

# NoDak Pharmacy

Volume 25, No.1 February 2013

## STUDENT AUCTION

April 27, 2013

Ramada  
Grand Dakota Lodge  
Jamestown, ND

128 Years

7293705 A

CONVENTION  
& RALLY

★  
ADMIT ONE

7293705 A

Be Great Nominate!

NDPhA and NAPT  
are now accepting  
Nominations.

**NDPhA**  
NORTH DAKOTA  
PHARMACISTS  
ASSOCIATION

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

# NDPhA 2013 Convention



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)	\$50	\$75
Student Sponsor	\$50	
Spouse/Guest	\$70	
	<b>Lunch</b>	<b>Dinner</b>
Additional Meals	\$10	\$20

Registration Total \_\_\_\_\_

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

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: \_\_\_\_\_



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COLLEGE OF PHARMACY,  
NURSING, AND  
ALLIED SCIENCES



## 2013 Calendar

### MARCH

March 1	<b>ND Legislature Crossover</b>
March 1-3	<b>NASPA</b> JW Marriott, Los Angeles, CA
March 1-4	<b>APhA 2013</b> JW Marriott, Los Angeles CA
March 11	<b>National Nap Day</b> Will you be participating? We Will!
March 29	<b>Good Friday</b>

### APRIL

April 20-23	<b>NACDS</b> The Breakers, Palm Beach FL
April 26-28	<b>NDPhA 128<sup>th</sup> Annual Convention</b> Grand Dakota Lodge, Dickinson ND

### MAY

May 11	<b>NDSU Commencement Ceremony</b> Fargo Dome
May 12	<b>Mother's Day</b>
May 27	<b>Memorial Day</b>

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



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



# 2013 NDPHA Award Nominations

Fax to: (701) 258-9312 or email to: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) by March 1, 2013. A list of past recipients can be found on our website at [www.nodakpharmacy.net](http://www.nodakpharmacy.net).

Nominations should be submitted **along with biographical information**. The following awards will be presented:

## AWARDS NOMINATIONS CRITERIA

### AL DOERR SERVICE AWARD

The recipient must: be a pharmacist licensed to practice in North Dakota, The recipient must be a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; has compiled an outstanding record for community and pharmacy service.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### UPSHER-SMITH LABORATORIES EXCELLENCE IN INNOVATION AWARD

- ❖ The recipient should be a practicing pharmacist within North Dakota and a member of NDPhA who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### PHARMACISTS MUTUAL DISTINGUISHED YOUNG PHARMACIST AWARD

- ❖ The goal of this award is to encourage the newer pharmacists to participate in association and community activities. The award is presented annually to recognize one such person for involvement and dedication to the practice of pharmacy. The recipient must: have received his/her entry degree in pharmacy less than nine years ago; be a pharmacist licensed to practice in North Dakota; a member of NDPhA; have practiced community, institutional, managed care or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### APHA/NASPA BOWL OF HYGEIA

- ❖ The recipient must: be a pharmacist licensed to practice in North Dakota; a member of NDPhA; be living (not presented posthumously); not have been a previous recipient of the award; is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or its awards committee; have compiled outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_



## Advisory Committee

The Technician Advisory Committee met the first week of January with the ND Board of Pharmacy Board members in Fargo to discuss topics of concern for technicians. The majority of the discussion focused on the upcoming changes to the new certification requirements for technicians. The NAPT Executive Board will pursue inviting PTCB to the NDPhA convention this spring in Dickinson, ND. There were several ideas brought forward as to how to make sure all the techs who need to be PTCB certified by March 1, 2014 are successful.

## NAPT is an Association for Pharmacy Technicians run by Pharmacy Technicians!

Technicians: looking for a new challenge in your life. We are looking to fill a couple positions on the NAPT Executive Board for 2013-2014. The open positions will be Vice-President/President Elect and Secretary. As a Board member, you will be welcomed into a whole new network of people. Now is your opportunity to come forward and get involved, you will find it to be a rewarding experience. If you are interested in providing leadership in our organization, contact one of the Board members or you can contact me by email at [dkisse@thriftywhite.com](mailto:dkisse@thriftywhite.com).



## NAPT Award Nominations

NAPT would like to recognize technicians dedicated to patient care and the Pharmacy Technician Profession. If you work with a technician that does an outstanding job and goes above and beyond any expectations you had for them, take a minute and nominate the technician for one of the NAPT annual awards, awarded at the annual spring convention. The nominator shall send a letter of recommendation to the attention of NAPT President Donna Kisse via email: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) or mail to NDPhA 1641 Capitol Way, Bismarck, ND 58501. You may also contact Donna by phone at 701-269-8747.

The deadline for nominations is March 1, 2013.

*Nominate*

### NAPT

#### Board of Directors

##### NAPT President

Donna Kisse  
Employer: Thrifty White Drug, Fargo  
Work #: 701.269.8747  
Email: [dkisse@ThriftyWhite.com](mailto:dkisse@ThriftyWhite.com)

##### NAPT Vice-President

Vacant

##### NAPT Secretary

Sharon Kupper  
Employer: Workforce,  
Safety & Insurance  
Work #: 701.570.3148  
Email: [skup@wil.midco.net](mailto:skup@wil.midco.net)

##### NAPT Treasurer

Roberta Hauck  
Employer: Irsfeld Pharmacy, Dickinson  
Work #: 701.483.4858

##### NAPT Parliamentarian

Barbara Lacher  
Employer: NDSCS, Wahpeton  
Work #: 701.671.2114  
Email: [barbara.lacher@ndscs.edu](mailto:barbara.lacher@ndscs.edu)

##### NAPT Member-At-Large

Luci Koeplin  
Employer: Irsfeld Pharmacy Dickinson  
Work #: 701.483.4858

##### NAPT Member-At-Large

Jennifer Joyce  
Employer: Arthur Drug  
Work #: 701.967.8900

##### Immediate Past President

Kristina Foster  
Employer: White Drug #62, Mohall  
Work #: 701-756-6000  
Email: [kristinafoster23@yahoo.com](mailto:kristinafoster23@yahoo.com)



# 2013 NAPT Award Nominations

Please enter the name of the candidate and place of employment under the title of the award. The nominator must prepare a letter of recommendation listing the outstanding achievements of the nominee and send the letter to the Selection Committee, attention chairperson of such committee. Such letter must arrive within the determined due dates as posted yearly by the Selection Committee. The criterion for each award is listed below.

