

FALL EDITION 2013

VOL. 27 NO. 4

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



## In This Issue:

- President's Perspective
- Celebrating American Pharmacists Month
- 2013 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

- 5 SDAPT Fall Meeting  
Capital University Center, Pierre, SD
- 12-16 NCPA Annual Convention and Trade Exposition  
Walt Disney World Swan and Dolphin, Orlando, FL
- 14 Native American Day
- 20-26 National Hospital and Health-System Pharmacy Week
- 22 National Pharmacy Technician Day
- 26 DEA National Prescription Drug Take-Back Day  
Fall District Meetings

## NOVEMBER

- 7 Black Hills District Meeting - 6:00 p.m.  
Ramkota Hotel, Rapid City, SD
- 7 Aberdeen District Meeting - 6:30 p.m.  
Sanford Hospital, Aberdeen, SD
- 11 Veterans Day
- 12-13 SD LECC Annual Conference  
Best Western Ramkota, Sioux Falls, SD
- 12-14 SDSU Pharmacy Days
- 14 Watertown District Meeting - 7:00 p.m. (tentative)  
Hy-Vee Meeting Room, 1320 9th Ave. SE, Watertown
- 28 Thanksgiving

## DECEMBER

- 9 ASHP Midyear Clinical Meeting - Dakota Night Reception - 5:30 p.m.  
Peabody Hotel, Orlando, FL
- 25 Christmas

*Cover: Spearfish Canyon, Spearfish, SD, by Sue Schaefer, Pierre, SD*

## SOUTH DAKOTA PHARMACIST

The SD PHARMACIST is published quarterly (Jan, April, July & Oct). Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association. The Journal subscription rate for non-members is \$25.00 per year. A single copy can be purchased for \$8.00.

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# DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director



## ***Happy American Pharmacists Month!***

I'm sure you're all busy in your pharmacies vaccinating patients and celebrating the profession in style! We've added some ideas for you in this Journal and hope you take the time to celebrate as well as acknowledge the importance of your pharmacy's team.

Blood pressure, heart, and stroke awareness programs are always excellent ways for you to showcase your skills. Governor Dugaard has designated October as "Pharmacists Month in South Dakota". We appreciate his ongoing support and acknowledgement of the important work you do.

The SDSU College of Pharmacy students came up with some exciting ways to celebrate. Beginning the first week in October, you'll see a billboard in both Rapid City and Sioux Falls which showcase the importance of pharmacy. We hope you'll take a look around when you visit these cities. If all goes well, we'll be moving to a city near you in the future! We're so proud of our student pharmacists for staying engaged and working hard to showcase their profession.

Fall seems to be a great time for our annual Convention! We had around 250 register for the meeting, including 85 students, and around 100 pharmacists. Rounding out the numbers were significant others, vendors and pharmacy technicians. Deadwood still holds the record for number of registered pharmacists in attendance, however! We have heard many positive comments from attendees and vendors about the new format, and have tried to add a little more networking and visiting time for friends to reconnect. And the students!! We had 85 register to attend! I would be remiss if I didn't thank the wonderful student pharmacists for giving us a hand with registration, minutes, organizing and general "running" duties. They were just awesome and added a special spark to our event. 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.

I truly believe we had such wonderful numbers because our group valued the presenters we secured. Many of the presentations were provided by our very own pharmacists, as well as physicians, regulators and law enforcement. An important part of any continuing education event is variety and

we had it! Thanks to all our great presenters and congratulations on a job well done.

The convention attendees passed one very important resolution during our meeting: A review of the current laws and rules relating to pharmacy. We will begin by working with the Board of Pharmacy to select a broad-based committee to review and make recommendations for change. The report will then be brought back to the membership for discussion and/or action. I have placed the resolution in this journal for your review.

The Fall District Meetings have begun. Mitchell started it off with a September 29th meeting, followed by Sioux Falls, which is scheduled for October 8th. Others will be scheduling shortly, so make sure you visit our website to check on your district.

**One important reminder for you – please don't forget to support your district and donate to our Commercial & Legislative Fund.** We won't be sending you a reminder letter this year, but have placed a form within this journal for you to fill out and return if you're not comfortable with the online payment on our website. Your help is very much appreciated.

I'm happy to announce and welcome a new pharmacist to your Executive Board team! Trisha Hadrack of Faulkton Drug in Faulkton agreed to serve and was elected to an at-large position. Trisha has experience in a variety of practice settings, which is so helpful. We strive to keep a broad representation on our board, so we really appreciate it when you step up and agree to represent your profession. I'm certainly fortunate to have such a wonderful membership and board to serve. I really appreciate our board a great deal. They work so hard for all of you and do their best to represent every practice setting. I hope you take the time to thank them.

I'd like to welcome our new President, Shannon Gutzmer from Rapid City as she begins her Presidency. Shannon will serve our Association well. She is full of energy and enthusiasm, but most importantly, she cares deeply about her profession. These are wonderful qualities for a leader.

Our Immediate Past President Else Umbreit, will be greatly missed. We're so happy she'll be hanging around as her years of service and expertise are so valuable. Else, thank you SO much for your steady leadership. You led quietly with strength, calm and determination which helped our Association excel! We're stronger and better than ever!

*(continued on page 28)*

# PRESIDENT'S PERSPECTIVE

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Shannon Gutzmer | SDPhA President



Goodbye summer, hello fall. I fought hard this past week to hold onto the last few moments of summer. I played 18 more holes of golf and got sunburned from an afternoon at Pactola Lake. The season has changed and fall is here. It was evident today by how cool and rainy it was when I went for a run. Most of us really do not think about change, unless we are really opposed to something. However,

change is happening around us all the time. There is usually growth with change. Sometimes growth is a bit painful. Other times we embrace growth, because we know it is for the best.

The South Dakota Pharmacists Association has made a couple of changes over the past few years. One change was shortening our annual convention to one and a half days. The date of the convention was also changed from early summer to fall. There might be a few things some of us miss about the old conventions, but the changes seem to have been successful. We had a record number of attendees at the convention held the second weekend in September in Sioux Falls. Eleven hours of continuing education was provided during the one and a half day event. We had enough time to get together with our colleagues and friends to catch up on the past year. A resolution was passed to review the current Pharmacy Practice Act.

Thank you to our continuing education presenters. You provided diverse and interesting topics.

Congratulations to our award winners. You are all such talented and interesting people that are very deserving of recognition.

The SDPhA board of directors changed with the annual convention. I would like to thank Lenny Petrik for his time serving on the board of directors. His input will be greatly missed. Else Umbreit, this year's immediate past president, did a wonderful job. She has been an excellent example in helping me prepare for the year ahead and I appreciated her style of leadership very much. She did a great job in helping get the PBM Fair Audit Legislation passed. Congratulations Else on a successful presidency! I would like to thank Else, Sue and the other members of the board for their time and talents. This year we continue to have another great board with diverse pharmacy practice backgrounds. I am looking forward to working with them all.

Another change some of you might have noticed at the convention was the pharmacy student involvement. Besides their participation in pharmacy jeopardy, the students helped with registration, picture taking, and all those little things that need to be done to help the convention run smoothly. They were a great addition to the convention. I hope they know how much they were appreciated. It will be interesting to see how their participation as students will effect their involvement once they are practicing pharmacists.

Other changes may be ahead for the pharmacists in this state. As I mentioned earlier, a resolution was passed at the convention to review and update necessary sections of the current Pharmacy Practice Act. Before anything is changed, the ideas and suggestions will be presented to the members of SDPhA. The current act has not been updated for about 20 years. It is important that we have input from all pharmacists before we make changes to our Pharmacy Practice Act. I encourage you all, more than ever, to stay involved and give us feedback when these discussions begin.

It's never too early to start thinking about the 2014 convention. Next year's SDPhA convention will be held September 19th & 20th at Cedar Shore Resort in Chamberlain/Oacoma. We are already working on securing next year's continuing education presenters. We are always looking for suggestions, so let us know if there is a topic we should try to have presented.

I would love to see all the pharmacists registered to practice in South Dakota at the annual convention. However, I know this is impossible. Someone has to be running our pharmacies! Why not get involved with pharmacy in South Dakota in other ways if you cannot make the annual convention? Check the SDPhA website for your upcoming fall district meetings, mark your calendar for Legislative Days on January 28th and 29th, or get involved with the South Dakota Society of Health-System Pharmacists. I would love to see more attendees for both of our conventions. Negotiate with your coworkers, you go to one of the state meetings and let them go to the other.

October is American Pharmacists Month, so find a way to promote our profession. Congratulations to the SDSU pharmacy students for winning the competition SDPhA held for the best idea to promote American Pharmacists Month. Their idea to have a billboard was so clever.

