NEW APA PRESIDENT
Gary Bass
Calls for Pharmacists to Rally

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Inside APA

EXAMINING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Mark Riley, Pharm.D.
Executive Vice President

More and more of my time of late seems to be spent on meeting with folks from inside and outside of pharmacy whose organizations, like APA, are trying to figure out how healthcare reform will affect what we will do, how we will practice, and how we will be paid for our services.

And, I am not just talking about the Patient Protection and Affordable Care Act (PPACA), but about the general consensus that the fee for service model under which we currently work is unsustainable from a long-term cost standpoint.

Some are promoting “bundled payments for episodes of care” where every entity involved in a patient’s care for a certain health issue is paid in one lump sum. I am having a hard time seeing how this is practical for pharmacy when 85 percent of our payment simply reimburses us for the cost of the drug, over which we have very little, if any, control. The idea is that a finite sum of money is paid for an episode of care (i.e. hysterectomy or coronary bypass surgery) and all of the participants (hospitals, physicians, pharmacists, nurses, etc.) collaborate to achieve the desired outcome AND agree on how to split up the money.

I know that I just scared you to death. While his attitude is appreciated, the discussion agrees that pharmacists will be called on, I believe, to fill many of the gaps.

I believe pharmacists have the widest gap of any profession in relation to what we are TRAINED to do versus what we are ALLOWED to do. With predicted primary care shortages and the need for preventative care, pharmacists will be called on, I believe, to fill many of the gaps.

Obviously, that brings up questions like “how am I going to perform additional tasks and fill prescriptions, too?” and “what additional training, if any, will be required?” At the end of the day, pharmacists will find time to do what is needed assuming fair payment is provided. Governor Beebe has publicly stated on several occasions that he wants a plan developed with help from the providers that will “bend the cost curve” (slow the rate of growth) without using a “slash and burn” approach on providers or without turning to middlemen-driven “managed” care.

While his attitude is appreciated, the challenge is daunting – and we don’t have long to meet it. With projected Medicaid shortfalls of $80 million next year and over $200 million the year after, time is of the essence. These facts present just a few of the challenges; we are looking for and intend to find the opportunities.
As the new year begins this summer for our Association, I want to take the opportunity to thank Past President Mike Smets for the outstanding job he did for the Arkansas Pharmacists Association. Mike’s commitment to pharmacy was evident in his leadership and service. I will be especially glad to have Mike around one more year to draw from his experience and advice.

With the myriad of issues we face, life in the practice of pharmacy just doesn’t seem to get easier. The challenges just grow and grow. Our nation’s economic crisis continues to stir debates over health care costs. Those of us who attended the National Community Pharmacists Association Legislative Conference in May experienced our congressmen’s struggles over budgetary spending. Any bill that was cost neutral or cost saving was attractive.

In Arkansas, the 88th General Assembly passed six bills that benefited Arkansas pharmacy. One of the most exciting pieces of legislation to pass was Act 517, the Pharmacy Audit Bill of Rights, to take full effect January 2012. This bill provided the audit protections listed below. (See box.)

As you can see, the changes in the audit bill are steps in the right direction. It started with your grassroots efforts, the hard work of our APA staff and the strong influence of our legislative friends in the 88th General Assembly. The issues and challenges will continue but at least we can see the evidence of our labor and what we can accomplish by working together.

On a separate note I want to thank those of you who attended our 129th Arkansas Pharmacists Association Annual Convention. Our continuing education was very informative and the entertainment was very enjoyable. On Thursday night we watched a game between the Arkansas Travelers and the Northwest Naturals at Dickey-Stephens Park. Friday night we heard Congressman Mike Ross speak and were entertained by Miss Arkansas Alyse Eady. Saturday at our AP-PAC luncheon we were fortunate to hear Senator Percy Malone (D-Arkadelphia). Thank you to Scott Pace, Barbara McMillan, Debra Wolfe, Eileen Denne, Celeste Reid and Kala Young of our APA staff for their hard work and time in preparing for our successful convention.

I am looking forward to the new year, meeting many of you and working for more positive changes in our profession. §

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<td>1. PBM must give one week’s notice before the initial audit.</td>
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<td>2. Audits involving clinical or professional judgment must be conducted by or in consultation with a pharmacist.</td>
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<tr>
<td>3. Clerical or record-keeping errors shall not, in and of themselves, constitute fraud.</td>
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<td>4. Pharmacies must be allowed to obtain records from a hospital, physician, or other authorized healthcare professionals by any means to validate a prescription.</td>
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<td>5. Recoupment shall be based on actual overpayment – not a projection.</td>
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<td>6. Claims for audit (desk or in-house) that are in question because of a specific problem must be identified with the prescription number.</td>
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<td>7. Random audits are limited to 25 prescriptions that are randomly selected.</td>
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<td>8. Additional audit review, if necessary, shall be conducted on-site at the pharmacy.</td>
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<tr>
<td>9. No more than 2 audits per year can be initiated unless there is a specific problem identified (see #6 above).</td>
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<tr>
<td>10. The creation or maintenance of document requirements cannot exceed requirements of the Arkansas State Board of Pharmacy.</td>
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<td>a. Does not apply to FDA regulations or manufacturer safety programs.</td>
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<td>11. Recoupment can only occur after correction and resubmission of a claim and shall be limited to amounts paid in excess of the corrected claim.</td>
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<td>12. Except for Medicare claims, approval of drug, prescriber, or patient eligibility shall be final at adjudication of the claim.</td>
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<td>13. The pharmacy must be allowed 30 days to address any discrepancies in the audit.</td>
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<td>14. Audit cannot go back more than 24 months.</td>
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<td>15. Unless agreed to by pharmacy, an audit cannot be performed in first seven days of the month.</td>
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<td>16. Preliminary audit report must be provided to the pharmacy within 120 days of the audit.</td>
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<td>17. Final audit report must be provided within six months of the date of the audit.</td>
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<td>18. No extrapolation method can be used.</td>
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<td>19. Full amount of audit must be refunded to the responsible party (payer – i.e. employer).</td>
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<tr>
<td>20. Payer can pay a reasonable amount for the audit to be conducted.</td>
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<td>21. Auditing firms not contracted directly with the payer cannot be paid based on percentages or recoupment amount.</td>
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<td>22. This act does not apply to audits involving fraud on the part of the pharmacy.</td>
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* Source A.C.A. § 17-92-1201 (2011)
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Doubletree Hotel, 5:30 p.m.

