SOUTH DAKOTA PHARMACIST

IN THIS ISSUE

SPRING EDITION 2022

EST. 1886

SOUTH DAKOTA PHARMACISTS ASSOCIATION

Our mission is to promote, serve and protect the pharmacy profession.

South Dakota Pharmacists Association

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www.sdpha.org

South Dakota Board of Pharmacy

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Calendar

APRIL 2022

7 **South Dakota Board of Pharmacy Meeting**
Sioux Falls and Zoom | 1– 5 p.m. CDT

10 **Huron District Spring Meeting**
Virtual via Zoom | 7 p.m. CDT

14 **Rosebud District Spring Meeting**
Virtual via Zoom | 7 p.m. CDT

17 **Easter**

20 **Aberdeen District Spring Meeting**
Roma Ristorante Italiano | 6:30 p.m. CDT

24 **Mitchell District Spring Meeting**
TBA

25 **Sioux Falls District Spring Meeting**
Country Inn and Suites | 5:30 p.m. CDT

25 **Mobridge District Spring Meeting**
Virtual via Zoom | 6:30 p.m. CDT

26 **Watertown District Spring Meeting**
Minerva's | 6:30 p.m. CDT

28 **Black Hills District Spring Meeting**
Virtual via Zoom | 7 p.m. MDT

30 **National Prescription Drug Take Back Day**

MAY 2022

2 **Award Nominations due to SDPhA Office**

24 **Yankton District Spring Meeting**
Minerva's | 6:30 p.m. CDT

30 **Memorial Day**

JUNE 2022

14 **Flag Day**

19 **Father's Day**

19 **Juneteenth**

21 **First Day of Summer**

24 **South Dakota Board of Pharmacy Meeting**
Sioux Falls and Zoom | 8 a.m.–noon CDT

SAVE THE DATE

>> **SDPhA 136th Annual Convention**
September 9-10, 2022 | Brookings, SD
Watch your email for early bird registration launching soon!

Spring CONTENTS

FEATURES

AWARDS & NOMINATIONS

CONTINUING EDUCATION

HELPFUL INFORMATION

ADVERTISER

The South Dakota Pharmacist is published quarterly: January, April, July, and October. Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.

Support of our advertisers makes it possible to bring you news in the form of a Journal. When making purchases and other equal factors, please give our advertisers the support they deserve.

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.

Director's COMMENTS

Amanda Bacon // SDPhA Executive Director

Spring District Meetings

Spring District Meetings are underway, and taking place in a variety of ways this year. While some districts are back to meeting in person, others will again utilize Zoom to gather. Please check the calendar on the inside cover of the Journal and save the date of your district meeting. Also watch your emails, the website and social media for dates and instructions for your specific district. These meetings are so important to the work of the association and the profession as a whole. This is where you will get an in-depth update of the just completed legislative session, as well as a very important look ahead on what we're already working on for 2023, and why you need to keep making your voice heard. This is the most important district meeting of the year, as the fall meeting is now optional. Many important items need to be addressed, including the election or re-election of district officers; nominations for the state association board of directors; and the recognition and nomination of worthy pharmacists, reps and technicians to be considered by the Executive Board for the awards presented at our annual meeting. The part I really love – the opportunity to learn about the great work happening in each of our districts across the state. From community service projects to sponsoring scholarships for pharmacy students -- these meetings are where those initiatives take off!

Legislature

The 2022 Legislative Session has drawn to a close. Avid political watchers in our state will tell you that while COVID -19 considerations were largely absent from the 97th Legislative Session, this term, like last, was one of the most unique in our history. Having had so much to work through in special sessions in the interim, for many legislators and lobbyists alike, it felt like there had been little if no break at all. We are extremely grateful to once again have retained the skillful services of long-time SDPhA lobbyist and general legal counsel Robert Riter, as well as Lindsey Riter-Rapp, who is in her third year as lobbyist for SDPhA. This year we also employed the services of Craig Matson and Roger Tellinghuisen – specifically regarding our Pharmacy Benefit Manager (PBM) initiatives.

SB 163 and What's Next

As most of you know – SB 163, our PBM bill, cleared the Senate Health Committee on a 5-2 vote. But we knew we had to agree to some changes if it were going to gain the approval of the Senate, and even then, it would be an uphill battle. The PBMs brought the insurance industry out in full force (we weren't kidding when we said we are in a David vs. Goliath battle), and with no actual methodology or reasoning to point to, claimed it would cost the state an estimated $2-3M in increased premiums. It's the same set of plays, from the same playbook, that they have used repeatedly all over the country. It's a dishonest scare tactic, with no basis in actual numbers, but it works. We worked extremely hard visit with every member of the senate about the facts in the limited time we had before the floor vote. SB 163 failed on a 17-17 vote. Our sponsor gave intent to reconsider, but that reconsideration failed. We are already looking ahead to next session, and will begin meeting with stakeholders on moving forward for 2023 next month.

Other Key Bills

- HB 1086 - SDPhA testified in support of this legislation to provide for the redistribution of donated prescription drugs and medical supplies. The bill establishes a drug repository program run through the Board of Pharmacy. The bill was signed into law by Gov. Kristi Noem March 9th.
- HB 1267 – This bill would have allowed certain medical professions to dispense ivermectin to persons, initial with or without a prescription. SDPhA opposed this bill, and testified against this legislation. The bill passed the house, but died on a unanimous vote in the Senate Health and Human Services Committee.
- HB 1242 – An act to allow medical practice on the basis of conscience. SDPhA was among the coalition strongly opposed to this legislation. This bill was amended several times, and in the end was amended to nearly exactly the same for as the bill last year which SDPhA also opposed. The extremely broad language in bill was of chief concern. It essentially allowed for any employee to refuse any task for nearly any reason. The House Health and Human Services Committee sent HB 1242 to the 41st legislative day on a vote of 7-4. Currently, SDCL 36-11-70 addresses dispensing and matters of conscience for pharmacists.

Several other several other key pieces of legislation on which SDPhA kept a close watch: COVID Immunization measures, controlled substance scheduling, telemedicine and telehealth, and dozens of bills related to medical marijuana. You can see the full scope of the bills we followed this session online with SDPhA's bill tracker.

Lobbying Funds Update Commercial and Legislative Branch

This year's work on SB 163 shed some light on something that has seemed a bit mysterious to many – the SDPhA Commercial and Legislative (C&L) Branch. The C&L branch is the lobbying arm of the association.
Some very important things about this fund:

- The funds for our lobbying branch must be maintained separate from the general fund
- It relies nearly exclusively on your contributions
- For many years now, expenses have vastly outpaced contributions

Lobbying is an extremely expensive, but necessary function. We've been represented by the same firm for decades, and the executive director preforms many of the lobbying duties. That's all kept our rate very low – our lobbying expenses typically total only about $12,000 per year. This amount is far below the going rate of most lobbyists. In fact, the going rate for one session with many would empty our entire C&L Fund.

We had additional lobbyists working with us this session – a needed move in order to bring SB 163 forward. Clearly work on this issue is not complete. However, none of this legislative work can continue without your strong financial support. If we want to ensure the profession has a seat at the table, we have to pay for the chair. So far for 2022, contributions have covered about half of the lobbying expenses. Put simply – we need your help. $25, $250, 2,500 – whatever you can contribute will help ensure the profession continues to have representation at the Capitol. Because without your contributions – it simply won't. You can support the C&L Fund by contributing online, or printing the form on page 7 and sending a check.

Convention

Early bird registration opens mid-April for the 136th annual meeting. We plan to gather in person (keep your fingers crossed!) Sept. 9-10 in Brookings, SD. We plan for a fantastic time of continuing education, networking, honoring our colleagues and yes, even some Jackrabbit football! After two long years of virtual meetings, make sure you mark your calendars and plan to attend this one. We promise a great time, and won't it be fun to see that your fellow pharmacists actually have legs and feet – they aren't just floating heads!

2022 Curriculum for PTU Now Available

New for this year is an expansion of Anatomy & Physiology and Pharmacology. PTU is reviewed annually for opportunity to enhance areas of learning for developing Technicians. SDPhA is pleased to continue to offer low-cost access to this online training module – we've now enrolled more than 120 participants! For details and enrollment information – give me a shout.