Your involvement and participation will help changes continue  
*(continued on page 10)*

# 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: Jennifer Andree; Elizabeth Gripenrog; Kayla Lorge; Hailey Olson; Lyle Prussman; Karl Krenz; Kathryn Templeton; Betsy Karli; Joel Repenning; Tonya Gross; Katherine Kann; Beau VanOverschelde; Joshua Veurink; Jessica Miles; Kristina

Carey; Jimica Kerwin; Amanda Ludwig; Lindsay Minter; Aimee Moulton; Mallory Muntefering; Jamison Niewoehner; Stephanie Schulte; Nicholas Skibba; Jared Sogn; Abby Brown; Lee Cordell; Jory Aman; Alanna Grabouski; Michelle Anderson; Michelle Schuch; Kathryn Carlson; Roxanne Chadwell; Jared Crumly; David Holmquist; Livia Mackley; Julie Nelson; Heidi Oakland; Chelsea Schmidt; Brittany Starks; Nichole Turner; Kayla Hughes; Chad Fjeldheim; Spenser Wipf; Jessica O'Brien; Michelle Locke; Margaret Lorenz; Desiree Aske; Sarah Clague; Laura Johnson; Andrew Konechne; Elizabeth Morgan; Spenser Rhines; Riley Lizotte; Tania Kapoor; Krista Kutil; Heather Bunge; Robin Wingate; Shik-Ki Li; Walker Darkow; Rachel Elsey; Britta Hystad; Jenilee Kessel; Steven Collison; Kristine Nonaka; Nicole Schmidt; Goerge Wingate; Brianna Aanenson; Allsion Frank; Lisa Goette; Matthew Anagnostopulos; Tate Berger.

## NEW PHARMACIES

Pharmacy licenses have been issued recently to: Costco Pharmacy #1159, Sioux Falls – Nicole Schmitt PIC.

## ELECTRONIC RETENTION OF HEALTH RECORDS / PRESCRIPTIONS

On July 12th, a Rules Hearing was held at 1:00 PM at the Capital Building in Pierre. The purpose of the hearing was to discuss pharmacies ability to electronically retain health records, including prescription orders if the facility chooses to do so. This proposal would not be a mandatory requirement. Facilities could choose to retain records manually in accordance with current rules. The amendments to the rules would permit the retention of this information in an electronic format given the following requirements are met:

- Have the ability to provide printed copies of the prescription records from the electronic platform, to include an electronic copy of the actual prescription in a timely manner if requested by the board.

- Have the ability to print from the electronic records, a comprehensive list of all medications for a specific patient or all records over a date range that may be requested by the board.
- Have the ability to demonstrate a backup / storage method in order to recreate all pharmacy records in the event of a computer failure.
- Contain security features to prevent unauthorized access to the records.

Two entities provided written testimony in support and one agency was present at the hearing to testify in support. There was no testimony provided in opposition to the proposed rule changes. The Board voted to adopt the rule changes. The changes were presented to the Legislative Research Council's Interim Rules Committee on August 20th and were accepted. The amendments will be effective 20 days after filing with the South Dakota Secretary of State.

## NOTES FROM THE INSPECTORS

The following remarks are observations and comments from our inspectors.

- If you are maintaining Zostavax in your inventory, please ensure that you are recording the freezer temperature on a daily basis.
- Immunization certificates should be prominently displayed for the public review.
- Due to the increase number of internal and external diversions, we are observing more pharmacies installing security/camera systems. We highly encourage this!
- We are beginning to observe more audits of controlled substances by pharmacies. The Board of Pharmacy recommends each pharmacy conduct a minimum of one audit per month on a CIII or CIV. Some pharmacies are doing more than one per month. Keep up the good work!

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The Prescription Drug Monitoring Program (PDMP) database is now housing over 2 years' worth of data – that's nearly 2.2 million prescriptions! The system has been up and running for 19 months and on-line query requests have increased by 99% since January of 2013!! This is the largest increase since the program's inception in March of 2012. The seven month increase is largely fueled by a 188% increase in pharmacist generated on-line queries. Many SD pharmacies are now requiring a query to be performed on a select set of controlled substance prescriptions whenever a patient presents with



# SOUTH DAKOTA BOARD OF PHARMACY

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an affected prescription. This is good pharmacy practice and important to the program. We recently heard that the prescribers think the pharmacists will do the query and pharmacists think the prescribers will do the query and hence, no one runs the PDMP query. This scenario certainly doesn't meet the goals of better patient care and less misuse/diversion. Pharmacists – continue running those queries and keep up the good work!!

## BOARD MEETING DATES

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

## BOARD OF PHARMACY STAFF DIRECTORY

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# ACADEMY OF STUDENT PHARMACISTS

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## Ashley Potter | APhA-ASP SDSU Chapter President



### 2013-2014: A Focus on Rural Health

The SDSU Chapter of APhA-ASP started the year with the annual executive committee retreat in August. Executive committee members and chapter advisors gathered in Watertown to develop goals, strategies, and policies to best direct membership for the upcoming year. We also established a chapter theme: 'Sowing seeds

of change in rural patient care', which is an adaptation of the national APhA-ASP theme, 'Be the Change', but suited for South Dakota. This year, we hope to orient our activities towards patient care, community outreach, and advocacy in the rural environment.

True to our chapter theme, activities began in August with a rural outreach project led by April Pottebaum (P3). Student pharmacists performed cholesterol, glucose, and blood pressure screenings at Potato Days in rural Clark County. Following the screenings, the student pharmacists distributed sunscreen education to all patients. We plan to have more mass screenings throughout the year targeting underserved patients, rural patients, and others in the community.

Our chapter has 18 committees focused on patient care, professionalism, community, and educational projects. All committees have just concluded committee planning meetings designed to establish their plans for the year. These meetings were led by the APhA-ASP President-elect, Leah Eckstein (P2), with the assistance of our chapter advisors and fellow executive committee members. We are excited to see what our

membership will accomplish this year!

### Student Leaders Representing South Dakota

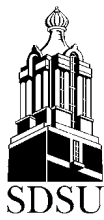
We are proud to have students represent our chapter, SDSU, and South Dakota at leadership meetings this summer. The first of these meetings was the APhA Summer Leadership Institute (SLI) in Washington, D.C. Leah Eckstein attended as the SDSU representative for her role as chapter president-elect, and our immediate past president, Sara Wettegreen (P4), assisted in facilitating the meeting on behalf of her APhA-ASP Education National Standing Committee position as vice chair. Students from across the country attended SLI to gain tools needed for leading their local chapters, network with fellow student leaders, and receive updates on national APhA-ASP initiatives.

The 59th International Pharmaceutical Students' Federation

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P2 Student Pharmacist SDPhA Convention Attendees



# SOUTH DAKOTA STATE UNIVERSITY College of Pharmacy



Dennis Hedge | Dean



Greetings!

The College of Pharmacy has completed work on a new strategic plan. The document, *College of Pharmacy Impact 2018*, provides a strategic vision for the College over the next five years. The plan consists of five strategic goals and several action steps that will provide a road map for the College. I would like to take this opportunity to share *College of Pharmacy Impact 2018* with you. If you have any questions or concerns about the plan, please contact me.

Warm regards,

Dennis D. Hedge, Dean of Pharmacy

## College of Pharmacy Impact 2018: A Strategic Vision for the College of Pharmacy

### Strategic Goals with Action Steps

**Goal 1: Enhance the quality of the professional and graduate programs through engaged learning, a welcoming community and innovative teaching and learning environment.**

- Recruit, attract and retain a high quality and diverse student body.
- Enhance learning through interprofessional education and innovative methods including the use of simulation, team-based learning, and other active learning methodologies.
- Increase interaction and collaboration among students and faculty to enhance learning, promote professionalism, and foster the development of an engaged and inclusive community.
- Strengthen aspects of contemporary community practice and emerging models of pharmacy care in the Doctor of Pharmacy curriculum.
- Assess outcomes of the Doctor of Pharmacy and PhD curriculums and implement curriculum change as needed to meet the evolving needs of the profession.
- Achieve optimal size of the PhD program.
- Develop and enhance pharmacy residencies and fellowships in South Dakota.
- Expand rural health initiatives/programs in underserved areas that enhance student learning.
- Explore, implement and assess dual-degree programs and specialty tracks within the Doctor of Pharmacy curriculum.

**Goal 2: Recruit, develop and retain high quality faculty.**

- Develop and implement a clinical track for promotion of pharmacy practice faculty.
- Assess and improve start-up packages and faculty salaries, and make market adjustments where necessary to produce parity with peer pharmacy colleges/schools.
- Develop a workload assessment instrument to improve the annual faculty review and planning processes by better measuring teaching, research/scholarship, practice/outreach and service.
- Promote a nurturing and positive culture for new faculty.
- Provide sufficient resources to support continuous professional development opportunities for faculty.

**Goal 3: Conduct quality research and generate scholarship that contributes to economic development and advancement of societal wellbeing.**

- Explore faculty appointments that support increased research and scholarship.
- Develop and maintain state-of-the-art instrumentation, facilities, and research space.
- Establish and maintain grant development and support infrastructure that facilitates the submission of grant proposals and increases funding success rates.
- Foster collaboration among faculty, students and other professionals to enhance research and scholarship.



