PHARMACISTS   2150 Current Total   66 New Licensees for period

License #	Last Name	First Name	City	State
R-6999	Joe	Krinstin	Fresno	CA
R-6995	Mills	Sarah	Sioux Falls	SD
R-6991	Morgan	Natalie	Billings	MT
R-6988	Patel	Mumtaj	Chicago	IL
R-6957	Seo	Sewon	Westmont	IL
R-6942	Rohlfing	Ashley	Nicollet	MN
R-6938	Thurman	Rebecca	Sioux Falls	SD
R-6935	Peterson	Jordan	North Sioux City	SD
R-6934	Polcyn	Daniel	Downers Grove	IL
6998	Stewart	Bridget	Brookings	SD
6997	Hinckley	Elizabeth	Cowley	WY
6996	Scheffler	Maggie	Sioux Falls	SD
6994	Peta	Victoria	Mitchell	SD
6993	Polasky	Kirstyn	Brandon	SD
6992	Beethe	Julia	Sioux Falls	SD
6990	Bruns	Cassidy	Rapid City	SD
6989	Graves	Nathan	Sioux Falls	SD
6987	Brady	Kayla	Remsen	IA
6986	DeSmet	Ashley	Brookings	SD
6985	Hirschman	Amy	Omaha	NE
6984	Roemen	Mariah	Dell Rapids	SD
6983	Lieberg	Jacob	Sartell	MN
6982	Zantow	Gabrielle	Rapid City	SD
6981	Case	Ethan	Spearfish	SD
6980	Haaland	Hannah	La Jolla	CA
6979	Arndt	Mason	Sioux Falls	SD
6978	Hagen	Lizzy	Sioux Falls	SD
6977	Meyer	Kailey	Sioux Falls	SD
6976	Buller	Shelby	Montgomery	AL
6975	Glass	Quinten	Aberdeen	SD
6974	Eich	Sarah	Sioux Falls	SD
6973	DeHaan	Ramsey	Platte	SD
6972	Mirkovic	Dusan	Mitchell	SD
6971	Ingalls	Tannika	Hendricks	MN
6970	Williams	Erin	Sioux Falls	SD
6969	Kroeplin	Makayla	Highmore	SD
6968	Horstman	Kylie	Winner	SD
6967	Broksieck	Tate	Sioux Falls	SD
6966	Blanchette	Abigayle	Madison	SD
6965	Coens	Ashley	Marshall	MN
6964	Thompson	Jordan	Scottsdale	AZ
6963	Sestak	Michelle	Rapid City	SD
6962	Haiby	Lincoln	Pelican Rapids	MN
6961	Greene	Lisa	Lake Preston	SD
6960	Fuerst	Kaisa	Hartford	SD

License#	Last Name	First Name	City	State
6959	BALOGUN	AYOBAMI	Sioux Falls	SD
6958	White	Chad	Faribault	MN
6956	Koster	Amelia	Saint Ansgar	IA
6955	Goehring	Grace	Milford	IA
6954	Brumfield	Emma	Mantorville	MN
6953	Stark	Rebecca	Sioux Falls	SD
6952	Klaudt	Autumn	Sioux Falls	SD
6951	Birchem	Zachary	Sioux Falls	SD
6950	Pardy	Kayla	Winfred	SD
6949	Kloiber	Hailey	Sioux Falls	SD
6948	Robasse	Bethany	Brandon	SD
6947	Brandt	Briana	Yankton	SD
6946	Bich	Allison	West Des Moines	IA
6945	Kraemer	Kiera	Sioux Falls	SD
6944	Peters	Alexandra	Aurora	SD
6943	Storm	Kamryn	Winona	MN
6941	Daly	Caitlin	Albertville	MN
6940	Brungardt	Breanna	Harrisburg	SD
6939	Schuldt	Madalyne	Knoxville	TN
6937	Moon	Allie	Hampton	VA
6936	Moon	Dustin	Hampton	VA

FULL-TIME PHARMACY PERMITS   236 Current Total   1 New FT Permits for period

License #	Business	City	State
100-2082	AVERA MCKENNAN PLAZA 2 PHARMACY	Sioux Falls	SD

PART-TIME PHARMACY PERMITS   85 Current Total   11 New PT Permits for period

Lic #	Business	City	State
200-1757	Avantara Redfield/Continued Care LTC Pharmacy South Dakota LLC	Redfield	SD
200-1758	Avantara Watertown/Continued Care LTC Pharmacy South Dakota LLC	Watertown	SD
200-1756	Pharmacy Corporation of America	Sturgis	SD
200-1751	Avantara Clark/Continued Care LTC Pharmacy South Dakota LLC	Clark	SD
200-1750	Avantara Groton/Continued Care LTC Pharmacy South Dakota LLC	Groton	SD
200-1752	Avantara Lake Norden/Continued Care LTC Pharmacy South Dakota LLC	Lake Norden	SD
200-1755	Avantara Milbank/Continued Care LTC Pharmacy South Dakota LLC	Milbank	SD
200-1753	Avantara Norton/Continued Care LTC Pharmacy South Dakota LLC	Sioux Falls	SD
200-1754	Avantara Pierre	Pierre	SD
200-1749	Rolling Hills Healthcare	Belle Fourche	SD
200-1748	Spearfish Canyon Healthcare	Spearfish	SD

PHARMACY INTERNS   272 Current Total   2 New Registrations for period

TECHNICIAN REGISTRATIONS   1558 Current Total   72 New Registrations for period

NON-RESIDENT PERMITS   816 Current Total   19 New NR Permits for period

WHOLESALE PERMITS   1319 Current Total   26 New WH Permits for period

Activity Reports	New	Renewal	Aug 2022	Aug 2021		YTD This Year	YTD Last Year
Pharmacy Permits							
Full Time (SD)	1	0	1	0		1	0
Part Time (SD)	3	0	3	1		4	1
Non-Resident	4	5	9	11		9	27
Pharmacist Licenses							
South Dakota	7	558	565	519		577	554
Non-Resident	3	296	299	298		305	322
Technician Registration	34	8	42	60		67	96
Pharmacy Interns	0	4	4	4		5	5
Wholesale Permits							
South Dakota	0	0	0	0		1	0
Non-Resident	11	4	15	12		27	24
Inspections							
Pharmacy Inspections			41	37		72	71
Wholesale Inspections			3	2		3	4
Other Pharmacy Visits/Meetings			34	45		67	80
Controlled Drug Destruction			0	0		0	0
PDMP Visits			24	23		41	47

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 September 8, 2022 Board Meeting

Approvals

Variances/Waivers

1. PharMerica Rapid City AMDD, Monument Health Sturgis Care Center, Sturgis, SD; Avantara Mountain View, Avantara North, Avantara Arrowhead, and Fountain Springs – all in Rapid City, SD. This includes the extended e-kit quantities up to 250 non-controlled substances and 20 controlled substances.

