Winter 2015

Minnesota PhARMACIST

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MPhA Advocating for Improvement at the Capitol

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The Minnesota State Capitol Building is undergoing significant renovations for the next several years. As the major construction begins, MPhA is working as hard as ever to advocate on behalf of MPhA members, to help with our own improvements.

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Upcoming Events

2015 Minnesota Pharmacy Legislative Day
Tuesday, February 10, 2015
St. Paul, MN
More information on page 15

Minnesota Pharmacists Foundation Wine-Tasting Dinner
Friday, February 20, 2015
Plymouth, MN

APhA's Pharmacy-Based Immunization Delivery Certificate Training Program
Sunday, March 1, 2015
Ewald Conference Center, St. Paul

APhA's Delivering Medication Therapy Management in the Community: Twin Cities
Friday, April 17, 2015
Ewald Conference Center, St. Paul
More information on page 8

MPhA Leadership Summit and House of Delegates Meeting
Friday, June 5, 2015
St. Paul, MN

2015 MPhA Annual Conference
September 11–12, 2015
St. Paul, MN

APhA's Pharmacy-Based Immunization Delivery Certificate Training Program
Sunday, September 27, 2015
Ewald Conference Center, St. Paul

MPhA Mission:

Serving Minnesota pharmacists to advance patient care.

The Minnesota Pharmacists Association is a state professional association, whose membership is made up of pharmacists, pharmacy students, pharmacy technicians, and those with a business interest in pharmacy. MPhA will be the place where pharmacists go first for education, information and resources to become empowered to provide optimal patient care. MPhA will be the recognized and respected voice of pharmacy with legislators, regulators, payors, media and the public.

President's Desk

A Message from the MPhA President

By Randall Seifert

A lot has been going on in your Association since my last report. The Board of Directors got down to business on July 25 for our annual retreat. This year, we developed a new strategic plan and the Board leads are already at work implementing efforts to reach our goals. I would like to share the vision and plan going forward with you.

Our **Mission**: Serving Minnesota pharmacist providers to advance patient care.

Our **Vision**: We will be a vital organization of engaged Minnesota pharmacy professionals. We will be recognized for leadership in advancing patient care.

Your leadership felt that it was very important for us to articulate our members' values. These **values** are **engagement, patient care, inter-professional collaboration, economic viability of practice, advocacy, workforce, lifelong learning and professional development, pharmacy teamwork development, diversity in membership and professional collaboration and relationships.** The board believes that we should always be dedicated to our values as an Association and that it is important to communicate to our pharmacy colleagues, health care team colleagues and the public on what we value.

At the end of a very productive day we concluded with outlining our specific and measurable **goals**. Our goals are to enhance our **financial position,** create new and innovative **events, membership recruitment and engagement, leadership development and recruitment, government affairs and advocacy and communication.** We welcome our members to join with identified Board leads to work on specific goals. **We want you involved!**

We had a very successful Annual Conference in September with excellent educational sessions and networking. For those who did not get a chance to join the dine-around, everyone who did had a great time — so we'll do that again next year. I would once again like to thank our Sponsors who either contributed to the meeting or set up information displays; your support is greatly appreciated. For all the members and students who helped make this event a success, thank you.

We are beginning to make our rounds to Minnesota communities. We have been to New Ulm — thanks to Vernon Peterson, who was gracious in setting up the evening meeting. This year is a bit different, in that we do not have a formal Pharmacy Night as in the past. This year, we are having more town hall meetings so that we can hear what our members and hopefully non-members are saying. We had a November meeting in Alexandria and a December meeting in Grand Rapids. We plan to go to Bemidji, Brainerd, Duluth, St. Cloud and the Twin Cities after the Holidays.

Finally, we are continuing our advocacy efforts. Michelle Aytay and Jeff Lindoo will be working both with the Pharmacy Practice Joint Task Force and our members on a legislative agenda. This must get finalized soon, so if you have issues that we need to work on please contact Michelle, Jeff or me.

I would like to wish you all a Happy New Year.

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Member Profile: Anne Schneider

By Rita Tonkinson

"I grew up in a pharmacy!" said Anne Schneider, PharmD, owner of Pro Pharmacy in Saint Paul. "I started working at my dad's pharmacy dusting shelves and cleaning the basement when I was just a kid."

Schneider did not head directly to pharmacy school after high school, but instead became a teacher. Pharmacy must have had a tug, because she returned to the University of Minnesota College of Pharmacy to pursue a PharmD. After graduating in 2004, she said, "I bought Pro Pharmacy from my dad.

"I have been in pharmacy most of my life as a clerk, delivery person, OTC manager and a technician," Schneider said. What she enjoys most is being a preceptor. She has been one since 2006.

Using her teaching skills, Schneider said working with students is very rewarding. "It is so exciting to see a student, who appears to have no interest at all in community pharmacy, suddenly change his or her mind after seeing our practice site and observing the great relationships we have with our patients."

When asked what she likes most about community pharmacy, Schneider said, "I love the interaction and respect I get from my patients. I think that successfully helping patients with their medication issues is the most rewarding." Schneider said that because she grew up in the pharmacy, she has known many of these patients much of her life, "It puts me in a unique position to continue to provide care for them.

"Our MTM practice has been very slow growing. It seems that patients are very interested in the service, but only a limited number of insurance companies will pay for it," said Schneider. "We had the biggest growth using the outcomes program. The documenting system is efficient and the reimbursement is pretty good, especially when we find and solve a lot of drug therapy problems. We almost never see a patient without at least one problem."

When asked to describe her biggest challenge, she said, "The biggest challenge for me is dealing with declining insurance reimbursements and restrictive third-party contracts. I am dealing with it by trying to increase our patient care revenues through MTM and immunizations.

"I am a member of MPhA because I want to support the efforts of MPhA in its activities toward improvement of the pharmacy profession in the state. I look forward to the passage of the pharmacy practice act. Pharmacists are such an important part of the health care team; we are the most accessible health care professionals. I look forward to the future expansion of our role as drug therapy experts."

New drugs and treatment guidelines are topics Schneider said she would like to see covered in the *Minnesota Pharmacist*.

When asked what would surprise other MPhA members about her, she said, "The thing I hate most in my job is reconstituting antibiotics and also starting a new sheet in the CII inventory book." She added, "It's crazy, I know."

On a lighter note, the last movie Schneider saw was *Godzilla*, with her kids. "I don't recommend it!"

And she said about her favorite pastime, "I love to travel!"

Rita Tonkinson was the managing editor of Minnesota Pharmacist *for ten years and has been writing for the journal for 19 years.*

APhA Foundation Launches Public Education Campaign on Medication Synchronization

Timed with American Pharmacists Month, the APhA Foundation launched a public education campaign in October 2014 informing the public about the benefits of a medication synchronization program, the issue of non-adherence, and the importance of having a relationship with your pharmacist. Consumers are driven to www.alignmyrefills.com to find additional information, tools, and resources, including a zip code locator map for finding a pharmacy near them that offers med sync. An informational video about the Align My Refills initiative is also available.

As part of the campaign, the APhA Foundation hosted a stakeholder meeting on October 1 at APhA headquarters. Groups in attendance included representatives from the Caregiver Action Network, Men's Health Network, WomenHeart: The National Coalition for Women with Heart Disease, HealthHIV, National Association of Area Agencies on Aging, National Consumers League, the Arthritis Foundation, and the National Osteoporosis Foundation. In addition, representatives from Pfizer, NCPA, and the National Council on Patient Information and Education (NCPIE) attended. At the meeting, stakeholders were educated on the importance and significance of the medication synchronization model and strategized about ways the campaign could benefit and be shared with their constituents. As a lead partner of the campaign, NCPIE incorporated the med sync campaign into its messaging as part of its "Talk About Your Medicines" Month in October.

The campaign also includes a media component, which was launched through a multi-media news release on October 7 that resulted in more than 74 million impressions and 293 media placements. APhA Foundation Executive Director Mindy Smith is a lead spokesperson, along with other pharmacist med sync experts from Thrifty White, Discount Drug Mart, Fry's Pharmacy, and Publix. Smith gave 24 interviews with national and local TV and radio stations in markets such as Atlanta and Phoenix; national media included Sirius XM Doctor Radio and Healthcare Leaders Media.

As of Oct. 22, Alignmyrefills.com was the top-viewed page of APhAFoundation.org.

APhA's Delivering Medication Therapy Management in the Community

Friday, April 17, 2015
8:00 a.m. — 6:00 p.m.
Ewald Conference Center
1000 Westgate Drive
Saint Paul, MN 55114

Delivering Medication Therapy Management in the Community is an innovative and interactive training program that explores the pharmacist's role in providing MTM services to patients. This certificate program will enhance pharmacists' clinical expertise in evaluating complicated medication regimens, identifying medication related problems, and making recommendations to patients, caregivers, and health care professionals. Complete details are available at www.mpha.org.

Pharmacy Practice Act Joint Task Force Update

By Jeff Lindoo, MPhA President-Elect and MPhA Public Affairs Committee Co-Chair

A joint task force made up of members from MPhA, the Minnesota Society of Health-System Pharmacists (MSHP), The Duluth Area Pharmacists and the University of Minnesota College of Pharmacy continues its review of the pharmacy practice act with the intent of advancing legislation that removes barriers to the expansion of pharmacy practice. The group meets monthly at the College of Pharmacy and with other stakeholders as needed. The two key areas of focus for this legislative session are pharmacist immunizations and technicians. Legislative language will be included in the Board of Pharmacy's policy bill for 2015.

The task force has met several times with the Minnesota Department of Health and the Board of Pharmacy and twice with the Minnesota Medical Association regarding the expansion of pharmacist immunization authority. The two goals for this session are to reduce the age for providing influenza immunizations from the current limit of age 10 and to reduce the age for all other immunizations from the current limit of age 18. Meetings with these stakeholders have helped to identify lower age limits that will help improve Minnesota's immunization rates while minimizing the potential impact on childhood and adolescent physician visits. As this article is written, the Board of Pharmacy is drafting the language that will be introduced. We will know what will go to the Minnesota Legislature shortly; what happens from there is anyone's guess.

The task force has also developed two areas of focus around technicians. One is the definition of a technician, which currently states that technicians perform "computer entry of prescription data and other manipulative tasks." As you well know, today's technicians do far more than that in the pharmacy. The task force has worked with the Board of Pharmacy to make the definition much broader in scope. The other area of focus on technicians is the expansion of technician ratios. Last year, MPhA's House of Delegates passed a resolution favoring the complete elimination of technician ratio limits. Wishing to work with the Board of Pharmacy, rather than against their opposition in the legislature, the task force is working with the Board on some form of expansion in the ratio. Again, we will know the final language that will go to the legislature later in January.