- e. Develop a research plan and priorities to build upon College of Pharmacy research achievements.
- f. Support the translation of discoveries and best practices to practical solutions that improve health.

**Goal 4: Enhance and expand the College's involvement in service and outreach.**

- a. Implement innovative programs or approaches to continuing education for pharmacists that address current needs and anticipates change.
- b. Support and expand student and faculty involvement in local, state, national and international organizations.
- c. Foster collaborative health programs that address the needs of rural and underserved populations.
- d. Develop practice models, payer relationships and strategies for reimbursing pharmacists for services and disseminate this information through education, research and scholarship.
- e. Develop a strategy supporting the expanded roles

of pharmacists to improve medication and health outcomes.

**Goal 5: Maintain the infrastructure and resources necessary to support and develop high quality programs.**

- a. Secure space, technology and other resources to meet the academic and research needs of the college.
- b. Identify and develop new revenue streams as well as assess current operations to assure efficiency and effectiveness in fulfilling the College of Pharmacy's mission.
- c. Develop a marketing strategy that enhances the national "brand identity" of the College of Pharmacy and creates additional funding opportunities.
- d. Engage stakeholders to advocate, attract, and sustain necessary public investments in the College of Pharmacy.
- e. Secure private and corporate investment to support the mission of the College of Pharmacy.

## SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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Kelley Oehlke, Pharm.D., BCACP | SDSHP President



Fall greetings from the South Dakota Society of Health-System Pharmacists!

**Gary Van Riper Society Open Golf Classic**

The 12th annual GVR Open was held at Bakker Crossing in Sioux Falls on July 26th, 2013. A total of ten foursomes played in the tournament which raised \$2,405.27 to support our student pharmacists

with scholarships and funding for the Clinical Skills Competition. Congratulations to the winning foursome which included: Craig Beers, Michael Kuchta, Jess Haensel, and Keith Beers. We would like to thank our Platinum sponsors: Gary and Sharon Van Riper, Tom and Jodi Johnson, Tyler and Kristin Turek, and Avera McKennan, as well as our Gold Sponsors: Bakker Crossing Golf Course, Pharmacists Mutual, and SDSU College of Pharmacy. A special thank you to Tyler Turek for organizing the event and to Bakker Crossing Golf Course for hosting.

**Inaugural SDSHP Statewide Residency Conference**

On September 6th 2013, pharmacy residents, program directors and preceptors from around the state of South Dakota gathered at Cedar Shores in Chamberlain for the inaugural SDSHP state-

wide residency conference. There are currently six residency programs in South Dakota and the intent of the conference was to allow residents to network and gain valuable knowledge on various topics such as: statistics, research design, financial planning, and professional organization involvement. The feedback from the conference was very positive with hopes of expanding in the future to include preceptor development. Past-president of SDSHP, John Kappes, organized the conference and did a fantastic job.

**Resident Liaison**

Congratulations to Andrew Zwack, PGY-2 Psychiatric Pharmacy Resident at Avera McKennan Hospital and University Health System, on being selected as the SDSHP resident liaison to the SDSHP Board of Directors.

**Upcoming Events:**

**Continuing Education**

SDSHP has several upcoming continuing education programs offered by our South Dakota pharmacy residents. Please visit our website at [www.sdshp.com](http://www.sdshp.com) for more information and registration details.

October 26th, 2013	Brookings
January 25th, 2014	Sioux Falls
February 22, 2014	Rapid City

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# SD ASSOCIATION OF PHARMACY TECHNICIANS

## Bonnie Small | President



Many thanks to everyone who attended the South Dakota Association of Pharmacy Technicians Meeting and Continuing Education day on Saturday, October 5. Even though snow kept the Black Hills techs from attending, rain and wind could not discourage the rest of the state.

Special thanks to our speakers, Gary Karel (pharmacy law update),

Lon Kightlinger (public health issues), Sandy Jacobson (aspirin), and Ann Oberg (recertification), for the useful information. John Wenande will be rescheduled next year. Thanks also to Avera St. Mary's for use of the CUC facility, and to Doug Riggs, ASM Food and Nutrition Services, for the wonderful food.

I assumed the office of SDAPT President, as Twila Vavra moved to Past President. Newly elected officers are Sue DeJong, President-elect, Deb Mensing, Treasurer, and Lynna Brenner, Secretary.

In 2012, SDAPT initiated a scholarship program, and it is being extended to students at three pharmacy technician programs in South Dakota. \$100 will be awarded to one winner from each program. Application forms will be available at [www.sdapt.org](http://www.sdapt.org), and eligible students must submit their applications before December 20, 2013. The 2014 applications will be due August 20, 2014.

SDAPT has added several online options to improve communication among pharmacy technicians, including our website ([www.sdapt.org](http://www.sdapt.org)), Facebook page (SDAPT: South Dakota Association of Pharmacy Technicians), and blog (<http://www.sdpharmacytech.blogspot.com>). These will be dynamic tools for discussing issues and sharing information.

The 2014 SDAPT Meeting/CE Day will be held in Brookings, SD, at a date still to be determined.

Pharmacy Technician certification and recertification requirements for 2014 will be addressed in the next issue of *South Dakota Pharmacist*.

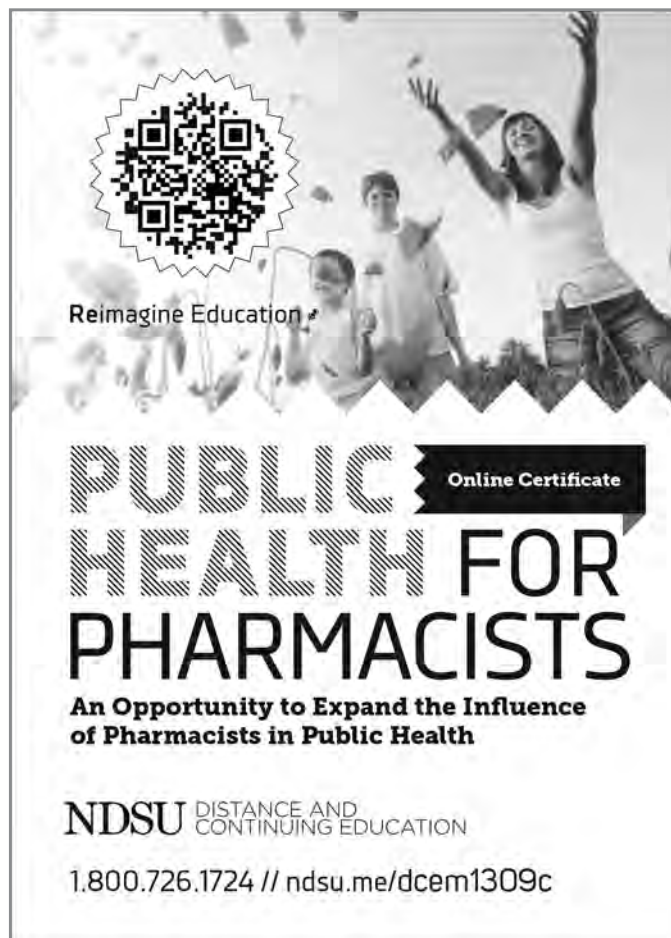
## PRESIDENT'S PERSPECTIVE

(continued from page 5)

to happen in our profession in this state. Don't forget to log onto SDPhA's website to contribute to the Commercial and Legislative Fund and pay your district dues. It's easy to forget about this important contribution when we renew our licenses in early August. We do not currently foresee anything being presented by SDPhA this legislative session. However in the future, if we do open up the Pharmacy Practice Act, these contributions will be very important.

Contact Sue or me if you have any pharmacy issues that we can help address. Sue does a great job as our executive director. I would like to thank her for caring about pharmacists and the profession so much.

With change there are all sorts of "possibilities." "Possibilities" has become one of my favorite words, so I wanted to share it will all of you. Change will happen whether we accept it willingly or not. Let's embrace change and work with it. If we do, imagine the "possibilities" and potential for the pharmacists of this state.



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# *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 1,882 pharmacists licensed in South Dakota, providing valuable services to ensure 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 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 both 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 2013 as

## *PHARMACISTS MONTH*

in South Dakota.



*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 Thirteen.

*Dennis Daugaard*  
Dennis Daugaard, Governor

Attest:

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





# 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, "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 goody 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 visit 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 the 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 2013**

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 a 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 20-26, 2013**  
**National Hospital and Health-Systems  
Pharmacy Week**

**October 22, 2013**  
**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 on how to celebrate,  
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.

**Spread the Word**  
**Pharmacists improve patient health!**



### Pharmacy Technician of the Year

Judy Rennich | Brookings Hospital/Health System

Judy has worked tirelessly to support technicians all over South Dakota. She helped with the original drafting of the SD Association of Pharmacy Technicians (SDAPT) Constitution and Bylaws, is a charter member and has held every officer position within the organization. She's been employed by the Brookings Hospital/Health System for 31 plus years, working with many pharmacy students, and providing many shadowing opportunities for health occupation students during their high school years.

