Spring Edition 2013 Vol. 27 No. 2

# South Dakota Pharmacist

**In This Issue:**

- Director's Comments
- President's Perspective
- SDPhA Legislative Days

SOUTH DAKOTA
PHARMACIST

Volume 27 Number 2

# SDPhA CALENDAR

**South Dakota Pharmacists Association**
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www.sdpha.org

"The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession."



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*.

## APRIL

11 South Dakota Board of Pharmacy Meeting, Rapid City

12-13 SD Society of Health-Systems Pharmacists (SDSHP) Annual Conference, Rapid City

16 Rosebud District Meeting
Stella's (formerly the Longbranch), 813 Main St., Burke
Social/Dinner/Association Update (CE) begins at 6:30 p.m.

21 Mobridge District Meeting
Bob's Steakhouse, Gettysburg
6:00 PM Dinner/Meeting/Association Update (CE)

21 Mitchell/Huron District Meeting
Time and Place TBD

25 Sioux Falls District Meeting
Museum of Visual Arts, 500 N. Main Ave. Sioux Falls
5:45pm – Display Session and Social
6:30pm – Meeting with APhA-ASP auction to follow

## MAY

4 SDSU Graduation, Brookings

14 Black Hills District Meeting
Minerva's, Rapid City
Social at 6:00 pm and Dinner & Presentation at 6:30 pm
Presentation on Adult Immunizations/Resident & Association CE

27 Memorial Day

## JUNE

1-5 ASHP Summer Meeting, Minneapolis, MN

## JULY

4 Independence Day

## AUGUST

1 License Renewal Window Opens

*Cover: Governor Dennis Daugaard, SDPhA Board Members, and SDSU College of Pharmacy Faculty and Students on the Capitol Stairs*

SOUTH DAKOTA PHARMACIST
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SECOND QUARTER 2013
Volume 27
Number 2

# CONTENTS

## FEATURES



## PHARMACY TOPICS



## CONTINUING EDUCATION



## ADVERTISERS



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# DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

## Successes and Challenges of Pharmacy Continue

Happy spring! I can't tell you what a relief it was to see our PBM Fair Audit Legislation receive overwhelming support of our Legislators and the Governor! We worked hard to relate the story of "unfairness" that existed, and they responded with sincere concern and support! It's so nice to be able to report a success in this arena. We know audits are important, but they must be FAIR audits. We hope this helps many of you, but we're also realistic and encourage you to be diligent and monitor your new contracts when they renew. Over 23 states have passed this type of legislation, with 13 or 14 additional states introducing bills this session. That is usually indicative of a real problem.

Regarding Medicaid enhancements, the final day of Legislative Session included a marathon appropriations amendment process.

In the end, here is how the money breaks out for Providers: (remember we're still digging out from the previous Fiscal Year cuts…)

FY 13 (paid out by June 30, 2013)

- 1% across the board one-time increase for Medicaid Providers (Senate Bill 90)
- Additional 1% one-time increase for Medicaid "reliant" Providers (SB 90)

*Note: There are already questions about what "reliant" means. The details will be determined at a later date via the committee's letters of intent.*

FY 14 (beginning July 1, 2014)

- 3% across the board ongoing increase for Medicaid Providers (original Governor's Proposal)

*Note: This amount will be filtered through a tiered system and will result in the actual net percentages on the original Department of Social Services chart given to providers.*

No additional money for providers was supported for FY 14. About $1.7 million was left unobligated for FY 14.

President Umbreit and I recently returned from APHA and NASPA meetings in Los Angeles, along with about 6-8,000 of our closest friends. It's always an exciting time to witness the enthusiasm of our entire student contingent, and we have great reason to celebrate, as they were extremely successful (once again!!). **Congratulations to our APHA-ASP Chapter on their Division AAA Chapter Achievement Award! Also to our Current APHA-ASP Chapter President Sara Wettergreen, who was awarded the APhA Foundation Scholarship and the APhA Student Leadership Award, and Ashley Potter, who was recognized for her dedication to APhA-ASP through the APhA Foundation Scholarship!**

We were also delighted to take our SDSU College of Pharmacy students and advisors out for another fantastic family dinner. This has become the highlight of APHA for us! And we look forward to many more.

Prior to the start of APHA, I attended a meeting with pharmacy organization leaders from across the country to discuss the creation of a national action plan to address provider status… to actually design a unified, national action plan to integrate pharmacists into current and evolving health care delivery models. The group recognized that increasing patient access to pharmacists' patient care services through value recognition would allow the profession to better contribute to optimal patient health while saving healthcare dollars. Sometimes it feels like we've just added a new verse to the same song. There were so many important comments and takeaways from the meeting, I decided to share an excerpt from the meeting's press release:

*"Provider Status for Pharmacists: Creating a National Action Plan included nearly 200 pharmacy leaders from national organizations, states associations and academia and was led by APhA, the National Alliance of State Pharmacy Associations (NASPA), the University of Southern California (USC) School of Pharmacy and the California Pharmacist Association (CPhA). The attendees gathered to discuss how to achieve integration of pharmacists into the evolving patient-centered, team-based health care system.*

*"Health care spending as a portion of total income is rapidly increasing, from 5% in the 1960s to almost 18% in 2009," stated Dana Goldman, PhD, Director, USC Leonard D. Schaeffer Center for Health Policy and Economics and Professor USC School of Pharmacy and Price School of Public Policy. "Prevention is key to controlling health care costs and pharmacists can play an important role in managing this process."*

***Patients and health care providers often do not have access to the benefit of the patient care services pharmacists provide because the proper recognition and payment models are not in place. Studies and practice-based experience have shown that***

*(continued on page 26)*

# PRESIDENT'S PERSPECTIVE

## Else Umbreit | SDPhA President

Greetings! I want to start by thanking all of the students and pharmacists who came to Pierre for Legislative Days. Lieutenant Governor Matt Michels stopped by and kicked off the evening with an engaging talk about pharmacy and growing up in South Dakota, and Governor Dennis Daugaard finished the event by posing for a picture with the students on the capital steps. I love living in a state where we have such a great opportunity to interact on a personal level with our top government officials. Even more important, they truly take the time to understand our issues, and have been very supportive of our profession. That I believe is a key factor in our recent success passing PBM Fair Audit Legislation. The legislators took the time to listen to your input on this critical issue, and responded with resounding support regarding our desire for a more fair auditing system. Thank you to everyone who took the time to reach out to their district's representatives and help make this happen. We truly can make a difference when we work together. I would be remiss if I didn't also thank our executive director Sue Schaefer for all of her hard work in pursuing this legislation. We are fortunate to have someone who is so passionate about our profession working hard for us.

I recently had the chance to join Executive Director Schaefer in Los Angeles for the annual APhA convention. We were joined by a great group of pharmacy students from SDSU (as well as several thousand other people) to learn more about the current issues in pharmacy and hear from the experts about new advances in medication therapy and patient care. There were many opportunities for networking, and it is always interesting to see how issues that affect us in our pharmacy settings back home are playing out on the national level.

Government and regulatory issues were discussed in detail throughout the conference, and as Sue discusses in her article, a big focus right now is on pharmacists obtaining provider status. Patients and health care providers often do not have access to the benefit of the patient care services pharmacists provide because the proper recognition and payment models are not in place. Studies and practice-based experience have shown that when pharmacists are involved in the provision of patient care services as members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced. The idea isn't new, we all can see first-hand in our own practice settings how a pharmacist's involvement in patient care positively affects outcomes. The hard part is pushing that idea out to regulators, other providers, and sometimes even patients. Keep positively promoting pharmacy whenever you can, and know that your association will work hard on your behalf to do the same.

If you haven't already done so, mark your calendars now for our yearly convention, to be held September 13-14 in Sioux Falls. We are working hard to put together a great line-up of CE topics, mixed with entertainment and time to socialize and network with your colleagues. We hope to see many of you at your respective upcoming district meetings, and again in the fall for our convention. Stay engaged with the profession, and come ready to share your ideas. Have a great spring!

# NOTICE:

In a recent Federal Register (March 26, 2013,) the DEA published a notice regarding qualified certifying organizations' certification processes for electronic prescription or pharmacy applications to be verified and certified as meeting the requirements of 21 CFR Part 1311. The notice indicates the following:

Certifying Organizations With a Certification Process Approved by DEA Pursuant to 21 CFR 1311.300(e)
"… the Interim Final Rule provides that, as an alternative to the audit requirements of 21 CFR 1311.300(a) through (d), an electronic prescription or pharmacy application may be verified and certified as meeting the requirements of 21 CFR Part 1311 by a certifying organization whose certification process has been approved by DEA. The preamble to the Interim Final Rule further indicated that, once a qualified certifying organization's certification process has been approved by DEA in accordance with 21 CFR 1311.300(e), such information will be posted on DEA's Web site. 75 FR 16243 (March 31, 2010). On January 18, 2013, DEA approved the certification processes developed by Global Sage Group, LLC, and by iBeta, LLC. iBeta's certification process was previously approved by DEA but only with regard to the certification of the application's biometrics subsystem, including its interfaces. 77 FR 45688 (August 1, 2012). This approval for iBeta's certification process is expanded to include the entire certification process."

A list of qualified certifying organizations with a certification process that has been approved by DEA is posted on the DEA Office of Diversion Control Website: http://www.deadiversion.usdoj.gov/ecomm/e_rx/thirdparty.htm#approved

# SOUTH DAKOTA BOARD OF PHARMACY

Randy Jones | Executive Director

## NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Karen Alesch, Richard Boyd, Maianh Donahue, Brenner Knapp, Kelly Kas, and Brenda Van Veldhuizen.

## NEW PHARMACIES

Pharmacy licenses have been issued recently to: Regional Pharmacy #1 – Michele Kooiman PIC, Regional Pharmacy – Teresa Eastman PIC, Regional Specialty Pharmacy – Scott Peterson PIC.

## 340B - INVOICES

Many pharmacies have incorporated dispensing prescriptions under the 340B plan. When these pharmacies receive their replacement of product from the wholesaler, the invoice will obviously not reflect a monetary charge for the replacement product. Since there is not a charge, some pharmacies have determined the invoice does not need to be retained. Successive audits by internal staff and or board inspectors reveal large discrepancies of on-hand product since invoices are not comprehensive to validate. Please retain all invoices per state and federal regulations for a minimum of 2 years and in a readily retrievable manner. Please contact the board office or your inspector if you have questions regarding this matter.

## NEW BOARD MEMBER

The Governor has appointed Leonard "Lenny" Petrik as our newest member to the board. Lenny will serve a 3 year term which began October 1st of 2012. He resides in Pierre, SD and practices in a retail setting. Lenny replaces long time board member Arvid Liebe. The board and staff express our sincere thanks to Arvid for his many years of service and his profound guidance.

