

# NoDak Pharmacy

Volume 25, No.2

April 2013

## P H A R M A C Y

### STUDENT AUCTION

April 27, 2013  
Ramada  
Grand Dakota Lodge  
Dickinson, ND

128 Years

Be Great Nominate!

NDPhA and NAPT  
are now accepting  
Nominations.

NDPhA  
NORTH DAKOTA  
PHARMACEUTICAL  
ASSOCIATION

Don't Forget Your  
2013 NDPhA  
Membership Dues  
now being collected...

CONVENTION

IN

DICKINSON



Dueling for success  
Keys to Progress

2013

Calendar

APRIL

April 20-23

NACDS

The Breakers, Palm Beach FL

April 26-28

NDPhA 128<sup>th</sup> Annual Convention

Grand Dakota Lodge, Dickinson ND

MAY

May 7-8

NCPA Conference on National Legislation

Hayatt Regency, Washington DC

May 11

NDSU Commencement Ceremony

Fargo Dome

May 12

Mother's Day

May 27

Memorial Day

JUNE

June 1-4

IACP 19th Annual Compounders on the Hill

Crystal Gateway Marriott, Arlington VA

June 1-5

ASHP Summer Meeting

Minneapolis, MN

JULY

July 4

Happy Independence Day

AUGUST

????

NABP

District V

OCTOBER-OCTOBER IS PHARMACY MONTH

October 12-16

NCPA Annual Convention

Walt Disney World, Orlando, FL

DECEMBER

December 8-12

ASHP Midyear Clinical Meeting

Orlando, FL

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NDPhA

Pharmacists  
Mutual Companies

Pharmacy Quality  
COMMITMENT

NDSU

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NURSING, AND  
ALLIED SCIENCES

Dakota Drug Inc.

HEALTHCARE DISTRIBUTOR

Minot - Fargo

McKesson

Empowering Healthcare

Message from the NDPhA President

I hope this message finds all North Dakota pharmacy enthusiasts well in our practices and lives.

The spring season is in swing and all that comes with it. My life is filled with traveling to boys and girls basketball tournaments, the pharmacy bills in the legislative session, the approaching NDPhA convention, and many other committees and activities I choose to enroll in. The busy routine of our daily practices and other commitments like those listed above can overwhelm our ability to effectively accomplish what we want. Occasionally, I need to reset my list of priorities to effectively move my pharmacy practice and personal life forward in a controlled direction. I do not always succeed at this practice and find myself drifting from my true goals. I want us all to take a step back if needed and make sure we are spending our valuable time in areas that matter. Tackle the tasks that have the biggest impact. Let the little stuff go. I ask all reading this to consider the NDPhA convention as a priority to our practices. We can network with friends and colleagues or educate ourselves to better our practices. I hope we get a good turnout in Dickinson and accomplish what we set out to.

May we find opportunities about the patient.

Shane Wendel Pharm.D.

NoDak Pharmacy • Vol. 25, No. 2 • April 2013

A VOICE FOR PHARMACY SINCE 1885

i





A VOICE FOR PHARMACY SINCE 1885

April 25-28, 2013 Dickinson  
Convention Hotel: Ramada Grand Dakota Lodge  
532 15th St. West Dickinson, ND 58601  
To Reserve a room call: 1- 701-483-5600  
or toll free 1-800-422-0949 Cut off date April 4.

Name:

Mailing Address: City St Zipcode

Phone: Email:

Spouse/Guest

Registration Fees:  
Entire Convention:

POSTMARKED	Before April 13	After April 13
Pharmacist	\$150	\$200
Member Technician	\$70	\$100
Non Member Pharmacist	\$300	\$350
Non Member Technician	\$140	\$200
Student (Pharmacist/Technician)	\$25	\$50
Student Sponsor	\$50	
Spouse/Guest	\$70	
	Lunch	Dinner
Additional Meals	\$10	\$20

Registration includes all meals for the convention.

Please note in this space if you require a special meal considerations (vegan, gluten free, etc):

Make Checks Payable to:  
NDPhA 2013 Annual Convention

Mail Completed Forms and Payment to:  
NDPhA  
1641 Capitol Way  
Bismarck ND 58501-2195

Registration Total

Type of Card (Circle One) Visa Mastercard

Credit Card Number  
/ /

Expiration Date CVV (3 digit # on Back of card)

Name on Card and Billing Address, City, St, Zipcode

Signature:

FRIDAY, APRIL 26

College Gear Day: Show your Pride!  
Wear your favorite NDSU Bison, NDSCS  
Wildcat or NCTC Pioneers Gear.

