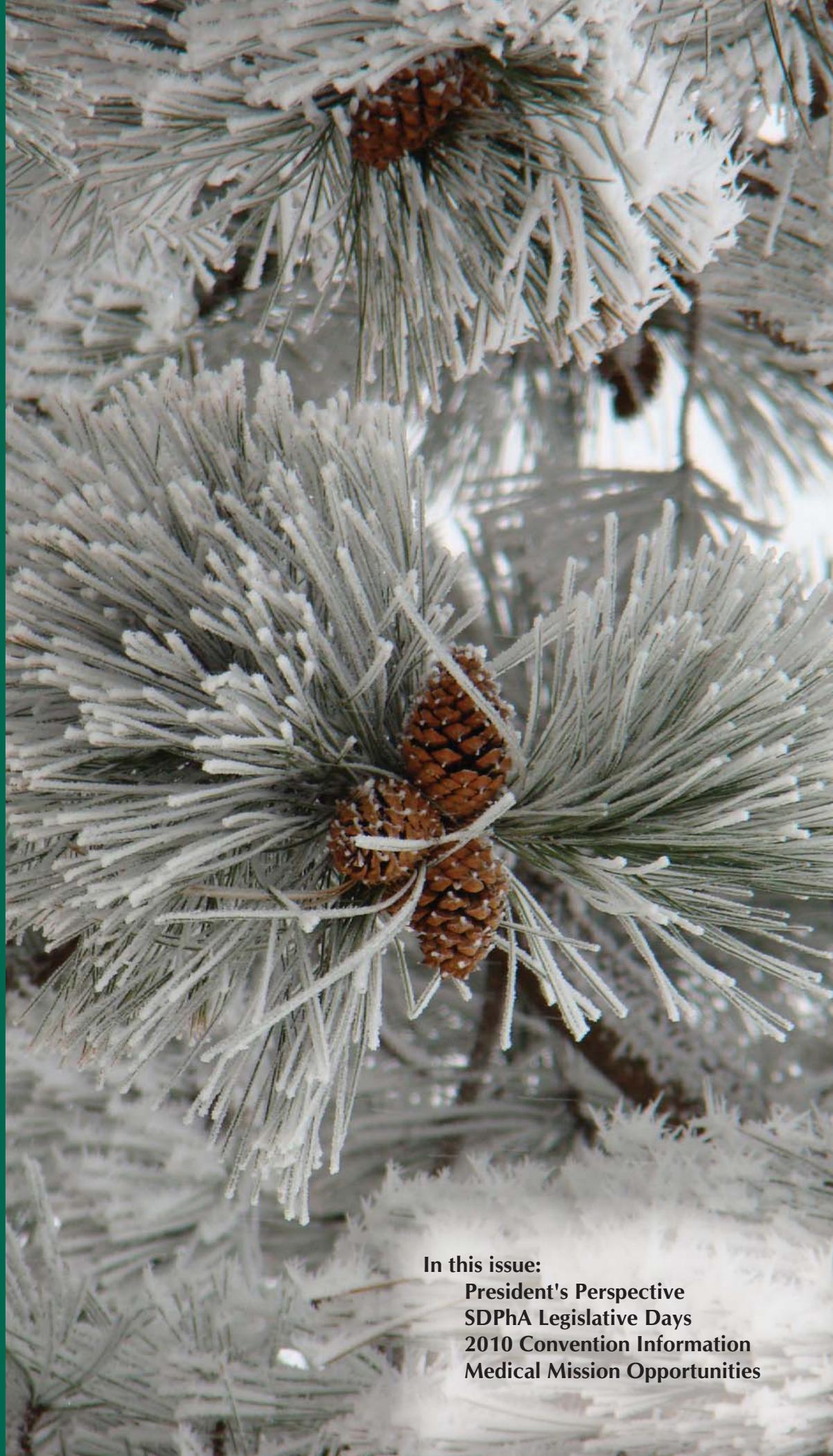


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VOL. 24 No. 1

S O U T H D A K O T A
PHARMACIST



In this issue:

**President's Perspective
SDPhA Legislative Days
2010 Convention Information
Medical Mission Opportunities**

South Dakota Pharmacists Association

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Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: <http://www.sdpha.org>.

January

- 12 Legislative Session Begins
- 18 Martin Luther King, Jr. Day

February

- 2-3 **SDPhA Legislative Days**
Pierre, SD
- 14 Valentine's Day
- 15 President's Day

March

- 12-15 American Pharmacists Association Annual Meeting (APhA)
Washington, DC
- 14 Daylight Saving Time Begins
- 17 St. Patrick's Day

April

- 4 Easter
- 9-10 SD Society of Health-Systems Pharmacists (SDSHP) Annual Meeting
Rapid City, SD

May

- 26-28 ASCP'S Midyear Conference and Exhibition
Phoenix, AZ
- 31 Memorial Day

June

- 4-6 **SDPhA 124th Annual Convention**
Cedar Shore Resort Chamberlain, SD

* Cover photo courtesy of Carrie Schumacher

SOUTH DAKOTA PHARMACIST

The SD PHARMACIST is published quarterly (Jan, April, July & Oct). Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association. The Journal subscription rate for non-members is \$25.00 per year. A single copy can be purchased for \$8.

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PRESIDENT'S PERSPECTIVE



Chris Sonnenschein
SDPhA President

Greetings SDPhA Membership,

I hope you all experienced a joyous holiday season. It seems to move by quicker with each passing year.

Your Association has been busy this past quarter continuously working to serve our membership the best we can. October was American Pharmacists Month. Board members from the South Dakota Pharmacists Association and South Dakota Society of Health-System Pharmacists worked together to develop a state wide campaign to promote pharmacy across all practice settings. I hope you found an opportunity to use the material that was sent to you in your practice setting.

Late October and early November the Association office administered an online "SDPhA Membership Survey" in an effort to better understand how we may best serve your needs. I am pleased to announce that we had 251 responses. This was by far the most successful survey we have ever administered. Thank you to all who participated. You may find the graphical results of the survey posted on our website, www.sdpha.org. Additionally, I would like to highlight a few of the actionable items identified through the survey that the Board is working to implement. Nineteen percent of those who either do not attend convention or infrequently attend convention indicated they would be more likely to attend if the convention offered educational programs outside of pharmacy practice in addition to pharmacy continuing education. Those who regularly attend convention agree that such a program offering would be an attraction. Financial/Estate Planning was the most requested topic; therefore, we have added this to our 2010 convention line up. Also, when asked what city you would prefer to host the annual convention, Sioux Falls, Rapid City, and Chamberlain received the most votes. We analyzed this further by removing the votes from the Sioux Falls and Black Hills districts to ensure we were hearing the voices of those in other districts

as well. The results were similar. Lastly, when asked what season of the year would be best suitable for convention, Spring received the highest number of votes. Your voices have been heard. Although the 2010 convention is already scheduled for Chamberlain in June, we are working on hosting our 125th Annual SDPhA Convention in 2011 during the Spring in Sioux Falls. We are also working to bring more comprehensive clinical and disease state management education to future conventions.

In addition to implementing the changes we gleaned from the survey results, the Association is working with the Board of Pharmacy and our legal counsel, Robert Riter, in an effort to expand pharmacists' immunization/vaccination scope of practice. Such an effort is in step with the desire to affect a paradigm shift in how we practice. As highly educated, trained, and trusted medical professionals, it is important to enhance the services we provide.

Finally, I would like to invite you to attend a Winter 2010 Residents' CE Seminar brought to you by the South Dakota Pharmacists Association, the South Dakota Society of Health-Systems Pharmacists, and the South Dakota State University College of Pharmacy. The topic is "Hyperglycemic Crisis: Transition of Care" and will focus on the roles of both community and health system pharmacists. The seminar will take place on January 26, 2010. It will be offered live at the University Center-South in Sioux Falls with DDN remote to Rapid City, Mitchell, and Brookings. More details can be found on our website. An email announcement will also be forthcoming.

In closing, I would like to thank you for the opportunity to serve our profession and my pharmacist colleagues in this capacity. I wish you a blessed New Year.

Professionally,

A handwritten signature in black ink, appearing to read "Chris Sonnenschein".

Chris Sonnenschein, PharmD, PMP
President
South Dakota Pharmacists Association

DIRECTOR'S COMMENTS



Sue Schaefer
Executive Director

Welcome To a New Year of Pharmacy!

It's a brand new year and we all hope 2010 holds great things for pharmacy. After reviewing the past year, we have met with some successes and some struggles, like many professions. Reimbursement will always be a challenge, as Pharmacists work hard to broaden their scope of care for patients, while struggling to get paid for their valuable services and care. Rest assured we will continue that fight on your behalf by teaming up with other professions and sharing with lawmakers the importance of your profession.

Some initiatives currently proposed for pharmacy are definitely welcome additions for pharmacists, patients and public safety. One such initiative involves the development and implementation of a prescription monitoring program for South Dakota. Over 35 states have implemented a program in one form or another including many of our neighboring states. We have been heavily involved in the research and discussion of this program, and have two members who serve on the Governor's Healthcare Commission's Subcommittee to study the matter. Just recently a South Dakota Legislator stepped forth to encourage legislative efforts, and we have begun discussions with Representative David Lust to share critical information regarding the pharmacy component.

We will continue to provide updates to the membership on this program as it develops. You are all welcome to provide comments and we encourage you to complete the online survey we recently emailed, and which is located on our website for your use.

Immunization involvement took a huge step for pharmacy this past year with the unfortunate outbreak of H1N1. Many pharmacists were involved with seasonal flu clinics, and even though pharmacy wasn't asked to step in by the SD Health Department until the advent of the immunization of Tier III folks for H1N1 vaccinations, we still believe the message has been relayed about the important involvement of pharmacy in the

improvement of public safety and patient care. We will continue to work in 2010 to broaden the scope of immunizations available for administration by a pharmacist, a resolution that was passed by the membership at convention.

As we open with 2010, SDPhA continues to work to strengthen professional relationships with other state associations and state and federal agencies. We're already working hard in South Dakota to keep our pharmacy community together by listening to your suggestions and concerns, speaking out on issues that detract from patient care, and gathering the attention of those folks who may be able to help further our efforts.

