

WINTER EDITION 2012

VOL. 26 NO. 1

# SOUTH DAKOTA PHARMACIST



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**SDPhA Legislative Days**  
**2012 Convention Information**



## South Dakota Pharmacists Association

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www.sdpha.org

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

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Prescription Drug Monitoring Program  
Director  
Ron Huether

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 Year's Day
- 10 Legislative Session Begins
- 16 Martin Luther King, Jr. Day
- 31 **SDPhA Legislative Days: Pierre, SD**

## February

- 1 **SDPhA Legislative Days: Pierre, SD**
- 4 Continuing Education & SDSU Jack Basketball
- 14 Valentine's Day
- 20 Presidents' Day

## March

- 9-12 American Pharmacists Association Annual Meeting (APhA)  
New Orleans, LA
- 11 Daylight Savings Time Begins
- 17 St. Patrick's Day
- 19 Last day of Legislative Session
- 30-31 SD Society of Health-Systems Pharmacists (SDSHP) Annual Meeting

## April

- 8 Easter Sunday

## May

- 21-23 ASCP's Spring Conference and Exhibition  
Anaheim, CA
- 28 Memorial Day

Cover Photo by Chad Coppess, South Dakota Department of Tourism

### SOUTH DAKOTA PHARMACIST

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NUMBER 1

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# DIRECTOR'S COMMENTS

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Sue Schaefer  
Executive Director

Happy New Year Everyone!

I hope the New Year has you prepared for a positive and successful future in pharmacy!

**We're looking at a somewhat busy legislative session**, with various pieces of legislation currently being designed by the Department of Health and Board of Pharmacy. In a nutshell, the Board and DOH will be pursuing a requirement for federal background checks on all healthcare professions who have prescriptive authority, and including pharmacists; repealing poison permit requirements and doing away with nonprescription licenses for non-pharmacy locations. It should also be noted that Carisoprodol will also be added to the list of scheduled medications, per the federal government scheduling that drug (Schedule IV) effective January 12, 2012. As soon as the formal bills have been placed in the hopper, we will be posting them online and sending them out via email for your review and comment, so stay tuned.

**Legislative Days is scheduled for January 31st and February 1st.** Please plan to attend this important event! Last year Mother Nature interfered and a few members of the Polar Bear Club braved the 50 below wind chill temps to join us at the AmericInn and the Capitol Building, and we were thankful! BUT, we missed our SDSU College of Pharmacy students a great deal! Here's hoping for a bigger and better turn out for the Legislative Update and BBQ and health screening at the Capitol. It would be wonderful if we could match student numbers and enthusiasm with pharmacists and techs too! Many lawmakers missed the student health screening and pharmacy folks. Please join us in Pierre! As I noted earlier, we have some proposed legislation coming from the Department of Health that will be impacting pharmacy, so it's important to maintain a strong presence. To register for Legislative Days, just send me an email at [sue@sdpha.org](mailto:sue@sdpha.org) or give us a call at 605-224-2338. We've also included a registration form located within the pages of this issue for your

convenience. We hope to see you in Pierre to protect pharmacy AND celebrate the end of January temps!

## **SDPhA/SDSHP/COP Continuing Education Opportunity**

We're excited to be partnering with the South Dakota Health-System Pharmacists and the College of Pharmacy on a free CE event, February 4th, 2012. The continuing education opportunity will be held in the Lewis and Clark Room, University Student Union at SDSU beginning with check-in at 9:00 a.m. You'll need to register in advance and the materials will be sent via email to you. The National Association of Boards of Pharmacy (NABP) and ACPE are currently testing their new CPE Monitor program which could be finalized by February, so we encourage you to request your e-Profile ID. If you have not requested and received your e-Profile ID, please go to [www.nabp.net](http://www.nabp.net) to complete this process.

The program is available at no charge to you and includes ACPE-approved sessions on COPD, MRSA, and Pain Management, and will conclude by 3:45 p.m. (For more detailed information, visit the article regarding the CE located herein).

The SDSU Jackrabbit basketball teams will be playing Southern Utah University at 5 PM (Women) and 7:30 PM (Men) in Frost Arena, SDSU. Tickets can be obtained at [www.gojacks.com](http://www.gojacks.com) or call 605-688-5422 or 1-866-GoJacks (465-2257).

**The agenda is currently being designed by the Executive Board for our Annual Convention, September 21st and 22nd in Deadwood.** We have included a powerful, compact, and smart lineup (see proposed agenda) for you and hope you **plan now to attend**. Rooms have been secured at the Deadwood Mountain Grand Hotel and the Deadwood Super 8. If you have any questions, feel free to contact our office. More information will be forthcoming as we continue to plan our fall 2012 event in the beautiful Black Hills.

As always, our door is always open and we look forward to hearing from you.

Thanks for your continued support!

Warmest Regards,

*Sue*

# PRESIDENT'S PERSPECTIVE



**Lenny Petrik**  
SDPhA President

Happy 2012 Folks!!!!

I hope your holiday season went well and you are looking forward to a prosperous new year! I sure am!

Legislative Days is right around the corner. We hope you can join us in Pierre January 31 and February 1, 2012. This is a great chance to educate ourselves on the legislative process and also on current legislation that may impact our profession. It is also a great opportunity to network with legislators and show them some of the exciting things pharmacists can do through the annual health screening. I've heard there will also be a keg involved at our get-together on the evening of the 31st....BONUS!

I will be attending the SDPhA/SDSHP/COP Continuing Education Opportunity in Brookings on February 4, 2012. I love this idea and it looks to be a very enjoyable and educational day. I hope to see you there!

I was able to attend Pharmacy Days at SDSU in Brookings October 25-27. It was great to visit with the students, employers, SDSU faculty, and other pharmacy folks at this event. What a wonderful bunch!

Please remember to mark your calendars for September 21 and 22, 2012. The SDPhA Annual Convention will be held at that time at the Deadwood Mountain Grand Resort in beautiful Deadwood, South Dakota. The lineup is coming together and we hope you ALL can attend! It is going to be a "grand" event!

Take care and please let us know if we can help in any way!

Lenny Petrik, Pharm. D.

President, South Dakota Pharmacists Association

## SDSHP-SDPhA-SDSU COLLEGE OF PHARMACY CONTINUING EDUCATION PROGRAM

*February 4, 2012 - Lewis and Clark Room  
University Student Union, SDSU - Brookings, SD*

You are invited to participate at no charge. It is our intention to email the handouts to all participants prior to the event so that you can print a copy, download to a laptop, notebook, tablet computer, or smart phone. Handouts will not be available at the event. In order that we have your contact information, please go to the link found below to register for this program. The deadline for registration is Feb 1, 2012. For more information on this event, contact Gary Van Riper at [gvrdsu@gmail.com](mailto:gvrdsu@gmail.com).

NABP and ACPE is currently testing the new CPE Monitor program. It may be finalized by February 2012, so we encourage you to request your e-Profile ID. If you have not requested and received your e-Profile ID, please go to [www.nabp.net](http://www.nabp.net) to complete this process.

Registration Site: (Some systems block the link. Please forward to your home account or contact [gvrdsu@gmail.com](mailto:gvrdsu@gmail.com))

[https://docs.google.com/spreadsheet/viewform?hl=en\\_US&pli=1&formkey=dHpGdmlTbjlPV0JqeVV3T1Nxd2FHx1E6MA#gid=0](https://docs.google.com/spreadsheet/viewform?hl=en_US&pli=1&formkey=dHpGdmlTbjlPV0JqeVV3T1Nxd2FHx1E6MA#gid=0)

The SDSU Jackrabbit basketball teams will be playing Southern Utah University at 5 PM (Women) and 7:30 PM (Men) in Frost Arena, SDSU. Tickets can be obtained at [www.gojacks.com](http://www.gojacks.com) or call 605-688-5422 or 1-866-GoJacks (465-2257).

### Schedule

**9:00 – 10:00 AM**

Check-in

**10:00 – 11:30 AM**

"COPD: Are You Breathing Easy or Wheezy?" presented by Sarah Hanson, PharmD; Amanda Jensen, PharmD; and Kristen Remund, PharmD, PGY1 residents, Sanford USD Medical Center, Sioux Falls SD

**11:30 AM – 12:30 PM**

Lunch on your own

**12:30 – 2:00 PM**

"MRSA 2011 IDSA Guidelines Overview" presented by Jennifer Catlin, PharmD and Craig Fjelheim PharmD, PGY1 residents, Avera McKennan Hospital and University Health Center, Sioux Falls SD

**2:00 – 2:15 PM**

Break

**2:15 – 3:45 PM**

"New Therapies in Pain Management" presented by Wendy Jensen, PharmD; Jessica Schroeder, PharmD, Jennifer Catlin, PharmD, and Amanda Styles, PharmD, PGY1 residents, Avera McKennan Hospital and University Health Center, Sioux Falls, SD

ACPE accreditation for this program has been applied for through the SDSU College of Pharmacy.



# SOUTH DAKOTA BOARD OF PHARMACY

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**Randy Jones**  
Executive Secretary

Greetings from the SD Board of Pharmacy. I hope the Holiday Season and this brief message finds you well.

## **NEW BOARD MEMBER**

Governor Dennis Daugaard appointed Diane Dady to the South Dakota State Board of Pharmacy on November 14th, 2011.

Diane was born and raised in Worthington, MN also graduating from High School there. Diane attended SDSU College of Pharmacy receiving her degree in 1980. Since graduation she has held positions at St. Mary's Hospital in Pierre from 1980-1984; Co-owner with husband Mark of Dady Drug / Family Pharmacy from 1984 – present. Diane is also the Director of Pharmacy at the Mobridge Regional Hospital which she has held since 1992. Diane has had experience as a consultant pharmacist at various Nursing Facilities as well.

Diane is an active member in the South Dakota Pharmacists Association and the American Society of Health Systems Pharmacists. She volunteers for many community events; is a member of the Mobridge High School Parent Advisory Board and the New School Committee. She and husband Mark have 3 children; John, Michael, and Sarah.

## **NEW REGISTERED PHARMACISTS**

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Teresa Anderson, David Crolus, Ahn Tam Dang, Kendy Fauska, Leslie Flory, Mary French, Amisa Honke, Liza Jensen, Christina Odens, Kimberly Stroeh.