Respectfully submitted,

AMANDA BACON

President's PERSPECTIVE

Kristen Carter, PharmD, BCGP // SDPhA Board President

Hello Friends and Happy Spring!

After watching an epic comeback win in the NCAA basketball tournament last night, I find myself once again reflecting on the lessons learned in sports and how much they parallel real life. So, I hope you are ready for another sports analogy... basketball edition.

The first lesson, recognizing wins and gains even in defeat. As you know, after a hard-fought battle, our PBM bill, SB 163, was narrowly defeated on the Senate floor. We know it wasn't for lack of effort--Amanda and our lobbying team, along with all of you who contacted your Senators, "left it all on the court." Unfortunately, the opponent got us this time. Still, we made gains. We were able to educate legislators on a very complex topic and showcase our SD pharmacists for all the things we do, every day, for our people. We learned more about what it will take to pass this legislation and we are already working on our game plan for next season. These are all huge wins.

Next, the importance of working as a team (I'm specifically thinking about the SDSU women's team right now, to be honest). Every great team has this in common. When one player is down, another is ready to step up. Each player knows their own strengths and weaknesses and knows when to pass the ball or take the shot. I saw extraordinary teamwork play out in several ways during this year's legislative session. First, Amanda, who often had to be her own team, working around the clock to be prepared for the next challenge, always looking ahead yet still watching her back. Then, Amanda and our talented lobbyist group, fighting every day to be heard and get the important facts across while playing aggressive defense. Making sure to communicate with all the stakeholders and making last minute adjustments to the game plan to succeed. And of course, the team of pharmacists who spoke up and told their stories, urging legislators to listen and understand the threat PBMs are posing to our pharmacies and patients. These were key plays that made a difference and the reason we had as many legislators vote in support of our bill as we did. Well done, teams. This is no time to hang our heads.

Which brings me to the final lesson, grace in defeat. I never turn the TV off after the game is over; I love watching the celebrations and the post-game interviews. The comments that stick out to me usually come from the losing team, and often they have nothing to do with the game at all, but the bigger picture. Sometimes players will thank coaches or parents or other mentors for helping them get this far. Coaches will recognize their players for the work they put in all season. They acknowledge what they've accomplished and they are grateful for the opportunity. In these interviews, I tend to pick out some favorite players and teams and remember them for next year.

Which makes me really think how important it is to reach out to those Senators that helped us get as many votes as we did. They will remember our gratitude and hopefully stick with us next year. This is not only important for votes, but to continue to represent our profession in a positive way. We are good people. We help others. It is why I am proud to be a pharmacist in the company of so many great pharmacists who inspire me to carry this attitude into work every day. Let's keeping showing our Senators who we are, even in the off season.

When you read this, March Madness will be over and if you are like me you will be thinking, what will I do now? Watch baseball, of course. But also, get ready for Spring District Meetings. I am looking forward to engaging with my local colleagues again. This is also the time to think about the deserving individuals you work with to nominate for the annual awards presented at the SDPhA convention.

Also, start making plans to attend convention in Brookings, September 9th and 10th. I can't think of a better place to finally meet back up, hear some great CE presentations, and of course, enjoy some football!

In the meantime, please reach out to any of our association board members with questions, concerns, or ideas anytime. We love to hear from you!

Respectfully,

KRISTEN CARTER

2021/2022 COMMERCIAL & LEGISLATIVE DISTRICT DUES CONTRIBUTIONS

FIRST NAME _____ **LAST NAME** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **MOBILE PHONE** _____

EMPLOYER / COMPANY _____

WORK ADDRESS _____

WORK CITY _____ **STATE** _____ **ZIP CODE** _____

WORK PHONE _____ **WORK FAX** _____

EMAIL ADDRESS _____

Do you wish to receive SDPhA email alerts regarding important pharmacy issues? ☐ *YES* ☐ *NO*

COMMERCIAL & LEGISLATIVE FUND

Memberships set by SDPhA C & L Executive Committee, 2007

PHARMACY OR BUSINESS MEMBERSHIP $100.00

Includes One Individual Membership

NAME OF PHARMACY / BUSINESS _____

NAME OF INDIVIDUAL INCLUDED _____

CORPORATE MEMBERSHIP $200.00

Two or more stores of the same corporation

NAME OF CORPORATION _____

NAME OF INDIVIDUAL INCLUDED _____

INDIVIDUAL MEMBERSHIP

☐ **$50 LEVEL** ☐ **$75 LEVEL** ☐ **OTHER $** _____

DISTRICT DUES

Circle your District

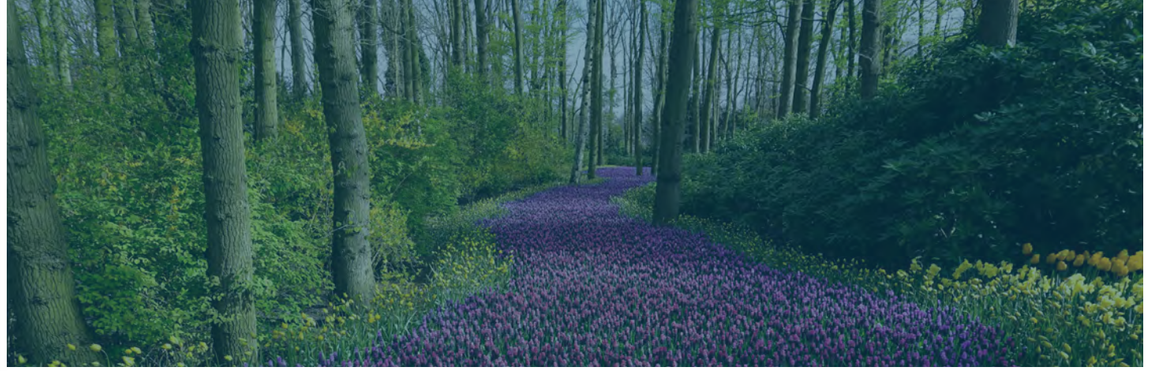
ABERDEEN – $20.00 **BLACK HILLS – $20.00** **HURON – $10.00** **MITCHELL – $10.00** **MOBRIDGE – $10.00**
ROSEBUD – $10.00 **SIOUX FALLS – $20.00** **WATERTOWN – $20.00** **YANKTON – $15.00**

TOTAL ENCLOSED

$ _____

MAIL TO: SD PHARMACISTS ASSOCIATION, BOX 518, PIERRE, SD 57501-0518 / FAX: 605-224-1280

South Dakota BOARD of PHARMACY



Kari Shanard-Koenders, RPh, MSJ // Executive Director

Board Welcomes New Registered Pharmacists /Pharmacies

Congratulations to the following thirteen candidates who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Tosin Adelakun, Khalil Ford, Kathleen Groeblinghoff, Daniel Gwynn, Erica Hanson, Vaibhav Kadakia, Kristin Klarenbeek, Aerial Lapke, Amber Minton, April Reed, Robert Seefried, Caroline Shin, and Kristin Verderber. Nine of these were reciprocal licenses. There was one new SD full-time pharmacy license issued: Avera McKennan dba Avera Long Term Care Aberdeen, Aberdeen, License # 100-2079. There were six SD part-time pharmacy licenses issued during the period: Pharmacy Corporation of America dba Milbank Avantara, Milbank, License # 200-1742; Pharmacy Corporation of America dba Palisades Healthcare Center, Garretson, License # 200-1743; Pharmacy Corporation of America dba Wheatcrest Healthcare Center, Britton, License # 200-1744; Pharmacy Corporation of America dba Riverview Healthcare Center, Flandreau, License # 200-1746; and Pharmacy Corporation of America dba Firesteel Healthcare Center, Mitchell, License # 200-1747. In the quarter, there was one new SD domiciled wholesale license issued: JRX Solutions LLC, Mobridge, License # 600-3400.

Congratulations to Lewis Drug on 80 Years of Pharmacy!

