

# NoDak Pharmacy

Volume 21, No. 4, August 2008





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# Mark Your Calendar

## August Calendar

**August 7-9, 2008**

District 5 NABP/AACP Annual Meeting  
Fargo

**August 21, 2008**

NDPhA Board of Directors, Teleconference

**August 23, 2008**

Immunization Certification, NDSU Fargo

**August 23-28, 2008**

NACDS Conference, San Diego

## September Calendar

**September 17, 2008**

ND Pharmacy Opportunities Night, Fargo

**September 18, 2008**

Career Fair, NDSU

**September 18-19, 2008**

ND Diabetes Coalition Annual Summit, United Tribes, Bismarck ND

**September 26-27, 2008**

NAPT Fall Conference, Fargo

## October Calendar

**October 4, 2008**

NDSU Homecoming

**October 11, 2008**

NCPA 110th Annual Convention and Trade Exposition, Tampa FL

## ON THE COVER

Tony Welder, Dakota Pharmacy owner, visits with a customer about one of the products in his independent Bismarck store



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*Lance Mohl, R. Ph.*  
*Incoming NDPhA President*

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## *The Pharmacist's Oath*

The theme of our convention this year was “striving for renewal”; what a perfect time to renew our dedication to our profession and to the patients we serve. There is perhaps no better way to do this than to review “The Pharmacist’s Oath”.

The oath of a Pharmacist essentially has seven statements that we promise to do as we enter this profession. Those statements start with I vow, I will (five times), and I take.

Those statements address devotion to service to mankind, welfare of humanity, use of knowledge and skills, maintaining professional competency, obeying laws governing the practice, maintaining the highest standards of moral & ethical conduct, and taking these vows voluntarily & with responsibility with which the public has entrusted us. This oath is powerful and encompassing, as appropriate now as the day it was written.

To me the most striking words in the oath contain but one letter, and that word is “I”. No one else can take this vow for us, not a supervisor or a manager, not anyone but the Pharmacist. When we take this oath, and live this oath, then we have truly taken ownership of our profession.

All of us might ask ourselves, “how well are we doing”? Would our patients agree with our own self assessment?

It’s still “About the Patient” as President Wahl emphasized the past year. For each of us in our duties as professionals, or in our duties as we represent others in our organizations, let’s all keep foremost in our decision making the welfare of the patient. With that guidance, our organization, the NDPhA will continue to serve our state as well as it has in the past. I shouldn’t say as well, but I should say even better than ever before.

We do have some remarkable accomplishments as a whole. North Dakota Pharmacists were number #1 in the nation for Medication Therapy Management services provided for Member Health patients under the Medicare Part-D Plan. Congratulations! The only way to improve... let’s make it two years in a row... let’s do it again! We may begin by encouraging more Pharmacists to get involved, and by providing the resources necessary to provide this important service. As we proceed other payers will realize

the worth of Medication Therapy Management and finally get on board in promoting wellness for our patients. One day I hope to see Medication Therapy Management provided to every single patient that walks through our door as a regular service.

While our state ranks very well in access to Pharmacy service, there is room for improvement, the nation’s novel telepharmacy project has been a remarkable success, and soon rural hospitals will also have the benefit of this technology. Embracing technology will also improve safety concerns as we implement available systems into our pharmacies. Reimbursement is an ongoing challenge for every Pharmacist in the nation, whether your practice is the community setting or in a health system. As third party payers and government become the largest payers for our services, we cannot stand by and watch our health care system degrade as decisions are made by those who do not and cannot have our patient’s best interest in mind. Discriminatory pricing continues to unfairly put upon the backs of our patients all of the discounts handed out to insurance companies, government and PBM’s.

This year promises to one of the most challenging but also one of the most rewarding as we embark in providing a state wide service to empower our diabetic patients in the management of their disease. What a wonderful opportunity to showcase our professional talent.

We are continually beckoned to “give up” ownership of our profession. Every single element of our profession is essential to the good health of our patients. And nobody provides this service better than we do. Whether it is reconciling medications, counseling on a new prescription, responding with a trauma team, providing chemotherapy, dispensing an IV medication or a tablet, servicing a long term care facility, or just visiting with a patient during a difficult time, this is our profession.

Once again, when we make a professional decision, all we need to do is ask, “Will this benefit our patients”? For over 125 years the Pharmacists in this state have served the patient well. And despite the challenges before us, we will continue to provide the patient as we have promised in our oath. After all, nobody does it better.

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# Personal Service Earns Independent Pharmacies Top Rank

By Teresa Oe

More than 40,000 responses to *Consumer Reports'* 2007 drugstore survey showed that consumers are most satisfied with independent pharmacies compared to drugstore chains, supermarkets and mass merchants. Since 1998, readers of the monthly magazine have consistently ranked independents No. 1.

The most recent survey results are contained in *Consumer Reports'* June 2008 issue, which explains personal service is a major factor in the top ranking. "Readers gave pharmacists at independent stores high marks for being accessible, approachable, easy to talk to and knowledgeable about prescription as well as nonprescription products," *Consumer Reports'* says.

The survey results also indicated that independents often stock medical supplies missing from other types of stores and customize medicines for special needs. Waits in line were reported as uncommon, further contributing to customer satisfaction.

Another national industry survey by Wilson Health Information, LLC, New Hope, Pa., produced similar results, with independent pharmacy customers rating their pharmacies highest in customer satisfaction for the eighth year in a row. North Dakota pharmacy customers overall were the second most satisfied of all states in the 2008 survey.

"North Dakota should be proud that its pharmacies rank near the top of the list, which invariably means that the health of patients is likely to be better," says John Norton, National Community Pharmacists Association representative. "A satisfied customer is usually someone who feels as if all their questions are answered and that a sufficient amount of time is devoted to

fulfilling their needs. Clearly, North Dakota's community pharmacies are committed to that result."

Norton says one of the main reasons independents—those pharmacies not publicly traded—are viewed so favorably is the variety of services they provide. "From home delivery to medication therapy management, when a customer uses an independent pharmacy, they are almost never limited in their healthcare options."

Following is a look at this variety and the personal touches provided by three independent North Dakota pharmacies.

## *Dakota Pharmacy – Complete Health Approach*

"All medical providers should be looking at the whole picture of the patient's health, not just treating symptoms," says Tony Welder, owner of Dakota Pharmacy in Bismarck. "We always ask, 'What can we furnish to patients to keep them healthy, besides pharmaceuticals?'"

In 2001, Welder created a division of the pharmacy called Dakota Natural Health Center to host a growing number of services. The center offers



*Dakota Pharmacy patients can get custom medications, formulated in onsite compounding labs. They also have access to a variety of health screenings.*



*A high resolution camera and video screen (left corner of photo) at New Salem Pharmacy allows technician Vicki Schultz to consult with registered pharmacists at Dakota Pharmacy. This “telepharmacy” concept allowed the local pharmacy to stay open when its full-time pharmacist retired and no replacement was available.*

multiple health screenings, massage therapy, wellness education, and diabetes monitoring and therapeutic shoes. Osteoporosis and skin care professionals are also available for consult. The health center is conveniently located in the same building as the pharmaceutical counter.

Dakota Precision Rx Compounding Labs is also onsite with practitioners specializing in custom compounded medications. Welder says this is an important service for customers as they can order hard-to-find, discontinued, preservative-free or new prescriptions that would otherwise be difficult to obtain.

In addition to the offerings in Bismarck, Dakota Pharmacy also reaches out to serve those in and around New Salem, a smaller community about 30 miles to the west. Welder has owned New Salem Pharmacy for a number of years. When the pharmacist on staff retired and no replacement was available, he established a telepharmacy to ensure customers weren't without service.

The setup includes high resolution cameras and video screens, whereby the certified technician in New Salem can consult with a registered pharmacist at the Dakota Pharmacy host site to complete orders. Customers can ask questions of the pharmacist and immediately receive answers via the live video.

The Bismarck and New Salem relationship is an application of Dakota Pharmacy's slogan: “combining old fashion service with today's technology.”

### *Frontier Pharmacy – Tailored Services*

West Fargo's Frontier Pharmacy, owned by pharmacist Jayme Steig, has customized its services to suit its largest demographic.

“The community we serve consists primarily of families with young children,” Steig says. “We tailor our services to meet their lifestyles.”

