

NoDak Pharmacy

January 2014

See page 4 for Info

Invoice for NDPhA Membership

January 1 – December 31, 2014

LICENSE #

Or Renew On-line at www.nodakpharmacy.net, select the Join tab on the Right

ND License # _____

Full Name: _____

Home Address: _____

City, St, Zip: _____

Email: _____

Would you like to receive email updates from NDPhA?

☐ Yes

☐ No

Legislative District _____

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 _____

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)

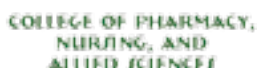
**PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL OR FAX TO:
NDPhA, MEMBERSHIP BENEFITS, 1641 CAPITOL WAY, BISMARCK ND 58501-2195 FAX: 701-258-9312**

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2014 Calendar

FEBRUARY 2014

Midwest Pharmacy Expo
February 7-9 Altoona, IA
*NDPhA is a sponsor of the Expo.
Details inside.

NCPA Multiple Locations Conference
February 12-16 Waldorf Astoria
Naples, Florida
www.ncpanet.org

MARCH 2014

NACDS RxImpact Day on Capitol Hill

March 12-13 Washington, D.C.
www.nacds.org

NASPA Meeting

March 28-29 Orlando, FL
*In conjunction with APhA's Annual Meeting
www.naspa.us

APRIL 2014

NDPhA 129th Annual Convention
April 4-6, 2014 Ramada Plaza Suites
Fargo, ND



Voice for Pharmacy since 1885



North Dakota Annual Pharmacy Convention

April 4-6, 2014 in Fargo, North Dakota - Registration Form

Name: _____ Guest/Spouse Name: _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Registration Fees (Entire Convention)

Make Checks Payable to: NDPhA 2014 Convention

POSTMARKED	Before March 21	After March 21	Registration includes all meals. Please note any special meal considerations or accommodations here or call 701-258-4968:
Member Pharmacist	\$150	\$200	
Member Technician	\$75	\$100	
Student (pharmacist/technician)	\$50	\$75	
Non-Member Pharmacist	\$300	\$350	
Non-Member Technician	\$150	\$200	
Spouse/Guest	\$50	\$75	
Spouse/Guest Meals	Lunch \$15	Dinner \$25	
Student Sponsor	\$50 per student		
* Member Pharmacist Rates apply to NDPhA, NDPSC or NDSHP Members			
Registration Total: \$ _____			

Type of Card (circle one) Visa or Mastercard

_____/_____/_____
Credit Card Number Expiration Date CVV (3 digit code)

Name on Card: Billing Address, City, State, Zip Code

Signature: Date:

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

2014 ANNUAL PHARMACY CONVENTION FRIDAY APRIL 4, 2014 TO SUNDAY APRIL 6, 2014

RAMADA PLAZA & SUITES
1635 42ND STREET SOUTH, FARGO, ND 585103

PLEASE MAKE RESERVATIONS BY TUESDAY, MARCH 4, 2014 BY CALLING (701) 277-9000
ROOMS AVAILABLE FOR \$125.00 TO \$135.00 PER NIGHT

NDPhA 129TH ANNUAL CONVENTION



APRIL 4 - 6, 2014
RAMADA PLAZA SUITES
1635 42ND STREET SOUTH FARGO, 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

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 5.

The auction will be held on **Saturday, April 5, 2014.**

The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday April 5, 2014 after the President's Banquet during the NDPhA convention at the Ramada Plaza Suites, Fargo. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 129 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 or call 701-258-4968.

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

Fax to: (701) 258-9312 or email to: ndpha@nodakpharmacy.net by **February 14, 2014**. A list of past recipients and score rating sheet can be found on our website at www.nodakpharmacy.net. Click on the "Awards" link on the right hand side of the home page.

Nominations should be submitted **with a letter of recommendation and 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: _____

GENERATION RX CHAMPIONS AWARD SPONSORED BY THE CARDINAL HEALTH FOUNDATION

- ❖ This award was established to recognize a pharmacist for his or her work in prescription drug abuse.

Nominee: _____ Submitted by: _____

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 _____

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 NDPhA spring convention.

The nominator shall send a letter of recommendation to the attention of NAPT Vice President Sharon Kupper via email: ndpha@nodakpharmacy.net or mail to NDPhA 1641 Capitol Way, Bismarck, ND 58501. You may also contact Sharon by phone at 701-570-3148.

The deadline for nominations is **February 14, 2014.**

Fax to: (701) 258-9312 or email to: ndpha@nodakpharmacy.net by **February 14, 2014**.

Nominations should be submitted **with a letter of recommendation and biographical information**. The following awards will be presented.

AWARDS NOMINATIONS CRITERIA

NORTH DAKOTA HEALTH SYSTEMS PHARMACIST OF THE YEAR

- Established in 1998, this award is given annually to an individual of high moral character, good citizenship, and elevated professional ideals. The recipient has made significant contributions to health-system pharmacy including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health. These may include achievements or outstanding performance that relate to health-system pharmacy: Practice, education, or administration; Research or development; Organizational activities; Scientific or professional writing; Journalism; Public and/or inter-professional relations activities; or Law, legislation, regulation, or standards of professional conduct.

