

The Arkansas Pharmacist

STATE OF ARKANSAS
EXECUTIVE DEPARTMENT
PROCLAMATION

TO ALL TO WHOM THESE PRESENTS COME – GREETINGS:

WHEREAS: Pharmacy is one of the oldest of the health professions, and links the health sciences with the chemical sciences for the well-being of all people; and

WHEREAS: Today, there are more than 3,800 pharmacists licensed in Arkansas, providing services to assure the efficient and safe use of all medications and to advance patient care; and

WHEREAS: The use of medication, as a cost-effective alternative to more expensive medical procedures, is becoming a major force in moderating overall health-care costs; and

WHEREAS: Today's powerful medications require greater attention to the manner in which they are used by different patient population groups—both clinically and demographically; and

WHEREAS: It is important that all users of prescription and nonprescription medications, or their caregivers, be knowledgeable about and share the responsibility for their own drug therapy; and

WHEREAS: In conjunction with the American Pharmacists Association, the Arkansas Pharmacists Association has declared October as Pharmacists Month, with the theme, "Know Your Medicines — Know Your Pharmacist";

NOW, THEREFORE, I, MIKE BEEBE, Governor of the State of Arkansas, by virtue of the authority vested in me by the laws of the State of Arkansas, do hereby proclaim the month of October 2009, as

PHARMACISTS MONTH

across the State, and I urge my fellow citizens to join me in acknowledging the valuable services of pharmacists in providing safe, affordable, and beneficial pharmaceutical-care services and products to all citizens.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Arkansas to be affixed this 14th day of September in the year of our Lord 2009.


MIKE BEEBE, GOVERNOR


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October is American Pharmacists Month



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1882

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The Arkansas Pharmacist

Arkansas Pharmacists Association

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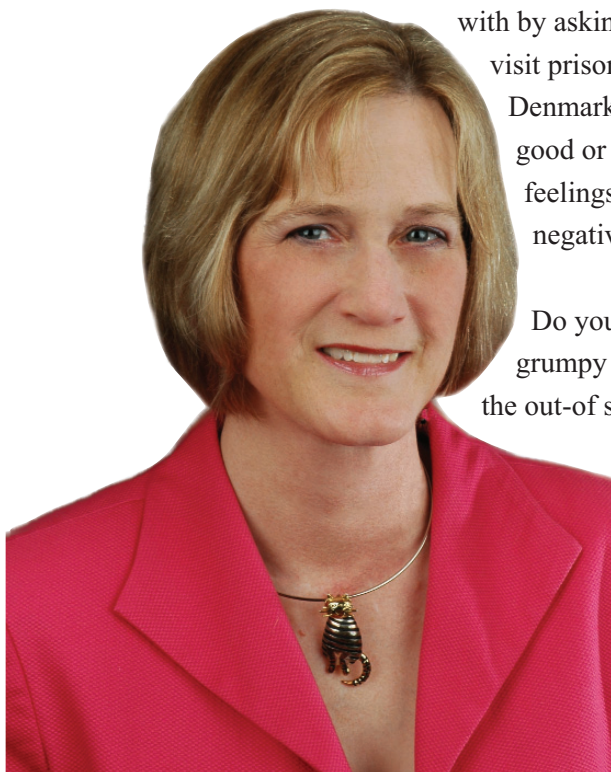
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By the time you read this, hopefully we are experiencing cooler temperatures, beautiful leaves changing, football games as well as a few sniffles and sneezes...just think, every one of those sneezes is an opportunity for a consultation with you, the pharmacist! And each consultation is the beginning or continuation of a relationship with a patient and these patients are what pay our bills every week.

As you may remember from my visits with you this September during District meetings, I am focusing on the many positive things about our profession. I would like to take you back to high school English and remind you this quotation from Hamlet.

Hamlet is visiting with two men, Guildenstern and Rosencrantz. He welcomes them with by asking the men what they have done to lady luck to deserve being sent to visit prison (i.e. Denmark). At the end of their discussion as to whether or not Denmark is a prison, Hamlet says "Tis none to you, for there is nothing either good or bad, but thinking makes it so; to me it is a prison." Hamlet has bad feelings about Denmark and therefore feels like he is in prison. His negativity has relegated him to a prison of his own making.

Do you feel like you are in prison? How did you get there? Was it the grumpy patient whose insurance would not pay for their prescription? Was it the out-of state nurse who yelled at you when you asked her to repeat her doctor's 10-syllable name? Was it the last prescription you adjudicated where reimbursement was below your acquisition cost? Or are you unlucky enough to be able to say that what caused your negativity was 'all of the above'?

So, how do you get out of prison? Look back to the beginning of this article. Remember the patient that you helped a few minutes ago with her child's runny nose who thanked you profusely for making her and her child's life manageable tonight? Or think about Mrs. Jones, the 80 year old widow that you helped switch to a generic hypertension medicine yesterday who brought you cookies yesterday. What about the couple who brought you macadamia nuts from Hawaii 'just because you take such good care of them'?

Are you in a pharmacy prison of your own making? If so, your ticket out might just be a dose of positive thinking. The macadamia nuts from Hawaii-that was me! An elderly couple whom I served at my pharmacy brought me- their pharmacist- a gift from their vacation. Somehow, I had made their life better without really even realizing it. But when they brought me their thank you gift, they made my life better. I walked out of the pharmacy that night with a smile on my face and I hope after reading this article you find yourself smiling as you remember too!

Pharmacy Perspective on HealthCare Reform

I appreciate all of you who attended the District Meetings. They were held at 13 locations across the state from Rogers to Monticello and Jonesboro to Texarkana. With the change in C.E. requirements next year, we hope to have a more interactive meeting with time for questions and discussion about your issues in the pharmacy arena. But, more about that at a later date.

As you may remember, my talk wrapped around 10 principles that Dr. Scott Pace and I developed to circulate in Washington D.C. We believe that these should be incorporated into any pharmacy program developed by the government if there is an expectation of appropriate patient care and a reasonable control on costs. You can find those principles posted on our website. The overriding point here is that as we move in a direction of utilizing pharmacists more in providing patient care (i.e. MTM, disease state management, utilization and adherence issues, etc.), we must first take a serious look at the problems that exist today in the basic underpinnings of how the pharmacy benefit is administered and reimbursed.

Adding new components without allowing pharmacists as health care professionals to have more control in the process and without some common sense in payment mechanisms is akin to trying to fix a rotting deck by applying a fresh coat of paint. Ultimately, the new processes will fail because of inadequate payment for pharmacist's time.