## **DISTINGUISHED YOUNG PHARMACY TECHNICIAN**

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. Practicing as a Pharmacy Technician for less than 10 years.
2. Registered as a Pharmacy Technician in North Dakota.
3. Practice sites shall include but are not limited to; Institutional, Managed Care, Retail, or consulting pharmacy in the year selected.
4. Nominee should demonstrate an outstanding work experience in the Profession of Pharmacy. Participation in national technician association, professional programs, state association activities, and or community services is not required but would be good examples of dedication to the profession.

Nominee: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Place of Employment \_\_\_\_\_

## **DIAMOND AWARD**

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. Current or past registration as a N.D. pharmacy technician is required.
2. The nominee must be living, awards are not posthumously.
3. The nominee is not a past recipient of this award.
4. The nominee is not currently serving as an officer of the NAPT Association.
5. The recipient has demonstrated an outstanding record of community service such as; involved in church, community (scouts, school, PTA, Jaycees or other organizations). The recipient also demonstrates an outstanding service to the Profession of Pharmacy.

Nominee: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Place of Employment \_\_\_\_\_

## **FRIEND OF NAPT**

Minimum Selection Criteria/ Nominations will be accepted from any ND Registered Pharmacy Technicians

1. The nominee has not been a previous recipient of this award.
2. The nominee has been an advocate of NAPT and the Profession of Pharmacy Technicians.
3. The nominee may include but are not limited to; Registered Pharmacy Technician, Registered Pharmacist, or any related Pharmacy Business. The recipient is not limited to a specific person; a company can also be noted as a recipient.

Nominee: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Place of Employment \_\_\_\_\_

## **NAPT PHARMACY TECHNICIAN OF THE YEAR AWARD**

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. The nominee shall be a Registered Pharmacy Technician in North Dakota.
2. No nominee shall be a member of the Selection Committee or past recipient of the award.
3. Each nominee shall be actively practicing as a Pharmacy Technician in North Dakota. However, need not be actively involved with NAPT.

Nominee: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Place of Employment \_\_\_\_\_



# Legislative Update

So far, this 2013 legislative session is shaping up to be a very busy one for the North Dakota Pharmacists Association. There have been twelve bills submitted that may affect the practice of pharmacy. It is already past the deadline for any new bills to be introduced to both the Senate and the House. There was no legislation submitted pertaining to the ownership law. 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.** 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**      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.** 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.** This legislation relates to opioid treatment programs and puts for 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**      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**      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**      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



# Legislative *Update cont.*

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 three nationally available, therapeutically equivalent multiple source generic drugs with a significant price difference. This bill has been heard in committee, resulting in a sub-committee being assigned to discuss possible amendments.

- 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.** 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**      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.

Jerad Binstock, PharmD Candidate



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



# 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.*

## HIPAA Check-up

*Don McGuire, R.Ph., J.D., General Counsel*

Pharmacies have been working with HIPAA for a number of years and have grown accustomed to working within its parameters. It is precisely because we have grown accustomed to working with HIPAA that it makes good sense to perform a HIPAA self-assessment. Under HIPAA, pharmacies and other health care professionals must safeguard "protected health information" (PHI) in their possession. PHI includes information about a patient's health condition, the care and treatment provided and the payment for that care. PHI also includes items like their name, address, birth date or social security number. It is a good time to take a critical look at your everyday environment to see if any PHI is exposed.

One Pharmacists Mutual insured recently had such a problem with their Universal Signature Log. This

form also served as their third party confirmation statement. Next to the spot for the patient's signature, there was a place

to put a label generated by the pharmacy's computer system. This sticker included the date filled, prescription number, patient name and health/prescription insurance plan name. Most, if not all, of this information is considered PHI under HIPAA. One of the patients noticed that her information was going to be visible to everyone who signed the log after her. The patient filed a complaint with the Office of Civil Rights (OCR), which is the

**continued on page 2**

### page

## contents

### 1 HIPAA Check-up

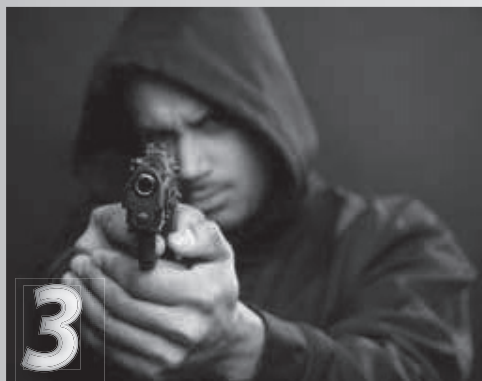
Take a critical look at your everyday environment.

### 2 Social Media: Is the Potential Gain Worth the Risk?

Be aware of the risks that go along with the benefits of social media.

### 3 Armed Robberies

The threat of an armed robbery at a pharmacy is very real.



### 4 Catching the Crooks with ESP® PharmaTracker™

Tracking devices in prescription bottles can help catch the crooks.

### 4 Best Practices for Home Medical Equipment Risk Management

The process of preparing guidelines for handling risk in HME businesses.

### 5 Winter Safety

Easy steps to minimize the risks of the harsh reality of winter.

### 6 Are Your Human Resources (HR) Practices Putting You at Risk?

Simple guidelines for avoiding frustrations at the time of a claim.





# Social Media: Is the Potential Gain Worth the Risk?

Casey Reed, Risk Management Intern, Indiana State University

Social media provides the opportunity for large groups of people to share information and to expand social and professional contacts. Some examples include Facebook, LinkedIn, Twitter, blogs and forums. Although there are benefits, healthcare providers engaged in the use of social media and networking need to be well aware of the risks that go along with it. It is increasingly easier to violate HIPAA with the use of social media.

What could be gained from incorporating social media into your business?

**Advertising:** Post current sales specials or anything new that might attract business to the door.

**Word of mouth:** Another form of advertising that gives the customer an avenue to express their satisfaction.

**Information:** A great spot to post a weekly health tip or post other health related information.

**Increase brand awareness:** Set yourself apart from competitors.

"If you're not online, you don't exist." This is BRANDfog's (a digital branding firm) slogan. Consumers are more likely to trust a company that is engaged in the use of social media according to a recent survey BRANDfog released.

Don't get left behind. If your competitors aren't already using social media to promote business, they likely soon will be. A recent survey administered by RIMS™ (The Risk Management Society) indicated that three quarters of businesses are using some form of social media.

## What are some risks associated with social media and your business?

### Fines and penalties.

Work colleagues discussing private information about patients amongst themselves is highly inappropriate and violates HIPAA, but it is unlikely to get much attention. If this deed were done on a social networking site, the risk is severe. HITECH, a new provision added to HIPAA, increases these fines up to \$1.5 million for all violations of an identical provision.

