

Fall 2011

Quarterly Publication of the  
Arkansas Pharmacists Association

# AR·Rx

The Arkansas Pharmacist

## BUILDING THE CASE for Retail Store Redesign

**DR. JOHN KIRTLEY**  
Transitions at the  
State Board



Cover: Dr. Justin Boyd of  
Coleman Pharmacy of Alma

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# Inside APA

## REFLECTIONS ON THE TOUR OF ARKANSAS

**M**y first full day back in the office after attending and conducting 13 District Meetings around the state of Arkansas finds me trying to gather my thoughts about this yearly process. This is my ninth tour of District Meetings. I always come back with a great deal of information about what your concerns are and, with the help of our board and staff, how to address those concerns.

I appreciated the fine attendance at each meeting and the active participation in our discussions. I enjoyed the time I spent with APA President Gary Bass. Gary is really plugged into providing leadership that produces answers on our issues. The best part of working for APA is that we represent conscientious pharmacists who care about their patients and who want to advance the profession.

The primary focus of our meetings was discussing healthcare reform – whatever form it takes. I refer to this reform in a general way by asking the question, “How do we best care for the citizens of Arkansas in an affordable manner within a system that we, as providers, can survive and prosper?”

The answer is not simple but we must find solutions or something else will be implemented that doesn't meet all of those goals. I am convinced that pharmacy is up to the challenge and will have good answers for our part of the formula.

As I talked about in District Meetings, Senator Percy Malone (D-Arkadelphia) and I met with Governor Mike Beebe in October and asked him to request a waiver from the Centers for Medicare and Medicaid Services (CMS) allowing the state of Arkansas to recognize pharmacists as providers so that they can be paid directly for services not just for filling prescriptions. Governor Beebe was generally positive and promised to talk to the state Medicaid director about this request.

Our involvement continues on various committees that are trying to develop a plan that makes sense. Recently I received a request from Dr. Joe Thompson, Arkansas's Surgeon General, to recommend pharmacists for three committees dealing with specific areas of healthcare that need special attention. In all cases, both quality patient care and cost containment are discussed in concert.

As I told you in the District Meetings, we don't have all of the answers – no one does at this point – but I have been encouraged with the openness of most participants to try to find workable answers within the healthcare debate.

I continue to encourage you to weigh in on the healthcare discussion and let us know if you have ideas that you believe will work that will improve the quality of your patients' lives and provide a financially sustainable system for the future. **\$**



# From the President

SUPPORT YOUR PROFESSION BY SUPPORTING  
YOUR ASSOCIATION



Gary Bass, Pharm.D.  
President

In a recent e-news article I received from the National Community Pharmacists Association (NCPA), the top five headlines were: 1) Campaign to Block Express Scripts/Medco Merger Underway; 2) NCPA Members: Read Analysis of Coming Drug Acquisition Cost Survey; 3) Survey Reveals Predatory PBM Audits, Unfair Reimbursement Threaten Participation in Medicare, Private Health Plans; 4) Pharmacy Claims Humana Wants to Crush it; and 5) Pharmacy Groups File Brief in Supreme Court on Right to Challenge Medicaid Cuts.

These were issues we faced on the national level in just one week. Other issues such as the Deficit Reduction Act will affect our lives for years to come.

That is why it is important now to increase our Arkansas Pharmacists Association (APA) membership, get involved, and support APA and our profession in this critical time of health care reform. Congress is involved in the dubious task of reducing our national budget by 1.2 trillion dollars over the next ten years and you can count on the majority coming from health care dollars. If we are to position ourselves for these eminent changes, we must all participate and become engaged in the process.

Throughout our District Meetings in September, APA executive director Mark Riley discussed the many challenges we will face in the days to come on surviving the changing world of health care reform as well as the many opportunities we will have in expanding the scope of our practice.

One area of opportunity is having pharmacists recognized as providers and being paid for our services, allowing us a seat at the health care table and as an integral part of the health care team. Who better than pharmacists to manage patient medication and control drug costs as well as other health care expenses? It is certainly not Pharmacy Benefit Managers and mail order houses.

Does mail order provide personal medication therapy management sessions, administer immunizations, compound for patients' unique needs, provide healthcare screenings, make after-hour deliveries, support the

patient's needs by being a personal advocate, or develop a relationship with their patients? Pharmacists are obviously more than dispensers of a product. We are PROVIDERS of a valuable service. Members of Congress and government leaders need to continue to hear our unified voices. This requires a strong association with an active membership.

All that says your membership is very important to us and to our profession. Although this publication is sent to APA members, we need your help in recruiting those who are not. Please make a genuine effort to bring five new members into our association. The work of our board and staff benefits pharmacy as a whole. We need and want your help. By supporting our association you are supporting our profession. §

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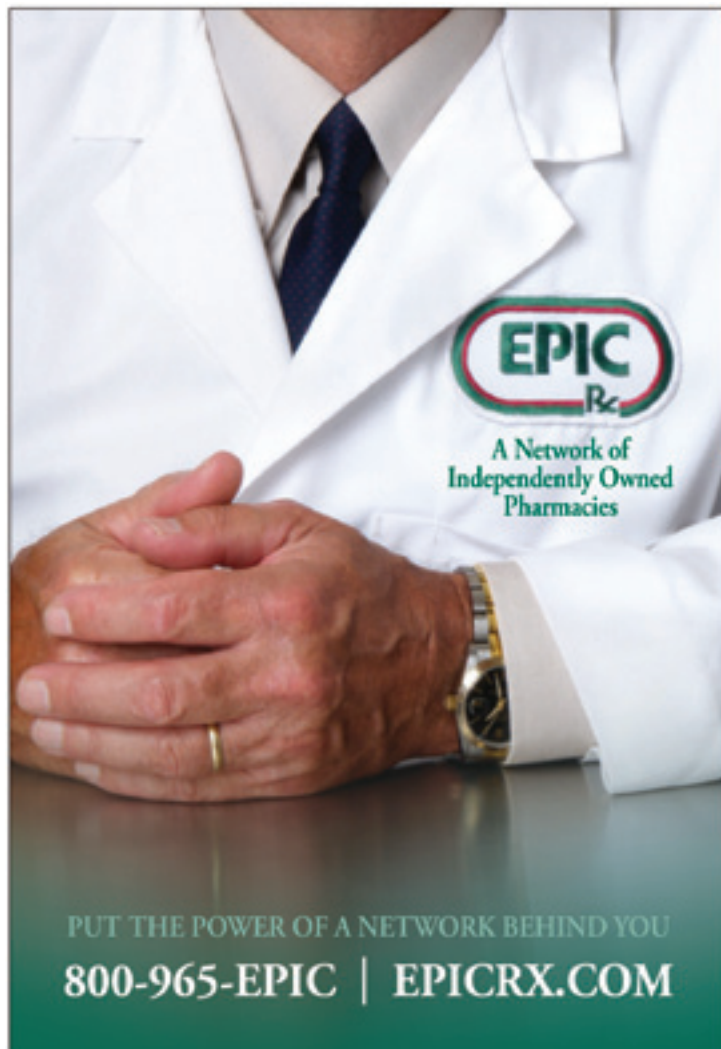
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# Building the Case for Retail Store Redesign

“...independent pharmacies see a 15 to 20 percent increase in revenue within a year of making improvements.”

Thinking about sprucing up your retail space, adding a drive-through window or building a new store? Retail Design’s Kevin Elder says it is pretty common for independent pharmacies to see a 15 to 20 percent increase in revenue within a year of making improvements.

“In addition, it is not uncommon to return to a store after about a year to make other subtle improvements,” Elder observes. He is a Space Planner and Pharmacy Design Specialist with the Brentwood, Tennessee-based company that has helped pharmacies update facilities since 1975. He and three colleagues work in 28 states within about 500 miles of their office.

“Ten years ago, pharmacies used to spend \$30-35,000 to get everything they wanted. Today, store owners are willing to make substantial investments of \$50-\$60,000 in their pharmacy equipment. They understand that store design and fixtures can help them beat their competition.”

Elder has recently done work for Arkansas pharmacies including Berry Drug in Dardanelle (April 2011); Smith’s Country Club Pharmacy in Little Rock (Jan. 2011); Fairfield Bay Pharmacy in Fairfield Bay (Aug. 2011); Mt. Ida Pharmacy in Mt. Ida (Sept. 2011); and Coleman Pharmacy of Alma (Oct. 2011).

Elder says pharmacists tend to approach Retail Designs when they need more space. “The first thing they notice is that they have run out of room. They feel like they are on top of each other. Ten years ago, no one would have dreamed there would be this many generics which means they need more shelves.

“Ninety-five percent of their business is coming out of the dispensing space. So that is where we start in the design process. We want to present a professional environment that customers recognize when they step into the store.”

Retail Designs asks how many prescriptions are filled per day to determine space needs. Elder says pharmacists want

to have a consultation area and need a bigger space to fill more prescriptions. Retail Designs helps plan the workflow to make it as easy as they can. Elder recommends giving a person space for each part of the business. For example, instead of compounding over a sink in back, [a new or renovated pharmacy] would have a compounding room.



Pharmacist and co-owner Justin Boyd in front of the new waiting area with comfortable chairs and big screen TV at Coleman Pharmacy of Alma.