News and Notes

By Laurie Pumper, MPhA Editor

MPPS Meetings for Pharmacists

The Metropolitan Professional Pharmacists Society (MPPS) meets the third Tuesday of each month year around, at the Ft. Snelling Officer's Club. Arrive just before Noon for lunch, a short meeting, then hear a guest speaker on some topic pertinent to pharmacy. One hour CE credit is awarded. We are a non-profit group of retired/semi-retired pharmacists who enjoy the camaraderie of the group. We welcome new members. Come give us a try. Upcoming meetings for 2015 will be: Jan. 20, Feb. 17, March 17, and April 21. Questions? Contact Richard T. Schugel, President, at 612-866-2248 or richard5000pro@hotmail.com.

New Treatment Options for Chronic Obstructive Pulmonary Disease: Year in Review

By Thu Quach, PharmD Candidate 2015, University of Minnesota, Twin Cities; and Dave Hoang, PharmD, MBA, Clinical Pharmacy Program Coordinator, Minnesota Department of Administration

Chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema, is a progressive lung disease characterized by airflow limitation due to chronic inflammation, mucus production, and parenchymal tissue destruction. COPD is associated with high morbidity, mortality, and health care costs, and it is projected to become the fourth leading cause of death worldwide in 2030 by the Global Burden of Disease Study.[1]

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guideline recommends treatment of COPD based on disease severity with monotherapy or combination therapy with an inhaled $beta_2$-agonist, anticholinergic, and/or corticosteroid.[1] While many products are currently available, the prevalence and social and economic burden of the disease drives our continuous effort to expand our arsenal of therapies. Three new agents, Anoro® Ellipta®, Incruse® Ellipta®, and Striverdi® Respimat®, were approved by the FDA for the long-term treatment of COPD within the past year. A brief overview of each product is provided below.

Anoro® Ellipta® (umeclidinium/vilanterol)

- How Supplied: Anora® Ellipta® is supplied as a disposable light grey and red plastic inhaler containing 2 double-foil blister strips with 30 blisters each. (NDC 0173-0869-10) or with 7 blisters each (institutional pack; NDC 0173-0869-06). The inhaler is packaged in a moisture protective foil tray with a desiccant and a peelable lid. Discard Anora® Ellipta® 6 weeks after opening the foil tray or when the counter reads "0" (after all blisters have been used), whichever comes first.
- Dose: 62.5/25 mcg once daily powder inhalation
- Company: GlaxoSmithKline
- Approved December 2013

Following the FDA approval of Breo® Ellipta® (fluticasone furoate/vilanterol inhalation powder) in May 2013, GlaxoSmithKline quickly gained approval for another new combination product. Anora® Ellipta® contains umeclidinium, a long-acting anticholinergic (LAMA) and vilanterol, a long-acting $beta_2$ agonist (LABA). It is the first LAMA/LABA combination product of its class approved in the U.S.[2] Data from two 6-month trials on adults 40 years of age and older with a history of smoking and decreased pulmonary function showed that the umeclidinium/vilanterol 62.5 mcg/25 mcg group had a higher mean change in trough forced expiratory volume in 1 second (FEV_1) at day 169 from baseline relative to placebo, umeclidinium 62.5 mcg alone, and vilanterol 25 mcg alone.[2]

The combination product also performed well against other agents. It showed statistically significant improvement in trough FEV_1 at day 169 when compared to tiotropium (Spiriva®) and a greater improvement in FEV_1 in a 12-week trial when compared to Advair® Diskus® 250/50 mcg (fluticasone propionate/salmeterol inhalation powder).[3,4]

The most common reported side effects are pharyngitis, sinusitis, lower respiratory tract infection, constipation, diarrhea, pain in extremity, and muscle spasms. Because Anora® Ellipta® contains a LABA, it carries a black box warning for increased risk of asthma-related death. The FDA also warned about other serious side effects that include paradoxical bronchospasm, cardiovascular effects, acute narrow-angle glaucoma, and worsening of urinary retention.[2,5]

Incruse® Ellipta® (umeclidinium)

- How Supplied: Incruse® Ellipta® is supplied as a disposable light grey and light green plastic inhaler containing a double-foil blister strip with 30 blisters (NDC 0173-0873-10) or 7 blisters (institutional pack; NDC 0173-0873-06). The inhaler is packaged in a moisture-protective foil tray with a desiccant and a peelable lid. Discard Incruse® Ellipta® 6 weeks after opening the foil tray or when the counter reads "0" (after all blisters have been used), whichever comes first.
- Dose: 62.5 mcg once daily powder inhalation
- Company: GlaxoSmithKline
- Approved May 2014

After the approval of Anoro® Ellipta®, it was no surprise that Incruse® Ellipta®

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Ask the Expert: Answers to Common Questions about Student Loan Repayment

By Joy Sorensen Navarre, Foster Klima & Company

My student loan grace period ends soon; what should I do?

The best solution for student debt relief is to understand the options and take informed action. Seek information from your student loan servicing company. For further information, borrowers with federal loans can visit http://studentaid.ed.gov/ and www.consumerfinance.gov to learn about repayment plan options. Talk to a student loan expert or your university's financial aid office.

I'm working at a nonprofit hospital and have been paying my student loans for two years. How do I know whether I'm on the best repayment plan for my situation?

One of the primary sources of debt relief for many physicians is Public Service Loan Forgiveness (PSLF). Pharmacists working for not-for-profit health systems could qualify for substantial debt relief through PSLF. The free federal program allows certain federal student loans (Direct Loans) to be forgiven after 10 years of on-time monthly payments. To benefit, a borrower needs to have a qualifying loan, sign up for a qualifying repayment plan, and work full time for a qualified employer.

What repayment plans qualify for PSLF?

For borrowers with federal Direct Loans, the 10-Year Standard Repayment Plan or an income-driven repayment plan (Income-Based Repayment Plan, Pay As You Earn Repayment Plan, or the Income-Contingent Repayment Plan) qualify for PSLF. BE CAREFUL: the graduated plans and the extended 25-Year or 30-Year repayment plans DO NOT qualify for PSLF.

As a pharmacist, I earn a comfortable income. Is an income-driven repayment plan solely for people with low incomes? Would I benefit from an income-driven repayment plan?

Many pharmacists mistakenly believe that an above-average income will disqualify them from an income-driven plan. The income-driven formula takes into account loan balance, income, and family size. Many high-income borrowers with high federal student loan debt find relief on their monthly loan payment. Plus, they may save thousands of dollars on their student loans — including forgiveness or cancellation of loans after 10 or more years of qualifying payments. Learn more at www.finaid.org/loans/publicservice.phtml

What relief is available for borrowers with private loans?

Unfortunately, private student loans do not have the same range of flexibility as federal loans. Review your private loan contract to understand your options. The lender must fulfill promises they have made. Some borrowers choose to refinance their private loans for more favorable rates and options. Savvy borrowers with private loans will shop three or more different lenders to understand terms and compare offers.

I am definitely frustrated and overwhelmed with all of this. Any information on how to better manage my student loan debt would be greatly appreciated.

Our experts are available by phone and face-to-face to review student loans and determine which forgiveness and repayment plan makes the most sense for your situation. MPhA members are eligible for a free consultation when they mention this article. To schedule yours today, contact Joy Sorensen Navarre at (612) 746-2284, or joy_sn@fosterklima.com.

Pharmacy Time Capsules 2014 (Fourth Quarter)

1989 — There were 74 accredited colleges of pharmacy in the United States (including Puerto Rico).

The conservative Heritage Foundation published "Assuring Affordable Health Care for All Americans," which called for a mandate to purchase health insurance.

Losec (omeprazole) was first marketed in U.S. by Astra. In 1990, FDA required name change to Prilosec to avoid confusion with Lasix.

1964 — 1964 graduates figures included: 2029 BS and 166 PharmD (1st professional degree) Average cost of prescription was $3.41

Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service, released the first report of the Surgeon General's Advisory Committee on Smoking and Health linking cigarette smoking to lung cancer and other lung problems.

1939 — The first Blue Shield plan was begun as an insurance to cover physicians' fees.

1914 — Cocaine, used in many patent medicines and tonics, was widely available in pharmacies and other retail establishments until banned in 1914.

By Dennis B. Worthen, PhD, Cincinnati, OH

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

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would be approved as a stand-alone long-acting anticholinergic. Umeclidinium has a high affinity to the M3 receptor and a fast onset time due to rapid absorption.[6] A 24-week trial on adults 40 years and older with a history of smoking and decreased pulmonary functions compared umeclidinium 62.5 mcg against placebo in which umeclidinium demonstrated a greater increase in mean change from baseline in trough FEV_1 at day 169.[6] The agent also improved health-related quality of life measured using St. George's Respiratory Questionnaire at day 168.[6] A second 12-week trial supported similar pulmonary improvements.[6]

There currently are no published data directly comparing umeclidinium against other LAMAs. However, a 12-week study evaluating the efficacy and safety of umeclidinium with tiotropium in COPD patients is currently in trial.[7] Common side effects include nasopharyngitis, upper respiratory infection, cough, and arthralgia.[6]

Striverdi® Respimat® (olodaterol)

- How Supplied: Striverdi® Respimat® is supplied in a labeled carton containing one cartridge and one inhaler. The cartridge is an aluminum cylinder with a tamper protection seal on the cap. The inhaler is a cylindrical-shaped plastic inhalation device with a grey-colored body and a clear base. The clear base is removed to insert the cartridge. The inhaler contains a dose indicator. The yellow colored cap and the written information on the label of the grey inhaler body indicates that it is labeled for use with the cartridge. Striverdi® Respimat® is available in 60 metered actuations (NDC 0597-0192-61) or 28 metered actuations (institutional pack; NDC 0597-0192-31). When the labeled number of metered actuations (60 or 28) has been dispensed from the inhaler, the locking mechanism will be engaged and no more actuations can be dispensed. Striverdi® Respimat® should be discarded 3 months after first use or when the locking mechanism is engaged, whichever comes first.
- Dose: 5 mcg (2 actuations) once daily inhalation
- Company: Boehringer Ingelheim
- Approved July 2014

Olodaterol is a long-acting $beta_2$-agonist and is delivered as a fine, slow mist. Other LABAs on the market are all powder inhalers. It is dosed with two inhalations, each containing 2.5 mcg, once daily. Approval for the agent is based off eight trials on adults 40 years of age and older with a history of smoking and clinical diagnosis of moderate to very severe COPD. The trials demonstrated significant improvement in FEV_1 area under the curve from 0 to 3 hour (FEV_1 AUC 0-3) response and trough FEV_1 compared to placebo at week 12 and 24.[8] Bronchodilation was seen within 5 minutes of administration with mean increase in FEV_1 compared to placebo.[8] Patients also benefited from less use of rescue albuterol when treated with olodaterol.[8]

A 48-week study compared olodaterol 5 mcg with formoterol (Foradil®) 12 mcg twice daily in moderate to very severe COPD patients; olodaterol demonstrated similar efficacy and safety profile as formoterol.[9] Combination therapy of olodaterol with tiotropium is also promising, with studies showing significant improvement in FEV_1 AUC 0-3 hour compared to tiotropium with placebo.[10]

Like other LABAs, Striverdi® Respimat® carries a black box warning for increased risk of asthma-related death. The most common side effects are nasopharyngitis, upper respiratory tract infection, bronchitis, cough, and back pain.[8]

These newly approved agents offer patients convenient once-daily dosing. Anoro® Ellipta® provides a combination dose of LABA and LAMA, and is beneficial for patients who require both a LABA and LAMA. While data support pulmonary improvement compared to placebo, their role in current treatment is still unclear because comparison data against older therapies are lacking. Nonetheless, LAMAs and LABAs are the drugs of choice in long-term COPD management of group B-D patients according to the GOLD guideline, suggesting that these agents will be additional options as cornerstone therapy for COPD management.

