NoDak Pharmacy

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Changing Trends:
Pharmacies Adjust to a Changing Industry

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Mark Your Calendar

January Calendar Events

January 3
Legislative Session Begins

January 16
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January 23
EVP Search Committee Meeting

January 27
NDPhA Board of Directors Meeting

March Calendar Events

March 16-19
APhA Annual Meeting in Atlanta

April Calendar Events

April 20-22
NDPhA Annual Convention in Fargo

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Changing Trends:
Pharmacies Adjust To A Changing Industry

The Dakota Drug has been in the Rodenhizer family for several years, but current owner, Brent,, may be selling the pharmacy if he can find an acceptable buyer.

By Tessa Sandstrom
Clearwater Communications

Mandan Drug had been a staple in the community for more than 100 years, but on December 22, Russell Kruger filled his last prescription. Kruger retired after 24 years of service in the drugstore. He and his wife bought the store in 1982, and in following years opened a chocolate shop and reopened the lunch counter and soda fountain. Since then, the drugstore has become a popular establishment in the community.

The legacy the Krugers created with the soda fountain and lunch counter will continue as a young couple from Bismarck takes them over. The pharmacy section, which opened its doors in 1883, will be closed for good. The Thrifty White Drug in Mandan now services Mandan's patients.

The Mandan Drug is just one of many North Dakota pharmacies that have closed this year, but not every drug store closes willingly. For many pharmacists, including Brent Rodenhizer of Stanley, changing trends in North Dakota's health care and insurance plans are forcing them to consider closing their businesses. For others, however, changing trends are allowing them to have a presence in up to four places at once, increasing the amount of services to rural areas.

Changing trends

Although all pharmacies both state- and nationwide are struggling with low reimbursement rates, rural pharmacies are especially feeling the winds of change since they are often the sole provider in the community. Pharmacists find themselves working longer hours to meet the community's demand, but are not being reimbursed for the extra time and efforts, says President of the North Dakota Pharmacists' Association, Dennis Johnson. For Rodenhizer of the Dakota Drug in Stanley, the pharmacy business

has become very demanding, partly because of low reimbursement plans by North Dakota's major insurance providers. Furthermore, Jody Doe of Killdeer Pharmacy says reimbursement plans are asking pharmacists to tighten their belts, while not asking drug companies to tighten theirs. Some pharmacists have tightened their belts more than the business can withstand. Rodenhizer says it's been difficult, and is now trying to sell his business.

"You have to work more hours now to make the same amount of money," he says, and Kruger agrees.

"You can't make a profit on just a 10 percent gross mark-up," says Kruger about the reimbursement, "and we don't even get that. I didn't plan it that way, but I'm retiring at the right time."

One break Rodenhizer does receive is rural benefits from Blue Cross Blue Shield, North Dakota's largest insurance provider. Because of Stanley's rural location, reimbursement is not as low as more urban pharmacies experience. Rural pharmacists appreciate the break, but agree that a half percent to one and a half percent more in reimbursement is not enough.

Johnson has found it's not only the lack of financial reimbursement that is changing pharmacists, but that their services to the community are sometimes overlooked. With the increase of prescription volume, pharmacists are finding less time to give customers the counseling they deserve and need.

"We're not looked at as a viable part of providing health care to the community, but we are," sys Johnson. "How many people come in with complaints and we end up providing health care? You're providing a lot of informational comfort to people, and you're not getting reimbursed."

Back in Stanley, Rodenhizer says he won't quit serving his patients until the pharmacy is sold, but citizens are still concerned and don't want to see the pharmacy go. If Rodenhizer can't find a reasonable offer in the next few years, residents may have to drive as far as 30 miles to get their medications. For Rodenhizer, even deciding what to do if he can sell the pharmacy for a reasonable price has been emotional; he will have to decide to either stay in Stanley with his family, or move elsewhere. Rodenhizer, however, is not giving up completely. "I feel we are not a lost cause, yet," he says.

If rural pharmacists need reassurance, they need only to look toward Grafton. Kari Pastorek and Beth Wharam recently bought a pharmacy in Grafton and are experiencing considerable success. Although Pastorek and Wharam also struggle with reimbursement rates and other factors, careful management has kept their pharmacy alive and growing. Pastorek attributes much of this to the service she and Wharam are able to offer. According to Pastorek, they have worked hard to create and improve relations with the community, hospital and nursing home, and says working together has made a big difference. "Business is good, stable and has been growing," says Pastorek. "We've been happy with the purchase."

Rise in telepharmacies

Kruger and Pastorek have experienced considerable success with their pharmacies, but for smaller, more rural communities, the future of rural pharmacies is based on technology. Technological advancements have brought optimism to rural communities, allowing them to adapt to changing pharmacy trends.

According to the Executive Director of the State Board of Pharmacy Howard Anderson, many pharmacies are closing, but several telepharmacies have opened in their place. In the past four years, 13 telepharmacies have opened in North Dakota, all of them in predominantly

Brent Rodenhizer is thinking of closing his pharmacy, Dakota Drug, due to the many challenges that pharmacist face.

rural areas. In an effort to continue services in rural areas, pharmacists in neighboring towns monitor registered pharmacy technicians who are getting prescriptions ready for verification from a pharmacist at a central pharmacy, using computer, audio and video links to see what the technician has prepared. The pharmacist is then counseling patients through a television and voice link, where each can see and talk to the other person. Pharmacists are allowed to operate up to four telepharmacies, and this is the route many rural communities are taking when they cannot replace the pharmacist upon retirement.

The rise in telepharmacies seems to be a positive trend among the challenges the industry faces. Johnson believes telepharmacies serve a good purpose to the community, and are very capable of offering excellent services and advice.

Jody Doe is one pharmacist who owns and operates a retail pharmacy in Killdeer and a telepharmacy in both Beach and New England. So far, the telepharmacies have been a success. According to Doe, telepharmacies are no more expensive to open or operate, and they actually have one advantage over retail pharmacies: he does not have to pay the high salary for a licensed pharmacist. Instead, pharmacy technicians are employed, and according to Johnson, they have become a viable part of the pharmacy. The only problem in this, says Doe, is finding a qualified technician who wants to live in a rural area. The numbers are just not in the rural areas, and often, Doe has had to come up with tech correspondents in Wahpeton.

But, even if a technician doesn't want to live in a rural area, the rural area does want its own pharmacy, as the people of Stanley and several other rural areas have shown. This keeps Doe optimistic in a changing industry. "Towns that have telepharmacies are very welcoming. They enjoy having the service. It's very convenient. I think telepharmacies are around to stay."

The Dakota Drug prepared for Christmas and its Christmas open house, which was held at the beginning of December.

The North Dakota Department of Human Services is proposing to create N.D. Administrative Code chapter 75-02-02.3, Prescription Drug Monitoring Program, and the State Board of Pharmacy is proposing to create N.D. Administrative Code section 61-12-01-01.

Notice Of Intent To Adopt Or Amend Administrative Rules

Relative To North Dakota Administrative Code Title 61 Pharmacists

The purpose of the Hearing is to adopt by reference the Prescription Drug Monitoring Program Rules, being promulgated by the North Dakota Department of Human Services in Chapter 75-02-02.3. The rules incorporated by reference relate to the Prescription Drug Monitoring Program described in Chapter 413 of the 2005 Session Laws. It is the intention of this joint promulgation and adoption by reference to make these rules enforceable by the Board of Pharmacy under Title 61 authority of North Dakota Century Code 43-15 and 19-03.

