SPRING 2020
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Minnesota Pharmacy Legislative Day Recap

...and more!
DO THE WRITE THING
Has your pharmacy created an innovative practice idea that benefits your patients? Are you doing research or have special interest or knowledge about some aspect of pharmacy that you are ready to share with your fellow MPhA members? Do you have news to share about MPhA members and their achievements? Help us spread the news about the good work that our members are doing across Minnesota! We are always on the lookout for articles for our Small Doses weekly e-newsletter as well as our quarterly Minnesota Pharmacist journal. Articles for the e-newsletter are typically 75-200 words, while articles for the journal can be up to 1,500 words. Send material to Communication Director Laurie Pumper at lauriep@mpha.org. Laurie can also answer questions about topics, format and deadlines.
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MPhA Mission: Serving Minnesota pharmacist providers to advance patient care. The Minnesota Pharmacists Association is a state professional association, whose membership is made up of pharmacists, student pharmacists, 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.
Wow. Just wow. It amazes me as I get older how each year seems to provide more challenges than the last. I am pretty sure, however, that the societal changes we are all going through will stand out as a unique time in history. The COVID-19 pandemic has changed our world, both individually and professionally, causing financial, health and emotional hardships for many. It provides us with the opportunity to be our best selves, both personally and professionally. As pharmacists, we are fortunate to be able to help others with our knowledge and experience. I also know that we are a profession of people who will step up to help in other ways, providing support in any way we can to our patients, our friends and our families.

Prior to the pandemic, MPhA was having a great year. We will continue to do so, despite the additional challenges. Sarah Derr, our executive director, has been getting settled into her position and has done an excellent job of positioning us to achieve our strategic objectives (advocacy, membership engagement, financial stability, practice implementation). We are also fortunate to have a strong partnership with Ewald Consulting providing us with uninterrupted support. Much thanks to Siri Livdahl, our staff director, and the rest of the team for keeping us running successfully.

We have developed a strong partnership with other pharmacy professional associations through the work of the Minnesota Pharmacy Alliance and are actively working together on our legislative agenda to advance our ability to provide patient care. Our Legislative Day was well attended by pharmacists, students, and even legislators! We were on track with strong support for our bills — and fortunately passed prescriptive authority.

Most importantly, I want to express how grateful and proud I am to be a member of the pharmacy profession and to be in health care. Each day I see — on the news, on social media, and in my day-to-day work — peers and colleagues stepping up in unique ways to help our patients and each other. From making home-made masks and hand sanitizer, sharing clinical and operational knowledge and experience across the street and across the country, taking time off without pay to ensure the company they work for can survive, and taking opportunities to reach out to family, friends, neighbors and even complete strangers to provide help and support where needed.

Keep healthy, care for one another, and know that your hard work will help us get through this together.
The state of Minnesota has been in a peacetime emergency with a stay-at-home policy for more than two months so far. Our inboxes, media outlets, and everything else are inundated with COVID-19 news. Our daily lives have changed and many of our video conferences have focused on COVID-19 updates. Community pharmacies remain open, hospitals are full of patients who need care, but many pharmacists working in clinics have been furloughed. These are trying times. In these unprecedented and uncertain times, I have been humbled by the pharmacy community banding together. Thank you for being on the front lines and helping patients the best that you can.

There are many policies around drug shortages, personnel and infection control changing daily. Regardless of practice setting, pharmacists’ roles are different today than they were a few weeks ago.

Pharmacists are front and center during the COVID-19 global pandemic and public health emergency. Pharmacists, pharmacy interns, and pharmacy technicians are essential members of the health care team and essential members of the frontline workforce. YOU, MPhA members, are among the health care heroes who will rise to take care of our state — one community, one facility, one patient at a time.

While pharmacists and pharmacy technicians are essential, the question has arisen about the association that represents you: Is the association essential? In these trying times, the association has been essential. Although there have been moments when I have felt guilty for not serving on the frontlines with all of you, I know that the association is providing resources and advocating for you as you are caring for your patients.

MPhA (along with many other associations) have opened our member benefits to share information with all pharmacy professionals in need. MPhA staff members spend our days providing advocacy and partnering with state agencies, including the Board of Pharmacy, the Department of Human Services, Minnesota Medicaid and the Commerce Department. MPhA and the Minnesota Pharmacy Alliance (MPA) have been in close communication with the state Senate and House leaders to continue to advocate for our bills on medication administration and prescriptive authority.

MPhA staff are working closely with national organizations and federal agencies to advocate for you, as essential health care providers.

We have held weekly open forums to assist pharmacists during this time. We have a weekly pharmacy coordination call that includes the College of Pharmacy, Board of Pharmacy, and some frontline pharmacists to keep communication open among all of us as we figure out how to maneuver as COVID-19 issues change daily.

We have created a COVID-19 webpage (www.mpha.org/covid-19) to keep you all up to date on what is happening in the state and nation on COVID-19. This webpage also has resources for pharmacists to assist during COVID-19.

In addition to relevant information and important advocacy in real time, we are doing what associations do best – strategically planning for the future. We are discussing long-term implications of COVID-19 on the pharmacy profession and what the “next normal” looks like for pharmacists in Minnesota.

Whether or not an association is defined as “essential,” I am convinced that the work MPhA is doing has never been more important than it is right now. I am also convinced that the work pharmacists are doing today is essential to the future of the profession. Minnesota has embraced the addition and important work and the renewed purpose that comes with caring for patients. From the MPhA team, thank you for your dedication to all those you work with and serve. Finally, I want to thank each and every one of you for allowing me to serve you during this trying time. Please know that MPhA is here for you and ready to serve in any capacity we can. Please do not hesitate to reach out with your questions or concerns.
Burnout in health care has been described as an epidemic. In fact, more than half of physicians in the United States are experiencing substantial symptoms of burnout.\(^1\) This is nearly twice the rate of burnout experienced by the general population after controlling for work hours and other factors.\(^1\) High burnout levels not only put a strain on providers, but also on the broader health care system.\(^1\) At the provider level, burnout is associated with increased rates of depression, substance use, and suicide; at the system level, burnout is associated with decreased quality of care and increased provider turnover.\(^1\)

The causes of burnout are multifactorial and therefore, solutions will also likely include many strategies. One such strategy to decrease burnout and improve joy in work is through increasing teamwork. The Institute for Healthcare Improvement, the American Medical Association and leading experts all emphasize the importance of teamwork in combating burnout.

Although teamwork is often proposed as a way to improve joy in work, the exact mechanisms are unclear. Within this context, our research team at the University of Minnesota was interested to learn how embedded pharmacists providing comprehensive medication management impacted primary care providers’ (PCP) work-life (including their clinical work, professional satisfaction, and burnout). We sought to answer this question through interviews with primary care providers in four different health systems in Minnesota.

The PCPs (nurse practitioners, physicians and physician assistants) we interviewed described that working with the pharmacist impacts their work-life in a very positive way. They viewed the pharmacist as both a collaborative partner and as an added skillset. When the PCPs worked with the pharmacist, they noted that many parts of their work-life were improved including decreased emotional exhaustion, decreased workload, increased satisfaction patients are receiving better care and enhanced professional learning — among other improvements. This study is published in the Journal of the American Board of Family Medicine.\(^2\)

We found that the themes PCPs discussed during our interviews were related to previously identified drivers of burnout and engagement. More research is needed around how pharmacists might impact PCPs' work-life, but our initial work provides intriguing results into how pharmacists can improve provider work-life.

Many pharmacists embedded in ambulatory care clinics collect data around their impact on quality measures and patient satisfaction. Now is the time to start collecting and reporting data around impact on provider well-life, and based on our research, you might be pleased with what you find.

References
Emergency Insulin Bill Signed into Law

MPhA Offered Testimony on Insulin Legislation

On April 15, Gov. Tim Walz signed the Alec Smith Insulin Affordability Act. He was joined virtually by legislators and advocates for affordable insulin. The Minnesota House of Representatives passed a bill that aims to help all people with diabetes to obtain insulin on both an emergency and long-term basis. Minnesota House members voted 111-22 for the conference committee report on HF3100. The Minnesota Senate approved the report within hours after the House vote. Gov. Walz said, “This bipartisan achievement couldn’t have happened without the bravery, persistence and dedication of folks who showed up day after day to share their stories.”