## **NEW PHARMACIES**

Pharmacy licenses have been issued recently to: Lewis Family Drug; Mitchell – Casey Zoss Pharmacist in Charge; Sanford Aberdeen Medical Center Pharmacy; Aberdeen – Sheryl Aufenkamp Pharmacist in Charge; Regional Pharmacy; Spearfish – Lora Hummel-Koch Pharmacist in Charge.

## **THIRD NATIONAL TAKE-BACK DAY SCHEDULED**

The third national prescriptions take – back day again proved successful. Consumers disposed of more than 188 tons of unneeded, unwanted, or expired medications at the third National DEA Prescription Drug Take-Back Day coordinated by the Drug Enforcement Administration (DEA) on October 29, 2011. Law enforcement and community partners coordinated with DEA to provide 5,327 take-back sites across all 50 states and the United States territories, as reported in a DEA press release. DEA reports that the three take-back days combined collected a total of 995,185 pounds (498.5 tons) of unwanted medication for safe disposal, helping to prevent misuse, abuse, and diversion of the drugs. DEA Administrator Michele M. Leonhart stated that “The amount of prescription drugs turned in by the American public during the past three Take-Back Day events speaks volumes about the need to develop a convenient way to rid homes of unwanted or expired prescription drugs.” Leonhart noted that “DEA remains hard at work to establish just such a drug disposal process, and will continue to offer take-back opportunities until the proper regulations are in place.” Photographs from the third DEA take-back event are available on the DEA website.

## **ACETAMINOPHEN AND INFANTS**

The Institute for Safe Medication Practices (ISMP) reports that liquid acetaminophen for infants is being shipped to hospital and retail pharmacies in a new concentration many times without providing notice about the concentration change.

Last year, manufactures announced a voluntary reformulation from the former 80 mg/0.8 ml infant drops to the current 120 mg/5 ml strength for children under 12 y/o. The rationale behind this was to make it easier for parents and caregivers to avoid dosing errors by using a single concentration of the liquid reports ISMP.

Please review these products on your shelves to ensure if variations exist in your pharmacy they are clearly segregated and properly identifiable. Acetaminophen toxicity with associated liver failure are among the most frequent and unintentional poisonings in emergency departments.

# SOUTH DAKOTA BOARD OF PHARMACY

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Continued

## BACKGROUND CHECKS

At the last legislative session, various agencies presented the need for background checks for their constituents. Due to the number of professions included in the initial request, questions raised about some inconsistencies with how the background check requirements would be applied among the various professions. As a result, a work-group met this past summer to review all of the various criminal background laws currently in place and the requirements of those professions wanting to be included in similar laws and develop a uniform and consistent policy. The proposed bill would require criminal background checks for new applicants for licensure as well as for those licensees/registrants under disciplinary investigation. Applicants and licensees under disciplinary investigation would be required to pay the cost of the background check which is \$43.25. The professions included for boards under the DOH include physicians, nurse practitioners, nurse midwives, physician assistants, pharmacists, dentists, and nursing home administrators. There are other licensing boards under other state agencies that are also proposing background check legislation.

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The final steps in the implementation of the Prescription Drug Monitoring Program are taking place. Pharmacies successfully began weekly data submission to the SDPDMP database in December. Patient profiles from the PDMP database are to be used to supplement an evaluation of a patient, to confirm a patient's drug history, or to document compliance with a therapeutic regimen. Pharmacists are not required to use the PDMP data to obtain patient information; however its use is strongly encouraged.

Patient profile reports will be available to pharmacists beginning in March. Pharmacists are encouraged to obtain reports by direct on-line access. Information and instructions for submitting a request for on-line access is available on the Board of Pharmacy website.

Executive Director Randy Jones, Inspectors Gay Karel and Paula Stotz, and PDMP Director Ron Huether will welcome the opportunity to meet with groups of pharmacists to provide education and training on accessing patient profile reports and on

the proper use of the PDMP data. Please contact the Board by phone or email with questions or for more information about this valuable new program.

## BOARD MEETING DATES

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

## BOARD OF PHARMACY STAFF DIRECTORY

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**Board of Pharmacy Website**

www.pharmacy.sd.gov

Please read all Newsletters and keep them for future reference. The Newsletters will be used in hearings as proof of notification. Please contact the Board office at 605-362-2737 if you have questions about any article in the Newsletter. Past Newsletters are also available on the Board's Website.

# 2011 COMMERCIAL & LEGISLATIVE FUND CONTRIBUTORS

## Business Contributors

Arne Anderson, Haisch Pharmacy  
 Carole Anderson, Brown Clinic Pharmacy  
 Jeff Bertsch, County Drug, Inc.  
 Lance Bien, Bien Pharmacy  
 Jim Bregel, Casey Drug and Jewlery  
 Terry Casey, Casey Drug  
 Yee Lai Chiu, CareTrends Pharmacy  
 Shane Clarambeau, Shane's Pharmacy  
 Mark Dady, Family Pharmacy  
 Cheri A. Kraemer, Pharmacy Speicalties, Inc  
 Hugh Mack, Randall Pharmacy  
 Roger Renner, Roger's Family Pharmacy  
 Don Somsen, Yankton Drug Co., Inc.  
 Barry Uecker, Heritage Pharmacy  
 Kirk Wilson, Martin Drug & Mercantile  
 Kevin Wurtz, Pioneer Drug

## Individual Contributors

|                    |                         |                   |
|--------------------|-------------------------|-------------------|
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| Robbie Aamot       | Thomas J. Johnson       | Brian Temple      |
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| Sheryl Aufenkamp   | Randy L. Jones          | Mary Thomas       |
| Rebecca Baer       | Ann M. Jordre           | Kate Thurston     |
| Dawn Bargmann      | Galen Jordre            | Andrew Tonneson   |
| Larry Becker       | Brian Kaatz             | Else N. Umbreit   |
| Jennfer Bergan     | Christina Kinney        | Gary C. Van Riper |
| Cheryl Bixby       | Kasey Kirschenmann      | Tyler VanMetre    |
| Kahtryn Bremmon    | Duane Larson            | Michael Watson    |
| Marlin R. Brozik   | Patricia Leischner      | James White       |
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| Julie H. Cook      | Robert C. Loe           | Brittany Wilson   |
| Lori Couser        | Brian Loundsbery        | Margaret Zard     |
| Seffanie Danley    | Christine A. Loundsbery | Echo Zickrick     |
| Cole Davidson      | Lowell Macy             | Sheila Zweifel    |
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| Angela B Digatono  | Earl R. McKinstry       |                   |
| Phillip Dohn       | Julie K. Meinstma       |                   |
| Susan R. Downs     | David A. Mentele        |                   |
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| Donald Frank       | Jane Mort               |                   |
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| Kirby Hay          | Sue Schaefer            |                   |
| Amy Heiberger      | Nel Schlomer            |                   |
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 Dakota Pharmacists Association  
 District Dues and SDPhA Commercial  
 and Legislative Fund!!

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

Thank You for Your Support!



# THE COST OF ADVOCACY

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For the past several years we have been sharing with you information on a host of issues of interest to the membership. It seems that we never seem to run short of things to talk about including but not limited to items that can help pharmacy grow as well as the challenging things that create patient care barriers. The resources that the state pharmacy associations invest in making sure that your voice is heard are significant. Advocacy is not something that you toss in a few dollars and think the job is finished and everything goes according to plan. It is actually something that requires an ongoing commitment and stakeholder investment. Any idea what may happen if your light bill is not paid or a past due mortgage is ignored? The consequence is not something that any of us would want to have to deal with. We have come to know and realize that advocacy is not much different than any other reoccurring expenses associated with life.

Consider that the profession and business of pharmacy exists primarily because of advocacy and the investments made by our predecessors many years ago. They dreamed up the unpopular notion that only a licensed pharmacist should practice that profession and that these services can only be done within a facility that is registered and recognized by a government created oversight board (South Dakota Board of Pharmacy). This new trend of leaner, more efficient government means that all aspects of health care policymaking will be reviewed to see if there is a need for oversight boards in today's health care provider market place. This means that each of us must look at what we do and the services that we provided to see if society can somehow manage to survive without our business and professional model.

If you asked yourself whether or not what you are doing is at risk for obsolescence then you need advocacy. If someone or something else is in control of what you get paid, what professional services that you provide and what you are permitted to do with your profession and your business practice then you need advocacy. If you cannot identify at least 100 consumers of your services willing to take a bullet or go to the wall to ensure that you remain their provider then you need a lot of advocacy. If you are disenchanted with what you do and want a change then you need advocacy. If your perception of quality services and positive outcomes is considered overrated by others then you need advocacy. If you do not know who your state legislator or Congressman is then you need to know about advocacy. If your congressman or your state legislator does not know who you are then you are at serious risk and you must have advocacy. If you

are just beginning your professional career you need some serious advocacy. If you are at the end of your professional career then do you believe that advocacy is important to you? Well sad to say if you want to have control of the lifetime of wealth that you created during your labor intensive years then you better find out how to be an advocate and work with our young practitioners. If our new practitioner advocacy efforts are not successful then those making health care policy are coming after you.

The South Dakota Pharmacists Association has been intimately involved in this thing called advocacy for many, many years. In recent years our efforts have been intensive due to the increasing number of challenges we are facing both at the state and Federal level. We're happy to say that our work is being recognized by our membership as important. It is exciting to hear our card carrying members acknowledge their appreciation for what we have been doing. With over 1700 members most are advocate believers. Some are even activists themselves and give their time and talent to fight against efforts to make poor health care policy. Others have been vocal proponents of SDPhA-facilitated policy designed to improve pharmacy services and advance our profession and business.

There is a cost to managing a comprehensive advocacy program. Members may ask where their donations for the Commercial and Legislative Branch are going in support of our advocacy efforts. Well you may be interested in knowing that the donations made to the C&L Branch cover only about 60% of the lobbying efforts. The SDPhA does not only have to monitor what our state legislators are doing but we also have to monitor and support advocacy efforts on the national level. All of you reading this article are advocates in some way. There are thousands of pharmacists and pharmacy technicians that have skin in this advocacy game that are not reading this journal and are not aware of the things that we take for granted as common knowledge. The sheer scope of questions that we receive in the SDPhA office from pharmacists overwhelmingly suggest that many within our industry do not understand what is happening to them. They come to realize how important being an advocate is after the deed is done and you have adapted while they have not. If we all do not become involved the cost of advocacy will only increase with the veracity of the issues growing in front of us.

Note: A special thank you to Michael Jackson, NAS-PA President for this insight on the importance of advocacy.