From his perspective, the ideal store size is 2,500 to 3,000 square feet, but it depends on whether or not the pharmacy is compounding because that adds another 500 to 600 square feet. New trends include larger waiting areas with comfortable furniture and big screen TVs; a will call area; see-through bays that contribute more light; circular pharmacy fronts and check outs. Fewer new pharmacies are putting the

pharmacy itself on a raised platform.

Retail Designs will assess pharmacists' needs and space and then build a building around it, Elder says. They start before the architect gets involved. "Pharmacists are very smart and they know exactly what they are doing," Elder says. Among his recommendations for redesign are to:

- Make sure you have a good workflow.
- Make sure you have the amount of space you need to handle the business you're expecting to do.
- Make sure the same attention to detail is given to the front end of the store as the dispensing area.
- Make it presentable and as nice as you possibly can; customers like to go to nice places.

One of Retail Design's most recent clients, Coleman Pharmacy of Alma, gutted the old store, rebuilt the insides and replaced the front windows. Pharmacist-in-charge and store co-owner Dr. Justin Boyd moved everything into a trailer next to the building last August; had the work done in August and September, and reopened in the new space this fall.

He and his business partners, Drs. Steve Bryant and Paul Holifield of Batesville, worked together on the layout of the new store. Their investment of \$300,000 is something they hope to recoup within a few years. In addition to plenty of pharmacy space, Boyd also included a compounding room and consultation room, both with windows fronting the gift section of the store, and a public restroom. In the back he included an office for himself, employee restroom and break room.



The old store layout at Coleman Pharmacy of Alma.

After Bryant remodeled his store in Batesville and had a good experience with positive patient response and return on investment, he convinced Boyd to remodel the store in Alma and give back to the community.

"At some point you have to quit just taking money from the community and reinvest in the community," Boyd says. "I feel strongly that we need to get the message out that [pharmacists] need to do this [update their stores]."

When asked what the most difficult part of the process was, Boyd says that his biggest concern was communicating to the patients what to expect with the move, going from the old store to the trailer to the new building. "Overall, patients were very tolerant, positive and saw it as a great thing."

The store operated from the trailer for about 60 days. Volume held steady during the transition and the move back went really well. Boyd thinks the remodel will benefit his patients by sending a signal about quality. "It will help us offer more services and includes space to appropriately provide those services including compounding, consultations, medication therapy management and immunizations."

From a safety standpoint, Boyd says, employees need to have adequate space to perform their work. That lends itself to doing better work. He hadn't thought about it before but now he has an appropriate place to count money. They also installed another phone line.

All employees had the opportunity to look at their workspace and have input about design and location of phone and equipment. They have been very positive. "The pain was very much worth the gain," Boyd says.



Construction to redesign Coleman Pharmacy of Alma took several months over the summer.



The new Coleman Pharmacy of Alma expanded into the space next to it, allowing for compounding and consulting rooms adjacent to the pharmacy.

If advising others on remodeling, Boyd says pharmacists should step back, figure out what they truly want and need and spend what they need to make it happen. He suggests that they should not compromise because in the long run, it will be well worth it.

“You’re in the store for the long-term. Why compromise a few thousand dollars when you spend so much time at work? I would suggest that anyone considering a remodel consult with pharmacists who have been through it and with their designer and builder. The other thing I would say is involve your employees; I can’t overstate the importance of that,” Boyd says.

Coleman Pharmacy of Alma will be open after business hours next month and hold a ribbon-cutting ceremony when the parking lot is finished in December.

One unexpected result of the remodel is a new pharmacist on staff, Dr. Hope Akins. Akins heard that Boyd was going to include a compounding room in his newly-designed store and offered to work part time and focus on compounding and consultation. She started the last week in September; Boyd describes the addition as the result of “divine intervention.”

Boyd says, “For me, the remodel has always been about how excited my employees and patients are about it. Our patients are in awe. Everyone in Eastern Crawford County is talking about it!”

Jonesboro pharmacist-in-charge and store owner Dr. Krystal Soo of Soo’s Drugstore & Compounding Center recently built a brand new store across the street from her old one.

“It was a very hard decision to move because of the old store’s visibility,” said Soo.

The Soo family leased the original building in a shopping mall in 1961. Over the years, the owners let the building decline and the roof began to leak. When the landlord was unwilling to fix the roof, Soo began to consider other options. Although she thought about moving east to a different location, she didn’t want to lose current customers and decided it made more sense to stay where she was. Across the street from the old store was land with an old house on the property. After conferring with her banker and a builder, Soo purchased and closed on the \$150,000 property in November 2010.

She immediately began working on plans for the new store with the builder. She told the architect exactly what she wanted in terms of pharmacy and front end layout. They began construction on the 2,500-square-foot building in February and finished July 15, 2011. Soo and her staff, including pharmacist and APA Area 2 Representative Brandon Cooper, moved the over-the-counter drugs and gifts the week before. Then they shut the store down Friday through Sunday to set things up. The computer system was moved after 7 p.m. on Thursday night.



Dr. Krystal Soo proudly displays the old safe that began in a Chinese grocery store and moved into the new store in July.

“More than a month before,” Soo said, “we had signs up about the move, and we instructed the cashiers to tell patients when we would be making the move.”

An unusual object that had to be moved was the century-old safe that started in a Chinese grocery store before landing at Soo’s Drugstore. Soo said they actually ended up moving the safe with a forklift because it broke thru the trailer.

“Everything went so much smoother than we thought it would,” Soo said. “Our customers love the new drive-through but we still encourage them to come in. Everything is working the way we hoped.”

Among the lessons learned from making the \$600,000 investment in the land and new building, Soo said it would almost have been worth drawing up the building plans before buying the land.

“Dealing with the city on zoning and variances was the worst part. We had to limit parking access to a side street because the street out front (Nettleton Avenue) is too busy; and we paid \$30,000 for parking lot drainage tanks that benefit our neighbors as much as they do us!”

Soo hopes the investment will pay off in about 10 years. Her advice to others about building a new store is “Once you get started, just do it! Push for what you want.”

And Soo tells her customers, “If the roof leaks this time, I know who to blame!” §



The new Soo's Drugstore on Nettleton Avenue in Jonesboro attracts old and new customers.

## Congratulations to the following Arkansas pharmacists for their achievements!

**Congratulations to U.S. Compounding's CEO Dr. Eddie Glover, NCPA Independent Pharmacist of the Year!** On Oct. 9, APA Board member Eddie Glover was named National Community Pharmacists Association's 2011 Willard B. Simmons Independent Pharmacist of the Year. The Independent Pharmacist of the Year award recognizes an independent pharmacist for exemplary leadership and commitment to independent pharmacy and to their community.

**Dr. Mark Riley elected as NCPA Chairman of the Board.** Congratulations to APA's Executive Vice President Dr. Mark Riley, upon his Oct. 12 election as NCPA Chairman of the Board. Following his election, Riley thanked APA members for allowing him to serve Arkansas pharmacists as well as fulfilling the NCPA Chair role. His continued involvement in national issues will benefit both organizations. In addition, Dr. Riley's musical group, The Drugstore Cowboys, were the entertainment for the opening night reception.



Photo: NCPA

(L to R): Eddie Glover, National Community Pharmacists Association's 2011 Willard B. Simmons Independent Pharmacist of the Year; JoAnn Gaio, Upsher Smith Laboratories Manager, Pharmacy Account Sales; and Bob Greenwood, NCPA President.



Photo: NCPA

APA's EVP Mark Riley (second from left) plays with the Drugstore Cowboys at the NCPA Annual Convention in Nashville. Pictured left to right are APA members: James Warlick, Mark Riley, Bill Dorsey, Missy Vail and Tim Benton. In the background, on drums, is Warren Parks.



Dr. Rayanne Story passes the AAHP gavel to Dr. Willie Capers on Oct. 7.

**Dr. Willie Capers** was installed as AAHP President and joined the APA Board Oct. 7. Dr. Capers is with St. Bernard's Medical Center in Jonesboro. The AAHP 45th Fall Seminar attracted 250 pharmacists, pharmacy technicians and students at the Holiday Inn Airport in Little Rock the first weekend of October.

**Congratulations to UAMS' Dr. Nicki Hilliard!**

The American Pharmacists Association Academy of Pharmacy Practice and Management (APhA-APPM) Academy elected Nicki Hilliard, Pharm.D., MHSA, BCNP, FAPhA, of Little Rock as APhA-APPM President-Elect (2012-2013). Dr. Hilliard is a Professor of pharmacy practice at the University of Arkansas for Medical Sciences. She is a leader in the APhA-APPM Nuclear Pharmacy Practice Section, having served as Section Chair



Dr. Nicki Hilliard  
Pharm.D., MHSA, BCNP, FAPhA

and Chair of the Board of Pharmacy Specialties Specialty Council on Nuclear Pharmacy. She previously served as Member-at-Large of the APhA-APPM Executive Committee, where she was Chair of the APhA-APPM Awards and APhA-APPM Communications Committees. She is innovative in the use of Internet technology and was awarded the APhA-APPM Merit Award for her efforts to increase communication among practitioners. §



# AND THE LAW

By Don R. McGuire Jr., R.Ph., J.D.

## DO EMPLOYED PHARMACISTS NEED AN INDIVIDUAL PHARMACIST PROFESSIONAL LIABILITY POLICY?

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

**M**ost employed pharmacists believe that their employer's insurance policy protects them in the event of a professional liability claim. This is usually correct. The fact that it is not always correct is reason enough for pharmacists to consider buying their own individual professional liability policy. There are three factors, which when considered together, show the need for a pharmacist to obtain his or her own coverage.

