

LICENSE SUMMARY**Period 3/1/23 – 5/31/23****PHARMACISTS**

2127 Current Total

7 New Licensees for period

License#	Last Name	First Name	City	State
R-7024	Worley	Daniel	Basking Ridge	NJ
R-7025	Reeves	Melissa	Greer	SC
R-7026	Potts	Jason	Rapid City	SD
R-7027	Hooper	Paula	Richmond	TX
R-7028	Park	Sinae	Royal Oak	MI
R-7030	Loughery	Angela	Clarksville	TN
R-7031	Pallien	Kerry	Roaring Brook	PA

FULL-TIME PHARMACY PERMITS

239 Current Total

1 New FT Permits for period

License#	Business	City	State
100-2087	Dakota Mart	Pierre	SD

PART-TIME PHARMACY PERMITS

81 Current Total

1 New PT Permits for period

License#	Business	City	State
200-1761	Avera McKennan LTC Nexsys ADC #7	Howard	SD

PHARMACY INTERNS

260 Current Total

8 New Registrations for period

TECHNICIAN REGISTRATIONS

1561 Current Total

131 New Registrations for period

NON-RESIDENT PERMITS

854 Current Total

21 New NR Permits for period

WHOLESALE PERMITS

1311 Current Total

28 New WH Permits for period

			May	May	YTD	YTD
Activity Reports	New	Renewal	2023	2022	This Year	Last Year
Pharmacy Permits						
Full Time (SD)	0	141	141	135	146	142
Part Time (SD)	1	38	39	34	45	41
Non-Resident	6	457	463	428	541	527

Pharmacist Licenses

South Dakota	3	0	3	3	1343	1312
Non-Resident	1	0	1	5	790	805

Technician Registration	51	3	54	30	1884	1480
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Pharmacy Interns	1	0	1	3	265	337
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Wholesale Permits

South Dakota	7	0	7	0	52	45
Non-Resident	10	3	13	21	1321	1298

Inspections

Pharmacy Inspections			48	28	357	301
Wholesale Inspections			0	0	19	25
Other Pharmacy Visits/Meetings			40	36	423	424
Controlled Drug Destruction			0	0	0	0
PDMP Visits			31	25	209	224



**South Dakota
Board of Pharmacy**

4001 W. Valhalla Blvd., Ste. 106
Sioux Falls, SD 57106
Phone: 605-362-2737
Fax: 605-362-2738

Approvals, Variances, and Pharmacy changes for June 23, 2023 Board Meeting

Approvals

Variances/Waivers

1. Monument Health Renewal of Tech Check Teck Variance
2. Vilas Telepharmacies, Faith, Lead, and Eagle Butte variance to two visits per month from one visit weekly.

New Pharmacies/Closed Pharmacies and New/Closed Wholesale Distributors

1. New- SD Department of Corrections Pharmacy, Yankton SD, License 100-2088
2. New- Avera LTC Nexsys ADC #7, Howard, SD, License 200-1761
3. New- Wellcare Medical, Sioux Falls, SD, License 600-3545
4. New- Brookings Health System/ Avera Home Medical, Brookings, SD, License 600-3531
5. New- Avera Home Medical Equipment, Aberdeen, SD, License 600-3532
6. New- Avera Home Medical Equipment, Huron, SD, License 600-3533
7. New- Avera Home Medical Equipment, Mitchell, SD, License 600-3534
8. New- Avera Home Medical Equipment, Madison, SD, License 600-3535
9. New- Avera Home Medical Equipment, Sioux Falls, SD, License 600-3536
10. CHOW- Lynn's Dakota Mart, Pierre, SD, License 100- 1806, Now JLF Enterprises, dba Dakotamart, License 100-2087
11. Closed- DPX Enterprises Inc., dba Dan's Drugstore, Sioux Falls, License 100-2018

REVENUE REPORT BY MONTH

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Remaining Authority by Object/Subobject

Expenditures current through 06/03/2023 11:50:38 AM

HEALTH -- Summary

FY 2023 Version -- AS -- Budgeted and Informational

FY Remaining: 7.7 %

09209	Board of Pharmacy - Info						PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES							
5101010	F-t Emp Sal & Wages	572,903	384,843	0	0	188,060	32.8
5101020	P-t/temp Emp Sal & Wages	181,838	131,296	0	0	50,542	27.8
5101030	Board & Comm Mbrs Fees	2,081	2,820	0	0	-739	0.0
Subtotal		756,822	518,959	0	0	237,863	31.4
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	57,569	37,726	0	0	19,843	34.5
5102020	Retirement-er Share	19,676	29,208	0	0	-9,532	0.0
5102060	Health Insurance-er Share	77,720	66,224	0	0	11,496	14.8
5102080	Worker's Compensation	1,062	774	0	0	288	27.1
5102090	Unemployment Compensation	318	67	0	0	251	78.9
Subtotal		156,345	133,999	0	0	22,346	14.3
51 Personal Services							
Subtotal		913,167	652,958	0	0	260,209	28.5
TRAVEL							
5203010	Auto-state Owned-in State	7,229	3,751	0	0	3,478	48.1
5203020	Auto Priv (in-st.) L/r	600	1,700	0	0	-1,100	0.0
5203030	Auto-priv (in-st.) H/r	6,000	6,559	0	0	-559	0.0
5203040	Air-state Owned-in State	3,000	0	0	0	3,000	100.0
5203100	Lodging/in-state	9,479	5,857	0	0	3,622	38.2
5203140	Meals/taxable/in-state	1,679	1,136	0	0	543	32.3
5203150	Non-taxable Meals/in-st	2,000	1,517	0	0	483	24.2
5203220	Auto-priv.(out-state) L/r	200	0	0	0	200	100.0
5203230	Auto-priv.(out-state) H/r	1,600	0	0	0	1,600	100.0
5203260	Air-comm-out-of-state	10,000	3,062	0	0	6,938	69.4
5203280	Other-public-out-of-state	100	17	0	0	83	83.0
5203300	Lodging/out-state	6,400	1,594	0	0	4,806	75.1
5203320	Incidentals-out-of-state	152	126	0	0	26	17.1
5203350	Non-taxable Meals/out-st	900	434	0	0	466	51.8
Subtotal		49,339	25,753	0	0	23,586	47.8
CONTRACTUAL SERVICES							
5204010	Subscriptions	250	0	0	0	250	100.0
5204020	Dues & Membership Fees	500	300	0	0	200	40.0
5204050	Computer Consultant	258,067	47,970	9,270	0	200,827	77.8
5204080	Legal Consultant	4,278	343	0	0	3,935	92.0

Remaining Authority by Object/Subobject

Expenditures current through 06/03/2023 11:50:38 AM

HEALTH -- Summary

FY 2023 Version -- AS -- Budgeted and Informational

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09209 Board of Pharmacy - Info							PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
5204140	Contract Pymts To St Agen	20,000	0	0	0	20,000	100.0
5204160	Workshop Registration Fee	4,000	4,731	0	0	-731	0.0
5204180	Computer Services-state	13,819	29,238	0	0	-15,419	0.0
5204181	Computer Services-state	3,919	0	0	0	3,919	100.0
5204200	Central Services	6,582	7,364	0	0	-782	0.0
5204202	Central Services	103	0	0	0	103	100.0
5204203	Central Services	103	0	0	0	103	100.0
5204204	Central Services	418	332	0	0	86	20.6
5204207	Central Services	3,638	6,418	0	0	-2,780	0.0
5204220	Equipment Serv & Maint	600	384	0	0	216	36.0
5204320	Audit Services-private	1,000	0	0	0	1,000	100.0
5204330	Computer Software Lease	0	491	0	0	-491	0.0
5204360	Advertising-newspaper	1,000	0	0	0	1,000	100.0
5204430	Publishing	1,000	761	0	0	239	23.9
5204460	Equipment Rental	2,100	696	0	0	1,404	66.9
5204490	Rents-private Owned Prop.	42,277	0	0	0	42,277	100.0
5204510	Rents-other	250	0	0	0	250	100.0
5204521	Revenue Bond Lease Payment	0	617	0	0	-617	0.0
5204525		0	40,431	0	0	-40,431	0.0
5204530	Telecommunications Svcs	5,200	5,434	0	0	-234	0.0
5204550	Garbage & Sewer	200	300	0	0	-100	0.0
5204590	Ins Premiums & Surety Bds	1,450	2,269	0	0	-819	0.0
5204620	Taxes & License Fees	206,708	204,900	0	0	1,808	0.9
5204960	Other Contractual Service	392,878	96,382	0	0	296,496	75.5
Subtotal		970,340	449,361	9,270	0	511,709	52.7
SUPPLIES & MATERIALS							
5205020	Office Supplies	4,300	918	0	0	3,382	78.7
5205040	Educ & Instruc Supplies	300	0	0	0	300	100.0
5205310	Printing-state	1,100	508	0	0	592	53.8
5205320	Printing-commercial	400	123	0	0	277	69.3
5205330	Supp. Public & Ref'Mat	50	0	0	0	50	100.0
5205350	Postage	2,900	320	0	0	2,580	89.0
5205390	Food Stuff's	0	13	0	0	-13	0.0
5205980	Procurement Card Purchase	0	39	0	0	-39	0.0
Subtotal		9,050	1,921	0	0	7,129	78.8
CAPITAL OUTLAY							
5207901	Computer Hardware	5,764	0	0	0	5,764	100.0

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09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5207960 Computer Software	30,000	0	0	0	30,000	100.0	
Subtotal	35,764	0	0	0	35,764	100.0	
52 Operating Subtotal	1,064,493	477,035	9,270	0	578,188	54.3	
Total	1,977,660	1,129,993	9,270	0	838,397	42.4	

YEARLY REVENUE NOT INCLUDING GRANT FUNDS

May 2023	June 2022	June 2021	June 2020	June 2019
820,177.38	914,273.08	913,645.49	902,944.07	888,178.29

NON-GRANT DISBURSEMENTS

May 2023	June 2022	June 2021	June 2020	June 2019
1,018,997	1,167,781	1,075,040	1,053,563	1,099,573

FISCAL YEAR-END CASH CENTER BALANCE REPORT

May 2023	June 2022	June 2021	June 2020	June 2019
233,394.39	431,884.44	685,391.11	846,784.02	997,400.95

SPEND DOWN AMOUNT

May 2023	June 2022	June 2021	June 2020	June 2019
-198,819.62	-253,507.92	-161,394.51	-150,618.93	-211,394.71

Board of Pharmacy - Inspection Report

2nd Quarter 2023

Kari Shanard-Koenders

Date	Destination	City	Purpose	PDMP/ Narc
04/01/2023	SDSHP Annual Meeting	Sioux Falls	Conference	
04/04/2023	BIT, Maria, Melissa, I - SSO	Sioux Falls	Webinar	
04/04/2023	CDC OD2A Grant Meeting	Sioux Falls	Meeting	
04/05/2023	Treatment Considerations in the Age of Fentanyl	Sioux Falls	Webinar	
04/05/2023	FY 21 BJA PDMP Grant Follow-Up Call	Sioux Falls	Meeting	
04/11/2023	Indivior, DSS, Tyler, Todd Lacksonen	Sioux Falls	Meeting	
04/11/2023	PDMP Update 15PBJA-21-GG-02609-PDMP	Sioux Falls	Meeting	
04/12/2022	Compounding From BDS: Understanding FDA's Final Guidance	Sioux Falls	Meeting	
04/14/2023	DOC/DSS Discussion Human Service Center Pharmacy	Sioux Falls	Meeting	
04/17/2022	IV Infusion Call - Risse	Sioux Falls	Meeting	
04/18/2023	Online & In-The-Know: Immunization 101 – What You Need to Know	Sioux Falls	Meeting	
04/19/2023	NASCSA Education Committee	Sioux Falls	Meeting	
04/26/2023	Ozempic Call with NABP re potential fraud	Sioux Falls	Meeting	
04/26/2023	ASAP PDMP Standards: Everything You Need to Know And What's in the Future	Sioux Falls	Meeting and Moderator	
04/28/2023	NABP Monthly Executive Officer Call	Sioux Falls	Meeting	
05/04/2023	LightHouse AI Webinar	Sioux Falls	Webinar	
05/05/2023	Walgreens Complaints Call with Regional Pharmacist	Sioux Falls	Meeting	
05/05/2023	FDA Sara Vukovich, Lewis Drug (Bill and Kyle), and Board - potential Ozempic fraud	Sioux Falls	Meeting	
05/08/2023	Exciting Update from Secretary Magstadt	Sioux Falls	Meeting	
05/08/2023	Rural Health Advisory Council Meeting	Sioux Falls	Meeting	
05/10/2023	NABP 119TH Annual Meeting	Nashville	Annual Meeting	
05/11/2023	NABP 119TH Annual Meeting	Nashville	Annual Meeting	
05/12/2023	NABP 119TH Annual Meeting	Nashville	Annual Meeting	
05/17/2023	All Staff Meeting	Sioux Falls	Meeting	
05/24/2023	National Drug Early Warning System (NDEWS) Year-in-Review: Epidemiologic Methods to Detect New and Emerging Psychoactive Substances in the United States	Sioux Falls	Webinar and Moderator	
05/25/2023	CS Former Pharmacist Meeting	Sioux Falls	Meeting	
05/25/2023	Meeting with Lantus Property Management	Sioux Falls	Discussion	
05/26/2023	SF One Stop Meeting	Sioux Falls	Meeting	
05/31/2023	NASCSA Education Committee	Sioux Falls	Meeting	
05/31/2023	Hospice Emergency Medications with Monument	Sioux Falls	Meeting	
06/01/2023	Rural OUD Advisory Committee Meeting	Sioux Falls	Meeting	
06/05/2023	State-only Call on Federal Pharmaceutical Drug Legislation	Sioux Falls	Webinar	
06/06/2023	Move security concerns w/Brd Pharmacy, Nursing, Medical	Sioux Falls	Meeting	
06/07/2023	Scott Gregg, Mike Stanley, and Architect Space Review	Sioux Falls	and conference room	
06/08/2023	Travel Technical Assistance Update	Sioux Falls	Webinar	
06/12/2023	Ralph Orr, Melissa D., PDMP BJA/Bamboo	Sioux Falls	Meeting	
06/14/2023	Xylazine Webinar NASCSA	Sioux Falls	Webinar and Moderator	
06/16/2023	Tyler, Avera, Visante	Sioux Falls	Meeting	
06/20/2023	Implications of Alabama's Designated Representative Rule for DSCSA Compliance	Sioux Falls	Webinar	
06/22/2023	NASCSA Education Committee	Sioux Falls	Meeting and Chair	
06/23/2023	NABP Executive Officer Call	Sioux Falls	Meeting	
06/23/2023	SD Board of Pharmacy Quarterly Meeting	Sioux Falls	Meeting	

