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South Dakota Pharmacist

In This Issue:

SOUTH DAKOTA
PHARMACIST

Volume 28 Number 3

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

South Dakota Board of Pharmacy
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www.pharmacy.sd.gov

SDPhA CALENDAR

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: *http://www.sdpha.org*.

JULY

1 Legislative Changes Become Law
4 Independence Day
25 SDSHP 13th Annual Gary Van Riper Society Open Golf Classic
Bakker Crossing Golf Course Sioux Falls, SD

AUGUST

1 License Renewal Window Opens
14-16 NABP/AACP District V Meeting
The Lodge at Deadwood, Deadwood, SD

SEPTEMBER

1 Labor Day
19-20 SDPhA Annual Convention
Cedar Shore Resort, Oacoma, SD

OCTOBER
American Pharmacists Month

4 SDAPT Fall Meeting
SDSU Student Union, Brookings, SD
13 Native American Day
18-22 NCPA Annual Convention and Trade Exposition
Austin Convention Center, Austin, TX
19-25 National Hospital and Health-System Pharmacy Week
28 National Pharmacy Technician Day
Fall District Meetings

Cover Photo by Chad Coppess, South Dakota Department of Tourism

SOUTH DAKOTA PHARMACIST
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DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

New & Improved!
Change is Good!

You may have noticed SDPhA has entered the electronic age with our Journal! The July edition marks the first *South Dakota Pharmacist* edition completely in color and provided in a PDF format for your convenience. We had such wonderful feedback when we sent it out that way in April, we decided to take the leap. The cost of printing and mailing was becoming very expensive and unsustainable. We hope you support our responsible approach. We will continue to publish the journal quarterly, and continue to message you and provide valuable and timely information via emails, Facebook and the Association website.

It's almost convention time! I hope you'll take the time to check out our lineup and make your reservation for our meeting this September in Chamberlain/Oacoma at the Cedar Shore Resort. Our theme this year is, "Resort to Excellence". We believe we have a topnotch group of presenters and hope you can join us for some excellent CE, camaraderie, and some leisure time.

We've had a busy start to our summer and have been working hard to keep track of pharmacy matters that affect your practice. The Pharmacy Practice Act Working Group held a second meeting on June 18th. Also the Board of Pharmacy met on June 13th and had some great discussion on a number of important topics, including the pharmacist to technician ratio, and a possible change in the number of CE hours required.

You may want to weigh in at the Board of Pharmacy's public hearing on September 18th at the Cedar Shore Resort (just prior to Convention). The Board will be considering whether to increase the Technician/Pharmacist Ratio to a standard 3:1, or remove the limitations entirely. Our Association recently sent out a survey to all members to receive input. To-date over 150 responses have been received and your thoughts and experiences are being monitored by SDPhA Executive Board and Staff. We will be sharing the results of the survey with the Board of Pharmacy once a little more time has elapsed and more members have had an opportunity to participate.

Also on the Board of Pharmacy's agenda, is a possible move to require 15 hours of continuing education each year instead of the current 12. Many states have moved to 15 per year and/or 30 every two years, with some requiring the CE to be live or specialized. We would appreciate your thoughts on this matter as well.

It's important to remember the legislative changes affecting pharmacy that become law on July 1, 2014. We've been working hard with the South Dakota Attorney General's Office, the South Dakota Retailers Association and APPRISS (NPLEx) to make sure pharmacies are ready for electronic reporting of pseudoephedrine products. The Board of Pharmacy sent out an earlier survey to determine if any pharmacies were in need of electronic signature capture capabilities, and those who responded, will be eligible to receive a scanner courtesy of the Attorney General's Office. Questions can be directed to me, Brian Zeeb with the Division of Criminal Investigation (A.G.'s Office) or APPRISS. If you need help, please let us know.

Please remember our door is always open, and I'll buy the iced tea if you happen to drop by for a visit!

Warm and Sunny Regards,
Sue

Resort to Excellence

SDPhA ANNUAL CONVENTION
SEPTEMBER 19-20, 2014 • OACOMA, SD

128th Annual South Dakota Pharmacists Association Convention

Cedar Shore Resort • Oacoma, SD
September 19-20, 2014

Information and Registration on Page 14-15

PRESIDENT'S PERSPECTIVE

Shannon Gutzmer | SDPhA President

SDPhA and the SD Board of Pharmacy are discussing several issues that will affect pharmacists in our state. We need to hear your thoughts so we can represent you and do what is best for the profession of pharmacy in South Dakota. The Board of Pharmacy will meet next to discuss these important issues the day before the annual convention which is fast approaching, September 19th and 20th. This also means my year as SDPhA president is coming to an end.

One the issues being discussed is the possibility of increasing the technician to pharmacist ratio to 3:1 or eliminate the ratio altogether. We need to know how the pharmacists in our state feel about this. Adding another technician might help us do our job and decrease stress, but is it just hiding the fact that we probably need another pharmacist working instead of another technician? Right now you can get a 3:1 ratio by meeting requirements and getting a variance with the Board of Pharmacy. I am concerned about the working conditions of pharmacists and the safety of our patients if it changes. We are planning to send out a survey to see how pharmacists feel about this topic. Please take the survey and let us know what you think.

Another topic the Board of Pharmacy is discussing is increasing the amount of C.E. required yearly for licensing. I think it is important for pharmacists to know this might be changing in the future and to contact the Board of Pharmacy or SDPhA to express your opinions on this matter.

Last year at convention a resolution was brought forth to review/update South Dakota's Pharmacy Practice Act. We have a committee that has met twice and is still in the discussion phase. As I think about our meetings, I wonder if there is a need to change the Practice Act or is it sufficient as it is? Are there pharmacists in our state struggling because of issues with our current laws? Do you feel like you are being held back in your practice because of current policies? If so, our committee needs to hear from you. Please contact us, the officers of the South Dakota Pharmacists Association or members of the committee, to help us decide how to proceed.

At the national level, H.R. 4190 was introduced in the House of Representatives. It amends the Social security Act to enable patient access to, and coverage for, Medicare Part B services by state-licensed pharmacists in medically underserved communities. In other words, it is a bill to give pharmacists "provider status." At the time I am writing this article, our representative Kristi Noem has not signed this bill in support of it. Although it will not affect all pharmacists in our state, I think it is important for all pharmacists in our state and other states to support it to continue to push our profession forward. We are invaluable members of the healthcare team and we should be recognized and rewarded for our part in taking care of patients. Please take the time this summer to write a letter to Kristi Noem in support of this bill. Let her know the value of the job we do everyday and why she should support it. Explain to her how it would decrease healthcare costs and provide optimal care to patients.

As I close out the year as President. I need to thank the people that have helped me this past year. In particular, the current board members and Sue Schaefer. I have really enjoyed getting to know everyone and we have had many good professional discussions about what to do next to keep moving our profession toward the future and how best to represent our membership. They are a great group of people. I have truly enjoyed my involvement with SDPhA and I am thankful for the opportunity to serve on the board. It has been a rewarding experience.

Lastly, I need to thank my sister Bridget. When I was trying to decide which meetings to attend this past year, I planned on going to most by myself. My philosophy has been if I wait for people to do things with I would never be doing anything. Well it is funny how life works. I attended three national meetings and my sister was able to join me for all of them. It was great to spend so much time with her since she lives in North Carolina.