**1. Control** - The employed pharmacist has no control over the coverage purchased by their employer. During my years as an employed pharmacist, I never saw my employer's policy. I worked on their word that I was covered. I did not know what the coverage limits were, what services the policy covered or even if employed pharmacists were insured under the policy. If limits are too low or if the policy doesn't cover immunizations or MTM, the employed pharmacist is potentially left exposed. If this lack of control weren't enough, the employee doesn't know if/when the policy lapses or if the employer fails to pay the premium. The worst time to find out these things is when a claim is staring you in the face. While the typical individual professional liability policy is secondary or excess, it can drop down to provide primary coverage for the pharmacist when the employer's policy is missing or inapplicable.

**2. Coverage** - The typical employer's policy only provides the pharmacist with professional liability coverage "for acts within the scope of their employment." In other words, the pharmacist is only covered while at work. For a pharmacist who volunteers at a senior center or a church, provides advice to friends and neighbors, or occasionally moonlights, their primary employer's policy won't cover them in these situations. An individual policy, on the other hand, covers the pharmacist 24 hours a day. This additional protection allows the pharmacist to give back without worrying about their personal exposure.

**3. Target** - There is one additional concern often expressed by risk managers and employers. That is that the existence of an individual professional liability policy makes the employed pharmacist a target for the plaintiff's attorney. Our experience has shown this not to be true. The trend is that plaintiffs' attorneys are naming the individual pharmacists as defendants many more times today than they were 20 years ago. A good plaintiff's attorney will bring all potentially liable persons into the suit. Most often, this happens even before the existence of the individual policy is known. We have even had cases where the individual policy was not discussed until 2 or 3 years into the litigation process. While I believe this target idea is a myth, even

if it is true, it is outweighed by the other considerations above.

The ease of application and low cost of individual professional liability coverage make this choice even easier for the employed pharmacist. It provides an extra measure of protection over and above that carried by their employer. Individual pharmacist professional liability policies are secondary in nature. However, if there is a problem with the employer's coverage for the employed pharmacist, the pharmacist's individual coverage can provide the missing and much needed protection. This is especially important when it comes to the cost of defending lawsuits. Even winning a lawsuit can be expensive. Every pharmacist should take steps to protect his or her own career and reputation. Some things are not better left to others. §

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

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

# Safety Nets

Eddie Dunn, Pharm.D.  
Jon Wolfe, Ph.D.



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PHARMACY

## Fastin® and ImDur®

Patient counseling by this pharmacist may have saved this patient's life.

A pharmacy technician from Central Arkansas received the original prescription illustrated in Figure One. The technician entered the prescription information into the computer as Fastin® (phentermine hydrochloride) capsules, quantity 30, with directions to the patient of "take one capsule by mouth daily." The same technician filled the prescription and placed it in line for pharmacist verification and counseling.

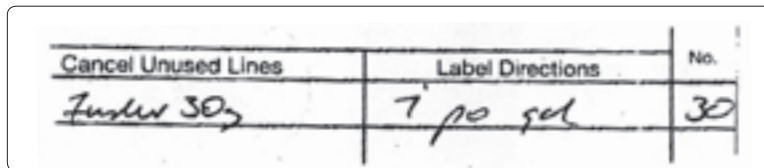


Figure 1

While verifying the prescription for accuracy, the pharmacist began to question the appropriateness of this order for a 73-year-old female. The pharmacist asked the patient if her physician had prescribed an appetite suppressant. The startled patient responded that she had just been discharged from the hospital and was expecting a medication to prevent chest pain. Upon reexamining the prescription, the pharmacist wondered if the illegibly written order was actually for ImDur® (isosorbide mononitrate) 30 mg Tablets. A call to the prescriber verified the order was indeed for ImDur®, not Fastin®. After this, the prescription was correctly filled and the patient appropriately counseled.

When received electronically in the pharmacy, the trade names Fastin® and ImDur® do not appear at all similar. When illegibly handwritten, however, confusion may result. Contributing to the confusion in this case is that both Fastin® and ImDur® are each available in 30 mg strengths, are usually administered once daily and are frequently prescribed in quantities of 30 units. The more two medications have in common, the easier they are to be confused for one another. Thanks to the alert pharmacist in this case, the misfilled prescription did not reach the patient.

The pharmacist in this case is to be commended. He took the time necessary to treat this medication order as a unique entity, rather than simply verifying and dispensing the filled

prescription, without question, in a robotic fashion. His initial suspicions about the appropriateness of a Fastin® order for a 73-year-old patient with cardiovascular disease were confirmed during patient counseling. If the error had not been detected and phentermine reached the patient, the results could have been devastating. As a sympathomimetic amine, phentermine possesses amphetamine-like actions which stimulate the CNS and

elevate blood pressure. The medication must be used with great caution in patients with even mild hypertension. Although we do not know this particular patient's blood pressure, we reasonably assume her to have cardiovascular disease, including hypertension. Phentermine alone can produce cardiac pathologies, including valvular dysfunction and pulmonary hypertension. It is difficult to think of anything worse for a patient with an established diagnosis of angina.

The advent of computer-generated prescription orders will help to end this sort of hazardous prescription order. The new system, however, will certainly bring its own unique problems. Since the orders will be legible, the problems will reside in the patient-specific details. Pharmacists such as the current reporter do us a service by providing forceful reminders that the time to report and study medication errors is now. It is a skill we will need to have well-honed as we watch handwritten prescriptions join the Apothecary System of weights and volumes in the museum.

Patient counseling by this pharmacist may have saved this patient's life. Board of Pharmacy required counseling remains a pharmacist's last – and best – safety net to prevent medication errors from reaching patients. The pharmacist also took the time – for no reward except helping his fellow pharmacists and protecting their patients – to share this reasoned and timely intervention. We are grateful for the report. §



## MEMBER SPOTLIGHT

**Stanton Veazey**

PORTLAND DRUG  
Portland, Arkansas

**Pharmacy practice:** Independent.

**Graduate pharmacy school and year:** University of Louisiana at Monroe 1978.

**Years in business:** Since 1980. I used to work for Foote's Super Drug before starting the pharmacy here.

**Favorite part of the job:** Home delivery. When I take people [prescriptions], I have to sit down and have one of whatever they are serving!

**Least favorite part of the job:** Dealing with third parties. Plus the "\$4 prescription campaigns" have definitely had an impact on our business.

**Oddest request from a patient/customer:** One of my elderly women patients in her late 80s who passed away in September used to ask me to stop and pick up a package of Red Man chewing tobacco, both red and green, in addition to her home delivery meds. We

usually shared a chew and she always pointed me in the right direction!

**Recent reads:** *The Help* by Kathryn Stockett; *The Corsairs* by Clive Clussler.

**Fun activities:** I love to hunt, especially duck and turkey once or twice a week. My wife and I also go to most of the Razorback games.

**Ideal dinner guests:** Earl Cochran and Red Burgess, both WWII veterans who used to visit me at the store before they passed away. These men were the embodiment of our American freedom and dreams! There was never any doubt about what they thought or felt about any given subject. I always gained a unique perspective from our conversations.

**If not a pharmacist then:** I probably would have joined my family's well water business.

# Dr. John Kirtley

## Transitions into Executive Director Role at the Arkansas State Board of Pharmacy

“... treat everyone with integrity and equality... that is what I plan to do here...”



Dr. John Kirtley in his office at the Arkansas State Board of Pharmacy.

The new Executive Director at the State Board of Pharmacy, Dr. John Clay Kirtley, has had years of preparation for his new role, as a student leader, retail pharmacist, College of Pharmacy faculty member, and as Assistant Director at the State Board. Here he responds to questions from *AR•Rx The Arkansas Pharmacist*, about his background and the transition to the Executive Director position.

**AR•Rx: What are your primary responsibilities?**

**Kirtley:** My primary responsibilities are representing the State Board to the colleges of pharmacy, the Arkansas Pharmacists Association (APA), to regulatory and stakeholder bodies regarding pharmacy. The State Board deals with legislative issues and consumer issues related to the profession, such as responding to public complaints and questions about pharmacies and how pharmacies function. Pharmacists call us asking regulatory and compliance questions. The Arkansas State Board is different than most State Boards of Pharmacy in that a real person answers the phone and we have a professional here who should be able to help answer your question. At most state Boards, it is difficult to get to a pharmacist or someone who can answer the question quickly. Many don't have the staff to answer phone calls and /or don't have a pharmacist on staff. We currently have five pharmacists on staff.

**AR•Rx: What did you learn from [former Executive Director] Charlie Campbell during his years as director?**

**Kirtley:** The funny thing about Charlie is that he would always tell you what he messed up in the past and not to fall into the same traps. Charlie maintained an open door policy with the staff, public and with pharmacists; he was adamant that he wanted people at the State Board answering the phones so we were a service agency rather than a computerized phone system.