References:

1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease Updated 2014.
2. GSK Source. Anoro Ellipta Prescribing Information. May 2014. Available from: https://www.gsksource.com/gskprm/htdocs/documents/ANORO-ELLIPTA-PI-MG.PDF. Accessed November 11, 2014.
3. Maleki-Yazdi, M.R. et al. Efficacy and safety of umeclidinium/vilanterol 62.5/25 mcg and tiotropium 18 mcg in chronic obstructive pulmonary disease: results of a 24-week, randomized, controlled trial. Respiratory Medicine. 2014. DOI: 10.1016/j.rmed.2014.10.002
4. GlaxoSmithKline. Press Releases. March 14, 2014. Available from: http://www.gsk.com/en-gb/media/press-releases/2014/gsk-and-theravance-announce-positive-results-from-studies-comparing-anoro-ellipta-with-seretide-diskus-and-advair-diskus-in-patients-with-copd. Accessed November 11, 2014.
5. US Food and Drug Administration. FNA News Release. December 18, 2013. Available from: http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm379057.htm. Accessed November 11, 2014.
6. GSK Source. Incruse Ellipta Prescribing Information. June 2014. Available from:

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Report of Drug Insert Labeling Revisions Based upon New Efficacy Information

By Kent T. Johnson, MSPharm

Recent revisions to drug product insert labeling that might be of interest and importance to pharmacists are noted in the accompanying Table. The entries are selected from the many supplements approved each month by FDA to marketed drugs and biologics. Specifically, entries to this Table are largely based upon supplements categorized: "Efficacy supplement with clinical data to support", "New or modified indication", or "Patient Population Altered". These would typically be the type to provide new or revised Indications and Usage and/or Dosage and Administration changes in the professional labeling. Readers should consult the new package insert labeling (Drugs@FDA) when the changes cited are important to their specific need.

Consult the FDA website to obtain or review FDA's approval letter and/or revised insert labeling:

http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Reports.ReportsMenu

If you have questions about this article, please contact the author at kenttjohnson@usfamily.net.

Efficacy Supplements

Drug Name	New Indications or Dosage Information in Labeling	Approved
Lumizyme (alglucosidase alfa)	Extends the population to all patients with Pompe disease including infantile-onset and late-onset patients less than 8 yr of age.	Aug 1, 2014
Velcade (bortezomib)	Revised indication for the treatment of patients with mantle cell lymphoma; and additional information on dosing and administration.	Aug 8
Eliquis (apixaban)	New indication for the treatment of deep venous thrombosis (DVT) and pulmonary embolism (PE), and for the reduction in the risk of recurrent DVT and PE following initial therapy.	Aug 21
Zorvolex (diclofenac)	New indication for the management of osteoarthritis pain.	Aug 22
Promacta (eltrombopag olamine)	New indication for the treatment of cytopenias in patients with severe aplastic anemia who have had insufficient response to immunosuppressive therapy.	Aug 26
Taclonex (calcipotriene & betamethasone dipr)	Extends indication to include patients 12-17 years with plaque psoriasis of the scalp.	Aug 29
Vimpat (lacosamide)	Use of Vimpat as monotherapy (conversion to and initial)in the treatment of partial-onset seizures in patients with epilepsy age 17 and older; and initiation of therapy with a loading dose (oral or IV) of 200 mg (and) a lower limit of 15 min for the infusion administration.	Aug 30
Epaned (enalapril maleate)	New indications: (1) for the treatment of heart failure, and (2) treatment of asymptomatic left ventricular dysfunction.	Sept 4
Xtandi (enzalintamide)	New indication for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC).	Sept 10
Humira (adalimumab)	Expands the patient population to include pediatric Crohn's disease patients aged 6 yr and older, and the introduction of a 10 mg/0.2 mL prefilled syringe.	Sept 23
Minivelle (estradiol)	New indication for the prevention of postmenopausal osteoporosis, and the addition of a 0.025 mg/day dose.	Sept 23
Humira (adalimumab)	Provides for the treatment of Polyarticular Juvenile Idiopathic Arthritis (pJIA) in patients 2 to less than 4 yr of age.	Sept 30

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Drug Name	New Indications or Dosage Information in Labeling	Approved
Eylea (aflibercept)	Provides for the use of Eylea for the treatment of macular edema following Retinal Vein Occlusion (RVO).	Oct 6
Velcade (bortezomid)	Revised indication for treatment of patients with mantle cell lymphoma.	Oct 8
Cymbalta (duloxetine hcl)	Provides for addition of general anxiety disorder (GAD) for children and adolescents ages 7-17; and the addition of dosing for GAD in elderly patients.	Oct 16
Keppra (levetiracetam)	Provides changes in Indications and Usage, and Dosage and Administration sections of labeling.	Oct 30

Pronunciation of Trade Name and Active Ingredient(s) of Recently Approved Drug Products

By Kent T. Johnson, MSPharm

This column provides a guide to *pronunciation* of the nonproprietary name of first-time approved *active ingredients* (or active moiety) in drug products recently approved by FDA under a new drug application (NDA) or a biologics license application (BLA). Pronunciation is also noted for the corresponding trade name product if available. The list is not exhaustive for every recent approval. For example, some newly approved drug products have active ingredients found in previously approved products. The pronunciation guide comes from: *2014 USP Dictionary of United States Adopted Names Council (USAN) and International Drug Names.*

Also noted is the pronunciation, if available, of the innovator trade name product. These presentations may note different conventions for citing pronunciation, and are from product labeling or the marketer.

Brand Name	Pronunciation	Non-Proprietary Name	Pronunciation	Date Approved
Jardiance	jar DEE ans	empagliflozin	em" pa gli floe' zin	Aug 1, 2014
Orbactiv	Ore bak' tiv	oritavancin diphosphate	or it" a van' sin	Aug 6
Invokamet	IN VOK' A MET	canagliflozin, metformin hcl	kan" a gli floe' zin	Aug 8
Belsomra	bell-SOM-rah	suvorexant	soo" voe rex' ant	Aug 13
Cerdelga	sir-DEL-guh	eliglustat tartrate	el" i gloo' stat	Aug 19
Keytruda	KEY-TRUE-DUH	pembrolizumab	pem" broe liz' ue mab	Sept 4
Movantik	mo van tik	naloxegol oxalate	nal ox' ee gol	Sept 16
Otezla	oh-TEZ-lah	apremilast	a pre' mi last	Sept 23
Hetlioz	HeT-lee-ōz	tasimelteon	tas" i mel' tee on	Oct 2
Akynzeo	a kin zee oh	netupitant, palonosetron hcl	net ue' pi tant	Oct 10
Harvoni	har-VOE-nee	ledipasvir, sofosbuvir	le dip' as vir	Oct 10
Esbreit	es-BREE-et	pirfenidone	pir fen' i done	Oct 15
Ofev	OH-fev	nintedanib	nin ted' a nib	Oct 15

MN PHARMACY LEGISLATIVE DAY

Tuesday, February 10, 2015 • St. Paul, MN

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Organization: _____

Please provide your home address so we can correctly identify your district

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MORNING ONLY

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MPhA will schedule meetings with legislators during the afternoon portion of the day. If you would like to participate and have MPhA schedule a meeting for you please make that notation when you register for the event.

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☐ I do not plan to take part in a meeting with a legislator.

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Please do not email credit card information. Fax or mail your registration form to protect this information.

*Pharmacists are encouraged to invite their legislators to the evening reception. However, under Minnesota Ethics laws, it is illegal for associations to pay for legislators' meals. Therefore, legislators must pay for their food cost. The cost for the evening reception is $45.

Mail registration and payment to:

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www.mpha.org

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MN BOP

The Minnesota Pharmacists Association is accredited by the Minnesota Board of Pharmacy as a provider of continuing pharmacy education. Following attendance, completion and submission of evaluation forms, certificates will be available on the MPhA website. Certificates will be sent by email to all paid attendees within one week of the event.

SATISFACTORY COMPLETION FOR CREDITS: All attendees must have signed in as required, completed and turned in a course evaluation form prior to leaving the conference. Each session claimed for credit must be attended in its entirety.

LATE REGISTRATION: All registrations received after February 1, 2015 will be charged a $10 late fee.

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MPhA Seeks Nominations for Board Member Positions

Serving on the MPhA Board of Directors is an opportunity to provide leadership and direction to the association as we strive to meet our mission: Serving Minnesota pharmacists to advance patient care. With health care reform implementation rapidly underway, it is a very exciting time to be at the table to discuss the changes that are occurring and help chart the course for the profession.

The MPhA Board of Directors consists of fifteen (15) voting positions. Five of these are members of the Executive Committee. The remainder includes two Rural Pharmacist positions, two Metro Pharmacist positions, five At-Large Pharmacist positions, and one Student position. There are also three non-voting ex-officio positions including MPhA Staff, a college of pharmacy representative and a representative from the Minnesota Society of Health Systems Pharmacists. Staggered terms have been established so that each year there are board positions up for re-election. This means the opportunity for fresh new ideas from energetic pharmacists to participate and make a difference!

In 2015, MPhA is seeking nominees/applicants for:

- 1 Metro Board Member Position
- 3 At-Large Board Member Positions

The MPhA board meets on a monthly basis with alternating 3-hour meetings (in person), and 1-hour meetings (via conference call). The incoming MPhA president has discretion to modify the schedule to best meet the needs of the board and the association. Board members are expected to bring issues to the board meetings on behalf of their constituency. Board members play an important role as liaisons to committees and participate in welcoming new pharmacists to the profession.

To learn more about the board of directors and MPhA, contact jacquied@mpha.org or a current board member. To apply, please visit the MPhA website at www.mpha.org, and submit your application electronically along with a current résumé, and photograph if available. **The deadline for submitting applications is January 26, 2015.**

Treatment Options Continued from page 12

https://www.gsksource.com/gskprm/en/US/adirect/gskprm?cmd=ProductDetailPage&product_id=1399991381224&featureKey=604762#nlmhighlights. Accessed November 11, 2014.