Lewis Drug, headquartered in Sioux Falls, began its operations in 1942! The medium size chain currently owns 58 stores and has seven more in various phases of development. They own pharmacies in three states: Iowa, Minnesota, and South Dakota. Mark Griffin owns the company that his father started in 1942 and has made it a very family focused, family-oriented successful company. Each pharmacy has provided an opportunity for offering services that are unique to communities and patients. Innovation has been key to the company's success. They have five pharmacists embedded in health clinics, which is a fantastic service and a differentiator in the industry. This not only is significant to excellent patient care but also shows clinicians the value of pharmacists. They also administered ~100,000 vaccinations for COVID in many locations in many communities. For more information on Lewis Drug's 80th birthday, please see the Pharmacy Times interview with Bill Ladwig, senior vice president of professional services at Lewis Drug. www.pharmacytimes.com/view/south-dakota-based-pharmacy-celebrates-80-years

Medication Repository Program by Tyler Laetsch, Inspector

During this year's South Dakota Legislative Session, House Bill 1086 was introduced by Representative Marli Wiese, of Madison. This bill passed by both the House and Senate unanimously, and when enacted will establish a prescription repository program for South Dakota patients. The Board of Pharmacy will be tasked with development and rulemaking of this program. The board will also be required to stand up and maintain an electronic database for prescribers and pharmacies to search for available inventory that has been donated to the program and has been verified by a pharmacist. According to the National Conference of State Legislatures, NCSL, South Dakota is one of forty states plus Washington, D.C. and Guam that have laws establishing drug repository programs. As of Fall of 2021, 27 states and Washington, D.C. have operational programs. These programs have proven to help patients obtain their (generally prior authorization) medications more quickly, reduce the amount of medication waste, and save millions of dollars in prescription costs. The board was thrilled to support this bill. In 2019, Avera Specialty Pharmacy came before the board asking to start a pilot program for donated medications. All board members agreed this was a great program. We are excited to be able to expand this program to all South Dakota pharmacies wishing to participate and look forward to seeing the benefit it will further have on South Dakota patients.

NCSL. State Prescription Drug Repository Programs. Retrieved March 3, 2022, from www.ncsl.org/research/health/state-prescription-drug-return-reuse-and-recycling.aspx.

CDC Releases Draft Opioid Clinical Practice Guidelines

The CDC draft Clinical Practice Guideline for Prescribing Opioids (update to the 2016 Guideline for Prescribing Opioids for Chronic Pain) has posted in the Federal Register and the 60-day public comment period is now open. Members of the public can provide comment by visiting the Federal Register. Please note that the 60-day public comment period will end on April 11, 2022.

FDA Hosting a Free Online Collaborative for Pharmacists

FDA's Center for Drug Evaluation and Research (CDER) host a free online collaborative community on LinkedIn called Global Alliance of Drug Information Specialists (GADIS). The FDA GADIS team invites drug information pharmacists from all practice settings to connect and share best practices as well as learn the latest news from the FDA. There is also free CPE! To join GADIS, please search for the "GADIS Group" on LinkedIn or simply click www.linkedin.com/groups/8421517/.

BOARD MEETING DATES

Please check our website at pharmacy.sd.gov for time, location and agenda for future Board meetings. Board meeting minutes are also on the website.

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https://southdakota.pmpaware.net/login

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https://pmpclearinghouse.net

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www.NABP.pharmacy

South Dakota BOARD of PHARMACY

(continued)

PDMP Update
by Melissa DeNoon, PDMP Director

The year 2022 began with the statutory, annual South Dakota Prescription Drug Monitoring Program (SD PDMP) report on the monitoring and use of prescription opioids to the 2022 South Dakota Legislature's Senate and House standing committees for health and human services. The report included the following

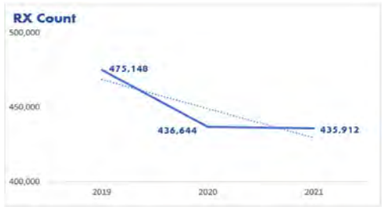
The graphs show the three-year trends, 2019 to 2021, for the three metrics measured for opioid prescriptions dispensed to SD patients: 1) prescription count, 2) prescription total quantity dispensed, and 3) prescription total days of supply.

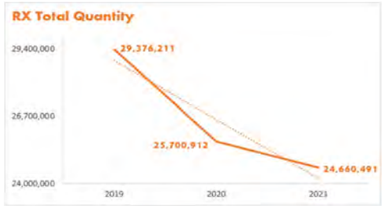
The geographical graph shows the top ten SD counties based on patient zip code for the number of opioid prescriptions dispensed. The number in parenthesis after the county name is that county's rank in population. Note: 1) Five counties decreased each year from 2019 to 2021 – Pennington, Brown, Yankton, Oglala Lakota, and Lawrence, and 2) Five counties decreased from 2019 to 2020 and had just slight increases from 2020 to 2021 – Minnehaha, Lincoln, Meade, Codington, and Brookings.

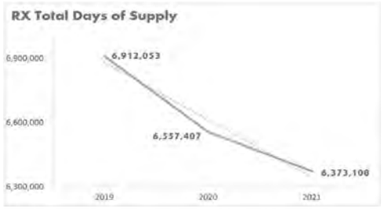
The graphs show the Board of Pharmacy's PharmaDrop (formerly MedDrop) Drug Take-Back Program's progress from inception in 2017 through 2021. The availability of drug take-back receptacles is key in reducing the avenue of diversion created by unused, unwanted, and expired drugs in an individual's medicine cabinet. This program continues to provide an option for the safe disposal of an individual's non-prescription and prescription drugs, including controlled substances, and is a key component in South Dakota's strategy to address our state's misuse, abuse, and diversion of controlled prescription drugs. Visit www.avoidopioidsd.com, 'Take Action', 'Take Back Sites' to find a list of participating pharmacies. If your pharmacy would like to become a collector site, please send an email to Melissa.DeNoon@state.sd.us.

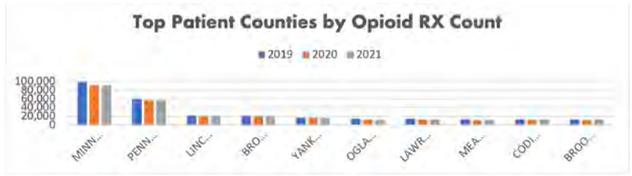
Respectfully submitted, for the Board,

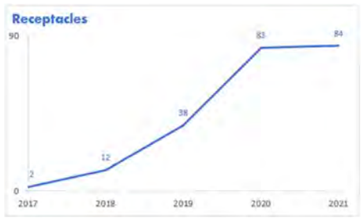
KARI SHANARD-KOENDERS

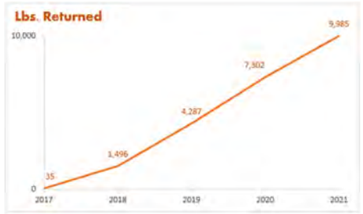












South Dakota SOCIETY of HEALTH-SYSTEM PHARMACISTS

Jeremy Daniel, PharmD, BCPS, BCPP // SDSHP President

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

Many things are happening as we get ready for the **2022 SDSHP Annual Conference**. As mentioned in the Winter Update, we made the decision to move the meeting virtually because we didn't have a clear picture back in January of what COVID would look like in April. Trends look favorable, but we are still continuing with our original plan for a virtual format on April 8th and 9th. If you haven't registered yet, please head over to our website (www.sdshp.com) and get signed up! There will be a social event after the meeting on Friday for those in attendance!

We also are beginning to plan our **2022 Resident Conference** hosted by SDSHP every summer after new pharmacy residencies start. We are still in the early stages of planning for this, but if you are involved in residency training at your institution, be on the lookout for more information coming soon!

There's also still time to **Renew your SDSHP membership** if you have not done so already. As a reminder, pharmacists are $75, technicians are $20, and students are $5. You can renew your membership (or join for the first time!) on our webpage – www.sdshp.com. The membership links are in the bottom left of the homepage. Also, if you are a member and recruit a new member, you get 50% off your membership for 2022! If you want to take advantage of this offer, please contact SDSHP directly by email at info@sdshp.com. The pharmacist and technician who recruit the most new members will receive free registration to the 2022 Annual Conference, so be sure to help us help you!