**AR•Rx: What are the advantages and challenges of following someone who was involved in different aspects of pharmacy for so many years?**

**Kirtley:** The challenge is that Charlie was involved for so long that everyone at some point worked with him and have some preconceived notions of what Charlie's response would be to a given situation. Their idea of what will happen at the Board may be different from what they experience. The good news for me is that I got to learn from his experience and follow a man of high integrity in this position. Charlie tried to treat everyone with integrity and equality when they were dealing with the Board and that is what I plan to do here as well. Charlie and I often discussed the fact that in a position like this, some people will hate you because they were disciplined by their licensing Board while others appreciate the fact that you treat them with respect and dignity no matter what they have done.

**AR•Rx: Did you aspire to be State Board director early on, or when did the opportunity present itself?**

**Kirtley:** Most people do not truly understand how the Board functions or what it would be like to work here. People who spend time here are surprised at how different it is than what they expected. I became interested when I first started talking to Charlie about coming on as Assistant Director. Charlie made it clear that his expectation was for someone to learn the office and practice; and to have the ability to take over when he decided to leave. He would speak candidly about fact that Lester Hosto's sudden death left a vacuum at the State Board. Charlie never wanted to see that happen again.

**AR•Rx: What other people in your life have influenced your career path?**

**Kirtley:** My wife Melanie and my sister Kathryn Neill have been big influences in my career. My sister was in pharmacy school when I started college and was a wonderful tutor throughout pharmacy school. My wife has supported me greatly as a student and in my career through lots of meetings, travel and times without me home to help with the kids. She and I met in pharmacy school on our way to my first APHA-ASP meeting and got married in 2001. Melanie works in the trenches part-time at Tanglewood Drugstore in Little Rock, where I started right out of school. My sister did a two-

year fellowship and has been a professor since then at the UAMS College of Pharmacy where she is their experiential director for hospital rotations. My first cousin Susie Hicks is also a pharmacist at Melvin's in El Dorado.

**AR•Rx: Who are your pharmacy mentors?**

**Kirtley:** Dr. Charles Born at the UAMS College of Pharmacy; he mentored me early on when I started to become professionally involved and ran for APhA office. Dr. Born was there for me to ensure that I was staying afloat in school. Dean Stephanie Gardner was the Department Chair when I came through the college and was my dean when I worked there. I grew up and attended church with Dr. Mary Beth Wright in Camden; she was someone who always gave me good advice, had a positive attitude and the utmost integrity; and Dr. Michael Mone, now with regulatory affairs with Cardinal Wholesale. He was on the APhA Board of Trustees with me and has given me a lot of good career advice as we have both been involved in professional associations, colleges of pharmacy and boards of pharmacy. Then, of course, Charlie Campbell. I would have to search long and hard to have the same kind of relationship with a mentor and friend like Charlie.

**AR•Rx: What do you envision as the ideal relationships between the State Board and APA and State Board and the colleges?**

**Kirtley:** The relationship is one where our executive directors, Boards and Deans have open communication and see each other as colleagues and respect each other's opinions. We're a great sounding board for each other because the very issues we deal with are interrelated. When you deal with education, regulatory and legislative or promotion of the profession, we all spill over into each other's lines. The Board is in charge of protecting health and welfare; the Association is the voice of professionals; the colleges are responsible for the education of pharmacists



Drs. John Kirtley, APA President-Elect Dennis Moore and APA President Gary Bass.

**“The profession largely centers on what products pharmacists dispense rather than what services we can deliver. We have to show the value of our services to patients rather than just the price of a product. Every day pharmacists are delivering more than a product to their patients and I hope the equation on this will change because pharmacists are capable of giving so much more to their patients than just being paid for a product.”**

who will be in our profession for decades to come.

**AR•Rx: What issues do you see coming up in the next five years that will be challenging?**

**Kirtley:** Healthcare reform, technology and manpower issues are constantly evolving. Pharmacy business arrangements and drug delivery systems are becoming more complicated and convoluted every day. Looking back 10 years, we have roughly twice as many permits now as we did then and as a state agency, we're always looking at how we can change and improve efficiencies in our operation. Currently, payment in our profession largely centers on what products pharmacists dispense rather than what services we can deliver. We have to show the value of our services to patients

rather than just the price of a product. Every day pharmacists are delivering more than a product to their patients and I hope the equation on this will change because pharmacists are capable of giving so much more to their patients than just being paid for a product. Our Board of Pharmacy sees a lot of other states that are struggling with issues that we have already addressed in Arkansas. It is great to represent a state where our profession, our education

and our regulatory efforts are often on the leading edge of evolution in pharmacy and it is very rewarding to help others tackle these same issues.

#### Biographical Information

John Clay Kirtley completed his pre-pharmacy coursework at Ouachita Baptist University in Arkadelphia and graduated from the University of Arkansas for Medical Sciences, College of Pharmacy with his Doctor of Pharmacy. As a student, he was an active leader in the American Pharmacists Association – Academy of Student Pharmacists on the local, regional, and national levels, namely as the APhA-ASP National President-elect, President, and as a member of the APhA Board-of-Trustees. As a pharmacist, he has taken an active role in mentoring future pharmacists; he was named Preceptor of the Year in May by the UAMS College of Pharmacy Class of 2011. He worked as a community pharmacist, Community Clinical Clerkship preceptor for senior students, and as an Assistant Professor at UAMS College of Pharmacy. Kirtley currently serves as the President of MALTAGON, a Professional Association of Boards of Pharmacy across the Southeast US; he is an Ex-Officio member of the APA Board of Directors; and a member of the Accreditation Council on Pharmaceutical Education's Continuing Pharmacy Education Commission. Kirtley and his wife Melanie live in Little Rock with their daughter Allison Grace (8), their son Jack Henderson (4) and their Labradors Daisy and Shiloh. §



Dr. John Kirtley and his wife, Melanie, daughter, Allison Grace, and son, Jack Henderson.

## Gain access to recovery & support.

The ARPSG helps pharmacy professionals who are fighting addiction.

**It's confidential.** You don't have to identify yourself.

**It's just for you, the pharmacy professional.** The Help Line and support group are set up to help pharmacists, pharmacy technicians and other pharmacy professionals.

**It's your decision.** We'll answer your questions. You decide if you want our help.

**The choices are all yours now.** Don't wait until you lose control, and someone else decides the consequences.

**Confidential HELP LINE: (870) 636-0923**

(leave a message)

E-mail: [Arkansas.PSG@gmail.com](mailto:Arkansas.PSG@gmail.com)

[www.arpsg.org](http://www.arpsg.org)



ARKANSAS PHARMACY  
**SUPPORT GROUP**

We're Here to Help



## LEGISLATOR PROFILE

# SENATOR JOHNNY KEY

(R-Mountain Home)  
DISTRICT 1

**Represents:** Baxter, Marion, and part of Boone Counties.

**Years in Office:** Baxter County Quorum Court 1997-2002; Arkansas House 2003-2008; Arkansas Senate 2009-present.

**Occupation:** My wife Shannon and I own Open Arms Learning Center and Noah's Ark Preschool, child care facilities in Mountain Home.

**Your pharmacist:** Danny Ponder, Ponder Health/Allcare.

**Like most about office:** The problem-solving aspect, whether it be helping a constituent with an issue, or negotiating the details of a bill or the state budget.

**Like least about office:** The time it takes away from my family.

**Upcoming election:** Re-election to Senate, 2012.

**Most admired politician:** George Washington.

**Advice for pharmacists about the political process and working with the AR Legislature:** Build a relationship with your local legislators. We need a 'back home' voice that we can count on for good information on how legislation might affect your patients and your businesses.

**Your fantasy political gathering would include:** Thomas Jefferson, Alexander Hamilton, Andrew Jackson, and Henry Clay, discussing the evolution of Federal Government between their times and now.

**Toughest issue of the past Session:** Congressional redistricting.

**What do you do for fun:** Go to Branson.

# Behind the Scenes at APA's District Meetings

Not only is September a beautiful month in Arkansas, for APA staff and officers, it is also a very busy month. The association conducts District Meetings in 13 Arkansas cities to share information with its members on what is happening in pharmacy at the state and national levels; at the University of Arkansas for Medical Sciences (UAMS) and Harding University Colleges of Pharmacy; and at the State Board of Pharmacy.



(L to R) Volunteer meeting helper Patty Young and APA's Barbara McMillan.

APA has conducted District Meetings for 84 years as a way to give and get feedback directly from members about issues of importance in each of the Districts. According to *A History of Pharmacy in Arkansas*, "Organization was key factor in the Arkansas Pharmacists Association's success. After first adopting a county organizational plan in 1924, the APA then changed to a 13 district structure in 1927 (modified to 15 districts in 1930). This organization remained intact until 1978 when the 15 districts were reorganized into eight. The annual district meetings became important sources for disseminating information."



(L to R) APA's Debra Wolfe flanked by Rep. Tracy Pennartz and Mike Smets.

To prepare for the 2011 District Meetings, administrative assistants Celeste Reid and Kala Young mailed the meeting information and collected reservations. Director of Administrative Services and Meetings Barbara McMillan booked the venues months in advance, selected the menus, worked with the hotel and restaurant staffs, collected the dinner fees and handed out the Continuing Education (CE) certificates. APA's Director of Government Relations



(L to R) APA's Kala Young and Celeste Reid.

Debra Wolfe set up meetings with state legislators. Associate Executive Vice President Dr. Scott Pace attended and spoke at many of the meetings while Director of Communications Eileen Denne served as photographer and publicized the events before and after. In 2011, more than 1,100 pharmacists, sponsors, students and staff attended the 13 District Meetings.