Please plan to join us for **Legislative Days, February 2nd and 3rd, 2009!** We will kick things off with a networking social at the AmericInn in Fort Pierre (behind the Pizza Ranch on the river) at 6:00 p.m. on February 2nd. Bob Riter and I will provide a Legislative Update, and this excellent opportunity will give you time to network with your peers, students and technicians. Over 24 students from SDSU's College of Pharmacy have already committed to attending (great news for the future of pharmacy in South Dakota)...**please show your support by attending this important event!** There is no cost to attend.

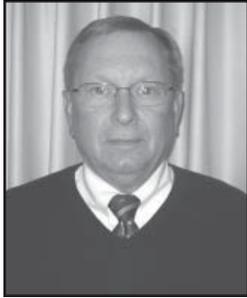
On the morning of February 3rd, the SDSU College of Pharmacy student pharmacists will provide a health screening in the President's and Speaker's Lobbies, third floor of the Capitol, where we'll also provide a light breakfast for our lawmakers. We encourage you to come up to the Capitol and visit with your Senators and Representatives about Pharmacy issues. It's critical to the profession that they know you care.

Also I would like to encourage any of you who have close relationships with your lawmakers to let us know. We have done our best to reach out to them, but it helps so much to know just who knows who, who's related, etc.

I wish you all a happy and prosperous New Year, and hope to see you at Legislative Days!

Sue

SOUTH DAKOTA BOARD OF PHARMACY



Ron Huether
Executive Secretary

NEWS FROM THE BOARD

Governor Mike Rounds has reappointed Arlene Ham-Burr and Arvid Liebe to the Board of Pharmacy for additional terms of three years. Arlene, public member from Rapid City, has served on the Board since November 2006. Arvid, independent pharmacy owner from Milbank, was first appointed in 1999 by Governor Janklow. Other members continuing on the Board: Jeff Nielsen, Sioux Falls; Steve Statz, Sioux Falls; and Marla Hayes, Presho.

The next board meeting is scheduled for March 5 in Sioux Falls. Board meetings are open to the public. Pharmacists are encouraged to attend. The specific location and agenda for the meeting will be posted on our website approximately 30 days before the meeting. Minutes of past meetings are available on the website.

The new Administrative Rule – ARSD 20:51:31 Sterile Compounding Practices - became effective on December 9, 2009. The Board appreciates the assistance provided by many pharmacists as we developed this new rule based on the USP/NF 797 guidelines. The Board plans to support all pharmacies involved in sterile compounding with their efforts to comply with this rule. The Board plans a non-punitive process of assessment and education on sterile compounding during the inspections conducted in 2010.

The Board will continue to consider changes and additions to other sections of the rules in order to maintain or enhance pharmacy practice regulations that protect the health and welfare of South Dakota consumers. Please call the Board office or speak with one of the inspectors if you have any questions or suggestions about administrative rules.

NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Charles Bahr, Jeffrey Baird, Danielle Bruggeman, Barbara Hoover, Helena Kim, Anthony Ratzsch, Matthew Sexton and Curtis Trowbridge.

PHARMACIST CONTINUING EDUCATION

Twelve hours of board-approved continuing education is required each year for relicensure. All CE programs with ACPE (Accreditation Council for Pharmacy Education) are approved. The South Dakota Board of Pharmacy will also

consider granting approval for other programs that meet the requirements stated in ARSD Chapter 20:51:19. The application form is available on our website – www.pharmacy.gov – and must be received in our office at least five working days in advance of the program. The objectives stated on the application form must demonstrate specific relevance to pharmacy practice.

PRESCRIBING AUTHORITY

Pharmacists often contact our staff with questions related to the prescribing authority for various prescribers (i.e. Dentists, Nurse Practitioners, etc.). Information on this topic is readily available by a link on our Web site. At the Board of Pharmacy Home Page click on “Prescribers and Prescribing Authority Approved by the Board”.

NOTES FROM OUR INSPECTORS

If your pharmacy sells pseudoephedrine products or any other items included in the Combat Methamphetamine Act 2005 you are required to “recertify” when your self-certification expires. This can be done by going to the DEA Diversion Web site – www.deadiversion.usdoj.gov. Click on “Combat Methamphetamine Epidemic Act of 2005” located on the right-hand side of the page. Follow the instructions in the “Required Training and Self-Certification” section.

Make sure your pharmacy technicians are registered. Each technician registration expires annually on October 31st and must be renewed. The pharmacist-in-charge must verify the status of each pharmacy technician. The current registration certificate must be posted in the pharmacy.

ANTIVIRAL INVENTORY SURVEYS

During this “flu season” the Board office staff has conducted monthly surveys to determine the inventory levels of antiviral products – Tamiflu and Relenza. This information is requested by the Emergency Preparedness staff of the South Dakota Department of Health and is very useful in assisting their efforts to deal with the current influenza epidemic. We know that pharmacists have been very busy meeting the needs of your patients during this same time. The Board and staff certainly appreciate the cooperation and prompt responses provided by many pharmacists when we ask you to report this information to us.



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 Dakota Pharmacists Association
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Visit our website at www.sdpha.org

Thank You for Your Support!

2010 AWARD NOMINATIONS

The SDPhA is accepting nominations for award to be presented at the 2010 Convention in Chamberlain. Nominations should be submitted along with biographical and contact information.

The following awards will be presented:

Bowl of Hygeia

The recipient must be a pharmacist licensed in South Dakota; be living (not presented posthumously); not be a previous recipient of the award and not served as an SDPhA officer for the past two years. The recipient has compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession.

Nominee: _____

Distinguished Young Pharmacist

The nominee must hold an entry degree in pharmacy received less than ten years ago, licensed in South Dakota, member of SDPhA, practiced in retail, institutional, consulting pharmacy in the year selected, involvement in a national pharmacy association, professional programs, state association activities and/ or community service.

Nominee: _____

Hustead Award

Nominee must be a pharmacist licensed in South Dakota, who has not previously received the award. The nominee shall have made a significant contribution or contributions to the profession, and should have demonstrated dedication, resourcefulness, service, and caring.

Nominee: _____

Salesperson of the Year Award

Nominee must have made an outstanding contribution to the profession of pharmacy through outside support of the profession

Nominee: _____

Distinguished Service Award

The nominee must be a non-pharmacist who has contributed significantly to the profession. The award is not routinely given each year, but reserved for outstanding individuals. Persons making the nomination should complete the form providing reasons why the nominee should be selected. The nomination should clearly outline why the nominee is worthy of the award. If a recipient is selected the Association will then contact the individual to notify them of the selection and obtain biographical data.

Nominee: _____

Innovative Practice

The recipient has demonstrated innovative pharmacy practice resulting in improved patient care. The nominee should be a pharmacist practicing in South Dakota.

Nominee: _____

Honorary President Award

Nominee must be a pharmacist who has been outstanding in the profession of pharmacy, both through practice and professional ability. This person must also have been active in community affairs and not served as president of the Association.

Nominee: _____

District Technician of the Year Award

Nominee has demonstrated an excellent work ethic, is reliable, consistent, and works well with other. Technicians provides a valuable service to the pharmacy profession.

Nominee: _____

Fax nominations by January 19th, 2010 to (605) 224-1280 or e-mail to sdpha@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider you nominee. Include specific examples and/or details.

Name of Individual Nominating: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Pharmacy/Organization: _____

**SDPhA Convention Educational Line-up (Tentative)
Cedar Shore Resort & Convention Center
June 4-6, 2010 – Chamberlain/Oacoma, SD**

Friday morning: Golf Event

Vendor Time: 11:00 a.m. until 3:00 p.m.

Friday, 11:30 a.m. - 1:00 p.m.

“Proper Medication Disposal”

David Hames, Sharps Compliance, Inc.

2:00 p.m. – 3:00 p.m.

Diabetes Testing – What’s New (tentative)

3:00 p.m. – 4:30 p.m.

“Pharmacy Law Update”

Dave Helgeland, RPh

Friday Evening – Reception and Entertainment (Dueling Pianos)

6:30 p.m. – 10:00 p.m.

Saturday AM - Phun Run 6:30 am – 7:30 am (Walking/Bike Path)

Breakfast 7:00 a.m. – 8:30 a.m.

Saturday, June 5th

8:00 a.m. – 9:00 a.m.

TBA

9:00 a.m. – 10:00 a.m.

TBA

10:00 a.m. – 11:30 a.m.

“New Drug Update”

Joe Strain, PharmD

11:30 a.m. – 1:30 p.m. First Business Meeting and Lunch

1:30 p.m. – 3:00 p.m. “Pharmacy Jeopardy”

SDSU Students

3:00 – 3:30 SDSU/Mills Family Ice Cream Social

3:30 p.m. - 4:30 p.m. Second Business Meeting

Saturday Evening – Past President’s Soiree 5:00 p.m.

Children’s Pizza Party 6:30 p.m.

Social/Banquet – 6:30 p.m.

Sunday, June 6th

8:00 a.m. - 9:00 a.m.

“Financial Planning”

Pat Reding, Pharmacists Mutual

9:00 a.m. – 11:00 a.m.

“Immunization Update”



124th Annual South Dakota Pharmacists Association Convention
Registration Form
 Cedar Shore Resort, Chamberlain/Oacoma, South Dakota June 4th-6th, 2010

All SDSU Student Registrations are FREE!
 (Hotel not included)
 Registrations must be submitted prior to May 9, 2010

	SDPhA Member	Spouse or Guest	Children	SDAPT Member	Pharmacy Technician	Pharmacy Student	Non SDPhA Member
Full Registration* Before May 9, 2010	\$150	\$90	\$20	\$90	\$150	Free	\$225
After May 9, 2010	\$175	\$110	\$25	\$110	\$175	Free	\$250
One Day Registration** Fri., June 6, 2010	\$100	\$50	\$10	\$50	\$90	Free	\$145
Sat., June 7, 2010	\$115	\$65	\$20	\$65	\$105	Free	\$160
Sun., June 8, 2010	\$50	\$25	Free	\$50	\$50	Free	\$75
Extra Tickets Sat. Breakfast	\$15	\$15	\$10	\$15	\$15	Free	\$15
Sat. Lunch	\$15	\$15	\$10	\$15	\$15	Free	\$15
Sat. Awards Banquet	\$30	\$30	\$10	\$30	\$30	Free	\$30

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Cancellation Policy:
 Cancellations will be accepted without penalty prior to May 16, 2010.
 A \$25 cancellation fee will be applied to all cancellations after May 16, 2010.
 Refunds will be issued after June 15, 2010.