## TECHNICIAN REMINDER

As a reminder, if your pharmacy has added pharmacy technician staffs that are not nationally certified, and after July 1st of 2011, these technicians have until July 1st 2014 to achieve national certification by an agency recognized by the National Commission for Certifying Agencies (NCCA). Individuals who initially register with the board after July 1st, 2014 will be issued a technician-in-training permit and will have a maximum of two years to achieve national certification. Technician national certification does not supplant the need for a licensed pharmacist to exercise control over delegated functions not does national certification exempt the technician from registration by the board.

## COMPOUNDING AND MANUFACTURING

Over the last several months, there have been numerous communications as to the definition of compounding versus manufacturing. SD Codified Law 36-11-2(5) defines compounding "as the preparation, mixing, assembling, packaging or labeling of a drug or drug device as a result of a practitioner's prescription drug order or an initiative based on the pharmacist/patient/practitioner relationship in the course of professional practice". (e.g.) patient specific. Manufacturing on the other hand as defined by the National Association of Boards of Pharmacy is "preparation of non-patient specific products where the primary focus is on the product; not the patient". Organizations that are manufacturing are permitted by the Food and Drug Administration.

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The PDMP is progressing well and we continue to receive positive comments on the program from prescribers, dispensers and law enforcement. Nearly half (46%) of South Dakota practicing pharmacists (520) have been granted on-line access to the PDMP database while approximately 22% (685) of all prescribers have been approved. As of February 12, 2013 there are over 1.6 million prescriptions in the database.

Pharmacists are encouraged to use information from the

**TOP 10 CONTROLLED SUBSTANCES IN SOUTH DAKOTA BY NUMBER OF DOSES DISPENSED: January 1, 2012 to December 31, 2012**

| 2012 Most Prescribed Drugs | RXs | Quantity | Quantity/Rx |
|---|---|---|---|
| Hydrocodone/APAP | 295,073 | 16,675,025 | 57 |
| Zolpidem | 102,625 | 3,293,422 | 32 |
| Lorazepam | 86,333 | 4,083,256 | 47 |
| Clonazepam | 74,990 | 4,625,870 | 62 |
| Alprazolam | 58,837 | 3,417,895 | 58 |
| Methylphenidate | 50,964 | 2,297,922 | 45 |
| Amphetamine Salts | 46,547 | 2,075,441 | 45 |
| Oxycodone/APAP | 44,966 | 2,753,411 | 61 |
| Oxycodone | 42,852 | 3,533,264 | 82 |
| APAP/Codeine | 37,527 | 1,493,872 | 40 |

# SOUTH DAKOTA BOARD OF PHARMACY

(continued)

SDPDMP when dispensing controlled drug prescriptions to patients. You may register for on-line access by going to the following website – www.hidinc.com/sdpmp
Please call the Board office if you have any questions about this very important program.

**BOARD MEETING DATES**
Please check our website for the time, location and agenda for future Board meetings.

**BOARD OF PHARMACY STAFF DIRECTORY**
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Board of Pharmacy Website..... www.pharmacy.sd.gov

# ACADEMY OF STUDENT PHARMACISTS

## Sara Wettergreen | APhA-ASP SDSU Chapter President

Happy Spring!

As the snow melts and the flowers begin to bloom, I feel this academic year coming to a close. I reflect over the past year of chapter successes in my last SDPhA update as chapter president and feel honored by all the chapter accomplishments.

The 24 chapter attendees had a great time at APhA Annual Meeting in Los Angeles, California celebrating our many successes! We had students participate in the policy process through both the APhA and APhA-ASP House of Delegates, built leadership skills at the student educational sessions, and continued to gain and share ideas for projects through the chapter officer and patient care project sessions. Our chapter had a lot to be proud of at the conference as well. This year, the chapter was awarded the Division AAA Chapter Achievement Award! Thank you to the dedicated chapter members who worked diligently all year. I am so proud of our chapter! Students were also recognized at the convention. Ashley Potter was recognized for her dedication to APhA-ASP through the APhA Foundation Scholarship. I also had the opportunity to be recognized through the APhA Foundation Scholarship and the APhA Student Leadership Award. South Dakota State University was well recognized overall and is a name that conference attendees won't forget!

One of my favorite parts of APhA Annual Meeting is the dinner with SDPhA! We had a scrumptious dinner with SDPhA at the Farm restaurant at LA Live. I am still dreaming about the mouth-watering s'mores dessert! Thank you for hosting us, we love spending time with you and always have a good time!

Although the year is wrapping up, we aren't done with our work quite yet! Our chapter was recently awarded a grant through the Million Hearts campaign. Our Operation Heart committee will be spearheading the project throughout the month of March. I look forward to seeing the progress we are able to make with this additional financial support!

The service committee is continuing to influence the community by helping at the local Harvest Table, Brooking's Backpack Project, and setting up fundraisers for the Children's Miracle Network State-A-Thon Event.

We will also be hosting many speakers this spring. The Operation Diabetes Committee has set up an interprofessional event featuring speakers from the Winnebago Indian Health Services, Michele Smith and Judith Raker. The chapter also assists with the Spring Convocation ceremony and helped find two leaders in pharmacy to speak at the event. We look forward to meeting Dr. Norrie Thomas and Diane Ginsburg at convocation. The Health-Systems committee has set up a leadership presentation by Diane Ginsburg after convocation, as well as the upcoming spring residency showcase to continue to share the health-system perspective of pharmacy with our chapter. I look forward to attending these events and welcome any readers to attend as well! We hope to see you there!

As a final note, I would like to thank the chapter advisors, Dr. Seefeldt and Dr. Meyer, the chapter executive committee, and most importantly the chapter members for making my year as president an incredibly rewarding experience. I hope that I have been able to make my mark on the chapter and look forward to seeing all that is accomplished in the future. With so many motivated chapter members, I know our organization will continue to thrive.

SOUTH DAKOTA STATE UNIVERSITY

# College of Pharmacy

## Dennis Hedge | Dean

Greetings from the South Dakota State University College of Pharmacy!

As we move to the latter stages of the academic year, I would like to take this opportunity to update you on several achievements and exciting developments at the College.

The College of Pharmacy moved to a "rolling admission" process last year and found it to be beneficial for both students and the College. This year, the College continued with "rolling admission" with only minor modification. The College received 235 applications for the 80 seats in the Pharm. D. class, and the quality of the applicant pool remained strong. The College has also implemented a pre-admission program for high school graduates beginning this year. Response to the pre-admission program has been outstanding and it appears to be having a positive impact on the College's ability to recruit quality students. As outlined in the last issue of the South Dakota Pharmacists Journal, the pre-admission program has strict admission criteria and incorporates learning activities of the SDSU Honors College.

South Dakota State University once again had a 100% NAPLEX pass rate for first-time test takers this past year. The SDSU pass rate of 100% compares quite favorably to the national pass rate of 96.68%. The average NAPLEX score of SDSU graduates was 109.45, which also compares favorably to the national average score of 103.52.

Through a gift from the Francis J. Miller Family, the College of Pharmacy will soon be adding a "Professorship" to its faculty positions. This professorship will help the College of Pharmacy recruit and/or retain a distinguished scholar or prominent professor that will provide leadership and experienced research in pharmaceutical sciences, thereby enhancing its national reputation in education and research. These funds will provide a stipend to the professor, along with funds to defray professional development activities and expenses related to an expanded scholarly agenda, including, but not limited to equipment, supplies, travel required for research, and support for project personnel not funded by other sources.

I am also very pleased to report the launch of a second Community Pharmacy Residency Program via partnership with Hartford Pharmacy LLC in Hartford, South Dakota. The program will begin this summer and feature resident involvement with disease state management programs, wellness programs, and medication dispensing activities. In addition, the resident will gain experience in the education of patients and health care practitioners on appropriate drug therapy. The College believes this program, along with the program at Liebe Drug in Milbank, South Dakota, will develop residents into innovative community pharmacy practitioners with a keen awareness of the challenges and opportunities associated with community pharmacy practice.

Finally, the College of Pharmacy was once again very well represented during the Annual SDSU Celebration of Faculty Excellence. As part of the celebration, Dr. Chandradhar Dwivedi, Distinguished Professor of Pharmaceutical Sciences, received the honor of delivering the David Fee Memorial Lecture. Dr. Dwivedi was selected by committee for this honor. In addition, Dr. Hemachand Tummala was recognized as College of Pharmacy Distinguished Researcher for 2012. Dr. Tummala was chosen for outstanding progress with his novel vaccine adjuvant work this past year.

As always, if you are in the Brookings area, please stop by for a visit.

Warm regards,
Dennis D. Hedge, Dean of Pharmacy

## 2012 Commercial & Legislative Fund Contributors

Thank you to the following individuals who were not included on the list published in the Winter 2013 issue of the *South Dakota Pharmacist* journal.

- Linda Pierson
- Marilyn Schwans

*Contribute to the 2013-14 South Dakota Pharmacists Association District Dues and SDPhA Commercial & Legislative Fund! Visit our website at www.sdpha.org.*

# SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

## John Kappes, Pharm. D. | SDSHP President

Greetings from SDSHP:

As another annual meeting approaches quickly, I would like to thank our outgoing board members for all their hard work during their terms. Our organization is all the stronger because of your contributions. The outgoing board members include: Erin Christensen, Katie Hayes, Gary VanRiper, Debborah Cummings, Joel VanHeukelom (term completes in June), and Kaitlyn Jude. I look forward to working with the new board members under Kelley Oehlke as president.

Hopefully you all have had an opportunity to register for the annual meeting on April 12th and 13th at the Rushmore Plaza Holiday Inn in Rapid City. The event will provide 11 hours of continuing education. At the business meeting we will be honoring Dr. Brain Kaatz as the recipient of this year's Gary W. Karel lecture award as well as pharmacist and technician of the year. The board would like to thank the annual meeting committee, chaired by Katie Hayes, for all their hard work in setting up what should be another great meeting. We would also like to thank Avera & Sanford for monetary donations towards the meetings, as wells as Rapid City Regional Health for the printing of the books.

Over the past year the board has reviewed the constitution & bylaws and has made several recommendations for the members to consider for revision. This discussion will take place during the annual business meeting. Please review these suggested changes and come join us for this discussion. A special thanks to Erin Christensen for leading the board on the revision of this document.

SDSHP is happy to be providing a Technician certification review, offered during the annual meeting. This review is being organized by Ann Barolow Oberg, BS, CPhT, CEO, Pharmacy Tech Consulting. She will be assisted by Kirre Wold Pharm.D. Candidate 2015, who is also a student liaison on the SDSHP board of directors.

In the last South Dakota Journal article, I mentioned an official review of the Dakota night format at the ASHP Midyear Clinical Meeting. This review sparked a good conversation on the board, which resulted in continuing the informal setting which seemed to be favored by most participants. Thanks to all of you who participated in the survey. Your comments and suggestions are valued.

ASHP has challenged our student organization to implement a project to promote organ donation awareness. Kirre Wold and Kaitlyn Jude have accepted this challenge head on and have organized a 5K "Run Your Guts" event to be held at 2pm on April 7th. Please support this cause and register at www.allsportscentral.com.

