Summer Edition 2015 Vol. 29 No. 3

South Dakota Pharmacist

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- ICD-10 Training Opportunity

SOUTH DAKOTA
PHARMACIST

Volume 29 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
4305 South Louise Avenue
Suite 104
Sioux Falls, SD 57106
(605)362-2737
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
17 SDSHP 14th Annual Gary Van Riper Society Open Golf Classic
Bakker Crossing Golf Course Sioux Falls, SD

AUGUST

1 License Renewal Window Opens

SEPTEMBER

7 Labor Day
18-19 SDPhA Annual Convention
The Lodge at Deadwood, Deadwood, SD

OCTOBER
American Pharmacists Month

3 SDAPT Fall Meeting
Sioux Falls, SD
10-14 NCPA Annual Convention
Washington, DC
12 Native American Day
18-24 National Hospital and Health-System Pharmacy Week
27 National Pharmacy Technician Day
Fall District Meetings

Cover: Pactola Reservoir, Rapid City, SD
Photo by Dan Alfson, Alfson Photography

SOUTH DAKOTA PHARMACIST
The *SD PHARMACIST* is published quarterly (Jan, April, July & Oct). *Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.*

THIRD QUARTER 2015
Volume 29
Number 3

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DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

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! This year we'll enjoy the beautiful Black Hills during the fall foliage season…a beautiful time to enjoy some sightseeing, continuing education and just plain fun and relaxation! We'll be at the Lodge at Deadwood this year, September 18-19. We sure hope you plan to join us as we practice "Pharmacy in the Pines." Be sure to check out our educational lineup. We've landed some excellent presenters for you. Please book your hotel rooms soon, as many events are scheduled for that weekend in September, and our room block is filling quickly!

We've had a busy start to our summer and have been working hard to keep track of pharmacy matters that affect your practice. Lynn has mentioned the national legislative efforts. We have also been engaged in the pharmacist to pharmacy technician ratio discussion. The South Dakota Board of Pharmacy took a great deal of time to listen to all parties equally, and developed an approach that we believe is a good compromise. At its June meeting, the Board of Pharmacy supported the proposal to change the current ratio (one pharmacist to two technicians) to one pharmacist to three technicians, which the exception of mail order, hospital and long term care settings, in which case the ratio shall be determined by the Pharmacist in Charge. If you'd like a copy of the proposed changes, give the Board of Pharmacy or this office a call and we'll send you the information.

The next step will now be for the proposal to be presented by Randy at the Legislative Interim Rules Review Hearing on July 20th in Pierre. The Board of Pharmacy also continues to research a possible change in the number of CE hours required in South Dakota (currently 12 to a proposal of 15 per year), so stay tuned and feel free to share your thoughts regarding the matter.

We are pleased to report we had great success with our immunization class in June! All of our "students" passed with flying colors and will be immunizing soon! We were so pleased to have partnered with IHS and APhA on this program, and may look at other certificate programs in the future, so stay tuned.

Also in the news, the Supreme Court of the United States recently upheld the Affordable Care Act provisions relating to the use of nationwide subsidies, so it will be business as usual in South Dakota, with hopefully a little more clarity. The ruling rejected an argument by challengers, who contended wording in the statute prevented the government from extending subsidies in the form of tax credits to residents of some three dozen states that did not set up their own insurance exchanges for people to buy policies.

The Supremes also recently upheld the provisions surrounding the death penalty drug midazolam, indicating that states can continue to conduct executions using the sedative.

Speaking of supreme, it is with supreme sadness I must share that Randy Jones, our Board of Pharmacy Executive Director, will be stepping down at the end of July to attend to family and head out on a new adventure. Randy has been such a steady and true leader, and will be missed a great deal by all of us. He was an incredibly vigilant watchdog for the public, but never abused or over-reached. He handled all matters with courtesy and respect and always worked hard to "do the right thing". **I know we all hold Randy in the highest regard. The very best of luck with your journey, Randy. There will always be a seat at the SDPhA convention table for you! You're leaving awfully big shoes to fill…**

Pharmacy remains busy with issues swirling at every level. Please take time to educate yourselves about pharmacy matters and give us a shout if you have questions. We're here to keep you informed and help you remain engaged!!

Our door is always open, and I'll buy the iced tea if you happen to drop by for a visit.

Sunny Regards,

Sue

PRESIDENT'S PERSPECTIVE

Lynn Greff | SDPhA President

My Pharmacy Colleagues,

I would like to personally congratulate all the nominees for the annual awards to be given this fall at our annual convention. To be nominated by your colleagues, coworkers, and friends is a huge honor in itself. Your nomination speaks volumes about the respect and admiration you have earned. Your practice shines a beacon of light on all that is good in pharmacy practice. You have set a high bar in the pole vault of life! I wish each of you could be the chosen recipient and I know the selection committee will have their work cut out for them as they work through each nominee.

I would like to encourage each of you to consider donating to the Commercial and Legislative Fund within our South Dakota Pharmacists Association. I know there was a time in my life that I did not know how important this fund is. As I have become involved in our association, I have learned how important it is for pharmacy to be represented during the legislative process. It is only through your South Dakota Pharmacists Association, that pharmacy's voice can be heard by the legislators. We are lucky to have Sue Schaefer as our Executive Director as she remains in constant contact with key players in the regulatory and legislative arenas. You absolutely would not believe how many times she fields questions that are brought to her wanting to know what pharmacy's stance is on a given topic. Having this fund available to hire our lobbyist to work with Sue means the difference between having a seat at the table of discussion or being on the menu!

September 18th - 19th are the dates for our South Dakota Pharmacists Association annual convention. The facility is the beautiful Lodge at Deadwood. We do have a block of rooms but they are now starting to go rapidly. Reserve your room soon so you won't miss your chance to stay onsite. There are 12.5 very interesting continuing education hours available covering a very wide range of topics. Our speakers have pertinent information for every practice setting. It remains a goal of our South Dakota Pharmacists Association to be inclusive and relevant for all of South Dakota's pharmacists. I look forward to seeing you at the convention!

Provider status for pharmacists remains an important topic for pharmacists and is gaining ground. In March the H.R. 592 had 41 cosponsors. There are now 141 cosponsors of that bill. Likewise, S. 314 had 5 cosponsors and now there are 16 cosponsors. I am very pleased to report that Representative Kristi Noem has signed on as a cosponsor of this legislation. Thank you to all who have been in contact with our congressional delegation. Let's show our senators the value pharmacists bring to health care in so many ways and encourage them to sign on as cosponsors to this important legislation.

Your South Dakota Pharmacists Association is helping advance the practice of pharmacy in South Dakota. Our association recently partnered with IHS to provide APhA certified immunization training. This was a very successful collaboration and provided this training at a very low cost to those pharmacists who participated. Congratulations to our new pharmacist immunizers. You are the reason South Dakota ranked 1st in the nation in providing influenza vaccinations last year!