*Full Registration includes all educational sessions, exhibits, meals and evening events

**One-day Registration includes educational sessions, exhibits, meals and evening event for that day

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I will be participating in the golf event on Friday Yes ___ No ___
 I will be participating in the phun run on Saturday Yes ___ No ___

PROPOXYPHENE AND PAIN MANAGEMENT IN THE ELDERLY

By Jane R. Mort, PharmD; Stephan D. Schroeder, MD

Abstract:

Pain is frequently reported and often undertreated in the elderly population. In light of these concerns, it is important to examine potentially ineffective or problematic pain medications. Propoxyphene is one such agent whose efficacy and safety have been questioned by researchers, clinicians and the U.S. Food and Drug Administration (FDA). Specifically, multiple studies have found propoxyphene to be no more effective than acetaminophen (APAP), yet propoxyphene causes opioid side effects and has been involved in many drug-related deaths. In addition, propoxyphene/APAP products are often prescribed at doses that exceed maximum values (49.2 percent of APAP/ propoxyphene napsylate 100 prescriptions for South Dakota Medicaid patients exceeded the maximum daily dose). The relevance of propoxyphene use is seen by the 7.1 percent prevalence of propoxyphene prescriptions among the South Dakota Medicare beneficiaries, which is comparable to the 6.8 percent reported in the U.S. community-based Medicare population. Therefore, it is very important to consider alternatives to propoxyphene such as APAP, nonsteroidal anti-inflammatory drugs (rare use due to adverse effects) and other opioids, when managing elderly patients with pain.

Introduction

Pain is a common complaint among the elderly. Studies have found 25 to 50 percent of community-dwelling elderly experience conditions causing significant pain.¹ In addition, undertreatment of pain has been identified in 45 to 80 percent of nursing home residents.¹ Given the magnitude of the problem and inadequacy of pain treatment, it is imperative that questionable treatments be examined closely. Propoxyphene is one such agent that deserves a careful review based on the FDA's recent action regarding propoxyphene containing products,² literature reviews of propoxyphene's safety and efficacy,³⁻⁸ inclusion of propoxyphene on Beers' list of agents with risks greater than benefits⁹ and removal of propoxyphene from the market in the United Kingdom in 2005.⁷

Propoxyphene is categorized as a weak opioid having approximately one-third to one-half the activity of codeine³ and indicated for the treatment of mild to moderate pain.¹⁰ Propoxyphene is structurally similar to methadone³ and is metabolized (via CYP3A4)⁷ to norpropoxyphene, which is excreted renally.³ The parent compound has a half-life of six to 12 hours, while norpropoxyphene's half-life is 30 to 36 hours and longer in those with reduced renal function.³ Norpropoxyphene has no opioid effects but does contribute to propoxyphene's adverse effect profile, such as depression of the central nervous system and cardiac effects.³ These characteristics make propoxyphene more likely to cause adverse effects in elderly patients who have reduced renal function. Adverse effects are described in the following section.

Efficacy and Safety

Researchers have frequently questioned the effectiveness of propoxyphene,^{3,4,7,8,9} and many have concluded that propoxyphene in combination with acetaminophen (APAP) is no better than APAP.^{3,7,8} In addition, FDA advisers reviewed extensive information, and in a narrow vote favoring withdrawal (14 votes to 12), concluded, "In the absence of a demonstrated benefit, there is no acceptable risk."¹¹ The FDA subsequently mandated further efficacy testing.²

Adverse effects reported with propoxyphene have included central nervous system effects (drowsiness, dizziness, confusion, euphoria), constipation, nausea and hip fractures (rela-

tive risks range from 1.6 to 1.79 compared to controls).^{3,5,7} Toxicity is also a concern, with 5.6 percent of all drug-related deaths in the U.S. (1981 and 1999) involving propoxyphene (38.6 percent of deaths involving propoxyphene being accidental).⁷ Besides the typical opioid toxicities, norpropoxyphene produces cardiac toxicity (negative inotropic and chronotropic effect, alteration of conduction, vasodilation) that does not respond well to naloxone^{3,7} and may contribute to the acute toxicity mortality rate that has been reported as high as 30 percent.⁷ Death from propoxyphene overdose has occurred as quickly as one hour in 20 percent of the cases³ and at doses as low as 9 mg/kg (eg, 630 mg for 70 kg patient).⁷ This type of information led the FDA to require a "black box" fatality warning on propoxyphene products and in 2009 to require a box warning on the potential for overdose.^{2,3}

Dosing Propoxyphene

Propoxyphene napsylate should not be prescribed for more than 600 mg per day and APAP combinations limited to a maximum of 4 g of APAP per day.¹⁰ This yields a APAP/ propoxyphene napsylate 100 schedule of no more than one tablet every four hours (six tablets/day), not one to two tablets every four to six hours (12 tablets/day). In spite of this, nearly half (49.2 percent) of APAP/propoxyphene napsylate 100 prescriptions for South Dakota Medicaid patients exceed 600 mg of propoxyphene and 4 gm of APAP from May through November 2007.¹² The excessive dosing may be errantly utilized to try and overcome the limited effectiveness of the product. The FDA is now requiring manufacturers to provide patient information on the need to take the medication as prescribed.² However, problems will persist if prescriptions are written and filled at doses above the recommended limit.

Propoxyphene Use in South Dakota

In South Dakota, 7.1 percent (4,071/57,125) of Medicare beneficiaries over the age of 65 who filled a prescription from April through September 2008 received propoxyphene (These numbers are based on data provided to the South Dakota Foundation for Medical Care by the Centers for Medicare & Medicaid Services). This is similar to results from a 1998 national sample in which 6.8 percent of community-dwelling Medicare beneficiaries took propoxyphene.¹³ In addition, prescriptions for propoxyphene are filled by more elderly

PROPOXYPHENE AND PAIN MANAGEMENT IN THE ELDERLY

CONTINUED

South Dakota Medicare beneficiaries than any other potentially inappropriate medication (PIM) as defined by the Centers for Medicare & Medicaid Services.¹⁴

Alternatives

Selecting the best pain management medication is challenging yet important in order to minimize patient suffering from lack of efficacy or adverse effects. The American Geriatrics Society first published practice guidelines on "The Management of Persistent Pain in Older Persons" in 1998 (revised in 2002) and recently released the 2009 revision.^{1,15} These guidelines were created by a panel of pain experts based on a review of the literature and their experience.¹⁵ Propoxyphene is not included in the AGS Panel's list of recommended medications for persistent pain in the elderly.¹⁵ Alternatives to propoxyphene (indicated for mild to moderate pain)^{1,10} include scheduled APAP not to exceed 4 gm per day.^{1,15} If a patient fails APAP, nonsteroidal anti-inflammatory drugs (NSAIDs) may be considered in select patients and then only with great caution due to adverse effects.^{1,15} A proton pump inhibitor or misoprostol is to be used with all nonselective NSAIDs to help avoid gastric problems.¹⁵ In addition to gastric concerns, NSAIDs have been found to elevate blood pressure, cause fluid retention and negatively impact renal function in vulnerable patients.¹⁶ AGS recommends that opioids should be considered if pain is moderate or severe or affects quality of life.¹⁵ The World Health Organization (WHO) also supports opioid use for severe non-cancerous pain in elderly patients and also emphasizes the importance of identifying the type of pain (e.g., osteoarthritis, herpes zoster) to select the best treatment.¹⁷

Opioid alternatives include combination products containing hydrocodone and oxycodone.^{15,16,17} Codeine has been reported to have limited efficacy, perhaps due to difficulties in converting the prodrug to the active form by up to 10 percent of the Caucasian population.⁸ Other opioid alternatives mentioned in the AGS and WHO guidelines include morphine and fentanyl.^{1,15,17}

Opioid agents requiring special care include tramadol and methadone.¹ The dose of tramadol must be reduced in patients having a creatinine clearance less than 30 ml per minute (increase interval to 12 hours and maximum dose of 200 mg per day) and in patients over 75 years of age (maximum dose 300 mg per day).¹⁰ In addition, tramadol may rarely produce seizures and, therefore, caution is required if a patient has a seizure history.¹ Tramadol is not included in the AGS Panel's list of recommended drugs for persistent pain in the elderly.¹⁵ Methadone is challenging to administer and adjust in the elderly because of its long half-life and altered clearance with aging.¹ Based on this information, the AGS panel recommends that methadone be administered by those having considerable experience with this agent.^{1,15}

Although all pain medications have adverse effects that must be considered, monitored, and sometimes treated, more effective, safer alternatives to propoxyphene are available.

Conclusion

The issue of propoxyphene use remains an important topic for South Dakota and the nation due to the persistence of pain as a poorly treated condition, questionable effectiveness of propoxyphene and concerns related to propoxyphene's safety. Based on these facts, propoxyphene should be avoided in the elderly.³ Although treating pain in the elderly is challenging, guidelines are available.¹⁵⁻¹⁷

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SDPhA LEGISLATIVE DAYS 2010

FEBRUARY 2-3, 2010

The 2010 SDPhA Legislative Days is scheduled for February 2nd-3rd in Pierre. Legislative Days provides you with an opportunity to visit face to face with your state legislators, express your opinions, and observe the legislative process.

Tuesday, February 2nd

- Networking social & BBQ at 6:00 pm at the AmericInn in Ft. Pierre for Student Pharmacists, Pharmacists, and Pharmacy Technicians
- Legislative Update

Wednesday, February 3rd

- SDSU College of Student Pharmacists will provide healthcare screenings in the President's and Speaker's lobbies. (third floor of the Capitol)
- Pharmacists will visit with Legislators
- A light breakfast will also be provided

There is no cost to attend for SDPhA Members!
Please RSVP to the SDPhA Office by January 25th, 2010
Hope to see you in Pierre as we address important pharmacy issues!