### Business reputation.

Word of mouth can go both ways. If the customer is

dissatisfied, they will be able to post their negative comments for everyone to see.

A disgruntled employee may post harmful comments that could have a negative impact on the reputation of your business or even worse, violate HIPAA laws.

### "E – personation."

It is easy to impersonate another online and post damaging comments. Only a few states have laws prohibiting this. On the same note, if you don't have a social network presence, someone might impersonate you and start a site that you would have no control over.

Here are some ways to reduce the risk.

Establish clear policies:

- Not mixing personal life and professional life.
- All patient information is confidential, use only with permission.
- Train and test employees on their understanding of risks, procedures and consequences.
- Monitor the networking page regularly.
- If a violation does occur, contact the patient and the Department of Health and Human Services immediately. Not only is this required, it may save you from further expenses.
- Purchase cyber liability insurance.



## HIPAA—continued from front

agency charged with enforcement of HIPAA.

This log was something that everyone in the pharmacy handled every day, but no one stopped to think about what information was available to those who were signing the log. Pharmacists have thought carefully about protecting electronic records, using proper release forms and offering as private of a counseling session as their pharmacy will physically permit. These are all important, but we can't forget the simple things either. Take a critical look at forms, logs and other documents used in your dispensing process. Also look at your will-call storage and your receipts and bagging. Do they pass HIPAA standards?

# Armed Robberies

Michael L. Warren, ARM, OHST, Risk Manager

Armed robberies represent the greatest direct threat of violence to pharmacists, employees and customers. Literally the “tip of the spear” in the massive prescription drug diversion epidemic in the United States, the approximately 700 pharmacy armed robberies that happen every year result in a high emotional and sometimes physical toll. While the probability that any single pharmacy will encounter an armed robbery is statistically small, the threat is very real.

Unlike burglaries, when someone breaks into the pharmacy when it is closed, robberies are very difficult to prevent. Locks, alarms and safes do not prevent someone from walking in off the street with a firearm. While difficult to prevent, you can take measures to minimize the risk of violence and to maximize the ability to apprehend the criminals.

## Protect yourself, your employees and customers from armed robbery

1. Have a plan. This is the most important thing you can do to reduce the possibility of violence and to minimize the size of the loss.
  - Employees need to know that the robbers may use threatening and profane language. They want drugs, and overwhelmingly want to leave quickly.
  - Do what they say and no more. Try to act calmly.
  - Look, but don't stare. Communicate, even if they tell you not to talk. Make no sudden moves.
  - Don't stall. Get what they want.
  - Don't be a hero. Overwhelmingly, once they get the drugs, they will leave.
  - When they leave, lock the door, call the police and stay on the line.

Training videos are available at no cost at [www.rxpathrol.org](http://www.rxpathrol.org).

2. Practice the plan
3. Physical security considerations
  - The best scenario is for the cash register and pharmacy counter to be visible from the outside. Keep windows uncluttered. An armed robber entering a store just before closing that cannot be observed from the outside tends to take extra time. You want them out as soon as possible.
  - Along with uncluttered windows, provide adequate lighting in the pharmacy area.
  - Have height markers near the doors, or know the height of shelving or other objects to help identify the height of any robbers, or suspects.
  - Lock overstock of controlled substances in a safe. Consider adding a time delay lock on the safe. Put a sign in a prominent place stating that you use a time delay safe.
4. Procedures
  - NEVER open doors after you are closed.
  - Do not leave back doors unlocked. It's an open invitation for a robber to enter unnoticed.
  - Be aware of calls telling you to secure the store because it has been broken into. This can be a set-up for an armed robbery.
5. If you have silent panic buttons, make sure you understand how the police department will respond. Pulling up in front of the pharmacy with guns drawn can trigger a hostage situation.

## Over half of pharmacy robbers will get away

Unfortunately, most pharmacy robbers get away, but you can increase the possibility of apprehension.

- After the robbery, write down everything you can remember. The police will want video if available and to know what the robber touched and said.
- Post signs requiring customers to remove sunglasses, hats and hoodies when entering the store. If they refuse, call the police.
- If you see someone suspicious, get their image on your video surveillance and share it with the police department. Overwhelmingly, criminals that rob or burglarize pharmacies have been in the store before the theft.
- Add video surveillance to cover outside areas of the pharmacy.
- Mark target drug bottles on the bottom to identify the store.
- Consider using tracking devices. These devices are installed in prescription bottles and send alerts that help police apprehend the burglar or robber.







## Catching the Crooks with ESP® PharmaTracker™

The fact is that most pharmacy burglars and robbers get away. Despite the best efforts, disguises and quick hits often limit the ability to identify and arrest these criminals. What if there were a way to change the game and lock these thieves up?

3SI Security Systems, a world leader for 40 years in technology designed to apprehend criminals and deter crime, has developed a device that provides a roadmap for the police that leads them to the criminals location.

Tracking devices, hidden in prescription bottles, silently alert law enforcement and point them to the thief through a secure website. Reportedly, PharmaTracker maintains an apprehension rate of 78%, significantly better than the 29% national apprehension rate for burglars when the devices are not used (*Source FBI Uniform Crime Report*). The devices require minimal installation time, are easy to use and maintain, seamless to store operations and hidden until needed.

To learn more about how 3SI can help law enforcement apprehend criminals and reduce burglaries and robberies, contact them at 800.523.1430 or by e-mail at [info@3sisecurity.com](mailto:info@3sisecurity.com).

## Best Practices for Home Medical Equipment Risk Management

*Michael L. Warren, ARM, OHST, Risk Manager*

HME operations face some inherent risk associated with the nature of the work you do. In the process of selling, renting, delivering, storing and managing the products and services you provide, things can go awry, or you can face accusations, even if you did nothing wrong.

We have learned over years of handling HME claims that seemingly identical claims can have completely different outcomes. In one case, little or nothing is paid. In another, expenses may include punitive damages and can be very costly. What's the difference? Often, it boils down to understanding the risk, planning to prevent or mitigate loss, and implementing controls on a consistent basis.

PMC Insurance Solutions is in the process of developing Best Practices for Home Medical Equipment Risk Management. These guidelines are based on what we've learned after handling thousands of HME claims, generally accepted principles of loss prevention, and what we've heard from HME companies that effectively manage risk in their own organizations.

Our customers are buried in paperwork and procedures. The guidelines, which will be available on our website later this year, will be designed to allow you to quickly assess risk, control gaps and to institute policies and practices that fit with the way you do business. This will be a "living" project, and we will continue to refine and improve these tools on an ongoing basis.

If you have ideas that work in your company to prevent losses or to keep losses that do occur under control, we would love to hear from you. Give us a call at 800.247.5930 ext. 7229 or e-mail [loss.control@phmic.com](mailto:loss.control@phmic.com).