Judy is a charter member in the Six Mile Creek Golf Course in White, SD; a member of Our Savior Lutheran Church in Brookings, and is a member of the American Legion Auxiliary in White.



### Salesperson of the Year

Jody Loberg | Merck

Jody grew up in Wisconsin and attended nursing school at the University of Wisconsin-Eau Claire. She worked as an RN at the Children's Hospital in Milwaukee, WI, and then for an adoption agency and a Pediatric Clinic in her "life before Merck". She joined the Merck team in 1989. She started in the Merck Vaccine Division in 2002 and loves it as it is the "Right" thing for Public Health. She looks forward to working with "her pharmacists" to protect SD by vaccinating Adult patients. Jody and her husband, Todd, have three children: Tavia, Tessa, and Luke.



### Distinguished Young Pharmacist

Travis Anderberg | Miller

Travis graduated from South Dakota State University in 2004. He is currently a co-owner of Miller Rexall Drug, and also provides consultant pharmacy services for Avera Hand County Hospital, the Miller Good Samaritan Center and the Courtyard Villa Assisted Living.

He's an active member of the Huron District; Kappa Psi Professional Pharmacy Fraternity; Elder of the First Presbyterian Church of Miller; director on the Quoin Financial Bank board; director of On Hand Economic Development; and director for the Hand County Health, Wellness and Community Foundation.

Travis received the 2011 Distinguished Service Award for Healthcare for dedication in providing health services to people with developmental disabilities; served as a board member of the Huron area center for Independence; director and president of the Miller Golf Course, council member of the Miller Civic and Commerce Committee; Miller Area Booster Club, recipient of the "Caught Doing it Right Award" and he's a Meals on Wheels Volunteer.

In his "spare time", he's also a volunteer coach for youth flag football, T-ball, baseball, basketball and soccer within the Miller community.

Travis and his wife, Angie, have four children.





## Bowl of Hygeia Award

Ann Cruse

Ann graduated from SDSU's College of Pharmacy in 1989. She actually began her career in 1980 as a high school student, intern and extern for Ep Sieler at Jones Drug in Gettysburg. She worked in various pharmacies in Iowa and Yankton before settling down in Huron at Lewis Drug.

Ann is a past president of the Huron District, was a Brownie/Girl Scout Leader, and is very involved in her church activities at Mt. Calvary Lutheran Church and Lutheran Women's Missionary League (LWML).

She's an active parent in the Huron Soccer Association; Huron Music Association and the show choir (We Found Sound); and a volunteer for the Back Pack Program and Lutheran Social Services/Karen Refugee.

Her nominator said of Ann: "this pharmacist is truly a deserving individual, being the type who is not only involved but steps up and becomes a leader. She is an outstanding member of her community and volunteers for so many organizations and they have benefited greatly from her enthusiasm and dedication.

"She has provided untold support behind the scenes that has allowed her co-workers to be involved in their own activities. She is truly an exceptional, dedicated and deserving pharmacist."

Ann and her husband Neal, have two wonderful children: Jacob and Emily.



## Hustead Award

Randy Jones

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.

Randy Jones is currently Executive Director at the South Dakota Board of Pharmacy.

He graduated from SDSU in 1987 and joined Shopko in Sioux Falls as a Senior Pharmacist, rising to Chief Pharmacist before his departure. This pharmacist then joined PCA as a Pharmacy Manager and Geriatric Consultant before taking a position with AmeriPharm as their Chief Pharmacist and Clinical Director. He then switched gears, moving into the world of regulation, accepting a position as an inspector with the Board of Pharmacy, taking over the reins as Executive Director of the Board in 2011.

He is a volunteer with the Sioux Falls Sports Authority; has been a valued volunteer with many trips to Haiti under his belt supporting the Haitian Health Foundation; Advisory Board Member for SouthEast Technical Institute; Avera Institutional Review Board; the Dakota Gold Soccer Club; and is currently a sitting member on the NABP Multi-state Pharmacy Jurisprudence Exam Review Committee and the PMP Interconnect Steering Committee.

## 50-YEAR PHARMACISTS

Three pharmacists, originally licensed in South Dakota, reached their 50-year mark in 2013.

- Bob Wik, Gregory, SD
- Sally Schlepp, Aberdeen, SD
- Douglas Dempster, Lakefield, MN

# 2013 CONVENTION HIGHLIGHTS









# 2013 CONVENTION HIGHLIGHTS



# CONVENTION RESOLUTION

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## **Title of Resolution: Develop a working group to review/update South Dakota's current Pharmacy Practice Act**

WHEREAS, A comprehensive review of the Pharmacy Practice Act has not been done in the recent past, and

WHEREAS, Several areas of the Act are in need of a review and/or possible update to bring them into alignment with current practice protocols and methodology; and

WHEREAS, South Dakota's Board of Pharmacy is the regulatory body providing oversight to all of South Dakota's pharmacists and will play an important role in such working group relative to history, input and possible action, and

WHEREAS, Any changes, additions and/or modifications to South

Dakota's current Pharmacy Practice Act must be crafted carefully, and the review thoughtful and thorough;

THEREFORE BE IT RESOLVED, that the South Dakota Pharmacists Association work together with the South Dakota Board of Pharmacy to develop a broad-based working group to review and update necessary sections of the current Pharmacy Practice Act, and present these findings to SDPhA's membership for discussion and/or action.

Submitted by: The South Dakota Pharmacists Association  
Resolutions Committee 2013

# ACADEMY OF STUDENT PHARMACISTS

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(continued from page 7)

(IPSF) World Congress took place this past summer in Utrecht, the Netherlands. With help from the SDSU College of Pharmacy, I was able to attend World Congress as an Official Delegate for the United States as a duty for my APhA-ASP International Standing Committee position. It was an amazing opportunity where I was able to participate in symposia, competitions, workshops, and policy development on the world level with 400 fellow student pharmacists from 60 countries.

I am happy to announce that SDSU student pharmacist, Colleen O'Connell (P3), joined the APhA-ASP International Standing Committee as the APhA-ASP/IPSF Student Exchange Officer Assistant in September. Together, Colleen and I operate an international student exchange program for IPSF through APhA-ASP.

Finally, Sara Wettegreen is participating in a unique rotation opportunity as the APhA Experiential Extern in Student Development at APhA Headquarters in Washington, D.C. Through this experience, she is gaining a perspective of work done "behind the scenes" to develop projects and programs within the association. Additionally, she has attended briefings on Capitol Hill, conducted hill visits, written articles for the APhA website and for Student Pharmacist Magazine, and networked with many student pharmacists, pharmacists, and staff members.

## **Professionalism and Mentorship**

The 2013 SDPhA Convention was a great opportunity for students to interact with professionals and gain insight into South

Dakota pharmacy issues. Thanks to the efforts of SDPhA and liaisons Eric Grocott and Amber Olson, 70 students attended the convention participating in the "NASPA NMA Student Self-Care Challenge" continuing education event led by Dr. Teresa Seefeldt, an ice cream social, and a surprise flash mob dance performance to "Don't Stop Believin'" (Journey Cover) by Glee. We are also excited to work with SDPhA for American Pharmacists Month to advocate for the profession. Please keep a lookout for billboards when you are driving in the Rapid City and Sioux Falls areas during the month of October!

Our SDSHP Liaisons, Kirre Wold (P3) and Amanda Nelson (P2) have been working hard with APhA-ASP Chapter Advisor, Dr. Tadd Hellwig and the SDSU College of Pharmacy to operate the Health Systems Pharmacy Mentor-Mentee Program in conjunction with the P3 IPPE program. Students enrolled in the mentor-mentee program work with health systems pharmacists in their area of interest to satisfy IPPE requirements, accomplish established goals for the program, and possibly work on projects with the preceptor. Also, congratulations to our SDSHP liaisons for gaining SSHP recognition this year!

To close, we would like to congratulate APhA-ASP Chapter Advisor, Dr. Brittney Meyer and her husband Dave for the new addition to their family. On July 20th, they welcomed Brynnlee Isabelle Meyer to their family!

With goals defined and planning complete, the chapter is ready to embark on a very exciting and productive year. Thank you, SDPhA, for all of your continued support!



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**COMMERCIAL AND LEGISLATIVE (C&L) & DISTRICT DUES  
CONTRIBUTIONS  
2013/ 2014**

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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

**2013 - 2014 Commercial & Legislative (C&L) 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-\$10.00	Black Hills-\$20.00	Huron-\$10.00	Mitchell-\$10.00	Mobridge-\$10.00
Rosebud-\$10.00	Sioux Falls-\$20.00	Watertown-\$10.00	Yankton-\$10.00	

**TOTAL ENCLOSED**

\$ \_\_\_\_\_



*Return completed form and payment to SDPhA, P.O. Box 518, Pierre, SD 57501. If you wish to pay with a credit card, please visit [www.sdpha.org](http://www.sdpha.org). Thank you for your continued support of SDPhA's Commercial and Legislative Branch (C&L) efforts and your District!*



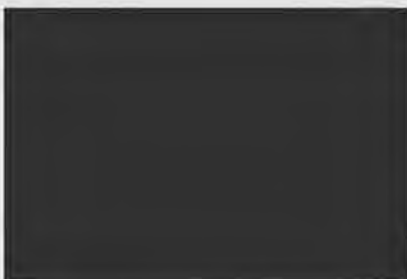
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# SDPHA LEGISLATIVE DAYS JANUARY 28-29, 2014

Legislative Days provides you with an opportunity to visit face-to-face with your state legislators, express your opinions, and observe the legislative process.

