

NoDak

PHARMACY

Volume 24, No.2

May 2011

"Fun in the Sun on the Red!"



North Dakota Pharmacist Association
126th Annual Convention
June 9-12, 2011
Alerus Center, Grand Forks, ND



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Table of Contents

Calendar	i
NDPhA 126 Annual Convention	1-3
Bowl of Hygeia Finds New Home at APhA.....	3
2010 Recipients of the Bowl of Hygeia Award.....	4
Student Auction Donation Form	5
Marissa Clarin Pharm. D. Candidate 2011.....	7
Membership Form	8
Daniel Duletski Pharm. D. Candidate 2011.....	10-11
Sheila Welle Recognition	14
NDPhA 2011 Legislative Wrap-up.....	16-18
Pharmacy Time Capsules	18
PEER Portal Data Report.....	Back Cover

SUPPORT OUR ADVERTISERS

Pharmacists Life.....	Inside Front cover
McKesson	6
BNG.....	9
Rx Ownership	12
PQC	13
Dakota Drug.....	15
Rx Health Mart.....	19



COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



URGENT

**THIS MAY BE
YOUR LAST
ISSUE OF
THE NODAK
PHARMACY.
FILL OUT
YOUR
MEMBERSHIP
RENEWAL
FORM PAGE 8**

Mark Your Calendar

MAY

May 4, 2011

NDPhA/NDPSC Board Meetings

May 13, 2011

NDSU Hooding Ceremony, Fargo, ND

May 23, 2011

Special District 2 meeting. 4:30-6:30 PM in the Trinity Skyline Room. There will be a brief business meeting and a teleconference with some refreshments. The teleconference will be about 25 minutes in length and it will be on bipolar disorder and major depressive disorder with Seroquel XR! A big thank you to Tanya Wetsch with Astra Zeneca!!!

JUNE

June 9-12, 2011

126th NDPhA Annual Convention, Grand Forks, ND

2011 National Meetings Calendar

NCPA	Legislative Conference May 9–11 Hyatt Regency on Capitol Hill Washington, DC
	Annual Convention October 8–12 Gaylord Opryland Convention Center Nashville, TN
AMCP	Educational Conference October 19–22 Atlanta Marriott Marquis Atlanta, GA
ASCP	Midyear Meeting TBD
	Annual Meeting November 16–19 Phoenix Convention Center Phoenix, AZ
ACCP	Annual Meeting October 16–19 David L. Lawrence Convention Center Pittsburgh, PA



JUNE 9 - 12, 2011
ALERUS CENTER, GRAND FORKS, ND
WWW.ALERUSCENTER.COM

“FUN IN THE SUN ON THE RED!”

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Place of Employment: _____

Spouse/Guest: _____

Registration Fees

Pharmacist

- ☐ Two Days (Saturday & Sunday) \$150.00
☐ Entire Convention \$200.00
☐ Non Member (Entire Convention)..... \$300.00

Technician

- ☐ Two Days (Saturday & Sunday) \$85.00
☐ Entire Convention \$125.00

Pharmacy ☐ or Technician ☐ Student

- ☐ Two Days (Saturday & Sunday) \$100.00
☐ Entire Convention \$125.00

Pharmacy ☐ or Technician ☐ Student Sponsor

- ☐ \$125.00

Extra Meal Ticket (for guests)

- ☐ Lunch (Quantity _____ X \$15.00ea) = _____
☐ Dinner (Quantity _____ X \$30.00ea) = _____

***Coupon package to those who register
before May 16th (value \$500+)**

Includes coupons for Splasher's @ Canad Inns

Registration Total _____

Make Checks Payable to:

North Dakota Pharmacists Association

Mail Completed Forms and Payment to:

2011 Annual NDPhA Convention
1641 Capitol Way
Bismarck, ND 58501-2195

Will a guest be attending with you?

☐ Yes ☐ No

Please list names/relationship:

Please indicate the number of persons attending each event:

- _____ Friday Breakfast
_____ Friday Lunch
_____ Friday Dinner
_____ Friday Phun Run/Walk
_____ Saturday Breakfast
_____ Saturday Lunch (Hospital)
_____ Saturday Lunch (Retail)
_____ Saturday Lunch (Technician)
_____ Saturday Dinner
_____ Sunday Brunch

In need of allergy-specific meal?

☐ Yes ☐ No

Please list allergy:

In need of vegan/vegetarian meal?

☐ Yes ☐ No

Credit Card Number

/ /

Expiration Date

Billing Zip Code

CVV (3 digit # on Back of Card)

Signature

"SCHEDULE SUBJECT TO CHANGE"

"FUN IN THE SUN ON THE RED!"

Thursday, June 9th

12:00pm Golf Scramble at Kings Walk Golf Course
with Dinner to follow. Contact
Dennis Johnson at 701-314-0056.

