

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

132ND ANNUAL CONVENTION

*AGENTS **OF**
CHANGE*

SEPTEMBER 21-22, 2018

In This Issue:

SDPhA Annual Convention Line Up
SDPhA Annual Convention Registration

South Dakota Pharmacists Association

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

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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>.

APRIL

- 1 **Easter**
- 3 **Watertown District Spring Meeting**
Minerva's - Watertown, SD
6 p.m.
- 8 **Huron District Spring Meeting**
Scoreboard Bar and Grill - Huron, SD
6 p.m.
- 12 **Aberdeen District Spring Meeting**
Roma Ristorante Italiano - Aberdeen, SD
5:30 p.m.
- 19 **Black Hills District Spring Meeting**
Minerva's - Rapid City, SD
6 p.m.
- 19 **Sioux Falls District Spring Meeting**
Holiday Inn Sioux Falls - City Centre - Sioux Falls, SD
5:30 p.m.
- 24 **Rosebud District Spring Meeting**
West River Tap - Winner, SD
6:30 p.m.
- 28 **National Prescription Drug Take Back Day**
- 29 **Mobridge District Spring Meeting**
Bob's Resort - Gettysburg, SD
6 p.m.

MAY

- 6 **Mitchell District Spring Meeting**
Pizza Ranch, Mitchell, SD
6:15 p.m.
- 17 **Yankton District Spring Meeting**
Minerva's - Yankton, SD
6 p.m.

JUNE

- 2-6 ASHP Summer Meeting and Exhibition
Denver, CO

Cover Photo: Agents of Change, 132nd Annual Convention Logo

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.

FEATURES

- 2 SDPhA Calendar
- 4 Director's Comments
- 5 President's Perspective
- 6 Board of Pharmacy
- 8 SDSU College of Pharmacy and Allied Health Professions
- 9 South Dakota Society of Health-System Pharmacists
- 10 Academy of Student Pharmacists
- 11 South Dakota Association of Pharmacy Technicians
- 13 South Dakota Pharmacists Association 132nd Annual Convention Schedule
- 14 Annual Convention Registration Form
- 15 Annual Convention Exhibitor Information and Registration
- 16 South Dakota Medicaid and Opioid Prescription Changes
- 27 In Memoriam
- 28 2017-2018 C&L and District Dues Contribution Form

PHARMACY TOPICS

- 18 Financial Forum: Preparing Mentally to Retire

CONTINUING EDUCATION

- 20 Statin Therapy-induced Non-Musculoskeletal Side Effects

ADVERTISERS

- 19 Pharmacists Mutual Companies
- 29 Classifieds

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DIRECTOR'S COMMENTS

Amanda Bacon | Executive Director



Spring has finally sprung!

The 2018 Legislative Session was quite active for SDPhA's Commercial and Legislative Branch, engaging in and monitoring several bills affecting the practice. You'll find a full report from Robert C. Riter and Margo D. Northrup, SDPhA lobbyists on page 12, but here are a few highlights:

- **SB 141** – This legislation creates greater pricing transparency, and aids pharmacists in the ability to talk freely to patients about all their options when paying for prescriptions. We strongly supported this legislation. Eric Grocott, SDPhA president, testified on this patient-friendly legislation in both the House and Senate Health and Human Services Committee, explaining to legislators why pharmacists may not always be at liberty to address all patient payment options. Gov. Dennis Daugaard signed SB 141 Feb. 8.
- **HB 1319** – Temporary Licensure Compact. This legislation sought to adopt a Temporary Licensure Compact for Professionals. The measure raised serious patient and pharmacy team safety concerns. SDPhA testified against the bill and worked hard to ensure state lawmakers understood the unintended consequences to both patients and pharmacists. The bill was soundly defeated in the House of Representatives Feb. 20.
- **SB 172** - Temporary Licensure Compact Opt Out. This legislation provided for an opt out by certain professions (including pharmacists) from the Interstate Compact for the Temporary Licensure of Professions established by HB 1319. The legislation was tabled after HB 1319 failed.

Quick communication and action is so key during session. I thank each of you who took the time to call, email or visit with your legislators. I'm grateful to Bob and Margo for their great work, as well as to Sue Schaefer. Sue had built many trusted relationships with our lawmakers in her time here, and she took great care to make sure those relationships were passed on to me. I cannot overstate the importance of those key exchanges. I truly was able to learn those ropes from the best this year!

While we're talking communication – in response to what I've heard from some of you – we're bringing some updates to how we communicate with you, as well as the public. You'll soon find invitations from me, either via email, or Facebook, to join the SDPhA Facebook group page. You'll want to make sure you accept that, as many of our member specific communications will now occur on those pages. We'll keep our current SDPhA

Facebook page as a communication tool for the public – providing a great platform for patient-centered information. If your pharmacy has a Facebook or Instagram page, please send me an invitation to like those pages, and feel free to tag SDPhA in those posts. So many of you are doing such great work – patient education seminars, drug take-back events, and general patient education, and the more we work together to showcase those events, the greater the public awareness of why pharmacists are, "More Than a Count".

I was able to join Eric at the APhA Annual convention this year, where I attended a few days of meetings with my counterparts from other states. We all recognize and feel the weight of working on the best ways to help address so many of the key issues you often agonize over each day – whether that be DIR fees or other issues of serious consequence, like Initiated Measure 26. Eric explains that measure in more detail in his article, but I strongly urge you to watch your email and our upcoming group page for more information on this measure. We know your patients, customers and co-workers will look to you as experts on this measure, and we will ensure you have all the information and facts you need to speak well to this issue.

I have really enjoyed getting out to meetings this Spring, getting to meet more of you, and visiting with you about your work. But perhaps even more than those conversations, I've appreciated the insight you've given me into your "why," the heart of the reason behind what you do each day. Whether that be your patients, your family, an event that set your career in motion, or some combination of all of it, learning what drives you, fuels me to continue to do my best work each day for each of you.

To that end, we have opened registration for Agents of Change – this year's theme for the SDPhA annual convention! You'll find the full line up and registration information here and on our website.

Your Mission: To join us at the 13th SDPhA Annual Convention.

The Date: Sept., 21-22

Rendezvous Point: Best Western Ramkota PLUS Sioux Falls Hotel and Convention Center.

The board has worked very hard respond to your topic requests and has assembled a fantastic educational lineup. And we're going to have some extra fun in the process!

Your Executive Agent,
Bacon. Amanda Bacon.

(This article may or may not self-destruct. Probably not, but if it does, by all means, let me know. ;))

PRESIDENT'S PERSPECTIVE

Eric Grocott | SDPhA President



Happy Spring!

After a long, drawn out South Dakota winter, I hope all of you are finally able to enjoy sunshine, open waters and green grass. I was beginning to wonder if we would still be ice fishing on Memorial Day!

During the 2018 South Dakota legislative session, Amanda worked

tirelessly to stay up-to-date with the proposed legislation and changes and keep all of us informed as well, and I thank her for her efforts. I had the opportunity to make a few trips to Pierre to testify in front of both the House and Senate Health and Human Services Committees in support of Senate Bill 141: An Act to establish certain provisions regarding pharmacy benefits management. This bill was unanimously approved by both committees and subsequently, by both the House and Senate, and eventually signed into law by Governor Dugaard. This was a huge step in protecting pharmacies and pharmacists, as it prevents any retaliation or penalty from a pharmacy benefit manager against either a pharmacy or pharmacist as a result of providing cost saving information with patients in regards to filling a prescription as cash price versus utilizing a third party plan.

Another hot button issue that we have been diligently following is Initiated Measure 26: An initiated measure establishing a cap on the price a State agency may pay for a prescription drug. The Secretary of State recently validated the signatures for this measure, so this will be featured on the November 2018 ballot. Essentially, this measure places a limit on the amount that State agencies may pay for any prescription drug. If passed, State agencies may not directly or indirectly pay more than the U.S. Department of Veterans Affairs pays for that same drug. One of the major issues with this initiative is the lack of transparency surrounding VA drug pricing. We will continue to monitor and educate on this issue in the coming weeks, so please be on the look out for information and educational pieces surrounding this hot topic. If you have any questions about IM 26 or any other concerns, please feel free to contact either the office or myself.