One of these services is the flavoring of children's liquid medications. Another is the option to refill prescriptions online. Additionally, a drive-up window allows for convenient prescription pick-up, where young children don't have to be unloaded or left untended.

Kelly Young of West Fargo is a Frontier customer and mother of three. Her children are older, but she still uses the drive-up window when trying to save time. If she has a few minutes, she chooses to go into the store for reasons favorable to Frontier.

“I prefer to go in, because everyone is so nice,” she



*Frontier Pharmacy just opened in West Fargo in January. Its drive-up window is a convenience for customers, especially on-the-run moms and dads.*



says. "And, not only can I get my prescriptions there, but I can buy various other things." The pharmacy carries giftware, cards, a full line of over-the-counter products, supplements, crutches, slings and other medical supplies, with the capability of ordering additional supplies as needed for delivery the following day.

A major bonus from Young's perspective is that the pharmacy is open on Saturdays. "It's very accommodating when you have to take kids in unexpectedly," she says.

Frontier encourages families and other customers to take an in-depth look at their health through medication therapy management services provided at the pharmacy. "This involves sitting down and talking one-to-one with your pharmacist about your medications," Steig says. "The benefits are improved patient outcomes and reduced healthcare costs."

### *White Drug #55 – All About Community*

White Drug #55 in Hettinger is another of North Dakota's 127 independent pharmacies. The store belongs to the Thrifty White chain, but is considered independent because it is employee-owned, not publicly traded. The majority of Thrifty White's shareholders are pharmacists, so policy is controlled by those in the profession.

Gary Dewhirst owned Hettinger Drug until 2001, when he sold the pharmacy to Thrifty White and stayed onboard as manager. Since then, the store has doubled in size from 3,000 square feet to 6,000 square feet, offering Hettinger and the surrounding rural area many more supplies and services.

The pharmacy offers immunizations, and patient counseling is a priority. "The customer is always No. 1," Dewhirst says, explaining that he takes the time to not only help customers better understand their prescriptions, but also search for compatible insurance plans. Mail-out and in-town delivery of pharmaceuticals are other accommodations.

In addition to customer service, Dewhirst says Thrifty White encourages community service. "They're big into giving back and contributed this year to the fund-raising campaign for our local hospital."

Dewhirst, himself, gives beyond the pharmacy walls. He is a member of the Knights of Columbus Council and the Hettinger Eagles and past president of the Hettinger Chamber of Commerce, Kiwanis and Lions clubs, and Stingrays Swim Team. He also served on the Hettinger School Board for 12 years and is in his tenth year on the West River Health Services Foundation Board.

This involvement has helped Dewhirst know and build a relationship with the community he serves, contributing to the positive perception of independent pharmacies throughout the state and nationwide.

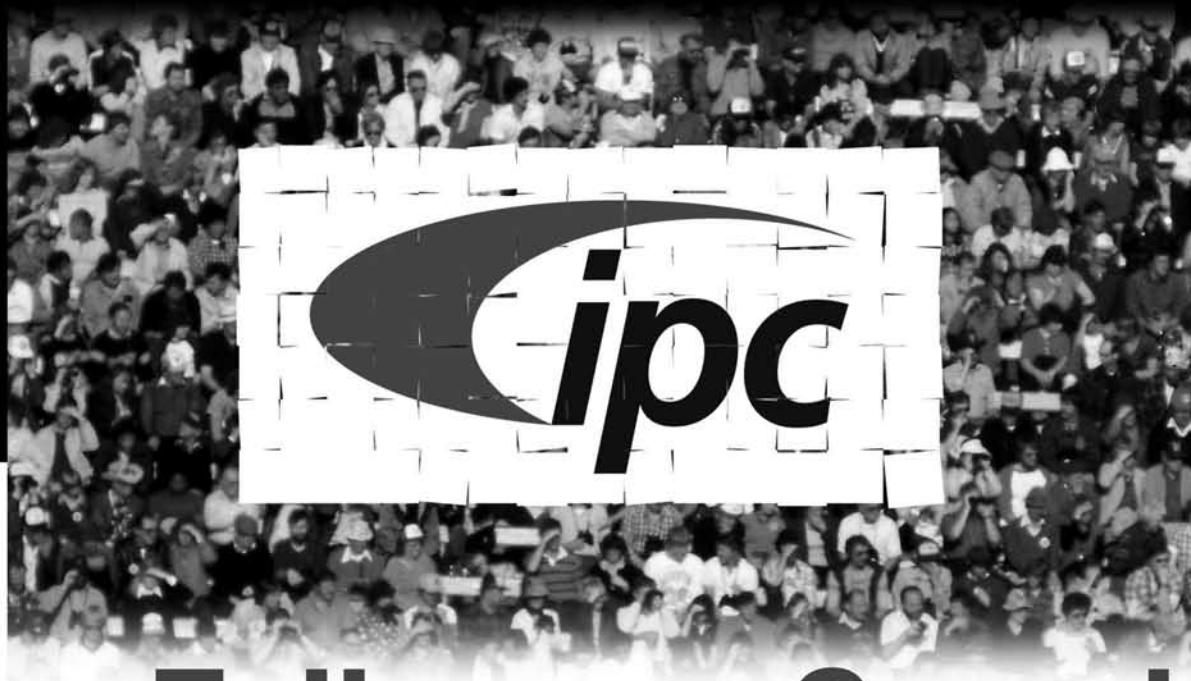


***Gary Dewhirst is the pharmacy manager at White Drug #55 in Hettinger. He has served the Hettinger community for more than 30 years and is pictured here with his co-pharmacist Kim Radig.***



***In addition to traditional pharmacy supplies and services, Hettinger's pharmacy sells plants from its greenhouse adjacent to the facility and also has a photo finishing lab.***

# Sometimes it's OK



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# Continuing Education for Pharmacists

## Fibromyalgia: A Veritable Disease with Real Symptoms

Volume XXVI, No. 5

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

**Goal.** The goal of this lesson is to discuss fibromyalgia with reference to how it is managed.

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

1. identify the demographics and prevalence of fibromyalgia in the United States;
2. recognize the principles of fibromyalgia, including pathophysiology, clinical manifestations, and diagnosis; and
3. select from a list specific nonpharmacologic and pharmacologic management of fibromyalgia.

Long believed by some to be little more than a vague description of another, albeit unknown symptom complex, fibromyalgia is described today as a veritable disease with real symptoms! It is an idiopathic, chronic, common and complex musculoskeletal pain syndrome characterized by widespread soft tissue pain and tenderness in the absence of tissue damage. Affecting 3 to 5 percent of the population in industrialized nations, fibromyalgia is prevalent in 3.4 percent of women and 0.5 percent of men in the United States. Rheumatologists report that it is the second most common disorder, after osteoarthritis, both in its primary form and as an accompaniment of other rheumatic disorders. The disease accounts for 5 percent of patients in general medical practice, which results in a significant burden



Gossel



Wuest

on the nation's health system, as well as lost employment time and medical costs that are about three times higher than expenditures for people without fibromyalgia.

### Pathophysiology

The pathophysiology of fibromyalgia remains elusive. A genetic predisposition is suggested since it is more prominent in females and in some families. Specific trigger factors include physical trauma (especially of the axial skeleton [cervical, thoracic and lumbar spine]), surgical interventions, infections (by *Borrelia burgdorferi*, Parvovirus, Coxsackievirus, hepatitis C and human immunodeficiency virus), and acute or chronic emotional stress.

Emerging evidence strongly supports the notion that fibromyalgia is a disorder of central pain processing. Dysregulation of the hypothalamic-pituitary-adrenal axis and altered activity of serotonin, norepinephrine, substance P, and other neurohormones have been implicated in the transmis-

sion of painful stimuli that may contribute to heightened pain sensitivity.

This theory lends support to targeted central nervous system therapies, such as antidepressants and cognitive behavior strategies, which act through modifying the pain response. The concept of altered central pain processing helps explain why analgesics, whose activity is primarily mediated peripherally (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]), are less effective unless a coexisting inflammatory disorder is also being treated. It is, therefore, essential to identify comorbid (concurrent but unrelated) disorders early and treat them appropriately. More research is needed to determine the pathophysiology of fibromyalgia, and therapies that will address the specific pain pathways involved.

### Clinical Manifestations

Patients report a considerable impact on their quality of life, and their perceived disability level is influenced by their mental health condition. Effective pain relief in these patients significantly increases quality of life.