Friday, June 10th

7:00am – 8:00am Breakfast & Registration
8:00am – 9:00am Keynote –
Corey Mock (3rd Street Clinic)
9:00am – 10:00am **Continuing Education (1):**
Oral Chemo – *Jocelyn Mohs*
10:00am – 10:30am Break
10am – 1pm **Vendor Fair**
10:30am – 12:00pm **Continuing Education (1.5):**
Rx Theft & Diversion - *Ritch Wagner*
Purdue Sponsor
12:00pm – 1:00pm Lunch/Vendor Fair
1:00pm – 2:30pm First NDPhA Business Session
2:30pm – 3:00pm Ice Cream Social
Sponsored by Dakota Drug
3:00pm – 4:00pm **Continuing Education (1):**
C. Diff – *Kevin Kern* **or**
OTCs & Technicians – *Ken & Barb*
4:00pm – 5:00pm **Continuing Education (1):**
Residency Presentations **or**
End of Life – *Travis Easton, RN*
5:15pm - 5:45pm Phun Run
6:00pm – 7:00pm Social Hour
7:00pm Dinner & Entertainment
Mystery Theater
9:00pm – 11:00pm Fun in the Dark in the Park

Saturday, June 11th

7:30am – 8:00am Breakfast & Registration
8:00am – 8:30am **Continuing Education (0.5):**
MTM Pain Management –
Jayne Steig
8:30am – 9:30am **Continuing Education (1):**
PharmAssist
9:30am – 10:00am **Continuing Education (0.5):**
ND Law – *Howard*
10:00am – 10:30am Break
10:30am – 11:30am **Continuing Education (1):**
Cultural Diversity/Competency **or**
Diabetes – *Roche Pharm Sponsor*
11:30am – 12:30pm Second NDPhA Business Meeting
12:30pm – 2:00pm Lunch – Hospital/Retail/Technician
2:00pm – 3:00pm **Continuing Education (1):**
North Dakota Health Care Review
Sally May
3:00pm Art Festival –
Downtown Grand Forks
6:00pm – 7:00pm Social Hour – Past President Reception
7:00pm Presidents Banquet/Award
Presentation
Following Banquet Auction

Sunday, June 12th

7:00am – 8:00am Breakfast
8:00am – 9:00am Memorial Service –
Barb W. & Colleen B.
9:00am – 10:00am **Continuing Education (1):**
Compounding – *Kevin Oberlander*
10:00am – 11:00am Third NDPhA Business Meeting
11:00am Adjourn

THE CONVENTION HOTEL WILL BE THE CANAD INNS ATTACHED TO THE ALERUS CENTER.

To reserve a room contact:

Canad Inns 1000 S 42nd St, Grand Forks ND 58201

Reservation Phone line: 701-772-8404

Request Group Rate for ND Pharmacy Convention group number 137678

Room Rate \$125/night

The block of rooms will be held until **May 6, 2011**. After that date they will be released.

Once registered you must provide 48 hours cancellation notice or you will be charged for one-nights stay.

Reprinted with permission from On Your Behalf column in the February 2011 issue of *Pharmacy Today* (www.pharmacytoday.org). Copyright © 2011, American Pharmacists Association. All rights reserved.

Bowl of Hygeia finds new home at APhA

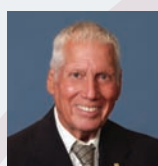
The Bowl of Hygeia (replica) has a new home on the National Mall with the recent transfer of this prestigious award from National Alliance of State Pharmacy Associations (NASPA) and Pfizer to APhA for placement in the Association's Awards Gallery. Earlier in 2010, Pfizer transferred all rights and responsibilities of the award program to NASPA, including possession of the Bowl of Hygeia replica that was housed at the corporate headquarters of the sponsoring company. The original Bowl of Hygeia award is housed in the A.H. Robins family collection. APhA is gratified to maintain stewardship of the Bowl replica on NASPA's behalf. For more than 50 years, the Bowl of Hygeia has recognized pharmacists who are committed to making important contributions to their communities. Each year, pharmacists in all 50 states, the District of Columbia, and Puerto Rico are eligible for the prestigious award. The award itself depicts the traditional symbol of healing through medicine—a symbol that has been associated with pharmacy for thousands of years. In Greek mythology, Hygeia was the goddess of health and the daughter of Aesculapius, the Greek god of medicine.