Board of Pharmacy - Inspection Report

2nd Quarter 2023

Tyler Laetsch

Date	Destination	City	Purpose	PDMP/ Narc
4/5/23	Avel e-Pharmacy	Sioux Falls	Inspection	
4/5/23	Apria	Sioux Falls	Wholesale Inspection	
4/5/23	Animart	Tea	Wholesale Inspection	
4/6/23	Walgreens	Yankton	Inspection	PDMP
4/6/23	Yankton Medical Clinic Retail Pharmacy	Yankton	Inspection	PDMP
4/6/23	Yankton Medical Clinic Infusion Pharmacy	Yankton	Inspection	
4/11/23	Effective Writing Meeting	Sioux Falls	Meeting	
4/13/23	Lewis Family Drug	De Smet	Inspection	PDMP
4/13/23	Avera DeSmet Memorial Hospital	De Smet	Inspection	
4/14/23	Hy-Vee 10th St	Sioux Falls	Inspection	PDMP
4/14/23	Call with DOC and HSC	Sioux Falls	Meeting	
4/18/23	Lewis Family Drug 71	Mitchell	Inspection	PDMP
4/18/23	Lewis Family Drug 72	Mitchell	Inspection	PDMP
4/18/23	Animal Health	Mitchell	Wholesale Inspection	
4/19/23	Douglas County Hospital	Armour	Inspection	
4/19/23	Prairie Pharmacy	Armour	Inspection	PDMP
4/19/23	Prairie Pharmacy	Corsica	Inspection	PDMP
04/20/2023	Sanford	Vermillion	Inspection	
4/20/23	Aox	Yankton	Wholesale Inspection	
4/20/23	Avera Home Medical	Yankton	Wholesale Inspection	
4/21/23	Walgreen's Louise Ave	Sioux Falls	Inspection	PDMP
4/24/23	SDSU P2 Class Presentation	Brookings	Meeting	
4/25/23	Avera LTC	Sioux Falls	Inspection	PDMP
4/25/23	Avera Specialty Pharmacy #2	Sioux Falls	Inspection	PDMP
4/26/23	Lewis Family Drug	Wessington Springs	Inspection	PDMP
4/26/23	Weskota Memorial Hospital	Wessington Springs	Inspection	PDMP
4/26/23	Pharmerica	Woonsocket	Inspection	
4/27/23	Sanford Duele County	Clear Lake	Inspection	
4/27/23	Lewis Family Drug	Clear Lake	Inspection	PDMP
5/5/23	Walgreen's Call	Sioux Falls	Virtual Meeting	
5/9/23	Walgreen's	Watertown	Inspection	PDMP
5/9/23	Wal-Mart	Watertown	Inspection	PDMP
5/10/23	NABP Annual Meeting	Nashville, TN	Meeting	
5/11/23	NABP Annual Meeting	Nashville, TN	Meeting	
5/12/23	NABP Annual Meeting	Nashville, TN	Meeting	
5/15/23	Avera Heart Hospital	Sioux Falls	Inspection	
5/16/23	Hy-Vee Sycamore Ave	Sioux Falls	Inspection	PDMP
5/17/23	Avera Wagner	Wagner	Inspection	
5/17/23	Avera Dialysis Wagner	Wagner	Inspection	
5/17/23	Avera LTC	Lake Andes	Inspection	
5/17/23	James Drug	Wagner	Inspection	PDMP
5/18/23	Avera 69th St Pharmacy	Sioux Falls	Inspection	PDMP
5/23/23	Wal-Mart N 60th St	Sioux Falls	Inspection	PDMP
5/23/23	Lewis Louise Ave	Sioux Falls	Inspection	PDMP
5/24/23	Lewis Family Drug	Dell Rapids	Inspection	PDMP
5/24/23	Avera Dell Rapids	Dell Rapids	Inspection	
5/25/23	Lewis Family Drug	Harrisburg	Inspection	PDMP
5/25/23	Walgreen's Sycamore Ave	Sioux Falls	Inspection	PDMP
5/26/23	Pioneer Memorial Hospital	Viborg	Inspection	
5/26/23	Lewis Family Drug	Viborg	Inspection	PDMP
5/31/23	Lifescape	Sioux Falls	Inspection	
5/31/23	Hospice Emergency Kit Call- Monument	Sioux Falls	Virtual Meeting	
5/31/23	Avera Prince of Peace	Sioux Falls	Inspection	
6/1/23	Lewis Family Drug	Centerville	Inspection	PDMP
6/1/23	Lewis Family Drug	Beresford	Inspection	PDMP
6/2/23	Sioux Falls Specialty Hospital	Sioux Falls	Inspection	
6/2/23	Complete Care Pharmacy	Sioux Falls	Inspection	
6/5/23	Hy-Vee Louise Ave	Sioux Falls	Inspection	PDMP
6/6/23	Sanford Home Infusion	Sioux Falls	NABP Blueprint Inspection	PDMP
6/6/23	Matheson Air	Sioux Falls	Wholesale Inspection	
6/7/23	Avera Flandreau Hospital	Flandreau	Inspection	
6/7/23	Santee Sioux Tribal Clinic Pharmacy	Flandreau	Inspection	PDMP
6/8/23	Dept of Corrections Pharmacy	Yankton	Initial Inspection	
6/8/23	Yankton Rexall	Yankton	Inspection	PDMP
6/8/23	Avera LTC	Yankton	Inspection	
6/8/23	Wal-Mart	Yankton	Inspection	PDMP
6/16/23	Avera planning meeting	Sioux Falls	Virtual Meeting	
6/23/23	Quarterly Board Meeting	Sioux Falls	Meeting	

Board of Pharmacy - Inspection Report

2nd Quarter 2023

Melissa DeNoon

Date	Destination	City	Purpose	PDMP/NARC
4/4/23	BIT, DOH, & BOP/PDMP	Sioux Falls	SSO Discussion	
4/4/23	DOH and BOP/PDMP	Sioux Falls	CDC OD2A-S Grant Discussion	
4/5/23	COSSAP	Sioux Falls	Webinar	
4/5/23	NASCSA & Affected State PDMPs	Sioux Falls	FY 21 Grant Issues Meeting	
4/11/23	Indivior, DSS, BOP	Sioux Falls	MOUD Discussion	
4/11/23	BJA and BOP/PDMP	Sioux Falls	FY 21 Grant Issues Meeting	
4/12/23	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM Meeting	
4/17/23	NASCSA Executive Committee	Sioux Falls	Meeting	
4/19/23	NASCSA PMP Committee	Sioux Falls	Co-Chairs Meeting	
4/20/23	NASCSA PMP Committee	Sioux Falls	Meeting	
4/20/23	DOH OD2A Grant Teams	Sioux Falls	Meeting	
4/25/23	NASCSA Conference Program Planning Subcomm	Sioux Falls	Meeting	
4/26/23	PMIX Executive Committee	Sioux Falls	Meeting	
4/26/23	NASCSA	Sioux Falls	Webinar	
4/27/23	DSS - Shaina S	Sioux Falls	DTB Program Meeting	
4/27/23	NADDI	Sioux Falls	Webinar	
5/10/23	NABP 119th Annual Meeting	Nashville, TN	Annual Meeting	
5/11/23	NABP 119th Annual Meeting	Nashville, TN	Annual Meeting	
5/12/23	NABP 119th Annual Meeting	Nashville, TN	Annual Meeting	
5/16/23	NASCSA Membership Committee	Sioux Falls	Meeting	
5/17/23	DOH	Sioux Falls	All Staff Meeting	
5/17/23	Bamboo Health & PDMP Staff	Sioux Falls	Intro Meeting with Interim CRM	
5/18/23	Baart Programs SF - Dr Farnham & Kelli Lemke	Sioux Falls	Meeting	
5/19/23	NASCSA Executive Committee	Sioux Falls	Meeting	
5/23/23	NASCSA PMP Committee	Sioux Falls	Meeting	
5/23/23	NASCSA Data Integrity Subcommittee	Sioux Falls	Meeting	
5/23/23	NASCSA Conference Program Planning Subcommittee	Sioux Falls	Meeting	
5/24/23	PMIX Executive Committee	Sioux Falls	Meeting	
5/24/23	NASCSA	Sioux Falls	Webinar	
5/24/23	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM Meeting	
5/25/23	DSS - Shaina S	Sioux Falls	SOR Project Update Meeting	
5/25/23	TTAC	Sioux Falls	Webinar	
5/30/23	NASCSA Conference Program Planning Subcomm.	Sioux Falls	Meeting	
5/30/23	NADDI	Sioux Falls	Webinar	
6/5/23	Rural OUD Advisory Board	Sioux Falls	Meeting	
6/7/23	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM Meeting	
6/12/23	NASCSA - Ralph O, BOP - KSK	Sioux Falls	BJA Grant Status Meeting	
6/13/23	NASCSA Data Integrity Subcommittee	Sioux Falls	Meeting	
6/14/23	NADDI	Sioux Falls	Webinar	
6/14/23	NASCSA	Sioux Falls	Webinar	
6/15/23	NASCSA PMP Committee	Sioux Falls	Meeting	
6/15/23	DOH/HIE, BOP - KSK	Sioux Falls	Health Link Integration Mt.	
6/15/23	DOH OD2A Grant Teams	Sioux Falls	Meeting	
6/20/23	Sanford USD Medical Residents	Sioux Falls	PDMP Presentation	PDMP Presentation
6/21/23	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM Meeting	
6/21/23	NASCSA Membership Committee	Sioux Falls	Meeting	
6/23/23	SD Board of Pharmacy	Sioux Falls	Quarterly Board Meeting	
6/23/23	NASCSA Executive Committee	Sioux Falls	Meeting	
6/26/23	TTAC North & East PDMP Regions	Kansas City, MO	Annual Regional Meeting	
6/27/23	TTAC North & East PDMP Regions	Kansas City, MO	Annual Regional Meeting	
6/28/23	TTAC North & East PDMP Regions	Kansas City, MO	Annual Regional Meeting	
6/29/23	TTAC North & East PDMP Regions	Kansas City, MO	Annual Regional Meeting	
6/30/23	DOH OD2A Evaluators, BOP - KSK	Sioux Falls	OD2A Grant Project Meeting	

Board of Pharmacy - Inspection Report
2nd Quarter 2023
Carol Smith

Date	Destination	City	Purpose	PDMP/ Narc
04/11/2023	Avera LTC AMDD Nexsys #4	Faulkton	Inspection	
04/11/2023	Faulkton Area Medical Center	Faulkton	Inspection	PDMP
04/11/2023	Faulkton Drug	Faulkton	Inspection	PDMP
04/12/2023	PharMerica Redfield	Redfield	Inspection	
04/12/2023	SD Developmental Center Pharmacy	Redfield	Inspection	PDMP
04/12/2023	Community Memorial Hospital	Redfield	Inspection	PDMP
04/12/2023	Randall's Pharmacy	Redfield	Inspection	PDMP
04/19/2023	A-OX Welding Supply Co Inc	Huron	Inspection	
04/19/2023	Coborns Pharmacy #24	Huron	Inspection	PDMP
04/19/2023	Lewis Drug Pharmacy #4	Huron	Inspection	PDMP
04/20/2023	Ten-45 Grocery & Cafe (remote drop site)	Leola	Remote Drop Site Visit	
04/20/2023	Eureka Community Health Services Avera	Eureka	Inspection	PDMP
04/20/2023	Dosch Family Pharmacy	Eureka	Inspection	PDMP
04/21/2023	Milbank Area Hospital - Avera Health	Milbank	Inspection	PDMP
04/21/2023	Bien Pharmacy	Milbank	Inspection	PDMP
04/21/2023	PharMerica Britton	Britton	Inspection	
04/21/2023	Quarve Drug	Britton	Inspection	PDMP
05/03/2023	Avera Plaza Pharmacy	Aberdeen	Inspection	PDMP
05/08/2023	Monument Health - Custer	Custer	Inspection	PDMP
05/09/2023	Custer Communit Pharmacy dba Carson Drug	Custer	Inspection	PDMP
05/09/2023	Fall River Hospital Pharmacy	Hot Springs	Inspection	PDMP
05/10/2023	Lynn's Dakotamart	Hot Springs	Inspection	PDMP
05/10/2023	SD State Veterans Home Pharmacy	Hot Springs	Inspection	PDMP
05/10/2023	Wall Drug	Wall	Inspection	PDMP
05/11/2023	Dakota Country Pharmacy	Philip	Inspection	PDMP
05/11/2023	Philip Health Services	Philip	Inspection	PDMP
05/16/2023	White River Community Pharmacy	White River	Inspection	PDMP
05/16/2023	Mission Community Pharmacy	Mission	Inspection	PDMP
05/17/2023	Bennett County Hospital & Nursing Home	Martin	Inspection	PDMP
05/17/2023	Martin Drug and Merchantile	Martin	Inspection	PDMP
05/17/2023	Murdo Family Foods	Murdo	Remote Drop Site Visit	
05/23/2023	Marshall County Hospital	Britton	Inspection	PDMP
05/23/2023	Quarve Drug	Britton	Follow up Visit	
06/13/2023	Vilas Telepharmacy	Highmore	Inspection	PDMP
06/13/2023	Avera Hand County Hospital	Miller	Inspection	
6/13/23	Miller Rexall Drug	Miller	Inspection	PDMP
6/20/23	Avera LTC AMDD #1	Aberdeen	Inspection	
6/20/23	Avera LTC AMDD #3	Aberdeen	Inspection	
6/20/23	Avera LTC AMDD #6	Aberdeen	Inspection	
6/21/23	NABP Training	Groton	Training	
6/22/23	NABP Training/ BOP Office	Sioux Falls	Training	
6/23/23	BOP Quarterly Meeting	Sioux Falls	Meeting	

Board of Pharmacy - Inspection Report**2nd Quarter 2023***Lee Cordell*

Date	Destination	City	Purpose	PDMP/ Narc
4/7/23	Safeway (Mt Rushmore Rd)	Rapid City	Inspection	PDMP
4/7/23	Walgreens #09512	Rapid City	Inspection	PDMP
4/12/23	Black Hills Surgical Hospital Pharmacy	Rapid City	Inspection	
5/10/23	Boyds Drug Mart (St Patrick)	Rapid City	Inspection	PDMP
5/10/23	Walgreens #10656	Rapid City	Inspection	PDMP
5/10/23	CVS Pharmacy dba Target Pharmacy	Rapid City	Inspection	PDMP
5/11/23	Safeway Pharmacy (Baken Park)	Rapid City	Inspection	PDMP
5/11/23	Boyds Drug Mart (Baken Park)	Rapid City	Inspection	PDMP
5/11/23	Follow up Visit Walgreens Mt View	Rapid City	Follow-up	
5/22/23	Monument Health Spearfish Hospital	Spearfish	Inspection	
5/22/23	Monument Health Surgical Center	Spearfish	Inspection	
5/22/23	Monument Health Lead Deadwood Hospital	Deadwood	Inspection	
5/23/23	Pharmerica - Main Site	Rapid City	Inspection	PDMP
5/23/23	Pharmerica - Avantara Mt. View	Rapid City	Inspection	
5/23/23	Pharmerica - Avantara North	Rapid City	Inspection	
5/23/23	Pharmerica - Avantara Arrowhead	Rapid City	Inspection	
5/23/23	Pharmerica - Fountain Springs	Rapid City	Inspection	
6/21/23	NABP Training	Mobridge	Training	
6/22/23	NABP Training	Sioux Falls	Training	
6/23/23	Quarterly Board of Pharmacy Meeting	Sioux Falls	Meeting	

South Dakota Prescription Drug Monitoring Program Update

June 23, 2023

What's New at the SD PDMP?