Pharmacy Days Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Pharmacy/Organization: _____

Please send registration form by January 25th, 2010 to:

SDPhA
Po Box 518
Pierre, SD 57501
Fax: (605) 224-1280
sdpha@sdpha.org

Or give us a call at (605) 224-2338

There is no cost to attend for SDPhA Members!

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2010 SOUTH DAKOTA LEGISLATURE

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Hanson, Gary Senate
Wismer, Susan House

District 02

(Brown, Spink)
Dennert, H. Paul House
Elliot, Elaine House
Hundstad, Jim Senate

District 03

(Brown, McPherson)
Feickert, Dennis House
Novstrup, Al Senate
Novstrup, David House

District 04

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Peterson, Jim Senate
Rausch, Val House
Street, Steve House

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(Codington)
Faehn, Bob House
Solum, Roger House
Turbak Berry, Nancy Senate

District 06

(Beadle, Clark, Codington, Hamlin, Kingsbury)
Greenfield, Brock House
Fryslie, Art Senate
Noem, Kristi House

District 07

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Pitts, Carol House
Merchant, Pam Senate
Tidemann, Larry House

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Peters, Deb House

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Gillespie, Margaret Senate

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Nesselhuf, Ben Senate
Nygaard, Eldon House

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Hunhoff, Jean Senate
Moser, Nick House

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Putnam, J.E. "Jim" House

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Brown, Corey Senate
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Ahlers, Dan Senate
Sorenson, Oran House
Rave, Timothy House

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Maher, Ryan Senate

District 28A

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Schrempp, Dean House

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(Butte, Corson, Harding, Perkins)
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Wink, Dean House
Rhoden, Larry Senate

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South Dakota State University College of Pharmacy



Dennis Hedge
Dean

A Fresh Vision for CE

This past December, the Institute of Medicine (IOM) issued a report addressing continuing education (CE) for health professionals. The IOM committee's report, *Redesigning Continuing Education in the Health Professions*, explored the development of a national continuing education institute and outlined a framework for its creation and operation. In addition, the committee offered alternatives to an institute with a discussion of pros and cons of each option.

Embedded within the report, the committee conveyed five primary messages:

1. There are major flaws in the way CE is conducted, financed, regulated, and evaluated.
2. The science underpinning CE for health professionals is fragmented and underdeveloped.
3. Continuing education efforts should bring health professionals from various disciplines together in carefully tailored learning environments.
4. A new, comprehensive vision of professional development is needed to replace the culture that now envelops continuing education in health care.
5. Establishing a national interprofessional CE institute is a promising way to foster improvements in how health professionals carry out their responsibilities.

Release of the IOM report coincides with the College of Pharmacy's plan to develop a fresh vision for its continuing education programming. In the months to come, the College is committed to embracing the concept of continuing professional development. In other words, our goal is to create CE programming that is learner-driven and incorporates a wider range of learning methods and theories that feature problem identification and problem solving.

It is always helpful to hear from you, the pharmacists of the region, in regard to your educational needs. Any thoughts or opinions about programming can be directed to Mr. Bernie Hendricks, CE Coordinator for the College of Pharmacy.

To close, I would simply like to wish you all a New Year that is filled with great happiness.

Warm regards,

Dennis Hedge
Dean, SDSU College of Pharmacy

SAVE THE DATE!!

2010 Legislative Days
February 2nd- 3rd, 2010

ACADEMY OF STUDENT PHARMACISTS



Jenna Kucera
APhA-ASP President

Greeting from APhA-ASP!

I hope this article finds all well rested and in good spirits from the Holidays. As we wind down from holiday festivities I will break down American Pharmacists Association-Academy of Student Pharmacists' fall semester happenings. On September 24th, APhA-ASP's Speaker of the House Alison Rapacz Knutson from the University of Minnesota College of Pharmacy visited our chapter. The executive members dined with her at George's Pizza, toured SDSU's campus, and visited with Dean Hedge and Advisor Teresa Seefeldt. The visit ended with Alison's presentation to the ASP members about the unique opportunities and benefits of being actively involved in APhA-ASP. Alison was a pleasure to be around and her presentation was enjoyable and informative.

Members from ASP met up in Omaha, Nebraska over the Halloween weekend with seven other chapters for the Region V Mid-Year Regional Meeting. Two of our chapter's proposals, those dealing with standardizing immunizations across states and promoting the banning of direct-to-consumer advertising, were passed and are on their way to the national meeting. The chapters had a great time dressing up for Halloween and our members were quite memorable as Mt. Rushmore.

As October, American Pharmacists Month, came to an end the Professionalism Committee handmade giant thank-you cards for the local pharmacies. Chapter members signed the cards and the committee hand delivered them to the pharmacies. The pharmacists and staff enjoyed the cards and hung them up for display.

Before the semester ended, the Pre-Pharmacy Committee decorated a live Christmas tree in the Union. The decorations may have reminded you of your medicine cabinet with cough drops, medicine bottles, and band-aids. The event was complete with Christmas tunes and cookies.

Fundraising was off to a great start with cookbook sales and collecting empty ink cartridges. The next big event for our Fundraising Co-chairs is our Annual Auction in the spring, so please keep an ear open for that date. If you would like

more information you can contact Joe Rose (jdrose@jacks.sdstate.edu). Legislative Days is set for February 2nd and 3rd. Many members are excited to travel to Pierre and practice their screening skills. This event provides the members with an opportunity to learn new skills and network with others. Operation Tobacco Cessation committee is busy planning for this year's middle school anti-tobacco night set for February 5th. The event will run from 8pm-12pm and includes a dance, dodgeball, and a snack. Brookings middle school students had a blast at the lock-in last year and the committee was encouraged to make this an annual event.

As usual our committees have been active in the community. Operation Immunization facilitated HyVee and Lewis with their flu clinics. Heartburn Awareness has been busy educating patients on the causes, prevention strategies, and treatment options associated with heartburn. Our Poison Prevention Committee has organized many events to inform elementary school children of the dangers of household products and the difference between medicines and poisons. The Service committee helped organize the toys for Project Joy and will be helping with the Brookings Backpack Project.

We've had a lot of fun with all of our accomplishments and are just as elated with those to come. Soon we will begin finalizing our plans for the National APhA-ASP Meeting in Washington, D.C. There is a lot of excitement this year for the national meeting. Also, please keep your eyes open for the date of our Annual Auction. We hope to have as much success this year as we did last year. In closing, I wish each and every one of you a great start in 2010!

Sincerely Yours,

Jenna Kucera
APhA-ASP President
South Dakota State Chapter

SD DEPARTMENT OF SOCIAL SERVICES IMPLEMENTS SDMEDX

The South Dakota Department of Social Services is actively working to ensure all providers are ready for implementation of the new South Dakota Medical Electronic Data Exchange (SD MEDX). Last month, we contacted all enrolled providers with information about SD MEDX and requested points of contact in their organization so we can ensure vital information is communicated to the appropriate staff within their facilities. We also implemented the SD MEDX Listserv so providers can receive frequent and important communications regarding SD MEDX implementation, including our upcoming Regional Open Houses scheduled in January. A letter detailing the Regional Open Houses is scheduled to be mailed to the providers and associations early next week. As association members, we hope that you would be willing to assist us in our outreach efforts by forwarding the following SD MEDX information to your provider contacts :

Providers:

The Department of Social Services is actively working to ensure all providers are ready for implementation of the new South Dakota Medical Electronic Data Exchange (SD MEDX). A hard copy of the following information has been sent to you by mail. To effectively reach all of our providers in a timely manner, we have also asked the associations to distribute this information via E-mail. Upon receipt of this, please pass it on to all your appropriate staff who may have interest in any of the below information.

Register for January Regional Open Houses: The Department of Social Services will be hosting Regional Open Houses throughout the state in January. Providers can expect to learn about the provider enrollment process through SD MEDX and learn how the system will help facilitate more efficient claims processing. Information about system security and what you need to know to prepare for SD MEDX implementation will also be presented. **A recorded version of the January 6th Regional Open House will be available on the SD MEDX website for those individuals that are unable to attend one of the sessions.**

To register for one of the following sessions, please go to our website at www.dss.sd.gov/sdmedx and click on the Regional Open House Registration Link. Once registered, you will receive an agenda prior to the session.

The following regional open house sessions will be offered:

- January 8, 2010 – Rapid City, SD (8:00 a.m.-12:00 p.m. OR 1:00 p.m.-5:00 p.m.)
 - Best Western Ramkota Rapid City Hotel
2111 North Lacrosse Street
Rapid City, SD 57701
- January 12, 2010 – Sioux Falls, SD (8:00 a.m.-12:00 p.m. OR 1:00 p.m.-5:00 p.m.)
 - Holiday Inn Sioux Falls – City Centre
100 West 8th Street
Sioux Falls, SD 57104

- January 13, 2010 – Watertown, SD (8:00am-12:00pm OR 1:00 p.m.-5:00 p.m.)
 - Watertown Event Center/Best Western Ramkota Watertown Hotel
1901 9th Avenue Southeast
Watertown, SD 57201-5088

To Identify Points of Contact

Log on to www.dss.sd.gov/SDMEDX. At the bottom of the page click on the link under Provider Contact Information “enter your information”.

To enroll in the Listservs

Log on to www.dss.sd.gov/SDMEDX. In the middle of the page under the SD MEDX Readiness Listservs, click on the links to enroll. Listserv options include SD MEDX General, Enrollment, Training and Security.

Please take this the opportunity to identify your points of contact, enroll in our Listservs, or register for one of the Regional Open Houses.

Thank you for your continued partnership and support as we implement SD MEDX. If you have questions, please do not hesitate to contact our provider outreach staff, Angie Bren at 605-773-8543, Angie.Bren@state.sd.us or Nicole Beck at 605-773-4414, Nicole.Beck@state.sd.us.

Nicole Beck
Stakeholder/Provider Relations Lead
SD MEDX Project
Department of Social Services
Phone - 605-773-4414
FAX - 605-773-8520



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SD ASSOCIATION OF PHARMACY TECHNICIANS

Phyllis Sour

SDAPT President

Happy New Year to everyone from SDAPT.

The SDAPT organizations new year began with our Fall Meeting and CE at the Avera Living Wellness Center in Sioux Falls on October 10th. There were 35 members in attendance that enjoyed 5 terrific hours of CE.