- 6:30am to 6pm Registration
- 7:00am-8:00am Breakfast
- 8:00am-9:00am PTCB PTCB's New Certification and Recertification Requirements Empowering Pharmacy Technicians
- 9:00am-9:30pm Break and Vendors Begin
- 9:30am to 11:30am CE - Diabetes - Dr Johnson 1st hour: Managing Hyperglycemia in Type 2 Diabetes 2nd hour: Intensive Insulin Management
- 11:30am to 1:00pm Lunch and Vendors
- 1:00pm-2:00pm Business Session (Mark Hardy CE last 15 Minutes of the business session)
- 2:00pm-3:00pm CE - Diabetes - Dr Johnson Complication Screening, Avoidance, and Management in Diabetes
- 3pm to 3:30pm Break - Ice Cream Social
- 3:30pm to 4:30pm CE - Diabetes - Dr Johnson Diabetes and Pregnancy
- 5:00pm to 5:30pm Fun Run
- 6:00pm to 7:00pm Social
- 7:00pm to 8:30pm Dinner
- 8:00pm to 10:00pm Piano's

- 9:00am-9:30am Break
- 9:30am-11:30am CE - Pain Management - Dr Harvey Hanel
- 11:30am-12:30pm Lunch
- 1:00pm-2:15pm 2nd Business Meeting (Mark Hardy CE last 15 Minutes of the business session)
- 2:15pm-2:30pm Break
- 2:30pm-3:30pm CE - Pain Management - Dr Harvey Hanel
- 3:30pm-5:00pm Pharmacy Providers of Oklahoma
- 6:00pm-7:00pm Social and Past President Social - Silent Auction
- 7:00pm-8:00pm Dinner and Awards
- 8:00pm-close Student Auction

SUNDAY APRIL 28

- 7:00am-8:00am Breakfast
- 8:00am-8:30am Memorial Service
- 8:30am-9:30am Mark Hardy 30 mins FAQ - 3rd Business Meeting
- 9:45am CPR Certification or PPOK
- 11:30am Adjourn



SATURDAY, APRIL 27

- 7:00am-8:00am Breakfast
- 8:00am-9:00am ND Department of Health-Immunization Update OR Preceptor Training (Wanda and Becky)

The North Dakota Pharmacists Association and the Cardinal Health Foundation congratulate **Dan Churchill** as the recipient of the **2012 Cardinal Health Generation Rx Champions Award!**



This award recognizes a pharmacist who has demonstrated excellence in community-based prescription drug abuse prevention. We celebrate Dan's outstanding efforts and commitment to raising awareness of the dangers of prescription drug abuse among the general public and among the pharmacy community.

For more information about the award, visit **cardinalhealth.com/GenerationRx**



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[cardinalhealth.com/GenerationRx](http://cardinalhealth.com/GenerationRx)

*Student Auction Donation Form*

**NDPhA 128<sup>TH</sup> ANNUAL CONVENTION**



**APRIL 25 – 28, 2013**  
**RAMADA GRAND DAKOTA LODGE**  
**DICKINSON, ND**

**STUDENT AUCTION DONATION FORM**

**PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:**

**PhAC AUCTION, NDPhA, 1641 Capitol Way, Bismarck, ND 58501-2195**  
**Fax: 701-258-9312 Ph: 701-258-4968 email: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net)**

DONOR Name \_\_\_\_\_

ADDRESS (City, St, Zip) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ITEM QUANTITY \_\_\_\_\_ DOLLAR VALUE \_\_\_\_\_

ITEM QUANTITY \_\_\_\_\_ DOLLAR VALUE \_\_\_\_\_



**DELIVERY IS THE RESPONSIBILITY OF THE DONOR.**  
Items are appreciated by 10:00 AM-Saturday, April 27.  
The auction will be held on **Saturday, April 27, 2013**

*The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday April 27, 2013 after the President's Banquet during the NDPhA convention at the Ramada Grand Dakota Lodge, Dickinson. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 128 years so come on you woodcrafters, quilters, and other artisans help us celebrate this momentous occasion. As in years past, several items will be placed on a silent auction with the highlight of the evening being the "live" auction.*

*Please forward any questions to Lorri at [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) or call 701-258-4968.*

*Thank you for your participation in the past and we look forward to another outstanding auction.*