A public hearing on the rules under consideration will be held on February 20, 2007, in the AV room 210, located on the second floor of the State Capitol, 600 East Boulevard Avenue, Bismarck, North Dakota. The hearing will start at 9:30 a.m. and will continue until 11:00 a.m., or until no further testimony is offered, whichever occurs first.

Copies of the proposed rules are available for review at all county Social Services offices, Human Service Centers, the Board of Pharmacy, 1906 East Broadway Avenue, Bismarck, North Dakota and the North Dakota Department of Human Services, 600 East Boulevard Avenue, State Capitol – Judicial Wing, Bismarck, ND. A copy of the rules and regulatory analyses may be requested from the North Dakota Department of Human Services by writing to the Department at 600 East Boulevard Avenue, Bismarck, ND 58503, or by calling (701) 328-2311; or from the Board of Pharmacy by writing to the Board at 1906 East Broadway Avenue, Bismarck, ND 58501 or by calling (701) 328-9535. Requests to the Board of Pharmacy may also be made electronically to: ndboph@btinet.net. Written data, views, or arguments must be received no later than 5:00 p.m. on March 2, 2007.

If you plan to attend the public hearing and will need special facilities or assistance relating to a disability, please contact the North Dakota Department of Human Services or the Board of Pharmacy at the above phone number or address at least fourteen days prior to the public hearing on February 20, 2007.

Dated this 1st day of December, 2006.

Howard C. Anderson, Jr. RPh
Executive Director

Request For Help From Hospital Pharmacists

The issue of Tech-Check-Tech or Technicians checking the work of Technicians has surfaced at least three times recently.

In the past, the Board of Pharmacy indicated that they do not have opposition to a Tech-Check-Tech Program, particularly in hospitals. There may also be other instances where a program would work well. The North Dakota State Board of Pharmacy has operated under these guidelines for a Tech-Check-Tech Program.

We asked that the pharmacy put the program in their Policy and Procedures, describing what they intend to do and how they intend to do it. Include a statement that the pharmacist on duty or the pharmacist-in-charge is responsible for the final product coming out of the pharmacy. How the pharmacy arrived at that final product, in the pharmacy, is up to the pharmacist. The only caveat the Board has stipulated is that there be no option for the pharmacy to blame the final product on the Technician, should there be patient injury or an error should occur. A defense at a Board Hearing that "the technician did it" is not an acceptable defense.

Beyond these guidelines, we have not required any reporting to the Board of Pharmacy, or any prior approval of the program, a pharmacy might develop. We are certainly willing to review any program a pharmacy might develop, to help with guidance.

Board Member, Pharmacist Dewey Schlittenhard, brought up the issue at a recent Board Meeting. He indicated that perhaps the Board should be more descriptive in the definition of what exactly should be done in a Tech-Check-Tech Program. He felt that pharmacists might be constrained because they did not have specific guidelines on how to approach a Program.

In the past, the Board had always felt that we should let pharmacists decide what is best for their pharmacies, whenever we could take that approach. They felt that too many rules might stifle initiatives and new ideas.

Perhaps our perception is incorrect, and many of our hospital pharmacies have already instituted Tech-Check-Tech Programs within their pharmacies and we simply do not know of them. We would like some open discussions with our hospital pharmacists on how we should approach this issue and what you would like to see from your Board of Pharmacy.

Let me list a few things I think Technicians are already doing in our facilities, and perhaps our pharmacists and technicians could add to this list, tell us which ones are actually Tech-Check-Tech instances and tell us which areas of pharmacy they would like to have more freedom to allow their technicians to be responsible.

- Technicians currently stock Automated Dispensing Machines and either check each other or rely on the barcode as verification of the correct product being stocked.
- Technicians currently stock the product in most of the robots, which our pharmacies and hospital pharmacies use. Again these are not checked, except to verify that the correct NDC number was used.
- A technician currently received a prescription from a patient, or in some cases a practitioner, and prepares the prescription for final dispensing by the pharmacist, while performing the proper NDC reference check during the process. The pharmacist reviews the final product and dispenses it to the patient along with the review of the patient's medications and the patient information necessary for the proper utilization of the prescription. Often times, during this process, one Technician will check the Technician who actually placed the medication in the bottle, to determine that the correct medication was used. In other instances the Technician is working alone and must prepare the final product on their own for the pharmacist to review.

We are anxious to hear from pharmacists and technicians, relative to ways which could improve the efficiency of our pharmacies, allowing the pharmacist to spend as much time as possible with the patients and the rest of the health care team, in the best interest of the patient.

If the Hospital Society wishes to develop a specific proposal for a rule you would like to see the Board of Pharmacy adopt, we would be happy to discuss that with you. Otherwise, each of you could individually email, or call me with specific suggestions you might have. Also, please feel free to communicate with any of our Board Members at any time.

Thank you for your input.

Are You Audit Ready?

You've heard the joke about the IRS agent who tells the association executive, 'I'm from the government, and I'm here to help.' Well, in this case, the agent actually did.

By Elizabeth E. Solender

After surviving an IRS compliance audit, this Dallas association used the experience to transform its record keeping, administration, and governance.

In the spring of 2005, the Dallas professional association affiliate of Commercial Real Estate Women (CREW) was enjoying tremendous success. Our organization, established 25 years ago, had gained visibility and stature in the Dallas community. Our membership had grown to 300, and our separate charitable arm, CREW Classic, had donated more than $2 million to local charities.

CREW Dallas is one of 60 separately incorporated members of CREW Network, a national federation in Lawrence, Kansas, that works to advance women in the commercial real estate industry. At CREW Dallas, everything was great--until the IRS came calling.

The Internal Revenue Service notified us by letter in the spring of 2005 that they would be performing a compliance audit for both our 501(c)(6) professional association and our 501(c)(3) charitable organization. What could have been a nightmare turned into a unique opportunity to transform much of our organization.

After surviving this experience, we decided to share our tale with other association executives to help them understand the audit process and the administrative and governance responsibilities required of a nonprofit organization.

The Letter's in the Mail

We received the audit notification in a roundabout way, this in itself demonstrating the accounting and recordkeeping issues we had to face. The IRS mailed the initial letter to a previous address still on file with the Texas Secretary of State's office. We didn't receive it.

So the IRS sent a second letter to the office of a former part-time administrator. She forwarded it to the national office, which sent it back to the current part-time administrator's office. Three months passed before Michelle Wheeler, our current volunteer treasurer and chief financial officer of Jackson-Shaw Company in Dallas, received the letter. She opened it during a board meeting, which caused quite a furor.

Wheeler, who is a CPA, immediately called the IRS, apologized for the delay in responding, and set an appointment to meet the agent. The letter included a detailed list of requested documents. The agent requested hard-copy documents of all organization calendars, newsletters, membership directories, committee members, boards of directors, association sponsors, donors to CREW Classic, board meeting minutes, bylaws, and financial records.

To prepare for the meeting, our board members and the national office began gathering documents. Locating these documents proved difficult for four reasons:

- Our chapter did not have a central filing location.
- Our chapter's calendar and newsletters appeared on the organization's Web site; we did not keep paper copies.
- The national CREW office had assumed our accounting responsibilities and was sharing the administrative responsibilities for the chapter with a local part-time administrator. We had sent several boxes of financial information and other chapter materials to the national office, which we now had to get back.
- Our chapter's legal counsel changed annually among attorneys serving on the board. No individual was responsible for current amendments, bylaws information, or for serving as a registered agent.