Fort Smith
Wednesday, September 14
Hardscrabble Country Club, 6 p.m.

Little Rock
Thursday, September 29
Chenal Country Club, 6 p.m.

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Arkansas Pharmacists Association’s (APA) President Gary Bass hopes to see pharmacists rally together to be well prepared for political action. He would like to get pharmacists more involved through APA’s communications; by encouraging contributions to the Arkansas Pharmacists Political Action Committee (AP-PAC); and by emphasizing pharmacists’ involvement in the legislative process.

“The upcoming legislative changes are exciting,” Bass said in an interview with APA. “In July we began to see the results of legislation that was passed during the 88th General Assembly that positively affect pharmacy,” Bass said. “The changes are tangible; pharmacists can see what APA is actually doing for them, especially through the PBM audit bill and the expanded immunization scope of practice.”

“In order for pharmacists to advance our agenda, we need to develop relationships with legislators and legislators’ staff, get to know them and let them hear pharmacists’ concerns,” Bass continued.

“Pharmacists need to be vocal and support those legislators that support us,” Bass said. “Without our grassroots activities and contributions to legislators through AP-PAC, we would not be politically powerful. Supporting our PAC is a top priority. Our legislative session this year is evidence of what pharmacists can do and what influence they have.”

In addition to supporting the PAC, Bass says members can benefit from attending the Annual Convention and District meetings. “Interacting with other pharmacists and seeing how they practice in their setting is encouraging to your own practice. Getting involved at our meetings is a way to support the association, the Colleges of Pharmacy and the State Board of Pharmacy. APA does things to benefit every pharmacist in Arkansas.”

Bass thinks pharmacists will need to be prepared to implement the Affordable Health Care Act. “What we can do is what we’re already working on – that is, trying to relate to lawmakers and administrators how pharmacy can help save patients and health plans money. If the purpose is to control costs, pharmacists are the ones that understand the therapeutics and economics of prescription medications.”

“Another area where we can promote our value is preventive care; that managing the patients in our pharmacies can
help reduce hospital and other expensive health care costs. We need to communicate that at the state and federal level. That’s why it’s important to know your senators and representatives,” Bass said.

“APA members can use APA’s services and take advantage of the opportunities we offer. The main thing is being involved and participating in our programs. For example, the new website offers all kinds of information about how to get involved not just in the association but in the profession.

“Pharmacists need to be vocal and support those legislators that support us,” Bass said. “Without our grassroots activities and contributions to legislators through AP-PAC, we would not be politically powerful....”

Bass got his start in pharmacy while he was in high school, working for Audell Stachey who owned Wakefield Pharmacy in southwest Little Rock. “In the afternoon after school I was the delivery boy. I remember [Stachey] having a little Volkswagen bug and I just had a great time driving that stick shift around doing deliveries.”

His experience working at Wakefield led him to pharmacy school. Bass got his B.S. degree from the University of Central Arkansas and started at the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy in 1979. He had a good experience in pharmacy school and enjoyed it once he got through medicinal chemistry and Dr. Jordin’s anatomy class.

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“It was a lot different than going to college,” Bass said, “because I had to spend a lot more time studying. The program was three years then, so in 1997, on my day off, I went back and got my Pharm.D. along with Mark Riley and Lester Hosto.”

Once he graduated from UAMS in 1982, Bass worked at two locations: for Don Stecks at Tanglewood Drug and for Lester Hosto and Ray Turnage at Marketplace Pharmacy. He worked at both until January 1983 when Hosto and Turnage asked Bass if he wanted to open a new pharmacy and be a partner.

“I told them I’d love to be a partner, but I don’t have any money. They said you can work your third off in any hours you work above 40. I was single at the time so it didn’t take me long to become a third owner in that store. That was in 1983. That store started in a grocery store; when the grocery closed, we moved down to our current location [on Broadway].” About three years after that, Bass and Hosto bought Turnage out, then in 1994, Bass bought Hosto’s share to fully own City Pharmacy.

Not surprisingly, Bass describes Don Stecks and Lester Hosto as his mentors. “They were so helpful; I had only been out of school a year and was running this store by myself. I learned quick how to run a pharmacy. I pretty much patterned the store after Tanglewood.”

Like many independent pharmacists, Bass enjoys being able to make his own decisions and owning his own store. He likes being his own boss and having the freedom to arrange his schedule. He dislikes having to deal with third parties. The store also has to be open no matter what, so rain, sleet or shine, if others can’t make it in, he is there.
Changes in pharmacy over three decades have included positive and negative things, Bass said. It is good in the sense that there is more opportunity now and more areas of practice pharmacists can choose to go into. The negatives are that at times pharmacy is over-regulated and controlled by third parties. But Bass thinks the good far outweighs the bad. “For today’s students, there are so many avenues they can explore; pharmacy is a great profession.”

Bass would like to see outside parties come to pharmacists for advice on how to save money and how to improve the quality of life for their patients. “This is what we’re trained to do; we’re involved with our patients and can recommend positive and effective healthcare changes. He wants to encourage insurance companies, legislators and Pharmacy Benefit Managers (PBMs) to utilize pharmacists to a greater extent.

Bass has spent many years as a preceptor for students from the UAMS College of Pharmacy, training a number of pharmacists who currently practice. When advising students, he tries to give them a view of independent pharmacy.

“A lot of them don’t come in expecting to work in retail but we’ve had some students really enjoy the experience and want to continue in retail. The good thing about pharmacy in Arkansas is, it’s not just limited to retail, hospital or chains anymore.”

Bass gets the most satisfaction out of helping patients. “I think when we go the extra mile and we see them smile and say thank you for the personal touch we provide, it’s gratifying. It makes you see what a positive difference you make in your patients’ lives.”

When he is not at City Pharmacy working with his patients, Bass enjoys golf, fishing, and spending time with family. “I don’t get to fish enough but I like to play golf. I try to go once every couple of weeks.”