So what are trying to accomplish? Simply put: we have to convince Congress that pharmacy programs must have more input from health care professionals (pharmacists) and less from fiscal intermediaries (PBMs and others). The evidence is clearly on our side. Two decades of control by these middlemen, while espousing management, care and savings, have in reality lead to less patient choice, less common sense utilization, and dramatically higher costs. I believe we have proven that pharmacists know more about how to control costs while elevating care in relation to prescription drugs than any other entity in the equation. It is high time we got our chance.

Mark Riley, Pharm.D.
Executive Vice
President



October is American Pharmacists Month

American Pharmacists Month Objectives:

- ◆ To recognize the vital contributions made by pharmacists to health care in the United States
- ◆ To enhance the image of pharmacists as the medication experts and an integral part of the health care team, not just dispensers of medication
- ◆ To educate the public, policy makers, pharmacists, and other health care professionals about the key role played by pharmacists in reducing overall health care costs by improved medication use and advanced patient care
- ◆ To stress the importance of Knowing Your Medicine and Knowing Your Pharmacist to ensure drug therapy is as safe and effective as possible.



Safety Nets

A pharmacy technician from Southern Arkansas received the two original prescriptions illustrated in Figure One. The technician entered the first prescription into the computer as Keflex® (cephalexin) 500 mg Capsules, quantity 28, with directions to the patient of “take two capsules now then two capsules four times a day”. She entered the information for the second prescription as Lorcet Plus® (hydrocodone 7.5 mg, acetaminophen 650 mg) Tablets, quantity 12, with directions of “take two tablets every four to six hours as needed for pain”. Following computer entry, the same technician filled the two prescriptions and placed them in line for pharmacist verification and counseling. During the counseling session, the pharmacist counseled the patient using the directions on the prescription label as a guide. The patient seemed confused and stated it was her understanding she was to take two Keflex® Capsules the first dose, then reduce the dose to one capsule four times a day. She went on to say the prescriber had instructed her to only take “one pain pill” at a time.

At this point, the pharmacist decided to reexamine both prescriptions. During this second examination, the pharmacist realized the two parts of the Keflex® order (i.e. two now and one Q.I.D.) were actually separated by a comma. The technician had misinterpreted the comma as part of the patient directions changing to correct sig. of “one Q.I.D.” to “two Q.I.D.” While examining the Lorcet Plus® prescription, the pharmacist noticed the technician had once again misinterpreted a comma as part of the patient directions. After this, a corrected prescription label was generated and the patient appropriately counseled.

Punctuation marks must be cautiously used in prescription writing. In this case, carelessly written commas nearly resulted in two separate overdoses reaching a patient. Commas are not the only potential culprit. Carelessly written semicolons, colons, and even periods have led to medication errors. It is also possible that symbols from mathematics and/or chemistry could find their way into some prescriptions. Punctuation marks and



symbols may be used in an attempt to save time when writing or to clarify a specific part of a prescription. In all cases, their use is misplaced and mischievous. Pharmacists must educate technicians about the potential hazards lurking in these types of prescriptions. In addition, pharmacists should avoid using punctuation marks and/or symbols when transcribing orders received over the telephone. Transcribed prescriptions must be clear and concise. Any careless mark on a prescription can result in a medication error reaching a patient.

Placing a horizontal bar above a pair of vertical lines in order to indicate the Arabic numeral “2” is a holdover from Roman numerals. In that obsolete system “ii” indicated “2”. Since 1997, only Arabic numerals have been recognized by USP as official for writing medication instructions. Rather than emphasizing the patient was to take 1 g of cephalexin in the form of two 500 mg capsules, the prescriber sowed confusion. The order as written, with a single dot over the horizontal bar, technically indicates “1.5” in Roman numerals.

**Punctuation marks
must be cautiously used
in prescription writing.**

It is understandable that the technician misinterpreted the Lorcet Plus® sig. The prescriber placed a colon after “Sig” in the first prescription, but placed a comma after “Sig” in the second. This inconsistency easily misled the technician. The reality is that “Sig.” is an abbreviation for the Latin “Signatura”. Since it is an abbreviation, it should always be followed by a period. Since 1997, USP has only recognized English as the official language for prescription writing. The term “Sig.” has no place in any prescription. It is best practice not to use it at all.

Finally, this case should remind all pharmacists of the importance of Board of Pharmacy required patient counseling. It is our last – and best – Safety Net to help protect patients from medication errors. Every pharmacist and technician owes thanks to this pharmacist for taking time during a busy day to report this intervention.



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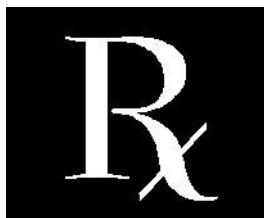
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AND THE LAW

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.

WHAT DID I DISPENSE?

One question that pharmacists have when a claim is reported is, “How do we know that the patient didn’t switch the medication themselves?” Unless the pharmacy has very good documentation, we don’t positively know. But, we do know that it’s very unlikely in most cases. The reasons we know this are:

1. The patient’s access to prescription drugs is limited, so that limits their ability to make the switch. The patient would also need to know the specific generic brands that the store carries to effectively make the switch.
2. We have observed patterns of medication errors over time and find that look alike/sound alike drugs account for a large part of our claims. So the patient would not only need access to prescription drugs, but also have access to the specific drug of the problematic pair of drugs.
3. We have also observed that workflow patterns contribute to medication errors and seldom is a drug switched as an isolated, random event. More often than not, there is an explanation for why the switch might have occurred. The incident can be linked to a particular step in the dispensing process where mistakes typically occur.

The patient profile only tells you what should have been dispensed, not what actually went out. Documentation of what was dispensed can be very useful in claims situations. Without this documentation, it is almost impossible to know what was dispensed after a patient has consumed all of the medication. Sometimes inaccurate counts in Schedule II perpetual inventories can verify that the switch occurred. But what about non-controlled drugs? The following example illustrates one solution.

Mrs. Jones suffered from an arrhythmia and was maintained on Coumadin® brand of warfarin. When she presented a new prescription to continue her therapy, it was accidentally filled with Cardura® brand of doxazosin. While investigating the claim, Mrs. Jones became concerned that she had received the wrong drug for the last year. Her previous prescription had been entered correctly and she had it refilled every 30 days for the last year. Various pharmacists and technicians at the pharmacy had processed the refill requests. For Mrs. Jones to have received the incorrect medication for the last year, every person who processed the refills would have had to make the same mistake, i.e., fill her refill with Cardura®, independently, 12 different times. Statistically, this is highly unlikely.