We had great attendance at our **Resident CE Seminars** held in February. But using a virtual format, we were able to have attendance from both sides of the state simultaneously. We also organized the topics to be similar on each day allowing for pharmacists to attend the session(s) that most interested them. We're always looking for feedback on changes to this process, so if you have any input, don't hesitate to send us a message at info@sdshp.com.

As always, if you're a member, be sure to keep watching your email and checking our Facebook page for updates coming your way. And if you're not a member, what's stopping you? Head on over to www.sdshp.com and join today! As I end my presidency on April 8th at our Annual Meeting, I'm very grateful to my board of directors that has worked so hard this year to create a new logo, re-work our CE process, update our website, and create the groundwork for increasing Diversity, Equity, and Inclusion education through SDSHP. I'm excited for the future of the organization under the current President Elect, Alyssa Larson. I look forward to seeing you all virtually for the Annual Conference in April!

Respectfully submitted,

JEREMY DANIEL

SDSU COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS

Dan Hansen, PharmD // Dean and Professor

Hello from the College of Pharmacy and Allied Health Professions! I'm pleased to share a few of our recent highlights.

We have some exciting accreditation news. ACPE approved the accreditation of our CE program through January 31, 2028. This is a huge accomplishment. In preparation for the Pharm.D. accreditation site visit in October 2022, the College faculty and staff have been working diligently on each standard. The peer review process will take place in a few weeks and the on-site evaluation is scheduled for October 18-20, 2022.

We have extraordinary faculty and staff in our College. Stacie Lansink, MLS program director, was recognized in the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) Annual Report for her service as on-site evaluator for MLS programs. This is the 3rd time Stacie has been recognized! Dr. Aaron Hunt, MPH program coordinator and assistant professor, was recognized as the College of Pharmacy and Allied Health Professions' Distinguished Researcher. This honor is in recognition of Aaron's success in securing extramural funding and recent scholarly work. Dr. Brittney Meyer, IPE coordinator and associate professor, received the University's Excellence in Outreach Award. Brittney was recognized for helping lead COVID vaccination efforts on campus and within the Brookings community. Finally, Dr. Om Perumal, associate dean for research and professor, received the Global Achievement Award in International Affairs from the Office of International Affairs. A well-deserved recognition given Om's work with the Indian Students Association and involvement in recent webinars focused on international education and awareness.

Two new people joined the College. Jacob Ford started on January 10th as the scientific writer for the Community Practice and Innovation Center (CPIC). Dr. Tareq Al-Maqtari joined the College of Pharmacy & Allied Health Professions on January 24th as a visiting scholar and to help teach pharmacology.

Dr. Brad Laible, a professor of pharmacy practice and a member of the College of Pharmacy and Allied Health Professions since 2004, was named the college's interim associate dean for academic programs. He began his duties Jan. 10, when Teresa Seefeldt transitioned into the vice-provost for undergraduate education for SDSU. I want to recognize and thank Teresa for her years of service to the College – she will definitely be missed.

Searches are underway for the following positions: associate dean for academic programs, department head of pharmaceutical sciences, post-doctoral fellowship in population health, recruitment and outreach coordinator, and a program assistant in the Department of Allied and Population Health.

Best regards,

DAN HANSEN

SDSU's Student Collaboration for the ADVANCEMENT and PROMOTION of PHARMACY

Ellie Balken // SCAPP/APhA-ASP SDSU Chapter President

SCAPP members been keeping busy this semester planning and participating in a variety of events! Our members have had numerous opportunities to practice their patient care skills on campus and in the community. We have collaborated with two new organizations, AWOL in Vermillion and the Arlington Fire Department, to complete blood glucose, cholesterol, and blood pressure screenings, along with patient education on various topics.

Operation Heart advocated for American Heart Month this past February, concluding with a one-mile walk/run for community members, SDSU students, and faculty in the SDSU Wellness Center on "Go Red for Women Day." The Public Health and Education committee also promoted Poison Prevention Week through social media platforms and coordinating medication safety activities at the Boys and Girls Club of Brookings. Our chapter engaged in serving the community through a successful donation drive to support the Brookings Domestic Abuse Shelter and volunteered at a local after school program. We are looking forward to supporting the P1 class at the upcoming White Coat Ceremony and recognizing the accomplishments of our members at Spring Convocation. We are grateful to have engaged with professional development events, such as the CV and cover letter workshop, learning about well-being, resilience, and burnout from Dr. Tom Johnson, and participating in the OTC case competition led by NCPA.

I would also like to congratulate Tony Tran, a P2 student and our current Finance VP, on winning our local Patient Counseling Competition and representing the SDSU chapter proudly at the National Patient Counseling Competition at APhA Annual. Additionally, we recently had six students attend APhA Annual in San Antonio, Texas in March. It was an exciting opportunity to gather with pharmacists and student pharmacist from across the country in-person once again and our members learned many valuable lessons to apply to our future careers and take back to the chapter. Lastly, we recently hosted our executive board elections for the upcoming academic year, and I would like to congratulate the following members on their new positions: Madison Hamel (SCAPP/APhA-ASP President-Elect), Ashley Hess (SCCP President-Elect), Anna Schelonka (PPA President-Elect), Bria Berg (NCPA President-Elect), Austin Manuell (SSHP President-Elect), Gabriella Helget (Patient Care Coordinator), Brandon Florey (Finance VP), Katherine Yeomans (Secretary), Abigail Riesgraf (Communications VP), Tucker Wieneke (Membership VP), and Kyle Butzke (Policy VP). I am looking forward to another exciting year ahead, full of innovative ideas with this new group of driven student pharmacists!

Respectfully,

ELLIE BALKEN

WELL-BEING index

Have you ever wondered how your Well-Being compares to others? Consider investing six minutes in your well-being. The Well-Being Index is a brief online self-assessment, invented by the Mayo Clinic and brought to you through a partnership with the American Pharmacists Association (APhA), which provides you immediate individualized feedback including tools and local and national resources to address your well-being. You can set-up the frequency you wish to assess your well-being and track your progress.

Your information and score are private and your individual score will not be shared with APhA or anyone else. You do not have to be an APhA member to participate.

TAKE THE SURVEY NOW IN A FEW EASY STEPS:

1. **Go to: www.mywellbeingindex.org/signup**
2. **If asked for a participation code, use APHA**
3. **Register (approx. 3 minutes)**
4. **Take the survey (approx. 3 minutes)**

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2021 Recipients of the "Bowl of Hygeia" Award


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2020 Recipient
Presented in 2021

APhA Foundation

NASPA

The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA History Hall located in Washington, DC.

Bowl of Hygeia Award Nomination

Minimum Selection Criteria

- Licensed to practice in South Dakota
- Not a previous recipient of this award
- Outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession
- Award not presented posthumously

Nominee's Full Name: _____

(Nickname)

Nominee's Mailing Address: _____

(City/State/Zip)

Practice Site: _____

(City/State/Zip)

College of Pharmacy Nominee Graduated From: _____

(Year Graduated)

List pharmacy jobs held:

_____

_____

List positions or honors in pharmacy organizations:

_____

_____

List community service activities (including any elected or appointed positions in local, county or state government; membership in and positions held in various community and charitable organizations):

_____

_____

_____

_____

_____

Name of spouse and any other family information:

_____

_____

This individual was nominated by _____ District of SDPhA.

Signature: _____ Date: _____

(District Officer, Nominating Person, or Nominee)

Distinguished Young Pharmacist Nomination

Minimum Selection Criteria:

- Entry degree in pharmacy received less than ten (10) years ago
- Licensed to practice in South Dakota
- Member of SDPhA in the year selected
- Practiced community, institutional, or consulting pharmacy in the year selected
- Participated in national pharmacy association activities, professional programs, state association activities and/or community service

Nominee's Full Name: _____
(Nickname)

Nominee's Mailing Address: _____
(City/State/Zip)

Practice Site: _____
(City/State/Zip)

College of Pharmacy Nominee Graduated From: _____
(Year Graduated)

List pharmacy jobs held:

_____

_____

List memberships, positions or honors in pharmacy organizations:

_____

_____

_____

List community/church activities:

_____

_____

_____

List national and state association activities or other professional programs:

_____

_____

Additional comments why this nominee should receive this award (to be completed by nominating individual).