7. Clinical Trials. A 12-week Study to Evaluate the Efficacy and Safety of Umeclidinium Compared With Tiotropium in Subjects With Chronic Obstructive Pulmonary Disease. November 6, 2014. Available from: http://clinicaltrials.gov/ct2/show/study/NCT02207829. Accessed November 12, 2014.
8. Boehringer Ingelheim. Striverdi Respimat Prescribing Information. August 2014. Available from: http://bidocs.boehringer-ingelheim.com/BIWebAccess/ViewServlet.ser?docBase=renetnt&folderPath=/Prescribing+Information/PIs/Striverdi+Respimat/striverdi.pdf. Accessed November 12, 2014.
9. Koch, A, Pizzichini, E, Hamilton, A, et al. (2014). Lung function efficacy and symptomatic benefit of olodaterol once daily delivered via respimat versus placebo and formoterol twice daily in patients with gold 2-4 COPD: Results from two replicate 48-week studies. International Journal of Chronic Obstructive Pulmonary Disease, 9, 697-714.
10. ZuWallack, R, Allen, L, Hernandez, G, et al. (2014). Efficacy and safety of combining olodaterol respimat and tiotropium handihaler in patients with COPD: Results of two randomized, double-blind, active-controlled studies. International Journal of Chronic Obstructive Pulmonary Disease, 9, 1133-44.

Medicare Part D Star Ratings: A Practitioner's Q & A

By Lisa Schwartz, PharmD, Senior Director, Management Affairs, NCPA

Editor's Note: This article originally appeared in the August 2014 issue of America's Pharmacist, *published by the National Community Pharmacists Association, Alexandria, Va. Reprinted with permission.*

The Medicare Part D Star Ratings program has generated a lot of buzz in the past year, and pharmacy owners are asking questions about quality measurement, the ratings, and what effect they will have on their pharmacy. NCPA is running a series of short articles that discusses each of the measures published by the Pharmacy Quality Alliance, beginning with the five that are part of the Medicare Part D Star Ratings program. The first article appeared in the June 2014 issue; this and all subsequent articles are available at www.americaspharmacist.net. (Editor's note: the issue archive is available only to NCPA members.)

How do I find out my pharmacy's Star Rating?

At this time, Medicare does not give individual pharmacies a star rating. Pharmacy claims data are analyzed in the aggregate to assign a star rating to a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Plans with prescription drug benefits (MA-PD).

How do I find out if my pharmacy is helping or hurting the plans' ratings?

The first company to market a tool for the management of pharmacy quality measure reporting is Pharmacy Quality Solutions. PQS accesses claims data to determine pharmacy performance on key areas that influence Part D Star Ratings, and creates a pharmacy-specific scorecard or dashboard to track performance. Several wholesalers, pharmacy services administration organizations, franchises, and other groups have announced that their customers have access to PQS's EQuIPP dashboard. The names of participating groups are available on the News page of www.pharmacyquality.com.

What are the pharmacy quality measures that factor in to plans' Star Ratings?

They are high-risk medication use, diabetes treatment, medication adherence for oral diabetes medications, medication adherence for hypertension (in patients with diabetes), and medication adherence for cholesterol. Technical definitions for calculating these scores is available in the technical notes for the 2013 plan year.

Why is there a sudden interest in measuring pharmacy performance?

Recent changes to health care laws have put a greater emphasis on paying for health care that creates improved patient outcomes and reducing spending that does not. Health plans want healthy members and want to avoid spending money on services, tests, and treatments that do not improve patient health outcomes. Medicare Part D plans with five stars are allowed to market the plan year round and beneficiaries may make a one-time switch into a five-star plan. Plans that have lower than a three-star rating may be terminated after three years.

How do I improve my performance on the five quality measures tracked by Medicare?

Three of the five measures are adherence-related. There many resources and tools available to help improve patient adherence to prescription drugs. Coordinated refills and regular contact with a local pharmacy have been shown to improve adherence. Many pharmacy software systems have programs that help pharmacies identify maintenance medications due for refill, but automatic refills fall short when communication with the patient is not part of the picture. Contact NCPA for information about the Simplify My Meds® coordinated refill adherence program (www.ncpanet.org/smm).

I understand that network pharmacies contribute to the plan's Star Rating, but what else figures into the rating?

In total, there are 18 measures for PDPs and 51 for MA-PDs. Plans are rated on customer services (such as call center hold times, timely enrollment, complaints, and members leaving the plan), pharmacy hold time at the call

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center, the appeals process, patient safety, and, specific to MA-PDs: health screenings, vaccination, and managing chronic conditions (such as diabetes, osteoporosis, blood pressure, and fall risk). Patient safety measures are more heavily weighted and the pharmacy measures fall into this category.

Do Non-Part D plans have Star Ratings?

No and yes. The Star Ratings program belongs to the Centers for Medicare & Medicaid Services and Medicare Part D (there is also a Star Ratings program for nursing homes). That said, the pharmacy quality measures that CMS uses are published by the Pharmacy Quality Alliance (PQA) and it is likely they will be used by plans and pharmacy benefits managers to build networks if they are not already doing so. PQA has published 11 pharmacy quality measures (see box), though only five are used by CMS. For more information about PQA's published measurements and measurements under development, visit http://pqaalliance.org/measures/.

How soon will the Star Ratings program affect my pharmacy?

The Star Ratings Program affects your pharmacy right now. Medicare Part D plans have been given Star Ratings since the 2012 plan year, which means data as far back as 2010 were analyzed to rate the plans before open enrollment in October 2011. While the preferred networks that popped up in the 2012 plan year appear to be based on business negotiations instead of performance, CMS has released reports of claims data analysis that show preferred networks did not always lead to savings over pharmacies not in the preferred network. Legislation (H.R. 4577) has been introduced that would allow any pharmacy located in a medically underserved area to participate in all Medicare Part D Plan networks, including the plan's discounted or "preferred" network.

What happens if I do nothing?

If you are already meeting performance goals, the answer might be nothing. Keep in mind that the Star Ratings program may add additional pharmacy quality measurements or change the goals. The hope early was that high-performing pharmacies could negotiate higher reimbursement, but it's more likely that high-performing pharmacies will be allowed to stay in the network. If you are not meeting performance goals, it is possible that the patients of your pharmacy are not meeting drug therapy goals or are taking inappropriate medications. A Medicare Part D Plan could exclude you from its network to improve its Star Ratings. By dropping underperformers, the plan can steer patients to a pharmacy that is meeting performance goals.

Sarah Squires, MBA, PharmD, is a 2014 graduate of the Harding University College of Pharmacy.

Additional Resources:

- Use of High-Risk Medications in the Elderly (HRM): http://pqaalliance.org/images/uploads/files/HRM%20Measure%202013website.pdf
- Pharmacy Quality Alliance: http://pqaalliance.org/measures/cms.asp
- Beers' list: http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf

High Risk Medications

Pharmacy Quality Measures Explained

Where does this measure fit into the overall Medicare Part D Star Ratings?

This measure is classified under "Drug Pricing and Patient Safety" in the Part D Domain and specifically targets patient safety.

What does this measure analyze?

This measure compares the number of patients who received at least two prescription fills for the same high-risk medication during the measurement period with the number of people in the eligible population. The eligible population is defined by patients who are 66 years or older on the last day of the measurement year (typically 12 months), continuously enrolled, and have at least two prescription fills for any medication over the course of the measurement period.

What impact can this have on my pharmacy?

This measure, related to the number of patients in your pharmacy that fit the eligible population criteria regarding high risk medications, can affect the star rating of plans that include your business in their network. Should your population of patients on high risk medications reduce the plan's star rating rather than improving it, your pharmacy may not be included in their network in the future.

What impact does this have on patient safety?

High risk medications in patients over 65 have everything to do with patient safety. The Beers' list, updated in 2012 by the American Geriatrics Society, is referenced for this Medicare Part D Star Rating measure. Patients who fit criteria of this measure are deemed to be at a higher risk for an adverse drug event (ADE) than they would be if they were on a medication not recognized as "high risk." If patients who fit the criteria remain on high risk medications and have an ADE due to that medication, the star rating of the plan and the patient's health and safety would suffer.

What can I do to improve performance in my pharmacy?

Patients who are age 65 or older and are on at least one high risk medication that has been filled at least two times over the measurement period could be compiled into a list for reference purposes to reconcile these problems. Medication therapy management (MTM) sessions could be conducted in the pharmacy to evaluate the status of these patients' regimen. It would be beneficial to describe to patients what adverse drug events could take place with the high risk medication and for what signs or symptoms they are looking. With the consent of the patient and physician, therapy changes may be made to switch the high risk medication to an alternative not found on the Beers' list.

Looking Forward and Making Your Voice Heard

By Kandace Konstantinides, MPhA House of Delegates

Greetings, MPhA Members!

It is again the time of year when we prepare to convene the MPhA House of Delegates. This is our annual meeting, where policy recommendations are considered and directions are provided to the MPhA Board of Directors, as to how the membership would like the organization to grow and progress throughout the upcoming year.

The MPhA House of Delegates is an opportunity for all members to participate in the primary policy making body of MPhA and determine the official positions of the organization on important issues. A variety of topics will be discussed, including organizational issues, professional issues, and public affairs issues. This is an important time for members to participate and make your voice heard! The House of Delegates is a crucial event for member participation; the member engagement ensures opinions and beliefs for how the organization moves forward are recognized by the board. In addition, decisions made at the House of Delegates are then brought to the state and national levels in order to support our ever-changing profession of pharmacy.

Similar to last year: The MPhA Board of Directors decided to separate the annual business meeting/House of Delegates meeting from the annual educational conference. The 2015 Annual Leadership Summit and House of Delegates Meeting will be held Friday, June 5, 2015, at the Ewald Conference Center in St. Paul. The meeting format again will provide delegates and Past Presidents an opportunity for discussion with those elected to the MPhA Board of Directors and focus on the priorities of all MPhA members. In addition, MPhA leadership awards, the transition of officers, and the installation of new board members will take place during this meeting.

Please commit to making your voice heard and look forward to advancing the profession of pharmacy – the House of Delegates is a platform for active, engaged members to advance the direction of the MPhA as an organization. A 2015 House of Delegates resolution form is provided below.

The deadline for receipt of resolutions is May 1, 2015.

Topic:_____

Proposal

Resolved that: _____

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Background Facts (attach a second sheet as necessary)

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Marijuana – Medical or ??

By Don. R. McGuire Jr., RPh, JD

Editor's note: 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.

Marijuana, medical and otherwise, has certainly been in the news for the last several months. As more states legalize marijuana for medical or recreational use, pharmacists are presented with a unique legal challenge to balance patient needs and legal requirements. It is beyond the scope of this article to examine the literature and clinical research that would support or refute a medical use for marijuana. We will assume there is a legitimate medical use for marijuana, or its components, while we look at the legal question.

Some states have passed various laws to address the use of marijuana within their borders. There is not a universal approach. In many states, pharmacists are not involved in the dispensing of medical marijuana. If you were presented with the opportunity to do so, what should you consider? The main question is; how legal is legal?