MPhA and the Minnesota Pharmacy Alliance worked hard to get this bill passed — thanks to all who testified and contacted your legislators!

This program will go into effect on July 1, 2020. MPhA believes this program will work well for pharmacies and we are here to assist with implementation. The program will use existing payment assistance programs from insulin manufacturers — and manufacturers who don’t participate could face fines that increase as non-participation continues. Among the provisions:

- Minnesotans who have diabetes, but cannot afford their insulin and are facing an emergency need, can access a 30-day supply at their pharmacy for a co-pay of $35. Eligible participants include those who are uninsured, under-insured, receiving Medicare, and who do not have access to low co-pays.
- The process by which all Minnesotans can access affordable insulin in the long term is streamlined to provide easier access to patient assistance programs. Insulin manufacturers would participate in the program and could be fined up to $3.6 million per year, doubling in the second year, if they do not comply.

**Background**

Before COVID-19 became the all-encompassing issue for Minnesota government, the Minnesota Legislature had a strong focus on insulin affordability. The House bill was sponsored by Rep. Michael Howard of Richfield.

MPhA member Stephen Schondelmeyer, PharmD, PhD, testified before the House Commerce Committee about insulin costs in February.

The companion bill in the Senate was SF3019. Initially the Senate bill required insulin to be sent to the clinic for the patient to pick up. There was an author change from Senator Pratt to Senator Jensen on Feb. 13 which led to a change in language to have patients pick up their insulin from a pharmacy.

MPhA Executive Director Sarah Derr and many other pharmacists were present and testified at at many meetings of the Commerce Committee and the Health and Human Services (HHS) Policy Committee for both the House and the Senate.

Thanks to the MPhA members who attended so many legislative hearings to provide testimony and offer support!
Register Now! MPhA Leadership Summit and House of Delegates

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2020 Leadership Summit & House of Delegates

Join Minnesota pharmacists, student pharmacists and pharmacy technicians at the 2020 Virtual MPhA Leadership Summit and House of Delegates meeting:

• Look forward to understanding that you are enough and can provide much insight to this organization with your experience in pharmacy.
• Hear from incoming President Michelle Johnson and Executive Director Sarah Derr on priorities and changes that have occurred in the last year.
• Shape the future of MPhA: serve as a delegate! Delegates are selected from a volunteer pool to provide advice, perspective, and insight to the issues that are vital to Minnesota Pharmacists.
• MPhA strives to assign delegates to their desired constituency but retains the right to assign delegates as needed to ensure all groups are represented.

Keynote Presentation: How to Stay Motivated in the Marathon of Uncertainty
Learn strategies based on the field of Positive Psychology to help you stay motivated in these uncertain times. Matt Jones will share how he was able to overcome cancer three times and complete a marathon on every continent. More important, he will relate how you can use what he learned in the marathon of uncertainty. You’ll learn the most important predictor of success; discover three ways to bounce back from adversity; and explore the role of humor in staying motivated.

About Our Keynote Speaker:
Matt Jones is known as the “Eight Continent Marathon Man.” He went from being a three-time cancer conqueror to relearning how to walk, to going through a bone marrow transplant, to completing eight marathons on eight continents. Yes, that includes Antarctica and the newly discovered continent of Zealandia. Matt was diagnosed with cancer on September 11, 2002. After spreading to the fluid in his brain, doctors did not think he would live. After victoriously conquering cancer, he was told by his doctor that no one had gone through what he did and was still alive one year later. For more information about Matt, please visit his website at www.MatthewDJones.com

Register today!
The registration fee for the event is $25 for MPhA members, $35 for non-members and $15 for student pharmacists; fees include Minnesota Board of Pharmacy Continuing Education contact hours.

Sponsorships are available now!
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The Basics:
What’s the difference between CBD and cannabis?
Cannabis is the scientific name of the plant, while CBD
(cannabidiol) is one of the most abundant active chemicals
contained in the cannabis plant.

What’s the difference between CBD and hemp?
Hemp is a variety of cannabis grown specifically for fiber
that is used for industrial purposes. This variety of cannabis
has very little THC (tetrahydrocannabinol). THC is another
common chemical found in cannabis; it’s responsible for the
plant’s psychoactive effects. Hemp contains less than 0.3%
THC. Depending on the strain, some types of cannabis may
have 11% or more THC.¹

How do CBD and cannabis interfere with other medications?
What adverse events can they cause?
The safety profile of CBD comes largely from the FDA-
approved, prescription only cannabidiol Epidiolex (GW
Research) clinical data, in which use was associated with
dose-related increases in liver function tests — specifically,
elevations in AST, ALT and total bilirubin, and liver injury.
CBD is also known to affect the metabolism of other drugs,
as it is a substrate for hepatic isoenzymes CYP3A4 and
2C19. Concomitant use with moderate or strong inhibitors
or strong inducers of these isoenzymes may result in
increased risk of potentially serious adverse effects
associated with CBD or reduced therapeutic response to
CBD, respectively.

From a pharmacodynamic perspective, concomitant use
of CBD with licit or illicit substances, such as alcohol or
other prescription medications with central nervous system
(CNS)—depressant effects, may increase the risk of sedation
and drowsiness. Pharmacists should warn patients about
these potential concerns, particularly use of CBD when
completing tasks or activities requiring a high degree of
mental acuity.

What are common disease contraindications for CBD and
cannabis?
Currently, CBD and cannabis have an incomplete risk
profile. From a medical perspective, individuals with
hypersensitivity to CBD or formulation ingredients should
not use these products. Consider use of cannabis
contraindicated for patients who are younger than 25
years, have a personal or family history of psychosis or
schizophrenia, have a current or past history of cannabis
use disorder or another active substance use disorder, have
significant cardiovascular or respiratory disease, or are
pregnant or breastfeeding.

Pharmacists’ Top Five Cannabis Questions
How does cannabis work?
Although research is still evolving, cannabinoids such as
THC and CBD are known to have different effects on the
body. THC binds to cannabinoid receptors in the body, while
CBD may interact indirectly with cannabinoid receptors.
THC is the chemical responsible for the psychoactive effects
of cannabis but also has antinausea and analgesic effects.
CBD, which has no psychoactive properties, may have
anti-inflammatory properties and may mitigate some of the
negative effects of THC. Other phytochemicals, such as the
terpenes and flavonoids, may play a synergistic role in the
therapeutic effects of cannabis.

What conditions can cannabis be used for?
The medical cannabis program in each state has different
regulations specifying the conditions for which patients can
be certified to use medical cannabis.² A report published in
2017 by the National Academies of Science, Engineering,
and Medicine found substantial evidence supporting the use
of cannabinoids to treat chronic pain. This report also found
substantial evidence supporting use of cannabinoids for
nausea and muscle spasms and summarized the available
evidence for many other symptoms and conditions.
However, much more research is needed to help determine
indications, optimal delivery systems, and adverse effects of
medical cannabis use.
How should I counsel patients on medical cannabis?
Pharmacists can educate patients and other health professionals about the evidence supporting medical cannabis use for different symptoms and conditions. Pharmacists can also provide information on contraindications, adverse effects, and drug interactions, just as they would for other medications. If patients use medical cannabis, pharmacists should be able to perform a DUR just as they would for any medication, including determining whether therapy is appropriate and identifying any contraindications, as well as the potential for abuse.

How do patients obtain medical cannabis?
Typically, patients must see a provider practicing in their state in order to be certified to obtain medical cannabis, and then must register with the state’s regulatory organization. However, states differ widely on regulations related to medical cannabis processing, dispensing, and use. Pharmacists should become familiar with the medical cannabis program in their state.

What is the future of medical cannabis?
Despite regulatory challenges, research continues into the clinical effects of cannabis. States continue to develop medical cannabis programs, and if the federal regulatory status of cannabis changes, it could open many more opportunities for research.

Some Common Questions from Patients
Will CBD show on a drug test or get me high?
Full-spectrum CBD products contain all cannabinoids and other compounds of the cannabis plant, which includes up to 0.3% THC. Although this may not be enough to cause a “high,” a test could read positive for THC depending on the individual’s metabolism and the sensitivity of the test.

