

NoDak Pharmacy *Journal*

Volume 32, No. 5 November 2019



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NoDAK PHARMACY JOURNAL Submission Policy

The ND Pharmacists Association is pleased to accept submissions for the Journal. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDPhA at:
mschwab@nodakpharmacy.net

The deadline for the Next Issue is:
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NoDAK PHARMACY JOURNAL

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2019 Calendar

DECEMBER

- December 2 – 8 National Influenza Vaccination Week
- December 8-12 ASHP - Midyear Clinical Meeting and Exhibition Las Vegas, NV
- December 25 Christmas Day!



JANUARY

- January 1 New Year's Day
- January 15-17 The American Society of Automation in Pharmacy Conference Amelia Island, FL

FEBRUARY

- Feb 2-4 NACDS Setting the Pace Conference Bonita Springs, FL
- Feb 12 APhA All Hands on Deck: Improving Community Health Washington, D.C.
- Feb 19-22 NCPA Multiple Pharmacy Locations Conference Fort Meyers, FL





Pharmacists Adding Value No Longer a Cute Little Sidebar

Greetings and I hope this finds you and your family enjoying a blessed Christmas and Holiday season. A few weeks ago, several of your fellow North Dakota Pharmacist's Association Members had the tremendous opportunity to meet with the current United States Surgeon General, Dr. Jerome M. Adams. We were able to discuss numerous issues with the Surgeon General, and he and his staff expressed a genuine interest in the innovative ways the profession of pharmacy is practiced in the state of North Dakota. Some of the issues discussed included: the opioid overdose crisis and North Dakota's Narcan and ONERX initiatives, telepharmacy, the advantages of independent pharmacy ownership, PBM transparency, pharmacy's contribution to economic sustainability in communities, and pharmacist provider status. The underlying theme was this: what value is pharmacy adding? What is the profession doing to practice at the top of its scope of practice?

Pharmacists adding value is not a new topic, but it is more important, and more relevant than ever, as the United States healthcare system continues to shoulder an ever-increasing weight of volume, monetary expense, and resource utilization. The individual healthcare practitioner is expected to accomplish more with less. We are expected to treat more patients, churn out more product, and do it with higher quality, and less resources. To a certain extent, this should be welcome. As pharmacists we need to utilize our education and skills to our maximum potential. We need to be open to new training and education on things that we have not done before, and then utilize that training in our daily practice. We need to train our staff in ways that maximize their potential. And we need to utilize smart forms of technology that improve our quality of work and improve our patient care.

These concepts are no longer optional. If you keep up with national pharmacy journals, you'll notice an increasing trend over the last few years: the pharmacy business has shrinking margins, the number of pharmacy

graduates has increased significantly, and the job market for pharmacists is much tighter than it was 5 or 10 years ago. Now more than ever, being a pharmacist requires proving your value to your employer and the health care system as a whole.

The good news is this: there are so many ways to expand and innovate your practice! Those same pharmacy journals contain a multitude of ideas that you have the expertise to undertake. Sure, it might take some additional training and resolve, but the underlying fundamental pharmacy education you have received will provide the foundational knowledge for so many of these undertakings.

I want to impart one last idea that was discussed in the meeting with the Surgeon General and that was shared with us by an employee of the North Dakota Commerce Department. Pharmacists add value not only through what they do at their "day-job" but also through what they do as upstanding members of the community. How many of you have contributed to your community fabric by volunteering? Maybe as a youth sports coach, a PTO or school board member, a civic-service club like Rotary or Elks, serving on a charity Board of Directors, being an active member of your church, or being a financial contributor to community projects? These, and so many other community activities, are part of the value equation that pharmacists add in our fine state. Let's not forget that. And let's build on it!

Thank you,

Dan Churchill

Dan Churchill, Pharm.D., R.Ph.

P.S. Please save the date for the North Dakota Pharmacy Convention April 23-26, 2020 at the Grand Hotel in Minot, ND!

It takes a local business owner to protect one.



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2019 NAPT ANNUAL FALL CONFERENCE WRAP UP

Submitted by: NAPT Fall Conference Planning Committee

As we come to the close of another successful event, the NAPT Fall Conference Planning Committee extend thanks to those who attended this event. Our goal was to provide a balance of education and networking to attendees. The event was held at the Ramkota in Bismarck ND on September 13 & 14, 2019. Registration included 67 pharmacy technicians and 9 speakers for a total of 76.