While in Washington, D.C. for a leadership conference, we were able to go back to a restaurant we went to in 1995. It was there that we first tried squid. We laughed that it was also the first time we had Chinese food too. We won a trip to D.C. through Future Homemakers of America. That trip began our love for travel. We were able to look back and enjoy how we got to where we are today.

She was also able to join me in October and December while I was in Orlando for NCPA and Midyear. We giggle that she went to the Exhibit Hall in flip-flops, shorts and pulled up hair just out of bed at the NCPA meeting while I was wearing my full business suit. She was running to her car and we were talking and walking. I thought they would stop us since she did not have a name badge but no one did. I said, "They must think you make so much money you do not care what you wear." She really enjoyed that experience since she is a chiropractor and there were supplement representatives there. She also went to the opening general session and raised her eyebrow at

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SOUTH DAKOTA BOARD OF PHARMACY

Randy Jones | Executive Director

NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Sooyoung Yoon; Renee Gregorich; Lisa Viehweg; Terrance Adams; Tally Start; Judy Trong; Xia Yin; Keith Carlson; Jeremiah Bertschinger; Robin Beranek; Judy Wheelersburg; Archana Nath; Stephen Syverson, Jun Ma, Cheryl Namtvedt; Timothy Sass; Hillary Leonard; Juanita Bonner; Jeffrey Moy; Enkhtuul Natsagdorj; Jessica Hopper.

NABP / AACP DISTRICT V ANNUAL MEETING

The District V NABP / AACP Annual Meeting will be hosted by South Dakota this year. The meeting will be held in Deadwood, SD on August 14 – 16. The Board of Pharmacy in conjunction with the SDSU College of Pharmacy is planning an exciting event, and hope many of you can attend. District V representation consists of colleges and boards from South Dakota, North Dakota, Minnesota, Iowa, Nebraska, Manitoba and Saskatchewan. Registration information can be found at https://www.nodakpharmacy.com/DistrictV/.

TECHNICIAN & CERTIFICATION CLARIFICATION

There is a misconception that the SD Board of Pharmacy administers the National Technician Certification examinations. This is false. The two agencies that administer these exams are Pharmacy Technician Certification Board (PTCB) and Institute for the Certification of Pharmacy Technicians (ICPT). The examination that ICPT administers is referred to as ExCPT. These two accrediting bodies administer the examinations that are accepted by the National Commission for Certifying Agencies (NCCA) as well as the state of South Dakota. Technicians seeking National Certification will need to contact these agencies directly to complete their applications with one or the other agency as well as fulfill any pre-requisites required by the agency in order to sit for the exam.

Once the requirements with either NCCA approved agency have been fulfilled, the agency will contact PersonVue who will then issue an Authorization to Test Code (ATT) to the candidate much like the process for pharmacist candidates wishing to schedule times to sit for the NAPLEX and MPJE. After passing the examinations, we ask the technician to present the board staff with a copy of their Certificate so we can indicate their status as Nationally Certified in our database.

Continuing Education – once the technician has achieved National Certification, they will be required to obtain 20 hours of CE every other year in order to renew their certificate. Many technicians are of the opinion they need to turn in this CE into the Board office. This is false. They need to report their CE hours to the accrediting body that has issued their National Certification in order to renew their certificate.

Q. Once a technician begins employment, how long do they have to get certified?

A. Technicians hired after July 1, 2011 will have until July 1, 2014 to achieve National Certification. If this is not accomplished by the time their technician registration expires October 30, the technician will not be re-registered as a technician. The board will register the individual as a technician-in-training and will have a maximum of 2 years to achieve National Certification by passing an exam approved by the National Commission for Certifying Agencies (NCAA). ARSD 20:51:29:03 & 20:51:29:06

Q. Does a technician need to be certified prior to hiring now?

A. No, however they will have until July 1, 2014 to achieve National Certification (unlikely), therefore refer to the response above.

Q. Can someone under the age of 18 work as a technician?

A. Currently yes. However as of July 1, 2014, all candidates for technicians or technicians-in-training will need to present to the board evidence of a high school graduation or of a general educational development certificate. ARSD 20:51:29:03

Q. If someone is a clerk, do they need to be a registered technician?

A. No. They can be registered as Support Personnel as defined by ARSD 20:51:22 and follow these rules. It is imperative the pharmacy manager have job titles and specification spelled out for the clerk so it is clear of their classification.

Q. Does a certification go from one state to another?

A. Yes. National Certification is transferable to all states that require this accreditation (Much like the NAPLEX). However Registration is traditionally not transferable between states (Much like the MPJE).

Q. If a certificate expires (example March 31) and I get recertified, what is the procedure? How much time do I

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SOUTH DAKOTA BOARD OF PHARMACY

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have to get recertified once a certificate has expired?

A. The individual would need to check with the agency that issued the National Certification to ascertain what their requirements are to reinstate their national certification. However, in SD if the national certificate or registration has lapsed for a period of 1 year or more, the individual must meet the requirements in effect at the time they apply for reinstatement or registration. ARSD 20:51:29:03

Q. I am not currently working as a pharmacy technician, but would like to become registered with the board and then seek employment. Is this permissible?

A. No. Technicians or Technicians-in-training, either employed in a pharmacy or enrolled in a college / vocational program, must have the signature of the pharmacist-in-charge of the pharmacy or the college / vocational program administrator on the application of the individual. ARSD 20:51:29:14

Q. What is the difference between "certification" and "registration"?

A. Certification is achieved through national accrediting agencies such as indicated above. Registration is unique to the state board in which the technician is employed or seeking employment.

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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Meg Haberman Named 2014 Preceptor of the Year

Dr. Meg Haberman, Pharm.D. has earned the distinction of being the South Dakota State University College of Pharmacy's Preceptor of the Year for 2013-2014.

Dr. Haberman is a clinical pharmacist at Avera Behavioral Health in Sioux Falls and was selected for being an outstanding teacher and role model for pharmacy students.

The award was presented earlier this year by Bernie Hendricks, APPE Coordinator for the SDSU College of Pharmacy

SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy

Dennis Hedge | Dean

Greetings from the South Dakota State University College of Pharmacy! I would like to take this opportunity to share news regarding two non-pharmacy academic programs that will now have a direct relationship with our college.

Effective July 1, the SDSU Medical Laboratory Science program moved from the College of Arts and Sciences (within the Department of Chemistry and Biochemistry) into the College of Pharmacy. The rationale behind this move is that MLS, as a health science academic program, is a much better fit within our college. The College of Pharmacy education and training model is more consistent with that adopted by the Medical Laboratory Science program, has a student services structure to grow and strengthen the program (particularly in the areas of advising and student recruitment), and offers greater opportunities for capturing synergies in the area of instruction.

The SDSU MLS program is fully accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS). The program is under the leadership of Dr. Pat Tille, MLS Program Director, and has a current professional student enrollment of 41 with 3 full-time faculty members. The transition has been very smooth and I am pleased to have the program join the College of Pharmacy family.

I am also pleased to share that the South Dakota Board of Regents approved a collaborative initiative between South Dakota State University and the University of South Dakota to offer the Master of Public Health (MPH) degree during their June meeting. USD and SDSU will draw on their strengths addressing the healthcare needs of rural communities and focus the MPH program on rural public health, creating a distinct national and regional identity. As outlined by the Council on Education for Public Health, the MPH program will include curriculum from the five core areas of public health education:

- Biostatistics
- Epidemiology
- Health Services Administration
- Social and Behavioral Sciences
- Environmental Health

Coursework for the degree will be offered beginning Spring Semester 2015 and will be provided through distance delivery (online, DDN, etc.) using lecture formats and asynchronous presentations. Those interested in the MPH program can call the College of Pharmacy office at 605-688-6197 for additional information.