What is the best dosage form of CBD?
Justin Redding, PharmD, RPh, owner of Mo City Apothecary in Missouri City, TX, said there are pros and cons to each dosage form. “For the quickest onset of action,” he said, “use the oil or tincture sublingually.” Inhalation—vaporization or smoking—is also a quick delivery method, but some people find the odor unpleasant, according to Redding. Patients with respiratory issues should avoid inhaling CBD. “Edibles taste good and the dose is already measured but must be digested first before experiencing effects. Topicals are best for those who don’t want to ingest CBD and just want some temporary relief,” he said.

It’s important for patients and pharmacists to recognize that they often don’t know what they are getting. Products vary widely and are often labeled incorrectly. FDA does not regulate these products.

How can I tell if a CBD product is credible?
Making sure a CBD product is credible is complicated. Most pharmacists who sell CBD know that the products they order should have a certificate of analysis from a third-party lab that tests the level of CBD and other cannabinoids in the product.

Kelly Hunt, RPh, an independent pharmacy owner in South Carolina, took it upon himself and his staff to test several CBD products they were interested in selling. They wanted to make sure the purity and claims were accurate and partnered with a well-established lab to carry this out. They found that many brands, especially those that are less expensive, strayed far from their label contents. For instance, they found out that a 15-mg labeled CBD gummy actually contained only 1.8 mg of CBD. They discovered that some well-known popular brands were way off, too. “As we continue to analyze and discover more truths about CBD purity and transparency, we are finding more and more that it is indeed the wild west in terms of who is doing what,” said Hunt.

Although they expected lots of products to not hold true to their CBD labeling claims, Hunt said what they didn’t consider at first is that some testing sites may also be lacking in consistency and quality.

“It seems there is no regulation there either. We found this out by sending the same sample to two different testing sites only to get back two different results,” he said. “It’s an interesting time in the infancy of CBD and medical cannabis. You truly have to know who you are dealing with all the way from the seed to the bottle and then to the testing facility.”

Redding from Mo City Apothecary advises pharmacists to research the CBD companies as much as possible, “everything from the farm where the hemp was sourced, to the lab where it was tested,” he said. This should be in addition to having the certificate of analysis available. He said for the CBD products he sells in his pharmacy, he has met with each company personally.

Cannabis, CBD and the Law
Do pharmacies that sell CBD products put themselves at legal risk?
“It depends upon what CBD you sell. If you sell CBDs that meet the definition in the Agricultural Improvement Act, aka the Farm Bill — hemp-derived CBD with less than 0.3% THC — it’s legal to sell them under federal law, period, full-stop, as they are no longer considered a controlled substance,” said Karla L. Palmer, JD, director at the Washington, D.C., law firm Hyman, Phelps, & McNamara,
P.C. Palmer has several pharmacists, pharmacies, drug distributors and manufacturers as clients.

Outside of the Farm Bill specifications, and depending on what health claims are made, pharmacies are in dangerous territory, Palmer says. “If your CBD has greater than 0.3% THC and it's not derived from hemp, it's no longer outside of the definition of marijuana, and therefore it's a controlled substance that is illegal to sell without an appropriate registration.”

Although hemp-derived CBD that contains less than 0.3% THC is legal, FDA still hasn’t determined under what conditions it’s legal. “Those who are selling this need to be careful about what they say and how they say it. They need to be careful about how they advertise its use, how they promote its use, what they tell patients, what they communicate on social media about it, and more,” Palmer said.

FDA has sent warning letters to entities that have made claims about CBD’s safety and efficacy.

How can pharmacists determine whether the products they sell comply with the law?
Pharmacists should ensure they’re relying on a good supplier that will verify that their product is compliant with the limitations set forth in the Farm Bill.

“You need to ensure that you trust your supplier and that the supplier represents that its product, through a certificate of analysis or similar verifiable documentation, meets the appropriate specifications,” Palmer said. The supplier should provide information about the products it sells, including a detailed certificate of analysis.

“Legitimate suppliers have studied the product and run testing for potency and other measures to ensure that the product is within the specifications permitted by the Farm Bill,” she said.

References
2 To find out what conditions qualify for medical cannabis use and how the program works in Minnesota, visit the Minnesota Department of Health website, https://www.health.state.mn.us/people/cannabis/.

Read the full article from APhA.
U.S. Supreme Court Will Rule on States’ Right to Regulate PBMs

But Arguments Are Delayed to Fall 2020

Sources include SCOTUSblog, Pharmacy Times and other news outlets.

In January 2020, the U.S. Supreme Court announced that it would hear a case that could determine whether states have the right to regulate pharmacy benefit managers (PBMs).

The case in question is Rutledge v. Pharmaceutical Care Management Association. The U.S. Court of Appeals for the Eighth Circuit, which covers Arkansas and six other states including Minnesota, ruled in favor of the Pharmaceutical Care Management Association (PCMA), saying that the Employee Retirement Income Security Act of 1974 (ERISA), a federal law that sets minimum standards for voluntarily established retirement and health plans in private industry, superseded an Arkansas law that sought to regulate PBMs.

The U.S. Solicitor General, following an invitation from the Supreme Court, filed an amicus curiae brief on behalf of the United States arguing that the Eighth Circuit ruling is incorrect and “contrary to [the Supreme] Court’s precedent and the decisions of other courts of appeals.”

The Solicitor General argues that Arkansas’s PBM regulation does not make an impermissible reference to ERISA plans, because it “imposes obligations on PBMs, not ERISA plans.”

The government further notes that Arkansas’s law “regulates only the relationship between PBMs and pharmacies. It does not regulate the [ERISA] plans themselves or their relationships with PBMs, pharmacies, or plan participants.”

MPhA was among 51 state pharmacy associations plus the National Community Pharmacists Association, American Pharmacists Association and National Alliance of State Pharmacy Associations that signed on to a brief submitted by the Arkansas Pharmacists Association on March 2, 2020. The brief includes statements such as, “In the opinion of many States, Arkansas among them, the conduct of PBMs has jeopardized the safe and efficient delivery of prescription drugs to patients. Because of an imbalance in market power, PBMs can impose take-it-or-leave-it terms on small pharmacies and even large retail chains. For example, PBMs have granted themselves unilateral authority to determine how much they reimburse pharmacies for the generic prescription drugs they dispense to patients. … And PBMs have prevented pharmacists from dispensing certain prescription drugs, even though those pharmacies are licensed to do so, in order to steer patients to mail-order pharmacies owned by PBMs.

“This case focuses on one aspect of the relationship between PBMs and pharmacies — the use of negative reimbursements. In recent years, PBMs have increasingly reimbursed pharmacies below their cost to acquire prescription drugs from wholesalers. Because one of the main sources of PBMs’ profits is the difference between what they charge plans and what they reimburse pharmacies for a particular drug (known as the “spread”), PBMs have an enormous financial incentive to widen that difference.”

Other national associations related to pharmacy have filed amicus curiae briefs — including the Academy of Managed Care Pharmacy, the National Association of Chain Drug Stores and the National Association of Specialty Pharmacy. Many state attorneys general (including Minnesota) have also weighed in, supporting the rights of states to regulate PBMs.

Due to the COVID-19 outbreak, the court postponed oral arguments on April 3. The court plans to reschedule arguments for the October Term 2020.
INVOKANA® is the only SGLT2i to demonstrate a proven safety profile in patients with an eGFR of 30 to <90

- Similar overall adverse events were seen in the CREDECE trial with INVOKANA® vs placebo (35.1 vs 37.9 per 100 patient years), except for DKA and male GMI. No imbalance in fracture or amputation. Hypotension incidence was 2.8% vs 1.5%, respectively
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**INVOKANA® (canagliflozin) is the only T2D therapy approved by the FDA to reduce the risk of end-stage kidney disease (ESKD), doubling of serum creatinine, cardiovascular (CV) death, and HHF in adults with T2D and diabetic nephropathy with albuminuria >300 mg/day.**

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WARNINGS and PRECAUTIONS (cont’d)

patients with type 2 diabetes who had either established cardiovascular disease or were at risk for cardiovascular disease. The risk of lower-limb amputations was observed at both the 100-mg and 300-mg once-daily dosage regimens.

Amputations of the toe and midfoot (99 out of 140 patients with amputations receiving INVOKANA® in the two trials) were the most frequent; however, amputations involving the leg, below and above the knee, were also observed (41 out of 140 patients with amputations receiving INVOKANA® in the two trials). Some patients had multiple amputations, some involving both lower limbs.

