

WINTER EDITION 2009

VOL. 23 NO. 1

SOUTH DAKOTA PHARMACISTS

South Dakota Pharmacists Association
PO Box 518
Pierre, SD 57501-0518

PRSR STD
U.S. POSTAGE
PAID
Pierre, SD
Permit No. 123



South Dakota Pharmacists Association

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

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

President
Cole Davidson

President-Elect
Chris Sonnenschein

Vice President
Earl Hinricher

Secretary/ Treasurer
Lenny Petrik

Board Member
Else Umbreit

Board Member
Karetha Bittorf

Executive Director/Editor
Sue Schaefer
sue@sdpha.org

Administrative Assistant
Jenny Schwarting
assistant@sdpha.org

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>.

January

- 1 New Years Day
- 13 84th Legislative Session begins
- 19 Martin Luther King, Jr. Day
- 19-20 SDPhA Legislative Days
- 23 SDSU White Coat Ceremony

February

- 14 Valentine's Day
- 16 President's Day

March

- 8 Daylight Savings Time Ends

April

- 3-6 American Pharmacists Association Annual Meeting (APhA)
San Antonio, TX
- 12 Easter Sunday
- 17-18 SD Society of Health-Systems Pharmacists (SDSPH) Annual Meeting
Sioux Falls, SD

May

- 7-9 ASCP's Midyear Conference and Exhibition
"Focus on Residents and Nursing Facilities"
Orlando, FL

June

- 5-7 SDPhA 123rd Annual Convention
Watertown, SD

* Cover photo courtesy of Chad Coppess, South Dakota Tourism

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.

CONTENTS

First Quarter 2009

VOLUME 23

NUMBER 1

FEATURES

- 4 President's Perspective
- 5 Directors Comments
- 6 2009 South Dakota Legislature
- 7 SDPhA Legislative Days
- 8-9 Board of Pharmacy
- 12 2009 Award Nominations
- 22 Health in Partnership with Education Week
- 23 RX & The Law
- 24 Financial Forum

PHARMACY TOPICS

- 2 SDPhA Calendar
- 10-11 2008 Commercial & Legislative Fun Contributors
- 11 Pharmacy Time Capsules
- 13 SDSU College of Pharmacy
- 14 Pharmacy Honored in South Dakota
- 14 Hedge Chosen to Leage College of Pharmacy
- 15-16 SDPhA 2009 Convention Information
- 17 Academy of Student Pharmacists
- 18-19 South Dakota Society of Health-System Pharmacists
- 20 South Dakota Association of Pharmacy Technicians
- 21 SDSU Students help give flu vaccinations

CONTINUING EDUCATION

- 25-29 "Natural Products: Goldenseal, Guta Kola, Grapeseed Extract, Green Tea"

ADVERTISERS

- 7 Dakota Med Temps
- 22 PQC
- 30 Obituaries
- 31 Classifieds
- 32 Pharmacists Mutual Insurance Company

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.

PRESIDENT'S PERSPECTIVE



Cole Davidson
SDPhA President

Happy New Year! Hope everyone had an excellent holiday season. Well we have been working hard this last few months putting together programs for the upcoming convention in Watertown, June 5 - 7. The association has also been working with the board of pharmacy concerning the technician ratio, telepharmacy and other issues. Our own executive director, Sue Schaefer, has been asked by the state attorney general's office to discuss the potential for creating a prescription drug monitoring program for the state. Remember the association is here for you regardless of what practice setting you are in. If you have any issues in which you could use our assistance do not hesitate to give the office or one of the board members a call.

Recently one evening after counseling a patient on her prescription I went out front to put a couple of over the counter products away. A woman waiting in the aisle stopped me and said she really liked how I had talked to the customer about her prescription. Now before I go any further I know you are thinking HIPAA violation. Well if you have ever been in my store you would understand my dilemma and probably have had the same issues. I thanked the woman and went on to tell her that it is my job and I do it every day. I thought about her comment later. Was she impressed on how I talked to the customer or that I actually counseled her? I think it might be the latter. If she had been counseled on her prescriptions maybe she would not have been so impressed with my actions. We need to make sure we are counseling on every new prescription not just the one we think we need to.

Well the football season is drawing to a close meaning another year of fantasy football has ended. Yes, if you're like me, you drafted and managed at least one fantasy team this past year. You are probably wondering what does fantasy football have to do with being a pharmacist? Well when you draft a fantasy team you want to get players with excellent qualities to help you win each week. What if there was a fantasy pharmacist league? We would be drafted based on our qualities and what we offer to the profession. Where would you be drafted? Would you be in the starting lineup or on the bench?

There are many things we can do to better ourselves to move up the draft board. We can make sure we are counseling all new prescriptions, talk to customers about OTC products, go to schools and talk to kids about pharmacy, and hold brown bag seminars. Other things we could do are cholesterol testing, blood glucose screenings, MTM and becoming a certified immunization pharmacist. We can also get involved in our state and district pharmacist associations, talk with our state lawmakers about pharmacy issues and many more. Don't be someone who sits on the bench. Better yourself and get drafted high so you can start on someone's fantasy pharmacist team.

Legislative Days are January 19th & 20th in Pierre. A great way to get a break in January and learn about legislative issues facing our profession and what you can do to help. We have 36 students coming who will be doing cholesterol, blood pressure and blood glucose screenings Wednesday morning at the capitol. Hope to see you there!

Cole

DIRECTOR'S COMMENTS



Sue Schaefer
Executive Director

What does the future hold for pharmacy in 2009?

I was recently reviewing pharmacy activities that took place during 2008...struggles continued over Medicare Part D reimbursements (slow and low); tamper-resistant prescription pads; self-certification requirements for pseudoephedrine sales; e-prescribing developments; DMEPOS accreditation; technician certification considerations; Inventory Information Approval Systems (IIAS) requirements; tech ratios; patient safety improvements; Medication Therapy Management (MTM); Behind The Counter (BTC) meds and the FDA; future of pharmacy initiatives; medical home developments/concerns; USP <797> concerns/developments; telepharmacy; generic substitution carve-outs... the list goes on and on! Is it any wonder pharmacists may feel distracted? All you really wanted to do was to practice your profession and put your skills to the test...to help your patients/customers with their health-care.

At one District Meeting this fall, a resolution was offered to "allow pharmacists to just do their job by allowing common sense to rule the day". Wouldn't that be something if that wish came true in 2009? I wish I could say it was likely, but with a laundry list like the one pharmacy bears, I think common sense has long flown out the window.

Some of these initiatives are good for pharmacy and patients, but may come at a price. Some are not so good, and they still come at a price for pharmacy and patients. I can honestly say in my four years as your executive director, I have seen more mandates stuffed down your gullet than I care to count. Everyone's full to bursting at the seams, and the saddest part of all is that many of these issues are time stealers. They take precious time from your patients/customers instead of freeing you up. More regulation, more expensive accreditation requirements, more "special" circum-

stances...many costly in one way or another.

Pharmacy has to continue to join together and become not only one voice, but one LOUD voice. It's the only way your cries will be heard. I'm hoping that 2009 will be the year. We're already working hard in South Dakota to keep our group together by communicating concerns, speaking out on issues that detract from patient care, and whistling in the ears of those folks who may be able to help.

I'm really hoping we'll find a friend in a South Dakotan who can make a difference. It's important that we stick together and let President-elect Obama's soon-to-be Health Czar Tom Daschle know our concerns for pharmacy. History can be a good lesson, albeit a harsh one sometimes. I just pray we can count on a reconstruction of sorts and not a repeat of the recent past.

Moving off of my soapbox now...

Please plan to join us for **Legislative Days, January 19th and 20th, 2009!** We will kick things off with a networking social at the AmericInn in Fort Pierre (behind the Pizza Ranch on the river) at 6:00 p.m. Bob Riter and I will provide a Legislative Update, and this excellent opportunity will give you time to network with your peers, students and technicians.

The next morning, the SDSU College of Pharmacy students will provide a health screening in the House and Senate Lobbies of the Capitol, where we'll provide a breakfast for our lawmakers. We encourage you to come up to the Capitol and visit with your Senators and Representatives about Pharmacy issues. It's critical to the profession that they know you care. We're excited that 36 College of Pharmacy students are signed up and ready to come to Pierre...great news for the future of pharmacy!

Also I would like to encourage any of you who have close relationships with your lawmakers to let us know. We have an exceptionally high number of new legislators this year. We have done our best to reach out to them, but it helps so much to know just who knows who, who's related, etc.

I wish you all a happy and prosperous New Year, and hope to see you at Legislative Days!

Sue

2009 SOUTH DAKOTA LEGISLATURE

District 01

(Day, Marshall, Roberts)

Freichs, Jason House
Hanson, Gary D Senate
Wismer, Susan House

District 02

(Brown, Spink)

Dennert, H. Paul House
Elliot, Elaine House
Hundstad, Jim Senate

District 03

(Brown, McPherson)

Feickert, Dennis House
Novstrup, Al Senate
Novstrup, David House

District 04

(Brookings, Deuel, Grant, Moody)

Peterson, Jim Senate
Rausch, Val House
Street, Steve House

District 05

(Codington)

Faehn, Bob House
Solum, Roger House
Turbak Berry, Nancy Senate

District 06

(Beadle, Clark, Codington, Hamlin, Kingsbury)

Greenfield, Brock L House
Fryslie, Art Senate
Noem, Kristi House

District 07

(Brookings)

Pitts, Carol House
Merchant, Pam Senate
Tidemann, Larry House

District 08

(Lake, Miner, Moody, Sanborn)

Lange, Gerald House
Olson, Russell Senate
Fargen, Mitch House

District 09

(Minnehaha)

Dempster, Thomas A Senate
Engels, Richard House
Peters, Deb House

District 10

(Lincoln, Minnehaha)

Abdallah, Gene G Senate
Hunt, Roger W House
Krebs, Shantel House

District 11

(Lincoln, Minnehaha)

Gant, Jason M Senate
Solberg, Darrel House
Schlekeway, Todd House

District 12

(Lincoln, Minnehaha)

Jerstad, Sandy Senate
Steele, Manny House
Curd, Blake R House

District 13

(Minnehaha)

Heidepriem, Scott N Senate
Blake Susy House
Thompson, Bill House

District 14

(Minnehaha)

Cutler, Joni M House
Feinstein, Marc S House
Knudson, Dave Senate

District 15

(Minnehaha)

Kirschman, Patrick House
Vanderlinde, Martha House
Miles, Kathy Senate

District 16

(Lincoln, Union)

Lederman, Dan House
Bolin, Jim House
Gillespie, Margaret V Senate

District 17

(Clay, Turner)

Boomgarden, Jamie House
Nesselhuf, Ben Senate
Nygaard, Eldon E House

District 18

(Yankton)

Hunhoff Bernie House
Hunhoff, Jean M Senate
Moser, Nick House

District 19

(Bon Homme, Douglas, Hutchinson, Turner)

JVan Gerpan, Bill House
Kloucek, Frank J Senate

Putnam, J.E. "Jim" House

District 20

(Aurora, Davison)

Hamiel, Noel House
Carson, Lance House
Vehle, Mike Senate

District 21

(Brule, Buffalo, Charles Mix, Gregory)

Deadrick, Thomas J House
Garnos, Cooper Senate
Juhnke, Kent House

District 22

(Beadle, Hand, Jerauld)

Burg, Quinten L House
Hansen, Tom Senate
Gibxon, Peggy House

District 23

(Campbell, Edmunds, Faulk, Hyde, McPherson, Potter, Walworth)

Cronin, Justin R House
Brown, Corey Senate
Hoffman, Charles B House

District 24

(Hughes, Stanley, Sully)

Gray, Bob Senate
Olson, Ryan P House
Rounds, Tim House

District 25

(Hanson, McCook, Minnehaha)