# 2012 Recipients of the "Bowl of Hygeia" Award

 John Harmon Alabama	 Lyle Fibranz Alaska	 Hal Wand Arizona	 Donald L. Hedden Arkansas	 Melvin K. Renge, Jr California	 Jeannine Dickerhofe Colorado	 Paul Limberis Colorado*	 Scott Wolak Connecticut				
 Kimberly Couch Delaware	 Angela D. Adams Florida	 William Moye Georgia	 Kelly S.M. Go Hawaii	 Randy Malan Illinois	 Gerald Roesener Indiana	 Eugene Lutz Iowa	 Marvin E. Bredehoft Kansas				
 George Hammons Kentucky	 Roxie Stewart Louisiana	 Joe Bruno Maine	 <i>The "Bowl of Hygeia"</i>				 Frank Nice Maryland	 Edward S. Radock Massachusetts	 Gregory Baise Michigan		
 Larry Leske Minnesota	 Waymon Tigrett Mississippi	 Matt Hartwig Missouri					 Jim Seifert Montana	 Edward M. DeSimone, II Nebraska	 Joe Kellogg Nevada		
 George Bowersox New Hampshire	 Frank Breve New Jersey	 Kenneth Corazza New Mexico					 Nasir Mahmood New York	 Beverly Lingerfeldt North Carolina	 Dennis DeLaBarre North Dakota	 Mimi Hart Ohio	 John Foust Oklahoma
 Marcus Watt Oregon	 Richard Smiga Pennsylvania	 Santa E. Nieves Puerto Rico					 Michael Simeone Rhode Island	 Julian Reynolds South Carolina	 Galen Jordre South Dakota	 Marion Crowell Tennessee	 Dennis Song Texas
 Lloyd J. Thomas Utah	 Empsy Munden Virginia	 Michelle Valentine Washington	 Eric Belldina West Virginia	 Gary Bongey Wisconsin	 Tonya Woods Wyoming						



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to [awards@naspa.us](mailto:awards@naspa.us). The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.

**Boehringer Ingelheim is proud to be the Premier Supporter of the 2012 & 2013 Bowl of Hygeia program.**

\*2011 recipient awarded in 2012

• Pharmacists Mutual Insurance Company  
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# Invoice for NDPhA Membership

## January 1 – December 31, 2013

Or Renew On-line at [www.nodakpharmacy.net](http://www.nodakpharmacy.net), select the Join tab on the Right

**LICENSE #**

ND License # \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive email updates from NDPhA?

☐ Yes

☐ No

Legislative District \_\_\_\_\_

### Membership Categories

- ☐ Active Member (ND Licensed Pharmacists) \$150
- ☐ Corporate Member (Having a business interest in Pharmacy, up to 5 Active memberships) \$750
- ☐ Associate \$50
- ☐ Student (No Fee)

### Optional Association Support

- ☐ Contribution to NDPhA Political Action Committee (PAC)  
(Cannot be Corporate Checks AND must be a Separate Check)  
Amount \_\_\_\_\_
- ☐ Contribution to the Pharmacy Advancement Corporation (PhAC) NDSU Scholarship Fund (These funds are used entirely to provide scholarships to NDSU College of Pharmacy Students. Personal or Corporate Checks are accepted.)  
Amount \_\_\_\_\_

### Payment

Mail to:

#### NDPhA

1641 Capitol Way  
Bismarck ND 58501-2195  
Fax: 701-258-9312

☐ Check Enclosed Amount \_\_\_\_\_

Name on Card: \_\_\_\_\_

Street Address & Zip code billing address for card

Type (check one): ☐ Visa ☐ MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_  
(3 digit code on the back of card)

### Practice Setting

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Chain       | <input type="checkbox"/> Manufacturer/Distributor |
| <input type="checkbox"/> Educator    | <input type="checkbox"/> Non-Pharmacy             |
| <input type="checkbox"/> Hospital    | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Independent |   |
| <input type="checkbox"/> Owner       |   |
| <input type="checkbox"/> Employee    |   |

### Academies

Select one:

- ☐ Community Practice Academy (CPA)
- ☐ Health-system Practice Academy (HPA)

I am interested in an academy for:

- ☐ Long-term Care/Consultant
- ☐ Nuclear
- ☐ Compounding
- ☐ Student
- ☐ Other \_\_\_\_\_

**PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL OR FAX TO:**  
**NDPhA, MEMBERSHIP BENEFITS, 1641 CAPITOL WAY, BISMARCK ND 58501-2195 FAX: 701-258-9312**



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[www.bngholdingsinc.com](http://www.bngholdingsinc.com)



## **DME Mail-Order Competitive Bidding Program Fee Schedule Cuts (1<sup>st</sup> Round):**

On April 1st the next wave of the DME Mail-Order Competitive Bidding Program will begin. Medicare payments for diabetic testing supplies (DTS) in community pharmacies will equal that of the current mail-order rate. The reduction of payment is on average 14.5% and will reduce reimbursement for a box of 50 diabetic test strips from \$37 to \$32. Additionally the Budget Control Act of 2011 process known as Sequestration will take an addition 2% off of Medicare's reimbursement from Medicare Fee-For-Service (Part A and B) and DME Competitive Bidding claims submitted after April 1st. Of note, the beneficiary payments for deductibles and coinsurance are not subject to the 2% reduction. Also if the claim is billed unassigned (Non-PAR Provider), then Medicare's payment to the beneficiary will be subject to the 2% reduction.