Your South Dakota Pharmacists Association wants to have our website become a stronger resource place for your practice. We are working on providing links, examples, and ideas to help this concept become reality for our practicing pharmacists. Our website page is https://www.sdpha.org.

This will be my last newsletter for our South Dakota Pharmacists Association journal and I do not want to miss my chance to say thank you to YOU! As I have become involved with our association I have learned so much. It's funny how when you give to something important to you, you always get something back, and I have received much. Let's continue to work together to advance pharmacy. Our patients will be the beneficiaries of our diligence!

Thank you for your commitment to Pharmacy and your daily display showing the caring face of pharmacy.

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: David Fisher, Christopher Daniels, William Soderlund Jr., Ken Riverson, Adebowale Aremu, Lacee Gallagher, Wan-Ting Chiu, and Brian Headtke. As of this writing, there are 1922 pharmacists licensed in South Dakota. Of these, 1206 have addresses of South Dakota and 716 reside in other states. Some bordering states with SD licensed pharmacists are: ND – 31; MN – 158; IA – 74; and NE – 59.

NEW BOARD STAFF

Bill VanderAarde R.Ph. joined the board staff on May 11th. Bill will be responsible for conducting the inspections in the northeast region of the state. Bill joins the staff with a diverse background in retail and hospital and most recently as the Director of Pharmacy for the Milbank Area Hospital. If you practice pharmacy in the NE, look forward to Bill's smiling face in the near future.

MEDICAL MISSION TRIPS

The board staff have recently received many inquires about the possibility of possessing and carrying / transporting medications, including controlled substances to assist in the treatment of the underserved in other countries. The Drug Enforcement Administration does have an Export Waiver to assist with international humanitarian efforts for DEA registered practitioners and the necessary requirements to legally export controlled substances. Be advised the waiver application and process only applies to the exportation of the controlled substances and retains no authority or effect in any foreign country. Import authority should be obtained from the country of destination. For comprehensive instructions of this process, please visit the DEA website specific to medical missions at http://www.deadiversion.usdoj.gov/imp_exp/med_missions.htm.

PRESCRIPTION DRUG MONITORING UPDATE

The SD PDMP is evolving and changing in numerous ways. We are moving our database hosting services from Health Information Designs (HID), who have served us well for 4 years, to the Appriss-owned PMP AWARxE as of June 1, 2015. We were provided a grant from the NABP Foundation for one year of AWARxE. The timing couldn't be better as our Harold Rogers grant funding will be ending soon. Thank you NABP!

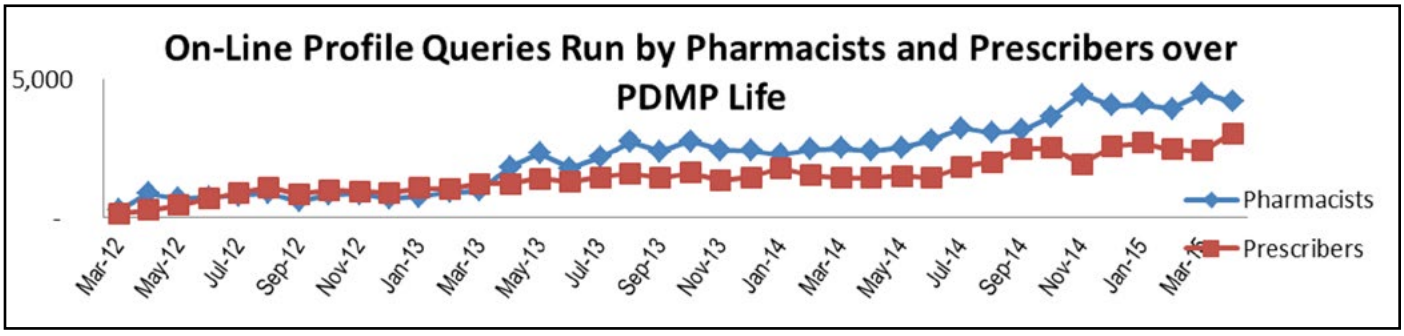
We have been working diligently with Appriss to design our system to meet the needs of all in order to drive enhanced use. You'll see that ease of use is a key with PMP AWARxE. We have heard very positive feedback!

Further, we are working with pharmacy providers to voluntarily move to daily data submissions. Several have agreed to do this! AWARxE can make data available in the database approximately two hours after submission. This provides substantial additional value to all users! Please access the PDMP web site at http://doh.sd.gov/boards/pharmacy/pdmp.aspx for information on how to sign up, run a patient request and more.

We hit a milestone of over 7,000 online PDMP queries in April. Pharmacists and prescribers are driving increased use as you can see in the table below. We currently have 73% of pharmacists, 23% of MD/DOs, 45% of PAs, 38% of NPs and 19% of all dentists approved for data access.

Lastly we are working with Avera Health to integrate PDMP data into workflow. This should roll out in the fall.

The top controlled substance in SD remains Hydrocodone



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SOUTH DAKOTA BOARD OF PHARMACY

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April Most Prescribed Drugs	RXs	Quantity	Days Supply	Quantity/Rx
Hydrocodone BIT/Acetaminophen	22,514	1,543,029	296,679	69
Tramadol HCl	14,371	1,133,037	266,466	79
Zolpidem Tartrate	8,640	282,321	278,822	33
Lorazepam	7,979	398,912	183,152	50
Clonazepam	7,029	431,285	213,432	61
Alprazolam	5,373	238,973	162,127	44
Dextroamphetamine/Amphetamine	5,273	306,282	137,879	58
Methylphenidate HCL	5,155	229,642	155,073	45
Oxycodone HCL	4,405	288,326	56,418	65
Oxycodone HCL/Acetaminophen	4,352	368,155	85,189	85

combination products despite moving them to CII and with the SD Veteran's Affairs facilities now reporting we are seeing substantial increases in all tracked areas.

Pharmacists keep up your attentiveness to your customers and continue using the PDMP. This is an epidemic of addiction and thank you for working together to make a difference!

BIENNIAL INVENTORIES & EXPIRED CONTROLLED SUBSTANCES

The Drug Enforcement Agency under 21 CFR 1304.11 (c) states after the initial inventory is taken, the registrant shall take a new inventory of ALL stocks of controlled substances on hand at least every two years. The biennial inventory may be taken on any date which is within two years of the previous biennial inventory date.

An important item to remember with the statement above is that you need to include your outdated controlled substances in your inventory. Our inspectors have isolated a few cases where outdated inventory has been appropriately removed from the active inventory waiting for the Reverse Distributor or destruction, and did not include the outdated inventory in the biennial inventory which would a violation of state and federal laws.

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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SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy

Dennis Hedge | Dean

Greetings from the College of Pharmacy!