Lower-limb infections, gangrene, and diabetic foot ulcers were the most common precipitating medical events leading to the need for an amputation. The risk of amputation was highest in patients with a baseline history of prior amputation, peripheral vascular disease, and neuropathy.

Before initiating, consider factors in the patient history that may predispose to the need for amputations, such as a history of prior amputation, peripher al vascular disease, neuropathy, and diabetic foot ulcers. Counsel patients about the importance of routine preventative foot care. Monitor patients for signs and symptoms of infection (including osteomyelitis), new pain or tenderness, sores, or ulcers involving the lower limbs, and discontinue if these complications occur.

• Hypotension: INVOKANA® causes intravascular volume contraction. Symptomatic hypotension can occur after initiating INVOKANA®, particularly in the elderly, and in patients with impaired renal function, low systolic blood pressure, or on diuretics or medications that interfere with the renin-angiotensin-aldosterone system. Before initiating INVOKANA®, volume status should be assessed and corrected. Monitor for signs and symptoms after initiating.

• Ketoacidosis: Ketoacidosis, a serious life-threatening condition requiring urgent hospitalization, has been identified in patients with type 1 and 2 diabetes mellitus receiving SGLT2 inhibitors, including INVOKANA®. Fatal cases of ketoacidosis have been reported in patients taking INVOKANA®. Before initiating INVOKANA®, consider factors in patient history that may predispose to ketoacidosis. Monitor for ketoacidosis and temporarily discontinue in clinical situations known to predispose to ketoacidosis.

• Acute Kidney Injury: INVOKANA® causes intravascular volume contraction and can cause acute kidney injury. Acute kidney injury, requiring hospitalization and dialysis, has been reported. Initiation of INVOKANA® may increase serum creatinine and decrease eGFR. Before initiation, consider factors that may predispose patients to acute kidney injury. Consider temporarily discontinuing INVOKANA® in any setting of reduced oral intake or fluid losses; monitor patients for signs and symptoms of acute kidney injury. If it occurs, promptly discontinue and treat. Evaluate renal function prior to initiation and monitor periodically thereafter.

• Urosepsis and Pyelonephritis: Serious urinary tract infections, including urosepsis and pyelonephritis, requiring hospitalization have been reported in patients receiving SGLT2 inhibitors, including INVOKANA®. Treatment with SGLT2 inhibitors increases this risk. Evaluate for signs and symptoms and treat promptly.

• Hypoglycemia With Concomitant Use With Insulin and Insulin Secretagogues: INVOKANA® can increase the risk of hypoglycemia when combined with insulin or an insulin secretagogue. A lower dose of insulin or insulin secretagogue may be required.

• Necrotizing Fasciitis of the Perineum (Fournier’s Gangrene): Necrotizing fasciitis of the perineum, a rare but serious and life-threatening necrotizing infection requiring urgent surgical intervention, has been identified in postmarketing surveillance in female and male patients with diabetes mellitus receiving SGLT2 inhibitors, including INVOKANA®. Serious outcomes have included hospitalization, multiple surgeries, and death. If suspected, start treatment immediately with broad-spectrum antibiotics and, if necessary, surgical debridement. Discontinue INVOKANA®.

• Genital Myotic Infections: INVOKANA® increases risk of genital myotic infections, especially in uncircumcised males or patients with prior infections. Monitor and treat appropriately.

• Hypersensitivity Reactions: Hypersensitivity reactions, including angioedema and anaphylaxis, were reported with INVOKANA®; these reactions generally occurred within hours to days after initiation. If reactions occur, discontinue INVOKANA®, treat, and monitor until signs and symptoms resolve.

• Bone Fracture: Increased risk of bone fracture, occurring as early as 12 weeks after treatment initiation, was observed in patients using INVOKANA®. Prior to initiation, consider factors that contribute to fracture risk.

DRUG INTERACTIONS

• UGT Enzyme Inducers: Co-administration with rifampin lowered INVOKANA® exposure, which may reduce the efficacy of INVOKANA®. For patients with eGFR >60 mL/min/1.73 m², if an inducer of UGTs (eg, rifampin, phenytoin, phenobarbital, ritonavir) is co-administered with INVOKANA®, increase the dose to 200 mg (taken as two 100 mg tablets) once daily in patients currently tolerating INVOKANA® 100 mg. The dose may be increased to 300 mg once daily in patients currently tolerating INVOKANA® 200 mg and who require additional glycosylated control. For patients with eGFR >60 mL/min/1.73 m², if an inducer of UGTs is co-administered with INVOKANA®, increase the dose to 200 mg (taken as two 100 mg tablets) once daily in patients currently tolerating INVOKANA® 100 mg. Consider adding another antihyperglycemic agent in patients who require additional glycosylated control.

• Digoxin: There was an increase in the AUC and mean peak drug concentration of digoxin when co-administered with INVOKANA® 300 mg. Monitor appropriately.

• Positive Urine Glucose Test: Monitoring glycosylated control with urine glucose tests is not recommended in patients taking SGLT2 inhibitors. Use alternative methods to monitor glycosylated control.

• Interference With 1,5-Anhydroglucitol (1,5-AG) Assay: Monitoring glycosylated control with 1,5-AG assay is not recommended in patients taking SGLT2 inhibitors. Use alternative methods to monitor glycosylated control.

USE IN SPECIFIC POPULATIONS

• Pregnancy: INVOKANA® is not recommended in pregnant women, especially during the second and third trimesters.

• Nursing Mothers: INVOKANA® is not recommended while breastfeeding.

• Pediatric Use: Safety and effectiveness in patients <18 years of age have not been established.

• Geriatric Use: Patients ≥65 years had a higher incidence of adverse reactions related to reduced intravascular volume, particularly with the 300-mg dose; more prominent increase in the incidence was seen in patients who were ≥75 years. Smaller reductions in HbA1c relative to placebo were seen in patients ≥65 years.

• Renal Impairment: The efficacy and safety of INVOKANA® for glycosylated control were evaluated in a trial that included patients with moderate renal impairment (eGFR 30 to <50 mL/min/1.73 m²). These patients had less overall glycosylated efficacy, and patients treated with 300 mg per day had increases in serum potassium, which were transient and similar by the end of the study. Patients with renal impairment using INVOKANA® for glycosylated control may be more likely to experience hypotension and may be at a higher risk for acute kidney injury. INVOKANA® is contraindicated in patients with ESKD on dialysis.

• Hepatic Impairment: INVOKANA® has not been studied in patients with severe hepatic impairment and is not recommended in this population.

OVERDOSAGE

• In the event of an overdose, contact the Poison Control Center and employ the usual supportive measures.

ADVERSE REACTIONS

• The most common adverse reactions associated with INVOKANA® (5% or greater incidence) were female genital mycotic infections, urinary tract infections, and increased urination.

Please see accompanying full Prescribing Information, including Boxed WARNING, and Medication Guide, or visit www.InvokanaHCP.com/PI.

References:
1. INVOKANA® [prescribing information]. Titusville, N.J.: Janssen Pharmaceuticals, Inc.
2. Jardiance® [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.
3. Farxiga® [prescribing information]. Ridgefield, CT: AstraZeneca Pharmaceuticals LP.

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cp-103427v1

Minnesota Pharmacist • Spring 2020 • 15
Informing Your Patients about Vaping-related Lung Illness

By Taylor Thoof, PharmD, CentraCare – Paynesville. Reprinted by permission from Curbside Consult, Volume 17, Issue 4 – Fourth Quarter 2019, a publication of the University of Minnesota College of Pharmacy

Background
Electronic cigarettes (also known by names such as e-cigarettes, e-cigs, vape-pens, or vapes) have recently been linked to multiple cases of severe respiratory illness across the United States. The use of such devices is often known as vaping. E-cigarettes contain liquids, known as e-liquids, that are heated by a battery-powered device to form an aerosol, often incorrectly referred to as vapor, which is then inhaled. These liquids can contain various substances such as nicotine, propylene glycol, vitamin E-acetate, vegetable glycerine, formaldehyde, tetrahydrocannabinol (THC), and flavorings. The individual components can vary greatly between products. While some of these individual substances have been evaluated to be safe to ingest, there is inconclusive data supporting their safety when inhaled. Additionally, the use of e-cigarette products has recently been associated with severe lung disease, with over 2,000 reported cases and 39 deaths as of Nov. 5, 2019. E-cigarette or vaping use associated lung injury (EVALI) may present with various non-specific symptoms such as cough, shortness of breath, chest pain, abdominal pain, nausea, vomiting, diarrhea, fever, chills or weight loss. Little is known about specific toxicants in EVALI at this time, but a majority of cases report that patients utilized e-cigarettes containing THC. Recent reports from the Centers for Disease Control and Prevention (CDC) suggest that vitamin E-acetate, an additive in off-market e-liquids, may be a primary intoxicant in EVALI.