Marijuana remains a Schedule I drug under Federal law. Schedule I drugs are deemed to have no legitimate medical use and have a high potential for abuse. A state has no power to lower this classification. The United States Constitution provides that Federal law is supreme to state law.[1] Generally, states may enact laws that are more stringent than Federal laws, but not more lenient. For example, a state can move a Schedule III up to a Schedule II or move a non-controlled drug into Schedule IV within its borders. But a state is unable to move a Schedule II down to Schedule III. This is a basic tenet in the relationship between Federal and state laws. If this is so, how are the states legalizing marijuana?

The answer is a concept called enforcement discretion. This occurs when an agency responsible for the enforcement of a law decides to not enforce that law. An earlier example of this concept was the importation of prescription drugs from Canada. The Food & Drug Administration (FDA) stated that all importation was illegal, but they exercised their discretion and would not prosecute those bringing in these drugs for their own use. In essence, the activity is still illegal, but we choose to do nothing about it. The caveat here is that the agencies always have the ability to change their minds.

The Drug Enforcement Administration (DEA) current position is that it has enforcement priorities for marijuana. They are: 1) prevent distribution to minors, 2) prevent revenue from the sale from going to criminal enterprises, 3) prevent diversion from states where it is legal under state law to those states where it is not legal, 4) prevent state-authorized marijuana activity from being used as a pretext for trafficking other illegal drugs or other illegal activity, 5) prevent violence and the use of firearms in the cultivation and distribution, 6) prevent drugged driving and the exacerbation of other adverse public health effects, 7) prevent the growth on public lands, and 8) prevent possession or use on Federal property.

The DEA will not take any action in states that have legalized marijuana if the states agree to help with these priorities. Therefore, individuals who possess marijuana for personal use on private property in those states will not face DEA prosecution at this time. Because they do not possess it for personal use, a pharmacist dispensing marijuana is not covered by this exception. Pharmacists would also have to be diligent to make sure their dispensing did not violate one of these enforcement priorities. The DEA has made it clear that it will change its stance if they believe a state is too lax in assisting with enforcement priorities.

So how legal is legal? It is definitely not a rock-solid legal foundation. Depending on your point of view, it could be seen as temporarily solid or merely illusory. The uncertainty of this foundation may keep a number of pharmacists from engaging in the dispensing of marijuana. For those who decide to proceed, one would hope that the medical benefit for their patients would far outweigh the risk to the patient and the legal risks for the pharmacist. The actual outcome remains to be seen.

References

1 Article 6 - This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.

PharmPAC

• Pharmacy Professionals for Political Action •

WHAT IS PHARMPAC?

PharmPAC is a political action committee that has proven to increase pharmacy's visibility with the Minnesota Legislature. The primary purpose of the PAC is to provide financial assistance to those candidates who generally support and recognize the value of our profession in the health care system. PharmPAC is not affiliated with any political party, pharmacy association or other political action committee.

PharmPAC provides pharmacists and technicians in all settings with an opportunity to pool financial resources, which can make more substantial contributions than could otherwise be achieved by individuals alone.

HOW DOES PHARMPAC INFLUENCE THE POLITICAL PROCESS?

PACs are an important part of the American political process. They have been around since 1944, when the Congress of Industrial Organizations (CIO) formed the first PAC to raise money for the re-election of President Franklin D. Roosevelt. PharmPAC is another way the profession of pharmacy maintains its' presence in a crowded arena of special interests in the state's political process.

Contributions are solicited by PharmPAC from individual pharmacists and technicians in Minnesota, and combines them to make larger contributions to candidates and party units. PharmPAC funds are also used to attend fundraiser events for candidates and party units.

WHICH FUNDS ARE ACCEPTED BY PHARMPAC?

Only individual contributions are accepted, corporate contributions are prohibited. For each contribution over $20.00 a record of the donor will be kept. Anonymous contributions can not be accepted by PharmPAC. Other political committees, political funds or political party units registered in MN may also contribute to PharmPAC.

PharmPAC is regulated by the Minnesota Campaign Finance Board. All information from PharmPAC, other PACs and party units are recorded and filed with the Board. This information is available to the public at www.cfboard.state.mn.us

HOW DOES PHARMPAC DETERMINE WHO TO CONTRIBUTE TO?

Candidates and incumbents who run for state office in Minnesota may receive PharmPAC funds. House of Representative members, Senators, the Governor, Secretary of State, Attorney General and any other state candidate that promotes and supports pharmacy can receive PAC funds.

Contributions are determined with recommendations by the Chair, Treasurer, Deputy Treasurer, the Volunteer Committee, contributors, and others. Contributions are given to candidates or elected officials who are determined to be pharmacy friendly in a non-partisan manner.

Factors used to determine which candidates are "pharmacy friendly" include but are not limited to:

- Elected officials who have sponsored or authored legislation for pharmacists or pharmacy.
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- Elected officials who made difficult votes in favor of pharmacy initiatives.
- Elected officials who attend or speak at pharmacy events.
- Elected officials or challengers who pledge support and demonstrate willingness to sponsor pharmacy initiatives.
- Caucus contributions are determined based on how many candidates or officials from the caucus attend the event, timing and effectiveness of contribution amount.

WHAT'S IN IT FOR ME?

PharmPAC is an exciting way to be directly involved in the political process. Being involved with PharmPAC enables you to affect your professional livelihood in a powerful, positive way. By contributing to PharmPAC you will receive information about candidates and events in your area. You will know who supports your professional interests in the Minnesota legislature. You will influence the political process.

Through PharmPAC, pharmacists and technicians in Minnesota help elect and re-elect legislators who are willing to listen and understand the concerns of pharmacy. It is imperative your legislators understand the roles of the pharmacist in today's changing health care system so pharmacy may provide the best pharmaceutical service to society without economic disincentives or legislative impositions. It is critical for our future that legislators are well-informed about pharmacy and our impact on health care.

We need your continued support and your help recruiting other pharmacists and technicians to give to PharmPAC. Please take the time right now to pick up your pen and write out a check.

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7:00-8:00a	Product Theater Breakfasts
9:00-10:00a	Keynote: A Never Event: Don't Let it Happen in Your Facility!
10:15a-12:30p	Concurrent CPE Programming for Pharmacists, Technicians and Students
12:30-2:00p	Lunch & Exhibits Program
2:00-5:30p	Concurrent CPE Programming for Pharmacists, Technicians and Students

SUNDAY, FEBRUARY 15

7:30-8:30a	Keynote: Obtaining Provider Status for Pharmacists – Yes, It's Important!
8:45-10:15a	New Drug Update
10:30a-12:30p	Game Changers in Pharmacy
12:30-2:00p	State Law Updates

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What Constitutes a "Successful" Retirement?

Sustained affluence? Personal growth? A feeling of contentment?

By Pat Reding and Bo Schnurr

Editor's note: This series, Financial Forum, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

How do you know if your retirement is living up to its potential? There isn't a standard definition of a successful retirement. (Maybe there should be, but there isn't.) It is interesting to see how different people define it.

Maybe income is the yardstick. Make that income replacement. A recent article in *Financial Advisor* Magazine put it this way: "Successful retirement is defined as the ability to replace current income in retirement." The Employee Benefit Research Institute, which tracks workplace retirement savings trends in America, defines retirement success in similar, if narrower, terms. To EBRI, "success" equals a combination of Social Security income and 401(k) savings that replace 80% of preretirement income after adjusting for inflation.[1,2]

Maybe health matters most. Perhaps a successful retirement equates to successful aging – staving off mental and physical decline. In a poll of 768 non-retired investors conducted for the John Hancock Financial Network, 49% of respondents said being healthy best signifies retirement success. (Just 27% said having enough income represented success.) While we'd all like to feel like we are 30 when we reach 80, MarketWatch's Elizabeth O'Brien notes that physical and mental independence shouldn't be the only definition of successful aging: "We lionize the person living alone at 95, and while that's certainly laudatory, we could also celebrate those who remain connected to their communities despite their infirmities, or those who have saved enough to afford whatever care is needed."[3,4]

Or maybe our capacity to make a difference or grow matters most. We can make the most of the "second act" in many ways – through service, through adventure, through learning, via some blend of personal growth and leaving a legacy. Many baby boomers expect nothing less.

A successful retirement is ultimately one meeting your expectations. Within months or years after you retire, you will probably consider how things are proceeding – and if your retirement looks something like the life you had in mind or the life you planned for, then you can call it a success.

References

1 fa-mag.com/news/working-with-advisor-important-to-retirement--success--study-shows-14074.html [accessed 12/19/14]

2 kiplinger.com/article/retirement/T001-C022-S001-automatic-401k-saving-features-no-fail-safe-to-ret.html [accessed 12/19/14]

3 johnhancockfinancialnetwork.com/blog-entry/survey-non-retired-investors [published 1/11/13, link no longer active]

4 marketwatch.com/story/successful-aging-protects-health-and-wealth-2013-05-31 [accessed 12/19/14]

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com.

Educating Pharmacists In Quality (EPIQ)

Maria Scarlatos, PharmD, Executive Fellow, Pharmacy Quality Alliance

On August 12, PQA announced the release of its Educating Pharmacists In Quality (EPIQ) program. EPIQ is designed as a resource used to train practicing pharmacists, health care professionals, and pharmacy students in measuring, improving, and reporting quality of care in pharmacy practice.

EPIQ is now available on the PQA website, featuring 26 online modules with corresponding training videos, which serve as a source of complimentary continuing education (CE) credit for pharmacists. Session materials may also be downloaded in full for live CE use or professional development training.

EPIQ materials are additionally available for pharmacy faculty and students as a turnkey, 26-session course which can either be utilized in its entirety as one-hour lectures within a full semester course, or separated into individual sessions to be integrated into an existing class. Each session contains a lecture PowerPoint, instructor guide, interactive activity set, and assessment questions.

PQA is thrilled with the initial interest and utilization of EPIQ, with over 100 CE registrants to date and over 200 users of the educational resources. Based upon downloaded EPIQ content and feedback provided by users, the estimated audience for these materials is over 3,000 individuals. EPIQ has gained a great deal of support and press, featured in sources such as *Pharmacy Times, Drug Topics,* and *Drug Store News.*

EPIQ is authored by the following individuals:

- Terri L. Warholak, PhD, Associate Professor in the Department of Pharmacy Practice and Science at The University of Arizona, College of Pharmacy, and investigator within the Center for Health Outcomes and Pharmacoeconomic Research;
- Vibhuti Arya, PharmD, Assistant Clinical Professor at St. John's University College of Pharmacy & Health Sciences and advisor to the New York City Department of Health and Mental Hygiene;
- Ana Hincapie, PhD, Assistant Professor of Clinical & Administrative Sciences at California Northstate University College of Pharmacy;
- David Holdford, RPh, MS, PhD, FAPhA, Professor and Vice-Chair of Graduate Education in the Department of Pharmacotherapy and Outcomes Science at Virginia Commonwealth University; and
- Donna West-Strum, PhD, Chair and Professor in the Department of Pharmacy Administration at The University of Mississippi School of Pharmacy.