1. See the list from the Institute for Safe Medication Practices; www.ismp.org/Tools/confuseddrugnames.pdf

However, statistics were not very comforting to Mrs. Jones.

Luckily, the pharmacy had a documentation practice where they recorded both the color and the imprint of the product that was dispensed. It was easy to prove to Mrs. Jones that she had not received the incorrect drug for the last year because the records showed that she had received Coumadin® every month up until the new prescription was filled.

This documentation did not take a lot of time because the staff was not necessarily looking up and double-checking all of the colors and imprints. They were merely observing them and recording them. It was a record of what was going out. However, you would hope that the staff would still question appearances that seemed unusual to them. This practice enabled us to verify what the patient had received long after the contents of the prescription were consumed. This same record would also help to detect if a switch had been made by the patient.

The problem with documentation is that the person documenting receives negative feedback. They document, document, document and most of the time it is never used. Over time, the temptation is to quit doing it. However, documentation, or the lack of it, many times is the critical evidence in a case. The method here was relatively simple and not time-consuming. These are essential criteria for any documentation program. If it takes too much time or is too complex, the negative feedback wins out. The method provided in this article is not the only way to document the actual item dispensed. It is merely the easiest that we have seen. Put your thinking caps on and see what else you can come up with. You won’t be sorry that you’ve taken the time when the need for it arises. Then you won’t have to say, “What did I dispense?”

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel 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.

Pharmacy Compounding Subject to FDA Approval? The Facts Just Don't Fit, Part Three

*A continuation of the fact that show why the FDA should not have jurisdiction over Compounding Pharmacists.
by: Gary Butler, President, APA Compounding Academy*

Fact: The United States Pharmacopeia (USP) contained monographs for compounded drugs in 1938. In fact, Congress gave the USP special status under the FDC Act. Under FDA's theory, the USP monographs for compounded drugs established criteria for illegal products. In fact, since 1939 the USP has added monographs for new compounded drugs, and more recently, standards for compounding. Under FDA's theory, each new monograph has represented another formula for another illegal product.



Fact: The United States government has long engaged in the act of compounding. Documents from the early 1940s give military pharmacists instructions on compounding. The Department of Defense has continued to support and utilize compounding. The U.S. Army offered formulas for pharmacists to compound drugs from bulk. Under FDA's theory, every military pharmacist who compounds is breaking federal law. This would create a terrible dilemma for military pharmacists because filling an order to compound a drug would mean following an illegal order.

Fact: The federal government provides reimbursement coverage for compounded medications. Under FDA's theory, the U.S. Government is paying for an illegal product.

Fact: The FDA itself did not take the view in 1938 that compounding is illegal. There is no evidence whatsoever that FDA, in the wake of the passage of the law, told pharmacist that their behavior was illegal. In fact, in subsequent publications for pharmacists talking about the FDC Act, FDA described multiple provisions of the law, but did not tell pharmacist that one effect of the law was that compounding had become unlawful.

Fact: There is no contemporaneous evidence that anyone thought that compounded drugs would become illegal new drugs as a result of the 1938 FDC Act. No one in Congress, no one from DEA, no pharmacist, and no witnesses before Congress every said or suggested such a thing. Under FDA's theory, the U.S. health care system was being transformed and nobody every said a word about it. FDA has argued that Congress passed the law to give FDA the discretion to regulate compounding. In fact, there is no evidence at all that Congress or anyone else thought it was conferring upon FDA any authority over compounding. Nor is there evidence that Congress intended for compounding to survive solely at the discretion of the FDA.

Fact: In 1970, Congress passed a law regulating controlled substances. It gave an exemption for compounding pharmacists under certain circumstances. The U.S. Drug Enforcement Administration's (DEA) implementing regulations also gave compounding pharmacists an exemption. Under FDA's theory, Congress outlawed compounding in 1938 and then in 1970 exempted this illegal behavior from certain provisions of the DEA laws. There is no evidence that in 1970 Congress considered compounding to be anything other than a lawful, medically necessary practice.

Class of 2013 Beginnings

On August 17, 2009, fifty nine students from 19 states and 1 foreign country arrived in Searcy, Arkansas to begin four years of academic training to become doctors of pharmacy. For the next four years, this diverse group of individuals, the class of 2013, will spend countless hours working together as they traverse the terrain of their pharmacy education.

The first step of this journey began with Orientation. The week's activities were designed to introduce students to pharmacy education and the rigors of their academic journey, with the White Coat Ceremony as the week's culminating activity. The White Coat Ceremony symbolizes a student's educational transition from general study to the professional level of pharmacy education. The white coat represents the student's active participation in providing health care. After being cloaked, students wear their white coat when performing pharmacy activities such as meeting and caring for patients, performing pharmacy service learning activities and gaining pharmacy practice experience.

To mark this milestone of the students' advancement to the next level of their professional training, the White Coat Ceremony was held on the afternoon of August 21, 2009. The ceremony was presided over by Dr. Julie Hixson-Wallace, the Dean of Harding University College of Pharmacy. Dr. David Burks, President of Harding University, provided the University welcome and Dr. Tim Tucker provided the keynote address. Dr. Tucker is the Immediate Past President of the American Pharmacists Association. Dr. Julie Kissack and Dr. Bill Yates, the two Department Chairs within the College, cloaked each student with their white coat and name tag as their name was called by Ms. Susan Grace, Director of Student Affairs. Dr. Jeff Mercer, Assistant Dean for Experiential Education, led the students in the Pledge of Professionalism. Dr. Eric Shoffner, Health and Wellness Market Manager of Wal-Mart, provided greetings from Wal-Mart. Wal-Mart generously sponsored the ceremony and reception. Dr. Mark Riley, Executive Vice President of the Arkansas Pharmacists Association welcomed the students to the pharmacy community in Arkansas. Following the ceremony, a reception was held in the Cone Chapel. Faculty, staff, students, family and friends gathered to commemorate this new beginning.



Special guest speaker, Dr. Tim Tucker, Immediate Past President of the American Pharmacists Association challenged the Class of 2013 to set their goals high and value their relationships.



During orientation Simmons First Bank treated faculty, staff and students to lunch at Ann's Bridal.