New Pharmacies/Closed Pharmacies and New/Closed Wholesale Distributors

1. New Full-Time Pharmacy, Avera McKennan dba Avera Plaza 2 Pharmacy, #100-2082, Sioux Falls
2. New Part-Time Pharmacy, PharMerica dba Monument Health Strugis, #200-1756, Sturgis
3. New Part-Time Pharmacy, Continued Care LTC Pharmacy dba Avantara Redfield, #200-1757, Redfield
4. New Part-Time Pharmacy, Avantara Watertown/Continued Care LTC Pharmacy, #200-1758, Watertown

REVENUE REPORT BY MONTH

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD FY22
Wholesale	0	0	0	0	0	0	0	0	0	0	0	0	0
FT Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
PT Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Nonresident	0	0	0	0	0	0	0	0	0	0	0	0	0
Initial Certification	0	0	0	0	0	0	0	0	0	0	0	0	0
RPh Renewal / New	0	0	1,000	0	0	1,250	0	0	0	0	0	250	2,500
Interns	0	0	0	0	0	0	0	0	0	0	0	0	0
Reciprocity	0	0	0	0	0	0	0	0	1,200	1,050	0	0	2,250
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous	0	0	1,200	0	0	1,400	0	0	2,300	400	0	2,120	7,420
Other - Electronic Fees	13,635	105,835	156,155	62,925	130,900	154,655	12,765	11,270	10,395	24,545	113,525	97,160	893,765
Late Fee Penalties			25									25	50
Recovery Legal Fees													0
Fines, Forfeits & Penalties													0
Interest Revenue													0
Sub-Total	13,635	105,835	158,380	62,925	130,900	157,305	12,765	11,270	13,895	25,995	113,525	99,555	905,985
Federal Grant Program GY7													0.00
CASH CENTER BALANCE	$431,884.44												

REVENUE REPORT BY MONTH

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD FY23
Wholesale	0	0											0
FT Pharmacy	0	0											0
PT Pharmacy	0	0											0
Nonresident	0	0											0
Initial Certification	0	0											0
RPh Renewal / New	0	0											0
Interns	0	0											0
Reciprocity	0	150											150
Technicians	0	0											0
Miscellaneous	0	3,100											3,100
Other - Electronic Fees	9,735	109,445											119,180
Late Fee Penalties													0
Recovery Legal Fees													0
Fines, Forfeits & Penalties													0
Interest Revenue													0
Sub-Total	9,735	112,695	0	0	0	0	0	0	0	0	0	0	122,430
Federal Grant Program GY7													0.00
CASH CENTER BALANCE	$409,729.00												

09209   Board of Pharmacy - Info

Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES						
5101010 F-t Emp Sal & Wages	572,903	83,704	0	0	489,199	85.4
5101020 P-t/temp Emp Sal & Wages	181,838	28,624	0	0	153,214	84.3
5101030 Board & Comm Mbrs Fees	2,081	1,200	0	0	881	42.3
Subtotal	**756,822**	**113,528**	**0**	**0**	**643,294**	**85.0**
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	57,569	8,249	0	0	49,320	85.7
5102020 Retirement-er Share	19,676	6,303	0	0	13,373	68.0
5102060 Health Insurance-er Share	77,720	14,397	0	0	63,323	81.5
5102080 Worker's Compensation	1,062	168	0	0	894	84.2
5102090 Unemployment Compensation	318	15	0	0	303	95.3
Subtotal	**156,345**	**29,132**	**0**	**0**	**127,213**	**81.4**
51 Personal Services						
Subtotal	**913,167**	**142,660**	**0**	**0**	**770,507**	**84.4**
TRAVEL						
5203010 Auto-state Owned-in State	7,229	1,027	0	0	6,202	85.8
5203020 Auto Priv (in-st.) L/rte	600	44	0	0	556	92.7
5203030 Auto-priv (in-st.) H/rte	6,000	1,779	0	0	4,221	70.4
5203040 Air-state Owned-in State	3,000	0	0	0	3,000	100.0
5203100 Lodging/in-state	9,479	418	0	0	9,061	95.6
5203140 Meals/taxable/in-state	1,679	140	0	0	1,539	91.7
5203150 Non-taxable Meals/in-st	2,000	424	0	0	1,576	78.8
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	673	0	0	9,327	93.3
5203280 Other-public-out-of-state	100	0	0	0	100	100.0
5203300 Lodging/out-state	6,400	0	0	0	6,400	100.0
5203320 Incidentals-out-of-state	152	0	0	0	152	100.0
5203350 Non-taxable Meals/out-st	900	0	0	0	900	100.0
Subtotal	**49,339**	**4,505**	**0**	**0**	**44,834**	**90.9**
CONTRACTUAL SERVICES						
5204010 Subscriptions	250	0	0	0	250	100.0
5204020 Dues & Membership Fees	500	50	0	0	450	90.0
5204050 Computer Consultant	258,067	13,500	43,740	0	200,827	77.8
5204080 Legal Consultant	4,278	0	0	0	4,278	100.0

09209   Board of Pharmacy - Info

Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5204140	Contract Pymts To St Agen	20,000	0	0	0	20,000	100.0
5204160	Workshop Registration Fee	4,000	800	0	0	3,200	80.0
5204180	Computer Services-state	13,819	4,636	0	0	9,183	66.5
5204181	Computer Services-state	3,919	0	0	0	3,919	100.0
5204200	Central Services	6,582	1,814	0	0	4,768	72.4
5204202	Central Services	103	0	0	0	103	100.0
5204203	Central Services	103	0	0	0	103	100.0
5204204	Central Services	418	81	0	0	337	80.6
5204207	Central Services	3,638	1,077	0	0	2,561	70.4
5204220	Equipment Serv & Maint	600	17	0	0	583	97.2
5204320	Audit Services-private	1,000	0	0	0	1,000	100.0
5204360	Advertising-newspaper	1,000	0	0	0	1,000	100.0
5204430	Publishing	1,000	0	0	0	1,000	100.0
5204460	Equipment Rental	2,100	0	0	0	2,100	100.0
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	112	0	0	-112	0.0
5204525		0	6,738	0	0	-6,738	0.0
5204530	Telecommunications Srvcs	5,200	1,102	0	0	4,098	78.8
5204550	Garbage & Sewer	200	0	0	0	200	100.0
5204590	Ins Premiums & Surety Bds	1,450	0	0	0	1,450	100.0
5204620	Taxes & License Fees	206,708	0	0	0	206,708	100.0
5204960	Other Contractual Service	392,878	21,285	0	0	371,593	94.6
Subtotal		**970,340**	**51,212**	**43,740**	**0**	**875,388**	**90.2**

SUPPLIES & MATERIALS

Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5205020	Office Supplies	4,300	134	0	0	4,166	96.9
5205040	Educ & Instruc Supplies	300	0	0	0	300	100.0
5205310	Printing-state	1,100	0	0	0	1,100	100.0
5205320	Printing-commercial	400	0	0	0	400	100.0
5205330	Supp. Public & Ref Mat	50	0	0	0	50	100.0
5205350	Postage	2,900	0	0	0	2,900	100.0
Subtotal		**9,050**	**134**	**0**	**0**	**8,916**	**98.5**

CAPITAL OUTLAY

Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5207901	Computer Hardware	5,764	0	0	0	5,764	100.0
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** | **55,851** | **43,740** | **0** | **964,902** | 90.6 |

| **Total** | **1,977,660** | **198,511** | **43,740** | **0** | **1,735,409** | 87.8 |