- SD's BJA FY 21 Harold Rogers PDMP Grant update:
 - Still no funding due to BJA's interpretation of our vendor relationship
 - Bamboo Health approved a payment plan for the two grant projects that were continued from 10.01.21 to 01.31.23
- Data Integrity Update – Dispenser Error Notifications upcoming roll-out

Presentations Given/Events Attended

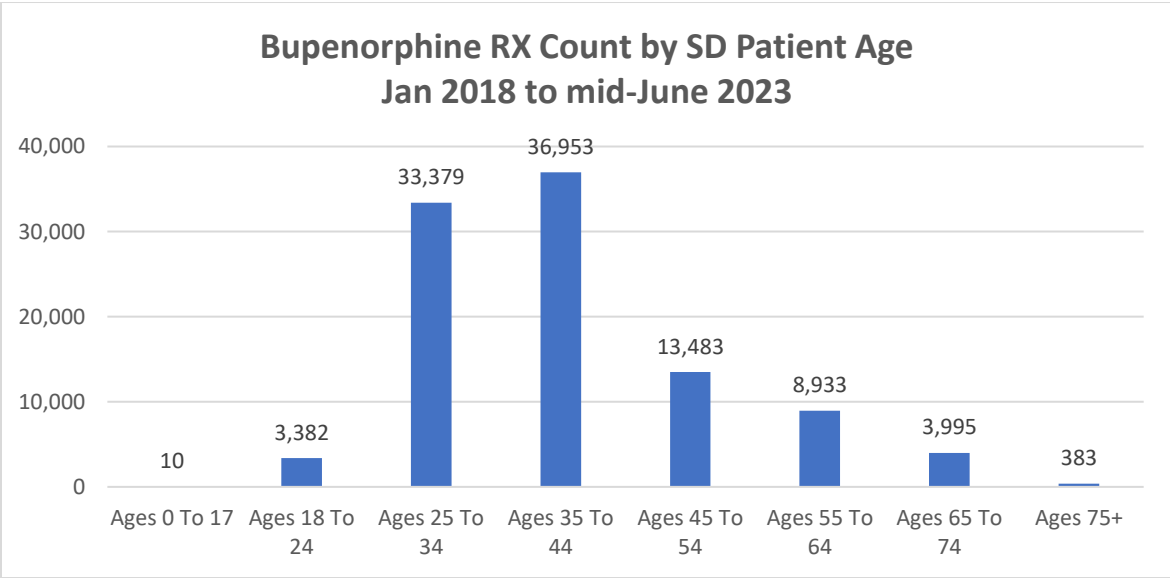
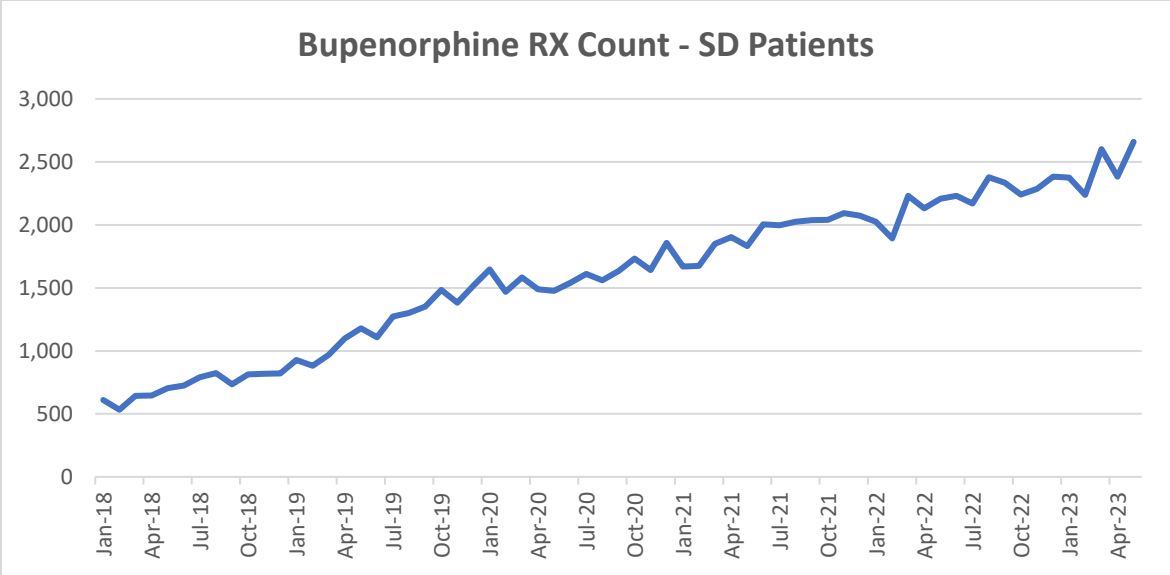
- SDSHP 2023 Annual Conference – BOP/PDMP Update Presentation – Sioux Falls
- NABP 119th Annual Meeting – Nashville, TN
- Sanford USD Medical Residents – PDMP Presentation – Sioux Falls

Upcoming Events

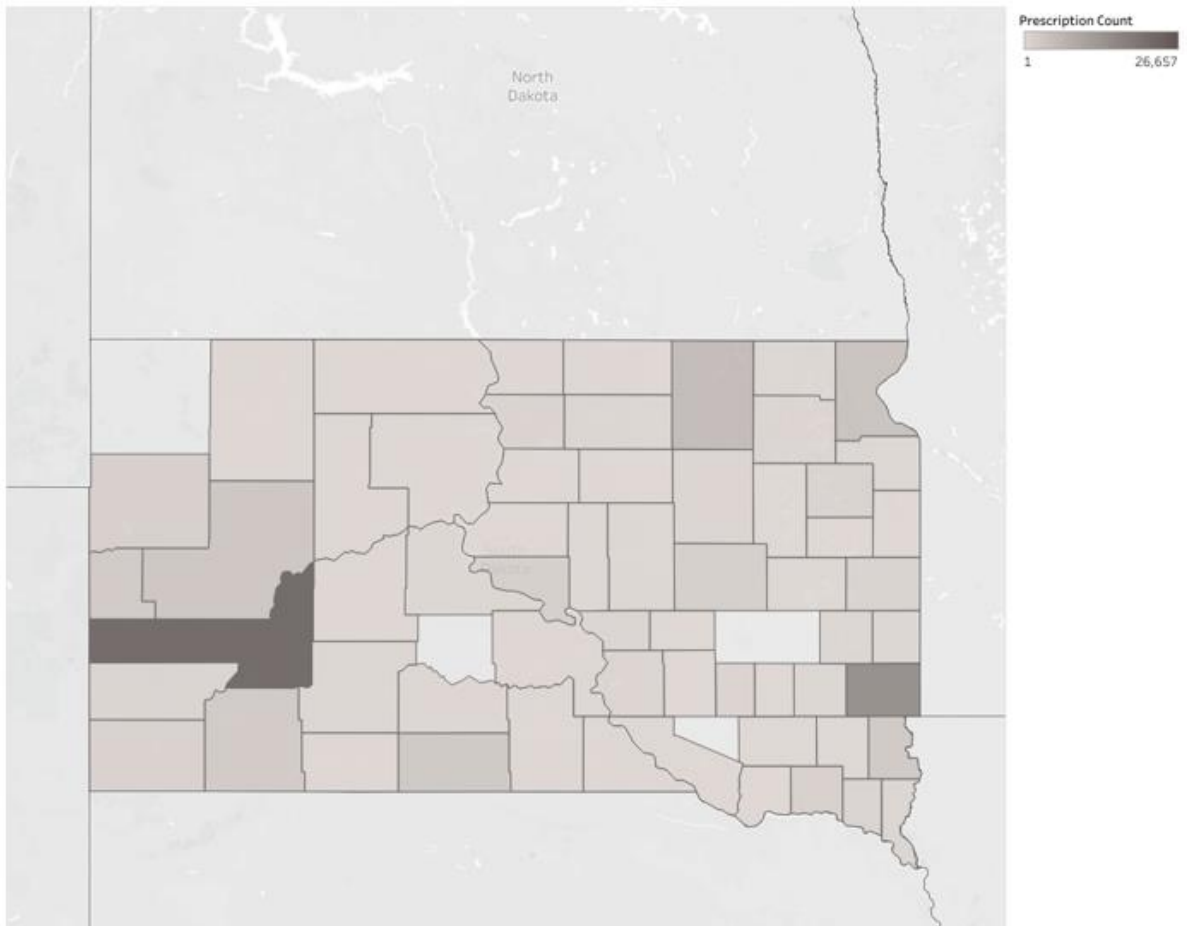
- TTAC North & East PDMP Regional Meeting – June 27-29, 2023 – Kansas City, MO
- NABP PMP InterConnect Steering Committee Meeting – August 15-16, 2023 – Mount Prospect, IL

PDMP Stats

Opioid Prescriptions to SD Patients	RXs	% of all CS RXs	Quantity	Days of Supply
January 1, 2016 - December 31, 2016	599,667	46.57%	39,437,769	9,343,889
January 1, 2017 - December 31, 2017	581,550	47.00%	41,318,924	8,708,079
January 1, 2018 - December 31, 2018	511,271	44.50%	33,876,217	7,532,863
January 1, 2019 - December 31, 2019	475,148	42.90%	29,376,211	6,912,053
January 1, 2020 - December 31, 2020	436,585	40.70%	25,694,416	6,556,985
January 1, 2021 - December 31, 2021	436,984	39.90%	24,738,601	6,383,370
January 1, 2022 - December 31, 2022	431,888	38.40%	24,487,169	6,298,807
January 1, 2023 - January 31, 2023	35,069	37.50%	1,945,070	506,912
February 1, 2023 - February 28, 2023	32,818	37.60%	1,829,184	476,305
March 1, 2023 - March 31, 2023	37,695	37.30%	2,063,482	540,916
April 1, 2023 - April 30, 2023	33,633	37.00%	1,848,082	488,892
May 1, 2023 - May 31, 2023	36,992	37.10%	2,029,320	541,962



Prescriptions by Patient County



SOUTH DAKOTA PHARMACISTS ASSOCIATION REPORT

*Presented to the South Dakota Board of Pharmacy
Submitted June 14, 2023*



SDPHA SPRING AND ANNUAL MEETINGS

SPRING DISTRICT MEETINGS

Spring District meetings are complete and all but one returned to an in-person format this year. Winter weather adversely affected meeting dates in some locations, and attendance in others, but as a whole, we were thrilled to see such strong turn out in several districts this year. The Spring meeting is the most important meeting of the year for districts, as the Fall meeting is optional. A few districts had some leadership changes – you can find those on the SDPhA website. Election of officers is just one of the important items district members addressed. Districts also made nominations for the state association board of directors, as well as recognition and nomination of worthy pharmacists, sales reps, and technicians to be considered by the Executive Board for the awards presented at our annual meeting.

SDPHA BOARD RETREAT | JUNE 2-3

The SDPhA board of directors held its annual retreat June 2-3. The board always uses this time together to tackle some of the association's biggest tasks; strategic planning and legislative goals for the coming year, continuing education opportunities and agenda items for the annual meeting and convention, setting the budget, and selection of annual award winners.

SOUTH DAKOTA PHARMACISTS ASSOCIATION ANNUAL MEETING | SEPT 15-16

We're Moving Mountains at 137th annual meeting of the South Dakota Pharmacists Association! Plan to attend the annual meeting Sept. 15-16 in Deadwood, SD. Early bird registration will open soon on the website. We typically have registration open by this time of year, but we're working on a few changes from our traditional schedule that we think you'll find worth the wait. While we're always working hard to bring you top-notch continuing education. We're also working hard to bring you more time for networking and just visiting with your colleagues. Fitting that all in our relatively tight timeframe is tricky! Of course, our annual awards luncheon will continue to take center stage. We're also working on something special for Jacks fans (no missing kickoff of the Saturday afternoon game on my watch). It's all taking a little extra schedule Jenga to make sure we have things just right.

NATIONAL MEETINGS

APHA ANNUAL MEETING | MARCH 24-27

The APHA Annual meeting took place in Phoenix, AZ March 24-27. SDPhA Board President Melissa Gorecki represented SDPhA and South Dakota in the House of Delegates. South Dakota attendees, including the SDSU SCAPP students and faculty had a night out for dinner and some activity – which is always a highlight!

NCPA CONGRESSIONAL PHARMACY FLY-IN | APRIL 26-27

This year the National Community Pharmacy Association resumed holding the annual pharmacy fly-in. Weather and other factors kept an association representative from attending, but we do appreciate South Dakota pharmacist Ben Ostebee who has been working with NCPA for the past year – he made sure to make the rounds to the South Dakota congressional delegation, as well as others. We've also had plenty of opportunity to visit with them as well this Spring as the fight on PBM issues continues to gain traction on Capitol Hill. NCPA has been an extremely important partner for us in our legislative work the past few years, and we appreciate the opportunity to participate in this important event.

NASPA SUMMER MEETINGS AND BEYOND

The National Alliance of State Pharmacy Associations, of which SDPhA is a member, held its summer meeting during the annual APhA Meeting in March. State Association Executives continue to meet bi-weekly with APhA and NCPA through NASPA. In addition, to better assist and understand issues of priority to SDSHP, SDPhA now participates on the monthly ASHP policy calls as well.

NATIONAL EFFORTS

PBM INITIATIVES

While SDPhA has obviously been busy working on PBM initiatives here at home, we also continue to engage at the national level as well. PBMs are undoubtedly feeling the heat on the Hill. At least seven PBM bills are making their way through both the House and Senate.

Here's a good brief rundown as presented in [Becker's Hospital Review](#) May 1st:

- The [Pharmacy Benefit Manager Reform Act](#), seeks to curb spread pricing and increase oversight on PBMs, was introduced April 27. The Senate Health, Education, Labor and Pensions Committee plans to mark up this bill May 2.
- Two senators introduced the [Drug Price Transparency in Medicaid Act](#) April 4. The bill looks to require Medicaid payments to PBMs to be passed directly to pharmacies, excluding administrative fees, and mandate pharmacies part of their state's Medicaid program to be transparent with National Average Drug Acquisitions Costs. It has been referred to the Committee on Health, Education, Labor and Pensions. A copy is in the House's energy and commerce committee.
- Lawmakers reintroduced the [Prescription Pricing for the People Act](#) and the [Pharmacy Benefit Manager Transparency Act on Jan. 26](#). The former would require the Federal Trade Commission to study consolidation in the PBM industry and is in the Senate's judiciary committee. The latter looks to ban PBMs from reimbursement clawbacks and other practices deemed deceptive and is in the Commerce, Science and Transportation committee.
- The [Pharmacy Benefits Manager Accountability Act](#), introduced April 18, seeks to mandate payers issue annual reports on drugs accessed through PBMs and their copayment amount and "total gross spending on prescription drugs ... before rebates and other manufacturer fees." The bill has been referred to three House committees.

- The [PROTECT 340B Act](#), or the Preserving Rules Ordered for the Entities Covered Through 340B Act, looks to prevent PBMs from adjusting eligible pharmacies for a federal drug pricing program. It was introduced April 6 in the House and has been referred to three House committees.

SDPhA continues to be in touch with our congressional delegation on all these bills, and if you follow our Facebook group page, you know we've posting the hearing links as they come up. We currently have good momentum on a lot of fronts with several of these bills, and PBM issues are one of the few issues garnering bipartisan support in Washington D.C. We will continue to keep you posted on these important initiatives and their progress.

FEDERAL TRADE COMMISSION PROBE UPDATE

In mid-May, the FTC announced it would dig deeper into the issue of PBMs as part of its on-going probe, issuing compulsory orders to two group purchasing organizations (GPOs) – Zinc Health Services, LLC and Ascent Health Services, LLC. GPOs negotiate drug rebates on behalf of other PBMs. The FTC previously issued compulsory orders to the six largest PBMs in the U.S. healthcare industry.

SDPhA, along with many other organizations and individuals from South Dakota (some 24,000 comments were previously submitted), again submitted comments to the Federal Trade Commission (FTC) regarding detrimental PBM practices. and previously expressed similar concerns to the Centers for Medicare and Medicaid Services (CMS) regarding DIR fees and their 2023 proposal.

MEDICARE PROVIDER STATUS

The [Equitable Community Access to Pharmacist Services \(ECAPS\) Act, H.R. 1770](#), was introduced in the U.S. House of Representatives. The legislation currently has 50 cosponsors and a Congressional Budget Office (CBO) score has now been formally requested. The bill would enable Medicare patients to receive timely and consistent treatment from pharmacists for pandemic-related health services and would allow pharmacists to respond to ongoing and future public health threats to our nation. HR 1770 would also establish a federal reimbursement mechanism for pharmacists' services under Medicare Part B.

PREP ACT AUTHORITIES AND PUBLIC HEALTH EMERGENCY | FEDERAL AND STATE IMPACT

The COVID-19 Public Health Emergency (PHE) ended May 11. That ended some of the flexibility the government had for pandemic related efforts, and means changes in how some receive COVID-19-related care. The department of Health & Human Services (HHS) announced it would extend certain authorities and corresponding liability protections for pharmacists, technicians, and students authorized under the PREP Act (separate from the PHE) until December 2024. SDPhA signed on to the efforts of many pharmacy organizations requesting the extension of these authorities.

At its March meeting, the South Dakota Board of Pharmacy motioned to direct the board to work on Rules to make PREP Act authorization permanent for South Dakota. SDPhA looks forward to working with the Board of Pharmacy on this process as appropriate.

ADDITIONAL ADVOCACY EFFORTS

SDPhA also remains engaged in a variety of ways in other various additional national efforts on key topics directly impacting our pharmacists such as: COVID-19 advocacy, provider status, reproductive health care, DIR fee relief,

pricing transparency, DSCSA, improvements to Medicare, prescription drug misuse and abuse, biologics and biosimilars, and compounding guidance.

