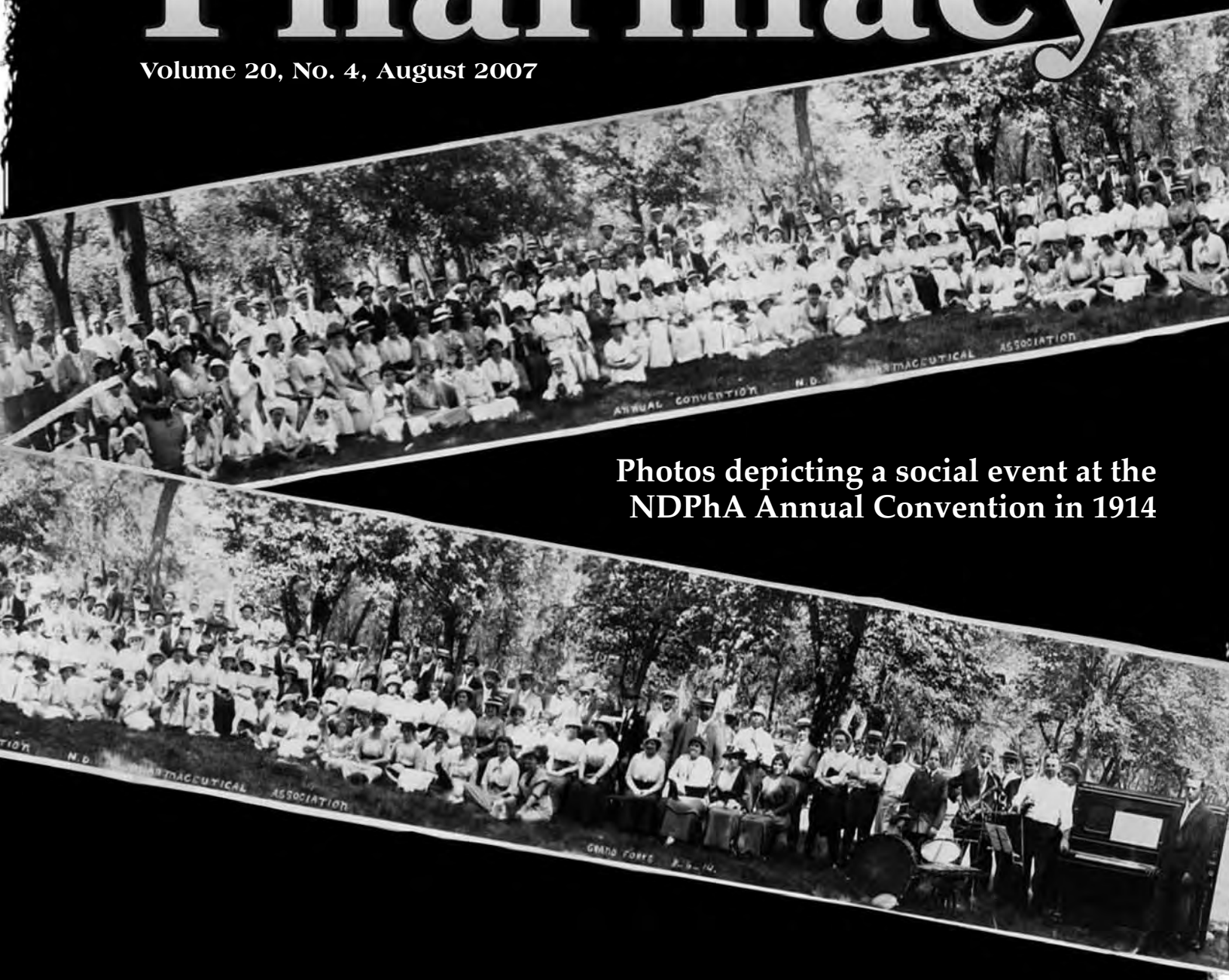
NoDak Pharmacy

Volume 20, No. 4, August 2007



Photos depicting a social event at the NDPhA Annual Convention in 1914

NAPT Fall Conference

pages 17-18

Table of Contents

Support our Advertisers

NoDak Pharmacy *is published bi-monthly by the North Dakota Pharmacists Association, 1641 Capitol Way, Bismarck, ND 58501. POSTMASTER: Send address changes to:* ***NoDak Pharmacy,*** *1641 Capitol Way, Bismarck, ND 58501. Published bi-monthly, the journal is distributed to members as a regular membership service paid for through allocation of membership dues. Subscription rates are $35 per year. For advertising rates or other information, contact the Editor at the address listed above. Opinions expressed by contributors do not necessarily reflect the position of the Editor or the Association.*

Mark Your Calendar

September Calendar Events

September 19, 2007
Pharmacy Opportunities Night, Fargo, ND

September 20, 2007
NDSU College of PN & AS Annual Career Fair, Fargo, ND

September 28-29, 2007
NAPT Fall Conference, Williston, ND

October Calendar Events

October 13, 2007
NCPA 109th Annual Convention & Trade Exposition, Anaheim, Ca

October 27, 2007
NDPhA Board of Directors Meeting, Bismarck, ND

The journal is supported by contributions from the Independent Pharmacy Cooperative (IPC) Community Pharmacy Commitment Program, Dakota Drug, Inc., McKesson Pharmaceutical and by the North Dakota State University College of Pharmacy, Nursing & Allied Sciences.

2007 Committee Appointments

Governmental Affairs Committee
District 2 Brad Morrison, Minot (701) 838-5548
District 3 Gary Boehler, Plymouth (763) 513-4357
District 4 Mark Hardy, Cavalier (701)
****District 5 Steven Irsfeld, Dickinson (701) 483-4858**
District 5 Robert Treitline, Dickinson (701) 225-4434
District 6 Dennis DelaBarre, Bismarck (701) 530-6900
District 7 John Fugelberg, Jamestown (701) 252-3002
District 8 David Olig, Fargo (701) 234-9912
District 8 Rick Melbye, Moorhead
District 8 Gerald Finken, Moorhead (701) 235-8002
Ex-officio Howard Anderson, Bismarck (701) 328-9535
Ex-officio Jerry Wahl, Dickinson (701) 456-4388
Student Rep. Anne Gorder

Nominating Committee
District 1 Wendy Baisch, Williston (701) 572-7917
District 2 Thomas Runyan, Minot (701) 852-4068
District 3 Donna Rance, Devils Lake (701) 662-4964
District 4 James Rystedt, Grafton (701) 352-1760
District 5 Earl Abrahamson, Dickinson (701) 225-4434
District 6 Kenton Omvig, Bismarck (701) 530-6923
District 7
District 8 Jayme Steig, Casselton (701) 893-9217
**** Dennis Johnson, Grand Forks (701) 746-0497**

PharmAssist Committee
****District 2 Kim Essler Garrison (701) 463-2242**
District 2 Tim Carlson Minot (701) 852-4181
District 4 Keith Kjelland Drayton (701) 454-3831
District 6 Janice Mayer Bismarck (701) 223-8806
District 6 Daniel Churchill Bismarck (701) 223-1656
****District 6 Michael Riepl, Bismarck (701) 223-1656**
District 8 John Sanger Fargo (701) 282-6510
District 8 Jolette Olig Fargo
Student Rep

Practice Economic Committee
District 2 Kenneth Fix Bottineau (701) 228-2220
District 3 Matt Paulson Carrington (701) 652-2521
District 4 Laurelyn Larson Park River (701) 284-7676
District 5 Neil Steiner, Dickinson
District 6 Jesse Breidenbach Bismarck (701) 530-6900
District 6 Rick Detwiller Bismarck (701) 530-6906
District 7 Natalie Sayler Valley City (701) 845-5280
District 8 Jayme Steig Casselton (701) 893-9217
District 8 David Olig, Fargo (701) 234-9912
Student Reps Alexi Riedlinger & Kinsey Oakland
Ex-officio Jerry Wahl Dickinson (701) 456-4388

Professional-Public Affairs Committee
District 2 Janel Agnes Bottineau (701) 228-2220
District 2 Michael Chase Hazen (701) 748-2312
District 4 Colleen Carlson Grand Forks (701) 746-0497
District 5 Jennifer Wahl, Bismarck
District 6 Carla Aipperspach Wishek (701) 452-2368
****District 6 Harvey Hanel Bismarck (701) 328-7222**
District 6 Connie Schulz Bismarck (701) 530-6999
District 7 Amy Noeske Valley City (701) 845-6475
District 8 Steve Boehning Fargo (701) 293-6022
Student Rep Sara Erickson & Sara Vopat
Ex-officio Jerry Wahl Dickinson (701) 456-4388

Resolutions Committee
District 2 James Bodell Minot (701) 838-2933
District 4 George Birkmaier Grand Forks (701) 772-4805
****District 2 Lance Mohl, Minot (701) 857-7900**
District 5 James Irsfeld Dickinson (701) 483-4858
District 6 Kim Mattern Bismarck (701) 258-1412
District 6 Ray Clary Bismarck
District 8 Debra Larkin Fargo (701) 231-7837
District 8 Taryn Ishaug West Fargo (701) 239-7135
Student Rep

Advisory Council
****NDPhA/NDPSC Dennis Johnson (701) 746-0497**
NDPhA Jerome Wahl Dickinson (701) 456-4388
NDPhA Lance Mohl Minot (701) 857-7900
NDPhA Earl Abrahamson Dickinson (701) 225-4434
NDPSC Dave Olig Fargo (701) 234-9912
NDPSC Robert Treitline Dickinson (701) 225-4434
NDSHP Joel Aukes Fargo (701) 241-9099
NDSHP John Savageau Bismarck (701) 323-6186
NDSHP Brian Ament Jamestown (701) 253-4824
NAPT Jodi Hart Bismarck
NAPT Brittany Muchow Fargo (701) 234-5603
NAPT Diane Halvorson Fargo (701) 241-4145
BOPh Howard Anderson Bismarck (701) 328-9535
BOPh Bonnie Thom Granville (701) 338-2911
NDSU Charles Peterson Fargo (701) 231-7609
NDSCS Barb Lacher Wahpeton (701) 671-2114
Student Rep. Romana Danks

Sec. 3. Ex-officio Members of all Committees. The President and Executive Vice President of the Association shall be ex-officio members of all standing and special committees with the exception of the Board of Canvassers, Resolutions, Nominating and Pharm-Assist Committees

** Denotes Chair

Help is Here for Uninsured North Dakota Residents

Free Program Makes it Easy to Save on Prescription Medicines and Products

Every day, pharmacists and pharmacy technicians deal with the issue of prescription drug access among the health care customers to whom they provide services. An estimated 45 million people across the United States do not have healthcare coverage, including more than eight million children. In the State of North Dakota, 11 percent of the population is uninsured. Many of these individuals and their families have difficulty paying for the prescription medicines they need to stay healthy and to treat many common conditions such as asthma, high cholesterol and diabetes.