## **Tuesday, January 28**

- Networking Social and BBQ at 6 p.m. at the AmericInn in Fort Pierre for student pharmacists, pharmacists, and pharmacy technicians
- Legislative Update

## **Wednesday, January 29**

- 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 a.m.
- Pharmacists may visit with legislators.
- A light breakfast will be provided.

## **Registration Deadline: January 20, 2014**

### **Hotel Reservations:**

AmericInn Lodge & Suites  
312 Island Drive  
Fort Pierre, SD 57532  
605-223-2358

*Capitol Photo Courtesy of SD Department of Tourism*

## LEGISLATIVE DAYS 2014 REGISTRATION FORM

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

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

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

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

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

### **Registration Deadline: January 20, 2014**

Please send registration form to:

SDPhA  
PO Box 518  
Pierre, SD 57501

OR Phone: (605) 224-2338  
Fax: (605) 224-1280  
Email: [sdpha@sdpha.org](mailto:sdpha@sdpha.org)

*We hope to see you in Pierre as we address important pharmacy issues!*





# SD LECC ANNUAL CONFERENCE



Prescription Drug Abuse & Identification  
and  
Tactics for the Uniformed Officer:  
Investigating At-Risk, Missing or Exploited Children  
& Identification of Child Trafficking/Exploitation

NOVEMBER 12-13, 2013  
BEST WESTERN RAMKOTA • SIOUX FALLS, SD

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## Tuesday, November 12, 2013

**10 a.m. to Noon**      **Subcommittee meetings—all welcome**  
Health Care Fraud – Washington Room  
Victim/Witness – Conference Room 3

**1-5 p.m.**      **GENERAL SESSION—WASHINGTON ROOM (registration begins at 10 a.m.)**  
**Prescription Drug Abuse & Identification**  
Dr. Marc Gonzalez, Purdue Pharma, L.P.

Topics to include the risks of prescription drug misuse, types of medications and strategies most frequently used in criminal activity, most commonly abused controlled drugs, the importance of the five federal schedules of controlled substances and how they relate to street drugs, and the responsibility of physicians, pharmacies, law enforcement, and the general public in combating prescription drug abuse.

## Wednesday, November 13, 2013

**8:30 am to 4:30 p.m. Tactics for the Uniformed Officer: Investigating At-Risk, Missing or Exploited Children, Identification of Child Trafficking/Exploitation**  
Presented by Cody Mitchell, Texas Ranger  
and Derek Prestridge, Texas Department of Public Safety

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Conference registration can be completed by filling out the registration form on page 25 and emailing it to [USASD.LECC@usdoj.gov](mailto:USASD.LECC@usdoj.gov), or faxing the completed form to 605-330-4410, Attn: Terri.

If you have any questions or would like further information, please contact Ace Crawford, Community Services Coordinator, U.S. Attorney's Office, at 605-341-1915 or [aileen.crawford@usdoj.gov](mailto:aileen.crawford@usdoj.gov).



SOUTH DAKOTA LECC  
CONFERENCE REGISTRATION FORM



NOVEMBER 12-13, 2013  
RAMKOTA - SIOUX FALLS, SD

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

☐

I plan to attend the entire conference

☐

I plan to attend the subcommittee meetings November 12, 2013 only

☐

I plan to attend Tuesday, November 12, 2013 only

☐

I plan to attend Wednesday, November 13, 2013 only

☐

No, I will not be attending the South Dakota LECC meeting. I am returning the form so you can update the LECC mailing list.

**PLEASE RETURN NO LATER THAN NOVEMBER 2, 2013**

RETURN VIA E-MAIL OR FAX TO:

US Attorney's Office - LECC  
325 South First Avenue, #300  
Sioux Falls, SD 57104  
Fax: 605-330-4410

or e-mail your response to [USASD.LECC@usdoj.gov](mailto:USASD.LECC@usdoj.gov)

A block of rooms has been reserved under LECC at the Ramkota. These rooms will be held until October 13, 2013. Contact them to make your reservations **as soon as possible** - (605)336-0650.



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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.*

## No Refills on Saturday

Pat was working a long shift on Saturday at the Anytown Pharmacy. He was hoping for an uneventful day. Sometime after lunch, Mrs. Jones came in for a refill of her Keppra. When Pat looked at Mrs. Jones' profile, he saw that there weren't any refills remaining. To make matters worse, Mrs. Jones' physician, Dr. Brown, had just recently retired and closed his practice. With no refills left and no one to call, Pat's afternoon just got longer.

The solution to Pat's dilemma depends on his state's pharmacy laws. Many states have regulations that deal with situations where no additional refills are authorized. In the old days, many pharmacists would give the patient enough medication to get them through until Monday when the physician's office opened. However, there was no legal authority for doing this. That is not always true today.

Consider this excerpt from a statute from Ohio<sup>1</sup> that allows a pharmacist to dispense medication when a prescription is out of refills;

- (3) In the exercise of the pharmacist's professional judgment:
  - (a) The drug is essential to sustain the life of the patient or continue therapy for a chronic condition of the patient.
  - (b) Failure to dispense or sell the drug to the patient could result in harm to the health of the patient.
- (4) The amount of the drug that is dispensed or sold under this section does not exceed a seventy-two hour supply as provided in the prescription.

If Pat was practicing in Ohio and believed that the Keppra was needed to continue therapy for Mrs. Jones' chronic condition, then Pat could dispense a 72 hour supply. If Pat was practicing in Iowa, then a similar law<sup>2</sup> would apply. The relevant parts are;

2. A pharmacist may exercise professional judgment by refilling a prescription without prescriber authorization if all of the following are true:
  - a. The pharmacist is unable to contact the prescriber after reasonable effort.
  - b. Failure to refill the prescription might result in an interruption of therapeutic regimen or create patient suffering.
  - c. The pharmacist informs the patient or the patient's representative at the time of dispensing, and the practitioner at the earliest convenience that prescriber reauthorization is required.

The major difference is that the quantity is not limited to a 72 hour supply. The limitation is for a period of time reasonably necessary to secure an authorization. In contrast, Alaska doesn't have a similar provision. In fact, their regulation<sup>3</sup> says;

If there are no refill instructions on the prescription drug order, or if all refills authorized on the original prescription drug order have been dispensed, a pharmacist shall obtain authorization from the prescribing practitioner before dispensing a refill.

But remember, Pat's dilemma is a little more complicated than these laws address. Pat has no one to call on Monday morning; Dr. Brown has retired. Again, depending on state

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1. ORC 4729.281

2. Iowa Code 155A.29

3. 12 AAC 52.470

(continued on page 28)

# Rx and the Law: Discovery 101

(continued from page 27)

law, Pat may have his answer. Iowa has a regulation<sup>4</sup> that provides;

Prescription drug orders and medication orders shall be valid as long as a prescriber/patient relationship exists. Once the prescriber/patient relationship is broken and the prescriber is no longer available to treat the patient or oversee the patient's use of a prescription drug, the order loses its validity and the pharmacist, on becoming aware of the situation, shall cancel the order and any remaining refills. The pharmacist shall, however, exercise prudent judgment based upon individual circumstances to ensure that the patient is able to obtain a sufficient amount of the prescribed drug to continue treatment until the patient can reasonably obtain the service of another prescriber and a new order can be issued.

In this situation, Pat has little anxiety taking care of Mrs. Jones until she can make an appointment with her new physician. The first lesson we can learn from Pat's dilemma is to make sure that we are familiar with our own state's laws and regulations and to know where to look for these answers.

What if we aren't lucky enough to practice in a state where laws have been passed to address these situations? We, as well as Pat, are then faced with a legal and ethical dilemma. We are forced to use our professional judgment. Any further dispensing, which is a violation, must be weighed against

the potential harm to Mrs. Jones. Is the medication essential to Mrs. Jones' health? Is she likely to suffer harm if she goes without her Keppra? Essentially, this is performing the triage required in Ohio and Iowa.

What is the correct answer? That will depend on the circumstances presented. A pharmacist can't be forced to break the law, that is, to dispense a prescription drug without a valid prescription.<sup>5</sup> But there could be circumstances where the pharmacist might want to put the patient's welfare ahead of their own. That is the exercise of one's professional judgment. That exercise will be easier and less stressful to perform if the pharmacist is prepared with a knowledge of their own state's laws and regulations.