Finally, I would like to report on the Resident CE events. SDSHP has sponsored three free CE events this year. The first event was on January 26th in Brookings in conjunction with an SDSU basketball game. This event provided 4 hours of CE and had 36 pharmacists attend. The second event was hosted west river at Rapid City Regional. This event also had 4 hours of CE and 27 pharmacists were in attendance. Our third was held March 16th, which at the time of writing this article was still pending. This event provided 3 hours of CE. The board would like to thank everyone who attended these events for showing their support of South Dakota residency programs. We would also like to give a special thanks and a job well done to all the residents who presented these continuing educations credits. These residents included: Joel Van Heukelom, Jennifer Caitlin, Erik Lambrechts, Ashley Barta, Walter Phelps, Corrie Thurmer, Caitlyn Klein, Shawn Dalton, Carrie Jansen, Chris Frazer, Alexandra Saastad, Andrea Roche, Andrew Zwack, Lisa Becker, Nathaniel Ehni, and Timothy Magnuson.

# SD ASSOCIATION OF PHARMACY TECHNICIANS

## Twila Vavra | President

Greetings from SDAPT,

On behalf of the SDAPT, I would like to invite all the Pharmacy Technicians to go to our website and check out what the association has to offer you for joining the SDAPT. The website is www.sdapt.org. If there is a technician that you know of who hasn't joined or renewed their SDAPT membership, I would encourage them to do so. The cost is only $35.00 and the benefits of membership include reduced registration fees for the SDPhA Convention, a subscription to the SD Pharmacist Journal, and a free registration for our SDAPT Annual Fall CE and Business Meeting. At the SDAPT meeting, a member also receives a meal and 4 to 5 hours of continuing education without charge. You may go to the website and get a printable membership form, fill it out, and send it to Diane Feiner.

The SDPhA Convention will be held September 13-14,2013. Our SDAPT annual Fall Business/CE meeting is scheduled for October 5, 2013, at the CUC Building in Pierre. Generally, after the pharmacists convention, we have four months to plan our Fall Business/CE meeting. Without an early planning meeting we are now looking for your suggestions and comments on CE topics and events. Please contact any of the board members at our email addresses printed at the end of this article.

In conclusion, I encourage all technicians to register for the SDSHP Conference and the SDPHA convention. These conventions offer excellent continuing education hours along with meeting and networking with others in the Pharmacy profession.

Take care and I hope to see you at the conventions and our Fall Meeting.

**Contact Information:**

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Diane Feiner, Treasurer ..... dianefeiner@sanfordhealth.org

# Next DEA Prescription Drug Take-Back Day in April

## April 27, 2013

Consumers across the country will have another opportunity to help prevent abuse and misuse of prescription drugs by disposing of any unneeded or unwanted medications during the sixth Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day, Saturday, April 27, 2013. On this day, from 10 AM to 2 PM, consumers may safely dispose of unwanted medications at one of thousands of collection sites coordinated by DEA and provided by law enforcement agencies and community organizations in all 50 states and United States jurisdictions. The DEA online collection site locator will be available in April 2013.

DEA Take-Back Days are a unique opportunity for consumers to safely and legally dispose of unneeded medications, including prescription controlled substances, such as certain pain medications, since the drugs can only be returned to law enforcement personnel. The take-back service is free and anonymous, with no questions asked. Sites will accept tablets, capsules, and all other solid dosage forms of unwanted medication. Personal information may be blacked out on prescription bottles, or medications may be emptied from the bottles into the bins provided at the events. A total of over 2 million pounds of unwanted medication were collected for safe and secure disposal during the previous five take-back days combined, reports DEA.

# Shane's Pharmacy Wins Fort Pierre Business of the Year Award

Shane's Pharmacy has been named as the 2012 Fort Pierre Business of the Year.

The honor was given during the Fort Pierre Development Corporation's annual meeting.

Shane's Pharmacy owner Shane Clarambeau was honored for his support of the community and willingness to start his business in the city. He has been in the city and the Teton Island area for six and a half years.

# Canton Pharmacist Honored as South Dakota Retailer of the Year

A business owner who puts customer service first and foremost has received the 2013 South Dakota Retailer of the Year Award.

Arne Anderson, owner of Haisch Pharmacy in Canton and Alcester Drug and Gifts in Alcester, was honored at the South Dakota Retailers Association's annual Awards Banquet in Pierre on January 7. The event was attended by state legislators, constitutional officers, and retailers from throughout the state.

Anderson was chosen for the award by a statewide committee of retailers in recognition of outstanding customer service and a commitment to community organizations and activities.

Arne Anderson grew up on a farm near Canton, graduated from SDSU, then worked in Minnesota for a few years before returning to work at Haisch Pharmacy in his hometown. He became a part owner of the business, then assumed full ownership twenty years ago. The previous owners were dedicated to providing outstanding customer service, and Anderson has continued in that mold.

Presenting the award, outgoing SDRA Board President Bill Anderson of Anderson Furniture in Huron noted that the nomination for Arne Anderson (no relation), contained numerous letters in which customers praised him for recognizing, acknowledging and wanting to help every customer who walks through the door.

"He knows their families - including their children and their grandchildren - and truly cares about them," said Bill Anderson. "If he knows someone needs a prescription and can't get to his store, he'll personally deliver it. One person told us he even brought a prescription to their house on Christmas Eve when their daughter suddenly became ill. That is good, old-fashioned customer service."

Twelve years ago, Arne Anderson expanded his business. When the owners of the pharmacy and gift shop in Alcester decided to retire and it was difficult to find a buyer, Arne Anderson stepped up and purchased the business. He kept the gift shop open, and also operates the business as a satellite pharmacy.

"Every day, one of his employees travels from Canton to Alcester with prescriptions," Bill Anderson said. "That kept a small town business open, and allowed the residents of Alcester to keep doing business at home."

Between the two businesses, Anderson employes twenty full and part-time people. He trusts them to make important decisions about the business, and he says they have responded by doing a great job. His motto, he says, has always been to hire good people, give them a job to do, and then stay out of their way.


Arne Anderson, owner of Haisch Pharmacy in Canton and Alcester Drug and Gifts in Alcester, has been named 2013 South Dakota Retailer of the Year by the South Dakota Retailers Association.

Arne Anderson is also known for his outstanding commitment and enthusiasm for local projects and activities. He played a key role in establishing the Canton Public Schools K-12 Foundation, which raises money to support education programs and things that may not be covered through the normal school budgeting process. He is also a member of the Sanford Canton-Inwood Hospital Advisory Board, and serves on the Canton Lutheran Church Endowment Committee. He is active in the Canton Chamber of Commerce, has been on the Canton Community Foundation Board, and the Athletic Booster Club. Many other organizations in the area benefit from his generosity.

He says that as a business owner, he feels he has an obligation to return to the community what they have given him by coming in his doors.

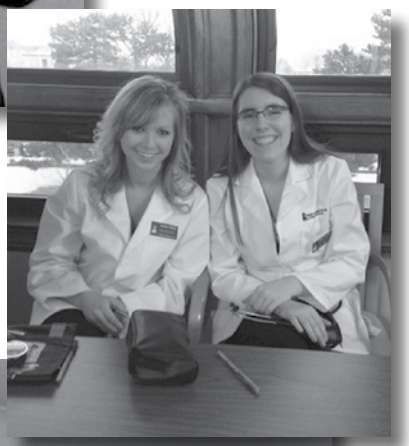
Congratulating Arne Anderson, South Dakota Retailers Association Executive Director Shawn Lyons said, "Arne is exactly what we look for in a good business person in South Dakota. He enjoys what he does, he loves his community, he respects his employees and their abilities, and his customers are very loyal. He really does represent the best of retailing in South Dakota, and he is truly deserving of this award."

The Retailer of the Year Award has been presented annually since 1982 by the South Dakota Retailers Association, a 3,700-member statewide business organization.

*Reprinted with permission from the South Dakota Retailer's Association.*

# SDPhA LEGISLATIVE DAYS 2013

January 30-31 • Pierre, SD



# 2013 LEGISLATIVE REPORT

## Robert C. Riter | SDPhA Lobbyist

We are pleased to report that after substantial effort from a number of pharmacists the legislature did establish a Pharmacy Audit Integrity Program which was signed into law by Governor Dennis Daugaard, effective July 1, 2013. That measure, SB 133, was the result of substantial activities prior to the legislative session and much work after its commencement.

Similar programs established in other states were studied and ultimately, we contacted the Minnesota Association. It had recently obtained passage of an audit program after months of negotiations with PBMs. Our initial bill was modeled after that Minnesota law.

Numerous pharmacists contacted legislators across our state soliciting support and possible sponsorship of the bill. Ultimately, a broad section of legislators agreed to act as sponsors, including leaders of both parties. Prior to introduction of the measure, contact was made with representatives of the Administration to explain the need for legislation. The bill was ultimately introduced as SB 133.

After its introduction, we were contacted by a lobbyist for a PBM who had concerns regarding the bill. When the bill was presented to the Senate Committee, the lobbyist requested an opportunity to have his client meet with representatives of your Association prior to final committee action on the bill. During the brief delay on the bill, representatives of PBMs traveled to Pierre from California, Arizona, Illinois and Minnesota to meet with representatives of your Association. Your Association was presented with a broad request for modifications.

Ultimately, the Association agreed to three common sense accommodations. These were important to the PBMs but did not negatively impact the overall intent and efforts of the bill. Thereafter, the bill was presented to the Senate Committee, which approved it without any dissenting votes, with the full Senate approving it 31-3.

The bill thereafter traveled to the House where that committee passed it without a dissenting vote and the full House approved it 64-5. After passage, the bill was sent to the Governor who signed it into law effective July 1, 2013.

The law generally establishes parameters regarding audit procedures of pharmacy benefit managers. It provides:

1. Any change to pharmacy audit terms must be disclosed to the pharmacy 60 days prior to the effective date of the change.
2. A pharmacy must be given 14 days written notice prior to an initial onsite audit.
3. During the months of December and January an onsite audit may not take place during the first 5 business days of the month, unless the pharmacy consents.
4. When an audit involves clinical or professional judgment, it must be conducted at least by or in consultation with a licensed pharmacist.
5. The period covered by the audit may not exceed 24 months from the date the claim is submitted.
6. An auditor's compensation may not be based upon a percentage of the amount recovered in the audit.
7. The finding of overpayment must be based on actual overpayment, not projections.
8. Calculations of overpayment may not include dispensing fees, unless the prescription was not actually dispensed.
9. The PBM must have a written appeals process in place to include appeals of preliminary and final reports.
10. The PBM must wait until after the appeals' process has been completed before it can charge back or recoup money from a pharmacy.
11. The Act does not apply to audits completed by healthcare programs operated by the State of South Dakota.
12. If the actions of the pharmacist constitutes fraud or willful misrepresentation, the investigative audit is not subject to these due process requirements.

While there are other provisions of consequence in the law, and we encourage members to review the same, the bill should help pharmacists better serve their patients while undergoing the scrutiny of an audit and protect the pharmacy from procedures unfair to it and its patients.