Board of Pharmacy - Inspection Report		3rd Quarter 2022	

Kari Shanard-Koenders

Date	Destination	City	Purpose
06/29/2022	NASCSA Education Committee	Sioux Falls	Meeting
06/29/2022	Department of Justice BOP discussion-McVey	Sioux Falls	Meeting
07/01/2022	Opioid Settlement MOA Meeting	Sioux Falls	Meeting
07/01/2022	Survey of Pharmacy Law Completed	Sioux Falls	NABP Requirement
07/11/2022	Igov/i3Splash Check In call - personnel departure	Sioux Falls	Meeting
07/12/2022	DOH Quarterly Staff Meeting	Sioux Falls	Meeting
07/12/2022	CSR Meeting with DOH staff	Sioux Falls	Meeting
07/18/2022	Discuss Dispensary of Hope Lewis/ FCH	Sioux Falls	Meeting
07/19/2022	CS Registration Meeting Lynn and Susan	Sioux Falls	Meeting
07/21/2022	Bd Exec Meeting	Sioux Falls	Meeting
07/22/2022	Civil Justice Review of the Supreme Court's 2021-2022 Term	Sioux Falls	Webinar
07/25/2022	Optum BOP Meeting regarding BIN/PCN	Sioux Falls	Meeting
07/28/2022	COCA Call - Novavax	Sioux Falls	Webinar
07/29/2022	Dr. Shanna O'Conner, SDSU Faculty Meeting	Sioux Falls	Meeting
07/29/2022	Monthly NABP Call with State Executives	Sioux Falls	Meeting
08/01/2022	Lloyd Jessen Finalize District V Plans	Sioux Falls	Meeting
08/03/2022	85th Annual District V AACP/NABP Meeting	Custer	Meeting
08/04/2022	85th Annual District V AACP/NABP Meeting	Custer	Meeting
08/05/2022	85th Annual District V AACP/NABP Meeting	Custer	Meeting
08/08/2022	NASCSA Education Committee	Sioux Falls	Meeting
08/11/2022	Genoa CMC Discussion with Dale Masten	Sioux Falls	Meeting
08/12/2022	SE Tech Advisory Counsel Meeting	Sioux Falls	Meeting
08/18/2022	Shana Smykle, Melissa, Rachel Oelman - Standing Order	Sioux Falls	Meeting
08/24/2022	Opioid Abuse Advisory Committee	Sioux Falls	Meeting
08/24/2022	DEA and what to Expect when they visit.	Sioux Falls	Meeting
09/01/2022	Shana Smykle, Melissa, Rachel Oelman - Standing Order	Sioux Falls	Meeting
09/07/2022	NABP Task Force on Worforce and Wellbeing	Sioux Falls	Meeting
09/08/2022	NABP Task Force on Worforce and Wellbeing	Sioux Falls	Meeting
09/08/2022	Quarterly Board of Pharmacy Meeting	Brookings	Meeting

Board of Pharmacy - Inspection Report | **3rd Quarter 2022**

Melissa DeNoon

Date	Destination	City	Purpose
6/27/22	DOH CDC OD2A Evaluation Team	Sioux Falls	PDMP Interviews' Review
6/30/22	Microsoft One Note Training	Sioux Falls	Webinar
6/30/22	NASCSA Membership Committee	Sioux Falls	Meeting
7/5/22	SD HSC - Annie L; SD BOP - Tyler L	Sioux Falls	PDMP Data Submission Discussion
7/6/22	NASCSA Executive Committee	Sioux Falls	Meeting
7/7/22	SD DOH - Chris Q and Deb C	Sioux Falls	SD CSR/PDMP MR Discussion
7/7/22	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM & SGI Meeting
7/12/22	SD DOH	Sioux Falls	All Staff Meeting
7/12/22	SD DOH - Chris Q; SD BOP - KSK	Sioux Falls	SD CSR/PDMP MR Discussion
7/12/22	Avera - Lisa R; PDMP Staff	Sioux Falls	Integration Discussion
7/14/22	TTAC	Sioux Falls	Webinar
7/15/22	Monument Health & Bamboo Integration Team	Sioux Falls	Monument's Epic Upgrade Kickoff
7/20/22	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM & SGI Meeting
7/21/22	NASCSA PMP Committee	Sioux Falls	Meeting
7/21/22	DOH CDC OD2A Teams	Sioux Falls	Meeting
7/22/22	DSS - Shaina S	Sioux Falls	SOR Grant/BOP DTB Status Mting
7/29/22	SDSU COP Shanna O'Conner	Sioux Falls	Meet & Greet with BOP Staff
7/29/22	NASCSA Executive Committee	Sioux Falls	Meeting
8/3/22	NABP District V	Custer	Annual Meeting
8/4/22	NABP District V	Custer	Annual Meeting
8/5/22	NABP District V	Custer	Annual Meeting
8/8/22	TTAC/IIR	Salt Lake City, UT	HR PDMP North & West Reg'l Mting
8/9/22	TTAC/IIR	Salt Lake City, UT	HR PDMP North & West Reg'l Mting
8/10/22	TTAC/IIR	Salt Lake City, UT	HR PDMP North & West Reg'l Mting
8/11/22	TTAC/IIR	Salt Lake City, UT	HR PDMP North & West Reg'l Mting
8/12/22	NASCSA Executive Committee	Sioux Falls	Meeting
8/17/22	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM & SGI Meeting
8/18/22	DSS - Shaina S, Rachel O; SD BOP - KSK	Sioux Falls	Naloxone Standing Order Meeting
8/18/22	NASCSA PMP Committee	Sioux Falls	Meeting
8/23/22	NASCSA Data Integrity Subcommittee	Sioux Falls	Meeting
8/24/22	SD DOH Opioid Abuse Advisory Committee	Sioux Falls	Meeting
8/25/22	NASCSA	Sioux Falls	Webinar
8/31/22	Bamboo Health & PDMP Staff	Sioux Falls	Bimonthly CRM & SGI Meeting
9/1/22	DSS - Shaina S, Rachel O; SD BOP - KSK	Sioux Falls	Naloxone Standing Order Meeting
9/6/22	Monument Health & Bamboo Integration Team	Sioux Falls	Monument's Epic Upgrade Check-In
9/8/22	SD Board of Pharmacy	Brookings	Quarterly Board Meeting

Board of Pharmacy - Inspection Report	3rd Quarter 2022		
Tyler Laetsch			
Date	**Destination**	**City**	**Purpose**
6/27/22	Lewis Family Drug	Elk Point	Inspection
6/27/22	Lewis Family Drug	Beresford	Inspection
7/6/22	Avera 69th St Pharmacy	Sioux Falls	Inspection
7/7/22	Yankton Drug	Yankton	Inspection
7/7/22	Wal-Mart	Yankton	Inspection
7/11/22	Avera LTC AMDD	Lake Andes	Inspection
7/11/22	James Drug	Wagner	Inspection
7/11/22	Wagner Comm. Mem Hosp	Wagner	Inspection
7/11/22	Avera Dialysis	Wagner	Inspection
7/12/22	Children's Care Hospital & School	Sioux Falls	Inspection
7/13/22	Flandreau Medical Center	Flandreau	Inspection
7/13/22	Flandreau Santee Sioux Tribe Clinic	Flandreau	Inspection
7/14/22	Avera Sacred Heart	Yankton	Inspection
7/14/22	Lewis Family Drug	Centerville	Telepharmacy Inspection
7/19/22	Avera Hearth Hospital	Sioux Falls	Inspection
7/19/22	Avera Prince of Peace	Sioux Falls	Inspection
7/19/22	Walgreens 26th and Sycamore	Sioux Falls	Inspection
7/21/22	Vytal Pharmacy	Sioux Falls	Inspection
7/25/22	Sanford Home Medical Equipment	Sioux Falls	NABP Blueprint Inspection
7/25/22	Wal-Mart N 60th st	Sioux Falls	Inspection
7/26/22	Lewis Family Drug	Viborg	Inspection
7/26/22	Pioneer Memorial Hospital	Viborg	Inspection
7/28/22	Avera McKennan Home Infusion Services	Sioux Falls	Inspection
8/2/22	Sioux Falls Specialty Hospital	Sioux Falls	Inspection
8/2/22	Complete Home Care	Sioux Falls	Inspection
8/2/22	CVS Louise Ave	Sioux Falls	Inspection
8/3/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/4/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/5/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/9/22	Lincare	Sioux Falls	Wholesale inspection
8/9/22	Northwest Respiratory	Tea	Wholesale inspection
8/9/22	Costco	Sioux Falls	Inspection
8/10/22	Joern's	Elk Point	Wholesale inspection
8/10/22	Dune's Family Pharmacy	Dakota Dunes	Inspection
8/10/22	Redler's LTC Pharmacy	Dakota Dunes	Inspection
8/11/22	Heritage Pharmacy	Freeman	Inspection
8/11/22	Freeman Community Hospital	Freeman	Inspection
8/15/22	Avera Specialty Pharmacy	Sioux Falls	New Pharmacy Location
8/16/22	Hoffman Drug	Platte	Inspection
8/16/22	Platte Community Memorial	Platte	Inspection
8/17/22	Brown Clinic Pharmacy	Watertown	Inspection
8/17/22	Downtown Pharmacy	Watertown	Inspection
8/18/22	Pharmacy Specialties & Clinic	Sioux Falls	NABP Blueprint Inspection
8/18/22	Lewis Drug Southeast	Sioux Falls	Inspection
8/24/22	Lewis	Brookings	Inspection
8/24/22	Hy-Vee	Brookings	Inspection
8/30/22	Madison Regional Health System	Madison	Inspection
8/30/22	Pharmerica	Flandreau	Inspection
8/30/22	Lewis Family Drug	Flandreau	Inspection
9/8/22	Quarterly Board Meeting	Brookings	Meeting