He and APA Executive Vice President Mark Riley may have an opportunity to hit the links around the District meetings this year. Bass is looking forward to meeting other state pharmacists during the District meetings.
Do you remember Perry Mason? How about Matlock? OK then, Denny Crane? Depending on your age, you should be familiar with at least one of these famous TV attorneys and their courtroom performances. This makes for entertaining TV, but in real life, the story is a little bit different. In most jurisdictions, the number of civil cases filed has been steady or increasing, but the number of trials has been decreasing. Why is this so?

The first reason is the discovery process. Discovery is the phase of the litigation process where the opponents share or exchange information and evidence. This includes documents, oral testimony (depositions), and written questions & answers (interrogatories). This exchange is mandated by the court rules. When discovery is complete, both parties should have all of the information that they need to evaluate the case and evaluate their chances of prevailing at trial. The most common forms are arbitration and mediation. In arbitration, the issues are presented to a neutral arbitrator who issues a ruling on the case. The process is greatly streamlined from that of a trial. For instance, in most cases, arbitration will not have live witness testimony. It is quicker and less expensive than a trial. The ruling can be binding or non-binding. In the non-binding situation, the parties can evaluate the ruling and compare it to their own predictions, but are not forced to accept it. Binding arbitration is considered a final ruling. Mediation has no third party decision maker. A neutral mediator works to get both sides to agree to a mutually acceptable settlement of the case. The mediator does that by moving between the parties, sharing information where necessary, and listening to the strengths and weaknesses of each side. If no agreement is reached, the parties move on in the litigation process. Nothing that is said or offered at a mediation is admissible at trial, so parties are motivated to be as open and honest as possible with the mediator. In many jurisdictions, at least one round of ADR is required before any case can go to trial. It is not uncommon for a judge to order the parties to a second, or even a third, mediation.

In today’s legal environment, the possibility, or desirability, of trial is quite different from TV lawyers. They try a case almost every week. Non-TV lawyers might have as few as two or three civil trials per year. Some commentators have actually expressed concern that we don’t have enough trials. Case law is built on appellate decisions and with fewer trials, there are fewer appeals. But with all of our cards on the table and court rules that favor ADR, we shouldn’t be surprised that there are more settlements and fewer trials. Maybe that is a good thing because it puts the parties in control of the ultimate resolution of their case and reduces the emotional toll on the parties. It won’t be as entertaining to watch Matlock take more depositions. §

© 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.
The electronic prescription illustrated in Figure 1 was transmitted from a prescriber’s office to a community pharmacy in Central Arkansas. The prescription was for a six month-old infant. The pharmacy technician attempting to fill the order told the pharmacist that the pharmacy was currently out-of-stock of topical 2% erythromycin ointment. The pharmacist questioned whether topical 2% erythromycin was commercially available in an ointment dosage form. After checking his drug information references, the pharmacist learned that this strength of topical erythromycin is only available as a gel dosage form. Since the pharmacy had this product in stock, the technician filled the prescription and placed it in line for pharmacist verification and patient counseling.

During the counseling session, the pharmacist asked the patient’s mother why the child had been prescribed topical erythromycin. The patient’s mother said the prescriber had written the diagnosis on a piece of paper but she could not pronounce it. The pharmacist looked at the paper and learned the infant was being treated for bacterial conjunctivitis (i.e. “pink eye”). At this point, the pharmacist realized the electronic prescription contained significant errors.

Her first concern was with the erythromycin strength. The pharmacist had received numerous prescriptions for erythromycin 0.5% ophthalmic ointment for patients diagnosed with bacterial conjunctivitis. Topical erythromycin 2% is indicated for topical use on the skin - it is not intended for ophthalmic use. Erythromycin Topical Gel 2% is indicated for local treatment of acne vulgaris. It is formulated with alcohol, USP 92%. Contact with eyes, nose, mouth and mucosa is strictly to be avoided. Accidental use of this product in the infant’s eyes would have produced immediate and painful symptoms.

Her second concern was with the unclear sig. A telephone call confirmed that the prescriber wanted the patient to receive erythromycin 0.5% ophthalmic ointment to be applied as a thin film to the affected eye(s) morning and evening. After this, the prescription was correctly filled and the patient’s mother appropriately counseled.

Electronic or E-Prescriptions are transmitted from the prescriber directly into the pharmacy’s computer system. In some states today, almost 30% of all prescriptions are E-Prescriptions. E-Prescribing has numerous advantages including:

- Reducing the risk of medication errors
- Reducing the risk of pharmacist/technician order-entry errors
- Reducing the potential for prescription tampering
- Reducing pharmacy staff time required for prescription processing
- Improving patient compliance
- Enhancing patients’ convenience

While electronic prescriptions undoubtedly lower the incidence of medication errors – especially those associated with poor prescriber handwriting - they do not eliminate all risk, as this case clearly illustrates. All pharmacists must use the same care and diligence when verifying the accuracy of E-Prescriptions as they do with all other types of medication orders. §
Laura Beth Martin | FAMILY PHARMACY
Hope, Arkansas

Pharmacy practice:
Independent store owner

Graduate pharmacy school and year:
University of Arkansas for Medical Sciences in 2003

Years in business: 8

Favorite part of the job:
Helping people in the community every day. These are people I grew up with.

Least favorite part of the job:
Dealing with third parties. The most frustrating part is trying to get patients the medication they need.

Oddest request from a patient/customer:
We were giving flu shots and sent an elderly man to the injection area in the back of the store. When I turned around to give him a shot, he had dropped his trousers. Even though I explained that we didn’t need to give the shot in the hip, he insisted on it, so I gave his flu shot in front of God and everybody!

Recent reads:
“Outlive Your Life” by Max Lucado and “There is No Me Without You” by Melissa Green.

Fun activities:
My husband Steve and I have three children: Annabeth (age 8), Lydia (age 4) and Luke (17 months). We have Friday movie nights with pizza.

Ideal dinner guests:
That’s a tough question. If a group, probably my whole family. But if it were a one-on-one dinner, Jesus Christ, for 30 minutes, to hear what he has to say about my life.

If not a pharmacist then…
A pediatrician.
Eddie Glover has been practicing pharmacy for 35 years and has never been without a job. He has worked for independents, chains and in partnerships. In his current role as chief executive officer of U.S. Compounding in Conway, Arkansas, Glover presides over a compounding business specializing in women’s health, specifically Bioidentical Hormone Replacement Therapy (BHRT), pain management, veterinary and sterile products.