What Happened to Our Return from 1999?

Given these challenges, Wheeler, with the help of the administrators in Dallas and staff at the national office, spent a month tracking down documents in volunteer files, various boxes, and Web site archives. In September, Wheeler met with the IRS agent, personally delivering four file boxes of materials for the IRS.

We received a letter several months later that included an "explanation of items" document indicating where our organization needed to improve. We learned that no tax returns had been filed for 1999, and a return for another year had been filed without an officer's signature. How could this happen?

A number of things contributed to the oversights, primarily the fact that our financial-reporting formats and information varied from year to year. Some years, our board of directors included an accountant, who served as treasurer. Other years, we did not have anyone on the board with an accounting background. For four years, one of the national accounting firms filed our tax returns pro bono. Even then the firm relied on the accuracy of the information provided, and the returns were unaudited and unreviewed.

In addition, the IRS agent found it difficult to distinguish between the professional association and the charitable organization because of significant commingling in their calendars, newsletters, sponsorships, donations, and even in their board members. For example, the association and charity sometimes solicited sponsorships and donations in the same documents.

Another red flag signaled problems: Other than handwritten thank-you notes, no letters were sent acknowledging donations or the value of the donations to donors.

From Transgressions to Transformations

Although the audit process was time consuming and more than a little scary, we were lucky. The IRS chose not to penalize either organization. Ultimately, we used the process as a valuable learning experience and a unique opportunity to transform our recordkeeping, administration, and boards.

We now have a new registered agent who serves as general counsel and has agreed to archive all official documents. A certified public accountant is acting as the treasurer for the next two years and will oversee the tax returns. Our professional association and charity now have separate boards. We have also hired a full-time executive director to oversee chapter administration and compliance. The new executive director also takes the minutes, which include an attendance record, the date and time the meeting starts, and the meeting agenda. Minutes are not detailed and offer very little narrative.

Based on the lessons we learned, we offer this advice to other association executives:

Designate someone to keep official records. Many association chapters of national organizations have rotating boards and little consistent management. In an ideal world, you would designate an attorney as the registered agent for all notices and as corporate counsel. This person needs to archive most official documents for up to three years.

Obtain consistent accounting services. Rotating volunteer treasurers with different accounting methods can yield inconsistent bookkeeping. If it is financially possible, hire outside accountants. Appoint a financial or audit committee to review the organization's finances and tax returns. Include one financial expert, who should chair the committee, and two or three other individuals who can read financial statements. Depending on the size of your organization, assign an accountant to audit or review all financial information.

Keep complete and accurate minutes. Taking the minutes at a board meeting is not an appreciated responsibility. Yet minutes that document board actions are extremely important.

File the tax return (Form 990). Some organization's volunteers fail to file because they assume that nonprofit organizations do not have to file tax returns. With few exceptions (tax-exempt organizations with gross annual receipts of less than $25,000, churches, and certain religious, state, and local instrumentalities), these volunteers would be wrong.

If your organization does not hire an accountant to file tax returns, include the filing deadlines for state and national returns on your board's calendar. The IRS maintains a Web site (www.irs.gov) that lists filing requirements and links to state sites.

Differentiate between related organizations. Make the differences between your 501(c)(6) trade association and your 501(c)(3) charitable organization very clear. Each board should operate separately, with its own meetings, minutes, newsletters, accounting, and invoices.

When related organizations share members, a board of directors, and administrative services, it can be difficult to discern their differences. Keep in mind that the trade association can provide administrative services to the charity; however, the charity must operate exclusively for its charitable purposes and cannot provide goods or services to the association.

Properly acknowledge sponsors. Professional associations often rely on sponsors to provide funds to underwrite programs and services for their members. Carefully review what benefits sponsors are given in return.

Displaying the sponsor's name and logo is not considered a substantial benefit. However, displaying product information, addresses, phone numbers, price lists, and Web sites is considered advertising. Funds from sponsors receiving these benefits can be subject to unrelated business income taxes.

Is an Audit in Your Future?

All nonprofit organizations are required to file tax returns, but most have never been audited. We were the exception, but that could be changing.

The Bureau of National Affairs reports that since July 2004, the IRS has contacted more than 1,800 nonprofit organizations, initiating either examinations or compliance checks to gather more information. An IRS representative reported in May that this has resulted in 1,225 compliance checks and 600 examinations.

During a compliance audit, the IRS verifies that an organization is adhering to recordkeeping and reporting requirements. Examinations are more detailed. Failure to correct deficiencies can result in an organization receiving monetary penalties and/or losing its tax-exempt status, as well as being subject to additional audits.

By sharing our experience, we hope we've encouraged association leaders to remain vigilant about their recordkeeping, administration, and governance responsibilities. Of course, to ensure proper compliance, it's always a good idea to obtain the advice of a professional accountant or tax specialist--just in case the IRS decides to pay you a visit, too.

Elizabeth E. Solender is past president of the National CREW Network and CREW Dallas organizations, as well as chair emeritus of the CREW Foundation program. The president of Solender/Hall, Inc., a commercial real estate company in Dallas, Solender currently serves as program director for the North Texas Chapter of the National Association of Corporate Directors, Dallas, and on the board of Dallas National Bank.

Continuing Education for Pharmacists

Volume XXIV, No. 10

Natural Products: Devil's Claw to Dong Quai

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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 devil's claw to dong quai, 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.

The paramount difference between drugs and natural products was explained in the first lesson in this series. However, since natural products are a controversial topic for some people, the authors restate that the information presented is neither a promotion of nor a condemnation against their use. It is merely an overview of what has been reported in both the public and scientific literature, and certainly not an in-depth treatise.

DEVIL'S CLAW (*Harpagophytum procumbens*), also known as devil's claw root, grapple plant, and wood spider, is native to the Kalahari desert and Namibian steppes of Southwest Africa. The plant is a perennial. It is very leafy with a branched root system that forms tubers (knobs), which provide its purported beneficial effects.

The name for devil's claw reportedly is derived from the hooks that cover its fruit. These attach the fruit onto passing animals which spread the plant's seeds.

Devil's claw has been used by native Africans as a folk remedy for arthritis, fever, digestive disorders, headache, and kidney and liver disorders. In Europe and North America, devil's claw is marketed as a natural product for the relief of arthritic conditions.

It is also claimed to be useful for arteriosclerosis, fibrositis, gastrointestinal upset, gout, loss of appetite, lumbago, muscle pain, pleuritic pain in the chest, and menstrual difficulties. Devil's claw is approved by the German Commission E (a European agency that oversees the promotion and use of natural products) for the treatment of dyspeptic complaints, loss of appetite and rheumatism. In homeopathic medicine, the primary use for devil's claw is chronic rheumatism.

Devil's claw roots and tubers contain a glycoside (harpagoside) thought to provide an anti-inflammatory effect. However, clinical trials in humans have not consistently demonstrated this effect. Extracts of devil's claw have not been shown to cause any significant side effects.

The typical dose of devil's claw is 4.5 grams per day as a tea given in three doses. The tea is prepared by steeping 4.5 grams of devil's claw in 300 mL of boiled water, for eight hours at room temperature. This solution is strained before ingestion.