_____

_____

_____

Signature: _____ Date: _____
(District Officer, Nominating Person, or Nominee)

Hustead Award Nomination

Minimum Selection Criteria:

- Licensed to practice in South Dakota
- Not a previous recipient of this award
- Made significant contribution(s) to the profession
- Not solely based on community service
- Demonstrates the dedication, resourcefulness, service and care that has made pharmacy one of the most respected professions in our country

Nominee's Full Name: _____
(Nickname)

Nominee's Mailing Address: _____
(City/State/Zip)

Practice Site: _____
(City/State/Zip)

College of Pharmacy Nominee Graduated From: _____
(Year Graduated)

List pharmacy jobs held:

_____

_____

List positions or honors in pharmacy organizations:

_____

_____

List significant professional contributions:

_____

_____

_____

List community service activities:

_____

_____

_____

Name of spouse and any other family information:

_____

_____

This individual was nominated by _____ District of SDPhA.

Signature: _____ Date: _____
(District Officer, Nominating Person, or Nominee)

SD Salesperson of the Year Award Nomination

Minimum Selection Criteria

- Salesperson operating in South Dakota
- Individual and/or company has shown outstanding support of pharmacy in South Dakota

Nominee's Full Name: _____
(Nickname)

Nominee's Mailing Address: _____
(City/State/Zip)

Practice Site: _____
(City/State/Zip)

Please identify why this nominee should receive this award (to be completed by nominating individual).

Signature: _____ Date: _____
(District Officer, Nominating Person, or Nominee)

SD Technician of the Year Award Nomination

Minimum Selection Criteria

- Registered Pharmacy Technician working in South Dakota.
- Outstanding service record
- Demonstrates excellent pharmacy technician skills in a pharmacy practice setting in the year selected

Nominee's Full Name: _____
(Nickname)

Nominee's Mailing Address: _____
(City/State/Zip)

Practice Site: _____
(City/State/Zip)

Please identify why this nominee should receive this award (to be completed by nominating individual).

Signature: _____ Date: _____
(District Officer, Nominating Person, or Nominee)

Pharmacist Consult - Bariatrics: Understanding Obesity and the Current Treatment Options

Knowledge-based CPE

Course Author

Bernie D. Hendricks, BSPharm, RPh Continuing Education Coordinator, South Dakota State University College of Pharmacy and Allied Health Professions, Brookings, SD

Goal

To enhance pharmacists' understanding of obesity, weight management goals, and current treatment options.

Pharmacist Learning Objectives

1. Summarize the obesity prevalence statistics in the United States;
2. Explain the clinical parameters defining the conditions, overweight and obesity;
3. Calculate Body Mass Index (BMI) using common formulas, and access on-line BMI Calculation tools;
4. Name the primary causes of obesity, and explain the potential role of epigenetics and DNA transmethylation in obesity-related gene expression;
5. Evaluate the major health consequences and risk factors related to obesity;
6. Counsel patients on appropriate surgical and non-surgical treatment options and recommend beneficial resource material.

Overview – Statistics

Obesity has been named by the Centers for Disease Control and Prevention (CDC) as a major health issue in the United States. Nearly 1 out of 3 people in the U.S. today, or 26-32% of the pop- ulation, are currently classified as being obese.

Approximately 78.6 million adults (34.9%) are obese, with the highest level occurring in the 40-59 age group (39.5%), followed by those 60 or above (35.4%) and adults aged 20-39 (30.3%).

An estimated 12.7 million children in the U.S. (2-19 age group) are classified as obese. The CDC report, *Prevalence of Childhood Obesity in the United States*, 2011-12, documented obesity prevalence rising through three age categories: 2-5 year-olds (8.4%), 6-11 year-olds (17.7%), and 12-19 (20.5%). The annual medical cost directly associated with obesity is estimated to be approximately $147 billion (in 2008 dollars).

Clinical parameters / BMI

According to the CDC, "Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese."

A screening tool known as the Body Mass Index (BMI) is commonly used to classify various weight categories.

The most common formula for calculating BMI (also known as the Quetelet Index), involves dividing an adult's weight (kg) by height (in M2). For example, an individual weighing 190 lbs (86.4 kg) at 6'0" (1.8m) tall would have a BMI of 86.4 / 1.82 = 26.7.

BMIs may be calculated with more precision, with adjustments included for gender, body description and age. There are also online calculator tools for fast, easy computations with options for entering data in U.S. as well as metric units.

Calculator Tools

NIH calculator:
https://www.nhlbi.nih.gov/health/ educational/lose_wt/BMI/bmi-m.htm

Calculator.net:
http://www.calculator.net/bmi-calculator.html

Alternate calculator - example:
http://halls.md/body-mass-index/av.htm

An adult BMI within the 19-25 range is normally classified as being an ideal BMI. BMIs greater than 40 or 50 are classified as clinically severe or morbid obesity.

Adult BMI Classifications

Category	*BMI range - kg/m2*
Severe Thinness	**< 16**
Moderate Thinness	**16 - 17**
Mild Thinness	**17 - 18.5**
Normal	**18.5 - 25**
Overweight	**25 - 30**
Obese Class I	**30 - 35**
Obese Class II	**35 - 40**
Obese Class III	**> 40**

Table adapted from newyorkbariatrics.com

There are also BMI spreadsheets that utilize height / weight tables for determining a wide range of BMI readings.

#1 Active Learning Question

Calculate the BMI for an adult: weight 220 lbs (100 kg), height 5'7" (1.7 m)

Answer: _____

Classification:_____

Children - Adolescents

The CDC classifies obesity in a slightly different manner for youth, with BMI levels "relative to other children of the same age and sex."[1]

For example, an overweight child would be one whose BMI is "at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex."[1]

The CDC Growth Charts are also the most widely used for measuring the "size and growth patterns of children and teens in the United States."[1]

The CDC's *BMI-for-age weight status* categories with the corresponding percentiles are shown in Table 1 below.

Table 1

Weight Status Category	Percentile Range
Underweight	*Less than the 5th percentile*
Normal or Healthy Weight	*5th percentile to less than the 85th percentile*
Overweight	*85th to less than the 95th percentile*
Obese	*95th percentile or greater*

Weight status - influences

There are a range of influences with potentially significant effects upon a person's weight status, including environment, behavior, and genetic influences. New research in the field of epigenetics suggests that impaired DNA methylation processes may also play a significant role in obesity and its generational characteristics.

Environment

Certain environments may contribute to obesity due to limitations on opportunities for whole- some dietary choices and physical activity.

Behavior

Discipline is an important lifestyle factor for balancing healthy food and beverage intake and calories consumed vs. exercise, work and energy output. A healthy balance is critical for main- taining an optimal weight status.

Genetics

The potential for gene variants as an influential factor in obesity development has been proposed by some researchers. At this time, however, that proposed association between modifications in the DNA sequence and obesity is poorly under- stood.

Drugs / Diseases

Certain medications have been shown to promote weight gain, including the class of steroid medications and various antidepressant and antipsychotic drugs. Cushing's Disease and polycystic ovary syndrome may potentiate weight gain in affected individuals.

Epigenetic Pressures

Epigenetics is the study of the processes governing certain heritable genetic features which are known to influence gene function and protein expression, which do not involve alterations in the primary DNA sequence. Epigenetic pressures are driven by DNA methylation / histone modification and genomic imprinting.

DNA methylation patterns are significantly influenced by dietary factors affecting the folate-B12 pathway and the betainecholine pathway.

Optimal DNA methylation of key cytosine base pairs promotes proper gene function and chromosome stability. These "epigenetic marks" are considered to be influential in "modulating the expression of some specific genes in pathways related to body weight homeostasis and energy balance such as adipogenesis, inflammation, appetite, insulin signaling, thermogenesis and nu- trient turnover."[2]

These factors, along with other possible environmental factors which contribute to an "obesogenic environment," may play an important role in increasing a person's susceptibility to obesity.