Have a great summer!

Warm regards,
Dennis D. Hedge, Dean of Pharmacy

Resort to Excellence

SDPhA ANNUAL CONVENTION
SEPTEMBER 19-20, 2014 • OACOMA, SD

128th Annual South Dakota Pharmacists Association Convention

Cedar Shore Resort • Oacoma, SD
September 19-20, 2014

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ACADEMY OF STUDENT PHARMACISTS

Leah Eckstein | APhA-ASP SDSU Chapter President

As APhA-ASP President, I am excited to share summer updates with you! We ended our academic year on a high note and are beginning to plan to continue the momentum into this coming year.

In March, we had an exciting time at the APhA Annual Meeting in Orlando. We had many students represent our chapter on the national level. Joe Berendse, P4, placed second in the National Patient Counseling Competition. Colleen O'Connell, P4, received one of thirteen APhA Foundation Scholarships. Ashley Potter, P4, received one of four APhA Student Leadership Awards. Sara Wettergreen, 2014 Pharm.D. graduate, was recognized for her time on the APhA-ASP Education Standing Committee and Ashley Potter and Colleen O'Connell were recognized for their time on the International Pharmaceutical Students' Federation International Standing Committee. To wrap up our exciting time in Orlando, our chapter received the Division AAA Outstanding Chapter Achievement 2nd Runner-up for 2012-2013! We are so proud of all of our members and their hard work!

In April, we focused on professionalism and end of the year transitions. Our Health Systems Committee coordinated our Spring Residency Showcase and hosted a CV and cover letter workshop. With the school year coming to an end, transition events were held for the P2 students moving to Sioux Falls and for the incoming P1 students. We also hosted a Co-Chair Transition for the outgoing and incoming committee co-chairs. Megan Maddox, Sanford Medication Safety Officer, spoke to the co-chairs about change in healthcare and how to handle resistance.

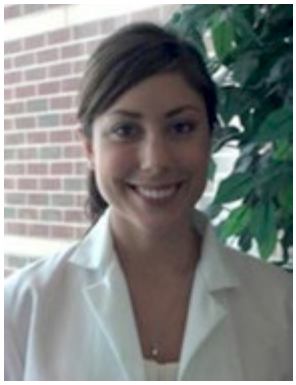
Our patient care committees rounded out the year with health screenings held in Brookings, Sioux Falls, and the surrounding areas. The Banquet in Sioux Falls was one of our sites for the screenings. During this screening, our student pharmacists provided blood pressure and glucose screenings as well as completing medication reviews with the patients.

This summer, we are looking forward to hosting two international students through the International Pharmaceutical Students' Federation Student Exchange Program. Alexandra (Alex) Hawker of the United Kingdom and Hui Ling (Jessica) Hah of Malaysia will be joining us in South Dakota to experience various pharmacy settings in the Sioux Falls area from July 21st to August 8th. A local pharmacist and her husband will be acting as the students' host family. We are excited for this experience and would like to thank everyone who has helped to coordinate this program!

As we continue with the summer, we reflect on a great year and look forward to next year. Please look for our next update this Fall!

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Andrea Aylward, Pharm.D., BCPS | SDSHP President



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

38th Annual SDSHP Conference

On April 11th and 12th, the 38th Annual Conference was held at the Ramkota Hotel and Conference Center in Sioux Falls. Outstanding attendance was reported with 84 pharmacists, 19 pharmacy technicians, 16 pharmacy residents, and 29 pharmacy students. The conference was also host to 25 exhibit participants and 24 poster presentations. The 11 hours of continuing education were well received with overwhelmingly positive evaluations for all speakers. In addition, a technician track consisting of 5 hours of continuing education was offered. During the business meeting, new board members were inducted including Past President: Kelley Oehlke, President: Andrea Aylward, President-Elect: Tadd Hellwig, Secretary: Gary Van Riper, Treasurer: Nicole Hepper, Technician Board Member: Bonnie Small, Board Members: Rhonda Hammerquist and Joel Van Heukelom, Resident Board Member: Andrew Zwack, and Student Board Members: Amanda Nelson and Brittany Bailey. On behalf of the members, I would also like to thank the outgoing board members: John Kappes, Kathryn Schartz, Ann Oberg, and Kirre Wold for all of their contributions to SDSHP and the profession of pharmacy.

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SD ASSOCIATION OF PHARMACY TECHNICIANS

Bonnie Small | President

This year has gone by so fast. Please note that we rescheduled our annual meeting from July 12 to October 4 at Student Union on the SDSU campus in Brookings.You can see all the changes on our website at www.sdapt.org. Sign in starts at 8:00 that morning. We will be presenting five speakers so it will be a full day. I hope to see all of you there.

I would like to thank everyone for being a part of SDAPT and working so hard. These are a few of the ladies that have been, and still are, a great asset to the Association. Pictured is Diane Fiener (Past Treasurer), Bonnie Small (President), Twila Vavra (Past President), and Sue DeJong (President elect). As you can see, we are a fun group. I want to do a shout out to Deb Mensing, our Treasurer, and to Lyanna Brenner, our Secretary, for all the fine work they have been doing.

I would also like to take a minute to send out prayers to Wessington Springs and our Twila Vavra. She lives in Wessington Springs and manages the pharmacy there, among all the other duties she does in her spare time. She is okay, but working as hard as everyone to put the community back together. They are in our thoughts and prayers.

A couple final notes: I want to extend congratulations to Ann Oberg, who has been re-appointed to the ASHP section Advisory Committee on Pharmacy Technincians and Support Services. I also want to bring to your attention a fundraiser we are conducting this year. We are selling jackets with "Pharmacy Technician" printed on them. Please contact SDAPT for more information.

If you have questions or would like more information about happenings within the SDAPT, log on to our website (sdapt.org) or visit us on Facebook.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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Recognition

In addition to the excellent educational programming, several awards were presented at the Annual Conference. The Gary W. Karel lifetime achievement award which recognizes an individual of high moral character, good citizenship and high professional ideals who has made significant contributions to health-system pharmacy practice in South Dakota was awarded to Ron Huether. Tadd Hellwig from South Dakota State University College of Pharmacy/Sanford USD Medical Center was awarded the SDSHP Pharmacist of the Year and Lori Bockenstedt from Sanford USD Medical Center was recognized as the SDSHP Pharmacy Technician of the Year. On behalf of the SDSHP board, members, and all pharmacists in the state of South Dakota, congratulations to our award recipients!

Upcoming Events

Mark your calendars for the 13th Annual Gary Van Riper Society Open Golf Classic at Bakker Crossing Golf Course on July 25, 2014. This 4-person scramble is a fundraising event to support our student pharmacists with scholarships and funding for the Clinical Skills Competition. Please visit our website at www.sdshp.com or email Tyler Turek at tyler.turek@sanfordhealth.org for more information. Following the golf tournament, SDSHP is sponsoring a night out with the Sioux Falls Canaries. If you would like more information, contact Andrea Aylward at acarder86@gmail.com. Please plan to keep the whole day open for fun at the course followed by a night out at The Birdcage!