Nominee _____ Submitted by _____

ND\$HP BEST PRACTICES AWARD

- This award program has recognized outstanding practitioners in health-system pharmacy who have successfully implemented innovative systems that demonstrate best practices in health-system pharmacy. Eligibility: Applicants must be practicing in a health-system setting, such as an ambulatory care clinic, chronic care, home health care, inpatient care, or outpatient pharmacy. More than one successful program from a health system may be submitted for consideration. Applicants will be judged on based on the following criteria: Originality and innovative nature of the program; Significance of the program to the health system; Demonstration of improvements; Significance of the program to pharmacy practice advancement; and Quality of the descriptive report.

Nominee _____ Submitted by _____

AWARD OF EXCELLENCE IN MEDICATION USE SAFETY

- The goal May be conferred annually to an individual or group of individuals in recognition of a specific recent contribution or achievement that has advanced the ability of hospital and health-system pharmacists in the United States to serve the needs of patients through improved medical or safety processes. Pharmacists and nonpharmacists are eligible. The award is intended to recognize an individual or group of individuals for a recent singular, significant achievement or contribution rather than for career-long contributions. Include the following information when submitting your nomination: Professional position of the nominee (or individuals in a group) at the time of the contribution or achievement; Current professional position of the nominee or individuals in a group; Summary of the contribution or achievement; Brief statement about how the contribution or achievement advanced the ability of hospital and health-system pharmacists to serve the needs of patients; and Brief statement about why the contribution or achievement is of significance.

Nominee _____ Submitted by _____

PHARMACY PRACTICE LITERATURE AWARD

- The Pharmacy Practice Research Award recognizes an outstanding original contribution to the peer-reviewed biomedical literature related to pharmacy practice in hospitals and health systems. The award is given annually to the author(s) of an important contribution of original research relevant to health-system pharmacy practice published during the calendar year preceding the state convention. Eligibility: The article submitted for the Pharmacy Practice Literature Award must have been published in a PubMed-indexed, peer-reviewed biomedical journal in the last calendar year. This article will be included in the nomination. For this Award, the applicant must be a pharmacist. The applicant must be either the first or second author listed on the nominated article. To be eligible for this award, the applicant must have participated in each of the following: Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; Drafting the article or revising it critically for important intellectual content; and Final approval of the version to be published.

Nominee _____ Submitted by _____

Long-Term Care Pass

By: Tyler Haugen, PharmD Candidate

The North Dakota Board of Pharmacy has recently developed guideline procedures for residents going on pass from Long-Term Care facilities (including Basic Care and Assisted Living Facilities) with the aid of the North Dakota Board of Nursing. Since complete prescription labeling is not always possible in all situations, the following procedure is to be done:

A licensed nurse may provide up to a 96 hour supply of medications to the resident's accompanying family or caregiver. Medication containers should be provided by the provider pharmacy or LTC facility. Container must be labeled with resident's name, date, and time to be administered. Multiple medications can be in the same container if they are to be administered at the same time.

In addition to the medications, a current medication list shall be provided to the family or caregiver. The list must include the resident's name, medication names, medication strength, times administered, and nurse's name and phone number. These tasks must be completed and documented by a licensed nurse. All items, including returned medications, must be addressed in the policies and procedures.



PDMP Sign-Up and Vendor Change

By: Tyler Haugen, PharmD Candidate

Every Pharmacist, pharmacy technician, and pharmacy technician-in-training is urged to sign up for direct access to the prescription drug monitoring program (PDMP). The database offers information on previous controlled substance prescriptions.

Patient profile requests via fax are being reserved for those individuals unable to obtain direct access beginning January 1, 2014. All prescribers, dispensers and licensed addiction counselors can obtain 24/7 online access. Forms and information are available at www.nodakpharmacy.com/directaccess.asp.

It is no secret that prescription drug abuse has become a major issue. The PDMP is a great tool and should be utilized by pharmacy staff as a proactive approach to provide the highest level of patient care. There has been further discussion from legislators to soon begin mandating utilization if the participation in the program does not show improvement.

The North Dakota PDMP is changing software vendors in early 2014 from Health Information Designs (HID) to the National Association of Boards of Pharmacy (NABP)-approved Appriss. On a later date, information from dispensers will be uploaded to Appriss. Watch for future notification regarding this vendor change and what will be required for pharmacies to adjust for continuation of reporting dispensing histories.