The College's academic year came to a successful conclusion with hooding and commencement ceremonies on the weekend of May 8th and 9th. This year, the College had 82 students graduate with the Doctor of Pharmacy degree and four students graduate with the Ph.D. in Pharmaceutical Sciences degree. As we said goodbye to these graduates, we began looking forward to our next group of students that will join us on the SDSU campus. This summer, we are meeting with members of the incoming Freshman Class and their families during New Student Orientation sessions. We have found that these sessions are extremely helpful to students and their families so that they can better understand the rigors and expectations of college life, and establish a connection to the College which has been shown to be critically important in regard to student success.

The College's postgraduate year one community pharmacy residency program received good news regarding accreditation this past April. The program was granted accreditation through the American Society of Health-System Pharmacists for a term of three years. This achievement was a significant milestone for the program under the leadership of Dr. Jodi Heins, Assistant Department Head of Pharmacy Practice. Congratulations to Jodi and our residency program partners at Lewis Family Drug in Milbank and Medicap Pharmacy in Hartford on a job well done!

We were honored to have Governor Dennis Daugaard stop by Lewis Family Drug in Milbank on June 11 to learn about the mission and goals of our community pharmacy residency program. During our conversation, we were able to explain the value of advanced community pharmacy care services and share our vision for the future role of pharmacists in rural communities. I would like to publically thank Mr. Paul Sinclair for arranging this opportunity.

I also want to take this opportunity to express my sincere appreciation for the great work of our faculty, staff, and volunteer preceptors over the course of this past academic year. The College had a year of great success, and the talents and dedication of our faculty, staff, and preceptors are the primary reasons. Individuals recognized by the College of Pharmacy as award recipients at the conclusion of our school year were:

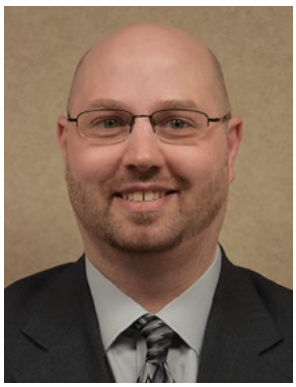
- Dr. Amy Huntimer (Hy-Vee Pharmacy in Sioux Falls), SDSU College of Pharmacy Preceptor of the Year
- Mr. Bernie Hendricks, SDSU College of Pharmacy Staff Award
- Dr. Dan Hansen, SDSU College of Pharmacy Community Engagement Award
- Dr. Billie Bartel, SDSU College of Pharmacy Excellence in Research and Scholarly Activity Award
- Dr. Hemachand Tummala, SDSU College of Pharmacy Excellence in Teaching Award
- Dr. Debra Farver, SDSU Students' Association College of Pharmacy Teacher of the Year

In closing, please remember that summer is a great time for you to visit campus. We would enjoy giving you a tour of our facilities, telling you about our programs, and treating you to some SDSU ice cream.

Have a wonderful summer!

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Tadd Hellwig, Pharm.D., BCPS | SDSHP President



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

39th Annual SDSHP Conference
The 39th Annual Conference was held at the Ramkota Inn in Sioux Falls on April 17th and 18th. A total of 11 hours of CE was provided to the 117 attendees with a separate technician track on Saturday with targeted CE for technician members. Attendees gave overwhelmingly positive evaluations for the speakers and high regards were given to the Clinical Pearl and Clinical Debate sessions. The annual meeting also ushered in new board members including:

- Past President: Andrea Aylward
- President: Tadd Hellwig
- President-Elect: Rhonda Hammerquist
- Secretary: Gary Van Riper
- Treasurer: Nicole Hepper
- Board Members: Joel Van Heukelom and Brittney Meyer
- Technician Board Member: Lynna Brenner
- Resident Board Member: Rachel Pavelko
- Student Board Members: Brittany Bailey and Kendra Ernste

SDSHP would also like to thank out-going board members of Kelley Oehlke, Bonnie Small, and Amanda Janisch for their service and contributions to SDSHP.

Recognition
In addition to the excellent educational programming, several awards were presented at the annual conference. Steve Petersen, Vice President of Pharmacy at Avera Health was awarded 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. Rhonda Hammerquist from Sanford USD Medical Center was awarded the SDSHP Pharmacist of the Year and Jessica Mendel from the Black Hills Surgical Hospital 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!

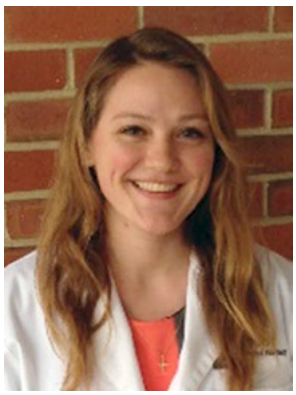
In addition, SDSHP would like to say THANK YOU and happy retirement to Marilyn Eighmy for her many years of service with SDSHP. We would also like to introduce Rae Ann Thompson as the new SDSHP Support Specialist.

Upcoming Event
Mark your calendars for the 14th annual Gary Van Riper Society Open Golf Classic at Bakker Crossing Golf Course on Friday July 17, 2015. This 4-person scramble is a fundraising event to support our student pharmacists with scholarships and funding for SDSU Student travel to the ASHP Clinical Skills Competition.

Please visit SDSHP's new website at www.sdshp.com to learn more about SDSHP, register for the Golf Classic, and see the latest dates for CE programming and other events!!

ACADEMY OF STUDENT PHARMACISTS

Traci Eilers | APhA-ASP SDSU Chapter President



Dear SDPhA,

As APhA-ASP President, I am delighted to share some summer updates with you! Our chapter ended the year on a high note and is continuing to plan for this coming academic year.

In March, eleven student pharmacists represented the SDSU APhA-ASP Chapter at APhA's Annual Meeting in San Diego. We were privileged to present information about the "Shot of the Month" included in our newsletter to other student pharmacists across the country during the Operation Immunization session. Our chapter was recognized at the International Pharmaceutical Students' Federation (IPSF) session for our involvement in the Ebola Project. Our chapter was also recognized nationally as 2nd runner-up in the Division AAA Chapter Achievement Awards. We are very proud of our members' accomplishments throughout this past year! Through their hard work and dedication, our chapter was recognized both regionally and nationally.

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ACADEMY OF STUDENT PHARMACISTS

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April was a busy month. We organized the Project Ebola Benefit at the Avera Prairie Center which highlighted three speakers, Dr. Christophina Lynch, Dr. Brad Laible, and Dr. David Porembka presenting on the topic. Our chapter was recognized regionally by receiving the South Dakota Board of Regents Award for Excellence in Organizational Leadership for our work in raising funds to send medical personal protective equipment through Global Links for the healthcare workers in Sierra Leone. The Health Systems Committee coordinated our Spring Residency Showcase, which featured Dr. Alex Middendorf and Dr. Britney Meyer. At the end of the year, the Professional Activities Committee coordinated the Co-Chair Transition Meeting for the outgoing and incoming committee co-chairs. Dr. Tom Johnson, Director of Pharmacy at Avera McKennan, came and spoke to the co-chairs about leadership.

