vaccine and the pneumococcal vaccine at the same visit and then receives the influenza vaccine later that same day
  - D. Both A and C are descriptions of simultaneous administration scenarios
5. Which statement most accurately reflects the ACIP's position on filling syringes with vaccines in advance?
  - A. Pharmacists should always have some syringes prefilled because patient convenience is most important.
  - B. It is permissible to fill a couple syringes in advance if only one type of vaccine is being used for a clinic.
  - C. It is never okay to fill syringes in advance because it always compromises patient safety.
  - D. All vaccines can be reconstituted and then administered at any time throughout the day because the shelf life of the vaccine after reconstitution is not important.
6. Which of the following statements most accurately reflects OSHA's position on wearing gloves while administering vaccines?
  - A. Gloves must always be worn while administering vaccines.
  - B. Gloves should never be worn while administering vaccines.
  - C. Gloves only need to be worn while administering vaccines if there is a possibility of hand contact with blood or non-intact skin.
  - D. The same pair of gloves can be worn for administering vaccines to multiple patients.
7. Which of the following conditions would be a **contraindication** for vaccination?
  - A. Diarrhea
  - B. Current Antibiotic Therapy
  - C. Breastfeeding
  - D. Anaphylactic Reaction to Prior Vaccines
8. Which of the following patients on steroids could receive a live vaccine?
  - A. A patient who is on an inhaled steroid for their asthma
  - B. A patient weighing 36 kg who has been on 18 mg of prednisone a day for the last two weeks
  - C. A patient who has been on 20 mg of prednisone a day for three weeks
  - D. None of the above because patients on steroids should never receive live vaccines
9. Which of the following vaccines are contraindicated for patients with severe egg allergies?
  - A. Measles, Mumps, Rubella
  - B. Influenza
  - C. Yellow Fever
  - D. Both B and C are contraindicated
10. What should be done if two live vaccines are administered less than four weeks apart?
  - A. Nothing, the patient should still develop an adequate immune response
  - B. Immediately perform serologic testing because it is an inexpensive way to check for immunity
  - C. Wait another four weeks and then re-administer the second vaccine to ensure an adequate immune response develops
  - D. None of the above are correct options
11. In which of the following scenarios could the four day grace period apply?
  - A. A patient receives the second dose of the hepatitis B vaccine series 26 days after receiving the first dose
  - B. A patient received the first dose of the hepatitis B vaccine today and is scheduling an appointment to receive the next dose in the series
  - C. A patient received the varicella vaccine 25 days ago and would like the measles, mumps, rubella vaccine today
  - D. A patient who is receiving the rabies vaccine series
12. Which of the following are credible resources for vaccine information?
  - A. The Children's Hospital of Philadelphia vaccine education website
  - B. The Immunization Action Coalition website
  - C. The Centers for Disease Control and Prevention website
  - D. All of the above



# ANSWER SHEET

## Immunizations, Part 2 of 2: Frequently Asked Questions and Useful Resources (*Knowledge-based CPE*)

To receive **1.5 Contact Hours** (0.15 CEUs) of continuing education credit, read the attached article and answer the 12-question test by circling the appropriate letter on the answer form below, and complete the evaluation. A test score of 75% (9/12) or better is required to earn **1.5 Contact Hours** (0.15 CEUs) of continuing education credit. If a score of at least 75% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.



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### Learning Objectives

**Pharmacists:** 1. Describe how and when to use an accelerated vaccination schedule; 2. Explain why vaccines are given via intramuscular or subcutaneous administration; 3. Identify contraindications for vaccination regarding egg allergies and steroid use; 4. Describe a scenario utilizing simultaneous vaccine administration and how to administer vaccines which are not given simultaneously; 5. Explain when gloves would be necessary for vaccine administration; 6. Identify useful resources for vaccination information.

### Circle the correct answer below:

- |            |            |             |
|------------|------------|-------------|
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| 2. A B C D | 6. A B C D | 10. A B C D |
| 3. A B C D | 7. A B C D | 11. A B C D |
| 4. A B C D | 8. A B C D | 12. A B C D |

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# IN MEMORIAM

## Jon Dalke

Jon Dalke, 74, of Chisholm, MN and formerly of Freeman died December 4, 2011, at the Grand Itasca Hospital in Grand Rapids, MN.

He was born in Marion, SD, on February 2, 1937, to Gust and Esther (Graber) Dalke. After graduating from Freeman High School, he enrolled at South Dakota State in Brookings, graduating with a degree in pharmacy. In 1965, he married Marion Elton in Minneapolis.