Effective July 1:

Electronic Reporting of Sales of Products Containing Ephedrine & Pseudoephedrine

What You Need to Know

As a result of legislation adopted by the 2014 South Dakota Legislature (SB24), all pharmacies and retailers in the state of South Dakota that sell over the counter cold and allergy medications containing ephedrine and/or pseudoephedrine (PSE) must use a real-time electronic PSE monitoring program. This will assist law enforcement in the tracking of illegal PSE purchases.

NPLEx - New Online Reporting System

In compliance with SB24, the state of South Dakota has joined the National Precursor Log Exchange (NPLEx). The technology provider, Appriss, will provide a web-accessed database at no charge to pharmacies and retailers in the state. Under state and federal law, pharmacies and retailers are currently required to capture certain data regarding PSE sales. The NPLEx system enables pharmacies and retailers to easily enter the same PSE sales data currently being gathered online rather than recording the information into a manual log or in-store computer system. Data will be stored in a secure, central repository that treats the data collected as if it were Health Insurance Portability and Accountability Act (HIPAA) data.

To secure your sales information, only your pharmacy will be able to inquire and view your sales data. As part of this project, pharmacies will be provided access licenses and system training at no cost to the pharmacy. NPLEx will assist pharmacies by speeding up the logging and maintenance of purchases/sales information. In keeping with state and federal law, NPLEx will provide law enforcement with real-time access to view PSE purchases and will computerize tracking and investigative reporting information.

Online Training Will be Provided

After you have registered for your store account, you may want to attend a web-based training. During this training session, Appriss will perform a live demonstration of NPLEx, train you on how to use the application, and answer any questions about the service. Trainings will be held every 1st and 3rd Tuesday from 10:00AM CST to 11:00PM CST, except for holidays. You can access the webinar at https://appriss.adobeconnect.com/nplexretail/. Please log in as a "Guest", you do not need a username or password for the training session. Once you have logged in as a guest, you may enter your name or the pharmacy you represent. You may use your computer for the audio or dial 1.866.879.2360 and enter Conference Code 5202682063.

You may contact the Appriss Implementation Team at 1.855.675.3973 (1.855.NPLEx.SD) Mon-Fri, 9:00 AM – 5:00 PM EST or by email at SDNPLEx@appriss.com with questions related to account login issues and/or other general questions.

Additional Information

Sponsor: This project is sponsored by the National Association of Drug Diversion Investigators. Again there is no charge to your pharmacy for participating in the project or using the NPLEx retail web portal.

Businesses That Can't Electronically Capture Signatures

Those pharmacies who participated in the survey sent out by the Board of Pharmacy and indicated a need for electronic signature capture capabilities will be provided with a scanner and tech support. We anticipate the scanners will be sent out shortly through the Attorney General's Office and APPRISS. Many of our pharmacies already have the capability to capture an electronic signature or have worked out a solution through their POS vendor.

Waiver for Businesses Without Internet Access

If you sell these products but do not have internet access at your business, you may be granted a waiver. To request a waiver call the South Dakota Attorney General/Division of Criminal Investigation at 605-773-3536.

Notify NPLEx If Your Pharmacy Does Not Sell These Products
If your store does not sell any over-the-counter cold and allergy medicine that contain PSE as the active ingredient, please email NPLEx at SDNPLEx@appriss.com and provide your pharmacy name, DEA#, NCPDP#, and state that you do not sell so that they may note it in their database.

We want to thank our partner in this project, the South Dakota Retailers Association for developing informational materials to share with SDPhA!

From the South Dakota Retailers Association | *Retail Prophet* | June, 2014

128th Annual South Dakota Pharmacists Association Convention
Cedar Shore Resort • Chamberlain/Oacoma, SD
September 19-20, 2014

Line-up (Tentative)

Friday, September 19

8:00 a.m. – 9:30 a.m.	**Enhancing Public Safety through Partnerships** Attorney General Marty Jackley
9:30 a.m. – 10:30 a.m.	**Pharmacy Law** Dr. Dave Helgeland
10:30 a.m. – 11:30 a.m.	**Business Meeting**
11:30 a.m. – 1:30 p.m.	**Vendor Time/Luncheon/Awards Presentations**
1:30 p.m. - 3:00 p.m.	**Pain Management & Pharmacogenomics** Dr. Nikki Eye & Dr. Krista Bohlen
3:00 p.m. – 3:30 p.m.	**SDSU Ice Cream Social**
3:30 p.m. – 5:00 p.m.	**New Drug Update** Dr. Joe Strain
6:00 p.m. – 8:00 p.m.	**Riverside Reception** Entertainment by the z*stonish effect

Saturday, September 20

8:00 a.m. – 9:00 a.m.	**Light Breakfast/Second Business Meeting**
9:00 a.m. – 11:00 a.m.	**Antimicrobial Stewardship** Dr. Katie Palmer, PharmD, BCPS
11:00 a.m. – 1:00 p.m.	**Appointment-based Model** SDSU Student Pharmacists

Resort to Excellence

SDPhA ANNUAL CONVENTION
SEPTEMBER 19-20, 2014 • OACOMA, SD

128th Annual South Dakota Pharmacists Association Convention

Registration Form

Cedar Shore Resort | Oacoma, SD | September 19-20, 2014

All SDSU Student Registrations are FREE!
(Hotel Not Included)
Registration must be submitted prior to August 20, 2014.

	SDPhA Member	Spouse or Guest	Children	SDAPT Member	Pharmacy Technician	Pharmacy Student	Non-SDPhA Member	
Full Registration*								
Before August 20, 2014	$150	$75	$20	$75	$125	Free	$225	_____
After August 20, 2014	$175	$100	$20	$100	$140	Free	$250	_____
One-Day Registration**								
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AND THE LAW by Don R. McGuire Jr., R.Ph., J.D.

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

Why is that pharmacist asking so many questions?

One of the duties required of pharmacists under OBRA '90 is that a Drug Utilization Review (DUR) be performed. In the years since, the profession has developed specialized areas of DUR, such as medication reconciliation in the hospital setting. In the end, a healthcare professional should make sure that the patient is on the correct drugs for their condition(s), that they are taking them at the correct dosages, and that all the medications work together. The professional best suited to provide this service, whatever you call it, is a pharmacist.

What does the pharmacist need in order to provide this service effectively? Up to date patient information and an up to date medication list are key. Reasonable efforts to obtain this information should be made by the pharmacist or their staff. Patients are sometimes reluctant to provide this information. It may be a privacy concern, embarrassment, or it may be that they don't understand why it is needed by the pharmacist. Patient education may be helpful in the latter case. In the hospital setting, an accurate list upon admission may difficult to obtain initially, but with the help of the physician's office, and many times the patient's community pharmacist, the blanks can easily be completed. Medication reconciliation is also important at discharge. Discontinued or changed dosages are communicated to the patient. The patient should give this new information to their community pharmacist and pharmacists should be looking for it if they are aware of any hospital admissions or procedures. Continued focus on continuum of care will allow all pharmacists to better serve their patients through increased access to current information.

In the end, the pharmacist must proceed with the information at hand. The patient should understand that the quality of the DUR depends on the information that the pharmacist has to use. We cannot force patients to provide the necessary information. However, the pharmacist should document their attempt to gather it if they cannot obtain it.

Once the review is finished, the key to a successful DUR encounter is to take action with any findings that are out of the ordinary. This may mean having a discussion with the patient about their condition and/or their therapy. Many times these conversations can clear up any misinterpretations or other mistakes. A well-informed patient can be a good ally to make sure that their therapy is appropriate.