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4. IAC 657-8.20 (155A)

5. *Chiney v. American Drug Stores Inc.*, 21 S.W.3d 14 (Mo.App. W.D., May 2, 2000)

.....  
© 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.*

## DIRECTOR'S COMMENTS

(continued from page 4)

As you can see as you peruse the pages of this journal, the SDPhA plate is heaped with challenges and new opportunities. We want to remind you that we'll continue to do our best to help and support you in your profession. We're only a phone call or an email away, so don't hesitate to contact us if you need assistance. We're always here for you!

Warmest Regards,

*Sue*

## SDSHP

(continued from page 9)

### **ASHP Midyear Clinical Meeting – Dakota Night Reception**

Mark your calendars for the ASHP Midyear Clinical Meeting Dakota Night which will be held on Monday, December 9th at the Peabody Hotel in Orlando, Florida from 5:30-7:30 PM. Pharmacists, students, and technicians are welcome to partake in refreshments and networking opportunities.

### **38th Annual SDSHP Conference**

The SDSHP Annual Conference will be held on April 11-12th, 2014 at the Ramkota Hotel and Convention Center in Sioux Falls. More information will be posted on our website as details are finalized.

# Continuing Education for Pharmacists

## Hepatitis C: Prevalence, Transmission, and Treatment

Nichole A. Turner, Pharm.D. Candidate 2013, South Dakota State University  
College of Pharmacy, Brookings, South Dakota

Kelley J. Oehlke, Pharm.D., BCACP, Sioux Falls VA Health Care System,  
Sioux Falls, South Dakota

### OBJECTIVES:

1. Gain a general understanding of hepatitis C pathogenesis.
2. Describe the major routes of hepatitis C transmission and recommend appropriate prevention measures.
3. Review clinical presentation and characteristics influencing disease progression.
4. Identify common treatment regimens and be familiar with common adverse events of each medication.

### EPIDEMIOLOGY

Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the United States with an estimated 3.2 million people currently infected. Annually, there are almost 150,000 people newly diagnosed with HCV in the U.S. and Western Europe, but only 25% are symptomatic. Of these, 60-80% may advance to chronic liver disease, which is the leading cause for liver transplants, and 20% may develop cirrhosis. Nearly 5-7% of these patients will die due to complications of the infection.<sup>1,2</sup> Worldwide, nearly 170 million people are positive for the hepatitis C virus.<sup>2</sup> However, this number is likely an underestimate since acute HCV infections are often asymptomatic. Overall, of those infected with HCV, about 85% will develop chronic infection leaving only 15% experiencing resolution of the virus.<sup>3</sup>

There are 6 major genotypes varying by 30-50% in nucleotide sequence and are even further divided into subtypes differing by 10-30% in nucleotide sequence. Genotype 1 is the most prevalent worldwide followed by genotypes 2 and 3. In the United States, most infections are the result of genotype 1a and 1b. Infection by any genotype may lead to end-stage liver disease, cirrhosis, or hepatocellular carcinoma. However, the specific genotype a person has can alter their response to therapy. Genotypes 2 and 3 are twice as likely to produce a better response to therapy than genotype 1, 4, 5, and 6.<sup>3</sup>



## **PATHOGENESIS**

Hepatitis C is a single-stranded RNA virus that replicates in hepatocytes, but is not characterized by producing pathologic cell changes. Instead, it replicates very quickly resulting in a persistently mutating virus that is difficult for the immune system to control.

In an acute HCV infection, the immune response is often insufficient to completely eradicate the virus. In the early stages of the infection when HCV RNA levels are rapidly increasing, T-lymphocytes and interferon are activated to help stop replication.

Cytotoxic T lymphocytes act to induce apoptosis of infected hepatocytes, but the extent of destruction could be related to disease severity, as both hepatocellular carcinoma and liver damage are associated with increased hepatocyte apoptosis. It has also been suggested that CD4 T-helper cells may not directly cause liver injury, but work to promote an ideal environment for other damaging immune responses to occur.<sup>3, 4</sup>

## **TRANSMISSION**

HCV RNA can be detected in blood 1-3 weeks after suspected exposure and antibody to HCV is identifiable in > 97% of people 6 months post-exposure.<sup>5</sup> Hepatitis C is transmitted through contact with contaminated blood primarily occurring through intravenous injection, and less often by health care related exposure, non-sterile tattooing or body piercing instruments, infected blood products, sexual contact, infants born to infected mothers, or sharing personal items that are contaminated with infectious blood, such as razors or toothbrushes. HCV cannot be spread through breast milk, food, drink, or casual contact.<sup>1</sup>

Intravenous drug users are at the highest risk for becoming infected with hepatitis C and make up nearly 90% of new infections worldwide. Within 5 years of injecting, 50-80% will become infected with HCV which is usually the first acquired blood borne illness from unsanitary needles.<sup>6</sup> Needle sticks from occupational exposure has occurred, but the risk of transmission is small, about 1.8%.<sup>7</sup> The chances of contracting HCV from tattoo or body piercing equipment is still unclear, but thought to be possible. However, when done at licensed commercial facilities the odds of infection would be very low and it is currently not an indication for routine HCV screening.<sup>1</sup>

Due to precise infection control measures set in place in the early 1990's the chance of acquiring HCV from a blood transfusion is nearly impossible in the United States. It is currently estimated that the odds of infection are 1 in 1.6 million.<sup>8</sup> It is possible for HCV to be transmitted by sexual contact, however this is not common and only accounts for less than 1% of diagnosed cases. The transmission rate has been found to increase if a person has many sexual partners or is coinfecting with HIV.<sup>9</sup>

The risk passing HCV from mother to infant is small, with an estimate of about 4 out of 100 infants being infected. The chances of transmission increase if the mother is also infected with HIV. Unlike with HIV, there is no preventative treatment to help reduce the infection risk to the fetus. It is also highly recommended that women do not receive

treatment during pregnancy due to the serious birth defects associated with HCV medications.<sup>1</sup>

Hepatitis C can live on environmental surfaces at room temperature for at least 16 hours, but as long as 96 hours. Therefore, even though the risk is low, it is recommended to avoid sharing razors or toothbrushes with infected individuals.<sup>1</sup>

**TRUE OR FALSE?**

***The hepatitis C virus can be passed from mother to infant through breast milk.***

**CLINICAL PRESENTATION**

In acute hepatitis C infections, 70-80% of people will not have any noticeable symptoms. If symptoms do occur they usually appear about 6-7 weeks after exposure, but can range from 2 weeks to 6 months.<sup>1</sup> People with chronic infection are often asymptomatic until the disease has significantly progressed. Generally, it can take up to 20-30 years before symptoms begin to develop, which also indicates serious liver impairment. Common symptoms in both acute and chronic HCV include fatigue, loss of appetite, abdominal pain, nausea and vomiting, dark urine, grey-colored bowel movements, joint pain, and jaundice.<sup>10</sup> In addition, those with chronic HCV will show necroinflammatory disease on a liver biopsy and because of chronic inflammation may experience fibrosis of the liver resulting in altered hepatic perfusion.<sup>11</sup>

Up to 85% of people with acute HCV will go on to develop chronic HCV, characterized by persistent detectable levels of HCV RNA for 6 or more months. There are no definitive characteristics that identify patients at high risk of disease progression, although some factors have been associated with an increased and decreased risk of development.<sup>3</sup>

Increased Risk	Decreased Risk
<ul style="list-style-type: none"><li>• &gt; 20 years old at time of infection</li><li>• African American</li><li>• Male</li><li>• Immunosuppression</li><li>• Alcohol intake</li><li>• HIV coinfection</li><li>• Diabetes, steatosis, and obesity—may potentiate fibrosis progression</li></ul>	<ul style="list-style-type: none"><li>• &lt; 40 years old</li><li>• Female</li><li>• Symptomatic acute HCV infection with jaundice</li></ul>

**TRUE OR FALSE?**

***70-80% of people with acute hepatitis C will begin to experience noticeable symptoms within 6-7 weeks after exposure.***

## MANAGEMENT AND TREATMENT

The primary goal of treatment is to prevent complications and death due to HCV infection. Even for those who do not achieve a cure, treatment can still result in clinical improvement. Adherence to therapy is essential in obtaining a response, especially in those with genotype 1 HCV. Treatment responses are defined by surrogate virological parameters instead of using a clinical endpoint. Virological responses are classified based on their timing relative to treatment initiation and discontinuation.<sup>11</sup>

**Early virologic response (EVR):**  $\geq 2$  log reduction from baseline or total absence of serum HCV RNA at week 12 of therapy.

**End of treatment response (ETR):** undetectable viral load at the end of a 24 or 48 week duration of treatment.

**Rapid virological response (RVR):** undetectable HCV RNA at week 4 of treatment.

**Sustained virological response (SVR):** absence of HCV RNA in serum 24 weeks after therapy discontinuation, virological cure.