PRESCRIPTION DRUG ABUSE AND AWARENESS

DEA TAKE-BACK EVENTS

The Spring DEA Take Back Day was April 22, 2023. Please visit https://www.deadiversion.usdoj.gov/drug_disposal/takeback/ for results information. We continue to work to encourage pharmacist and law enforcement participation in these locally-held events. We also continue to work with pharmacists and the BOP to promote the year-round pharmaceutical disposal receptacles. If you have a story you'd like to share about either to aid in that promotion, please contact our office.

PRESCRIPTION DRUG MONITORING PROGRAM

The Prescription Drug Monitoring Program (PDMP) continues to be an excellent resource for practitioners. South Dakota state law mandates PDMP registration for everyone who has a SD Controlled Substance Registration (SD CSR).

While the Board of Pharmacy is the entity managing the program, an advisory board was established under the law which consists of at least twelve (12) designees. Jessica Strobl serves on SDPhA's behalf on the advisory board. The group continues to make recommendations to the Board of Pharmacy as to how to best use the program to improve patient care and reduce the misuse, abuse or diversion of controlled substances. The advisory council also makes recommendations to the Board regarding safeguards for release of information to only persons who are entitled to access in order to maintain the confidentiality of program information.

SDPhA has strongly supported the PDMP since its inception, and remains a solid supporter of the program.

SOUTH DAKOTA OPIOID ABUSE ADVISORY COMMITTEE

This committee met most recently Jan. 6, 2023. The next meeting should be held in July or August. SDPhA Past President Kristen Carter represents SDPhA. The goal of the group is to review opioid use data for the state and develop strategies for preventing prescription opioid misuse and abuse. According to the National Institute on Drug Abuse, researchers have observed increases in substance abuse and drug overdoses since the COVID-19 pandemic was declared a national emergency. Nationwide, pharmacists continue to engage in the work to prevent prescription drug abuse with the knowledge that real solutions must balance the need for patient access to medications for legitimate medical purposes with the need to prevent diversion and abuse. You can learn more about their work here:

<https://doh.sd.gov/news/opioid.aspx>.

MEDICAL MARIJUANA / IM 26 OVERSIGHT COMMITTEE

In a move that surprised many, at its May meeting, the Executive Board of the South Dakota Legislature nearly completely overhauled the Medical Marijuana Oversight Committee. At the most recent committee meeting, members were queried on their willingness to continue to serve on the committee. Technically the two-year terms had expired, but given it took several months after its inception to get the committee up and running, the prevailing thought was those members would continue to serve, at least for some period of time. While the panel will still have 11 members – only two of the original members will return. One is Committee Chair Sen. Erin Tobin. The other is the patient

representative who had served on the committee. SDPhA has not taken a position on medical marijuana, but has worked with legislators throughout the process to serve as a trusted resource on the topic. We continue to provide relevant, research-based information as the need arises. Eric Grocott, a past president of SDPhA, was appointed to the original committee, which held its first meeting July 14, 2022.

HEALTH PROFESSIONAL ASSISTANCE PROGRAM

The passage of SB4 in 2021 brought changes to some of the requirements for HPAP program administration. We continue to appreciate the open communication with the Board of Pharmacy on what this may mean for the future of the program. Our association continues to support HPAP, and saw a decrease from \$20,000 to \$15,000 in the billing for FY 2023-2024. A pharmacist may access the program by self-referral, board referral, or referral from another person or agency, employer, coworker or family member.

LOBBYING FUNDS UPDATE | COMMERCIAL AND LEGISLATIVE BRANCH

All of the aforementioned legislative work leads us here – to the very important role the Commercial and Legislative Fund plays in our ability to move forward with PBM reform, and other legislative priorities. The legislative work of recent years shed some light on something that may have seemed a bit mysterious to many – the SDPhA Commercial and Legislative (C&L) Branch. The C&L branch is the lobbying arm of the association.

Some very important things about this fund:

- The funds for our lobbying branch must be maintained separate from the general fund
- It relies nearly exclusively on your contributions
- For many years now, expenses have vastly outpaced contributions

Lobbying is an extremely expensive, but necessary function. We've been represented by the same firm for decades, and the executive director preforms many of the lobbying duties. That's all kept our rate very low – our lobbying expenses **had** typically totaled only about \$12,000 per year. This amount is **far below** the going rate of most lobbyists. In fact, the going rate for one session with many would empty our entire C&L Fund.

As referenced earlier, we had additional lobbyists working with us for the 2022 and 2023 session. **So, while all this was needed to move our PBM initiatives forward, it also means expenses have increased dramatically.** This legislative work cannot continue without your strong financial support. If we want to ensure the profession has a seat at the table, we have to pay for the chair. **We need your help.** \$25, \$250, 2,500 – whatever you can contribute will help ensure the profession continues to have representation at the Capitol. Because without your contributions – it simply won't.

You can support the C&L Fund by [contributing online](#), or sending a check made out to the SDPhA C&L Branch, PO Box 518, Pierre, SD 57501.

PHARMACY TECHNICIAN UNIVERSITY (PTU)

The SDPhA board is committed to strongly supporting pharmacy technicians, including finding them, training them, and keeping them. We know this is becoming an even more pressing issue now than perhaps maybe ever before.

After negotiating a new contract for 2022-2024, SDPhA is pleased to continue to offer low-cost access to this online training module. As with everything, user fees increased slightly again in April 2023. SDPhA has now enrolled more than 160 participants. We are also thrilled to report a record 14 student participants completed the DIAL Virtual Program for the 2022-2023 school year. This program works with high schools throughout South Dakota. We appreciate the pharmacists who have stepped up in communities across the state to work with the DIAL program and these students. This is an exceptional opportunity to introduce the profession into the school systems, and we are grateful for everyone working together who makes it happen.

Just a reminder, the Therapeutic Research Center - PTU 101 module we administer qualifies as a PTCB-Recognized Education/Training Program of the CPhT program, and upon completion, allows participants to sit for the certification exam. In addition to PTU 101, we now offer four additional training modules through TRC:

- PTU Elite: Immunizations
- PTU Elite: Math Mastery – Community Pharmacy
- PTU Elite: Compounded Sterile Preparation Technician Program
- PTU Elite: Soft Skills Program.

You can find more about those on our website. For more details and enrollment information, contact Amanda Bacon at amanda@sdpha.org or (605) 224-2338.

EDUCATION, COMMUNICATION, PUBLIC AFFAIRS AND PROFESSIONAL RELATIONS

CONTINUING EDUCATION

The Association continues to focus on providing quality continuing education for practitioners. SDPhA continues to work with the SDSU College of Pharmacy to bring you interesting continuing education opportunities at the annual convention and throughout the year. We have also been engaged from time-to-time to assist pharmaceutical companies in getting the word out on local opportunities for informative programs.

REACHING OUT

The Association prepares and delivers Legislative and Association Updates, CE and pharmacy-related information at Fall and Spring district meetings, in addition to delivering a variety of educational programs at each Annual Convention. The Association continues to work with student pharmacists on the American Pharmacists Month campaign, which helps bring awareness to the state about all pharmacists can do, and how patient care is improved with a pharmacist engaged. SDPhA previously provided SDSU students a grant for, and continues to assist with, pieces related to the, “More Than a Count” campaign. This campaign showcases the profession and SDPhA utilizing traditional and social media platforms to engage both pharmacists throughout the state as well as members of the general public.

THE SOUTH DAKOTA PHARMACIST

Communicating with our members quickly and effectively is extremely critical to the success of the Association. The South Dakota Pharmacist continues a quarterly electronic distribution. You can also find it posted with past issues on our website. It always offers 1.5 hours of CE, and provides a source of communication for the association on rules, legislative issues and education that affect pharmacy practice.

WEBSITE UPDATES

The SDPhA website continues to evolve! Changes to the convention registration pages for both participants and sponsors to streamline the process proved successful for 2022. We've also updated the [COVID resource page](#), and added resource pages regarding [TRICARE](#) and [Pharmacist Wellbeing](#).

Another key change utilized more than 150 by our pharmacists this year during legislative session –the new and improved [Action Center](#). We contracted with a new service for this area – half the price of the old, and a product better suited to our website and how our pharmacists communicate with their lawmakers. The new process is clearly a success, and we're excited about the customization this platform offers, and how it enhances our communication and messaging opportunities!

SOCIAL MEDIA/EMAIL BLASTS

We continue to utilize and expand our social media footprint where appropriate. This presence is something we consider vital to our work of representing the pharmacy profession through advancing patient care, enhancing the public awareness, and serving in the best interest of public health and pharmacy.

SCAPP | SDSU APHA – ASP CHAPTER

We continue to work closely with SDSU, and the student pharmacists. The student liaisons do an amazing job keeping us apprised of activities, and the SDPhA board remains committed to supporting the students in every way possible. In fact, this year the board voted to continue the increased dollar amount of SDPhA scholarships to SDSU students. Support also includes activities such as convention attendance (free of charge), rooms for convention and Legislative Days, and support for the Back-to-School Picnic, Pharmacy Days, and American Pharmacists Month activities. We believe these activities are an incredible investment in your association's future. The student pharmacists worked extremely hard to assist us with the 2022 meeting, volunteering for everything from running the registration table to creating slide shows and providing technical support through the conference. We couldn't appreciate them more! We also remain a resource for faculty whenever needed, and collaborate on projects whenever possible.

OFFICE UPDATE

In addition to the above, and perhaps even most urgently, we are working closely with the South Dakota Division of Insurance on rolling out the reporting process tied to the passage of HB 1135. Look for more communication from both of us soon. It'll be important for all of us to work together as the process gets up and running.

We are also working extensively on raising funds for the C&L Fund, preparing for Convention 2023, and looking forward to having a student in the association office on rotation later this summer.

We appreciate the strong working relationship with the Board of Pharmacy and we look forward to growing that throughout the remainder of the year.

Respectfully submitted on behalf of the SDPhA Board,

Amanda Bacon,

SDPhA Executive Director

SD Pharmacists Association
Revenue & Expenses Budget vs. Actual
July 1, 2022 through May 22, 2023

	Jul 1, '22 - May 22, 23	Budget	% of Budget
Ordinary Income/Expense			
Income			
Administrative Income	913.65	0.00	100.0%
Membership			
SD Board of Pharmacy Transfer	204,900.00	200,000.00	102.5%
Associate Member	400.00	0.00	100.0%
District Dues			
District 9 - Yankton	30.00	0.00	100.0%
District 8 - Watertown	120.00	0.00	100.0%
District 7 - Sioux Falls	260.00	0.00	100.0%
District 5 - Mobridge	10.00	0.00	100.0%
District 4 - Mitchell	10.00	0.00	100.0%
District 3 - Huron	20.00	0.00	100.0%
District 2 - Black Hills	120.00	0.00	100.0%
District 1 - Aberdeen	100.00	0.00	100.0%
Total District Dues	670.00	0.00	100.0%
Student Membership	150.00	1,000.00	15.0%
Total Membership	206,120.00	201,000.00	102.5%
Corp Endorsements			
NASPA-PQC Endorsement	300.00	300.00	100.0%
PAAS Endorsement	126.00	200.00	63.0%
PMG Endorsement	17,396.00	10,000.00	174.0%
Total Corp Endorsements	17,822.00	10,500.00	169.7%
C/L Administration	600.00	0.00	100.0%
Interest/Dividends	8,271.84	300.00	2,757.3%
Convention Income			
Convention Sponsor	33,215.00	15,000.00	221.4%
Exhibitors	6,820.00	14,000.00	48.7%
Registrations	14,410.53	43,000.00	33.5%
Student Sponsorship	100.00	0.00	100.0%
Total Convention Income	54,545.53	72,000.00	75.8%
Total Income	288,273.02	283,800.00	101.6%
Gross Profit	288,273.02	283,800.00	101.6%
Expense			
Legislative	40.00	0.00	100.0%
American Pharmacists Month	2,000.00	2,000.00	100.0%
Accounting/Tax Prep	4,086.15	4,800.00	85.1%
Salary & Benefits			
Payroll Taxes	5,291.06	5,967.00	88.7%
Payroll Expense	43.93	50.00	87.9%
Executive Director	62,124.93	71,000.00	87.5%
Executive Director Bonus	7,000.00	7,000.00	100.0%
Insurance	11,138.49	12,811.08	86.9%
Retirement	4,147.50	4,680.00	88.6%
Total Salary & Benefits	89,745.91	101,508.08	88.4%
Advertising	1,328.11	3,000.00	44.3%
Dues/Subscriptions	5,602.39	3,300.00	169.8%
Technology/Net/Software	4,463.64	16,000.00	27.9%
Furniture/Copier/Assets	1,924.79	2,300.00	83.7%
Hlth Professionals Assist Prog	20,000.00	20,000.00	100.0%
Insurance (D&O, Office)	3,746.00	3,600.00	104.1%
Legal/Professional	10.00	5,000.00	0.2%
Merchant Card Fees	819.32	1,000.00	81.9%
Phone/Internet	3,958.25	5,500.00	72.0%
Postage	154.24	225.00	68.6%
Office Supplies	611.82	1,500.00	40.8%

SD Pharmacists Association
Revenue & Expenses Budget vs. Actual
July 1, 2022 through May 22, 2023

	Jul 1, '22 - May 22, 23	Budget	% of Budget
Publications & Printing (Exp)			
Journal	4,512.08	4,180.00	107.9%
Total Publications & Printing (Exp)	4,512.08	4,180.00	107.9%
Scholarships	0.00	2,000.00	0.0%
Rent	4,656.00	4,700.00	99.1%
Board Travel & Meetings	20,515.66	20,000.00	102.6%
Staff Travel			
In-State	1,297.61	5,000.00	26.0%
Out-of-State	0.00	6,000.00	0.0%
Total Staff Travel	1,297.61	11,000.00	11.8%
Convention Expense	54,545.53	35,000.00	155.8%
Misc Expense	85.20	500.00	17.0%
Total Expense	224,102.70	247,113.08	90.7%
Net Ordinary Income	64,170.32	36,686.92	174.9%
Other Income/Expense			
Other Income			
PTU Pass Thru Income	11,780.00	0.00	100.0%
C/L Contributions Pass Thru			
Corporation/Business C/L Contr.	2,875.49	0.00	100.0%
Individual C/L Contr.	2,780.43	0.00	100.0%
Total C/L Contributions Pass Thru	5,655.92	0.00	100.0%
Total Other Income	17,435.92	0.00	100.0%
Other Expense			
PTU Pass Thru Exp	9,274.22	5,000.00	185.5%
Total Other Expense	9,274.22	5,000.00	185.5%
Net Other Income	8,161.70	-5,000.00	-163.2%
Net Income	72,332.02	31,686.92	228.3%

SD Pharmacists Association C & L
Revenue & Expenses Budget vs. Actual
 July 1, 2022 through May 23, 2023

	<u>Jul 1, '22 - May 23, 23</u>	<u>Budget</u>	<u>% of Budget</u>
Income			
C & L Income	30,656.66	50,000.00	61.3%
Interest	50.30	0.00	100.0%
Total Income	30,706.96	50,000.00	61.4%
Expense			
C & L Expenses	50,994.61	50,000.00	102.0%
Total Expense	50,994.61	50,000.00	102.0%
Net Income	<u><u>-20,287.65</u></u>	<u><u>0.00</u></u>	<u><u>100.0%</u></u>

SDSHP Report

- On March 30-April 1, 2023, SDSHP hosted their first in person conference since COVID started in Sioux Falls, SD. This was a very well-attended event and we had lots of positive feedback on our keynote speaker who focused on the importance of mental health and substance use disorder treatment for healthcare professionals. Our next Annual meeting will be next spring in Sioux Falls again.
- We welcomed new board members including Brianna Jansma Vant Hul, Jessi Henter, and Jenna Lund who will serve as our president- elect for this year. We thank our outgoing board members including Jeremy Daniel for their service to the SDSHP Board of Directors.
- Our support specialist, RaeAnn Thompson, has resigned for new opportunities and we are currently in the process of training our new support specialist, Samantha Trooien, into her new role. We believe she will be a great asset for our organization going forward!
- Our GVR Annual Golf Classic will be held in Hartford, SD on Friday, July 7, 2023 at the Central Valley Golf Course.
- Our residents from across the state will be attending the Annual Residency Conference on July 14, 2023 in Oacoma, SD. Jessi Henter, our current secretary and resident liaison, has done a tremendous job organizing this event for our new incoming residents.
- The SDSHP Board of Directors has determined a strategic item for this year to be exploring more involvement in the legislative process and are actively exploring opportunities to be more intentional in our advocacy for health-system pharmacy.