	Board of Pharmacy - Inspection Report	3rd Quarter 2022	

Carol Smith

Date	Destination	City	Purpose
7/26/22	Presho Community Pharmacy	Presho	Inspection
7/26/22	White River Community Pharmacy	White River	Inspection
7/27/22	Wall Drug	Wall	Inspection
7/27/22	Philip Health Services	Philip	Inspection
7/27/22	Dakota Country Pharmacy	Philip	Inspection
7/28/22	Shane's Pharmacy	Ft. Pierre	Inspection
8/2/22	White Drug #70	Deadwood	Inspection
8/3/22	Carson Drug	Custer	Inspection
8/3/22	Monument Health Custer Hospital	Custer	Inspection
8/3/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/4/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/5/22	NABP District 5 Meeting	Custer	NABP District 5 Meeting
8/9/22	Using Opioids Safely:Chronic Pain to Op Disorde	Groton	Webinar
8/11/22	Kesslers Pharmacy	Aberdeen	Inspection
8/18/22	Lincare Medical Gas	Gregory	Inspection
8/18/22	Gregory Drug	Gregory	Inspection
8/18/22	Avera Gregory Healthcare Center	Gregory	Inspection
8/19/22	Burke Community Pharmacy	Burke	Inspection
8/19/22	Burke Community Memorial Hospital	Burke	Inspection
8/25/22	What to expect when DEA visits your facility	Groton	Webinar
9/1/22	Lewis Milbank	Milbank	Inspection
9/1/22	Avantara Milbank	Milbank	Inspection
9/8/22	Avantara Clark Continued Care	Clark	Inspection
9/8/22	Avantara Lake Norden Continued Care	Lake Norden	Inspection

Board of Pharmacy - Inspection Report   **3rd Quarter 2022**

Lee Cordell

Date	Destination	City	Purpose
7/11/22	Critical Point Training	Spearfish	Training
7/12/22	Critical Point Training	Spearfish	Training
7/13/22	Critical Point Training	Spearfish	Training
7/14/22	Critical Point Training	Spearfish	Training
7/15/22	Critical Point Training	Spearfish	Training
7/25/22	Monument Health Lead Deadwood	Deadwood	Inspection
7/25/22	Prairie Hills Pharmacy	Belle Fourche	Inspection
7/26/22	Monument Health Spearfish Hospital	Spearfish	Inspection
7/26/22	Monument Health Surgical Center	Spearfish	Inspection
8/3/22	NABP District V Meeting	Custer	NABP District V Meeting
8/4/22	NABP District V Meeting	Custer	NABP District V Meeting
8/5/22	NABP District V Meeting	Custer	NABP District V Meeting
8/9/22	Pharmerica (Avantra North)	Rapid City	Inspection
8/9/22	Monument Health Home + Spearfish	Spearfish	Inspection
8/18/22	Monument Health Same Day Surgery (AMDD)	Rapid City	Inspection
8/18/22	Monument Health Rehab (AMDD)	Rapid City	Inspection
8/18/22	Monument Health Behavioral Health (AMDD)	Rapid City	Inspection
8/18/22	Monument Health Outpatient Dialysis (AMDD)	Rapid Clty	Inspection
8/19/22	Spearfish Canyon (AMDD)	Spearfish	Inspection
8/19/22	Rolling Hills Healthcare (AMDD)	Belle Fourche	Inspection
8/22/22	Safeway Pharmacy	Spearfish	Inspection
8/23/22	Sams Club Pharmacy	Rapid City	Inspection
8/23/22	WalMart Pharmacy Stumer Rd	Rapid City	Inspection
8/24/22	Lynns Dakotamart Pharmacy	Belle Fourche	Inspection
9/1/22	Monument Health Sturgis Hospital	Sturgis	Inspection
9/1/22	County Drug	Sturgis	Inspection
9/8/22	Quarterly Board Meeting	Brookings	Meeting

South Dakota Prescription Drug Monitoring Program Update

September 8, 2022

What's New at the SD PDMP?

- SD's BJA FY 21 Harold Rogers PDMP Grant update:
  - Grant projects include:
    - Continued enhancement of SD's PMP AWARxE with the NarxCare platform
    - Continued facilitation of statewide Gateway integration to integrate the PDMP into SD prescribers' and pharmacists' workflows
  - Funding draw down still pending
- Data Integrity update

Presentations Given/Events Attended

- District Five NABP/AACP 85th Annual Meeting – Custer, SD
- IIR/TTAC/BJA PDMP North & West Regional Meeting – Salt Lake City, UT
- Opioid Abuse Advisory Committee – PDMP Update presentation

Upcoming Events

- SDPhA 136th Annual Convention – September 9-10, 2022 – Brookings – SD BOP/SD PDMP Update 2022 Presentation
- NABP PMP InterConnect Steering Committee Meeting – October 4-5, 2022 – Chicago, IL
- NASCSA Annual Conference – October 23-27, 2022 – Salt Lake City, UT
- IIR/TTAC/BJA RxCheck Hub Governance Board National Meeting – November 15-17, 2022 – Tulsa, OK

PDMP Stats
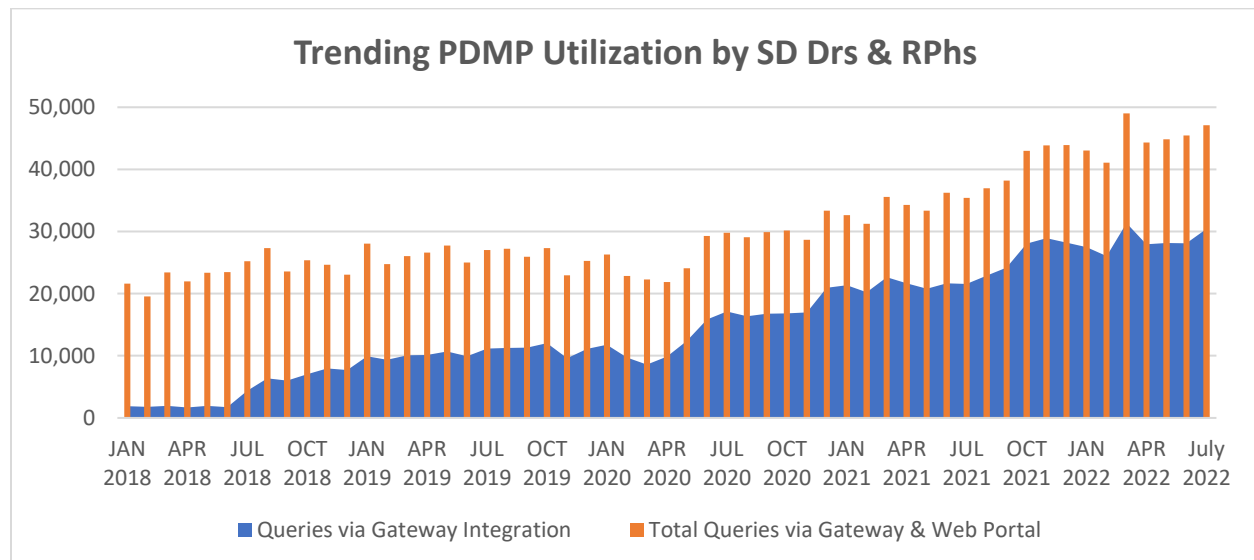
Opioid RXs to SD Patients

RX Count

Decrease from 2016 to 2021 of 27.3%

(600,000 → 400,000 axis; 2016–2021)