Glover began his career at Laws Drugs in Fort Smith and then had a chance to work at American Drugs in Conway. In 1997, four small independents joined together and Glover and Larry Sparks built the four stores into a 12-store group consisting of several community pharmacies and a compounding pharmacy. Glover and his partners subsequently sold those stores.

In 2005, Glover and Sparks partnered with David Smith, Rob Harkness and Chuck Shipp to form U.S. Compounding. In 2010, Glover and Sparks bought out the other partners and made Glover’s daughter, Kristen Riddle, a partner. The company has grown so much in the past six years that they have now outgrown their buildings and will move into a new one near I-40 on the eastern end of Conway in January 2012.

U.S. Compounding has two types of customers for their women’s health products – individual patients, and physician clinics for office stock. Those offices order custom drugs for use in their medical practices. Veterinary compounding is a new specialty for the business.

They have 46 employees including six full-time pharmacists, two part-time pharmacists and 12 pharmacy technicians. In addition, they are regular preceptors and take four students each year from the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy and two from Harding University College of Pharmacy. Glover’s son Sam is the Director of Business Development.

According to Glover, “The business just evolved. The fun is in the journey. I love what I am doing now. I have always surrounded myself with people smarter than me. I enjoy running the business. Part of the fun is the challenge of growing and bringing in new staff to serve different needs.”

“All the areas we work in are niche areas. We do a little bit of everything. The sky is the limit on new business opportunities,” he added.

“I really feel that the future for pharmaceutical compounding
is great. There will be an increased demand for it. The need for specialized medications is great. Certainly I see the areas we are in now expanding and I think there will be new areas in the future. Where it will lead, I don’t know, but I see us doubling our size.”

Part of Glover’s future success lies in U.S. Cosmeceuticals, the company that was spun off of U.S. Compounding in April 2010. Kristen Riddle is the Creative Director of U.S. Cosmeceuticals, which develops and sells Rx Skin Therapy™ products.

Asked about why she and others joined family members in the profession of pharmacy, Riddle said that growing up in a pharmacy setting meant that [she] was always around it or working in it. She saw her Dad truly helping people. “It is obviously a versatile field and I thought I could do almost anything with it,” Riddle said.

U.S. Compounding has given Riddle that opportunity. She graduated from the UAMS College of Pharmacy in 2002 then worked at College Pharmacy in Conway and grew its compounding business.

“We were always looking for new areas in compounding and skin care was an area we were working more in,” Riddle said. “When people heard we were developing a skin care line, they told us we were crazy.”

A cosmeceutical is a botanical or a vitamin that is beneficial for the skin. It’s not just a make-up; it is applied for skin health. Riddle became interested and has developed 18 products; she has been the driving force for developing those, according to Glover.

“When we first developed the products, we weren’t creating a skin care line. Women were having problems or a physician would have a particular problem they wanted to solve. We started having success with our products and decided we needed to open it up for patients to purchase. There is a white space [opportunity] in skin care with pharmacies. We market [the products] as a therapeutic line; why not buy from a pharmacy? We realized that we had something when patients would say ‘what are you doing different to your skin?’”

“At that point,” Riddle said, “we had to decide whether to take it...
U.S. Cosmeceuticals Creative Director Kristen Riddle in the Rx Skin Therapy showroom in Conway.

“ALL THE AREAS WE WORK IN ARE NICHE AREAS. WE DO A LITTLE BIT OF EVERYTHING. THE SKY IS THE LIMIT ON NEW BUSINESS OPPORTUNITES.”

into physicians’ offices or sell directly. It is a therapeutic line and pharmacists have knowledge of skin and physiology. Why not sell skin care products from pharmacies, we thought. We can train staff at pharmacies on our product and purpose. Now we truly partner with pharmacies and are supported by them.”

Riddle recently completed a publicity tour with health and beauty editors in New York City which she hopes will lead to greater demand for the product. “It was very exciting,” Riddle said. “We were able to tell the independent pharmacy story and the compounding story. It was exciting to see the light bulb go off – that people can still get customized care in local drug stores.”

The initial business goal for U.S. Cosmeceuticals was to be in 100 stores in a year. “We pulled that number out of the air,” Riddle said. “Within the first year, we did get to our 100 stores. We made our goal in March 2011.”

Riddle says about her experience, “As far as the investment goes, it’s just one of those things – you just have to jump off a cliff if you want to do it, and you just have to see where it goes.”

With the success of U.S. Cosmeceuticals, and the growing compounding business, APA asked Glover, ‘Any thoughts of retirement?’

“If I retired I don’t know what I’d do,” Glover answered. “I have no thoughts of retiring. I want to see this grow and do more. I also don’t want to stifle Kristen, Sam and Becca’s [pharmacist Becca Mitchell] abilities to learn and grow and run the company. I want to be a productive force and bring them along too.”

From a management standpoint he added, “If we’re planning on doing things tomorrow like we did the day before yesterday, we’re in trouble.”

Editor’s Note: If interested in carrying Rx Skin Therapy products in your store, contact CEO Nickie Brown; 888-548-1088; nbrown@rxskintherapy.com. §
APA IN PICTURES

APA Past President Stephanie Goodart O’Neal, Wynne Pharmacy.

Mark Shinabery and pharmacy student Brandyn England at Custom Compounding Center in Little Rock.

Max Caldwell, Caldwell Discount Drug in Wynne.

Melinda Reams counseling a patient at C & D Drug in Russellville.


Billy Newton in front of soda fountain at Newton Pharmacy in Russellville.
Mike Smith at Rose Drug in Russellville.

APA’s Mark Riley congratulates UAMS graduating senior Anida Gjermen at May breakfast.

Justin Boyd, Coleman Pharmacy in Alma.

(From left) Mike Smets, Bonnie Johnson, Mark Riley, Gary Bass and Debra Wolfe in Washington, D.C. for NCPA Legislative Conference in May.

Pharmacists at U.S. Compounding in Conway.

APA’s Scott Pace welcomes UAMS Pharmacy Camp participants in June.
National Community Pharmacists Association 43rd Annual Conference on National Legislation and Government Affairs, May 23-25, in Washington, D.C. APA President Mike Smets and his wife, pharmacist Bonnie Johnson, President-Elect Gary Bass, Executive Vice President Mark Riley, Director of Government Affairs Debra Wolfe, and Director of Communications Eileen Denne, had an opportunity to meet with all six Arkansas legislators.