Offering a total of 10 continuing education credits including; law, patient safety and general. Topics titles included:

Updates from the Board of Pharmacy

NDPhA Legislative Advocacy - Who and Why?

The Cop (Ret) and the Criminal (Ret): An Unlikely Friendship

Effects of Unregulated Supplements on the Liver: A Patients Story

Nutritional Supplements: Safe Use and Their Role in Pain Management

Expanding the Role of the Pharmacy Technician: Tech Check Tech

USP 800 Primer for Technicians

Diabetes: Clinical Pearls for the Pharmacy Technician

North Dakota Medicaid Update.

Special thanks to all the speakers for your time and knowledge that you shared with our attendees.

NAPT Annual Fall Conference 2020 will be held at the Holiday Inn, Fargo on September 18 & 19, 2020. We encourage you to take a moment and mark this event on your calendar!

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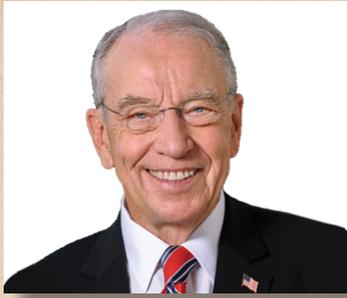
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HOW CONGRESS CAN FIX HIGH DRUG PRICES

By Sens. Chuck Grassley and Kevin Cramer

Washington is consumed with wall-to-wall coverage of impeachment, Ukraine, and transcripts. Every question we receive from the D.C. press corps is about that. But do you know who isn't obsessed with this? Our constituents.

Every day, we hear from people across North Dakota and Iowa. Most of them are not talking to us about impeachment. They are coming to us because they worry about being able to afford the medications they need to live. They face heartbreaking calculations, trying to figure out if they can pick up their prescriptions and still afford to put food on the table or pay for their housing.

This is reality for people living outside the Washington bubble. It's the reality for many of our constituents and people all across the country. It's the reality we're determined to fix through bipartisan and thoughtful legislation.

There are a lot of factors that keep the cost of prescription drugs high. One of them is pharmacy benefit managers or PBMs. These middlemen in the drug supply chain act as a go-between for pharmacies and insurers. Under Medicare Part D, PBMs negotiate the price of prescription drugs. In a perfect world, they would use the savings to lower the amount the patient pays at the pharmacy counter; unfortunately, that rarely happens.

Prescription drug middlemen, as well as drug manufacturers, too often respond to the current incentives in the system by putting their financial gain ahead of patients. A pointed example is the egregious increase in the cost of insulin. Though this drug has been available for nearly a century, its list price has recently skyrocketed. In Medicare alone, out-of-pocket costs for insulin have more than quadrupled since 2007. It's been estimated that the price of a 40-day supply of this diabetes treatment rose from \$344 in 2012 to more than \$660 just four years later.

Though manufacturers set the list price for insulin, PBMs play a critical role in pricing as the primary negotiators. The American Diabetes Association found that as PBMs have secured increased rebates as a percentage of the

list price, the heightened rebates have contributed to the higher cost of insulin for too many patients. Patients who have to pay out-of-pocket or pay a percentage of the list price instead of a lower flat co-payment can face financial challenges that can have devastating consequences. Earlier this year, the Senate Finance Committee held a hearing on drug pricing. At that hearing, one witness testified that her son, worried about the financial burden his monthly \$1,700 insulin prescription was putting on his parents, began rationing his treatments. Tragically, that can have life-threatening consequences.

Bipartisan legislation, on top of aggressive oversight of insulin manufacturers and PBMs, are the steps we've already taken to help bring down costs of insulin and other prescription drugs. But other factors contribute to high prices at the pharmacy counter.