RX Total Quantity

Decrease from 2016 to 2021 of 37.5%

(40,000,000 → 24,000,000 axis; 2016–2021)

RX Total Days of Supply

Decrease from 2016 to 2021 of 31.8%

(9,300,000 → 6,300,000 axis; 2016–2021)
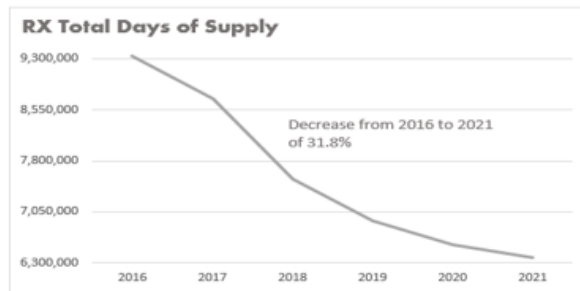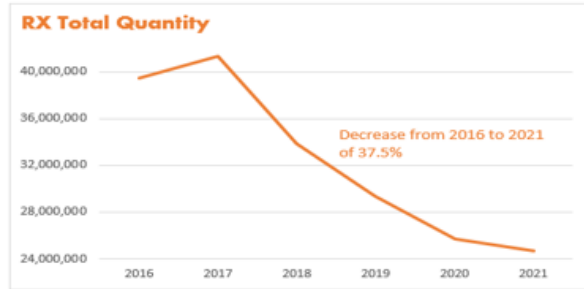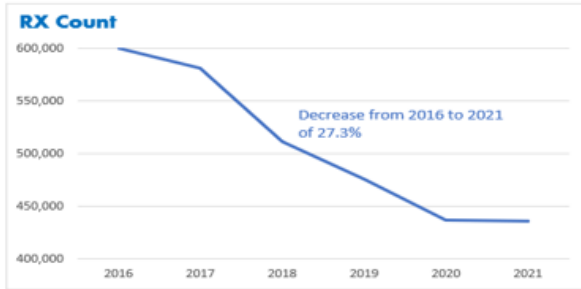
DISPENSATIONS OVER TIME

Understand how recorded dispensations trend over time b...

APPRISS HEALTH

Last refreshed at: 9/6/2022 5:43:40 PM

Prescriptions	Opioid
74,208	100.00%

Quick Filters:
- Year: All
- Month: All

Drug: Schedule	Drug: Class (AHFS)	Drug: Active Ingredient	Drug: Opioid?	Drug: Generic Name	Prescriber: State	Prescriber: County
Multiple values	OPIATE PARTIAL AGONIS...	BUPRENORPHINE	All	All	SD	Multiple values

Prescriptions Year over Year (#)

(Bar chart by quarter, 2017–2022, showing increasing trend from ~1K in 2017 to over 6K in 2022 Q2)
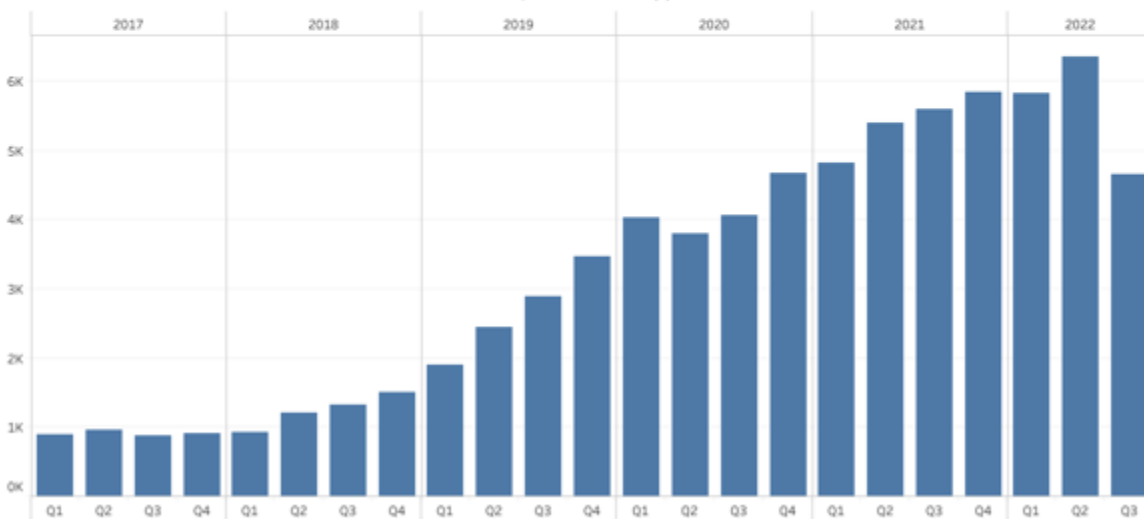
Annual Report
South Dakota Pharmacists Association
Activities September 2021 – September 2022

To Association Members,

The Board of Directors and staff of the South Dakota Pharmacists Association (SDPhA) are pleased to present this year's Annual Report. The report describes the SDPhA's activities from September 2021 through early September 2022. Within this report you will find a brief description of the many activities, projects, and issues pursued by the Association on behalf of members over the past year.

You are invited to examine this report in detail and become familiar with the actions and initiatives developed to support the profession of pharmacy in South Dakota. The Executive Board and staff thank the members of SDPhA for their contributions and support, without which our efforts would not be as successful.

STATE PRIORITIES AND INITIATIVES
Legislative Initiatives | 97th Legislative Session and Beyond
SDPhA began work on PBM initiatives for 2023 before the gavel fell on the 2022 legislative session. SB 163, our PBM bill, cleared the Senate Health Committee during the 97th Legislative Session on a 5-2 vote. But we knew we had to agree to some changes if it were going to gain the approval of the Senate. Even then, it would be an uphill battle. The PBMs brought the insurance industry out in full force (we weren't kidding when we said we were in a David vs. Goliath battle), and with no actual methodology or reasoning to point to, claimed it would cost the state an estimated $2-3M in increased premiums. It's the same plays, from the same playbook, that they have used repeatedly all over the country. It's a dishonest scare tactic, with no basis in actual numbers, but it works. We worked extremely hard visit with every member of the senate about the facts in the limited time we had before the floor vote. Ultimately, SB 163 failed on a 17-17 vote. Our sponsor gave intent to reconsider, but that reconsideration failed.

SDPhA has worked with stakeholders throughout the months that followed on what makes sense for 2023, and in the end – that will look a little different that it did in 2022.We'll get into more of those details as appropriate. However, we are happy to report we will again retain the services of Craig Matson and Roger Tellinghuisen for those efforts. We do highly encourage you to start talking to your state legislators now. With the primary election complete, we know who will be on the general election ballot in November. While there are some new faces, there are also plenty of familiar ones – make sure they know this is an important issue for you as a pharmacist, but more importantly – this is an important issue for your patients. We'll make some additional talking points available in the coming weeks, but please contact the SDPhA office if you'd like something prior.