Class of 2013

Calendar of Events

2009

2010

October 17 - 21, 2009

NCPA 111th Annual Convention and Trade Exposition
Ernest N. Morial Convention Center
New Orleans, LA

November 21, 2009

UAMS "Alumni Association Tailgate Party 2009"
"Join us to cheer on the Hogs!"
Reunion hosted by UAMS College of Pharmacy Alumni Association
1:00 p.m.
War Memorial Stadium
Little Rock, AR

June 24-26, 2010

APA Annual Convention
Holiday Inn
Fort Smith, AR

July 16 - 25, 2010

CE in Paradise
Hawaii Island Hopping
see the APA website to register
www.arpharmacists.org

HHF Grant Endows Phillips County Pharmacy Scholarship

The Helena Health Foundation has funded a \$5,000 grant to the University of Arkansas for Medical Sciences College of Pharmacy to complete the endowment for a pharmacy scholarship for Phillips County students.

This brings to \$10,000 the total amount that the Foundation has granted to the fund. The purpose of the scholarship is to promote the study of pharmacy by students in Phillips County, and thereby encourage them to practice pharmacy in the county. The funds will be held in perpetuity, and the income will be available for UAMS to provide an annual pharmacy scholarship for a Phillips County resident.

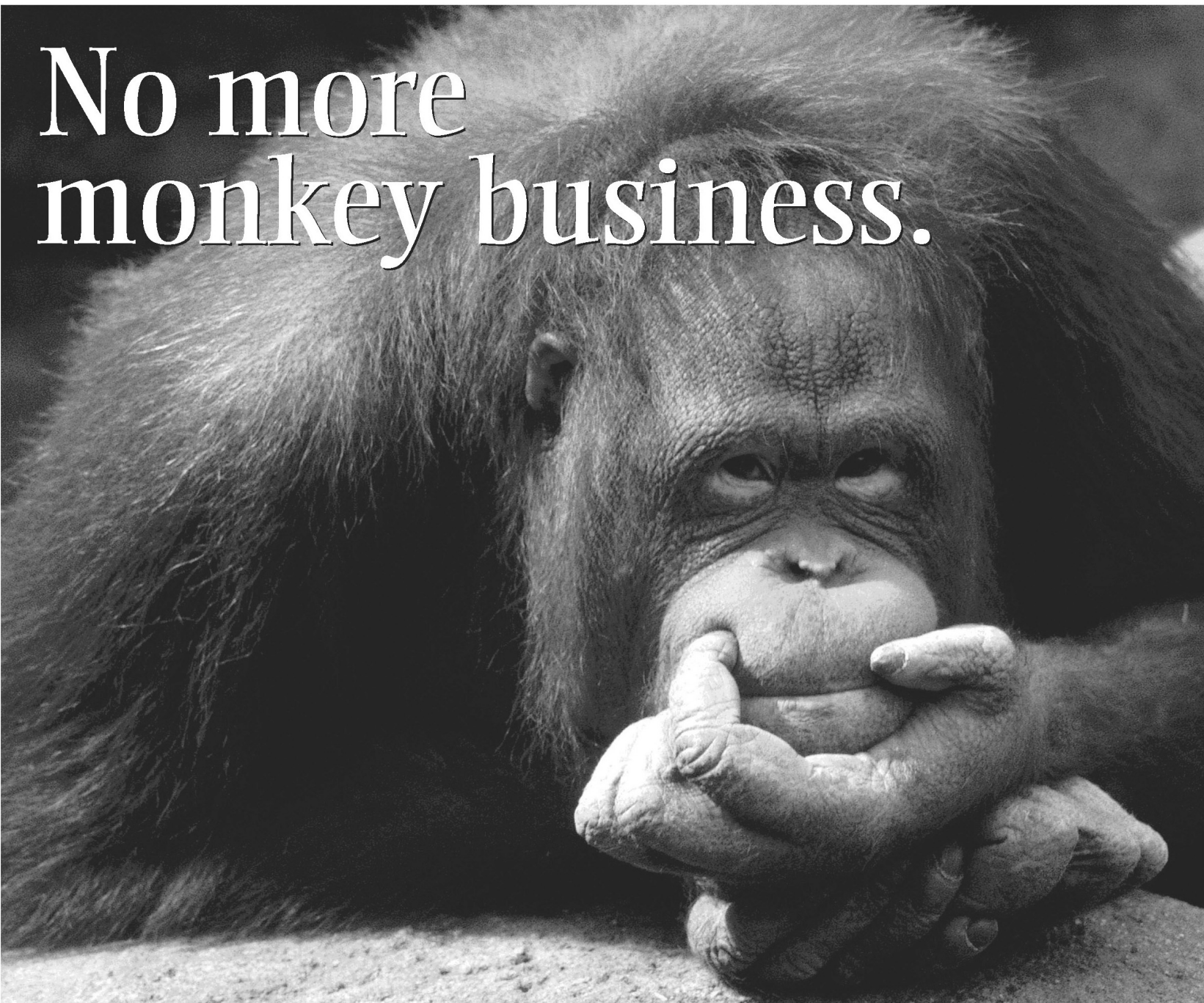
"We are extremely pleased that the Helena Health Foundation has provided the capstone gift for this scholarship that will benefit students from Phillips County help meet the need for pharmacists there," said Stephanie F. Gardner, Pharm.D.,Ed.D, dean of the college. "We believe that this scholarship will help us recruit well-qualified students who are more likely to return to Phillips County to establish their careers."

The fund was started in 2007 with a \$15,000 challenge gift from an anonymous foundation. Alumni and friends made additional gifts. The endowment will produce approximately \$1400 or more in scholarship funds annually for qualified first year pharmacy students. First year students at the College from Phillips County will be contacted each year with information about how to apply for the scholarship.

One of the goals of the HHF is to provide resources to aid in the improvement of healthcare and quality of life in Phillips County. Therefore, by awarding this grant, the Foundation is helping to provide and maintain health services that are vital to Phillips County, and it is in keeping with the Foundation's mission and goals, according to Ed Pat Wright, secretary of the HHF Board of Directors, and local pharmacist.

For information regarding the HHF Grant Program, please call 870-572-0090, or email helenahealthfnd@yahoo.com.

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July 16th - 25th

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Arkansas Pharmacists Association Join Today



Membership statements will be mail December 1, 2009. Watch your mailbox or, go online at www.arpharmacists.org to join.

APA provides Continuing Education and opportunities to network with other pharmacists through attendance at the Annual District Meetings and Convention just to name a few.

Let your voice be heard...volunteer to serve on committes. The APA has four standing committees for you to choose from.