# Winter Safety

*Patrick Smith, ASHM, Risk Management Consultant*

Each year homeowners and small businesses are hit with the harsh reality of winter, worrying about everything from snowy driveways to power outages. Although we can't control the weather, home and small business owners can minimize the risk of damage by following a few simple steps related to heating, plumbing and facilities maintenance, and minimize future financial burdens with the right insurance coverage.

## Heating

According to the U.S. Fire Association, heating fires account for 36 percent of residential home fires every year. To help keep your home, family and business safe, follow these tips:

### Wood Stoves and Fireplace Safety

Schedule an annual chimney or wood stove inspection and cleaning.

- Clear the area around the hearth of debris, decorations and flammable materials.
- Use fire-resistant materials on walls around wood stoves.
- Burn only seasoned hardwood to help avoid the accelerated creosote buildup that comes with green wood.
- Cover the chimney with a mesh screen spark arrester.

### Space Heater Safety

- Maintain a three-foot radius of free space around heaters.

Only purchase heaters that have:

- Automatic shut-off features (for example, if the heater falls over, it should automatically turn off).
- Been tested by a testing laboratory such as Underwriters Laboratories (UL).
- Turn off the heater whenever you leave the room.
- Never leave the heater on when you're asleep.
- Never use a space heater to dry clothing.

### Candle Safety

- Ensure candles are in stable holders where they cannot be easily accessed by small children and pets.
- Never leave candles unattended. Don't leave the house with candles burning and be sure to extinguish them before falling asleep.
- Burn candles on a non-combustible surface such as a ceramic or glass plate.

## Plumbing

Most homeowners and businessowners alike, fear frozen pipes, but many don't know how to prevent them. The following tips will help keep your water flowing freely and avoid the danger and hassle of bursting pipes all season:

- Before the first freeze, be sure you know how to shut off your water.

- If your pipes do freeze, shutting the water off immediately can help prevent them from bursting. Call a plumber immediately.
- Check your pipes for cracks and leaks – and make repairs a priority.
- Keep the temperature at 65 degrees or higher at all times.
- In unfinished rooms and basements, install insulation or wrap pipes with foam or heating tape.

## Facilities

Don't forget to protect your home and business from outside with the following tips:

### Gutter Maintenance

- Ensure gutters are clean and free of debris like leaves or pine needles. Clean gutters help melting ice and snow flow freely and prevent ice damming which pushes the melting water under your roof and can cause serious damage.

### Ice Dams

- Do not attempt to break ice dams with a hammer, chisel, or shovel - it can damage your roof. Contact a contractor immediately.

### Trees and Yard Maintenance

- Before winter storms strike and throughout the winter season, trim the trees surrounding your home or business and remove all dead branches to help prevent damage from debris and broken tree limbs.

## Insulation

- Proper insulation can help prevent snow and ice build-up, collapsing roofs, and the loss of heat and energy. Consider adding additional insulation to attics, basements and even garages.

## Insurance

After you've completed the above steps, consult your local field representative to ensure your coverage will protect you in the case of winter damage. For example:

- Speak with your agent about buying flood insurance from the National Flood Insurance Program. Water damage is not covered under normal homeowners' policies, so you may wish to ask for further information on what consists of wind damage versus water damage, and if your policy includes moisture leaks or damage from ice damming.
- Check your coverage limits annually to ensure it is adequate to repair or rebuild in the current market.
- Keep an itemized list of your property – with photos and/or videos – to help insurance adjusters finalize claims in a timely manner.

The weather outside may get frightful, but by following these easy steps and maintaining the proper insurance coverage, you can enjoy the winter weather without worry.



**Sheila Welle**, CIC, LUTCF, LTCF  
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218.483.4338

**Questions or requests concerning the contents of this newsletter or Risk Management Services?**

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## Are Your Human Resources (HR) Practices Putting You at Risk?

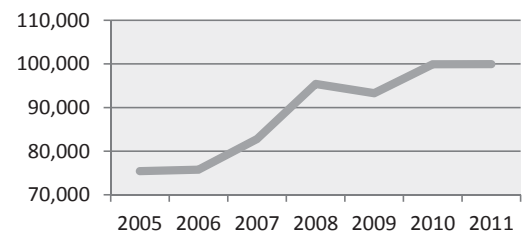
*Angie Gronbach, CPCU, AU, AIS, ITP, ACS, Underwriting Senior Learning and Development Specialist*

The insurance policies that cover your business typically do not provide coverage for HR-related claims, such as wrongful termination and harassment. In recent years, these types of claims filed with the Equal Employment Opportunity Commission (EEOC) have sharply increased. This trend clearly shows the need for businessowners to review how they are managing this risk.

Employment Practices Liability (EPL) covers employee claims of wrongful employment practices for which you become legally obligated. EPL coverage also pays for any associated defense costs – even if no payments are made to the employee making the accusations. EPL covers the following types of wrongful employment practices:

- Harassment, including sexual harassment
- Wrongful termination
- Wrongful failure to hire or promote
- Wrongful demotion
- Reassignment
- Discipline
- Negligent evaluation
- Misrepresentation of conditions of employment
- Discrimination, including
  - Race
  - National origin
  - Religion
  - Gender
  - Age
  - Medical condition
  - Physical impairment
  - Sexual orientation

### EEOC Charge Filings



*EEOC Charge Statistics found at <http://www1.eeoc.gov/eeoc/statistics/enforcement/charges.cfm>*

- Sexual preference
- Pregnancy
- Other legally protected classes
- Invasion of privacy
- Defamation
- Intentional infliction of emotional distress
- Retaliation

Make sure your business is protected in the event of an HR-related claim. For more information or to discuss coverage options, contact your field representative.

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## 2013 (First Quarter)

### 1988—Twenty-five years ago:

Medicare Catastrophic Health Care Act passed by Congress but repealed also immediately after outcry by a groundswell of negative reactions.

Board of Pharmacy Specialties (BPS) recognizes Pharmacotherapy and Nutritional support as pharmacy practice specialties.

### 1963—Fifty Years Ago:

The first measles vaccine was licensed for use in the U.S. in 1963. John Enders developed the vaccine from a strain of measles isolated by Thomas Peebles.

Valium (diazepam) marketed by Hoffman-LaRoche.

### 1938—Seventy-five Years Ago:

The Federal Food, Drug, and Cosmetic Act was passed in response to deaths from the use of Massengill's Elixir of Sulfanilamide.

Albert Hofmann of Sandoz Laboratories in Switzerland synthesized LSD (lysergic acid diethylamide).