We are also extremely grateful to continue to retain the skillful services of long-time SDPhA lobbyist and general counsel Bob Riter, and his daughter and partner Lindsey Riter-Rapp. They are so very instrumental right now in handling so many key issues of consequence to the profession. Their historical knowledge of our issues is foundational to all the work we do throughout Session. You can find their full report which details many of the other bills and issues SDPhA worked on this session included in this meeting booklet.

You'll receive updates from Robert Riter and Craig Matson during Friday's SDPhA Business meeting.

Legislative Days | Jan 25-26

We were thrilled to be back in person for Legislative Days Jan. 25-26! Tuesday evening provided a townhall style opportunity for pharmacists, pharmacy technicians and pharmacy students to learn about our work thus far in the legislative session. Lindsey Riter-Rapp, SDPhA lobbyist, and Amanda Bacon, SDPhA executive director, discussed the various bills and legislation SDPhA was working on your behalf. The group also heard updates from Kari Shanard-Koenders, Executive Director, Board of Pharmacy. Wednesday morning, we provided wellness screenings at the Capitol, courtesy of the roughly 30 SDSU student pharmacists who attended. This is a fantastic opportunity to show a much broader range of the great work you all do each day. It's also a unique chance for students to hone their skills by providing screenings, while also having the option to sit-in on various committees, and venture onto the House and Senate floors to meet their lawmakers. There's nothing like learning the legislative process first-hand! Practicing pharmacists, we strongly encourage you to join us next year, Feb. 7-8, 2023. Your involvement further showcases, for students and lawmakers alike, the importance of having a strong presence at the table during legislative session.

Medical Marijuana | IM 26 Oversight Committee
Medical marijuana is now legal in South Dakota, and the legislature has spent a significant amount of time hammering out the details. 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.

Initiated Measure 26 required the creation of an oversight committee, and South Dakota pharmacists have a seat at the table. On June 2, Eric Grocott, a past president of SDPhA, was appointed to the 14-member oversight committee by the executive board of the Legislative Research Council. The committee's role is to review and advise on medical marijuana in South Dakota. The group held its first meeting July 14, 2022, and plans to meet again in October.

Commercial and Legislative (C&L) Fund
All of this 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. This year's work on SB 163 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 typically total 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 session, and will again for 2023. It's a needed move in order to bring PBM reform, as clearly work on this issue is not complete. However, expenses have increased dramatically. And that means none of this legislative work can 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. So far for 2022, contributions have covered about half of the lobbying expenses. Put simply – 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.

NATIONAL INITIATIVES | PBMS AND OTHER ISSUES

PMCA v. Wehbi

In November 2021, SDPhA joined many in applauding the ruling to an Eighth Circuit Court decision supporting state PBM regulations. That decision affirmed the right of North Dakota to regulate pharmacy benefit managers. SDPhA signed on as Amicus Curiae in the case. This case was the first to consider at the federal appellate level the scope of Rutledge v. PCMA.

Here's the history: In 2017, the State of North Dakota enacted comprehensive legislation to regulate many practices of pharmacy benefit managers (PBMs) that the State perceived as abusive to patients and pharmacies. Among other things, North Dakota regulates the disclosure of the fees that PBMs charge pharmacies, and the use by PBMs of esoteric accreditation and certification standards that restrict pharmacy access. In addition, North Dakota limits arbitrary and costly restrictions in PBM contracts designed to steer patients to PBM-affiliated pharmacies, and it has prohibited copay claw-backs and the use of gag clauses to prevent pharmacists from disclosing drug price information to patients.

Before North Dakota's law went into effect, the Pharmaceutical Care Management Association (PCMA), the lobbying arm of the PBM industry, sued to prevent the State from enforcing its PBM law. PCMA's lawsuit claimed that two federal laws, the Employee Retirement Income Security Act of 1974 (ERISA) and Medicare Part D, prevent North Dakota from regulating PBMs. The U.S. Court of Appeals for the Eighth Circuit agreed, invalidating North Dakota's PBM law in its entirety. However, in light of the Rutledge case decision, the Supreme Court issued an order granting North Dakota's petition for review, vacated the Eighth Circuit's decision, and sent the case back to the Eighth Circuit for further consideration. Now that those oral arguments have been heard, we await the decision.

According to PCMA, Rutledge is limited to State laws that regulate the rates at which PBMs reimburse pharmacies. PCMA argues that ERISA and Medicare Part D preempt any other State law regulating PBMs. An adverse decision in Wilke could severely limit the States' ability to regulate PBMs. South Dakota, Like Arkansas and North Dakota is in the 8th circuit, so what happens with these cases sets a precedent for how we move forward addressing PBMs in our state.

Federal Trade Commission

June 7th, the Federal Trade Commission (FTC) announced it will launch an inquiry into the PBMs role in the U.S. pharmaceutical system. SDPhA joined the chorus of state and national organizations, as well as individuals (including many from South Dakota) by submitting comments regarding detrimental PBM practices. More than 24,000 comments were submitted to the FTC as of the date of that announcement. We are encouraged by the announcement that the FTC will probe six of the largest PBMS – sending compulsory orders to CVS Caremark, Express Scripts, Optum Rx, Humana, Prime Therapeutics and MedImpact Healthcare Systems. This requires them to submit information and records on their business practices.

The inquiry is aimed at shedding light on several practices, including:
- Fees and clawbacks charged to unaffiliated pharmacies
- Methods to steer patients toward PBM-owned pharmacies
- Potentially unfair audits of independent pharmacies
- Complicated and opaque methods to determine pharmacy reimbursement

- The prevalence of prior authorizations and other administrative restrictions
- The use of specialty drug lists and surrounding specialty drug policies
- The impact of rebates and fees from drug manufacturers on formulary design and costs of prescriptions drugs to payors and patients.

Centers for Medicare and Medicaid Services

Meanwhile, in May, CMS issued a final rule to, "put an end" to PBMs retroactive DIR fees, requiring they be reflected in the negotiated price the patient pays at the point of sale. So, the rule does not remove DIR fees, but instead moves them to the point-of-sale negotiated price. This change in policy does benefit patients by lowering out-of-pocket costs, and helps pharmacists increase predictability, consistency, and transparency.

The final rule also closed a proposed loophole that would have given authority to the Medicare Advantage Part D plans and PBMs to determine how much, if any of the pharmacy price concessions they would pass through to patients at the point of sale during the coverage gap in the Medicare Part D program.

SDPhA joined the chorus of those applauding the rule, yet also voicing concern over the timeline for implementation. The rule will not take effect until January 1, 2024.

Additional National Advocacy Efforts

SDPhA also remains engaged in a variety of ways in other various national efforts on key topics directly impacting our pharmacists such as: COVID-19 related bills, DIR fee relief, PBM reform, pricing transparency, improvements to Medicare, prescription drug misuse and abuse, compounding guidance and provider status. There were many efforts to include some of these topics into additional Coronavirus legislation. Please refer to our Action Center for more on what we are are following related to the aforementioned issues.

CORONOVIRUS (COVID-19)

Treatment / Vaccination Distribution and Pandemic Response

State-licensed pharmacists are now able to prescribe the oral COVID-19 antiviral, Paxlovid (nirmatrelvir and ritonavir), with some limitations, after the FDA revised the emergency use authorization (EUA) for the medication. This has not come without challenges for pharmacists who choose to participate.

In addition, pharmacists continue to play a key role vaccinating the public against COVID-19, and continue to provide significant roles in testing and therapy rollout across the state. Variants, vaccine boosters, and new eligible populations in addition to flu season – all have again meant more demand on pharmacists across all practice settings. Pharmacists have proven vital throughout the pandemic response: from vaccine distribution, handling, storage, to standing up vaccination clinics, and finally, getting shots in arms.