Be a part of the Arkanas Pharmacy Foundation (APF) and the Arkansas Pharmacy Political Action Committee (AP-PAC).

Get the latest pharmacy information through our quarterly journals, and frequent blast faxes. Check our website at www.arpharmacists.org for the latest updates.

I want to begin this article with heartfelt thanks to the Arkansas Pharmacists Association Board members, who voted in June to make a generous gift of \$100,000 to the Dean's Chair Endowment at our College. Your gift moves us much closer to our shared dream of establishing the College's first endowed chair. Income from the Dean's Chair endowment will provide all future deans the means to recruit and retain excellent teachers, assist student leadership efforts, and generally advance the college like never before.

We also are extremely grateful for the Association's sponsorship of our High School Pharmacy Camp. This summer the Camp drew 33 rising seniors from 19 cities throughout Arkansas and five states. This is another example of the Association's strong support for our common goal of reaching to the far corners of Arkansas to seek out good prospective students who will become pharmacists and return to their communities to practice.

Part of the camp's mission has been to increase the number, the strength, and the geographic spread of our prospective applicant pool. We have been successful, drawing this and last year's campers from all areas of the state. Here is a list of towns represented by our campers: Bald Knob; Batesville; Bauxite; Bee Branch; Benton; Bentonville; Boles; Booneville; Cabot; Fort Smith; Hampton; Helena; Hernando; Hope; Hot Springs; Huntsville; Jacksonville; Jonesboro; Kennett; Little Rock; Logansport; Magnolia; Malvern; Manila; McCrory; Monticello; Mountain Pine; Mt. Home; North Little Rock; Ozark; Percy; Pine Bluff; Pocahontas; Portland; Prescott; Rison; Rogers; Russellville; Searcy; Sherwood; Texarkana; Trumann; Tyronza; Van Buren; Ward; Warren; West Helena; White Hall; and Wynne.

Our fourth annual camp is already scheduled for June 13-18, 2010. Please encourage high school juniors you know, who may be interested in pharmacy, to go to our web site at www.uams.edu/cop/pharmacy_camp/ for application information. Priority is given to Arkansas students who will be rising high school seniors in Summer 2010.

Speaking of our student body, we are proud of the 120 members of the Class of 2013. Their Average GPA was 3.60, and their Average PCAT was 73. We enrolled 49 Male and 71 female students, whose average age was 23. Forty-seven percent of the class hold undergraduate degrees. Another exciting development in recent months has been a gift of \$550,000 from the Arkansas State Board of Pharmacy to establish a student loan program, by which ten P3 and P4 students may receive loans of up to \$10,000 annually. Graduates who have received aid from the Program will have their entire grant, plus interest, forgiven if they practice pharmacy full-time for three years in a community with less than 15,000 residents, located at least 15 miles from any incorporated municipality with a population of 50,000. More than 30 students have applied for the loans, which we believe indicates great interest in the program. We join with the Board in believing that this will encourage graduates to practice in the areas of Arkansas with the greatest need for pharmacists.

At the Association's convention in June, I was pleased to recognize Attorney General Dustin McDaniel for a gift of \$100,000 to the College from the settlement of a class action lawsuit related to the drug Oxycontin®. The money has been applied to increasing the endowment of the Office of Alcohol and Drug Abuse Prevention Professorship. Plans are in place to change the name in honor of the former State Board of Pharmacy Executive Director Lester E. Hosto, when it reaches the Endowed Chair level of \$1 million.

Even though our tuition, at about \$10,000, is among the lowest in the nation, our students have great need. In our continuing efforts to assist them, we strive to build scholarship funds. I am pleased that three new scholarships have been completed recently. The Larkin Family Pharmacy Scholarship for students from the Fort Smith area, the Class of 2003 Doug Eoff Memorial Endowed Scholarship, and the Phillips County Pharmacy Scholarship, which was just completed with a final gift of \$5,000 from the Helena Health Foundation. Income from these endowments will aid students throughout the future of the College and will continue to grow under the management of the University of Arkansas Endowment.

As you can see, it's an exciting time to be at the college, with a strong student body and great support from the Arkansas Pharmacists Association, the State Board of Pharmacy, and our many alumni and friends who all share our common goal of advancing the profession in our state.



UAMS College of Pharmacy Class of 2013

~ Stephanie F. Gardner
Dean, UAMS College of
Pharmacy

District Meetings





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Show your pride on the Pharmacy Walkway of Honor

The Arkansas Pharmacy Foundation is pleased to announce the beginning of our Pharmacy Walkway of Honor. The walkway will be composed of bricks on which the names of pharmacists, pharmacies, and other business-related companies (i.e. wholesale, drug, design, computer, etc.) can be placed to show appreciation for the profession of pharmacy. The walkway will be located outside the entrance to the Lester E. Hosto Conference Center. The Foundation will place the first brick in memory of Dr. Lester Hosto.

Please use the form below to personalize your brick(s). Make copies as necessary. Print the name and other information as you would like it to appear on your brick. You have a maximum of three lines per brick with up to 18 characters per line, including spaces. Please use the ampersand (&) instead of "and" and omit periods.

Personalize your brick here.

1 _____
2 _____
3 _____



Name: _____

Address _____

City _____ State _____ Zip _____

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I wish to order _____ bricks @ \$125.00 each for a total of \$ _____

Method of Payment

____ Check, payable to APF
____ Visa ____ Mastercard ____ Discover ____ American Express

Credit card number _____

Expiration Date _____ Signature _____

Your support is sincerely appreciated. Please mail to APF, 417 South Victory, Little Rock, AR 72201 or fax to 501-372-0546 or visit www.arpharmacists.org to order.

Proceeds will help provide funds to sponsor, support and conduct educational programs, thereby promoting the Foundation to efficiently perform the objectives for which it is organized.

AAHP Fall 2009 Report
By Maggie Miller, President

Fall Seminar 2009

The 43rd Annual AAHP Fall Seminar was held October 8-9, 2009, at the Holiday Inn Little Rock Airport Conference Center. We had a wonderful time and great attendance.

Thank you to all the speakers who donated their time to present at the conference.

I want to extend a special thank you to Jennifer Priest and Lanita Shaverd-White, Chairs of the Fall Seminar Committee; Marsha Crader, Speaker Chair; Andrea Donaldson, Exhibit Chair; Rob Christian, Technology Chair; and Janet Liles, Technician Chair. This team volunteered their time and did an outstanding job!