DHA, also known as docahexaenoic acid, docosahexaenoic acid, fish oil

Natural Products Covered in the Lesson

Devil's claw
DHA (Docahexaenoic acid)
DHEA (Dehydroepiandrosterone)
Dill
Dimethylglycine
Dolomite
Dong quai

fatty acid, N-3 fatty acid, omega fatty acid, omega-3 fatty acid and W-3 fatty acid, is a major component of fish oil. It is a long-chain polyunsaturated fatty acid, being the longest and most unsaturated of the family of omega-3 fatty acids. DHA is an important component of the phospholipids in cellular membranes, especially those in the brain and retina.

DHA is produced in the human body. The process begins with the conversion of alpha-linolenic acid (ALA) to eicosapentaenoic acid (EPA), which is then converted to DHA by desaturase and elongase enzymes. Desaturase enzymes produce additional double bonds, while elongase enzymes add carbon atoms to make a longer fatty acid chain.

In developing fetuses and young infants, DHA is essential for proper growth and development of the brain, nervous system and retina. Breast-feeding is very important because an infant receives DHA from its mother's milk. Cow's milk and standard infant formulas marketed in the U.S. do not contain DHA. In Europe, by law, infant formulas must be fortified with DHA and in Japan, infant formulas are routinely fortified with DHA.

In the U.S., the concept of whether or not to supplement all infant formulas with DHA continues to be a matter of considerable controversy. A double-blind, randomized, controlled efficacy and safety trial of infant formulas with and without DHA failed to resolve the issue. No beneficial effects were noted, nor were any adverse safety outcomes seen, when these results were measured by growth, infection, hypersensitivity reactions or gastrointestinal tolerance. At this point in time, the consensus is that more studies are needed to settle the matter.

Data for supplementation of DHA in infant-formula milk for pre-term infants are more compelling. DHA is routinely used as a supplement for premature infants. It is also included as an ingredient in infant formulas to be used during the first four months of life to enhance mental development.

The richest dietary sources of DHA are the oils from cold water fish such as salmon, mackerel, herring, sardines, and other marine animals. While DHA can be obtained by eating these fish, there is some controversy over this being a major source, because some commercially available fish contain unacceptably high levels of mercury.

The Environmental Protection Agency warns that pregnant and nursing women, as well as small children, should limit their intake of fish unless it is known for sure that the fish do not contain high levels of mercury. Commercially available DHA nutritional supplements would be better for them.

In combination with eicosapen-taenoic acid, DHA is claimed to be useful for preventing and reversing heart disease and ventricular arrhythmias, asthma, attention deficit disorder, bipolar disorder, cancer, cognitive impairment such as Alzheimer's disease, cystic fibrosis, dyslexia, hay fever, lung disease, lupus erythematosus, migraine headache, dermatitis, hyperlipidemia, hypertension, psoriasis, Raynaud's syndrome, rheumatoid arthritis and ulcerative colitis.

Potential therapeutic effects for DHA are being widely studied. There is some evidence that supplemental DHA may lower triglyceride levels and possibly elevate HDL-cholesterol levels. Preliminary evidence suggests that DHA may prevent or reverse some of the effects of cystic fibrosis. In mice with cystic fibrosis, their lungs, intestines and pancreas contain high levels of arachidonic acid (a precursor to inflammatory prostaglandins), putting them at risk for inflammation and increased mucous secretion. Conversely DHA, which is involved in the regulation of arachidonic acid and cellular fluid balance, is significantly reduced. When researchers restored normal balance of DHA and arachidonic acid, they were able to prevent some lung and intestinal abnormalities. It is not possible to extrapolate these findings to humans, but clinical trials are planned.

There have been no reports of serious adverse effects from the use of recommended amounts of DHA supplements. Side effects that have been reported include mild gastrointestinal upset, nausea and vomiting, as well as a fishy aftertaste and fish-smelling breath.

The usual dose of DHA for pregnant and nursing women is 100 to 200 mg daily. The recommended dose used for hypertriglyceridemia ranges from 1 to 4 grams daily, depending on the individual's triglyceride levels. DHA is best tolerated when taken with meals. It is recommended that DHA supplements contain antioxidants, such as vitamin E, to protect against their oxidation.

DHEA, also known as dehydro-epiandrosterone and prasterone, is a naturally occurring substance produced in the adrenal gland, gonads and brain. It is a steroidal hormone. DHEA and its metabolite, dehydroepiandrosterone-3-sulfate, are the major secretory steroidal products of the adrenal gland. Cholesterol is a metabolic precursor to DHEA.

DHEA has weak androgenic activity and is metabolized to other androgenic substances including androstenediol, androstenedione and testosterone. It is also metabolized into the estrogens estrone and estradiol.

DHEA is used to slow or reverse aging; promote weight loss; increase strength, energy and muscle mass; improve cognitive function; stimulate the immune system; treat systemic lupus erythematosus (SLE), multiple sclerosis, Parkinsonism and Alzheimer's dementia; prevent heart disease, breast cancer and diabetes; and

treat depression and erectile dysfunction.

In reviewing the references used to prepare this lesson, it was found that there is a consensus that there is some (but not conclusive) evidence that DHEA, under medical supervision in selected persons, may be of some help in easing symptoms of SLE; may enhance immune response; may be helpful in some women with adrenal insufficiency; may have a positive impact on depressed mood and memory; and may be useful for replacement therapy in postmenopausal women.

On the negative side, these references also report that there is no credible evidence that DHEA can burn fat or build lean muscle mass; that it can boost sexual performance; that it can fight cancer, diabetes, fatigue, heart disease or osteoporosis; or delay the aging process. It was also found that there is no evidence that wild yam extract is converted into DHEA in the human body as is claimed by advocates of the use of that natural product.

Adverse effects that have been reported in persons taking DHEA include acne, hair loss and abnormal growth, deepened voice tone, insomnia, insulin resistance, lowered HDL cholesterol levels and liver dysfunction. It is generally believed that DHEA should not be used in children, adolescents, pregnant or nursing females and patients with prostate, breast, ovarian or uterine cancer.

The typical dose of DHEA in postmenopausal women and in men is 25 to 50 mg daily. For the treatment of systemic lupus erythematosus, the typical dose is 200 mg per day as an adjunct to conventional therapy. Another interesting point is that the use of DHEA is banned by the National Basketball Association, but not by other sports authorities at this time.

DILL (*Anethum graveolens*), also known as American dill, dill herb, dill seed, dill weed, dillweed, dilly and European dill, is a plant that grows up to 120 cm tall. It is indigenous to the Mediterranean region as well as southern Russia, and is cultivated throughout Europe and both North and South America. Dill is commonly used to flavor foods, and is extensively used as a fragrance in the cosmetic industry.

The medicinal parts of the dill plant are its seeds, fresh or dried leaves, and upper stems. The leaves and stem are referred to as dill herb.

Dill seed is used orally for treatment of fever, colds, cough, asthma, bronchitis, flatulence, liver and gallbladder problems, dysmenorrhea, renal colic, and as a digestive aid. Topically, dill seed is used to reduce mouth and throat inflammation. Dill herb is used orally for diseases of the gastrointestinal and urinary tracts, flatulence and insomnia.