Ahlers, Dan P Senate
Sorenson, Oran A House
Rave, Tim House

District 26

(Bennett, Haakon, Jackson, Jones, Lyman, Mellette, Tripp)

Bartling, Julie Senate

District 26A

(Mellette, Todd)

Lucas, Larry House

District 26B

(Gregory, Tripp)

Vanneman, Kim L House

District 27

(Bennett, Shannon, Todd)

Bradford, Jim Senate
Killer, Kevin House

Iron Cloud III, Ed House

District 28

(Butte, Corson, Dewey, Harding, Meade, Perkins, Ziebach)

Maher, Ryan Senate

District 28A

(Corson, Dewey, Ziebach)

Schrempp, Dean House

District 28B

(Butte, Corson, Harding, Perkins)

Olson, Betty House

District 29

(Butte, Meade)

Brunner, Thomas J House
Wink, Dean House
Rhoden, Larry Senate

District 30

(Custer, Fall River, Pennington)

Howie, Gordon K Senate
Verchio, Mike House
Russell, Lance S House

District 31

(Lawrence)

Nelson, Thomas R Senate
Romkema, Fred W House
Turbiville, Charles M House

District 32

(Pennington)

Dreyer, Brian House
Gosch, Brian G House
Adelstein, Stan Senate

District 33

(Meade, Pennington)

Sly, Jacqueline House
Schmidt, Dennis Senate
Jenson, Phil House

District 34

(Pennington)

Lust, David House
Tieszen, Craig Senate
McLaughlin, Ed House

District 35

(Pennington)

Haverly, Jeffrey K Senate
Kirkeby, Mark House
Kopp, Don House

SDPhA LEGISLATIVE DAYS 2009

JANUARY 19 - 20, 2009

The 2009 SDPhA Legislative Days is scheduled for January 19th & 20th in Pierre. Legislative Days provides you with an opportunity to visit face to face with your state legislators, express your opinions, and observe the legislative process.

Monday, January 19th

- Networking social at 6:00 pm at the AmericInn In Ft Pierre for Pharmacy Students, Pharmacists, and Pharmacy Technicians
- Legislative Update

Tuesday, January 20th

- SDSU College of Pharmacy students will provide Healthcare screenings in both House and Senate lobbies.
- Pharmacists will meet with Legislators
- A light breakfast will also be provided

There is no cost to attend for SDPhA Members!

Please RSVP to the SDPhA Office by January 12th, 2009

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

Hotel reservations can be made:

AmericInn of Fort Pierre

312 Island Drive, Fort Pierre, SD 57532

Toll Free Reservations: 888-205-3488

Front Desk: 605-223-2358 or www.americinn.com/hotels/SD/FortPierre

Pharmacy Days Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Pharmacy/Organization: _____

Please send registration form by January 12th, 2009 to:

SDPhA

Po Box 518

Pierre, SD 57501

Fax: (605) 224-1280

sdpha@sdpha.org

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

There is no cost to attend for SDPhA Members!



DAKOTA MED TEMPS, Inc.

"medical staffing solutions"

Pharmacists

Earn Excellent Pay

Enjoy a Flexible Schedule

Receive Great Benefits

Get Paid to Travel

Retail and Hospital Assignments

Positions Nationwide

For More Information Contact Us At:

PO Box 1097 • 101 Pine Ave • Hill City, SD 57745

Toll Free: (866) 848-6033 Fax: (888) 615-4222

www.dakotamedtemps.com

SOUTH DAKOTA BOARD OF PHARMACY

Ron Huether

Executive Secretary

NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Amanda Drymalski, Thaddaus Hellwig, Rebecca Huettl, Cassandra Korth, Chris Krogman, Naomi Martin, Kimberly Radig, Sonya Sedahl, and Eric Sonsalla.

PHARMACY LICENSES

New pharmacy licenses were recently issued to:

- Richard Boettcher, Parkston Drug dba Neumayr Pharmacy, Parkston (change of ownership)
- Gregory Panka, White Drug #70, Deadwood, SD (change of ownership)
- Eric Sonsalla, Smith's Drug, Lemmon, SD (change of ownership)

PHARMACY PRACTICE IN SOUTH DAKOTA

It's probably no surprise that the College of Pharmacy at SDSU educates most of the pharmacists practicing in South Dakota. A recent query of our records for 930 pharmacists working in SD indicates that 725 graduated from SDSU. Our pharmacists have graduated from 38 pharmacy schools (including 3 in other countries). Other colleges represented most are: North Dakota State University (51); University of Nebraska (29); Creighton University (23); University of Wyoming (22); University of Minnesota (13); University of Kansas (8); University of Iowa (7); and Drake University (7).

CONTROLLED SUBSTANCE ISSUES

Frequently Asked Questions:

Transfer of Controlled Substances Between Pharmacies
21 CFR 1306.25

(a) The transfer of original prescription information for a controlled substance listed in Schedules III, IV, or V for refill dispensing is permissible between pharmacies on a one-time basis only. Pharmacies electronically sharing a real-time, on-line data base may transfer up to the maximum refills permitted by law and the prescriber's authorization. Transfers are subject to the following requirements:

- (1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:
 - (i) Write the word "VOID" on the face of the invalidated prescription.

- (ii) Record on the reverse of the invalidated prescription the name, address and DEA registration number of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.

- (iii) Record the date of the transfer and the name of the pharmacist transferring the information.

(b) The receiving pharmacist shall reduce to writing the following:

- (1) Write the word "transfer" on the face of the transferred prescription.
- (2) Provide all information pursuant to 21 CFR 1306.05 and include:
 - (i) Date of issuance of original prescription;
 - (ii) Original number of refills authorized on original prescription;
 - (iii) Date of original dispensing;
 - (iv) Number of valid refills remaining and date(s) and locations of previous refill(s);
 - (v) Pharmacy's name, address, DEA registration number and prescription number from which the prescription information was transferred;
 - (vi) Name of pharmacist who transferred the prescription.
 - (vii) Pharmacy's name, address, DEA registration number and prescription number from which the prescription was originally filled.
- (3) The original and transferred prescription(s) must be maintained for a period of two years from the date of last refill.

Changes that can be made on a Controlled Substance Prescription

A number of changes can be made to a controlled substance prescription only after the pharmacist contacts the prescribing practitioner. After prescriber consultation, the pharmacist is permitted to change the patient's address, drug strength, drug quantity, and directions for use. The pharmacist is permitted to make information additions that may be provided by the patient or bearer such as the patient's address, and such additions should be verified. The pharmacist may also add the dosage form to the prescription order after verification with the prescribing practitioner.

The pharmacist is never permitted to make changes to the patient's name, controlled substance prescribed (except for generic substitution permitted by state law), or the prescriber's signature. These types of changes

challenge the necessity of the original prescription and would require a new prescription from the prescribing practitioner.

Partial Filling of Schedule II Controlled Substances

21 CFR § 1306.13: Partial Filling of Prescriptions allows for the partial filling of a Schedule II controlled substance, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription. The pharmacist must make a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription). The remaining portion of the prescription may be filled within 72 hours of the first partial filling. However, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall notify the prescribing individual practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription.

In accordance with 21 CFR § 1306.1(b), prescriptions for controlled substances in Schedule II for patients either having a medically documented terminal illness or patients in long-term care facilities (LTCF), may be filled in partial quantities, to include individual dosage units. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed. Schedule II prescriptions for terminally ill or LTCF patients shall be valid for a period not to exceed 60 days from the issue date unless terminated sooner by the discontinuance of the medication.

Expiration of Controlled Substance Prescriptions

There is no time limit when a Schedule II prescription must be filled after being signed by the prescriber. However, the pharmacist must determine that the prescription is still needed by the patient (e.g., a narcotic prescription filled several weeks after being written.)

Schedule III and IV controlled substances may be refilled if authorized on the prescription. However, the prescription may only be filled up to five times within six months after the date of issue. After five refills or six months after the date of issue, whichever occurs first, a new prescription is required.

Multiple Schedule II Prescriptions with Different Dates

Multiple Schedule II prescriptions for the same patient with different dates are permitted. Prescriptions must be

written with the date of issue, may not exceed 90 days, must be prescribed for a legitimate purpose and written by a licensed, registered practitioner acting in the usual course of professional practice.

NOTES FROM OUR INSPECTORS

If your pharmacy sells pseudoephedrine products or any of the other items included in the Combat Meth Act 2005 and your previous self certification has expired, you are required to "re-certify". This can be completed on-line by going to the DEA Diversion website – www.deaiversion.usdoj.gov . Click on "Combat Meth Act 2005" located on the right hand side of the page. Follow the instructions in the "Required Training and Self-Certification" section.

FDA Issues Final Rule Requiring Toll-Free Number on Medication Labeling

Food and Drug Administration (FDA) has issued a final rule requiring the labeling for certain medications to include a toll-free number for patients to report side effects. The final rule confirms the interim final rule "Toll-Free Number for Reporting Adverse Events on Labeling for Human Drug Products" and its requirement for the addition of a statement to the labeling for certain human drug products for which an application is approved under section 505 of the Federal Food, Drug, and Cosmetic Act. The statement must include a toll-free number (1-800-FDA-1088) and advise that the number is to be used only for reporting side effects and is not intended for medical advice. This final rule also affirms the interim final rule's addition of a new part 209 to the regulations requiring distribution of the side effects statement. This final rule implements provisions of the Best Pharmaceuticals for Children Act (Public Law 107-109) and the Food and Drug Administration Amendments Act of 2007. The final rule is effective November 28, 2008, and the compliance date is July 1, 2009. More information is available in the Federal Register at <http://www.fda.gov/OHRMS/DOCKETS/98fr/E8-25670.pdf>