If anyone is interested in participating in the 2010 Fall Seminar program, please contact Maggie Miller at mmiller@wrmc.com.

Listserver for AAHP Members

AAHP in conjunction with ASHP is offering a Listserve for AAHP members. To join the Listserver, visit our website at www.aahponline.org. Once you subscribe you will have contact with other Arkansas pharmacists. This will be a great opportunity to increase communication with our members and for members to share ideas and experiences with each other.

Pharmacy Technician Task Force

The American Society of Health-System Pharmacists (ASHP) and AAHP are conducting a joint survey to aid the pharmacy profession in understanding the current level of education and training that pharmacy technicians are receiving in Arkansas. This survey applies to all pharmacy technician practice settings. You should be receiving an email from AAHP to participate in the survey. The results will be compiled and presented at an upcoming AAHP board meeting. The goal is to ascertain the baseline needed to improve pharmacy technician standards and education needs within Arkansas.

Arkansas Academy of Health System Pharmacists

Medicaid Alert

Public concern about the risks associated with H1N1 influenza and its increased prevalence over the last 6 months have resulted a high rate of prescribing of antiviral medications to Arkansas patients and shortages of preparations for pediatric use. Health professionals should reflect on recent experience and evaluate appropriateness of strategies in the management of this infectious disease.

Public health and infectious disease experts have concerns that overuse of tamiflu and relenza will expedite emergence of resistant H1N1 virus. Preliminary review of Medicaid paid claims indicate that entire families are receiving antiviral prescriptions on that same day of service. Physicians are receiving anxious phone calls from adults concerned about work exposure and the subsequent risks to family members. Many prescriptions are being written to allay fears and to protect healthy adults from possible infection.

As this epidemic continues in our communities a few points should be reemphasized Prophylaxis for healthy, nonpregnant patients after presumptive exposure to H1N1 is usually unwarranted. A current study in the Annals of Internal Medicine demonstrated that hand hygiene and face masks are sufficient to protect household contacts from contracting the illness Prescribing antiviral medication to all members of a household with an infected member is to be discouraged.

Health authorities are discouraging antiviral therapy for otherwise healthy nonpregnant adults who present with symptoms consistent with H1N1 infection. In general, antiviral therapy shortens symptoms by a day and has very limited value if initiated more than 48 hours after the start of symptoms.

Because of their disproportionate rate of complications, pregnant patients with presumptive H1N1 infection should receive antiviral therapy. Relenza has less systemic distribution than Tamiflu and is the preferred agent for infections associated with pregnancy. Careful dose reductions are important if and when younger children are given antiviral therapy.

The H1N1 epidemic has brought fresh challenges to health professionals caring for individual patients and managing the public's health. Thoughtful use and reinforcement of antiviral medications, vaccines, and simple isolation techniques are essential components of an effective longterm strategy in response to this challenge.

Donations Needed

Shepherds Hope Neighborhood Health Center Pharmacy- in need of donations of pharmacy shelving and counter. This is a non profit organization and can provide you with a tax deductible receipt. Please contact Bren May at 501-993-0729 or brenmay@sbcglobal.net.

For Sale

All items located in Rison, AR
Lighted wall fixtures - 70 total feet; 5 ft gondolas - 10 total; lexmark T640 printer - 1 total; credit card terminal - 1 total.
Contact: Roth E. Rabb, P.D. at 870-718-9482 or after 6:00 p.m. at 870-325-6836.

Staff Pharmacist Needed

Johnson Regional Medical Center, a growing eighty-bed hospital located in Clarksville, Arkansas is seeking a staff Pharmacist 24 hours/week for our Pharmacy Department.

Our pharmacy provides coverage from 7:30 am to 5:00 pm, seven days a week in a Meditech environment. We have an excellent and supportive medical staff and successfully completed a recent State Health Department Inspection. Future pharmacy developments include EMAR's, barcoding and our automated dispensing system (Omniceil) will go live in June 2009.

Clarksville, a community of 8,000 is located in the beautiful Arkansas River Valley, at the foothills of The Ozarks. Quality schools, community support, affordable housing and a stable economy make Clarksville a great place to live and work.

JRMC offers competitive wages, flexible scheduling and a comprehensive benefit package, including health, dental, vision, Life, Disability, 401(k) with matching contributions, child care assistance, discounts on hospital services and over-the-counter medication, continuing education, paid license renewal and Arkansas Pharmacists Association membership, plus a minimum of 13 days of paid time off per year.

If you or anyone you know will like to learn about the staff Pharmacist position at JRMC, call Sherrie Lane at 479-754-5382 or 479-477-0160.

Independent Pharmacies Wanted

Independent pharmacist interested in purchasing independent pharmacies in Arkansas. Pharmacies will remain independent after purchase. Purchaser has solid independent pharmacy background.

If interested in selling your pharmacy, please contact Vance at 870-897-1204 or via e-mail at VanPark@aol.com

Volunteer Pharmacists Needed

Shepherd's Hope Neighborhood Health Clinic is a ministry of Fellowship Bible Church and Oak Forrest United Methodist Church serving uninsured and indigent patients in the South Midtown area of Little Rock. The Clinic is located at 2404 Tyler Street (behind Oak Forrest). The hours of operation are 6:00pm to 8:30pm every Tuesday and Thursday night. Current needs are pharmacists willing to volunteer every 4 weeks. If you are available to volunteer and help with this ministry, please contact Bren May at 501-993-0729. Thank you!

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Relief pharmacists needed - FT or PT. Based in Springfield, MO and now in Arkansas. Staffing in Missouri, Arkansas, Eastern Kansas and Oklahoma. We provide relief pharmacists for an occasional day off, vacations, emergencies -- ALL your staffing needs. Also seeking pharmacists for full or part-time situations. Please contact Tracy Byrd, Marketing and Recruiting Director, or Mike Geeslin, President for information regarding current openings throughout Arkansas - temporary as well as permanent placements. Let IvanRx4u help staff your pharmacy, call 417-888-5166. We welcome your email inquiries, please feel free to contact us at: Ivanrx4u@aol.com or Ivanrx4u-tracy@hotmail.com.

Pharmacist in Charge Wanted

Competitive salary with up to 3 weeks paid vacation and major medical coverage plus 401K plan. Great schedule - Monday thru Friday, hours 9:00 a.m. to 6:00 p.m. Contact Alan Tweddell at 870-931-2881 or send resume to: Country Mart Pharmacy, 208 Lincoln Dr., Fredericktown, MO 63645
Positions to be filled in S.E. Missouri.