Many symptoms of fibromyalgia overlap considerably with those of other chronic illnesses, such as chronic fatigue and irritable bowel syndromes, chronic migraine and tension headache syndromes, genitourinary afflictions, multiple chemical sensitivities and depression. Patients often complain of



**Table 1**  
**ACR\* Criteria**  
**for Classification of**  
**Fibromyalgia**

Widespread pain for at least three months, defined as the presence of all of the following:

- Pain on the right and left sides of the body
- Pain above and below the waist (including shoulder and buttock pain)
- Pain in the axial skeleton (cervical, thoracic or lumbar spine, or anterior chest)

Pain on palpation with a 4-kg force in 11 of the following 18 sites (nine bilateral sites, for a total of 18 sites):

- Occiput: at the insertions of one or more of the following muscles: trapezius, sternocleidomastoid, splenius capitis, semispinalis capitis
- Low cervical: at the anterior aspect of the interspaces between the transverse processes of C5-C7
- Trapezius: at the midpoint of the upper border
- Supraspinatus: above the scapular spine near the medial border
- Second rib: just lateral to the second costochondral junction
- Lateral epicondyle: 2 cm distal to the lateral epicondyle
- Gluteal: at the upper outer quadrant of the buttocks at the anterior edge of the gluteus maximus muscle
- Greater trochanter: posterior to the greater trochanteric prominence
- Knee: at the medial fat pad proximal to the joint line

\*American College of Rheumatology

Adapted from: Millea PJ, Holloway. *Am Fam Physician*. 2000;62:1575-82, 87

widespread pain, poor sleep and fatigue. They may describe low back pain radiating into the buttocks and legs, as well as pain and tightness in the neck and across the upper posterior shoulders. Pain may be described as a burning or gnawing soreness, aching or stiffness.

Headaches are present in more than half of all persons with fibromyalgia. The prevalence of migraine in these individuals suggests a common pathogenesis. The proposed etiology of migraine has been characterized by a parallel

dramatic failure of serotonergic systems, along with a defect in adrenergic transmission.

Many patients with fibromyalgia have an associated sleep disorder. During sleep, sufferers are constantly interrupted by bursts of awake-like brain activity, which limits time in deep sleep. They awaken frequently during the night, have difficulty returning to sleep, and feel exhausted upon awakening. Partly due to the poor sleep, patients describe their fatigue as overwhelming exhaustion.

Irritable bowel syndrome (IBS) is often present. A functional disorder of the gastrointestinal tract, affected individuals suffer from chronic abdominal pain and disturbed bowel function, without evidence of structural or laboratory abnormalities on routine testing.

A subjective swollen feeling in the joints without objective swelling, and paresthesia (numbness or tingling in the extremities) without objective neurologic findings are two important features of fibromyalgia. Stiffness that is present in the morning upon arising typically improves as the day progresses.

Patients often experience cognitive difficulties such as memory loss and difficulty expressing themselves in normal conversation. Other manifestations include anxiety, light-headedness and dizziness. Fibromyalgia patients also report dysmenorrhea, irritable bladder, vision irregularities, premenstrual syndrome, symptoms of Raynaud's phenomenon, restless leg syndrome and noncardiac chest pain. Symptoms are intensified by cold and humid weather, poor sleep, and physical or mental stress, and improved by warm and dry weather, moderate physical activity, adequate sleep and relaxation.

### Diagnosis of Fibromyalgia

While no currently available laboratory test can confirm the diagnosis of fibromyalgia, most patients describe a history of widespread pain with physical findings and the comorbid conditions described

above. It is important to confirm the diagnosis of fibromyalgia by its own characteristics rather than as a result of exclusion from other pathologies.

Although the condition of fibromyalgia dates back to early 20th century, it was not until 1990 that the American College of Rheumatology (ACR) defined specific criteria for the classification of fibromyalgia. These criteria (Table 1) require the presence of chronic ( $\geq 3$  months), widespread musculoskeletal pain in at least 11 tender points on testing at 18 specified sites. An important consideration of the physical examination for a positive diagnosis of fibromyalgia is to systematically palpate (press) on the skin at the 18 sites, applying a moderate and consistent degree of pressure using the thumb of the dominant hand. The amount of force applied should be such that the examiner's thumbnail is blanched. The pain must occur in all four quadrants of the body and the axial skeleton. The tender points are distinct, predictable anatomical sites that are normally more sensitive to pressure than the surrounding tissue. They differ from other painful trigger points in the body in that they are not sites of tissue damage, tightness or pathology. They do not produce spontaneous pain and are usually unknown to the patient. It is known that some patients who clearly suffer from the classic symptoms of fibromyalgia will respond affirmatively to fewer than 11 of these tender points. Men generally have a higher tenderness threshold and fewer men than women respond to a complete "set" of at least 11 positive tender points despite clearly having symptomatic disease. This may partially explain why more women than men receive the diagnosis of fibromyalgia. All this said, the ACR classification criteria for diagnosis of fibromyalgia provides a sensitivity and specificity of nearly 85 percent in differentiating fibromyalgia from other forms of chronic musculoskeletal pain.

Moreover, other symptoms of fibromyalgia including chronic fatigue, altered sleep patterns resulting in unrefreshing sleep, dizziness, emotional distress, postural hypotension and memory disturbance often fluctuate in intensity, and pain appears in different sites. Flares can be induced or worsened by situations such as emotional stress, physical exertion, concurrent illness or even seasonal changes.

## Management

Obtaining relief of pain in fibromyalgia can be a challenge. Support from family, friends, and the healthcare system is often lacking. Optimal management includes nonpharmacologic and pharmacologic measures. The American Pain Society Fibromyalgia Panel recommends a multidisciplinary approach (Table 2).

It is imperative that patients have input in the management of their disease. This can reduce anxiety and depression.

## Nonpharmacologic Measures

**Patient Education.** Although a major segment of patient education is received in the physician's office, the effectiveness of organized programs in providing information, facilitating behavior change and improving symptoms is well documented. Providing helpful information directly or by steering patients to reliable sources of information affords great professional opportunities for pharmacists. Helpful information specific to fibromyalgia is available through the American College of Rheumatology ([www.rheumatology.org](http://www.rheumatology.org)), Arthritis Foundation ([www.arthritis.org](http://www.arthritis.org)), Fibromyalgia Network ([www.fmnetnews.com](http://www.fmnetnews.com)) and the National Fibromyalgia Association ([www.fibrohope.org](http://www.fibrohope.org)).

**Exercise.** The major goal for patients with fibromyalgia is to maintain normal function in everyday activities. An exercise program should include multiple dimensions that blend components of strength, aerobic (endurance) conditioning,

Table 2 Treatment Measures for Fibromyalgia		
Effectiveness	Pharmacologic	Nonpharmacologic
Strong evidence	amitriptyline cyclobenzaprine	cardiovascular exercise, cognitive behavioral therapy, patient education, multidisciplinary therapy (e.g., patient education and exercise)
Moderate evidence	Dual-reuptake inhibitors (duloxetine, venlafaxine) Fluoxetine, Pregabalin± Tramadol with or without acetaminophen	acupuncture, balneotherapy*, biofeedback, hypnotherapy, strength training
Weak evidence		chiropractic therapy, electrotherapy, manual and massage therapy, ultrasonography
No evidence	corticosteroids melatonin, NSAIDs, Opioids≠, thyroid hormone	flexibility exercise, tender (trigger) point injections
<p>*Balneotherapy = Treatment of disease by baths.            ±Pregabalin (Lyrica) is now approved by FDA for treatment of fibromyalgia            ≠An exception is made for tramadol, the synthetic codeine derivative, which has moderate evidence of effectiveness in fibromyalgia.</p> <p>Adapted from: Goldenberg DL, Burckhardt C, Crofford L. <i>JAMA</i>. 2004;292:2388-2395</p>		

flexibility and balance. To improve adherence to exercise programs, it is helpful to allow patients to choose the type of exercise (e.g., walking, bicycling, swimming, etc.) they prefer.

**Cognitive Behavior Strategies.** The major goal of cognitive and behavioral strategies is to help patients understand the effect that thoughts, beliefs and expectations have on their symptoms. Patients are taught to prioritize their time to achieve a comfortable balance between work, leisure and the activities of daily living.