2008 COMMERCIAL & LEGISLATIVE FUND CONTRIBUTORS

Corporate Contributors

Arne Anderson, *Anderson Pharmacy*

Arvid Liebe, *Liebe Drug Inc*

James Stephens, *Vilas Pharmacy*

Business Contributors

Mark Graham, *Graham Pharmacy*

Kevin Wurtz, *Pioneer Drug*

Janelle Varney, *Varney Pharmacy*

Cheri Kraemer, *Clinic Pharmacies Inc*

Kirk Wilson, *Martin Drug & Mercantile*

Roger Renner, *Roger's Family Pharmacy*

Jeff Bertsch, *County Drug*

Hugh Mack, *Randall Pharmacy*

Queena Getskow, *Getskow Pharmacy*

Jerome Johnson, *Rafferty-Robbin-Johnson, Inc*

Carole Anderson, *Brown Clinic Pharmacy*

William Roth, *Salem Drug Company*

Paul Sinclair, *Liebe Drug Inc*

Louis Van Roekel, *The Medicine Shoppe*

James Buecher, *Medicine Shoppe of Mitchell*

Terry Casey, *Casey Drug*

Thomas Lavin, *David Pharmacy*

Lois Hoffman, *Hoffman Drug*

Lance Bien, *Bien Pharmacy*

Lori Giedt, *Lori's Pharmacy*

Timothy Pearson, *Pearson Drug & Jewelry Co*

Lyle Boes, *Family Drug*

Cliff Van Hove, *Prescription Shop Inc*

Barry Uecker, *Heritage Pharmacy*

Individual Contributors

Steve Aamot

Douglas Berkley

Robbie Aamot

Karetha Bittorf

Travis Anderberg

Lori Braaten

Gina Anderson

Bill Bradfeldt

Rebecca Baer

Jim Bregel

Dawn Bargmann

Marlin Brozik

Individual Contributors

Gordon Budahl

William Hoch

Tara Butler

Sheila Hoffman

John Casper

Arlin Houtkooper

Nicole Chenoweth

Ronald Huether

Erin Christensen

Kathleen Hustead

Bob Collidge

Emily Ingals

Julie Cook

Sandra Jacobson

Nancy Cutler

Michelle Jennings

Cole Davidson

Ronald Johnson

Deborah Deis

Rebecca Johnson

Sheri Dickens

Thomas Johnson

Todd Dickens

Randy Jones

Angela Digatono

Pamela Jones

Frank Donald

Dennis Jones

Jerry Drees

Galen Jordre

Mark Elhart

Ann Jordre

Christi Gabel

Shona Jussel

Tim Gallagher

Brain Kaatz

Laurie Garry

Douglas Kapaun

Mark Gerdes

Gary Karel

Douglas Gjesdal

Matthew Kaschmit

Galen Goeden

Jerred Kelly

Kendall Goetz

Kay Kindopp

Naomi Graves

Susan Kollars

Robert Gregg

Kim Kortje

Robert Gruszynski

Cheri Kraemer

Richard Gulseth

James Kuchta

Shirely Guthmiller

Eric Kutscher

Shannon Gutzmer

Jeff Larson

Anne Hasse

Duane Larson

Kirby Hay

Eric Larson

Anne Hegg

Steven Lee

Amy Heiberger

Patricia Leischner

David Helgeland

Ryan Lemon

Melanie Hinricher

Michelle Litzen

Earl Hinricher

Susan Lloyd

2008 COMMERCIAL & LEGISLATIVE FUND CONTRIBUTORS CONTINUED

Individual Contributors

Brian Lounsbery	Bryan Schierholz
Lowell Macy	James Schmidt
Constance McDonald	Briana Schnedier
Earl McKinstry	Paul Schuchardt
Terri McRea	Ronald Schwans
Debbie Meadows	Marilyn Schwans
Julie Meintsma	Melissa Schweiss
David Metele	Julie Seas
Anne Morstad	Terry Setera
Jane Mort	Beth Sieler-Joachim
Stephanie Muller	Melanie Sommers
John Nelson	Christopher Sonnenschein
Ronald Nelson	Constance Spawn
Kent Nelson	Paulene Staben
Donald Nettleton	Melissa Stahlecker
Lori Ollerich	Jody Stanton
Joyce Olson	Joseph Stoebner
Byron Olson	Renee Sutton
Matilda Oppenheimer	Dawn Swart
Jan Opperman-James	Brian Temple
JoAnn Oster	Lisa Thelen
Karla Overland-Janssen	Mary Thomas
Linda Oyen	Charles Thornton
Gregory Panka	Kate Thurston
William Pederson	Matthew Toennies
Leonard Petrik	Glen Uken
Linds Pierson	Else Umbreit
Lisa Rave	Gary Van Riper
Paul Reilly	Judy Waldman
Robert Reiswig	Micheal Watson
Leah Rempfer	Jerome Wiederrich
Holly Rice	Robert Wik
James Rudolph	Margaret Zard
Corey Samson	Steve Zirbel
Christine Sawinsky	Shelia Zweifel
Sue Schaefer	

Pharmacy Time Capsules 2008 (4th Quarter)

1983—Twenty-five years ago

- Orphan Drug Act supporting research and approval of medicines for rare conditions was passed
- D.A.R.E. (Drug Abuse Resistance Education) was founded in Los Angeles.
- 94 NDAs were approved; 14 were new chemical entities.

1958—Fifty years ago

- 280 NDAs were approved, 20 were new chemical entities.
- First list of substances generally recognized as safe (GRAS) was published in the Federal Register.

1933—Seventy-five year ago

- The 1933 Lilly Digest reported that 27% of the reporting 402 pharmacies were operating at a loss; 41% reported net profit of 5% or more.
- Prohibition was repealed under the Blaine Act

1908—One hundred years ago

- Paul Ehrlich, discoverer of Salvarsan (606 or arsphenamine) the first modern chemotherapeutic agent, received the Nobel Prize in Physiology or Medicine.
- Boys Scouts formed. First group in the United States was formed in 1910.

By: Dennis B. Worthen Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

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

2009 AWARD NOMINATIONS

The SDPhA is accepting nominations for award to be presented at the 2009 Convention in Watertown. Nominations should be submitted along with biographical and contact information. The following awards will be presented:

Bowl of Hygeia

The recipient must: be a pharmacist licensed in South Dakota; be living (not presented posthumously); not be a previous recipient of the award and not served as an SDPhA office of the past two years. The recipient has compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession.

Nominee: _____

Distinguished Young Pharmacist

The nominee must hold an entry degree in pharmacy received less than ten years, licensed in South Dakota, practiced in retail, institutional, consulting pharmacy in the year selected, participated in national pharmacy association, professional programs, state association activities and/or community service.

Nominee: _____

Hustead Award

Nominee must be a pharmacist licensed in South Dakota, has not previously received the award. The nominee shall have made a significant contribution or contributions to the profession, and demonstrated dedication, resourcefulness, service, and caring which makes pharmacy one of the most respected professions in our county.

Nominee: _____

Salesperson of the Year Award

Nominee must be a non-pharmacist who has made an outstanding contribution to the profession of pharmacy. This award is not given each year but reserved for outstanding individuals.

Nominee: _____

Distinguished Service Award

The nominee must be a non-pharmacist who has contributed significantly to the profession. The award is not routinely given each year, but reserved for outstanding individuals. Persons making the nomination should complete the form giving reasons why the nominee should be selected. The nomination should be clearly outline why the nominee is worthy of the award. If a recipient is selected the Association will then contact the recipient and obtain biographical data.

Nominee: _____

Innovative Practice

The recipient has demonstrated innovative pharmacy resulting in improved patient care. The nominee should be pharmacist practicing in South Dakota.

Nominee: _____

Honorary President Award

Nominee must be a pharmacist who has been outstanding in the profession of pharmacy, both through practice and professional ability. This person must also have been active in community affairs and has not served as president of the Association.

Nominee: _____

District Technician of the Year Award

Nominee has established work ethic, reliable, consistent, and works well with others. Technicians provide a valuable service to the pharmacy profession.

Nominee: _____

Fax nominations by January 19th 2009 to (605) 224-1280 or e-mail to sdpha@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider you nominee. Include specific examples and/or details.

Name of Individual Nominating: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Pharmacy/Organization: _____



South Dakota State University

College of Pharmacy



Dennis Hedge

Dean

Greetings from the faculty and staff at the SDSU College of Pharmacy!

Our College of Pharmacy is currently participating in the Capital Campaign at South Dakota State University. "It Starts with State: A Campaign for South Dakota State University" is in response to campus-wide strategic planning that began in early 2007 under the leadership of President David L. Chicoine. The campaign, which will run through 2012, has a goal of up to \$190 million.

Fundraising efforts related to projects and programs for the College of Pharmacy reflect the goals of our long-range plan. In that regard, fundraising priorities include our new building being constructed on campus, student scholarship support, residency program support/development, creation of endowed chair and professorship positions, and development of a "Funds for Excellence Endowment".

In the area of endowments, the College of Pharmacy is seeking to develop Endowed Chairs & Professorships in the Pharmaceutical Sciences and Pharmacy Administration. These positions will allow our College to offer a more diverse curriculum and extend our capacity to conduct research. Such positions will enhance the College's ability to recruit and retain the most promising faculty and students. The Funds for Excellence Endowment will provide support allowing:

- Flexibility to act on timely opportunities that are important to maintain a
- state-of-the-art educational experience;
- Student engagement in local, state and national events;

- Programs geared toward student development as community-minded pharmacists and outstanding stewards of the profession; and
- The purchase of equipment and technology that advances the pedagogical methods of the faculty.

If you have any questions about "It Starts with State: A Campaign for South Dakota State University", please contact us at the College. We would be happy to visit with you.

I would also like to mention a couple of events that will occur early during the spring semester. On January 23, we will have our annual White Coat Ceremony for our P1 Class. The ceremony will be held in the University Student Union on the Brookings campus. Dr. Ken Audus, Dean of the School of Pharmacy at the University of Kansas, will give a keynote address on professionalism. On February 18, we will have our Spring Semester College Convocation. The theme of the convocation is drug and alcohol addiction. At the event, students will learn about the South Dakota Health Professionals Assistance Program and hear from individuals that have dealt with issues related to the use of drugs and alcohol.

If you are in the area and have interest in attending these events, please do so. We would be happy to see you.

Dennis D. Hedge, Pharm.D.

Acting Dean, SDSU College of Pharmacy

KMART PHARMACY HONORED IN PIERRE, SD



Pictured: (left) Pat Robinson, Technician, Whitney Flottmeyer, Pharm D, and Lenny Petrik, Pharm D

October was American Pharmacists' Month and October 21 National Technician's Day.

In recognition of these two events, Kmart Pharmacy has selected Pierre Kmart for the annual Pharmacy Appreciation Award.

Kmart Pharmacy selected 44 winners, one from each Pharmacy District covering 46 states, Guam, Puerto Rico and the Virgin Islands.

The award is based on the overall contributions of the entire pharmacy team to the profession of pharmacy commitment to pharmaceutical care and overall business results.

"We have tremendously dedicated and talented team of pharmacists technicians and pharmacy support staff around the country. Our team members at the Pierre Kmart embody Kmart's commitment to improving the lives of our customers by providing quality services and products to earn patients' trust," said Mark Doerr, vice president, Kmart Pharmacy.

The Pierre Kmart hosted an appreciation day for the pharmacy staff to help celebrate American Pharmacists' Month and National Technician's Day and to honor the pharmacy team for their accomplishments.

HEDGE CHOSEN TO LEAD COLLEGE OF PHARMACY



South Dakota State University didn't have to look far when selecting the next dean of the College of Pharmacy. Professor Dennis Hedge, who had been serving as acting dean since July 1, has been named the 11th dean in the 120-year history of the college. He takes

over for Brian Kaatz, who became dean of the School of Health Sciences at the University of South Dakota. Hedge's appointment is subject to the approval of the South Dakota Board of Regents. "The SDSU College of Pharmacy has a wonderful tradition of excellence and I look forward to helping shape our future," said Hedge. "I believe that without a doubt, our best days are ahead of us."

Congratulations Dean Hedge!

Medicare Part D Drug Therapy Quality Improvement Assistance

The South Dakota Foundation for Medical Care (SDFMC), the Quality Improvement Organization (QIO) for the state, recently launched their next three-year contract with the Centers for Medicare & Medicaid Services (CMS), called the 9th Scope of Work. As part of the contract's Patient Safety focus, SDFMC will be working to decrease drug-drug interactions and potentially inappropriate medications filled by Medicare beneficiaries with Part D benefits.

SDFMC is available to provide assistance finding tools and resources. If your organization is interested in reducing drug-drug interactions and potentially inappropriate medications for the Medicare population, please send an email to SDFMC's Director of Quality Improvement, Ryan Sailor, at rsailor@s dqio.s dps.org.

To learn more about the CMS drug-drug interactions and potentially inappropriate medications quality measures, you can visit the following website:

<https://www.qualitynet.org/qmis/browseMeasures-MoreResults.htm?id=267>

SDPhA Convention Educational Line-up (Tentative)
Ramkota Hotel & Convention Center
June 5-7, 2009 – Watertown, SD

Friday morning: Golf Event
Vendor Time: 10:30 a.m. until 3:30 p.m.

Friday, 11:30 a.m. - 1:00 p.m.: “MRSA”

2:00 p.m. – 3:30 p.m.:
“Pharmacist –Technician Communication”
Rebecca Rabbitt, PharmD

3:30 p.m. – 5:00 p.m.: “Pharmacy Rules & Regulations from the Regulator’s Standpoint”
Ron Huether, RPh

Friday Evening – Redlin Center Reception
6:30 p.m. – 9:00 p.m.

Saturday AM - Phun Run 6:30 am – 7:30 am
Breakfast 7:00 a.m. – 8:30 a.m.