# SDPhA LEGISLATIVE DAYS 2012

## JANUARY 31-FEBRUARY 1, 2012

The 2012 SDPhA Legislative Days is scheduled for January 31 - February 1, 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.

### **Tuesday, January 31st**

- Networking social & BBQ at 6:00 pm at the AmericInn in Ft. Pierre for Student Pharmacists, Pharmacists, and Pharmacy Technicians
- Legislative Update

### **Wednesday , February 1st**

- SDSU College of Pharmacy Student Pharmacists will provide healthcare screenings in the President's and Speaker's lobbies. (third floor of the Capitol)
- Pharmacists will visit 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 24th, 2012**  
Hope to see you in Pierre as we address important pharmacy issues!

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

### **Pharmacy Days Registration Form**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Pharmacy/Organization: \_\_\_\_\_

Please send registration form by January 24th, 2012 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!

# 2012 SOUTH DAKOTA LEGISLATURE

## District 01

(Day, Marshall, Roberts)

|                  |        |
|------------------|--------|
| Frerichs, Jason  | Senate |
| Sigdestad, David | House  |
| 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)

|               |        |
|---------------|--------|
| Begalka, Tim  | Senate |
| Rausch, Val   | House  |
| Street, Steve | House  |

## District 05

(Codington)

|                   |        |
|-------------------|--------|
| Holien, Ried      | Senate |
| Magstadt, Melissa | House  |
| Solum, Roger      | House  |

## District 06

(Beadle, Clark, Codington, Hamlin, Kingsbury)

|                   |        |
|-------------------|--------|
| Fryslie, Art      | Senate |
| Greenfield, Brock | House  |
| Tulson, Burt      | House  |

## District 07

(Brookings)

|                   |        |
|-------------------|--------|
| Hawley, Spencer   | House  |
| Munsterman, Scott | House  |
| Tidemann, Larry   | Senate |

## District 08

(Lake, Miner, Moody, Sanborn)

|                     |        |
|---------------------|--------|
| Fargen, Mitch       | House  |
| Olson, Russell      | Senate |
| Stricherz, Patricia | House  |

## District 09

(Minnehaha)

|               |        |
|---------------|--------|
| Deelstra, Bob | House  |
| Hickey, Steve | House  |
| Peters, Deb   | Senate |

## District 10

(Lincoln, Minnehaha)

|                |        |
|----------------|--------|
| Abdallah, Gene | House  |
| Hunt, Roger    | House  |
| Krebs, Shantel | Senate |

## District 11

(Lincoln, Minnehaha)

|                  |        |
|------------------|--------|
| Hubbel, Lora     | House  |
| Schlekeway, Todd | Senate |
| Willadsen, Mark  | House  |

## District 12

(Lincoln, Minnehaha)

|               |        |
|---------------|--------|
| Johnson, Mark | Senate |
| Steele, Manny | House  |
| Wick, Hal     | House  |

## District 13

(Minnehaha)

|                   |        |
|-------------------|--------|
| Blake, Susy       | House  |
| Heineman, Phyllis | Senate |
| Liss, Brian       | House  |

## District 14

(Minnehaha)

|                  |        |
|------------------|--------|
| Cutler, Joni     | Senate |
| Feinstein, Marc  | House  |
| Tornow, R. Shawn | House  |

## District 15

(Minnehaha)

|                    |        |
|--------------------|--------|
| Buhl, Angie        | Senate |
| Haggar, Jenna      | House  |
| Kirschman, Patrick | House  |

## District 16

(Lincoln, Union)

|               |        |
|---------------|--------|
| Bolin, Jim    | House  |
| Lederman, Dan | Senate |
| Miller, Patty | House  |

## District 17

(Clay, Turner)

|                   |        |
|-------------------|--------|
| Boomgarden, Jamie | House  |
| Jones, Tom        | House  |
| Nygaard, Eldon    | Senate |

## District 18

(Yankton)

|                |        |
|----------------|--------|
| Hunhoff Bernie | House  |
| Hunhoff, Jean  | Senate |
| Moser, Nick    | House  |

## District 19

(Bon Homme, Douglas, Hutchinson, Turner)

|                    |        |
|--------------------|--------|
| Kloucek, Frank     | House  |
| Putnam, J.E. "Jim" | Senate |
| Van Gerpen, Edward | House  |

## District 20

(Aurora, Davison)

|               |        |
|---------------|--------|
| Carson, Lance | House  |
| Rozum, Tona   | House  |
| Vehle, Mike   | Senate |

## District 21

(Brule, Buffalo, Charles Mix, Gregory)

|                 |        |
|-----------------|--------|
| Juhnke, Kent    | Senate |
| Schaefer, James | House  |
| Scott, David    | House  |

## District 22

(Beadle, Hand, Jerauld)

|               |        |
|---------------|--------|
| Gibson, Peggy | House  |
| Hansen, Tom   | Senate |
| White, Jim    | House  |

## District 23

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

|                  |        |
|------------------|--------|
| Brown, Corey     | Senate |
| Cronin, Justin   | House  |
| Hoffman, Charles | House  |

## District 24

(Hughes, Stanley, Sully)

|              |        |
|--------------|--------|
| Gray, Bob    | Senate |
| Perry, Tad   | House  |
| Venner, Mark | House  |

## District 25

(Hanson, McCook, Minnehaha)

|               |        |
|---------------|--------|
| Hansen, Jon   | House  |
| Nelson, Stace | House  |
| Rave, Timothy | Senate |

## District 26

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

|                |        |
|----------------|--------|
| Sutton, Billie | Senate |
|----------------|--------|

## District 26A

(Mellette, Todd)

|              |       |
|--------------|-------|
| Lucas, Larry | House |
|--------------|-------|

## District 26B

(Gregory, Tripp)

|               |       |
|---------------|-------|
| Vanneman, Kim | 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)

|                   |        |
|-------------------|--------|
| Rampelberg, Bruce | Senate |
| Verchio, Mike     | House  |
| Russell, Lance    | House  |

## District 31

(Lawrence)

|                     |        |
|---------------------|--------|
| Nelson, Thomas      | Senate |
| Romkema, Fred       | House  |
| Turbiville, Charles | House  |

## District 32

(Pennington)

|                     |        |
|---------------------|--------|
| Adelstein, Stanford | Senate |
| Conzet, Kristin     | House  |
| Gosch, Brian        | House  |

## District 33

(Meade, Pennington)

|                  |        |
|------------------|--------|
| Jensen, Phil     | House  |
| Kraus, Elizabeth | Senate |
| Sly, Jacqueline  | House  |

## District 34

(Pennington)

|                |        |
|----------------|--------|
| Dryden, Dan    | House  |
| Lust, David    | House  |
| Tieszen, Craid | Senate |

## District 35

(Pennington)

|                  |        |
|------------------|--------|
| Haverly, Jeffrey | Senate |
| Kirkeby, Mark    | House  |
| Kopp, Don        | House  |



**SDPhA Convention Line-up (Tentative)**  
**Deadwood Mountain Grand**  
**September 21/22, 2012 – Deadwood, SD**

**Friday, September 21st**

8:00 a.m. – 9:30 a.m.  
"Pharmacy Law Update"  
Dr. Dave Helgeland

9:30 a.m. – 10:30 a.m.  
"Optimizing Medication Therapy for Seniors"  
TBA

Business Meeting – 10:30 a.m. – 11:30 a.m.

11:30 a.m. until 1:30 p.m.  
Vendor Time/Luncheon/Awards Presentations

1:30 p.m. - 3:30 p.m.  
"Immunization Review"  
Dr. Kelley Oehlke

3:30 p.m. – 4:00 p.m.  
SDSU Ice Cream Social

4:00 p.m. – 5:30 p.m.  
"New Drug Update"  
Dr. Joe Strain

6:00 p.m. – 8:00 p.m.  
Friday Evening – Deadwood Goldrush Social

**Saturday, September 21st**

Saturday AM - Phun Run 6:30 a.m. – 7:30 a.m.  
Whitewood Creek Walking Trail

8:00 a.m. – 9:00 a.m. Breakfast/Second Business Meeting

9:00 a.m. – 10:30 a.m.  
"Pain Management"  
TBA

10:40 a.m. – 12:10 noon  
"Pharmacy Jeopardy" (Preceptor Training)  
Dr. Teresa Seefeldt/SDSU Students

South Dakota Pharmacists  
Association 126th Annual Convention

# WANTED!

## PHARMACISTS & TECHNICIANS OF DAKOTA TERRITORY

September 21-22, 2012  
Deadwood Mountain Grand  
Deadwood, SD

## 126th Annual South Dakota Pharmacists Association Convention

### Registration Form

Deadwood Mountain Grand, Deadwood, SD - September 21-22, 2012

#### All SDSU Student Registrations are FREE!

(Hotel not Included)

Registrations must be submitted prior to Aug. 21, 2012

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

#### eProfile ID:

#### For Hotel Reservations Call:

Deadwood Mountain Grand  
1906 Deadwood Mountain Drive (605) 559-0386

#### Cancellation Policy:

Cancellations will be accepted without penalty prior to September 3, 2012.  
A \$25 cancellation fee will be applied to all cancellations  
after September 3, 2012.

Refunds will be issued after October 1, 2012.

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

\*\*One-day Registration includes educational sessions, exhibits,  
meals and evening event, if applicable.

|                               | SDPhA Member | Spouse or Guest | Children | SDAPT Member | Pharmacy Technician | Pharmacy Student | Non SDPhA Member |
|-------------------------------|--------------|-----------------|----------|--------------|---------------------|------------------|------------------|
| <b>Full Registration*</b>     |              |                 |          |              |                     |                  |                  |
| Before August 21, 2012        | \$150        | \$90            | \$20     | \$75         | \$125               | Free             | \$225            |
| After August 21, 2012         | \$175        | \$110           | \$25     | \$100        | \$150               | Free             | \$250            |
| <b>One Day Registration**</b> |              |                 |          |              |                     |                  |                  |
| Fri., Sept. 21, 2012          | \$100        | \$50            | \$10     | \$50         | \$90                | Free             | \$150            |
| Sat., Sept. 22, 2012          | \$50         | \$65            | \$10     | \$35         | \$50                | Free             | \$75             |
| <b>Extra Tickets</b>          |              |                 |          |              |                     |                  |                  |
| Fri. Lunch                    | \$15         | \$15            | \$10     | \$15         | \$15                | Free             | \$15             |
| Fri. Supper                   | \$15         | \$15            | \$10     | \$15         | \$15                | Free             | \$15             |
| Sat. Breakfast                | \$15         | \$15            | \$10     | \$15         | \$15                | Free             | \$15             |

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

or register online at [www.sdpha.org](http://www.sdpha.org).