**South Dakota
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DATE: June 13, 2023

WHAT: Board Policy Statement # 08-12-12

WHY: POLICY STATEMENT ON STARTER PACKS

INTRODUCTION

The Board of Pharmacy recognizes that “starter packs” of prescription drugs are often needed in rural clinics and hospitals to make medications available to patients in a timely manner while providing a method to submit a claim to the patient’s prescription insurance plan. Because the pharmacy providing the medications retains ownership until the medication is dispensed to the patient, the pharmacist is accountable for proper storage and record keeping. There are no specific administrative rules for this situation. However, the Board recommends the following procedures to ensure that this practice protects the health and safety of the patient and does not violate any state or federal regulations.

GUIDELINES:

The following procedures are recommended:

1. The medications should be kept in a locked cabinet with access only by licensed health professionals (physicians, PAs, nurses, etc.).
2. Prior to dispensing the medication there must be a written order in the patient’s record.
3. The dispensing process at the clinic / hospital must be under the direct supervision of the prescriber.
4. If the label is prepared by a nurse, the prescriber must verify the drug and the directions.
5. When possible, the directions for the patient should be preprinted on the label by the pharmacist (i.e., Take ____ tablet(s) ____ times daily; Instill 2 drops in ____ eye twice daily).
6. Each container must have an expiration date.
7. The label must include the same information required at any retail pharmacy (i.e., patient’s name, prescriber’s name, name of the drug, date dispensed, etc.).
8. A written information sheet should be provided to the patient for each prescription dispensed.
9. Proper documentation should be provided to the pharmacy in the form of a written prescription.
10. An inventory list of the medications must be available at the clinic / hospital and at the pharmacy. The list should include the number of packages of each medication, the number of doses in each package, etc.
11. A log sheet should be maintained to document each time a medication is dispensed from this supply. The log should include: date, patient, medication, and prescriber.
12. The pharmacist or the pharmacist’s designee should conduct a physical inventory of the medications no less often than every 90 days to verify accountability, expiration dates, proper storage conditions, etc.

BOARD APPROVAL/ADOPTION: December 12, 2008



South Dakota Board of Pharmacy

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DATE: June 13, 2023

WHAT: Board Policy Statement # 09-05-04

WHY: OFF-SITE AFTER HOURS HOSPITAL PHARMACY SERVICES

INTRODUCTION

In a hospital pharmacy where the pharmacy is not open 24 hours a day ("Remote Pharmacy"), an agreement may be made with another pharmacy ("Central Pharmacy") to provide after-hours pharmacy services.

The implementation of an after-hours service by a Central Pharmacy to an off-site Remote Pharmacy must be approved by the Board of Pharmacy. The pharmacists-in-charge at both the Remote Pharmacy and Central Pharmacy must present policies and procedures per these guidelines and must meet both state and federal regulations.

GUIDELINES

1. Policies and procedures must be presented to and approved by the Pharmacy & Therapeutics Committees of both facilities.
2. There must be Risk Management and/or legal approval at both sites.
3. The facilities must address HIPAA requirements.
4. The after-hours service provided cannot be used to reduce the present hours or staff of the Remote Pharmacy.
5. The Central Pharmacy must have reasonable and appropriate pharmacist staffing to not adversely affect patient care at the Central or Remote pharmacy or pharmacies.
6. There must be initial and continuous training of Central Pharmacy pharmacists at the Remote Pharmacy to demonstrate competency and qualifications for the Central Pharmacy services.
7. The Central Pharmacy pharmacist must receive an original copy of the prescriber's patient medication order via facsimile or electronic transmission.
8. The Central Pharmacy pharmacist must be able to review the inpatient and/or ambulatory patient's patient profile for:
 - Medication history
 - Diagnosis
 - Allergies
 - Height, weight, age
 - Duplications of drug therapies
 - Potential drug interactions
 - Adverse drug reactions (ADR's)
 - Pertinent lab data or
 - Any other needed information
9. The Central Pharmacy pharmacist must either verify that he/she entered the medication order or that he/she has reviewed and approved the order entered by other staff before the medication order is

released for patient administration. This must be documented either electronically or by initials of the pharmacist and these records must be kept for two years.

10. The Central Pharmacy pharmacist must have the ability to contact the prescriber to discuss any concerns identified during the pharmacist's review of the patient's information.
11. The Central Pharmacy pharmacist must have adequate references to answer questions in a timely manner including, but not limited to:
 - The Remote Pharmacy's Policy and Procedure Manuals
 - Standard drip concentrations or drug protocols
 - High risk policies
 - The Remote Pharmacy's formulary information
 - Clinical reference materials including those required by the Board of Pharmacy
 - A 24-hour contact number at the remote facility
12. The Remote Pharmacy must provide their nursing supervisor with a 24-hour telephone number to contact the Central Pharmacy pharmacist as needed.
13. Policies and Procedures should address a standard time requirement for release of stat and routine medications.
14. Policies must address an ongoing Quality Assurance/Continuing Quality Improvement on all aspects of the after-hours pharmacy service including:
 - Evaluation of the standards and policies on a regular basis
 - Equipment, computers, etc.
 - Identity of high-risk medications and/or high-risk patients
 - Over-ride medications
15. The Remote Pharmacy pharmacist must review all of the Central Pharmacy pharmacist's actions in a timely manner and document the review.
16. The Remote Pharmacy must have an independent check policy for high-risk drugs or high-risk patients, i.e., a child's dose has an independent dose calculation check, which is verified by the Central Pharmacy pharmacist and the nurse before giving the medication.
17. There should be a system/policy in place for non-pharmacy personnel (nurse or nurse supervisor) to enter the Remote Pharmacy after hours.
18. A Central Pharmacy located out of state must be licensed as a Non-Resident Pharmacy in the state of South Dakota.
19. The Central Pharmacy pharmacist located out of state must be licensed in the state of South Dakota.

BOARD APPROVAL/ADOPTION: May 4, 2009



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DATE: June 13, 2023

WHAT: Board Policy Statement # 09-05-04

WHY: POLICY STATEMENT ON REPACKAGING PATIENT'S OWN MEDICATIONS

INTRODUCTION

The Board of Pharmacy recognizes that "repackaging" of prescriptions drugs dispensed by another pharmacy is not allowed by statute or rule. However, there are situations where repackaging medications into properly labeled unit dose packages or in compliance packaging is in the best interest of the welfare and safety of the patient. Several states have passed laws mandating this practice. The SD Board supports the efforts of pharmacists who are willing to provide this service to patients when appropriate. Sound policies and procedures must be implemented to ensure patient safety and accountability for the medications. The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions.

CRITERIA

The Board approves repackaging with the following requirements:

1. A pharmacy may repackage a drug previously dispensed to the patient pursuant to a prescription. This may be done only upon the request of the patient or the patient's representative and may be used for patients in nursing facilities, group homes, assisted living, etc. in order to comply with unit dose packaging requirements of the facility. This may also be done for patients who require medication assistance for compliance purposes.
2. A pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs.
3. The repackaged medication shall be appropriately labeled.
4. Patient's medications stored in the pharmacy prior to repackaging and delivery shall be stored separately from other inventories. Accurate records of receipt and distribution must be maintained.

**BOARD APPROVAL/ADOPTION: Initial May 4, 2009
Revised/Approved June 7, 2019**



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DATE: December 3, 2010

WHAT: Board Policy Statement # 10-12-03

WHY: PHARMACISTS OR OTHER PHARMACY EMPLOYEES WORKING AT HOME

INTRODUCTION

The Board requires pharmacies that allow pharmacists and other employees to perform routine pharmacy functions from home to have policies and procedures in place that ensure compliance with good practice standards. This is necessary to ensure that patient safety and security of the patient's health information is maintained at the same level as if those functions were performed within the pharmacy.

GUIDELINES

A copy of the policies and procedures for working at home must be readily available at the pharmacy for review by the Board of Pharmacy Inspector. Home based workers shall also have a copy at their home working site.

The Policies and Procedures shall include the following:

1. Home based workers must be assigned a secure log in to the system via a Virtual Personal Network (VPN) or terminal server with two-factor identification.
2. Home based workers must take precautions to protect information from theft.
3. Home based workers must collect, use, and disclose information only for the purpose associated with their job role and function.
4. Home based workers must have access to clinical resources as designated by the board.
5. Home based workers must have a means of disposal of protected health information (PHI) that will not risk the security of that information.
6. All pharmacy technicians and interns working remotely must have direct communication access to a pharmacist.
7. The pharmacist can supervise the technicians and interns electronically.
8. All pharmacy technicians and interns working at home will count toward the pharmacist supervision ratios as outlined in ARSD 20:51:29:19 and ARSD 20:51:02:11.01

**BOARD APPROVAL/ADOPTION: December 3, 2010
REVISED/APPROVED June 25, 2021**



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DATE: June 13, 2023

WHAT: Board Policy Statement # 11-06-03

WHY: POLICY STATEMENT ON PHARMACIST CHANGING QUANTITY DISPENSED

INTRODUCTION

The Board of Pharmacy recognizes that the pharmacist must exercise professional judgment when dispensing prescriptions. The pharmacist has the responsibility to serve the best interest of the patient provided it is within applicable laws and/or regulations. Patients often benefit when the pharmacist dispenses either a greater or lesser quantity than indicated on the prescription. Dispensing additional quantities of medication up to the total number of dosage units authorized by the prescriber on the original prescription order including refills is often appropriate. Changing the quantity dispensed may lead to enhanced compliance and a potential decrease in healthcare costs.

CRITERIA

The following Guidelines shall apply:

1. The pharmacist shall use his/her professional judgment in determining appropriate changes in the quantity dispensed.
2. The pharmacist shall determine that the change is in the best interest of the patient for reasons of compliance, convenience, or cost savings to the patient.
3. The pharmacist shall discuss the change in quantity dispensed and the reasons for the change with the patient.
4. The pharmacist shall obtain approval from the prescriber before changing the quantity dispensed for controlled substances.

BOARD APPROVAL/ADOPTION: June 3, 2011



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DATE: June 13, 2023

WHAT: Board Policy Statement # 17-06-02

WHY: WHAT INFORMATION MAY BE MODIFIED ON A WRITTEN OR E-PRESCRIBED CONTROLLED SUBSTANCE (CS) PRESCRIPTION

INTRODUCTION

Understanding what may or may not be changed on a CS prescription is one of the many ways to continue to combat drug diversion while helping patients obtain their medications expeditiously. The rules regarding what can be modified apply to both written prescriptions and electronically prescribed prescriptions. The following summarizes changes that may be made to a prescription for a CII – CV without consulting or after consulting with the prescribing practitioner and what changes may never be made.

GUIDELINES

A pharmacist **may never modify**:

1. **Patient name**
2. **Name of controlled substance** (*except where generic substitution permitted*)
3. **Signature** of the practitioner

The following **may be added or modified without consulting** the practitioner if information can be reliably obtained:

1. **Patient address**
2. **Practitioner address**
3. **Practitioner telephone number**
4. **Quantity** may be modified ONLY in conjunction with change of **Strength**. The total quantity dispensed cannot exceed the total dosage initially authorized.
Example: A prescription is written for methylphenidate HCl with directions 5mg (5 ml) by mouth twice daily and a quantity of 300 mL to be dispensed. The pharmacy carries 10 mg/5ml strength. The pharmacy **may** fill the prescription using the 10 mg/5ml methylphenidate HCl and change the dose and quantity accordingly. In this example, the pharmacist may change the dose to 2.5 ml (twice daily) and the quantity dispensed to 150 ml.
✓ The pharmacist must document the **new quantity, strength, date, and pharmacist initials** on the prescription
5. **Practitioner DEA number** may be **added**. However, do not add a DEA number when the legitimacy of the prescription (i.e., prescriber or DEA number) is in question. Only add the DEA number when it can be obtained from a validated source.

The following **may be added or modified after consulting** with a practitioner (may not be an agent of the practitioner). The pharmacist should document all consultations and note any changes on the prescription.

1. **Date of issue** may be added but not changed. A pharmacist may **not change** a “do not fill until date” even if the provider is consulted. A pharmacist may fill prior to a “do not fill until” date in extenuating circumstances **and** after consulting the provider.

Example: A prescription bears a “do not fill until 3/29” notation. Today’s date is 3/26. The patient is leaving for a two-week vacation and requests that it be filled. After obtaining approval by the provider, you may fill the prescription.

- ✓ The pharmacist must **document** the **date, reason for early fill, “prescriber consulted,”** and **pharmacist initials** on the prescription

2. **Drug Quantity and Strength** *unless it falls under the example previously discussed¹*
 - Includes situations where the acetaminophen strength is missing or incorrect in hydrocodone combination products. The prescriber should be contacted to verify strength of acetaminophen.
3. **Directions** for use *unless it falls under the example previously discussed¹*
4. **Dosage form** (capsules and tablets are not interchangeable)
5. **Refill instructions** for controlled substances III-IV
6. Practitioners **printed** name (NOT practitioner’s signature)

Remember, a pharmacist is expected to use their professional judgment and knowledge to determine when It is appropriate to make changes to any prescription including a prescription for a controlled substance.
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BOARD APPROVAL/ADOPTION: June 17, 2017



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DATE: June 13, 2023

WHAT: Board Policy Statement # 17-06-12

**WHY: TWO PART POLICY STATEMENT ON TRANSFERRING E-PRESCRIBED OR
WRITTEN PRESCRIPTIONS**

PART I – Transfer of all Legend Prescriptions including CII – CV Prescriptions Prior to First Fill

Part 1 - "Is a prescription, including a CII prescription, which has never been filled, allowed to be transferred?"

GUIDELINES

The Board wishes to provide clarity on this issue. DEA has been consulted. We asked the DEA the above question. In an email from Sarah Boblenz, Group Supervisor of the Des Moines DEA Field office, her response to the question was: "The practice is currently under review by DEA headquarters for a potential CFR change and that if the state allows it, DEA accepts the practice as long as it follows 21 CFR 1306.15, 1306.25 and 1306.27."

The state's regulation is listed in ARSD 20:51:23:01 and states: **For the purpose of dispensing refills of prescriptions**, a pharmacy may transfer prescription information to another pharmacy, subject to the following requirements:

1. The transfer is limited to the number of refills authorized on the original prescription,
2. The transfer is communicated directly between two licensed pharmacists, and
3. Both the original and the transferred prescriptions are kept for two years from the date of the last refill.

Since the prescription has never been filled, and per ARSD 20:51:23:01, the purpose of the transfer would not be for "refills" but would be for an original fill; therefore, review of our rule may conclude that it should not be standard of practice. In fact, many chain drug stores have recently enacted policies and procedures that prohibit this practice to or from their store.

The Board feels strongly that prohibiting a transfer of an unfilled prescription is contrary to timely and proper patient care and could contribute to diversion as there is a chance that there would be two active prescriptions that could be filled for the patient.

While our rules state "for the purpose of dispensing refills", this is not to be taken literally and a transfer may be for the purpose of an original fill as well. Until administrative rules can be changed, the Board clarifies that the practice of transfer of a prescription prior to fill is acceptable in South Dakota.

Please reference ARSD 20:51:23 and 20:51:20:04 for further transfer regulations.

PART II – Transfer of CIII – CV Prescriptions which have been E-Prescribed

Part II – “Is an e-prescribed prescription for a CIII – CV allowed to be transferred?”

GUIDELINES

We asked the DEA the above question. Sarah Boblenz, DEA, responded, yes, as long as the transfer is allowed in the state, and it meets the requirements of 21 CFR 1306.25(a)(4) and (5). The Board agrees and this is allowed by South Dakota and is authorized in ARSD 20:51:23:04. Please reference ARSD 20:51:23 and 20:51:20:04 for further transfer regulations.