The CE topics were Immunosuppression and Transplant Medication Overview-presented by Sarah Hutton, Pharmacy Technician Roles in Process Improvement: Challenges and Opportunities by Barb Hintzen, Home Infusion by Allison Hein, Prescription Drug Diversion by Phil Toft and Review of Pharmacy Regulations by Ron Heuther. I would like to thank these speakers for sharing their time with us and giving us the opportunity to learn from them.

We also held our annual meeting and election of officers. Those elected were President-Phyllis Sour (moved from Pres. elect as per our by-laws) Pres. elect- Twila Vava, Secretary-Diane Feiner, Treasure-Bonnie Small and Past President Ann Oberg. I would like to thank these wonderful technicians for their dedication to the organization.

I would like to encourage you to register for the upcoming

SDSHP conference, which will be held in Rapid City April 9th and 10th. The conference has an excellent lineup of CE opportunities. We will also be holding a meeting during the weekend.

I would also like to extend an invitation to those technicians not involved with SDAPT to consider joining so that you can network with other technicians and have a voice in your chosen profession. Our dues are \$35.00 per year and the membership registration form can be found on the SDAPT website. If you have any comments or questions, please feel free to contact me or any of the officers.

Best wishes for the New Year,
Phyllis Sour

Contact information

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Twila Vavra, tvavra@hotmail.com

Diane Feiner, feinerd@sanfordhealth.org

Bonnie Small, bsml1@yahoo.com

The Burden of Diabetes in South Dakota—Common, Costly, and Controllable



- **South Dakotans aged 65 years or older are twice as likely to be diagnosed with diabetes as persons aged 45 to 64 years**
- **39,344 of South Dakota adults have been diagnosed with diabetes**
- **The prevalence of diabetes has more than doubled since 1998**
- **13,115 South Dakotans do not know they have diabetes**
- **The prevalence of diagnosed diabetes in Native Americans was 11.0 % compared to 6.4% in whites**
- **973 South Dakotans under 18 have diabetes**

From [The Burden of Diabetes in South Dakota](#) produced by the South Dakota Department of Health Diabetes Prevention & Control Program (DPCP). The full burden report, along with the [Recommendations for Management of Diabetes in South Dakota](#) guidelines and the [South Dakota Diabetes State Plan 2007-2009](#) are available at <http://diabetes.sd.gov> or from the DPCP at (605) 773-7046 or colette.hesla@state.sd.us. These publications were developed as part of a statewide initiative to improve the health care of people at risk for and with diabetes.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Jodi Wendte
SDSHP President

On behalf of SDSHP, we hope you had a wonderful holiday season. Here is a brief update of our most recent as well as upcoming activities.

The annual ASHP Midyear Clinical Meeting took place this past December in Las Vegas. Record attendance was noted at the convention as well as at our Dakota Night reception for pharmacists, students, and technicians. Thanks to all who attended the event!

Also at Midyear meeting, we were pleased to have a student team from SDSU competing in the Clinical Skills Competition. Congratulations to Danielle Graves and Cara Counter for winning the South Dakota Clinical Skills Competition and representing our state at the national level.

In collaboration with SDPhA and the SDSU College of Pharmacy, we have offered a series of free continuing education programs throughout the year. These programs have been presented by the pharmacy practice residents from Avera McKennan and Sanford hospitals. Our next program is entitled "Hyperglycemic Crisis: Transition of Care" and will take place January 26, 2010 from 6:45 to 8:30 PM at the University Center in Sioux Falls with remote access to Rapid City and Brookings. Watch for emails or see our webpage for further details on this event.

Planning for the annual SDSHP convention is in full swing. The meeting will take place April 9-10, 2010 in Rapid City at the Rushmore Plaza Holiday Inn. A total of 11.5 hours of ACPE CE credits will be available on topics such as acute stroke treatment, new agents in cardiology, healthcare reform and Medicare reimbursement for pharmacy services, and pain management just to name a few. We look forward to seeing you in Rapid City!

Please visit our web page for up to date information on CE opportunities and organizational events. Thank you for your support of SDSHP and best wishes in 2010.

Jodi Wendte, Pharm.D., BCPS
President
South Dakota Society of Health-System Pharmacists
www.sdshp.com



SDSHP 2010 Annual Conference

FRIDAY - APRIL 9th

7:30 am-4:30pm	Registration
8:00-9:00am (1 ceu)	Understanding Hyperuricemia and Gout: The Misunderstood Arthritis — James Engelbrecht, MD
9:00-10:00am (1 ceu)	New or Novel Cardiovascular Therapies — Roger DeRaad, MN, CNP, CNS
10:00-10:15am	Break
10:15-11:15am (1 ceu)	Role of the Pharmacist in Healthcare Reform and Medicare Reimbursement for Pharmacy Services — Mary Andrawis, PharmD, MPH, ASHP Medication-Use Quality Improvement Associate
11:15am-1:15 pm	Exhibit Theatre/Poster Presentations
1:15-2:45pm (1.5 ceu)	Drug Distribution and New Processes: Telepharmacy, ePharmacy, and VA Update — Tom Koch, RPh, Dana Darger, RPh, and Andrea Darr, PharmD
2:45-3:45pm (1 ceu)	Acute Treatment of Stroke — James Gilbert, MD
3:45-4:00pm	Break
4:00-5:30pm (1.5 ceu)	Alzheimer's — William Hayes, PharmD and Tiffany Jastorff-Gillies, PharmD, Pharmacy Practice Residents, Veterans Affairs Black Hills Health Care System
5:30-6:30pm	Member Appreciation Reception — Hors d-oeuvres

SATURDAY - APRIL 10th

7:00-10:30am	Registration
7:30-8:45am	Breakfast buffet/Business meeting/Awards presentations
8:45-9:45am (1 ceu)	Pain Medications: A Physician's Perspective, Drug Monitoring Program — Christopher Dietrich, MD
9:45-10:45am (1 ceu)	Rules for Sterile Compounding — Ronald Huether, RPh, Executive Secretary, South Dakota Board of Pharmacy Report on Recom- mendations for NABP Task Force on Phar- macy Technical Education and Training, Earl McKinstry, RPh, Pharmacy Inspector, South Dakota Board of Pharmacy
10:45-11:00 am	Break
11:00am-1:00pm (1.5 ceu)	Preceptor Education — New Vancomycin Dos- ing Guidelines and Monitoring for MRSA — John Kappes, PharmD, Assistant Professor, SDSU College of Pharmacy; PPI's and Clopi- dogrel: Clinical Implications — Jaclynn Chin, PharmD, Assistant Professor, SDSU College of Pharmacy



**SD Society of Health-System Pharmacists
34th Annual Conference**



**Rushmore Plaza
Holiday Inn
505 North 5th Street
Rapid City, SD**

REGISTRATION FORM

April 9th & 10th, 2010

Name: _____
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City _____ State _____ Zip _____
E-Mail Address: _____
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Home Phone: _____
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Type of Practice:

___ Hospital ___ Managed Care ___ Home Care ___ Student
___ Retired ___ Technician ___ Other: _____

HOTEL RESERVATIONS

To receive these special rates, you **must** inform the hotel that you will be attending the 2010 SDSHP Conference.

Note: Only reservations made prior to March 10th receive these rates.

605-348-4000

SDSHP CONFERENCE CANCELLATION POLICY

Cancellations will be accepted in writing or via e-mail to the SDSHP office prior to March 10, 2010. No cancellations will be accepted after that time. A \$15 cancellation fee will be applied to all cancellations. Refund checks will be issued after April 30, 2010.

Circle your choice(s)	SDSHP R.Ph. Member	SDSHP Tech/Associate Member	Student	R.Ph. SDSHP Non-Member	Tech. SDSHP Non-Member	Spouse/Guest (Meals)	PharmD Resident Member	PharmD Resident Non-Member
Full Registration**								
Before March 10	\$150	\$50	\$25	\$200*	\$65*	\$50	\$100	\$150*
After March 10	\$175	\$60	\$30	\$225*	\$75*	\$55	\$125	\$175*
One Day Registration***								
Friday - April 9	\$110	\$40	\$15	\$110	\$40	\$30	\$75	\$75
Saturday, April 10	\$90	\$35	\$15	\$90	\$35	\$30	\$50	\$50
Make Check Payable to: SDSHP								
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* Registration Fee includes membership for 2010.

** Full Registration includes all educational sessions, exhibits, meals.

*** One-Day Registration includes educational sessions, exhibits and meals for that day only.

PAYMENT MUST ACCOMPANY REGISTRATION FORM

If your practice site is paying for your registration, please have someone from your Business Office contact SDSHP (telephone: 605-627-5363) or (e-mail: sdsHP@mchsi.com) ASAP for information on how to proceed with the registration and payment procedure.

Registration will also be accepted at the door for an additional \$50.00 fee.

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INSPECTOR GOES TO HAITI

SD Board of Pharmacy Inspector, Randy Jones, traveled to Jeremie, Haiti in October as part of a medical mission support team. Haiti is the poorest country in the western hemisphere.

The primary purpose of the team is to teach the people in the commonwealth how to better care for themselves. The Haitian Health Foundation (HHF) has a presence there. The HHF is based out of Norwich, CT and has established a clinic in Jeremie, which is considered "home base" for the mission group. On a daily basis, part or all of the team travels up the mountain side to various villages in order to teach and treat those individuals that have no means of traveling to the clinic in Jeremie. The most common medical problems are malnutrition, malaria, intestinal worms, lice, diabetes, hypertension and various cuts and lacerations. Less common, but certainly not less serious are tuberculosis, HIV, and meningitis. OB / GYN concerns are prevalent as well due to poor nutrition and anemia.

Proper oral hygiene is addressed also. Sugar cane is fairly abundant in Haiti, and those that have access to it, will chew on stocks as a replacement for candy. Dental carries are a common problem and there is a shortage of Dentists in the area as well as little resources to pay for such services. Our group this year included a dentist, and Randy assisted him in the extraction of roughly 50 teeth. There is no practical way to fill a tooth in the field, so most are extracted to relieve the patient of pain. All

patients received a tooth brush as a "reward".