Epigenetic marks are transmissible from parent to child and are evident *in utero.* One research team recently discovered a "network of so-called 'imprinted' genes that was significantly lower expressed in obese animals" and that these effects were furthermore shown to be transgenerational.[3]

Health Consequences

There are increased health risks involving serious diseases and medical conditions for those who are obese compared to those maintaining a normal, healthy weight. See Table 2 below.

Table 2

Health Effects of Overweight and Obesity

- **All-causes of death (mortality)**
- **High blood pressure (Hypertension)**
- **High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)**
- **Type 2 diabetes**
- **Coronary heart disease**
- **Stroke**
- **Gallbladder disease**
- **Osteoarthritis (a breakdown of cartilage and bone within a joint)**
- **Sleep apnea and breathing problems**
- **Some cancers (endometrial, breast, colon, kidney, gallbladder, and liver)**
- **Low quality of life**
- **Mental illness such as clinical depression, anxiety, and other mental disorders4,5**
- **Body pain and difficulty with physical functioning**

Table adapted from: cdc.gov/healthyweight/effects/

Cardiovascular risk

Obesity affects how hard the heart has to work to efficiently pump blood throughout the body. There is also a known association between obesity and atherosclerotic plaque buildup within the walls of blood vessels. These are the primary factors behind the obesity-related risk factors of coronary heart disease (CHF), stroke, and hypertension.

Cancer risk

Obesity carries with it an increased risk for cancer involving the following organs:

- Esophagus
- Pancreas
- Colon and rectum
- Breast (after menopause)
- Endometrium (lining of the uterus)
- Kidney
- Thyroid
- Gallbladder

The National Cancer Institute, citing a study using NCI Surveillance, Epidemiology, and End Results (SEER) data, "estimated that in 2007 in the United States, about 34,000 new cases of cancer in men (4 percent) and 50,500 in women (7 percent) were due to obesity. The percentage of cases attributed to obesity varied widely for different cancer types but was as high as 40 per- cent for some cancers, particularly endometrial cancer and esophageal adenocarcinoma."[4]

They further projected that a "continuation of existing trends in obesity will lead to about 500,000 additional cases of cancer in the United States by 2030. This analysis also found that if every adult reduced their BMI by 1 percent, which would be equivalent to a weight loss of roughly 1 kg (or 2.2 lbs) for an adult of average weight, this would prevent the increase in the number of cancer cases and actually result in the avoidance of about 100,000 new cases of cancer."[4]

Pregnancy risks

There are significant health risks associated with obesity and pregnancy. According to a Mayo Clinic advisory, obesity (BMI > 30) can inhibit ovulation and thereby impair fertility. It may also lower the success rate of in vitro fertilization (IVF).[5]

Obesity also increases the risk of serious complications during pregnancy. See Table 3 below.

Table 3

Obesity-related complications

- **Gestational diabetes. Women who are obese are more likely to have diabetes that develops during pregnancy (gestational diabetes) than are women who have a normal weight.**
- **Preeclampsia. Women who are obese are at increased risk of developing a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, often the kidneys (preeclampsia).**
- **Infection. Women who are obese during pregnancy are at increased risk of urinary tract infections. Obesity also increases the risk of postpartum infection, whether the baby is delivered vaginally or by C-section.**
- **Overdue pregnancy. Obesity increases the risk that pregnancy will continue beyond the expected due date.**
- **Labor problems. Labor induction is more common in women who are obese. Obesity can also interfere with the use of certain types of pain medication, such as an epidural block.**
- **C-section. Obesity during pregnancy increases the likelihood of elective and emergency C-sections. Obesity also increases the risk of C-section complications, such as wound infections. Women who are obese are also less likely to have a successful vaginal delivery after a C-section (VBAC).**
- **Pregnancy loss. Obesity increases the risk of miscarriage.**

Table adapted from: Mayo Clinic, Pregnancy and Obesity: Know the Risks

Obesity – Folate Status

Low folate status has been shown to be an independent risk factor for neural tube defects (NTD) in the newborn. Obesity also represents an independent risk factor for NTD.

Research has recently shown that obesity and folate status are linked. The National Health and Nutrition Examination Survey (NHANES, 2003- 2006) of 3767 adults determined that "serum folate concentrations were lower in obese groups, compared to the desirable BMI and overweight categories."[6]

Red blood cell (RBC) folate levels, however, "increased incrementally with BMI." Research further determined that "waist circumference, serum triglycerides, and fasting plasma glucose each displayed significant positive relations with RBC folate."[6]

A separate study, "Obesity affects short-term folate pharmacokinetics in women of childbearing age," verified that BMI plays a major role in altering folate pharmacokinetics.[7]

Sixteen healthy obese women of childbearing age and sixteen healthy normal-weight women, also of childbearing age, were each given a single 400 µg dose of folic acid. Fasting baseline serum folate was lower in the obese group, while RBC folate was higher. "Area-under-the curve for the absorption phase (0-3 h) and peak serum folate concentrations were lower in obese versus normal-weight women," and overall "serum folate response rate (0-10 h) was lower in obese versus normal-weight women."[7]

"These studies suggest that body distribution of folate is significantly affected by obesity, and should pregnancy occur, may reduce the amount of folate available to the developing embryo. These findings provide additional support for a BMI-adjusted folic acid intake recommendation for NTD risk reduction."[7]

The differential altering of serum folate and RBC folate within obese groups is not well understood at this time, but each should be considered as a "critical biomarker for folate status, especially in the obese population."[6]

Summary

Obesity carries with it serious health risks and medical complications. Overweight and obesity can also significantly shorten a patient's lifespan.

One study determined that for those who were "moderately obese (BMI 30 to 35, which is now common), the lifespan was reduced by 3 years. Severe obesity (BMI 40 to 50, which is still un- common) reduced life expectancy by about 10 years; this is similar to the effect of lifelong smoking."[8]

#2 Active learning question

Obesity is suspected of playing a significant causative or contributing role in certain types of cancer; possibly as high as "____percent for some cancers, particularly endometrial cancer and esophageal adenocarcinoma."

A. 10% B. 20% C. 30% D. 40%

Treatment Options

The primary goal of an effective weight-loss program should be for patients to achieve and maintain a healthy weight.

Initial goals should be modest, with a 3-5 percent reduction from a person's current weight, and should include positive changes in dietary habits and increased physical activity / calorie burning.

Participation in counseling or support groups may be beneficial in focusing efforts on behavioral changes and eliminating 'stressors.'

Prescription weight-loss medications may be helpful as an adjuvant treatment, along with diet/exercise lifestyle changes. See Table 4 on next page.

Table 4

Mayo Clinic - weight-loss medications
Commonly prescribed weight-loss medications:
- **orlistat (Xenical)**
- **lorcaserin (Belviq),**
- **phentermine and topiramate (Qsymia),**
- **buproprion and naltrexone (Contrave),**
- **liraglutide (Saxenda).**

Patients will need close medical monitoring while taking a prescription weight-loss medication. A given weight-loss medication may not work for everyone, and the effects may wane over time. When patients stop taking a weight-loss medication, they may regain much or all of the weight previously lost.

Table adapted from: Mayo Clinic, Diseases and Conditions - Obesity: Treatment and Drugs

Certain weight-loss medications are suitable for short-term use only, and most of the weight-loss medications are capable of causing notable side effects. Pharmacists should counsel patients thoroughly on the limitations and appropriate use of these medications.

Weight-loss Surgery
Weight-loss surgery may be a viable treatment choice for those who have been unsuccessful with other weight-loss programs. At the same time, this type of surgery does not guarantee that a person will lose the amount of weight desired, or keep it off in the years after surgery.

There are additional, unique qualifications for those considering weight-loss surgery:[7]
1. Extreme obesity (BMI of 40 or higher)
2. A BMI of 35 to 39.9, with serious weight-related health problem, such as diabetes or high blood pressure
3. Committed to critical lifestyle changes.

Lifestyle changes in dietary habits and exercise are critical factors in the long term success of weight-loss surgery treatments.

There are currently four common weight-loss surgery procedures. See Table 5.