APA Executive Vice President Dr. Mark Riley, accompanied by APA President Dr. Gary Bass, attended each meeting and delivered a unique perspective on the association and



(L to R) Harding faculty Rodney Richmond and APA's Scott Pace.

pharmacy. Also presenting at each District President were Dr. Stephanie Gardner, Dean, College of Pharmacy, UAMS; Dr. Julie Hixson-Wallace, Dean, Harding University College of Pharmacy; and, Dr. John Kirtley, Executive Director, Arkansas State Board of Pharmacy, or representatives from their offices.

Mark, Debra and Gary took time during District Meetings not only to visit pharmacists and pharmacies across Arkansas, but also to meet with legislators in their “neck of the woods.” Meeting them in their districts and introducing legislators to pharmacists and potential voters was a valuable investment of time. Few lobbyists and other organizations do this and it is very well received by legislators and new candidates.

Over the 13 days of meetings, they touched 28 legislators, five potential new candidates, and two candidates for the 4th Congressional District (Sen. Gene Jeffress and Beth Ann Rankin attended the Camden meeting). They discussed various topics including mail order, pseudoephedrine, the upcoming 2012 elections and how the redistricting has affected their area.

They met with the following legislators: Rep. Garry Smith, Rep. James Word, Sen. Jerry Taylor, Rep. Sheila Lampkin, Rep. Jeff Wardlaw, Rep. Eddie Cheatham, Rep. Tiffany Rogers, Rep.

Jeremy Gillam, Rep. Mark Biviano, Sen. Eddie Joe Williams, Rep. Johnnie Roebuck, Sen. Larry Teague, Rep. John Vines, Sen. Percy Malone, Sen. Gene Jeffress, Rep. Butch Wilkins, Rep. Homer Lenderman, Rep. Marshall Wright, Rep. Barry Hyde, Rep. Jane English, Rep. Allen Kerr, Rep. Linda Tyler, Rep. Kelly Linck, Rep. Debbie Hobbs, Rep. Tim Summers, Rep. Tracy Pennartz, Rep. Stephanie Malone, and Rep. Nate Steel. They also met with candidates Gregg Reep (former Representative and Chair of Public Health running for Senate), Rennel Woods, Todd Wilcox and Mat Pitsch.

In addition to introducing and educating legislators at each meeting, topics of interest to pharmacists included regulations affecting pharmacy following the 88th General Assembly; how healthcare reform will dominate changes made to pharmacy in the coming years; guidelines for dispensing pseudoephedrine; and the Pharmacy Benefit Manager (PBM) audit law which will take full effect in January. §



(L to R) APA President Gary Bass, Maxine & Don Stecks.



(L to R) HUCOP students Misti Smith, Monica Pope and Ankita Desai greet guests in Searcy.



(L to R) District 5 President Dean Watts and Jack Coker.



(L to R) District 8 President Christy Campbell with John Kirtley, Scott Pace and Mark Riley.



UAMS COP Assistant Dean Schwanda Flowers.



(L to R) Amanda McCoy and Jeanie Horton.



(L to R) State Rep. Sheila Lampkin and APA's Debra Wolfe.



UAMS COP Dean Stephanie Gardner.



(L to R) Gary Fancher and Don Curran.



(L to R) Fort Smith House candidate Matt Pitsch, Justin Boyd and Alissa McCoy.



District 3 President Danny Ponder.



(L to R) John, Maurice, Donna and Don Cobb.



(L to R) Gary Bass, Mark Riley, John Page and Reid Holiman.



(L to R) John Kirtley, Lauren Carroll and District 6 President Stephen Carroll.



District 7 President John Vinson.



(L to R) Casey DeYampert, Jennifer Davis and Candace Crawford.



(L to R) UAMS COP students Brooks Rogers, Allison Hollis and Bri Morris.



District 2 President Brent Panneck kicks off the Jonesboro meeting.



(L to R) Beau and Brittani Mallett, Brian Oholendt.



(L to R) Connie & Bill Bloodworth flank Ann Turney.



(L to R) Jeff Mercer, Debra Wolfe, Rep. Homer Lenderman.



Harding University COP Dean Julie Hixson-Wallace.



(L to R) District 1 President Eddie Glover and Gary Bass.



APA's Mark Riley makes a point at the District 1 meeting.

## Visit the Arkansas Pharmacists Association's new website [ARRX.org](http://ARRX.org)!



- Get the latest pharmacy news and information from [www.arrx.org](http://www.arrx.org);
- Change your personal record using the Member Log-in;
- Register for CE and other events;
- Read about the legislation passed by the 88th General Assembly which impacts your practice;
- And, renew your membership.

Find APA on Facebook and LinkedIn for news and photos of pharmacists state-wide and contact staff for more information.

# New Requirements for Atypical Antipsychotics

Arkansas Medicaid pharmacy program would like to introduce the new requirements for oral antipsychotic agents for beneficiaries less than 18 years of age as approved by the Arkansas Medicaid Drug Utilization Review (DUR) board. The new criteria was established to promote the safe use of oral antipsychotic agents and will require Informed Consent and Metabolic Monitoring prior to reimbursement for oral antipsychotic agents for beneficiaries less than 18 years of age. A memo dated August 31 was mailed to enrolled Arkansas Medicaid providers and is referenced below:

1. **Effective, NOVEMBER 8, 2011**, Additional Requirements of Informed Consent and Metabolic Monitoring for Oral Antipsychotic Agents for children < 18 yrs. of age:

<i>Typicals</i>	<i>Atypicals</i>
Chlorpromazine	Aripiprazole
Fluphenazine	Clozapine
Haloperidol	Olanzapine
Loxapine	Olanzapine + fluoxetine
Molindone	Paliperidone
Perphenazine	Quetiapine
Pimozide	Risperidone
Thioridazine	Ziprasidone
Thiothixene	
Trifluoperazine	

a. **New Starts:** All new start patients less than 18 years of age will require a signed informed consent and copy of a baseline metabolic lab test data for all oral antipsychotic drugs. A “new start” patient on one of these medications is defined as a patient with zero claims in Medicaid drug history in the previous 6 months (see chart above). The prescriber must call the EBRx PA Call Center Toll Free 1-866-250-2518 or Local 501-526-4200 and fax (501-526-4188) a copy of the signed informed consent and a copy of baseline metabolic lab test data consisting of fasting blood glucose AND total fasting lipid panel or individual tests that include fasting total cholesterol, LDL, HDL, and triglycerides.

Medicaid has posted the following forms on the Medicaid website to assist the prescriber: “Psychotropic Safety Monitoring Flowsheet” should

be used to provide the required lab information to the EBRx PA Call Center and to assist the prescriber in following the child’s weight and height, BMI, blood pressure, and the required lab test values between office visits. Here is the link to this flow sheet: <https://www.medicaid.state.ar.us/Download/provider/forms/pharm/PsychotropicSafetyFlwsht.xls>.

The “Medication Informed Consent Document for Behavioral or Psychiatric Conditions” has been approved by Division of Behavior Health Services (DBHS) as a general informed consent for any mental health medication. Here is the link to the informed consent form: <https://www.medicaid.state.ar.us/Download/provider/forms/pharm/MedInformedConsent.doc>. If the prescriber wishes to submit a different consent form, please contact DBHS at 501-686-9034 for approval.

The new criteria was established to promote the safe use of oral antipsychotic agents and will require Informed Consent and Metabolic Monitoring prior to reimbursement for oral antipsychotic agents for beneficiaries less then 18 years of age.

b. **Established Patients:** At the start of the informed consent and metabolic monitoring requirement stated above, an established patient who has already filled at least one drug claim in previous six months of an oral antipsychotic agent will be allowed to continue the antipsychotic agent without faxing the signed informed consent and metabolic lab tests. However, effective June 12, 2012, the metabolic lab test claims (noted above) will also be required for all children less than 18 years of age receiving antipsychotic agents. The pharmacy program point-of-sale (POS) prior approval system will read the Medicaid medical claims history to determine that the metabolic lab test claims (noted above) are in history at least every 9 months. The following additional POS approval criteria will be implemented on this date:





**Stephanie Gardner,**  
Pharm.D., Ed.D.  
Dean

## UAMS

# A Time of Remarkable Progress

The last few months at the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy have been a time of remarkable progress. Our research program has expanded with the recruitment of new faculty and a multi-million dollar grant. In addition, our ability to work with other health care professionals at UAMS to reach out and serve our local community has suddenly taken shape in a way we could not imagine a few months ago.

In August, Peter Crooks joined our faculty as chair of the Department of Pharmaceutical Sciences. He was hailed by Arkansas Governor Mike Beebe as “a key asset to the state’s forward-moving economic development goals,” when he was named by the Arkansas Research Alliance (ARA) as this year’s ARA Scholar. The award includes a three-year grant of \$500,000 for Dr. Crooks and his team of more than a half-dozen doctoral-level researchers. They are focused on the discovery and development of new drug entities. He and his team complement ongoing research in the UAMS Winthrop P. Rockefeller Cancer Institute and in the College of Pharmacy’s Division of Radiation Health.

Peter joins Daohong Zhou, a professor in our Department of Pharmaceutical Sciences, as two of the first three researchers in Arkansas to be named ARA Scholars. Dr. Zhou was among the two inaugural scholars awarded the honor last year. Chancellor Dan Rahn attended the announcement ceremony held at the State Capitol and commented that UAMS is extremely fortunate to have Peter join the faculty at UAMS. He said, “Dr. Crook’s research is the kind that will not only contribute to economic development, but it’s also the kind that will change lives.”