The German Commission E approves the use of dill for dyspeptic complaints. In Indian medicine, dill is used to treat halitosis, respiratory complaints, syphilis and worm infestations.

Dill seed has an essential oil containing a chemical called carvone, which is purported to have antibacterial, antispasmodic, diuretic and sedative effects. Dill herb is reported to be a good source of beta-carotene (a precursor of vitamin A), potassium and iron.

There have been no systemic side effects linked to the use of dill, but there are reports of contact dermatitis and photodermatitis resulting from touching the juice of freshly harvested plants. There is also a report of hypersensitivity reactions in people with allergies to members of the carrot family, which includes carrots, asafoetida, caraway, celery, coriander and fennel.

The typical dose for dill seed is 3 grams daily. Another recommended dosage is two teaspoons of "bruised" seeds added to a cup of boiling water, to be ingested up to three times a day. Its tincture is dosed in amounts up to one teaspoonful three times a day. Oil of dill is taken in doses of two to six drops (100 to 300 mg) daily. Dill seeds are also used as a breath freshener -- one teaspoonful to be chewed as needed. The common dose of dill herb is 1 to 4 grams of the dried herb three times a day.

DIMETHYLGLYCINE, also known as dimethylaminoacetic acid, DMG and N-methylsarcosine, is an amino acid found naturally in both animal and plant cells. DMG is produced in cells as an intermediate substance in the metabolism of choline to glycine.

It has had a somewhat colored past in that DMG has been promoted as a nutritional supplement under the names calcium pangamate, pangamic acid and vitamin B-15. The popularity of DMG-containing supplements peaked in the 1960s resulting from claims that they were used extensively and successfully by Russian athletes, cosmonauts and military personnel to enhance cellular oxygenation, reduce fatigue and enhance physical stamina.

It was discovered later that what had been used was a mixture of calcium pangamate with DMG, with pangamic acid intended to be a delivery form of DMG. None of the claims were ever substantiated, either scientifically or legally, and DMG is no longer considered to be a vitamin or an essential nutrient.

Nonetheless, people still take DMG to optimize athletic performance; improve neurological function; reduce physical and environmental stress; enhance liver function; improve immune response; enhance antiviral, antibacterial and antitumor defenses; and improve behavior and speech in autism.

It is also used to treat alcoholism and drug addiction, allergies, attention deficit hyperactivity disorder (ADHD), chronic fatigue syndrome, respiratory disorders and certain tumors. Additionally, DMG is used to lower blood pressure and blood glucose, cholesterol, and triglyceride levels.

As stated earlier, there is a lack of proof that DMG is effective for any of its claimed uses. Findings that DMG can enhance both humoral and cell-mediated immune responses are based on animal research, not human studies.

Proponents of the use of DMG as a dietary supplement recommend taking 125 mg to 1 gram daily in divided doses.

DOLOMITE, also known as limestone and magnesium limestone, is a mineral containing calcium and magnesium carbonates, as well as trace heavy metals. It is a double salt made up of approximately 50 to 60 percent calcium carbonate (equivalent to 24 percent calcium) and conversely, 40 to 50 percent magnesium carbonate (equivalent to 12 percent magnesium).

Of some historical interest, dolomite was originally named for a French geologist (D. C. Dolomieu). There is a mountain range of the Southern Alps in northeast Italy that contains a large amount of this substance and has been given the name "Dolomite Mountains." Long ago, dolomite was mined from this area for commercial sale.

Dolomite was a very popular nutritional supplement for calcium and magnesium until the 1980s. This was due, in large extent, to the ratio of calcium to magnesium approximating the "natural" ratio of these two elements in the human body. Its popularity diminished, however, when analysis of then available commercial dolomite nutritional supplements demonstrated that they contained substantial amounts of lead and other toxic elements such as arsenic, cadmium and mercury.

While there continues to be advocates of the use of dolomite as a nutritional supplement, the consensus of the references used to prepare this lesson is that their use is not recommended. Many feel that there are better calcium and magnesium supplements on the market, and further, that the trace elements that might be present in "natural" dolomite products could pose health risks to the public, such as lead poisoning, cadmium-induced hypertension and dementia.

Further assertions are made that children, pregnant women, nursing mothers and women of childbearing potential should absolutely avoid dolomite due to potential impurities.

DONG QUAI (*Angelica sinensis*), also known as Chinese angelica, dang gui, danggui, dong qua, phytoestrogen and tang kuei, has been long used in traditional Chinese medicine to treat female health complaints, including menstrual cramps, irregular and diminished menstrual flow, weakness during menstrual periods, and other menopausal symptoms. It is also used as an analgesic in rheumatism; to suppress symptoms of allergies; for anemia and as a blood purifier; to treat ulcers; and for alleviating psoriasis and reversing skin depigmentation.

In the U.S., dong quai is widely used to treat hot flashes and the symptoms of menopause. The root contains a number of chemicals with potential, but as yet unproven, pharmacologic activities. It is claimed to be rich in phytoestrogens (plant-derived chemicals with estrogenic properties). These substances have a weaker effect on estrogen binding sites than their animal-derived and synthetic drug counterparts. The claim is made that when premenstrual estrogen levels are elevated, phytoestrogens bind to estrogen binding sites, leaving the endogenously produced estrogens to be metabolized by the liver, thus reducing excess estrogenic effects and lessening the symptoms of estrogen overload.

Further claims are made that when estrogen levels are low, as in menopause, phytoestrogens bind to estrogen binding sites, activating the receptor in a milder fashion than estrogen replacement therapy with drugs. Some women obtain no favorable effects, while others report they have better relief of symptoms with fewer adverse effects, than they had with prescription estrogen replacement therapy.

There are reports that dong quai can cause photosensitivity and photodermatitis, and that it is potentially carcinogenic and mutagenic. However, others state that these are caused by other forms of angelica, not dong quai.

The typical dose of dong quai is 3 to 4 grams daily in divided doses with meals. It is ingested in its powdered dried root form, or prepared as a tea. A liquid extract of dong quai is used in a dose of 1 mL three times a day. Commercially available 200mg tablets, standardized to 0.8 to 1.1 percent of ligustilide (one of dong quai's components), are recommended for twice daily dosing.

Continuing Education Quiz

Natural Products: Devil's Claw to Dong Quai

1. Devil's claw is approved by the German Commission E for:
   a. dyspeptic complaints.
   b. reduction of cholesterol.
   c. symptoms of menopause.
   d. treatment of heart disease.
2. DHA is an important component of:
   a. carbohydrates. c. proteins.
   b. phospholipids. d. steroids.
3. In developing fetuses and young infants, DHA is essential for proper growth and development of all of the following except:
   a. brain. c. retina.
   b. nervous system. d. skeletal bone.
4. There is controversy over commercially available fish being a major source of DHA because they contain unacceptably high levels of:
   a. cadmium. c. mercury.
   b. lead. d. selenium.
5. Cholesterol is a metabolic precursor to:
   a. DHA. c. DMG.
   b. DHEA. d. DNA.
6. The typical daily dose of DHEA for the treatment of systemic lupus erythematosus is:
   a. 2 mg. c. 200 mg.
   b. 5 mg. d. 500 mg.
7. Dill herb is reported to be a good source of:
   a. beta-carotene.
   b. folic acid.
   c. pyridoxine.
   d. ascorbic acid.
8. DMG is produced in cells as an intermediate substance in the metabolism of choline to:
   a. acetylcholine.
   b. cholesterol.
   c. methacholine.
   d. glycine.
9. Dolomite is a source of:
   a. aluminum hydroxide.
   b. calcium carbonate.
   c. ferrous sulfate.
   d. potassium chloride.
10. In the U.S., dong quai is widely used to treat:
    a. dyspeptic complaints.
    b. high cholesterol.
    c. symptoms of menopause.
    d. heart disease.