## **Medicare Part B DME Dis-enrollment Re-Opens:**

Usually, the suppliers/pharmacies wishing to change their Medicare Part B participation would need to be done prior to January 1st of each year. However since CMS announced their drastic cuts to DTS after January 1st, 2013, they are allowing community pharmacies to change their participation status to non-participating until April 15, 2013. The difference between non-participating and a participating Medicare Part B Provider is that participating providers are not allowed to collect any more money from the beneficiary than the allowed deductible/coinsurance. A non-participating provider has to the option to bill DME supplies (not medications) as non-assigned and collect a usual and customary price from the beneficiary. The beneficiary would then be reimbursed for 80% of the fee schedule (Sequestration changes it to 78%) from Medicare.

The Medicare Participating Physician or Supplier Agreement (Form CMS – 460), which can be found at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms460.pdf>,

Pharmacies requesting a change in participation status can mail their requests to:

National Supplier Clearinghouse  
Post Office Box 100142  
Columbia, SC 29202-3142

## **Hard Edits for All Medicare Part B Items:**

On May 1st, CMS will activate edits dealing with ordering and referring providers. Ordering and referring providers are required to be identified in Part B, DME and Part A HHA claims from suppliers. If the ordering or referring provider's information does not meet the edits expectation, then the claim will be reversed and the billing supplier will not be reimbursed. Pharmacies should ensure that their practitioners whom are writing these orders are Medicare enrolled and meet the criteria.

## **Further Medicare Part DME cuts, Prohibition of Home Delivery, and New Documentation Requirements:**

July 1<sup>st</sup> will be another wave of the DME Mail-Order Competitive Bidding Program. The community pharmacies will match the national mail-order rate for DTS. A box of 50 blood glucose test strips will be reduced from \$32 (changed April 1st) to \$10.41, a 72% reduction from prior to April 1st. The change in fee schedule does not include the 2% reduction in Medicare reimbursement from Sequestration.

July 1st will be the start of the prohibition of Medicare Part B DTS delivery to homes, nursing homes, or assisted living facilities. No delivery to a beneficiary is allowed under Part B regardless of where the part B beneficiary is located. The beneficiary will have two options for receiving their Part B DTS:

1. The beneficiary or a "caregiver" of the beneficiary picks up the DTS from the pharmacy; or
2. The beneficiary signs up for one of the winning national mail-order companies.

The Affordable Care Act requires that a physician documents a face-to-face encounter with a beneficiary associated with a written order for certain DME. On July 1st, the program will require a face-to-face encounter as a condition of payment for certain DME including but not limited to: nebulizers, infusion pumps, home blood glucose monitors, and oxygen supplies. The requirement is only for new orders (on or after July 1st) and the face-to-face encounter must occur within 6 months before the written order. At least 5 elements are required for CMS to consider the order valid and support a claim for payment:

1. The beneficiary name;
2. The item of DME ordered;
3. Prescribing practitioner's NPI;
4. The signature of the prescribing practitioner; and
5. The date of the order.

## **Urge Congress to Support GAO DTS Request:**

On February 27th, Reps. Whitfield (R-KY) and DeGette (D-CO) requested that the GAO perform a study to measure patients' access to DTS after the cuts to the fee schedules.

## **NCPA Bag Stuffer on DTS Cuts:**

The NCPA has created a bag stuffer for pharmacists to give to their Medicare Part B patients about the drastic cuts to DTS fee schedules. The bag stuffer contains information on the impending cuts to fee schedules, the impact of the cuts on beneficiaries, and the prohibition of home delivery. The bag stuffer also asks beneficiaries to contact Congress.

Tucker Kreft  
Pharm D Candidate 2013 NDSU College of Pharmacy, Nursing and Allied Sciences

"I'M ALWAYS  
WATCHING OUT  
FOR MY PATIENTS,  
BUT WHO'S  
WATCHING OUT  
FOR ME?"



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The 2013 legislative session is off and running. We are well past the half-way mark of the session as cross-over was March 1<sup>st</sup>. The legislative session has been keeping us busy with numerous bills that affect pharmacy in one way or another. Two main bills that we are following closely include the “biosimilar” SB 2190 and the “MAC” HB 1363 bills. I will give a brief summary about each of the bills followed by some information on how to follow their progress.