Our patient care committees finished out the year with screenings in Brookings and Sioux Falls. Students in Brookings held blood pressure and blood glucose screenings at the Harvest table. In Sioux Falls, students went to the Banquet to provide blood pressure and blood glucose screenings as well as medication reviews with patients.

Coming up this summer we are looking forward to hosting two international students through the IPSF Student Exchange Program. Sergio Cavalheiro of Brazil and Tobiasz Migdal of Finland will be in Sioux Falls from July 18th to August 6th to experience various pharmacy settings in the surrounding area. Please join our chapter in welcoming these international students to South Dakota!

The 2015-2016 APhA-ASP Executive Board retreat was held this past June. During the retreat, we were able to set our chapter goals and organize some new programs that will be implemented this fall. The retreat has everyone energized for this year's events and activities. As we reflect back on the past year and all of its successes, we continue to plan and look forward to this coming year. Please look for our next update this fall!

ICD-10 Awareness and SD Medicaid Testing Update Training

South Dakota Medicaid is offering thirteen one-hour webinar sessions on ICD-10 Awareness and an update on South Dakota Medicaid's transition to ICD-10. The sessions will cover the following items:

- Overview ICD-10 codes
- Impact of this change
- What providers should do now to be ready
- South Dakota ICD-10 readiness
- Importance of end-to-end testing with SD Medicaid

The sessions are scheduled for the dates and times shown to the right. Content is the same for each session. ***All times listed are Central Time.***

You will need internet access to view the webinar. We strongly encourage as many staff to attend as possible.

Please register for the session that works best for you:
https://attendee.gotowebinar.com/rt/5828441137234464001

After registering, you will receive a confirmation email containing information about joining the webinar.

For more information on ICD-10 Testing with SD Medicaid, please visit our Testing Website at http://dss.sd.gov/medicaid/providers/icd10testing.aspx

If you have questions, contact us at ICD10@state.sd.us.

Session Date		Session Times
Wednesday	07/08/2015	9:00 AM and Noon
Thursday	07/16/2015	11:00 AM and 1:00 PM
Tuesday	07/21/2015	10:00 AM and Noon
Wednesday	07/29/2015	11:00 AM and 2:00 PM
Thursday	08/06/2015	Noon and 3:00 PM

Changes in Pharmacy Technician Recertification Requirements Take Effect in 2015

Pharmacy Technician Certification Board

Beginning in 2015, PTCB is implementing changes in recertification requirements for CPhTs. The 2015 changes are intended to ensure that CPhTs are continually educated through programs specific to the knowledge required of pharmacy technicians in today's pharmacy settings. The new requirements apply to CPhTs who have a renewal date in 2015 or later.

Pharmacy-Technician Specific CE

All recertification and reinstatement candidates eligible for recertification or reinstatement in 2015 and beyond are required to submit pharmacy technician-specific continuing education (CE) hours.

- PTCB will not accept CE completed in 2015 or later that is not pharmacy technician-specific.
- To facilitate the transition to this new CE requirement, PTCB will continue to accept CE hours in pharmacy-related subject matter that are completed on or before December 31, 2014.
- Any CE hours earned after January 1, 2015 must be in pharmacy-technician specific subject matter.
- For example, if you are due to recertify in July 2015 and you completed some CE hours before the end of 2014, the new requirements will not apply to your hours done in 2014; you may submit them when you apply to recertify. Only hours earned after January 1, 2015 will be affected by the new requirements.

As before, CPhTs must complete 20 hours of CE. For recertification candidates, one of the 20 CE hours must be in the subject of pharmacy law, and one hour must be in the subject of patient safety. For reinstatement candidates, two of the 20 hours must be in the subject of pharmacy law and one hour must be in the subject of patient safety. Pharmacy law CE and patient safety CE must be pharmacy technician-specific.

PTCB has determined that CE programs offered by Accreditation Council for Pharmacy Education (ACPE)-accredited providers with the target audience designator 'T' satisfy the requirement of pertaining to pharmacy technician-specific subject matter.

CPhTs may find that some CE courses are intended for both pharmacists and pharmacy technicians; these CE courses have identical Universal Activity Numbers (UANs) and the target audience is indicated by the last digit, which is either 'P' (pharmacist) or 'T' (pharmacy technician).

Non-ACPE-accredited CE programs are accepted if PTCB determines that their program objectives assess or sustain the competency critical to pharmacy technician practice as stated in PTCB's Pharmacy Technician Certification Examination Blueprint.

CE Hours Earned Through In-Service Projects or Training

Beginning in 2015, the maximum number of CE hours a CPhT may earn through in-service projects and training (earned at a certificant's workplace under the direct supervision of a pharmacist) is reduced to 5 hours from the previous level of 10. Credit for in-service projects is not awarded for the performance of a pharmacy technician's regular work duties. Credit is granted for the completion of specially assigned in-service projects or training outside of the certificant's regular responsibilities. Specific requirements are set forth in the Universal Continuing Education Form.

Promoting West Nile Prevention

Lily Anna Alexander, granddaughter of Kirk Wilson, pharmacist at Martin Drug & Mercantile, created some eye-catching advertising promoting West Nile prevention. Nice work, Lily!

129th Annual South Dakota Pharmacists Association Convention
The Lodge at Deadwood • Deadwood, SD
September 18-19, 2015

Line-up (Tentative)

Friday, September 18

8:00 a.m. – 9:30 a.m.	**Disease Management** James Keegan, MD
9:30 a.m. – 10:30 a.m.	**Advancing Pharmacy Practice through Collaborative Agreements** Deidre Van Gilder, PharmD
10:30 a.m. – 11:30 a.m.	**Business Meeting**
11:30 a.m. – 1:00 p.m.	**Vendor Time/Luncheon/Awards Presentations**
1:00 p.m. - 2:30 p.m.	**Pharmacy Law** Dave Helgeland
2:30 p.m. – 3:00 p.m.	**SDSU Ice Cream Social**
3:00 p.m. – 4:30 p.m.	**Complementary Medicine** Dr. Teresa Seefeldt
4:30 p.m. – 5:30 p.m.	**Pharmacy Quality Measurements** Erica Bukovich, PharmD
Evening Event	**Cowboy Culture**

Saturday, September 19

8:00 a.m. – 8:30 a.m.	**Light Breakfast/Second Business Meeting**
8:30 a.m. – 10:00 a.m.	**New Drug Update** Joe Strain, PharmD
10:00 a.m. – 11:00 a.m.	**Unique Case Reports & Old West Medicine** Preceptor Education
11:00 a.m. – 1:00 p.m.	**Immunizations – What's New?** Wendy Jensen Bender, PharmD Dr. Lon Kightlinger, State Epidemiologist

Pharmacy in the Pines

SDPhA ANNUAL CONVENTION

SEPTEMBER 18-19, 2015 DEADWOOD, SD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Home Phone: _____

Email: _____

Spouse/Guest Name:

_____

eProfile ID:

For Hotel Reservations Call:
The Lodge at Deadwood
100 Pine Crest • Deadwood, SD 57732
1-888-DWD-LODG (1-877-393-5634)

Convention Registration Cancellation Policy:
Cancellations will be accepted without penalty prior to September 7, 2015.
A $25 cancellation fee will be applied to all cancellations after September 7, 2015.
Refunds will be issued after October 1, 2015.