Natural Products: Devil's Claw to Dong Quai

December 2006 ACPE # **129-047-06-010-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 _____

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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: 10-15-09

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

And The Law

By Karen E. Peterson, R.Ph., J.D.

This series, **Pharmacy and the Law**, is presented by 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.

Don't Get Caught In The Gap!

Pharmacists and student pharmacists have many opportunities to become involved in their communities through volunteer participation in health fairs and similar events. This is a great way for pharmacists to demonstrate the value of their profession to their patients, friends, and neighbors. However, pharmacists and student pharmacists should remember to plan accordingly for the liability risks that accompany participation in these events.

Consider the case of John, a pharmacist employed by an independent pharmacy. John's employer has professional liability insurance on his behalf, but he does not have his own individual pharmacy professional liability coverage. John is certified to give immunizations. His church has money earmarked to use for the benefit of their elderly parishioners. The committee in charge of disbursing the funds decided the money could best be used to offer free flu shots to elderly parishioners. The vaccine was procured through the county health department and the church asked John to administer the vaccine. He willingly agreed because he recognized an excellent opportunity to use his talents to help his church assist its elderly parishioners.

Unfortunately, one of the people to whom John administered a flu shot developed pain, redness, and swelling at the injection site. She went to her doctor, who diagnosed an infection. The doctor also expressed a belief that the infection was related to the administration of the flu vaccine. The infection was successfully treated with antibiotics, but believing she should be compensated for her medical expenses, pain, and suffering, this person sued John.

What does John do now? The flu shot clinic was not related to his regular pharmacy employment, so his employer's professional liability insurance will not cover him for this lawsuit. The church does not have pharmacy professional liability insurance on John's behalf, so there is no coverage for this lawsuit through the church either. Because John does not have his own individual professional liability coverage, he is caught in a coverage gap. That means John will be personally responsible for paying an attorney to defend him in this lawsuit, as well as for the amount of any settlement or judgment.

By administering immunizations, doing health screenings, and participating in other professional activities that involve direct patient care, student pharmacists are open to the same professional liability risks as pharmacists. If these activities are not performed as part of school or employment, a student pharmacist could be in the same type of coverage gap as John the pharmacist.

Recognizing that there are liability risks involved with volunteering your professional expertise, it is wise to consider ways to protect yourself. Some states have laws limiting the liability of volunteers. Of course, when volunteering, you should exercise the same professional judgment and discretion as in your regular pharmacy employment. Purchasing individual pharmacist

professional liability insurance is an excellent way to protect yourself, regardless of your state's laws concerning volunteers. In fact, you may be required to show proof of liability insurance prior to volunteering in a professional capacity.

If having your own professional liability insurance is part of your plan to protect yourself from the risks associated with volunteering, make sure you are familiar with your policy. You need to be certain that your volunteer activities are covered by your policy. Also, make your insurance company aware if you volunteer in a professional capacity on a routine basis. The extent to which you volunteer could affect your insurance rates.

Volunteering in a professional capacity is an excellent way for pharmacists to be involved in their communities and demonstrate the value of their profession. If you choose to volunteer your professional expertise, consider purchasing your own professional liability insurance if you have not already done so. Not only will having your own policy close the coverage gap, but it will give you peace of mind and allow you to focus on what you do best—caring for patients.

©Karen E. Peterson, R.Ph., J.D. is a Professional Liability Claims Attorney at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

NDSU College of Pharmacy, Nursing, and Allied Sciences Recognition Program

September 21, 2006

Recipients (L to R): Front: Tonya Mayfield, Ole Olson, Nicole Cariveau. Back: Brent Roller, Mark Hardy, Brianne Kent. Presenter: Dr. Patricia Hill.

NAPT Updates

By Danika Braaten - NAPT Presidnet

The holiday season has come and gone, this can only mean one more thing, back to business. The NAPT executive board has planned to offer traveling meetings this spring. We will be traveling to various towns and offering a CE and a chance for you to meet with a representative of the NAPT Board. This gives you the opportunity to share any suggestions, comments, questions, or concerns you may have regarding the profession of Pharmacy Technicians and the role that the NAPT Executive Board plays in the State of ND. While your questions may not be addressed at the meeting, our plan is to have the board representative's document what is shared at the meetings, take such information back to the NAPT Board. It is the boards hope to be able to discuss and process any and all items brought forth at the meetings. Conclusions to such items will be posted in the Nodak or a personal follow up will take place when appropriate.

The meeting are as followed:

Bismarck	March 21 at 5pm at the Expressway Suites
Dickinson	March 22 at 5pm at the Dickinson Inn
Williston	March 23 at 5pm at Airport International Inn
Grand Forks	March 13 at 8:30am at Altru Hospital Room G
Devils Lake	March 14 at 7:30am at Mercy Hospital
Fargo	March 14 at 7pm at the Holiday Inn
Minot	March 16 at 6pm at Health Center West

Remember, you are the NAPT, members of the board are taking time out of their personal lives to travel to your city. Thus, I hope each of you take the time out of your busy day to attend this meeting and share with us your thoughts and ideas regarding our profession and the future there of. I hope to see you there!!

2007 NAPT Technician Of The Year

This award is given annually to a NAPT member who has been an outstanding achiever in the practice of pharmacy as a Pharmacy Technician. Nomination may be submitted by either a Pharmacist or Pharmacy Technician. Some guidelines to keep in mind are:

- o Each nominee shall be an active member of NAPT
- o No nominee shall be a member of the Selection Committee which includes the Vice President of NAPT, past recipients of this award and one additional NAPT member selected by the NAPT President.
- o Each nominee shall be an outstanding achiever in the Pharmacy Technician profession.

Nominations must be submitted via a formal memo and must be signed by the nominator. If your nominee is selected to be the recipient of this award, it will be your option to either let the individual know ahead of time or surprise them at the awards ceremony (if a surprise it will be the nominators responsibility to ensure the recipient will be at the awards ceremony). The letter of nomination will be read at the time of presenting the award. If the nominator wishes to remain anonymous, please indicate this on the memo. **Nominations for this award will be accepted from December 1, 2006 through February 15, 2007.**

Please contact any member of the board if you have any questions about Tech of the year.

If anyone is interested in becoming a board member of NAPT we will have the Vice President and Secretary positions open. Please contact any member of the board if you are interested by Jan. 31, 2007

2006 Fall Conference Update

By Jodi Hart,
Committee Chair

The 2006 NAPT/NDSHP Fall Conference was held September 15 and16 in Bismarck at the Best Western Doublewood Inn.

Friday started with registration and a box lunch, followed by a presentation on medication errors. After the first presentation, there was an exhibitors' display sponsored by representatives from GlaxoSmithKline, Sanofi/Aventis, Genentech, Wyeth, and AstraZeneca. The exhibitors display was followed by a very personal presentation on depression and suicide that left a very strong impact on attendees. The final presentation of the day was presented on a telepharmacy update from an institutional standpoint. There were 47 technicians in attendance and about 15 pharmacists.