BOARD APPROVAL/ADOPTION: June 12, 2017



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DATE: June 13, 2023

WHAT: Board Policy Statement # 18-04-30

**WHY: POLICY STATEMENT ON REMOTE PICK-UP SITES INCLUDING AUTOMATED DEVICES
AND KIOSKS**

INTRODUCTION

The Board of Pharmacy recognizes that in rural areas it is often appropriate for retail pharmacies to have a remote "pick up" site to allow patients to obtain prescriptions, including controlled substances, close to their home without traveling to the pharmacy. The pick-up site may utilize a locked cabinet, drawer, or kiosk. This service can be especially helpful during inclement weather and for senior citizens. The pharmacy providing this convenience must develop good procedures to ensure confidentiality and security.

CRITERIA

The following Guidelines shall apply:

Any pharmacy that desires to maintain a remote prescription "pick-up" site must submit the following information to the Board of Pharmacy before establishing the site:

1. The name, address, and license number of the pharmacy responsible for the remote "pick-up" site
2. Name of the pharmacist in charge responsible for the locked cabinet, drawer, or kiosk at each site
3. The name and address of each site
4. A copy of the operating procedures and security requirements for the site
5. A sample of logs and forms used at the site

The board will review the request and provide written approval if the requirements and procedures meet standards that ensure security and patient safety.

Requirements for the "Pick Up" Site

1. The site must have a locked cabinet, drawer, or secure kiosk for storing the prescriptions.
2. Only designated staff that are trained shall have access to the locked cabinet, drawer, or kiosk.

Procedures at the "Pick-up" Site for Locked Cabinets or Drawers

1. Prescriptions stored at the site will be placed in the locked cabinet or drawer immediately upon delivery to the location.
2. Only the patient's name will be listed on the outside of the prescription bag. The receipt with protected health information will be inside of the stapled bag. If someone other than the patient will be picking up the prescription, the name will also be listed on the bag.
3. The identity of the patient (or other person) must be verified. If not personally known by the clerk – driver's license or other photo ID must be checked.
4. The person picking up the prescription will sign the receipt or log.

5. A designated employee will inventory the prescription bags at least weekly and provide a list of unclaimed bags to the pharmacy.

Procedures at the "Pick-up" Site for Kiosks

1. Prescriptions are filled and verified by a licensed pharmacist at the dispensing pharmacy.
2. Only designated staff that are trained shall have access to the secure kiosk.
3. Patients access the kiosk using a unique identifier to pick-up their prescriptions.

Requirements for the Pharmacy

1. For locked cabinets and drawers, the pharmacy may place controlled substances within the prescription bag but may have no markings designating what is in the bag.
2. The pharmacy shall maintain a list of all employees at the "pick-up" site who will be responsible for the prescriptions. The pharmacy shall review the guidelines and procedures with each employee and document the date of the review.
3. A log shall be maintained in the Pharmacy of all prescriptions delivered to the site. The log shall include documentation of counseling.
4. The pharmacy will provide a paper or electronic log to the site for tracking and recording all prescription bags delivered to and picked up from the site.
5. The pharmacy shall conduct and document regular visits to the site to ensure compliance with procedures and guidelines.

BOARD APPROVAL/ADOPTION: April 30, 2018



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DATE: June 13, 2023

WHAT: Board Policy Statement # 20-09-04

WHY: POLICY STATEMENT ON TRANSFER OF PRESCRIPTIONS

INTRODUCTION

The Board of Pharmacy recognizes that transfer of prescriptions to another pharmacy is allowed by statute or rule. However, the specifics on the rule ARSD 20:51:23:01 need further clarification. The rule states, for the purpose of dispensing refills of prescriptions, a pharmacy may transfer prescription information to another pharmacy, subject to the following requirements:

1. The transfer is limited to the number or refills authorized on the original prescription,
2. The transfer is communicated directly between two licensed pharmacists, and
3. Both the original and the transferred prescriptions are kept for two years from the date of the last refill.

CRITERIA

The Board approves the following circumstances when transferring a prescription:

1. A pharmacy may transfer a prescription that is on hold and not filled as the intention of the rule is to not complicate or refuse filling a prescription.
2. A pharmacy intern may transfer a prescription under the supervision of a pharmacist.
3. The communication shall be communicated either verbally or by facsimile and documented accordingly. Any unclear information on a facsimile must be clarified verbally between the pharmacists or interns.
4. The transferring pharmacist or intern must contact the pharmacy receiving the facsimile to obtain the receiving pharmacy and pharmacist information for required record keeping, per ARSD 20:51:23:02.

BOARD APPROVAL/ADOPTION: September 24, 2020



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DATE: January 3, 2022

WHAT: Board Policy Statement # 22-01-03

WHY: GUIDELINES AND PROCESS TO UTILIZE A 4:1 TECHNICIAN TO PHARMACIST RATIO IN RETAIL PHARMACY

INTRODUCTION

The practice of pharmacy has been granted new and expanded duties involving the current COVID-19 pandemic, including testing, immunizations, and providing other countermeasures in the fight against COVID-19. The federal government has implemented provisions to increase the accessibility of testing, immunizations, and COVID-19 countermeasures via the Public Readiness and Emergency Preparedness ([PREP](#)) Act. The PREP Act provides pharmacists, interns, and technicians liability protections and expands their scope of practice to help ensure increased public access to testing, immunizations, and COVID-19 countermeasures. The limited liability protections pertain to the items specifically included within the PREP Act and does not include any other liability protection. With these expanded roles for pharmacists, technicians, and interns, the Board understands that more staff may be necessary to accomplish these additional tasks while completing the normal day to day workload in retail pharmacies. The board has provided this guidance to outline criteria to be followed to obtain a variance to ARSD 20:51:29:19 to allow for a 4:1 technician ratio. This variance shall be allowed once the board office has reviewed the request and is satisfied the following criteria are met. This policy statement shall remain in effect until revoked by the board or the PREP Act COVID provisions expire, whichever is first.

CRITERIA

The Request for 4:1 Technician to Pharmacist Ratio shall include the following:

1. Proof that at least one technician is certified while working during anytime there is an increased ratio.
2. Provide a current list of all technicians currently working at the pharmacy.
3. The type(s) of COVID-19 countermeasures the pharmacy is providing, and the staff involved (including technicians).
4. Provide Policy and Procedure document regarding Medication Error Monitoring program for the pharmacy which explains how medication errors are tracked to prevent future similar errors and staff are educated on these errors.
5. Central Pharmacies that supervise telepharmacies may not request an increased ratio.

Once the request has been submitted, the board office staff will review. If approved, a letter of approval will be issued. This should be maintained in the pharmacy and available for review during inspections. If the pharmacy experiences increased patient safety issues, the board office may revoke the increased technician ratio variance at any time.

BOARD APPROVAL/ADOPTION: April 7, 2022



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DATE: June 27, 2022

WHAT: Board Policy Statement # 22-06-24

WHY: ON JUNE 17, 2022, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) AUTHORIZED EMERGENCY USE OF MODERNA AND PFIZER-BIONTECH COVID-19 VACCINES FOR CHILDREN AS YOUNG AS 6 MONTHS OF AGE.

This approval is reassuring as it provides a level of COVID-19 protection for the youngest South Dakotans. Notably, the Public Readiness and Emergency Preparedness (PREP) Act was not amended for anyone ages 6 months up to 3 years of age to provide liability protections for pharmacists prescribing and administering or for pharmacists, interns, or technicians administering these vaccines as it was for previous COVID countermeasures.

The Board of Pharmacy reviewed this important new approval and noted that there are many details that provide a level of concern for pharmacists. With no liability protection and with the increased amount of time and effort this will require, as well as administration of vaccines for young children is not practicable with a lack of or physical limitations of pharmacy private vaccine rooms. For these reasons, the Board feels this administration is best left to pediatric professionals.

The Board knows that pharmacists have been on the front lines saving thousands of South Dakotans' lives providing adult and older children's vaccines, subcutaneous/intravenous antivirals, and additional oral treatments against COVID-19. The Board is grateful for pharmacists undertaking this and hopes this will continue; however, the Board feels that the administration of vaccines for the youngest children is not in the best interest of the patients.

The Board's guidance is that without PREP Act allowances and liability protections, there is no authority in state law or administrative rules for pharmacists to order these vaccines or for technicians to administer them. In the past, when vaccine administration was in question, pharmacists could generally provide them to patients based upon a signed prescription or a protocol. In the case of these infant vaccines for ages 6 months up to 3 years, and for the reasons included here, the Board does not currently condone this practice.

BOARD APPROVAL/ADOPTION: September 12, 2022



Corporate Office • 2701 South Minnesota Avenue, Suite 1 • Sioux Falls, SD 57105-4732 • (605) 367-2800 • Fax (605) 367-2876

5/15/23

Sara Hicks
2701 S Minnesota Ave, Suite 100
Sioux Falls, SD 57105

Kari Shanard-Koenders
4001 W Valhalla Blvd. Suite 106
Sioux Falls, SD 57106

Re: Lewis Drug Pharmacy Technician administered immunizations

Dear Members of the South Dakota Board of Pharmacy:

Lewis Drug would like to request a variance to SD Rules ARSD §§ 20:51:28:02.01, 20:51:29:20, & 20:51:29:21(6) to allow for Lewis Drug pharmacy technicians to administer ACIP recommended immunizations other than those (influenza and COVID-19 vaccines) listed in the HHS Prep Act guidance.

Through the pandemic our pharmacy teams have worked hard to make the federal vaccine program a success. Our South Dakota Lewis Drug pharmacists have given close to 96,000 COVID-19 vaccinations since the vaccine was first available. Influenza vaccinations for our South Dakota pharmacies were just over 21,000 vaccinations for the 2022-2023 season.

We currently have an immunization collaborative practice agreement with Dr. Jennifer Tinguely at Falls Community Health in Sioux Falls for a number of ACIP-recommended vaccinations. Our pharmacies have seen an increase in patients wanting to “catch up” with vaccinations, especially with the introduction of the Inflation Reduction Act (January 2023). With this law in place, we have seen an increase in the demand for the shingles vaccine, Shingrix. While receiving a vaccine in our pharmacies, our pharmacists take the opportunity to educate and recommend other vaccinations that the patient may be eligible to receive.

Permitting pharmacy technicians to administer immunizations has the potential to increase the impact of pharmacist-led immunization services in our local communities. If granted the variance, Lewis Drug can continue to ensure patients are able to keep accessing recommended vaccinations at their local pharmacies to help prevent disease and decrease the burden on healthcare. See included Lewis Drug/Lewis Family Drug Pharmacy Technician Immunization Policy for details on our processes.

Thank you for the opportunity and consideration. Please let me know if you have any questions or concerns.

Regards,

Sara Hicks, PharmD

Sara Hicks, Pharm D
Lewis Drugs, Inc and Lewis Family Drugs, LLC
605-367-2839 (p)
605-367-2890 (f)

SUBJECT/TITLE			
Pharmacy Technician Immunization Administration Policy - Lewis Drug/Lewis Family Drug			
DEPT/INITIATOR	REVIEWED/REVISION/DATES/INITIALS		
Pharmacy – Lewis Corporate Office			
EFFECTIVE DATE	5/2023 SH		
05/01/2023			
DISTRIBUTION			
LD & LFD Pharmacies			

Policy

Lewis Drugs, Inc. and Lewis Family Drug LLC are committed to the health and safety of its employees, customers, and community. Our goal is to promote health through the prevention of illness and death. Vaccination has proven to be a safe and effective way of preventing the morbidity and mortality of many infectious diseases.

In accordance with the Prep Act, state laws, and the supervision of a qualified pharmacist; pharmacy technicians who will be administering vaccinations must:

1. Be licensed and/or registered as a pharmacy technician in accordance with state requirements,
2. Complete an immunization delivery course approved by the Accreditation Council for Pharmacy Education (ACPE) prior to giving any immunizations,
3. Obtain a current certificate in basic cardiopulmonary resuscitation, and
4. Complete ACPE-approved, immunization-related continuing pharmacy education requirements per their state licensing board.
5. Be supervised by a immunization certified pharmacist that is readily available (must be onsite) to the technician administering the vaccine.
6. Follow authorized collaborative practice agreement or Prep Act declaration on specific vaccinations and/or populations that may be vaccinated by a pharmacy technician, including, informing the patient and the adult caregiver accompanying the patient (if the patient is 18 years of age or younger) of the importance of a well-child visit with a pediatrician or other licensed primary-care provider and refer patients as appropriate. State specific guidelines are listed below.

Technicians certified to immunize will also be required to have access to their state-specific IIS to check patient immunization status.

Procedure

Pharmacies are expected to provide immunizations to walk-in patients during all business hours whenever possible (including evenings and weekends); alternative hours/specific days may be approved by the corporate office. This improves access for working families and can improve immunization coverage.

Availability of Lewis Drug and Lewis Family Drug pharmacy staff to vaccinate may depend on the state in which the pharmacy resides.

- Individual pharmacies in Minnesota will be responsible for retaining a signed collaborative practice from a physician in their area and should submit the signed protocol to the Lewis Drug Corporate Office, Attn: Immunization Coordinator. Current CPAs can be found on the Lewis Drug PnP site.

- Pharmacies located in Iowa may follow the Iowa Statewide Immunization Protocol.
- Until otherwise notified, South Dakota pharmacies may follow the SD Statewide protocol signed by a physician located at Falls Community Health in Sioux Falls, SD (signature obtained by Immunization Coordinator annually)

Iowa: Registered pharmacy technicians in the state of Iowa (whom have met the requirements set forth by the Iowa Board of Pharmacy - pg 3 of the following document [immunization_swp_v1.2_2021_approved_techImmun.pdf](#) as well as the U.S. Dept HHS Preb Act Guidance from October 2020 [prep-act-guidance_10.2022_pharmTechs.pdf](#) [PrepAct 11th Amend 5.11.23.pdf](#)) may administer specific vaccinations under pharmacist order and supervision.

The [IowaStatewideImmunizationProtocol_dwnldMay2022.pdf](#) authorizes a pharmacist licensed in the state of Iowa to order and delegate administration by a qualified pharmacy technician the following immunizations in Iowa:

1. To patients ages six months and older:
 - a. An immunization for influenza, and
 - b. Other immunizations in response to a public health emergency;
 2. To patients ages eleven years and older:
 - a. The final dose(s) in a course of vaccinations for human papillomavirus (HPV);
 3. To patients ages eighteen and older:
 - a. An immunization or vaccination recommended by the United States Centers for Disease Control and prevention Advisory Committee on Immunization Practices in its approved vaccination schedule,
 - b. An immunization or vaccination recommended by the United States Centers for Disease Control and Prevention for international travel, and
 - c. An immunization or vaccination for COVID-19 as defined in Iowa Code section 686D.2.
- Vaccination must be reported to the state registry AND to primary physician if known, if not known, a written record of the immunization should be provided to the patient

Minnesota: Licensed pharmacists/pharmacy interns may vaccinate per signed collaborative practice agreement and U.S. Dept HHS Preb Act Guidance from October 2020 [prep-act-guidance_10.2022_pharmTechs.pdf](#) [PrepAct 11th Amend 5.11.23.pdf](#)) may administer specific vaccinations under pharmacist vaccination order and supervision; vaccinations may vary by location/geographical area. ([Pharmacy Immunization Practice in Minnesota](#)).

- To date, Lewis Drug/Lewis Family Drug pharmacies located in the state of Minnesota will only vaccinate those patients aged 18 years and older.
 - Immunization certified pharmacy technicians in MN may administer only
 - Influenza vaccines and ACIP-approved COVID-19 vaccine to patients ages 18 and older if their pharmacy has a signed collaborative practice agreement with a licensed physician
- Vaccinations will be reported to the state registry.
- Please also see below Vaccines for Children information.

South Dakota: In addition to pharmacists/pharmacy interns immunizing under protocol, pharmacy technicians (whom have met the requirements set forth by the South Dakota Board of Pharmacy ([SD_Policy-Immunizations_Techs.pdf](#) and U.S. Dept HHS Preb Act Guidance from October 2020 [prep-act-guidance_10.2022_pharmTechs.pdf](#) [PrepAct 11th Amend 5.11.23.pdf](#)) may administer specific vaccinations under pharmacist vaccination order and supervision.