Corresponding Responsibility of the DEA and updates to the Prescription Drug Monitoring Program (PDMP)

The Trickle-down effects from recent actions against Walgreens

In June of 2013, the DEA entered into an 80 million dollar settlement with Walgreens, the nation's largest pharmacy chain. Although the basis of the actions was not released, it seems to be evident that there was recordkeeping and dispensing issues that were not consistent with the expectations of the DEA. This serious action has created many ripples across the pharmacy community to more closely examine the meaning of the "Corresponding Relationship" between a practitioner and a pharmacist in the handling of controlled substance prescriptions.

As background, 21 C.F.R. § 1306.04 provides that while "the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner . . . a corresponding responsibility rests with the pharmacist who fills the prescription." 21 C.F.R. §1306.04. The regulation further states, "the person knowingly filling such a purported prescription, as well as the person issuing it [is] subject to the penalties provided for violations of the provisions of law relating to controlled substances." Thus, a pharmacist is prohibited from filling a prescription for controlled substances when he either knows of or has reason to know that the prescription was not written for a legitimate purpose. Further, when prescriptions are not issued for a legitimate medical purpose, a pharmacist may not intentionally close his eyes and thereby avoid actual knowledge of the real purpose of the prescription.

In response to the DEA's action, it appears Walgreens has implemented new processes to ensure each prescription is valid and has a legitimate medical purpose. This has caused much

animosity in the provider community as often this involves the pharmacist circling back to the practitioner to ensure it legitimacy. The DEA's action has not only created concern but also awareness by our Pharmacists in North Dakota of their responsibilities and the implications of not being diligent in their dispensing habits.

Although North Dakota does not have any Walgreens located in the state, you still may notice in your practice that you are receiving more communications from your local pharmacists to ensure legitimacy before dispensing a prescription. As prescription drug abuse is such a widespread concern, it is important that we are working as an interdisciplinary team to inhibit abuse and enhance patient care. We hope that you understand the implications for pharmacists which are now highlighted further by the DEA in addressing controlled substance prescriptions. Please continue to work with our pharmacists to provide proper care.

Board of Pharmacy receives grant to incorporate PDMP into Electronic Health Records

The Board of Pharmacy recently received a grant from SAMHSA to incorporate PDMP information into various electronic health records. The primary project will be to integrate the PDMP within the North Dakota Health Information Network (NDHIN). This will allow practitioners to view a patient's PDMP report directly from the NDHIN. This is something that we have long desired to have available to the medical community. We feel this should improve your workflow in allowing easier and more convenient access to the PDMP. The initial technical discussions are currently happening and our hope is to have this functional in early 2014.

By: Dr. Mark Hardy

Signup for direct access to the ND Prescription Drug Monitoring Program (PDMP) is easy and simple

To obtain an online direct access account to access PDMP reports on your patients follow these steps:

1. Go to <http://www.nodakpharmacy.com/directaccess.asp>
2. You will click on the "Practitioner, Pharmacist, and Delegate Access Request Form" as seen below. Enter the username and password.

To receive access to the Prescription Drug Monitoring Program:	
1. Fill out the Applications & Agreements (most of the fields are fillable online) Practitioner, Pharmacist, and Delegate Access Request Form When prompted, username: newacct and Password : welcome	2. Print, Notarize, Sign, and Mail the Forms to: ND Board of Pharmacy, PDMP 1906 E. Broadway Ave. Bismarck, ND 58501

3. Once you have completed the online form you will be able to print it and sign it in the presence of a notary (a registered notary is available in most healthcare facilities and banks)
4. Mail the signed form to our office and we will contact you to provide your username and password to run patient queries.

NDPhA continues efforts on the Reducing Pharmaceutical Narcotics Taskforce

Mike Schwab, NDPhA

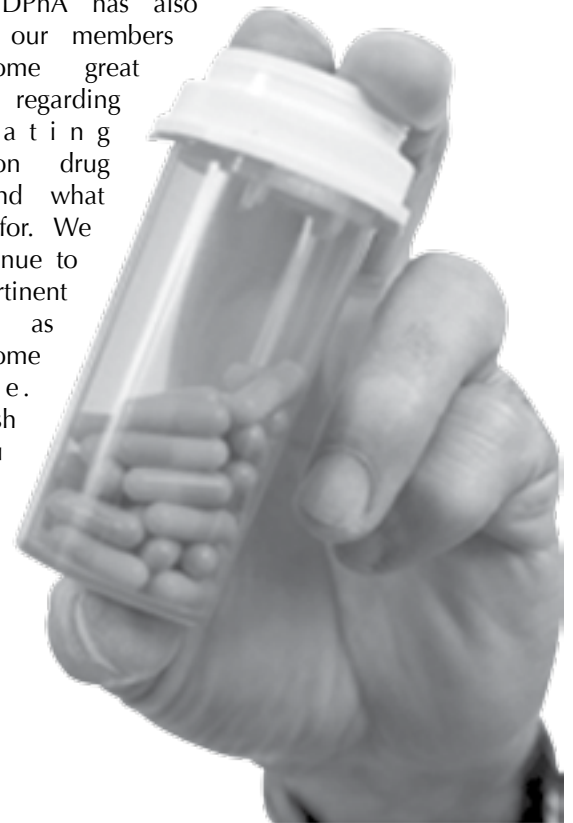
The North Dakota Pharmacists Association has been participating in the Reducing Pharmaceutical Narcotics Taskforce since its conception in June 2013. The taskforce has basically met monthly since June and the goal of this taskforce is to implement a statewide control strategy to help reduce pharmaceutical abuse. The Taskforce decided to use the 2013 National Drug Control Strategy's four pillars of Preventing Prescription Drug Abuse: Education, Monitoring, Disposal and Enforcement.