Saturday, June 6th
8:00 a.m. – 9:30 a.m.
“Pharmacy Security & Prescription Fraud”
RxPatrol, Ritch Wagner

10:00 a.m. – 11:30 a.m.
“New Drug Update”
Joe Strain, PharmD

11:30 a.m. – 1:00 p.m. First Business Meeting and Lunch

1:00 p.m. – 2:00 p.m. “Psychiatric Agents”
Eric Kutcher, PharmD

2:00 p.m. – 3:00 p.m. –“Pharmacy Jeopardy”

3:00 – 3:30 SDSU/Mills Family Ice Cream Social

3:30 p.m. - 4:30 p.m. Second Business Meeting

Saturday Evening – Past President’s Soiree 5:00 p.m.
Children’s Pizza Party 6:30 p.m.
Social/Banquet – 6:30 p.m.

Sunday, June 7th
7:45 a.m. - 8:45 a.m. – “E-Prescribing”
- Chris Sonnenschein, PharmD

9:00 a.m. – 11:00 a.m. – TBA



123rd Annual South Dakota Pharmacists Association Convention
Registration Form
Watertown, South Dakota June 5th-7th, 2009

All SDSU Student Registrations are FREE!
(Hotel not included)
Registrations must be submitted prior to May 9, 2009

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____
Home Phone: _____
Email Address: _____
Spouse/Guest Name: _____

Full Registration*

Before May 9, 2009
After May 9, 2009

One Day Registration**

Fri., June 6, 2009
Sat., June 7, 2009
Sun., June 8, 2009

Extra Tickets

Sat. Breakfast
Sat. Lunch
Sat. Awards Banquet

SDPhA Member	Spouse or Guest	Children	SDAPT Member	Pharmacy Technician	Pharmacy Student	Non SDPhA Member
\$150	\$90	\$20	\$90	\$150	Free	\$225
\$175	\$110	\$25	\$110	\$175	Free	\$250
\$100	\$50	\$10	\$50	\$90	Free	\$145
\$115	\$65	\$20	\$65	\$105	Free	\$160
\$50	\$25	Free	\$50	\$50	Free	\$75
\$15	\$15	\$10	\$15	\$15	Free	\$15
\$15	\$15	\$10	\$15	\$15	Free	\$15
\$30	\$30	\$10	\$30	\$30	Free	\$30

For Hotel Reservations Call:

Ramkota Hotel & Convention Center
1901 9th Ave SW (605) 886-8011

Cancellation Policy:

Cancellations will be accepted in writing prior to May 16, 2009.
No cancellations will be accepted after that date.
A \$15 cancellation fee will be applied to all cancellations.
Refunds will be issued after June 15, 2009

*Full Registration includes all educational sessions, exhibits, meals and evening events

**One-day Registration includes educational sessions, exhibits, meals and evening event for that day

I would like sponsor a student. I have included an additional gift of _____

I would like to contribute to the **SDPhA Commercial & Legislative Fund**.
I have included an additional amount of _____

Total Due \$ _____

Please send payment and registration to:

South Dakota Pharmacists Association
PO Box 518, Pierre, SD 57501

Tax ID#: 46-0191834

I will be participating in the golf event on Friday

Yes _____ No _____

I will be participating in the phun run on Saturday

Yes _____ No _____

ACADEMY OF STUDENT PHARMACISTS

Dustin Schrader

APhA-ASP President

Greetings from APhA-ASP,

Another semester of college is in the books. This semester has been eventful for our chapter. We completed our membership drive in the middle of October and had another successful membership drive. Our membership vice president, Beth Weinmeister, did an outstanding job coordinating this event, and we currently have 284 members in the South Dakota State University APhA-ASP chapter. Also, our chapter promoted October as American Pharmacists Month. At the October 18th South Dakota State University Jacks home football game, we were fortunate enough to have a promotion shown on the Daktronics scoreboard. The promotion asked people to Know your Medicine, Know your Pharmacist and made them aware of the services offered by the Jackrabbit Pharmacy located in the new Wellness Center.

On November 7th-9th, the Region V Midyear Regional Meeting (MRM) was held at the Holiday Inn Centre in Sioux Falls. Although the weather was not ideal leading up to the meeting, MRM was a spectacular weekend. MRM kicked off on Friday night with the opening business session followed by a nautical theme social event. On Saturday and Sunday, attendees had the opportunity to participate in workshops, elect new regional officers, and pass resolutions. The whole weekend was a great experience. The MRM coordinator for the Region V meeting was Michaela Oetken who is currently a P2 student at SDSU, and I would like to thank her for all her hard work to put on such a wonderful event.

Upcoming events for our chapter include Legislative Days on January 19th-20th in Pierre. We plan on bringing over 30 pre-pharmacy and pharmacy students to the Capitol to perform different healthcare screenings and patient education sessions. Legislative Days is always one event our chapter looks forward to participating in every year, and we enjoy interacting with SDPhA, South

Dakota legislators, and lobbyists. Later that week on Friday January 23rd, the White Coat Ceremony will take place in the Volstorff Ballroom at 5:30 pm. The White Coat Ceremony is the event where P1 students receive their White Coat as a symbol of them beginning their path in pharmacy profession. In closing, I would like to wish everyone a happy holiday season.

Sincerely,

Dustin Schrader

APhA-ASP President

Voice your opinion on legislative issues!

Fax a message to a legislator: (605)773-6806.

Faxed must be addresses to one specific legislator. A complete list of your legislators can be found on page six of this issue.

Email a message to a legislator:

<http://legis.state.sd.us/email/LegislatorEmail.aspx>

Select a legislator from the drop-down box, type your message, and hit "send message."

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Eric Kutscher

SDSHP President

Hello to all the pharmacists, students and technicians of our great state:

The Board of Directors for SDSHP would like to congratulate Lynnette Seyer and Ashley Hansen for winning the South Dakota Clinical Skills Competition and representing the State of South Dakota at the National ASHP Clinical Skills Competition. Ashley and Lynnette competed against more than 90 other teams in Orlando Florida on December 6th, 2008. Although they did not take the overall winning prize, they did a wonderful job!

In addition to the Clinical Skills Competition, SDSHP hosted the Dakota Reception at the Midyear Clinical Meeting. We had over 75 alumni, students and friends in attendance at our reception and hope to continue hosting this reception for years to come. The deans of SDSU and NDSU Colleges of Pharmacy provided an update of college activities and a considerable amount of networking was had by everyone in attendance.

Finally, we would like to officially announce that registration for our annual meeting is now open. The meeting entitled: "Building a Bridge to Better Health-Care" will be held at the Downtown Holiday Inn in Sioux Falls on April 17-18, 2009. This meeting will provide 10 hours ACPE CE credit, and is intended for all pharmacists and technicians in our state. Some of the key topics include the politics in pharmacy practice, pharmacist involvement in emergencies, medication safety, how to become a green pharmacy and managing waste products, anticoagulation and osteoporosis management. The registration and preliminary agenda is included in this month's SDPhA Journal. We hope to see everyone in April!

Thank you all for your continued support of SDSHP as we work towards another successful year. As a reminder please check our webpage often for practice updates and CE opportunities.

Eric C. Kutscher, PharmD, BCPP

President

South Dakota Society of Health System Pharmacists

www.sdsph.com

SDSHP 2009 ANNUAL CONFERENCE



Building a Bridge to Better
Health Care

Friday- April 17th

7:30 am-4:30 pm	Registration
8:00-9:00am (1 ceu)	Pharmacy Law Update - Ron Huether, Executive Secretary, South Dakota Board of Pharmacy
9:00-10:00am (1 ceu)	"The Politics of Pharmacy: The issues that affect you and your profession." Thomas Johnson, Associate Professor, SDSU College of Pharmacy/Avera McKennan Hospital
10:00-10:15am	Break
10:15-11:15am (1 ceu)	"Ready or Not, Here it Comes! Clinical Pearls in Emergency Response for Pharmacists" – Mary Andrawis, PharmD, MPH, ASHP Medication-Use Quality Improvement Associate
11:15am-1:00pm	Exhibits/Poster Presentations with Lunch Buffet
1:00-2:00 pm (1 ceu)	Medication Safety - Megan Maddox, PharmD, Medication Safety Officer, Sanford Health Center; Susan Feilmeier, PharmD, Director of Pharmacy, Avera Sacred Heart; Doug Smith, RPh, Pharmacy Supervisor, Sanford Health Center
2:00-3:00 pm (1 ceu)	"The Green Pharmacy: Managing Pharmaceutical Waste from Cradle to Grave" - Fred Massoomi, PharmD, FASHP, Methodist Hospital-Omaha
3:00-3:15pm	Break
3:15-5:15pm (2 ceu)	Review of Nutrition and Electrolyte Management - Sioux Falls Pharmacy Practice Residents: Deanna Visser, Katie Orton, Laura Hansen, and Megan Leloux
5:15-6:30 pm	President's Reception – Hors d'oeuvres

SATURDAY - APRIL 18th

7:00-10:30 am	Registration
7:30-8:45 am	Breakfast buffet/Business meeting/Awards presentations
8:45-9:45 am (1 ceu)	"Rivaroxaban and other emerging oral anticoagulants, is this the end of warfarin?" - Michael Gulseth, PharmD, Sanford Health Center
9:45-10:45 am (1 ceu)	"Venous Thromboembolism Prevention and Treatment Update: the Science and the Regulatory Issues" - Michael Gulseth, PharmD, Sanford Health Center
10:45-11:00 am	Break
11:00am- 1:00pm (2 ceu)	"Preceptor Education - Teaching and Evaluation: Primer on Osteoporosis Medications" - Daniel Hansen, Assistant Professor, SDSU College of Pharmacy; Deidra Van Gilder, Assistant Professor, SDSU College of Pharmacy



SD Society of Health-System Pharmacists 33rd Annual Conference

REGISTRATION FORM

April 17th & 18th, 2009

Holiday Inn
Sioux Falls – City Centre
100 West 8th Street



Name: _____
Address: _____
City _____ State _____ Zip _____
E-Mail Address: _____
Practice Site: _____
Home Phone: _____
Business Phone: _____

Type of Practice:

____ Hospital ____ Managed Care ____ Home Care ____ Student
____ Retired ____ Technician ____ Other: _____

HOTEL RESERVATIONS

To receive these special rates, you ***must*** inform the hotel that you will be attending the **2009 SDSHP Conference**.

Note: Only reservations made prior to March 27th receive these rates.

605-339-2000

SDSHP CONFERENCE CANCELLATION POLICY

Cancellations will be accepted in writing or via e-mail to the SDSHP office prior to March 25, 2009. No cancellations will be accepted after that time. A \$15 cancellation fee will be applied to all cancellations. Refund checks will be issued after April 30, 2009.

Please Circle your choice(s)	SDSHP R.Ph. Member	SDSHP Tech/Associate Member	Student	R.Ph. SDSHP Non-Member	Tech. SDSHP Non-Member	Spouse/Guest (Meals)
Full Registration**						
Before March 13, 2009	\$150	\$50	\$25	\$200*	\$65*	\$50
After March 13, 2009	\$175	\$60	\$30	\$225*	\$75	\$55
One Day Registration***						
Friday - April 17, 2009	\$110	\$40	\$15	\$110	\$40	\$30
Saturday, April 18, 2009	\$90	\$35	\$15	\$90	\$35	\$30
Total Enclosed \$ _____						Make Check Payable to: SDSHP

*Registration Fee includes membership for 2009.

**Full Registration includes all educational sessions, exhibits, meals.

***One-Day Registration includes educational sessions, exhibits and meals for that day only.

PAYMENT MUST ACCOMPANY REGISTRATION FORM

If your practice site is paying for your registration, please have someone from your Business Office contact SDSHP (telephone: 605-627-5363) or (e-mail: sdshp@mchsi.com) ASAP for information on how to proceed with the registration and payment procedure.