If you are still reading this after that refreshing legislative jumble,

I commend you! I thank all who came out to your local district meetings, and encourage everyone to please attend if yours still remains. The district officers have put together some great education sessions in conjunction with the meetings, and as usual, this is the time of year we request annual SDPhA award nominations. South Dakota is filled with excellent pharmacists and technicians, but we cannot recognize these individuals if they are not nominated, so please take a moment to nominate that outstanding technician or pharmacist who keeps you going throughout the day.

Throughout the winter months, I was able to attend APhA 2018 in Nashville, TN as well as NCPA Congressional Pharmacy Summit in Washington, D.C. APhA provided some great educational sessions on new drugs, provider status updates and law update. As is tradition, an enjoyable evening was had when we hosted the SDSU student pharmacists and faculty for supper at the Wild Horse Saloon. The NCPA Pharmacy Summit allowed for great meetings with each member of South Dakota's congressional delegation. It is always nice to be able to sit down and talk directly with your delegation regarding pressing issues in pharmacy. If you have never been to DC, or if you are looking for a reason to return, I encourage everyone to schedule an appointment, or even write a letter to our delegates to voice your concerns about the future of our great profession.

Looking forward to the coming months, I hope everyone will be able to finally spend some much needed time outdoors, and that Mother Nature can start to cooperate with outdoor planning in South Dakota. A few important dates to remember include:

- SDSHP 17th Annual Gary Van Riper Society Open Golf Classic held at Central Valley Golf Course, Hartford, SD on July 27 (visit www.sdshp.com to register)
- 2018 Annual SDPhA Convention September 21 and 22 at the Best Western PLUS Falls Ramkota Hotel and Convention Center in Sioux Falls (vist www.sdpha.org and click on Annual Convention to register).

Respectfully,

Eric Grocott

SDPhA Board President

SOUTH DAKOTA BOARD OF PHARMACY

Kari Shanard-Koenders | Executive Director



BOARD WELCOMES NEW REGISTERED PHARMACISTS/ PHARMACIES

Congratulations to the following six candidates who recently met licensure requirements and were registered as pharmacists in South Dakota: Wendy Harmsen, Charles Hudek, Tyler Laetsch, James Muokie, Kayla Thooft, and Leslie Vaughan. There were two new full-time pharmacy licenses issued

due to change of ownership during the time period: Custer Community Pharmacy, LLC dba Carson Drug, Custer and Burke Community Pharmacy, LLC dba White River Community Pharmacy, White River.

There were also four new part-time pharmacy licenses issued during this time: Sanford USD Medical Center dba Sanford USD Medical Center Chamberlain Dialysis, Chamberlain; Sanford USD Medical Center dba Sanford USD Medical Center Madison Dialysis, Madison; Sanford USD Medical Center dba Sanford USD Medical Center Medical Dialysis AMDD1 and AMDD2, Sioux Falls; and Regional Health Advanced Orthopedic and Sports Medicine Hospital, Rapid City.

BOARD WELCOMES NEW INSPECTOR

The Board staff is sad to say good bye to pharmacy inspector Gary Karel as he officially retires but are excited to announce that an excellent replacement has been hired. Tyler Laetsch, Pharm D., started with the Board on March 9, 2018. He has already begun to be a valuable addition to the Board team. Tyler graduated from Creighton and has a wealth of both hospital and retail experience which he will put to good use as he primarily takes over Gary's inspection and complaint investigation duties. We wish Gary well and thank him for staying on to assist with training and keeping inspections up-to-date. He officially retired April 6, 2018.

PHARMACY LICENSES START RENEWING MAY 1ST!

The Board staff would like to provide a reminder that pharmacy license renewal starts on May 1, 2018. There are no changes to the renewal application; however, it is important to complete the application early so proper signatures and checks can be obtained. The Board is also licensing new graduates and non-resident pharmacies during this same timeframe, so submitting earlier is better! If a pharmacy's license has not been renewed by June 30, 2018, it must remain closed until the license has been renewed.

INSPECTOR OBSERVATIONS

There are three items which inspectors have seen in the field and want to reinforce for licensees. First is the sale of controlled drugs to another registrant. Controlled substances must be transferred on an invoice and not on an actual prescription. For a sale of CII's, this needs to be on DEA Form 222. Second, biennial inventories need to be stored at the registered location. If the inventory is completed electronically, the inventory needs to be printed, signed by the pharmacist-in-charge, dated, and a designation of whether it was conducted at the beginning of business or end of business. Third is storage for the new herpes zoster vaccine, Shingrix. It does not require storage in the freezer as Zostavax does. Freezing temperatures will render Shingrix useless.

BOARD OFFICE LONG AWAITED USP <795> AND <797> COMMENT PERIOD STARTS SOON

As you know United States Pharmacopeia (USP) General Chapters <795> and <797> have been in revision process for some time. To provide a unified approach to quality compounding, USP intends to align the timing and content of General Chapters <795>, <797>, and <800>. Comment period starts March 30, 2018 for USP <795>. The comment period starts July 28th for USP <797>. USP <800> was published in February 2016 and is not currently under revision. Links to the revision schedule, public comment periods, and anticipated publication dates are included on the USP website at <https://www.usp.org/compounding/updates-on-standards>.

PROPOSED ADDITIONS TO THE NIOSH HAZARDOUS DRUG LIST 2018

On February 13, the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announced the drugs proposed for placement on the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2018 and public comment opening. Comments are due 60 days from the announcement date. After consideration of all public comments, NIOSH will develop a final list of drugs to be placed on the list. The proposed list and details on how to comment may be found at <https://www.cdc.gov/niosh/docket/review/docket233b/default.html>

PDMP UPDATE

The PDMP Director, Melissa DeNoon, started the year by presenting the statutorily mandated annual PDMP report to the SD Legislature's Senate and House standing committees on health and human services. The report included a brief history

(continued on page 7)

SOUTH DAKOTA BOARD OF PHARMACY

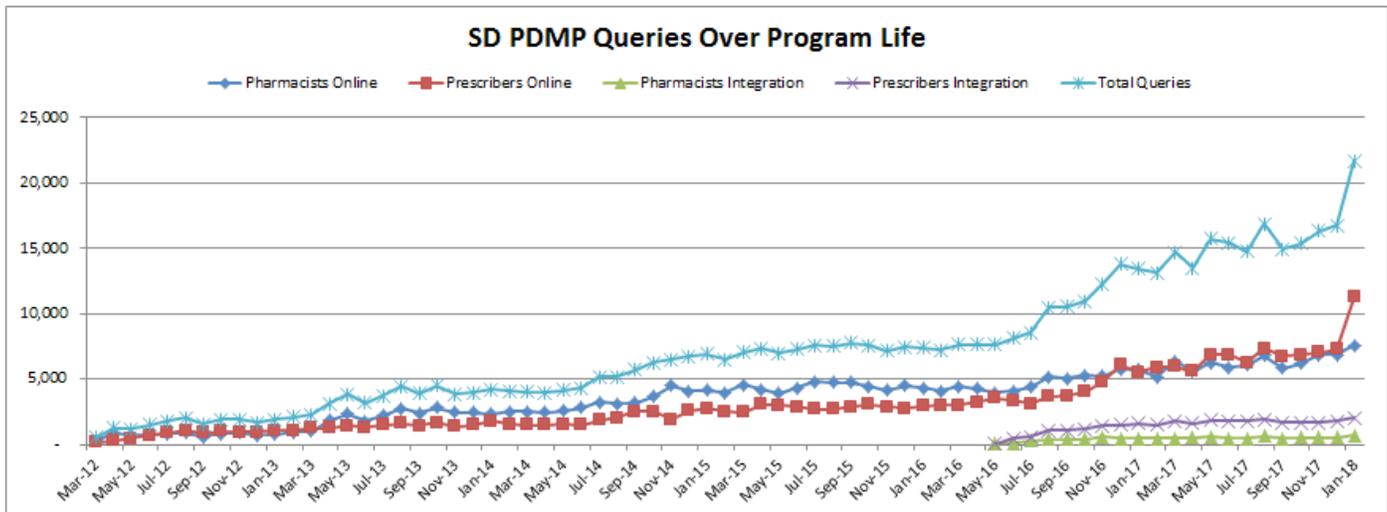
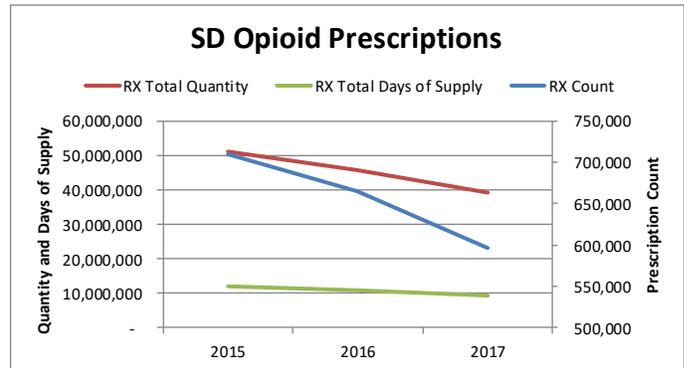
(continued from page 6)