The Reducing Pharmaceutical Narcotics Taskforce is made up of representatives from all over the state of North Dakota. Participation from the Attorney General's office, Bureau of Criminal Investigation, North Dakota Medical Association, North Dakota Board of Pharmacy, North Dakota Department of Human Services, North Dakota Board of Medical Examiners, North Dakota Department of Public Instruction, BC/BS of North Dakota, Sanford Health, Drug Enforcement Administration, North Dakota Hospital Association, North Dakota Pharmacists Association, North Dakota Legislators, United States Attorney's office, US Congressional Delegation, city, county and state law enforcement officials and others have been meeting to define a course of action for North Dakota. The taskforce is quite diverse and continues to grow.

The taskforce has drafted action plans based on the four pillars mentioned above: Education, Monitoring, Disposal and Enforcement. The Education Pillar's focus is on education of patients, all medical providers, parents, teachers, students, realtors, grand-parents, and law enforcement to name a few. The Monitoring Pillar's focus is on enhancing and streamlining the Prescription Drug Monitoring Program (PDMP) in North Dakota. The ND Board of Pharmacy is currently in the process of making certain changes through a grant they received to integrate the PDMP into the state's Health Information Network (HIN). This process should be completed during the 2nd quarter of 2014. The Drug Disposal Pillar's focus is on public education, collection and destruction of unused or wanted medications. The final pillar is called the Enforcement Pillar. The focus of this pillar is to conduct outreach, awareness and provide presentations by local law enforcement officials to help educate providers, prosecutors,

attorneys, professional organizations and specific facilities. Some of these efforts have already begun. Each pillar is made of various stakeholders who form a pillar team. Each team is responsible for developing and implementing an action plan. This is currently the focus of each pillar at this time, the development of a defined action plan. The Drug Disposal Pillar will probably take the lead in coordinating a kick-off campaign effort in the spring.

The Reducing Pharmaceutical Narcotics Taskforce will be looking to possibly introduce or support legislation leading up to and during the 2015 Legislative Session. Some areas of interest expressed by members of the taskforce include (1) requiring mandatory reporting by all providers to the PDMP, (2) expanding current Good Samaritan Laws in ND to include prescription drugs and (3) possible need or desire to seek funding by some. You can be rest assured that NDPhA will continue to be at the table educating and advocating on behalf of your profession with your interests and well-being in mind at all times during our participation. If any of our members have questions or would like more information, please contact our office. NDPhA has also provided our members with some great resources regarding combating prescription drug abuse and what to look for. We will continue to send pertinent resources as they become available. We wish all of you the very best. Thank you.



Note from the President

Greetings,

I hope everyone had a blessed Holiday Season with family and friends. Now, with the Holidays behind us, we can all look forward to getting back into our everyday routines. I would like to mention a few very important reminders.

There is still time to send in nominations for the NAPT annual awards to be presented at the NDPhA spring convention in Fargo. Review the criteria for the different awards and determine if you know someone that merits one of these awards. Send in a nomination with a letter of recommendation with the individuals outstanding achievements. The deadline for accepting nominations is February 7th.

The Executive Board will have several positions open for the upcoming 2014-2015 term. If you are interested in serving

as a NAPT Executive Board member or have questions regarding a position, you can contact me by email at dkisse@thriftywhite.com. The offices of Vice President, Secretary and Treasurer will be open for the upcoming term. This is a great opportunity for anyone interested in becoming involved with NAPT.

PTCB Certification Deadline: The new PTCB certification requirement in North Dakota goes into effect March 1st, 2014. If you are a technician needing to take the test and are looking for some help to prepare for your test, NAPT would like to offer assistance. For more details contact me at dkisse@thriftywhite.com or call me at 701-269-8747.

Donna Kisse
NAPT President

NAPT Annual Awards Nominations

The time is here to be thinking about nominations for the NAPT Annual Awards to be presented at the NDPhA 2014 Annual Convention in Fargo. We have many outstanding technicians in the state that are dedicated to patient care and the Pharmacy Profession.

We need to recognize the technicians that are contributing to this profession every day. There are technicians that have gone above and beyond any expectations set for them, technicians that have taken on leadership roles in the pharmacy, technicians doing a great job in the pharmacy and are staying involved in the community, and technicians that do a flawless job and will take on any responsibility given to them. Help us celebrate these outstanding technicians at the annual convention this spring by nominating the exceptional technician that you work with every day.