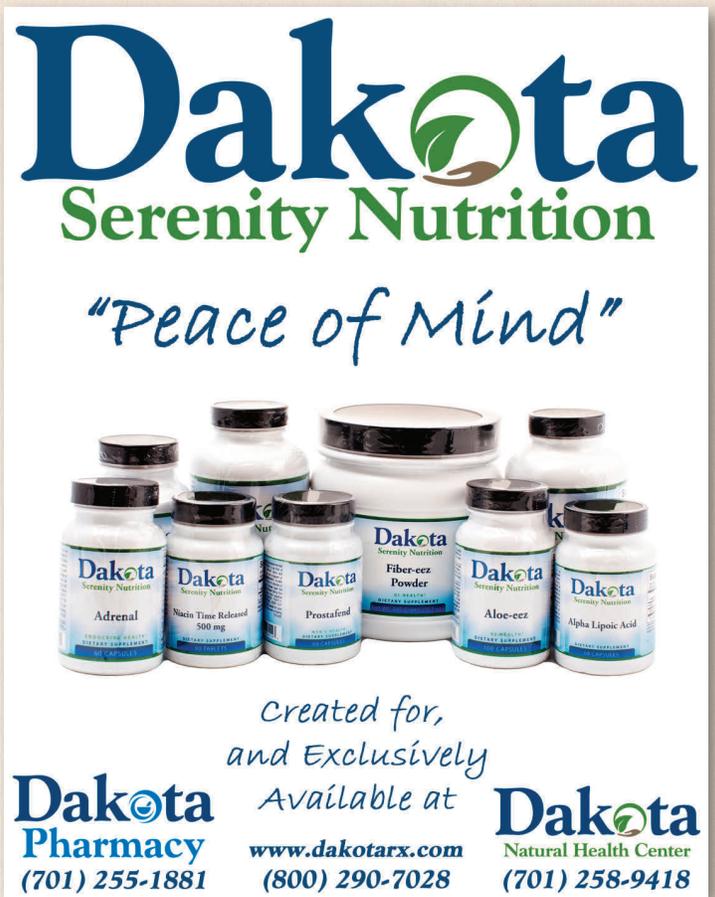
Other PBM practices also keep drug prices high so that patients pay more at the pharmacy counter. PBMs use direct and indirect remuneration fees, also called "clawback" fees, that pharmacies must pay back months after a prescription is filled. This practice not only puts a strain on pharmacies' ability to serve their communities, it requires patients to pay based on an amount that is higher than the true cost of the drug. Another way is through spread-pricing. PBMs buy drugs from wholesalers at one price and sell them to pharmacies at a much higher price. The discrepancy between prices is often significant, particularly for generics. The inflated prices are good for PBMs, but bad for patients and taxpayers.

Increased transparency in the drug pricing system is critical to lowering costs for patients and taxpayers. That's why we've been working on legislation that shines a light on manipulative practices by drug makers and PBMs, including the Prescription Drug Pricing Reduction Act.

This legislation not only increases transparency into the opaque practices of PBMs but also addresses the lack of transparency in manufacturer drug pricing decisions. Further, it improves incentives to increase negotiation between prescription drug plans and manufacturers in order to help reduce costs at the front end of the process and provide true savings to patients at the pharmacy counter.

The Congressional Budget Office estimates that our bill would save taxpayers more than \$100 billion — including \$90 billion in Medicare and more than \$15 billion in Medicaid. Medicare beneficiaries would also save \$25 billion in out-of-pocket costs and \$6 billion in premiums. Americans in the commercial market would also see savings due to a provision in the bill that would reduce Medicare costs for prescription drug benefits also offered by commercial insurance plans.

The day-to-day political dramas that shroud “Beltway Insiders” don’t represent the wants and needs of most Americans. It’s the kitchen table issues, such as the high cost of prescription drugs, that folks in North Dakota, Iowa, and other states want and need solutions for. With leaders on both sides of the aisle recognizing this problem, we have an opportunity to pass meaningful, bipartisan legislation to help those we serve. While no legislation is ever perfect, we urge our colleagues to join our efforts and work with us to pass real reforms.



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located in a rural, urban underserved, mental health, or Veteran’s Affairs facility. Simply register your site as an employer by going to www.3rnet.org, or contact Stacy at stacy.kusler@und.edu to get started. If you are a pharmacist looking for jobs in rural or underserved areas of North Dakota, or around the country, 3rnet is a great place to start your search. Facilities can include whether they offer loan repayment or other incentives with the job. A note to job seekers: because not all facilities post their open positions to this site, please reach out to Stacy Kusler for further assistance with your search.



U.S SURGEON GENERAL VISITS NORTH DAKOTA PHARMACISTS

By Carol Renner, Office of the Dean, Marketing/Communication Coordinator, NDSU College of Health Professions



U.S. Surgeon General Dr. Jerome Adams visited North Dakota in October as a keynote speaker during Governor Doug Burgum's Main Street Initiative event. In addition, the U.S. Surgeon General asked for a private meeting with pharmacists from North Dakota during his visit here October 30.