Saturday started bright and early with breakfast and registration. There were two presentations given that coincided with one another. One was given on drug abuse of the past and the other was on current drug trends in the state of North Dakota. There was also a presentation given on occupational therapy that allowed attendees to try some of the tools and exercises that therapists use, as well as gain a better understanding of what occupational therapy entails. Lunch was served and the members of NAPT held their business meeting. The final presentations of the day included compounding, the use of technology in the pharmacy, and an overview of home infusion. Saturday had 63 technicians in attendance and about 15 pharmacists.

On behalf of the fall conference planning committee we would like to thank the board members of NAPT and NDSHP for all of their help in the planning of this very large project! We would also like to thank everyone who attended and look forward to seeing some of you in Fargo at the Spring Convention!

National Pharmacy Technician Certification Examination
2007 PTCB Examination Schedule • Application Fee $129

Application Process Begins	Application Receipt Deadline	Application Reprocessing Deadline	Testing Window Begins	Testing Window End	Cancellation Refund Deadline
Feb. 12, 2007	Jan. 12, 2007	Feb. 2, 2007	Feb. 5, 2007	March 9, 2007	March 23, 2007
June 18, 2007	March 30, 2007	April 20, 2007	April 24, 2007	May 25, 2007	June 8, 2007
Sept. 17, 2007	August 3, 2007	August 24, 2007	August 27, 2007	Sept. 28, 2007	Oct. 12, 2007
	Nov. 2, 2007	Nov. 23, 2007	Nov. 26, 2007	Dec. 28, 2007	Jan. 11, 2008

The appropriate materials must be received by the PES by midnight (Eastern Time) of the dated listed in the schedule.

To qualify for a partial refund, you must cancel your application by the cancellation/refund deadline. Candidates who fail to cancel their application by the cancellation/refund deadline will not receive a refund of any amount.

Joel Aukes, RPh
President, NDSHP

During September, October and November I have been traveling to the districts with Advisory Council and ASHP affiliation updates for NDSHP members. I enjoyed the opportunity to meet with each of you and present this information. Your questions and input are important and necessary to ensure representation for our members as a whole. As NDSHP's affiliation with ASHP came up at most of the meeting I thought that I would take this chance to apprise you of the most recent information.

NDSHP's Petition for ASHP Affiliation

In February 2004, ASHP informed all state affiliates that the ASHP Board was changing its policy on affiliation with merged state organizations. ASHP also stated that they were currently in the process of developing new affiliation guidelines. This policy change was made to define ASHP's position on which organizations would be accepted as affiliates so that ASHP could best represent the unique scope and content of hospital and health-system pharmacy. Additionally, they believed that their members' distinct needs were best met by state affiliates who were focused specifically on those needs.

One year later in February 2005, ASHP completed their new guidelines regarding affiliation; these guidelines were sent to all current affiliates. These affiliates were asked to submit a petition for affiliation with ASHP under the new guidelines by January 1, 2007. The almost 2-year window as granted so that states who did not conform to the new affiliation guidelines would have time to make any necessary organizational and bylaw changes which would be needed.

At the December 7, 2006 NDSHP Board meeting, the letter which petitioned for affiliation with ASHP's under the 2005 affiliation guidelines was approved. The petition letter and supporting documentation were mailed to ASHP on December 15, 2006. These documents need to be reviewed by ASHP's Council of Organizational Affairs and they will make a decision on granting NDSHP's petition for affiliation. In speaking with the ASHP's Director of the Affiliate Relations Division, they felt that NDSHP's current structure would meet the conditions of affiliation under ASHP's 2005 affiliation guidelines. This "re-affiliation" process is something that may be happening every 5 years (or so) as a way to keep affiliation guidelines current and be able guarantee that ASHP affiliates will be able to represent the changing needs of hospital and health-system pharmacy.

In the future, if the NDSHP membership decided to change the structure or current relationship with NDPhA then NDSHP would have to resubmit a petition for affiliation to ASHP. ASHP's Council of Organizational Affairs would then consider that petition for affiliation in light of the changes made to NDHSP by its members.

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.

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Reaching for Excellence

122nd Annual NDPhA Convention
NDSHP Annual Meeting

When: **April 20 – 22, 2007**

Where: **Ramada Plaza Suites & Conference Center**
1635 42nd St S
Fargo, ND 58103
A block of 50 rooms and 54 suites have been reserved at a price of $89 and $99/night, respectively. These rooms will be released after March 29, 2007. Contact the Ramada at (701) 277-9000 to reserve a room. The block is listed as *North Dakota Pharmacists Association*.

Activities: **Exhibit Hall**
Annual Auction
Selected CE topics

- *Lewis and Clark Medications* by John Askew
- *Motivating Patients with Care* by Rod Schafer
- *Medication Therapy Management* by Paul Iverson
- *Alzheimer's and Related Dementias* by Dr Kannan

Check out www.nodakpharmacy.net for registration forms and additional CE topics.

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

Annual Scholarship Auction

The annual Pharmacy Advancement Corporation Scholarship Auction will be held Saturday April 21, 2007 during the NDPhA convention at the Radisson Crystal Ballroom in Fargo. The auction committee would like to invite you all to participate by donating items. Woodcrafters, quilters, and other artisans are always appreciated. As in years past, several items will be place on a silent auction with the highlight of the evening being the "live" auction.

You will notice some changes in the auction at this year's convention, beginning with your registration form. We are asking that if you plan on attending the auction you complete the short registration for the auction that is at the bottom of your registration form. These forms will be available at the convention as well, be pre-registration means you will be in the registered as a participant and information will be in your packet. You will be assigned a number and provided with an "auction paddle" this year. The students have been busy designing not only forms but your personal paddle as well.

If you are making a donation to the auction you will find forms on the NDPhA website that the auction committee would like you to complete and turn in with your donation. These will enable us to enter items into our program making record keeping and providing receipts to you more efficiently.

Thank you all for your participation in the past and we are looking forward to another outstanding auction this year.

PhAC **Pharmacy Advancement Corp**

STUDENT AUCTION DONATION FORM

PLEASE PRINT

PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:
AUCTION, NDPhA, 1661 Capitol Way, Suite 102, Bismarck, ND 58101-5600 or
NDSU College of PN & AS, Cynthia Hanson 123 Sudro Hall, Fargo, ND 58105, fax: 701-231-6461
or Cynthia.Hanson@ndsu.edu. Questions? Cynthia @ 701-231-6461.

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DELIVERY IS THE RESPONSIBILITY OF THE DONOR.
Items are appreciated by 10:00 AM-Saturday, April 21.

The auction will be held on **Saturday, April 21, 2007**
Ramada Plaza Suites, Fargo, North Dakota.