This individual should be an outstanding achiever in the Practice of Pharmacy and excels in the criteria of the award nominated.

The nominator shall prepare a letter of recommendation listing the outstanding achievements of the nominee. The nominator shall also include the name of the award they are making the nomination for.

The nominator shall send a letter of recommendation to the attention of the NAPT Vice President, Sharon Kupper via email: ndpha@nodakpharmacy.net or mail to NDPhA 1641 Capitol Way, Bismarck, ND 58501. You may also contact Sharon by phone at 701-570-3148.

The deadline for nominations is February 14, 2014

NAPT

Board of Directors

NAPT President

Donna Kisse
Employer: Thrifty White Drug, Fargo
Work #: 701.269.8747
Email: dkisse@thriftywhite.com

NAPT Vice-President

Sharon Kupper
Employer: Workforce Safety & Insurance, Bismarck
Work#: 701.570.3148
Email: dkupper@wil.midco.net

NAPT Secretary

Tamara Link
Employer: Gateway Pharmacy, Bismarck
Work#: 701.224.9521
Email: taktlink@me.com

NAPT Treasurer

Bobbie Hauck
Employer: Irsfeld Pharmacy, Dickinson
Work#: 701.483.4858
Email: bobbiehauck@yahoo.com

NAPT Parliamentarian

Barbara Lacher
Employer: NDSCS, Wahpeton
Work#: 701.671.2114
Email: barbara.lacher@ndscs.edu

NAPT Member-At-Large

Brittany Butler
Employer: Tara's Thrifty White, Oakes
Work#: 701.742.3824
Email: brit_j_smith@hotmail.com

NAPT Member-At-Large

Kiah Erdmann
Employer: Sanford Health-South University, Fargo
Work#: 701.280.4466
Email: Kiah.Erdmann@Sanford-Health.org

Immediate Past President

Kristina Larson
Employer: White Drug #50, Rugby
Work#: 701.776.5741
Email: kristinafoster23@yahoo.com

Technician to be first President of ND Board of Pharmacy

Diane Halvorson has served on the Northland Association of Pharmacy Technician's Board since 1991. She attended the first-ever NAPT board meeting on October 2, 1991. While serving on the board for over twenty years she has been the President, Vice President, Treasurer, Secretary, Parliamentarian, Immediate Past President and Member-at-Large. While serving on the board she has been a huge contributor to the planning and chairing of the Pharmacy Technician Conferences for the NAPT, AAPT and NDPhA. Diane has also been the recipient of the NAPT Pharmacy Technician of the Year in 2001 and the Diamond Award in 2010.

In January 2011, Diane was appointed by Governor Dalrymple to the first Pharmacy Technician to serve on the North Dakota Board of Pharmacy. There are only 5 states that allow Pharmacy Technician's to serve on their State Boards of Pharmacy. As a member of the board, Diane has the same full voting rights as any other pharmacist on the board. North Dakota is only the second state to allow Pharmacy Technician's this voting privilege.

At the May 2013 North Dakota Board of Pharmacy meeting, Diane was nominated and unanimously elected as the President of the NDBOP. This is a feat that only one other pharmacy technician has accomplished nationwide. Diane called her first NDBOP meeting to order in July.

Congratulation Diane and Thank You for all you have done and continue to do to further Pharmacy Technician's profession.

PTCB Certification Deadline

Technicians:

The deadline is fast approaching for the new Pharmacy Technician certification requirements in North Dakota. All technicians are required to be PTCB certified and possess the certificate by March 1st, 2014.

Officially, technicians cannot work until their registration is renewed and they have a current PTCB certificate. The BOP uses the PTCB certificate number to record the technician's completion, and the actual certificate is the only location of the PTCB certification number. Don't wait until the last minute and risk the chance of not receiving your certificate authorizing you to work in the pharmacy after March 1st, 2014.

PTCB certification is required and must be obtained before registration for new technicians, who graduated from an ASHP accredited program. Additionally, current technicians must also obtain an active certificate by March 1, 2014. Please check your current PTCB certificate to verify that it is still active so you don't have to retake the exam. The only exception to this requirement will be for those technicians registered on or prior to August 1, 1995, these technicians will be grandfathered.



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FEBRUARY 7-9, 2014

FRIDAY, FEB. 7, 2014

8:30am – 4:45pm

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- Pain management at the end-of-life

This interactive, interprofessional conference will present evidence-based data, best practices, and

innovative solutions to help you, as a primary care provider, safely and effectively manage your patients who live with acute or chronic pain.

5:00 – 7:30p

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WELCOME TO THE MIDWEST PHARMACY EXPO! Network with your colleagues, peruse the exhibit hall, and enjoy dinner and a beverage before a weekend filled with best practice examples, clinical pearls, and professional engagement. We'll see you there!