There were so many individual pharmacists involved whether offering testimony, attending committee meetings, contacting committee members to urge support and soliciting sponsors, that we hesitate to list names out of concern for inadvertently omitting one. Suffice it to say that passage of the bill showed what can be accomplished by Association members working together to better their profession.

### OTHER MATTERS

Other legislation passed included SB 68, which revises the controlled substance schedule and particularly includes "analogs" as controlled substances and provides added discretion to the State to protect the public from designer drugs. This is effective immediately. SB 69 added mental health issues to the

*(continued on page 30)*

# An Act to Establish a Pharmacy Audit Integrity Program

AN ACT

ENTITLED, An Act to establish a pharmacy audit integrity program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. The pharmacy audit integrity program is hereby established to provide standards for an audit of pharmacy records carried out by a pharmacy benefits manager or any entity that represents the pharmacy benefits manager.

Section 2. Term used in this Act mean:

(1) "Entity," a pharmacy benefits manager or any person or organization that represents these companies, groups, or organizations in any capacity;

(2) "Plan sponsor," the employer in the case of an employee benefit plan established or maintained by a single employer or the employee organization in the case of a plan established or maintained by an employee organization, an association, joint board, trustee, committee, or other similar group that establishes or maintains the plan.

Section 3. The pharmacy benefits manager shall disclose an amendment to the pharmacy audit terms in a contract between a pharmacy and a pharmacy benefits manager to the pharmacy at least sixty days prior to the effective date of the proposed change.

Section 4. Unless otherwise prohibited by federal statutes or regulations, any entity conducting a pharmacy audit shall:

(1) Give a pharmacy a minimum fourteen days written notice before conducting initial on-site audit;

(2) Conduct an audit that involves clinical or professional judgment in consultation with a licensed pharmacist; and

(3) Audit each pharmacy under the same standards and parameters as other similarly situated pharmacies.

SB No. 133 Page 1

Section 5. Unless otherwise prohibited by federal statutes or regulations, for any entity conducting a pharmacy audit the following audit items apply:

(1) The period covered by the audit may not exceed twenty-four months from the date that the claim was submitted to or adjudicated by the entity, unless a longer period is required under state or federal law;

(2) If an entity uses random sampling as a method for selecting a set of claims for examination, the sample size shall be appropriate for a statistically reliable sample. Notwithstanding any other provision, the auditing entity shall provide the pharmacy a masked list that provides a prescription number or date range that the auditing entity is seeking to audit;

(3) An on-site audit may not take place during the first five business days of the months of December and January unless the pharmacy consents;

(4) An auditor may not enter any portion of the pharmacy area where patient-specific information is available unless escorted, and to the extent possible shall remain out of sight and hearing range of the pharmacy patients;

(5) Any recoupment may not be deducted against future remittances until final completion of any appeals process and both parties have received the results of the final audit;

(6) A pharmacy benefits manager may not require information to be written on a prescription unless the information is required to be written on the prescription by state or federal law. Recoupment may be assessed for items not written on the prescription if:

(a) Additional information is required in the provider manual; or

(b) The information is required by the Food and Drug Administration; or

(c) The information is required by the drug manufacturer's product safety program; and

(d) The information in subsections (a), (b), or (c) is not readily available for the auditor

at the time of the audit;

(7) The auditing company or agent may not receive payment based on a percentage of the amount recovered. This section does not prevent the entity conducting the audit from charging or assessing the responsible party, directly or indirectly, based on amounts recouped if:

(a) The plan sponsor and the entity conducting the audit have a contract that explicitly states the percentage charge or assessment to the plan sponsor; and

(b) A commission to an agent or employee of the entity conducting the audit is not based, directly or indirectly, on amounts recouped.

Section 6. For recoupment or chargeback, the following criteria apply:

(1) Audit parameters shall consider consumer-oriented parameters based on manufacturer listings;

(2) A pharmacy's usual and customary price for compounded medications is considered the reimbursable cost unless the pricing methodology is outlined in the provider contract;

(3) A finding of overpayment or underpayment can only be based on the actual overpayment or underpayment and not a projection based on the number of patients served having a similar diagnosis or on the number of similar orders or refills for similar drugs;

(4) The entity conducting the audit may not use extrapolation in calculating the recoupment or penalties for audits unless required by state or federal law or regulation;

(5) Calculations of overpayments may not include dispensing fees unless:

(a) A prescription was not actually dispensed;

(b) The prescriber denied authorization;

(c) The prescription dispensed was a medication error by the pharmacy; or

(d) The identified overpayment is solely based on an extra dispensing fee;

SB No. 133 Page 3

(6) An entity may not consider any clerical or record-keeping error, such as a typographical error, scrivener's error, or computer error regarding a required document or record as fraud. However, such errors may be subject to recoupment;

(7) In the case of errors that have no actual financial harm to the patient or plan, the pharmacy benefits manager may not assess any chargebacks. Errors that are a result of the pharmacy's failing to comply with a formal corrective action plan may be subject to recovery; and

(8) Interest may not accrue during the audit period for either party. The audit period begins with the notice of the audit and ends with the final audit report.

Section 7. To validate the pharmacy record and delivery, the pharmacy may use authentic and verifiable statements or record including medication administration records of a nursing home, assisted living facility, hospital, physician, or other authorized practitioner or additional audit documentation parameters located in the provider manual. Any legal prescription that meets the requirements in this chapter may be used to validate claims in connection with prescriptions, refills, or changes in prescriptions, including medication administration records, faxes, e-prescriptions, or documented telephone calls from the prescriber or the prescriber's agents.

Section 8. A preliminary audit report shall be delivered to the pharmacy within sixty days after the conclusion of the audit. A pharmacy shall be allowed at least forty-five days following receipt of the preliminary audit, to provide documentation to address any discrepancy found in the audit. A final audit report shall be delivered to the pharmacy within one hundred twenty days after receipt of the preliminary audit report or final appeal, whichever is later. An entity shall remit any money due to a pharmacy or pharmacist as a result of an underpayment of a claim within forty-five days after the appeals process has been exhausted and the final audit report has been issued.

Section 9. The entity conducting the audit shall establish a written appeals process which shall

include appeals of preliminary reports and final reports.

Section 10. If contractually required, an auditing entity shall provide a copy of the claims included in the audit to the plan sponsor, and any recouped money shall be returned to the plan sponsor.

Section 11. The provisions of this Act do not apply to any investigative audit that involves fraud, willful misrepresentation, or on any audit completed by the State of South Dakota on health care programs operated by the state.

Section 12. In addition to the remedies otherwise provided for in this Act, in chapter 58-29E, or under general South Dakota law, any pharmacy subject to an audit procedure may bring a civil action to enforce the provisions of this Act and to seek damages from the pharmacy benefits manager and any person or organization representing the entity during the audit process for the violation of the provisions of this Act.

An Act to establish a pharmacy audit integrity program.

I certify that the attached Act originated in the

SENATE as Bill No. 133

Jeannette Schuppan
Secretary of the Senate

President of the Senate

Attest:

Jeannette Schuppan
Secretary of the Senate

Speaker of the House

Attest:

Chief Clerk

Senate Bill No. 133
File No. ____
Chapter No. _____

Received at this Executive Office this 4 day of March, 2013 at 11:00 A M.

By Judy Swartz
for the Governor

The attached Act is hereby approved this 8th day of March, A.D., 2013

Dennis Daugaard
Governor

STATE OF SOUTH DAKOTA,
ss.
Office of the Secretary of State

Filed 3-8, 2013 at 11:49 o'clock A M.

Secretary of State

By _____
Asst. Secretary of State

# 127th Annual South Dakota Pharmacists Association Convention
# Ramkota Hotel & Convention Center • Sioux Falls, SD
# September 13-14, 2013

## Line-up (Tentative)

### Thursday Evening, September 12

| | |
|---|---|
| 6:00 p.m. – 8:00 p.m. | "Pre-Game" Light Mixer • Ramkota |

### Friday, September 13

(Continental Breakfast Available 7:00 a.m. - 8:30 a.m.)

| | |
|---|---|
| 8:00 a.m. – 9:30 a.m. | The Meaning of "Never-Always"<br>(toward greatness in healthcare delivery)<br>Dr. Wendell Hoffman |
| 9:30 a.m. – 10:30 a.m. | Ethics and Responsibilities of the Pharmacist-in-Charge<br>Randy Jones, RPh, Executive Director and Board of Pharmacy Staff |
| 10:30 a.m. – 11:30 a.m. | Business Meeting |
| 11:30 a.m. – 1:30 p.m. | Vendor Time/Luncheon/Awards Presentations |
| 1:30 p.m. - 3:00 p.m. | NASPA NMA Student Self-Care Challenge (Preceptor Training)<br>Dr. Teresa Seefeldt/SDSU Students |
| 3:00 p.m. – 3:30 p.m. | SDSU Ice Cream Social |
| 3:30 p.m. – 5:00 p.m. | New Drug Update<br>Dr. Joe Strain |
| 6:00 p.m. – 9:00 p.m. | Tailgating Time with "Mogen's Heroes" • Ramkota |

### Saturday, September 14

| | |
|---|---|
| 8:00 a.m. – 9:00 a.m. | Continental Breakfast/Second Business Meeting |
| 9:00 a.m. – 10:00 a.m. | Prescription Drug Monitoring Program Update<br>Kari Shanard-Koenders, PharmD |
| 10:00 a.m. – 12:00 p.m. | Immunization CE - CPR Refresher<br>Sioux Falls Metro EMS |


127th Annual South Dakota Pharmacists Association Convention

# Registration Form

Ramkota Hotel & Convention Center | Sioux Falls, SD | September 13-14, 2013

**All SDSU Student Registrations are FREE!**
(Hotel not Included)
Registrations must be submitted prior to Aug. 13, 2013

Name:_____
Address:_____
City:_____State:____Zip_____
Business Name:_____
Business Address:_____
City:_____State:____Zip_____
Business Phone:_____
Home Phone:_____
Email Address:_____
Spouse/Guest Name:

_____

**eProfile ID:**

| | SDPhA Member | Spouse or Guest | Children | SDAPT Member | Pharmacy Technician | Pharmacy Student | Non SDPhA Member | |
|---|---|---|---|---|---|---|---|---|
| **Full Registration*** | | | | | | | | |
| Before August 13, 2013 | $150 | $75 | $20 | $75 | $125 | Free | $225 | _____ |
| After August 13, 2013 | $175 | $100 | $20 | $100 | $140 | Free | $250 | _____ |
| **One Day Registration**** | | | | | | | | |
| Fri., Sept. 13, 2013 | $100 | $50 | $10 | $50 | $90 | Free | $150 | _____ |
| Sat., Sept. 14, 2013 | $50 | $50 | $10 | $50 | $50 | Free | $75 | _____ |
| **Extra Tickets** | | | | | | | | |
| Fri. Lunch | $15 | $15 | $10 | $15 | $15 | Free | $15 | _____ |
| Fri. Supper | $15 | $15 | $10 | $15 | $15 | Free | $15 | _____ |
| Sat. Breakfast | $15 | $15 | $10 | $15 | $15 | Free | $15 | _____ |

**I would like sponsor a student**. I have included an additional gift of _____
**I would like to contribute to the SDPhA Commercial & Legislative Fund.**
I have included an additional amount of _____

**Total Due $** _____

Please send payment and registration to:

**South Dakota Pharmacists Association**
**PO Box 518, Pierre, SD 57501**
Tax ID#: 46-0191834

or register online at www.sdpha.org

**For Hotel Reservations Call:**
Ramkota Hotel & Convention Center
3200 West Maple Street - Sioux Falls, SD 57107
(605) 336-0656

**Cancellation Policy:**
Cancellations will be accepted without penalty prior to September 2, 2013.
A $25 cancellation fee will be applied to all cancellations after September 2, 2013.
Refunds will be issued after October 1, 2013.