The North Dakota Pharmacists Association coordinated the meeting, which included a group of member pharmacists representing urban, rural, telepharmacy, hospital, long term care, retail and the Indian Health Service.

Discussion broached by the U.S. Surgeon General included patient access to care, healthy communities especially in rural North Dakota, innovative care models, benefits of pharmacists in control of their profession in the state and opioid abuse and prevention efforts.

Mylynn Tufte, State Health Officer for the North Dakota Department of Health, and Michelle Kommer, Commissioner for the North Dakota Department of Commerce, also presented information during the meeting.

"It is rare that the U.S. Surgeon General makes it to North Dakota and to have him ask for a private meeting with pharmacists is something the profession should be proud of in North Dakota," said Michael Schwab, executive vice president, North Dakota Pharmacists Association.

Dr. Jerome Adams is the 20th Surgeon General of the United States. His motto as Surgeon General is "better health through better partnerships."

According to the U.S. Department of Health and Human Services website, Dr. Adams holds the rank of Vice Admiral in the U.S. Public Health Service Commissioned Corps, overseeing approximately 6,500 uniformed health officers in nearly 800 locations around the world. The focus of Dr. Adams during his tenure includes the opioid epidemic, oral health, and links between community health, economic prosperity and national security.

Meeting participants shared pharmacy innovations happening in North Dakota in various settings, including the role pharmacists play in their communities through the ONERx program. Pharmacists and pharmacies enrolled in the statewide collaborative program receive education and tools to help them educate patients on safe use of opioids when prescribed by a physician. ONE Rx participants have now conducted more than 3,000 patient screenings. ONE Rx has proven to be a feasible intervention that gets at the heart of primary prevention of opioid use disorder and optimizes the skills and position of the community pharmacist.

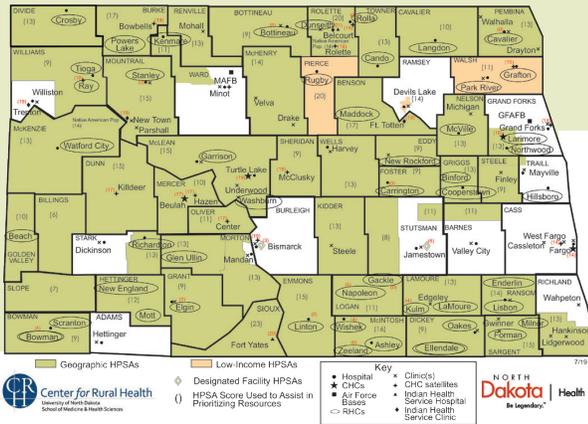
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PRESCRIPTION DRUG TAKE BACK PROGRAMS SHOW SUCCESS

By Carol Renner, Office of the Dean, Marketing/Communication Coordinator, NDSU College of Health Professions

Pharmacy students at the NDSU School of Pharmacy learn about patient care during their education and also how local pharmacists play a role in making their communities safer.

Statistics show that more than 7 tons of prescription medications have been collected in take back programs offered in North Dakota pharmacies, according to Mark Hardy, executive director of the North Dakota Board of Pharmacy.

The state's Board of Pharmacy and the Pharmacists Association partnered with the North Dakota Attorney General's office in 2009 to initiate the Drug Take Back program.

"Providing North Dakota citizens with widespread free access to properly destroy unused or unwanted controlled substances is a critical solution to prevent drug abuse and misuse," said Hardy. "The Board continues to support and be encouraged by the widespread availability and use of the drug disposal program in North Dakota, including its availability in over 130 pharmacies with controlled substance disposal receptacles that comply with DEA standards."

Statistics show that over half the time, individuals who may abuse or misuse controlled substances get their first exposure to these substances free from a friend or relative. Proper disposal of unwanted or unused controlled substances helps remove this exposure risk.

"Pharmacists are often the most easily accessible health care professional available to patients, especially in rural communities," said Charles D. Peterson, dean of the School of Pharmacy and College of Health Professions at NDSU. "Ensuring that future pharmacists studying at NDSU learn about the role pharmacists can play in helping their own communities is also a key part of their education."