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

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

129th Annual South Dakota Pharmacists Association Convention

Registration Form

The Lodge at Deadwood | Deadwood, SD | September 18-19, 2015

All SDSU Student Registrations are FREE!
(Hotel Not Included)
Registration must be submitted prior to August 20, 2015.

	SDPhA Member	Spouse or Guest	Children	SDAPT Member	Pharmacy Technician	Pharmacy Student	Non-SDPhA Member	
Full Registration*								
Before August 20, 2015	$150	$75	$20	$75	$125	Free	$225	_____
After August 20, 2015	$175	$100	$20	$100	$140	Free	$250	_____
One-Day Registration**								
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AND THE LAW

by By Phillip J. Schieffer, PharmD/J.D. | Dual-Degree Candidate, Drake University

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.

Wrongful Conduct Rule

A recent decision in West Virginia[1] is garnering a lot of attention in the pharmacy profession and beyond. The 8 cases involve suits by 29 patients alleging that actions by physicians and pharmacists have caused them to become addicted to and abuse controlled substances. They also alleged that the pharmacies acted in concert with the prescribers by such actions as refilling prescriptions early and filling contraindicated prescriptions. After some years of prescribing by the 4 physicians involved, and dispensing by the 3 pharmacies involved, an FBI raid resulted in arrests of some of the health professionals. Some physician licenses were revoked and some were convicted and served prison time. However, only 1 pharmacy and 1 pharmacist were disciplined (the court decision does not indicate that there were any criminal charges).

As the cases progressed, the plaintiffs all admitted to various crimes during the time that they were receiving and filling prescriptions for the various controlled substances. These included criminal distribution, buying drugs off the street in addition to those prescribed, acquiring prescriptions through misrepresentation, fraud or forgery, and doctor shopping. Because of these criminal activities, some of the defendants filed a motion to have the case dismissed on the basis of the Wrongful Conduct rule or the *in pari delicto* (in equal fault) doctrine. These two concepts have similar origins, but *in pari delicto* is used more commonly in contractual or transactional disputes. The premise of the Wrongful Conduct rule is that someone who is injured while performing an immoral or criminal act should not be able to recover damages for that injury. The Court quoted another case to explain the rationale for the rule; ". . . public policy that courts should not lend their aid to a plaintiff who founded his cause of action on his own illegal conduct."[2] The trial court agreed to dismiss the cases, but then sent certified questions to the Supreme Court of Appeals.

The Supreme Court of Appeals declined to invoke the Wrongful Conduct rule in West Virginia because the majority believed the rule was too ambiguous and difficult to apply. They ruled that the jury would take the criminal activity into account when apportioning fault under West Virginia's comparative fault laws. In West Virginia, if the plaintiff is 50% or more at fault, then they cannot recover any damages. The Court said that comparative fault will essentially take the wrongful conduct of the plaintiff into account, so the Wrongful Conduct rule is unnecessary.

There were 2 dissenting opinions that disagreed with the majority that the rule would be difficult to apply. The dissenting opinions said that it is straightforward; a person should not be able to recover for injuries sustained while committing a crime. Thirteen other states have already adopted the rule. By not invoking the rule, the Court will encourage other criminals to file suits to attempt to profit from their criminal activity. In these particular cases, they contend that the Court is allowing these plaintiffs to clog up the court docket and waste the court's time. What does this mean for pharmacists? It's important to recognize that there has been no trial and no judgment on the facts of these cases. The decision does not mean that the pharmacists or physicians are liable. This opinion is a procedural one that places the eventual resolution of the case in the jury's hands instead of the judge's hands. Many readers have probably already formed an opinion about the correctness of the decision. For pharmacists, the real issue is to try not to get involved in such a case in the first place. While this is not always possible, it should be a goal. The monitoring and dispensing of controlled substances is difficult at best. Pharmacists are no longer "order takers" subservient entirely to the doctor's orders. Pharmacists should be active and diligent in monitoring all of their patients, but especially those with unusual controlled substance needs. Pharmacists need to educate themselves about their patients' needs. There are plenty of reference articles about effective pain management to consult. Pharmacists also need to

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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.

Gauging Your Financial Well-Being

Six Signs That You Are in Good Shape

How well off do you think you are financially? If your career or life takes an unexpected turn, would your finances hold up? What do you think will become of the money you've made and saved when you are gone?

These are major questions, and most people can't answer them as quickly as they would like. It might help to think about six factors in your financial life. Here is a six-point test you can take to gauge your financial well-being.

Are you saving about 15% of your salary for retirement?
That's a nice target. If you're earning good money, that will probably amount to $10-20,000 per year. You are probably already saving that much annually without any strain to your lifestyle. Annual IRA contributions and incremental salary deferrals into a workplace retirement plan will likely put you in that ballpark. As those dollars are being invested as well as saved, they have the potential to grow with tax deferral – and if your employer is making matching contributions to your retirement account along the way, you have another reason to smile.

Do you have an emergency fund?
Sadly, most Americans don't. In June, Bankrate polled U.S. households and found that 26% of them were living paycheck-to-paycheck, with no emergency fund at all.[1]

A strong emergency fund contains enough money to cover six months of expenses for the individual who maintains it. (Just 23% of respondents in the Bankrate survey reported having a fund that sizable.) If you head up a family, the fund should ideally be larger – large enough to address a year of expenses. At first thought, building a cash reserve that big may seem daunting, or even impossible – but households have done it, especially households that have jettisoned or whittled down debt. If you have done it, give yourself a hand with the knowledge that you have prepared well for uncertainty.[1]

Are you insured?
As *U.S. News & World Report* mentioned this summer, about 30% of U.S. households don't have life insurance. Why? They can't afford it. That's the perception.[2]

In reality, life insurance is much less expensive now than it was decades ago. As the CEO of insurance industry group LIMRA commented to *USN&WR*, most people think it is about three times as expensive as it really is. How much do you need? A quick rule of thumb is ten times your income. Hopefully, you have decent or better insurance coverage in place.[2]

Do you have a will or an estate plan?
Dying intestate (without a will) can leave your heirs with financial headaches at an already depressing time. Having a will is basic, yet many Americans don't create one. In its annual survey this spring, the budget legal service website RocketLawyer found that only 51% of Americans aged 55-64 have drawn up a will. Just 38% of Americans aged 45-54 have drafted one.[3]

Why don't more of us have wills? A lack of will, apparently. RocketLawyer asked respondents without wills to check off why they hadn't created one, and the top reason (57%) was "just haven't gotten around to making one." A living will, a healthcare power of attorney and a double-check on the beneficiary designations on your investment accounts is also wise.[3]

Not everyone needs an estate plan, but if you're reading this article, chances are you might. If you have significant wealth, a complex financial life, or some long-range financial directives you would like your heirs to carry out or abide by, it is a good idea. Congratulate yourself if you have a will, as many people don't; if you have taken further estate planning steps, bravo.