SATURDAY, FEB. 8, 2014

7:00-8:15a Annual Pharmacy Political Leadership Breakfast

For 15 years, pharmacists have embraced the opportunity to participate in an annual fundraiser for their state association's Political Action Education Fund through participation in this educational breakfast. This year's discussion is especially important as we discuss the most current updates on the Affordable Care Act and pharmacist's provider status. You won't want to miss this informative annual favorite!

8:30-8:45a Welcome

8:45-9:30a 1st General Session: Personalized Medicine

9:30-10:30a 2nd General Session: The Lacks Family: An Onstage Interview



The Lacks Family has enthralled audiences across the country talking about their mother, grandmother and great-grandmother, Henrietta Lacks and

her important contribution to science. The international success of Rebecca Skloot's New York Times bestseller, ***The Immortal Life of Henrietta Lacks***, has left people keenly interested in the Lacks Family and Henrietta's legacy. The family will share what it meant to find out—decades after the fact—that Henrietta's cells were being used in laboratories around the world, bought and sold by the billions. They will provide us with a sincere first-person perspective on the collision between ethics, race and the commercialization of human

tissue, and how the experience changed the Lacks family from generation to generation. Their discussion serves to honor Henrietta's unparalleled contributions to science, and above all—celebrates Henrietta's life and legacy.

Books are available for purchase on the registration form and the Family will be available for book signings during the morning break.

10:45-11:45a Breakout Sessions:

- Update in Anticoagulation
- Update in Autoimmune Diseases
- Update in Psychiatry
- Update in Cholesterol (Technician Activity)
- In-no-va-tion (Student Activity)

11:45-12:45p Lunch

12:45-1:45p Breakout Sessions:

- Difficult to Treat Diabetes
- Difficult to Treat Asthma
- Difficult to Treat Delirium
- Management of Hypo and Hyperglycemia (Technician Activity)
- State Pharmacy Law Exam: Plan to Pass! (Student Activity)

2:00-3:00p Breakout Sessions:

- Drug-Induced Kidney Injury
- Appropriate use of Medications in Pregnancy
- Balancing the Risks & Benefits of Pharmacotherapy for Insomnia
- Medications in the Aged (Technician Activity)
- Oh, The Places You'll Go! (Student Activity)

3:15-4:15p Breakout Sessions:

- The Case for Nutritional Supplements
- Electrolite Management in Adult Parenteral Nutrition

- Integrating Natural Medicine in your Pharmacy Practice
- Nutrition's Impact on Medications (Technician Activity)
- Ask Not What Pharmacy Can Do For You... (Student Activity)

4:30-5:30p Breakout Sessions:

- Managing Change in Turbulent Times
- Managing The Patient Experience
- Managing Death and Dying
- The Art of Managing Up (Technician Activity)
- Managing NAPLEX – How to Start and What to Expect (Student Activity)

7:00p Leadership Pharmacy Conference Reunion

7:30p Exhibit Theaters

Theater times and topics to be announced

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SUNDAY, FEB. 9, 2014

General Sessions:

8:00 – 9:00a Rooting out Errors in Your Pharmacy

9:00 – 10:30a New Drug Update

10:45a – 12:45p Gamechangers in Pharmacy 2013

12:45 – 1:00p Box Lunch Pick Up

1:00 – 2:00p State Law Outreach Sessions

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1964
Fifty years ago:

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1939
Seventy-five years ago:

Western Massachusetts School of Pharmacy opened in Willimansett, MA although never accredited.

1914
One-hundred years ago:

The federal Harrison Narcotic Act passed to regulate and tax the importation, production, and distribution of narcotics.

1889
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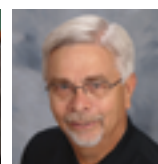
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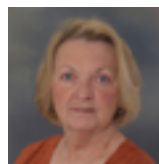
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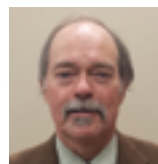
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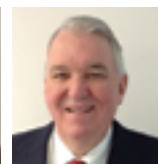
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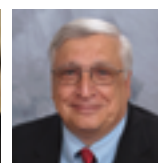
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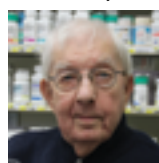
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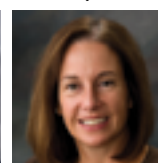
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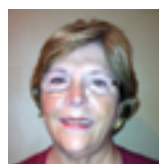
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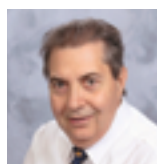
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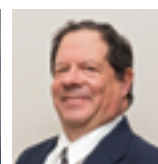
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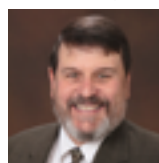
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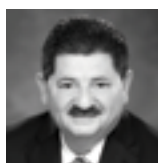
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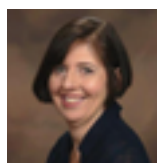
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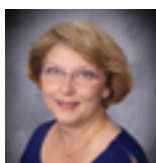
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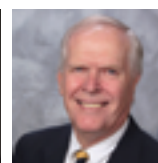
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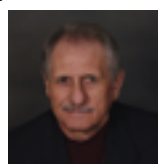
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Boehringer Ingelheim is proud to be the Premier Supporter of the Bowl of Hygeia program.