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

**One-day Registration includes educational sessions, exhibits, meals and evening event, if applicable.

# 2013 AWARD NOMINATIONS

The SDPhA is accepting nominations for awards to be presented at the 2013 Convention in Sioux Falls. 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 then 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:_____

## 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:_____

## Salesperson of the Year Award

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

Nominee:_____

## District Technician of the Year Award

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

Nominee:_____

Fax nominations by **June 1, 2013** to (605) 224-1280 or e-mail to sue@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider your nominee. Include specific examples and/or details.

Name of Individual Nominating:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ E-Mail:_____

Pharmacy/Organization:_____

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your overstock solution

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## Very Important Pharmacist
# ACCESS

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Optimal inventory purchasing, Price comparison, Lowest prices in the marketplace, Search features for easy shopping, Live customer service.

**Registered pharmacies can save an estimated $5,000 a month in utilizing MatchRX.com on a routine basis.**

Connect with more than 1,700 pharmacies on MatchRX (MRX), the web-based marketplace developed exclusively for pharmacists. MRX provides a simple, secure way for pharmacists to better manage inventory on a daily basis. By uniting neighborhood pharmacists across the US, MRX enables members to buy and sell overstocked prescription drugs at 10 – 90% off WAC from one another. **When you register with MRX, add SDPhA in the "referred by" field.**

**Register Today for Free!**

***"MatchRX has created a tool that's a great benefit to the financial health of our pharmacists."***

- Sue Schaefer
Executive Director
SDPhA

Contact us today and make MRX your source for minimizing waste and improving your bottom line.

MatchRX | 210 E. Third Street | Suite 100 | Royal Oak, MI 48067
P: (877).590.0808 | F: (248).971.0910 | CustomerService@MatchRX.com

# Rx AND THE LAW by Don R. McGuire Jr., R.Ph., J.D.

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

# Discovery 101

Ask anyone who works in the claims department at an insurance company and they will tell you that the Discovery phase of litigation is the most time-consuming and expensive part of the process. But if you don't work in the claims department or a law firm, could you readily explain what Discovery is and why it is so costly?

Discovery is defined by Rules 26 to 37 of the Federal Rules of Civil Procedure.[1] Discovery is a process where opposing sides in the litigation share information about the case with each other. This process is mandatory, although compliance with the rules is generally self-enforced by the parties. This sharing of information takes many forms and helps each side to evaluate the strengths and weaknesses of their case prior to trial. These forms include; 1. Depositions by Oral Examination, 2. Depositions by Written Questions, 3. Interrogatories to Parties, 4. Producing Documents, Electronically Stored Information, and Tangible Things, or Entering onto Land, for Inspection and Other Purposes, 5. Physical and Mental Examinations, and 6. Requests for Admissions.

Depositions, whether written or oral, are one of the largest cost drivers in the Discovery process. Little use of Depositions by Written Questions is seen in most cases, so I will concentrate on Deposition by Oral Examination. The main reason that this exchange consumes so much time and money is that virtually anyone connected with the case can be deposed. The parties, employees of the parties, fact witnesses, and expert witnesses can all be deposed. Depending on the complexity of the case, the deposition can be a half day, whole day or potentially even multiple days. Coordinating witnesses', parties', and attorneys' schedules can be a nightmare. This is multiplied in multiple defendant cases or class action cases. Depositions are important because they give a preview of what a witness is going to say on the stand at trial. Witness testimony is crucial to evaluating a case. Preparation for a deposition, taking the deposition and analysis of the answers is time consuming for your attorney. If the number of Depositions is large, Discovery is well on its way to being the most expensive part of litigation.

Interrogatories are written questions that can only be submitted to the opposing party. They cannot be used to gain information from witnesses or other non-parties. There is a limit to the number of Interrogatories that can be served on the opposition. Many times Interrogatories are used to gather background facts such as date of birth, address, work history, arrest records, etc. As with Deposition questions, it is permissible to object to questions, but the objecting party must have a good faith basis to object beyond just not wanting to answer.

Producing Documents, Electronically Stored Information, and Tangible Things, or Entering onto Land, for Inspection and Other Purposes is comprised of 2 parts. The inspection of land and/or buildings occurs when relevant, but the bigger issue here is documents. In the not too distant past, this rule dealt almost exclusively with documents. Not so today. This rule encompasses not only paper documents, but e-documents, e-mail, spreadsheets, photos, drawings, and almost anything else that you can imagine. Recent changes to the rule require that electronic documents be produced electronically to preserve the metadata. Metadata and its implications are a topic of their own, but be aware

*(continued on page 31)*

1. I will use the Federal rules for this article because they are consistent nationwide. Many states mimic them for their own rules, but you should make sure which approach your state takes.

# DIRECTOR'S COMMENTS

(continued from page 4)

***when pharmacists are involved in the provision of patient care services as members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced.***

*"With the Affordable Care Act and Medicaid expansion set for implementation nine short months from now, we must press forward with opportunities to ensure that the millions of people who will be receiving insurance coverage have avenues to achieve care," stated Jon R. Roth, CAE, CPhA CEO. "By affirming pharmacists as health care providers, it will ensure patients can receive a range of primary care services from highly trained and widely available pharmacists."*

*"The forces have never before been so perfectly aligned for pharmacists to be a recognized provider on the healthcare team," stated R. Pete Vanderveen, PhD, RPh, Dean, USC School of Pharmacy. "Our government is trying to take control of healthcare costs and pharmacists have hard data that show our value – both in improving patient outcomes and saving healthcare dollars."*

*The goals of the meeting were to:*

- *Discuss the framework for a national action plan to achieve pharmacist provider status in an evolving healthcare delivery system*
- *Review and discuss principles drafted by the National Pharmacy Provider Status Coalition*
- *Identify ways that stakeholder individuals and organizations can support and contribute to the national effort so that pharmacy has a united front*

*The attending pharmacy leaders considered a slate of draft principles for the profession to seek recognition for pharmacists' role as health care providers under one unified voice and message. These broad-based principles will serve to frame the profession's efforts to seek increased access for patients to pharmacists' patient care services.*

*"If we are successful [in achieving recognition], patients will be well served by pharmacists' patient care services and our services will be valued and covered," commented Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA, Executive Vice President and CEO, APhA "If we can speak with a common message and one voice as a profession, we will be much more effective at getting buy-in from policy makers and the public."*

I felt the CEO of NASPA (our national organization) said it very well:

***"For success to be achieved, pharmacy representatives from local, regional and national pharmacy organizations and stakeholders need to help shape the discussion," concluded Rebecca Snead, BSPharm, Executive Vice President and CEO, NASPA. "There are many next steps that will need to occur to reach our goal, and we will all have to work together to make this successful."***

I was encouraged to see so many folks coming together to discuss the "How", showing a united front, but there were still many varied ideas on "How" to accomplish the mission.

That makes it even more important that we as an Association continue to beat the drum to get pharmacists recognized… not just as a healthcare "provider" by the federal government, but recognized by other healthcare partners as the healthcare professional viewed through your patient's eyes. .."valued and trusted". Your Association will continue to engage on this important endeavor and keep you advised.

We're very pleased to report that our partnership with "The Pharmacist's Letter" affiliate, **Pharmacy Technician University**, has been going well! For those of you who can't attend the prep courses for the Pharmacy Technician Certification Exam in person, we've set up a link to PTU on our website under Technicians and Pharmacists.

We've had this program vetted by both SDPhA Board Members and the Board of Pharmacy, and they believe it has excellent content and provides the right preparation for technicians to achieve national certification status. Please visit our website at www.sdpha.org to learn more about this exciting opportunity. They normally charge $480 for the course, but we've struck a deal, and it will only cost our members and affiliates $150 for the entire "study at your own pace" program! Check it out!

District Meeting scheduling is under way! Please refer to the calendar in the front of this issue of *The South Dakota Pharmacist* to see when your meeting has been scheduled. We have a great deal to discuss…a successful Legislative Session and what's on tap for our 2013 Convention in Sioux Falls in September. Can't wait to see many of you! We're also seeking nominations for the Hustead, Bowl of Hygeia and Distinguished Young Pharmacist Awards, so put on your thinking caps. We have so many wonderful pharmacists to recognize.

I've been extremely long-winded, but the pharmacy business has been hopping…and with that I hope that all of you had an Eggcellent Easter! I look forward to seeing many of you at district meetings and please give us a call if you need us. We're always here for you.

Warm Sunny Regards,

*Sue*

# 2012 Recipients of the "Bowl of Hygeia" Award


NASPA

APhA FOUNDATION

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. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.



**2011 recipient awarded in 2012*

# AHRQ Launches Regional Partnership Development Initiative to Promote Comparative Effectiveness Research

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote comparative effectiveness research (CER), a type of patient-centered outcomes research, in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers, and policymakers. You're invited to learn more about CER and to partner with AHRQ by using and encouraging others to use free CER reports and materials, which support efforts to improve the quality of health care in communities.

### What is comparative effectiveness research?

Comparative effectiveness research provides information that helps clinicians and patients work together to treat an illness or condition. CER compares drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to support their treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:

- Patient treatment comparison summaries (English and Spanish)
- Clinician research summaries
- Executive Summaries
- Faculty Slide Sets
- Continuing education (CME/CE) Modules
- Podcasts

Partners can participate in a range of scalable activities such as distributing guides at meetings and in medical offices, placing articles in newsletters, and hosting Web conferences that highlight CER findings. Organizations that are using these materials or the CER findings include Mayo Clinic, the American Academy of Nurse Practitioners, and AARP, among many others. Findings from comparative effectiveness research can be helpful to everyone participating in health care decisionmaking:

**Patients** are often faced with complicated decisions, such as which test is best, which medicine will help most with the least side effects, or whether surgery is the best option. Every patient is different, and each should make informed choices based on individual needs. By providing Effective Health Care Program products that summarize evidence-based, comparative effectiveness research findings, you can help patients work with their health care professionals to make a more informed decision among many treatment options.

**Health care professionals** can use CER to keep current on comparisons of medications and treatments. The products developed by the Effective Health Care Program help distill the information so health care professionals and consumers can review treatment options together. When research is not available to answer clinical questions, AHRQ publications highlight research gaps.