### 1913—One hundred years ago:

Alaska passed territorial practice act.

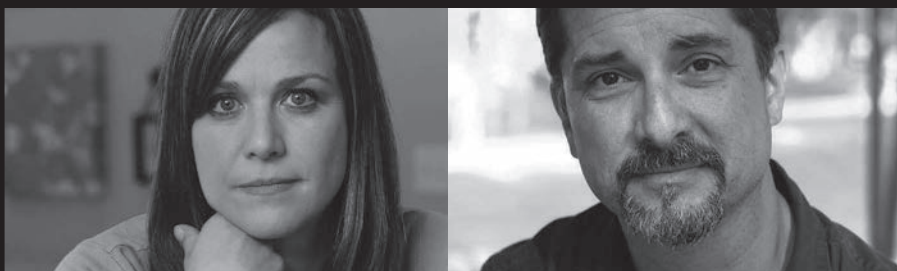
### 1888—One hundred twenty-five years ago:

First class of pharmacy students enrolled in the South Dakota State College (then the State Agricultural College) in Brookings, SD.

**By: Dennis B. Worthen, PhD, Cincinnati, OH**

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: [www.aihp.org](http://www.aihp.org)

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# Suggest NDQuits To Help Your Customers Quit Tobacco

On Dec. 6, 2012, ALL North Dakota work sites became smoke free. There is no better time to talk to your customers about quitting tobacco. So, why should a pharmacist discuss tobacco cessation with a customer? Tobacco use is the leading cause of death and disability in the world and negatively affects every patient who uses in some fashion. Quitting, on the other hand, is probably the single most important action a tobacco user can take to enhance his or her health. Also, many interactions between tobacco and a whole host of commonly prescribed drugs have been identified. Since treating illness and monitoring drug interactions are an integral part of your role as a clinician, tobacco use is extremely relevant to what you do. It is recommended in the Public Health Service Clinical Practice Guidelines for Tobacco Cessation that all clinicians, at a minimum, make a commitment to incorporate brief tobacco interventions as part of their routine care with all patients. It only takes 30 seconds to save a life by following Ask, Advise, Refer.

## Ask

- Ask customers if they use tobacco.
- Ask every customer about tobacco use at every visit.
- Determine if the customer is a current, former or never tobacco user.
- Document number of cigarettes smoked per day/tins per week.
- Document number of years smoked /chewed.
- Document number of previous quit attempts.

## Advise

Advise customers to quit in a manner that is clear, strong and personalized to the individual's situation.

## Refer

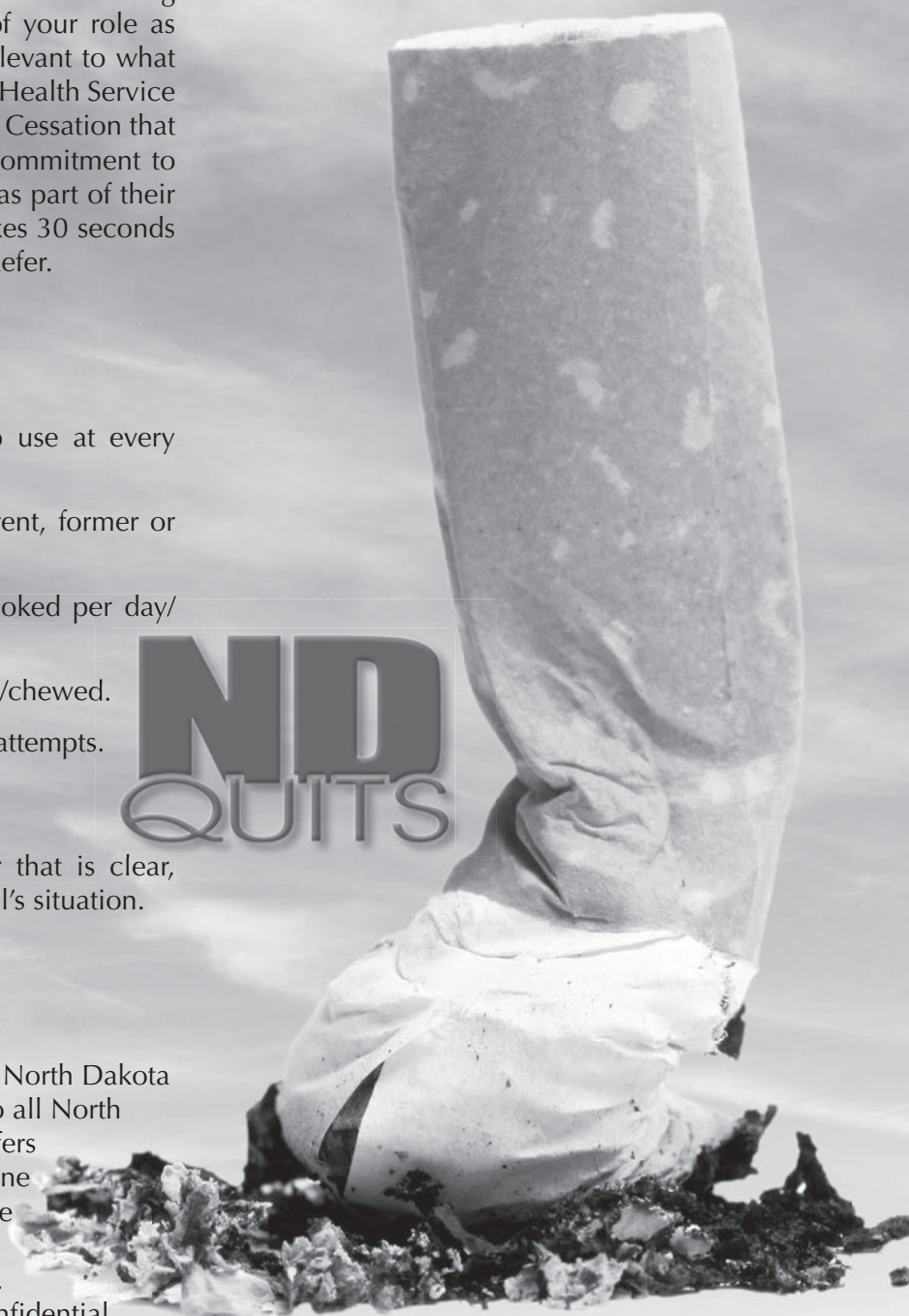
Provide information on NDQuits.

NDQuits is a FREE program through the North Dakota Department of Health that is available to all North Dakota residents to help them quit. It offers users the option of using telephone, online or mobile services. Enrollees can use one of the options or all of them in combination – whatever works for them. All NDQuits services are private and confidential.