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How new compounding, track-and-trace law may affect pharmacists

DIANA YAP

President Barack Obama signed the Drug Quality and Security Act (H.R. 3204) into law on November 27. What are the practical implications for most pharmacists of the new compounding and track-and-trace legislation?

The short answer is that the compounding part of the legislation, which became effective upon enactment, may affect more pharmacists than initially anticipated (see page 56 for more information). The track-and-trace part of the legislation will affect all pharmacists to some extent, according to Michael Ghobrial, PharmD, JD, APhA Associate Director of Health Policy.

Of course, the language in the legislation is not the last word. FDA has to decide how to implement it through the regulatory process. Traditional community pharmacies are “probably” not going to be affected by the compounding part of the law “unless we get more stringent regulation from the FDA,” said Lee Rosebush, PharmD, JD, MBA, MS, Counsel at the BakerHostetler law firm in Washington, DC. “While we got by with 3204, we may not necessarily get by with the regulations proposed by FDA.”

Compounding: Practical impact

Under the new law, traditional pharmacies are still regulated by state boards of pharmacy. Compounding pharmacies are still regulated by state boards of pharmacy, Ghobrial said. But now compounding pharmacies that voluntarily elect to be “outsourcing facilities” are regulated by both state boards of pharmacy and FDA.

“Here’s the big question everybody’s going to be asking: If [registration with FDA] is voluntary, why would you want to have the FDA breathing down your neck? And the answer to that is brilliant,” Ghobrial said. “People will sign up because their product is less likely to be sold if they’re not an FDA-overseen outsourcing facility.”

Traditional pharmacies that do sterile compounding based on specific, indi-

vidualized prescriptions have no reason to register with FDA, emphasized Rosebush. Pharmacies that are going to supply office use medication, however, have to do the registration. “You’re going to see a business model determination,” Rosebush said. “You’re going to see entities say, ‘Well, is the \$15,000 user fee and the cGMP [current Good Manufacturing Practices] compliance worth moving into this new business model?’”

Rosebush has “several clients who are large compounding pharmacies,” he said. “I do have some that are willing to register with the FDA and are currently pursuing compliance policies that use cGMPs and USP [U.S. Pharmacopeia] <797> standards. We eagerly await the publication of regulations in this area.” He added, “Some of my clients do not feel that they will have to register with the FDA and are not planning on registering with the FDA.”

Many in the industry don’t think that cGMPs (which are aimed at manufacturers) will be applied across the board to compounding pharmacies, according to Rosebush. “They can’t do it. It’s impossible,” he said. “I think you’ll see some new cGMPs put forth for compounding pharmacies, and I think those cGMPs will adopt certain aspects of <797>.”

Track and trace: Practical impact

“Track and trace affects all pharmacists, but it’s really not that difficult,” Ghobrial said. As of January 1, 2015, the manufacturers and the wholesale distributors “can’t ship anything out unless it has a transaction history” in the form of paper documentation for each individual unit of a drug; if there’s a hiccup or if, say, the paperwork gets lost somehow, pharmacies can still accept the product until July 1, 2015. Starting on that date, follow-

HIGHLIGHTS

- The Drug Quality and Security Act (H.R. 3204) is now law. The compounding part of the law may affect more pharmacists than initially anticipated. The track-and-trace part of the law may affect all pharmacists.
- FDA then released a draft guidance primarily affecting pharmacists compounding sterile products if it becomes regulation.

ing the 6-month grace period, pharmacists have to reject products without an accompanying transaction history.

When pharmacists get the product in from the distributor, they need to take the transaction history paperwork, put it in a drawer, and keep it for 6 years.

Along the same lines, one pharmacy can transfer a drug to another pharmacy to fulfill a specific patient need without needing an accompanying transaction history—but if a pharmacy just wants to lessen their inventory because there’s too much money on their shelves, as of July 1, 2015, the drugs need to be sent back to the distributor with a transaction history. “Say they do want to lighten their inventory a year later,” Ghobrial said. “They go back into their drawer, pull out the transaction history, maybe write a line item saying it was at my pharmacy on such-and-such a date, and they can ship it. So it’s not like they have to do all this investigation and research. All the information should be in their drawer.”

As of the bill being signed, the pharmacist is required to investigate a product that he or she finds to be suspicious, quarantine it, dispose of it, and give appropriate notice to FDA. But FDA has 7 years to implement regulations for exactly what pharmacists should do in a rigorous investigation process, Ghobrial continued. “After you do all the transaction history, have all the documents where you transfer ownership, make sure that you receive the drug with the proper documentation, store the documentation away for 6 years—[the next step] is to investigate” suspicious drugs (drugs that are counterfeit, tampered, or adulterated).