- To date, Lewis Drug/Lewis Family Drug pharmacies located in the state of South Dakota may only allow immunization certified pharmacy technicians in SD to administer:
 - Vaccines approved & recommended by the FDA/ACIP to individuals ages 3 to 18 years of age according to the ACIP's standard immunization schedule
 - Seasonal influenza vaccines approved & recommended by ACIP to individuals 19 and older according to ACIP's standard immunization schedule
 - FDA authorized/approved COVID-19 vaccines to individuals aged 3 and older according to the CDC/ACIP

COVID-19 recommendations

- A variance from the SD Board of Pharmacy may be forthcoming to allow for other vaccinations to be administered by immunization certified pharmacy technicians; amendment(s) will be added if approval gained
- Please also see below Vaccines for Children information.

Vaccines for Children (VFC) Program

Lewis Drug does not participate in VFC programs in Iowa, Minnesota or South Dakota. Lewis Drug aims to be an altruistic health care provider and will not refuse a Title XIX patient a vaccination if they are not able to visit/reach a VFC provider.

Iowa Pharmacies that do not participate in VFC can attempt to bill a recipient's vaccination to the Medicaid program; if the vaccine is a VFC funded vaccine, payment may not be approved.

Minnesota Vaccinations may only be administered to those aged 18 years of age or older; if vaccinations are offered to those <18 years of age, Lewis Drug must also offer to those eligible to receive VFC vaccines at no cost. ([Pharmacy Immunization Practice in Minnesota](#)).

South Dakota Pharmacies that do not participate in VFC cannot bill a recipient's vaccination to the Medicaid program; however may charge an administration fee of no more than \$20.73 per injection. If a patient is unable to pay the fee, the pharmacy must waive the administration fee.

Vaccination Policy:

A vaccination record will be created and maintained for each administered vaccination. These records will be processed through the pharmacy software system for billing and submission to applicable state immunization registries and serve as the pharmacy record for the administration.

- Confirm with the patient which vaccination they are to receive
 - o Vaccination history should be checked with Pioneer and the applicable state registry
- Present the patient with the appropriate immunization consent form and/or Pioneer Administration Consent
 - o Immunization consent forms may be accessed within the pharmacy software system or on the Lewis Drug PnP site
 - o Consent forms will contain:
 - Patient information & answers to eligibility/screening questions
 - Vaccine name, manufacturer, dose, lot number and expiration date, VIS date
 - Date of administration & site of immunization
 - Consent form will be signed & dated by patient/patient's guardian and immunizer
- Instruct the patient to complete the entire consent form.
 - o The consent form **MUST** be signed by the patient **or**
 - o **If the patient is <18 years of age, the consent form MUST be signed by either a parent or guardian**
 - The parent/guardian of the minor must sign & print their name on the consent form in the space provided
- While the parent/patient is completing a consent form, staff may enter the immunization into the pharmacy system for proper billing and reporting to the state immunization registry.
 - o This step may be pushed in the workflow if a mass clinic event is taking place
 - o Provider on record may be physician of signed collaborative practice agreement or pharmacist; this will depend on the vaccine and age of patient
 - Pharmacy Technician name should be entered in the "Administered By" field in the 'More Immunization Information' window with pharmacy software so that immunizations by technician may be tracked
 - o **Immunizations for eligible patients for ALL vaccines (excluding influenza and COVID-19 vaccinations for those 12 and over), must be approved by a pharmacist prior to the technician administering the**

vaccine

- Approval includes
 - Assessment of patient eligibility for indicated vaccine(s)
 - Assessment of completed consent form for allergies, reactions
 - Pharmacy software “check” of vaccine NDC
 - Proper documentation within patient vaccine rx in pharmacy software (via snippet: VAX)
- o Transaction must be “completed” within pharmacy software to initialize upload to state registry
- Review consent form with the patient.
 - o If any questions are answered “Yes” on the consent form, a pharmacist or immunizer should discuss with the parents/patient before proceeding with vaccination.
 - **Pregnancy:** Lewis Drug pharmacists, pharmacy interns and pharmacy students who are certified to immunize may vaccinate pregnant individuals for indicated/recommended vaccinations after a discussion with the patient [Pregnancy & Vaccinations](#) as per protocol
 - Determine if the patient discussed with their physician and physician is aware of vaccination or has recommended vaccination. Document on form.
 - Pregnant patient MUST wait for 15-20 minutes within site of pharmacy/pharmacist for monitoring after vaccination
 - o A vaccine information statement (VIS) must be given to the patient prior to vaccination; this may be made available via QR code or printed material.
 - o Review the possible side effects of the vaccine and answer any questions the parent/patient may have
 - o Review importance and need for repeat doses/boosters, and remind parents/patients to return for the next immunization
 - Initiate a Task in pharmacy software system or on pharmacy calendar for return immunization date
 - o Remind parents/patients to report any adverse events following immunization
 - If adverse events occur and are reported to the pharmacy, the pharmacy shall make a report to VAERs on behalf of the patient.
 - o Remind patients/caregivers of those individuals ages 3 - 18 years of age about the importance of annual well-child visits with their pediatrician/physician.

Vaccination of the patient

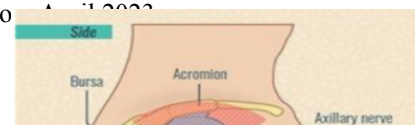
- o Reconfirm the type of vaccination the patient is receiving BEFORE vaccinating the patient and ensure that the vaccine they are presenting for is the vaccine that you have in your possession.
- o Each qualified immunizer administering vaccines shall follow appropriate precautions to minimize risk for spread of disease.
 - Hands shall be cleansed with an alcohol-based waterless antiseptic hand rub or washed with soap and water between each contact.
 - Gloves shall be worn if the pharmacist administering the vaccine is likely to come into contact with potentially infectious body fluids or has open lesions on his or her hands

Syringe Usage:

- o Luer lock syringes will be used whenever possible as these provide a secure (“threaded”) connection between syringe and needle
- o Needles used for injections must be sterile, disposable, and whenever possible, **a safety needle** should be utilized to minimize risk.
 - The luer lock should be held when attaching the needle to avoid a weak needle connection
- o Extracting doses from a MultiDose Vial (MDV)
 - Use of appropriate size syringe and needle for the vaccine
 - If a “vacuum” is felt when extracting a dose, a small amount of air may be introduced to prevent over-pressurizing the vial
 - Different puncture sites should be used when re-entering the vial for each dose

Proper immunization technique should be used when administering

Technician Immunization April 2022



vaccination

- Intramuscular vaccinations should be administered into the DELTOID muscle (*landmark the area prior to immunizing by finding the bony part (acromion process) of the shoulder*)
 - The needle should be long enough to reach into the muscle (1" to 1 ½" for adult patients; ⅝" to 1" for children 3+ or smaller adult patients)
 - Insert the needle at a 90° angle with a quick thrust
 - Administer the vaccine **at least 2 inches** (approx 2- 3 finger widths) below the acromion process; in the center/thickest portion of the arm
 - Multiple injections may take place in the same extremity, however, the injections should be separated by at least 1" whenever possible
- o To prevent inadvertent needle-stick injury or reuse, needles and syringes shall be discarded immediately after use in labeled, puncture-proof containers located in the same room where the vaccine is administered.
 - Needles should not be recapped before being placed in the container. Safety needles or needle-free injection devices should be used to reduce the risk for injury.
 - o Vaccinated patients should be monitored within eyesight of the immunization area, pharmacy for at least 10 to 15 minutes for any adverse reactions

Location of Patient Vaccination(s)

The pharmacist's professional judgment should be used for the location within your pharmacy for administering immunizations. If your pharmacy has a counseling room/immunization room, this area should be used to provide protection of the patient's privacy. In times of a pandemic, it is acceptable to consider a different setting to administer the immunization without entering the immunization room to provide more space for you and the patient, as long as privacy may still be protected.

Vaccination Supplies

Vaccination supplies may be supplied annually prior to influenza season via the Lewis Drug Distribution Warehouse under supervision of the Immunization Coordinator.

If additional supplies are needed throughout the year, pharmacies should transfer front-end products/supplies or products/supplies ordered from the designated wholesaler on their register into key 372; if register capability is not available at a pharmacy location, a Store Use Transfer Form should be completed.

Equipment/Supplies:

- Safety needles, Safety needle/Syringe *safety needles will be used whenever possible
- Alcohol wipes
- Cotton balls
- Bandages
- Sharps disposal container
- Alcohol based hand sanitizer
- Gloves (optional)

Educational materials:

- Vaccine Information Statement (VIS) [available as VIS QR code card, on Lewis PnP Site or CDC website]
 - A paper VIS or VIS QR code should be offered to each individual receiving a vaccination

Emergency Boxes Emergency Box Item List.docx

Emergency boxes should be located as close to the area of immunization as possible for accessibility in case of a reaction. Most boxes are a clear plastic tote box with supplies inside. Each emergency box should contain the following Emergency Supplies:

- Blood pressure cuff(s)
- Stethoscope
- Epinephrine (auto-injection preferred) x2 injections
- Diphenhydramine (Benadryl)
 - Vials for injection-50mg/mL x2 vials
 - Oral 25mg tablet/caplet x 4 doses (may use liquid OTC if needed)
- Pocket mask/barrier mask
- Emergency Procedures 📄 Protocol for Management of Severe Allergic_updMay2022.pdf
- Exposure Procedures 📖 Quick Guide if an exposure were to occur
- VAERs form 📄 vaers_form.pdf or may submit online at www.vaers.hhs.gov
- Collaborative Practice Agreement (*as applicable to your location - may be found on Lewis PnP*)

Cardiopulmonary Resuscitation (CPR) certification

Lewis Drugs, Inc & Lewis Family Drug, LLC offers an annual CPR certification class for all immunizing staff. If staff is unable to attend the organized event; they may take the course online at <https://shopcpr.heart.org/heartcode-bls> and/or make contact with the local hospital, EMS service, or fire department to schedule a training or join a training course that is already being offered.

Lewis Drugs, Inc & Lewis Family Drug, LLC does not reimburse staff for the time or travel associated with obtaining certification, but will donate/pay the fee for the service to provide the training.

Lewis Drug will reimburse staff for the fee(s) associated with getting the initial CPR certificate and immunization certification if staff is not already certified upon employment. This includes the online and/or live training components.

Please submit all receipts to the corporate office via the expense form found on the Pharmacy Info Site.

Immunization preparedness & response during a pandemic:

PPE and Sterilization

Masking

- Pharmacist must wear a mask while vaccinating

Gloving

- Wash hands or use an alcohol based sanitizer before and after donning gloves
 - Extended use of disposable medical gloves may be considered during a glove supply crisis, gloves can remain on but must be sanitized between patients within the cohort to prevent cross transmission of any other pathogens from patient to patient.
 - Disposable medical gloves should always be discarded after:
 - Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs
 - Any signs of damage (e.g., holes, rips, tearing) or degradation are observed
 - Maximum of four hours of continuous use
 - Doffing previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove “re-use” should NOT be performed.
 - Proper donning and removal of gloves should be performed
 - Grasp the outside edge of one cuff with gloved hands, avoid touching the wrist. Pull the glove off, turning it inside out and place it in your hand.

Eye Protection

- In areas of moderate or substantial community COVID-19 spread, eye protection is *recommended* by CDC

- In areas of minimal or no community COVID-19 spread, eye protection is *optional*
 - Community spread will be communicated via corporate office staff
 - When reusable eye protection is shared between staff, disinfecting is crucial.
 - Procedure for cleaning the face shield/eye protection for reuse:
 - Supplies Needed: Super Sani-wipes, alcohol pads, or alcohol based solution
 - Sanitize hands and don a clean pair of gloves
 - Remove two Super Sani-Wipes/alcohol pads from the container and place on top of the container.
 - Disinfect shield using one Super Sani-wipe/alcohol pads to wipe down the outside top hard surface being sure to cover the entire area including the rim, strap and fastener
 - Then use the same wipe to disinfect the front of the clear face shield, discard wipe.
 - Turn the face shield over and using a second Super Sani-wipe/alcohol swab to wipe the inside of the clear shield, including the inside rim and fasteners, discard wipe.
 - Remove gloves and wash and sanitize hands
 - Place shield in area to dry
 - Do not reuse for 2 minutes

Areas of Frequent Contact

- Wipe down areas of frequent contact in area immunization is given with VIREX cleaner, Super Sani Wipes, or 60% or higher alcohol solution using a paper towel. If using Virex cleaner be sure to follow previously given instructions. Remember to wash your pharmacy lab coat often if in close contact (6 feet or less) with patients for > 10 minutes.

Other Resources:

[ACIP Vaccine Administration Guidelines for Immunization | CDC](#)

[Immunization Schedules | CDC](#)

<https://www.cdc.gov/vaccines/index.html>

Sanford High School Internship Program

CNA (Clinical-Certified) Intern

Sanford SF Medical Center & Clinics

Good Samaritan Society

What is a high school clinical intern?

- High school clinical-certified interns are certified nursing assistants.
- Interns must be taking an internship course at their high school.
- They are (mostly) seniors who want to pursue a career in health care.
- The interns have applied, interviewed, and been hired for this competitive position.
- Interns are placed in nursing assistant positions based on the department/clinic/facility need, their interests, and their hours of availability.
- Questions? Please contact Allison, the program coordinator, at Allison.Hutchinson@SanfordHealth.org.

What kind of work will interns be doing?

- Providing assistance with basic health care needs including bathing, grooming, toileting, and eating, while supporting emotional and spiritual needs
- Recording vital statistics and other basic health information
- Assisting with patient transfers and ambulation
- Performing clerical work related to scheduling and documenting patient healthcare
- Preparing and cleaning patient treatment areas, living areas, and medical equipment
- Disposing of biomedical waste in accordance with standards and policy

What is the commitment?

- Interns work about 8-10 hrs/wk for a total of 100 hours through the semester.
- Interns are responsible for transportation to and from the facility.
- Interns are responsible for purchasing their own scrubs (black or khaki).
- Interns apply, interview, accept their offer letter, and complete all on-boarding paperwork.
- Interns must pass a drug screen and health assessment, including a TB test.
- Interns must have up to date immunizations, including COVID and flu vaccine.
 - You will be asked for proof of your flu (if applicable) and COVID vaccines after your interview and offer letter acceptance.
 - If you choose not to be vaccinated, there are medical and/or religious exemption forms that you and your parent/guardian can send in. An exemption may or may not be granted.
 - Protocols change quickly, so we will follow the most recent guidelines.
- Interns participate in a two-day orientation before starting in their role.
- Interns complete all online learning modules during the orientation phase.
- As one of our employees, interns must follow all Sanford Health and Good Samaritan Society (GSS) policies and procedures.

Is this a job shadow?

No. This is a paid internship experience. Students are hired as nursing assistant interns and will be given tasks within their scope under supervision typical for new hires.

How will this internship help interns?

- Paid internship –\$12/hr
- Earn school credit
- Complete new employee orientation
- Exploratory Time – About 10 hours to see and learn from other healthcare areas
- Career coaching – another caring adult to help you on your life and career journey
- Financial assistance opportunities through scholarships and sponsorships
- Opportunity for employment after completion of internship

What are the scheduling guidelines?

The goal is 100 hours total. A reasonable target is 8-10 hours/week. The 100 hours can include time for orientation, skills validation, and online computer-based training courses.

Interns will submit a total availability calendar and then get their shifts from their unit or clinic supervisor or scheduler. Interns must follow sickness policy and stay home if ill or exposed to COVID. If interns do not attend school that day, they should not attend internship.

What happens at the end of the internship?

1. Interns and leaders are encouraged to have conversations about continued employment after completion of the internship.
2. One of their supervisors may be asked to fill out a short evaluation from the school.
3. We will have a celebration to honor the interns' time with us and the time and energy the Sanford/GSS staff have invested.
4. Some interns may be leaving this area to attend college or other training programs. We encourage those interns to consider finding a Sanford/GSS location near them to continue employment with us!