## Pharmacologic Measures

Pharmacotherapy for fibromyalgia has been most successful with centrally-acting agents. Although the drugs are classified as antidepressants, muscle relaxants or anticonvulsants, they affect various neurochemicals (e.g., serotonin, norepinephrine, substance P) that have a broad range of activities in

the brain and spinal cord, including actions on pain sensations and tolerance. Because symptoms of fibromyalgia wax and wane, effective treatment must be ongoing rather than episodic.

**Antidepressants.** Antidepressants have a long history in the treatment of chronic pain syndromes. There is evidence that they alleviate pain, and improve sleep quality and overall wellbeing in approximately one-third of fibromyalgia patients. Tricyclic antidepressants (TCAs), specifically amitriptyline (Elavil, etc.), are effective in providing analgesic effect, aiding sleep, and treating concomitant mood disorders. Selective serotonin reuptake inhibitors (SSRIs) in general have poor analgesic effect; however, fluoxetine (Prozac, etc.) has been shown to have a small but significant effect on symptoms in women with fibromyalgia. A TCA, SSRI or combination of both, produces mild to moderate

improvement in symptoms. One study showed that while 25 mg of amitriptyline or 20 mg of fluoxetine reduced symptom severity in fibromyalgia, the combination of the two drugs was twice as effective as either agent taken alone.

The newer serotonin-norepinephrine reuptake inhibitor duloxetine (Cymbalta) has shown promise in improving symptoms. Duloxetine 60 mg/day is effective in reducing pain and tenderness in patients with fibromyalgia regardless of whether patients have major depressive disorders. Venlafaxine (Effexor, etc.) has also been shown to be effective in alleviating pain and depressive symptoms in some small clinical trials, but this has not yet been corroborated by placebo-controlled, double-blind studies.

**Chronic Opioid Analgesic Therapy (COAT).** COAT may be suitable for treatment of mild to moderate pain or significant functional impairment, and for patients in whom other therapies are ineffective or contraindicated. Tramadol (Ultram, etc.), a centrally-acting, mild, narcotic analgesic, is somewhat effective in patients with mild to moderately severe pain. Combining tramadol with acetaminophen (Ultracet, etc.) has been shown to be effective without causing serious adverse effects. Other opioids have not been adequately tested in fibromyalgia; moreover, these patients seem especially sensitive to opioid side effects (nausea, constipation, itching and mental blurring), which often rules out the long-term use of these drugs.

**Other Analgesics.** Acetaminophen and NSAIDs are commonly used, but have no clear evidence of effectiveness. The skeletal muscle relaxant cyclobenzaprine (Flexeril, etc.) has been shown to be effective in improving sleep and decreasing pain.

**Pregabalin.** At the time of preparation of this lesson, pregabalin (Lyrica) is the first and only FDA-approved drug for management of fibromyalgia. When first

marketed, the drug was approved for treatment of neuropathic pain associated with postherpetic neuralgia and diabetic peripheral neuropathy, and for adjunctive treatment of partial onset seizures in adults with epilepsy.

Pregabalin, which is structurally similar to gabapentin (Neurontin, etc.), is a derivative of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA). It does not bind directly to GABA<sub>A</sub> or GABA<sub>B</sub>, or benzodiazepine receptors. It does not exert gabaminergic activity or block sodium channels, is not active at opiate receptors, and does not alter cyclooxygenase enzyme activity. It is inactive at serotonin and dopamine receptors and does not inhibit dopamine, serotonin, or norepinephrine reuptake.

Lyrica binds with high affinity to the alpha<sub>2</sub>-delta site (a subunit of voltage-gated calcium channels) within the CNS. Although its mechanism of action remains unknown, there is evidence that binding to these sites may be involved in its action in fibromyalgia. *In vitro*, pregabalin reduces the calcium-dependent release of several neurotransmitters including substance P, possibly by modulation of calcium channel function. Its pharmacologic actions in fibromyalgia appear to be restricted to central neurons.

Adverse reactions range from mild to moderate in intensity with the most common ones (recorded at ≥5 percent and twice placebo) being blurred vision, dizziness, dry mouth, edema, weight gain and difficulty with concentration/attention. Because pregabalin is predominantly excreted unchanged in the urine, undergoes negligible metabolism and does not bind to plasma proteins, its pharmacokinetics are unlikely to be affected by other drugs via metabolic interactions or protein binding displacement.

The recommended dose in treating fibromyalgia is 300 to 450 mg/day given in two or three divided doses. There is no evidence

that doses of 600 mg/day confer additional benefit. Lyrica is taken orally with or without food. When discontinuing therapy, doses should be tapered down gradually over a minimum of one week.

Lyrica is a Schedule V substance. In clinical trials, abrupt or rapid discontinuation has led to symptoms including headache, diarrhea, insomnia and nausea, which are suggestive of physical dependence.

## Summary and Conclusions

The outlook for sufferers of fibromyalgia is better than ever before. The efforts of numerous individuals, support groups, organizations and medical professionals involved in helping people with fibromyalgia improve their quality of life are starting to pay dividends. Symptoms can fluctuate in severity, but the majority of patients do improve over time with proper treatment. With FDA approval of Lyrica, other, even more specific treatments may follow. By actively seeking the latest proven therapy, conversing with others who have fibromyalgia, reevaluating daily priorities, making appropriate lifestyle changes and working hard to maintain a hopeful attitude, the fibromyalgia sufferer can become the fibromyalgia survivor!

The content of this lesson was developed by the Ohio Pharmacists Foundation, UPN: 129-000-08-005-H01-P. Participants should not seek credit for duplicate content.



# Continuing Education Quiz Fibromyalgia:

## Fibromyalgia:

### A Veritable Disease with Real Symptoms

- Fibromyalgia is more prominent in:  
a. males                      b. females
- Fibromyalgia is considered to be a disorder of central pain processing due to altered activity of all of the following neurohormones EXCEPT:  
a. acetylcholine              c. serotonin  
b. norepinephrine            d. substance P
- The prevalence of migraine in patients with fibromyalgia is proposed to be due to a parallel dramatic failure of which of the following systems?  
a. Cholinergic                  c. Gabaminergic  
b. Dopaminergic              d. Serotonergic
- The term paresthesia is best described as:  
a. chronic abdominal and intestinal pain.  
b. difficulty expressing oneself to others.  
c. numbness or tingling in the extremities.  
d. sleepiness, lightheadedness, and dizziness.
- The criteria for the classification of fibromyalgia requires testing for the presence of pain at which of the following numbers of specified sites?  
a. 3                                  c. 18  
b. 9                                  d. 27
- Which of the following treatment measures for fibromyalgia has the strongest evidence of effectiveness?  
a. Amitriptyline              b. Duloxetine  
c. Fluoxetine                  d. Venlafaxine
- Nonpharmacologic treatment of fibromyalgia with balneotherapy involves use of:  
a. massage                      c. exercise  
b. hypnosis                      d. baths
- All of the following should be components of exercise programs for patients with fibromyalgia EXCEPT:  
a. strength                      b. jogging  
c. balance                        d. flexibility.
- Which of the following opioids is considered to be somewhat effective for treating mild to moderately severe pain in patients with fibromyalgia?  
a. Hydrocodone              c. Oxycodone  
b. Morphine                      d. Tramadol
- Pregabalin (Lyrica) is a derivative of which of the following inhibitory transmitters?  
a. Acetylcholine  
b. Dopamine  
c. Gamma-aminobutyric acid  
d. Serotonin

### A Veritable Disease with Real Symptoms

July 2008 ACPE #047-999-08-005-H01-P

The Ohio Pharmacists Foundation Inc and NDSU College of Pharmacy are approved by ACPE as providers of continuing pharmaceutical education. To receive 1 1/2 hours (0.15 CEUs) of continuing education credit, complete the following and mail with \$10.00 to:

Continuing Pharmacy Education Office  
Department of Pharmacy Practice  
North Dakota State University  
123 Sudro Hall - P.O. Box 5055  
Fargo ND 58105-5055

*Note: Answer sheet may be copied as needed but original answers are required on each.*

Name \_\_\_\_\_

Social Security Number (SSN) XXX-XX-\_\_ \_\_ \_\_

Address \_\_\_\_\_

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Zip \_\_\_\_\_

Your SSN will be used to maintain a permanent record of the courses you have taken. Your SSN will be kept confidential and will be used ONLY to identify you at NDSU.

## COURSE EVALUATION

**Evaluation Must Be Completed To Obtain Credit**

How much time did this lesson require? \_\_\_\_\_

Today's Date \_\_\_\_\_

**EXPIRATION DATE: 5-15-11**

Learning objectives on first page were addressed.