of the SD PDMP and program highlights. Melissa presented the high percent of prescribers now registered with the program, which shows excellent compliance with last year's mandated prescriber registration. She also presented prescriber and pharmacist query data for the previous year; opioid prescription data for the previous three years including total prescription counts, total quantities, and total days of supply, and descriptions of Clinical Alerts and Prescriber Reports which are two new enhancements to PMP AWARxE.

The Board of Pharmacy is encouraged by the trends shown in both opioid prescriptions and number of queries. Opioid prescriptions have decreased in our state over the last three years in all three parameters: prescription count, total quantity, and total days of supply.

The 2017 mandated prescriber registration significantly increased the PDMP's number of approved users leading to increased queries. As illustrated in the graph at right, the program has been able to incorporate the integration queries

into the in-state data to show that queries exceeded 20,000 in January. This is a real win as increased queries equate to increased utilization which has been shown to directly affect patient care and impact the misuse, abuse, and diversion of controlled prescription drugs, all of which are goals of the SD PDMP.



(continued on page 14)



SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy and Allied Health Professions



Jane Mort | Dean



Hello from the College of Pharmacy and Allied Health Professions! I'm very pleased to share a few of our recent highlights.

The fourth year pharmacy students are wrapping up their academic careers and on their way to outstanding success. We recently learned that our students exceeded the national placement rate in the first round of the ASHP residency

matching process. We look forward to following their careers as they engage in new and exciting practice activities.

Along these lines, Dr. Sharrel Pinto joined us on April 2nd as our Hoch Family Endowed Professor in Community Pharmacy Practice. Dr. Pinto brings outstanding experience in this area with her previous work at the University of Toledo and doctoral training in pharmacy health care administration at the University of Florida. She also holds a master's degree in pharmacy health care administration from the University of Toledo and received her bachelor's degree in pharmacy and a postgraduate degree in marketing management from the University of Bombay, India. Dr. Pinto will be a tremendous asset in synergizing practice advancements. Other recent hires at the college include Dr. Jordan Baye who will practice in a shared position at Sanford's Imagenetics clinic. Dr. Baye's practice activities will provide a strong internal medicine experience for our students along with pharmacogenomics aspects.

In addition, the interview process for the next dean of the College was carried out in March and a timeline for completion of the process is anticipated no later than July. Additional searches are underway for the Haarberg Chair in oncology, a faculty member for the Avera Medical Group Brookings clinic, and a grant coordinator. *(Editor's Note: SDSU announced Mort as Dean after the submission of this article)*

Along with our PharmD curricular revision that will go into effect this fall, plans are underway to remodel the pharmacy practice laboratories in Brookings to meet the needs of our changing profession. This space will offer dynamic instruction opportunities and excellent simulation facilities. We also plan to offer continuing education in these labs and look forward to having practitioners back on campus.

The master of Public Health program continues to evolve as Council on Education for Public Health (CEPH) accreditation is pursued. A curriculum revision is underway that will meet new accreditation standards, make the program even better, and eventually lead to opportunities for dual degrees such as the PharmD/MPH. Stay tuned for coming opportunities.

In closing, please stop by if you are back in Brookings. We would enjoy showing you the new practice lab facilities and sharing the exciting happenings on campus.

Respectfully submitted,
Jane Mort
Dean, College of Pharmacy and Allied Health Professions

Did You Know?

As pharmacists, you can submit immunization information to the South Dakota Department of Health's Immunization Registry?

Contact Tammy LeBeau to get registered! Tammy is the Coordinator for South Dakota's Immunization Information System (SDIIS) and can be reached at her direct extension, 605-773-4783.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Jessica Harris, Pharm.D., BCPS | SDSHP President



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

SDSHP held the 42nd Annual Conference March 23rd and 24th at the Best Western Plus Ramkota in Sioux Falls. The conference provided 9 hours of ACPE accredited CE and was well attended by about 150 pharmacy professionals.

New board members were inducted at the Annual Conference and include:

- Past President: Jessica Harris
- President: Aaron Larson
- President-Elect: Joe Berendse
- Secretary: Gary Van Riper
- Treasurer: Anna Delzer
- Board Members at Large: Kristina Peterson and Rose Fitzgerald
- Resident Board Member: Jenna Welu
- Technician Board Member: Jodi Sterrett
- Student Board Members: Scott Dingus and Alyssa Boesche

At the awards presentation, Dennis Hedge was recognized as this year's recipient of the Gary W. Karel Lecture Award. After the Annual Conference wrapped up on Saturday, the SDSHP Board met for a strategic planning session. The Board is currently developing a strategic plan and will send it out to the membership when the final draft has been approved.

The Board would like to thank the Annual Meeting Committee, chaired by Deidra Van Gilder and Aaron Larson, for organizing an excellent conference!

Upcoming Events

Attention all pharmacy residents, preceptors, and program directors! The 6th Annual SDSHP Statewide Residency Conference will be held Friday, July 13, 2018 at the Cedar Shore Resort in Oacoma, SD. This conference provides an opportunity for residents to network and gain knowledge on topics that will benefit them during residency.

The 17th Annual Gary Van Riper Society Open Golf Classic will be held at the Central Valley Golf Course in Hartford on Friday, July 27, 2018. This event supports SDSU student pharmacists by providing scholarships and funding for travel to the ASHP Clinical Skills Competition in December. Please go online or contact Tyler Turek at tyler.turek@sanfordhealth.org to register. We hope to see you there!

Thank you

Words cannot express how thankful I am to have worked with the 2017-2018 Board of Directors. Their dedication to the Society and the profession of pharmacy is reflected in SDSHP's many accomplishments during this past year. I also want to extend my gratitude to our outgoing board members including Rhonda Hammerquist, Deidra Van Gilder, Nicole Hepper, Jenna Welu (term completes in August), and Khia Warzecha. Their knowledge, expertise, and hard work have been invaluable to SDSHP.

Finally, I would like to thank the membership of SDSHP for giving me the opportunity to serve as its President. The experience has been tremendously rewarding and enjoyable. During the next year, SDSHP will continue to serve health-system pharmacists and technicians under the excellent leadership of Aaron Larson.

Please visit SDSHP's website at www.sdshp.com to learn more about SDSHP and find a list of upcoming events!

Respectfully submitted,
Jessica Harris, PharmD, BCPS
SDSHP Past President

ACADEMY OF STUDENT PHARMACISTS

Analisa Buysse | APhA-ASP SDSU Chapter President



Hello everyone!

Things have been busy as ever on campus! We recently held elections for the upcoming school year. Starting next year, we will no longer be known as the SDSU Chapter of APhA-ASP, but rather as the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP). Under this new structure, all members will still hold

membership in APhA-ASP, but will also have the opportunity to hold national membership in ASHP, NCPA, ACCP, and the Pediatric Pharmacy Advocacy Group. The idea is that joining the organizations together in this way will allow students to not only find their niche in pharmacy organizations, but also see an example of how the organizations can unite to accomplish common goals. Hopefully students will take this mentality with them into their professional careers.

In January, roughly forty students traveled to Pierre for Legislative Days. Students that attended found the legislative update held by SDPhA very enlightening and took away from the trip a new appreciation for the legislative process. P3 students also recently had the opportunity to participate in the

Active Generations Health Fair in Sioux Falls. We completed screenings at this event, but were also able to meet and talk to students from other disciplines including nursing, chiropractic, OT, and speech therapy. Many students from these programs were not aware that we as pharmacists knew how to conduct patient care screenings, so many of us loved having the opportunity to educate them about our profession and also learn about what they bring to the health care team.