Qualified enrollees can receive up to eight weeks of nicotine patches, gum or lozenges to help with quitting.

NDQuits materials like posters, brochures, wallet cards and patient palm cards can be ordered by visiting [www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco). Click on **NDQuits Materials Order Form** under Frequently Requested on the right side of the page.

For more information on the NDQuits program, contact the Tobacco Prevention and Control Program at the North Dakota Department of Health at 701.328.2333



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BUT WHO'S  
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# State-related actions on compounding pharmacy

Diana Yap

In the wake of the tragic and deadly fungal meningitis outbreak, emergency regulations were implemented in Massachusetts and Florida; an emergency rule was adopted in Louisiana; rules were changed in Mississippi; and draft legislation was introduced in New Jersey.

Many hearings at the state level are scheduled, and many boards have scheduled meetings and begun discussions as a result of the outbreak linked to the New England Compounding Center (NECC) facility, according to Rebecca P. Snead, Executive Vice President & CEO, National Alliance of State Pharmacy Associations.

- States are taking action on compounding pharmacy.
- IACP recommended state-level changes and NABP is implementing an action plan.
- FDA met with representatives of all 50 states.

Meanwhile, the International Academy of Compounding Pharmacists (IACP) developed recommendations for states, the National Association of Boards of Pharmacy issued a four-part action plan, and FDA is talking with pharmacy and the states about federal and state roles in regulating compounding pharmacy.

The practice of pharmacy, and therefore compounding, is regulated at the state level, Snead told *Pharmacy Today*. "It is critical that state regulators are proactive in their review of their rules and regulations to ensure they have addressed any areas that may be improved," she said. "In addition, they must remain diligent in their enforcement of their regulations.

## State actions

Approved November 1, 2012, by the Massachusetts state board of pharmacy,

the emergency regulations in that state—home to the now-closed NECC—add additional enforcement language, according to Snead.

These regulations require pharmacies that do sterile compounding to provide reports to the state board, including the number of prescriptions dispensed, states where the prescriptions were distributed, and the status of nonresident licenses and certifications. According to the regs (which refer to pharmacy broadly and not specifically to who at the pharmacy), all reports shall be accompanied by an affidavit attesting compliance with all laws and regulations pertinent to sterile compounding, and that the registrant/licensee only prepares and dispenses pursuant to a valid prescription for a single patient, regardless of whether the medication is prepared for a Massachusetts or out-of-state patient. Pharmacies are required to report all adverse events to the board of pharmacy within 7 business days.

Florida has emergency regulations for immediate notification to its board of pharmacy of a compounding pharmacy's activities, effective November 27, 2012, and expiring February 24, 2013, according to Snead.

On December 13, 2012, the Louisiana Board of Pharmacy adopted a declaration of emergency and emergency rule to repeal certain parts of its rules allowing pharmacists to compound medications intended for administration by practitioners without a patient-specific prescription. "The business entity that wishes to continue the preparation of such products will be able to apply for a manufacturer's registration from FDA," according to the declara-

tion of emergency.

Mississippi adopted rule changes to its Good Compounding Guidelines/Good Compounding Practices in the areas of compounding guidelines (page 266) and wholesaler/manufacturer permits (page 270), effective January 1, 2013.

The New Jersey draft legislation, introduced October 15, 2012, requires compounding pharmacies to be accredited by the Pharmacy Compounding Accreditation Board (PCAB), of which APhA is a member. A companion bill related to compounding certification has been prefiled.

## IACP, NABP actions

IACP recently recommended changes in state pharmacy practice acts to ensure that states have set in regulation the highest standards—*United States Pharmacopeia (USP) <795>* and *USP <797>*—and to eliminate the gray area and loopholes that can be exploited by a compounder seeking to manufacture without a license, according to IACP spokesperson David Ball.

IACP formally announced the state-level recommendations during a national town hall-style teleconference for IACP members, state pharmacy associations, and state boards of pharmacy on December 7. *USP <797>* is a national standard for any compounded sterile preparations, and *USP <795>* provides similar guidance for nonsterile preparations compounded in health care settings.

Developed by the IACP Board of Directors, the principles of the recommendations "focus on assuring inspection authority by and adequate funding of all state Boards of Pharmacy, individual practices' compliance with state laws and regulations, and mandatory compliance with quality standards for all practitioners engaged in compounding," according to a statement on the IACP website.

The National Association of Boards of Pharmacy (NABP) is "implementing a four-part action plan centered around inspection of nonresident compounding pharmacies and creating an infor-

mation-sharing network of regulatory details on such pharmacies,” according to a December 12 NABP news release.

The first part of the action plan involved NABP sharing a list of nonresident compounding pharmacies provided by the Iowa Board of Pharmacy with other NABP member boards of pharmacy, and beginning to coordinate the collection of information on these pharmacies. With this data, NABP identified initial pharmacies to inspect.

The second part of the action plan is to implement inspections that currently are under way. The third part includes NABP collecting and maintaining data on the compounding pharmacies identified by the Iowa board as well as by other state boards. Initial data will be stored in an NABP pharmacy e-profile; ultimately, states will be able to submit inspection reports and related information to NABP for pharmacies’ e-profiles.

In the fourth part, NABP plans to schedule training of board of pharmacy inspectors and compliance officers via webinar and field training opportunities.

### FDA meetings

On December 14, 2012, 11 pharmacy organizations, including APhA, met with FDA regarding compounding pharmacies and the best way to provide

oversight of that industry; the agency is working with Congress to consider new authorities over nontraditional compounding pharmacies.

As APhA’s representative at the meeting, Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA, shared the perspective that pharmacy is committed to doing everything possible to enhance patient safety while maintaining access to pharmacy compounding services. The pharmacy groups promoted greater recognition of PCAB standards and a PCAB draft decision tree that may be used to help differentiate compounding from manufacturing.

Five days later, FDA held a closed intergovernmental meeting on a Framework for Pharmacy Compounding: State and Federal Roles for representatives from all 50 states, as well as FDA staff—more than 100 people in all. The last 2 hours of the meeting were public, with the webcast viewed by 500 people, according to FDA.

In opening remarks, FDA Commissioner Margaret A. Hamburg, MD, noted that the agency had spoken with more than 50 different organizations, including pharmacy groups, leading up to the December 19 meeting. “Today was the states’ turn,” Hamburg said, to discuss four questions that get to the

heart of federal and state roles. What FDA heard underscores the need for new legislation, she added.