I will be participating in the phun run on Saturday Yes \_\_\_\_\_ No \_\_\_\_\_

# 2012 AWARD NOMINATIONS

The SDPhA is accepting nominations for awards to be presented at the 2012 Convention in Deadwood. 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 officer for 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 ago, licensed in South Dakota, member of SDPhA, practiced in retail, institutional, consulting pharmacy in the year selected, involvement in a national pharmacy association, professional programs, state association activities and/ or community service.

Nominee: \_\_\_\_\_

## **Salesperson of the Year Award**

Nominee must have made an outstanding contribution to the profession of pharmacy through outside support of the profession.

Nominee: \_\_\_\_\_

## **Hustead Award**

Nominee must be a pharmacist licensed in South Dakota, who has not previously received the award. The nominee shall have made a significant contribution or contributions to the profession, and should have demonstrated dedication, resourcefulness, service, and caring.

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 not served as president of the Association.

Nominee: \_\_\_\_\_

## **District Technician of the Year Award**

Nominee has demonstrated an excellent work ethic, is reliable, consistent, and works well with others. Technicians provides a valuable service to the pharmacy profession.

Nominee: \_\_\_\_\_

Fax nominations by **January 20th, 2012** to (605) 224-1280 or e-mail to [sue@sdpha.org](mailto:sue@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: \_\_\_\_\_





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**MatchRX is a web-based marketplace** developed exclusively for pharmacists to buy and sell overstocked prescription drugs to one another. Their mission is to connect pharmacists throughout the US to help manage inventory more efficiently. **Visit the site at [www.MatchRX.com](http://www.MatchRX.com). When you register make sure to put in SDPhA in the "referred by" field. If you need any assistance in the meantime, feel free to call 877-590-0808.**

Whether you manage one or fifty pharmacies, MatchRX is a tool to help you increase your turns and save thousands of dollars every month in each location. As written in the July 2010 issue of America's Pharmacist, there are multiple reasons to incorporate MatchRX into your everyday routine. You'll benefit by becoming more efficient through increasing your turns, reducing carrying costs, reducing waste in landfills and waterways, to saving money when purchasing (Average Savings of 22% off WAC) and selling on the site. Members who use the site regularly save \$2,000 - \$5,000 per month. When you register make sure to put in SDPhA in the "referred by" field on the registration page. **Just by registering (free!), MatchRX will provide support to the SDPhA for each referral!** If you need any assistance in the meantime, free free to contact them at 877-590-0808.

Daily issues in the pharmacy occurs when an item is partially dispensed and the remaining portion remains on the shelf for months or even years because the patient changed the prescription, moved, or may have stopped taking the drug altogether. With MatchRX, you can transfer these partially dispensed drugs to another pharmacy using the marketplace.

**Visit [www.MatchRX.com](http://www.MatchRX.com) to Register**



**3250 West Big Beaver Rd | Suite 228 | Troy, MI 48084 | 877-590-0808 | [www.MatchRX.com](http://www.MatchRX.com)**



# South Dakota State University

## College of Pharmacy



Dennis Hedge  
Dean

Greetings from the College of Pharmacy!

Establishing a Community Pharmacy Residency Program in South Dakota is a primary objective within the College's current strategic plan. During development of the strategic plan, those of us at the College as well as our external stakeholders agreed that such a program would serve as a stimulus for advancement of community practice in our region similar to what we have witnessed with hospital and clinic-based programs in the area. With that in mind, I am very pleased to announce that via partnership with Liebe Drug in Milbank, South Dakota, the South Dakota State University College of Pharmacy will offer a residency program in community pharmacy beginning this summer. The program will be 1-year in duration and provide pharmacy residents with educational opportunities and experiences allowing the resident to gain expertise as a pharmacy practitioner in the community pharmacy setting. The resident will also gain valuable insight into the management and ownership of a community pharmacy.

Specifically, the resident will provide pharmacy care via existing pharmacy care programs at Liebe Drug and also develop new pharmacy care programs at the site. The resident will be involved with disease state management programs, wellness programs, and medication dispensing activities. The resident will also gain experience in the education of patients and health care practitioners on appropriate drug therapy. In addition, the resident will teach pharmacy students in the classroom, pharmacy practice lab, and experiential practice settings, as well as complete a project related to community pharmacy practice that is suitable for publication. Overall, the mission of this newly established program is to develop residents into innovative community pharmacy practitioners with a keen awareness of the challenges and opportuni-

ties associated with managing and owning a community pharmacy.

If you are interested in learning more about this residency program, I invite you to contact Dr. Jim Clem, Department Head of Pharmacy Practice. Jim can be reached via telephone at (605)367-5637 or via email at [James.Clem@sdstate.edu](mailto:James.Clem@sdstate.edu).

In closing, I would also like to acknowledge the support of McKesson and our private donors in getting this program launched. The College certainly views this program as just the beginning and we hope to add additional community pharmacy residency partnerships in the future. If you are interested in exploring a partnership opportunity, please contact me.

As always, if you are in the Brookings area, please stop by and say hello. We would enjoy your visit.

Warm regards and have a wonderful New Year!

Dennis D. Hedge, Pharm.D.  
Dean and Professor  
SDSU College of Pharmacy

# ACADEMY OF STUDENT PHARMACISTS

---



Jared Sogn

---

APhA-ASP President

Greetings from APhA-ASP!

I fear that by the time this has reached you, I will not be able to say this: there is no snow yet! While it may be getting cold outside, the weather certainly has not slowed down our chapter. Our members have been staying busy with several activities, including screenings, informational booths, fundraising events and meetings. As the semester winds down, our members can look forward to enjoying a much-needed break to relax and unwind from the busy semester!

In late September, we had the pleasure of hosting Keith Marciniak, the Group Director for Student and New Practitioner Developer at APhA. Members of our executive committee had the opportunity to meet with him individually to discuss ideas and upcoming plans. Later that night, Keith joined us at our chapter meeting and gave a presentation to our members about what APhA has to offer for students and practitioners. We had an excellent turnout at the meeting, and everyone enjoyed having him there! After the meeting, the executive committee and advisors went out to dinner with Keith before he had to catch a flight back home to the East Coast. We all enjoyed the experience and input he had to offer, and we look forward to it again!

As October arrived, we began celebrating American Pharmacists Month with several events. Events during October included several different screenings and informational booths. In addition, a residency showcase was held in Sioux Falls to provide students with information about the residency programs available and the process of applying for a residency. Also, members gave a presentation at a chapter meeting about international pharmacy, and had a panel of speakers to talk about pharmacy practice around the world. In addition, our members helped with the Brookings Backpack Project, and held a food drive that went from October through November. Our members also had fun at social events including a kickball fundraiser, and

social events at Cubby's and Buffalo Wild Wings. To finish off October and American Pharmacists Month, our members made thank-you cards for area pharmacies to show our appreciation for everything they do!

During November, 12 members from our chapter traveled to Des Moines, IA to attend the Region 5 Midyear Regional Meeting. Our chapter was proud to see several of our proposed resolutions pass to go on to the national level! Everyone had a good time at the social event, which was themed "Party like it's 1999!" Our members look forward to traveling to New Orleans in March for the national meeting, where we hope to see our proposals continue through the process to become resolutions.

Finally, our members are looking forward to heading to Pierre for Legislative Days at the beginning of the spring semester. We will be in Pierre to provide screenings and sit in on legislative sessions on January 31st and February 1st. While we were not able to attend last year due to the weather, we hope that the weather will be more cooperative this year!

I would like to wish everyone a very happy holiday season! I hope that you all were able to enjoy some much needed rest and relaxation this holiday season!

Regards,

Jared Sogn

APhA-ASP President





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# SD ASSOCIATION OF PHARMACY TECHNICIANS

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Twila Vavra

SDAPT President

From all of us at SDAPT, welcome to a New Year!

I would like to start off with a BIG thank you to Phyllis Sour, the Past President for the SD Association of Pharmacy Technicians. She did an excellent job and I hope I can continue in her footsteps.

The SDAPT held their annual meeting on October 1, 2011, at the CUC building in Pierre, South Dakota. Four hours of continuing education were offered, which covered a variety of outstanding topics and presentations from our speakers. The SDAPT would like to thank the following presenters for taking time out of their busy schedules to provide us with this pertinent and interesting information:

John Wenande- "Street Use of Pharmaceutical Drugs"

Randy Jones- "Federal Law Update"

Sandy Jacobson- "Vitamin D: Is it the Miracle Drug?"

John Weitgenant- "Smoking Cessation and COPD"

The annual business meeting was held over the lunch hour, with the following topics being addressed:

Officer nominations were read by President Phyllis Sour. Bonnie Small was the only person vying for President-Elect Diane Feiner and Debra Mensing vy-

ing for Treasurer, and Melanie Angelos and Nadine Peters for Secretary. Ballots were passed out. After the votes were tallied, the announcement of Diane Feiner as Treasurer and Melanie Angelos as Secretary was made. Deb Cummings turned in 28 forms from her students at Southeast Tech., all desiring to become a part of our association.

President Phyllis Sour encouraged the members to attend the SDPhA and SDSHP conventions in the year of 2012, because the presentations and topics offered for continuing education are known to be interesting and very educational.

Also, I would like to thank all the members that attended the meeting and hope you enjoyed the C.E. speakers and other events of the day.

Our 2012 Annual Meeting, along with continuing education, is scheduled for October 6th, and will again be held at the CUC building in Pierre.

I would like to take this opportunity to welcome the new officers for the term of 2012 -2014. Also, to think Phyllis, Bonnie and Diane for all the work they did for the annual meeting.

Hope to see you all at the conventions and annual SDAPT meeting in October of 2012.

Take care and have a good year,

Twila Vavra

## GOWNS SHOW RESPECT FOR THE LITTLEST PEOPLE; BROOKINGS RESIDENT SEWS FOR MARY MADELINE PROJECT

---

*Credit to: The Brookings Register*

Last Aug. 1, Jeanne Hess was sitting in a Mass where the Scripture readings and homily centered on the issue of greed. The priest said one way to avoid greedy living is to use your talents for others, which Hess at first thought was a good reminder. Then she heard a distinct call to action.