I am also very proud to update you about a new project headed by a number of our co-chairs. They have planned a 5K event to take place in Brookings on April 14 entitled the "Sweat out the Toxins 5K." Proceeds from this event will be donated to the Sanford Poison Center. This is the first time we have hosted an event of this kind and I am grateful for the hard work our members have put into the planning process.

Lastly, we will be mailing out our More Than A Count posters to the community pharmacies throughout South Dakota. Please keep an eye out for these in the mail at your pharmacies. It is our hope that you will hang these posters in an area where patients can view them to spread the word about the campaign and educate the public about our profession and the role we can play in their health management. I hope everyone has a great spring!



Thirteen students from the SDSU APhA-ASP Chapter traveled to Nashville, TN for the APhA Annual Meeting,



SD ASSOCIATION OF PHARMACY TECHNICIANS

Jerrie Vedvei | SDAPT President



We have been working hard planning our fall meeting which will be October 6th in Pierre at the Capitol University Center.

We are very excited to announce that we will also have two satellite locations, one in Sioux Falls at Avera's Prairie Center, and one in Rapid City at Rapid City Regional Hospital. SDAPT is truly trying to be a service to all of South Dakota.

Our Speakers will all be in Pierre with the DDN livestreaming for us to the other locations.

The CE's are almost finalized, of course we will have the required Law and Safety CE's along with others as requested from members across the state.

Please encourage all Pharmacy Technicians to attend our fall conference, some employers pay their membership, and some also give the technicians an extra vacation day to attend our conference to gain knowledge and education in our every so fast growing profession.

Our Scholarship committee is working hard and will be getting the information and applications out to Southeast Technical Institute in Sioux Falls.

For those who need to get certified, and do not have access to the Technical school in Sioux Falls, remember, SDPHA and SDAPT support and work with PTU (Pharmacy Technicians University). This is a great opportunity to take an online class to help prepare for the National Certification exam. Amanda Bacon, Executive Director of the SDPhA is the administrator for the group. (605)224-2338 or email her at amanda@sdpha.org for more information.

For more information on SDAPT please visit our website: www.SDAPT.org

Thank you all for your continued support of all Pharmacy Technicians in South Dakota!

Respectfully,

Jerrie Vedvei

SDAPT President

2018 South Dakota Association of Pharmacy Technicians

www.SDAPT.org

MEMBERSHIP AND CONFERENCE REGISTRATION FORM

Membership includes:

Please Print Legibly

- FREE attendance to the annual Continuing Education Conference October 6th in **Pierre**, ; satellite locations **Sioux Falls & Rapid City**
- One year's subscription of The South Dakota Pharmacist Journal & discounted rates for the South Dakota Pharmacist Association Annual Meetings
- An awesome opportunity to network with others in your profession

NAME _____ CELL PHONE (____) _____

STREET ADDRESS _____ City _____ SD ZIP _____

EMPLOYER _____ CITY _____ WORK PHONE (____) _____

EMAIL ADDRESS _____

CPhT: YES or NO _____ PTCB Certification# _____ SD State Registration # _____

PAST MEMBER OF SDAPT: YES _____ NO _____ NEW MEMBER _____

Please list any other State or National Pharmacy Organization(s) you belong to: _____

Are you willing to serve on a committee? Yes or No _____ Committee: _____

Please check one:

_____ \$35 Membership and Conference _____ \$25 October Conference ONLY

PLEASE CIRCLE THE LOCATION YOU WILL ATTEND: PIERRE SIOUX FALLS RAPID CITY

_____ Students may attend for Free: Where are you currently enrolled: _____

DUE NO LATER THAN SEPTEMBER 28, 2018 ~ (A LATE FEE OF \$10 WILL BE CHARGED)

Make checks payable to: **SDAPT** Mail Check & Registration form to: **SDAPT Secretary: Hope Showalter, 921 S Williams Ave, Sioux Falls, SD 57104**

- Please note, this form is for the South Dakota Association of Pharmacy Technicians only. Please do not confuse this form with the SD State Technician registration form that is required by the South Dakota Board of Pharmacy.

2018 LEGISLATIVE REPORT

Robert C. Riter and Margo D. Northrup | SDPhA Lobbyists

We appreciated the opportunity to again work with the Commercial and Legislative Branch of the Association. Of course, it our pleasure to continue our prior work with Sue Schaefer, as well as our new opportunity to become better acclimated with Amanda Bacon, your new Executive. Their combined efforts, as well as the good leadership provided by your Board of Directors, ensured a successful legislative session.

Prior to commencement of the legislative session, we conferred with certain pharmaceutical representatives regarding authority they sought for the dispensing of interchangeable biological products. Ultimately they obtained the introduction of SB 75. That bill created a definition for biological products and for interchangeable biological products. It also established factors sought to position the state for access to eligible interchangeable biological products. We actively monitored the proposal, while the Board of Pharmacy testified as a proponent. The bill passed and was signed by Governor Dugaard, effective July 1, 2018.

Also, during early preparation for the legislative session, another lobbyist for the pharmaceutical manufacturers interested in creating greater pricing transparencies for prescription drugs, met with us. After discussion with your Board, SB 141 was introduced. The Commercial and Legislative Branch of your Association strongly supported this proposal. In fact, in proponent testimony before the respective legislative committees, Erik Grocott, SDPhA President, testified in support of this patient-friendly legislation. He explained to legislators that passage of the proposal should help pharmacists be at liberty to address patient pricing options, so patients can enjoy a more transparent process.

SB 141 passed both Houses and was approved by Governor Dugaard. It is anticipated that this bill will ensure that a pharmacy is neither prohibited nor penalized from providing cost sharing information with its patients who are covered under particular plans.

Your Commercial and Legislative Branch also became actively involved in a temporary licensure compact for out of state professionals. HB 1319 was apparently intended to allow out of state licensees easier access to the South Dakota work place. It authorized the state to provide temporary licensure within South Dakota for a large grouping of professionals, including pharmacists. We shared serious patient and pharmacy team concerns with the legislature. We testified against the bill and worked hard to make sure state lawmakers understood all possible consequences passage would bring to patients and pharmacists.

In an effort to respond to the possible passage of HB 1319, your Commercial and Legislative Branch joined with other professionals, to obtain introduction of a bill (SB 172) which would allow those professions to “opt out” of the temporary licensure compact.

The underlying bill, HB 1319, was defeated in the first committee considering the same. That action eliminated the need for pharmacists to opt out of its provisions and accordingly, at the request of the proponents, SB 172 allowing the opt out was also defeated.

Several bills were introduced regarding authorization of telemedicine or telehealth procedures by healthcare professionals. Both of those measures were defeated, in large part because there was concern expressed regarding the establishment of for demonstrable procedures.

SB 176 was introduced, initially seeking to establish certain procedures regarding prescribing and dispensing opioids. While the bill was defeated, late in the legislative session it was used as a vehicle to authorize the Attorney General to utilize certain funds to investigate and litigate opioid abuse. That measure passed and became effective immediately after its approval by Governor Dugaard.

There was legislation passed placing additional substances on the controlled substance list and another which revises prohibitions regarding methamphetamines.

Of additional interest to this Association was HB 1309. It would have repealed certain existing sales tax exemptions, including the sales tax exemption currently in place on prescription drugs, and correspondingly reduce the tax rate on the sale of food. The bill was amended to only provide that each tax exemption would be reviewed on or before January 1, 2023, to determine whether the same should be retained or repealed. Even with that substantial modification, the bill was defeated on the House floor.

We much appreciated the opportunity to work with you this year. If you have any questions regarding the 2018 legislative session, feel free to contact either of the above at our office in Pierre.

Thank you.