Access to medications, however, should not become a barrier to care. That's why leading pharmaceutical companies* have created the Together Rx AccessTM Program to help eligible uninsured individuals and their families gain access to meaningful savings on the prescription medicines they need to live healthier lives.

Individuals may be eligible for the Together Rx Access Card if they do not qualify for Medicare, do not have public or private prescription drug coverage, have a household income of up to $30,000 for a single person or $60,000 for a family of four (income eligibility is adjusted for family size), and are a legal resident of the United States or Puerto Rico.

Most cardholders save 25 to 40 percent† on brand-name prescription medicines and products. Over 300 brand-name prescription products are included in the Program.‡ Savings are also available on a wide range of generics. The Card is accepted at the majority of pharmacies nationwide and in Puerto Rico. Cardholders simply bring the Card to their neighborhood pharmacist along with their prescription, and the savings are calculated right at the pharmacy counter. There are no enrollment costs, monthly dues or hidden fees.

"The Together Rx Access Card helps individuals and families take care of what's most important—their health," said Roba Whiteley, executive director of Together Rx Access. "In fact, nearly 10,000 people across the country are enrolling in the Program each week."

Together Rx Access helps uninsured individuals and families gain access to meaningful savings on prescription products right at their neighborhood pharmacy. More than one million people nationwide have enrolled in the Program. In addition, Together Rx Access card users have saved nearly $50 million on prescription medicines. The Program also directs individuals to the Partnership for Prescription Assistance (PPA), a clearinghouse for more than 475 public and private assistance programs, including 180 offered by pharmaceutical companies.

There are three easy ways to enroll in the Together Rx Access Program:

- Call the toll-free phone number 1-888-743-7274.
- Complete a short paper application and return it by mail.
- Visit TogetherRxAccess.com to instantly enroll online.

A unique feature of the Together Rx Access Program is the quick start savings card, a preprinted removable card that can be detached from the front of a two-sided brochure. Potential enrollees can call the toll-free number listed on the brochure to determine eligibility, enroll, and instantly activate their card. The quick start savings card allows eligible cardholders to access savings without waiting for a card to be delivered in the mail. The card is activated immediately if the eligible enrollee calls during call center business hours and within two business days at all other times.

The North Dakota Pharmacists Association is committed to building awareness for Together Rx Access throughout the State of North Dakota and among its membership. Its mission is to support pharmacists in providing optimal pharmaceutical care.

"We're proud to be doing our part to spread the word," said Mike Schwab, executive director of the North Dakota Pharmacists Association. "Our members can play an important role in educating their uninsured health care customers about programs like Together Rx Access that can help people pay for the medicines they so desperately need."

*The companies participating in the Together Rx Access Program include Abbott Laboratories; AstraZeneca Pharmaceuticals LP; Bristol-Myers Squibb Company; GlaxoSmithKline; Janssen, L.P.; Johnson & Johnson Wound Management, a Division of ETHICON, Inc.; King Pharmaceuticals, Inc.; LifeScan, Inc.; McNeil Pediatrics, a Division of McNeil-PPC, Inc.; Novartis Pharmaceuticals Corporation; Ortho Biotech Products, L.P.; Ortho-McNeil, Inc.; Ortho-McNeil Neurologics, Inc.; OrthoNeutrogena, a Division of Ortho-McNeil Pharmaceutical, Inc.; Ortho Women's Health & Urology, a Division of Ortho-McNeil Pharmaceutical, Inc.; Pfizer Inc; PriCara, a Unit of Ortho-McNeil, Inc.; sanofi-aventis U.S. LLC.; Takeda Pharmaceuticals North America, Inc.; TAP Pharmaceutical Products Inc.; Tibotec Therapeutics, a Division of Ortho Biotech Products, L.P.; and Vistakon Pharmaceuticals, LLC.

† Each Cardholder's savings depend on such factors as the particular drug purchased, amount purchased, and the pharmacy where purchased. Participating companies independently set the level of savings offered and the products included in the program. Those decisions are subject to change.

‡Visit TogetherRxAccess.com for the most current list of brand-name medicines and products.

How Pharmacists Can Help Uninsured Customers

- Review the simple Together Rx Access Card eligibility requirements with potential enrollees
  - Not be eligible for Medicare
  - Have no prescription drug coverage (public or private)
  - Have household income equal to or less than
- $30,000 for a single person
- $40,000 for a family of two
- $50,000 for a family of three
- $60,000 for a family of four
- $70,000 for a family of five
- Families of six or more and residents of Alaska and Hawaii should contact Together Rx Access at 1-888-743-7274 for household income information.
- Be a legal resident of the U.S. or Puerto Rico
- Direct individuals to the website TogetherRxAccess.com to enroll online
- Provide the Together Rx Access toll-free phone number 1-888-743-7274 for more information
- Distribute quick start savings cards to eligible individuals

To receive a supply of quick start savings cards for distribution to eligible individuals, please contact Amy Niles, Chair, Medical Relations and Advocacy for Together Rx Access at amyniles@aol.com.

PHARMACY COMPOUNDING ACCREDITATION BOARD

Why Should My Pharmacy Be PCAB® Accredited?

Compounding, or the custom making of medications by pharmacists to meet the specific health needs of each individual patient, is an integral part of the practice of pharmacy; an estimated 30 to 40 million prescriptions are compounded each year. Many pharmacies practice a small degree of compounding, while others like The Compounding Shoppe, Pharmacy Innovations, and The Apothecary Shops specialize in the centuries old practices.

"With the high volume of prescriptions that are compounded each year, there has been a need for an enhanced, profession-wide system of standards by which each compounding pharmacy can test its quality processes," said Ken Baker, Executive Director of the Pharmacy Compounding Accreditation Board. "While compounding pharmacy is regulated by the state, PCAB Accreditation is an even more comprehensive way to ensure a compounding pharmacy is meeting the highest quality and safety standards."

Raising the pharmacy compounding-bar through accreditation not only protects patients and the profession it also promotes the importance of quality and safety standards for all pharmacists.

Pledge your commitment to quality. Demonstrate that you adhere to our profession's highest standards of excellence.

Improve your competitive edge. The PCAB® Seal of Accreditation shows your commitment to providing safe, personalized solutions that meet the needs of your patients and your community's healthcare providers.

Minimize risk. Although there are no guarantees, testing and evaluating your quality and safety procedures through the accreditation process will help you reduce the risk of errors, which can help lower your insurance premiums.

Protect our profession. As pharmacy professionals, we can ensure exceptional quality by adhering to our own self-regulated national standards so the federal government won't intervene.

Enjoy the benefits and support of being PCAB®Accredited.

If you have questions, please contact PCAB® at info@pcab.info or 515-341-1250.

Michael Schwab
NDPhA Executive Vice President

Member Pharmacists,

First of all, I want to thank everyone for making this transition a very pleasant and welcoming one for me! It is very much appreciated. I have met a lot of caring and dedicated individuals on a national and state level over the past 3 months. I am amazed at how willing everyone is to share ideas and best practices. This is extremely beneficial to the profession of pharmacy and the consumers/patients that access your services. With any profession there are some challenges that lay ahead, but nothing that cannot be overcome, especially with the network of pharmacists in our state and across the nation.

Currently, there is a lot going on at the state and national level. For purposes of this article, I would like to concentrate on two issues.

First, on June 21, 2007, the ND Pharmacists Association met with Sparb Collins, Executive Director for ND Public Employees Retirement Systems (NDPERS) and the NDPERS Board of Trustees to discuss the implementation of Disease State Management of Diabetes for their employees. This opportunity became available with the passing of HB 1433 during the 2007 Legislative session. Barry Bunting with the Asheville Project was present and presented the benefits of implementing such a program in ND. Following Barry's presentation, the NDPERS Board voted unanimously to move forward with the implementation of a diabetes care program modeled after the Asheville Project. Sparb asked the ND Pharmacists Association to put together a formal proposal and submit it to them by the end of August.

Currently, the ND Pharmacists Association is working on putting the formal proposal together. We have also been looking at different software programs that exist to help with the tracking of patient information, clinical outcomes and economic data. Over the next few months, members of the ND Pharmacy Service Corporation Association will be working with the North Dakota Pharmacy Service Corporation, NDSU College of Pharmacy, Nursing and Allied Sciences and members of the ND Diabetes Coalition to develop the educational piece, which will allow pharmacists and other health care professionals to become accredited in providing diabetes care to consumers/patients. For those pharmacists that are interested in being part of a statewide network in providing diabetes care, your time has come! We will keep you posted as things continue to develop. Thanks for everyone's hard work and interest.

Second issue I would like to mention has to deal with a new CMS regulation regarding "tamper resistant prescription pads." Effective October 1, 2007, Medicaid outpatient drugs (as defined in Section 1927 (k) (2) of the Social Security Act) will be reimbursable only if non-electronic written prescriptions are executed on a "tamper resistant pad." CMS has not defined what "tamper resistant" actually means and what kind of consistency will be needed by states. They are currently working on it. This does not apply to electronic scripts, only non-electronic written scripts. The new provision came out of the Iraq War Supplemental Appropriations bill and was inserted in Public Law 110-28, under section 7002 (b). Needless to say this was a surprise to all pharmacists across the country. It was passed at the federal level without anyone really noticing until it was too late!

This provision is an attempt to reduce fraud and abuse among those who use Medicaid as a payer for prescription drugs. Last year 330 million prescriptions were written for Medicaid beneficiaries. The ND Pharmacists Association understands and supports the need to reduce fraud and abuse. Our Prescription Drug Monitoring Program gives us the tools we need to let physicians verify their prescriptions, catch forgers, and care for patients. The following is a list of concerns with this new provision: (1) need to have a consistent definition of tamper resistant; (2) if the script isn't on the proper tamper resistant pad, does the pharmacist fill the script and take the chance of not getting reimbursed;

(3) does the pharmacists turn the script back over to the patient and tell them to go back to the doctors office because the doctor didn't put it on the proper prescription pad; (4) physicians often times do not know the payer for the patients, so does this means that they must write all of their prescriptions on such pads; and (5) patient access and safety may suffer, not to mention the initial frustration from all involved.