"Clear as a bell, a voice came into my head and it said, 'You need to be making burial garments for infants.' And I'm going, 'OK, but you have to tell me what they are,'" she said. "This is a Holy Spirit moment. I nudged my sister and I said, 'Remind me to tell you something after Mass.'"

Thinking she may soon be purchasing yards of fabric, lace and thread, Hess contacted a grief counselor at Avera McKennan Hospital. Through that counselor, she found the Mary Madeline Project.

"This story actually began 30 years ago, on April 17, 1976."

That's the story behind the Mary Madeline Project, an Omaha-based organization that provides burial garments to families of children who have died. The project was started in 2003 by Carlin Kammerer, whose son was stillborn in 1976. Twenty years later, that son's twin, Jessica, lost her own 7-week-old baby, Madeline Marie. Through her daughter's experience, Kammerer realized how difficult it was for grieving

parents to shop for a burial outfit.

"Jessi was too sad to go out and buy something for (Madeline) to be buried in. I had to do it for her," Kammerer wrote on the project's website. "I cried the whole time I was in the store."

For families to shop in the happy environment of a baby clothing section – or even in the toy section, to find something small enough for their premature baby – only adds to the grief.

So, the Mary Madeline Project was created to turn donated wedding gowns or formal dresses into baby gowns or rompers. The garments are sent directly to hospitals throughout the country, which offer them to families when a baby dies. The project also works with Now I Lay Me Down to Sleep, an organization of photographers who volunteer to take photos of babies who either have died or are not expected to live. Mary Madeline supplies these photographers with garments for their photos. Families also receive a hat, blanket and note explaining where the items came from.

### ***Jeanne's experience***

Hess lost her own first child in miscarriage and said the pain of that has helped her to understand how hard it would be to bury a baby.

Hess also has a special talent for sewing, which ran

Continued on page 23

# SD SOCIETY HEALTH-SYSTEM PHARMACISTS

Erin Christensen, SDSHP President  
Happy Holidays from SDSHP!

This year is flying by and The South Dakota Society of Health-System Pharmacists continues to keep busy.

ASHP Midyear Clinical Meeting – New Orleans  
I had the opportunity to attend the 46th Annual Mid-year Clinical meeting in New Orleans December 4-8. This meeting draws thousands of students, residents and health-system pharmacists from across the country. The meeting was full of CE and networking opportunities. In cooperation with the SDSU College of Pharmacy and the NDSU College of Pharmacy we sponsored another very successful "Dakota Night" reception.

Continuing Education Events - In collaboration with SDPhA and the SDSU College of Pharmacy, we will

be offering 4.5 hours of free CE on Saturday, February 4th, 2012 at the SDSU Student Union. The schedule and registration information for that event can be found on Page 22.

36th Annual SDSHP Conference - Mark your calendars for the 2012 SDSHP Annual Conference, which is being held March 30th & 31st at the Sioux Falls Convention Center. Our conference planning committee is hard at work organizing another quality conference

Join SDSHP - If you are interested in joining SDSHP we have an online membership application available. Check out our website at [www.sdshp.com](http://www.sdshp.com).

May you all be blessed with a fantastic 2012!  
Erin Christensen, Pharm.D., BCPS  
President, South Dakota Society of Health-System Pharmacists

## SDSHP 36th Annual Conference Tentative Schedule

### Friday -- March 30, 2012

|                  |                                                                                       |
|------------------|---------------------------------------------------------------------------------------|
| 7:30 AM-4:30 PM  | Registration                                                                          |
| 8:00-9:00 AM     | TBA- Oncology<br>Michael Keppen, MD                                                   |
| 9:00-10:00 AM    | Partnership for Patients: Better Care, Lower Costs<br>Mary Andrawis, Pharm.D., M.P.H. |
| 10:00-10:15 AM   | Break                                                                                 |
| 10:15-11:15 AM   | Challenges in Treatment of Clostridium Difficile Infections<br>Fares Masannat, MD     |
| 11:15 AM-1:15 PM | Exhibit Theater / Poster Presentation (Lunch Buffet)                                  |
| 1:15-2:15 PM     | Antimicrobial Resistance<br>Gerard David, MD                                          |
| 2:15-3:15 PM     | The Clinical Significance of Subclinical Thyroid Dysfunction<br>John Palmer, MD       |
| 3:15-3:30 PM     | Break                                                                                 |
| 3:30-4:30 PM     | Stop, Drop, Delirium<br>William Coolidge, PharmD & Ryan Waybright, PharmD             |

4:30-5:30 PM Board of Pharmacy Update  
Randy Jones, RPh

5:30-6:30 PM Member Appreciation Reception (hors d'ouerves)

### Saturday -- March 31, 2012

|                  |                                                                                                                                                              |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7:00-10:30 AM    | Registration                                                                                                                                                 |
| 7:30-8:45 AM     | Breakfast Buffet / Business Meeting / Awards Presentation                                                                                                    |
| 8:45-9:45 AM     | Stroke Prevention with New Anticoagulants in Atrial Fibrillation: Has Warfarin Finally Met Its Match?<br>Michael Gulseth, PharmD, BCPS, FASHP                |
| 9:45-10:45 AM    | Drug Shortages 2012: ASHP's Perspective<br>Thomas Johnson, PharmD, MBA, BCPS, FASHP                                                                          |
| 10:45-11:00 AM   | Break                                                                                                                                                        |
| 11:00 AM-1:00 PM | Preceptor Education: Protecting the Poor Pumper: Congestive Heart Failure Disease Management<br>Pt. 1 -Brittney Meyer, PharmD<br>Pt. 2 -Tasha Rausch, PharmD |





# SD Society of Health-System Pharmacists 36<sup>th</sup> Annual Conference

## REGISTRATION FORM



1101 N. West Avenue  
Sioux Falls, South Dakota

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

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# STILL ACTIVE AT 81; IPSWICH NATIVE RUNS, PLAYS TENNIS

*Credit to: Aberdeen, S.D., American News*

While most men his age are slowing down, Earle Crissman appears to be hitting his stride.

The 81-year-old Ipswich native runs four to five times a week in addition to playing tennis.

While not one to back down from a challenge, Crissman doesn't necessarily go looking for one either.

"I'm not in it for the competition really, but I enjoy the running," Crissman said. "I like to be active."

Crissman took up running about 40 years ago when a friend talked him into running together.

"I wasn't really good at anything else," Crissman explained. "I don't golf."

Soon Crissman was hooked on running and has continued to compete in local races, hitting a couple of 5Ks a year.

"I'm not all that competitive, but I don't feel intimidated at all," he said. "I just hang around here and run in Aberdeen and Ipswich."

While Crissman might not be the most competitive runner in his mind, he still competes and others around him notice.

"He runs our road race at Trail Days," said Ipswich High School cross country and track and field coach Todd Thorson. "When the gun goes off, no matter who you are, there is competitiveness. That's why they call it a race."

You don't have to convince Tori Moore of that fact.

The Ipswich freshman, who won the Class B state championship in the 3,200-meter run this past spring, recalls running against Crissman two years ago.

"It was my first time ever running a 5K," Moore recalled. "He beat me. He's good. I was 12 and I just got beat by like a 65-year-old man."

Ah, that figure sells Crissman about 15 years short, actually.

"He doesn't look that old at all," Moore said when informed of Crissman's real age. "He's even older than my grandpa who has a hard time walking some times."

Thorson said that the fact that Crissman is still running is a big inspiration to everybody who knows



him.

"The first thing that comes to mind when I hear his name is longevity," Thorson said. "It just amazes me that he just keeps going. What a great example, not just for runners, but for our entire community. If you want somebody to look up to, he'd be the guy."

Crissman also hits the courts for an occasional game of tennis.

"I don't excel at either of them," he noted. "I'm probably a better runner for my age than I am a tennis player."

Crissman, whose father was a pharmacist, followed in the same trade and has twin daughters that are pharmacists as well.

He can be found most days running different routes near his home at Mina Lake.

When asked if he was worried about running by himself at his age, Crissman responded, "If I'm laying there by the side of the road, pretty much everyone would know me."

Crissman understands why people take notice of what he does, but does not feel that he is doing anything too special.

"I realize that it's kind of unique," he said. "Every once in a while you read a story where somebody in their 90s is running yet."

Crissman has no immediate plans to hang up his running shoes any time soon. He takes just one vitamin and says he is pain free.

"I don't have any knee problems or stiffness or anything," Crissman said. "It's just easy for me to do and I just love it."

Thorson hopes that he can coach as long as Crissman has run.

"I think he's going to go forever," Thorson said. "As fit as he is, he'll keep going."

So while others his age are cutting back, Crissman is having the time of his life and enjoying every step along the way.

"I'm a Christian and I have a good outlook on everything. Whatever Christ has for me, that's what I look forward to," he said. "I just enjoy each and every day."



## HESS, MARY MADELINE PROJECT CONT

in the family: Her mother and grandmothers were all skilled seamstresses, and one grandmother was a tailor. Nevertheless, when current project administrator Courtney Kammerer asked Hess for a sample of her work, she was a little startled to receive that first box of six wedding gowns in the mail.

"I was just like a deer in the headlights, because I've got this box that I'm pulling wedding gowns out and going, 'Oh my gosh, what do I do with this now?' And then, once I calmed down, I thought 'OK. When my kids were little, I made and sold Barbie doll clothes for years. And so I'd worked with tiny laces and satins and appliqués and beads and all of that," she said, adding that she was thinking, "OK, God, very funny – that was warm-up; that was just practice, and here's what I'm supposed to be doing with those skills."

### ***Tiny garments***

When she gets a shipment of gowns, Hess first cuts them down to their component parts: Skirts, linings, bodices and sleeves. Many of the bodices have such elaborate beadwork that she has not used them for the baby garments. But lace, appliqués and other embellishments on the wedding gowns she'll include in her baby garments – gowns for the girls, rompers for the boys. Sometimes, she turns the colored fabric of a bridesmaid dress into a little vest for her rompers, or adds the look of suspenders with a little blue ribbon. The result is rich-looking garments with beautiful designs.

"I try to make every garment something I would want to dress my own child in," Hess said. "And, I think of it more in terms of a christening gown rather than a burial gown. If I were having my child baptized, what would be something really beautiful to put them in?"

The smallest gowns are little larger than Barbie size, made to fit a baby at 18-22 weeks gestation. Other seamstresses have made a little envelope of fabric, for the smallest children.