Relief staffing available through Staff RPh, Inc.

We provide quality pharmacists and technicians that you can trust for all your staffing needs. Our current service area includes AR, TX, OK and TN. For more information call Rick Van Zandt at 501-847-5010 or email staffrph@comcast.net.

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In beautiful North Arkansas. Established in 1974. Family owned with exceptional reputation in dynamic community. Excellent schools, recreational & retirement center, golf courses, lakes, rivers, 2.5 hours from Little Rock, AR; Memphis, TN; and Springfield, MO. Pharmacy is ideally located: a) across from doctor's complex and new treatment, diagnostic, and emergency facility, b) next door to ophthalmologist and optometrist. Contact Mike Sprague at 512-799-5265.

State Board of Pharmacy Report

Board of Pharmacy Update

Disease State Management Proposed Regulation Change for October 2009

During the October 2009 meeting, the Board of Pharmacy will consider changes to Regulation 9 in relation to Disease State Management. Changes to this regulation will remove language from the regulation that is tied to programs such as national exams for DSM which no longer exist. These changes will outline the method by which a pharmacist may work through protocol agreements under the direction of a prescriber when performing Disease State Management. An important note in this process is that the updates to this regulation remove specific diseases as categories of DSM. In the past if you had a credential for Diabetes you could only work with a patient on problems related to Diabetes but not on other related conditions such as high blood pressure. With the new proposal, pharmacists could get credentialed to perform DSM and enter into agreements with prescriber's to treat whatever the pharmacist and prescriber agree to in the protocol. If you would like to take a look at this regulation change please contact John Kirtley at the Board office or look on the Board's website under the Lawbook section where it will be posted.

CE REQUIREMENT CHANGES BEGINNING 2010-2011 BIENNIUM

During the June 2009 Board Meeting, the Board adopted a change to the CE requirements for pharmacists that will affect your requirements for renewing a pharmacist license in the 2010-2011 biennium. These changes to Regulation 2 will require continuing education credit that has been accredited by the Accreditation Council for Pharmacy Education. This will help to ensure that pharmacists are getting quality CE programming that has been nationally accredited. This regulation change was suggested by the Arkansas Tripartite Committee on Continuing Pharmacy Education which is made up of the Colleges of Pharmacy in Arkansas, the Arkansas Pharmacists

Association and the Arkansas State Board of Pharmacy. This change will not be effective until the 2010-2011 biennium therefore pharmacists should be sure to have their appropriate CE for the 2008-2009 biennium. The requirements starting with the 2010-2011 biennium will be as follows:

Continue to require a total of 30 hours of CE per biennium:

12 hours must be live of any type of CE (Board approved or ACPE approved)

12 hours must be ACPE accredited

The individual requirements for 12 live and 12 ACPE requirements are not mutually exclusive and as long as in the 30 hour total, 12 live hours are obtained and 12 hours of the 30 are ACPE accredited the criteria will be met by the pharmacist. The committee felt that this change would be easier to track for pharmacists and the Board without reducing the quality of CE that must be obtained. Once again for renewal of your pharmacist license at the end of this year you will be responsible for 30 hours of CE with 12 of those hours being live drug therapy/patient care hours.



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can make a **BIG**
difference.

**As in all important financial decisions, you should consult your own professional advisor(s) regarding your individual situation.*

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Difference

Sample Face Amounts available from The Pharmacists Life Insurance Company, a subsidiary of Pharmacists Mutual Insurance Company.

Age	Male	Female
30 Non-Nicotine	\$29,374	\$33,210
30 Nicotine Use	\$23,835	\$26,394
40 Non-Nicotine	\$20,520	\$23,220
40 Nicotine Use	\$16,778	\$18,503
50 Non-Nicotine	\$14,506	\$16,381
50 Nicotine Use	\$11,990	\$13,131
60 Non-Nicotine	\$10,328	\$11,805
60 Nicotine Use	**Call for illustration	

Amounts above assume \$500 annual premium on standard issue risk in each class. The \$500 premium is payable for 12 years until the policy is paid-up. Actual face amounts will be based on the underwriting of the insured life.

**\$10,000 minimum face amount required.

Who To Contact:

Your Pharmacists Mutual
Representative,
Joe Baker - 800-247-5930 ext. 7105

or

Arkansas Pharmacy Foundation
501-372-5250

Minutes

Arkansas Pharmacists Association Board of Directors

June 10, 2009

Doubletree Hotel

Little Rock, AR

Members

Dr. Paul Holifield – presiding
Dr. Kenny Harrison
Dr. Brandon Cooper
Dr. John Page
Dr. John Vinson
Dr. Jan Hastings
Dr. Stephanie O’Neal
Dr. Christy Campbell
Dr. Gary Garner
Dr. Charlie Campbell
Dr. Danny Ponder
Dr. Muncy Zuber
Ms. Collin Ward

Dr. Gary Bass
Dr. Dennis Moore
Dr. Lynn Crouse
Dr. Stephanie Gardner
Dr. Mark Riley
Dr. Cliff Robertson
Dr. Mike Smets
Dr. Maggie Miller
Dr. Michael Butler
Dr. Julie Hixson-Wallace
Dr. Gary Butler
Dr. Mike Stover
Ms. Celia Proctor

Guests and Staff

Dr. Richard Hanry - treasurer
Harold Simpson – legal counsel
Barbara McMillan
Dr. Scott Pace
Debra Wolfe
Dr. Laura Beth Martin
Dr. Eddie Glover
Mr. Zach Holderfield
Mrs. Beth Ann Ponder

CONSENT ITEMS

President Paul Holifield called the meeting to order at 9:25 a.m.

President Holifield requested Dr. Buzz Garner to lead the invocation.

President Holifield introduced the new members District 1 President, Dr. Eddie Glover, District 4 President, Dr. Laura Beth Martin and Vice President, Dr. Gary Bass. (District 2 President, Brent Panneck and Consultant Academy President, Jim Griggs were unable to attend, therefore, they will be introduced at the meeting in August.)

President Holifield presented plaques to the outgoing Board members, Dr. Brandon Cooper, Dr. Cliff Robertson, Dr. Muncy Zuber, Dr. Gary Bass, Ms. Christina Easterling and Ms. Celia Proctor.

Dr. Mark Riley presented the outgoing president’s picture to Dr. Paul Holifield.

President Holifield asked the APA Board to review the minutes from the March 22nd meeting. A motion was made and seconded to approve the minutes as amended. The motion passed.