Evidence
Data from Song and colleagues' suggests that use of even flavorless and nicotine-free vaping liquids may result in lung inflammation. In a four-week pilot trial, 30 individuals classified as never-smokers (smoked less than 100 cigarettes in their lifetime) were randomized to either e-cigarette use or no use controls. Individuals randomized to e-cigarette use were provided with identical devices and provided with an e-liquid containing 50% propylene glycol and 50% vegetable glycerin. Subjects underwent bronchoscopy and bronchoalveolar lavage (BAL) at baseline and at five weeks to assess inflammatory cell counts and cytokines. Adherence to study protocol was assessed via urinary propylene glycol concentrations and patients recording daily puff counts from their e-cigarette. There was no statistically significant difference in BAL inflammatory cell counts or cytokines between groups at baseline and at five weeks. However, investigators observed that change in urinary propylene glycol from baseline was significantly correlated with change in cell counts, R=0.60, P=0.03. Investigators did note overall changes were small in this trial, but they noted the short duration of the study as a limiting factor for assessing the effect of chronic e-cigarette use may have on pulmonary tissue.

While data from controlled trials are lacking at this time, the CDC reported in early November 2019 that it believes that the substance vitamin E-acetate may be associated with EVALI based on bronchoscopy and bronchoalveolar lavage (BAL) samples from confirmed EVALI cases. Vitamin E-acetate is a diluent commonly used in e-liquids containing THC. Of 29 bronchoscopy and BAL samples sent to the CDC from across the United States, all 29 samples contained vitamin E-acetate. THC was detected in 20 samples and nicotine metabolites were detected in 16 samples.

Another CDC report detailed differences in e-liquid formulations prior to and after the EVALI outbreak in 2019. The Minnesota Department of Health (MDH) tested ten e-liquid formulations that were seized in 2018 against 20 e-liquid formulations seized in September 2019. All of these formulations all contained THC and were intended for sale on the illicit market. It was determined that all 20 products seized in 2019 contained vitamin E-acetate, but none of the ten products seized in 2018 contained vitamin E-acetate.

Discussion
Data from controlled trials on the safety of inhaling aerosols of various components in e-cigarettes is sparse at this time. While certain products such as propylene glycol and vegetable glycerin have previously defined acceptable levels for human consumption and cosmetic use, the safety of these products when heated and inhaled via an aerosol may vary as demonstrated by Song and colleagues. Song and colleagues propose that the use of e-cigarettes containing propylene glycol moderately correlates to lung inflammation. Propylene glycol is a common excipient in e-liquids and therefore there is a potential risk for lung inflammation with use of most e-cigarettes. With regard to serious lung damage due to EVALI, the CDC hypothesizes that vitamin E-acetate is the primary intoxicant, and not other excipients. This belief is driven by the majority of BAL samples from...
confirmed EVALI cases containing vitamin E-acetate and the discovery that e-cigarette formulations containing the substance are a fairly recent development.

The existing data provided from the CDC does not present enough evidence to establish a causal relationship between the presence of vitamin E-acetate and EVALI, but a correlation does seem to exist. While this finding is promising in identifying a potential toxicant linked to EVALI, further studies are needed whether a causal relationship exists between EVALI and vitamin E-acetate.

Clinical Impact
While there is much to learn about EVALI, pharmacists have the opportunity to share basic information with their patients to promote safety. At this time, the CDC recommends that individuals should refrain from buying any type of e-cigarette product but especially recommend avoiding THC containing products. It is believed that vitamin E-acetate may be a potential toxicant, but there is inconclusive data at this time. Patients who have been utilizing e-cigarettes for smoking cessation should be advised not to go back to smoking but instead consider using other evidence-based treatments for smoking cessation. For patients interested in quitting their use of e-cigarettes, pharmacists should recommend the same evidence-based treatments to assist in quitting. If individuals continue to use e-cigarettes, it is advised that they continually monitor for symptoms associated with EVALI and seek medical attention if these symptoms develop. Pharmacists should advise that patients experiencing cough, shortness of breath, chest pain, abdominal pain, nausea, vomiting, diarrhea, or fatigue and have used e-cigarettes within the past 90 days to seek out further medical attention.

References
Twin Cities Business Magazine Focuses on Independent Pharmacies

In the April 2020 issue of Twin Cities Business magazine, reporter David Burda interviews MPhA members Jon Schommer, MS, PhD, RPh, and Jim Stage, PharmD, as well as other pharmacists. The article, “The Pharmacy Sickness,” points out how independent pharmacies are closing in the Twin Cities and elsewhere in Minnesota.

“It’s a tough marketplace right now,” says Dr. Schommer, a professor in the department of pharmaceutical care and health systems in the University of Minnesota College of Pharmacy. “Can you survive losing money on every prescription that you dispense? Or do you have another business model that will cover the loss and keep you in business?”

The article details some of the research Dr. Schommer and his colleagues at the university have done on the retail pharmacy market in Minnesota for more than two decades. It also describes how pharmacy benefit managers (PBMs) have dramatically changed the marketplace.

Dr. Stage, who owns three independent pharmacies in the Twin Cities, says, “We have more business than we’ve ever had before, but it doesn’t equate to profitability.

“In what retail markets are you forced to buy something at $6 and then are allowed to only charge $3 for it?” Dr. Stage says, “It doesn’t make any sense, and it has to change. We’re not asking for the moon.”

Events Recap

Minnesota Pharmacy Legislative Day

Nearly 200 pharmacists gathered at the State Capitol on Feb. 20 for Minnesota Pharmacy Legislative Day. We had a record 11 legislators representing both houses and both major parties at our panel discussion; it was clear that everyone wants to take action on insulin accessibility, price transparency and several other issues.

We had an excellent turnout for this year’s Legislative Day event! You may notice some people holding signs in the background of this photo. They were among several hundred anti-vaccination proponents who gathered at the Capitol on the same day as our event.

Our thanks to everyone who presented a session at Legislative Day, and to all who participated in the visits with legislators and aides!

Special thanks to our sponsors/exhibitors for Minnesota Pharmacy Legislative Day!

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Events Recap... continued on page 20
Member Spotlight: Josiah Allen

Managing life as a student can be difficult. If you add being a husband, father and business owner on top of the demands of being a student, it wouldn’t be surprising if one found that overwhelming. Not Josiah Allen, though. As a class of 2022 student at the University of Minnesota College of Pharmacy, Allen is thriving with this exact scenario.

Josiah and his wife are from Rochester, Minn., and have two boys ages 5 and 3. He founded Medigenics Consulting in 2017 and has remained the principal consultant of the company throughout his time as a student. Josiah and his team primarily work with commercial laboratories involved in or interested in pharmacogenomics and advise them on product development, medical education strategy, key opinion leader relationship development, and market trends.

After earning a bachelor’s degree in psychology from Wheaton College in Wheaton, Ill., Josiah got a job working in the department of psychiatry and psychology at the Mayo Clinic in Rochester. He was assigned to a project involving psychiatric pharmacogenomics (the study of genetic predictors of psychiatric medication response), and this ignited his interest in pharmacy.

“As a psychology major and the son of a psychiatric nurse practitioner, I was aware of the challenges that many people can have with finding psychiatric medications that are both effective and tolerable,” Josiah said. “I quickly saw the promise of pharmacogenomics as a tool that could help us do a better job of selecting medications for people with psychiatric illnesses, thereby improving their quality of life and reducing the number of suicides and other tragic outcomes of these conditions. As a result, I dove in and fell in love with the field.”