The ND Medical Services Division is taking a look at this new provision. The ND Pharmacists Association has communicated some of our concerns with them. It would be nice to see a delay in implementation and/or a grace period for compliance. If allowed, pharmacists should not be held liable for filling a prescription that is not on the proper tamper resistant prescription pad during the grace period.

The rapidly approaching October 1, 2007 implementation date leaves little time for State Medicaid officials to educate physicians and pharmacists about complying with the new requirement. There are a number of national organizations that are currently working on trying to get a grace period approved for physicians who write prescriptions on non-complaint pads and for pharmacists that fill scripts without the proper pad and/or to push back the implementation of this provision as far as 18-months. Representative Charlie Wilson from Ohio introduced an amendment that would limit this new provision to just Class II narcotics (HR 3090). It is anticipated that HR 3090 will be heard after the fiscal analysis is completed. NDPhA will keep you posted with what is happening on federal and state levels regarding this issue. We wanted to make sure that you were aware of this issue, because if things do not change, October 1, 2007 is right around the corner!

Again, I want to thank everyone for helping me get settled in and for giving me a chance to help make a difference. I look forward to working with all of you in the future. Feel free to give me a call anytime. Please take a moment to ponder the quote below.

"There are risks and costs to action. But they are far less than the long-range risks of comfortable inaction!" – JFK

Nominated by: _____

NOMINATIONS – TWO ND DELEGATES
ASHP HOUSE OF DELEGATES
June 8-11, 2008
ASHP Summer Meeting, Seattle, WA

Criteria:

1. Must be an ASHP member
2. If selected, must attend NDSHP meetings
3. If selected, must attend Regional Delegate Conference if determined by the Board of Directors

NAME_____

Work _____

Contact Phone _____

Return nominations by **October 1st** to

North Dakota Society of
Health-system Pharmacists
1641 Capitol Way
Bismarck ND 58501-2195

Continuing Education for Pharmacists

Volume XXV, No. 1

Natural Products: Vitamin D to Eucalyptus

J. Richard Wuest, R.Ph., PharmD
Professor Emeritus
University of Cincinnati
Cincinnati, Ohio

and

Thomas A. Gossel, R.Ph., Ph.D.
Professor Emeritus
Ohio Northern University
Ada, Ohio


Gossel


Wuest

Goals. The goals of this lesson are to present information on the claims, mechanisms of action, typical dosages used and other items of interest on natural products and nutraceuticals alphabetically from vitamin D to eucalyptus, and to provide background information for assisting others on their proper selection and use.

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

1. identify claims, mechanisms of action, and typical dosages for natural products and nutraceuticals presented;
2. select from a list, the synonyms for these products; and
3. describe popular uses of products discussed.

This lesson is part of a series that presents an overview of the common uses, proposed mechanisms of action, typical dosage regimens and other information of interest on natural products and nutraceuticals.

VITAMIN D is also known as calcifediol, calciferol, calcipotriene, calcitriol, cholecalciferol, dihydroxycholecalciferol, ergocalciferol, hydroxycholecalciferol and paricalcitol. It is a fat-soluble vitamin that was isolated in 1930. It was originally named calciferol, but since then additional metabolites have been discovered. The two major forms of vitamin D are now known to be vitamin D-2 (ergocalciferol) and vitamin D-3 (cholecalciferol).

The initially identified vitamin D (calciferol) is a hormone precursor, which is manufactured by the body. Therefore, in the purist viewpoint, it is not an essential nutrient. However, since rickets is caused by vitamin D deficiency, it has traditionally been classified as a vitamin.

Vitamin D is referred to as the "sunshine vitamin" because it is formed in the body by action of the sun's ultraviolet B rays on the skin, converting the biologic precursor 7-dehydroergosterol into vitamin D-3. It is also referred to as a "conditional vitamin" because conditions that cause the synthesis of vitamin D-3 in the skin to be inadequate to meet the physiologic needs of the body require supplementation to maintain health.

Humans who are not exposed to sufficient sunlight because of their geographic location, shelter or clothing require dietary supplementation of vitamin D. Others at risk for vitamin D deficiency are those with malabsorption disorders such as cystic fibrosis, chronic liver disease, Crohn's disease, Whipple's disease and sprue.

Vitamin D does not occur naturally in significant amounts in foods. There are small and highly variable amounts in butter, cream, egg yolks and liver, especially fish liver (e.g., cod liver). The major dietary sources of vitamin D in the U.S. are fortified milk and breakfast cereals.

Vitamin D is the principal regulator of calcium hemostasis in the body, being of particular importance in bone mineralization and skeletal development. It enhances the effectiveness of calcium absorption, and, to a lesser extent, the absorption of phosphorus.

Vitamin D deficiency is characterized by inadequate mineralization or demineralization of skeletal bone. In children, inadequate mineralization of the skeleton causes rickets. In adults, the condition is called osteomalacia. It can also lead to osteoporosis because vitamin D deficiency results in a compensatory increase in the production of parathyroid hormone causing an increased resorption of bone.

Rickets occurs because of insufficient deposition of calcium phosphate into bone matrix. This leads to bones that become deformed and are not strong enough to

withstand the ordinary stress and strain of weight bearing.

Osteomalacia results in softening of bones, which can lead to deformities. The result is rheumatic pain, muscle weakness and increased likelihood of hip and pelvic fractures.

Vitamin D deficiency can also result in hearing loss due to demineralization of the bones in the middle ear which inhibits the transmission of vibrations to the nerves, which communicate sound waves to the brain. Vitamin D deficiency can also cause phosphorus retention in the kidneys and tooth decay.

Officially, vitamin D is approved by FDA for use in the prevention and treatment of a deficiency. However, people also use it to prevent asthma, bronchitis, chronic obstructive pulmonary disease; multiple sclerosis, muscle weakness, osteoporosis, rheumatoid arthritis and diabetes; to enhance immune function; to reduce the risk of breast, colon and prostate cancer; and to treat premenstrual syndrome, postmenopausal osteoporosis, psoriasis, actinic keratoses, vitiligo and scleroderma.

Claims are made that vitamin D is useful in reducing hair loss and fracture incidence in the elderly, preventing or limiting perinatal growth retardation, diminishing depression associated with changing seasons, increasing resistance to some seizures, and that it might help in some patients with bilateral cochlear deafness. Topically, vitamin D (as calcitriol or calcipotriene) is approved for use in treating plaque-type psoriasis.

Taken in recommended doses, vitamin D is well-tolerated. However, toxicity can occur when vitamin D supplements are ingested in excessive amounts. Symptoms of vitamin D intoxication include azotemia and hypercalcemia. Signs of the latter include abdominal cramps, bone pain, constipation, diarrhea, dizziness, dry mouth, fatigue, headaches, irritability, loss of appetite, metallic taste, muscle pain, ringing in the ears, skin eruptions, trouble walking, vomiting and weakness.

Late symptoms of hypercalcemia include excessive thirst and urination, nighttime urination, weight loss, conjunctivitis, photophobia, rhinorrhea, itching, hyperthermia, decreased libido, hypercholesterolemia, renal failure, hypertension and cardiac arrhythmias.

The National Academy of Sciences recommends that the adequate intake of vitamin D, which appears to sustain normal body function, is 200 International Units (IU) (birth to 50 years of age); 400 IU (51 to 70 years of age); and 600 IU (71 years of age and older). Some nutritionists recommend 1000 IU daily for older adults who are not exposed to sufficient sunlight.

The upper limits of vitamin D intake are 1000 IU per day (infants, birth to 12 months) and 2000 IU for everyone one year of age and older.

The RDA (Recommended Dietary Allowance) for vitamin D is 400 IU, which is the value used as a nutritional supplement and on food labels.

ECHINACEA (*Echinacea augustifolia, E. pallida, E. purpurea*), also known as American cone flower, Black Sampson, Black Susans, comb flower, cone flower, hedgehog, Indian head, Kansas snakeroot, purple cone flower, red sunflower, rock-up-hat, scurvy root and snakeroot, is native to Kansas, Missouri and Nebraska. It is a perennial herb with narrow leaves and a stout stem that may grow up to three or more feet in height. The plant has a pungent, acid-like taste when chewed and causes tingling of the lips and tongue when it comes in contact with them.

The plant was used in traditional medicine by native Americans of the Great Plains and was quickly adopted by white settlers. Native Americans used echinacea externally for treating burns, insect bites and swelling. Internally, it was used for headaches, migraine, stomach aches, coughs, and what we now know as gonorrhea and measles.

Echinacea was listed in the National Formulary from 1916 until 1950. The herb fell out of favor with the discovery of antibiotics, and due to a lack of scientific data supporting its use. However, in the last decade, echinacea has undergone a renewed interest by the public for its medicinal use.

The most common use for echinacea nowadays is for the treatment or prevention of the common cold and upper respiratory infections. It is also used orally as an antiseptic, antiviral, immune stimulant and peripheral vasodilator, as well as for treating urinary tract and yeast infections. Topically, echinacea is used to treat skin ulcers and wounds, psoriasis and herpes infections.

Numerous studies have examined the effects of echinacea in treating the common cold. Conclusions reported range from lessening the length of illness and overall symptoms when compared to a placebo, to no difference in duration or severity of cold symptoms.

Fewer studies have been initiated to examine the effectiveness of echinacea for the prevention of the common cold. Results of these studies have generally concluded that there is no difference in occurrence when compared to a placebo.

There are reports that echinacea has positive effects on the immune system by increasing macrophage phagocytosis (destruction of invading pathogens), and stimulating other monocytes, natural killer cells and polymorphonuclear cells, all of which are important in removing pathogens from the body. These effects have been seen *in vitro* and in animal studies; however, they have not yet been replicated in humans.

In spite of the long and widespread use of echinacea (especially in Germany where it is very popular), little is known about its potential toxicity. According to the

German Commission E (a European agency that oversees the promotion and use of natural products), echinacea does not cause any side effects. The Commission approves the use of echinacea for the treatment of the symptoms of the common cold, such as cough and fever; bronchitis; inflammation of the urinary tract; inflammation of the mouth and pharynx; and for wounds and burns.

Allergic reactions to echinacea have been reported, and there is a possibility of cross-sensitivity with other members of the Asteraceae/ Compositae plant families. These include chrysanthemums, daisies, marigolds, ragweed and many other herbs/plants.

While there is little evidence from scientifically acceptable studies that echinacea is effective in treating symptoms of the common cold or any of its other uses, it nonetheless is among the most popular herbal remedies, especially in Europe. Proponents of its use claim that with so few effective cold treatments in conventional medical therapy, for most people, echinacea is safe, well-tolerated and has some potential effectiveness. They conclude that it may be a reasonable treatment choice for adults if used in the early course of upper respiratory infection. The product of choice according to the German Commission E is the juice of fresh *Echinacea purpurea*.