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

Check or Money Order Payment: SDSHP,
PO Box 7100 - University Station, Brookings,
SD 57007-7100
Credit Card Payment: www.sdshp.com

____ CHECK HERE IF YOU HAVE SPECIAL NEEDS OR REQUIRE SPECIAL ACCOMMODATIONS

Tax ID#: 46-0339056

SD ASSOCIATION OF PHARMACY TECHNICIANS

Ann Oberg

SDAPT President

Greetings from Sub-zero Sioux Falls!

From South Dakota to Florida, and back again...and I forgot to bring the warm weather back with me! Last week I had the opportunity to attend the ASHP Midyear Clinical meeting in Orlando, FL as a representative for the Pharmacy Technician Educator's Council (PTEC). It was my first time at such a large meeting, but I found my way around and ran into many familiar faces. I attended the opening session with Elizabeth Edwards as the keynote speaker, who encouraged us to be active participants in the reform of our healthcare system. I also listened to Dr. Stephen Kaler, a researcher from the National Institutes of Health (NIH); speak on genetics and how drug development and research may be impacted by translational medicine in the future. According to ASHP President Kevin J. Colgan, "the society is working on goals that include addition of a provision in Medicare Part D that would require participating drug plans to have a pharmacist conduct an annual medication therapy review". Another goal is "the need to create opportunities for pharmacists to receive reimbursement as providers under Medicare Part B. (ASHP Midyear News & Views, December 9, 2008, Tuesday edition, Section A). While all of these speakers were excellent, I kept looking for some message that I could bring back home to the technicians in South Dakota. I found my answer in the theme for the meeting, "the power of you".

What does "the power of you" mean? The power of you means that each of us has the power to impact the provision of health care. Where will it happen? In every setting that we work in; be it retail, hospital, long-term care, mail-order, or nuclear pharmacy. When will it happen? I cannot predict when changes will happen. Why should these changes happen? That is a question that could have many answers. If I had to make an educated guess as to why, I would say so that the pharmacy profession can be recognized as a provider of clinical services. It will also benefit the patient if pharmacists are more involved in medication therapy management, which may lead to more controlled costs and reduced health care spending. How will technicians be involved in this process? One look at the goals listed above would indicate that pharmacy technicians may be challenged to take on even more responsibilities. By doing so, it will allow our pharmacists the opportunities to provide more direct patient

care and use their knowledge and expertise to produce better patient medication therapy outcomes.

Now, getting back to the role of the technician, we need to ask the "what" question again. What can technicians do? Technicians need to be ready to meet these challenges to participate in the pharmacy team to help their pharmacist provide the best and safest patient care services available. One way to make sure we are able to do this, is to stay on top of the changes in our profession and utilize the continuing education opportunities available to us at our state pharmacy association meetings, the SDAPT meeting in the fall, and pharmacy technician association meetings sponsored by NPTA and AAPT. Time to take an active role in the evolving profession of pharmacy!

If you have renewed your SDAPT membership, I would encourage you to find another technician to join us. We want to be the voice of technicians in South Dakota, but it is hard to represent all with so few people participating. Our membership fee remains at \$35.00 this year. (a printable membership renewal form link is on our website, www.sdapt.org) Some of the membership benefits are: SD Pharmacist Journal subscription (a \$25.00 value), mailings from our association—keeping you informed on technician issues, reduced registration fees for the SDPhA annual meeting (savings of \$50), and free registration at our Annual Fall CE and Business meeting (get up to 4 hours of CE and a meal—a savings of \$20). When you add it all up, where else can you get almost \$100 worth of products and services for only \$35—it's a bargain!

We welcome your comments on how to make SDAPT a viable source of information for technicians. If you wish to volunteer for a committee or have questions on becoming a member, please feel free to contact me or any of the officers. I encourage you to become involved in SDAPT and all of the activities of our state pharmacy associations.

Season's Greetings from the officers of SDAPT!

"Ann, Phyllis, Sue, Nadine and Judy

Ann Oberg, President (akoberg@sio.midco.net)

Phyllis Sour, President-Elect (pep12009@rap.midco.net)

Sue De Jong, Secretary (sdejong99@hotmail.com)

Nadine Peters, Treasurer (nadine@pie.midco.net)

Judy Rennich, Past-president (jrennich@itctel.com)

SDSU PHARMACY STUDENTS HELP GIVE FLU VACCINATIONS



Sara Hahn, a third-year pharmacy student at SDSU, gives a flu shot to a patient at the Sioux Falls Convention Center. The South Dakota Department of Health contacted the College of Pharmacy for help in administering flu vaccinations. It's the first year that Sioux Falls has done a citywide clinic on such a large scale.

BROOKINGS, S.D. — Pharmacy students at South Dakota State University learn plenty about their profession in the classroom. However, there's nothing like hands-on experience to finish it off, and that's exactly what took place at the Sioux Falls Convention Center November 5.

The South Dakota Department of Health contacted the College of Pharmacy for help administering flu vaccinations.

The Sioux Falls Childhood Flu Shot Clinic ran from 3 to 8 p.m. and provided free flu shots to all Sioux Falls public school students from kindergarten through high school. Free vaccinations were also offered to the first 4,000 parents who brought their children to the clinic. It's the first year that Sioux Falls has done a citywide clinic on such a large scale.

In addition to the flu shot clinic, the city health department also held a POD (Point of Dispensing) exercise in Sioux Falls that gave all persons receiving a flu shot a bottle of candy in a prescription vial to simulate dispensing a medication.

The exercise is designed to help cities respond to a public health emergency such as a terrorism attack or a large natural disaster. It tests local response time to see if vaccinations and medications can be distributed to 200,000 people within 48 hours of notification.

SDSU pharmacy students served as vaccinators, vaccinator assistants, and they helped with patient-flow.

"The Department of Health approached us and said we need your pharmacy students to help with the POD exer-

cise and the flu immunization clinic," said Professor Jim Clem, head of the Department of Pharmacy Practice.

"In order for our students to fulfill requirements of the pharmacy curriculum, they have to do vaccination training and complete the certification program," he added. "We try to give them as much experience as possible."

Sara Hahn, a third-year student from Sioux Falls, was glad to leave the classroom and implement her skills on real patient.

"We did all the practice in school a couple weeks ago, and now it's the real deal," said Hahn, who remarked the more people she immunizes the better she becomes.

"Everyone is a little nervous about getting a shot no matter who you are, so it's nice to be able to talk to them (patients) and kind of walk them through the whole process," she added.

Dustin Schrader, a third-year student from Colome, agreed. "It's great to see that we can actually apply hands-on what we learn in the classroom," he said. "It's (giving shots) not too hard either. Once you do two or three, they are all the same."

In 2002, the South Dakota Board of Pharmacy authorized that pharmacists may administer flu immunizations if they complete an approved certification-training program.

The first flu season with a significant number of trained pharmacists was 2003-04. In 2005 the immunization program became part of the pharmacy curriculum, and the South Dakota Board of Pharmacy allowed third and fourth year pharmacy students to administer flu vaccine under supervision of a qualified pharmacist.

Since 2003, a total of 90 pharmacists and 287 student pharmacists have completed the program, including six pharmacists and 69 students this year.

As public health manager for the Sioux Falls Health Department, Sandy Frentz was mighty glad to see College of Pharmacy faculty and students answering the call to help.

"They are critical," she said, "because our whole goal in a POD exercise is to put a lot of pills in people in a very short amount of time.

"A trained workforce that can come in and either dispense shots or pass out pills keeps us efficient, because for us to run patients though, we need lots of bodies," she added.

Pharmacy Professor Kim Messerschmidt labeled the event a win-win situation. "The Department of Health needed people power, and we have that," she said. "We felt it would be a perfect chance to use some of these skills our students just received for an important event such as this."

HEALTH IN PARTNERSHIP WITH EDUCATION (HIPE) WEEK!

Get HIPED!

Did you know that South Dakota is expected to need THOUSANDS of ADDITIONAL healthcare workers in the next few years? Between the extremely high percentage of baby-boomers retiring and leaving the workforce and the decreasing numbers of high school graduates, South Dakota could be facing the 'perfect storm'. In an effort to address the projected healthcare workforce shortage, the departments of Education, Health, Labor and the Board of Regents have been working collaboratively to communicate to students the very positive job outlook for health related careers as well as the wide variety of careers in this field that may be of interest to them. In addition, the Department of Health has established the South Dakota Healthcare Workforce Center, housed within the Office of Rural Health. The purpose of the Center is to coordinate a statewide effort which addresses healthcare workforce issues. It will function as a clearinghouse for healthcare workforce-related data and information. The Center is also designed to develop and implement programs and projects that assist individuals, agencies and facilities in their efforts to address current and projected workforce needs.

Health in Partnership with Education (HIPE) Week is scheduled for February 2-6, 2009. The purpose of this week is to encourage the healthcare industry to partner with the educational system to promote health careers. As preparations for this event begin, we would like you to consider promoting your career in your local schools. Don't know where or how to start? Find a contact in your school: the principal, guidance counselor, science teacher or even your child's teacher are great starting points. Explain to them about the critical need for health care providers and tell them about HIPE Week. Ask if you could schedule a time to come into the classroom to discuss health careers. Visit the HOTT Website for lots of ideas or consult the "Tool Kit" for suggested lesson plans. These presentations are a great way to expose students to a career that offers excitement, challenges, job satisfaction, competitive salaries and options: there are over 250 health careers to choose from!

If you have any questions regarding HIPE Week or if you would like additional information, please feel free to contact Halley Lee, Healthcare Workforce Center, Department of Health, at 605.773.6320 or via email at halley.lee@state.sd.us. More information on HIPE Week can be found at healthcareers.sd.gov.



A continuous quality improvement program can be a lifesaver ...

Protect your patients. Protect your pharmacy. Errors can injure your patients and put your pharmacy in financial jeopardy.

Pharmacy Quality Commitment® (PQC) is a continuous quality improvement (CQI) program that supports you in responding to issues with provider network contracts, Medicare Part D requirements under federal law, and mandates for CQI programs under state law. Implemented, pharmacies improve efficiency, increase patient safety, and decrease error rate through an analysis of quality-related events.

Pharmacy Quality[®]
COMMITMENT

**Call toll free (866) 365-7472 or go to
www.pqc.net for more information.**

PQC is brought to you by your state pharmacy association.

First Quarter 2009

South Dakota Pharmacist



AND THE LAW

By Done 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.

FDAMA on Compounding

The United States Court of Appeals for the Fifth Circuit has brought the issue of FDAMA and compounding back onto center stage with the Medical Center Pharmacy case decided on July 18, 2008. The Food and Drug Modernization Act of 1997 (FDAMA) has been the subject of much discussion since its passage. Following the Western States decision in 2002, many commentators and experts had viewed FDAMA as being null and void, having been declared unconstitutional. The FDA has also been operating under this assumption. The Medical Center Pharmacy case (and its preceding district court case) challenges that assumption. How did we get to this point and what does it mean for pharmacists?

FDAMA exempted compounded drugs from the new drug approval process if the pharmacy met certain criteria contained in the law. One of the criteria in FDAMA restricted advertising of specific drug products. This restriction was challenged by a group of pharmacies in the Western States case. The Federal District Court in Nevada ruled that the restriction was an unreasonable restriction of commercial speech and declared it unconstitutional. The district court also ruled that this provision could be severed from the rest of the law, leaving the remainder of FDAMA intact. The case was appealed to the Court of Appeals for the Ninth Circuit. The Ninth Circuit agreed that the law contained an unconstitutional restriction, but ruled that it was not severable. This means that the entire statute had to be thrown out along because of the one section. This result was a bit of a surprise to everyone. In 2002, The U.S. Supreme Court agreed that the restriction on commercial speech was unconstitutional. However, the Supreme Court specifically did not address the issue of severability. This small point became very important later. In essence, this let the Ninth Circuit ruling stand, which resulted in the wide-spread assumption being made that FDAMA was stuck down.