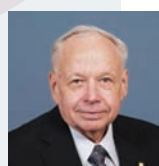
Joe Sheffer

Joe Sheffer

2010 Recipients of the "Bowl of Hygeia" Award



James Walker
Alabama



Robert Johnson
Arizona



Ronald Norris
Arkansas



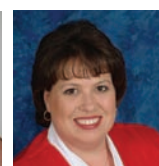
Horace Williams
California



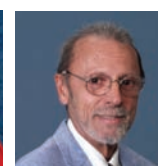
Tim Mead
Colorado



Jacqueline M. Murphy
Connecticut



Kim Robbins
Delaware



Eric Alvarez
Florida



Flynn Warren
Georgia



Elwin Goo
Hawaii



Carl Hudson Jr.
Illinois



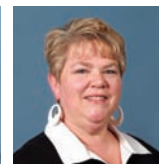
Jeanne Van Tyle
Indiana



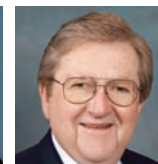
John Forbes
Iowa



Steven Charles
Kansas



Kimberly Croley
Kentucky



John O. LeTard
Louisiana



Douglas Kay
Maine



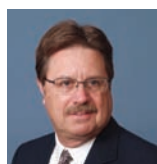
David Fulton Jr.
Maryland



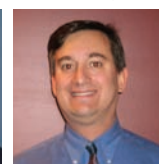
Donna Horn
Massachusetts



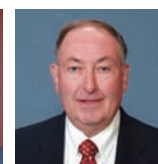
The "Bowl of Hygeia"



Michael Sanborn
Michigan



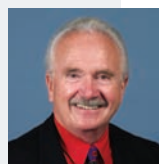
Gregory W. Trumm
Minnesota



William Wells
Mississippi



Robert Piepho
Missouri



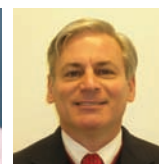
Ernest Ratzburg
Montana



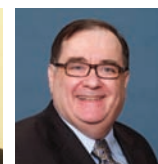
Charles Moore
Nebraska



Kathryn Craven
Nevada



Robert Gooch
New Hampshire



Richard Weiss
New Jersey



L. Kirk Irby
New Mexico



Stephen Giroux
New York



Albert Lockamy Jr.
North Carolina



Terry Kristensen
North Dakota



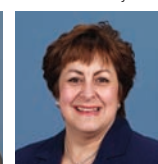
Jeffrey Allison
Ohio



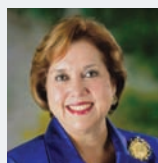
Charles Braden
Oklahoma



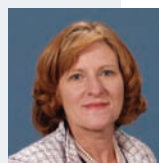
John Block
Oregon



Michele Musheno
Pennsylvania



Marisel Menchaca
Puerto Rico



Kimberly McDonough
Rhode Island



Lynn Connelly
South Carolina



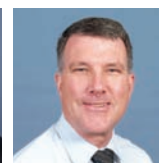
Mark Dady
South Dakota



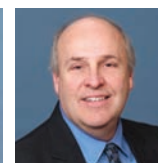
Sherry Hill
Tennessee



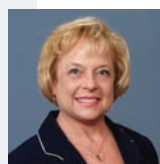
Douglas Parker
Texas



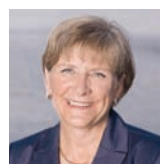
Derek Christensen
Utah



Randy Pratico
Vermont



Brenda Smith
Virginia



Holly Henry
Washington



Betsy Elswick
West Virginia



Susan Sutter
Wisconsin



Linda Martin
Wyoming



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community which richly deserves both congratulations and our thanks for their high example. Over the years a number of companies have supported the continuation of this worthwhile program, including Wyeth and Pfizer.

The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility from Pfizer for continuing this prestigious recognition program. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.



Student *Auction Donation Form*

NDPhA 126TH ANNUAL CONVENTION



JUNE 9 – 12, 2011
ALERUS CENTER, GRAND FORKS, ND
WWW.ALERUSCENTER.COM

“FUN IN THE SUN ON THE RED!”

STUDENT AUCTION DONATION FORM

PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:

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

DONOR Name

ADDRESS (City, St, Zip)

EMAIL ADDRESS

PHONE

ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE

DELIVERY IS THE RESPONSIBILITY OF THE DONOR.

Items are appreciated by 10:00 AM-Saturday, June 11.

The auction will be held on **Saturday, June 11, 2011**



The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday June 11, 2011 after the President's Banquet during the NDPhA convention at the Alerus Center, Grand Forks. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 126 years so come on you woodcrafters, quilters, and other artisans help us celebrate this momentous occasion. As in years past, several items will be placed on a silent auction with the highlight of the evening being the "live" auction.

Please forward any questions to Lorri at ndpha@nodakpharmacy.net or call 701-258-4968.

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

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On Rotation at NDPhA

Last year when I began thinking about my final year of pharmacy school I felt a little overwhelmed. I had high hopes for my year of rotations and it seemed I would never be able to narrow down my experiential wish list. I wanted association experience with our local association and a national association. I also knew that experiences in advocacy and in a political office would be exciting. With all of these requests and only 40 weeks in our experiential year, my three elective rotation slots filled very quickly. I applied for a number of rotations in Washington D.C. but the one rotation I knew I needed was with the North Dakota Pharmacists Association (NDPhA) during the legislative session. As my P3 year was concluding and rotation schedules were finalizing I learned that I would be able to do the rotation with NDPhA as I had requested. In addition to that, I would also have two other excellent opportunities, a rotation with the American Pharmacists Association and one in a Congressional office, in Washington, D.C. Now, my rotation with NDPhA is almost over and I have an opportunity to share my learning experience. ⚡

My first day at NDPhA was the day the North Dakota House voted on HB 1434, "Pharmacy Ownership Law." Mike and I went to the capitol to watch the House vote on the bill. Legislation doesn't stop just because it is your first day and I could tell already that life at NDPhA moves pretty fast. Thankfully, Mike has been very patient with me. The bill failed but there was little time for celebration before we were on to something else. Over the next few days I reviewed the other pieces of legislation we were following, 19 in all, everything from veterinary dispensing to PBM audit legislation. I was lucky to have a little down time during crossover to review everything, although I am still not sure how everyone keeps all of this straight!