### Treatment for acute HCV:

Currently, there is no gold standard treatment option for acute HCV and often patients are asymptomatic and will go undiagnosed. However, research has demonstrated that identified cases of HCV may be treated with peginterferon monotherapy for 4-24 weeks to help shorten disease duration and prevent progression to chronic hepatitis.<sup>12</sup>

### Treatment options for chronic HCV:

Agent	Mechanism of Action	Dosing	Usual Duration
Peginterferon alfa-2a (Pegasys®)	Inhibition of viral replication, immunomodulatory and anti-inflammatory activity	180 mcg/week subcutaneously	48 weeks
Peginterferon alfa-2b (Intron A®)	Inhibition of viral replication, immunomodulatory and anti-inflammatory activity	1.5 mcg/kg/week subcutaneous	48 weeks
Ribavirin (Copegus®)	Synthetic nucleoside analog with antiviral activity against many RNA viruses, exact mechanism unknown	$\leq 65$ kg: 400 mg in AM & 400 mg in PM 66-80 kg: 400 mg in AM & 600 mg in PM 81-105 kg: 600 mg orally in AM & 600 mg in PM >105 kg: 600 mg orally in AM & 800 mg in PM	48 weeks
Boceprevir (Victrelis®)	Protease inhibitor; inhibition of viral replication in genotype 1a and 1b	800 mg orally three times daily (every 7-9 hours)	Begin week 5 of therapy
Telaprevir (Incivek®)	Protease inhibitor; inhibition of viral replication in genotype 1a and 1b	750 mg orally three times daily (every 7-9 hours)	First 12 weeks of therapy

\*Duration of therapy depends on HIV RNA levels and if a patient is beginning therapy as treatment naïve, partial responder, or if they have relapsed.

\*Ribavirin, Boceprevir, and Telaprevir should always be given in combination regimens. Peginterferon may be given as monotherapy in interferon-naïve patients or if there is a significant contraindication or intolerance to ribavirin.



## **Genotype 1 Treatment Combinations:**

### **Peginterferon PLUS Ribavirin**

**Duration of therapy:** 48 weeks

**Evaluation of Response:** May discontinue if EVR not reached at treatment week 12 or consider retesting at week 24, if HCV RNA remains positive discontinue treatment. Consider extending treatment duration to 72 weeks if HCV RNA becomes negative between weeks 12-24. If treatment is continued to 72 weeks with an HCV RNA negative assay upon completion, retest the patient 24 weeks later to determine if SVR is reached.

**Nonresponders or relapses:** Retreating with peginterferon and ribavirin is not recommended in patients that did not previously achieve SVR after a prior full course of therapy. Retreatment may be considered if they were previously treated with non-pegylated interferon with or without ribavirin or if they received peginterferon monotherapy.<sup>12</sup>

### **Peginterferon PLUS Ribavirin PLUS Boceprevir**

**Duration of therapy:** 28-48 weeks

**\*\*Begin boceprevir on week 5 of peginterferon and ribavirin treatment and continue all three medications for recommended duration of therapy.**<sup>13, 14</sup>

#### **Evaluation of response:**

HIV RNA level treatment week 8	HIV RNA level treatment week 12	HIV RNA level treatment week 24	Total therapy duration
<b>Treatment-Naïve Patients without Cirrhosis</b>			
Undetectable	Undetectable OR <100 IU/ml	Undetectable	28 weeks
Detectable	Undetectable OR <100 IU/ml	Undetectable	48 weeks (36 weeks of 3 drug regimen, followed by 12 <i>additional</i> weeks of peginterferon alfa + ribavirin)
Undetectable OR Detectable	>100 IU/ml	NA	Discontinue treatment
Undetectable OR Detectable	Undetectable OR <100 IU/ml	Detectable	Discontinue treatment
<b>Relapsers or Partial Responders</b>			
Undetectable	Undetectable OR <100 IU/ml	Undetectable	36 weeks
Detectable	Undetectable OR <100 IU/ml	Undetectable	48 weeks (36 weeks of 3 drug regimen, followed by 12 <i>additional</i> weeks of peginterferon alfa + ribavirin)
Undetectable OR Detectable	>100 IU/ml	NA	Discontinue treatment
Undetectable OR Detectable	Undetectable OR <100 IU/ml	Detectable	Discontinue treatment

## **Peginterferon PLUS Ribavirin PLUS Telaprevir**

**Duration of therapy:** 24-48 weeks

**\*\*Begin telaprevir with both peginterferon alfa and ribavirin for 12 weeks, then use a response guided regimen for an additional 12-36 weeks of peginterferon alfa and ribavirin treatment.**<sup>13, 15</sup>

### **Evaluation of response:**

HCV RNA level	Triple therapy	Dual therapy	Total therapy duration
Treatment-Naïve & Relapse Patients at Weeks 4 & 12			
Undetectable	First 12 weeks	Additional 12 weeks	24 weeks
≤1000 IU/ml	First 12 weeks	Additional 36 weeks	48 weeks
≥ 1000 IU/ml	Discontinue all treatment		
Treatment-Naïve & Relapse Patients at Week 24			
Detectable	Discontinue peginterferon alfa and ribavirin		
Treatment-Naïve w/Cirrhosis or Prior Partial Responder or Prior Null Responder			
Undetectable	First 12 weeks	Additional 36 weeks	48 weeks
≤1000 IU/ml	First 12 weeks	Additional 36 weeks	48 weeks
≥ 1000 IU/ml	Discontinue all treatment		
Treatment-Naïve w/Cirrhosis or Prior Partial Responder or Prior Null Responder at Week 24			
Detectable	Discontinue peginterferon alfa and ribavirin		

### **Genotype 2 or 3 Treatment Combinations:**

#### **Peginterferon PLUS Ribavirin**

**Duration of therapy:** 24 weeks

**\*\*Administer ribavirin dose of 800 mg**

***Evaluation of Response:*** Treatment that continues through 24 weeks with a negative HCV RNA assay should be retested in another 24 weeks to determine if SVR is reached. Regardless of genotype, patients that have HCV-related cirrhosis who achieve SVR should continue to be monitored every 6-12 months for possible development of hepatocellular carcinoma.

***Nonresponders or relapses:*** Retreating with peginterferon and ribavirin is not recommended in patients that did not previously achieve SVR after a prior full course of therapy. Retreatment may be considered if they were previously treated with non-pegylated interferon with or without ribavirin or if they received peginterferon monotherapy.<sup>12</sup>

### **TRUE OR FALSE?**

***Telaprevir should be initiated during the first 12 weeks of HCV therapy in combination with peginterferon and ribavirin in genotype 1 patients.***

### Common Adverse events

Peginterferon alfa-2a (Pegasys®)	abdominal pain, <b>alopecia</b> , <b>anxiety</b> , arthralgia, <b>dermatitis</b> , diarrhea, dizziness, dyspnea, fatigue, headache, <b>increased serum triglycerides</b> , injection site inflammation, insomnia, loss of appetite, <b>myalgia</b> , nausea, <b>rigor</b> , vomiting
Peginterferon alfa-2b (Intron A®)	<b>alopecia</b> , <b>depression</b> , diarrhea, <b>dysgeusia</b> , fatigue, <b>influenza-like symptoms</b> , headache, loss of appetite, <b>musculoskeletal pain</b> , nausea, <b>rash</b> , vomiting
Ribavirin (Copegus®)	asthenia, dizziness, diarrhea, headache, insomnia, loss of appetite, nausea, <b>neutropenia</b> , vomiting,
Boceprevir (Victrelis®)	<b>alopecia</b> , arthralgia, <b>chills</b> , diarrhea, dry skin, <b>dysgeusia</b> , fatigue, loss of appetite, insomnia, <b>irritability</b> , nausea
Telaprevir (Incivek®)	<b>anorectal pain</b> , diarrhea, <b>dysgeusia</b> , fatigue, <b>hemorrhoids</b> , nausea, pruritus, vomiting, <b>rash</b>

*\*Unique adverse events of each medication are highlighted*

### Summary:

Chronic hepatic C is a serious disease that can result in significant long-term health problems and is the most common reason for liver transplantation. Combination treatment regimens are available that can greatly reduce morbidity and mortality related to HCV. However, specific treatment selection and duration of therapy must be guided by genotype.<sup>2</sup> Currently, there is no vaccine against HCV due to the mutagenesis of the virus, but research is ongoing. The only way of limiting its prevalence is through preventative measures and both professional and public education.<sup>1</sup>

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**Disclaimer:** The authors and planners of this course have had no financial relationship with any commercial entities which may have a vested interest in the material presented.