The development of EPIQ was made possible through the generous support of Abbvie and Merck.

MPhA Community Pharmacy Defense Fund

The Community Pharmacy Defense Fund was established by independent pharmacy owners and chain managers to develop a pool of funding that could be used to fund initiatives to move pharmacy from a position of defending the status quo to pursuing an aggressive agenda, thus combating the growing number of threats to community pharmacy, chief among them being:

- The inability to negotiate with third-party payers.
- Predatory pricing strategies and below-cost sales.
- The growing threat of mandatory mail-order plans and discriminatory co-pay incentives.
- The threat of continuing cuts in pharmacy reimbursement in the public and private sectors.
- The unrelenting drive by state officials to push the limits of personal importation of prescription drugs.
- The probable increasing difficulty for rural pharmacies to remain viable and to transition ownership.

Contributions of $1,000 per pharmacy are dedicated to the Community Pharmacy Defense Fund, and held in trust by the Minnesota Pharmacists Association. The fund is set up so that funding is directly applied to expenses associated with specific community pharmacy initiatives.

MPhA Pharmacy Future Fund

The Minnesota Pharmacists Association established the Pharmacy Future Fund more than ten years ago to raise funds that would allow MPhA to move our efforts to support community pharmacy in Minnesota to a new level. This fund has provided the vehicle for MPhA to maintain full-time advocacy, to take on third-party issues, and to address the business needs of community pharmacists.

While this program has enabled MPhA to pursue many objectives on behalf of community pharmacy, there are more that have been identified as priorities that we fully intend to pursue. Our motivation to accomplish these tasks is high, and eventually we will get there – but resources behind motivation would enable a more rapid path to success.

Please support MPhA to address the needs of community pharmacy!

❒ I agree to contribute $1,000 per store.
$1,000 x _____ stores = $_____

❒ I wish to contribute an additional $_____ to help fund MPhA's efforts to maintain a favorable climate for community pharmacy.

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

❒ Check (payable to MPhA) ❒ Mastercard ❒ Visa ❒ Discover

If paying by credit card, all of the following fields are required.

Card #: _____ Expiration: _____ Sec. Code: _____

Signature: _____

Credit Card Billing Address: ❒ Same as above

Address: _____

City: _____ State: _____ Zip: _____

Mail or fax form(s) to:
MPhA
1000 Westgate Drive
Suite 252
St. Paul, MN 55114
Fax 651.290.2266

Questions?
800-451-8349 OR 651-697-1771

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

Legislative Directory

MN House

Name	Party	District	Room	Office Phone	Email
Albright, Tony	R	55B	407	651-296-5185	rep.tony.albright@house.mn
Allen, Susan	DFL	62B	229	651-296-7152	rep.susan.allen@house.mn
Anderson, Mark	R	09A	579	651-296-4293	rep.mark.anderson@house.mn
Anderson, Paul	R	12B	597	651-296-4317	rep.paul.anderson@house.mn
Anderson, Sarah	R	44A	583	651-296-5511	rep.sarah.anderson@house.mn
Anzelc, Tom	DFL	05B	317	651-296-4936	rep.tom.anzelc@house.mn
Applebaum, Jon	DFL	44B	223	651-296-9934	rep.jon.applebaum@house.mn
Atkins, Joe	DFL	52B	349	651-296-4192	rep.joe.atkins@house.mn
Backer, Jeff	R	12A	593	651-296-4929	rep.jeff.backer@house.mn
Baker, Dave	R	17B	539	651-296-6206	rep.dave.baker@house.mn
Barrett, Bob	R	32B	567	651-296-5377	rep.bob.barrett@house.mn
Bennett, Peggy	R	27A	507	651-296-8216	rep.peggy.bennett@house.mn
Bernardy, Connie	DFL	41A	281	651-296-5510	rep.connie.bernardy@house.mn
Bly, David	DFL	20B	301	651-296-0171	rep.david.bly@house.mn
Carlson Sr., Lyndon	DFL	45A	283	651-296-4255	rep.lyndon.carlson@house.mn
Christensen, Drew	R	56A	529	651-296-4212	rep.drew.christensen@house.mn
Clark, Karen	DFL	62A	273	651-296-0294	rep.karen.clark@house.mn
Considine, Jr., John (Jack)	DFL	19B	323	651-296-3248	rep.jack.considine@house.mn
Cornish, Tony	R	23B	369	651-296-4240	rep.tony.cornish@house.mn
Daniels, Brian	R	24B	551	651-296-8237	rep.brian.daniels@house.mn
Daudt, Kurt	R	31A	463	651-296-5364	rep.kurt.daudt@house.mn
Davids, Greg	R	28B	585	651-296-9278	rep.greg.davids@house.mn
Davnie, Jim	DFL	63A	393	651-296-0173	rep.jim.davnie@house.mn
Dean, Matt	R	38B	401	651-296-3018	rep.matt.dean@house.mn
Dehn, Raymond	DFL	59B	279	651-296-8659	rep.raymond.dehn@house.mn
Dettmer, Bob	R	39A	565	651-296-4124	rep.bob.dettmer@house.mn
Dill, David	DFL	03A	311	651-296-2190	rep.david.dill@house.mn
Drazkowski, Steve	R	21B	591	651-296-2273	rep.steve.drazkowski@house.mn
Erhardt, Ron	DFL	49A	245	651-296-4363	rep.ron.erhardt@house.mn
Erickson, Sondra	R	15A	479	651-296-6746	rep.sondra.erickson@house.mn
Fabian, Dan	R	01A	429	651-296-9635	rep.dan.fabian@house.mn
Fenton, Kelly	R	53B	525	651-296-1147	rep.kelly.fenton@house.mn
Fischer, Peter	DFL	43A	201	651-296-5363	rep.peter.fischer@house.mn
Franson, Mary	R	08B	517	651-296-3201	rep.mary.franson@house.mn
Freiberg, Mike	DFL	45B	239	651-296-4176	rep.mike.freiberg@house.mn
Garofalo, Pat	R	58B	485	651-296-1069	rep.pat.garofalo@house.mn
Green, Steve	R	02B	413	651-296-9918	rep.steve.green@house.mn
Gruenhagen, Glenn	R	18B	487	651-296-4229	rep.glenn.gruenhagen@house.mn
Gunther, Bob	R	23A	563	651-296-3240	rep.bob.gunther@house.mn
Hackbarth, Tom	R	31B	409	651-296-2439	rep.tom.hackbarth@house.mn
Halverson, Laurie	DFL	51B	233	651-296-4128	rep.laurie.halverson@house.mn
Hamilton, Rod	R	22B	443	651-296-5373	rep.rod.hamilton@house.mn
Hancock, Dave	R	02A	575	651-296-4265	rep.dave.hancock@house.mn
Hansen, Rick	DFL	52A	247	651-296-6828	rep.rick.hansen@house.mn
Hausman, Alice	DFL	66A	255	651-296-3824	rep.alice.hausman@house.mn
Heintzeman, Josh	R	10A	533	651-296-4333	rep.josh.heintzeman@house.mn
Hertaus, Jerry	R	33A	403	651-296-9188	rep.jerry.hertaus@house.mn
Hilstrom, Debra	DFL	40B	377	651-296-3709	rep.debra.hilstrom@house.mn
Hoppe, Joe	R	47B	543	651-296-5066	rep.joe.hoppe@house.mn
Hornstein, Frank	DFL	61A	243	651-296-9281	rep.frank.hornstein@house.mn
Hortman, Melissa	DFL	36B	237	651-296-4280	rep.melissa.hortman@house.mn
Howe, Jeff	R	13A	527	651-296-4373	rep.jeff.howe@house.mn
Isaacson, Jason	DFL	42B	389	651-296-7153	rep.jason.isaacson@house.mn
Johnson, Brian	R	32A	421	651-296-4346	rep.brian.johnson@house.mn
Johnson, Clark	DFL	19A	289	651-296-8634	rep.clark.johnson@house.mn
Johnson, Sheldon	DFL	67B	259	651-296-4201	rep.sheldon.johnson@house.mn
Kahn, Phyllis	DFL	60B	353	651-296-4257	rep.phyllis.kahn@house.mn
Kelly, Tim	R	21A	559	651-296-8635	rep.tim.kelly@house.mn
Kiel, Debra	R	01B	537	651-296-5091	rep.deb.kiel@house.mn
Knoblach, Jim	R	14B	453	651-296-6612	rep.jim.knoblach@house.mn
Koznick, Jon	R	58A	367	651-296-6926	rep.jon.koznick@house.mn
Kresha, Ron	R	09B	531	651-296-4247	rep.ron.kresha@house.mn
Laine, Carolyn	DFL	41B	287	651-296-4331	rep.carolyn.laine@house.mn
Lenczewski, Ann	DFL	50B	209	651-296-4218	rep.ann.lenczewski@house.mn
Lesch, John	DFL	66B	217	651-296-4224	rep.john.lesch@house.mn
Liebling, Tina	DFL	26A	357	651-296-0573	rep.tina.liebling@house.mn
Lien, Ben	DFL	04A	241	651-296-5515	rep.ben.lien@house.mn