Table 5

Weight-loss surgery types
- **Gastric bypass surgery. In gastr ic bypass (Roux-en-Y gastric bypass), the surgeon creates a small pouch at the top of the stomach. The small intestine is then cut a short distance below the main stomach and connected to the new pouch. Food and liquid flow directly from the pouch into this part of the intestine, bypassing most of the stomach.**
- **Laparoscopic adjustable gastric banding (LAGB). In this procedure, the stomach is separated into two pouches with an inflatable band. Pulling the band tight, like a belt, the surgeon creates a tiny channel between the two pouches. The band keeps the opening from expanding and is generally designed to stay in place permanently.**
- **Biliopancreatic diversion with duodenal switch. This procedure begins with the surgeon removing a large part of the stomach. The surgeon leaves the valve that releases food to the small intestine and the first part of the small intestine (duodenum). Then the surgeon closes off the middle section of the intestine and attaches the last part directly to the duodenum. The sepa- rated section of the intestine is reattached to the end of the intestine to allow bile and digestive juices to flow into this part of the intestine.**
- **Gastric sleeve. In this procedure, part of the stomach is removed, creating a smaller reservoir for food. It's a less complicated surgery than gastric bypass or biliopancreatic diversion with duodenal switch.**

Table adapted from: Mayo Clinic, Diseases and Conditions- Obesity: Treatment and Drugs

Surgery After-Effects
Weight loss surgery often carries with it a varied range of follow-on effects. These effects may include fecal and urinary incontinence, diarrhea, gallstones (in up to 33% of patients), malnutrition complications (anemia, osteoporosis), ulcers, increased risk of suicide, rebound craving risks (smoking, alcohol), regaining lost weight, and other rare, but potentially serious, after-effects.

Weight-loss surgery risks should be carefully weighed by every candidate, even the most qualified of candidates, prior to deciding upon this treatment option.

Nerve Blockade
Vagal nerve blockade is a relatively new treatment option for patients who have been unable to lose weight with traditional weight-loss proto- cols, and have a BMI of 35-45 along with at least one significant obesity-related health condition.

This treatment, which received FDA approval in 2014, involves "implanting a device under the skin of the abdomen that sends intermittent elec- trical pulses to the abdominal vagus nerve, which tells the brain when the stomach feels empty or full."[9]

In one randomized clinical trial, "reversible, intermittent intra-abdominal vagus nerve blockade" achieved statistically significant degree of weight-loss versus a sham control device, but did not meet either of the "prespecified coprimary efficacy objectives."[10]

The main side effects reported by the vagal nerve block group were mild to moderate in severity. They included heartburn/dyspepsia and abdominal pain. The "therapy–related serious adverse event rate in the vagal nerve block group was 3.7% (95% CI, 1.4%-7.9%), significantly lower than the 15% goal."[10]

Summary
Overweight and obesity present serious medical challenges in the lives of the patients affected. The financial burden from these medical conditions adds significant pressure to the growing strain on health care resources nationwide.

Pharmacists can play an important role in consulting with patients to provide professional advice and critical information to help them reach their goals of achieving and maintaining a healthy weight.

Additional resources for patients and health care providers are listed on the following pages .

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.

Financial Disclosure
The author of this course has had no relevant financial relationships with any commercial party having a vested interest in the content of this article.

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Additional Resources

"Diseases and Conditions - Obesity. Mayo Clinic: [Internet, cited March 2016]: http://www.mayoclinic.org/diseases-conditions/obesity/basics/definition/con-20014834

"Obesity - Prevention." Mayo Clinic [Internet, cited March 2016]: http://www.mayoclinic.org/diseases-conditions/obesity/basics/prevention/con-20014834

"Obesity - Lifestyle and home remedies." Mayo Clinic [Internet, cited March 2016]: http://www.mayoclinic.org/diseases-conditions/obesity/basics/lifestyle-home-remedies/con-20014834

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Pharmacist Consult - Bariatrics: Understanding Obesity and the Current Treatment Options

Learning Assessment Post-test

1. According to the CDC, _____ in the U.S. today are classified as being obese.

a. 1 out of 3 people
b. 1 out of 10 people
c. 1 out of 20 people
d. 1 out of 30 people

2. Over 12 million children in the U.S. are classified as obese, with the highest prevalence occurring within this age group:

a. 2-5 year olds
b. 6-11 year olds
c. 12-19 year olds
d. 30-29 year olds

3. A Body Mass Index (BMI) of 35-40 would describe which BMI classification?

a. Overweight
b. Obese class I
c. Obese class II
d. Obese class III

4. Children and teens BMI classifications are determined according to _____.

a. standard BMI ranges, as with adults
b. percentile ranges, relative to other children and teens of the same age and sex

5. One of the most common formulas for calculating BMI (the Quetelet Index) involves dividing an adult's weight (kg) by height (in M2). BMIs may also be calculated with more precision by adjusting for:

a. Gender
b. Body description
c. Age
d. A, B, and C

6. Calculate the BMI for this adult: weight 238 lbs (108 kg); height 5'9" (1.8m) _____. The correct BMI / weight classification for this person would be:

a. 28.0 / Normal
b. 28.2 / Overweight
c. 33.3 / Obese class I
d. >40 / Obese class III

7. A person's susceptibility to obesity may be significantly influenced by:

a. An "obesogenic" environment
b. Lifestyle factors such as caloric intake, exercise
c. Certain medications and disease states
d. All of the above

8. Research in the field of epigenetics has shown that DNA methylation patterns may significantly influence gene expression involving specific pathways related to:

a. Adipogenesis and inflammation
b. Appetite and insulin signaling
c. Thermogenesis and nutrient turnover
d. All of the above

9. Select the health condition for which obesity is NOT a recognized risk factor.

a. Epilepsy
b. Gallbladder disease
c. High blood pressure
d. Stroke

10. Obesity improves fertility and increases the success rate of IVF.

a. True
b. False

11. Overweight or obese patients should initially be encouraged to commit to _____.

a. Positive lifestyle changes
b. Weight-loss medications
c. Surgery
d. Vagal nerve blockade

12. Weight loss surgery often carries with it a varied range of serious after-effects, such as incontinence, ulcers, malnutrition complications, and gallstones, which may occur in up to _____ of patients.

a. 8%
b. 15%
c. 25%
d. 33%

Pharmacist Consult - Bariatrics: Understanding Obesity and the Current Treatment Options

Knowledge-based CPE

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

Credit upload to a participant's eProfile account - within two weeks following successful completion of this course.

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: #0063-0000-19-058-H01-P.

Learning Objectives – Pharmacists: *1. Summarize the obesity prevalence statistics in the United States; 2. Explain the clinical parameters defining the conditions, overweight and obesity; 3. Calculate Body Mass Index (BMI) using common formulas, and access online BMI calculation tools; 4. Name the primary causes of obesity, and explain the potential role of epigenetics and DNA transmethylation in obesity-related gene expression; 5. Evaluate the major health consequences and risk factors related to obesity; 6. Counsel patients on appropriate surgical and non-surgical treatment options and recommend beneficial resource material.*

Circle 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 C D	10. A B
3. A B C D	7. A B C D	11. A B C D
4. A B	8. A B C D	12. 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 applicable for professional pharmacy practice:	1	2	3	4	5	6	7
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7
List any learning objectives above not met in this course:							
List any important points that you believe remain unanswered:							
Course material was balanced, noncommercial:	1	2	3	4	5	6	7
List any details relevant to commercialism:							
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7
Length of time to complete course was reasonable for credit assigned	1	2	3	4	5	6	7
Approximate amount of time to preview, study, complete and review this 1.5 hour CE course:							
Comments: list any future CE topics of interest (and related skill needs):							

NAME:_____ RPh LICENSE:_____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL:_____ PHONE: _____ INTEREST IN ADDITIONAL CE COURSES? Y / N

e-PROFILE ID # (ePID):_____ DATE OF BIRTH (MMDD): _____

Course release date: 12–9–19 / Expiration date: 12–9–22 / Target audience: Pharmacists
Please mail this ***completed answer sheet*** *with your check of* ***$8.50*** *to:* ***SDSU College of Pharmacy-C.E. Coord., PO Box 2202C,*** **Brookings, SD 57007** */ Office: 605-688-6646 /* ***Scout.ForbesHurd@sdstate.edu***

PHARMACY MARKETING GROUP, INC.