But at other times, a call to the prescriber about one or more drugs that are causing concern, or have the potential to cause a problem, is required. Again, documentation is key. Make good notes about the conversations or phone calls. Record the date, time, participants, and the content of the discussions. If changes to therapy need to be made, make sure that the changes are well-documented also. Don't assume that someone else has discussed your concerns with the patient or has interacted with the prescriber. Many times the pharmacist is the last line of protection for the patient. This doesn't excuse those professionals who have acted before you, but in most situations, there is no one to take action after you. There are also situations where prescribers will not change the ordered therapy. The pharmacist must then act to protect the patient within their professional boundaries. A previous article in this series discussed refusing to fill prescriptions.

The patients' health and well-being depend on all healthcare professionals doing their respective jobs to the best of their abilities. For pharmacists, one aspect of this means doing your best to gather patient information, performing a thorough DUR, and carrying through with any needed recommendations. Your

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FINANCIAL FORUM

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

While the Idea of Retirement Has Changed, Certain Financial Assumptions Haven't

We've all heard about the "new retirement", the mix of work and play that many of us assume we will have in our lives one day. We do not expect "retirement" to be all leisure. While this is becoming a cultural assumption among baby boomers, it is interesting to see that certain financial assumptions haven't really changed with the times.

In particular, there are two financial misconceptions that baby boomers can fall prey to – assumptions that could prove financially harmful for their future.

#1) Assuming retirement will last 10-15 years. Previous generations of Americans planned for retirements anticipated to last only 10-15 years. Today, both men and women who reach 65 can anticipate around 20 additional years of life. It's important to note that this is just an average; a quarter of people reaching 65 will live beyond 90 and ten percent will live another five years or more.[1]

However, some of us may live much longer. The population of centenarians in the U.S. is growing – the Census Bureau counted 53,364 folks 100 years or older in 2010 and showed a steady 5.8 percent rise in centenarians since the previous count in 2000. It also notes that between 1980 and 2010 centenarians experienced a population boom, with a 65.8% rise in population, in comparison to 36.3% overall.[2]

If you're reading this article, chances are you might be wealthy or at least "affluent." And if you are, you likely have good health insurance and access to excellent health care. You may be poised to live longer because of these two factors. Given the landmark health care reforms of the Obama administration, we could see another boost in overall American longevity in the generation ahead.

Here's the bottom line: every year, the possibility is increasing that your retirement could last 20 or 30 years … or longer. So assuming you'll only need 10 or 15 years worth of retirement money could be a big mistake. Many people don't realize how much retirement money they may need. There is a relationship between Misconception #1 and Misconception #2 …

#2) Assuming too little risk. Our appetite for risk declines as we get older, and rightfully so. Yet there may be a danger in becoming too risk-averse.

Holding onto your retirement money is certainly important; so is your retirement income and quality of life. There are three financial issues that can affect your quality of life and/or income over time: taxes, health care costs and inflation. Over time, even 3-4% inflation gradually saps your purchasing power. Your dollar buys less and less.

Here's a hypothetical challenge for you: for the rest of this year, you have to live on the income you earned in 1999. Could you manage that?

This is an extreme example, but that's what can happen if your income doesn't keep up with inflation – essentially, you end up living on yesterday's money.

Taxes may be higher in the years ahead. So tax reduction and tax-advantaged investing have taken on even more importance whether you are 20, 40 or 60. Health care costs are climbing – we need to be prepared financially for the cost of acute, chronic and long-term care.

As you retire, you may assume that an extremely conservative approach to investing is mandatory. But given how long we may live - and how long retirement may last - growth investing is extremely important.

No one wants the "Rip Van Winkle" experience in retirement. No one should "wake up" 20 years from now

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PRESIDENT'S PERSPECTIVE

(continued from page 5)

the mention of provider status. She thought it was a good idea and did not know we were working towards provider status. She thought it was a powerful move forward for our profession and a really big deal.

In December at Midyear, I told her I would buy her pass tickets to Disney World and Sea World if she planned the days out so we could efficiently see the parks and get the best deals. We had such a blast at Sea World and did not miss anything. I will never forget the manta ray roller coaster there. We hop up into the chairs and it flips us up so we are in Superman position with our ankles locked. We precede the whole ride that way, rolling over upside down at least twice while I Charlie Brown screamed the whole ride. We also watched "O Wondrous Night" which ended with a live Nativity that included real camels. I loved it and loved that Sea World celebrated the real meaning of Christmas. We met Cinderella at Disney World. Something she will never let me forget since I turned into a five year old in about thirty seconds. We made unforgettable memories. I have to thank her for being a wonderful sister and friend. She has proofread all my articles along with my good friend Josh this year and supported me so much.

She has taught me so many things and knows we so well. She has been home in Highmore the past few months helping my parents so she is seeing how I currently manage my life. She recommends that I stop and enjoy my coffee in the morning. Although I have learned many things to help me professionally this year, this is probably the best advice given to me all year so I thought I would pass it on to you. I'm sure there are others out there slamming their coffee and inhaling their eggs that need to slow down a little bit too.

Thank you again for the opportunity to be your president. Have a wonderful summer. I hope to see you all at our meeting this fall. Please stay involved in our profession but enjoy your coffee too.

Rx and the Law:

Why is that pharmacist asking so many questions?

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patients may not realize that this is going on behind the scene, so educate them about what you are doing to protect them. They should value your service even more.

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:

While the Idea of Retirement Has Changed, Certain Financial Assumptions Haven't

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only to find that the comfort of yesterday is gone. Retirees who retreat from growth investing may risk having this experience.

How are you envisioning retirement right now? Has your vision of retirement changed? Is retiring becoming more and more of a priority? Are you retired and looking to improve your finances? Regardless of where you're at, it is vital to avoid the common misconceptions and proceed with clarity.

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Continuing Education for Pharmacists

"Immunizations: Informational Update and Commonly Asked Questions" -*Knowledge-based CPE*

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Goal: To enhance pharmacists' knowledge regarding immunization practice standards.

Pharmacist Learning Objectives:

1. Understand the general principles of the vaccines discussed in this article;
2. Provide correct answers to commonly asked vaccination questions;
3. Identify the new vaccine practice guide lines and incorporate them into the professional practice setting;
4. Compare and contrast the varying options available to ensure the ideal vaccination schedule.

Introduction

Immunizations have become a cornerstone of modern health care. Unfortunately, despite vaccine's ability to provide morbidity and mortality benefits, they are also becoming a source of increasing confusion among health care providers. Frequent alterations to achieve ideal vaccine usage include variations in optimal administration schedules, formulations available, new products, vaccine shortages, and much more. Given this rapid fluctuation of information, it is important for pharmacists to continuously work to improve their vaccination knowledge. This continuing education program will focus on recent immunization updates, commonly asked vaccine questions, and general information about vaccine use.

Tdap Vaccine In Pregnancy

Tdap is a vaccine that promotes an active immunity against diptheria, tetanus, and pertussis through the stimulation of specific antibody production.[1] Diphtheria can lead to serious complications such as heart failure, breathing problems, and even death.[2]

Tetanus, also called "lockjaw," can lead to muscle tightening all over the body.[3] Finally, Pertussis is another name for whooping cough, which is an infection in the lungs caused by the bacterium *Bordetella pertussis.*[4] The whooping cough has recently become an increasing problem for many children in the United States, which has sparked the need for this new Tdap vaccine recommendation.

1) When should pregnant women receive the Tdap vaccine?