**HB 1070 Passed the House 93-0. Passed the Senate 47-0.** This legislation relates to the scheduling of controlled substances. As many of you know, the federal government updates the scheduling of controlled substances. This bill simply updates the ND Century Code as it relates to controlled substances and their scheduling. Of note, this bill would make tramadol a Schedule IV prescription.

**HB 1071 Failed the House 0-91.** This bill relates to the licensing procedures to obtain a registration under the Uniform Controlled Substances Act. Specifically, this bill will draw attention because of the three year fee of \$90 to all licensed practitioners and pharmacies. The fee will be collected by the Board of Pharmacy with the intent of using the monies for the maintenance of the prescription drug monitoring program.

**HB 1072 Passed the House 91-0. Passed the Senate 44-3.** This legislation is an addition to Justin’s Law from 2009. It places a criminal penalty on the middleman in bringing a buyer and seller of drugs together via the internet. Basically, this incriminates the webmasters who help set up online pharmacies.

**HB 1101 Passed the House 91-0. Passed the Senate 47-0.** This legislation relates to opioid treatment programs and puts in rules on how to open and operate a treatment facility. Within this, each dispensed narcotic during the treatment process would have to be submitted to the prescription drug monitoring program.

**HB 1133 Passed the House 93-0.** This bill enacts legislation relating to analogs of controlled substances.

**HB 1165 Failed the House 34-58.** This legislation relates to the North Dakota immunization information system (NDIIS). It would require all immunizations be recorded to the NDIIS. Currently, it is only mandatory to record child vaccinations.

**HB 1274 Passed the House 94-0.** This bill relates to electronic drug prior authorization. It would require e-prescribing software to be able to generate drug prior authorization requests to be sent to physicians in real time per se.

**HB 1363 Passed the House 93-0.** This legislation relates to the maximum allowable cost (MAC) lists for pharmaceuticals. This would require each pharmacy benefits manager (PBM) to provide in their contracts the sources they use to determine MAC pricing and update the pricing information at least every seven days. They would also have to ensure their MAC prices are not below market-based sources available for purchase by pharmacy providers. Also, this bill outlines the MAC appeals procedure, requiring PBMs to respond to appeals within seven days. This legislation defines which prescription medications may be placed on a MAC list, such as those with at least two nationally

available, therapeutically equivalent multiple source generic drugs with a significant price difference. The bill is currently in the Senate and will be heard in the Human Services Committee at the end of March. (Target Date March 26th)

**SB 2066 Passed the Senate 30-17.** This bill relates to the prior authorization of antineoplastic agents. It would allow the state to require prior authorizations to be completed on antineoplastic agents to ensure that it is being used as determined by the FDA or a national standard.

**SB 2089 Passed the Senate 47-0.** This legislation relates to the Board of Pharmacy’s prescription drug monitoring program. It involves the format in which information is submitted to the system.

**SB 2190 Passed the Senate 26-20. Passed the House 76-17.** This bill relates to biosimilar biological products. It would allow for a substitution of a biological product if the FDA deems them interchangeable. This is very similar to generic medications substitutions. However, included in this bill is language that would require the pharmacist to notify the prescriber within 24 hours of a biosimilar substitution.

**SB 2342 Passed the Senate 44-1.** This bill updates the current law regarding the licensing of wholesalers so that it includes distribution of medical gas and durable medical equipment along with what is currently required for drug wholesalers.

If you are interested in following the progress of these bills, I would encourage you to visit the Legislative Council website at [www.legis.nd.gov](http://www.legis.nd.gov). You may access the current session’s information page at [www.legis.nd.gov/assembly/63-2013/regular](http://www.legis.nd.gov/assembly/63-2013/regular).

And if you are not sure who your legislators are, you may access the “Legislator Locator” at [www.legis.nd.gov/lcn/assembly/constituentViews/public/findmylegislator.htm](http://www.legis.nd.gov/lcn/assembly/constituentViews/public/findmylegislator.htm).

One particular website we would encourage you to utilize is [www.communityrxaction.com](http://www.communityrxaction.com). This website focuses on issues pertinent to community pharmacies in North Dakota and Minnesota. By clicking on the “Take Action” link, you will be redirected to a page that will allow you to use a sample e-mail to send to your legislators regarding HB 1363. This bill is very important to the profession and we encourage you to contact your legislators and let them know your stance on the bill.