PHARMACY & THE LAW

BY DON. R. MCGUIRE JR., R.PH., J.D.

Emergency Use Authorizations

*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.*

There have been a number of questions from pharmacists about the potential liability of administering COVID vaccines available under an Emergency Use Authorization (EUA) and how that status may impact their insurance coverage. What is the difference between an approved drug and one available under an EUA?

An EUA may be approved by the Food and Drug Administration (FDA) to help make medical countermeasures available for use during public health emergencies. To be approved for an EUA, there must be no adequate, approved, and available alternative. At the beginning of the pandemic in early 2020, this was true. To apply for an EUA, the manufacturer must complete three phases of investigations.

Phase 1 uses the vaccine on a small population of healthy patients. Phase 2 expands the number of patients in the trial to hundreds and includes a wider range of demographics and health statuses. Phase 3 expands to thousands of patients with broad demographic groups. This phase collects critical information on safety and effectiveness. By this point, tens of thousands of patients have been administered the vaccine (or a control) and monitored.

Prior to submission to FDA, the manufacturer of the vaccine will submit their data to an independent Data Safety Monitoring Board for review. After submission, the data is also reviewed by the Vaccine and Related Biological Products Advisory Committee. Failure to receive high marks from either of these groups will likely lead to a denial of the EUA application.

Three vaccines were authorized under separate EUA applications in late 2020 and early 2021. The EUA makes it legal to administer the vaccines in the United States. Most insurance policies for pharmacy professional liability contain an exclusion for acts in violation of pharmacy laws. Because these vaccines are legal for use under the EUA, this exclusion would not apply. Review your policy for any general vaccine exclusion or a specific COVID vaccine exclusion. Also review the policy language for any provision addressing the use of only approved drugs. Absent these, your policy should cover the administration of COVID vaccines under an EUA.

This issue is slowly going away for COVID vaccines because FDA has now granted full approval for two vaccines, the Pfizer-BioNTech vaccine on August 23, 2021 and the Moderna vaccine on January 31, 2022. To gain full approval, the manufacturer gathers additional safety and effectiveness data through continuing trials and monitoring of patients. Clinically, there is little difference between a product used under an EUA and one that has been fully approved. However, any "approved" language in your policy could be problematic for insurance coverage.

Because there is little difference clinically, administration of COVID vaccines should be treated in a similar manner to other vaccines administered in the pharmacy. Use of a specific patient waiver beyond the normal consent form to try to avoid potential liability is not necessary and not likely to be legally enforceable. The professional responsibilities of the pharmacist under statutes and regulations were created to protect patients. Those responsibilities are placed on the pharmacist because of their education and experience. If the idea of a waiver or release like this was viable, every professional would use one with every transaction or encounter. Make sure to provide the required patient information and counsel the patient on important points as you would for any other vaccine.

Legally, the administration or dispensing of a drug under an EUA is every bit as valid as administering or dispensing an approved drug. There is a difference however. When the public health emergency ends, the EUA is also extinguished. When that day comes, the two approved vaccines can continue to be used, but vaccines authorized under an EUA will not be legal to use in the United States any longer. Insurance coverage for administering vaccines under an EUA is likely included in your policy, but a quick review of your insurance policy should be able to verify that for you.

© 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.

PHARMACY MARKETING GROUP, INC.

FINANCIAL FORUM

College Funding Choices

Explore the different ways you can help finance the costs of higher education.

*This series, **Financial Forum**, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.*

How can you help cover your child's future college costs? Saving early (and often) may be key for most families. Here are some college savings vehicles to consider.

529 College Savings Plans. Offered by states and some educational institutions, these plans allow you to save up to $15,000 per year for your child's college costs without having to file an I.R.S. gift tax return. A married couple can contribute up to $30,000 per year. However, an individual or couple's annual contribution to a 529 plan cannot exceed the yearly gift tax exclusion set by the Internal Revenue Service. You may be able to front-load a 529 plan with up to $75,000 in initial contributions per plan beneficiary—up to five years of gifts in one year—without triggering gift taxes.[1,2] Remember, a 529 plan is a college savings play that allows individuals to save for college on a tax-advantaged basis. State tax treatment of 529 plans is only one factor to consider prior to committing to a savings plan. Also, consider the fees and expenses associated with the particular plan. Whether a state tax deduction is available will depend on your state of residence. State tax laws and treatment may vary. State tax laws may be different than federal tax laws. Earnings on non-qualified distributions will be subject to income tax and a 10% federal penalty tax. If your child doesn't want to go to college, you can change the beneficiary to another child in your family. You can even roll over distributions from a 529 plan into another 529 plan established for the same beneficiary (or another family member) without tax consequences.[1,2] Grandparents can also start a 529 plan or other college savings vehicle. In fact, anyone can set up a 529 plan on behalf of anyone. You can even establish one for yourself.[1,2]

Coverdell ESAs. Single filers with modified adjusted gross incomes (MAGIs) of $95,000 or less and joint filers with MAGIs of $190,000 or less can pour up to $2,000 into these accounts annually. If your income is higher than that, phaseouts apply above those MAGI levels. Money saved and invested in a Coverdell ESA can be used for college or K-12 education expenses.[3] Contributions to Coverdell ESAs aren't tax-deductible, but the accounts enjoy tax-deferred growth, and withdrawals are tax-free, so long as they are used for qualified education expenses. Contributions may be made until the account beneficiary turns 18. The money must be withdrawn when the beneficiary turns 30, or taxes and penalties may occur.[3,4]

UGMA & UTMA accounts. These all-purpose savings and investment accounts are often used to save for college. They take the form of a trust. When you put money in the trust, you are making an irrevocable gift to your child. You manage the trust assets until your child reaches the age when the trust terminates (i.e., adulthood). At that point, your child can use the UGMA or UTMA funds to pay for college; however, once that age is reached, your child can also use the money to pay for anything else.[5] Using a trust involves a complex set of tax rules and regulations. Before moving forward with a trust, consider working with a professional who is familiar with the rules and regulations.

Imagine your child graduating from college, debt-free. With the right kind of college planning, that may happen. Talk to a financial professional today about these savings methods and others.

Citations.

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Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com. Registered Representative of and securities and investment advisory services offered through Berthel Fisher & Company Financial Services, Inc. Member FINRA/SIPC. ***PRISM Wealth Advisors LLC is independent of Berthel Fisher & Company Financial Services Inc.***

Beware & Be Ready!

In-Person Onsite Audits Are Resuming

OptumRx and Express Scripts recently sent notices to pharmacies informing them in-person onsite audits will be starting back up in April. PAAS National® has also reviewed audit notices from Caremark and MedImpact with intentions of visiting the pharmacy in person to conduct the audit. We would expect other PBMs to follow this trend as well.

COVID-19 restrictions lead PBMs to conduct their audits virtually since early 2020. Pharmacies would respond to the audit request by submitting documents in for review and having a compliance phone interview with the auditor. With COVID-19 numbers decreasing, PBMs feel now is the time to resume audits onsite.

PAAS analysts have years of experience assisting pharmacies through onsite audits. Pharmacies can receive a pre-audit consultation with an analyst, in addition to specific PBM trends, state laws that are being targeted, and many other tips that can be provided to support you through your audit. We also offer our Onsite Credentialing Guidelines[1] located on the PAAS Member Portal, to help our members prepare for potential questions that may be asked during the auditor's visit.

PAAS Tips:

- Engage PAAS[2] as soon as possible after receiving an any audit notification (including onsite)
- PAAS Audit Assistance members can log on to the Member Portal to search past Newsline articles[3] for safe filling and billing tips, or submit a question online[4]
- PAAS FWA/HIPAA Compliance members should review their compliance tasks[5] to ensure the pharmacy is up to date
  - o MedImpact is specifically looking for written policies and procedures for FWA when onsite

References:

1. https://portal.paasnational.com/Paas/Resource/Tools
2. https://portal.paasnational.com/Paas/Contact
3. https://portal.paasnational.com/paas/newsletter
4. https://portal.paasnational.com/paas/resource/filling
5. https://portal.paasnational.com/System/Dashboard

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By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit assistance and FWA/HIPAA compliance.

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