Hearings started the next week and I had the opportunity to provide testimony on two bills NDPhA was supporting. The first, SB 2035, was legislation that would allow pharmacists to administer vaccinations to children. This includes all vaccines to children over age 11 and influenza vaccines to children over age 5. The second, SB 2259, was a piece of legislation that would enable electronic recordkeeping of methamphetamine precursors (pseudoephedrine) sales by pharmacies and other retailers through a free, internet based, real-time system. Both bills were given a unanimous "Do Pass" in their committee then went on to final passage in the House. Testifying on both bills was a great way to learn about and experience North Dakota's legislative process for the first time.

The last two weeks of my rotation primarily focused on one of the most important pieces of legislation for NDPhA, HB 1418, the "PBM Audit Bill." This bill creates rules for the currently unregulated practice of pharmacy audits by PBMs. Similar legislation has passed in 12 states and is being introduced in a number of other states. North Dakota's legislation will bring fairness to this practice through a number of rules including, requiring the auditing entity refrain from conducting audits in the first five days of the month and giving 14 days notice for an onsite audit. Additionally, it would prevent recoupment of funds for clerical errors that resulted in no harm, financial or otherwise, to the patient, PBM or plan sponsor and create parameters for days supply on particularly problematic products like eye drops, insulin and topical prescriptions. During the Senate committee hearing, testimony was provided on both sides of the issue. While both the support and opposition had strong arguments, the committee gave HB 1418 a 7-0 "Do Pass" recommendation. From there it achieved final passage, unanimously, in the Senate.

Although most of my time on this rotation was spent on the legislation we were following at NDPhA, I did have opportunity to participate in other activities with the Association. One of my favorites was attending Bismarck Rotary Club, where the members of the club were very welcoming and the presentations very interesting. I also finalized an OSHA project that my fellow P4, Tavia Lothspeich, had started while on her rotation at NDPhA. The final product is titled, "Immunization and CLIA-Waived Laboratory Testing, Implementation and Operation Guide" and serves as a resource manual for complying with OSHA guidelines related to certain tests performed in the pharmacy.

The best part of my experience was the opportunity to meet so many people who impact our profession. From getting to know Mike and Lorri at the Association, to Howard Anderson at the Board of Pharmacy, the pharmacists who are actively involved in legislation and our legislators, I realized that it is imperative that we are active in our profession, but the job doesn't end with pharmacists. We need to educate our patients, communities and government officials on our profession to expand understanding of the value of pharmacists, the uniqueness of our profession and how fortunate our practice is in North Dakota. Because of my experience at NDPhA I not only plan to stay involved in our profession but understand why I need to be active. Now, as I finish my last few days at NDPhA, the only thing I would like to change about my experience is to make it longer!

Finally, I would like to express my gratitude to a few people who made my experience so wonderful. Mike Schwab, Executive Vice President of NDPhA and Lorri Giddings deserve special thanks for making my time with the Association such a fun and great learning experience. I am also thankful to Howard Anderson, Executive Director of the North Dakota Board of Pharmacy, for taking the time to offer me valuable insight into our profession over multiple cups of coffee. Also, this rotation is only possible because of NDPhA members, and I am very grateful for them.

Invoice for NDPhA Membership

January 1—December 31, 2011

ND License # _____

Full Name: _____

Home Address: _____

City, St, Zip: _____

Home Ph: _____

Business Name: _____

Business Address: _____

Business City, State Zip: _____

Business Ph: _____

Fax: _____

City, St, Zip: _____

Prefer Mail Go To: ☐ Business ☐ Home

Email: _____

Would you like to receive email updates from NDPhA?

☐ Yes ☐ No

Legislative District _____

Renew online at www.nodakpharmacy.net and select the Join tab on the right side of the page

Practice Setting

- | | |
|--------------------------------------|---|
| ☐ Chain | ☐ Manufacturer/Distributor |
| ☐ Educator | ☐ Non-Pharmacy |
| ☐ Hospital | ☐ Other |
| ☐ Independent | |
| ☐ Owner | |
| ☐ Employee | |

Academies

Select one:

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

I am interested in an academy for:

- ☐ Long-term Care/Consultant
☐ Nuclear
☐ Compounding
☐ Student
☐ Other _____

Membership Categories

- ☐ Active Member (ND Licensed Pharmacists) \$150
☐ Corporate Member (Having a business interest in Pharmacy) \$750