During the public discussion of the questions, state representatives zeroed in on the need for clear definitions of pharmacy compounding versus manufacturing, and better communication among states and between FDA and states. Cody Wiberg, PharmD, MS, Executive Director of the Minnesota Board of Pharmacy, said at the meeting that most states have the authority and resources to handle traditional compounding, but fewer states may have the resources to handle nontraditional compounding in facilities like NECC. “I think the consensus in our group was in the latter case, with NECC, there is a role for FDA to be involved,” Wiberg said.

Hamburg responded minutes later that defining the terms—compounder, manufacturer—and how that then aligns with regulatory actions is “just so, so fundamental.” She suggested a working group to address the issue.

Comments on the questions—outlined in the November 28 *Federal Register* meeting notice—are due January 18, 2013.

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### Diana Yap

Senior Assistant Editor, *Pharmacy Today*

## Pharmacy champions in Congress: Sen. Jerry Moran (R-KS)

**T**his profile of Sen. Jerry Moran (R-KS) is part of an occasional series in *Pharmacy Today* on Members of Congress who are champions of pharmacy. Moran founded the Congressional Community Pharmacy Caucus in 2007, created the U.S. Senate Community Pharmacy Caucus in 2011, and is a member of the Senate Appropriations health subcommittee that has jurisdiction over the U.S. Department of Health & Human Services.

Moran supported construction of the new University of Kansas (KU) School of Pharmacy building to help address a shortage of pharmacists in Kansas. On August 7, 2012, he toured the KU School of Pharmacy with CMS Acting Admin-

istrator Marilyn Tavenner, RN, BSN, MHA, and spoke with members of the Kansas Pharmacists Association and other medical societies.

Following are his responses from a recent e-mail interview:

### A sense of community in Kansas towns

I was raised in Plainville, KS, a town with a population of around 2,000. My dad, who is 97, still lives in Plainville and has been able to remain in his home due to the love and care of family, friends, and neighbors.

We have a great hospital, but Dad does not like to visit the doctor because he thinks they are going to tell him bad news. But I never worry about my dad’s health being monitored because he has his morning coffee with our town’s local pharmacist. Our pharmacist will ask Dad how he is feeling, listen to him, slip the blood pressure cuff on him regularly, and counsel Dad on when he should go see the doctor.

This sense of community is what I love about my hometown and other towns across Kansas. I also think this





Sen. Jerry Moran (R-KS) speaks at a March 28, 2012, Senate Community Pharmacy Caucus briefing on rural issues for which APhA was a resource. "Day after day, time after time, health care is delivered in the community by the local pharmacy," Moran said. (See page 21 of June 2012 *Today* for more information on the briefing.)

is a great example of the important role pharmacists play in caring for patients by helping them manage the safe use of medications, administering immunizations, and working collaboratively with doctors and other providers to improve care.

### **Creating House, Senate pharmacy caucuses**

I believe that pharmacists play a very important role in the delivery of health care in our communities. This is especially true in rural states like my home state of Kansas, where the local pharmacist is often the most accessible health care provider in a community. Additionally, these pharmacies are quintessential Main Street community small businesses and face a variety of regulatory challenges that are both health- and business-related.

I helped found [the House and Senate community pharmacy] caucuses to advocate for community pharmacy issues and to serve as a forum for ideas and information about the role of community pharmacists as health care providers. I want to help inform my colleagues in Congress about the different ways pharmacists serve their communities and the challenges they face.

### **University of Kansas School of Pharmacy**

Access to affordable, quality health care determines whether Kansans can remain in the communities they call home and whether their children can return to raise families of their own. To ensure towns survive and flourish across Kansas, our medical workforce shortages must be addressed to preserve and strengthen patients' access to health care services.

A primary way to address this challenge is to educate and train providers from in and around our state. The University of Kansas School of Pharmacy is our state's sole educational provider of pharmacy graduates.

KU's pharmacy program ranks among the top public university programs and is fourth among all pharmacy schools for utilizing National Institutes of Health research funding. The quality of this program allows Kansas students unique opportunities to stay home and strengthen their communities.

Many of these pharmacists go on to serve the health care needs of Kansans, open their own businesses, and become part of the foundation of their communities.

### **CMS head Tavenner meets with Kansas pharmacists**

I invited CMS Acting Administrator Tavenner to Kansas to tour health care facilities in my state and to meet with a variety of health care providers. I have had the opportunity to host CMS administrators from previous administrations in Kansas as well. These federal officials are directly responsible for administering Medicare and Medicaid, so I think it is very important for them to see for themselves the unique challenges facing providers and patients in Kansas and other rural states.

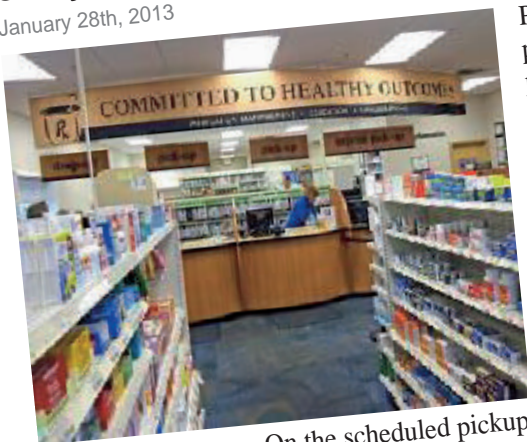
I am very proud of our state's sole pharmacy school—the University of Kansas School of Pharmacy—and I wanted to show Ms. Tavenner this state-of-the-art facility and explain how the school benefits Kansans. Additionally, it was important for her to meet with a group of Kansas pharmacists, many of whom are KU School of Pharmacy graduates, to learn more about how they provide medication, counsel, and care to Kansans across the state.

Federal officials need to include pharmacists in the dialogue about Medicare and Medicaid policies and how they are applied daily in the real world.

## RETAIL NEWS BREAKS

### Study: Thrifty White program boosts adherence

January 28th, 2013



PLYMOUTH, Minn. – Thrifty White Pharmacy's Medication Synchronization program lifts the medication adherence rate well above the industry average for patients with chronic disease states, according to a Virginia Commonwealth University study.

Thrifty White said Monday that depending on the drug class, patients enrolled in the program had a three to six times greater likelihood of adherence, the research found.

Under the regional drug chain's Medication Synchronization program, the pharmacy team works with patients to coordinate all of their maintenance drugs so that all of the prescriptions can be picked up at the store once a month instead of in multiple trips. Ten days before their prescriptions are filled, customers get a call from the pharmacy to confirm the prescriptions due to be filled and to review any possible medication changes. On the scheduled pickup day, the pharmacist reviews the prescription regimen, monitors changes from any doctor or hospital visits, and checks for any possible drug interactions.