He is survived by his wife, Marion of California; and three nieces He was preceded in death by his parents; and his brothers, Wayne and Leslie.

## Gary Omodt

Gary W. Omodt, 82, of Brookings died Wednesday, July 18, 2012.

Gary Wilson Omodt was born in Houston, Minnesota on July 30, 1929 to Arnold and Tina (Wilson) Omodt. He graduated from the University of Minnesota in 1958 with a Ph.D. in Pharmacy. On September 7, 1957 he was united in marriage to Carol Ann Mertens. After Gary worked as a pharmacist for 3 years in St. Paul, Minnesota, the couple moved to Brookings, SD in 1958 where Gary became a Professor of Pharmacy at South Dakota State University until his retirement in 1992.

Along with his colleague, Chandradhar Dwivedi, he developed a U.S. Patent for an anticonvulsant in 1992. He was an amazing professor, loved by many of his students, awarded Pharmacy Teacher of the Year a total of 8 times from 1972 to 1992, and the F.O. Butler Faculty Award for Excellence in Teaching in 1992.

Gary loved cooking, gardening, music, and dancing. His love of dancing was obvious when he would waltz with his wife, daughters, granddaughters, and the occasional waitress, even if there was no music playing. He was always ready to provide the music himself by serenading them with "Summer Wind". His singing didn't cease on the dance floor; students and loved ones alike were highly entertained with various birthday songs he composed himself, complete with dance moves, of course.

He is survived by his three sons, Greg Omodt, of Sioux Falls, SD, Jeff Omodt of Mankato, MN and Steve (Gale Koepplin) Omodt of Aberdeen, SD; three daughters, Stacy (Darrell) Thomas of Sioux Falls, SD, Karen (Barry) McMahon, of Owatonna, MN and Kelly Omodt of Sioux Falls, SD; his grandchildren, Mike, Wynter, Whysper, and Adam Omodt, Collin, Kelsey, and Marley Thomas, and Jack, Thomas, and Amanda Collins; and several nieces, nephews, and cousins.

He was preceded in death by his wife Carol, his parents Arnold and Tina, and his sisters Marjorie, Marion, and Alys.

## Stanley "Stan" Petrik

Stanley W. "Stan" Petrik died Saturday, Sept. 8, 2012, surrounded by the love of his family at Rapid City Regional Hospital.

Stanley W. Petrik was born Dec. 30, 1935, in Rapid City to Adolph E. "Rudy" and Anastasia Petrik. He graduated from Cathedral High School in 1954. Stan attended Creighton University for two years

before transferring to South Dakota State University where he received a Bachelor of Science Degree in Pharmacy.

Stan began his military career in the South Dakota National Guard in May 1960 as a Private. He later attended the South Dakota Military Academy and was commissioned a Second Lieutenant assigned to the 147th Field Artillery. He served numerous positions with the 109th Engineer Battalion before being promoted to Colonel and accepting an assignment as the 109th Engineer Group Commander. Stan's final promotion was to Brigadier General where he served as the Assistant Adjutant General for the South Dakota Army National Guard. Just prior to his retirement in August 1991, General Petrik was awarded by the Secretary of the Army, The Legion of Merit for his outstanding services and performance.

As a Pharmacist, Stan worked at Mills Drug Store and Bennett Hospital Pharmacy before owning his own pharmacies, Parkside Prescription Service and Family Prescription Service. In 1997, Stan retired while working for Safeway Pharmacy. He was awarded the Bowl of Hygeia by the South Dakota Pharmaceutical Association for his community service.

Stan was active in the Rapid City community as a member of the Retired Officers Association, SD Pharmaceutical Association, Elks Lodge, and Knights of Columbus. He served as Ward 1 Councilman for two terms, was a Rushmore Little League Coach and Manager, and a Trustee and Council Member of St. Therese the Little Flower Church.

Throughout his lifetime, Stan was a pillar of strength with his faith, love and support for his family, friends and neighbors. Stan is survived by his wife of over 50 years, Helen "Janie" (Bagby) Petrik; five children, Joanie (Larry) Mantei, Stanley "Chip" (Rusanne) Petrik, Scott (Tina) Petrik, and Shelly (Bruce) Evans, all of Rapid City, and Jill (Don) Edwards of Scottsdale, AZ; 16 grandchildren; a great-granddaughter; his sister, Mary Ann Wiersma of Mitchell; and numerous nieces and nephews. His kind heart and smiling eyes will never be forgotten. Memorials have been established to Diabetes Incorporated, John T. Vucurevich Cancer Center, and St. Therese Catholic Church.

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