Optional Association Support

*These must be a separate check or credit card charge
Contribute online at www.nodakpharmacy.net, select the
PAC—Donate Tab or PhAC—Donate Tab*

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

Payment

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

Renew online at www.nodakpharmacy.net and select the Join tab on the right side of the page

- ☐ Check Enclosed Amount _____
☐ Credit Card Charge Amount _____

Name on Card: _____

Street Address & Zip code billing address for card _____

Type (check one): ☐ Visa ☐ MasterCard

Credit Card # _____

Expiration Date _____

CVV

(3 digit code on the back of card)

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West Fargo, ND 58078

Phone: 866.557.4175
Fax: 866.594.0795
Email: office@bngholdingsinc.com

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On Rotation at ND Board of Pharmacy

Preceptor and Intern Responsibilities

As students progress through the pharmacy program and head out on their Advanced Pharmacy Practice Experience (APPE) rotations, many preceptors ask “what are interns allowed to do?” Although the answer is ultimately decided by the supervising preceptor, the basic principle of pharmacy education and training is that the students in training must be allowed to do and perform the tasks they will be expected to do once they become practicing pharmacists. It is the stance of the ND Board of Pharmacy that designated preceptors supervise these future professionals and decide which tasks a pharmacy intern may perform based on the students educational and practical experiences. Simply put, an intern in their second professional year may have fewer and lower responsibilities than a student on their fifth APPE rotation, but it is for the preceptor to decide.

Although the responsibilities of interns can widely vary, preceptors should use professional judgment and understanding when assigning responsibilities. A first year intern may, among other things, act as cashier and stock shelves. Whereas as an intern in their third year or on rotations may counsel patients, make OTC recommendations, perform data entry, compound, and communicate with other healthcare professionals.

In summary, the two basic tenets for the preceptor are to supervise an intern’s activities and allow them to do the things they will have to do once they are licensed and practicing on their own. One must rely on and be confident in, the practical experience, knowledge, and overall competency of a pharmacy intern.

Immunization by Interns

What about immunizations? In the third year of the professional program, students participate in a 24-hour course consisting of academic and hands-on immunization training. The students also complete a CRP certification program, as required by the State Board of Pharmacy. Upon completion of these courses, students are given certificates of completion and are then able to apply to the Board for authorization to perform immunizations. However, immunizations by students must be performed under the supervision of a pharmacist who is also authorized.

Reporting E-Prescribing Errors

The sig states “Instill 1 drop in both eyes twice daily,” however the drug field shows an ophthalmic ointment. The drug field shows Zyprexa, but you’re counseling the patient and they ask “how’s that going to help my allergies?” There’s no poor handwriting to make-out, everything appears correct, but the drug, Zyrtec, was selected wrong before being transmitted by the prescriber. These are just two examples of the many errors seen when it comes to e-prescribing. Although a vast majority of prescriptions sent electronically are spot-on, there’s one every so often that makes you shake your head.

Electronic prescribing is a great tool to improve safety and eliminate errors related to illegible handwriting. Due to these aspects e-prescribing use has been gaining momentum and is now common practice in many clinics and pharmacies. However, e-prescribing comes with its own array of problems and the increase in utilization has led to a rise in related errors.

The increase in errors, the types of errors, and the burden placed on pharmacists has created much concern. Because of this concern, the Institute for Safe Medication Practices (ISMP) created the Medication Errors Reporting Program (MERP). Pharmacists should report e-prescribing errors, near errors, and hazardous conditions to the MERP. The information gathered by the program is used to provide improvements to the existing e-prescribing system and prevent future errors.

When an error, near error, or hazardous event related to e-prescribing is identified, it can be reported to the MERP at <https://www.ismp.org/orderforms/reporterrortolISMP.asp>. When reporting, you should describe the error, the setting, the drug/product involved, the dosage form, strength, how the error was identified, and how the error could be prevented in the future. In addition, you can include images to further illustrate the situation. It is important however to make sure all submitted information de-identifies the patient. Without reporting errors and potential adverse events, they go unrecognized, there’s no system improvement, and the patient continues to be in harms way.

Importance of Counseling

Due to the increase in prescription volume, time spent dealing with administrative and insurance issues, and frequent patient impatience, pharmacists have less and less time to adequately counsel. Now more than ever pharmacists are pressed for time and as a result counseling is put on the back-burner or neglected all together. This inadequacy has led to multiple errors that could have been prevented had the pharmacist taken the time to counsel.

Counseling is a safeguard that gives the pharmacist an opportunity to make an additional verification and insure everything is correct. It allows the pharmacist to look at things one last time, gives the patient the opportunity to recognize any discrepancies, and insures that the patient takes their medication safely and properly.

There are many reasons why pharmacists are required to offer medication counseling to patients. Counseling patients on their new or refilled medication, not only educates the patients but also opens the lines of communication to address concerns the patient may have. Patients usually have a basic understanding of their drug therapy and can inform you of changes in their health. Gathering this information leads to better patient care, improved outcomes, and a reduction in dispensing errors. Whereas lack of counseling or failure to properly counsel can lead to unnecessary errors and possibly limit therapy outcomes.