The typical dose of echinacea for treating the symptoms of the common cold and other upper respiratory infections and urinary tract infections is 6 to 9 mL of the juice of fresh, above-ground herb daily.

ELDER (*Sambucus canadensis*, *S. nigra*), also known as American elder, black elder, black-berried elder, boor tree, bountry, common elder, ellanwood, ellhorn, European elder, sambucus and sweet elder, is a tall shrub. The American form grows up to 12 feet high and the European variety can grow as high as 30 feet. Elderberries are used in foods as a flavoring agent, and to make wine.

The bark, dried flowers, fresh and dried leaves, fresh and dried ripe berries, and dried roots of the elder plant have been used in folk medicine for centuries for their diuretic and laxative effects; to induce sweating; and to treat the symptoms of the common cold, cough, flu and bronchitis. Topically, elder products are used as an astringent for swelling and inflammation. Additionally, they are used as a gargle for coughs, head colds, laryngitis, flu and shortness of breath.

Claims are made that elder products soothe mucous membranes and stimulate bronchial secretions. However, no pharmacologic components with these activities have been identified in elder plants to date.

The German Commission E approves the use of elder products for the treatment of cough and bronchitis, as well as for fever associated with a cold. In homeopathic medicine, elder is used for treating inflammation of the respiratory tract.

There are a few reports that raw and unripe elder fruit may have caused nausea, vomiting and severe diarrhea. Weakness, dizziness, numbness and stupor have been reported (only one report) following the ingestion of elderberry juice. However, no adverse effects have been reported in conjunction with the proper administration of recommended doses of elder products.

The typical dose recommended for elder flowers is 2 to 4 grams added to 250 mL of boiling water. This is steeped for 10 to 15 minutes, strained, allowed to cool and ingested three times a day. The liquid extract of elderberries (made in a ratio of 1:1 with 25 percent alcohol) is given in a dose of 2 to 4 mL three times a day. There are also commercially available products containing 500 mg of elder flowers or berries to be taken three times a day.

ENGLISH IVY (*Hedera helix*), also known as gum ivy, true ivy and woodbind, is native across Europe and into northern and central Asia. It has been naturalized to the United States. The plant is an evergreen perennial, and is cultivated in gardens and landscapes around the world as a climbing vine and as a ground cover.

In folk medicine, English ivy leaf has been used to relieve the symptoms of acute and chronic respiratory inflammation; as an anthelmintic; to reduce fever and stimulate sweating; for liver, spleen and gallbladder disorders; and to treat gout. Topically, English ivy is used for burns, wounds, callouses, cellulitis, inflammation, pain, rheumatism and phlebitis.

The German Commission E approves the use of English ivy for the treatment of cough and bronchitis. In homeopathic medicine, English ivy is used to treat rickets.

The typical dose of English ivy is 300 to 800 mg of the dried leaf per day, or taking one cup of tea prepared by steeping one heaping teaspoonful of dried leaf in one-fourth cup of boiling water for 10 minutes. This is strained, allowed to cool and ingested three times a day. In children being treated for bronchitis, 35 mg of dried leaf extract is given three times a day.

For topical use, fresh leaves are placed on burns and wounds. When used for treating rheumatism, a solution is made by simmering 200 grams of fresh leaves in one liter of boiling water for 10 minutes. This solution is strained, cooled and then applied to the affected area.

EPA (eicosapentaenoic acid), also known as fish oil fatty acid, N-3 fatty acid, omega fatty acid and omega-3 fatty acid, is a major component of fish oil. It is a long-chain polyunsaturated fatty acid, and is a member of the omega-3 family of fatty acids.

Although EPA can be consumed directly by eating certain kinds of

cold water fish, such as herring, mackerel, salmon and sardines, it is also produced in the body from the conversion of alpha linoleic acid (ALA), which is also known as omega-3.

EPA is the precursor of a number of prostaglandins, leukotrienes and thromboxanes. These endogenously produced chemicals are involved in inflammatory and blood clotting mechanisms and are antiatherogenic and antithrombogenic substances. Therefore, supplemental EPA may have anti-inflammatory, antithrombotic and immunomodulary actions, as well as triglyceride-lowering activity. However, most available data on EPA are from research and clinical experience with fish oil products containing variable combinations of EPA and DHA (docosahexaenoic acid).

EPA supplements are used for treating the symptoms of cystic fibrosis, reducing the risk of intrauterine growth retardation, and treating pregnancy-induced hypertension in high-risk women. In combination with DHA as fish oil, it is used to prevent and improve heart disease; decrease ventricular arrhythmias; for migraine headache prophylaxis; and to treat asthma, atopic dermatitis, cancer, Crohn's disease, dysmenorrhea, hay fever, headache, hyperlipidemia, hypertension, psoriasis, respiratory disorders, rheumatoid arthritis, systemic lupus erythematosus and ulcerative colitis.

There are no reports of serious adverse effects from taking EPA supplements, even in doses of 15 grams daily. Side effects that have been reported from the use of fish oil products are mild gastrointestinal upset such as nausea and diarrhea, and "fishy" smelling breath, skin and urine, as well as a fish-like aftertaste.

EPA is typically taken in combination with DHA in a wide range of doses. The usual recommended dose is 5 grams of fish oil daily.

EUCALYPTUS (*Eucalyptus globulus*, *E. fructicetorum*, *E. polybractea*, *E. smithii*), also known as blue gum, fever tree, fevertree, gum tree, red gum, stringy bark tree and Tasmanian blue gum, is extracted from leaves and branch tips of eucalyptus trees. In the food and cosmetic industries, it is used as a flavoring agent and fragrance. In dentistry, eucalyptus oil is used as a component of sealers and solvents in root canal fillings.

Eucalyptus is frequently used in topical and lozenge forms of nonprescription cough/cold remedies in combination with menthol and/or camphor for its "medicinal" aroma.

In folk medicine, the dried leaves and volatile oil have been used for centuries for the treatment of asthma, bladder disorders, diabetes, fever, flu, gallbladder and liver disorders, gastrointestinal complaints, gonorrhea, loss of appetite, neuralgia, rheumatism, whooping cough and wounds.

Today, eucalyptus is taken orally as an antiseptic, antipyretic and expectorant. Topically it is used for treating inflammation of the respiratory tract and nasal stuffiness, either by direct application to the chest, placement under the nose or via a vaporizer. It is also used as a mouthwash for inflammation of the oral mucosa.

The potential, but unproven, component of eucalyptus is eucalyptol, which stimulates the production and secretion of saliva. This activates the swallowing reflex. It is claimed that swallowing can suppress an impending cough. Additional claims are made that when taken by mouth, eucalyptol aids in the expectoration of secretions, has a mild antibacterial action and has a modest antispasmodic effect. Topically, it is a counterirritant and inhibits prostaglandin biosynthesis, which would provide analgesic, anti-inflammatory and antipyretic activity.

When taken orally, eucalyptus rarely causes nausea, vomiting and diarrhea, in recommended doses. Overdoses can cause eucalyptus poisoning, which is characterized as epigastric burning, nausea and vomiting, dizziness, muscle weakness, miosis, a feeling of suffocation, cyanosis, delirium and convulsions. The ingestion of 3.5 mL of eucalyptus oil can reportedly be fatal.

The typical dose of eucalyptus leaf is one cup of freshly prepared tea made by steeping 2 grams of dried leaf in 150 mL of boiling water for 10 to 15 minutes and then straining. After cooling, the tea is ingested three times a day. The usual dose of the tincture is 3 to 9 grams per day and the fluid extract is dosed at 2 to 4 grams per day.

The typical oral dose of eucalyptus oil is one to four drops per dose. Topically, 15 to 30 mL of the oil is diluted to 500 mL with lukewarm water for vaporization. The oil is also mixed with varying amounts of vegetable oil for topical application.

Continuing Education Quiz

Natural Products: Vitamin D to Eucalyptus

1. All of the following statements about Vitamin D are correct EXCEPT:
   a. it is a fat-soluble vitamin.
   b. it was originally named calciferol.
   c. the two major forms are vitamin D-2 and D-3.
   d. calciferol was originally identified as a vitamin precursor.
2. Vitamin D is referred to as the "sunshine vitamin" because it is formed in the body by the action of which of the following forms of the sun's ultraviolet rays on the skin?
   a. A c. C
   b. B d. D
3. Vitamin D is the principal regulator of hemostasis of which of the following minerals in the body?
   a. Calcium c. Potassium
   b Iron d. Sodium
4. The RDA for Vitamin D is:
   a. 100 IU. c. 400 IU.
   b. 200 IU. d. 800 IU.
5. Echinacea is also known as all of the following EXCEPT:
   a. scurvy root. c. black elder.
   b. purple cone flower. d. American cone flower.
6. The typical dose of echinacea juice for treating symptoms of the common cold is:
   a. 0.6 to 0.9 mL daily.
   b. 6 to 9 mL daily.
   c. 60 to 90 mL daily.
   d. 600 to 900 mL daily.
7. The German Commission E approves the use of elder products for the treatment of:
   a. cough, bronchitis and fever associated with a cold.
   b. inflammation of the urinary tract.
   c. burns and wounds.
   d. rickets.
8. In homeopathic medicine, English ivy is used to treat:
   a. cough, bronchitis and fever associated with a cold.
   b. inflammation of the urinary tract.
   c. burns and wounds.
   d. rickets.
9. EPA (eicosapentaenoic acid) is the precursor of all of the following EXCEPT:
   a. cholecalciferol.
   b. leukotrienes.
   c. prostaglandins.
   d. thromboxanes.
10. Eucalyptus is taken orally for all of the following uses EXCEPT as:
    a. an antipyretic.
    b. an antiseptic.
    c. a decongestant.
    d. an expectorant.

Natural Products: Vitamin D to Eucalyptus

May 2007 ACPE **#129-047-07-001-H01**

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

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

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

Name _____

Social Security Number (SSN) XXX-XX- __ __ __ __

Address _____

City_____ State _____

Zip_____

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

COURSE EVALUATION

Evaluation Must Be Completed To Obtain Credit

How much time did this lesson require? _____

Today's Date_____

EXPIRATION DATE: 1-15-09

Learning objectives on first page were addressed.