**COMMERCIAL AND LEGISLATIVE (C&L) & DISTRICT DUES
CONTRIBUTIONS
2017/ 2018**

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Employer/Company _____

Work Address _____

Work City _____ State _____ Zip Code _____

Work Phone _____ Work Fax _____

Email Address _____

Do you wish to receive SDPhA email alerts regarding important pharmacy issues? YES NO

2017 - 2018 Commercial & Legislative (C&L) Fund
(Memberships set by SDPhA C & L Executive Committee, 2007)

Pharmacy or Business Membership (\$100.00)
(Includes One Individual Membership)

Name of Pharmacy/Business _____

Name of Individual Included _____

Corporate Membership (\$200.00)
(Two or more stores of the same corporation)

Name of Corporation _____

Name of Individual Included _____

Individual Membership

\$50 Level

\$75 Level

Other \$ _____

District Dues

(Circle your District)

Aberdeen-\$10.00

Black Hills-\$20.00

Huron-\$10.00

Mitchell-\$10.00

Mobridge-\$10.00

Rosebud-\$10.00

Sioux Falls-\$20.00

Watertown-\$20.00

Yankton-\$15.00

TOTAL ENCLOSED

\$ _____

Mail to SD Pharmacists Association ♦ Box 518 ♦ Pierre, SD 57501-0518 ♦ FAX: 605-224-1280

SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 7)

Year 2017 Most Prescribed Drugs	RX's	Quantity	Days Supply	Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	234,367	14,907,415	2,988,796	64
TRAMADOL HCL	154,669	11,638,818	2,888,230	75
ZOLPIDEM TARTRATE	93,564	3,242,881	3,226,180	35
LORAZEPAM	93,274	4,604,022	2,242,364	49
CLONAZEPAM	86,832	5,443,940	2,790,365	63
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SU	86,360	4,815,099	3,156,858	56
METHYLPHENIDATE HCL	68,744	3,640,174	2,454,523	53
ALPRAZOLAM	65,948	4,001,582	1,853,393	61
OXYCODONE HCL	53,291	4,457,097	1,005,055	84
LISDEXAMFETAMINE DIMESYLATE	46,183	1,705,341	1,661,310	37

**VA reporting began in Dec 2014*

HOT BUTTON PDMP ISSUES

- The number one error reported is prescription submitted under the wrong prescriber DEA. Pharmacies must be vigilant with similar prescriber names, verifying the prescriber if the signature is illegible and resident use of their own DEA vs. a hospital DEA.
- Data submission errors MUST be corrected through PMP Clearinghouse by the pharmacy as correction within the pharmacy software system does not automatically correct the database. If a prescriber has contacted your pharmacy regarding an error, please contact PDMP staff.
- Pharmacies that have pharmacy software NOT interfaced to point-of-sale MUST remove prescriptions from the database that were "ready" but returned to stock AND remove a prescription's first "ready" submission date record if that prescription is changed for any reason on a future date (made "ready" again) so when the updated record is submitted there is not a duplication on the patient's PDMP report.
- SD requires submission of schedules II, III, IV, and V prescriptions to the SD PDMP. As a reminder, in SD, schedule 4 includes federally schedule schedule 5 substances.

BOARD MEETING DATES

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

Kari Shanard-Koenders,
Executive Director

BOARD OF PHARMACY DIRECTORY

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Office Fax: 605-362-2738

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Kari Shanard-Koenders, Executive Director
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Board of Pharmacy Website: www.pharmacy.sd.gov
PDMP Data Access Website: <https://southdakota.pmpaware.net/login>
PDMP Data Submitters Website: <https://pmpclearinghouse.net/>
National Association of Boards of Pharmacy: www.NABP.pharmacy

AGENTS OF CHANGE

132ND ANNUAL SOUTH DAKOTA
PHARMACISTS ASSOCIATION CONVENTION

BEST WESTERN PLUS RAMKOTA HOTEL
SEPTEMBER 21-22, 2018

Thursday, September 20

5-7:30 PM

REGISTRATION OPEN
EAST LOBBY

5-7:30 PM

WELCOME SOCIAL
WASHINGTON ROOM

Friday, September 21

7 AM-5:30 PM

REGISTRATION OPEN
EAST LOBBY

7-8 AM

BREAKFAST
EAST LOBBY

8-9 AM

USP <800>
EXHIBIT HALL - ANNEX

Brenda Jensen, CPhT, CNMT, MBA

9-10 AM

PHARMACY LAW
EXHIBIT HALL - ANNEX

Dr. Dave Helgeland

10-11 AM

**BOARD OF PHARMACY
PDMP UPDATE**
EXHIBIT HALL - ANNEX

*Kari Shanard-Koenders, Executive
Director, SDBOP and Melissa DeNoon,
PDMP Director, SDBOP*

11:30 AM-1:30 PM

**VENDOR TIME / LUNCHEON
AWARDS PRESENTATIONS**
EXHIBIT HALL - ANNEX

1:30-2:30 PM

NEW DRUG UPDATE
EXHIBIT HALL - ANNEX

Dr. Joe Strain

2:30-3:30 PM

1ST SDPhA BUSINESS MEETING
EXHIBIT HALL - ANNEX

3:30-4 PM

SDSU ICE CREAM SOCIAL
EXHIBIT HALL - ANNEX

4-5:30 PM

PHARMACY HOT TOPICS
EXHIBIT HALL - ANNEX

A Panel Discussion

Saturday, September 22

7 AM-12 PM

REGISTRATION OPEN
EAST LOBBY

8-9:30 AM

**LIGHT BREAKFAST
2ND SDPhA BUSINESS MEETING**
EAST LOBBY + AMPHITHEATER II

9:30-11:00 AM

DRUG DIVERSION-CASES / Q & A
AMPHITHEATER II

*Pat Kneip, Special Assistant Attorney
General, South Dakota DCI*

11 AM-1 PM

IMMUNIZATIONS-WHAT'S NEW?
AMPHITHEATER II

Dr. Jessica Strobl and Dr. Deidra Van Gilder



Please watch your email, the SDPhA Facebook pages and sdpha.org
for updates and additional conference information.

AGENTS OF CHANGE

132ND ANNUAL SOUTH DAKOTA PHARMACISTS ASSOCIATION CONVENTION
 SEPTEMBER 21-22, 2018 | BEST WESTERN PLUS RAMKOTA HOTEL, SIOUX FALLS, SD 57107

Register Online at www.sdpha.org

Name _____

Address _____

City _____ Zip _____

Business Name _____

Business Address _____

Business City _____ Zip _____

Business Phone _____

Home Phone _____

Email _____

Spouse / Guest Name _____

eProfile ID:

For Hotel Reservations Call: 605-336-0650

Best Western PLUS Ramkota Hotel
 3200 West Maple Street, Sioux Falls, SD 57107
 Request South Dakota Pharmacists Association Block

Convention Registration Cancellation Policy:

- Cancellations will be accepted without penalty prior to September 7, 2018.
- A \$25 fee will be applied to all cancellations after September 7, 2018.
- Refunds will be issued after October 1, 2018.

All SDSU Student Registrations are FREE!

(hotel not included)
 Registration must be submitted prior to September 7, 2018.

Full Registration*

Before August 24, 2018	\$150	\$75	\$20	\$75	\$125	Free	\$225
After August 24, 2018	\$175	\$100	\$20	\$100	\$140	Free	\$250

1-Day Registration**

Friday, September 21, 2018	\$100	\$50	\$10	\$50	\$90	Free	\$150
Saturday, September 22, 2018	\$50	\$50	\$10	\$50	\$50	Free	\$75

Extra Tickets

Friday Lunch	\$15	\$15	\$10	\$15	\$15	Free	\$15
Saturday Breakfast	\$15	\$15	\$10	\$15	\$15	Free	\$15

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

I would like to contribute to the SDPhA Commercial & Legislative Fund.

I have included an additional amount of \$ _____

Total Due \$ _____

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

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

Please send payment and registration to:

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

Tax ID#: 46-019-1834

2018 AWARD NOMINATIONS

The SDPhA is accepting nominations for awards to be presented at the 2018 Convention in Deadwood. Nominations should be submitted along with biographical and contact information. The following awards will be presented:

Bowl of Hygeia

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

Nominee: _____

Distinguished Young Pharmacist

The nominee must hold an entry degree in pharmacy received less than ten years ago, licensed in South Dakota, member of SDPhA, practiced pharmacy in the year selected, involvement in a national pharmacy association, professional programs, state association activities and/ or community service.