“My read is that the duty begins when” pharmacists see a suspicious product, Ghobrial said. “The duty’s not to find it. The duty is to set it aside once

they do find it, and contact the FDA.”

Also through FDA rulemaking, in 10 years, track and trace will be implemented electronically with technology that is not specified in the law—but which could be bar codes and/or RFID (radio-frequency identification), for example.

“You have to assume that not all pharmacies have a scanner and the software and the hardware to visualize what would be in the bar code,” Ghobrial said. “In 10 years, I think that’s what they’d want to do.”

The intent of Congress was that the

track-and-trace legislation will curb counterfeit drugs entering the supply chain, Ghobrial said. The new law will not “stop all diversion,” Rosebush said. But “it’s a good step moving forward.”

Diana Yap, Senior Assistant Editor

FDA issues pharmacy compounding draft guidance

DIANA YAP

Hot on the heels of the Drug Quality and Security Act (H.R. 3204) being signed into law, FDA issued three draft industry guidances reflecting the agency’s current thinking on the compounding part of the new compounding and track-and-trace legislation before implementation begins.

According to APhA’s analysis of the draft guidance of particular interest to most pharmacists, “Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act,” more pharmacists than initially anticipated may be affected if FDA’s thinking informs its future regulations.

“When we think of compounders, we think of brick-and-mortar pharmacies mixing lotions,” said Michael H Ghobrial, PharmD, JD, APhA Associate Director of Health Policy. “FDA has said their enforcement regarding traditional compounding in these settings is going to be very similar to what was in place before the passage of H.R. 3204. This guidance could have a significant effect on compounders of sterile products, especially if the guidance is translated into regulations in the future.”

The current guidance does provide some clarity to compounders, according to Jillanne Schulte, JD, APhA Director of Regulatory Affairs. “Guidance is advice,” but does not have the force of law, she emphasized. “It’s a safe harbor. If you’re complying with the guidance, it’s unlikely that you’re going to be in any enforcement danger.” Will future compounding regulations substantially mirror this guidance? “I think [FDA] thought they were offering some clarity,” said Schulte. APhA will comment on this draft guidance and may comment on the other two draft guidances that cover compounding pharmacies that voluntarily register with FDA as outsourcing

facilities. Comments on the draft guidances are due February 3, 2014.

Sterile compounding

The draft guidance suggests that compounding under section 503A of the Food, Drug, and Cosmetic Act be done in accordance with U.S. Pharmacopeia (USP) chapters <795> and <797>. Compliance with USP <795> for nonsterile compounding would not pose a significant cost or implementation burden to pharmacies. Compliance with USP <797> for sterile compounding, however, could generate implementation costs for some pharmacies, according to APhA.

“A lot of traditional pharmacy compounding is not sterile. But if they are compounding sterile products and they cannot comply with <797>, then [if the draft guidance becomes law,] they would have to get themselves up to standard,” according to Schulte.

Should the draft guidance become law, any potential new expenses for sterile compounders would fall into the categories of facility design; environmental testing; personnel training and competency testing; and maintaining sterility, purity, and stability of dispensed and distributed compounding sterile products. That last item, which would put the duty on the compounder to ensure that the product remains in accordance with all the <797> requirements until it gets to the patient, sets up sterile compounders for “potential liability,” Ghobrial said.

More potential changes

Compounding pharmacies located in states that do not have a memorandum of understanding (MOU) in place between FDA and their state could not ship more than 5% of their prescription volume of compounded products outside of the state. This limitation, known as the 5% rule, would not go into effect until 90 days after FDA finalizes a new MOU through rulemaking with comments from stakeholders. FDA has not yet begun this process. An MOU can be thought of as a short contract or an agreement that compounders will comply with certain rules when they’re distributing compounded drugs, Schulte said. MOUs would vary from state to state.

One pharmacist who would feel an impact is Cheri Garvin, BSPharm, owner and CEO of Leesburg Pharmacy and the Compounding Center in Leesburg, VA—the only accredited compounding pharmacy in the Washington, DC, metro region. “One of my concerns as a practitioner is that I do not know how my state will respond to the request for the MOU. Because I am in a border town very close to Maryland and very close to DC, if this MOU were not in place, I would be limited to dispensing less than 5% of my prescriptions across state lines,” Garvin said. “That would really affect us.”

The draft guidance also indicates that FDA will regulate the bulk substances drug list but will not enforce that list until the regulations are finalized. FDA is seeking nominations for the Pharmacy Compounding Advisory Committee, which will oversee some of the rulemaking. “Another thing we’re waiting on with this guidance is additional information regarding ‘office-use’ and also repackaging and how it’s going to be treated under the law,” said Schulte. That information is being drafted by FDA.

Diana Yap, Senior Assistant Editor

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