	1 Disagree - 5 Agree
Objective 1	1 2 3 4 5
Objective 2	1 2 3 4 5
Objective 3	1 2 3 4 5
Material was well organized and clear.	1 2 3 4 5
Content sufficiently covered the topic.	1 2 3 4 5
Material was non-commercial in nature.	1 2 3 4 5

Answer Sheet:

1. a b c d	6. a b c d
2. a b c d	7. a b c d
3. a b c d	8. a b c d
4. a b c d	9. a b c d
5. a b c d	10. a b c d

NAPT Updates

By Brittany Muchow - NAPT Presidnet

Greetings! My name is Brittany Muchow and I am the current President of NAPT. I started my term as president at the 2007 NDPhA Annual Convention in Fargo, ND. It was exciting to see all the technicians from around the state showing support and involvement.

I have been a pharmacy technician for 6 years. I have been on the NAPT Executive Board for about 5 years now and enjoy being involved and showing my support to fellow technicians.

My goal for this year, while serving as President of NAPT is to get more technicians involved in our growing profession. I would like to set aside some time after Fall Conference to get out to each district and have a town hall meeting to discuss and voice concerns the general public might have. If anyone has comments or concerns, please feel free to contact any member of the board so we can continue to make strides for the future of pharmacy technicians.

I hope everyone has a great summer!

Congratulations to Shayla Maier, Recipient of Northland Pharmacy Technician of the Year Award

NAPT Board of Directors

President of NAPT
Brittany Muchow
Home: 4560 44th Street SW
Fargo, ND 58104
Phone: 701-433-0528
E-mail: britrcough@yahoo.com
Work: MeritCare Hospital Pharmacy
Phone: 701-234-5606

Vice-President of NAPT
Jodi Hart
Home: 1314 4th Street Apt.1
Bismarck, ND 58501
Phone: 701-250-1136
E-mail: jhart@primecare.org
Work: St. Alexis Medical Center
Inpatient Pharmacy
Phone: 701-530-6900

Secretary of NAPT
Nicole Gerjets
Home: 135 Delaware Street
Bismarck, ND 58504
Phone: 701-250-6651
E-mail: ngerjets@primecare.org or
ngerjets@netscape.com
Work: St. Alexis Medical Center
Inpatient Pharmacy
Phone: 701-530-6900

Treasurer of NAPT
Melissa Heley
Home: 75 Evergreen Circle
West Fargo, ND 58078
Phone: 701-640-6033
E-mail: mheley@csm-plus.com
Work: Clinical Supplies Management
Phone: 701-235-8002 ext. 207

Parliamentarian of NAPT
Diane Halvorson
Home: 1531 11th Avenue S.
Fargo, ND 58103
Phone: 701-793-5773
E-mail: dhalvo1034@cableone.net
Work: SCCI Hospital Pharmacy
Phone: 701-241-4145 ext. 310

Member-at-Large of NAPT
Angela Buchanan
Home: 4626 San Juan Drive S.
Fargo, ND 58103
Phone: 701-730-0067
E-mail: abuchanan@csm-plus.com
Work: Clinical Supplies Management
Phone: 701-235-8002 ext. 210
Fax: 701-235-8014

Member-at-Large of NAPT
Eileen Darkow
Home: 301 2nd Avenue NW
Sawyer, ND 58781
Phone: 701-624-5680
E-mail: FLATFOOT@srt.com
Work: B&B Northwest Pharmacy
Phone: 701-828-2213

Past-President of NAPT
Danika Braaten
Home: 1009 4th Street SE
East Grand Forks, MN 56721
E-mail: danikabraaten@northlandcollege.edu
Work: Northland Community & Technical
College
Phone: 218-773-4528

NAPT Fall Pharmacy Conference Agenda

Friday, Sept. 28, 2007

ACPE Program Number: 047-999-07-113-L04

12:00 p.m.	Registration / Lunch
1:00 p.m.	Addictive behaviors/OTC Drug Abuse (0.1 CEU) Don Wahus, LAC
2:00 p.m.	Accelerate into Excellence (0.2 CEU) Rex McCaughtry, L.I.C.S.W.
3:00 p.m.	Break
3:15 p.m.	Accelerate into Excellence (cont) Rex McCaughtry, L.I.C.S.W.
4:15 p.m.	Adjourn
4:30 p.m.	NAPT Business Meeting

Saturday, Sept. 29, 2007

ACPE Program Number: 047-999-07-114-L04

7:30 a.m.	Registration / Breakfast
8:00 a.m.	Community-acquired MRSA (0.1 CEU) VeAnna Selid, RN, BSN, CIC
9:00 a.m.	HIPAA and Drug Diversion (0.1 CEU) Howard Anderson, R.Ph.
10:00 a.m.	Break
10:30 a.m.	Compounding (0.1 CEU) Jen Carlsen, CPhT, RPhTech
11:30 p.m.	Lunch
12:30 p.m.	Spirituality in the Hospice/ Healthcare Setting (0.1CEU) Pastor Steve Anderson
1:30 p.m.	Medical Emergencies (0.1 CEU) Speaker: RJ Benth, LEMT
2:30 p.m.	Adjourn

Northland Association of Pharmacy Technicians (NAPT)

This conference is hosted by NAPT in an effort to bring quality and affordable continuing education to the profession of pharmacy.

Registration and Fees

Advanceded registration fees, for technicians, are $20 for one-day or $35 for both days. Registration at the door will be $25 for one day or $40 for both days.

Advanced registration fees, for pharmacists, are $35 for one day or $55 for both days. Registration at the door will be $40 for one day or $60 for both days.

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

Refunds

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

Guest Rooms

A block of rooms at the Marquis Plaza Suites is reserved at room rates of $65/night single or double occupancy. The block of rooms are reserved under NAPT. These rates are available through September 1, 2007.

After this date reservations are taken on a space available basis.

Call **1-877-774-3250** to make reservations.

NAPT Fall Pharmacy Conference

September 28-29, 2007

REGISTRATION FORM

Marquis Plaza Suites
1525 9th Ave NW
Williston, North Dakota

Name _____

Address _____

_____

Phone (H) _____

Phone (W) _____

Attending (Check any that apply):

	Technician	Pharmacist
_____Full Seminar:	$35/$40	$55/60
_____Friday Only:	$20/$25	$35/40
_____Saturday Only:	$20/$25	$35/40

Check Amount: _____

Make check payable to:

NAPT

Please detach and send your registration & full payment to:

Mercy Medical Center
Attn: Pharmacy Department
c/o Barb Kalloch
1301 15th Ave West
Williston, ND 58801

Target Audience

1. Pharmacists in any area of practice.
2. Pharmacy technicians in any area of practice.

Objectives

1. Identify characteristics of addictive behaviors and OTC drugs commonly abused
2. Explain how to refocus and re-energize your workplace
3. Describe tips to maintain and nurture healthy workplace relationships
4. Identify MRSA, its prevalence in the community, and treatment options
5. Describe infection control techniques to prevent spread of MRSA
6. HIPAA & drug diversion—Explain regulations regarding suspected drug diversion
7. Explain & explore compounding techniques and alternative dosage forms
8. Identify spiritual component of the dying process and how to relate to terminally ill patients
9. Explain how to incorporate spirituality into today's healthcare setting
10. Identify common medical emergencies, assessment of the patient, and emergency treatments administered in the field

The College of Pharmacy, North Dakota State University, is accredited by the Accreditation Council of Pharmacy Education as a provider of continuing pharmacy education.

Attendance at the sessions and completion of the evaluation form will be required to receive CE credit. A certificate of attendance will be mailed to those participating in this program

Faculty

Howard Anderson, RPh – Executive Director, North Dakota Board of Pharmacy, Bismarck, ND

Don Wahus, LAC – Mercy Medical Center

Rex McCaughtry, L.I.C.S.W. – Director, Behavioral Health Services, Mercy Medical Center

VeAnna Selid, RN, BSN, CIC – Infection control/ Wound/Ostomy Care Nurse, Mercy Medical Center

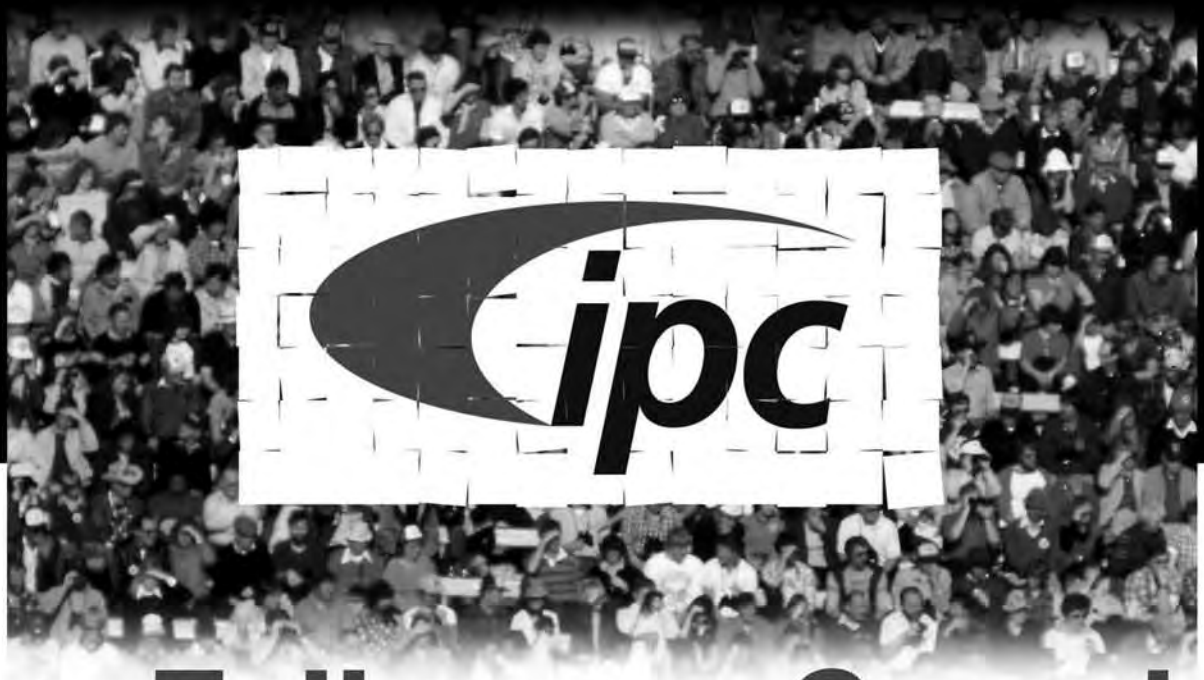
Jen Carlsen, CPhT, RphTech – Technician, Sidney Health Center

Pastor Steve Anderson – Chaplain, Mercy Medical Center; Pastor, Epping Lutheran Church

RJ Benth, LEMT – EMT, Williston Fire Department

Fall Conference made possible, in part, through support provided by Mercy Medical Center and Jack & Jewel's Barbecue (courtesy of Rex McCaughtry)

Sometimes it's OK



to Follow the Crowd

You don't have to be alone to be independent.