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*Answers to Active Learning Question (from above):*

True/False #1: False

True/False #2: False

True/False #3: True

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**References:** furnished upon request

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## CONTINUING EDUCATION Post-test

### Hepatitis C: Prevalence, Transmission, and Treatment

1. Of those infected with HCV, which percentage of people will progress to the chronic form of the disease?
  - a. 5-7%
  - b. 25%
  - c. 50%
  - d. 85%
2. Which genotype of HCV is the most prevalent in the United States?
  - a. 1
  - b. 2
  - c. 3
  - d. 4
3. Who is at the highest risk for contracting hepatitis C?
  - a. A person receiving a blood transfusion
  - b. A breastfeeding infant
  - c. Injection drug user
  - d. A person who had sexual contact with an HCV infected individual
4. Hepatitis C virus can live on environmental surfaces for *at least*:
  - a. 5 hours
  - b. 16 hours
  - c. 24 hours
  - d. 72 hours
5. All of the following are common symptoms of both acute and chronic hepatitis C infection, except:
  - a. Fatigue
  - b. Dark urine
  - c. Insomnia
  - d. Grey-colored bowel movements
6. What is the correct dose of peginterferon alfa-2b?
  - a. 180 mcg/week
  - b. 1.5 mcg/kg/week
  - c. 400 mg twice daily
  - d. 0.5 mcg/kg/week
7. Which patients are candidates for boceprevir and when should it be initiated?
  - a. Genotype 1; at the beginning of therapy with peginterferon and ribavirin
  - b. Genotype 1; at week 12 if HCV RNA levels are still detected
  - c. Genotype 3; at the beginning of therapy with peginterferon and ribavirin
  - d. Genotype 1; at the beginning of treatment week 5
8. What is the recommended treatment and duration for a patient who is genotype 2?
  - a. Peginterferon + ribavirin for 24 weeks
  - b. Peginterferon + ribavirin for 36 weeks
  - c. Peginterferon + ribavirin for 48 weeks
  - d. Peginterferon + ribavirin + telaprevir for 24 weeks
9. What is the correct dose for boceprevir?
  - a. 500 mg orally three times daily
  - b. 750 mg orally three times daily
  - c. 800 mg orally three times daily
  - d. 1000 mg orally three times daily
10. Which medication is associated with anorectal pain and hemorrhoids?
  - a. Pegasys
  - b. Copegus
  - c. Incivek
  - d. Victrelis

## "Hepatitis C: Prevalence, Transmission, and Treatment"

*Knowledge-based CPE*

To receive **1.5 Contact Hours** (0.15 CEUs of continuing education credit, read the attached article and answer the 10-question test by circling the appropriate letter on the answer form below. A test score of 70% or better is required to earn credit of 1.5 Contact Hours (0.15 CEUs) of continuing pharmacy education credit. If a score of 70% (7/10) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-0000-13-023-H01-P.

**Learning Objectives - Pharmacists:** 1. Gain a general understanding of hepatitis C pathogenesis; 2. Describe the major routes of hepatitis C transmission and recommend appropriate prevention measures; 3. Review clinical presentation and characteristics influencing disease progression; 4. Identify common treatment regimens and be familiar with common adverse events of each medication.

**Circle the correct answer below:**

- |            |            |             |
|------------|------------|-------------|
| 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 C D |
| 3. A B C D | 7. A B C D |             |
| 4. A B C D | 8. A B C D |             |

**Course Evaluation** – must be completed for credit.

**Disagree**

**Agree**

Material was effectively organized for learning:

1 2 3 4 5 6 7

Content was applicable / useful in practice:

1 2 3 4 5 6 7

Each of the stated learning objectives was satisfied:

1 2 3 4 5 6 7

List any learning objectives above not met in this course: \_\_\_\_\_

List any important points that you believe remain unanswered: \_\_\_\_\_

Course material was balanced, noncommercial:

1 2 3 4 5 6 7

Learning assessment questions were appropriate

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

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Please mail this **completed answer sheet** with your check of \$8.50 to: **SDSU College of Pharmacy – C.E.**  
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# PHARMACY TIME CAPSULES

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Dennis B. Worthen, PhD, Cincinnati, OH

## 1988 TWENTY-FIVE YEARS AGO

- American College of Physicians called for enhanced education in rational therapeutics including “increased communication with pharmacists, as health care professionals with particular knowledge in this area.”
- RU-486 (mifepristone) first marketed in France as a safe and effective method of early abortion.

## 1963 FIFTY YEARS AGO

- Oncovin (vincristine), an alkaloid derived from rosy periwinkle, was used as a folk medicine for diabetes. Eli Lilly & Co discovered it to be an effective treatment for several forms of leukemia.

## 1938 SEVENTY-FIVE YEARS AGO

- APhA undertook a national campaign to work with dental associations and dentists to increase appropriate prescribing.

## 1913 ONE HUNDRED YEARS AGO

- University of Puerto Rico formed

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## Dr. Richard Sample



MADISON - Dr. Richard G. Sample, 64, died Thursday, Aug. 29, 2013, at Sanford USD Medical Center, Sioux Falls.

Richard Gordon Sample was born July 15, 1949, at Yankton, to Glenn and Mae (Nelson) Sample. He was raised at Wakonda and graduated from Lincoln High School, Sioux Falls, in 1967. Rich married Barb Beecher on

Aug. 29, 1970, at Sioux Falls and earned his pharmacy degree from SDSU, Brookings, in 1972. Following his pharmacy training, he served in the US Army and then attended USD Medical School with residency training at Sioux Falls Family Medicine Residency before beginning his practice in Madison.

Rich was president of Interlakes Medical Center and past president of the medical staff of Madison Community Hospital. He was certified in family medicine, geriatrics and was a registered pharmacist. Rich was a Fellow of the American Academy of Family Physicians. He was medical director of three nursing homes – Golden Living Center and Bethel Lutheran Home in Madison and Good Samaritan in Howard. Rich educated medical students and residents, and mentored EMTs,

physician assistants, and nurse practitioner students.

Rich served on the ECCO board of directors and as Madison Health Officer, Lake and Miner County Health Officer, Head Start Medical Advisor, and United Way board of directors. He was a member of St. John Lutheran Church and New Beginnings music team. Rich was an avid runner and bicyclist, running 30,000 miles since moving to Madison.

Dr. Sample was known to his colleagues, residents, nurses, and patients as a compassionate, caring physician and was named SDAFP Family Doctor of the Year on Feb. 8, 2013.

Survivors include his wife Barb of Madison; three children, Deb (Chris) Peters of Hartford, David (Marie) Sample of Marshall, MN and Paul (Katie) Sample of Sioux Falls; five grandchildren, Derick, Braden, Nichole, Natalee and Allyson; one brother Dale (Jan) Sample of Sioux Falls; one brother-in-law, Doug (Mary) Beecher of Madison; two sisters-in-law, Julie (Bill) Krell of Sioux Falls and Jan (Doug) Dunn of Aurora, CO; and ten nieces and nephews. He was preceded in death by his parents.

## Irwin “Doug” Arns



Doug Arns passed away peacefully Sunday, September 1st, 2013 at Dougherty Hospice House in Sioux Falls after a lengthy battle against lymphoma.

Irwin Douglas “Doug” Arns was born on April 2nd, 1930 in Pierre, SD to Wallace A. and Dora M. (Mannie) Arns. Doug attended many schools in eastern South Dakota growing up,

as his father was an Engineer for the South Dakota Department of Transportation, and moved to where he was needed when developing and building South Dakota’s early highways. Doug completed his high school education at Maryknoll Preparatory School in Clark’s Summit, PA in 1948.

Doug attended Maryknoll Seminary College in Glen Ellyn, IL but entered the U.S. Army during the Korean Conflict where he was a corpsman in a M.A.S.H. unit. Doug continued to be a U.S. Army Reservist for many years after the conflict until he was honorably discharged in 1962.

During the war he had worked in the pharmacy, and after returning home to the US, he enrolled into the South Dakota State University School of Pharmacy where he graduated with a Bachelor of Sciences in 1961. It was during this time spent at SDSU where he would meet and then marry Joyce M. Duimstra of Sioux Falls, his wife of 39 years until her passing in 2001 from cancer. They had one son, Dain.

Doug and Joyce shared an interest in raising dogs and horses, and eventually moved to Colorado. They were both deeply involved in showing award winning dogs for many years in the area, before eventually moving to Montana where they had a small ranch, and he continued to work as a pharmacist until retiring after 40 years.

Doug had many interests, but had a very keen eye for photography, building RC planes, and was expertly skilled in scrollwork using wood. He enjoyed hunting and fishing with his family and friends. He was a voracious reader especially when it came to one of his favorite subjects, history.

After the passing of his wife, Doug moved back to Brookings, SD to be closer to family. During this time he became interested in raising his own vineyard with the help of vineyards and wineries in the local area. He loved spending hours tending his vineyard and yard. Doug also became a member of the local American Legion Honor Guard.

Doug always had a very deep love for the Lord Jesus Christ and His mother, Mary. He was a very devout Catholic, and had incredible faith in the Lord, even during his lengthy trial with lymphoma. He served as Eucharistic Minister for many years. Throughout his life he always continued to read and learn more about Christianity, even up until his passing.

Doug was preceded in death by his parents, and wife Joyce. He is survived by his son, Dain, brother Dale Arns, sister Mary Tuscher, and sister-in-law Julie Duimstra.

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