In addition to helping to prevent abuse, taking your medicines to a DEA compliant drug take back program can reduce the amount of these substances getting into drinking water sources and waterways, impacting the environment, according to takebackyourmeds.org.

"North Dakota pharmacies are committed to helping fight prescription abuse and misuse and the Drug Take Back program is just one of many efforts taking place throughout the state," said Michael Schwab, executive vice president, North Dakota Pharmacists Association.

Ask your local pharmacist about additional details and availability of the Drug Take Back program in your area and visit the North Dakota Attorney General's Drug Take Back program webpage at <https://attorneygeneral.nd.gov/public-safety/take-back-program> for more information.

"Properly destroying controlled substances is critical to prevent future misuse and abuse of these substances especially by our youth," said Hardy. "Pharmacies across the state have been willing to offer this convenient disposal option to the public as well as other programs, like ONERx, to continue to promote disposal options."



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AMUNDSON RECOGNIZED AS NDSU DISTINGUISHED ALUMNUS

By Carol Renner, Office of the Dean, Marketing/Communication Coordinator, NDSU College of Health Professions

The NDSU School of Pharmacy and College of Health Professions named David Amundson its Distinguished Alumnus for 2019. The 1971 pharmacy graduate shared his personal philosophy with students at an event on October 18 on the NDSU campus.

Students attending learned about “Education, Opportunity and a Car” – because you need to know what to do, you need a chance to do it and you need to get there.”

Amundson’s career spans retail pharmacy, commercial strategies, operations and management. He began his career with SUPERx Drugs in Indiana, later working with Randall Drugs, Osco and CVS around the country.

An effective leader and team builder, Amundson credits his success to his midwestern roots, his education at NDSU, and his charm and sense of humor which he inherited from his mother.

As a Battle Lake, Minnesota and Fargo, North Dakota native who is a master storyteller, Amundson shared how he found the path to a successful career in pharmacy and offered encouragement to current students.

“What you say and how you say it has a huge impact on people,” said Amundson. He encouraged students to work hard and listen to people who cross their path. “Everyone has a story they want to share.”

Amundson began working at Johnson Drug in Fargo while in school. From a family of modest means, Amundson said he attended NDSU on the pay-as-you-go plan. He took out a loan each semester, worked during school, and paid it off the next semester. He stocked shelves and learned about running a business from the ground up.

“You just never know,” said Amundson. As a college student, he wanted to show the pharmacy owner his work ethic. He volunteered to clean and wax all the floors overnight in the drug store. They found him in the last aisle in the morning. The owner looked at him and said, “Thanks.” Amundson said, “That job that I did for the owner would pay huge dividends down the road.”

When Amundson applied for a job in his young career, the person who hired him showed him a letter that the owner of the Fargo pharmacy had written in his support. The pharmacy representative showed the letter to his district manager and his regional vice president. “Her comment



David Amundson (Pharmacy, 1971) was named NDSU's 2019 Distinguished Alumnus in the College of Health Professions. Amundson is pictured second from right, along with his wife, Joy, and Charles Peterson, dean of the NDSU School of Pharmacy and College of Health Professions and Connie Peterson.

was, ‘you better hire this guy.’ That was my reward. You just never know,” said Amundson.

Others in his career gave him opportunities to learn various parts of the pharmacy business including management. Each of those experiences laid the groundwork to his successful career in pharmacy. Amundson thought, “This is going to be a blast and it has been a blast,” he told students.

He learned even more when he took a job in an economically depressed area of Indianapolis, Indiana. Located in a rundown neighborhood, he had never seen anything like it with broken out windows, cars on blocks and neighborhood blight. “I was lucky enough to get that store,” said Amundson.

He learned from the store manager the integral role that a pharmacist and store can play in a community. “The people who came into the store, Bill would become their doctor, their pharmacist, help them financially, and most of all, he was their friend. These people knew that Bill was there for them.

“This is where I think I really fell in love with pharmacy,” explained Amundson. “I came to the store early, I wanted to stay late because there was nothing that I wanted to miss.”

Amundson recalled a customer who asked to put a \$20 item on layaway and pay \$1 a week. "You did a pretty good job there," the pharmacist told Amundson after he waited on the customer. "But the takeaway is that not everybody is as lucky and as fortunate as we are."

Amundson told NDSU pharmacy students that he learned an important lesson. "Humility is a good thing to have in your back pocket along with your cellphone," he said.