Proper counseling covers several major points outlined by OBRA '90:

- Name of the medication
- Intended use and expected action
- Dose, route, dosage form, & directions of use
- Common side effects and contraindications
- Self-monitoring techniques
- Proper storage
- Potential drug/drug/food interactions
- Refill details
- Missed dose information

Be sure your patient leaves with the right medication and the knowledge to use it properly.

BX Rating of Epinephrine Auto-Injectors

Anaphylaxis is a serious allergic reaction that has a quick onset and may be fatal. Epinephrine has long been the therapy of choice to combat the life-threatening effects in this emergency situation. Due to the severity of an anaphylactic reaction it is vitally important that the patient be counseled on the epinephrine product they receive and understand its unique operation.

Currently there are 3 brand name epinephrine auto-injector products: EpiPen, Twinject, and Adrenaclick. In March 2010 a generic manufacturer released an additional product marketed as "Epinephrine Injection, USP Auto-Injector." This product was authorized as a valid generic and substitute to Adrenaclick only.

Although it appears that a new generic is on the shelf for the emergency use products EpiPen and Twinject there is no approved therapeutic substitute. This has created some confusion and several pharmacies have dispensed what appears to be a generic equivalent for the brand name products. However, this product was given a BX rating by the FDA, per the Orange Book.

A BX rating is assigned to a drug product when data reviewed by the FDA is insufficient to establish therapeutic equivalence. In the case of a BX rating, the drug is declared inequivalent and possibly unsafe until the FDA has sufficient information to make an assessment of equivalence.

Dispensing a non-A rated product in the place of an EpiPen, Twinject, or Adrenaclick may be unlawful and more seriously, unsafe. Each of these products is unique in its appearance, technique of administration, and dose verification. In the event that a different product is substituted or the product is changed by the prescriber, counseling is extremely important. Being unaware of a change or substitution may have serious outcomes for the patient. The patient or caregiver may not know how the product works and in the case of life-threatening anaphylaxis may be fatal. Again, it is very important that patients be properly counseled on the epinephrine auto-injector they are prescribed and its unique operation.



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- Presents a turnkey program to help you meet obligations for QA and CQI requirements
- Includes simple method to verify compliance
- Offers excellent training, customer service and ongoing support

Not all programs are the same, make sure your pharmacy and your data is protected. Pharmacies that license PQC™ and report patient safety events are provided federal legal protection to information that is reported through the Alliance for Patient Medication Safety (APMS) – a federally listed PSO. To learn more about PSOs, visit www.pso.ahrq.gov/psos/fastfacts.htm.

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Sheila Welle *Recognition*

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Mutual**Companies

February 14, 2011

FOR IMMEDIATE RELEASE

For more information contact Laurie Harms at (515) 295-2461, ext. 7247 or laurie.harms@phmic.com.

COMMITMENT TO EXCELLENCE

Pharmacists Mutual Companies awarded **Sheila Welle** the 2010 Commitment to Excellence Award. This award recognizes the field representative who has displayed dedication to excellence in service to customers based on several areas of measurement. Sheila was recognized at the 2011 Annual Sales and Marketing Meeting in Las Vegas, NV.

Sheila Welle, CIC, LUTCF, LTCP is a Field Representative for North Dakota and Northern Minnesota. Before joining Pharmacists Mutual in 1996, Sheila was employed at Pioneer Mutual in Fargo, ND. Sheila is originally from Emerado, ND, attended Larimore High, and graduated from Wahpeton College. Sheila and her husband, Steve, currently reside in Hawley, MN. Sheila has one son, Casey and two stepsons, Ray and Chris.



**Pharmacists
Mutual**Companies

February 11, 2011

FOR IMMEDIATE RELEASE

For more information contact Laurie Harms at (515) 295-2461, ext. 7247 or laurie.harms@phmic.com.

TPL SALES LEADER IS SHEILA WELLE

The 2010 Pharmacists Life Insurance Company Sales Leader award was awarded to **Sheila Welle**. Sheila earned this award by having the highest Pharmacists Life production of the most life insurance policies sold last year. Sheila was recognized at the 2011 Annual Sales and Marketing Meeting in Las Vegas, NV.

Sheila Welle, CIC, LUTCF, LTCP is a Field Representative for North Dakota and Northern Minnesota. Before joining Pharmacists Mutual in 1996, Sheila was employed at Pioneer Mutual in Fargo, ND. Sheila is originally from Emerado, ND, attended Larimore High, and graduated from Wahpeton College. Sheila and her husband, Steve, currently reside in Hawley, MN. Sheila has one son, Casey and two stepsons, Ray and Chris.