Legislative Directory

MN House

Name	Party	District	Room	Office Phone	Email
Lillie, Leon	DFL	43B	277	651-296-1188	rep.leon.lillie@house.mn
Loeffler, Diane	DFL	60A	337	651-296-4219	rep.diane.loeffler@house.mn
Lohmer, Kathy	R	39B	501	651-296-4244	rep.kathy.lohmer@house.mn
Loon, Jenifer	R	48B	449	651-296-7449	rep.jenifer.loon@house.mn
Loonan, Bob	R	55A	523	651-296-8872	rep.bob.loonan@house.mn
Lucero, Eric	R	30B	515	651-296-1534	rep.eric.lucero@house.mn
Lueck, Dale	R	10B	423	651-295-2364	rep.dale.lueck@house.mn
Mack, Tara	R	57A	545	651-296-5506	rep.tara.mack@house.mn
Mahoney, Tim	DFL	67A	345	651-296-4277	rep.tim.mahoney@house.mn
Mariani, Carlos	DFL	65B	203	651-296-9714	rep.carlos.mariani@house.mn
Marquart, Paul	DFL	04B	261	651-296-6829	rep.paul.marquart@house.mn
Masin, Sandra	DFL	51A	335	651-296-3533	rep.sandra.masin@house.mn
McDonald, Joe	R	29A	503	651-296-4336	rep.joe.mcdonald@house.mn
McNamara, Denny	R	54B	365	651-296-3135	rep.denny.mcnamara@house.mn
Melin, Carly	DFL	06A	315	651-296-0172	rep.carly.melin@house.mn
Metsa, Jason	DFL	06B	313	651-296-0170	rep.jason.metsa@house.mn
Miller, Tim	R	17A	415	651-296-4228	rep.tim.miller@house.mn
Moran, Rena	DFL	65A	329	651-296-5158	rep.rena.moran@house.mn
Mullery, Joe	DFL	59A	303	651-296-4262	rep.joe.mullery@house.mn
Murphy, Erin	DFL	64A	331	651-296-8799	rep.erin.murphy@house.mn
Murphy, Mary	DFL	03B	343	651-296-2676	rep.mary.murphy@house.mn
Nash, Jim	R	47A	557	651-296-4282	rep.jim.nash@house.mn
Nelson, Michael V.	DFL	40A	351	651-296-3751	rep.michael.nelson@house.mn
Newberger, Jim	R	15B	371	651-296-2451	rep.jim.newberger@house.mn
Newton, Jerry	DFL	37A	387	651-296-5369	rep.jerry.newton@house.mn
Nornes, Bud	R	08A	471	651-296-4946	rep.bud.nornes@house.mn
Norton, Kim	DFL	25B	253	651-296-9249	rep.kim.norton@house.mn
O'Driscoll, Tim	R	13B	451	651-296-7808	rep.tim.odriscoll@house.mn
O'Neill, Marion	R	29B	549	651-296-5063	rep.marion.oneill@house.mn
Pelowski Jr., Gene	DFL	28A	295	651-296-8637	rep.gene.pelowski@house.mn
Peppin, Joyce	R	34A	459	651-296-7806	rep.joyce.peppin@house.mn
Persell, John	DFL	05A	359	651-296-5516	rep.john.persell@house.mn
Petersburg, John	R	24A	577	651-296-5368	rep.john.petersburg@house.mn
Peterson, Roz	R	56B	521	651-296-5387	rep.roz.peterson@house.mn
Pierson, Nels	R	26B	379	651-296-4378	rep.nels.pierson@house.mn
Pinto, Dave	DFL	64B	321	651-296-4199	rep.dave.pinto@house.mn
Poppe, Jeanne	DFL	27B	291	651-296-4193	rep.jeanne.poppe@house.mn
Pugh, Cindy	R	33B	411	651-296-4315	rep.cindy.pugh@house.mn
Quam, Duane	R	25A	571	651-296-9236	rep.duane.quam@house.mn
Rarick, Jason	R	11B	431	651-296-0518	rep.jason.rarick@house.mn
Rosenthal, Paul	DFL	49B	213	651-296-7803	rep.paul.rosenthal@house.mn
Runbeck, Linda	R	38A	417	651-296-2907	rep.linda.runbeck@house.mn
Sanders, Tim	R	37B	553	651-296-4226	rep.tim.sanders@house.mn
Schoen, Dan	DFL	54A	327	651-296-4342	rep.dan.schoen@house.mn
Schomacker, Joe	R	22A	509	651-296-5505	rep.joe.schomacker@house.mn
Schultz, Jennifer	DFL	07A	215	651-296-2228	rep.jennifer.schultz@house.mn
Scott, Peggy	R	35B	437	651-296-4231	rep.peggy.scott@house.mn
Selcer, Yvonne	DFL	48A	227	651-296-3964	rep.yvonne.selcer@house.mn
Simonson, Erik	DFL	07B	221	651-296-4246	rep.erik.simonson@house.mn
Slocum, Linda	DFL	50A	207	651-296-7158	rep.linda.slocum@house.mn
Smith, Dennis	R	34B	375	651-296-5502	rep.dennis.smith@house.mn
Sundin, Mike	DFL	11A	211	651-296-4308	rep.mike.sundin@house.mn
Swedzinski, Chris	R	16A	491	651-296-5374	rep.chris.swedzinski@house.mn
Theis, Tama	R	14A	445	651-296-6316	rep.tama.theis@house.mn
Thissen, Paul	DFL	61B	267	651-296-5375	rep.paul.thissen@house.mn
Torkelson, Paul	R	16B	381	651-296-9303	rep.paul.torkelson@house.mn
Uglem, Mark	R	36A	569	651-296-5513	rep.mark.uglem@house.mn
Urdahl, Dean	R	18A	473	651-296-4344	rep.dean.urdahl@house.mn
Vogel, Bob	R	20A	581	651-296-7065	rep.bob.vogel@house.mn
Wagenius, Jean	DFL	63B	251	651-296-4200	rep.jean.wagenius@house.mn
Ward, JoAnn	DFL	53A	231	651-296-7807	rep.joann.ward@house.mn
Whelan, Abigail	R	35A	439	651-296-1729	rep.abigail.whelan@house.mn
Wills, Anna	R	57B	477	651-296-4306	rep.anna.wills@house.mn
Winkler, Ryan	DFL	46A	309	651-296-7026	rep.ryan.winkler@house.mn
Yarusso, Barb	DFL	42A	307	651-296-0141	rep.barb.yarusso@house.mn
Youakim, Cheryl	DFL	46B	225	651-296-9889	rep.cheryl.youakim@house.mn
Zerwas, Nick	R	30A	433	651-296-4237	rep.nick.zerwas@house.mn

Legislative Directory

MN Senate

Name	District	Party	Room	Office Phone	Email
Anderson, Bruce D.	29	R	133SOB	651-296-5981	sen.bruce.anderson@senate.mn
Bakk, Thomas M.	3	DFL	232Cap	651-296-8881	Use mail form
Benson, Michelle R.	31	R	115SOB	651-296-3219	sen.michelle.benson@senate.mn
Bonoff, Terri E.	44	DFL	325Cap	651-296-4314	sen.terri.bonoff@senate.mn
Brown, David M.	15	R	109SOB	651-296-8075	sen.david.brown@senate.mn
Carlson, Jim	51	DFL	111Cap	651-297-8073	sen.jim.carlson@senate.mn
Chamberlain, Roger C.	38	R	129SOB	651-296-1253	sen.roger.chamberlain@senate.mn
Champion, Bobby Joe	59	DFL	306Cap	651-296-9246	sen.bobby.champion@senate.mn
Clausen, Greg D.	57	DFL	320Cap	651-296-4120	sen.greg.clausen@senate.mn
Cohen, Richard	64	DFL	301Cap	651-296-5931	Use mail form
Dahle, Kevin L.	20	DFL	G-9Cap	651-296-1279	sen.kevin.dahle@senate.mn
Dahms, Gary H.	16	R	121SOB	651-296-8138	sen.gary.dahms@senate.mn
Dibble, D. Scott	61	DFL	111Cap	651-296-4191	sen.scott.dibble@senate.mn
Dziedzic, Kari	60	DFL	235Cap	651-296-7809	Use mail form
Eaton, Chris A.	40	DFL	110Cap	651-296-8869	Use mail form
Eken, Kent	4	DFL	303Cap	651-296-3205	sen.kent.eken@senate.mn
Fischbach, Michelle L.	13	R	15SOB	651-296-2084	sen.michelle.fischbach@senate.mn
Franzen, Melisa	49	DFL	306Cap	651-296-6238	sen.melisa.franzen@senate.mn
Gazelka, Paul E.	9	R	145SOB	651-296-4875	sen.paul.gazelka@senate.mn
Goodwin, Barb	41	DFL	110Cap	651-296-4334	Use mail form
Hall, Dan D.	56	R	103SOB	651-296-5975	sen.dan.hall@senate.mn
Hann, David W.	48	R	147SOB	651-296-1749	Use mail form
Hawj, Foung	67	DFL	309Cap	651-296-5285	sen.foung.hawj@senate.mn
Hayden, Jeff	62	DFL	208Cap	651-296-4261	sen.jeff.hayden@senate.mn
Hoffman, John A.	36	DFL	328Cap	651-296-4154	sen.john.hoffman@senate.mn
Housley, Karin	39	R	21SOB	651-296-4351	sen.karin.housley@senate.mn
Ingebrigtsen, Bill	8	R	143SOB	651-297-8063	sen.bill.ingebrigtsen@senate.mn
Jensen, Vicki	24	DFL	205Cap	651-296-9457	sen.vicki.jensen@senate.mn
Johnson, Alice M.	37	DFL	205Cap	651-296-2556	sen.alice.johnson@senate.mn
Kent, Susan	53	DFL	205Cap	651-296-4166	sen.susan.kent@senate.mn
Kiffmeyer, Mary	30	R	123SOB	651-296-5655	sen.mary.kiffmeyer@senate.mn
Koenen, Lyle	17	DFL	G-9Cap	651-296-5094	sen.lyle.koenen@senate.mn
Latz, Ron	46	DFL	303Cap	651-297-8065	Use mail form
Limmer, Warren	34	R	153Cap	651-296-2159	sen.warren.limmer@senate.mn
Lourey, Tony	11	DFL	G-12Cap	651-296-0293	sen.tony.lourey@senate.mn
Marty, John	66	DFL	323Cap	651-296-5645	Use mail form
Metzen, James P.	52	DFL	G-9Cap	651-296-4370	sen.jim.metzen@senate.mn
Miller, Jeremy R.	28	R	135SOB	651-296-5649	sen.jeremy.miller@senate.mn
Nelson, Carla J.	26	R	117SOB	651-296-4848	sen.carla.nelson@senate.mn
Newman, Scott J.	18	R	141SOB	651-296-4131	sen.scott.newman@senate.mn
Nienow, Sean R.	32	R	105SOB	651-296-5419	sen.sean.nienow@senate.mn
Ortman, Julianne E.	47	R	119SOB	651-296-4837	sen.julianne.ortman@senate.mn
Osmek, David J.	33	R	19SOB	651-296-1282	sen.david.osmek@senate.mn
Pappas, Sandra L.	65	DFL	323Cap	651-296-1802	Use mail form
Pederson, John C.	14	R	27SOB	651-296-6455	sen.john.pederson@senate.mn
Petersen, Branden	35	R	127SOB	651-296-3733	sen.branden.petersen@senate.mn
Pratt, Eric R.	55	R	23SOB	651-296-4123	sen.eric.pratt@senate.mn
Reinert, Roger J.	7	DFL	325Cap	651-296-4188	sen.roger.reinert@senate.mn
Rest, Ann H.	45	DFL	235Cap	651-296-2889	Use mail form
Rosen, Julie A.	23	R	139SOB	651-296-5713	sen.julie.rosen@senate.mn
Ruud, Carrie	10	R	25SOB	651-296-4913	sen.carrie.ruud@senate.mn
Saxhaug, Tom	5	DFL	328Cap	651-296-4136	Use mail form
Scalze, Bev	42	DFL	208Cap	651-296-5537	sen.bev.scalze@senate.mn
Schmit, Matt	21	DFL	306Cap	651-296-4264	sen.matt.schmit@senate.mn
Senjem, David H.	25	R	113SOB	651-296-3903	sen.david.senjem@senate.mn
Sheran, Kathy	19	DFL	G-12Cap	651-296-6153	sen.kathy.sheran@senate.mn
Sieben, Katie	54	DFL	208Cap	651-297-8060	sen.katie.sieben@senate.mn
Skoe, Rod	2	DFL	235Cap	651-296-4196	sen.rod.skoe@senate.mn
Sparks, Dan	27	DFL	328Cap	651-296-9248	sen.dan.sparks@senate.mn
Stumpf, LeRoy A.	1	DFL	G-12Cap	651-296-8660	Use mail form
Thompson, Dave	58	R	131SOB	651-296-5252	sen.dave.thompson@senate.mn
Tomassoni, David J.	6	DFL	G-9Cap	651-296-8017	sen.david.tomassoni@senate.mn
Torres Ray, Patricia	63	DFL	309Cap	651-296-4274	Use mail form
Weber, Bill	22	R	125SOB	651-296-5650	sen.bill.weber@senate.mn
Westrom, Torrey N.	12	R	107SOB	651-296-3826	sen.torrey.westrom@senate.mn
Wiger, Charles W.	43	DFL	205Cap	651-296-6820	sen.chuck.wiger@senate.mn
Wiklund, Melissa H.	50	DFL	303Cap	651-297-8061	sen.melissa.wiklund@senate.mn

United States House & Senate/Minnesota

Please note that mail delivery to Washington, DC, can be delayed by up to 10 days due to security screening. If your message is urgent, fax your letter to Washington, contact your representative's district office, or send an email through his/her website. Also, some of this information will be updated early in 2015.