Tucker Kreft

NDSU Pharm.D. Candidate 2013



13.0669.03000

Sixty-third  
Legislative Assembly  
of North Dakota

Introduced by

Representatives Keiser, N. Johnson, Kasper, Pollert, Weisz, Mock, M. Nelson

Senators Klein, J. Lee, Heckaman

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1363

1 A BILL for an Act to create and enact a new section to chapter 19-02.1 of the North Dakota

2 Century Code, relating to maximum allowable cost lists for pharmaceuticals; and to provide a

3 penalty.

4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

5 SECTION 1. A new section to chapter 19-02.1 of the North Dakota Century Code is created

6 and enacted as follows:

7 **Maximum allowable cost lists for pharmaceuticals - Pharmacy benefits managers -**

8 **Penalty.**

9 1. For the purposes of this section:

10 a. "Determination" means a decision that settles and ends a controversy or the

11 resolution of a question through appeal.

12 b. "Maximum allowable cost price" means a maximum reimbursement amount for a

13 group of therapeutically equivalent and pharmaceutically equivalent multiple

14 source drugs.

15 c. "Multiple source drug" means a therapeutically equivalent drug that is available

16 from at least two manufacturers.

17 d. "Pharmacy benefits manager" has the same meaning as in section 19-03.6-01.

18 2. With respect to each contract between a pharmacy benefits manager and a pharmacy,

19 each pharmacy benefits manager shall:

20 a. Provide to the pharmacy, at the beginning of each contract and contract renewal,

21 the sources utilized to determine the maximum allowable cost pricing of the

22 pharmacy benefits manager.

Page No. 1

13.0669.03000

Sixty-third  
Legislative Assembly

1 5. A pharmacy benefits manager that violates this section is guilty of a class B

2 misdemeanor.

Page No. 3

13.0669.03000

PBM MAC  
Transparency Bill

Sixty-third  
Legislative Assembly

1 b. Update any maximum allowable cost price list at least every seven business

2 days, and provide prompt notification of the pricing changes to network

3 pharmacies.

4 c. Disclose the sources utilized for setting maximum allowable cost price rates on

5 each maximum allowable cost price list included under the contract and identify

6 each maximum allowable cost price list that applies to the contracted pharmacy.

7 A pharmacy benefits manager shall make the list of the maximum allowable costs

8 available to a contracted pharmacy in a format that is readily accessible and

9 usable to the contracted pharmacy.

10 d. Ensure maximum allowable cost prices are not set below sources utilized by the

11 pharmacy benefits manager.

12 e. Provide a reasonable administrative appeals procedure to allow a dispensing

13 pharmacy provider to contest a listed maximum allowable price rate. The

14 pharmacy benefits manager shall provide a determination to a provider that has

15 contested a maximum allowable price rate within seven business days. If an

16 update to the maximum allowable price rate for an appealed drug is warranted,

17 the pharmacy benefits manager shall make the change based on the date of the

18 determination and make the adjustment effective for all similarly situated

19 pharmacy providers in this state within the network.

20 f. Ensure dispensing fees are not included in the calculation of maximum allowable

21 cost price reimbursement to pharmacy providers.

22 3. A pharmacy benefits manager may not place a prescription drug on a maximum

23 allowable price list unless:

24 a. The drug has at least two nationally available, therapeutically equivalent, multiple

25 source drugs or a generic drug is available only from one manufacturer;

26 b. The drug is listed as therapeutically equivalent and pharmaceutically equivalent

27 or "A" or "B" rated in the United States food and drug administration's most

28 recent version of the "Orange Book" or the drug is "Z" rated; and

29 c. The drug is generally available for purchase by pharmacies in the state from

30 national or regional wholesalers and not obsolete.

31 4. This section does not apply to state medicaid programs.

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## NAPT Update

By: Donna Kisse – NAPT President

As of March 1, 2014 all currently Registered North Dakota Pharmacy Technicians will need to be PTCB certified, with an exemption for those registered Pharmacy Technicians that were registered prior to August 1, 1995.

In preparation for the PTCB Cortication Exam, I would like to share the following website <http://www.exam2jobs.com/pcat-test.html> with all technicians as a good resource for preparation for the exam. The website does provide practice questions in preparing for the exam.

I am exciting to share with you that this year at the NDPhA Spring Convention, PTCB will have a CE presentation with one of the objectives outlining the new decisions PTCB has announced for certification and recertification eligibility. I encourage all technicians to attend the convention and take part in the PTCB CE presentation. The convention is a great opportunity to get continuing education and meet your fellow technicians.