**Policymakers, business leaders, and others** want to make health care policy decisions based on reliable, objective information about effectiveness. Comparative effectiveness research helps decisionmakers plan evidence-based public health programs.

To learn more about comparative effectiveness research, order free materials, access our free continuing education modules or to become part of this growing partnership network, please contact Kate Stabrawa in AHRQ's Denver Regional Partnership Development Office at 303-382-2444 or kate.stabrawa@ahrq.hhs.gov. You can also learn more about CER by visiting www.effectivehealthcare.ahrq.gov.

# FINANCIAL FORUM

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

## Parents, Alzheimer's & Money

### *Easing into a Difficult Conversation*

Every eighth American aged 65 and older has Alzheimer's disease, and 43% of Americans aged 85 and older have it, according to the Alzheimer's Association. Consider those percentages in light of the Social Security Administration's estimate that about 25% of today's 65-year-olds will live past age 90. These shocking statistics have serious implications for family wealth.[1,2]

**Your Choices**

What are your options when it comes to helping a parent out with money management? Informally, you can "lend a helping hand" and check in with mom and dad to make sure that bills and premiums are paid, and deadlines are met. But if you elect to formally take the financial reins, you are looking at a two-phase process:

- **You can get a power of attorney and assume some of the financial responsibilities.** A power of attorney is a detailed and strictly constructed legal document that gives you explicitly stated measures of financial authority. If you try to handle financial matters for your parent(s) without a valid power of attorney, the financial institution involved may reject your efforts.[3]

  A *durable* power of attorney lets you handle the financial matters of another person immediately. The alternative - a *springing* power of attorney - only takes effect when a medical diagnosis confirms that person's mental incompetence. Copies of the power of attorney should be sent to any financial institution at which your parents have accounts or policies. It may be wise to get a durable power of attorney *before* your parent is unable to make financial decisions; many investment firms require the original account owner to sign a form to allow another party access to an account owner's invested assets.[4]

  You are going to have to hunt for information, such as...
  - Where mom or dad's income comes from (SSI, pensions, investments, etc.)
  - Where the wills, deeds and trust documents are located.
  - Who the designated beneficiaries are on insurance policies, IRAs, etc.
  - Who the members of mom or dad's financial team or circle are. You need to talk with them; they need to talk with you.
  - The crucial numbers: checking and savings accounts, investment accounts, insurance policies, PIN numbers and of course Social Security numbers.
  - It will also help to learn about their medical history and prescriptions.

If the disease progresses to the point where your mom or dad can't make competent financial decisions, then you are looking at a conservatorship. In that case...

- **You can act to become your mom or dad's conservator.** This means going to probate court. You or your parent can initiate a request for conservatorship with a family law attorney; if the need is more immediate, you or your family's attorney may petition the court. In either case, you will need to show documentation that your parent is no longer financially competent. You must provide medical documentation of his or her dementia to the court as well.

  The court will interview the involved parties, look at the documentation and perform a background check on the proposed conservator. This is all pursuant to a hearing at which the court presents its decision. If conservatorship is granted, the conservator assumes control of some or all of the protected party's income and assets.[5]

**How do conservatorships differ from guardianships?** A guardianship gives a guardian control over many aspects of a protected person's life. A conservatorship limits control to the management of the protected person's assets and financial affairs.[5]

**What if I don't want to assume this kind of responsibility?** Some wealth management firms offer daily money management

*(continued on page 30)*

# 2013 LEGISLATIVE REPORT

(continued from page 13)

health professional diversion program effective July 1, 2013.

HB 1052 was introduced at the request of the Department of Labor and Regulation and provides tighter state oversight of third party administrators and pharmacy benefit managers. SB 67 makes clear that limited service health maintenance organizations are authorized, including those specifically directed to dental care services, vision care services and pharmaceutical services. These bills are effective July 1, 2013.

The legislature defeated SB 98 which would have authorized rejection of statutory immunization requirements based upon a person's "personal religious commitment". Also rejected was SB 160 which would have allowed patients at health care facilities to supply their own prescription medications. Both of these bills were defeated by the initial committee considering them.

In her SDPHA update Sue Schaefer shared with you information regarding Medicaid enhancements made by the legislature. I direct your attention to her spring 2013 report in that regard.

We appreciated the opportunity to work with you again during preparations for and activities during the 2013 legislative session. The active involvement of so many pharmacists across the state was appreciated and vital to your successful legislative efforts. Also, the good results were likewise dependent upon the efforts of your executive in organizing legislative contacts and making arrangements for testimony. This collective effort resulted in continued success for your Association.

# Financial Forum: Parents, Alzheimer's & Money

(continued from page 29)

as an option in a "family office" suite of services. The firms make home visits to help with bill paying, filing medical claims and other recurring tasks; carefully scrutinize anyone offering this service. (Visit aadmm.com for the American Association of Daily Money Managers.)[6]

The other choice is to give a relative, a financial services professional, or a family lawyer durable or springing power of attorney or limited or full conservatorship. Such a decision must not be made lightly.

**Keep your parents away from unprincipled people.** These steps may prove essential, yet they will not shield your family from scam artists. Be on the lookout for new friends and acquaintances. If your instincts tell you something is wrong, investigate.

**Citations.**

1 - www.alz.org/downloads/facts_figures_2011.pdf [2011]
2 - money.usnews.com/money/blogs/planning-to-retire/2010/07/22/predicting-your-own-life-expectancy [7/22/12]
3 - www.law-business.com/powers-of-attorney [4/27/12]
4 - http://www.kiplinger.com/magazine/archives/managing-your-parents-money.html [4/27/12]
5 - dhs.sd.gov/gdn/guardianshipfaqs.aspx [6/2/12]
6 - www.smartmoney.com/retirement/planning/talking-to-mom-about-alzheimers-and-her-money-1335192298522/ [5/7/12]

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.

# Rx and the Law: Discovery 101

(continued from page 25)

that metadata can have a dramatic impact on the evidentiary value of the documents themselves. When the case involves a complex issue and/or a long running issue, it doesn't take too long these requests for production to take on a life (and an expense) of their own.

Parties may also request that the opposing party undergo a physical or mental examination. This is not automatic. The request must be approved by the court. The examination must be relevant to some issue in the case, so this cannot be requested without reason. This is usually used in situations where the party wants an independent opinion on, or verification of, the opposing party's condition.

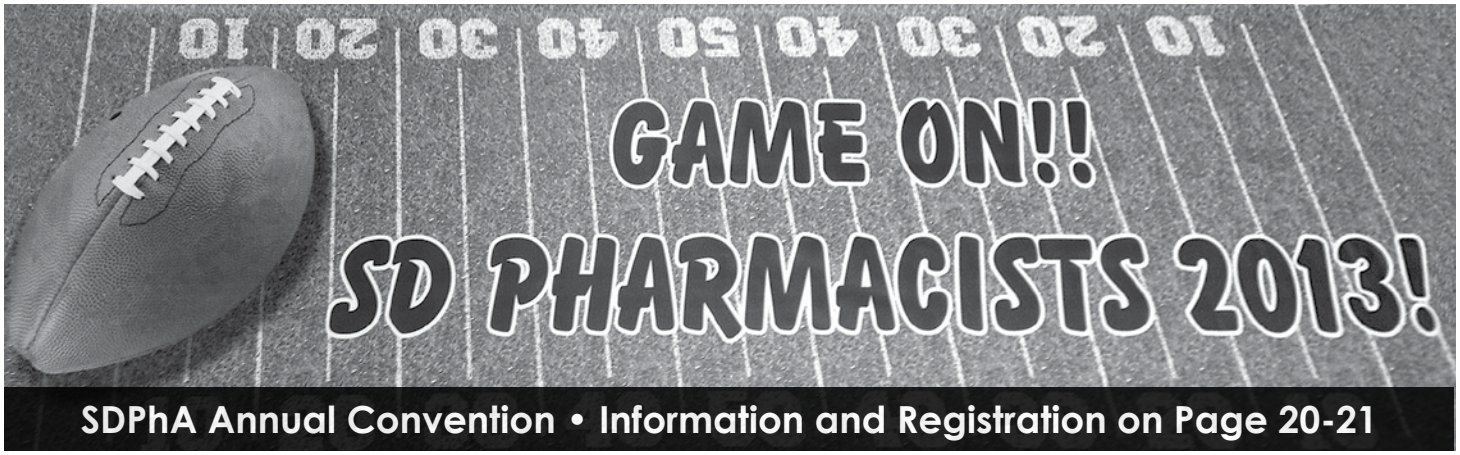
The last form of Discovery is the Request for Admission. This is a written request to the opposing party asking them to admit the truth of some facts, application of the law to the facts, or the genuineness of documents. As you might have guessed by now, the item in question must be relevant to the case at hand. The responding party must admit as requested, deny or object to the request. Making an admission under this rule renders the issue decided and the issue is not debated at trial. This rule has the potential to actually shorten a trial.

Discovery is self-governed by the parties and the rules provide deadlines for responding to the various forms of requests. Also, the parties cooperate to establish an overall schedule for Discovery to take place so that depositions, etc. are completed during a reasonable timeframe. Disputes about discovery make their way in front of a judge. The judge can order the parties to participate in Discovery and can impose further sanctions, up to and including dismissal of the case, for failure to do so.

Discovery is a very important part of the litigation process, but it can be very time-consuming and expensive to comply with. This is especially true for the pharmacist defendant who has to take time away to be deposed or spend valuable time searching for and organizing records. Your attorney does realize the impact that Discovery has on your life, but your attorney also knows the potential downside for failure to comply.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

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



# Continuing Education for Pharmacists

## The Pharmacist's Role In Systolic Heart Failure Management

**Faculty:**

**Rachel Pavelko, Pharm. D. Candidate 2014,** South Dakota State University College of Pharmacy

**Ryan Rasmussen, Pharm. D. Candidate 2014**, South Dakota State University College of Pharmacy

**Kelley Oehlke, Pharm.D., BCACP Residency Program Director, Clinical Pharmacy Specialist, Ambulatory Care,** Sioux Falls VA Health Care System

**Goal:** To enhance pharmacists' knowledge regarding the management of heart failure.

**Learning Objectives** - Upon successful completion of this course, the pharmacist should be able to:

1.) Outline the important role pharmacists play in heart failure management

2.) Identify the different subtypes of heart failure

3.) Identify nonpharmacologic approaches for heart failure prevention and maintenance therapy

4.) Determine the correct medication regimen for optimal therapy

5.) Evaluate the benefits of providing critical patient education

### Introduction

The American Heart Association simplifies heart failure as a disease state that occurs when the heart can no longer pump enough blood to meet the demands of the body.[1] Though at first glance this concept seems simple, a second look reveals that heart failure is quite the opposite. The multitude of subtypes, symptoms, and patient variability fuel the creation of continually evolving heart failure management plans. Therefore, this disease state needs the guidance of an entire health care team to ensure optimal outcomes. In this article we will focus on the pharmacist's role in heart failure management.