Nominee: _____

Hustead Award

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

Nominee: _____

Distinguished Service Award

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

Nominee: _____

Salesperson of the Year Award

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

Nominee: _____

District Technician of the Year Award

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

Nominee: _____

Fax nominations by **May 16, 2018** to (605) 224-1280 or e-mail to amanda@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider your nominee. Include specific examples and/or details.

Name of Individual Nominating: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Pharmacy/Organization: _____

Changes Coming to Medicaid and Opioid Prescriptions

Department of Social Services | South Dakota Medicaid

In conjunction with the South Dakota Medicaid Pharmacy and Therapeutics (P&T) Committee, the South Dakota Medicaid (Medicaid) prescription drug benefit is implementing several changes to the prescription benefit regarding coverage of opioid prescriptions. These changes are being made to align with best practices in opioid management and to reduce the risk of opioid addiction and misuse. Please note that implementation of the following changes will be staggered over the following year; additional information about future changes is forthcoming. Please watch for additional communications from South Dakota Medicaid and take note of future coverage changes in order to prepare your internal processes and your South Dakota Medicaid patients for the changes to coverage. These requirements affect outpatient prescriptions filled at a pharmacy.

These changes will include:

1. Early Refill Threshold for Controlled Substances

- This change will affect how soon a Medicaid recipient may receive a refill for all controlled substances in addition to opioid prescriptions. For example, under South Dakota Medicaid's current guidelines, a 30 day prescription will be eligible for a refill after 23 days. Under the new early refill threshold, a 30 day prescription for controlled substances will be eligible for a refill after 26 days.
- Implementation is targeted for June 1, 2018.
- A notice of the change to the early refill threshold is attached. South Dakota Medicaid encourages providers to distribute the notice to affected participants or display the notice in a visible location.

2. Prior Authorization for One Long Acting and One Short Acting Opioid Product

- Medicaid Patients requiring more than one long acting and one short acting opioid product will require prior authorization.
- Changes in therapy (ex. changing products) will require a new prior authorization request to be submitted.
- Patients with a terminal diagnosis will be exempt from these requirements.
- Implementation is targeted for July 1, 2018.

3. Opioid Naïve Limit

- Recipients who have not filled a prescription for an opioid prescription within the previous 60 days will only be allowed an initial fill of a seven (7) day supply and a maximum 60 morphine equivalent dose (MED).
- Patients with a terminal diagnosis will be exempt from these requirements.
- Implementation is targeted for August 1, 2018.

4. Morphine Equivalent Dose (MED) Maximum Prior Authorization

- Medicaid patients requiring a new or renewal prescription for

morphine equivalent dosing greater than 300 MEDs per day will require prior authorization. Claims without prior authorization will be denied.

- Implementation is targeted for October 1, 2018.
- For both new or renewal prescriptions and those in place prior to October 1, 2018, the MED threshold will decrease by approximately 10% each month until the target MED is reached. South Dakota Medicaid will utilize the following tapering schedule:

October 1, 2018: 300 MEDs
November 1, 2018: 270 MEDs
December 1, 2018: 240 MEDs
January 1, 2019: 220 MEDs
February 1, 2019: 200 MEDs
March 1, 2019: 180 MEDs
April 1, 2019: 160 MEDs
May 1, 2019: 140 MEDs
June 1, 2019: 130 MEDs
July 1, 2019: 120 MEDs
August 1, 2019: 110 MEDs
September 1, 2019: 100 MEDs
October 1, 2019: 90 MEDs

- The target is in alignment with CDC recommended maximum MED levels and the tapering schedule approximates a 10% MED reduction each month in line with the CDC recommendations for tapering.
- Patients with a terminal diagnosis will be exempt from these requirements.
- South Dakota Medicaid encourages providers with patients on high doses of opioids to begin tapering patients in advance of implementation in order to allow for the maximum amount of time to taper patients.
- South Dakota Medicaid will contact patients and prescribers of patients receiving more than 300 MEDs prior to implementation.

The implementation schedule is staggered to allow providers to proactively implement these requirements. South Dakota Medicaid encourages providers to begin discussions with patients to minimize potential impact. Resources are available through the Division of Behavioral Health for patients that providers may suspect or have strong inclination of substance use issues and/or abuse. The Division of Behavioral Health maintains an interactive map at: <http://dss.sd.gov/behavioralhealth/agencycounty.aspx> to identify accredited treatment providers across the state. In addition, resources can also be located at: <https://findtreatment.samhsa.gov/>.

South Dakota Medicaid's coverage includes medication-assist treatment (MAT). MAT combines FDA approved medications with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help sustain recovery. South Dakota Medicaid covers treatment

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.

Getting Mentally Ready to Retire

Even those who have saved millions must prepare for a lifestyle adjustment.

A successful retirement is not merely measured in financial terms. Even those who retire with small fortunes can face boredom or depression and the fear of drawing down their savings too fast. How can new retirees try to calm these worries? Two factors may help: a gradual retirement transition and some guidance from a financial professional.

An abrupt break from the workplace may be unsettling. As a hypothetical example, imagine a well-paid finance manager at an auto dealership whose personal identity is closely tied to his job. His best friends are all at the dealership. He retires, and suddenly his friends and sense of purpose are absent. He finds that he has no compelling reason to leave the house, nothing to look forward to when he gets up in the morning. Guess what? He hates being retired. On the other hand, if he prepares for retirement years in advance of his farewell party by exploring an encore career, engaging in varieties of self-employment, or volunteering, he can retire with something promising ahead of him. If he broadens the scope of his social life, so that he can see friends and family regularly and interact with both older and younger people in different settings, his retirement may also become more enjoyable. The interests and needs of a retiree can change with age or as he or she disengages from the working world. Retired households may need to adjust their lifestyles in response to this evolution.

Practically all retirees have some financial anxiety. It relates to the fact of no longer earning a conventional paycheck. You see it in couples who have \$60,000 saved for retirement; you see it in couples who have \$6 million saved for retirement. Their retirement strategies are about to be tested, in real time. All that careful planning is ready to come to fruition, but there are always unknowns.

Some retirees are afraid to spend. They fear spending too much too soon. With help from a financial professional, they can thoughtfully plan a withdrawal rate. While no retiree wants to squander money, all retirees should realize that their retirement savings were accumulated to be spent. Being miserly with retirement money contradicts its purpose. The average

65-year-old who retires in 2017 will have a retirement lasting approximately 20 years, by the estimation of the Social Security Administration. So, why not spend some money now and enjoy retired life?¹

Broadly speaking, our spending declines as we age. The average U.S. household headed by an 80-year-old spends 43% less money than one headed by a 50-year-old.¹

Retirement challenges people in two ways. The obvious challenge is financial; the less obvious challenge is mental. Both tests may be met with sufficient foresight and dedication.

Citations.

1 - tinyurl.com/ydedysl5 [4/24/17]

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com. Registered Representative of and securities and investment advisory services offered through Berthel Fisher & Company Financial Services, Inc. Member FINRA/SIPC. PRISM Wealth Advisors LLC is independent of Berthel Fisher & Company Financial Services Inc.

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Changes Coming to Medicaid and Opioid Prescriptions

(continued from page 15)

of substance use disorders for children and pregnant women and will cover for all adults effective July 1, 2018.

For more detailed opioid prescribing guidelines please review the document published by the Centers for Disease Control and Prevention at the following link:
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

The South Dakota State Medical Association (SDSMA) in conjunction with the South Dakota Academy of PAs has developed

a checklist for prescribing opiates for chronic, non-cancer pain. The checklist may be accessed through the SDSMA website found at <https://www.sdsma.org/> South Dakota

Medicaid expects prescribers to follow state and federal guidelines for the prescription of opioid medications. South Dakota Medicaid expects prescribers to utilize the South Dakota Prescription Drug Monitoring (PDMP) program to guard against opiate misuse. The PDMP is a valuable tool which allows you to monitor all controlled substance prescriptions filled by your patient. You can access the PDMP at the website: <https://southsakota.pdmpaware.net/login>.



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Continuing Education for Pharmacists

“Statin Therapy-induced Non-Musculoskeletal Side Effects: the focus on diabetes mellitus, malignancy and neurological side effects”

(Knowledge-based CPE)

Course author:

Kazuhiko Kido, Pharm.D., MS, BCPS,
Assistant Professor, Pharmacy Practice, South Dakota State University College of Pharmacy and Allied Health Professions, Brookings, SD and
Clinical Pharmacist Specialist, Avera McKennan Hospital, Sioux Falls, SD

Course Development: This course was developed under the guidance and review protocols of the Office of Continuing Education, South Dakota State University College of Pharmacy and Allied Health Professions.