From each wedding gown, Hess gets anywhere from three to 13 baby garments, depending on their sizes. Garments can take about one hour to make, for the smallest and simplest, to multiple hours for the more elaborate. Hess has made 230 garments since she began volunteering for the project last August.

### ***Where the garments go***

Courtney, Carlin's daughter, said Brookings Health System is one of four hospitals in South Dakota that have received garments from Mary Madeline. The hospital received 34 burial gowns last year; Avera McKennan in Brandon, Sanford USD in Sioux Falls and Sacred Heart in Yankton have all received garments as well.

"Jeanne is by far one of the best volunteers we have ever had," Courtney said. "Not only is her talent and dedication an excellent asset to the organization, but she also had several grants approved for us. She has

truly been a blessing!"

At the Brookings hospital, OB Nurse Manager Mary Schwaegerl said staff is very happy to have the program.

"It has helped Brookings Health System to comfort local parents who have experienced a loss," Schwaegerl said.

### ***Getting involved***

The Mary Madeline Project needs more seamstresses

like Hess. It has a list of hospitals waiting to receive garments but has so many donated gowns that it has temporarily stopped accepting donations. Hess said she would gladly talk with anyone interested in sewing for the project and help them get started if they also have the "deer in the headlights" feeling.

The project also needs monetary donations to pay for shipping: Gowns are shipped to the seamstresses, who ship the garments back to Omaha, where they're organized and shipped to hospitals.

Some employers have grant funds available for employees who volunteer. Hess, who retired in April from working as a pharmacist at Walmart, used the company's "Volunteerism Always Pays" program to earn a \$250 donation for the Mary Madeline Project every time she donated 25 hours of her own time, up to four times per year. Between August 2010 and this April, she was able to earn \$1,750 in grants from the VAP program.

When Mary Madeline begins accepting donations again, gowns can be donated in memory of someone. When this happens, the seamstress attaches a memory tag to each of the garments made from that gown. Hess has read of one woman married for 60 years or so who, when her husband died, donated her wedding gown in his memory.

### ***The project is "a joy"***

Though some people are disturbed by the sober nature of the project, Hess said she does find joy in sewing for Mary Madeline. She is able to use her creativity, work with beautiful fabrics and help others with her talent. And, she is showing a respect for life.

"You're respecting the youngest members of our little human race here – whether they've taken their first breath or not," she said.

Find more about the Mary Madeline Project at [marymadelineproject.org](http://marymadelineproject.org).







## AND THE LAW

By Don R McGuire Jr., R.Ph., J.D

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

### DO EMPLOYED PHARMACISTS NEED AN INDIVIDUAL PHARMACIST PROFESSIONAL LIABILITY POLICY?

Most employed pharmacists believe that their employer's insurance policy protects them in the event of a professional liability claim. This is usually correct. The fact that it is not always correct is reason enough for pharmacists to consider buying their own individual professional liability policy. There are 3 factors, which when considered together, show the need for a pharmacist to obtain their own coverage.

1. Control – The employed pharmacist has no control over the coverage purchased by their employer. During my years as an employed pharmacist, I never saw my employer's policy. I worked on their word that I was covered. I did not know what the coverage limits were, what services the policy covered or even if employed pharmacists were an insured under the policy. If limits are too low or if the policy doesn't cover immunizations or MTM, the employed pharmacist is potentially left exposed. If this lack of control weren't enough, the employee doesn't know if/when the policy lapses or if the employer fails to pay the premium. The worst time to find out these things is when a claim is staring you in the face. While the typical individual professional liability policy is secondary or excess, it can drop down to provide primary coverage for the pharmacist when the employer's policy is missing or inapplicable.

2. Coverage - The typical employer's policy only provides the pharmacist with professional liability coverage for "for acts within the scope of their employment." In other words, the pharmacist is only covered while they are at work. For a pharmacist who volunteers at a senior center or a church, provides advice to friends and neighbors, or occasionally moonlights, their primary employer's policy won't cover them in these situations. An individual policy, on the other hand, covers the pharmacist 24 hours a day. This additional protection allows the pharmacist to give back without worrying about their personal exposure.

3. Target - There is one additional concern often expressed by risk managers and employers. That is that the existence of an individual professional li-

ability policy makes the employed pharmacist a target for the plaintiff's attorney. Our experience has shown this not to be true. The trend is that plaintiffs' attorneys are naming the individual pharmacists as defendants many more times today than they were 20 years ago. A good plaintiff's attorney will bring all potentially liable persons into the suit. Most often, this happens even before the existence of the individual policy is known. We have even had cases where the individual policy was not discussed until 2 or 3 years into the litigation process. While I believe this target idea is a myth, even if it is true, it is outweighed by the other considerations above.

The ease of application and low cost of individual professional liability coverage make this choice even easier for the employed pharmacist. It provides an extra measure of protection over and above that carried by their employer. Individual pharmacist professional liability policies are secondary in nature. However, if there is a problem with the employer's coverage for the employed pharmacist, the pharmacist's individual coverage can provide the missing, and much needed, protection. This is especially important when it comes to the cost of defending lawsuits. Even winning a lawsuit can be expensive. Every pharmacist should take steps to protect their own career and reputation. Some things are not better left to others.

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© 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

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## DIVERSIFICATION ISN'T JUST ABOUT MARKET RISK

*There are other risks we sometimes don't think about*

When an investor or financial advisor thinks about diversification, it is generally with market risk in mind. It's worth remembering that there are other potential risks to your money – and diversification can be valuable in helping you cope with them.

**Business risk.** Even today, there are people who have worked for one company for many years and who own great amounts of corporate stock, perhaps as a significant portion of their 401(k) investments or overall portfolio. Are you one of them? Here's a word for you: Enron. It is risky to link your financial future to the health and viability of one company.

**Investment advisor risk.** We can be thankful, as investors and as a society, that Bernie Madoff represents an unfortunate aberration in the financial services industry. Financial advisors, investment advisors, money managers – hundreds of thousands of them work by strict legal, ethical, and moral standards. If they don't, they risk losing their livelihoods, or worse. But, very rarely, you do read stories of financial services professionals who have proved charlatans. One way to combat this risk is to check out the advisor. You can do it through the free Broker Check record search offered by the Financial Industry Regulatory Authority ([finra.org/brokercheck](http://finra.org/brokercheck)), and through your state securities administrator. This risk, although thankfully rare, does give one pause to think about the value of having a strong cash position and diversification beyond the standard investment vehicles.

**Brokerage risk.** At mid-decade, if you had walked around Manhattan saying Lehman Brothers would go bankrupt, few would have paid you any mind. But it happened – not just because of the financial climate, but because of decisions management made.

Of course, brokerages only handle your investments; they are prohibited from tapping into your assets or lending them out when they get in a jam. The Securities Investor Protection Corporation protects up to \$500,000 of your assets at a brokerage – including stocks, bonds, money market funds, and cash up to \$100,000.<sup>1</sup> In the 39-year history of the SIPC, just 349 brokerage account holders have failed to get their entire portfolios back.<sup>2</sup> But SIPC coverage

doesn't cover everything - fixed annuity contracts, commodity futures contracts, and certain investment contracts such as limited partnerships aren't protected.<sup>1</sup> Additionally, there have been a few brokerages that have lost their SIPC membership, for a variety of reasons. Again, it pays to be vigilant, and to diversify.

**Political risk.** Americans don't always link politics and financial pressures, except when it comes to oil and gas prices. Yet earlier this decade - I don't have to tell you the date - the financial markets were rocked by an unimaginable human tragedy and a new kind of global threat. The plunge was temporary, and it was a bear market at the time. But the DJIA fell 685 points in a day and 14.26% across the succeeding week.<sup>3</sup> These risks, too, make you think about the value of diversification.

**Currency risk.** Many investors don't incorporate this factor into risk assumptions. But fluctuating exchange rates do present a risk element. If you have stocks in Canada that gain 6% but the Canadian dollar loses 6% of its value relative to the U.S. dollar, so much for that return.

**Inflation risk.** Inflation – even moderate inflation - effectively reduces your purchasing power over time. This is why growth investing is a priority in retirement.

**Bottom line:** be diversified. Have many baskets, not one. Speak to a qualified financial representative to examine the financial options before you. There may be many more ways to invest your assets than you realize.

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# CONTINUING EDUCATION FOR PHARMACISTS

## Diabetes Dispatch: Alaska Native Diabetes Team Reviewing Diabetes Guidelines Volume 6, Issue 1

### Objectives:

- Describe the treatment algorithms for type 2 diabetes from the American Diabetes Association and from the American Association of Clinical Endocrinologists.
- Identify the goals of therapy for diabetes treatment.
- Discuss the role of new agents to treat diabetes.

There are nearly 24 million Americans with diabetes in the United States, and every year 1.3 million people are diagnosed with type 2 diabetes. That translates to nearly 3,500 persons a day! In order to manage this growing epidemic, we must incorporate several different treatment modalities to best manage care for our patients with diabetes: lifestyle changes, preventative health screenings, nutrition counseling, medications, and support groups. Even among the diabetes medications, there are over twenty different choices on the market today. How do we provide the best care possible when there are so many options available?

### The Guidelines

There are several groups that have published their own set of guidelines for the treatment of type 2 diabetes in non pregnant adult patients. Both the American Diabetes Association/European Association for the Study of Diabetes (ADA/EASD) and the American Association of Clinical Endocrinologists/American College of Endocrinology (AACE/ACE) are leading organizations that have produced guidelines outlining a treatment roadmap for optimal care of patients with diabetes. While these documents advocate many similar practice principles, it is important to consider the differences between the two. The provider must ultimately tailor diabetes treatment to the individual patient in accordance with published guidelines and clinical experience.

### Monitoring Diabetes



When monitoring patients with diabetes, both organizations advocate the use of regular hemoglobin A1C testing. Regular testing, at least two times per year in patients meeting treatment tar-

gets and quarterly in patients who are not meeting goals or whose therapy has changed. This blood test provides an approximate 3-month snapshot of an individual's glycemic control. The ADA recommends an A1C goal of  $\leq 7\%$  while the AACE/ACE goal is  $\leq 6.5\%$ . Each publication provides justification for its respective recommendation. For most patients the ADA prefers a less-intensive goal to prevent hypoglycemic events. The ADA advocates for providers to consider lower A1C goals for individual patients, if this can be achieved without significant hypoglycemia. These patients generally have a shorter duration of diabetes, long life expectancy and no significant CVD. In contrast, the AACE/ACE advocates for an A1C goal of  $\leq 6.5\%$  for all patients.