6,000 independent pharmacies have discovered the multitude of reasons to take advantage of Independent Pharmacy Cooperative (IPC) and our value-loaded programs. Our competitive pricing, top quality and superb service have made us one of the fastest growing alternative source vendors for independent pharmacy in the nation.

When you buy from us, you get the best of both worlds. You retain your independence and make all decisions affecting your direction and bottom line. Plus, you can take advantage of low volume-based pricing and vast selection with daily access to our 75,000 square-foot distribution facility.

See why so many independents choose IPC: daily free delivery on Rx; significant savings and great selection of OTC and General Merchandise items; over 30 categories of traffic boosters through IPC negotiated contracts; plus, a super variety of promotional or seasonal products.

Don't stand alone and watch.
Be independent AND part of the winning crowd with IPC.

ipc *To find out more call 1.800.755.1531. Or check us out online at www.ipcrx.com*

North Dakota Pharmacy Service Corporation

2007 Operational Budget Summary
January – December 2007

Income:	
Pace Reward	$7,000.00
Membership Dues	$130,000.00
PAC Contributions	$12,000.00
Pharmacy Quality Commitment	$2,500.00
Interest	$3,000.00
Other	$500.00
Total Income:	**$155,000.00**
Expenses:	
Payroll Expense	$71,613.60
General Expense (furniture, phone, supplies, etc...)	$25,830.00)
Education	$500.00
Insurance	$1,330.00
Meetings/Conferences (travel, meals, lodging)	$10,000.00
Occupancy	$7,260.00
PAC Expense (Legal and Legislative)	$19,000.00
Disease State Management	$2,750.00
Other	$3,750.00
Total Expense:	**$142,033.60**
Estimated Year-End Net Income	**$12,966.40**

- If you would like a complete copy of the NDPSC 2007 budget, please contact the ND Pharmacists Association office at: (701) 258-4968 or email mschwab@nodakpharmacy.net
- A 3rd Quarter Financial Report will be included in the September Journal. It will list year-to-date income and expenses for the NDPSC.

North Dakota Pharmacists Association

2007 Operational Budget Summary
April 2007 – March 2008

Income:	
NDPSC - EVP Contract for Services	$40,165.95
Membership Dues	$72,000.00
Associate Membership	$2,000.00
NDSHP	$0
NAPT	$8,500.00
Advertising Income	$3,000.00
Marketing Income	$25,000.00
Convention Income	$5,000.00
Journal Reimbursement (NDSU, BOP)	$16,800.00
Other	$2,400.00
Total Income:	**$174,865.95**
Expenses:	
Payroll Expenses	$67,196.00
Meeting/Conference (travel, meals, lodging)	$9,700.00
Funds to NDSHP	$8,760.00
Funds to NAPT	$4,600.00
Insurance	$1,350.00
Grant Expense (last payment from 2006)	$7,500.00
Occupancy	$5,640.00
General Expenses (supplies, phone, internet, etc...)	$19,120.00
Journal	$34,100.00
Committees/Special Functions	$4,550.00
Convention	$5,000.00
Other	$1,000.00
Total Expense:	**$168,516.00**
Estimated Year-End Net Income	**$6,349.95**

- If you would like a complete copy of the 2007 budget, please contact the ND Pharmacists Association office at: (701) 258-4968 or email mschwab@nodakpharmacy.net
- A 6-month financial report will be included in the September Journal, which will show year-to-date income and expenses compared to the 2007 budget for NDPhA.

Howard C. Anderson, Jr. RPh
Executive Director

Electronic Prescriptions
When is a Signature Required? and What is a Qualifying Signature?

With the recent increase in physician practices using electronic office management and electronic record systems, I am getting an increased number of questions about "what is a legitimate prescription".

North Dakota Administrative Code (NDAC) Chapter 61-04-06 – Prescription Requirements subsections 2 and 3 requires that a hard copy prescription form be signed or bear the signature of the prescriber. This signature should be the same signature as the prescriber would use when signing a check or other document. Thus, the rule requires that written, typed or printed, prescriptions given to the patient be signed by the prescriber. That means the prescriber takes pen-in-hand and physically signs the prescription. Rubber stamps, signature by a nurse, or any other office personnel for the prescriber and computer-generated signatures are all examples of illegal signatures. A hard copy prescription given to the patient that is "signed" in one of these ways is an illegal prescription and may not be filled as presented. If the prescription is for anything except a Schedule II Controlled Substance, the pharmacist may, of course, take a verbal order from the prescriber or the prescriber's designated nurse. Under no circumstances should a prescription presented to a pharmacist by a patient that has one of the illegal signatures mentioned above be filled without contacting the prescriber for a valid authorization. A Schedule II prescription with an illegal signature is not valid and must be re-written by the prescriber. This signature requirement applies to all paper prescriptions given to a patient or written and faxed by the prescriber, whether hand- written, typed or computer-generated. The prescriber must physically sign these prescriptions.

On the other hand, prescriptions that are generated by an electronic prescribing system and are transmitted from the prescriber's computer directly to the pharmacy fax-machine or computer will not have a manual signature. No paper prescription is generated by the prescriber, so there is nothing to sign. Depending on the system used by the prescriber, the electronic prescriptions may have a computer-generated signature, or a printed name where the signature would be and a statement saying this is an electronic signature.

Of course, the prescription must also contain all of the elements listed in NDAC Chapters 61-04-06-02 or 61-04-06-03 if it is for a controlled prescription.

Additionally, keep in mind that if you write a prescription or print-it-out and fax it to the pharmacy and subsequently hand it to the patient, that patient now has two valid prescriptions, which they can get filled. This could be a serious source of diversion of controlled substances and as a general rule should not be done.

If you have any questions contact me at the Board of Pharmacy - 701-238-9536 or email me at ndboph@btinet.net.

John Savageau
President, NDSHP

Special congratulations to Fargo for the tremendous planning and hosting of the annual convention. Further thanks to John Goerstner and Hannah Vanderpool of ASHP. Hannah has provided NDSHP officers continuous input and feedback on the necessary requirements to maintain our affiliation with ASHP as NDPHA moves to the academy model. Mr. Goerstner, RPh, made a special effort to attend the annual convention coming all the way from Maryland. Mr. Goerstner attended the NDSHP business meeting and reiterated the need for NDSHP to have financial and policy making autonomy to satisfy the requirements for national affiliation.

As president of NDSHP, I have three goals for this year. First, to identify all NDSHP members and establish an e-mail list to better inform of NDSHP activity. Second, to involve NDSHP in the medication therapy management/disease state management. Third and final goal is to inform and enroll as many NDSHP members in a new on-line CE program specifically targeting pharmacists who work in health systems.

As most of you know, NDPHA is moving towards an academy model of governing. Therefor, NDSHP officers will be required to modify our bylaws to determine the criteria for membership. Tentatively, a model consisting of active membership and associate membership is being considered. NDSHP hopes that all pharmacists would chose to belong, but in order to maintain our affiliation with ASHP within the academy model, certain criteria will need to be established for active and associate members.

Disease state management continues to move forward with the help of Dave Olig. Several DSM software presentations have been made and a vendor has not been chosen. I would encourage all pharmacist, regardless of practice setting to be involved. In order to participate and bill for these programs, you must have applied for a NPI number.

Finally, at the convention, a change in NDPHA's bylaws was voted on that would allow any pharmacist to opt out of the association and be entitled to a refund of their dues. At this point, I would encourage all present NDSHP members to remain in the association.

ASHP House of Delegates Nomination Form Page 10

NDSHP Board of Directors

President
John Savageau
Medcenter One Hospital Pharmacy
Work Ph: (701) 323-6186
Fax: (701) 323-6988
E-Mail: jsavageau@mohs.org

President Elect
Brian Ament
Jamestown Hospital Pharmacy
Work Ph: 701-952-4797
Fax: 401-253-4793
Email: bament@jamestownhospital.com

Secretary/Treasurer
Joan Johnson
St. Alexius Medical Center Pharmacy
Work Ph: (701) 530-6924
Fax: (701) 530-6940
E-mail: jjohnson@primecare.org

Member-at-Large
Mark Plencner
MeritCare Hospital Pharmacy
Work Ph: (701) 234-5603
Fax: (701) 234-5090
E-Mail: markplencner@meritcare.com

Past President
Joel Aukes
SCCI Hospital - Fargo
Work Ph: (701) 241-9099
Fax: (701) 241-4351
E-Mail: jaukes@triumph-healthcare.com

McKesson Delivers the Industry's Best Service

So You Can Focus on What Really Matters: Your Patients

Success begins with knowing your business. Your McKesson representative will conduct an annual profitability analysis to track your strengths, find new opportunities, and understand your unique business issues.

Being your strategic advisor is just the start. With McKesson, you'll get the industry's best service and innovative programs that can help you enhance profitability—from managed care and generics, to automation and best-in-class front-end services.

Most important, you'll get a partner committed to promoting your interests so you can focus on providing the personalized care that sets you apart.

Call today to learn how McKesson can help build your independent pharmacy's success.

Kim Diemand, Vice President Sales
Todd Bender, District Sales Manager
Lynn Swedberg, Retail Sales Manager
701.371.3849
Little Canada Distribution Center

McKESSON
Empowering Healthcare

Financial Forum

This series, **Financial Forum**, is presented by Pro Advantage Services, Inc., a subsidiary of Pharmacists Mutual Insurance Company, and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

Total Return: The Big Picture of Investment Return

Sometimes the most obvious concepts are the ones we tend to forget. In the case of investment strategy, the concept of total return is such a simple one that many investors neglect to account for it when building their portfolios. But don't underestimate its significance.

Total return is the sum of two components -- investment income (dividends or interest payments) plus capital appreciation (the growth of the investment's market value). When combined, these elements give you the "big picture" of what your investment is doing for you.

The idea of total return applies to any investment that can fluctuate in market value. When you invest in growth mutual funds, stocks, or municipal bonds -- to name a few -- you need to consider total return, since these investments have a potential for gain and can appreciate over time. An investment such as an FDIC-insured CD, on the other hand, offers fixed income with no chance for capital appreciation.