Josiah worked in psychiatric pharmacogenomics for close to ten years. During that time, he realized he needed to get an advanced degree to further his skill set and knowledge, particularly in pharmacology. Pharmacy seemed like a great fit for him, so with proximity to family and the University of Minnesota’s reputation for training clinically-oriented pharmacists in mind, Josiah made the decision to attend the University of Minnesota’s College of Pharmacy.

Josiah has been an MPhA member for a little more than a year. He says, “I’m excited about advancing the pharmacy profession. I joined MPhA to network with my current and future colleagues and stay up to date on what’s happening in Minnesota pharmacy.”

Because of his background in psychology and the work he’s done in pharmacogenomics, he would like MPhA to cover more information related to mental health. “One thing I’m very passionate about is improving mental health delivery. Suicide rates have risen significantly in the past ten years and more people die of suicide each year than breast cancer. There’s a major shortage of psychiatrists nationwide and I’d love to see an exploration of what pharmacy is doing/can be doing more to help plug this gap. I see a major role for pharmacy both on the triage side (e.g. helping to screen patients in pharmacies and assess acute issues) and on the treatment side (working in CPAs with psychiatrists to act as physician extenders).”

Josiah still makes time for his wife and kids — even with his busy schedule. “School is time-consuming, but we love to visit museums, go on walks/bike rides (when it’s warm enough!) and take our dog to dog parks. I also enjoy cooking and brewing beer!”

Submit Your News or Article!

Do you have news to share about MPhA members and their achievements? Help us spread the news about the good work that our members are doing across Minnesota!

Contact Laurie Pumper at lauriep@mpha.org.
Legislative Day Recap... continued from page 18


To see many more photos from Minnesota Pharmacy Legislative Day, visit our Facebook page. We have also posted photos on Twitter (our handle is @MinnPharmAssoc) and Instagram (search for minnpharmassoc). We encourage you to share your photos from the event with us! You can post to one of the social channels above, or send an email to Laurie Pumper.

Pharmacists Raise Funds for Scholarships

On Saturday, Feb. 29, 40 MPhA members and their guests raised funds for student scholarships offered through the Minnesota Pharmacists Foundation. A fun wine pairing dinner at Lilydale Pool and Yacht Club was enjoyed by all. Scholarship recipients Hayley Kytta and Patty Maglalang (shown with Linnea Forsell in the photo at right) were also able to attend the event. Scholarship winner Brandon Anderson was unable to attend. This was a unique year — nearly half of those who attended were sponsored students. Many thanks to those who contributed to the Foundation!
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The Alliance of Medication Safety (APMS) is a federally listed Patient Safety Organization (PSO).
In Memoriam: Dr. Donald Uden

Don Uden, PharmD, FCCP, a MPhA member who was a Distinguished University Teaching Professor at the University of Minnesota College of Pharmacy, passed away unexpectedly on March 21. He was 67. Dr. Uden was part of the COP for more than 30 years, most recently serving as professor in the Department of Pharmaceutical Care & Health Systems.

Dr. Uden was an inspirational mentor who had a profound impact on the lives of so many within the College of Pharmacy community and MPhA. He was generous with his time and talents to help others’ professional growth and shared as much of the “real world” with his students in the classroom as he could. He will be greatly missed.

He was a kind, thoughtful and humorous individual who adored his family and especially his grandchildren. He loved biking, skiing, hiking and spending time fishing at the Brule with his best friends, including professor emeritus, Dr. Ron Hadsall. He was also a member of the Metropolitan Men’s Choir and had a knack for finding just the right colorful bow tie for any occasion.

Don is survived by his daughter Jamie (Dan) Vargo, three granddaughters, Abigail, Madelyn and Lillian, his partner Brenda Trebesch, his mother Jean Snare and many half-sisters and brothers. He is preceded in death by his father Rudy Uden; his stepmother Gloria Uden; his stepfather Daniel Snare; his brother Doug; his half-sister Denise and his half-brother Dale.

The COP is working with Dr. Uden’s family to determine the most appropriate way to honor his contributions. In lieu of flowers, memorial contributions may be made to the Hadsell-Uden Fund for Pharmacy Advancement online at z.umn.edu/Hadsall-Uden (click “special options” to add “in memory of Don Uden”). You can also mail a check made out to the “U of M Foundation” with “#22899 in memory of Don Uden” in the memo line; send to U of M Foundation, P.O. Box 860266, Minneapolis, MN, 55486-0266.

Read the full tribute.

FOLLOW MPHA ON TWITTER, FACEBOOK AND INSTAGRAM

On Twitter, follow us at @MinnPharmAssoc to get updates on what’s happening at the state legislature, MDH and DHS; federal government policymakers and agencies; and with affiliated organizations like APhA, ASHP, NCPA and ACCP. We tweet almost every weekday. In addition to keeping our members informed, another goal of our tweets is to raise the profile of pharmacy among key influencers such as legislators and policymakers. You can help us by retweeting some of our messages, or by creating your own tweets during events like the Annual Learning Networking Event (if you mention @MinnPharmAssoc in your tweets, we are likely to retweet your posts).

On Facebook, you’ll find updates about our members and from the University of Minnesota College of Pharmacy. We post photos from our events — so send your photos from ALNE or other events to Laurie Pumper at the MPhA office to have them included!

On Instagram we post photos from our events and other news of interest to pharmacists and pharmacy technicians. Follow us and share your photos using #minnpharm
CONTACT INFORMATION
Pharmacy Name: __________________________________________________________
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CONGRATULATIONS
2020 SCHOLARSHIP WINNERS

Pharmacists Mutual is proud to support students who are interested in serving in an independent or small chain community pharmacy or an underserved geographic or cultural community. Each student listed received a $2,500 scholarship.

AMNA PARACHA University of Maryland Eastern Shore
BENJAMIN HIGHTOWER University of Georgia
BROOKE HENRIKSEN California Health Sciences University
JADA JENSEN University of Wyoming
EMILY BRUNSON University of Texas at Austin
LAUREN BREWER University of Georgia
JOHNNY ALEXANDER University of Texas at Austin
JULIA ANNIS University of Rhode Island
KAYLA LELAND Washington State University
MICHAEL DANILOV University at Buffalo

MASON SYKES Samford University
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LESLIE VO University of Texas at Austin
ROBERTO NAVA University of California–San Diego
NEVIN RADECHEL Drake University
RAEANN KILGORE University of Missouri–Kansas City
SARAH HENDERSON Virginia Commonwealth University
STEPHANIE MARTIN Drake University
STEPHANIE LUKEVICH South University
BRIANNA SMITH William Carey University

ACCEPTING APPLICATIONS
FOR 2021 SCHOLARSHIP
October 1, 2020 - December 1, 2020
https://www.phmic.com/scholarship/
MPhA Members Receive APhA Awards
Philip Portoghese, PhD, and James Cloyd, PharmD, both with the University of Minnesota College of Pharmacy, were honored with American Pharmacists Association 2020 Academy Awards. Dr. Portoghese was selected to receive the Research Achievement Award in the Pharmaceutical Sciences; the award recognizes and encourages outstanding, meritorious achievement in any of the pharmaceutical sciences. Dr. Cloyd was selected to receive the Tyler Prize for Stimulation of Research, recognizing an individual for encouraging research by peers, students, fellows, residents and others via publications or by directing research, serving as a preceptor or mentoring in any discipline of the pharmaceutical sciences.

MPhA Members Serve as Presenters at Midwest Pharmacy Expo
MPhA had great representation at the Midwest Pharmacy Expo in Des Moines, Iowa, Feb. 6-8. Members Deborah Pestka, Natalie Roy, Jordan Wolf and Kylee Funk presented on several topics.

MPhA Member Provides Pharmacist Perspective at DARE Training
MPhA member and former Interim Executive Director Marsha Millonig provided the pharmacist perspective during Minnesota DARE officer training in Bloomington on February 7 with officers from throughout Minnesota. Marsha has been a MN DARE board member since serving on the Minnesota Pharmacists Foundation AwareRx task force in 2007. She has worked with MN DARE Executive Director Kathi Ackerman on numerous training programs that allow DARE officers to learn about prescription and OTC drug abuse and addiction and encouraging DARE officers to partner with pharmacists in their community as they address drug abuse and addiction education. In the photo below, Marsha (right) and Kathi (center) are shown working through a role play with an officer.