His career is marked by taking initiative when he saw something that could be improved, working hard, and always trying something new.

"Listening is much better than talking," he told students. "And hearing is much better than listening."

It led to an opportunity to own and go into business for himself in the Chicago area.

"One of the keys to success in the retail pharmacy business and I think in almost anything in life is you have to build relationships," Amundson told students. He took the time to develop partnerships in the community.

"In building relationships, Monday through Friday, I worked 9-9. Saturday, I worked 9-6. Sunday, I worked 11-4 for three years," recalled Amundson of building his business. "I owed everyone money and failure was not an option," said Amundson, whose wife Joy has been a significant part of his career journey.

The retired pharmacist closed his message to students with a final piece of advice. "Be true to who you are. When you get out of here, it's a whole different ball game. You're going to meet with adversity. You're going to meet with problems. But you need to stay true to who you are. You have no idea what you're going to bring to the table."



Food For Thought:

"The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails". - John Maxwell

NDSU ALDEVRON TOWER CLOSE TO FINISH LINE - \$1 MILLION CHALLENGE UNDERWAY

By Carol Renner, Office of the Dean, Marketing/Communication Coordinator, NDSU College of Health Professions

Only weeks to go and the new privately funded Aldevron Tower connected to Sudro Hall opens for state-of-the-art learning opportunities in Health Professions at North Dakota State University.

Generous donors who want to help educate the next generation of pharmacists are making a difference. In both funding and construction, the new Aldevron Tower on the campus of NDSU is close to the finish line. The first privately funded building on NDSU's campus is slated to open in January 2020.

The 74,000 sq. ft., six-story building will be filled with student activity, as well as the North Dakota Pharmacists Association Concept Pharmacy, which doubles the space that students currently have available in the Concept Pharmacy.

Faculty, equipment and furnishings will move into the space by the end of 2019 and classes in the new facility begin January 13, 2020. Official opening ceremonies will be held later in April.

In addition, a generous donor has made a \$1 million challenge to NDSU alumni and friends to help complete the Aldevron Tower building campaign. However, the

clock on the \$1 million match runs out on December 31, 2019. At the time the Journal went to press, there is approximately \$357,000 left to raise to meet the challenge. If 357 people give \$1,000 each, the million-dollar-challenge will be met.

Donations can be made at any time, including online or during NDSU's Giving Day on December 3, 2019. One-time cash donations or a pledge paid over five years are available. Online giving is available at <https://bit.ly/36DN0rp> and can be designated to Aldevron Tower Fund.

The new building includes shared interprofessional learning space for interdisciplinary education. The focus will be on team-based education, working in conjunction with all health care disciplines, just as students will do in health care settings when they graduate.

"It will give a much needed technological and facility update that provides more of a team-based care setting, which is in high demand," said pharmacy student Sabrina Wolfe of the new building.

The addition of Aldevron Tower to Sudro Hall provides



a combined 134,000 sq. ft. of state-of-the-art facilities to help educate the next generation of health care professionals.

The new North Dakota Pharmacists Association Concept Pharmacy and Instructional Laboratory comprises the entire fourth floor of Aldevron Tower. This state-of-the-art Concept Pharmacy is made possible by a half-million-dollar contribution from NDPhA members. The space includes community and institutional practice areas, simulated sterile and non-sterile compounding laboratories, access to patient exam rooms for medication therapy management, telepharmacy and much more.

Pharmacy students will have the opportunity to use the latest advances in technology.

That includes high fidelity simulators, telepharmacy/telehealth delivery to medically underserved rural communities, and teaching students how to work together as a healthcare team with other health

professionals via interprofessional team-based care.

The third floor of Aldevron Tower includes 10 fully-equipped patient rooms for assessment and interdisciplinary education.

“The combination of technology, facilities and exceptional faculty will result in students learning to be team-ready as well as practice-ready,” said Charles D. Peterson, dean of the College of Health Professions at NDSU.

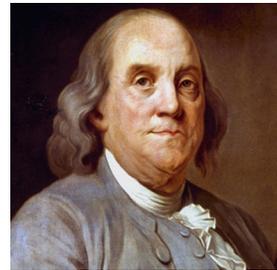
The \$28 million privately funded building and renovation are part of a comprehensive project to also expand research capacity within Sudro Hall to conduct research that improves health, including discovering new drugs and treatment strategies for diseases.