(L to R) Rep. Steve Womack listens as Bonnie Johnson and Mike Smets look on during a hallway meeting.

(L to R) Mike Smets, Bonnie Johnson, Gary Bass, Mark Riley and Debra Wolfe meet Rep. Rick Crawford.

(L to R) Sen. Pryor’s Sr. Legislative Asst. Tate Heuer, Debra Wolfe, Senator Mark Pryor and Mark Riley prior to the NCPA Pharmacists’ Rally on Capitol Hill.

(L to R) Rep. Tim Griffin meets with APA group including Bonnie Johnson and Mike Smets outside a committee room.

(L to R) Rep. Mike Ross with Gary Bass, Debra Wolfe, Mike Smets and Bonnie Johnson in Ross’ office.
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This year marked the third annual Harding University College of Pharmacy Summer Pharmacy Camp. Twenty-five high school students from nine states attended Pharmacy Camp on the Harding campus June 19-24, 2011. Students from Alabama, Arkansas, Florida, Georgia, Louisiana, Missouri, Oklahoma, Tennessee, and Texas arrived on campus to begin their journey into the profession of pharmacy. Students were hosted in dorms on campus and were guided throughout the week by student pharmacist camp counselors. This program was funded in part by the Walgreens Diversity Foundation.

Students began the week by learning about the many different career opportunities available to pharmacists. Other camp sessions included prevention and treatment of diabetes and hypertension, preparation for obtaining pharmacy technician certification, finger stick blood glucose measurement, introduction to IV preparation and aseptic technique, and compounding lollipops and lip balms. The campers also participated in solving the spread of a simulated epidemic, ELISA testing, and DNA fingerprinting.

One highlight of the week was professional shadowing when the campers visited community pharmacies and spent time visiting with and observing pharmacists in action. These hands-on and experiential learning activities gave the campers an opportunity to envision themselves as future student pharmacists and pharmacists. The sessions were provided by College of Pharmacy faculty, student pharmacists, and other pharmacy professionals from the community.

Throughout the week, campers worked in teams to research health and wellness issues. On the last day of camp, each team presented their findings to faculty judges to compete for the Health and Wellness Presentation Project Award. The health and wellness project was included in the camp curriculum to improve the students’ ability to research medications and disease states using pharmacy databases such as LexiComp, to provide opportunities to learn about the importance of patient counseling and the pharmacist’s role in this process, and to help develop effective leadership and team participation skills.

Camp wasn’t all work and no play, though. Students were given some free time to explore the campus and also participated in organized activities such as devotionals, a laser tag outing, water gun fights, and a game night with their counselors. All meals were provided for the campers through the university cafeteria and ARAMARK catering services.

The week concluded with a banquet where certificates of recognition were given to all students who participated. Awards were also given to outstanding campers and the winners of the Health and Wellness Presentation Project. This year’s outstanding campers were Molly McCaskey from Bartlett, Tennessee and Andy Powell from Hope, Arkansas. The winning Health and Wellness Presentation Project was on the topic of substance abuse prevention and titled “Skittles Party.”

Chris from Florida said, “I learned so much in the compounding lab. Making lollipops and lip balm was great!” Another camper said, “This week was an awesome experience! The camp definitely increased my desire to become a pharmacist.” Andy from Arkansas said, “I enjoyed meeting so many new people who were interested in the same things I like. Every day we had something to look forward to!”

Pharmacy Camp 2012 is tentatively set for June 17-22. Applications will be available on the College of Pharmacy Website (www.harding.edu/pharmacy) after January 1, 2012. Enrollment will be limited to 25 campers. This is a great opportunity for interested young people to explore the profession of pharmacy and get excited about what pharmacy has to offer! §
Over the past six months I have received many questions regarding the outlook for jobs for our pharmacy graduates. At graduation, 82% of the students had already accepted positions, with 70% accepting a position in a community setting. Eight of our graduates accepted a residency position. The majority of our students (87%) accepted a position in Arkansas. The average salary for a new graduate, $114,106, was not significantly changed from last year. Approximately 60% of our graduates accepted a position at a place where they had either worked or completed experiential activities. The average amount of debt that a student has at graduation, $82,998, has significantly increased over the past few years.

Pharmacy continues to be a rewarding profession, with good opportunities and an excellent starting salary for our new graduates. There are many changes predicted for our healthcare system over the next few years. I believe that the changes on the horizon will create more opportunities for creative, well-educated graduates than ever before.
Summary

- 106 UAMS COP P4 students completed the survey.
- 82% have accepted a position.
- 38% believe the position opportunities available were excellent or good.
- 70% have accepted a position in a community/retail setting.
- 8 students have accepted a residency/fellowship position.
- 8% will receive a sign-on bonus and the average reported sign-on bonus is $5,400.
- Approximately 49% of the students accepting positions will practice pharmacy in central Arkansas. Excluding residencies, 43% of the students accepting positions will practice pharmacy in central Arkansas.
- Overall, 13% of the students accepting positions will practice pharmacy or do a residency out-of-state. Excluding residencies, 15% of the students accepting positions will practice pharmacy out-of-state.
- Top benefits include: paid vacation, health insurance, retirement, and paid holidays which are the same as in 2010; 8% of graduates will receive APA membership dues paid by their employer.
- Average salary for a pharmacist (excluding residency) position is $114,106; an increase of $129 (0.11% increase) from 2010.
- Approximately 25% plan to own a pharmacy in the future.
- Approximately 89% have student loans, with an average amount of $82,998.
45th Annual AAHP Fall Seminar
Please mark your calendars for the 45th Annual Arkansas Association of Health-System Professionals (AAHP) Fall Seminar, which will be held on October 6-7, 2011, in Little Rock at the Airport Holiday Inn. Our seminar includes programming for pharmacists, technicians and pharmacy students. Registration is online at www.arrx.org.

Our AAHP Fall Seminar Planning Committee has designed an excellent educational program that focuses on expanding clinical services in health system pharmacy. Our special guest will be Diane Ginsberg, Immediate Past-President of ASHP, who will deliver the keynote address, “An Update on the Pharmacy Practice Model Initiative.” AAHP will offer ACPE-accredited CE for pharmacists and pharmacy technicians. There will be a breakout session for pharmacy directors to discuss current issues. Disease State Management Credentialing will be available on Thursday evening.