One of Randy's primary goals during this trip (his 3rd) was to organize the dispensary (otherwise known as pharmacy) at the clinic. Many visiting practitioners from other mission groups come to assist the staff at the clinic, usually in blocks of one week increments. As they treat patients at the clinic, and a medication is needed as a result, they will go to the dispensary to ascertain if a medication is available to treat the problem. Because there isn't a pharmacist on staff, the medications are not in what pharmacists would call any type of order. Randy disassembled the entire stock, and restocked the shelves by therapeutic class. Antibiotics in one area, and then broken down to various classes such as 1st and 2nd generation cephalosporin's, Sulfa's, Tetracycline derivatives, etc. Antihypertensive products were stocked in a similar manner; Beta-Blockers, ACE Inhibitors and related products, etc. Diabetic agents were categorized as well as diuretics, malaria agents, nutritional products, anti-fungal and circulatory agents. All of the shelves were labeled accordingly and seemed to pass the "sniff test" of the physicians that were there the time.

If you would like to learn more about Randy's experiences' in Haiti, you may contact him at the board office, or by email at randy.jones@state.sd.us

MEDICAL MISSION OPPORTUNITY FOR PHARMACISTS!

Five years ago The Community of Churches in Missions (CCM) was organized. Members from 9 churches, 5 denominations, within a 20 mile radius of Lennox SD came together with serving Christ in missions as their only focus. They have worked within the community building wheelchair ramps, painted houses, winterized homes, helped the terminally ill, etc. For 4 years we have sponsored a 6 week basketball camp for 1st-4th grade, teaching basic skills and beginning each group practice with devotions, a Bible story and prayer. We have sent workers to New Orleans and Crystal Beach TX after the hurricane devastation. Internationally, we have worked in the Bethlehem area helping oppressed families put food on their tables. This is told, not for any undo praise, but to help you understand who we are and to see we are very serious about doing and going whatever and wherever God opens the door.

Recently it was brought to our attention that the hospital and clinics in the same area of Bethlehem, are in need of medical supplies. This is a bigger project than we have responded to before so we knew we would have to reach out beyond our own resources to encourage others to help. We have received a list of needs from one of the doctors. Diabetes is our number one focus, followed by Women's Health. Although there is not a request for cancer medications, our on site representative, Christy Reiners, has told us breast cancer is very prevalent in young women because there is a toxic waste dump near Bethlehem! Also listed is prenatal care, and we know also, many are treated for traumatic stress disorder (especially children). The

doctor we are working with (Linda) speaks fluent English and we have an RN working with us who has worked in the Middle East and speaks Arabic so she is helpful in our communication.

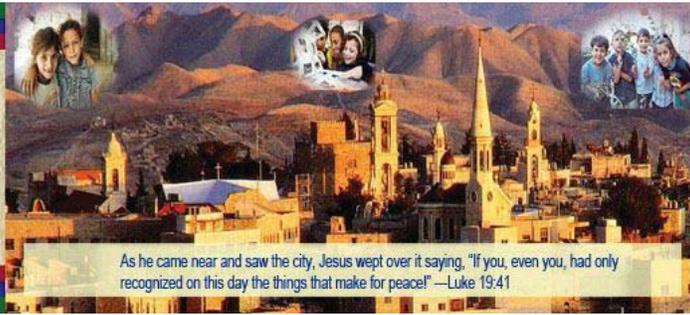
We are searching for supplies in the areas listed above but also looking for persons, especially in the medical field, willing to go to help with the distribution, perhaps give updating seminars, and observe the conditions.

As you will see in the information shown in this journal, we are working with ihsMinistries. Our on site connection and trip coordinator is Christy Reiners. Christy grew up in the Lennox area, now living in Walnut Creek, CA, and works in Bethlehem about 5-6 months of the year. She has worked with the churches here in the US and in I/P for 10 years, promoting peace & justice and organizing mission trips.

Questions may be addressed to kensayler@iw.net, phone #605-647-2260, or mailing address, P.O. Box 775, Lennox, SD. OR ihsholyland.org.

Thank you for your time and consideration.

Norma Sayler, CCM Rep.



HOLY LAND MEDICAL PROJECT:

A group of concerned Christians have recognized a great need for medical resources in the Holy Land where many are struggling under oppression, acute trauma, and poverty. We are working with hospitals and clinics in the Bethlehem area, refugee camps and other areas where we find people suffering because of a lack of medical supplies.



Working with Drs. in local clinics to determine critical needs. Diabetes is quite widespread but people cannot afford the needed equipment and ongoing medications. There is a shortage of medical supplies with many people unable to afford treatment. Cancer treatments are difficult to get. Most children and adults too suffer from acute traumatic stress disorder. Expectant mothers often do not get good prenatal care and children are malnourished. There are highly trained and skilled medical professionals, but ongoing training for them is needed to stay current on best treatments and practices. The list goes on.

WHO CAN HELP SERVE?

It can be you. Those skilled in the medical field, you might consider going to serve for a short time giving hands on treatment in the rural villages or offer seminar training on updated medical procedures and effective new treatments. There are many areas that could use your expertise.

Equipment and Medications are needed, especially those that are expensive or hard to get. Often clinics and hospitals have excess medications that are being replaced with newer treatments. Funds are needed to cover the project costs including shipping, customs charges, and distribution.

There is a place for you to help.



Upcoming Missions **Bethlehem: Spring 2010** **March 10 - 19**



For more information, contact:
Norma Sayler
kensayler@iw.net
Phone: 605-647-2260

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FINANCIAL FORUM

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Five Investment Mistakes You Don't Have to Make

It's easy to have confidence in investments made during bull markets as share prices climb and any losses from poor decisions are usually recovered fast. But in times of increasing market volatility, mistakes tend to be magnified and many investors may lose confidence in their decision making. Let's take a quick look at some of these common mistakes that can generally be avoided.

1. Timing the Market

During a downturn in the market, investors who regularly contributed to their portfolios when the market was rising often decide to stop investing until conditions improve. This can prove to be a costly mistake.

Not only is it impossible to time the ups and downs of the market with consistent success – by sitting on the sidelines during a down market, you could miss out on an opportunity to buy stocks and other investments at low prices. In good times and bad, long-term investors should carefully consider the merits of dollar-cost averaging. By continuing to make investments of the same dollar value at regular intervals, investors can buy more shares when prices are low, fewer when prices are high.

A periodic investment plan such as dollar-cost averaging does not assure a profit or protect against a loss in declining markets. Also, since such a strategy involves continuous investment, investors should consider their ability to continue purchases through periods of low prices.

It is also important to continue to make contributions to your 401(k) plan or similar employee-sponsored retirement plan. These contributions often “earn” matching funding from your employer – providing additional earnings potential.

2. Skipping the Research

Determining whether an investment is appropriate for your portfolio requires research. There are more companies and investment products to invest in today than ever before, but determining which investments have potential for growth requires information.

Before making an investment, it's helpful to evaluate it in the context of comparable opportunities. At a minimum, you should find two articles (from different authors) about the company or investment product and review the company's website. Both the investor relations section and news announcements found on the website can provide useful information. You should also review financial statements and carefully investigate anything that looks vague or unusual.

In addition to its role in making sound investment decisions, research can also help you to feel comfortable with the holding in spite of temporary ups and downs.

3. Chasing Past Performance

Yesterday's hot stock may have already topped out. Today's innovative start-up may not have the wherewithal to stay in business. So it's important to make investment decisions based on more than past performance and a few headlines. Investments should be made with the future in mind. If there is strong growth potential, and the fundamental likelihood of the company's success looks good to you, then it may make sense to invest even after a successful run. Keep in mind, however, that past performance is no guarantee of future results.

4. Trading Too Often

Frequent trading will likely reduce the total return of your portfolio. In addition to the trading fees and taxes that are incurred, frequent trading does not reflect a long-term outlook and thoughtful investment strategies. Typically, neither timing the market nor running scared enhances your portfolio's performance. In fact, a study from the University of California found that the average annualized return of retail investors who traded most frequently was seven percent lower than the return of those who traded least frequently.

5. Selling Low, Or Not At All

Before selling a stock or investment product that has tumbled, it's important to do some additional research to understand why it dropped. This research will help you anticipate the holding's potential for recovery. If the setback appears to be triggered by a temporary problem that can be easily overcome, you may even want to consider buying more while the price is low.

Conversely, it's also important to know when to take a loss. It hurts to lose money, but a little pain now may pay off in the long run. If your company or investment relies on an industry that is likely to be weak for several years, consider selling to avoid any additional losses.

Learning from your own past mistakes, as well as from those made by others, is an important step toward becoming a better investor. To find out more about avoiding these and other mistakes often made by investors, contact your financial advisor.

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

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Continuing Education for Pharmacists

Volume XXI, No. 8

Patient Counseling: Natural Products: Beta-sitosterol to Black Cohosh

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Cincinnati, Ohio

and

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

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 beta-sitosterol to black cohosh, 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. exhibit knowledge of the claims, mechanisms of action, and typical dosages for natural products and nutraceuticals presented;



Gossel



Wuest

2. select from a list, the synonyms for these products; and
3. demonstrate an understanding of information that can be used when counseling about these products.

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. Products reviewed in this article are listed in Table 1.

The paramount difference between conventional drugs and natural products was explained in the first lesson in this series. However, since natural products are a very 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. Additional sources (websites) of information on natural products are provided in Table 2.

Beta-sitosterol, also known as angelicin, B-sitosterol 3-B-D-glucoside, cinchol, cupreol, phytosterols, plant sterols, quebracho, rhamnol and sitosterin,

is reported to be the most abundant phytosterol (sterols produced by plants) in the diet. It is present in numerous fruits, vegetables and nuts. The average American diet contains 175 to 200mg of beta-sitosterol daily.

Beta-sitosterol is also present in several botanical and herbal medicines, including pumpkin seed, saw palmetto and pygenum africanum, all of which are used to treat benign prostatic hyperplasia (BPH).

Beta-sitosterol is used to treat hyperlipidemia, BPH, prostatitis and gallstones; to enhance sexual activity; and to prevent colon cancer. It has also been used to boost the immune system, to prevent immune suppression and inflammation after marathon races, to reduce the frequency of colds and flu and to treat patients with HIV infection. Other uses include treatment of allergies, alopecia, asthma, bronchitis, cervical cancer, fibromyalgia, lupus, migraine, menopausal symptoms, psoriasis, rheumatoid arthritis, and tuberculosis.