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Rx and the Law:
That's Not My State

(continued from page 14)

educate themselves about their responsibilities as health care professionals. The tightrope between patient needs and good stewardship of controlled substances is not easy to navigate, but ignoring the issue is not a solution.

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1. *Tug Valley Pharmacy, LLC, et al. v. All Plaintiffs below in Mingo County Cases, No 14-0144 (Supreme Court of Appeals of West Virginia, May 13, 2015).*
2. *Orzel v. Scott Drug Co., 537 N.W.2d 208, 213 (Mich. 1995).*

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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
Gauging Your Financial Well-Being

(continued from page 15)

Is your credit score 700 or better?
Today, 685 is considered an average FICO score. If you go below 650, life can get more expensive for you. Hopefully you pay your bills consistently and unfailingly and your score is in the 700s. You can request your FICO score while signing up for a trial period with a service such as TransUnion or GoFreeCredit.[4]

Are you worth much more than you owe?
This is the #1 objective. You want your major debts gone, and you want enough money for a lifetime. You will probably always carry some debt, and you can't rule out risks to your net worth tomorrow – but if you are getting further and further ahead financially and your bottom line shows it, you are making progress in your pursuit of financial independence.

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1 - dailyfinance.com/2014/09/03/why-american-wages-arent-rising/ [9/3/14]
2 - money.usnews.com/money/personal-finance/articles/2014/07/16/do-you-have-enough-life-insurance [7/16/14]
3 - forbes.com/sites/nextavenue/2014/04/09/americans-ostrich-approach-to-estate-planning/ [4/9/14]
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Continuing Education for Pharmacists

"Thyroid Function, Part 1: Overview, Primary Disease Conditions, and Updates"

- Knowledge-based CPE

Author: Ashley Losing, Pharm.D.

Goal: To enhance learner knowledge of thyroid physiology and disease states.

Pharmacist Learning Objectives

1. Describe the anatomy of the thyroid gland and explain the physiologic function of the thyroid hormones;
2. Identify signs, symptoms, and common causes of hypothyroidism;
3. Identify signs, symptoms, and common causes of hyperthyroidism;
4. Summarize new updates regarding disease state conditions that are linked to thyroid disease.

Pharmacy Technician Learning Objectives

1. Describe the anatomy of the thyroid gland and name the primary thyroid hormones;
2. Define hypothyroidism and explain the primary causes;
3. Define hyperthyroidism and explain the primary causes;
4. Name one key vitamin deficiency that has been associated with autoimmune thyroid disease in premenopausal women.

Overview

The thyroid gland is a butterfly-shaped gland wrapped around the anterior portion of the trachea. **See figure 1**. This gland is responsible for the production of thyroid hormones which affect virtually every organ system in the body.

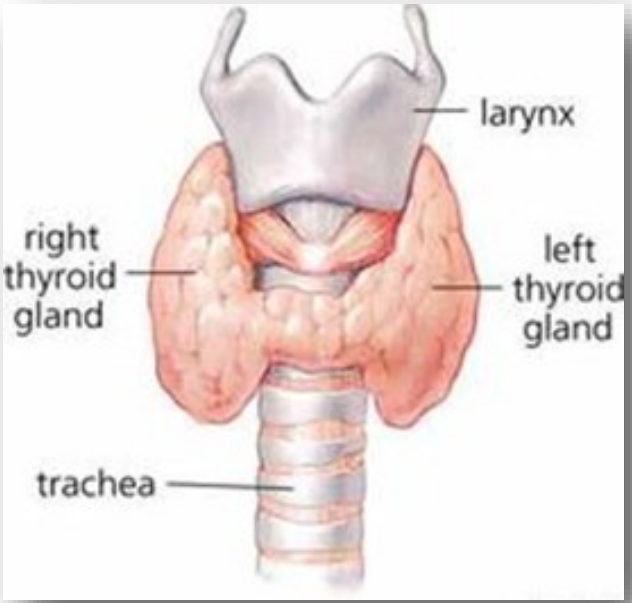

Figure 1. Thyroid Gland

In children, thyroid hormones are critical for normal growth and development. In adults, the primary function is maintenance of metabolic stability[1]. These hormones affect basal metabolic rate, regulate long bone growth, increase sensitivity to catecholamines, and perform many other functions.

Thyroid hormone production is stimulated through a hypothalamic/anterior pituitary/thyroid gland axis. **See figure 2.**

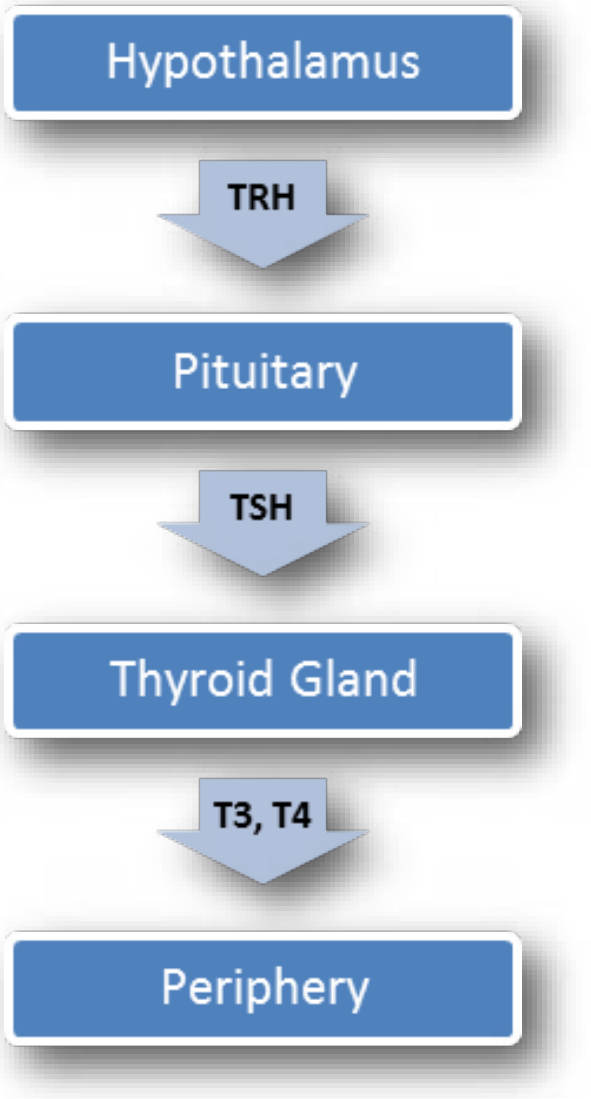

Figure 2. Hypothalamic-Pituitary – Thyroid Axis

Thyrotropin-releasing hormone (TRH) is excreted from the hypothalamus and stimulates the production of thyroid-stimulating hormone (TSH) in the anterior pituitary. The TSH then incites the production of triiodothyronine (T3) and thyroxine (T4) from the thyroid gland.