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To: Members of NDPhA

As the 2011 legislative session winds down, we wanted to provide everyone with an update and overview. There were a number of pharmacy related pieces of legislation this session to track, monitor, testify and advocate on behalf of. As this update is being written, there are only two pharmacy related issues still in conference committees. The remaining bills have either failed or passed. There are a couple of pharmacy related bills still waiting for the Governor's signature. Below is a short overview of the House and Senate bills that dealt with pharmacy in one way or another this session.

HOUSE BILLS:

- HB 1052** **Failed on the House**– This piece of legislation was related to information and analysis of managed care under the worker's compensation managed care program.
- HB 1053** **Failed on the House** – Related to worker's compensation benefits for generic drugs and payment for treatments cannot exceed the cost of the generic or bioequivalent treatment.
- HB 1054** **Passed the House but Failed on the Senate** – This bill would have created a new section to the Century Code related to worker's compensation coverage of prescription drugs as part of pain therapy. It would have created a formal process for coverage (short and long term), abuse, drug testing and required prescribers to adhere to certain treatment plan guidelines and coverage established under the legislation.
- HB 1126** This piece of legislation relates to the creation of a state health insurance exchange for ND. This bill was amended on the House and then passed 91-3. The bill was further amended on the Senate and also included an emergency clause. It passed the Senate 36-10 and sent back to the House to concur. The House refused to concur to the amendments the Senate made. Since the House would not concur, a conference committee was formed to work out the differences. As of April 20, the conference committee was still meeting to figure out a version both sides can agree on and pass.
- HB 1152** This piece of legislation would have created a grant program for critical access hospitals and allowed for one-time funding to help critical access hospitals with funding needs for technology, infrastructure, etc...This bill was amended numerous times on the House and on the Senate. It was sent into a conference committee as well. The end result, an appropriation was granted to provide supplemental Medicaid payments to critical access hospitals for the coming biennium (one-time funding). Two other areas were added to the bill outlining Interim studies related to Patient-Centered Medical Homes and Health Care Delivery emphasis on rural areas.
- HB 1386** **Passed the House with amendments 93-1. It also passed the Senate with amendments 30-14. The House concurred with the Senate's amendments.** This piece of legislation was turned into a study. It directs legislative management to study whether steps can be taken to improve health care service providers' access to third-party payer reimbursement network systems.
- HB 1418** **Passed the House 92-2 as amended by the House IBL Committee and passed the Senate 47-0.** This legislation establishes guidelines for PBM's when conducting audits of pharmacies and reaffirms the State Board of Pharmacy as the regulatory entity in determining what a valid prescription is. HB 1418 is still waiting for the Governor's signature.

- HB 1422** **Passed the House as amended 91-2 and was further amended on the Senate. It passed the Senate 46-0. The House concurred to the Senate amendments. It was sent back to the House for a 2nd Reading and passed 89-1.** This bill was pushed by Pfizer and opposed by the PBM's and some institutional pharmacy providers. It establishes guidelines for e-prescribing and electronic prior authorization. This bill is still waiting for the Governor's signature.
- HB 1434** **Failed on the House** - If passed, HB 1434 would have removed the current pharmacy ownership law requirements. This bill had an extensive hearing (over 4 hours long) and failed to pass the House IBL Committee 11-3 and received a Do Not Pass vote on the House floor 26-68. HB 1434 received 11 more votes supporting the current pharmacy ownership law compared to the 2009 legislative session.
- SENATE BILLS:
- SB 2035** **Passed the Senate 44-2 and Passed the House 93-0.** SB 2035 related to pharmacist administered immunizations and vaccinations. It removed the 18 or older age restriction for pharmacists in providing immunizations. This legislation lowers the age restrictions to at least eleven years of age for all immunizations and vaccinations. It also provides for the administration of influenza vaccination by injection or by "live" for an individual who is at least 5 years of age.
- SB 2080** **Passed the Senate 46-0 and passed the House 93-0.** This bill is related to the practice of pharmacy and dispensing veterinary prescription drugs and to provide a penalty. It establishes minimum standards for veterinary retail facilities, additional educational requirements and registration requirements.
- SB 2119** **Passed the Senate 45-0 and passed the House 93-0.** As many of you know, the federal government updates the scheduling of controlled substances. This bill simply updates the ND Century Code as it relates to controlled substances and the scheduling of such.
- SB 2122** **Passed the Senate 46-0 and passed the House 92-0.** This bill has to do with electronic prescriptions and addressing "brand medically necessary", as it relates to the electronic transmission process. Practitioners must take a specific overt action to include "brand medically necessary" language with the electronic transmission.
- SB 2151** **Passed the Senate 46-0 and passed the House 92-0.** This piece of legislation as passed allows addiction counselors access to the prescription drug monitoring program as long as they are providing services for a licensed treatment program in this state.
- SB 2241** **Passed the Senate 36-9 and passed the House 82-9 with an emergency clause included.** This bill has to do with the grading of theft offenses for the theft of a prescription drug. Theft of a prescription drug is now considered a class C felony.
- SB 2259** **Passed the Senate 45-1 and passed the House 87-6.** Related to the sale of methamphetamine precursors, this bill establishes a real-time electronic recordkeeping system for sales of methamphetamine precursors. The electronic recordkeeping system must include a record of all the information in the written record, a unique identification number and certification that a signature has been obtained at the point-of-sale. The recordkeeping system has to be provided "free of charge" to all retailers.