### Disease state overview

Heart failure (HF), often called congestive heart failure, is a common disease in the United States. In 2010, it was estimated that 5.1 million Americans ≥20 years old had HF. This number is expected to increase by 25% from 2013 to 2030.[2] Heart failure is broken down into numerous subtypes with the most common being low output HF. This is further broken down into categories including: left sided systolic, left sided diastolic, and right sided HF (table 1). We will focus on the subtype of systolic heart failure because it has the most trials done to serve as evidence for the current treatment guidelines.

### Pathophysiology

Systolic heart failure is a syndrome that manifests from cardiovascular damage. In response to this damage, multiple compensatory mechanisms of the body are initiated in an effort to sustain sufficient cardiac output. Two significant systems activated include the sympathetic nervous system and the renin-angiotensin - aldosterone system (RAAS). These systems are responsible for the vasoconstriction, sodium and water retention, increased preload, tachycardia, and ventricular remodeling associated with HF. These physiological changes result in the development of symptoms and advancement of HF.[3]

### Symptoms

There are numerous symptoms associated with the physiological changes that occur due to HF, some of which include: dyspnea, fatigue, fluid retention, decreased exercise tolerance, increased jugular venous pressure, rales, hepatojugular reflux, S3 gallop, arrythmias, and syncope.[4]

### Prognosis

Heart failure is a progressive disease state that results in high mortality rates, frequent hospitalizations, numerous comorbidities, and poor quality of life.[4] This, along with the fact that approximately 50% of individuals diagnosed with HF will die within five years, emphasizes the importance of prevention.[2,4]
Although prevention is key, current therapies available to treat those with HF have been shown to slow the deterioration and even stabilize a patient's condition resulting in improved quality of life.[4]

| Heart Failure Types | Description |
|---|---|
| Left-Sided: Systolic | The heart can't pump with enough force to push enough blood through circulation to support metabolic needs.[5] |
| Left-Sided: Diastolic | The ventricle loses its ability to relax normally, and can't properly fill with blood between heart beats.[5] |
| Right-Sided | The right side lacks the ability to pump blood to the lungs and back to the left-side of the heart.[5] |
| Congestive | Slowed blood flow out of the heart that causes fluid returning via the veins to become backed up causing edema.[5] |

## Prevention

Because of the significant impact heart failure can have, the best treatment is actually prevention. There are several key modifiable risk factors associated with developing heart failure including: hypertension, diabetes mellitus, dyslipidemia, obesity/physical inactivity, excessive alcohol intake, smoking, and cardio-toxic medications.[4] Each risk factor goal is shown in table 2. As mentioned earlier, conditions that cause cardiovascular damage (example: myocardial infarction) can also precipitate heart failure. With advancements in collaborative practice agreements, pharmacists play a key role in managing these conditions. The impact and role of the pharmacist for each preventative measure is discussed in the following paragraphs.

### Hypertension

Hypertension control may be one of the most significant preventative measures. Worldwide, it is considered the leading cause of cardiovascular disease(CVD).[6] Studies have also proven that treatment of systolic hypertension, with or without left ventricular remodeling, reduces the development of heart failure.[4] Pharmacists can manage high blood pressure by: medication management, regular screenings, patient education, and promoting dietary modifications.

### Diabetes Mellitus

Cardiovascular events increase two to three times in individuals with type 1 or type 2 diabetes.[6] This, along with the fact that CVD accounts for 60% of all mortality in those with diabetes, provides sufficient evidence that this disease can adversely influence the cardiovascular system.[6] Diabetes may not only increase the risk of cardiovascular events, but may also cause progression of existing cardiovascular damage.[6] This evidence shows the importance of proper blood sugar management in diabetics. By recommending medication utilization, frequent monitoring, and a healthy lifestyle, pharmacists can contribute to maintaining goal blood glucose levels.

### Dyslipidemia

Dyslipidemia is connected to many cardiovascular conditions, and the same holds true in heart failure. In fact, it has been shown that lowering raised cholesterol reduces the risk of heart disease.[6] The role of a pharmacist here is to stabilize the patient's cholesterol levels by first evaluating and modifying their dietary habits. If this is unsuccessful, then medications such as statins should be considered.

### Obesity and physical inactivity

People who are insufficiently physically active are at a 20% to 30% higher risk of all-cause morality compared to those who get at least 20 to 30 minutes of exercise most days of the week.[6] This along with high caloric intake leads to obesity. Obesity directly causes cardiovascular stress and enhances the prevalence of the other heart failure risk factors. Through promoting a balanced diet and increased physical activity pharmacists can positively impact HF patients' well being.[6]

### Alcohol/tobacco use

The best option for both of these risk factors is cessation. Although there have been studies linking small amounts of alcohol use to cardio protective benefits, excessive alcohol use (as defined in the chart below) contributes to heart failure.[7] The pharmacology of how alcohol damages the heart is not fully understood, but chronic overuse is known to cause direct myocyte damage and several underlying cellular derangements.[8] Smoking, on the other hand, has been estimated to cause 10% of all CVD.[6] As a pharmacist, it is important to counsel patients on the potential benefits of limited alcohol intake and tobacco cessation.

### Cardiotoxic Medications

Cardiotoxic medication avoidance in heart failure patients is something that is unique to our expertise as pharmacists. Unfortunately, it can be easily overlooked when reviewing medication profiles. To help remember the drugs, it is easier to classify them based on the mechanism in which they cause damage. These classifications include: sodium/water retention, negative ionotropic effects, and direct cardiotoxicity. Drugs that cause sodium and water retention can lead to an increase in blood pressure. This increased pressure results in more strain on the heart to circulate blood. Some common examples of this include non-steroidal anti-inflammatory drugs and COX-2 selective agents. By decreasing cardiac output, negative ionotropic drugs exacerbate HF. A common class of negative ionotrope agents is antiarrhythmics. As for direct cardiotoxicity, some chemotherapy mediations have been proven harmful to the heart.[9]

**Table 2** Heart Failure Society of America

| Risk Factor | Population | Treatment Goal | Evidence |
|---|---|---|---|
| Hypertension | No diabetes<br>Diabetes | < 140/90 mmHg<br><130/80 mmHg | A<br>A |
| Diabetes | Non-pregnant adults | A1C < 7%<br>Pre-prandial blood glucose: 70-130 mg/dL<br>Post-prandial blood glucose <180 mg/dL | A |
| Dyslipidemia | Refer to ATP III guidelines | Refer to ATP III guidlines | A |
| Physical Inactivity | Everyone | 30 minutes of aerobic exercise most days of the week | B |
| Obesity | BMI > 30 | Weight reduction to achieve BMI < 30 | C |
| Excessive alcohol intake | Men<br>Women | 1-2 drinks per day<br>1 drink per day | C<br>C |
| Smoking | Everyone | Cessation | A |

## Nonpharmacological Treatment of Heart Failure

Pharmacists not only play a major role in the prevention of HF, but can also impact the nonpharmacological treatment of their patients. Their position within the health care team allows them to directly communicate with patients about measures they can take to achieve an optimal health status.

### Diet

Heart failure patients are advised to restrict daily intake of sodium (<2-3 grams per day) and fluids (<2 liters per day) in an attempt to decrease the fluid retention that is prevalent in HF.[4]

### Nutrients

The nutritional intake of an individual with advanced HF needs to be closely monitored to avoid muscle wasting and weight loss. Pharmacists can communicate the importance of a healthy diet as well as suggest a multi-vitamin to ensure the patient receives sufficient levels of the necessary nutrients.[4]

### Oxygen

Although many individuals with HF have difficulty breathing, supplemental oxygen is not recommended unless the patient has an underlying pulmonary disease. Instead, these patients should be evaluated for fluid retention or alternative underlying causes for their shortness of breath. In those with sleep apnea, continuous positive airway pressure is recommended.[4]

### Exercise

Individuals with HF should undergo testing to determine if exercise is appropriate. If found to be safe, the patient should work towards a goal of 30 minutes of moderate activity 5 days per week.[4] Pharmacists should encourage HF patients at each meeting to continue exercising as tolerated.

## Pharmacological Treatment of Heart Failure

The treatment guidelines for heart failure are based on the severity classification that the patient falls into. The chart on the following page depicts the recommended treatment scheme. The major medications will be discussed in further detail below to understand their place in heart failure management.

### ACE Inhibitors

These medications are considered first line treatment for heart failure. Trials have proven that ACEI diminish symptoms, reduce hospitalizations, and increase survival rates in patients with HF. Part of their benefit is due to the fact that they reduce ventricular remodeling. To obtain maximum benefits, start with a low dose and titrate up as tolerated.[4] If an individual is unable to tolerate an ACEI, an Angiotensin II receptor antagonist (ARB) may be tried as an alternative. Currently only candesartan and valsartan are approved for use in heart failure.[3]

### Nitrates + Hydralazine

If the patient is unable to tolerate an ACEI or an ARB, then nitrates plus hydralazine can be used instead. It can also be considered for standard therapy in African Americans because they tend to have less of a response to ACEI.[4]

### Beta Blockers

Beta blockers are considered another very important part of heart failure treatment. Three agents have been proven to reduce hospitalization and decrease mortality in heart failure patients: carvedilol, metoprolol succinate, and bisprolol. The key to dosing them is to start at a low dose, and titrate up as tolerated. If too high of a dose is used too quickly, these agents can actually worsen heart failure.[4]

### Loop diuretics

Loop diuretics are used solely for symptom control. They are the preferred method used to reach euvolemic status in patients with heart failure who experience excess water retention.[4]

**Thiazide or metolazone**

If the maximum dose of a loop diuretic is not sufficient, metolazone or a thiazide diuretic may be considered as an add on therapy to achieve euvolemic status.[4]

**Digoxin**

Guidelines are moving away from using digoxin for HF treatment. Its place in therapy is for symptomatic relief in patients with a left ventricular ejection fraction (LVEF) < 40%. Safety concerns surrounding its narrow therapeutic index and lack of overall mortality benefit limit the use of digoxin.[4]

**Add on therapy**

Spironolactone has been shown in clinical trials to produce a substantial mortality benefit in patients with heart failure. By blocking aldosterone receptors, this add on therapy lowers the risk of death from both progressive heart failure and sudden death from cardiac causes. The downfall of this medication is its adverse effects of gynecomastia and potassium retention.[4]

Eplerenone is an alternate choice aldosterone antagonist if spironolactone is not tolerated. Its main benefit is that is has a substantially less adverse effect risk of gynecomastia than spironolactone. For both spironolactone and eplerenone, potassium levels should be closely monitored because of a risk of hyperkalemia.[4]

**Miscellaneous**

In addition, there are numerous other aspects of an individual's life that can be negatively impacted by HF. Pharmacists can play a key role in monitoring therapy for insomnia, depression, and sexual dysfunction. Pharmacists can also promote healthy living in these individuals through discussing the importance of smoking cessation, moderate alcohol consumption, and encouraging a pneumoccal vaccine and annual influenza vaccination.[4]