**1 Disagree - 5 Agree**

Objective 1                      1 2 3 4 5

Objective 2                      1 2 3 4 5

Objective 3                      1 2 3 4 5

Material was well organized and clear.    1 2 3 4 5

Content sufficiently covered the topic.    1 2 3 4 5

Material was non-commercial in nature.   1 2 3 4 5

### Answer Sheet:

1. a b c d                      6. a b c d

2. a b c d                      7. a b c d

3. a b c d                      8. a b c d

4. a b c d                      9. a b c d

5. a b c d                      10. a b c d

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# Topics for Technicians

## NAPT Updates

*By Jodi Hart - NAPT President*

Hello fellow technicians! I hope everyone is enjoying the summer! My name is Jodi Hart and I am currently serving as President of NAPT. My term as President began at the 2008 NDPhA Annual Convention in Bismarck, ND. I have been a pharmacy technician for the past seven years and this is my second year of involvement with NAPT. It has been a very challenging and exciting time for me as well as our Association!

NAPT was officially installed as an Academy of NDPhA at the Annual Convention this past spring. With this transition, I, as well as the rest of the Executive Board of NAPT am excited about the future of our profession within the NDPhA structure and we hope to play a more proactive role.

While serving as President of NAPT, I would like to continue the traveling meetings that we have done for the past few years. The beginning of 2008 saw a great turn out of technicians from all over the state and I am hoping that we can see roughly the same if not better attendance in 2009! These meetings are a great way to get to know your fellow technicians as well as meet some members of the NAPT Executive Board. I would also encourage you to spread the word to technicians-in-training that this is a great way to learn more about NAPT and we are open to new ideas and look forward to meeting new members!

Look for more information regarding the traveling meetings sometime after the New Year.

Finally, I would like to congratulate the recipients of our four awards that were presented at the NDPhA Annual Convention in April. Barb Lacher was the recipient of the Diamond Award. Dr. William Grosz was acknowledged with the Friend of NAPT Award. Beena George won the Distinguished Young Pharmacy Technician Award. And Danika Braaten received the Technician of the Year. Congratulations to all the recipients!

I encourage anyone who has any ideas, questions, or concerns to contact someone from the NAPT Executive Board. We are here to help promote and strengthen the profession of pharmacy technicians and we can't do it without your involvement.

Enjoy the rest of your summer and we hope to see many of you at the Fall Conference in Fargo September 26-27!

**See back cover for  
information on how to sign up  
for the new NAPT ListServe**

### NAPT Board of Directors

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Phone: 701-234-5606





# NAPT Fall Pharmacy Conference Agenda

## Friday, Sept. 26, 2008

- 12:45 p.m. Registration
- 1:00 p.m. Telepharmacy Today  
Dean of NDSU College of Pharmacy;  
Charles Peterson, Pharm D.  
(0.05 CEU)
- 1:30 p.m. Aseptic Technique  
Jeanne Frenzel, Pharm D (0.05CEU)
- 2 - 4:00 p.m. Rotating Stations: (0.2CEU)
- Touring of Concept Lab
  - Round tables x 2
  - Hands on Aseptic Technique training
- 4:00 p.m. Adjourn
- 5 - 6:30 p.m. Wine and cheese social at the  
Homewood Suites

## Saturday, Sept. 27, 2008

- 7:30 a.m. Breakfast at Homewood Suites
- 8:00 a.m. Registration at Skills and Technology  
Center
- 8:15 a.m. Latest Street Drugs (0.2CEU)  
Fargo Police Department
- 10:15 a.m. Break
- 10:30 a.m. Interventions (0.1 CEU)  
Bill Iverson, Intervention Specialist
- 11:30 a.m. NAPT General Business Mtg
- 12:15 p.m. Lunch
- 1:00 p.m. Dietary Supplements for Weight  
Management (0.1 CEU)  
Kristen Liebl, LRD
- 2:00 p.m. Break
- 2:15 p.m. Positive Communications (0.1CEU)  
Gayle Nelson
- 3:15 p.m. Motivational(0.1CEU)  
Gayle Nelson TBA
- 4:15 p.m. Adjourn

## Northland Association of Pharmacy Technicians (NAPT)

This conference is hosted by NAPT in an effort to bring quality and affordable continuing education to the profession of pharmacy. The ND CE Provider has approved this conference for Pharmacy Technicians.

## Registration and Fees

Advance registration fees are \$20 for Friday, \$35 for Saturday or \$40 for both days.

### ***At the door registration fees***

\$25 for Friday only

\$40 for Saturday only

\$45 for both days

The fee includes cost of instruction, handout materials, lunch and snacks.

## Refunds

Only under extreme circumstances will refunds be made. All refunds are subject to the approval of the NAPT Executive Board.

## Host Hotel

### **Homewood Suites By Hilton**

2021 16th Street North, Fargo ND 58102

\$89/night for Studio Suite with 1 king bed

\$99/night for 1-bedroom suite with 1 king bed

\$109/night for 1-bedroom suite with 2 queen size beds.

All suites include a sofa sleeper in the main area.

### **To make reservations:**

1-701-235-3150 – Group Code: NAP

[www.fargo.homewoodsuites.com](http://www.fargo.homewoodsuites.com)

## 2008 Northland Association of Pharmacy Technicians Annual Fall Conference

**September 26 & 27, 2008** Fargo, ND

### *It's a new concept!*

Join us at the NDSU College of Pharmacy Concept lab for a new look to Continuing Education. Including; tours of the Concept Lab and Telepharmacy, rotation stations allowing you hands on experience with IV mixing, and stimulating conversation at the round tables.

### **Friday, September 26th**

NDSU College of Pharmacy Sudro Hall

*(Note metered parking is available on campus across the street from Sudro Hall at attendees expense. Additional parking available at the dome, approximately 2 blocks North of Sudro Hall or at the host hotel, Homewood Suites.*

### **Saturday, September 27th**

Breakfast at Homewood Suites Hotel

Followed by Registration and Conference at the Skills and Technology Center.

#### **Directions**

##### **Homewood Suites**

##### **2021 16th Street North, Fargo**

From Interstate 29, take the 19th Ave North Exit 67. Go East onto 19th Ave. Follow 19th Ave to 16th St. N. There is a Taco Bell on the left side. Take a left on 16th St. The hotel is straight ahead one block.

From Interstate 94 take ramp to I-29 North. Follow I-29 to 19th Ave. North Exit 67. Go east - right - on 19th to 16th St. North. Go left on 16th St. hotel is straight ahead one block.

##### **Campus of NDSU/Sudro Hall**

##### **1301 12th Street North, Fargo**

From the Homewood Suites, head south on 16th St. N toward 20th Avenue North. Continue on W College Street which turns into Albrecht Blvd. Turn left at 14th Avenue North.

##### **Skills and Technology Center**

##### **1305 19th Avenue North**

Follow above directions to the Homewood Suites and go one block East.

## NAPT Fall Pharmacy Conference

**September 26-27, 2008**  
Fargo, ND

### REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Attending (Check any that apply):

	Pre Registration	At the Door
_____ Full Seminar:	\$40	\$45
_____ Friday Only:	\$20	\$25
_____ Saturday Only:	\$35	\$40

Check Amount: \_\_\_\_\_

Make check payable to: **NAPT**

Please detach and send your registration  
& full payment to:

**NAPT**

**Attention Becky Prodzinski**

**1125 7th Avenue West**

**West Fargo, ND 58078**



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*Michael Schwab**NDPhA Executive Vice President*

---

## **North Dakota Pharmacy Service Corporation**

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### **2008 Operational Budget Summary January – December 2008**

#### **Income:**

Pace Rewards	\$7,000.00
Membership Dues	\$120,000.00
Pharmacy Quality Commitment	\$2,500.00
Interest	\$3,000.00
Other	\$500.00
<b>Total Income:</b>	<b>\$133,000.00</b>

#### **Expenses:**

Payroll Expense	\$90,001.00
General Expense (furniture, phone, supplies, etc...)	\$15,370.00
Education	\$250.00
Insurance	\$1,350.00
Meetings/Conferences (travel, meals, lodging)	\$5,500.00
Occupancy	\$7,300.00
Other	\$6,000.00
<b>Total Expense:</b>	<b>\$125,521.00</b>