It is time once again to vote for new officers for the Northland Association of Pharmacy Technicians. The open positions are Vice President/President-Elect and Secretary. We have a couple individuals interested and willing to take on the adventure of providing leadership in the organization. Please fill out the ballot by 4/12/13 and send it to:

NDPhA  
Attention: NAPT Election  
1641 Capital Way  
Bismarck, ND 58501



**Northland Association of  
Pharmacy Technicians**

### NAPT EXECUTIVE OFFICER BALLOT

**VOTE ONCE FOR EACH POSITION**

#### **VICE PRESIDENT/PRESIDENT ELECT**

\_\_\_\_\_ Sharon Kupper

\_\_\_\_\_ (write in candidate)

#### **SECRETARY**

\_\_\_\_\_ Tamara Link

\_\_\_\_\_ (write in candidate)

**Please complete this form and return to:**

NDPhA  
Attention: NAPT Election  
1641 Capital Way  
Bismarck, ND 58501

**MUST BE POSTMARKED BY 4/12/2013**

## NAPT

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Vacant

#### **NAPT Secretary**

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#### **NAPT Parliamentarian**

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### **Pharmacy Technician Certification Board**

**Coming to the 2013 NDPhA  
Convention in Dickinson!  
Discussion on PTCB's New  
Certification/Recertification  
Requirements and Empowering  
Pharmacy Technicians  
Friday April 26th, 2013 8:00-9:00am**





**Halloween 2012** from left to right: Dennis DelaBarre, Tucker Kreft, Jerad Binstock, Keith Horner

Over the last five weeks, I have had the privilege to work with the North Dakota Pharmacists Association in completing my sixth rotation. This rotation was considered a health care policy rotation and I definitely learned about the policy making process. Almost every day I spent at least a few hours at the Capitol building and was able to see the law making process up front and center.

A lot of my time and effort this rotation was centered on House Bill 1363. HB 1363 was legislation that NDPhA drafted requiring more transparency to pharmacy benefit managers (PBMs) in how they set their maximum allowable cost (MAC) rates. This bill also requires an appeals process for when the dispensing pharmacy feels the MAC rate is incorrect. This type of legislation was very new to me and required much research for me to grasp the whole picture and understand how PBM transparency is needed in today's healthcare. I spent many hours finding and reading articles detailing some of the PBMs unsatisfactory business practices. I shared much of what I found with my preceptor Mike Schwab, the executive vice president, and with him I helped to draft testimony

that was said during the committee hearing for the bill. I also sat in on many conference calls with national organizations, such as National Community Pharmacists Association and the National Association of Chain Drug Stores, to gain insight into how this is a national problem. After a few weeks of learning about how our bill will better the profession, I felt very compassionate about seeing it pass. At the first public hearing in front of the Industry, Business, and Labor (IBL) committee, I drafted and gave my own testimony from a pharmacy student's prospective. There were many pharmacists at the hearing, and many of them gave testimony. It was really great to see pharmacists advocating for their pharmacies and has helped me realize how important it is to advocate for your profession. After the first hearing, Mike and I spent a lot of time working with representatives from the PBMs to draft amendments that were fair, but still delivered the intent of our bill. As I am writing this, our bill has been voted out of subcommittee and the IBL committee with a unanimous favorable vote. My outlook for the bill being heard on the House floor is good as the bill has full support from the committee. Also many of the legislators on the committee have shared with their colleagues the

importance of such legislature.

Apart from HB 1363, there were a few other pharmacy bills that I was able to watch progress through the system. I sat in on a few different committee hearings where testimony was given about bills such as e-prior authorization and biologics/biosimilars. I was even asked by Mark Hardy from the Board of Pharmacy to give a quick presentation at a Republican Senate Caucus meeting regarding the various players in the insurance and pharmaceutical industry. I also fielded many questions that the Senators had about the business of PBMs. This was a great experience and yet another way for me to advocate for my profession.

During the rotation, I was exposed to some of the other aspects of the Association. I learned about the About the Patient program. I even sat in on some conference calls where expansion of the program was

discussed. I saw some of the planning that goes into the annual NDPhA meeting that will be in Dickinson. I witnessed some of the questions that Mike has to field from pharmacists and how he goes about getting them answered. Particularly, questions regarding Medicare Part B and Durable Medical Equipment.

Overall, I was very happy with this rotation and was pleasantly surprised by how much I enjoyed being part of the legislative process. I have no intentions of pursuing a career in politics by any means, but I do have a better understanding and have seen the importance of the various associations that advocate for your profession. I plan on staying actively involved within the association.