In October of 2012 the Advisory Committee on Immunization Practices (ACIP) approved the recommendation that the Tdap vaccine should be administered to every pregnant woman independent of her Tdap vaccination history. Each expecting mother should receive the vaccination between the 27th and 36th week of gestation to maximize antibody production and transfer of pertussis antibodies to the infant. Note that the Tdap should be given for EVERY pregnancy regardless of when the mother had last received it.[5]

2) Why is it necessary to vaccinate during each pregnancy?

Bordetella pertussis can lead to very serious infections and possibly result in death. Although individuals of all ages can become infected and have serious complications, infants that are less than six months old are at an increased risk because of their undeveloped immune system. Of infants less than one year old that are infected with *Bordetella pertussis*: more than half will require hospitalization, one in five of those hospitalized will develop pneumonia, and one in 100 will die.

By receiving the Tdap vaccine during pregnancy, a mother passes immunity to her infant resulting in protection against pertussis during the first months of the infant's life. The current recommendation is not to start the infant's primary DTaP series until they are 2 months old, which means that the infant is not fully protected until their third dose of the series at 6 months of age.[5]

3) What should be done if the mother does not receive the Tdap during the pregnancy?

If the mother does not receive the Tdap during her pregnancy, she should receive it before she leaves the hospital after delivery. The reason for this is that the mother may pass some of the antibodies on to the infant through breastfeeding. As for the infant, it is NOT remended to give them the Tdap vaccine at this time.[5]

New Influenza Vaccine: Flublok®

On January 16, 2013, the FDA approved the new trivalent influenza vaccine called Flublok®. Similar to previous flu vaccines, this product is approved for individuals ranging from 18-49 years of age. Flublok® provides protection from two influenza virus A strains (H1N1 and H3N2) and one influenza B strain. This product is expected to be fully available for the 2013-2104 flu season.[6,7]

1) How does this vaccine differ from other approved vaccines?

Flublok® is unique compared to previous flu vaccines in that it doesn't use eggs or the influenza virus in its production. Instead, it is made from using an insect virus (baculovirus) and recombinant DNA technology to produce hemagglutinin A (HA).

HA is a protein used by virus particles to bind and enter host cells. The majority of antibodies produced in the body that prevent influenza are directed at these proteins. This new manufacturing process means that patients will no longer have to worry about egg allergies when receiving the vaccine. Another benefit of this process is that the vaccines can be more quickly produced. In the event of a pandemic, there will be fewer shortages of the much needed vaccine.[7]

2) Can you get the flu from Flublok®?

No, you cannot get the flu from Flublok®.[8]

3) How should Flublok® be stored?

Flublok® has a shelf-life of 16 weeks from the production date.[6] It comes as single use 0.5ml vials that should be kept refrigerated between 2° and 8° Celsius.[9]

4) When will Flublok® be available, and how is it given?

It will be widely available for the 2013-2014 flu season. Flublok® comes as a single use

0.5ml vial for IM injection into the upper arm.[9]

Pneumococcal Vaccine

Streptococcus pneumoniae is a bacterium that is spread through contact with respiratory secretions. Pneumococcal infections can lead to pneumonia, meningitis, and blood stream infections resulting in long term problems such as brain damage and hearing loss.[10] There are two different pneumococcal vaccines used to prevent these infections including PPSV23 and PCV13. PPSV23 contains 23 capsular polysaccharide antigens of *S. pneumoniae* and PCV13 (Prevnar13®) contains 13 polysaccharides of the cap-sular antigens of *S. pneumoniae* serotypes.[11] PPSV23 contains 12 of the stereotypes that are also in PCV13, but it does not contain 6A.[12]

1) When should PPSV23 be administered in adults?

It is currently recommended by the ACIP that the PPSV23 vaccine should be administered to those high risk patients ≥ 19-64 years old, and to ALL adults ≥ 65 years old to prevent invasive pneumococcal disease (IPD).[12]

2) When should PCV13 be administered in adults?

On June 20, 2012 the ACIP recommended the administration of the PCV13 vaccine to adults ≥ 19 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants.[12]

3) Should I administer both the PPSV23 and PCV13 to an adult eligible for both?

Current recommendations state that the PCV13 vaccine should be administered in addition to the PPSV23 vaccine in eligible individuals.[12]

4) Should I administer both vaccines on the same day?

NO. The schedule for receiving the vaccines is dependent on the order in which the patient receives them. The ACIP recommends that pneumococcal vaccine-naïve adults ≥ 19 years old with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, OR cochlear implants receive the PCV13 vaccine first then follow it with a dose of PPSV23 at least 8 weeks later. If the eligible adult has received ≥ 1 dose of PPSV23 first, then the adult should wait ≥ 1 year before receiving a dose of PCV13.[12]

5) When should the vaccines be readministered?

Currently the PCV13 vaccine is a one-time administration and is NOT readministered. As for the PPSV23 vaccine, patients that received their first dose when ≥ 19 -64 years of age due to functional or anatomic asplenia or were found to be immunocompromised should receive a one-time revaccination 5 years after the first dose.

All adults should receive the PPSV23 vaccine when ≥ 65 years old (as long as it has been greater than five years since their last vaccine) regardless of their PPSV23 vaccination history.

Remember if previously vaccinated with PPSV23 a minimum 5-year interval between doses should be upheld.

Remember if an individual has just received the PCV13 vaccine and is due for the 5 year revaccination of PPSV23 they should wait a minimum of 8 weeks after receiving the PCV13 to receive the revaccination.[12]

6) Who is a high-risk patient?

The following charts include high-risk patients and recommendations for receiving the pneumococcal vaccines if ≥ 19 years of age. (See charts and key on following page).

IMMUNOCOMPROMISED	Underlying Medical Condition	PCV13	PPSV23	
		Recommend	Recommend	Revaccinate after 5 years
	Congenital/ acquired immunodeficiency †	XX	XX	XX
	HIV infection	XX	XX	XX
	Chronic Renal Failure	XX	XX	XX
	Nephritic Syndrome	XX	XX	XX
	Leukemia	XX	XX	XX
	Lymphoma	XX	XX	XX
	Hodgkin Disease	XX	XX	XX
	Generalized Malignacy	XX	XX	XX
	Iatrogenic Immunosuppression§	XX	XX	XX
	Solid Organ Transplant	XX	XX	XX
	Multiple Myeloma	XX	XX	XX

IMMUNOCOMPETENT	Underlying Medical Condition	PCV13	PPSV23	
		Recommend	Recommend	Revaccinate after 5 years
	Chronic heart disease *		XX	
	Chronic Lung Disease^		XX	
	Diabetes		XX	
	Cerebrospinal fluid leak	XX	XX	
	Cochlear Implant	XX	XX	
	Alcoholism		XX	
	Chronic Liver disease		XX	
	Cigarette smoking		XX	

Key

* Includes those with congestive heart failure and cardiomyopathies but NOT hypertension

^ Includes those with COPD, emphysema, and asthma

† Includes B-lymphocyte deficiency, T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders but NOT chronic granulomatous disease

§ Represents disease that require immunosuppressive medication treatment (long term steroids and radiation)

Functional or Anatomic Asplenia	Underlying Medical Condition	PCV13	PPSV23	
		Recommend	Recommend	Revaccinate after 5 years
	Sickle Cell/ other hemoglobinopathy	XX	XX	XX
	Congenital or acquired asplenia	XX	XX	XX

*These charts were adapted from the CDC.[12]

Live Vaccine Administration and Immunosuppression

1) Who is considered to be immunospressed?