Learning Objectives:

1. Provide an overview of the meta-analyses that address statin-induced risk of new onset diabetes mellitus (DM);
2. Formulate an individualized statin therapy plan for patients with risk factors for diabetes;
3. Assess the current literature describing the controversies about cognitive impairment attributed to statin therapy;
4. Summarize the current evidence regarding the risk of malignancy due to statin therapy.

Introduction

Hydroxymethyl glutaryl coenzyme A reductase inhibitors commonly known as statins have been utilized for the treatment of hypercholesterolemia and prevention of cardiovascular disease in the current practice.¹ Statin therapy has shown reduction in low density lipoprotein (LDL) cholesterol as well as reduction in cardiovascular events including myocardial infarction and ischemic stroke.

The overwhelming clinical benefits of statin therapy have led to the widespread use of statins and have thereby increased the potential for severe adverse effects. Although musculoskeletal side effects such as myalgia or myositis are one of the common adverse effects, there are other safety concerns of statin therapy in the current practice: diabetes mellitus, cognitive dysfunction, malignancy.

This article aims to review the current medical literature regarding these three safety concerns of statin therapy: diabetes, neurological impairments, and malignancy.

Diabetes

Several reports have shown that statins are associated with the development of diabetes mellitus (DM), possibly due to the three mechanisms of insulin secretion reduction, insulin signaling pathway disruption, and increased insulin resistance.² However, multiple trials have shown conflicting results and they have raised concerns about the safety of statin use on diabetes risk.^{3,4}

Thus, a meta-analysis was conducted to resolve this uncertainty.⁵ This meta-analysis of 13 randomized trials showed that statin therapy was

associated with a 9% increased risk for new-onset diabetes (OR 1.09, 95% confidence interval 1.02-1.17, number needed to harm 255) during 4 year follow-up. This indicates that one extra case of diabetes occurred by treating 255 patients with statin therapy for 4 years.

Some statins exhibit a higher risk of new onset diabetes mellitus than others, and not all statins have shown diabetogenic effects. Therefore, another meta-analysis of randomized controlled trials evaluated the impact of different types of statins on new onset DM. This analysis showed that pravastatin 40 mg was associated with the lowest rate of new onset DM, while rosuvastatin 20 mg was associated with the highest rate of new onset DM. Atorvastatin 80 mg did not show the increase in DM event.⁶

Another controversy involves whether or not statin-induced DM is dose-related. A meta-analysis of 5 randomized trials was performed to investigate whether or not higher dose statin regimens are associated with a higher risk of new-onset DM.⁷ It showed that high intensity statin therapy was associated with increased risk of new-onset DM compared to moderate intensity statin therapy. Thus, minimization of statin dose would be expected to lower the risk of statin-induced DM.

Although it is important to monitor blood glucose levels regularly, the cardiovascular protective benefits of statins outweigh the marginal risk of diabetes. Statin therapy initiation should not be delayed due to risk concerns related to statin-induced diabetes.

Neurological impairments

In 2012, Food Drug Administration has announced the safety label changes about reversible cognitive adverse events based on post-marketing reports of cognitive impairment such as memory impairment, confusion, or amnesia.⁸

The most accepted mechanism for statin-induced cognitive impairment is reduction in de novo cholesterol synthesis and interference with myelin formation which causes neural conduction deficits and eventually leads to cognitive impairment.

However, observational studies and clinical trials have not shown a significant association between statins and cognitive impairment. One meta-analysis of randomized controlled trials confirmed that there was no association between statins and cognitive impairment.⁹ It advised that if statin-induced cognitive impairment is suspected, several options may be considered to resolve the possible impairment.

Due to the likely reversible nature of the adverse effect upon statin discontinuation, the first treatment approach is to discontinue the statin and observe the patient for up to one month symptom resolution. All of case reports involving this suspected association showed full cognitive impairment recovery after discontinuation of statin. The recovery timeline, however, did vary from a few days to up to one month.¹⁰

Another option to consider would be the use of a less lipophilic statin shown in Table 1.¹⁰

Table 1. Solubility of statins

Statin	Solubility
Pravastatin Rosuvastatin	Hydrophilic
Pitavastatin Atorvastatin Fluvastatin Simvastatin	Lipophilic

Less lipophilic statins such as rosuvastatin and pravastatin may present a lower risk for cognitive impairment, due to the fact that they are less likely to penetrate the blood-brain barrier.

Of note, one review disclosed that the majority of the 66 statin-related cases of cognitive impairment

reported in the literature was due to lipophilic statins, while only 3 % was due to rosuvastatin or pravastatin.¹¹ It is therefore justifiable to switch from a lipophilic statin to a hydrophilic statin when patients develop statin-induced cognitive impairment.¹¹

Malignancy

Multiple studies have shown that low cholesterol levels are associated with an increased risk for the future development of cancer, and that this may involve a U-shaped association between cholesterol levels and cancer risk.¹² One of the potential mechanisms behind this inverse relationship involves the possibility that low chole-

sterol levels from statin therapy may weaken the human defense mechanism.¹³

However, multiple meta-analyses have not reported an increased cancer risk with statin therapy.^{14,15}

The differing results from these meta analyses may be due to the types of cancers being considered in possible association with statin therapy.

Statin use was associated with decreased risk of gastric, liver, colorectal, esophageal, ovarian, and prostate cancers, while no significant association was detected in breast, skin, pancreatic, bladder and lung cancers. (Table 2)¹⁶

Table 2. Statin Site-Specific Cancer Risks

Site of Cancer	Risk of cancer	Results
Gastric	Associated with decreased risk	OR 0.68 (95% CI 0.51-0.91)
Liver		RR 0.58 (95% CI 0.51-0.67)
Colorectal		RR 0.90 (95% CI 0.86-0.95)
Esophageal		OR 0.86 (95% CI 0.78-0.94)
Ovarian		RR 0.79 (95% CI 0.64-0.98)
Prostate		RR 0.93 (95% CI 0.87-0.99)
Breast	No association	RR 0.99 (95% CI 0.94-1.04)
Skin		RR 0.94 (95% CI 0.85-1.04)
Pancreas		RR 0.89 (95% CI 0.74-1.07)
Bladder		RR 1.07 (95% CI 0.95-1.21)
Lung		RR 0.89 (95% CI 0.78-1.02)
Kidney		RR 0.92 (95% CI 0.71-1.19)

Conclusions

Statins are one of the most common medications prescribed for cardiovascular disease prevention. Although the most common adverse effect due to statin is muscle skeletal adverse effect, there are some controversies about statin-induced diabetes, neurological impairments and malignancies. Although some statins showed the association with the increase in diabetes, the overall risk of statin-induced diabetes is marginal. Clinical studies did not reveal an association

between statin use and cognitive impairment. When impairment does occur, switching to a hydrophilic statin may be considered. The risk of malignancy due to statins was also not supported by meta-analysis studies.

Overall, statin non-muscle skeletal risk appears to be marginal or even neutral, and the benefits for cardiovascular prevention with statin therapy outweigh the potential risks for diabetes, neurological impairments, and malignancy.

Financial disclosure: The author of this course has no financial relationships to declare.