<b><u>Estimated Year-End Net Income</u></b>	<b><u>\$7,479.00</u></b>
---	--------------------------

- If you would like a complete copy of the NDPSC 2007 budget, please contact the ND Pharmacists Association office at: (701) 258-4968 or email [mschwab@nodakpharmacy.net](mailto:mschwab@nodakpharmacy.net)



# North Dakota Pharmacists Association

## 2008 Operational Budget Summary April 2008 – March 2008

<b>Income:</b>	<b>Annual Budget</b>	<b>Actual YTD</b>
NDPSC - EVP Contract for Services	\$30,000.00	\$11,950.21
Membership Dues	\$72,000.00	\$75,449.00
Associate Membership	\$1,000.00	\$1,225.00
NDSHP	\$0	\$0
NAPT	\$8,500.00	\$0
Advertising Income	\$2,250.00	\$1,125.00
Marketing Income	\$25,000.00	\$7,707.99
Convention Income	\$20,000.00	\$38,723.73
Journal Reimbursement (NDSU, BOP)	\$15,600.00	\$6,974.77
Other	\$2,600.00	\$780.67
<b>Total Income:</b>	<b>\$180,850</b>	<b>\$143,936.37</b>
<b>Expenses:</b>		
Payroll Expenses	\$55,825.00	\$18,913.75
Meeting/Conference (travel, meals, lodging)	\$8,200.00	\$1,921.12
DSM Expense	\$2,000.00	\$2,278.40
Funds to NDSHP	\$9,175.00	\$0
Funds to NAPT	\$6,230.00	\$0
Funds to Comm. Practice	\$3,000.00	\$0
Insurance	\$1,350.00	\$0
Occupancy	\$5,360.00	\$1,139.25
General Expenses (supplies, phone, internet, etc...)	\$23,850.00	\$12,541.80
Journal	\$34,100.00	\$2,500.00
Committees/Special Functions	\$4,850.00	\$549.13
Convention	\$20,000.00	\$36,346.70
Other	\$3,100.00	\$2,721.98
<b>Total Expense:</b>	<b>\$177,040.00</b>	<b>\$81,728.13</b>
<b>Estimated Year-End Net Income</b>	<b>\$3,810.00</b>	<b>(YTD) \$62,208.24</b>

- If you would like a complete copy of the 2008 budget, please contact the ND Pharmacists Association office at: (701) 258-4968 or email [mschwab@nodakpharmacy.net](mailto:mschwab@nodakpharmacy.net)



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*Jayme Steig*  
Contact

The mission of the Academy of Community Pharmacy Practice is to advocate and promote the practice of community pharmacy. This will be accomplished by providing networking opportunities, legislative activity, public awareness, and practitioner collaboration.

The academy is in its initial development. Anyone interested in becoming a part of the academy should contact the association office or email Jayme Steig at [j\\_steig@msn.com](mailto:j_steig@msn.com). We are looking for valuable input on the development of the academy. We are also looking for individuals interested in joining the leadership of the academy. The academy's by-laws state there will be a

President, President Elect, and Secretary/Treasurer.

We would like to attend district meetings this fall to increase awareness of our new group. Please contact us with the dates of your next district meetings and we will do our best to attend.

Community practice is constantly evolving to meet the demands of our ever-changing health care system. This academy will work to promote the practice and its importance through its initiatives.

Once again, please contact us about joining the academy, becoming an officer, or with any questions you may have. Look for more to come from us in the future.

## Creation of Community Practice Academy & NAPT Listservs

In an effort to help keep members informed and facilitate communication within academies, NDPhA has created separate listservs for the Community Practice Academy & NAPT.

Please take advantage of these communication tools. If you are interested in subscribing to the listserv follow the instructions below.

1. To subscribe, simply send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body

**subscribe CPA "first name last name" OR  
subscribe NAPT "first name last name"**

You will receive a confirmatory message that you **MUST** reply to prior to being added.

2. You may post messages to the your group by sending emails to:

**CPA@nodakpharmacy.net or NAPT@  
nodakpharmacy.net**

3. To unsubscribe at anytime, send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body:

**unsubscribe CPA OR unsubscribe NAPT**

It's that simple! Contact Lorri at the NDPhA Office (701) 258-4968 or email [lgiddings@nodakpharmacy.net](mailto:lgiddings@nodakpharmacy.net) if you have trouble getting added to the listserv.



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A product of the National Alliance of State Pharmacy Associations, LLC  
Pharmacy Quality Commitment web site [www.pqc.net](http://www.pqc.net)

The National Alliance of State Pharmacy Associations (NASPA) and the North Dakota State Pharmacy Association are proud to announce the launch of the Pharmacy Quality Commitment (PQC) Compounding Module. PQC and the new PQC Compounding Module provides pharmacies with a continuous quality improvement program aimed at reducing medication errors. Rather than viewing the delivery of pharmacy product and services as merely a series of isolated events, the program encourages pharmacists to take a systems-based approach to addressing quality improvement and medication safety. The program enables a pharmacy to identify, document, and analyze workflow through a secure, simple, web-based data entry system and provides feedback with graphs and charts, allowing pharmacists and technicians to continuously develop the safest way to fill prescriptions and serve their patients.

The newly developed PQC compounding module is a result of months of work with the International Academy Compounding Pharmacy (IACP) and various compounding focus groups to develop a unit tailored to the specific needs of compounding pharmacies.

For more information contact the PQC toll free at 866-365-7472 or [info@pqc.net](mailto:info@pqc.net) or go to [www.pqc.net](http://www.pqc.net).

## PQC Compounding Process Related Events Report form

**Confidential**

This audit is for Continuous Quality Improvement Peer Review Committee purposes. The information contained is confidential.

**Confidential**

**PLEASE PRINT**

**PLEASE PRINT**

### TO: Peer Review Consultant & Committee

On the date shown I/we conducted an audit of prescriptions filled as a measure of quality.  
I/we corrected any prescriptions found incorrect, noted the error(s) and noted the number of new and refilled prescriptions for the day.

As a result of this audit, I/we found the following:

Pharmacy Name and # \_\_\_\_\_  
Reporting Pharmacist: \_\_\_\_\_  
Day: \_\_\_\_\_ Date: \_\_\_\_\_  
Total Rx Filled: (new) \_\_\_\_\_ (refill) \_\_\_\_\_

New Rx	Refill Rx	Quality Related Event (QRE)						Drug(s) Involved	
		Where was the QRE caught?	What type of QRE was made?	Where was the QRE made?	Received by patient? YES NO	What time was QRE made?	Pharmacy Notes: What happened and why May also note any steps that will be taken to avoid future incidents	Prescribed	Dispensed
X		1	B	12	No		EXAMPLE DATA ---- Pulled incorrect stock bottle from shelf; We decided to emphasize NDC check	Warfarin 2.5	Warfarin 5

<b>Where was the QRE caught?</b> [1] Final Pharmacist Check Entry [2] Partner check [3] Will-call Audit [4] Patient Discovery [5] Other [6] Entry [7] Filling [8] Counseling [9] Delivery	<b>What Type of QRE was made?</b> A=Wrong Drug B=Wrong strength C=Wrong directions D=Failure to counsel E=Excessive refill F=Generic substitution H=Wrong Quantity I=Wrong prescriber K=Safety cap	<b>Where in the process was the QRE made?</b> <b>Receiving the RX</b> 1. Receiving the RX - Information incomplete 2. Receiving the RX - Other (explain in column above) <b>Entry Process</b> 3. Selected wrong drug 4. Selected wrong patient 5. Selected wrong strength 6. Entered wrong directions 7. Incorrect or omitted refill information 8. Profile not attached to new scripts 9. Inappropriate response to DUR alert 10. Other (explain in column above)	<b>Filling</b> 11. Selected wrong drug 12. Selected wrong strength 13. Incorrect label 14. Incorrect quantity 15. Mixing up order 16. Non-safety Cap w/o release 17. Safety cap used when easy open requested 18. Missing/inappropriate auxiliary Labels 19. Other 20. Pharmacist Drug review Explain in Column above 21. Counseling Explain in Column above <b>Delivery</b> 22. Bag Mix-up 23. Wrong Patient 24. Other 25. Telephone Explain in Column above	<b>Intervention</b> 26. Discovered Doctor error 27. Discovered Nurse error 28. Other 29. Clarification Entering Formular 30. Calculation error 31. Data entry error <b>Weight/Chemical Check</b> 32. Wrong chemical/salt form 33. Incorrect weight/If printout available, did printed weight match formulated weight? Explain in notes <b>Compounding Process</b> 34. Selected wrong drug 35. Selected wrong chemical- active 36. Selected wrong chemical- inactive 37. Wrong base 38. Wrong flavor 39. Wrong container 40. Selected wrong strength	41. Incorrect quantity 42. Mixing up order 43. Using non safety cap w/o patient release 44. Safety cap used when easy open requested 45. Formula failure 46. Other (explain column above) <b>Sterilization Process -</b> 47. Contaminated Sterile product 48. Improper Sterilization procedure 49. Sterilization process failed <b>Labeling Process -</b> 50. Missing or inappropriate auxiliary labels 51. Placed incorrect label on container
--	---	--	---	--	---