Immunosuppressed individuals can be separated into three different groups including:

Group 1:

Those who are severely immunocompromised not as a result of HIV. This can include those with congenital immunodeficiency, leukemia, lymphoma, generalized malignancy, and therapy with alkylating agents, antimetabolites, radiation, or high dose corticosteroids.[13]

Group 2:

Those who are immunocompromised as a result of HIV.[13]

Group 3:

Those who have limited immune deficits as a result of certain conditions such as renal failure, diabetes, alcoholic cirrhosis, or asplenia.[13]

2) What are the recommendations for these three groups with live vaccines?

Group 1:

Generally, these individuals or those in close contact with them should NOT receive live vaccines. One exception is the measles, mumps, rubella vaccine (MMR), which

CAN be given to those in close contact with individuals who are immunocompromised. When determining the need for chemotherapy or other immunosuppressant therapies, the appropriate vaccinations should be given at least two weeks prior to starting the regimen. If not, the patient should wait to receive the vaccine for three months after therapy discontinuation. One exception to this is considered for leukemia patients in remission who have not received chemotherapy in three months, whom MAY receive live vaccines.[13]

Group 2:
Generally, these individuals should NOT receive live vaccines. One exception to this is the MMR vaccine, which is recommended for all adults and children no matter their HIV status. As HIV progresses, the patient response to vaccines may also decrease. Unfortunately, higher doses are NOT recommended at this time for these patients.[13]

Group 3:
Generally NOT considered immunosuppressed and can receive both live and inactivated vaccines. They may, however, require special doses or vaccinations due to their physiological changes.[13]

3) Which vaccines are live or attenuated and which are inactivated?

*There are both live/attenuated AND inactivated forms of the vaccine

Live/Attenuated	Inactivated	
Adenovirus	Anthrax	***Influenza trivalent A and B (IM and intradermal)**
Herpes Zoster (shingles)	DTaP	Japanese encephalitis
***Influenza trivalent A and B (Intranasal)**	DT	Meningococcal
Measles, Mumps, Rubella	DTaP- IPV	Pneumococcal
Measles, Mumps, Rubella, Varicella	DTaP-HepB-IPV	***Polio (IM)**
Rotavirus	DTaP-IPV/Hib	Rabies
***Typhoid (oral)**	Haemophilus influenza type b (Hib)	Tetanus – (reduced) diptheria
Varacella	Haemophilus influenza type b (Hib) – hepatitis B	Tetanus - (reduced) diptheria (reduced) pertussis
Vaccinia (smallpox)	Hepatitis A	Tetanus toxoid
Yellow Fever	Hepatitis B	***Typhoid (IM)**
	Hepatitis A – Hepatitis B	
	Human Papillomavirus (HPV)	

4) Can a patient using corticosteroid therapy receive a live/attenuated vaccine?
Whether or not a patient using corticosteroids can receive a live/attenuated vaccine depends on a number of treatment variables. The use of live/attenuated vaccines are generally acceptable when:
Therapy is short term (< 2 weeks)
The dose is low to moderate
Treatment is long-term but includes alternating days with a short-acting preparation
Treatment is only replacement therapy (maintenance physiologic dose)
Treatment is applied topically, inhaled, or injected into a tendon/joint[13]

5) What dose of steroids is too much?
Due to the variability of immunosuppressive effects that steroids may have on an individual, there is no official standard dose that should be considered inappropriate for a patient to receive a live vaccine. This being said, many physi-

cians have accepted that a steroid regimen with a daily dose therapeutically equivalent to or greater than 2mg/kg of prednisone OR equal to or greater than 20 mg of prednisone per day as the cut off for administering live vaccines. Anyone above these levels should wait at least 3 months after treatment before receiving a live vaccine.[13]

Vaccines Causing Autism Rumor

In 1998 an article was published in the *Lancet* by leading author Andrew Wakefield and 12 others that suggested a link between vaccinations and autism. Following the release of the study, it was quickly criticized for its numerous limitations including: the small number of cases (12 cases), the use of no controls, and the researchers' reliance on parental recollection for information within the study.

These weaknesses, along with a lengthy investigation and hearing completed by the General Medical Council (GMC), determined that Wakefield was guilty of dishonesty concerning the admission criteria and funding he used to draw his conclusions.[16] In 2010, the *Lancet* retracted Wakefield's 1998 publication from their published record and Britain revoked Wakefield's medical license. Though Wakefield's findings were found to be fraudulent and incorrect, his work created skepticism of immunizations among the public.[17]

1) What impact is this having on the public?

Although Wakefield's article was found to contain false evidence, the impact it left on the public is still evident today. Since 1998, thousands of parents of autistic children have filed petitions with the Vaccine Injury Compensation Program due to the supposed link.[19]

Further proof of the continuous doubt that the public has against vaccine usage can be seen by polling results and by outbreaks of vaccine preventable diseases.

In 2011, a poll conducted by the National Public Radio (NPR) surveyed individuals from across the U.S. found that 21% of participants still believe that autism is linked to vaccines. The poll also found that 25% of participants said their opinion about vaccines had changed in the past five years, and of those individuals 59% said their opinions are now less favorable.[19]

2) What information is available on the link between vaccine use and autism?

Since 1998, numerous studies have been conducted by organizations including the Centers for Disease Control and Prevention (CDC) and Institute of Medicine (IOM).The goals of these studies were to gather firm evidence that vaccinations did not in fact cause autism and to relieve the public's concerns. Some of these studies include:

- Two studies completed in 1999 by the British department of health that confirmed no link between vaccinations and autism.[18]

- Nine studies conducted since 1998 (the latest study being published in the *Journal of Pediatrics* in April 2013) that the CDC has been involved in concerning the link between autism and vaccines that have found no evidence linking autism to vaccines or specific preservatives within the vaccines.[20]

Shingles

Shingles is caused by the same virus that causes chickenpox called the varicella zoster virus. Manifestations of shingles include a painful rash on one side of the face or body. This rash typically forms into blisters that scab over in one week, and clear up after about one month. Intense pain is a common feature of the disease, and can start before the rash and last up to several years.

Pain after the disappearance of the rash is called postherpetic neuralgia, and is the most problematic long-term complication of shingles. One good thing that it has in common

with chickenpox is that once you get it, you are unlikely to ever get it again.[21,22]

1) Is it recommended to give Zostavax® to adults 50-59 years old?
In 2010, Merck completed the Zostavax® Efficacy and Safety Trial (ZEST) which analyzed Zostavax® use in individuals 50-59 years old. The results showed that vaccination reduced shingles incidence by 70% compared to placebo, which is better than the 50% difference seen with the 60-69 year old age group. If over 80 years old, this number drops even further to 20%.

Safety concerns of Zostavax® were minimal and comparable between all the age groups studied. The ACIP looked at this data and decided to open its labeled indication to cover the 50-59 year old age group. Despite this, it did NOT decide to recommend it for use in these patients.