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“Statin Therapy-induced Non-Musculoskeletal Side Effects: the focus on diabetes mellitus, malignancy and neurological side effects”

Learning Assessment post-test

1. A patient was seen by primary care doctor today and presented to pharmacy to pick up simvastatin 20 mg daily. She saw an article about statin increasing the risk of new onset diabetes. What is your response to the question?
 - A. All statins are well-known to cause diabetes. Therefore, statin therapy is not recommended
 - B. Any statin is not associated with the increase in diabetes. Therefore, statin use is recommended
 - C. Statins may increase the risk of diabetes but the benefits of statin outweighs the risks of diabetes. Therefore, statin therapy is recommended
 - D. Statin use is contraindicated for patients who may have a risk of diabetes. Therefore, statin use is not recommended
2. Which of these statin medications has been associated with lowest rate of new onset diabetes mellitus (DM)?
 - A. Atorvastatin
 - B. Pitavastatin
 - C. Rosuvastatin
 - D. Pravastatin
3. Which of the statins has been associated with higher rate of new onset DM?
 - A. Rosuvastatin
 - B. Simvastatin
 - C. Fluvastatin
 - D. Pitavastatin
4. Statin-induced diabetes is dose-related, therefore lowering the doses of statin medications would be expected to lower the risk for diabetes.
 - A. True
 - B. False
5. Which of the following is correct regarding statin-induced neurological impairment?
 - A. It is irreversible
 - B. Time of recovery should be in a few hours
 - C. Lipophilic statins may cause cognitive impairment more frequently than hydrophilic statins
 - D. All of above
6. Which of the following medications is classified as a hydrophilic statin?
 - A. Pitavastatin
 - B. Atorvastatin
 - C. Simvastatin
 - D. Rosuvastatin
7. Cognitive impairment recovery after discontinuation of statin involves _____ .
 - A. A few hours
 - B. A few years
 - C. Varies from a few days to up to 1 month
 - D. Unpredictable since it is irreversible

Questions 8-10 continued on next page

“Statin Therapy-induced Non-Musculoskeletal Side Effects: the focus on diabetes mellitus, malignancy and neurological side effects”

Learning Assessment Post-test *(continued)*

8. Since statins reduce cholesterol, and since low cholesterol is believed to be a risk factor associated with future cancer development, statin therapy may theoretically increase cancer risk.
 - A. True
 - B. False

9. A patient visits the pharmacy after seeing her primary care doctor who prescribed pravastatin 20 mg daily for dyslipidemia. The patient asks the pharmacist about the risk of malignancy due to statin. What is your correct response?
 - A. Yes, all of statins is well known to cause malignancy rate
 - B. Yes, some statins are specifically shown to be carcinogenic
 - C. No, based on the meta-analysis, statins did not show increase in cancer risk
 - D. No, based on the studies, the cancer risk is the same regardless of the site of cancer

10. Statins use is associated with a decreased risk for which of the following types of cancer?
 - A. Skin cancer
 - B. Pancreatic cancer
 - C. Lung cancer
 - D. Kidney cancer
 - E. Colorectal cancer

Complete answer sheet / evaluation on next page and submit for credit.

“Statin Therapy-induced Non-Musculoskeletal Side Effects: the focus on diabetes mellitus, malignancy and neurological side effects”

(Knowledge-based CPE)

To receive 1.0 Contact Hours (0.1 CEUs) of continuing education credit, preview and study 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 at least 70% 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.

Participants should verify credit upload to their NABP accounts within two weeks of submission of this answer sheet to insure appropriate credit award.



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-0000-17-065-H01-P.

Learning Objectives - Pharmacists: 1. Provide an overview of the meta-analyses that address statin-induced risk of new onset diabetes mellitus (DM); 2. Formulate an individualized statin therapy plan for patients with risk factors for diabetes; 3. Assess the current literature describing the controversies about cognitive impairment attributed to statin therapy; 4. Summarize the current evidence regarding the risk of malignancy due to statin therapy.

Circle the correct answer:

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

Course Evaluation – must be completed for credit.

	<u>Disagree</u>							<u>Agree</u>							
Material was effectively organized for learning:	1	2	3	4	5	6	7								
Content was timely and applicable for re-licensing / recertification:			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 evidence-based, balanced, noncommercial:	1	2	3	4	5	6	7								
List any instance of perceived bias _____															
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 1.0 hour CE course: _____)

Comments:

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Course release date: Dec 6, 2017 / Expiration date: Dec 6, 2020 / Target audience: Pharmacists

Please mail this **completed answer sheet** with your check of \$8.00 to: **SDSU College of Pharmacy – C.E. Coord.**
 Office Ph: 605-688-4242 / **Bernie.Hendricks@sdstate.edu** **Box 2202C, Brookings, SD 57007**

IN MEMORIAM

Helen Fiechtner

After a long 7 1/2-year illness, Helen Fiechtner went to be with her LORD on March 5, 2018. She was surrounded by her husband Glenn, and her daughters, Hannah and Elizabeth. Her funeral service was Friday, March 9 in Sioux Falls, with burial at Hills of Rest Cemetery.

Helen Beckman, daughter of Lloyd and Louise (Goehle) Beckman, was born May 4, 1953 in Brookings, SD. Her father was the owner of the John Deere dealership. Helen graduated from SDSU and then earned her Pharm D degree from the University of Texas - San Antonio. After moving to Fargo, ND, she began her career as an NDSU Pharmacy educator, developing the pediatrics clinical pharmacy practice at St. Lukes Hospital.

Helen met her future husband, Glenn Fiechtner, at a Bible study. They were united in marriage on November 23, 1980 at Mt. Calvary Lutheran Church in Brookings, SD. After two years, they moved to Rochester, MN, where their two daughters, Hannah and Elizabeth, were born. In 1991 the family moved to Sioux Falls, SD where Helen developed the pediatrics clinical pharmacy practice at Sioux Valley Hospital, all the while educating many SDSU pharmacy students. Helen had a great love for the many premies, newborns and children she helped care for during her pharmacy practice. She loved teaching and especially loved working with the many students who had ambition and worked hard. Helen was active in the Pediatric Pharmacy Advocacy Group (PPAG) and was a past board member. For the first time in its 30 year

history, PPAG recognized Helen's sustained contributions to the profession of pediatric pharmacy through practice, education, and professional development activities with the Fellows in PPAG recognition program.

Helen loved camping, sewing, and spending time with her family. She was the family administrator and caregiver, taking care of almost everything and almost always knowing what to do in a crisis. During her last years, she could no longer sew or go camping, but she did spend a huge amount of time with her family.

Due to her illness, Helen spent her last years at home, with Glenn and many friends taking care of her. During Helen's last few minutes, her face showed sorrow and joy each time we said she can go home to be with Jesus. She weakly reached for our dog, Bella when the girls held Bella near. She died at home with her family, which was what she wanted. Helen's family is sad for their loss, but glad for Helen, who feels no more pain or sorrow.

Grateful for having shared her life are her husband, Glenn; two daughters, Hannah Fiechtner, Kansas City, MO, Elizabeth Fiechtner, Osaka, Japan; her mother, Louise Beckman, Brookings, SD; her brother, Ken Beckman and his wife, Linda, Arlington, VA; her sister, Joyce Lukens and her husband, Mike, of Kentucky; and many other relatives and friends.

Helen was preceded in death by her father, Lloyd Beckman.

Milton Swenson

Milton Swenson, 96, longtime business and civic leader from Lake Preston, S.D., died peacefully March 5 surrounded by his children at the Prince of Peace Retirement Community in Sioux Falls.

The proud son of Norwegian immigrants was born in Roslyn, S.D. on Feb. 8, 1922. He attended Northern State and taught country school before joining the U.S. Army Air Corps when World War II began.

Milton met his wife, Vernie, in Texas. They were married in California, and remained together 63 years. Vernie passed away in 2009.

The couple moved to Brookings, where Milton earned a pharmacy degree at South Dakota State University. In 1952, he bought Van's Drug in Lake Preston, and he and Vernie ran the business for 43 years. They retired in 1995 and moved to Sioux Falls in the early 2000s.

He served in many leadership positions, including several terms as mayor of Lake Preston. South Dakota pharmacists awarded him their most prestigious award in 1975: the Bowl of Hygeia for outstanding community service.

He is survived by four children: Rob of Sioux Falls; Sandra (Grant Wearne) of Cincinnati, Ohio; Gail of Sioux Falls; and Mark (Karin) of Sioux Falls; and four grandchildren.

In lieu of flowers, the family asks that memorials be directed to the Lake Preston Lutheran Church or to SDSU Athletics.

CLASSIFIEDS

For Sale:

A huge collection of 19th and 20th century pharmacy antiques including many 19th century LUG bottles, 20th c. corked and screw cap bottles from many pharmaceutical houses such as Lilly, Parke Davis, Merck etc. Certain rare and desirable items include old pill tiles, portable drug chests, and a huge Parke Davis pharmacognosy chest used at pharmacy schools. Email knarfdr@aol.com for descriptions and pictures. Questions welcome.

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