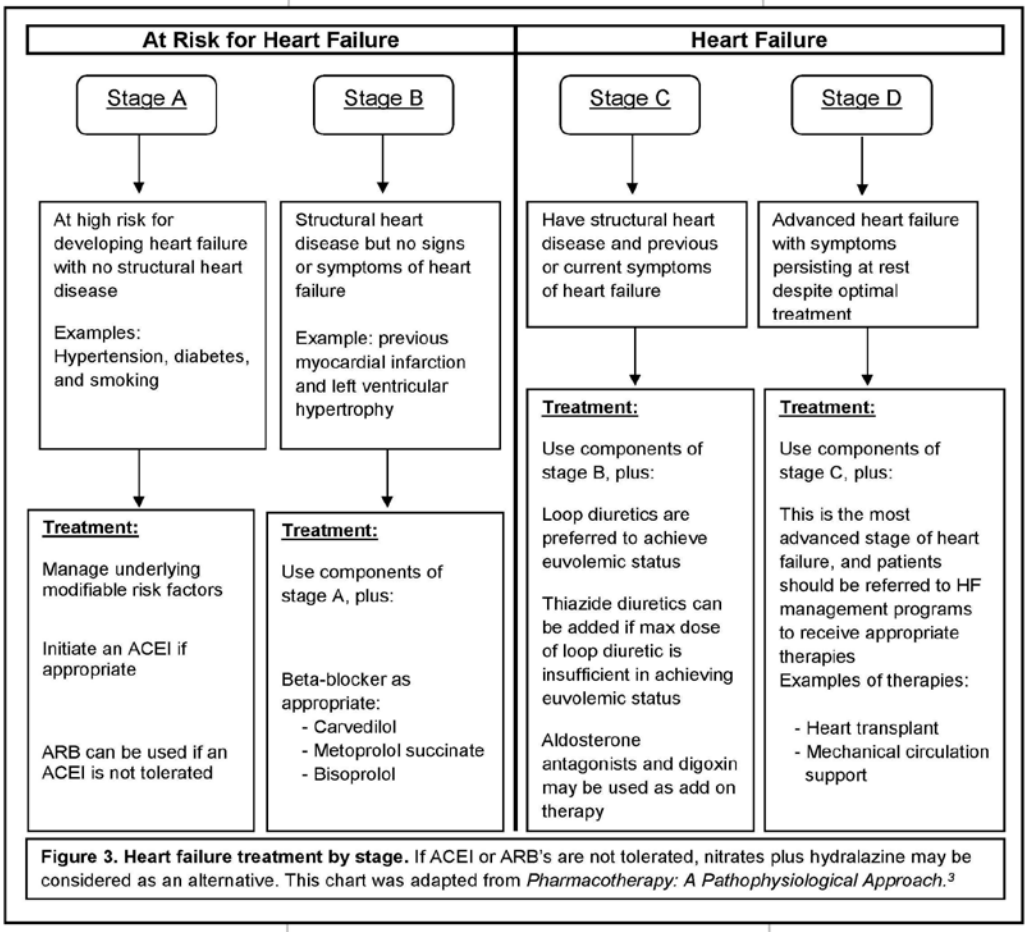



**Figure 3. Heart failure treatment by stage.** If ACEI or ARB's are not tolerated, nitrates plus hydralazine may be considered as an alternative. This chart was adapted from *Pharmacotherapy: A Pathophysiological Approach.*[3]

## Conclusion

Heart failure is a potentially deadly disease that often severely shortens the lives of those affected. It is much more complex than it appears at first glance, and treatment guidelines encourage a multi-faceted approach to its management. Prevention is the obvious, yet vital, first step to improving patient's quality

## ASSESSMENT QUESTIONS

*Directions: Select the best answer for each of the 12 questions below—and submit on attached form.*

1) Digoxin is first line therapy to decrease mortality risk in heart failure patients.
   A) True B) False

2) Which medication is most likely to cause the adverse effect of gynecomastia?
   A. Eplerenone C) Digoxin
   B) Spironolactone D) Insulin

3) ACE inhibitor medications have shown benefits in heart failure including:
   A) Reduced hospitalizations C) Increased survival rates
   B) Reduced symptomology D) A and B only
   E) A, B, and C are correct

4) Pharmacists can help slow the onset/progression of heart failure by management of the key modifiable risk factors (hypertension, diabetes, etc.) by:
   A) Medication management C) Patient Education
   B) Regular health screenings D) All of the above

5) To get the best results, carvedilol should be started at a high dose in HF treatment.
   A) True (B False

6) The most common subtype of HF is:
   A) High output heart failure
   B) Low output heart failure
   C) Medium output heart failure

7) According to the Heart Failure Society of America, beta-blocker therapy should be considered at what stage of heart failure?
   A) Stage A C) Stage C
   B) Stage B D) Stage D

8) At what stage of heart failure are symptoms present?
   A) Stage A C) Stage C
   B) Stage B D) Stage D

9) A nitrate + hydralazine can be used if an ACEI or ARB is not tolerated by the patient.
   A) True B) False

10) The best treatment for heart failure is prevention.
   A) True B) False

11) Oxygen should be the treatment of choice a heart failure patient who has difficulty breathing.
   A) True B) False

12) A patient with systolic HF should use which of the following for headache relief?
   A) Acetaminophen C) Ibuprofen
   B) Celecoxib D) Morphine

*Note: References furnished upon request.*

## "The Pharmacist's Role in Systolic Heart Failure Management"

*(Knowledge-based CPE)*

To receive **1.5 Contact Hours** (0.15 CEUs) of continuing education credit, read the attached article and answer the 12-question test by circling the appropriate letter on the answer form below, and completing the evaluation. A test score of 75% (9/12) or better is required to earn **1.5 Contact Hours** of continuing education credit. If a score of at least 75% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge

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 number for this program is: #0063-9999-13-011-H01-P.

***Learning Objectives - Pharmacists**: 1. Define the important role pharmacists play in heart failure management; 2. Identify the different subtypes of heart failure; 3. Identify nonpharmacologic approaches for heart failure prevention and maintenance therapy; 4. Determine the correct medication regimen for optimal therapy; 5. Evaluate the benefits of providing critical patient education.*

***Circle the correct answer:***

| | | |
|---|---|---|
| **1. A B** | **5. A B** | **9. A B** |
| **2. A B C D** | **6. A B C D** | **10. A B** |
| **3. A B C D E** | **7. A B C D** | **11. A B** |
| **4. A B C D** | **8. A B C D** | **12. A B C D** |

***Course Evaluation** – must be completed for credit.*

| | Disagree | | | | | | Agree |
|---|---|---|---|---|---|---|---|
| Material was effectively organized for learning: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Content was applicable for re-licensing : | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Each of the stated learning objectives was satisfied: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

*List any learning objectives above not met in this course:*_____

*List any important points that you believe remain unanswered:*_____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Course material was balanced, noncommercial: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Learning assessment questions appropriately measured comprehension | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Length of time to complete course was reasonable for credit assigned | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

*(Approximate amount of time to preview, study, complete and review this 1.5 hour CE course: _____)*

*Comments:*

*List any future CE topics of interest (and related skill needs):*

.....

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*Office Ph: 605-688-4242* ***Box 2202C, Brookings, SD 57007***

# IN MEMORIAM

## Harry A. Poletes

Harry Angelos Poletes, beloved husband, father, grandfather, uncle, and friend, passed away February 22, 2013. Harry married Pauline Rasmusson on October 20, 1968. They remained best friends until the end. They raised two children, Paul and Mary. Harry was a partner, then owner, of Dow Drug, originally at the corner of 26th and Minnesota, where Walgreen's is now.

Harry is survived by: his wife of 43 years, Pauline; son, Paul (Katya), Fairfax, VA; and daughter, Mary (Darin) Gergen; grandchildren, Sasha and Anton Poletes, and Nick and Emmy Gergen. Harry is predeceased by: his parents, Angelos and Efthemia (Pantasee) Poletes; and his brother, George.

## Albert H. "Red" Zarecky

Albert H. "Red" Zarecky was born December 9, 1919 in Moody County, SD to Edward and Meta (Kiecksee) Zarecky. He grew up and attended school in Flandreau, graduating from high school there as well. Following high school, Red attended SDSC in Brookings for pharmacy. His education was put on hold the final semester to serve his country in the US Marines, in the South Sea Islands at Bougainville and Guadalcanal. (1942-1945)

He returned to finish his education, graduating in 1947. He married Margaret Mae Swindler on June 6, 1947 in Watertown, SD. They moved to Pierre where they raised their six children. Red began his pharmacy career at the Corner Drug, of which he later became proprietor. Red then opened the first Pierre Walgreens store on Main Street. He retired from Pharmacy in 1976.

After two weeks of leisure, Red decided that wasn't for him. He built two houses and added onto and remodeled his home. He enjoyed wood working and started building furniture, wooden toys and unique gifts. Blessed were his children, friends and special neighbors who received treasures from Red. Not a Christmas would go by without a special handcrafted gift from his shop. Each grandchild received a specially handcrafted keepsake upon High School graduation. Each great-grandchild received a handcrafted gift as well. Woodworking was his passion. His legacy will be passed down through generations.

Red gave of his time to his community, managing the Boys Club, Izaak Walton and the Elks Club. He served as President of the SD Pharmaceutical Association from 1960-1961. He was a member of the Jaycees, and was honored as a longstanding member of the American Legion for 64 years. Red was a private pilot and a member of the Civil Air Patrol. The Discovery Center is home to many of the children's educational exhibits crafted by him.

In retirement Red and Margaret loved to watch the Minnesota Twins, listen to music and visit with their children, and grandchildren every Saturday morning. Red enjoyed his family more as the years went by. His "Honor Flight" experience to Washington D.C. with good friend Louie VanRoekel, made a great impression on him. Red's last days were spent looking out of the sunroom, watching his birds and squirrels at the bird feeders, strategically placed by the windows. There are many Martin bird houses located in yards around the Pierre area, so others are enjoying a bit of nature thanks to Red.

Albert H. "Red" Zarecky, 93, Pierre, died peacefully, Saturday, January 5, 2013, at his home with family around him. Happy to have been a part of his life, are his children Janice (Tony) Lucas, Diane (Don) Giesinger, Mark (Glennis) Zarecky, Carol (Ted) Uecker; all of Pierre, Kay (Darwin) Hyde of Rapid City and Steve Zarecky (Monica Scully) of Hastings, MN; fourteen grandchildren Kelley (Pat) VanLith, Austin (Kari) Lucas, Brett (Shawna) Hyde, Janice (Rob) Woodruff, Jason Giesinger (Sheila Torres), Brian (Katie) Giesinger, Steve Zarecky (Kristi Tveit), Daniel Zarecky, Brandon Zarecky, Michael, Emily and Andy Zarecky, Cole Uecker, (Jen Glanzman), Allen (Lindsay) Uecker; eight great-grandchildren Fletcher Hyde, Isla and Emelia Woodruff, Marley and Hailey Giesinger, Remington and Adriana Uecker, Meiah Zarecky. Red was preceded in death by his wife Margaret, his parents, and two brothers.

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