With the addition of Aldevron Tower connected to Sudro Hall, all Health Professions programs now spread over four buildings on and off campus will be in a single location.



NORTH DAKOTA PHARMACISTS ASSOCIATION

A Timeline of Events in Pharmacists History...



300
BC

Theophrastus
Father of Botany

1683

Bruges City Council –
Separates the profession of
apothecary and physician

1764

Benjamin Franklin –
Appoints an apothecary to the first
hospital, Pennsylvania Hospital

1025

The Canon of
Medicine Completed



1817

William Procter, Jr –
Considered the Father of American Pharmacy
and helps define the word “pharmacist”



1928

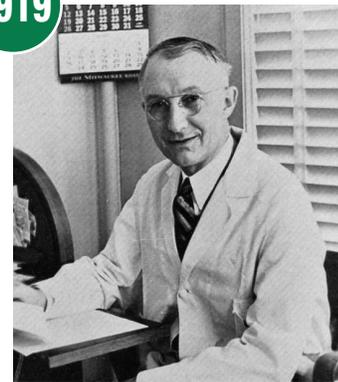
1925

Pharmacists Month
Established

Penicillin Discovered -

Scottish bacteriologist Alexander Fleming accidentally discovered the antibiotic in 1928, when he came back from a vacation and found that a green mold called *Penicillium notatum* had contaminated Petri dishes in his lab and were killing some of the bacteria he'd been growing.

1919



William F. Sudro -
NDSU names first Dean for the
pharmacy program



1955

Polio Vaccine Discovered -

The vaccine has eliminated polio from most of the world, and reduced the number of cases reported each year from an estimated 350,000 in 1988 to 33 in 2018.

1965

Medicare and Medicaid
are formed under
Lyndon Johnson

1967

Child Resistant Caps Invented

1990

NDSU offers first doctorate
level pharmacy degree

1994

Pharmacy Technician
Registration begins

1963

Pharmacy Ownership law
in ND enacted



*President Lyndon Johnson signs
Medicare into law*

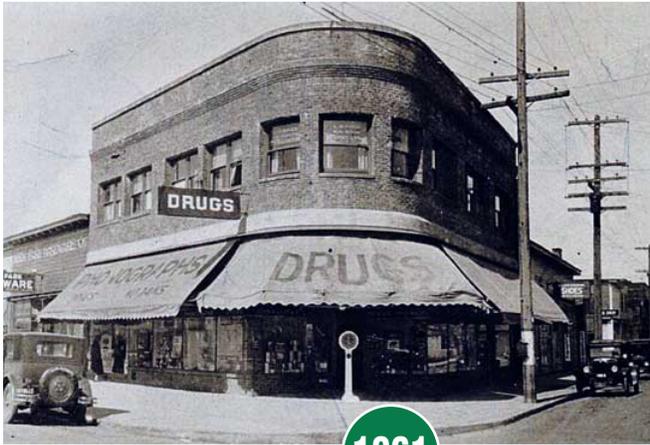
1821



Philadelphia College of Pharmacy -
1st College of Pharmacy Started in US - Philadelphia College of Pharmacy North America's first school of pharmacy and the start of the University, graduates the pharmacists and scientists who deliver and discover the healthcare innovations that advance patient care.

1851

American Pharmacists Association founded



1861

Dakota Territory Established -
Most of Dakota Territory was formerly part of the Minnesota and Nebraska territories.

1884

First Enteric-Coated Pill Debuts

1889

North Dakota becomes a State

1999

Immunization laws and training enacted in ND

2014

ND Public votes to keep Pharmacy Ownership law enacted

2001

NDSU, NDBOP and NDPhA establish Telepharmacy (now in 50 countries)

2015

Legislation is passed allowing pharmacists to prescribe and dispense Narcan

2003

Prescription Drug Monitoring Program legislation passed

2017

Additional significant PBM reform laws passed and enacted in ND

2009

ND starts Drug Disposal Take Back Program

2019

Collaborative Practices Agreement restrictions removed for pharmacists in ND and Medication Administration by pharmacists expands in ND

NDPhA
NORTH DAKOTA
PHARMACISTS
ASSOCIATION

1885

ND Pharmacists Association is founded

1887

ND Board of Pharmacy authorized by the territorial legislature

1901

NDSU establishes first pharmacy program

2020

NDPhA Celebrates 135 years!