After the Western States decision, the FDA published Compliance Policy Guides for compounded drugs. A group of pharmacies challenged the FDA's authority to regulate compounded drugs under the Food, Drug and Cosmetic Act (FDCA). The district court in Texas ruled, again to everyone's surprise, that the provisions of FDAMA are severable and that the rest of FDAMA remains in effect. This ruling was appealed to the Court of Appeals for the Fifth Circuit.

The Fifth Circuit saw the severability of FDAMA as the key to the question of the FDA's authority. Once they decided that the advertising restriction was severable, this meant

that FDAMA was still in effect without that provision. The court answered the question of the FDA's authority within that framework. The Fifth Circuit decided that compounded drugs are not generally exempted from the definition of a new drug or a new animal drug. However, the Court ruled that FDAMA exempts compounded drugs from the FDCA's adulteration, misbranding and new drug approval provisions if the compounding pharmacy meets FDAMA's criteria. Similarly, new animal drugs that meet AMDUCA provisions are also exempted. Therefore, at least for the states within the Fifth Circuit, if compounding pharmacists stay within the safe harbor created by the laws, the FDA has no regulatory jurisdiction over their compounding.

What does this mean for pharmacists? The answer depends on where the pharmacist is practicing. Because the Supreme Court has not ruled on the severability issue, FDAMA is technically struck down in the Ninth Circuit, but alive and well (minus the advertising restrictions) in the Fifth Circuit. Pharmacists living elsewhere in the country have no clear guide. Arguably, all states not in the Ninth Circuit are still operating under the entire FDAMA statute. The only certain thing is the Supreme Court has decided that the advertising restrictions were unconstitutional. However, the argument that FDAMA still exists for the rest of the country has not been accepted by many commentators or by the FDA.

As a practical matter, this is not a good situation for pharmacists. Staying abreast of the latest clinical developments, dealing with third party payors, and other day to day duties is challenging enough without having to keep track of different circuits reaching different conclusions about pharmacy compounding. Pharmacists must know whether FDAMA, with its safe harbors for compounding pharmacy, exists or does not exist. The U.S. Supreme Court needs to decide this issue and bring some stability and uniformity to the practice of compounding pharmacy. Then, pharmacists will have a clearer understanding of where their state board of pharmacy's jurisdiction ends and the FDA's jurisdiction begins.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel 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.

FINANCIAL FORUM

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

FUNDING COLLEGE EDUCATION WITH 529 PLANS

Paying for college has never been easy. And in the future, four years at a private college could cost more than you paid for your house. Next to retirement, this may be the biggest expense you and your family are likely to face.

First authorized by Congress in 1996, qualified state tuition programs, or 529 college savings plans, offer substantial benefits for investors. Named for their section in the Internal Revenue Code, 529 plans allow states to offer investors professionally managed, tax-advantaged portfolios to help meet rising college expenses. The benefits for investors include market-based returns from their portfolio and complete control over withdrawals for the life of the account. Proceeds may be used at any accredited post-secondary school in the United States.

Key Features

- Investment earnings accumulate tax-deferred until withdrawn.
- Residents of any state may set up a 529 plan and use the proceeds for tuition, room and board, and textbooks at any two- or four-year post-secondary school in the United States that offers undergraduate or graduate degrees.
- The owner retains control over the withdrawals.
- Contributions are invested in professionally-managed portfolios.
- The account's value is not part of the owner's estate—and this may save a substantial amount of money for your heirs.

Contributions

- Anyone may contribute on behalf of a single beneficiary, including parents, grandparents, other relatives, and family friends, regardless of income or state residency.
- Maximum contributions vary from state to state, but typically exceed \$100,000.
- Contributions may total \$12,000 a year per beneficiary (\$24,000 for married couples filing jointly) without triggering federal gift taxes.
- A contribution of \$60,000 (\$120,000 for couples filing jointly) may be made to a single account and prorated for a five-year period without trig-

gering federal gift taxes, as long as no other gifts are made to that beneficiary.

Withdrawals

- Any withdrawals used for qualified education expenses are free of federal tax under current law.
- If the beneficiary wins a scholarship, the owner will be refunded the scholarship amount without penalty.

What if your child doesn't go to college?

Since you, the owner, retain control over withdrawals, you have the following choices if the beneficiary decides not to attend college:

- Change beneficiaries (any new beneficiary must be related to the original beneficiary)¹
- Leave the assets in the plan for later use
- Withdraw the assets²

College savings plans offered by each state differ significantly in features and benefits. The optimal plan for each investor depends on his or her individual objectives and circumstances. In comparing plans, each investor should consider each plan's investment choices, fees and state tax implications. For more information on how a 529 plan can help you fund your children's or grandchildren's education, contact your financial advisor.

1 The election of certain beneficiaries may be a taxable event.

2 The earnings portion of any nonqualified withdrawal is generally taxed at the owner's tax rate and is subject to a 10% penalty.

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

Registered representative of and securities offered through Berthel Fisher & Company Financial Services, Inc. Member NASD & SIPC

Pro Advantage Services, Inc./Pharmacists Mutual is independent of Berthel Fisher & Company Financial Services Inc. Berthel Fisher & Company Financial Services, Inc. does not provide legal or tax advice. Before taking any action that would have tax consequences, consult with your tax and legal professionals. This article is for informational purposes only. It is not meant to be a recommendation or solicitation of any securities or market strategy.

continuing education for pharmacists

Volume XXVI, No. 10

Natural Products:

Goldenseal, Gotu Kola, Grapeseed Extract, Green Tea

*J. Richard Wuest, R.Ph., PharmD, Professor Emeritus, University of Cincinnati, Cincinnati, Ohio and
Thomas A. Gossel, R.Ph., Ph.D., Professor Emeritus, Ohio Northern University, Ada, Ohio*

Goals. The goals of this lesson are to present information on the claims, mechanisms of action, typical dosages used and other items of interest on natural products and nutraceuticals alphabetically from goldenseal to green tea, and to provide background information for assisting others on their proper selection and use.

Objectives. At the conclusion of this lesson, successful participants should be able to:

1. exhibit knowledge of the claims, mechanisms of action and typical dosages for natural products and nutraceuticals presented;
2. select from a list, the synonyms for these products; and
3. demonstrate an understanding of information that can be used when discussing these products with consumers.

GOLDENSEAL

Goldenseal (*Hydrastis canadensis*), also known as eye balm, eye root, goldenroot, goldsiegel, ground raspberry, hydrastis, Indian dye, Indian plant, Indian tumeric, jaundice root, orange root, turmeric root, warnera, wild curcuma, yellow Indian paint, yellow paint, yellow puccoon, and yellow root, is an herb found in the midwestern areas of the United States along the Ohio river valley running up into the northeastern parts of the country. While it is indigenous to the U.S., it is now cultivated in many other areas of the world.



Gossel



Wuest

Goldenseal is a horizontal bright yellow plant with knotty and twisted rhizomes (creeping underground stems) out of which root fibers grow. These are the medicinal parts of the herb. They are harvested in the autumn, air dried and ground for use. The taste is very bitter and its odor is strong and disagreeable. The plant received its name from the golden-yellow scars on the rhizomes. When they are broken, the scars resemble the gold wax letter seals used in Colonial days. The coloration comes from the large amounts of the yellow alkaloid berberine, which is one of the constituents of goldenseal. Other bioactive components of goldenseal include canadine, canadoline and hydrastine.

American Indians used goldenseal root as a diuretic, tonic, insect repellent, and for irritated and inflamed eyes. They also used it to treat arrow wounds and to make a yellow dye.

Today, goldenseal is used to treat the symptoms of the common cold, flu, whooping cough and

other upper respiratory infections, chronic fatigue syndrome, colitis, constipation, diarrhea, dysmenorrhea and excessive menstrual flow, flatulence, gastritis, gonorrhea, hay fever, hemorrhoids, jaundice, liver disease, loss of appetite, malaria, peptic ulcer disease, post-partum bleeding, urinary tract infections and vaginitis.

Typically, goldenseal is used as a mouthwash for sore gums and irritation of mucosal tissue. It is used on the skin for acne, eczema, infections, itching, rashes, seborrhea, ulcers and infections, including ringworm and herpes. In the eye, it is used for inflammation, conjunctivitis and redness. Goldenseal is used in the ears for earache and tinnitus.

In homeopathic medicine, goldenseal is used for treatment of bronchitis, digestive problems and irregular menstruation.

There is a traditional belief that goldenseal can be used to affect the outcome of urinalysis for illicit drugs by being ingested prior to testing or adding it to the urine sample after collection. It is reported to be commonly detected in urinalysis in drug screening programs. This concept dates back to a novel, *Stringtown on the Pike*, written in the mid 1800s in which goldenseal bitters are mistaken for strychnine in a simple alkaloid test by an expert witness in a murder trial.

It is of some interest that the novel was one of several authored

by a prominent pharmacist of his day, John Uri Lloyd. He was also a founder of the Cincinnati College of Pharmacy, cofounder of the American Pharmaceutical Association, the "Father of eclectic pharmacy" and developer of the extensive line of "Lloyd's Specifics." For historical perspective, eclectic pharmacy was the systematic collection and testing of substances (mostly herbs and plants) of potential medicinal value and selecting the best and most desirable for treating complaints and diseases. Eclectic pharmacy bridged the gap between leeches, strong laxatives and unproven remedies and today's scientific- and chemical-based therapeutic practice.

Proponents of the use of goldenseal claim that its components inhibit the growth of several microorganisms, including *Chlamydia trachomatis*, *Shigella dysenteriae*, *Salmonella paratyphi*, *Klebsiella*, *Mycobacterium tuberculosis* and *Helicobacter pylori*.

Berberine is reported to have choleric (bile-stimulatory), hypotensive, antisecretory and sedative effects. Detractors of its use report that the alkaloids of goldenseal are poorly absorbed when given orally and might not reach adequate concentrations in the body to produce significant pharmacologic activity. Conversely, proponents of the use of goldenseal state that the fact they are detectable in urine attests to their absorption and systemic activity.

When taken orally in appropriate doses for short-term use in adults, goldenseal appears to be safe. However, very high doses may rarely cause nausea, anxiety, depression, seizures and paralysis. Goldenseal is contraindicated for use during pregnancy and lactation. Berberine reportedly crosses the placenta and may harm the fetus. Kernicterus has developed in newborn infants exposed to goldenseal. It also can be excreted in breast milk.

The traditional dose of goldenseal is 250 to 500 mg of extract (standardized to 5 percent hydras-

tine) three times a day. Also, 500 mg to 1 gram of dried rhizome three times a day has been used.

GOTU KOLA

Gotu kola (*Centella asiatica*, *C. coriacea*), also known as brahmbuti, brahma-manduki, centella, centellase, divya, hydrocotyle, idrocotyle, Indian Pennywort, Indian water navelwort, khulakhu-di, madecassol, mandukaparni, manduk parani, mandukig, marsh penny, talepetrako, thick-leaved pennywort, tsubo-kusa, tungchian and white rot, is a slender creeping plant that grows in swampy areas of India and Sri Lanka, southern China, Madagascar, South Africa, the southern U.S., Mexico, Colombia, Venezuela, eastern South America and the South Sea Islands.

The medicinal portions of gotu kola are the dried above ground parts, the fresh and dried leaves, and its stem. Highly used in Indian and Chinese medicine, the plant is harvested throughout the year and dried in the sun.