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Charles Peterson, Dean
NDSU College of Pharmacy

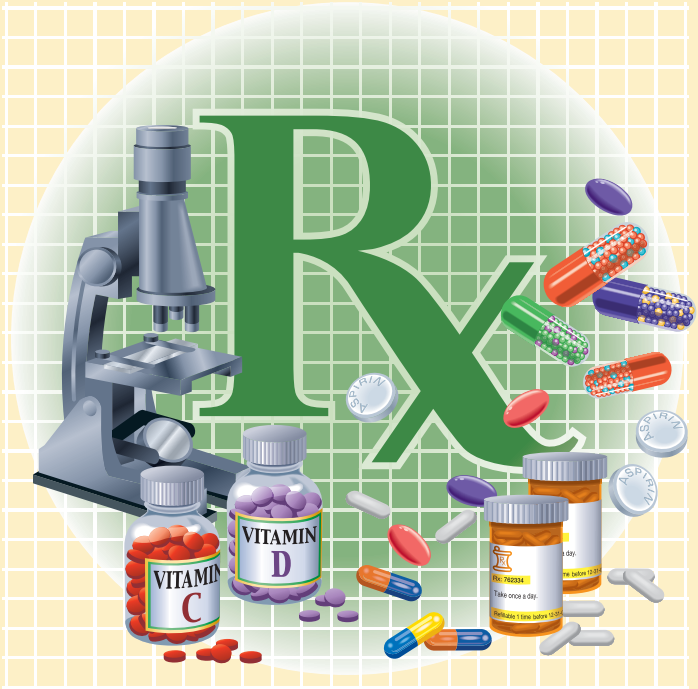
A Message from the Dean

College Operating NDSU Student Health Service Pharmacy

On August 15, 2006, the College entered into a contractual agreement with the NDSU Student Health Service to be the licensed pharmacy provider for students on NDSU campus. Under the direction of Barbara Lonbaken, SHS Director, and Dr. Steven Glunberg, medical director, the Student Health Service at NDSU offers a full spectrum of primary health care services to students on campus including health maintenance, health education, medical laboratory services, pharmacy services, MMR immunization compliance, and student health insurance information. The Student Health Service provides health care services to more than 12,000 students on campus. The College will provide pharmacist services through one or more qualified licensed pharmacist faculty. The SHS will provide the College with training opportunities for student interns and Pharm.D. student clinical rotations. With the addition of the NDSU Student Health Service, the College is now the licensed pharmacy provider for (a.) the Family Practice Health Center, (b.) NDSU Sport Medicine & Athletic Department , and now (c.) the NDSU Student Health Service.

Alicia Fitz, Pharm.D. recently accepted a position at the College as Assistant Professor of Pharmacy Practice and pharmacist-in-charge of the NDSU Student Health Service Pharmacy. Dr. Fitz received her Doctor of Pharmacy degree in 1996 from Creighton University School of Pharmacy and Allied Health. Dr. Fiz also completed a one year hospital pharmacy practice residency at the University of Minnesota Hospital and Clinic from 1996-1997. Prior to joining the NDSU pharmacy faculty, Dr. Fitz was staff pharmacist at Allina Hospitals and Clinics in St. Paul, MN where she participated in programs including hospice home infusion, mail order, fertility specialty, compounding, hospital discharge counseling, day surgery discharges, and system-wide employee prescriptions. Her professional experiences also include being pharmacist-in-charge of the Allina Medical Clinic in Eagan, MN and Ambulatory Care Pharmacist at the Allina Medical Clinic in Woodbury, MN. Her teaching duties will including being a course instructor for NDSU's Thrifty White Concept Pharmacy laboratory. Dr. Fitz began her duties at NDSU on November 6, 2006.

Please join me in welcoming Dr. Alicia Fitz to our team.



2006-2007 NDPhA PAC Honor Roll

Joel Aukes
Peggy Bartlett
Gerald Finken
William Grosz
Nadine Holmstrom
Ruth Lindgren
Donald Miller
Jan Ness
Larry Palmer
Donovan Seltvedt
Duane Stegmiller

NDPhA POLITICAL ACTION COMMITTEE FUND

PHARMACY IS FACING SOME OF THE BIGGEST CHALLENGES IN OUR HISTORY! At the state and federal level, public policy decisions are being made that directly impact YOU and the entire PHARMACY PROFESSION! It is imperative that we are involved in the process as proactive participants in these discussions. This is the only way we can hope to influence the final decisions – the state and federal laws that will govern your profession and pharmacy practices for decades to come.

WE NEED YOUR SUPPORT NOW!

NDPhA represents the pharmacy profession in the political process. The funding for all political involvement is a separate, voluntary function that needs your support NOW. The PAC Funds are used to lobby for the goals and objectives of the association – building nonpartisan support among political leaders, while ensuring that our voice is heard and pharmacy issues are clearly understood. We are gearing up NOW for the 2007 ND Legislative session.

Is your future worth the price of a daily cup of coffee? The stakes are high so I urge you to stop whatever you are doing right now and complete the pledge form below. FAX or mail the form with a personal check or credit card information to Lorri at the NDPhA office. (Payment must be personal, non-corporate funds).

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Name _____

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I pledge a contribution of: (check one)

❍ $1 per day ($365/year) ❍ 75 cents per day ($274/year) ❍ 50 cents per day ($183/year)

Credit Card Number _____ Expiration date _____

Signature _____

NDPhA PAC Fund Disclosure Statement

Contributions are not tax deductible for Federal income tax purposes. Contributions are voluntary and non-participation does not affect your membership rights. Contributions are used for political purposes to support political candidates, legislative and lobbying expenses, and other grassroots activities that benefit the pharmacy profession.

Pharmacy Time Capsules 2007

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

1981 - Twenty-five years ago:

- Aspartame approved by the FDA for use in tabletop sweeteners after a seven-year regulatory review.
- The U.S. Centers for Disease Control recognizes the disease called acquired immune deficiency syndrome, or AIDS, for the first time.
- Jere Goyan, the first pharmacist who served as the head of the Food and Drug Administration is replaced by Arthur Hayes. Highlights during his tenure at FDA included attempt to make patient package inserts compulsory.

1956 Fifty years ago

- Birth-control pills are used in a large-scale test conducted by John Rock and Gregory Pincus in Puerto Rico.
- Five-year B.S. in Pharmacy program goes into effect, July 1 for member colleges of American Association of Colleges of Pharmacy.
- Founding of the College of Pharmacy at Northern Louisiana State (now University of Louisiana at Monroe).

1931 - Seventy-five years ago

- Fair Trade Act passes in California as a means to combat discounting and by forcing all retailers to maintain the manufacturers' prices of trademarked products.
- Originator of Pharmacy Week, Robert J. Ruth, died on July 4, 1931.
- The average yearly sales of a drug store were $26,500 and there were 60,000 stores in the US according to the Chemical Division of the U.S. Department of Commerce.

1906 - One hundred years ago

- Frederick Gowland Hopkins suggests that food contains trace amounts of certain substances that are essential to life, which later came to be called vitamins.
- 1906: Formation of the National Syllabus Committee by the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy is the first serious attempt at standardizing pharmaceutical education.
- Congress enacts the first Federal Food and Drug Act "For preventing the manufacture, sale, or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines, and liquors, and for regulating traffic therein."

1881 - One hundred twenty-five years ago

- Alabama Pharmacy Association formed.
- West Virginia Pharmaceutical (now Pharmacists) Association reorganized.

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Jerome Wahl, RPh, Committee Chairman
NDPhA Executive Search Committee
1661 Capitol Way, Suite 102
Bismarck, ND 58501-5600
701-258-4968

NDPhA
NORTH DAKOTA PHARMACISTS ASSOCIATION

Application can be sent by email to ndpha@nodakpharmacy.net,
but only individual emails with ALL required materials attached will be considered.

Application Deadline: **January 15, 2007.**

For a complete job description visit our website at www.nodakpharmacy.net

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