Communication

Pharmacies and pharmacists are critical to the well-being of the citizens of South Dakota, not only in dealing with COVID-19, but also in our residents' ongoing care. The SDPhA website continues to house a COVID 19 Resources page. We continue to post "news" related information on our Facebook Group page. That includes pertinent updates from CMS, HHS, the FDA, DSS, etc. We also continue to send out emails to all as appropriate. We greatly appreciate the ongoing strong and open channels of communication with several state agencies, our congressional delegation and the South Dakota Board of Pharmacy on items of concern to pharmacists as well as public health and safety.

We encourage everyone to continue to watch your email, the SDPhA Facebook Group page and the SDPhA website for updates and important pandemic and vaccine-related information. With new uncertainty regarding variants and new therapies, communication and offering assistance to our pharmacists and pharmacies continues to be a top priority for SDPhA.

COVID-19 Advocacy and Engagement
As new variants, immunizations, boosters and treatments continue to emerge, we continue to engage with the BOP, South Dakota Department of Health, and other state partners on behalf of pharmacists where appropriate. Meantime at the federal level, we remain in close communication with our Congressional delegation, and continue to keep apprised of, and engaged where suitable, in the all the rapidly moving parts on Capitol Hill. Advocacy efforts now focus on maintaining the flexibilities extended to pharmacists by the federal government, while continuing to advocate for change that allows pharmacists to practice to the full scope of their expertise. This has included not only work on emergency provider status, but on immunizations, testing, payment, compounding and funding programs as well. The National Alliance of State Pharmacy Associations (NASPA) also continues to work on our behalf with many of our national partners on matters of concern and importance to pharmacists.

PRESCRIPTION DRUG ABUSE AND AWARENESS
DEA Take-Back Events
The Association continues its work to bring awareness to the proper disposal of medications. As the number of Drug Take-Back Sites continues to increase across the state, we gladly help promote them. They are some of the most responded to and shared posts on our social media chennels. In addition, we continue to support and promote the DEA Drug Take-Back events. The Fall Take Back event is now scheduled for Oct. 29, 2022
Visit https://www.deadiversion.usdoj.gov/drug_disposal/takeback/ for more information.

Prescription Drug Monitoring Program
The Prescription Drug Monitoring Program (PDMP) continues to grow and 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.

South Dakota Opioid Abuse Advisory Committee
This committee just met for the third time this year Aug. 24. SDPhA 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.

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 no changes in the billing for FY 2022-2023. A pharmacist may access the program by self-referral, board referral, or referral from another person or agency, employer, coworker or family member.

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. We're also exploring some exciting options for 2023 that would allow us to expand the reach of our current CE programming. Stay tuned!

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, including 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! We continue to make changes to the convention registration pages for both participants and sponsors to streamline the process. Another key change is a new and improved Action Center. We've 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. You'll still find all the issues we're working on at the federal and state level, and an opt-in to receive text messages from us on key issues. But you'll also find an enhanced communication tool to help you contact your state and national lawmakers on issues most important to the profession. We're really excited about the customization this platform offers, and how it will enhance our communication and messaging opportunities!

Social Media/Email Blasts

We continue to utilize our social media 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, but it's also the

most challenging to keep up with on a daily basis. Please like, follow, share, and engage with us – that's what makes these tools effective.

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 announce we will continue to offer low-cost access to this online training module. As with everything, user fees increased slightly starting in July 2022. SDPhA has now enrolled nearly 160 participants. We are also thrilled to report that to date, a record 13 student participants have enrolled through 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.

NATIONAL, REGIONAL, AND STATEWIDE MEETINGS

APhA Annual Meeting | March 18-21
The APhA Annual meeting had in-person and virtual options this year. Executive Director Amanda Bacon and SDPhA Board President Kristen Carter elected not to travel, but to participate virtually. While we miss seeing everyone in person, even virtually, these continue to be valuable resources. We anxiously await the 2023 meeting and look forward to again being able to travel and take our SDSU SCAPP students and faculty out for a dinner/activity.

No NCPA Congressional Pharmacy Fly-In | Alterative Strategy
The National Community Pharmacy Association decided that given COVID protocols at the Capitol, and other security measures and concerns, they would take a different approach to the 2022 Congressional Pharmacy Fly-in typically held in April. Instead NCPA developed a strategy that focused on coordinated pharmacy visits, among other tactics, so pharmacists can invite members of Congress and their staff to see the daily workings of an independent community pharmacy and discuss issues of importance. NCPA has been an extremely important partner for us in our legislative work this year, and we appreciate the opportunity to support them in these events. We would also take this one step further and encourage you to invite your state legislators into your pharmacy as well. We're happy to help coordinate and facilitate in any way we can.

NASPA Summer Meeting
The National Alliance of State Pharmacy Associations, of which SDPhA is a member, did not hold its usual summer meeting. Typically, the group meets during the NACDS Total Store Expo which was

held this year in Boston in late August. For a variety of reasons NASPA will move its major meetings to twice a year – typically in conjunction with APhA and NCPA annual meetings.

PharmaCE Expo | May 17-18
We continue our work with the Iowa Pharmacists Association to promote the Midwest Pharmacy Expo, now called the PharmaCE Expo. Initially scheduled for early February, the event was rescheduled for May 17-18 this year. It is a comprehensive event offering a great deal of excellent CE for pharmacists and technicians. In exchange for our promotion of the event, our pharmacists have access at a great rate to attend, and allows us to offer more benefits for our members. The event has become more regional, with a significant number of states engaged. Go to https://www.pharmaceexpo.com/ for more details on the 2023 Event Feb. 3-5, 2023.

Antibiotic Stewardship Workgroup
This workgroup was established by the Health Department and South Dakota pharmacists play a large role. The work continues with meetings.

SD LECC Conference – Virtual Healthcare Fraud Forum
Since the start of the pandemic, this has become a virtual event, but remains very important. Nov. 9, 2021, we were pleased to join the Virtual Healthcare Fraud Forum. This is always a fantastic learning and networking opportunity (even online). This year it included the U.S. Department of Health and Human Services, Office of Inspector General and South Dakota Attorney General's Office, among others.

SDPhA Fall and Spring District Meetings
Spring District Meetings took place in a variety of ways this year. While some districts were back to meeting in person, others again utilized Zoom to gather. The Spring meeting is the most important district meeting of the year, as the Fall meeting is now optional. Many important items need to be addressed, including the election or re-election of district officers; nominations for the state association board of directors; and the recognition and nomination of worthy pharmacists, reps and technicians to be considered by the Executive Board for the awards presented at our annual meeting. We look forward to getting back out into as many districts as possible in person in 2023.

SDPhA Board Retreat
The SDPhA board held its annual retreat June 3-4. The board always uses this time together to tackle some of the association's biggest tasks, such as 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.

SCAPP | SDSU APhA – ASP CHAPTER
We continue to work closely with SDSU, and the student pharmacists. The student liaisons have done 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 double the 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 commend them on continuing the successful messaging created as part of the "More Than a Count" campaign, and will continue to work with them on messaging and communication. We believe these activities are an incredible investment in your association's future. The student pharmacists have 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.

ASSOCIATION MANAGEMENT ROTATION

SDPhA was pleased to welcome Benjamin Ostebee for an APPE in Association Management late summer 2021. Ostebee concluded his rotation Sept. 24, 2021. We appreciate the opportunity to work with student pharmacists who want to take a deeper dive into this unique field of management; learning the day-to-day operations, the complexities of running an association, and the many aspects unique to associations and legislative work. He got a crash course in pivoting live events to virtual last year – just a part of a very honest picture of the balancing act of a one-person association office. (Truth be told, we couldn't have pulled it off without him.) Rotations prior to convention offer a unique look at how we lay the groundwork for legislation, work through the process of legislative summer studies, and plan conventions—and what happens when it all changes on a dime. We look forward to the opportunity to work with more students in the future. Those few weeks have the power to affect real change – this year, Ben joins us as a representative from NCPA!