Congressman Tim Walz
First Congressional District
walz.house.gov

Washington, DC
1034 Longworth House Office Building
Washington, DC 20515
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Rochester, MN 55901
Ph. 507-206-0643
Mankato
227 E. Main St., Suite 220
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Ph. 507-388-2149

Congressman John Kline
Second Congressional District
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Congressman Eric Paulsen
Third Congressional District
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Washington, DC
127 Cannon House Office Building
Washington, DC 20515
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Eden Prairie
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Congresswoman Betty McCollum
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Congressman Keith Ellison
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Congressman Tom Emmer
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Otsego, MN 55330

Congressman Collin Peterson
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Detroit Lakes, MN 56501
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Marshall
1420 East College Drive, SW/WC
Marshall, MN 56258
Ph. 507-537-2299 | F. 507-537-2298
Montevideo
100 N. First St.
Montevideo, MN 56265
Ph. 320-235-1061 (Willmar office)
Red Lake Falls
2603 Wheat Drive
Red Lake Falls, MN 56750
Ph. 218-253-4356 | F. 218-253-4373
Redwood Falls
230 E Third St.
Redwood Falls, MN 56283
Ph. 507-637-2270
Willmar
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Willmar, MN 56201
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Congressman Rick Nolan
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Brainerd, MN 56401
Ph. 218-454-4078
Chisholm
Chisholm City Hall
316 W Lake St., Room 7
Chisholm, MN 55719
Ph. 218-491-3114
Duluth
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Duluth, MN 55802
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Senator Amy Klobuchar
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Rochester, MN 55901
507-288-5321 | F. 507-288-2922
Northwestern/Central Office
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Moorhead, MN 56560
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Northeastern Office
Olcott Plaza, Room 105, 820 9th St. N
Virginia, MN 55792
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Senator Al Franken
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Duluth, MN 55802
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St. Cloud, MN 56301
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St. Peter Office
208 S Minnesota Ave, Suite 6
St. Peter, MN 56082
Ph. 507-931-5813

Minnesota Pharmacy Resources

University of Minnesota College of Pharmacy

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Dean Marilyn K. Speedie, PhD

University of Minnesota College of Pharmacy, Duluth

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www.pharmacy.umn.edu/duluth
Randall Seifert, PharmD
Senior Associate Dean and
Professor, Pharmacy Practice and
Pharmaceutical Sciences

Minnesota Board of Pharmacy

The Minnesota Board of Pharmacy (BOP) exists to protect the public from adulterated, misbranded, and illicit drugs, and from unethical or unprofessional conduct on the part of pharmacists or other licensees, and to provide a reasonable assurance of professional competency in the practice of pharmacy by enforcing the Pharmacy Practice Act M.S. 151, State Controlled Substances Act M.S. 152 and various other statutes. The board strives to fulfill its mission through a combination of regulatory activity, technical consultation and support for pharmacy practices through the issuance of advisories on pharmacy practice issues, and through education of pharmacy practitioners.

The Board of Pharmacy consists of seven board members, appointed by the governor; five board members must be pharmacists, and two members must be public members. The board regulates pharmacists, pharmacies, pharmacy technicians, controlled substance researchers, drug wholesalers and drug manufacturers. The board approves licenses or registrations for these individuals or businesses, and also decides when to impose disciplinary action.

Minnesota Board of Pharmacy

Cody C. Wiberg, Executive Director
2829 University Ave SE, Suite 530
Minneapolis, MN 55414
Ph. 651-201-2825 | F. 612-617-2262
Ph. 800-627-3529 (hearing impaired)
www.pharmacy.state.mn.us

Board Members

President: Stuart Williams (Public Member); Vice President: Karen Bergrud (Pharmacist Member); Pharmacist Members: Bob Goetz, Kay Hanson, Rabih Nahas, Laura J. Schwartzwald; Public Member: Justin Barnes

Minnesota Department of Human Services

The Minnesota Department of Human Services (DHS) helps provide essential services to Minnesota's most vulnerable residents. Working with many others, including counties, tribes and non-profits, DHS help ensure that Minnesota seniors, people with disabilities, children, and others meet their basic needs and have the opportunity to reach their full potential. DHS programs include Medical Assistance (MA), MinnesotaCare, Minnesota Family Investment Program (Minnesota's version of the federal Temporary Assistance for Needy Families program), General Assistance (GA), the Prescription Drug Program, child protection, child support enforcement, child welfare services, and services for people who are mentally ill, chemically dependent or have physical or developmental disabilities. www.dhs.state.mn.us.

Drug Utilization Review Board (DUR)

The Drug Utilization Review Board (DUR) selects specific drug entities or therapeutic classes to be targeted for provider and recipient educational interventions, and provides guidelines for their use. The DUR board is comprised of four licensed physicians, at least three licensed pharmacists and one consumer representative, with the remaining members being licensed health care professionals with clinically appropriate knowledge in prescribing, dispensing, and monitoring outpatient drugs. DUR board meetings are held four times a year. Appointing authority: Commissioner of Human Services. Compensation: $50 per member per meeting plus mileage. (Minnesota Statutes 256B.0625, subd. 13a)

Drug Formulary Committee (DFC)

The Drug Formulary Committee (DFC) is charged with reviewing and recommending which drugs require authorization. The DFC also reviews drugs for which coverage is optional under federal and state law. (For possible inclusion in the Medicaid fee-for-service formulary.) The DFC is comprised of four physicians, at least three pharmacists, a consumer representative, and knowledgeable health care professionals. DFC meetings are open to the public and public comments are taken for an additional 30 days following a DFC recommendation to require prior authorization for a drug. The Department of Human Services provides the DFC with information regarding the impact that placing a drug on authorization will have on the quality and cost of patient care. Appointing authority: Commissioner of Human Services. Compensation: None. (Minnesota Statutes 256B.0625, subd. 13)

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MPhA Member Benefits

Join MPhA Online at www.mpha.org

Pharmacy as a profession is undergoing profound and rapid change. The Minnesota Pharmacists Association is here to help pharmacists in all settings to navigate change successfully. MPhA is making this special issue of our Minnesota Pharmacist journal available to all pharmacists in the state of Minnesota in order to make you aware of current issues — and to encourage you to join us as a member. The benefits of belonging to MPhA far outweigh your dues investment.

Many of our benefits can be accessed easily through our website (www.mpha.org). From online dues renewal, conference registration and member searches, we strive to not only make membership valuable, but easy to use and navigate. Not able to find what you are looking for? Contact our office and we can help.

Membership Dues

Check with your employer to see if your corporation is part of MPhA's Organizational Membership; if so, you are already an MPhA member and are entitled to partake in all member benefits – some employers who have signed up for organizational membership do require that you sign up to receive this benefit. If your employer is not an MPhA Organizational Member, check to see if they will cover a portion of your MPhA individual membership dues.

Advocacy

MPhA provides members with a "voice" for pharmacy in policy development at the state and national levels. The association puts a "face on pharmacy" through media and outreach to health care entities that rely on MPhA for information and resources related to pharmacy services.

Through legislative representation, policy planning, and lobbying, the association ensures that issues pertaining to pharmacy are not overlooked or undercut. We fight for the rights of pharmacists and pharmacy professionals to provide the highest level of care to the patients they serve. MPhA encourages members to become involved in this process by being active in grassroots actions and events. As a member, you will have access to important updates and resources made possible by your support.

Professional Development and Education

MPhA provides a variety of events throughout the year to keep members involved in pharmacy issues while offering continuing education, networking opportunities and fun! Events are listed on the MPhA website and are open to all. Members receive a discount on event programming, such as MPhA's Annual Meeting and our Leadership Summit.

Products and Services

Members benefit from discounted rates and prices on both professional and business related services. Examples of these products and services include:

- Pharmacists Letter
- Pharmacy Quality Commitment Program
- PAAS
- Fraud, Waste and Abuse Compliance Program
- Pharmacists Mutual Insurance
- Technician Manuals
- Coupon Redemption Program
- PAAS 3rd-Party Audit Services
- Credit Card Processing Services

Communication

Communication is our cornerstone of keeping you informed of association, state and national news and action.

Minnesota Pharmacist

The *Minnesota Pharmacist* is the association's journal that contains articles and features on today's pharmacy topics. It is available electronically to all members. The journal is published quarterly.

Small Doses

Our *Small Doses* email newsletter goes out to all subscribed members. This weekly e-news vehicle shares upcoming events, business topics, important legislative or regulatory updates, and other news. Non-members are welcome to subscribe to this free e-newsletter. Simply visit our website at www.mpha.org and go to the *Small Doses* link under the Communications tab.

Pharmacy News Flash

Once a week, *Pharmacy News Flash* is delivered by email to members. These updates include news about national issues affecting pharmacists, along with local headlines and job openings.

Career Center

Tailored to both our job seekers and employers, our Career Center allows you to browse openings or post opportunities at your convenience. Search for Minnesota locations, or broaden your search to outside states. The center holds a variety of options to tailor results to your needs.

Resources

Members receive special online access to pharmacy resources. From MTM templates and brochures to information on immunizations, we save you valuable time by having these resources readily available to you for use in your practice.

Visit the MPhA website to join online, or contact the MPhA office to become a member and receive all the benefits of membership in the Minnesota Pharmacists Association!

Online: www.mpha.org
Phone: 651-697-1771 or 800-451-8349

If you are currently an MPhA member, we thank you — and ask that you share this information with a colleague who is not yet a member.