The mechanism of action of beta-sitosterol is hypothesized to be due to its chemical similarity to cholesterol, differing only by the presence of one ethyl group on a side

Table 1
**Natural Products Covered
in this Lesson**

Beta-sitosterol Bilberry Biotin Bishop Wort Bitter Melon Bittersweet Nightshade Black Cohosh
--

Table 2
Representative Sources for Information on Natural Products

American Botanical Council	www.herbalgram.org
Facts and Comparisons	www.factsandcomparisons.com
Food and Drug Administration	www.fda.gov (<i>click on Food</i>)
National Center for Complementary and Alternative Medicine of the National Institutes of Health	www.nccam.nih.gov
PDR for Herbal Remedies PDR for Nutritional Supplements	www.pdr.net
Pharmacist's Letter	www.naturaldatabase.com

chain of the latter. It has been postulated that beta-sitosterol lowers blood cholesterol levels by inhibiting its absorption from the intestine. It may also accelerate the activity of an enzyme, lecithin-cholesterol acyltransferase which reduces the serum levels of cholesterol-rich lipoproteins.

Claims are made that beta-sitosterol reduces plasma LDL and total cholesterol in adults, but has little effect on HDL cholesterol or triglycerides. In adolescents and children, on the other hand, it appears to reduce HDL lipids slightly, as well as total and LDL cholesterol.

The mechanism of action that beta-sitosterol might exert in males with BPH is unknown, but it does bind to prostate tissue and inhibit prostaglandin synthesis in the prostate gland. It reportedly has anti-inflammatory activity and improves both the symptoms and urine flow without significant effect on the size of the prostate gland.

There is unconfirmed evidence that beta-sitosterol may inhibit the growth of human colon cancer cells. Mixtures of beta-sitosterol with a similar substance, sitosterolin, reportedly enhance proliferative production of T-cells *in vitro*. T-cells are specialized cells that prevent excessive production of mutated (cancer) cells, as well as protect the body against autoimmune conditions. They are also the body's early inducers of the immune

response against invasion by pathogens into the body.

Studies are underway using beta-sitosterol in patients with rheumatoid arthritis, human papilloma virus infection, cervical lesions, chronic rhinitis and sinusitis, and hepatitis C virus infections.

The typical dosage of beta-sitosterol is 20 to 130mg, two or three times a day for BPH. The usual dose for hyperlipidemia is 2 to 6 grams daily before meals along with dietary modification. It is recommended that the dose be taken 30 to 90 minutes prior to each meal to exert the greatest effect on cholesterol absorption.

Beta-sitosterol, alone or in combination with other ingredients, is the basis for some "healthy heart" margarines. These products are permitted to contain labeled claims that they help reduce cholesterol absorption from the gut, lower serum cholesterol levels and the risk of heart disease, in spite of a compensatory increase in cholesterol synthesis in the liver. The typical serving recommendation for these margarines contains 800mg to 3.2 grams of beta-sitosterol daily.

Bilberry (*Vaccinium myrtillus*), also known as airelle, black whortles, bleaberry, blueberry, burren myrtle, dyeberry, huckleberry, hurtleberry, hurts, myrtilli fructus, whortleberry and wineberry is believed to have

originated in Central and Northern Europe. Even though it has been referred to as "blueberry," bilberry is not the same plant as the American blueberry.

Historically, dried bilberry fruit has been used orally to treat diarrhea, angina, varicose veins, atherosclerosis, as well as to improve visual acuity and night vision, and treat degenerative retinal disorders. Preparations of bilberry fruit have also been used topically on inflamed tissues in the mouth and throat.

The modern use of bilberry received its greatest boost during World War II when Royal Air Force pilots consumed bilberry preserves before nighttime bombing missions over Europe to improve their night vision. After the war, European physicians accepted this as confirmation that bilberry extracts could improve visual acuity and lead to more rapid adjustment between light and darkness. These actions have not been verified by controlled clinical studies.

Today, the use of dried bilberry extracts to treat non-specific diarrhea remains popular. Since the fresh bilberries do not appear to have antidiarrheal effects, it is believed that the tannins formed by the drying process have an astringent and, therefore, antidiarrheal effect.

The astringent tannin components of dried bilberry are also felt to be responsible for a soothing effect on irritated mouth and throat mucosa.

The usual dose of dried bilberry for oral use in treating non-specific diarrhea is 20-60 grams daily. Another preparation, in tea form, is made by placing 5-10 grams of mashed dried bilberries (one to two teaspoons) in cold water. This is heated to a simmer for 10 minutes, and then strained to remove the remaining materials. For topical use in the mouth/throat, dried bilberries are boiled in water for 10 minutes, strained, cooled and gargled as a 10 percent solution.

Table 3
Dietary Reference Intake for Biotin*

Age/ Condition	Adequate Daily Intake
Infants	
birth to 6 months	5mcg
7 through 12 months	6mcg
Children	
1 through 3 years	8mcg
4 through 8 years	12mcg
Adolescents	
9 through 13 years	20mcg
14 through 18 years	25mcg
Adults 19 years and older	30mcg
Pregnancy	30mcg
Lactation	35mcg

*from the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences

Biotin, also known as coenzyme R, vitamin H, and W factor, is a member of the B-vitamin group, and is an essential nutrient in the human diet. It is involved in the biosynthesis of carbohydrates and fatty acids, formation of glucose, production of energy, metabolism of branched-chain amino acids (including leucine, isoleucine and valine), and the synthesis of purine-containing nucleotides. Claims are made that biotin plays a role in gene transcription/translation and DNA replication.

Biotin was first isolated in 1936. Its structure was identified in 1942, and it was synthesized in 1943.

Good dietary sources of biotin include: bananas, barley, brewer's yeast, grapefruit, liver, milk, peanuts, soya, strawberries and watermelon.

Documented deficiencies are rare, because biotin is found so abundantly in animal and plant foods, as well as being synthesized in the human gut by intestinal bacteria. It is also recycled into the body via enterohepatic circulation.

The rare occurrences of biotin deficiency have been associated with pregnancy, malnutrition, long-term parenteral nutrition, patients with multiple carboxylase deficiency, rapid weight loss with fad diets, and prolonged consumption of raw egg whites. In the latter case, eating

whole eggs does not present a problem. Egg whites contain a protein called avidin which strongly binds with biotin to reduce its absorption, but egg yolks contain biotin and override this action.

Biotin deficiency is characterized by generalized red, scaly skin eruptions, especially around the eyes, nose, mouth and ears; hair loss and loss of hair color; neurological abnormalities including depression, lethargy, numbness/tingling in the hands and feet, hallucinations, and conjunctivitis.

Over and above being an integral part of carbohydrate and fatty acid metabolism, biotin may also have antioxidant activity. It may be helpful in correcting brittle fingernail and toenail disorders. It is used to treat what is called "uncontrollable hair syndrome." This is a condition seen mainly in children whereby they have multiple cowlicks so that their hair stands up in all directions and won't comb down. The concept that biotin is needed for healthy hair is extended to its use in restoring color to hair and preventing graying.

Biotin is available in many commercial vitamin B complex, multiple vitamin and multiple vitamin/mineral combinations. The Dietary Reference Intake (DRI) for biotin recommended by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, categorized according to age, are listed in Table 3.

Bishop Wort (*Betonica officinalis*, *Stachys officinalis*), also known as betony, hedge nettles and wood betony, is a member of the mint family of plants. It is widely distributed throughout Western and Southern Europe. The use of bishop wort has been described since the time of the Roman Empire. During the Middle Ages, it was believed to have magical powers. Today, it is often cultivated as an ornamental garden plant.

Bishop wort has been used orally to treat diarrhea, and topically in the mouth to soothe

irritation of mucous membranes. It has been used as a tea to treat anxiety, and as a tincture for treating headaches.

A source of information on herbal remedies states that in folk medicine, bishop wort is thought to be effective for nearly 50 different diseases including bladder inflammation and kidney stones; gout; heartburn and stomach ache; inflammation of the nose, throat and lungs; cough, asthma and bronchitis; toothache and facial pain; spleen and liver sclerosis; convulsions; and heart palpitations.

Bishop wort has a relatively high tannin (i.e., astringent) content, which is claimed to be responsible for its antidiarrheal effect when ingested as a tea, and soothing effects on mucous membranes of the gums, mouth and throat when used as a gargle.

Bitter Melon (*Momordica charantia*), also known as african cucumber, art pumpkin, balsam apple, balsam pear, balsama, bitter apple, bitter cucumber, bitter gourd, carilla gourd, cerasee, cundeamor, karela, and wild cucumber, is a tropical fruit cultivated in Africa, Southeastern Asia, India and South America.

The parts of the plant used in folk medicine are the fruit, seeds and leaves. The ripened fruit is orange-yellow while the unripe fruit is dark green. It is cucumber shaped and has bumps on its surface, similar to some gourds.

Bitter melon has been used for centuries in China and India to treat asthma, gastrointestinal problems, tumors and skin infections. Today, bitter melon is used to treat diabetes and psoriasis, and as supportive therapy for individuals with HIV infection.

Claims are made that a sterol ingredient (charantin) and an insulin-like polypeptide (polypeptide P, plant insulin) exert hypoglycemic activity in patients with diabetes. Another ingredient, a glycoside (momorcharin), is claimed to exhibit antiviral and antitumor activity.

The typically recommended dosage for bitter melon is 1 to 2 grams of powdered leaf daily, or, 1-3 mL of a 4:1 tincture twice daily.

Bittersweet Nightshade

(*Solanum dulcamara*), also known as bitter nightshade, common nightshade, dulcamara, fellen, felonwort, fever twig, scarlet berry, snake berry, staff vine, violet-bloom, and woody nightshade, is a member of the same family of plants as the potato and tomato. It is found throughout Eurasia, Northern Africa, Canada and the U.S. The plant's name "dulcamara" is of Latin derivation and refers to the flavor of the berries which are at first bitter and then taste unpleasantly sweet.

Bittersweet nightshade is a vine-like perennial plant that can grow to heights of 10 feet, producing a beautiful pinkish-purple flower with a bright yellow stamen. The flower then produces green berries that mature into a bright red coloration.