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# Order Form

You've been searching for a comprehensive quality improvement program for your pharmacy. **The search is over!**

Please fill out all information below for each store that is ordering a PQC system

Name of Pharmacy \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address 2 \_\_\_\_\_

Street Address \_\_\_\_\_ (if different than mailing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ (used for PQC updates, reminders and alerts only)

Name of contact person \_\_\_\_\_ Contact person's phone number \_\_\_\_\_

Contact person's email \_\_\_\_\_

## Pharmacy Quality Commitment

**Regular First Year Fee = \$300**

Annual Renewal = \$200

Please check one module:

☐ PQC Module

☐ PQC and Compounding PQC Module

☐ Just Compounding Module

## PAYMENT INFORMATION

Credit Card # (Visa MC, AE) \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 digit security code on back of card \_\_\_\_\_

Signature \_\_\_\_\_

**Or Make Check payable NASPA – CQI and send to:**

**NASPA – CQI, 2530 Professional Rd., Suite 202, Richmond, VA 23235 Or fax to (804) 285-4227**

## IMPORTANT NOTICE PLEASE READ AND AGREE PRIOR TO ORDERING

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You are purchasing a site license to use the SentinelSM system in your pharmacy or pharmacies. Each license entitles one pharmacy to use the system for as long as that pharmacy exists. To use the SentinelSM system in more than one pharmacy, you must purchase additional licenses. In agreeing to the terms of this sale you agree with all statements and conditions set forth here. You also will have the right to use the Quality ManagerSM on line reporting and analysis system. There will be an annual fee to continue using the Quality ManagerSM program and your data contained therein. HIPAA does not apply to the Quality ManagerSM program as it does not ask for or contain any patient identifiable information. You may not enter any patient identifiable information into the Quality ManagerSM data collection site.

The SentinelSM system and the Quality ManagerSM program and all material contained in the Guidelines and Tools are copyrighted materials, trademarks and/or service marks of

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- No warranties are made, expressed or implied. Any implied warranties are null and void to the extent allowed by law.
- The SentinelSM system is a risk management service that is designed to assist in the reduction of pharmacy errors in community pharmacies. The Quality ManagerSM audit system is a self reporting system of tracking mistakes, near-misses and errors. The SentinelSM System and the Quality ManagerSM audit system are only effective to the extent they are used. Neither the Quality Manager SM audit system nor the SentinelSM system can prevent all errors and they do not promise no errors. No system can replace the care and diligence of the pharmacist and pharmacy technician. The SentinelSM system gives a method to build quality habits using best pharmacy practices in a regular workflow.
- The guidelines are not unbendable, unchangeable policies or procedures. As with any quality system, they should be monitored and modified to fit a particular environment.
- ASSIGNMENT. NASPA shall have the right to assign this Agreement to any person, firm or corporation, without prior consent.

☐ I agree

☐ I Decline

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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# NDSU

## College of Pharmacy, Nursing, and Allied Sciences



*Charles Peterson, Dean*  
NDSU College of Pharmacy

### A Message from the Dean

## Student and Faculty Awards Presented at Ceremony

It is the tradition of the College to present the various awards honoring students and faculty for outstanding performance during the 2007-2008 academic year. This year's recipients received recognition at the Pharmacy Program Hooding and Honors Convocation on May 9, 2008 held on NDSU campus at the Reinecke Festival Concert Hall. Approximately 800 attended the ceremony to join in the celebration. The keynote speaker this year for our Graduation Hooding Ceremony was Kathy Seifert, BS '75 graduate, Consultant for Seifert & Associates, and active member of NDSU's Pharmacy National Advisory Board. The following student and faculty awards were presented at this year's graduation hooding ceremony.

### STUDENT AWARDS

*Tammy L. Martin, Horace, ND*, received the Facts & Comparisons Award of Excellence in Clinical Communication - a framed certificate and a complete library of Facts & Comparisons publications awarded to a graduating senior based on academic achievement and outstanding clinical communication skills.

*Jennifer A. Beyer, Linton, ND*, received the Glaxo SmithKline Beecham Pharmaceuticals Patient Care Award - a certificate and reference books awarded by SmithKline Beecham Pharmaceuticals to a graduating senior who has demonstrated superior patient care skills in both hospital and community practice rotations.

*Alex K. Berg, Fargo, ND*, received the Graduate School Research Award - an award of \$1,000 sponsored by the Graduate School and the College of Pharmacy, Nursing, and Allied Sciences, presented annually to a graduate student who has made significant contributions in research.

*Pamela J. Weigel, Bismarck, ND*, received the Lilly Achievement Award - a gold medal and a copy of Essential Psychopharmacology, awarded by Eli Lilly & Company for superior achievement, leadership, and professional qualities.

*Emily J. Case and Jonathan J. Paschke, Watertown, SD and Sauk Rapids, MN*, received the Merck & Company, Inc., Award - the Merck Manual and the Merck Index published by Merck Sharp and Dohme Company given on the basis of high scholarship.

*Cody J. Leff, Waubun, MN*, received the Mylan Pharmaceuticals Excellence in Pharmacy Award - a framed, limited edition lithograph and a framed certificate presented to a graduating senior for superior scholastic and professional achievement.

*LeNeika D. Gebauer, Mandan, ND*, received the Perrigo

Award for Excellence in NonPrescription Medication Studies - a \$200 stipend and a plaque awarded by the Perrigo Company to a graduating senior who has demonstrated exceptional competence in patient assessment, interpretation of the patient profile, recommendation of appropriate product and knowledge of specific counseling advice in the area of nonprescription medications.

*Nicole R. Wald, Dickinson, ND*, received the Roche Pharmacy Communications Award - a plaque awarded to a graduating senior who demonstrates effectiveness in communications with patients and health care providers.

*Lisa A. Loken, Crosby, ND*, received the Teva Pharmaceuticals, USA Outstanding Award Program - a plaque and \$200 stipend awarded to an outstanding member of the graduating class who excels in the study of pharmacy.

### FACULTY AWARDS

*Dr. Sanku Mallik, Associate Professor of Pharmaceutical Sciences*, received the 2008 Pharmacy Program Teacher of the Year Award - a faculty member who has been chosen by the students for their outstanding performance and commitment to teaching. Each year students from all four years of the professional program are invited to nominate through a written essay their choice for the Pharmacy Program Teacher of the Year Award. A student selection committee which has representatives from each class review the essays and then make the selection for teacher of the year based on student nominations.

*Dr. Tara Schmitz, Assistant Professor of Pharmacy Practice and clinical pharmacist practicing in Oakes, ND*, received the 2008 Faculty Preceptor of the Year Award - students in the fourth professional year of the program vote on their choice for Faculty Preceptor of the Year which represents outstanding performance and commitment in instruction of pharmacy students on clinical rotations by a full-time faculty member.

*Mr. Nathan Schlecht, a community pharmacist and owner of Forman Drug in Forman, ND*, received the 2008 Adjunct Preceptor of the Year Award - graduating seniors choose an Adjunct Preceptor of the Year which represents outstanding performance and commitment in instruction of pharmacy students on clinical rotations by a practicing pharmacist who volunteers their time to provide clinical instruction of pharmacy students.

Please join me in congratulating these students and faculty on their recent awards!



## Diabetes Disease State Management Update

Finally!! On June 20, the Prescriptive Practice Committee approved the diabetes management program with just a few minor changes. With their approval, we were able to start the roll-out of the program to NDPERS members.