Data for the Virginia Commonwealth University study was collected retrospectively from the Thrifty White prescription claims database over a 12-month period between 2011 and 2012. Study patients were selected based on having at least two fills for one of six chronic medication classes — ACEIs/ARBs, beta blockers, dihydropyridine calcium channel blockers (CCBs), thiazide diuretics, metformin and statins — after enrollment in the drug chain's Appointment Based Model (ABM) program. Patients must have had at least two fills of the chronic medication on or after enrollment, with at least one fill occurring within the 30-day period prior to the enrollment date.

The Virginia Commonwealth University research said the analysis indicated significant improvements in adherence and persistence for the ABM patients versus the control-group patients for all of the chronic medication classes.

"Adherence, as measured by proportion of days covered, was significantly higher for the ABM patients," the study analysis report stated. "Depending on the drug class, patients enrolled in the program had 3.4 to 6.1 times greater odds of adherence as controls during the evaluation period. Nonpersistence was measured by calculating the likelihood that patients would stop taking their medicine. Control patients had a 52% to 73% greater likelihood of becoming nonpersistent compared to the ABM group, depending on drug class."

Thrifty White noted that patients who take their medications as prescribed with the Medication Synchronization Program are more likely to stay well, make fewer clinic visits and require fewer hospitalizations, reducing overall health care spending.

"The No. 1 problem of treating illness today is a patient's failure to take prescription medications correctly, regardless of patient age," Dave Rueter, executive vice president of human resources at Thrifty White, said in a statement. "By synchronizing all your prescriptions, patients are more adherent and compliant, leading to healthier outcomes and healthier patients."

In recent years, Thrifty White has made medication adherence its bailiwick. The chain, with 90 drug stores in the upper Midwest, offers patients free consultations to review their prescriptions and answer any questions they may have. And along with the Medication Synchronization program, Thrifty White offers such solutions as HealthyPackRx compliance packaging and Rx Timer caps to help improve patients' medication compliance.

Earlier this month, Thrifty White was recognized by Chain Drug Review for its innovation in pharmacy practice.

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Article provide by Chain Drug Review, January 28, 2013.



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## Inhalation Solution, 2.25%

**FOR TEMPORARY RELIEF OF SHORTNESS OF BREATH,  
TIGHTNESS OF CHEST, AND WHEEZING DUE TO BRONCHIAL ASTHMA.**

- NDC 0487-2784-10 (Starter Kit)  
- Includes 10 vials of Asthmanefrin™  
and one EZ Breathe Atomizer.

- NDC 0487-2784-01 (Refill)  
- Includes 30 vials of Asthmanefrin™

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Asthmanefrin™ is Manufactured by Nephron Pharmaceuticals Corporation  
EZ Breathe Atomizer is Manufactured for Nephron Pharmaceuticals Corporation  
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**Racipinephrine  
Inhalation Solution,  
USP 2.25%**

**ASTHMANEFRIN™**

### Drug Facts

**Active Ingredient (in each 0.5 mL)** Purpose  
Racipinephrine, USP 11.25 mg. Bronchodilator  
(as 13.5 mg of Racipinephrine HCl, USP)

### Use

For temporary relief of mild symptoms of intermittent asthma:

- Wheezing • Tightness of chest • Shortness of breath

### Warnings

**Asthma alert:** Because asthma may be life threatening, see a doctor if you:

- Are not better in 20 minutes • Get worse • Need more than 12 inhalations in 24 hours
- Use more than 9 inhalations in 24 hours for 3 or more days a week
- Have more than 2 asthma attacks in a week
- These may be signs that your asthma is getting worse.

### Do not use:

- Unless a doctor said you have asthma • If you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric, or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you do not know if your prescription drug contains an MAOI, ask a doctor or pharmacist before taking this product. • If product is brown in color or cloudy

### Ask a doctor before use if you have:

- Ever been hospitalized for asthma • Heart disease • High blood pressure • Diabetes • Thyroid disease • Seizures • Narrow angle glaucoma • A psychiatric or emotional condition • Trouble urinating due to an enlarged prostate gland

### Ask a doctor or pharmacist before use if you are:

- Taking prescription drugs for asthma, obesity, weight control, depression, or psychiatric or emotional conditions • Taking any drug that contains phenylephrine, pseudoephedrine, ephedrine, or caffeine (such as for allergy, cough-cold, or pain)

### Stop use and ask a doctor if:

- Your asthma is getting worse (See Asthma alert)
- You have difficulty sleeping • You have a rapid heartbeat

### When using this product:

- Your blood pressure or heart rate may go up. This could increase your risk of heart attack or stroke, which may cause death.
- Your risk of heart attack or stroke increases if you:
  - o Have a history of high blood pressure or heart disease
  - o Take this product more frequently or take more than the recommended dose.

### Do not use more than 12 inhalations in 24 hours.

- Avoid foods or beverages that contain caffeine
- Avoid dietary supplements containing ingredients reported or claimed to have a stimulant effect.

### If pregnant or breast feeding, ask a health professional before use.

- **Keep out of reach of children.** In case of overdose, get medical help or contact a Poison Control Center right away.

### Directions

- **Do not use more than directed.**
- The ingredient is used in an aqueous solution at a concentration equivalent to 1 percent epinephrine.
- For use in an atomizer (i.e., EZ Breathe Atomizer).
- Add 0.5 mL (contents of one vial) of solution to atomizer.
- Adults and children 4 years of age and over: 1 to 3 inhalations not more often than every 3 hours.
- Do not use more than 12 inhalations in 24 hours.
- The use of this product by children should be supervised by an adult.
- Children under four years of age: ask a doctor.

### Other Information

- Protect from light. Avoid excessive heat.

### Storage and Handling

- Protect from light. Avoid excessive heat.
- Store at room temperature, between 20° - 25°C (68° - 77°F).
- How Supplied: Asthmanefrin™ Racipinephrine Inhalation Solution, USP 2.25% is supplied in 0.5 mL sterile vials. NDC 0487-2784-01 30 vials, each vial in an individual foil pouch. NDC 0487-2784-10 10 vials, each vial in an individual foil pouch and 1 EZ Breathe Atomizer.

### Inactive Ingredients

Ascorbic acid, citric acid, edetate disodium, water for injection.

### Questions? 1-855-999-EZAN (3926)

Monday through Friday, 8:00 a.m. to 5:00 p.m. (Eastern Standard Time)

Manufactured By:

**nephron**  
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corporation  
Orlando, FL 32811  
NDC 0487-2784-01

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**(Cannot be Corporate Checks AND must be a Separate Check)**  
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- ☐ 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.)  
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