AAHP will host its annual poster session and the awards banquet on Friday will celebrate the accomplishments of outstanding Arkansas pharmacists. Pharmacy students from both colleges will join us on Friday for their student programming. Please consider sponsoring attendance at the seminar for one of these young professionals - they are our future. I hope you will join us in Little Rock for some great learning and networking opportunities!

Willie Capers is President-Elect
Jody Smotherman has resigned as president-elect due to a promotion and change in his position at White River Medical Center. We appreciate Jody’s willingness to continue to serve in the role of board member-at-large. Willie Capers from St. Bernard’s Medical Center in Jonesboro has agreed to take Jody’s place as president-elect and will be installed as AAHP president in October during fall seminar.

AAHP Technician Scholarship Awarded
The first AAHP technician scholarship was awarded to Christy Pantel of West Point. She completed the ASHP accredited pharmacy technician program at ASU-Searcy in May of 2011. Her academic achievements include being on the Chancellor’s List and a member of the National Technical Honor Society. Christy is employed at Searcy Medical Center Pharmacy. The value of the scholarship equals the cost of registration for one Pharmacy Technician Certification Exam (PTCE) national certification exam. It also includes use of certification review materials from ASHP and a one year membership to AAHP. The scholarship applications and instructions are the AAHP website. Please share this information with technicians that are considering taking the PTCE exam as another scholarship will be awarded in October during Fall Seminar. Congratulations Christy!

Thank you, Jane Gault!
AAHP would like to recognize Jane Gault for her many years of service to the Arkansas Association of Health-System Pharmacists. She has served many roles in our organization throughout the past 30 years. Jane recently resigned from the Historian position that she has held for the past 10 to 12 years. Thank you, Jane!

ASHP Summer Meeting
Several Arkansas pharmacists, technicians and students from both colleges of pharmacy attended the ASHP Summer Meeting in Denver, Colorado, recently in June. The Pharmacy Practice Model Initiative (PPMI) was a hot topic as well as medication safety. Arkansas attendees enjoyed a meal and networking during the meeting. §
A few Arkansas pharmacists recently traveled to Washington, D.C., for Compounders on Capitol Hill (CCH). CCH is sponsored by the International Academy of Compounding Pharmacists (IACP). Pharmacists from all over the nation convened for education in current compounding political issues and business growth topics. On the final day, compounders put on their white lab jackets and went to Capitol Hill.

The Arkansas group consisted of Eddie Glover, R.D. Walker, Becca Mitchell, and me, Kristen Riddle. (This was my first trip to Capitol Hill--very exciting!) We visited the offices of Senators Mark Pryor and John Boozman, and Representatives Mike Ross, Tim Griffin, and Steve Womack. The IACP “Asks” this year were: 1) Coverage of compounds for Medicare and Medicaid Beneficiaries; 2) Congress request of FDA to issue a revised veterinary Compliance Policy Guideline; 3) Clarification and change to Drug Enforcement Agency (DEA) policy on dispensing of controlled substances to prescribers; and 4) Technical correction to clarify that pharmacies are not manufacturers. This would remove the words “preparation” and “compounding” from what defines a “manufacturer.”

We were very well received by all of our congressmen and senators... It will be important for as many compounders as possible to get involved with IACP and attend Compounders on Capital Hill in 2012.”

Tragically, such a startling escalation will result from the Food and Drug Administration (FDA) approval of a new version of an agent for preventing preterm birth.” Due the uproar about the extreme price, KV Pharmaceuticals recently dropped their price from $1,500 to $690 per dose. If compounders could produce this drug and bill Medicaid, as well as numerous other drugs, CMS could have a significant savings. Apparently, this situation was upsetting not only to Arkansas legislators but legislators from many states. The Arkansas senators and congressmen were very supportive of all IACP “Asks” and compounding pharmacy in general. It will be important for as many compounders as possible to get involved with IACP and attend Compounders on Capital Hill in 2012. For more information on how to get involved with legislative issues related to compounding, visit www.iacprx.org and stay current on what’s happening with updates from the Arkansas Pharmacists Association. §
Member Classifieds

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.

Relief Pharmacist Needed in Heber Springs
Need full-time relief pharmacist for month of August at Glen’s Drug, open 8:00 am to 6:00 pm in downtown Heber Springs. Contact: John Hendricks at 501-206-8588; n5xun@yahoo.com.

Part-Time Hospice Position Available
Circle of Life Hospice, serving Northwest Arkansas, is recruiting for an experienced part-time Pharmacist. Contact Suzanne Kennedy in Human Resources at 479-872-3397, or email skennedy@nwacircleoflife.org. For more information about Circle of Life, see our web site at www.nwacircleoflife.org.

Prescription Counter Needed
The Lonoke County Christian Clinic, a free medical, dental and pharmacy clinic in Cabot, needs a prescription counter. Please contact Jerry Jones, PD at 501-231-9332 or jjones1943@yahoo.com.

Pharmacy for Sale- 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, Pharm.D., 501-837-8113.

Pharmacy OTC Shelving for Sale
Used metal shelving. #2-9 ft. gondolas. #1-6 ft. gondola. Check-out counter. Other pieces available. Contact Jenny Boone Treece for more information: 501-592-1774, Fairfield Bay Pharmacy.

Pharmacy for Sale
Pharmacy for sale in 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. Cell 870-816-5269.

Little Rock Pharmacy for Sale
Little Rock retail pharmacy for sale by owner. For interested buyers: leave a message at (805) 973-7237.

Pharmacy Tech Wanted
Full-time pharmacy tech needed at compounding pharmacy. Experience in compounding preferred. Please call 501-223-2224 and ask for Kenny or Stacy for information.

Pharmacist Seeking Employment
Looking for work, full-time preferred, willing to travel. Contact Don Farris, P.D., Fredericktown, MO 63645.

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 P.M. to 9:00 P.M. 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, AR 71901, 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.

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Pharmacists earned up to 20 Continuing Education (CE) credits, learned about new products, and enjoyed baseball at the 129th APA Annual Convention. More than 365 pharmacists and exhibitors gathered at the Peabody Hotel in Little Rock June 9-11 for the Annual Convention.