In our most recent development, on September 29, UAMS announced the signing of a contract between the College of Pharmacy and the federal Biomedical Advanced Research and Development Authority (BARDA) to proceed with advanced development of a promising treatment for use in radiological or nuclear emergency situations. Under the contract, Martin Hauer-Jensen, associate dean for research and director of the Division of Radiation Health in the College of Pharmacy, will lead the evaluation of the drug, SOM230 (pasireotide) to treat gastrointestinal injuries after radiological or nuclear accidents or terrorist attacks. He is an internationally renowned radiation researcher who has received numerous previous research grants in the field.

The initial award by BARDA, overseen by the Office of the Assistant Secretary for Preparedness and Response in the

U.S. Department of Health and Human Services, is for \$4.5 million over two years. The contract’s value will rise to nearly \$13 million assuming that two 12-month option periods are exercised. The research contract is the largest in the college’s 60-year history.

This award is a great achievement for Martin and his team. It is also a great achievement for our college and highlights the fact that we not only have a powerful academic program, but also excel in research. Martin believes the drug will someday be available to address public health emergencies and to benefit cancer patients receiving certain radiation therapies. He is excited about the award and is optimistic that in a few years we will have a safe, effective treatment with the potential to save lives.

In another development, Vicki and Karrol Fowlkes donated to the college a building they have owned for many years that is located near 12th and Cedar Streets in Little Rock. It formerly was Finnegan’s Pharmacy and most recently was leased by USA Drug. We are thrilled with this generous gift and are making major plans for its use. Vicki and Karrol both are alumni, and he is a former associate dean. They have remained close to the college and established the Excellence in Community Pharmacy Scholarship in 2000 that has helped many students over the last 11 years.

This wonderful gift positions our faculty and students to reach out in service to the community while we build inter-professional alliances. Over the past few months, I have been in discussions with the colleges of medicine, health related professions, nursing, and public health and we have determined numerous ways to work together to reach out to people in our area. We have begun to work with community leaders to make plans to provide a variety of health promotion and disease prevention related services, including disease state management, basic dental care, medication management, patient education, and immunizations.

We appreciate the Fowlkes’ generosity and foresight in making this gift. They know the value of locating a clinic dedicated to community outreach near UAMS. Over the years, this building has served many patients in the 12th Street area. I have promised Vicki and Karrol that we will do our best to continue their tradition of caring for people in this community.

Overall, it’s been among the most exciting few months in my years as dean. With these events, we have strengthened our research program and set the stage to create new models of inter-professional education in a time of healthcare reform. I believe the best is yet to come. §

## HARDING UNIVERSITY

## The Class of 2015 Arrives

On August 15, 2011, 55 students from 15 states and two foreign countries arrived in Searcy to begin their academic training to become doctors of pharmacy. This unique group of individuals comprises the Class of 2015. For the next four years, this diverse group will spend countless hours working together as they traverse the terrain of their pharmacy education.

The first step of this journey began with a week-long orientation. Orientation marks the beginning of a student's education at Harding University College of Pharmacy (HUCOP). The week is designed as a time for students to gain knowledge, appreciation, and respect for the program and the profession. Not only do orientation activities provide students with an overview of pharmacy education, they also prepare and equip the students with the tools needed to begin their journey.

The week began with greetings from the dean to the Class of 2015 followed by faculty and staff introductions and a devotional time in which Dr. David Burks, President of Harding University, extended a welcome and an admonition of service. Simmons First Bank graciously hosted a "Welcome to Searcy" luncheon for the students, faculty and staff. The afternoon was filled with many things necessary to get started including ID photos, library tour, laptop setup, and textbooks.

Throughout the remainder of the week, students were introduced to what a "professional" is and how professionalism is developed. During this time, P4 students Cameron Alt, Darla Bryant and Brian Grace were very helpful as they led and assisted in orientation sessions designed to empower the students with valuable tools that promote success, not only in school, but also in their professional and spiritual lives. Dr. John Kirtley of the Arkansas State Board of Pharmacy

completed the orientation sessions by guiding the students through the Arkansas Pharmacist Intern licensing process and the rules that govern pharmacy interns.



**Julie Hixson-Wallace,**  
Pharm.D., BCPS  
Dean

The White Coat Ceremony, the week's culminating activity, was held on the afternoon of August 19. An audience exceeding 300 which included family, friends, university faculty and staff, and community visitors was in attendance. The ceremony symbolizes a student's educational transition from general study to the professional level of pharmacy education and serves as a milestone in student educational advancement. When the student is cloaked with the white coat, it represents the student's active participation in providing health care.

APA President Dr. David Burks provided the university welcome. APA President-Elect Dennis Moore, Director of the North Central Area Health Education Center, provided the keynote address. Dr. Julie Kissack and Dr. Bill Yates, the two Department Chairs within the college, cloaked each student with their white coat and name tag as Mrs. Susan Grace, Director of Student Affairs, called their names. Dr. Jeff Mercer, Assistant Dean for Experiential Education, led the students in the Pledge of Professionalism. Dr. Eric Shoffner, Health and Wellness Regional Director of Wal-Mart, provided greetings from Wal-Mart and Dr. Mark Riley, Executive Vice President of the Arkansas Pharmacists Association, welcomed the students to the pharmacy community. Wal-Mart generously sponsored the ceremony and reception. The reception was held in the Founders Room at the university. Faculty, staff, students, family, and friends gathered to commemorate this new beginning in the lives of the Class of 2015. §



APA President-Elect Dr. Dennis Moore provided the keynote address at the HUCOP White Coat Ceremony.



HUCOP students at the Aug. 19 White Coat Ceremony.

## ARKANSAS ASSOCIATION OF HEALTH-SYSTEM PHARMACISTS REPORT



Willie Capers, Pharm.D.  
President

More than 250 pharmacists, pharmacy techs and students met at the Arkansas Association of Health-System Pharmacists (AAHP) 45th Annual Fall Seminar Oct. 6-7 at the Holiday Inn and Conference Center in Little Rock. Thanks to many terrific volunteers, the meeting went very well and provided up to 17.5 hours of Continuing Education (CE) for those who attended.

Ms. Diane Ginsburg, American Society of Health-System Pharmacists (ASHP) Immediate Past President, was a dynamic kick-off speaker for the conference on Oct. 6. Ms. Ginsburg gave an update on the ASHP Pharmacy Practice Model Initiative (PPMI) which intends to move pharmacists closer to patients for optimal care. During the meeting the AAHP Board introduced a new logo.



ASHP Immediate Past President Diane Ginsburg delivers the keynote address.



(L to R) Drs. Rayanne Story, Willie Capers, Susan Newton.

Dr. Willie Capers, pharmacist at St. Bernard's Medical Center in Jonesboro, was installed as President while Harding University's Assistant Professor of Pharmacy Practice, Dr. Rayanne Story, became immediate past president. Dr. Lanita

Shaverd was installed as President-Elect; Dr. James Reed was installed as Board Member-at-large from Conway Regional Medical Center. The outgoing ASHP delegate was Dr. Zhiva Brown, Central Arkansas Veterans Healthcare System, and outgoing Board Member-at-large was Dr. Jody Smotherman, White River Medical Center in Batesville.



AAHP also announced its award winners for the year. Those included "New Practitioner of the Year" Dr. Peter Dippel, Baptist Health System, North Little Rock; "Staff Pharmacist of the Year" Dr. Amber Powell, Baptist Health System, North Little Rock; "Manager of the Year," Dr. Jim Johnson, Mercy Medical Center, Rogers; "Technician of the Year," Delois Ross, Medical Center of South Arkansas, El Dorado; and "Clinician of the Year" Andrea Donaldson, Central Arkansas Veterans Healthcare System. All Fall Seminar slides are available at: <http://www.arrx.org/aahp-fall-seminar-slides>. §



"Clinician of the Year" Dr. Andrea Donaldson receives award from Dr. Rayanne Story.



(L to R) "New Practitioner of the Year" Dr. Peter Dippel; "Staff Pharmacist of the Year" Dr. Amber Powell; "Technician of the Year" Delois Ross; and "Manager of the Year" Dr. Jim Johnson.

## COMPOUNDING ACADEMY REPORT

## A Landmark Court Case for Compounding

**W**e have had a great victory in pharmacy! On September 12, 2011, Judge Corrigan of the U.S. District Court of the Middle District of Florida issued his ruling in *U.S. v. Franck's Lab, Inc.* This lawsuit, brought by the Food and Drug Administration (FDA) against pharmacist Paul Franck and his pharmacy, alleged that the use of active pharmaceutical ingredients (APIs) in compounding veterinary preparations for non-food producing animals (dogs, cats, horses, monkeys, etc.) was illegal.

The FDA stated in its case that Franck's Lab, Inc., and all other pharmacists involved in compounding veterinary preparations with APIs, were in direct violation of the Animal Medicinal Drug Use Clarification Act (AMDUCA), the FDA's Compliance Policy Guide, and the entire Food Drug and Cosmetic Act because those preparations are "new drugs" and subject to FDA review and approval. For those of us that compound veterinary prescriptions, that meant that the FDA considered our services illegal.