### Therapeutic Options

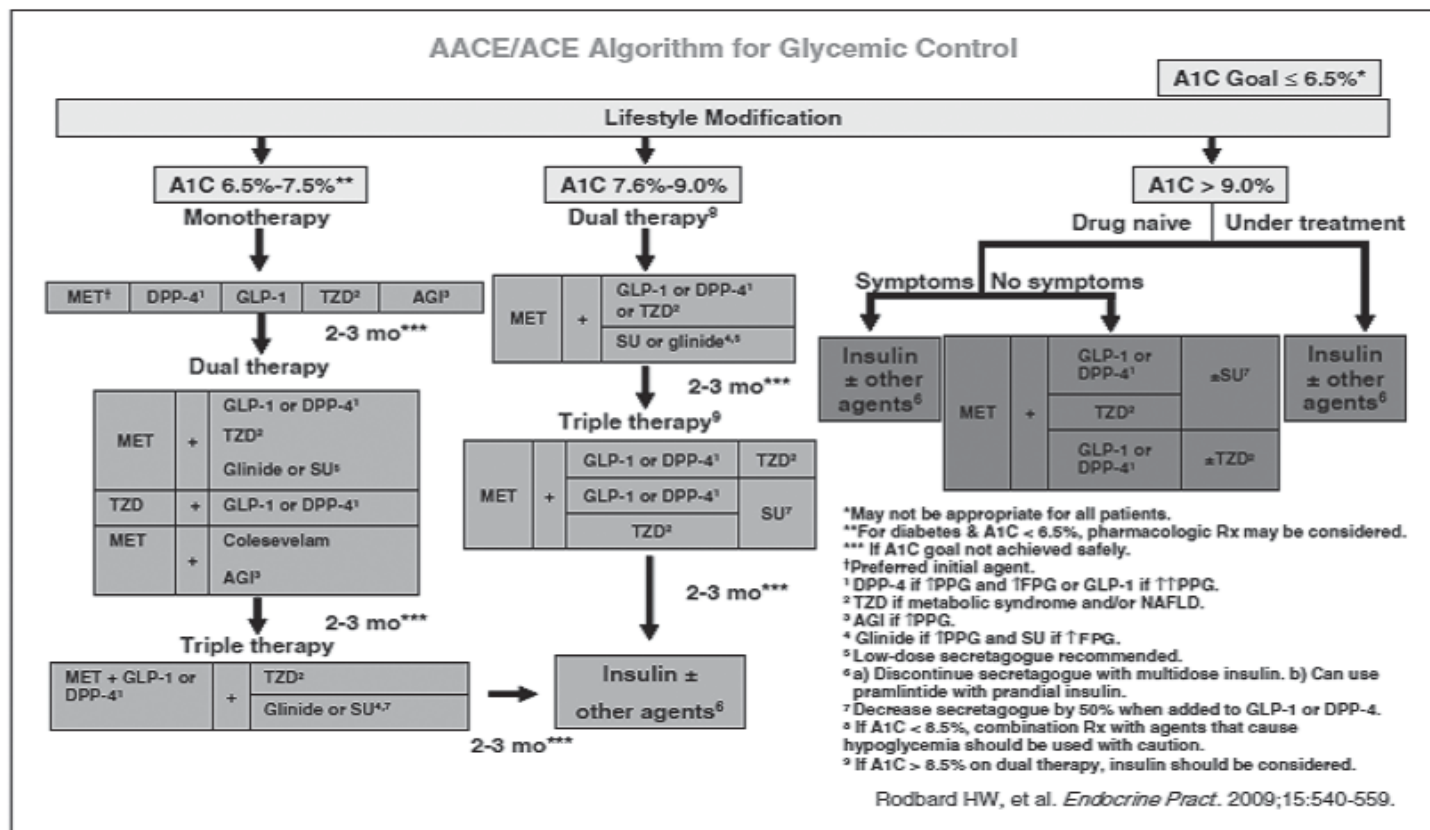
Both organizations have published their own algorithms for treating individuals with type 2 diabetes. The AACE/ACE guidelines determine a patient's treatment by stratifying individuals according to their current A1C level. The AACE/ACE algorithm cites six goal priorities for medication selections-

1. minimize risk and severity of hypoglycemia
2. minimize risk of weight gain
3. include major classes of FDA approved medications
4. selection of therapy based on A1C stratification and documented ability of medication to lower A1C
5. consideration of both fasting and post prandial glucose as targets
6. consideration of total cost of therapy including medication, supplies, hypoglycemia, adverse events and diabetes associated complications.

For patients with A1C levels of 7.5% or lower AACE/ACE concludes a goal of 6.5% can be achieved with monotherapy. Metformin is the preferred agent and is usually the most appropriate initial choice unless there is a contraindication, such as renal disease. If A1C goals are not being reached, the guidelines recommend additional oral medications first, then insulin if A1C levels are still high. If insulin is to be started in a patient, there are four general approaches that can be taken:

- basal insulin, using a long-acting insulin (glargine or detemir), generally given once daily;
- premixed insulins, using a rapid-acting analogue and protamine (NovoLog or Humalog Mix), usually given twice daily with breakfast and dinner but occasionally used only with the largest meal;





- basal-bolus insulin or multiple daily injections, using rapid-acting insulin analogues at mealtime—as part, lispro, or glulisine along with one of the long-acting insulin analogues, glargine or detemir;

- a meal-time insulin regimen, involving use of the rapid-acting insulin analogues, but without a basal or long-acting insulin component is an additional option. This may be possible if the patient is being treated with an insulin sensitizer (metformin) that provides adequate control of fasting plasma glucose.

The AACE/ACE guidelines recommend against the use of intermediate-acting insulins such as insulin N or insulin R because their duration of action does not adequately mimic the body's normal physiology. As a result, these agents are often associated with an increased risk of hypoglycemia.

Figure 1 details the AACE/ACE stratification by A1C and recommended combinations based on the patients A1C. For example, according to the AACE/ACE guidelines a patients whose A1C is 8%, would have the provider consider four different medication combinations

1. Metformin plus a GLP-1
2. Metformin plus a DPP-4 inhibitor
3. Metformin plus a TZD
4. Metformin plus a sulfonylurea or glinide

## ADA/EASD Guidelines

The ADA guidelines selected specific therapies on their effectiveness in lowering glucose, extraglycemic effects that may reduce long term complications, the medications safety profile, tolerability, ease of use, and cost. The algorithm takes into account the characteristics of the individual interventions and advocates for aggressive lowering of glycemia as close to the time of diagnosis as possible. Similarly to AACE/ACE, metformin is the preferred initial agent along with lifestyle changes (diet, exercise, and weight loss). If lifestyle intervention and the maximal tolerated dose of metformin fail to achieve glycemic targets, another medication should be added within 2-3 months. If A1C is less than 8.5%, a sulfonylurea (other than glyburide or chlorpropamide) or basal insulin should be added. Higher A1C's should be treated with metformin and insulin. The algorithm also includes second-line "less well-validated" therapies (i.e. less clinical trial data, less outcome data, and less clinical experience than other therapies) for use in selected clinical settings such as a reduced risk of hypoglycemia. These options suggest using pioglitazone or a GLP-1 agonist (exenatide or liraglutide) in addition to metformin and lifestyle changes. Although addition of a third agent can be considered, this approach is usually not preferred since the same level of glycemic control can be achieved with insulin.

Figure 1

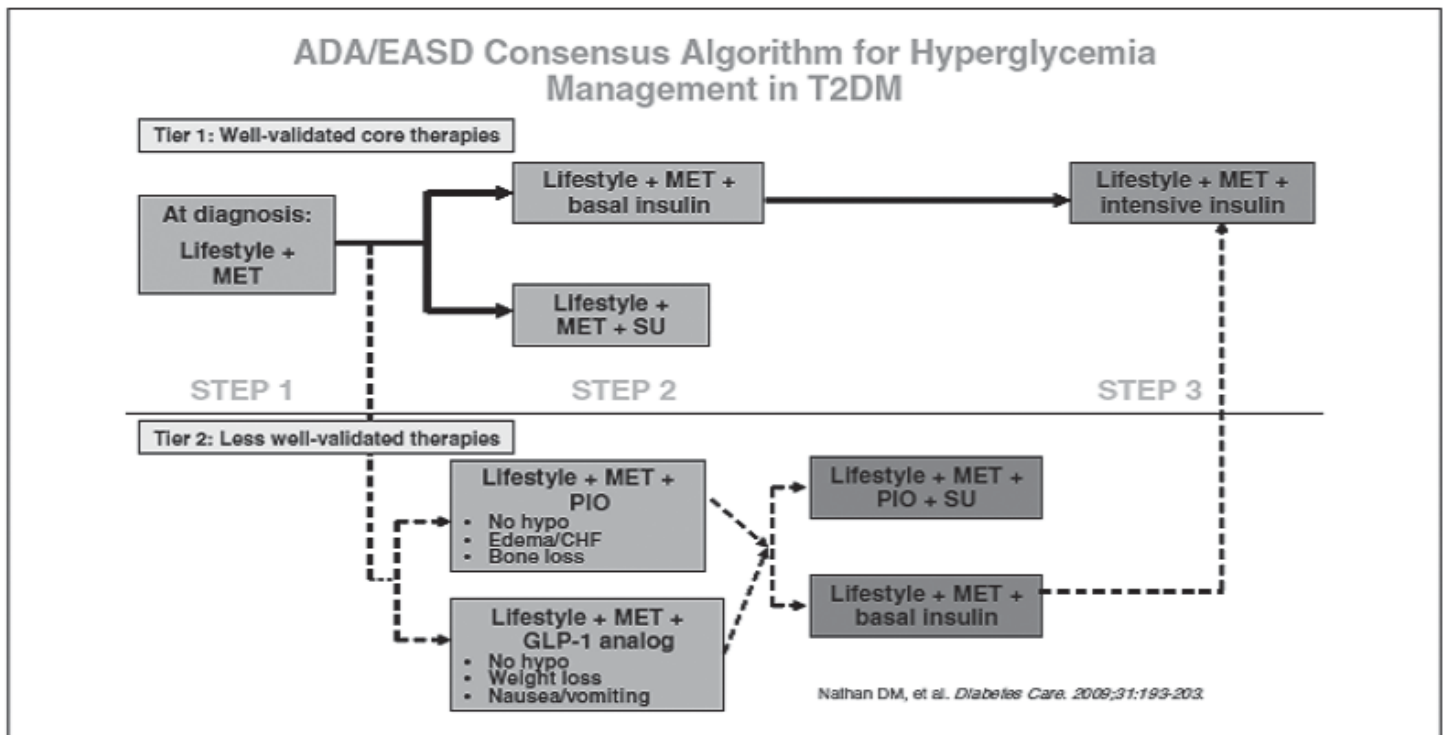


Figure 2

The ADA algorithm provides specific instructions for initiating and maintaining a patient on insulin. They recommend starting with bedtime intermediate-acting insulin or bedtime or morning long-acting insulin at a dose of 10 units or 0.2 units per kilogram. Regular monitoring of fasting blood glucose levels in the morning should be performed so the insulin dose can be titrated, typically by 2 units every few days, to achieve fasting glucose levels of 70-130 mg/dL. If A1C levels are above target after 2-3 months, blood glucose testing should be performed before lunch, dinner, and bedtime to determine if additional meal-time injections are needed. While on insulin, both sets of guidelines recommend discontinuing diabetes drugs that either increase the risk of hypoglycemia or are not approved for use with insulin (sulfonylureas and exenatide).