The thyroid gland is the sole bodily producer of T4, whereas only 20% of T3 is produced in the gland. The majority of T3 is formed in extra-thyroidal tissue from the degradation of T4, catalyzed by 5'-mododeiodinase. T3 is the more biologically active form of thyroid hormone.

Both T3 and T4 are heavily protein bound, at approximately 99.5% and 99.96% respectively[1].

Only the non-bound thyroid hormone can exert a biologic effect and regulate TSH via a negative feedback system[1].

Hypothyroidism

Hypothyroidism is defined as a clinical and biochemical syndrome resulting from thyroid hormone deficiency. This may be due to a primary disorder with the thyroid gland or secondary due to a pituitary or hypothalamic disease[1].

Around the world, the most common cause of hypothyroidism is environmental iodine deficiency. In the United States and other areas where iodine supply is sufficient, the most common cause is chronic autoimmune thyroiditis, also known as Hashimoto's disease[2].

Other potential causes include ablation with radioactive iodine (discussed below), external radiation, and drugs. Drugs with potential to cause hypothyroidism include amiodarone, interferons, lithium, carbamazepine, nitroprusside, and tyrosine kinase inhibitors, particularly sunitinib[3].

Hypothyroidism is more common with increasing age. The rate of hypothyroidism in elderly patients may range from 2% to 20%.

Based on data from National Health Nutrition and Examination Study (NHANES) 1999-2002, an individual 80 years or older had 5 times higher probability of developing hypothyroidism than a person between the ages of 12 and 49[4].

The NHANES data also reported that white individuals and Mexican Americans had a higher prevalence of hypothyroidism than African Americans[4]. Gender also plays a role in hypothyroidism, with autoimmune thyroid diseases estimated to be 5 to 10 times more common among women than men.[2]

Hypothyroidism may develop during, or immediately after, pregnancy in women. If it develops during the course of pregnancy, it may increase the risk for adverse events such as miscarriage, early delivery, and preeclampsia, and it may thereby pose significant risk to the developing fetus if left untreated.

Signs and symptoms of hypothyroidism present on a spectrum from asymptomatic to multisystem failure; manifestations may differ in children and adults[1]. It may be helpful to think of hypothyroidism as a general "slowing down" of various body systems.

Common symptoms include dry skin, cold intolerance, weight gain, constipation, and weakness. A patient might also complain of lethargy, depression, and fatigue. Objective weakness is common; proximal muscles are generally more affected than distal muscles.

Some of the most common signs include coarse skin and hair, cold or dry skin, puffiness around the eye, and bradycardia. Disruptions in the menstrual cycle and infertility may be presenting issues in women.

As thyroid hormone is essential for normal growth and development, thyroid hormone deficiency in children may present as growth or intellectual retardation[1].

Long-term complications of hypothyroidism may be cardiac in nature, such as cardiomyopathy, heart failure, hyperlipidemia, or coronary artery disease. It may present as goiter, depression, infertility, and myxedema[3].

Myxedema is a form of decompensated hypothyroidism; features include hypothermia, advanced hypothyroid symptoms, and altered mental status, ranging from delirium to coma. Mortality ranges from 60-70%, so immediate and aggressive therapy is vital[1]. A well-timed treatment response for this critical condition may lead to a complete recovery.

Hyperthyroidism

Hyperthyroidism, which may also be referred to as thyrotoxicosis, refers to excessive levels of either T3 or T4, or both[1]. The most common cause of hyperthyroidism is Grave's disease (GD), an autoimmune disorder that stimulates the gland to produce too much T4, as opposed to destroying the gland as in Hashimoto's disease[3].

Other potential causes of hyperthyroidism include toxic multinodular goiter, toxic adenoma, and thyroiditis. Certain medications may also cause or accentuate hyperthyroidism, including iodine, amiodarone, interferons, and exogenous thyroid hormone (e.g. levothyroxine)[3].

As noted above, GD is the most common etiology for hyperthyroidism; approximately 60-80% of thyrotoxicosis cases are due to GD[5]. The peak incidence of autoimmune thyroid conditions occurs in individuals age 20-40.

Toxic multinodular goiter (TMG) occurs more in geographic locations with iodine insufficiency. Patients with TMG typically have a history of nontoxic goiter and are most likely to present after age 50[5].

With respect to race, African Americans have slightly lower rates of hyperthyroidism compared to Caucasian, Hispanic, and Asian populations. As with hypothyroidism, women are more likely to have a hyperthyroid condition than men.

Similar to hypothyroidism, hyperthyroidism manifests on a spectrum, impacting multiple organ systems and a wide range of physiologic functions. See **Table 1**.

Table 1
Hyperthyroidism—systems affected

Cardiovascular system
Endocrine system
Gastrointestinal system
Nervous system
Eyes, skin, hair, nails

Thyrotoxicosis might be compared to a general "speeding up" of bodily systems. Common symptoms include nervousness, anxiety, palpitations, emotional lability, and heat intolerance.

Symptoms such as disruptions in menstrual cycles and easy fatigability may manifest as well. A cardinal sign is increased appetite with concurrent weight loss[1].

Physical signs such as warm, smooth, moist skin and very fine hair may be present. Exophthalmos (bulging eyes) and pretibial myxedema (thyroid dermopathy; localized red, burning skin lesions) are potential manifestations specific to GD.

Onycholysis, or separation of the ends of the fingernails from the nail bed, may be present. Cardiac manifestations include tachycardia at rest, widened pulse pressure, and a systolic ejection murmur.

A fine tremor may be noted when the tongue or hands are outstretched. Deep tendon reflexes are often hyperactive[1].

Untreated thyrotoxicosis can render complications such as loss of weight, osteoporosis, atrial fibrillation, embolic events, and potentially cardiac collapse and death[6].