SB 2276 This piece of legislation would establish a universal vaccine program and purchasing board. This bill also addresses a health care provider that fails to submit an immunization report under the identified section may not order or receive any vaccines for the ND immunization program until the provider submits all the reports required under the identified section. SB 2276 was amended on the Senate and passed 28-19. The House amended the bill further and passed it 93-1. The Senate refused to concur and a conference committee was formed to further work on SB 2276. The conference committee is made up of Representatives Keiser, Kasper, Gruchalla and Senators Dever, J.Lee, and Mathern. As of April 20, the conference committee was still working on SB 2276.

As you can see, the 2011 legislative session was a busy one for pharmacy. NDPhA would like to thank you, our members, for all of your help during the session. We could not have had as successful of a session without your help! Your time, energy and knowledge is appreciated by many. If you have any questions related to the 2011 legislative session, please let our office know. Take care and thanks for being a member of the ND Pharmacists Association.

Respectfully,

MIKE SCHWAB

Mike Schwab
NDPhA EVP

Pharmacy Time Capsules 2011 (Second Quarter)

1986 – Twenty-five years ago:

- Reye's syndrome warning required to be added to all aspirin labels.
- The American Association of Pharmaceutical Scientists (AAPS) was formed with almost 3,000 charter members.
- Human Genome Project launched with the object to understand the human genome and therefore provide the continuing progress of medicine

1961 – Fifty Years Ago:

- President Kennedy signed Public Law 87-319 designating the third week in March as National Poison Prevention Week.

1936 – Seventy-five Years Ago:

- The use of radiopharmaceuticals began when John Lawrence administered a radioactive isotope of phosphorus-32 to treat chronic leukemia.

1911 – One hundred Years Ago:

- The US Supreme Court ruled against Dr. Miles Medical Co., which had sued a distributor for selling its products at cut rate prices.

1886 – One hundred twenty-five years ago:

- The University at Buffalo School of Pharmacy and Pharmaceutical Sciences opened.

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

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

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MISC0142-03-07

PEER *Portal Data Report*

March 2011

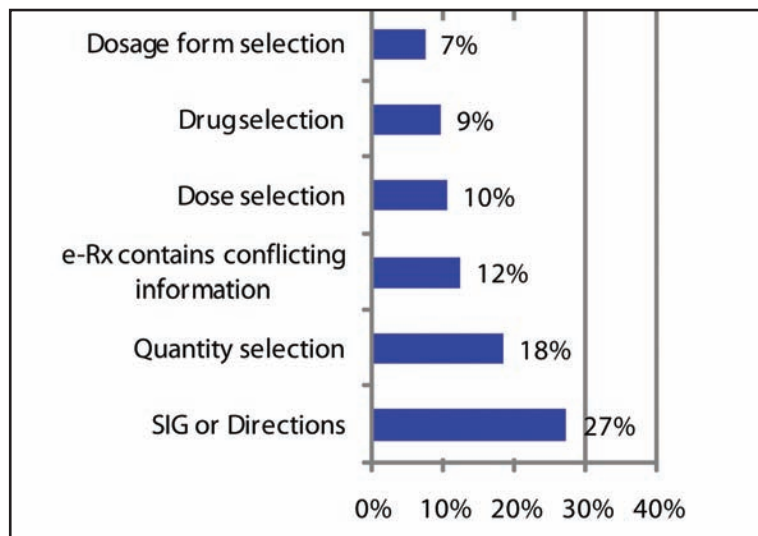


*Pharmacy & Prescriber
E-Prescribing Experience Reporting*

- The pharmacist was the FIRST person to identify the error in 78 percent of reports
- The majority of reports involved problems with SIG/directions and quantity selection (see figure to right)
- In 38 percent of the reports the incidents reported were "near misses" but in 5 percent the incident REACHED patients
- On average, reporters spent 12 minutes initially resolving each incident and 8 hours until fully resolved

E-prescribing PEER Portal Is Open for Business!

We have received almost 200 reports,
but we need more!



Some comments received through PEER Portal:

"Wrong strengths, wrong quantities, wrong directions. We are also receiving multiple copies of the same script. This is costly and adding up."

"We received a prescription for the wrong patient. In counseling the patient on how to use the gout medication we had filled, she said she was not to have anything for gout as she doesn't suffer from gout."

"We received a faxed prescription for this medication at 3:07 p.m. An e-Rx for the same medication was received at 4:48 p.m. This creates extra work for pharmacy staff. It also risks one of the prescriptions being misrouted and ending up with active prescriptions at two pharmacies."

**The PEER portal and instructions on how to report can be found at: <https://www.pqc.net/eprescribe>
Help us save lives ... Report eRx problems TODAY!**