President Holifield reviewed the APA Conflict of Interest and Antitrust policies with the Board.

DISCUSSION ITEMS

Convention Report Information

Barbara McMillan reported that there are 322 attendees preregistered for the convention. Ms. McMillan also reported that the 'Pharmacy Walkway of Honor' is complete and may be seen at the Hosto Center during the convention.

Barbara noted that the APA will present the Guy Newcomb Award to Rep. Allen Maxwell and the APA has created a new public service award honoring Sen. Percy Malone. Sen. Malone will be the 1st recipient of the award. There will also be a special lifetime achievement award given to Dr. George Wimberly.

Arkansas State Board of Pharmacy Report

Dr. Charlie Campbell reported that there will be a public hearing for regulation changes on Friday, June 12th at 9:30am. The rule changes will include changes in when an intern status may be granted. There will also be a proposed rule change affecting pharmacist's continuing education. There is a proposed change to the Consultant Pharmacist requirements that tie a consultant to a specific nursing home. The Board will also make clarifications regarding the faxed prescription regulations that will treat fax prescriptions like they were oral prescriptions. Finally, the Board will be increasing the funding for the pharmacist support group.

Arkansas Academy of Health-System Pharmacists (AAHP) Report

Dr. Maggie Miller reported that the Fall Seminar will be at the Little Rock Airport Holiday Inn. There will be 13 hours of CE available at the meeting. AAHP has also started a listserv to help facilitate member communication. AAHP has also created a residency taskforce to assess the residency needs in the state.

Consultant Academy Report

Dr. Muncy Zuber thanked the Board for the opportunity to serve over the past year.

Academy of Compounding Pharmacists

Dr. Gary Butler provided an update to recent legal decisions involving compounding pharmacy. Dr. Butler also reported that 'Compounders on the Hill' begins Sunday, June 14th in Washington.

UAMS College of Pharmacy Report

Dean Stephanie Gardner passed around a copy of the 2009 UAMS Graduating Class Salary Survey. Dean Gardner also reported that the Pharmacy Camp is ongoing for the 3rd summer. The Camp is open to rising high school seniors. The Dean also reported that the incoming class for the fall has been accepted and there will be 120 students in this year's admission class. The Dean also reported that the State Board of Pharmacy has transferred \$500,000 to UAMS for the purpose of establishing a rural health loan program. The program is designed to give incentive to new graduates practicing in rural areas. The Dean reported that the UAMS ASP Chapter won the national chapter of the year for the second time in five years.

Harding College of Pharmacy Report

Dean Julie Hixson-Wallace reported that Harding will have a Pharmacy Camp this summer with 21 students beginning in two weeks. The first class has completed their first professional year. The second class will begin this fall and will have their White Coat Ceremony on August 21st. ACPE meets later this month to determine if Harding will advance to ACPE candidate status.

Arkansas Board of Health Report

Dr. John Page reported that a new immunization schedule has been approved by the CDC and Dr. Page has copies. Additionally, the trauma system has been funded and the development and implementation process is underway.

Legislative Session Recap

Dr. Mark Riley provided an update on the following items that were addressed during the most recent session of the Arkansas Legislature.

- a. PBM Bill – passed that affects all state funded pharmacy benefit plans.
- b. Acupuncture – Bill passed to more clearly define the ability of Doctor’s of Oriental Medicine ability to prescribe legend medications.
- c. Conscience Clause Violation – bill was proposed that related to pharmacists being requested to give information to rape victims. The bill did not pass this session.
- d. Community Health Centers – special language was added that encouraged community health centers to work collaboratively with local pharmacy providers.

Federal Legislation

Dr. Pace reported that Health Care Reform will be Congress’ top issue over the summer, and the President has expressed a desire to have reform in place by the August recess. Senator Kennedy introduced, on June 9th, the “Affordable Health Choices Act,” this act will provide a government administered insurance plan to be offered as an alternative to private health insurance. There are multiple references to pharmacist’s services and the provision of medication therapy management for the treatment of chronic diseases.

In a separate issue, personal and commercial importation language has been proposed and will likely be a topic over the summer.

Medicaid Dispensing Fee

The state has appealed CMS’ decision to reject the dispensing fee increase. The status of the appeal is currently ongoing. A hearing date will hopefully be set in the fall.

State Board of Pharmacy Elections

Dr. Justin Boyd won the statewide election to the Arkansas State Board of Pharmacy. His name has been submitted to the Governor’s office. No official decision will be made until late July or early August.

Miscellaneous

Dr. Paul Holifield discussed with the Board the potential of the APA Board to make a substantial donation to the UAMS College of Pharmacy Dean’s Endowed Chair. Dr. Holifield recommended to the Board to make a \$100,000 pledge towards the chair. He proposes that this money be paid at \$25,000 a year beginning in June 2010, contingent upon the adequate return of the APA investments. A motion was made a seconded to move this consideration of the issue to the action items for a vote a today’s meeting.

Dr. Stephanie O’Neal gave a heart-felt thank you to the Board for being supportive and encouraging during her 8 years on the Board. The Board gave Dr. O’Neal a standing ovation.

ACTION ITEMS

Financial Report

Dr. Henry reported on the financials of the APA and stated that the Association is in solid financial position. A motion was made and seconded to accept the financials as presented. The motion was approved.

UAMS Dean's Chair

Dr. O'Neal made a motion to accept a proposal from UAMS to pledge \$100,000 towards the UAMS Dean's Chair payable at \$25,000 a year until the \$100,000 commitment is met. The motion was seconded and passed.

Adjournment

A motion was made and seconded to adjourn the meeting at noon. The motion passed.

**APA Foundation Board
June 10, 2009**

Dr. Paul Holifield convened the Foundation Board at 12:05 p.m. on June 10, 2009.

The Board made a motion to accept the actions of the Foundation Board. The motion was passed.

A motion was made to adjourn the meeting at 12:08 p.m., motion passed.

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12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)		
<input checked="" type="checkbox"/> The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)		

13. Publication Title The Arkansas Pharmacist		14. Issue Date for Circulation Data Below Summer	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
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	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		2327	2312
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	(2) Free or Nominal Rate In-County Copies included on PS Form 3541	17	23
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g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		14	12
h. Total (Sum of 15f and g)		2500	2500
i. Percent Paid (15c divided by 15f times 100)		94%	92%
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<input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the <u>Fall</u> issue of this publication. <input type="checkbox"/> Publication not required.			
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