Under the theme “Pharmacists Step Up to the Plate,” APA President Mike Smets introduced the convention and CE sessions Thursday morning. The first session, sponsored by Vernco MedEd, was “A Pharmacists Roadmap to Pain Management: New Directions to Improved Patient Care.” Additional CE sessions during the day featured up-to-date information on new drugs and provided greater knowledge of Selective Serotonin Reuptake Inhibitors (SSRIs) and Bioidentical Hormone Replacement Therapy (BHRT).

In between CE sessions, children were treated to the daily duck walk in the lobby of the Peabody Hotel.

At the Exhibitors’ Opening Reception, which highlighted the baseball theme, more than 40 exhibitors showcased their services and products. Special prizes were given to convention participants who held baseball cards that included photos of APA’s Executive Committee members.

Following the Opening Reception, APA members and guests traveled by trolley over the Broadway Street bridge to Dickey-Stephens Park, when the Arkansas Travelers triumphed over the Northwest Arkansas Naturals by a score of 8 to 5.

The event honored APA’s Wholesale Business Partners: AmerisourceBergen, Cardinal Health, McKesson, Morris & Dickson and Smith Drug. Several company representatives were tapped to take part in the mid-inning fun of the rubber chicken toss, dizzy bat race and sling shot catch.

Friday’s first CE Session featured clinical case scenarios by five PGY1 residents with the Center Arkansas Veterans Affairs Healthcare System. Joel Weintraub, physiologist and humorist, gave an entertaining presentation on stress management. Arkansas State Board of Pharmacy Director John Kirtley concluded the morning presentations by providing an update on pharmacy laws in the state.

(Continued)
APA celebrated its 2011 award winners Friday and Saturday at the 129th Annual Convention.

During the Friday, June 10 “Evening with the Presidents,” Congressman Mike Ross kicked off the festivities, followed by entertainment from 2010 Miss Arkansas Elyse Eady. Two awards were also presented. The Pharmacist of the Year Award was given to Don Johnson, Pharm.D., and the Guy Newcomb Award went to Senator Johnny Key (R-Mountain Home).

Congressman Mike Ross introduces the “Evening with the Presidents.”

Miss Arkansas Elyse Eady entertains the guests with her puppets.

Senator Johnny Key receives the Guy Newcomb Award from APA’s Mark Riley.

Past President Mike Smets turns the gavel over to President Gary Bass.
On Saturday morning, June 11, APA presented the following awards:

- **Young Pharmacist of the Year**: Cheryl Bryant, Pharm.D.
- **Bowl of Hygeia Award**: Thomas L. Warmack, P.D.
- **Innovative Pharmacy Practice Award**: Eric Crumbaugh, Pharm.D.
- **Percy Malone Public Service Award**: Gene Boeckmann, P.D.
- **Charles M. West Leadership Award**: Daniel Price, Pharm.D. Candidate, UAMS College of Pharmacy Class of 2012.

Scott Warmack, Pharm.D., receives the *Bowl of Hygeia Award* from Mike Smets on behalf of his father, Thomas L. Warmack, P.D.

Mike Smets with *Percy Malone Public Service Award* winner Gene Boeckmann, P.D.

*Young Pharmacist of the Year* Cheryl Bryant, Pharm.D. and Pharmacists Mutual’s Joe Baker.

*Innovative Pharmacy Practice Award*: Eric Crumbaugh, Pharm.D., with Mike Smets.

*Charles M. West Leadership Award* winner Daniel Price, Pharm.D. Candidate, UAMS College of Pharmacy Class of 2012.
CE sessions continued June 11 with presentations on independent pharmacy ownership; over-the-counter selfcare championship between UAMS and Harding students; Collaborative Practice and Disease State Credentialing. The Arkansas Political Action Committee (AP-PAC) hosted a Saturday luncheon with Senator Percy Malone (D-Arkadelphia) as its keynote speaker regarding the 88th General Assembly and how pharmacy fared.

The APA 129th Annual Convention concluded at 5 p.m. on Saturday. After that, the UAMS College of Pharmacy hosted a party for its Reunion Classes at the Peabody Hotel. §

Arkansas Association of Health System Pharmacists Board

President .............................................. Rayanne Story, Pharm.D., Searcy
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Sr. Citizen Public Member ..................... Ross Holiman, Little Rock
Public Member ..................................... Larry Ross, Sherwood

In Memoriam

Andy O’Neal Shaw Jr.
Age 81, of Crossett, AR, passed away on May 4, 2011 at St. Francis Medical Center. He was born on May 23, 1929 in Nashville, AR. Shaw was a graduate of University of Tennessee; a Navy Veteran; a pharmacist and owner of City Rexall. He was a VFW member and a lay preacher.

John William Gray
Age 47, of West Helena, passed away Sunday, May 29, 2011.

Frank Major Cole
Age 85, passed away July 29, 2011, at NEA hospital in Jonesboro. He was a pharmacist and worked in the Jonesboro and boot heel of Missouri territory for the Upjohn Company for more than 30 years. He was a member of the First United Methodist Church. He served on the Arkansas State Board of Pharmacy for many years. He also served on the Board of Trustees at the University of the Ozarks.
Arkansas Pharmacy
175 Years of Stories

By Jon Wolfe, P.D., Ph.D.

Arkansas has been a state for 175 years, and pharmacy has been an important part of our experience as a people. The profession has seen tremendous changes in that time. When we became a state, drugs were prepared from simple chemicals and from plant materials. Many people then lived their entire lives using only home remedies prepared within the family. Many of the first pharmacists in Arkansas were actually physicians, who supplemented their professional income by the sale of drugs. In 1836 no one had ever heard of antibiotics or hormones, two mainstays of today’s pharmacy.

Early practitioners were educated up to the scientific standard of their time. They knew that digitalis strengthened heart “action” and produced diuresis when given at a sufficient dose. They also knew that if not properly prepared, such a plant substance could also harm the patient. As science advanced, so did practice. The isolation of alkaloids from raw plant materials made it possible for Arkansas pharmacists to dispense exact amounts of medication. It was also possible to accurately predict the effect of a dose, for effect depended on the amount of drug taken.

Throughout all our early years we relied on our ability to compound with reliable accuracy. Although some tinctures and solutions could be purchased from manufacturers, they were used mainly as the basis for therapeutic mixtures. The partnership of physician and pharmacist to choose a dose based on scientific diagnostic principles and on predictable response to a given dose formed a new foundation for patient safety and for reliable treatment of disease.