MPhA Member Receives Grant for Cancer Research
MPhA member Hongbo Pang, PhD, from the University of Minnesota, is part of a team working to improve treatment for pediatric brain cancer, especially for tumors centered in the brainstem. That project was one of several chosen to receive a grant from the Minnesota Partnership for Biotechnology and Medical Genomics. Read the full article.
Minnesota Pharmacists Foundation Scholarships Announced
The Minnesota Pharmacists Foundation was pleased to present scholarships to three deserving students from the University of Minnesota College of Pharmacy on Feb. 20, during our Minnesota Pharmacy Legislative Day event. Brandon Anderson received the Herb and Addie Whittemore Scholarship of $1,000. Hayley Kytta and Patty Maglalang each received $750 scholarships. Our thanks to Anjoli Punjabi for introducing the scholarship recipients.

Drug Pricing Task Force Holds Press Conference
Approximately one year ago, Minnesota Attorney General Keith Ellison created the Advisory Task Force on Prescription Drug Prices in an effort to identify the underlying cause of high prescription drugs and to develop a plan to decrease drug costs moving forward. The Task Force included legislators, experts (among them MPhA member and pharmacist Dr. Steve Schondelmeyer) and patient advocates.

The Task Force presented its final report to the media on Feb. 19. The 93-page report, which can be found here, includes explanations as to why prescription drug prices have become so expensive as well as a 14-point strategic plan on how to move forward with decreasing these costs. As Attorney General Ellison stated during the press conference, “this is just the end of the beginning.”

MPhA, MPSA Members Rally to Celebrate Immunizations
Many thanks to the MPhA members and Minnesota Pharmacy Student Alliance members who participated in the Celebrate Immunizations Rally at the State Capitol on Feb. 18! MPSA also held a health fair at the capitol, helping to inform legislators and the public about health care issues. See additional photos from the event at the MPhA Facebook page.
Carolyn Fairbanks Elected to ASPET Position
MPhA member Carolyn Fairbanks, PhD, has been elected chair-elect of the Division of Neuropharmacology of the American Society for Pharmacology and Experimental Therapeutics (ASPET). Dr. Fairbanks is associate dean for research at the University of Minnesota College of Pharmacy and is a professor in the Department of Pharmaceutics as well as the Department of Pharmacology.

Star Tribune Article Highlights Independent Pharmacy
The Star Tribune published an article on Feb. 17 about Seward Pharmacy, an independent shop that opened in September 2019. The article shares information about the difficulty of opening an independent pharmacy in the current environment, explaining that many pharmacies say they are struggling against the pricing policies and business practices of PBMs.

MPhA member Gary Boehler is quoted extensively in the article, as is MPhA Executive Director Sarah Derr. Sarah discusses the need for pharmacists to move to providing — and getting paid for — clinical services. Read the full article.

Student Pharmacists Outreach
More than 40 student pharmacists participated in the 6th annual South Ridge High School health fair in Culver, Minn. (about 25 miles northwest of Duluth) in February. The goal of the fair is to improve health literacy in children. More than 300 kids were able to interact with the student pharmacists.

The Multicultural Pharmacy Student Organization (MPSO) also collaborated with Operation Heart to provide blood pressure and glucose checks and BMI readings for Somali patients in Minneapolis, serving 65 patients.

MPhA Members Participate in Research Day at COP
Our thanks to the MPhA members and others who made presentations or presented posters at the University of Minnesota College of Pharmacy’s annual Research Day on Feb. 25. The event was attended by students, faculty, residents, industry representatives and others from the scientific community.

MPhA Member Receives NASPA Excellence in Innovation Award
Upsher-Smith Laboratories, LLC (Upsher-Smith) and the National Alliance of State Pharmacy Associations (NASPA) are proud to honor 44 pharmacists from across the U.S. with the 2019 NASPA Excellence in Innovation Award for their outstanding contributions to the profession of pharmacy. The annual award, sponsored by Upsher-Smith, is given by NASPA and state pharmacy associations. The Minnesota award recipient is Joseph Dvorak, PharmD, of Welia Health in Pine City. Read the full news release.

Schondelmeyer Featured on KARE-11 about COVID-19
Several health agencies, including the Centers for Disease Control and Prevention (CDC), are encouraging consumers to be sure they have sufficient supplies of prescription medications to be able to withstand the current outbreak of COVID-19. But as MPhA member Dr. Stephen Schondelmeyer pointed out as part of a news story on KARE-11 TV on Feb. 28, that can be easier said than done.

Dr. Schondelmeyer said, “You should at least make sure you have a full month supply and, when possible, talk to your doctor and your pharmacist and see if you can get a 90-day supply.”

He added, “We do need to appeal to the Medicaid program [and] the Medicare program to see if they couldn’t allow a 90-day supply in the next 6-12 months so people can stay stocked up and have drugs available.” View/read the full article.

Wagner Receives Distinguished Teaching Award
Carston Wagner, PhD, has been named the recipient of a 2019-20 University of Minnesota Award for Outstanding Contributions to Graduate and Professional Education. Those who receive this award are designated Distinguished University Teaching Professors and become members of the University of Minnesota’s Academy of Distinguished Teachers. Read the full news release.
St. Peter Receives Weaver Medal
Professor Wendy St. Peter, PharmD, FCCP, FASN, FNKF, has been selected as the 2019 Lawrence C. and Delores M. Weaver Medal recipient. The award recognizes sustained and distinguished support of the College of Pharmacy and its students, and/or acknowledges outstanding contribution to pharmacy education, practice, research or community outreach.

Through teaching, scholarship and service, St. Peter has demonstrated unwavering commitment to patients, the profession of pharmacy, the college and the University, throughout her career.

Harki Awarded Northrop Professorship
Daniel Harki, PhD, has been awarded the Northrop Professorship at the University of Minnesota. The University provost’s letter of appointment states this professorship “was created to recognize field-shaping faculty who have made significant advances in their careers and whose national and international work has helped define the trajectory of one or more academic fields. It recognizes those whose accomplishments have brought renown and prestige to the University of Minnesota and who thus add luster to the University by their presence.”

Dr. Harki is an Associate Professor in the Department of Medicinal Chemistry at the University of Minnesota—Twin Cities campus. Research in the Harki laboratory focuses on the design, synthesis and biological characterization of novel small molecules, peptides and oligonucleotides that influence cellular function. Applications for these molecules range from anticancer drug discovery to new tools for modern biotechnology research.

COP Ranks Third among U.S. Pharmacy Schools
U.S. News & World Report has named the University of Minnesota College of Pharmacy (COP) as the third best in the nation. COP Dean Lynda Welage said in a statement, “Throughout the history of the U.S. News & World Report rankings for colleges of pharmacy, the University of Minnesota College of Pharmacy has always remained among the top schools in the country. We know this is because of the unique program we offer, the tremendous work and dedication of our faculty, staff and students, as well as the exceptional support we receive from friends and alumni of the college.”

Dean Welage continued, “This moment of crisis in our national health care environment exemplifies the need for us to continue striving to fulfill our mission. We are preparing students to be innovative problem solvers who tackle big health care challenges like this one and the many that are sure to come.” Read the full report on U.S. pharmacy schools: https://www.usnews.com/best-graduate-schools/top-health-schools/pharmacy-rankings

COP Faculty Receive Award from AACP
Claire Kolar, PharmD, PhD, and MPhA member Kristin K. Janke, PhD, have been announced as winners of the American Association of Colleges of Pharmacy (AACP) Rufus A. Lyman Award for their paper, “Aiding Transformation from Student to Practitioner by Defining Threshold Concepts for the Pharmacists’ Patient Care Process.”

Gayle A Brazeau, PhD, editor of AJPE, wrote, “This manuscript makes a significant contribution to pharmacy education because of its timeliness, originality and significant impact to the education of our students and the practice of pharmacy as colleges/schools work in the transition of our students to become practitioners through the use of the Pharmacists’ Patient Care Process (PPCP).”

This award and others will be presented as part of Pharmacy Education 2020, a virtual event in July.