ACIP's decision was not because of safety or efficacy issues, but was instead because of limited supply and unknown duration of action of Zostavax®. Practically, a proper candidate who can afford the vaccine and is at least 50 years old can be safely administered Zostavax® under FDA indications.[23]

1) If a person has had shingles, can they get the vaccine?
Yes, but it should not be given until after the rash has disappeared.[24] Unfortunately, there is no set time period for how long after having shingles a person must wait to get the vaccination. Keep in mind that Zostavax® is used for shingles prevention; not treatment. Although the odds of getting shingles again are not likely, it can be given to help protect against reoccurrence in the future.[23]

2) If a person can't remember if they have received Zostavax® in the past, can you still give it to them?
Yes, it is still safe and effective even if they have had it in the past.[24]

3) Are shingles contagious?
You cannot transmit shingles to another person, but it is possible to pass the varicella zoster virus to others and cause chickenpox. In order for this to happen, the person must have never had chickenpox in the past. If they have had chickenpox, then shingles is not contagious.

One big difference between shingles and chickenpox is how they are transmitted. In chickenpox, the varicella zoster virus can be aerosolized and spread via respiratory secretions. In shingles, it can only be passed by direct contact with the fluid in the blisters of a person in the blister stage.[25]

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"Immunizations: Informational Update and Commonly Asked Questions"

Continuing Education Post-test

1) A pregnant women should be advised to receive the Tdap vaccine during which weeks of pregnancy?
   A) Between the 15th and 20th week of gestation
   B) Between the 20th and 25th week of gestation
   C) Between the 27th and 36th week of gestation

2) If the mother does not receive the Tdap vaccine before delivery, she should get it before she leaves the hospital.
   A) True B) False

3) The Flublok vaccine will have an expiration date of how long?
   A) 1 year B) 6 months C) 16 weeks

4) A person with an egg allergy shouldn't receive the Flublok vaccine.
   A.) True B.) False

5) If a patient was properly given the PPSV23 vaccine at the age of 62 years old, what is the earliest age that the patient could (and should) be re-administered the PPSV23 vaccine?
   A) 65 years old
   B) 72 years old
   C) They do not need to receive the PPSV23 vaccine again

6. If a patient is eligible to receive both the PPSV13 and PPSV23 vaccines, they should receive them both at the same time.
   A) True B) False

7. Vaccines have been shown to cause autism in patients.
   A) True B) False

8) Which age group has been shown to have the best response to the Zostavax in regards to the most significant reduction in shingles incidence
   A) 40-49 years old
   B) 50-59 years old
   C) 60-69 years old
   D) 70 years or older

9) If a person has had chickenpox in the past, they can get shingles transmitted to them from another person.
   A) True B) False

10) It is good practice to give a person a live vaccine when they are receiving very high dose corticosteroid therapy.
   A) True B) False

"Immunizations: Informational Update and Commonly Asked Questions"

(Knowledge-based CPE)

To receive 1.5 Contact Hours (0.15 CEUs of continuing education credit, read the attached article and answer the 10-question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of 70% or better is required to earn credit for this course. 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. Credit will be uploaded to a participant's e-Profile Account within 2 weeks of successful completion of this CPE.

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: #0063-9999-13-029-H01-P

Learning Objectives - Pharmacists*: 1. Understand the general principles of the vaccines discussed in this article; 2. Provide correct answers to commonly asked vaccination questions; 3. Identify the new vaccine practice guide lines and incorporate them into the professional practice setting; 4. Compare and contrast the varying options available to ensure the ideal vaccination schedule.*

Circle the correct answer:

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.*

	Disagree						Agree
Material was effectively organized for learning:	1	2	3	4	5	6	7
Content was applicable for re-licensing :	1	2	3	4	5	6	7
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7

*List any learning objectives above not met in this course:*_____

*List any important points that you believe remain unanswered:*_____

Course material was balanced, noncommercial:	1	2	3	4	5	6	7
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7
Length of time to complete course was reasonable for credit assigned	1	2	3	4	5	6	7

(Approximate amount of time to preview, study, complete and review this 1.5 hour CE course: _____)

Comments:

List any future CE topics of interest (and related skill needs):

……

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IN MEMORIAM

Patrick Donald Lynn

Patrick Donald Lynn died Thursday, April 17, 2014 at Good Samaritan Village in Sioux Falls at the age of 92. He was born on March 17, 1922 to Henry and Mary Lynn in Sioux Falls, South Dakota.

After graduating from Sioux Falls Washington High School in 1940, he attended classes at Augustana College. He served as a naval aviator for 3 years, during WWII. Following the war, he attended classes at South Dakota State University and graduated from the school of pharmacy in 1951. During that time, Pat married Ruth Petersen in 1948. They lived a happy life together filled with many memories.

Starting in 1951, Pat worked for his father, H.D. Lynn, at his father's drugstore for 4 years. He then worked for Lewis Drug as a store manager and pharmacist in Huron and various locations in Sioux Falls from 1955 to 1988. Afterwards, he worked for Tel-Drug mail order pharmacy for 13 years, retiring in 2001. He was an active member in the Chamber of Commerce and Toastmasters. He presided as president of the Rotary Club in both Huron and Sioux Falls; and served on the board of directors and as treasurer of the Sioux Falls Girls Club. He also presided as president and maintained an active membership in the Horseless Carriage Club, an antique car group.

Patrick is survived by his son, Michael, Sioux Falls. His parents; his wife, Ruth; a brother, Robert Lynn; and, a sister, Dorothy Lynn Sullivan, precede him in death. Both family and friends will miss Patrick.

Jack Jones

Jack Jones, 87, of Miller, died Wednesday, May 21 at the Good Samaritan Center in Miller.

J. H. "Jack" Jones was born on January 16, 1927 to J.C. and Katherine (DenBeste) Jones at Geddes, SD. He moved with his family to Miller in 1930. He graduated from Miller High School in 1945, served in the U.S. Army Air Corps, and graduated from the College of Pharmacy at SDSU in 1950. If ever two people became one, the marriage of Jack and Wilma (Sligo) Jones on June 12, 1950 marked the early days of a long and deep melding of hearts that shaped everything that followed. Jack became a partner with his brother, Mack, in Jones Drug, a business established in Miller by their parents in 1930. Following Mack's retirement, John Wilber became a partner with Jack. Upon his own retirement, Jack served as an inspector for the SD Board of Pharmacy for twenty years. He was a member of the First Presbyterian Church in Miller, where he sang in the choir for more than sixty years and served as an elder. He was a member of Kiwanis and a sixty-year Mason (St. Lawrence Lodge #39). Jack served on the city council of Miller, as mayor of Miller, and as a member of the South Dakota legislature.

Jack is survived by his wife and devoted partner, Wilma, and by their seven children, Janice (Richard) Palmer, Miller; Janet "Dahv" (David) Pappone, Brandon, SD; Jim Jones, Miller; Kristi Jones, Salt Lake City, UT; Herb (Debra) Jones, Sioux Falls; Brian (Tyann) Jones, Miller; and Bruce (Jennifer) Jones, Sioux Falls; by grandchildren Steven (Gretchen) Palmer, Robert (Tanya) Palmer, Kayleen (Dan) Henderson, Daniel (Lindsay) Palmer, Christy Palmer, David (Michelle) Pappone, Claire Fassio, Jamie (Robert) Fisher, Jacklyn (Jordan) Mueller, Will Jones, Jack Jones, Eli Jones, and Kate Jones; by 11 (soon to be 13) great-grandchildren, by sisters-in-law, Doris Jones, Patricia Plesh, and Patricia Sligo; and by numerous nieces and nephews, including Susan Jones and Greg (Sally) Jones.

He was preceded in death by his parents and his brother, Mack Jones; his parents-in-law, William and Audrey Sligo; sister-in-law Audrey Barranti; brother-in-law David Sligo, and nephew Jeff Sligo.

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