Respectfully submitted,

Jerad Binstock, PharmD Candidate 2013

## Rotation *Summary*

Policy making and legislature have always been interesting to me. I grew up listening to political voices over the A.M. radio, not because I wanted to but that was the only stations the tractor could pick up. So when Wanda asked if anyone was interested in doing a rotation at the NDPhA during the legislative session, I quickly signed up. Currently, I am on rotation with Mike Schwab and working at the Capitol and in the NDPhA office during the second half of the 63<sup>rd</sup> Legislative Assembly. Mike is very knowledgeable of the legislative process and includes me in all of the days activities. My main objective of the rotation was to learn and understand the policy making process and also lobbying for the profession of pharmacy. I was able to meet those goals during the rotation by following two bills closely: the "MAC" and the "Biosimilar" bills. I witnessed the process of policy making including: committee meetings, floor votes, and the political "game" between opposing sides. Mike and I have been talking to legislators about each bill and trying to organize a plan in order to advocate for the pharmacy profession.

Besides following the bills at the Capitol, I have been working on several projects at the office. CMS issued new fee schedules for diabetic testing supplies for Medicare Part B. I contacted the NCPA, CMS, and other

sources to formulate a fact sheet to e-mail to pharmacists of the changes that will take place in the near future. I have also been working on letters to send to Senators Hoeven and Heitkamp and Representative Cramer asking for their support on the changes to Medicare Part B and also Medicare Part D. Additionally, I am in charge of updating the legislative grid showing the current status of various bills that affect pharmacy and sending it out by e-mail periodically. Furthermore, I wrote articles for the Nodak Journal including: The Regulatory/Policy Update and The Legislative Update.

The days at the office are filled with various meetings and phone calls. The rotation provided me with a better understanding of the various different groups and organizations and their involvement in the pharmacy practice. Overall the rotation allowed me to expand my knowledge of the legislative process and will make me a better advocate for the profession of pharmacy.

Tucker Kreft

NDSU Pharm.D. Candidate 2013







# Paavola recognized with Distinguished Citizen Award

NDSU alumnus Fred Paavola received the “Findlay E. Russell, MD, PhD, Distinguished Citizen Award” during 2012 Homecoming activities at the University of Arizona College of Pharmacy.

The award recognizes an individual who is not a graduate of the University of Arizona College of Pharmacy who has achieved success in health care, helped to further the mission of the college, provided leadership to the profession and the community, and made a positive impact on the state, nation and world.

Paavola, BS ’70, pharmacy, honorary doctorate ’02, has enjoyed a career that has spanned independent, chain and federal pharmacy. His career culminated with his retirement as an assistant surgeon general and chief pharmacy officer (and the rank of rear admiral) for the U.S. Public Health Service.

In 2002, Paavola was instrumental in development of the Arizona One Disaster Medical Assistance Team. The highly mobile team of professionals is trained to provide health care

in all situations, which Paavola said includes everything from health checks at local clinics to providing medical care in emergency and mass casualty situations. He described the team as “a cohesive group of healthcare and emergency medical response professionals.”

He also serves as a mentor to other response teams.

One of his nominators for the award wrote: “Fred has a passion for pharmacy students and their professional and personal growth ... as an outstanding role model for all pharmacists, he leads by example of a successful pharmacy career and a caring for people.”



Paavola

# Alumnus’ pharmacy named top Health Mart franchise

A Bismarck, N.D., pharmacy has received the prestigious “Overall Excellence Award” from McKesson. Gateway Health Mart Pharmacy South, owned by NDSU alumnus Mark Aurit, was selected from more than 3,000 independent Health Mart franchises across the country.



McKesson is one of the nation’s largest healthcare service companies and holds ownership of the Health Mart brand.

“For us to be named the pharmacy of the year for 2012 is not only humbling, it is a huge honor,” said Aurit, BS ’74, pharmacy.

The pharmacy, which leases space inside Dan’s Supermarket, was recognized by McKesson as a progressive pharmacy offering a variety of services, while embracing McKesson technology and automation solutions for a diverse patient base.

“We are progressive because we offer many value-added services to our customers. We focus on personalized care,” Aurit said. Some of the pharmacy’s offerings include community health

screenings; cholesterol, blood pressure and blood glucose checks; screenings for osteoporosis; immunization programs; specialty compound-ing; Medicare Part D reviews; medication management reviews and special medication packaging for seniors.

“We’ve listened to our customers and we’ve felt the need in the community,” Aurit

said, noting the pharmacy is open 93 hours per week. “We have a great desire to be special in our community, and people expect it from us.”

Gateway Health Mart Pharmacy South opened in 1995, the second of three pharmacies that Aurit now owns. His first Bismarck pharmacy opened in 1989, and a Mandan, N.D., location was added in 1999. The total operation employs 45-47 pharmacists, technicians and clerical staff.

Aurit lives in Bismarck with his wife, Susan (Hochhalter), BS ’75, speech pathology. Their two daughters, Briana and Brita, work for Aurit’s pharmacy operation.

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(New Academy, Officers to be selected)

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