Long known to be toxic when ingested excessively, bittersweet nightshade has reportedly been used for millennia as an external remedy for skin abrasions, chronic eczema, itchy skin conditions, acne, furuncles and warts.

The FDA classifies bittersweet nightshade as an unsafe, poisonous herb when ingested, but it is still used as an external remedy in traditional medicine. The stem is steeped (1 to 2 grams) in 250 mL of boiling water for five to 10 minutes and strained for use as a compress.

Black Cohosh (*Cimicifuga racemosa*, *Actaea racemosa*), also known as baneberry, black snakeroot, bugbane, bugwort, phytoestrogen, rattle root, rattle snakeroot, rattleweed, richweed and squawroot, grows in Eastern North America from Ontario, Canada to Tennessee and as far west as Missouri. It is a member of the buttercup family of plants, and its natural habitat is in open woods at the edge of dense forests. It is also

cultivated in Europe and other parts of the world.

The name *black cohosh* refers to the black coloration of the plant's rhizome (above ground root). The term *cohosh* comes from the Algonquin Indian word meaning "rough," which is the texture of its rhizome. The Latin word *cimicifuga* means "bug repellent," another use for the plant.

Black cohosh has been used for centuries in Chinese medicine for treating gingivitis, headache, measles, and uterine or rectal prolapse. American Indians used the herb to treat painful menses and arthritis, as well as an antidote for snake bites.

During the late 1800s and early 1900s, physicians in the eclectic practice of medicine used black cohosh for menstrual problems, dyspepsia and rheumatism. At one time, the popular patent medicine *Lydia Pinkham's Vegetable Compound* contained black cohosh as one of its ingredients. Black cohosh was listed as an official remedy in the *U.S. Pharmacopoeia* as late as 1936.

Today, black cohosh is used to control symptoms of menopause as an alternative to pharmaceutical hormone replacement therapy (HRT). It is also used for the treatment of hypercholesterolemia and peripheral arterial disease.

While claimed to have estrogen-like effects, the results of controlled clinical studies have not supported the theory that black cohosh has direct estrogenic activity in humans. Animal studies have intimated that it competitively inhibits estradiol from binding to estrogen receptors and that it increases serum ceruloplasmin oxidase performance. The latter is a measure of estrogen activity in the liver.

Most of the information on the clinical use of black cohosh comes from Germany. First introduced to European colonists by Native Americans, the herb was commonly used in Germany during the 1800s. Black cohosh is currently recognized

by the German Commission E (the agency that oversees the use of natural products in that country) for use in treating premenstrual discomfort, dysmenorrhea, and menopausal symptoms.

Since 2001, black cohosh has been included in the American College of Obstetricians and Gynecologists guidelines for botanical treatment of the symptoms of menopause. The recommendation is that it may be helpful in reducing the frequency and intensity of hot flashes in women who are reluctant to take pharmaceutical HRT and those who have a history of breast cancer.

There are toxic reactions associated with the overuse/overdose of black cohosh. These include nausea, vomiting, dizziness, visual disturbances, increased perspiration, rapid pulse rate, convulsions and miscarriage. Black cohosh is contraindicated in pregnant women.

The typically recommended dose of black cohosh is 20 to 40mg of a commercially standardized extract, twice a day for up to six months.

In folk medicine, the usual dose is 300mg to 2 grams of the dried rhizome/root three times a day. A tea is also made by placing the dried rhizome/root in a cup of water and bringing it to a boil. This is allowed to simmer for five to 10 minutes, cooled and strained before ingestion.

Continuing Education Quiz

"Patient Counseling: Natural Products: Beta-sitosterol to Black Cohosh"

- Beta-sitosterol is also known by all of the following names EXCEPT:
 - angelicin.
 - cholesterol.
 - phytosterols.
 - plant sterols.
- Beta-sitosterol, alone or in combination with other ingredients, is the basis for some "healthy heart."
 - bulk laxatives.
 - cereals.
 - lean meats.
 - margarines.
- Today, the popular use of dried bilberry extracts is to treat:
 - diarrhea.
 - flu symptoms.
 - high cholesterol.
 - menopause.
- Biotin is involved in the biosynthesis of all of the following EXCEPT:
 - amino acids.
 - carbohydrates.
 - cholesterol.
 - fatty acids.
- The Dietary Reference Intake for biotin for adults 19 years and older is:
 - 5mcg.
 - 30mcg.
 - 50mcg.
 - 300mcg.
- Bishop wort is used to treat all of the following EXCEPT:
 - anxiety.
 - headache.
 - constipation.
 - irritated mucous membranes.
- Bitter melon is also known by all of the following EXCEPT:
 - art pumpkin.
 - balsam pear.
 - wild cucumber.
 - wood betony.
- FDA classifies which of the following as an unsafe, poisonous herb when ingested?
 - Bittersweet nightshade
 - Bitter melon
 - Bishop wort
 - Black snakeroot
- Today, the popular use of black cohosh is to treat:
 - diarrhea.
 - flu symptoms.
 - high cholesterol.
 - menopause.
- The typically recommended dose of commercially standardized extract of black cohosh is:
 - 20 to 40mg twice a day.
 - 50 to 70mcg three times a day.
 - 80 to 100mcg four times a day.
 - 300mg once daily.

This course expires on: December 10, 2012
 Target audience: Pharmacists and Pharmacy Technicians



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification numbers for this program are: #0063-0000-09-036-H01-P, #0063-0000-09-036-H01-T.

To receive 1.5 Contact Hours (0.15 CEUs of continuing education credit, read the attached article and answer the 10 questions by circling the appropriate letter on the answer form below.

A test score of 70% or better will earn a *Statement of Credit* for 1.5 Contact Hours (0.15 CEUs) of continuing pharmacy education credit. If a score of 70% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

Learning Objectives - Pharmacists: 1. Exhibit knowledge of the claims, mechanisms of action, and typical dosages for natural products and nutraceuticals presented; 2. Select from a list the synonyms for these products; 3. Demonstrate an understanding of information that can be used when counseling patients about these products.

Learning Objectives - Pharmacy Technicians: 1. Describe the common uses of Beta-sitosterol, dried bilberry extract, biotin; 2. Describe 3 common uses of Bishop wort; 3. Identify the current popular use of Black cohosh, and list the typically recommended dose of the commercially standardized extract.

"Patient Counseling: Natural Products: Beta-sitosterol to Black Cohosh" (Knowledge-based CPE)

Circle the correct answer below:

- | | |
|------------|-------------|
| 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 |

Course Evaluation – must be completed for credit.

1 Disagree - 7 Agree

Material was well organized and clear: 1 2 3 4 5 6 7

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Each of the stated learning objectives was satisfied:

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OBITUARIES

Susan Snyder Reinders

September 8, 1949 - December 22, 2009

Susan Reinders, 60, of Flower Mound, TX, died from cancer on Tues, Dec. 22, 2009 at her residence.

Funeral services were held in Texas. Visitation was from 12:30 to 1:30 PM, on Wed, Dec 30, 2009 at the Wintz & Ray Funeral Home in Yankton, SD and a rosary and Scripture service followed at 1:30 PM. A graveside service was held, on Wednesday, at St. John the Baptist Cemetery in Fordyce, NE.

Sue was born September 8, 1949 in Sioux Falls to Matt and Mavis (McGuire) Snyder. She attended Christ the King Elementary, Edison Jr. High, and graduated from O'Gorman High School. Sue taught early childhood education for several years following graduation from SDSU in 1971. She married Charles Reinders in 1972. They lived in Sioux Falls, Irving and Flower Mound, TX.

Surviving is her daughter, Jill Reinders and son, Todd (Karina) all of Fort Worth, TX; parents, Mavis and Matt Snyder of Sioux Falls, SD and Mesa, AZ and her brothers, Lee, Frank, and Tom.

Her husband preceded her in death.

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Progressive Pharmacy in the Black Hills area looking for pharmacist to manage busy location. Salary commensurate with experience. Hours flexible, some evenings, no holidays or Sundays. E-mail mgarcia@rushmore.com or send resume to P.O. Box 5507, Rapid City, SD 57709.

Wal-Mart in Chadron has an opening for a full-time Pharmacy Manager and Staff position.

Must be a licensed professional (Pharm.D or BS/Pharmacy) in Nebraska. This position does not require travel.

Duties include, but are not limited to: Dispenses prescriptions by following standard operating procedures; follows Medication Guidelines for receiving, filling, dispensing, logging, and maintaining loss prevention controls; ensures that Wal-Mart policies and Federal and State laws and regulations in all prescription-related issues, including HIPAA, SOP, and QA, are followed; provides counseling on both prescription medications and over the counter medications per Company policy and as required by State and Federal law; ensures that all control drug policies and procedures as required by State, Federal, and Wal-Mart guidelines are followed; performs trouble shooting functions for third party discrepancies and other prescription filling issues; verifies that all required pharmacy, Pharmacist and Technician licenses/registrations are current and valid as required by State, Federal, and Wal-Mart guidelines.

Manages and evaluates pharmacy associates.
Benefit package and salary information available upon request.

Contact:
Mark Mora, Health & Wellness Market Manager
Cell - 605.201.3823 Office- 605.996.0264
Fax- 479.204.9572
mark.mora@wal-mart.com



Help Spread the Word!

Help us improve the cost, quality and access of healthcare in South Dakota

The South Dakota Nurses Association is asking pharmacists to help spread the word of the **Primary Health Care for South Dakotans Survey**. We want to know if there are opportunities for nurses to improve healthcare in South Dakota and plan to use this information to further develop nursing and health care services in South Dakota.

Survey Purpose: To determine the health care needs and attitudes of the people of South Dakota related to

- The access of primary health care near their home;
- How the cost of health care impacts them;
- What they believe about the quality of the health care available; and
- Their past experience with nurses and nurse practitioners.

Please direct South Dakotans to log onto our website at: www.sdnursesassociation.org to access the **Primary Health Care for South Dakotans Survey**.

The South Dakota Nurses Association is a statewide not-for-profit professional association, representing registered nurses in South Dakota. It is a constituent of the American Nurses Association.

SDNA / PO Box 1015 / Pierre, SD / 57501 / 605.945.4265 / www.sdnursesassociation.org

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