NDPERS sent enrollment letters to over 2,100 eligible members notifying them of the program and providing them with enrollment information. As of July 15, over 170 people have enrolled in the program utilizing over 60 different pharmacy providers. There will be additional reminder notices sent by NDPERS as well to encourage additional enrollments.

Initial patient visits should occur in late July and early August. Providers will have installed and received training on the software prior to the patient visit.

Here are a few helpful reminders for the program. This program does not endorse any specific brand of diabetes medication, device, or supply. Providers should refer the BCBS formulary available at [www.bcbsnd.com](http://www.bcbsnd.com) and use their professional judgment when making recommendations. Also, utilize the program website at [www.aboutthepatient.net](http://www.aboutthepatient.net) for educational materials and other helpful material, including the provider discussion board (blog). Please also refer your patients to the website for educational materials and a patient blog.

The clinical coordinator, Frontier Pharmacy, has received valuable questions and feedback from providers. We encourage feedback, questions, and suggestions for program improvement. As with any new program, there will be some bumps in the rollout process but they will smooth out as changes are made and everyone becomes more comfortable and familiar with the program.

This is an exciting time for the profession. Please contact the clinical coordinator at 1-877-364-3932 or email [jsteig@frontierpharmacyservices.com](mailto:jsteig@frontierpharmacyservices.com) with any questions.

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Check Imager & Guarantee



**FREE**  
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**FREE**  
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Free POS Terminal Reprogram  
Free 24/7 Help Desk

No Annual Fee  
No Set Up Fee

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FREE VIVopay Contactless Reader  
FREE Wireless Terminal  
FREE Check Imager  
FREE Authorize.net

### Value Added Services

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Cash on Demand Programs  
Gift Card Programs  
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Simple, intuitive  
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Compact size  
fits easily in hand



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BNG Holdings, Inc is an ISO/MSP for BancorpSouth Bank in Tupel, MS. Located in downtown Fargo, ND, BNG is directly registered and approved by all major card brands to market and provide their respected services under the name of BNG Holdings, Inc. BNG has become a primary marketing and service arm in this area of the country for several top name processors and service providers.

With multiple processor relationships and options available, we can find the best platform for your business. Let us assist you in setting up with one of the most state of the art and competitive payment processors in the country, and provide you with the most comprehensive customer service available to any merchant regardless of size. We pride ourselves on taking care of every merchant as if they were our largest, ensuring your partnership and continued success.



# Classifieds



## PHARMACY FOR SALE

### **Peace Garden Pharmacy**

PO Box 729, Dunseith ND 58329

Contact: Don Thompson 701-228-2291

### **Thompson Drug**

505 Main, Bottineau ND 58318

Contact: Don Thompson 701-228-2291

### **Medical Pharmacy West**

4101 13th Ave South, Fargo, ND 58104

Contact: John Sanger. Phone: 701-282-6510.

### **Independent pharmacy located near North/South Dakota border:**

Well established, Independent pharmacy located near North/South Dakota border. Annual Revenues of \$1.4 Million and 30,000 prescriptions filled per year. Inventory value approximately \$170,000. Contact Wayne C. Bradley, Bradley Business Advisors LLC, for more information. 701-239-8670 or wbradley@bbadvisors.net.

## WANTED TO BUY A PHARMACY!

Young energetic pharmacist looking to purchase a pharmacy in the Fargo or surrounding area.

Will keep all information confidential.

Please call Kelly at 701-799-3354 or e-mail at ndrph@hotmail.com.

## PHARMACIST WANTED

### **Gateway Pharmacy, Bismarck.**

Progressive Pharmacy seeks energetic Pharmacist. Pharmacy is automated, provides screenings, and immunizations.

Contact: Mark Aurit, RPh Gateway Pharmacy North, 3101 N 11th St Ste#2, Bismarck, ND 58503 Ph: 701-224-9521 or 800-433-6718

### **Walls Medicine Center, Grand Forks.**

Contact Dennis Johnson, RPh, Wall's Medicine Center Inc., 708 S Washington Street, Grand Forks, ND 58201 or call (701) 746-0497.

### **Full-Time Pharmacist Needed To Join Corner Drugs Team! Corner Drug**

522 Dakota Avenue, Wahpeton, ND 58075

Hourly Rate: \$40-50. Hours Worked Per Week: 40. Flexible Schedule and Time Off. Benefits Include: Full health, dental and vision. Employee has access to an "open network" of providers to choice from. Life Insurance and Accidental Life Insurance Policy as well! Retirement - 3% employer contribution. Continuing education courses. Wage increases and bonuses are based on job performance. Potential for additional benefits upon hire. Potential head pharmacist position and/or potential ownership down the road. Contact: Paul Folden, 701-642-6223 or 701-642-3563 folden@702com.net

**Catholic Health Initiatives**, one of the nation's largest Catholic Healthcare Systems, has an opening for a DIRECTOR of PHARMACY SERVICES who is interested in a career opportunity to lead a telepharmacy program which could make a lasting difference in improving the quality and safety of healthcare in North Dakota.

CHI is partnering with the North Dakota State University, the North Dakota Board of Pharmacy and any interested hospitals to expand pharmaceutical care hours by employing technology located in a central order entry center located in Fargo, ND.

Education & Experience:

- Must be a registered Pharmacist in ND
- 3 – 5 Experience in pharmacy management, program development and an interest in applying telepharmacy applications as a means to optimize patient care are preferred.
- Candidates should be self-motivated, possess a creative mind and enjoy the challenge of creating and leading a team to develop a telepharmacy model for rural hospitals that could become a national model.

We hold in high regard our core values of Reverence, Integrity, Compassion and Excellence. *Qualified candidates should apply online at: [www.catholichealthinitiatives.org](http://www.catholichealthinitiatives.org)*

### **Pharmacist/Faculty at NDSU**

North Dakota State University is seeking a full-time, non-tenure track pharmacist/faculty position in the Department of Pharmacy Practice. The individual will assist with teaching in the Concept Pharmacy instructional laboratory. Screening will begin March 10, 2008 and remain open until filled. For a complete description of this job and other openings go to: <http://www.ndsu.edu/ndsu/jobs/non-broadbanded>. NDSU is an equal opportunity institution.

**Professional Pharmacy Inc.**, Bismarck, seeks a full-time pharmacist for their closed door long term care setting. Great hours and benefits. Contact: Curt McGarvey, 2425 Hillview Ave, Bismarck, ND 58501 Ph: 701-223-5750 or 800-789-5750

### **Aasen Drug, Mayville ND**

Full time Pharmacist, competitive wages & benefits. No nights, No Sundays, No holidays. Every other Saturday until 2:00 pm. Small college town with excellent school system. Call 701-788-2552 and ask for Randy or send resume to: Aasen Drug, 15 E Main St, Mayville ND 58257

### **ND Pharmacy, Williston**

Full-time Pharmacist wanted for progressive pharmacy. Competitive Salary, Benefits, 401K, Vacation  
Call Bob at 1-800-767-3632 or mail resume to:  
ND Pharmacy, 446 18th St W #2, Dickinson, ND 58601

## PHARMACY TECHNICIAN WANTED

### **Northport Drug, Fargo.**

Fulltime Pharmacy Technician Position Located in North Fargo. Salary based on experience. Full benefits. Please send your resume to: Northport Drug attn: Rachel, 2522 North Broadway, Fargo, ND 58102 Or fax your resume to: (701)235-5544 attn: Rachel



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

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

**SIGN-UP  
TODAY!**

## **Creation of Community Practice Academy & NAPT Listservs**

In an effort to help keep members informed and facilitate communication within academies, NDPhA has created separate listservs for the Community Practice Academy & NAPT.

Please take advantage of these communication tools. If you are interested in subscribing to the listserv follow the instructions below.

1. To subscribe, simply send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body

**subscribe CPA "first name last name" OR subscribe NAPT "first name last name"**

You will receive a confirmatory message that you MUST reply to prior to being added.

2. You may post messages to the your group by sending emails to:

**CPA@nodakpharmacy.net** or **NAPT@nodakpharmacy.net**

3. To unsubscribe at anytime, send a message to [imailsrv@nodakpharmacy.net](mailto:imailsrv@nodakpharmacy.net) with the following text in the message body:

**unsubscribe CPA OR unsubscribe NAPT**

It's that simple! Contact Lorri at the NDPhA Office (701) 258-4968 or email [lgiddings@nodakpharmacy.net](mailto:lgiddings@nodakpharmacy.net) if you have trouble getting added to the listserv.

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