People take gotu kola to reduce anxiety, depression and fatigue; to improve intelligence and memory; to enhance circulation, decrease edema and treat varicose veins; as an aphrodisiac as well as a contraceptive; and to increase longevity. It has been used to treat symptoms of the common cold and the flu, abdominal pain, anemia, asthma, cholera, diabetes, dysentery, diarrhea, epilepsy, gastric and peptic ulcers, gastritis, hepatitis, indigestion, jaundice, leprosy, pleurisy, peripheral artery disease, sunstroke, tonsillitis, shingles and urinary tract infections. Topically, gotu kola is used for wound healing and to reduce scarring.

In homeopathic medicine, gotu kola is used for skin diseases associated with itching and swelling, and to reduce inflammation of the uterus.

Gotu kola has several constituents that are thought to have pharmacologic activity. These include asiatic acid, madecassic acid, asiaticosides A and B, various es-

sential oils, flavonoids and flavone derivatives. There is evidence, but not conclusive proof, that gotu kola might bind with cholecystokinin in the intestine and GABA receptors in the central nervous system. Cholecystokinin is a hormone liberated by the intestinal mucosa on contact with entering gastric contents. It stimulates the gallbladder and the secretion of pancreatic juices. This would provide gastrointestinal and digestive effects.

GABA (gamma aminobutyric acid) is the principle inhibitory neurotransmitter in the central nervous system. If gotu kola does significantly bind with GABA receptors, this could provide anti-anxiety, sedative, analgesic and anticonvulsant activity. There are proponents of its use who believe that gotu kola might protect neurons in the brain from beta-amyloid (the substance thought to destroy neurons in the hippocampus, which leads to memory loss) toxicity and thus have a role in treating patients with Alzheimer's dementia.

There are reports suggesting that constituents of gotu kola seem to speed up wound healing, have anti-inflammatory effect, improve connective tissue remodeling by increasing fibroblast (cells in connective tissue that form collagen) activity, increasing epithelial cell turnover and decreasing capillary permeability.

It has been proposed that gotu kola might increase the collagen content within arterial plaque. Since plaque with low collagen content are structurally weak and linked to an increased risk of rupture and embolism, gotu kola might help stabilize arterial plaque. Proponents further state that there is preliminary evidence that it may have a strengthening effect on the gastric mucosal lining and suppress free radical damage, thus providing useful preventative and therapeutic effects on gastrointestinal ulcers.

Taken in recommended doses, gotu kola is usually well-tolerated. However, there are reports of gastrointestinal upset and nausea.

Rarely, hepatotoxicity has been associated with its use. When used topically, gotu kola can rarely cause allergic contact dermatitis.

The typical oral dose of gotu kola is 60 mg of its extract two to three times a day. One percent creams have been used topically for wound healing.

GRAPESEED EXTRACT

Grapeseed (*Vitis vinifera*), also known as activin, calzin, enocianina, European wine grape, flame grape, leucoanthocyanin, muskat, oligomeric proanthocyanidins, oligomeric procyanidins, OPC, PCOs, petite sirah, proanthodyn, procyanidolic oligomers and sultanas, is indigenous to southern Europe and western Asia. However, it is cultivated in most temperate regions of the world.

The medicinal portions of grape plants are considered to be the leaves, fruit and flowers. Grapeseed extract, the most used and studied portion, is generally obtained as a by-product of wine production.

Although wine has been a beverage ingested by humans for millennia, the use of grapeseed extract for medicinal purposes is a relatively recent event. Its popularity increased in the Western World with the French using it to treat venous and capillary disorders such as retinopathies, venous insufficiency and vascular fragility. This has been reported to be the result of what has been called the *French Paradox*. The observation has been made that even though the French have a high dietary intake of fatty foods, this is not associated with a higher occurrence of atherosclerosis and other cardiovascular diseases seen elsewhere in Europe and North America. Allegedly, this is due to their high intake of wine and wine by-products.

Grapeseed extract is used in folk medicine for preventing cardiovascular diseases, atherosclerosis, cerebral and myocardial infarction, hemorrhoids, hypertension, peripheral vascular disease and varicose veins. It is also used for the compli-

cations of diabetes, such as neuropathy; allergic rhinitis; age-related macular degeneration, poor night vision; to improve wound healing; and to prevent dental cavities, cirrhosis of the liver, cancer and the breakdown of collagen.

The therapeutic activity of grapeseed extract is attributed to its component proanthocyanidins, which are members of a group of compounds called flavonoids. These substances are claimed to have a wide variety of effects, including antioxidant, vasodilatory, antilipoperoxidant activity and antiplatelet aggregation properties, all of which would be helpful in treating heart disease.

Proanthocyanidins are responsible for producing the red color of grapes. The red varieties of grapes reportedly provide greater antioxidant activity than the white or blush categories, with red wines containing approximately 10 times more proanthocyanidins than white wines.

Other flavonoid constituents of grapeseed extract include catechin, kaemferol (aka kaempferol), myricetin and quercetin. Catechin reportedly can inhibit low-density lipoprotein oxidation, and the others have antioxidant activity as well. Catechins might inhibit allergen-induced histamine release from mast cells.

Flavonoids also appear to decrease superoxide production, increase nitric acid release from platelets and increase the levels of antioxidants, such as alpha-tocopherol (vitamin E) from storage in the body. Claims are made that grapeseed proanthocyanidins may produce greater protection against reactive oxygen species, free-radical induced lipid peroxidation and DNA damage than combinations of vitamin C and vitamin E, with or without beta-carotene (vitamin A).

Grapeseed extract is well tolerated, with no adverse events reported at a higher level of occurrence than those seen with placebo.

The typical dose of grapeseed extract for treating chronic venous insufficiency using commercially

available products is 75 to 300 mg daily for three weeks followed by maintenance doses of 40 to 80 mg daily. For cardiovascular protective effects, 150 to 300 mg of proanthocyanidins from grapeseed extract is suggested.

GREEN TEA

Green tea (*Camellia sinensis*, *C. thea*, *C. theifera*, *Thea bohea*, *T. sinensis*, *T. viridis*), also known as Chinese tea, epigallo catechin gallate, and Japanese tea, is a large evergreen shrub native to eastern Asia. Although originally cultivated in China, the tea plant is now grown in extensive amounts for commercial purposes in Argentina, India, Indonesia, Japan, Kenya, Malawi, Pakistan, Sri Lanka and Turkey.

The tea plant has leathery, dark green leaves and fragrant, white flowers. The dried, cured leaves of green tea have reportedly been used medicinally for more than 5,000 years to promote digestion, improve mental faculties, decrease flatulence and regulate body temperature.

It is no news bulletin to state that other than water, tea is the most widely ingested beverage around the world, with the exception of the United States, where coffee has become the most popular beverage. Elsewhere, tea is used at meals, ceremonies, celebrations and relaxation time. What is not generally known is that the three major types of tea, black, green and oolong, do not differ in the species of plant on which the leaves grow. Rather, the difference is in the way the leaves are processed after they are harvested.

Black and oolong tea are produced by fermenting and oxidizing the young tea leaves. Black tea is fully fermented and oolong tea is partially fermented. Green tea is produced by steaming fresh leaves at high temperatures. This inactivates the oxidizing enzyme components, leaving the polyphenol flavonoid content intact (i.e., catechin, epicatechin, epigallocatechin, and gallocatechin). Green

tea has approximately six times the antioxidant activity as the other two types. All three types of tea contain similar amounts of caffeine, theobromine, theophylline and tannins until they are commercially processed.

Green tea is taken to improve mental alertness and cognitive performance. The CNS stimulant effect of green tea is due to its caffeine content, which averages 2 to 4 percent, or 10 to 80 mg per cup, depending on how much tea is used and how long it is brewed.

It is also used as a diuretic; in combination with other herbs for appetite suppression; and to treat diarrhea, stomach disorders, vomiting and headache. It has also been used to reduce the risk of breast, colon, gastric, lung, prostate and skin cancer, and to treat solid tumor cancers. Other uses include treating cardiovascular disease, chronic fatigue syndrome and Crohn's disease, diabetes, hypertension, kidney stones, migraine, and Parkinson's disease.

Topically, green tea has been used as a wash to soothe sunburn, as a poultice for "bags" under the eyes, as a compress for tired eyes and headaches, and to stop bleeding from the socket after tooth extraction.

In homeopathic medicine, green tea is used to treat agitation, cardiac and circulatory conditions, depression, headache and stomach complaints. In Indian medicine, green tea preparations are used for cardiac pain, diarrhea, loss of appetite and migraine. In Chinese medicine, green tea is used to treat diarrhea resulting from digestive problems, malaria, migraine and nausea. It has also been used in China as a cancer preventative.

There is little doubt that in most people, consumption of green tea (and any other caffeinated beverage) will increase mental alertness and improve cognitive performance. There is evidence that combining caffeine-containing beverages with glucose as "energy" drinks may improve mental performance better than placebo or either

caffeine or glucose alone.

There is some, but inconclusive, evidence that drinking green tea may reduce the risk of bladder, esophageal, gastric and pancreatic cancer, as well as breast and ovarian cancer recurrence. Drinking green tea on a daily basis seems to lower cholesterol and triglyceride levels, as well as the risk of hypertension, and to help prevent or delay the onset of Parkinson's disease. But, none of the studies reporting these effects meet the rigorous standards needed for FDA approval of such claims.

There is insufficient reliable evidence that consuming green tea lowers the risk of developing diabetes, lung cancer, ischemic heart disease and death after myocardial infarction, or that it is useful for weight reduction in obese individuals.

Other pharmacologic activities attributed to caffeine include increased release of dopamine; decreased airway resistance along with stimulation of respiration; decreased gamma aminobutyric acid (GABA) and serotonin signaling; positive inotropic and chronotropic effects on the heart; elevation of both diastolic and systolic blood pressure (but not in chronic users); and a diuretic effect.

The proposed mechanism of action of the polyphenol flavonoids contained in green tea include an antimutagenic effect that may protect DNA, inhibit tumor cell proliferation, cause cell cycle arrest and cancer cell death. Animal research suggests these components may do this via reactive oxygen species formation and mitochondrial depolarization.

Polyphenol flavonoids are claimed to reduce cellular adhesiveness of bacteria associated with dental disease. Further claims are made that they prevent skin damage and cancer caused by ultraviolet radiation by means of their antioxidant effect.

Although some individuals cannot tolerate green tea and those with conditions adversely affected by caffeine should avoid it, there is

a lack of reports of clinical toxicity from daily consumption of moderate amounts of green tea. However, there are reports of excessive CNS stimulation (such as dizziness, insomnia, agitation, restlessness, tremors, fatigue, confusion), nausea, vomiting, abdominal bloating and pain, upset stomach, flatulence and diarrhea resulting from ingestion of large amounts of green tea or high doses of green tea extract, equivalent to five or more liters of tea per day.

Large doses of caffeine can also cause massive catecholamine release leading to irregular heartbeat, metabolic acidosis, hyperglycemia and ketosis, headache, anxiety, ringing in the ears, hypokalemia, respiratory distress and chest pain. Having reported all this, it should be pointed out that the daily consumption of moderate amounts of green tea seems to cause no health problems.

The typical doses of green tea vary significantly, ranging up to 10 cups per day. The commonly used dose consumed for medicinal purposes in tea-drinking nations is around three cups per day using one teaspoonful of powdered tea in eight ounces of boiling water. This would provide 240 to 320 mg of polyphenol flavonoids.

The content of this lesson was developed by the Ohio Pharmacists Foundation, UPN: 129-000-08-010-H01-P. Participants should not seek credit for duplicate content.