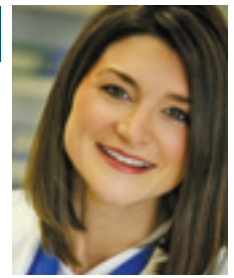
Well, guess what? The FDA lost in this case! Judge Corrigan ruled in favor of Paul Franck and his pharmacy. "Not only did Judge Corrigan correctly rule that Congress never intended the FDA to prohibit the use of APIs in veterinary compounding, he also clearly stated what the International Academy of Compounding Pharmacists (IACP) has said for years – the FDA does not have jurisdiction over the traditional practice of pharmacy compounding. That is the sole authority of the state Boards of Pharmacy," said IACP President John Herr. "Even more important to IACP members is Judge Corrigan's outright dismissal of the FDA's arguments that compounds prepared for an individual patient on the order of that patient's prescriber are 'new drugs' and should be subject to FDA's oversight."

This was a landmark court case for compounding pharmacy! Had Judge Corrigan ruled in favor of the FDA, compounders would have been dealt a setback with their ability to

compound prescriptions from bulk chemicals or APIs. Many of the compounded prescriptions for veterinary medicine are life-saving for the animal.

Not only is this a win for our profession but it is a win for pet owners and animal lovers nationwide. I am thankful we, as compounders, can continue to serve our patients and veterinarians! §

**This was a landmark court case for compounding pharmacy... Many of the compounded prescriptions for veterinary medicine are life-saving for the animal.**



Kristen Riddle, Pharm.D.  
President



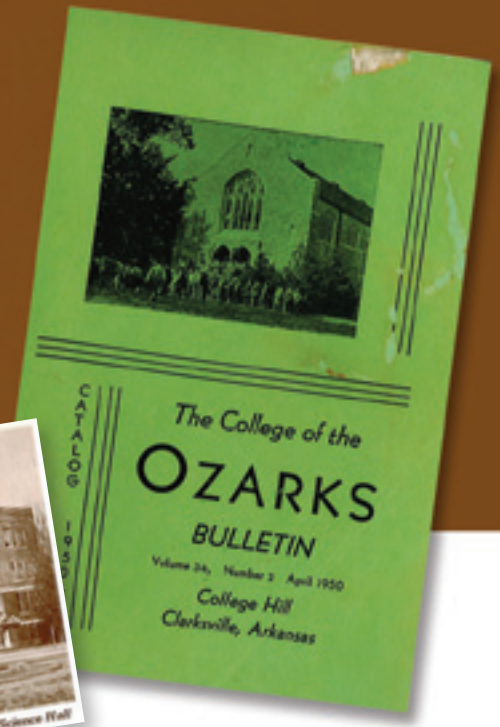
Pharmacist Becca Mitchell with U.S. Compounding patient Bobo.

# College of the Ozarks Department of Pharmacy

By Don Stecks, P.D.,  
and Jon Wolfe, Ph.D.

Today the University of the Ozarks crowns College Hill in Clarksville. Heir to a tradition reaching back to Cane Hill College, founded in 1834, it had been known earlier as Arkansas Cumberland College. In 1920 its name changed to the College of the Ozarks. This institution became home to the Department of Pharmacy on September 9, 1946. Its President, the highly creative Wiley Lin Hurie, had earlier recognized the need for a school of pharmacy in Arkansas and had fostered connections among the Arkansas Pharmacists Association, political leaders, and the educational community.

With the passage of a \$50,000 annual state appropriation to support the program and the GI Bill educational benefits available to former service



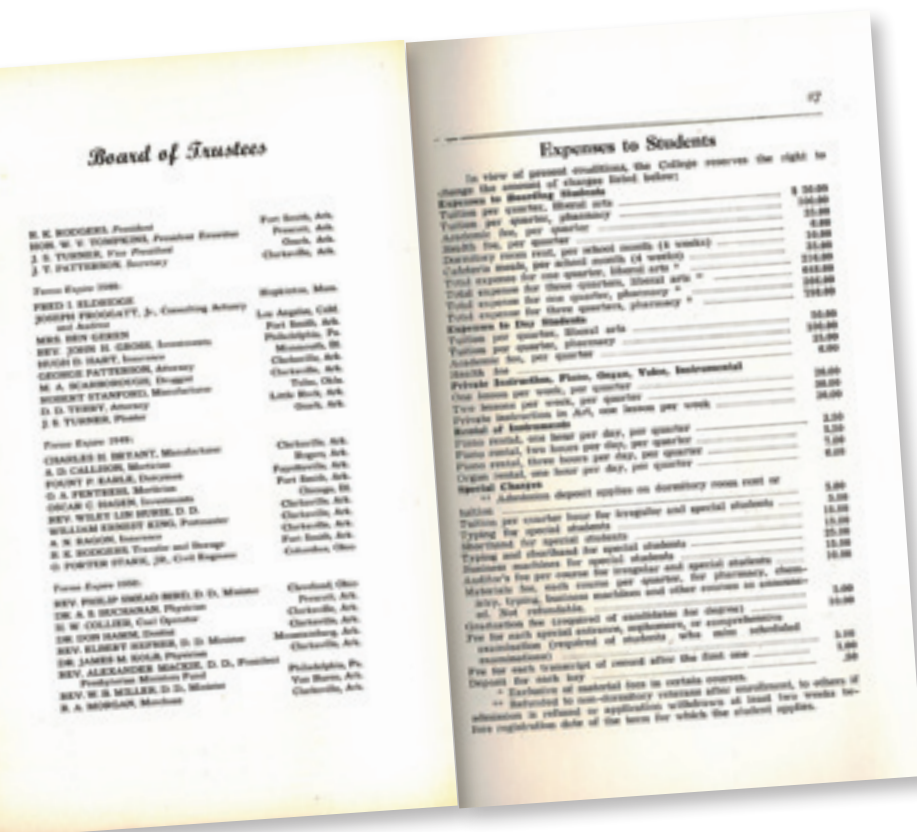
The College of the Ozarks Bulletin catalog, 1950-1951

personnel, Dr. Hurie placed Ozarks at the junction of the need for more pharmacists and demand for education to advance careers interrupted by World War II.

The 124 initial enrollees were met by Dr. J. Harper Albritton, the founding faculty, and classroom and laboratory space was provided in the Smith Science Hall and Voorhees Hall. Albritton, a Purdue graduate, had served in the Navy as a pharmacy instructor. He built on that experience to introduce realistic dispensing laboratory work into the curriculum. Pharmacy students ranged from recent high school graduates to veterans of years in the service. Their emphasis was on careers as store owners and drug company representatives. They fostered powerful connections that endure today in those classrooms, dormitories, and the student union.

Spring 1949 saw the first class of 39 baccalaureate graduates from the College of the Ozarks. Of those, two were women -- Shirley Demere and Agatha Doerpinghaus. After them would come many more graduates who together were the Arkansas-educated pioneers who built up the profession from its low point during 1941-1945.

The future would see two more classes of graduates from Ozarks. The process that capped the Ozarks program was already in motion late in 1949. A lawsuit questioning whether state taxes could support an academic program at a religious-affiliated college had been filed in



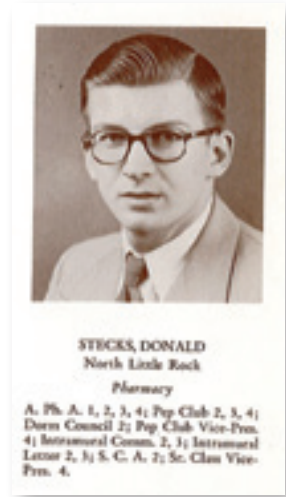
Pulaski County. In 1951 the Arkansas Supreme Court would rule that this was unconstitutional, a decision that stands 60 years later. The academic world was changing in the wake of The Pharmaceutical Survey, a national study of trends for future pharmacy colleges. Demands for basic science equipment and patient-centered instruction proved more than the small college's finances could provide. This was additional impetus for moving the program.

In May 1951 the last of Ozarks' 225 pharmacy graduates earned their degrees. In the classes behind them were the students who would become the first graduates of the University of Arkansas Medical Center's new School of Pharmacy. Many Ozarks students chose to come to Little Rock to complete their senior year. Others transferred credits to other schools of pharmacy. The choices demanded courage and determination.

Close cooperation among Arkansas leaders produced a lasting benefit from this season of trial. Governor Sid McMath, Dr. Hurie, the Arkansas State Board of Pharmacy, the Arkansas Pharmacists Association, and University of Arkansas President Lewis Webster Jones together negotiated continuation of accreditation, and the relocation of the Department of Pharmacy to the campus of the University of Arkansas Medical Center in Little Rock. It was a beginning.



With two professional schools on his central Arkansas Campus, Governor McMath could fulfill his dream of founding a Medical Center. In coming years a tax on cigarettes would provide the funding to build the first structures on today's campus of the University of Arkansas for Medical Sciences. When we consider that pharmacy at UAMS is 60 years young this fall, we may also properly reflect that the program stretches back 65 years to its founders in Clarksville. We must also acknowledge the debt that Arkansas Pharmacy owes to the pioneers of 1946. §



Article author Don Stecks graduated in 1951, the last year for College of the Ozarks pharmacy graduates.