The decompensated form of hyperthyroidism is known as a thyroid storm. It is characterized by high fever (>103°F), tachycardia, tachypnea, dehydration, delirium, coma, nausea, vomiting, and diarrhea, and may be precipitated by infection, trauma, radioactive iodine therapy, and withdrawal from antithyroid medications. With aggressive treatment, mortality has been lowered to approximately 20%[1].

Conditions Linked to Thyroid Disease

Thyroid hormone dysfunction often presents non-specifically, and may therefore prove difficult to diagnose. Both hyper and hypothyroidism are known to affect a variety of physiologic systems, potentially mimicking other disease conditions.

For hypothyroidism, these conditions may include adrenal insufficiency, alopecia, anemia, cardiac conditions, autoimmune diseases such as type 1 diabetes, dysmenorrhea, high cholesterol, hypertension, psychiatric disease, or weight gain[2].

Hyperthyroidism may affect cardiac function, menstrual patterns, appetite and bowel movement patterns, mood, and sleep quality.

Assessment of thyroid function tests may be helpful in these conditions. However, utilizing excess thyroid hormone when not indicated will not provide benefit and may be dangerous. For example, individuals attempting to use levothyroxine for weight loss can have serious adverse effects, often affecting cardiac function.[2]

Several recent studies have found indications that vitamin D may play a role in maintaining optimal thyroid function. Vitamin D deficiency has been associated in the past with a variety of other conditions, including diabetes, cardiovascular disease, and cancer[7]. There may also be a link with hypothyroidism, particularly as it relates to autoimmune mediated condition.

Several recent studies have identified a possible association between thyroid dysfunction and vitamin D deficiency.

One study of more than 6000 patients in Korea published in 2014 found that levels of serum vitamin D were significantly associated with autoimmune thyroid disease in premenopausal women, but not in other groups[8].

A second study investigated the association between low vitamin D levels and Hashimoto's Thyroiditis (HT). Serum levels of vitamin D were significantly lower in HT patients versus controls, and the severity of the vitamin D deficiency in HT patients correlated with the progression of hypothyroidism[9].

Calcitriol, which is the final 'activated' form of vitamin D, is carried in the blood on vitamin D-binding proteins, targeting over 2,000 genes, either directly or indirectly, throughout the body. It binds to vitamin D receptors (VDRs) with the hormone-like effect of turning genes "on" or "off." .

Calcitriol binds to VDRs on organ tissue, including that of the thyroid gland, optimizing organ system function.

Calcitriol also binds to VDRs on certain white blood cells, with the effect of moderating the hyperactive immune response and resulting inflammation typically associated with autoimmune conditions.

More research is needed in this area to quantify the association between thyroid dysfunction and vitamin D deficiency and to explore potential causation factors.

Disclaimer: The author of this course has had no relevant financial relationship over the past 12 months with any company having a commercial interest in the contents of this article.

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"Thyroid Function, Part 1: Overview, Primary Disease Conditions, and Updates"

Continuing Education Post-test

Directions: Select the one best answer for each question, and fill in correct answers on test page.

1. The hypothalamus/anterior pituitary/thyroid gland axis operates on a positive feedback system.
   A. True B. False

2. Thyroid hormones are highly protein bound. A. True B. False

3. T4 is the more biologically active form of thyroid hormone. A. True B. False

4. Approximately what percentage of T3 and T4 are produced in the thyroid gland?
   A. 100% T3, 100% T4
   B. 50% T3, 100% T4
   C. 20% T3, 100% T4
   D. 100% T3, 50% T4
   E. 100% T3, 20% T4

5. Which sign/symptom grouping may indicate hypothyroidism?
   A. Weight gain, constipation, objective weakness
   B. Heat intolerance, nervousness, increased resting heart rate
   C. Exophthalmos, infertility
   D. Cold intolerance, very fine hair

6. What is the most common cause of hypothyroidism in the US?
   A. Iodine deficiency B. Hashimoto's disease C. Grave's Disease D. Previous irradiation

7. What is the most common cause of hyperthyroidism in the US?
   A. Grave's Disease B. Hashimoto's disease C. Exogenous intake D. Amiodarone

8. What drugs may induce hyperthyroidism?
   A. Amiodarone B. Iodine C. Levothyroxine D. All of the above (A, B, and C)

9. Which symptom is associated with hyperthyroidism?
   A. Palpitations B. Dry skin C. Cold intolerance D. Constipation

10. Patients diagnosed with which disease state(s) may benefit from an assessment of thyroid function?
    A. Adrenal insufficiency
    B. Headaches
    C. Diabetes mellitus
    D. A and C
    E. B and C

"Thyroid Function, Part 1: Overview, Primary Disease Conditions, and Updates"

(Knowledge-based CPE)

To receive 1.0 Contact Hour (0.1 CEU) of continuing education credit, preview and study the attached article, answer the 10-question post-test by circling the appropriate letter for each question on the answer form below, and complete the evaluation. A minimum test score of at least 70% (7/10) is required to earn credit for this course. If a score of 70% is not achieved on the first attempt, then another answer sheet will be sent for one retest offered at no additional charge. Credit upload to eProfile accounts will be completed 7-14 days following successful completion of this course.

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Learning Objectives - Pharmacists*: 1. Describe the anatomy of the thyroid gland and explain the physiologic function of the thyroid hormones; 2. Identify signs, symptoms, and common causes of hypothyroidism; 3. Identify signs, symptoms, and common causes of hyperthyroidism; 4. Summarize new updates regarding disease state conditions that are linked to thyroid disease.*
Learning Objectives - Pharmacy Technicians: 1. *Describe the anatomy of the thyroid gland and name the primary thyroid hormones; 2. Define hypothyroidism and explain the primary causes; 3. Define hyperthyroidism and explain the primary causes; 4. Name one key vitamin deficiency that has been associated with autoimmune thyroid disease in premenopausal women.*

Directions: Circle the one correct answer to each question:

Circle the correct answer:

1. A B	**5. A B C D**	**9. A B C D**
2. A B	**6. A B C D**	**10. A B C D E**
3. A B	**7. A B C D**	
4. A B C D E	**8. A B C D**	

Course Evaluation *– must be completed for credit.*

	Disagree						Agree
Material was effectively organized for learning:	1	2	3	4	5	6	7
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*List any learning objectives above not met in this course:*_____							
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Regular Pharmacy items for sale: Rexam 16dr, TriState vials, 13, 30, 60 dram and GoldStar vials, 20, 30, 60, all amber, all plain lid; $25/box.
Yellow Mop cleaning bucket on wheels, $20. Avaya phone system x 7 phones, $100, Med-Pass laser MARS ($120/box), Blister paks (cold seal or foldover) numerous quantities, $50/box, Recycled/Papyrus Greeting Card Line, $300 with or without card bays. 2 stealth-deterrent mirrors, $10/each, 1-OPEN light-up hanging sign, $50. **Will negotiate, call 605-484-5548.**

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