Today we retain these elements that have marked pharmacy throughout our history in this state. We are partners. We are patient advocates. We are the learned intermediaries through whose hands patients receive appropriate medication. One other thing has remained unchanged; and that is our relationship with the community. From earliest times the drug store, the pharmacy, and the hospital with its apothecary have been a universal part of the life we have lived. Postcard views constantly show drugstore fronts in images from towns in their earliest days. As towns grew and came to feature municipal water and electricity, the pharmacy was always to be found in the most up-to-date facilities. Today we expect to see pharmacy adapted to our transportation needs by placement in centers with easy parking and drive-up access.

Today we have matured as a self-governing profession. The Arkansas Pharmacists Association was established in 1882 and the State Board of Pharmacy in 1891. Arkansas law contains specific provisions that pertain to our profession. We have two colleges of pharmacy, and as befits the diversity of the state, one is publicly supported and the other the fruit of private enterprise. The establishment of these four institutions has provided a platform for successful advancement of the profession.

All through this rich 175 years of practice, we have built communities. One is the community of pharmacists. We know one another. We have taught one another. We have helped one another in time of need. We also have built community with our patients. Every drug store has its trove of stories about patients who were a joy, patients who were a challenge, and of patients whose stories still move us. We have built up lore about who founded which store, who have been the owners across the years. We certainly have memories of opening new stores, moving stores, and sometimes of closing them.

We should not risk the hazard of losing this rich history. For this reason, the Association has assembled a small working group to assist in preserving our memories as a professional
community. You will hear about our initiative during District Meetings, but here is the core. We want to recruit every pharmacist in the state to contribute your own story about being a pharmacist. We also want to have the stories of those who taught you, who precepted you, who hired you, who were your partners.

The Arkansas Pharmacists Association website, www.arrx.org, will have a portal where you can enter information needed to prepare your story for publication. If you cannot participate online, please call one of us in the Working Group. We will arrange to get your information to the Association. We want everyone to feel a part of this enterprise. Your story will be open-ended. It will be stored in electronic format at the APA office. You, or persons affiliated with your pharmacy, can add at any future time. We will publish a story in each issue of AR•Rx The Arkansas Pharmacist magazine. In time we hope to link these stories to other online history sources. There should be enough accounts of professional accomplishment, community involvement, patient service, and humor to accent the content of our association journal, and to enrich the webpage content.

Working Group: Jerry Stephens; Jon Wolfe, UAMS; Eileen Denne, APA; John Kirtley, State Board of Pharmacy; and Don Stecks. §

2011 Calendar of Events

October 6-7
Arkansas Association of Health-System Pharmacists
Fall Seminar
Holiday Inn Airport
Little Rock, AR

October 8-12
National Community Pharmacists Association
Annual Convention
Opryland Resort
Nashville, TN

October 27
APA Golden CE
UAMS College of Pharmacy
Little Rock, AR

December 4-8
American Society of Health-System Pharmacists
Midyear Clinical Meeting
New Orleans, LA

December
APA Committee Forums and Board Meeting
Holiday Inn Airport
Little Rock, AR
APA District Meetings Schedule

District 5 - Tuesday, September 6, 7:00 pm
Pine Bluff Country Club
Pine Bluff, AR
President: Dean Watts
870-946-1334

District 5 - Wednesday, September 7, 7:00 pm
Monticello Country Club
Monticello, AR
President: Dean Watts
870-946-1334

District 8 - Thursday, September 8, 7:00 pm
Cone Chapel Harding College
Searcy, AR
President: Christy Campbell
501-268-1900

District 3 - Monday, September 12, 7:00 pm
Sodies at Flippin Pharmacy
Flippin, AR
President: Danny Ponder
870-425-5145

District 3 - Tuesday, September 13, 7:00 pm
DoubleTree Hotel
Bentonville, AR
President: Danny Ponder
870-425-5145

District 7 - Wednesday, September 14, 7:00 pm
Hardscrabble Country Club
Fort Smith, AR
President: John Vinson
479-424-3175

District 6 - Thursday, September 15, 7:00 pm
Arkansas Tech University
(East Banquet Room)
Russellville, AR
President: Stephen Carroll
870-403-9400

District 4 - Tuesday, September 20, 7:00 pm
Park Place Restaurant
Texarkana, AR
President: Lisa Liles
870-216-2611

District 6 - Wednesday, September 21, 7:00 pm
Clarion Resort on the Lake
Hot Springs, AR
President: Stephen Carroll
870-403-9400

District 4 - Thursday, September 22, 7:00 pm
Camden Country Club
Camden, AR
President: Lisa Liles
870-216-2611

District 2 - Tuesday, September 27, 7:00 pm
St. Bernard’s Auditorium
Jonesboro, AR
President: Brent Panneck
870-237-8215

District 2 - Wednesday, September 28, 7:00 pm
Forrest City Country Club
Forrest City, AR
President: Brent Panneck
870-237-8215

District 1 - Thursday, September 29, 7:00 pm
Chenal Country Club
Little Rock, AR
President: Eddie Glover
501-327-1222
APA Thanks its 129th Annual Convention Wholesale Business Partners & Exhibitors!

APAs 129th Annual Convention attendees had the chance to meet and hear about products and services from 43 companies and organizations in the Exhibit Hall. We thank each exhibitor and our Wholesale Business Partners whom we honored on Thursday, June 9, at Dickey-Stephens Park.

(Not shown: LeadsOnLabs, PharMEDium Services, PBA Health, First Data Merchant Services)
CONVENTION PARTNERS & EXHIBITORS

Lilly Diabetes

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PACE Alliance

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Arkansas Association of Health System Pharmacists
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Smith Drug

Cardinal Health
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- Get the latest pharmacy news and information from www.arrx.org;
- Find out when your District is meeting this fall;
- Change your personal record using the Member Log-in;
- Register for CE and other events;
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Not all programs are the same, make sure your pharmacy and your data is protected. Pharmacies that license PQC™ and report patient safety events are provided federal legal protection to information that is reported through the Alliance for Patient Medication Safety (APMS) – a federally listed PSO. To learn more about PSOs, visit www.pso.ahrq.gov/psos/fastfacts.htm.

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