Continuing Education Quiz

"Natural Products: Goldenseal, Gotu Kola, Grapeseed Extract, Green Tea"

- All of the following are synonyms for goldenseal EXCEPT:
 - centella.
 - ground raspberry.
 - hydrastis.
 - Indian tumeric.
- The coloration of goldenseal comes from its large content of the alkaloid:
 - atropine.
 - berberine.
 - hydrastis.
 - Indian tumeric.
- The systematic collection and testing of plants of potential medicinal value and selecting the best for treating complaints is called:
 - organic pharmacy.
 - naturopathic pharmacy.
 - homeopathic pharmacy.
 - eclectic pharmacy.
- The medicinal portions of gotu kola include all of the following EXCEPT the:
 - fresh leaves.
 - stems.
 - roots.
 - dried leaves.
- There is evidence, but not conclusive proof, that gotu kola might bind with which of the following substances in the body?
 - Pepsinogen
 - Intrinsic factor
 - Hydrochloric acid
 - Cholecystokinin
- The popularity of using grapeseed extract increased in the Western World with the French using it to treat all of the following ailments EXCEPT:
 - retinopathies.
 - sleep disorders.
 - vascular fragility.
 - venous insufficiency.
- Proanthocyanidins are members of a group of compounds called:
 - alkaloids.
 - cyanides.
 - flavonoids.
 - prostaglandins.
- The three major types of tea (black, green, oolong) come from:
 - the same species of tea plant.
 - two different species of tea plant.
 - three different species of tea plant.
 - more than a dozen different species of tea plant.
- Which type of tea has the greatest antioxidant activity compared to the other two types?
 - Black
 - Green
 - Oolong
- One of the pharmacologic activities attributed to caffeine includes increased release of:
 - serotonin.
 - gamma aminobutyric acid.
 - dopamine.
 - acetylcholine

This course expires on: December 13, 2011
Target audience: Pharmacists and Technicians



The South Dakota State University College of Pharmacy is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification numbers for this program are: #063-999-08-032-H01-P, #063-999-08-032-H01-T.

Course Expires on: December 13, 2011

To receive 1.5 Contact Hours (0.15 CEUs) of continuing education credit, read the attached article and answer the 10 questions by circling the appropriate letter on the answer form below.

A test score of 70% or better will earn a Statement of Credit for 1.5 Contact Hours (0.15 CEUs) of continuing pharmaceutical education credit. If a score of 70% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

Learning Objectives - Pharmacists: 1. Exhibit knowledge of the claims, mechanisms of action and typical dosages for natural products and nutraceuticals presented; 2. Select from a list, the synonyms for these products; 3. Demonstrate an understanding of information that can be used when discussing these products with consumers..

Learning Objectives - Technicians: 1. Identify the generally accepted uses for goldenseal, gotu kola, grapeseed extract, and green tea; 2. Identify synonyms for these products; 3. Define naturopathic pharmacy; 3. Describe pharmacologic activities of caffeine.

"Natural Products: Goldenseal, Gotu Kola, Grapeseed, Green Tea"

Circle the correct answer below:

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

Course Evaluation - must be completed for credit.

1 Disagree - 7 Agree

Material was well organized and clear: 1 2 3 4 5 6 7

Content sufficiently covered the topic: 1 2 3 4 5 6 7

The learning objectives were satisfied: 1 2 3 4 5 6 7

List any learning objectives not met in this course:

Course material was balanced, noncommercial: 1 2 3 4 5 6 7

This course will have a beneficial impact on my professional practice
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 is course: _____)

Name: _____

Pharmacy License # _____

Address: _____

City/State/Zip: _____

States for which you require CE credit: _____

Would you like additional new courses sent to you? If so, please list email address: _____

This Course Expires on: December 13, 2011.

Please mail this **completed answer sheet**
with your check of \$5.50 to:

SDSU College of Pharmacy - C.E.
Box 2202C
Brookings, SD 57007

OBITUARIES

Dale A. Stroschein

December 27, 1936 - December 15, 2008

Dale A. Stroschein, 71, Sturgis, died Monday, December 15, 2008, at Sturgis Regional Hospital.

Dale was born December 27, 1936, at Estelline, SD, to Albert and Margaret (Slattenow) Stroschein. He grew up on a farm near Toronto, SD, where he attended school and graduated from high school in 1954. He married Mary Ann Clausen on June 9, 1957, in Brookings, SD. He graduated in 1959 from South Dakota State University with a Bachelor of Science Degree in Pharmacy. He was a prominent figure in Sturgis and surrounding areas for over 30 years.

As a pharmacist for 34 years, he began at the Don Peterson Pharmacy in Rapid City from 1959 until 1960. He moved to Carter Drug in Belle Fourche (1960-1962), and became part owner of Sturgis Drug (1962-1992). While a practicing pharmacist, Dale held many positions, offices, and honors. Dale was honored with the Bowl of Hygeia Award in 1985 for outstanding service to his community and his profession, and served on the South Dakota Alcohol and Drug Abuse Advisory Committee, the South Dakota State Board of Pharmacy, the South Dakota Pharmacy Association as President and Vice President, and the Black Hills Pharmaceutical Association. He was a member of the National Association of Retail Druggists. When he retired from Sturgis Drug, Dale remained active in the Meade County Mental Illness Board, as well as other health and medical related associations.

Many local civic and societal organizations benefitted from his contributions and involvement as he took great pride in the community he and his family lived in. He was a long time treasurer of the Bear Butte Flying club, and a private pilot for 22 years, and served on the Sturgis Airport Improvement Committee. He was a member of the Sturgis and Northern Hills Development Corporations. With the Sturgis Chamber of Commerce, he was President, Treasurer, Director, and Crazy Days Chairman, and served on the Downtown Business Improvement Committee. He also served on the Sturgis Park Board; Heritage Acres Board; The Black Hills Motorcycle Classic Board of Directors; served for 20 years as a Sturgis Volunteer Fireman; a charter member of the Black Hills Four Wheelers; and the Sturgis Jaycees where he received a Distinguished Service Award in 1966, Outstanding Religious Lay Leader, Key Man Award, and Outstanding Committee Chairman. As a member of Grace Lutheran Church, he served as President, Vice President, Council Member and Sunday School teacher. Aside from all of his activities, he really enjoyed fishing, hunting, and card playing.

Dale is survived by his wife of 51 years, Mary Ann, Sturgis; son, Robert Stroschein and his wife, Rose, Lakewood, CO; and son, Timothy Stroschein, and his wife, Kristi, and grandson, Samuel, Gillette, WY.

He was preceded in death by his parents and one brother, Alden.

Donald M Lien

February 15, 1928 - December 18, 2008

Donald M. Lien, Sioux Falls, SD, passed away December 18, 2008, at the Good Samaritan Village, after a lengthy illness. He was 80.

Don was born February 15, 1928, near Hills, MN, to Nettie Nelson. He attended elementary school in Valley Springs, SD, and moved to Luverne, MN, in 1941. He graduated from Luverne High School in 1946 and worked in the local area. Don was called to duty during the Korean War and served in the U.S. Army from 1951-53. Don returned to Luverne and used his G.I. Bill to attend South Dakota State College in Brookings, SD, where he played baseball and earned a Pharmacy degree in 1958.

Don and his young family moved to Adrian, MN, upon his graduation from SDSC. He owned and operated Lien Drug until 1981. He was very active in local church, civic, and school activities. Don moved to Sioux Falls, SD in 1981, and worked at Bel Aire Drug for the next 20 years. He loved his work and retired in 2005. Don was an avid lifelong Jackrabbits supporter, and served as the SDSU Alumni Association President in the mid-1970s. He enjoyed golf, skiing, listening to music (especially jazz), watching the Yankees, playing cards and spending time with his family.

Don was blessed to share his life with three wonderful women, Dorothy (Schmidt) Lien from 1955-1975, Phyllis (Nelson) Lien from 1977-2000 and Peggy Lien since 2002.

He is survived by his wife Peggy; one daughter, Ann Marie Bolieau of Windsor, CO; two sons, Daniel (Gail) Lien of Little Rock, AR, and Robert (Kathy) Lien of Salt Lake City, UT; a step-daughter, Jennifer (Steve) Laats of Boise, ID; a step-son, Brian (Kristi) Keegan of Brandon, SD; a brother, Douglas (Betty Ann) McDermott of Morris, IL; a brother-in-law, Charles Nelson of Sioux Falls; seven grandchildren; five step-grandchildren, and several nieces and nephews. He was preceded in death by his mother and wives, Dorothy and Phyllis Lien.

CLASSIFIEDS

To Place a Classified Ad in the Journal:

Call, write, fax or email the ad to:

South Dakota Pharmacist Classifieds

P.O. Box 518, Pierre, SD 57501

e-mail: sdpha@sdpha.org

phone: (605)224-2338 fax: (605)224-1280 Fax

Classified Rates

Classified ads are \$25.00 per five line ad/per issue. Additional lines will be billed at \$1.00 per line. Including your company logo will be an extra \$5.00 charge.

WANTED: Part-time Pharmacists to work 10 to 20 hours per week. No nights, holidays or Sundays. Family Drug 13th & Minnesota Ave Sioux Falls. Contact Lyle at (605)336-0445

Contribute to the 2008-2009 South Dakota Pharmacists Association District Dues and SDPhA Commercial and Legislative Fund!!

Visit our website at www.sdpha.org

Thank You for Your Support!

SAVE THE DATE!!

**2009 Legislative Days
January 19th-20th, 2009**

CLARIFICATION OF CMS' REQUIREMENT FOR PART D FRAUD, WASTE, AND ABUSE TRAINING

The Centers for Medicare and Medicaid Services (CMS) has received hundreds of phone calls and emails from Part D Sponsors and their first tier, downstream, and related entities about the fraud, waste, and abuse training requirement that becomes effective as of January 1, 2009.

Quick facts about the requirement:

- 1) It is the Part D Sponsor's responsibility to provide their first tier, downstream, and related entities with the appropriate training;
- 2) This training requirement becomes effective January 1, 2009. Since this is a yearly requirement, each Sponsor has from January 1, 2009 to December 31, 2009 to meet this requirement; and
- 3) This requirement could be cumbersome for first tier, downstream, and related entities because these entities often contract with multiple Part D Sponsors. To alleviate the necessity for first tier, downstream, and related entities to take training multiple times, there are a few associations that are working to create a training that will meet CMS' requirements. The goal would be to offer training that employees from the Part D Sponsor and the first tier, downstream, and related entities could take once a year to meet their annual obligation with all the Part D Sponsors with which they contract.

It is CMS' hope that training that meets CMS' requirements will be available soon. Until such time as this training program is available, MA Organizations and Part D Sponsors are responsible for either providing the training directly to all of their employees (including managers and directors) and first tier, downstream, and related entities or providing the appropriate materials to their employees (including managers and directors) and first tier, downstream, and related entities and ensuring that the training has been taken. If you have any questions about this policy, please contact either Stephanie Blaydes Kaisler at 410-786-0957 or Lynn Merritt-Nixon at 410-786-4652.



Exploring options for Business Continuation?

Using insurance in your
succession planning can help
assure financial peace of mind.



Contact your Pharmacists Mutual representative to discuss comprehensive insurance products for preserving your business.

LeeAnn Fiala, LTCP

Cell: 605-351-3647

Voice Mail: 800-247-5930 ext. 7148

**Pharmacists
Mutual[®]Companies**

Pharmacists Mutual Insurance Co.

Pharmacists Life Insurance Co.

Pro Advantage Services, Inc.

800-247-5930 • PO Box 370, Algona, Iowa 50511 • www.phmic.com[†]

[†]Notice: This is not a claims reporting site. You cannot electronically report a claim to us. To report a claim, call 800-247-5930.

Not all products available in every state. Not all companies licensed in all states. Pharmacists Mutual Insurance Company is licensed in AK, AL, AZ, AR, CA, CO, CT, DC, DE, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY. The Pharmacists Life Insurance Company is licensed in AL, AZ, AR, CO, CT, DC, DE, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MN, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV and WY. Pro Advantage Services, Inc. is licensed in AK, AL, AZ, AR, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY.

Check with your representative or the company for details on coverages and carriers.

Pharmacists Mutual is endorsed by the South Dakota Pharmacists Association (compensated endorsement).