Total return and stocks

The stock market is one area where total return can be a key indicator of your investment's success. And over the long term, total return on stocks has outpaced total return on other types of securities, although past performance does not guarantee future results.

Total return and municipal bonds

Total return can also be used to select bonds. Municipal bonds, for example, offer both fixed income in the form of federally tax-exempt interest payments, and the potential for capital appreciation -- since when interest rates drop, bond prices increase. However, while the interest is federally tax-exempt, appreciation in the bond's price, like any capital gain, is taxable, although they could be subject to state, local or Alternative Minimum Tax (AMT).

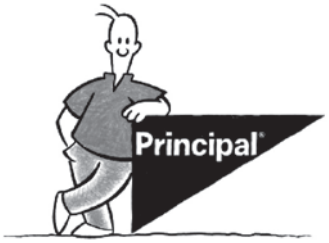
Many investors consider only the tax-exempt interest when they think of municipal bonds. Yet the price appreciation on a muni can add substantially to its total return if interest rates are falling while you hold the bond.

While it would seem that the idea of total return is all too obvious, it is often neglected as the best way to judge an investment. Often investors are bombarded with "compounded rates," "year-to-date rates," "effective yields," and so on. The prudent investor asks, "If I invest $1,000 in this today, sell it at $1,100 three years from now, and get 5.5 percent interest along the way, how much ends up in my pocket?"

Although other measures of return do have a bearing on one's judgment of an investment, for most of us total return is the most telling. And that's the big picture.

The Dow Jones Industrial Average is composed of 30 common stocks chosen by the editors of The Wall Street Journal as representative of the broad market and of American industry. Indexes are presented to provide you with an understanding of their historic long-term performance; they do not represent the performance of any security. Investors cannot directly purchase an index.

Provided by courtesy of Pat Reding, CFP of Pro Advantage Services Inc., in Algona, Iowa. For more information, please call Pat Reding at 1-800-288-6669.



Individual Disability Income Insurance

The Greatest Purchase He Ever Made

Sometimes it's the simplest activities that can lead to an injury. Just ask Kevin Hope. In June of 2006, Kevin, a 31-year-old pharmacist, was going through his usual morning routine at home and bent down to pick up his young son. That simple act resulted in a severe injury to his back; he found himself unable to get off the floor or even move without a great deal of pain.

The worst day of his life

Kevin called the rest of that day "the worst day of my entire life" – a harrowing whirlwind of an ambulance ride, an emergency room visit, an appointment with a specialist and finally a hospital stay. The diagnosis: a herniated disc in his back.

The next three months proved almost as daunting. Kevin faced a regimen of steroids and physical therapy, which would work for several days and then the pain would return. At this point the doctors realized that Kevin also had a completely ruptured disc that would require surgery. Severe pain continued after the surgery, but eventually got better over the next several months.

During this ordeal, Kevin was unable to work at his job as a nuclear pharmacist since it required him to be on his feet a great deal and to work non-traditional hours. It was not until December that he was able to return to work. With a wife and child, not bringing home a paycheck for this long could have been devastating. Fortunately, before his injury, Kevin had taken a step that made this disability story a bit happier.

Planning for the "what ifs" of life

Kevin didn't have disability insurance through his employer, so he sought it out on his own. One day when a financial representative was in the office speaking with his employer, Kevin talked to the representative about individual life and disability income insurance. Although only in his early 30s, Kevin had a keen awareness of the "what ifs" in life. Turns out that buying Individual Disability Income insurance from Principal Life Insurance Company was "the greatest purchase I've ever made." It was not too long after that Kevin had to use his coverage.

Initially he had no idea his injury would last several months, so he didn't think to make a disability claim right away. But after time, it became clear the healing process would take a while. Kevin ended up filing a claim three months after his injury. "The whole claim experience went very smoothly. Principal Life even went back and paid benefits from the time of the injury." Kevin especially appreciated the simplicity of having one Principal Life contact who knew all the details of his case.

Essential insurance

"I used the benefit payments for everyday living expenses. After all, savings only go so far when you have hospital bills coming in and the other expenses of raising a family. If I hadn't had this policy, my wife would have had to go back to work full-time or more. It would have been really tough," Kevin says. The benefits weren't only monetary, but also helped relieve stress during this difficult time.

Kevin summarizes the experience this way, "I preach to everybody at work to get this insurance. You've got to have it. It's like water – it's absolutely essential. It doesn't make sense to have a salary you depend on and not protect it. It's your biggest asset. You insure your home. Why not insure your salary? As far as I'm concerned, the protection you receive far outweighs the premium cost."

Principal® Financial Group

WE'LL GIVE YOU AN EDGE℠

Insurance issued through Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, Iowa 50392-0002, www.principal.com

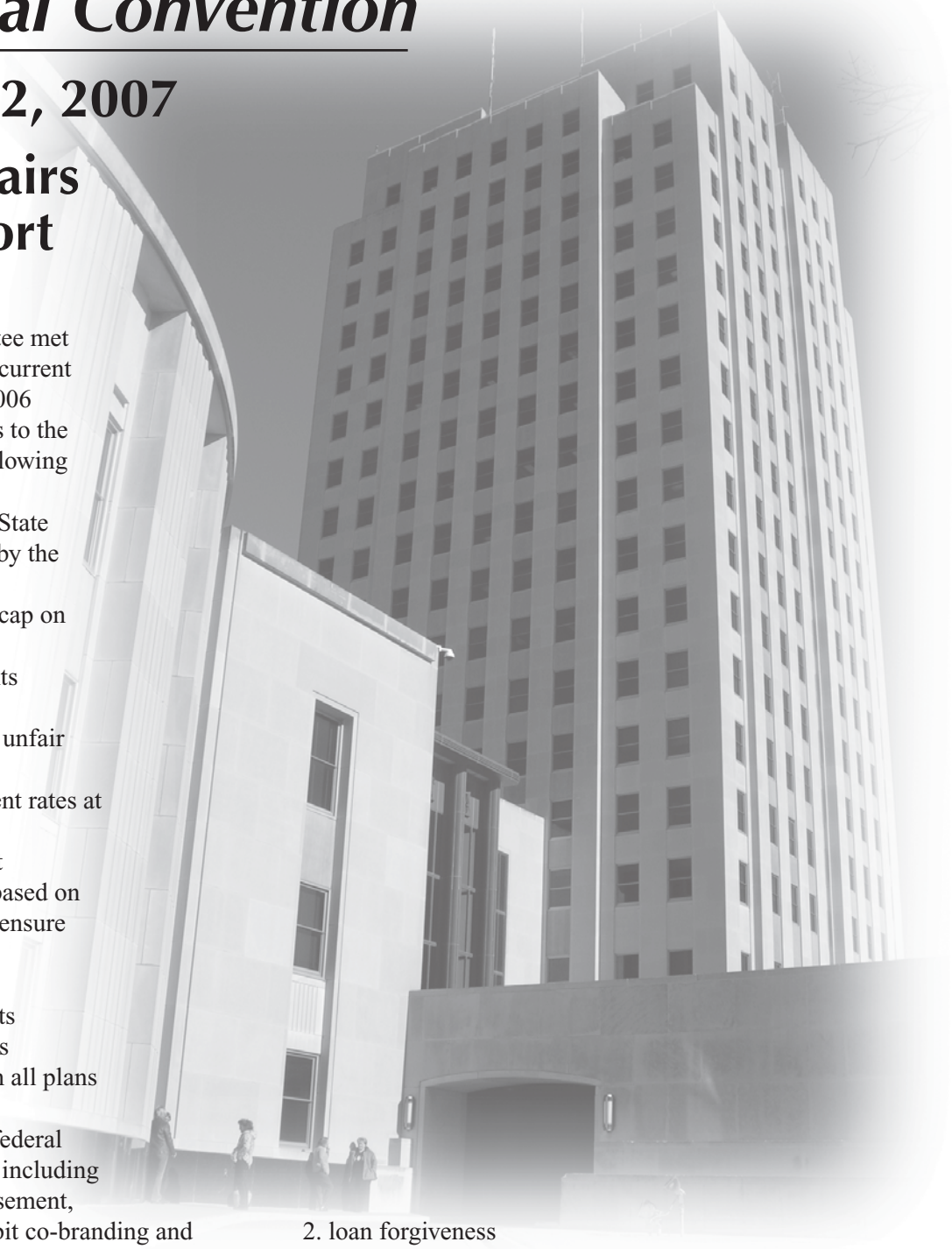
Disability income insurance has certain limitations and exclusions. For costs and complete details of coverage, contact your Principal Life financial representative.

JJ 1263 | 05/2007 | HH 750 | #2854042009

North Dakota Pharmacists Association 122nd Annual Convention

April 20, 21 & 22, 2007

Government Affairs Committee Report



By Steve Irsfeld, Chairman

The Government Affairs Committee met several times last year to discuss the current 2007 legislative session.. The May 2006 meeting forwarded recommendations to the NDPhA board of directors on the following issues:

1. Policy on lobbying - Adapt the State Bar Association policy for use by the NDPhA.
2. Possible change to the existing cap on annual pharmacist license fee
3. Update on the PBM amendments
4. New Legislation
   a. Consumer protection against unfair insurance practices
   b. State-mandated reimbursement rates at a minimum level or
   c. Legislative authority for joint negotiations by pharmacies based on an articulated state policy to ensure patient access to care
   d. Legislation to prohibit:
      • opt-out/ auto enroll contracts
      • all-products clause (requires pharmacies to participate in all plans in order to accept one)
5. Dr Hill provided an update on federal legislation under consideration including prompt pay, minimum reimbursement, patient access standards, prohibit co-branding and mid-year formulary changes, and holding pharmacies harmless for certain costs incurred during Part D implementation

The Committee met via a conference call in October with John Olson to discuss the possibility of using him as a lobbyist for the upcoming legislative session. Mr. Olson is a former state senator and an attorney, with extensive legislative/lobbying experience. The pharmacy issues being developed for the 2007 session include:

1. Medicaid reimbursement
2. loan forgiveness
3. consumer choice against mandated mail order
4. increase "cap" on license fees to $400 (board of pharmacy to introduce, we support)
5. joint negotiations for community pharmacies
6. PBM amendments to strengthen current law

The Committee met via a conference call in November once again to discuss the involvement of Mr. Olson and to discuss the amount of funding available for lobbying purposes. It was decided that we were to do as much as we could on our own to limit the costs to the association.

Legislative Breakfasts:

Meetings with area legislators were held in each district except for district 3. They were well attended by the local legislators and information was provided regarding issues of the upcoming legislative session.