University of Minnesota Launches Clinical Trial to Prevent COVID-19
Are you a health care worker or know a health care worker who was exposed to COVID-19? Or, are you a health care worker sharing a home with someone who has COVID-19? The University of Minnesota has launched a clinical trial studying a drug that may help prevent infection in those exposed to coronavirus. This study is currently open to ALL health care workers across the U.S. Email us at covid19@umn.edu to enroll. Please share with your networks.

Pharmacy Students among Those Volunteering for MN Covidsitters
Students from the University of Minnesota College of Pharmacy are among those participating in MN Covidsitters — a volunteer group of students who are helping with child care and errands for those working the front lines in health care and public health. Students from medicine, nursing, pharmacy, dental, public health, veterinary medicine and education are encouraged to participate: https://www.mncovidsitters.org/forstudents.
St. Peter Receives 2020 Medical Advisory Board Distinguished Service Award
Wendy St. Peter, PharmD, FCCP, FASN, FNKF, of the University of Minnesota College of Pharmacy has been honored with the 2020 Medical Advisory Board Distinguished Service Award. The award is presented by the National Kidney Foundation (NKF) to recognize individuals for their educational activities and community service in promoting the mission of the NKF.

COP Donates PPE to Clinical/Health Care Operations
The University of Minnesota College of Pharmacy was among the research labs that stepped up to provide personal protective equipment (PPE) to the University’s COVID-19 clinical and health care operations. Tens of thousands of pairs of gloves, hundreds of N-95 masks, gowns, and boxes of swabs and disinfecting wipes have been donated.

COP Collaboration Highlighted in Minnesota Daily
The University of Minnesota College of Pharmacy’s collaboration with the University of North Carolina and HealthPartners to study medication therapy management (MTM) was the subject of a March 24 article in the Minnesota Daily. MPhA Past Presidents Jason Varin and Todd Sorensen were interviewed. The goal for the study is for pharmacists to help patients better understand their health conditions and medications. The study will evaluate HealthPartners patients who have high blood pressure, heart disease or diabetes and examine whether the program leads to decreased blood pressure, the end of tobacco use or lower blood sugar levels in the patients. Read the full article.

Pharmacists Discuss Medication Shortages on KSTP-TV
MPhA Executive Director Sarah Derr, PharmD, and Jenna Bednar, PharmD, of Setzer Pharmacy in St. Paul were interviewed on March 27 for a story on KSTP-TV regarding shortages of some prescription medications due to the coronavirus pandemic. Inhalers are among the medications in short supply. Read/view the full story.

COP Student and Mom Help Create Face Masks
When MPhA member Nadira Mohamed, a fourth-year student at the University of Minnesota College of Pharmacy, saw the email from professor Betsy Hirsch seeking volunteers to sew masks for health care workers, Nadira knew she could help. Enlisting help from her mom helped the project really take flight.

While the masks should not be viewed as replacements for N-95 masks, Hirsch says, “these homemade masks could be used for low-risk patients and providers and the surgical or N-95 masks could then be diverted to the higher risk COVID-19 patients and providers.” Read the full story. View/read the story from FOX 9.

Schondelmeyer Quoted in NYT on Drug Shortages
Stephen Schondelmeyer, PharmD, PhD, of the University of Minnesota College of Pharmacy was quoted in an April 2 article in The New York Times regarding essential drug supplies that are running low. “Out of 21 antibiotics that would be critical for treating secondary infections in COVID-19 patients, 18 antibiotics have greater than 80 percent of their supply coming out of China, India or Italy — all places that have had production disruptions,” Dr. Schondelmeyer said.

The article also noted that Dr. Schondelmeyer is a co-leader of the University’s Resilient Drug Supply Project, which aims to provide a detailed map of the supply chain for important drugs used in the U.S. Read the full article.
Harki Named Co-leader of Masonic Cancer Center’s Cellular Mechanisms Program

MPhA member Daniel Harki, PhD, an Associate Professor in the Department of Medicinal Chemistry within the College of Pharmacy at University of Minnesota, will become a co-leader of the Masonic Cancer Center, University of Minnesota’s Cellular Mechanisms Program. He will join Carol Lange, PhD, Professor in the Department of Medicine, Division of Hematology-Oncoology and Transplantation within the Medical School.

Harki is succeeding long time co-leader James McCarthy, PhD, Professor, Department of Laboratory Medicine and Pathology in the Medical School, who is stepping aside to focus his full efforts on his research. Read the full news release.

KARE-11 Investigates Fake Prescriptions for Hydroxychloroquine

Thanks to MPhA members telling us about forged prescriptions for hydroxychloroquine, MPhA Executive Director Sarah Derr had information to share when KARE-11 TV contacted her for a story about shortages of the medication. Read/watch the full story.

COP Faculty Share Words of Kindness

Several MPhA members are among the University of Minnesota College of Pharmacy faculty who shared words of care and kindness with student pharmacists in a video message. The College later posted the video for the wider pharmacy community.

Pittinger Collaborates on Online Interprofessional Education Simulation

MPhA member Amy Pittenger, PharmD, MS, PhD, Department Head and Associate Professor in the Department of Pharmaceutical Care and Health Systems at the College of Pharmacy at University of Minnesota, was among the UMN faculty who collaborated to deliver an adapted online interprofessional education simulation for health sciences student at the university. Learn more and watch the video simulation.

Ensure that You Meet the “No Signature Required” Requirements

All PBMs have waived the requirement for patient signatures during the COVID-19 pandemic, but we want to ensure that pharmacies are aware that many PBMs have a general, or sometimes very specific, requirement for alternate documentation to replace the patient signature. While the messaging below leads with the notice that signatures are not required during this pandemic, the end of the message does indicate that some form of alternate documentation is expected to replace the signature.

From email correspondence between NASPA and Express Scripts, April 30: Express Scripts would like to clarify that pharmacies are not required to obtain signatures from patients during this unprecedented pandemic, unless required by law. This policy was implemented on March 19, and was originally scheduled to remain in place until April 30. This policy has been extended and will be in effect until further notice.

We understand that pharmacies will be servicing patients in unique ways and documentation could come in many forms, as an example but not meant to be all inclusive, documentation of that service may include: the pharmacist writes in a log book the prescription number and date of service, the cash register receipt that includes prescription numbers, a text message or email from the patient, a note on the hard copy, or an electronic annotation in your system.

While MPhA is working to encourage Gov. Walz to provide a waiver to make the policy uniform, we recommend that pharmacies continue to meet the COVID-19 “no signature required” requirements from each PBM.

Do you have news to share about MPhA members and their achievements? Help us spread the news about the good work that our members are doing across Minnesota! Send material to Communication Director Laurie Pumper at lauriep@mpha.org.
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.

OUR VALUES
• Engagement
• Patient Care
• Inter-professional Collaboration
• Economic Viability of Practice
• Advocacy
• Workforce
• Lifelong Learning and Professional Development
• Pharmacy Teamwork Development
• Diversity in Membership
• Professional Collaborations and Relationships

ACCOMPLISHMENTS
MPhA members and our lobbyist, Buck Humphrey, educated legislators and regulatory personnel on the role pharmacists can play to be part of the solution.

Patient Fair Practices & Reimbursement
MPhA undertook efforts on Patient Fair Practices and meaningful PBM reform that would address poor practices that negatively impact patients and pharmacists’ ability to provide care. MPhA also continues to work with the Department of Human Services (DHS) to pass legislation that would bring Minnesota into compliance with CMS mandates to restructure the methodology for Medicaid reimbursement to pharmacies. In 2019, our efforts passed legislation that will require more transparency from Pharmacy Benefit Managers through the Commerce Department. This effort will continue in the 2020 session with work to include fiduciary responsibility in the effort.

Medication Administration
In the 2019 legislative session, legislation was passed to allow pharmacists to administer long acting injectables for mental health and substance use disorder. This is billed through the medical benefit. MPhA will continue to advocate for billing through the medical benefit for medication and services offered by pharmacists.

Minnesota Pharmacy Alliance
MPhA also worked very hard to build support for legislation that would give pharmacists the authority to prescribe naloxone, hormonal contraceptives and tobacco cessation products. We continue to work between sessions to build support from other stakeholders for our continued efforts on this legislation next session with the Minnesota Pharmacy Alliance (formerly the Pharmacy Advocacy Task Force).

Thrifty White Pharmacy Special: To create or renew your MPhA Membership for the following year at the Thrifty White Pharmacy special membership rate of $45, please click here.