# Member Classifieds

**Charitable Clinic Needs Service-Minded Pharmacists-** Want to be thanked dozens of times a day? Tired of dealing with insurance? Join our team at River City Charitable Clinic in North Little Rock. We are looking for volunteer pharmacists to take an active role in the healthcare of low income, uninsured, unassisted patients. Volunteer(s) are needed specifically for a new "refill clinic." You can pick your ideal clinic time on Monday, Wednesday, or Thursday. Staff it weekly or share with a friend. Interested pharmacists can contact Pam Rossi at PRRossi@uams.edu or call Anne Stafford, RN Medical Manager at 501-376-6694.

**Seeking Relief Pharmacist Work-** Booneville pharmacist looking for relief pharmacist work for independent pharmacies in Arkansas. Please contact Bill Carpenter 479-675-6246 or cripplec@magtel.com.

**Seeking Pharmacy Tech Position-** I am looking for a Pharmacy Tech position. If anyone is hiring please call me at 501-244-0319 or 501-912-7259 or email Allene, msallene@sbcglobal.net.

**Cantrell Drug Company Seeking FT and PT Pharmacists and Techs-** Cantrell Drug Company is now taking applications for pharmacists and technician positions, both day and evening, FT and PT. Responsibility includes sterile product production oversight under GMP level processes for FDA registered products. Candidate should possess a propensity/desire for working in an industrial pharmacy practice. Send resume to info@cantrelldrug.com.

**Seeking Full-Time Pharmacy Technician-** A leading community pharmacy in NW Arkansas focused on personalized service to individual patients and assisted living environments is seeking a full-time certified pharmacy technician (CPhT). The opportunity includes medical/dental insurance, paid vacations & holidays, and a SIMPLE IRA retirement program. Qualified parties may submit their resumes to dbastian@cox-internet.com.

**Experienced Relief Pharmacist Available-** Experienced relief pharmacist (retail/hospital/IV) available in Central Arkansas. Willing to travel reasonable distances. Fred Savage 501-350-1716;501-803-4940; fred.savage@sbcglobal.net.

**Pharmacy for Sale in West Central Arkansas-** Pharmacy for sale in West Central Arkansas, established in 1934, 20 miles from Fort Smith, Arkansas. Located in a small community with good schools, encompassing a large trade area. Solid prescription business, with a solid increase in annual sales and net income. Current store hours are M-F: 8 a.m. to 6 p.m., Saturday: 8 am to 4 pm. Owner wishes to retire after 34 years. Some owner financing available. Call 479-719-1750.

**Seeking Pharmacist Position in or around Little Rock-** PharmD with seven years experience, immunization certification, preceptor license and CPR certification seeking new pharmacist position opportunity in or around the Little Rock area. Full-time, part-time or relief work. Ginger Kesler, gingerakesler@gmail.com, 501-837-8113.

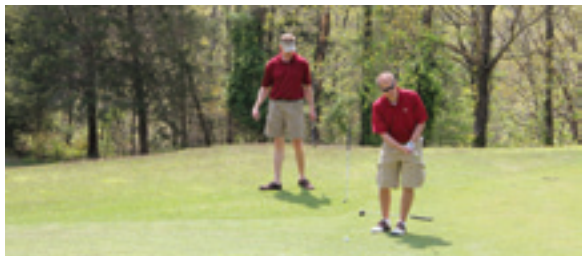
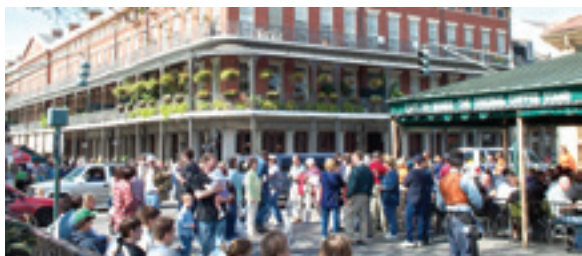
**Pharmacy for Sale-** Pharmacy for sale in Marvell, Arkansas, due to owner's death. Avg 120 Rxs per day. Open five days a week, 9 AM to 5 PM. Next door to medical clinic. Contact Bob Wright, bobwright@eastark.com. Call 870-816-5269.

**Position Available-** Full or part-time position for residency trained pharmacist with BCPS or comparable experience. Contact Ramona McLean, Washington Regional Medical Center, 479-463-1102.

**Volunteer Pharmacists Needed at Hot Springs Charitable Clinic-** Wanted: VOLUNTEER pharmacists to assist in dispensing prescriptions, checking prescriptions, and counseling for low income and uninsured patients at a charitable clinic in Hot Springs. Volunteers are needed for bi-weekly evening clinics from 6:00 PM to 9:00 PM and daily clinics, Tuesday and Wednesdays from 9:00 AM to 3:00 PM. Interested pharmacists should call or write Dian Masingill at the Charitable Christian Medical Clinic, 133 Arbor Street, Hot Springs, 501-623-8850.

**Looking For Work-** Looking for work, full-time preferred, in North Central Arkansas. Contact: Paul Scott, P.D., 870-449-6692, Yellville.

# 2011-2012 Calendar of Events



## DECEMBER

### December 4-8

American Society of Health-System Pharmacists  
Midyear Clinical Meeting  
New Orleans, LA

### December 10-11

APA Committee Forums and Board Meeting  
Holiday Inn Airport  
Little Rock, AR

## MARCH

### Date TBD

APA Board of Directors Meeting  
Lester E. Hosto Conference Center  
Little Rock, AR

### March 9-12

American Pharmacists Association  
Annual Meeting & Exposition  
New Orleans, LA

## APRIL

### Date and Location TBD

Arkansas Pharmacy Foundation  
Annual Golf Tournament

## MAY

### Dates TBD

National Community Pharmacists Association  
Legislative Conference  
Washington, D.C.

### May 5

Harding University College of Pharmacy Commencement  
Searcy, AR

### May 19

UAMS College of Pharmacy Commencement  
Little Rock, AR

## JUNE

### June 21-23

APA 130th Annual Convention  
Embassy Suites Hotel  
Rogers, AR

## In Memoriam

**Edgar Floyd Henley**, age 71, passed away August 25, 2011. Dr. Henley earned a Pharmacy degree from UAMS in 1964, and a Doctorate of Philosophy in Behavioral Sciences, Kensington University, in 1985. He was owner and chief pharmacist of Bruce Drugs, Inc., in Smackover, Arkansas, from 1967 until the time of his death. Ed served as an APA Board member from 1991-1998. He also served on the Arkansas State Board of Health from 1990-1998, and was Board President in 1992. Throughout his professional career, Ed served on many advisory councils and committees at UAMS and the Area Health Education Center – South Arkansas. At the time of his death, he was President of Hudson Nursing Home and Hudson Senior Center Board of Governors.

**Donna Lee Baxter**, age 49, passed away August 26, 2011. Dr. Baxter was born in Little Rock to the late Harry James and JoAnn Hodkin Baxter. Donna graduated from Hendrix College with a degree in Psychology in 1984. She later attended and graduated from UAMS College of Pharmacy, was a member of Phi Delta Chi and Rho Chi, and performed her residency at Chandler Hospital in Lexington, Kentucky. She was employed for many years as a clinical pharmacist at UAMS.

**Ashley Crocker Elliott**, age 38, passed away August 27, 2011. Ashley Elliott was born September 11, 1973, in Jonesboro, Arkansas, to Mr. and Mrs. Jerry Crocker. She graduated from high school in Brookland and attended Ouachita Baptist University in Arkadelphia. Ashley obtained a Doctor of Pharmacy degree in 1997 from the University of Arkansas for Medical Sciences College of Pharmacy. She was employed as the Assistant Pharmacy Manager at Wal-Mart Pharmacy in Bryant.

**Catherine Kaufman**, age 85, passed away October 4, 2011. She graduated from The University of Tennessee School of Pharmacy with a Bachelor of Science in Pharmacy. She was not only the youngest, but the first female pharmacist at the Baptist Hospital in Memphis. She was an active pharmacist since graduation and was licensed in both Tennessee and Arkansas. In Hot Springs she worked at Cain's Drug Store, Medical Center Pharmacy, Levi Hospital, Hot Spring County Hospital in Malvern, and for over 18 years at St. Joseph's Hospital in Hot Springs. She was honored in 1998 by The University of Tennessee School of Pharmacy and by the Tennessee Board of Pharmacy for 50 years of service. She carried her license for 63 years. She was past member of the Garland County Pharmaceutical Association.

## Arkansas Association of Health-System Pharmacists Board

Executive Director . . . . .	Susan Newton, Pharm.D., Russellville
President . . . . .	Willie Capers, Pharm.D., Batesville
President-Elect. . . . .	Lanita Shaverd-White, Pharm.D., Little Rock
Past President . . . . .	Rayanne Story, Pharm.D., Searcy
Treasurer . . . . .	Sharon Vire, Pharm.D., Jacksonville
Secretary . . . . .	Marsha Crader, Pharm.D., Jonesboro
Member-at-Large . . . . .	Maggie Miller, Pharm.D., Batesville
Member-at-Large. . . . .	Andrea Donaldson, Pharm.D., Little Rock
Member-at-Large. . . . .	James Reed, Pharm.D., Conway
Technician Representative. . . . .	Janet Liles, CPhT, Searcy



## Arkansas State Board of Pharmacy

President . . . . .	Marilyn Sitzes, P.D., Hope
Vice President . . . . .	Ronnie Norris, P.D., McGehee
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