What is exploratory time?

Exploratory time is time set aside for Sanford/GSS to highlight high-needs/high-interest careers in healthcare, both direct patient care and support roles. Exploratory time is usually set for Wednesday afternoons. If you are unable to attend, an alternative assignment will be given.

This is unpaid time. The interns should not be scheduled in the department/clinic/facility. If you would like to know more about exploratory time, please reach out to Allison at Allison.Hutchinson@SanfordHealth.org.

Which departments/clinics/facilities most recently hosted an intern?

For the most recent fall and spring semesters, the following departments/clinics/facilities hosted a CNA intern: surgical/renal, surgical/cardiovascular, inpatient rehab, cardiology, central resource pool, orthopedics/neurology, medical/oncology, infusion clinic, and cardiovascular institute. The GSS participating facilities include Luther Manor, the Village, and the Center.

High School Internship **TIMELINE**

Sioux Falls Sanford Medical Center and Clinics Sanford Business Center Good Samaritan Society SF Locations

Fall 2023 and Spring 2024

- **May 1st:** Allison begins communication with parents, teachers, and students about all things high school internship at Sanford Health and Good Sam.
 - Includes fall **AND** spring semesters for 2023-2024
 - Includes clinical and nonclinical roles
 - Allison sends Intern Profile link to schools to share with any students interested in a Sanford Health or Good Sam internship.
- **June 1st:** Intern Profile due (for any student interested in **either** semester)
 - The Intern Profile is NOT an application. It is a form for gauging interest and sharing important considerations to think about before applying.
 - Allison will connect with schools to ensure everyone who filled out the internship profile is enrolled in an internship course at their school.
- **July 3rd:** Intern applications due
 - There will be a window of time from June 23rd to July 3rd which the application will be open on sanfordcareers.com.. Allison will send application instructions to students ahead of time.
 - If a student needs access to a laptop, Allison will work with school and student to accommodate.
 - Allison will be communicating directly with students and parents, cc-ing teachers, based on contact info from the intern profile.
 - Allison can help students fill out the application and create a resume, etc.
 - Students will also create and share their total availability calendars at this time.
- **July 24th and 25th:** Interview days
 - In-person, round robin interviews with hiring managers and talent advisors will be held on site at Sanford Medical Center for clinical interns. Nonclinical interns will interview one on one with their hiring managers.
 - Students will need to have their total availability calendars set at this time.
- **August 1st:** Placement notification
 - Students and schools will be alerted to who is hired and at what location and role, giving enough time to find alternative placements, as needed.
 - Placement is based on applicant's resume, interview performance, department/clinic/facility needs, and intern's availability.

Looking ahead even farther

- Orientation days (2) for clinical interns in fall semester: September 19th and 20th
- First day on site for all interns: October 2nd
- Last day on site: December 15th
- New round of spring clinical interns start orientation (2 days): February 6th and 7th
- First day on site for all interns: February 19th
- Last day on site: May 3rd

2024 Bill Draft: DOH/ Board of Pharmacy-(01)

Most recent version as of: **(5:00 PM) (JUNE 20, 2023)**

DRAFT LEGISLATION

FOR AN ACT ENTITLED, An Act to modify licensure and registration fees for Board of Pharmacy registrants and licensees

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That § 36-11-11 be AMENDED.

36-11-11. Promulgation of rules.

The Board of Pharmacy may promulgate rules pursuant to chapter 1-26 as follows:

- (1) Pertaining to the practice of pharmacy;
- (2) Relating to the sanitation of persons and establishments licensed under the provisions of this chapter;
- (3) Pertaining to establishments licensed under the provisions of this chapter wherein any drug is compounded, prepared, dispensed or sold;
- (4) Providing for minimum equipment and standards of establishments licensed under the provisions of this chapter;
- (5) Pertaining to the sale of drugs by or through any mechanical device;
- (6) In cooperation with other governmental agencies where there exists a joint responsibility for protecting the public health and welfare;
- (7) Pertaining to the sale of nonprescription drugs;
- (8) To adopt such publications or supplements thereto as shall from time to time be deemed necessary to describe the drugs, medicines, prescription drugs, dispensing physician or other terms used in § 36-11-2;
- (9) Pertaining to the posting of prescription prices on the premises of a pharmacy department to provide consumers with comparative pricing information;
- (10) Pertaining to registration of drug wholesalers and manufacturers;
- (11) Pertaining to home health care and service;
- (12) Pertaining to computerized pharmacy;
- (13) Pertaining to the registration of registered pharmacy technicians and the suspension or revocation of registration; an annual registration fee not to exceed ~~thirty~~ fifty dollars; and tasks that may not be delegated by a licensed pharmacist to a registered technician;
- (14) Redispensing of pharmaceuticals;
- (15) Pertaining to the dispensing of biological products.

Source: SDC 1939, § 27.1006; SL 1967, ch 102, § 7; SL 1973, ch 244, § 2; SL 1986, ch 302, § 111; SL 1990, ch 325, § 1; SL 1997, ch 216, § 2; SL 2004, ch 248, § 2; SL 2004, ch 249, § 1; SL 2012, ch 194, § 10; SL 2018, ch 231, § 2; SL 2021, ch 168, § 24.

Section 2. That § 36-11-17 be AMENDED.

36-11-17. Registration fee.

Every person initially applying for a certificate of registration with the Board of Pharmacy as a registered pharmacist shall pay to the board with the application a fee, not to exceed ~~thirty-five~~ one hundred dollars, set by the board by rule promulgated pursuant to chapter 1-26.

Source: SDC 1939, § 27.1010; SL 1967, ch 102, § 10; SL 1988, ch 301, § 1; SL 2008, ch 191, § 25

Section 3. That § 36-11-19 be AMENDED.

36-11-19. Registration of applicants registered in other states—Fee.

The Board of Pharmacy may in its discretion grant certificates of registration to such persons as shall furnish with their applications satisfactory proof that they have been registered by examination in some other state; provided that such other state required a degree of competency at the time such person was licensed at least equal to that required of licentiates in this state at that same time. The State Board of Pharmacy, in order to be informed, may, in determining the degree of fitness required by the several states' boards of pharmacy for granting license and reciprocal registration, join with other states' boards of pharmacy. Every person applying for registration pursuant to this section shall pay to the board upon application a fee, not to exceed ~~one hundred fifty dollars~~ two hundred dollars, set by the board by rule promulgated pursuant to chapter 1-26.

Source: SDC 1939, § 27-.1007; SL 1967, ch 102, § 9; SL 1986, ch 302, § 114; SL 2008, ch 191, § 26.

Section 4. That § 36-11-19.5 be AMENDED.

36-11-19.5. Expiration and renewal of nonresident pharmacy license—late fee.

Each nonresident pharmacy license expires on June thirtieth following the date of issue. The board shall ~~mail~~ provide an application for license renewal to each licensee before June first of each year. If application for renewal of the license accompanied by the annual license fee is not made before the expiration date, the existing license lapses on the date of expiration. If the renewal is submitted after the expiration of the license, a fifty dollar late fee will be assessed.

Source: SL 1997, ch 217, § 4.

Section 5. That § 36-11-23 be AMENDED.

36-11-23. Annual registry fee and renewal--Suspension of certificate for failure to renew--Reinstatement after suspension.

Each pharmacist shall annually by October first each year, pay to the board a registry fee to be fixed by the board in compliance with chapter 1-26, not to exceed ~~one hundred fifty dollars~~ two hundred dollars. Upon payment of the fee by a pharmacist, the Board of Pharmacy shall renew the pharmacist's certificate of registration. Any pharmacist who fails to pay the renewal fee by the due date is subject to suspension of certificate by the board in compliance with chapter 1-26. Any suspended certificate may be reinstated if all delinquent fees have been paid, plus a ~~penalty~~ late

fee of ~~twenty-five~~ fifty dollars, and the Board of Pharmacy has approved the application for reinstatement.

Source: SDC 1939, § 27.1009; SL 1953, ch 121; SL 1967, ch 102, § 10; revised pursuant to SL 1972, ch 15, § 4; SL 1988, ch 301, § 2; SL 1996, ch 230, § 3; SL 2005, ch 199, § 35.

Section 6. That § 36-11-32 be AMENDED.

36-11-32. Pharmacy permit issued by board—Fee.

Upon a form prescribed by the ~~State Board of Pharmacy~~ board and the payment of a fee, not to exceed ~~two hundred dollars~~ three hundred dollars, set by the ~~Board of Pharmacy~~ board in accordance with chapter 1-26, the ~~State Board of Pharmacy~~ board shall issue to pharmacists in good standing, registered under the laws of this state, a permit to conduct a pharmacy.

Source: SDC 1939, § 27.1015; SL 1943, ch 105; SL 1953, ch 122; SL 1967, ch 102, § 15; SL 1975, ch 236; SL 1984, ch 251; SL 2008, ch 191, § 27

Section 7. That § 36-11-72 be AMENDED.

36-11-35. Pharmacy permit as legal registration--Expiration date – late fee.

Each permit for a pharmacy shall constitute and signify a legal registration for the pharmacy to which it applies, and shall expire on the last day of June following the date of issue. If the renewal is submitted after the expiration of the license, a fifty dollar late fee will be assessed.

Source: SDC 1939, § 27.1015; SL 1943, ch 105; SL 1953, ch 122; SL 1967, ch 102, § 15.

Section 9. That § 36-11-37 be AMENDED.

36-11-37. Transfer of pharmacy permit to another pharmacist -Fee.

Each permit for a pharmacy may be transferred to another pharmacist in good standing and registered under the laws of this state ~~without the payment of an additional fee~~; provided an application for the transfer of ~~said~~ permit is made upon a form prescribed by ~~the State Board of Pharmacy~~ board, and payment of a \$50 fee, and is filed with the ~~secretary~~ board thereof not less than ten days before the transfer of such active management is made.

Source: SDC 1939, § 27.1015 as added by SL 1943, ch 105; SL 1953, ch 122; SL 1967, ch 102, § 15.

Section 10. That § 36-11-72 be AMENDED.

36-11-72. Telepharmacy--Promulgation of rules – late fee.

The board shall promulgate rules pursuant to chapter 1-26 to provide for the regulation of telepharmacy in the state. The rules shall include: (1) License requirements, including establishment of an annual license fee not to exceed ~~two hundred fifty dollars~~ three hundred dollars; (2) Minimum structural, security, and equipment requirements for the remote pharmacy; (3) Minimum staffing requirements for the central pharmacy and remote pharmacy; (4) Record keeping requirements for

the central pharmacy and remote pharmacy; (5) Establishment of policies and procedures for the daily operation of the remote pharmacy; and (6) Use of automated dispensing machines.

If the renewal is submitted after the expiration of the license, a fifty dollar late fee will be assessed.

Source: SL 2007, ch 214, § 2.

Section 11. That § 36-11A-4.2 be AMENDED.

36-11A-4.2. Prior registration and inspection by FDA required for certain outsourcing facilities – late fee.

No outsourcing facility engaged in compounding of nonpatient specific sterile and nonsterile drugs may become licensed by the board without first obtaining a registration and inspection by the United States Food and Drug Administration and paying the license fee set by the board in rules promulgated pursuant to chapter 1-26. The fee may not exceed ~~two~~ five hundred dollars. If the renewal is submitted after the expiration of the license, a fifty dollar late fee will be assessed.

Source: SL 2017, ch 174, § 8.

Section 12. That § 36-11A-8 be AMENDED.

36-11A-8. Application for license – late fee.

An applicant for licensure as a wholesale distributor shall apply annually to the board on a form provided by the board. The application shall be accompanied by a license fee set by the board. The fee may not exceed ~~two hundred fifty~~ five hundred dollars. All financial statements or related information submitted by applicants shall be treated as confidential materials. If the renewal is submitted after the expiration of the license, a fifty dollar late fee will be assessed.

Source: SL 1991, ch 307, § 8.

Section 13. That ARSD § 20:51:01:03 be AMENDED.

20:51:01:03. Application requirements.

An applicant for registration by examination shall present the following to the secretary with the application:

- (1) The certificate of registration fee of ~~\$35-\$40~~;
- (2) A photo of the applicant that is at least 2¼ by 3¼ inches in size ~~with the applicant's signature in ink on the back~~;
- (3) A list of the applicant's practical experience ~~on a form provided by or approved by the board~~;
- (4) A transcript showing graduation from a college of pharmacy approved by the American Council on Pharmaceutical Education; ~~and~~
- (5) A government-issued form of photo identification-; and
(6) A criminal background check.

Source: SL 1975, ch 16, § 1; 6 SDR 103, effective May 5, 1980; 8 SDR 144, effective May 4, 1982; 11 SDR 120, effective March 11, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 14 SDR 121, effective March 28, 1988; 15 SDR 20, effective August 9, 1988; 18 SDR 95, effective November 25,

1991; 22 SDR 133, effective April 25, 1996; 33 SDR 73, effective November 6, 2006; 36 SDR 21, effective August 17, 2009.

General Authority: SDCL 36-11-11(1).

Law Implemented: SDCL 36-11-16, [36-11-16.1](#), 36-11-17.

Cross-Reference: Approved colleges of pharmacy, § 20:51:01:09

Section 14. That ARSD § 20:51:27:03 be AMENDED:

20:51:06:06. Transfer of pharmacy registration. Each permit to conduct a pharmacy may be transferred to another pharmacist registered under the laws of this state, ~~without~~ with a payment of ~~an additional fee~~ fifty dollars; provided, an application for the transfer is made and the same is filed with the ~~secretary of the~~ Board ~~of Pharmacy~~ no less than ten days before the transfer of such active management is made. Any application for transfer made at a later date than ten days before the transfer of such active management is made shall be accomplished by the fee as set by the Board of Pharmacy for permit to conduct a pharmacy and such application for transfer shall be approved by the members of the Board of Pharmacy before permit to conduct a pharmacy is issued by the secretary of the Board of Pharmacy on such application.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL [36-11-11](#).

Law Implemented: SDCL [36-11-37](#).

Section 11. That ARSD § 20:51:27:03 be AMENDED:

20:51:27:03. Application fee – late fee.

The fee to accompany the initial application and each application for renewal is \$200. If the renewal is submitted after the expiration of the license, a \$50 late fee will be assessed.

Source: 24 SDR 40, effective October 5, 1997; 24 SDR 160, effective May 26, 1998.

General Authority: SDCL 36-11-11(4), 36-11-19.3.

Law Implemented: SDCL 36-11-19.3, 36-11-19.5.

Section 12. That ARSD § 20:51:29:12 be AMENDED:

20:51:29:12. Registration fee.

The fee for initial registration is \$25. The renewal fee for the registration is \$25. Fees shall be paid at the time the new application or the renewal application is submitted. ~~Fee payment shall be in the form of a personal check, certified or cashier check, or money order payable to the Board of Pharmacy~~

Source: 31 SDR 35, effective September 19, 2004.

General Authority: SDCL 36-11-11(1), 36-11-11(14).

Law Implemented: SDCL 36-11-11(14).

Section 13. That ARSD § 20:51:30:05 be AMENDED:

20:51:30:05. License renewal – late fee.

A remote pharmacy license expires on June 30 of each year and may be renewed annually by filing an application provided by the board. The renewal fee is \$200. If the renewal is submitted after the expiration of the license, a \$50 late fee will be assessed.

Source: 35 SDR 183, effective February 2, 2009.

General Authority: SDCL 36-11-72(1).

Law Implemented: SDCL 36-11-72(1).

Section 14. That ARSD § 20:67:02:01 be AMENDED:

20:67:02:01. Application and fee.

A wholesale or other distributor must apply each year to the board, electronically or on a form supplied by the secretary of the board, for a license to engage in distribution of prescription drugs. Each application shall be accompanied by a license fee of ~~\$200~~ \$500.

Source: 18 SDR 95, effective November 25, 1991; 24 SDR 160, effective May 26, 1998; 45 SDR 86, effective December 24, 2018.

General Authority: SDCL 36-11A-14(1),(6).

Law Implemented: SDCL 36-11A-7, 36-11A-8.

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