Metformin should continue to be administered with insulin unless the patient develops a contraindication.

### Newer Agents

Both sets of guidelines address the role of newer classes of diabetes medications that are helping patients manage their disease. Glucagon-like peptide-1 (GLP-1) agonists such as exenatide and liraglutide are two injectable drugs that stimulate the pancreas to release insulin at mealtimes, decrease glucagon release, and increase satiety. Dipeptidyl peptidase 4 (DPP-4) inhibitors such as sitagliptin, saxagliptin, and the recently approved linagliptin are oral agents that enhance the effect of GLP-1 by preventing its breakdown. These agents reduce a patient's A1C by approximately 0.5 to 1% with relatively little risk

of hypoglycemia, and are weight neutral or support weight loss. In light of these observations, the AACE/ACE guidelines favor the use of these agents over sulfonylureas or thiazolidinediones when adding on to metformin therapy. On the other hand, the ADA guidelines consider these agents to be "less well-validated" therapies.

### Self-Monitored Blood Glucose

Self-monitoring of blood glucose (SMBG) is an important element in adjusting or adding new drug therapies and, in particular, titrating insulin doses. The need for and number of required SMBG measurements are not clear and are dependent on the medications used. Oral agents that are not likely to cause hypoglycemia do not usually require SMBG. The AACE/ACE guidelines recommend daily SMBG

### Algorithm Abbreviations

MET = metformin

SU = sulfonylurea

DPP-4 = dipeptidyl peptidase 4 inhibitor

GLP-1 = glucagon-like peptide agonist

TZD = thiazolidinediones

AGI = alpha glucosidase inhibitor

PIO = pioglitazone

checks for patients on bedtime basal insulin or dinnertime premixed insulin. For each additional injection of insulin per day, SMBG should be increased in frequency to ensure successful titration of each dose. The ADA guidelines suggest targeting daily fasting and preprandial glucose levels when SMBG is employed. ADA guidelines target a fasting plasma glucose of 90-130 mg/dL and a postprandial plasma glucose of <180 mg/dL. AACE/ACE guidelines target a fasting plasma glucose of <110 mg/dL and a postprandial plasma glucose of <140 mg/dL.



The implications of uncontrolled diabetes can lead to long-term consequences that increase human suffering and reduced quality of life. Much of the complications that occur can be substantially reduced by interventions that achieve glucose

levels close to the nondiabetic range. When we use guidelines provided by the leading organizations in diabetes, the American Diabetes Association, the European Association for the Study of Diabetes, the American Association of Clinical Endocrinologists/American College of Endocrinology we provide an evidence-based level of diabetes care to our patients.

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**Goal-**The goal of the Diabetes Dispatch is to increase the reader's knowledge of diabetes treatments and technologies and to provide the most current information on new drugs, therapies, and devices.

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Newsletter compiled by Danny Jaek, Pharm.D. Candidate

# Continuing Education Quiz

## "Diabetes Dispatch"

(Knowledge-based CPE)

1) Which of the following organizations have published guidelines for the treatment of Type 2 diabetes?

- a. American Diabetes Association
- b. American Association of Endocrinologists
- c. American Academy of Pediatrics
- d. A and B are correct

2) True or False: a patient with type 2 diabetes with an A1C level of 7.5% is considered at goal according to the ADA guidelines.

3) LS is a 67-year old male with good renal function who has just been diagnosed with diabetes. His A1C level is 7%. Which of the following medications would be the most appropriate first-line therapy?

- a. Glyburide
- b. Metformin
- c. Rosiglitazone
- d. Pioglitazone

4) All of the following are medications that increase the risk of hypoglycemia except

- a. Glyburide
- b. Glipizide
- c. Exenatide
- d. Insulin aspart

5) Which of the following fasting blood glucose levels would be in target for a patient with type 2 diabetes according to the ADA guidelines?

- a. 65 mg/dL
- b. 109 mg/dL
- c. 133 mg/dL
- d. 140 mg/dL

6) Which of the following medications is not included in the ADA algorithm's two tiers of preferred agents?

- a. Metformin
- b. Pioglitazone
- c. Basal insulin
- d. Sitagliptin

7) JT is a 50 year old male currently being treated for type 2 diabetes with metformin, glipizide, and glargine. His diabetes team has decided to add on bolus insulin to help better control his blood glucose. Which of these medications should be discontinued with the addition of aspart?

- a. Metformin.
- b. Glipizide
- c. Glargine
- d. B and C are correct

8) GLP-1 agonist reduce a patient's A1C by about

- a. 0.2-0.5%
- b. 0.5-1%
- c. 1-2%

9) Which of the following basal-bolus insulin regimens are correctly paired?

- a. Detemir-glargine
- b. Glulisine-aspart
- c. Glargine-lispro
- d. NPH-detemir

10) True or False: When initiating basal insulin, bedtime long-acting insulin is an appropriate choice.



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-9999-11-034-H01-P.

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 is required to earn a Statement of Credit for 1.5 Contact Hours (0.15 CEUs) of continuing pharmacy education credit. If a score of 70% (7/10) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

**Learning Objectives - Pharmacists:** 1. Describe the treatment algorithms for type 2 diabetes from the American Diabetes Association and from the American Association of Clinical Endocrinologists; 2. Identify the goals of therapy for diabetes treatment; 3. Evaluate the role of new agents to treat diabetes.

### ANSWER SHEET – E-C.E. - Pharmacists

#### "Reviewing Diabetes Guidelines"

(Knowledge-based CPE)

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 effectively organized for learning: 1 2 3 4 5 6 7

Content was applicable/useful in practice: 1 2 3 4 5 6 7

Each of the stated learning objectives were satisfied: 1 2 3 4 5 6 7

List any learning objectives above not met in this course:

List any important points that you believe remain unanswered:

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

Learning assessment questions were appropriate: 1 2 3 4 5 6 7

Length of time to complete course was reasonable for credit assigned: 1 2 3 4 5 6 7  
(Approximate amount of time to preview, study, complete and review this course: \_\_\_\_\_)

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Course release date: 12-29-11 / Expiration date: 12-29-14  
Target audience: Pharmacists

Please mail this completed answer sheet with your check of \$8.00 to:  
SDSU College of Pharmacy – C.E.  
Box 2202C, Brookings, SD 57007



## OBITUARIES

**Donald James "Jim" Hazledine Sr.**, 88, Spearfish, died Tuesday, March 29, 2011, at Dorsett Regional Senior Care after a long battle with cancer.

Born Nov. 25, 1922, in Lead, he grew up and lived in Spearfish. He graduated from Spearfish High School in 1940. He married Alta Felt in 1943. During WWII, he entered the European Theatre at Omaha Beach and served in Europe for the U.S. Army Air Force as a cryptographic specialist. Jim earned his Pharmacy degree from South Dakota State University in 1950. Returning to Spearfish, he practiced pharmacy with his father, Earl. Jim owned Hazledine Drug until he retired in 1975.

After Alta's death in 1997, he married Mildred Schloredt in 1998.

Having won five South Dakota State Senior Golf Championships, he was most proud of winning a senior championship the same year his grandson Tyson won the South Dakota State Men's Title. An avid hunter and fisherman, he enjoyed everything that is great about the Black Hills.

Jim is survived by his spouse, Mildred Hazledine of Spearfish; four children, Rebecca (Terry) Lindemann of Rapid City, Donald James Jr. (Doreen) Hazledine of Denver, Ronald Lee Hazledine of Spearfish and Scott Richard Hazledine of Vancouver, BC; step-daughter, Judy (Drew) Hutchinson of Aladdin, Wyo.; nine grandchildren; three great-grandchildren; and his brother, Gerry (Pat) Hazledine of Spearfish.

**Thomas B. Wolff**, 53, died unexpectedly on Wednesday, November 16, 2011 at Avera McKennan Hospital in Sioux Falls. Funeral service were held at 11:00 AM Monday, November 21 at Brandon Lutheran Church, Brandon, SD. Visitation began at 2:00 PM Sunday, November 20 at George Boom Funeral Chapel in Brandon, where the family greeted friends from 2:00 PM to 4:00 PM.

Grateful for having shared his life are two sons, Adam Wolff and his wife, Danielle, Marion, IA, Seth Wolff, Aberdeen, SD; his girlfriend, Tammy Weverstad, Brandon, SD; his step-father, Stan Schaffer, Eureka, SD; his aunt, LaVerne Guidice, Aberdeen, SD; and a host of other relatives and friends.

Tom was preceded in death by his mother, Audrey Schaffer; and an uncle, Ed Guidice.

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## NOTICE

Attention! Pharmacists working with the Ryan White Program with the State of South Dakota: The Department of Health will be moving to centralize pharmacy services for the Ryan White program. Please note the timelines on page two of the RFP. Patients will now be required to use the new guidelines effective with the acceptance by the DOH of a successful bidder/provider.

If you are interested in completing a proposal to work with the Ryan White Program, we have included a link to the RFP for pharmacy services. Again, please note the timelines for the RFP on the 2nd page of the document.

Here is the link for vendors to register. [http://www.state.sd.us/boa/opm/bidder\\_registration.htm](http://www.state.sd.us/boa/opm/bidder_registration.htm)

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