THE POLITICAL HOT POTATO OF THE DAY: DRUG PRICES

By Mark J Hardy, PharmD - Executive Director – ND Board of Pharmacy

In today's 24/7 news cycle there does not seem to be any shortage of controversy coming out of Washington DC. However, one of the issues that is continually being discussed and proposals frequently circulated is "Drug Prices." Polls consistently show that Americans rate escalating drug prices as a top issue that they wish the political leaders to address.

You, being involved in the profession of Pharmacy, have seen the escalation of drug prices first hand and know the implications these prices have on and impact your patients as a result of it.

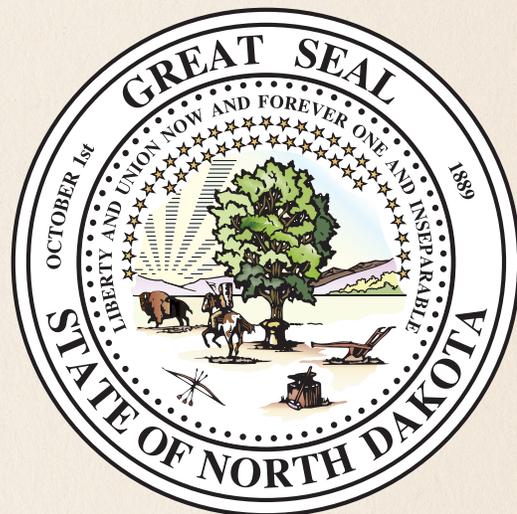
Believe it or not, there is actually bipartisan support on many of the ideas that have been put forward on the federal level in regards to the need for reform in processes that may impact drug pricing. There seems to be real efforts for reform, many of the solutions seem to point to reforms of the manufacturing industry as well as the pharmacy benefit managers [PBMs]. These reforms continue to not only circulate federally but also on the State level as well. Some initial solutions currently being circulated through the Interim ND Legislative Committees are price transparency and easier mechanisms to substitute interchangeable biosimilar for biologics.

North Dakota has been very aggressive in addressing the business practice of pharmacy benefit managers [PBMs] and how they impact pricing, patients and Pharmacies. The Board of Pharmacy is vigorously defending two pieces of legislation from the 2017 Legislative Session that relates to these reforms on behalf of the State of North Dakota.

All the attention that has been paid to the pricing of medications shows the need for you as pharmacy professionals, on the front line of patient care, to engage the policy makers on these important issues to offer up

your perspectives on reforms that would be impactful. It is also important to advocate how the current conditions are affecting your ability to serve your patients. It is likely reforms will be made. However, it is always tremendously important that your voice is being considered by the policy makers.

One significant item that is not lost in the discussion is the impact that pharmacists can and continue to make in their role as drug therapy experts, ensuring our patients are receiving the appropriate pharmaceutical therapies, as well as working with patients to ensure they can afford their medications. This can take many avenues including the ND Drug Repository Program, 340B programs, generic substitutions of medications, along with so many more. Continue to be advocates for your patients on meaningful issues and solutions that can impact their care. As I am sure you all remember that is one of the "Oaths" that you took as you entered into the profession.



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hey hey listen!

new reimbursement is here

NDPERS has authorized pharmacies to expand the diabetes program to **retirees on Part D insurance**.

Reimbursement will be available to the pharmacy.

The program is similar to the current NDPERS program you are familiar with but be aware that **copay reimbursement is not available to Part D beneficiaries due to federal law**. However, copay reimbursement still exists for regular NDPERS beneficiaries just as it always has been.

A new survey and three new education guides are available in MTM Express to use tailored to the retiree population.

Be watching your inbox for more information on how to best identify Part D beneficiaries who are eligible.

Please contact us for more information about WSI, collaborative practice, and ND Medicaid opportunity information.

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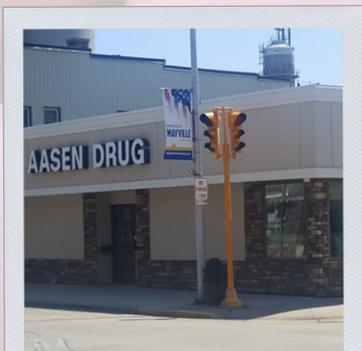
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