Legislative Rally:

Students from NDSU and pharmacists provided free health screenings for legislators and state employees and served ice cream on January 16. Special thanks for the support provided by local pharmacies, pharmacists, and the College of Pharmacy

PAC Fund:

The NDPhA Political Action Committee Fund depends entirely on contributions by individual members in support of political activities that further the cause of pharmacy in North Dakota. These funds are used for mailings, legislative breakfasts, contributions to candidates, caucuses, and special events. By participating in these activities NDPhA has an opportunity to build support for the most important public policy decisions impacting the profession and the industry. I strongly encourage all pharmacists to contribute to the PAC fund and increase our opportunities to participate in the political process.

A special thanks to Lori Giddings for holding the NDPhA together during this legislative session and to Mark Hardy, who was an intern at the association office during the legislative session. Thanks to all those who took time to participate by participating in hearings, contacting their legislators and contributing to the PAC fund.

Legislative Update for 2007

HB 1054

House Bill 1054 is an operational bill that provides guidelines for pharmacy closings and reporting requirements, as well as to raise the legislative cap on the license renewal fee, which includes North Dakota Pharmacy Association dues, from $200 to $400. The bill was heard by the House Human Services Committee. Amendments were made to strike out the cap increase. The bill with the amendment – Passed House – Passed Senate – Signed by Governor – filed with Sec of State

HB 1055

House Bill 1055 relates to the scheduling of controlled substances and loss or theft of controlled substances. The act provides a new section for the process and criteria for deciding if the loss of controlled substances is significant and provides language stating that a Schedule II controlled substance prescription cannot be filled more than six months after the date it was written. It eliminates the seven day signature requirement on phoned in III, IV and V prescriptions. The House floor unanimously voted in favor of the bill. The bill was introduced in the Senate and referred to the Senate Judiciary Committee. Hearing held 3/7. No further information

HB 1256

House Bill 1256 provides $22,000 appropriation for the State Board of Pharmacy to establish and administer a Web Site for a legend prescription drug and device donation and repository program. The Human Services Committee provided amendments that better clarified some of the language in the bill. The bill passed the House by a unanimous vote, and has been introduced in the Senate and assigned to the Senate Human Services Committee. Referred to Appropriations. Hearing held 3/9. No further information

HB 1299

House Bill 1299 expands pharmacy ownership to allow hospitals and nursing homes to have pharmacies anywhere they provide medical services. This bill has been amended to apply only to rural communities where there is one pharmacy, and would allow the hospital to purchase and operate that pharmacy. A provision to study pharmacy ownership and the interaction between the Pharmacy Board and the association was also added. The bill was passed the House by a vote of 78 to 14. Senate Committee Hearing scheduled 10:00 AM Wednesday March 14

HB 1333

House Bill 1333 provides that expressions of empathy by health care providers are inadmissible in civil actions. The bill was passed by the House, 74 to 17, with minor language amendments. The bill has passed to the Senate and was heard before the Senate Judiciary Committee on Feb. 12. The Committee passed the bill by a unanimous vote. Passed Senate – Signed by Governor – filed with Sec of State

HB 1350

House Bill 1350 allows the State Board of Pharmacy to give a license to someone who offers an

accredited postgraduate medical residency training program. The bill received unanimous support in the House. The bill was introduced in the Senate and referred to the Senate Human Services Committee. Senate Committee Hearing scheduled 10:30 AM Wednesday March 14

HB 1366

House Bill 1366 would prohibit a pharmacy benefit manager from imposing any condition or limitation on pharmacists licensed in North Dakota that the manager does not require of any other pharmacists. Despite a "do not pass" recommendation from the House Human Services Committee, the House did pass the bill 63-28. The bill was introduced in the Senate and will be heard by the Senate Human Services Committee. Senate Hearing scheduled 8:30 AM Wednesday March 14

HB 1431

House Bill 1431 states that a pharmacist may not dispense a generic drug or interchange one generic for another for epilepsy or convulsions without the consent of the patient and the practitioner who issued the prescription. The bill would also restrict insurance companies, a nonprofit health service corporation, or health maintenance organization from penalizing a practitioner for issuing, a pharmacist for dispensing, or patient requesting a specific drug for the treatment of epilepsy or convulsions. The bill passed the House with an amendment that provided definitions and language clarification by a vote of 77 to 15. Senate committee hearing held 3/6. No further information

HB 1432

House Bill 1432 would allow the Board of the Public Employees' Retirement System to establish a collaborative drug therapy program that would be available to individuals in the medical and hospital benefits coverage group for the purpose of improving the health of individuals in identified health populations and to manage health care expenditures. The bill speaks specifically about assistance from the ND Pharmacists Association. The bill received unanimous support from the House. Senate committee hearing scheduled 10:00 AM March 13.

HB 1433

House Bill 1433 also relates to the establishment of a collaborative drug therapy program, but is targeted to individuals with diabetes. The bill specifies that the ND Pharmacists Association shall work with the Public Employees' Retirement System board to establish a standardized patient self management program, etc. An amendment made to the bill removed a provision that allowed the board to contract for insurance for the collaborative drug therapy program. Rather, the funds would be raised from a two-dollar-per-month charge on the policy premium for medical and hospital benefits coverage. The House passed the bill as amended. Senate committee hearing scheduled 9:15 AM March 13.

HB 1455

House Bill 1455 requires wholesalers to keep a pedigree. The bill also provides language relating to criminal history background checks for the managing person. An amendment was made to the bill to exempt manufacturers licensed with the US Food and Drug Administration from bonding, pedigree, inspection and background checks, but not the licensing requirement. The bill passed the House by a unanimous vote. Senate Human Services Committee Hearing – 8:30 am Tuesday March 13

SB 2134

Senate Bill 2134 allows the State Board of Pharmacy to establish and maintain a prescription drug monitoring program that will track the prescribing and dispensing of all controlled substances. The bill was amended to give the board authority to monitor the program for misuse or misbehavior. An advisory council to advise the State Board of Pharmacy was also created through the amendment. The bill passed the Senate by a vote of 46 to 0. The bill was introduced in the House and was heard before the House Human Services Committee on Feb. 12 where it was rereferred to the House Appropriations Committee.

SB 2260

Senate Bill 2260 allows state boards and agencies, including the State Board of Pharmacy, to perform statewide and nationwide criminal history checks and lays the guidelines for conducting checks. This bill passed the Senate floor by a unanimous vote. Senate committee hearing held 3/6. No further information.

Shape the Future of Independent Pharmacy

Join Health Mart today!
Visit www.healthmart.com

Managed care
that drives PBM recognition

Branding
that drives consumer recognition

In-store execution
programs that drive manufacturer recognition

Community advocacy
that drives industry recognition

Please contact:
Lynn Swedberg
701.371.3849
lynn.swedberg@mckesson.com

MISC0142-03-07

Classifieds

PHARMACIST WANTED

Pharmacist Wanted, Bismarck
Full or Part-time opening
Contact Sherry Furcht, Arrowhead Plaza Drug, Bismarck
701-223-8806

Relief Pharmacist Wanted
for Pharmacy near Bismarck
Contact the NDPhA Office at 701-258-4968

KeyCare Pharmacy in Minot, ND is looking for a
Full-Time Retail Pharmacist.
Please Contact Chad with any questions.
Chad Ziegler Pharm.D.
KeyCare Pharmacy
701-857-7902 chad.ziegler@trinityhealth.org

PHARMACY TECHNICIAN WANTED

Registered Pharmacy Technician
Medicine Shoppe – Jamestown
John Fugleberg
701-252-3002

Position Available for a Pharmacy Technician
Bismarck, Full or Part-time opening
Store hours: 9-7 Mon-Fri; 10-4 Sat. Closed Sundays & Holidays
Contact: Tom Moe or Kim Mattern at
Northbrook Drug, Bismarck
701-258-1412 or after hours Tom 701-471-0083

PHARMACY FOR SALE

Peace Garden Pharmacy
PO Box 729, Dunseith ND 58329
Contact: Don Thompson 701-228-2291

Thompson Drug
505 Main, Bottineau ND 58318
Contact: Don Thompson 701-228-2291

WANTED TO BUY A PHARMACY!

Young energetic pharmacist looking to purchase a pharmacy in the Fargo or surrounding area.
Will keep all information confidential.
Please call Kelly at 701-799-3354 or e-mail at ndrph@hotmail.com.

Pharmacy Time Capsules

By Dennis B. Worthen, Lloyd Scholar
Lloyd Library and Museum, Cincinnati, OH

1982 - Twenty-five years ago:

- Board of Pharmaceutical Specialties begins certification in Nuclear Pharmacy

1957 - Fifty years ago

- Orinase marketed
- Influenza pandemic on 1957. There were seven U.S. manufactures of vaccine—Eli Lilly, Pitman-Moore, Lederle, National Drug Company, MSD, Parke Davis and Abbott

1932 - Seventy-five year ago

- Nevada Pharmacists Association formed
- Four-year course required to take state boards for registration

1907 - One hundred years ago

- Montana College of Pharmacy formed

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

Don't be content to watch from the sidelines.

Pace Alliance offers you the chance to make your pharmacy a prosperous business, one that stays ahead of the game. We know what it takes to survive. After all, we have been running ahead of the bulls for 22 years.

Plus, teaming up with Pace benefits the North Dakota Pharmacists Association.

So stop watching from the sidelines. Join the group of your peers who want to control the destiny of their businesses in order to prosper.

This is your chance to take the bull by the horns.
Contact Pace Alliance today.

PACE ALLIANCE

Good for your pharmacy and your profession.

1-888-200-0998 • www.pacealliance.com

WE MOVED!

North Dakota Pharmacists Association
North Dakota Pharmacy Service Corporation
North Dakota Society of Health-system Pharmacists

Old address: 1661 Capitol Way Suite 102
Bismarck ND 58501-5600

NEW ADDRESS: **1641 Capitol Way**
Bismarck ND 58501-2195

Phone & Fax numbers will be the same:
Phone: 701-258-4968
Phone: 701-258-4922
Fax: 701-258-9312

NEW EXECUTIVE VICE PRESIDENT: Michael Schwab

NDPhA NORTH DAKOTA PHARMACISTS ASSOCIATION

NDSU COLLEGE OF PHARMACY, NURSING, AND ALLIED SCIENCES

1641 Capitol Way
Bismarck, ND 58501-2195

Change Service Requested

Presorted
Standard
U.S. Postage Paid
Bismarck ND
Permit No. 419