OTHER OFFICE INFORMATION

- Developed and enhanced promotional materials on the importance of SD Pharmacists
- Provided outreach and shared information with new lawmakers regarding pharmacy
- Provided guidance on pertinent legislation, working with state lawmakers
- Updated educational materials to share with interested groups
- Acted in advisory and liaison capacities to other agencies, departments, associations
- Increased awareness, especially with lawmakers, regarding immunization activities available from pharmacies
- Developed documents for utilization of pharmacy, students, and technicians for Legislative Session, District Meetings, and other applications
- Worked with pharmacy students to share information and enhance networking opportunities
- Lobby our Congressional delegation to move national pharmacy legislation forward and share information on national issues that involve pharmacy
- Updated various policy materials

The SDPhA Board of Directors and Staff are pleased with the accomplishments of 2021-2022, and are committed to continuing to provide services and representation for all pharmacists in South Dakota.

Respectfully submitted,

Amanda   *Kristen*

Amanda Bacon   Kristen Carter
Executive Director   President

<div align="center">

SD Pharmacists Association
Profit & Loss Budget vs. Actual
July through August 2022

</div>

	Jul - Aug 22	Budget	% of Budget
Ordinary Income/Expense			
Income			
Administrative Income	717.00		
Membership			
SD Board of Pharmacy Transfer	0.00	200,000.00	0.0%
Associate Member	300.00		
District Dues			
District 9 - Yankton	15.00		
District 8 - Watertown	20.00		
District 7 - Sioux Falls	40.00		
District 2 - Black Hills	20.00		
District 1 - Aberdeen	20.00		
Total District Dues	115.00		
Student Membership	150.00	1,000.00	15.0%
Total Membership	565.00	201,000.00	0.3%
Corp Endorsements			
NASPA-PQC Endorsement	300.00	300.00	100.0%
PAAS Endorsement	0.00	200.00	0.0%
PMG Endorsement	3,694.00	10,000.00	36.9%
Total Corp Endorsements	3,994.00	10,500.00	38.0%
C/L Administration	200.00		
Interest/Dividends	101.95	300.00	34.0%
Convention Income			
Convention Sponsor	22,320.00	15,000.00	148.8%
Exhibitors	4,975.00	14,000.00	35.5%
Registrations	11,230.00	43,000.00	26.1%
Student Sponsorship	100.00		
Total Convention Income	38,625.00	72,000.00	53.6%
Total Income	44,202.95	283,800.00	15.6%
Gross Profit	44,202.95	283,800.00	15.6%
Expense			
American Pharmacists Month	0.00	2,000.00	0.0%
Accounting/Tax Prep	588.88	4,800.00	12.3%
Salary & Benefits			
Payroll Taxes	1,440.75	5,967.00	24.1%
Payroll Expense	9.31	50.00	18.6%
Executive Director	11,833.32	71,000.00	16.7%
Exective Director Bonus	7,000.00	7,000.00	100.0%
Insurance	2,025.18	12,811.08	15.8%
Retirement	1,130.00	4,680.00	24.1%
Total Salary & Benefits	23,438.56	101,508.08	23.1%
Advertising	0.00	3,000.00	0.0%
Dues/Subscriptions	2,314.11	3,300.00	70.1%
Technology/Net/Software	372.47	16,000.00	2.3%
Furniture/Copier/Assets	318.08	2,300.00	13.8%
Hlth Professionals Assist Prog	20,000.00	20,000.00	100.0%
Insurance (D&O, Office)	0.00	3,600.00	0.0%
Legal/Professional	0.00	5,000.00	0.0%
Merchant Card Fees	659.60	1,000.00	66.0%
Phone/Internet	715.87	5,500.00	13.0%
Postage	8.48	225.00	3.8%
Office Supplies	106.68	1,500.00	7.1%
Publications & Printing (Exp)			
Journal	0.00	4,180.00	0.0%
Total Publications & Printing (Exp)	0.00	4,180.00	0.0%
Scholarships	0.00	2,000.00	0.0%

	Jul - Aug 22	Budget	% of Budget
Rent	2,328.00	4,700.00	49.5%
Board Travel & Meetings	0.00	20,000.00	0.0%
Staff Travel			
In-State	0.00	5,000.00	0.0%
Out-of-State	0.00	6,000.00	0.0%
Total Staff Travel	0.00	11,000.00	0.0%
Convention Expense	0.00	35,000.00	0.0%
Misc Expense	0.00	500.00	0.0%
Total Expense	50,850.73	247,113.08	20.6%
Net Ordinary Income	-6,647.78	36,686.92	-18.1%
Other Income/Expense			
Other Income			
PTU Pass Thru Income	760.00		
C/L Contributions Pass Thru			
Individual C/L Contr.	1,580.00		
Total C/L Contributions Pass Thru	1,580.00		
Total Other Income	2,340.00		
Other Expense			
PTU Pass Thru Exp	0.00	5,000.00	0.0%
Total Other Expense	0.00	5,000.00	0.0%
Net Other Income	2,340.00	-5,000.00	-46.8%
Net Income	-4,307.78	31,686.92	-13.6%

SD Pharmacists Association C & L
Profit & Loss Budget vs. Actual
July 1 through August 30, 2022

	Jul 1 - Aug 30, 22	Budget	% of Budget
Income			
C & L Income	0.00	50,000.00	0.0%
Interest	0.14	0.00	100.0%
Total Income	0.14	50,000.00	0.0%
Expense			
C & L Expenses	0.00	50,000.00	0.0%
Total Expense	0.00	50,000.00	0.0%
Net Income	**0.14**	**0.00**	**100.0%**

ARTICLE 20:51

PHARMACISTS

Chapter

CHAPTER 20:51:35

DONATED DRUG REPOSITORY PROGRAM

Section

20:51:35:01. Definitions. Terms used in this chapter:

(1) "Controlled substance" means a drug as defined in SDCL §§ 34-20B-11 to 34-20B-26;

(2) "Donor" means any person, including an individual member of the public, or any entity legally authorized to possess drugs with a license or permit in good standing in the state in which it is located, including but not limited to a wholesaler or distributor, third party logistic providers, pharmacy, dispenser, clinic, surgical or health center, laboratory, medical or pharmacy school, prescriber or other health care professional, or healthcare facility. Donor shall also mean government agencies and entities that are federally authorized to possess drugs including but not limited to drug manufacturers, repackagers, relabelers, outsourcing facilities, and federal healthcare facilities;

(3) "Drugs" means prescription drugs as defined in SDCL chapter 36-11-2.1;

(4) "Eligible patient" means an indigent, uninsured, or underinsured person; provided, however, that if the participating pharmacy's supply of donated drugs exceed the need for donated drugs by indigent patients, then any other person in need of a particular drug can be an eligible patient;

(5) "Healthcare facility" means:

    (a) A facility licensed pursuant to SDCL chapter 34-12; or

    (b) A similar licensed facility located in another state;

(6) "Health care professional" means a:

    (a) Physician licensed pursuant to SDCL chapter 36-4;

    (b) Certified nurse practitioner or nurse midwife licensed pursuant to SDCL chapter 36-9A;

    (c) Physician assistant licensed pursuant to SDCL chapter 36-4A;

    (d) Dentist licensed pursuant to SDCL chapter 36-6A;

    (e) Optometrist licensed pursuant to SDCL chapter 36-7;

    (f) Podiatrist licensed pursuant to SDCL chapter 36-8; or

    (g) Pharmacist licensed pursuant to SDCL chapter 36-11.

(7) "Indigent individual" means: For the purposes of this chapter, an indigent individual is any person who does not have sufficient money, credit, or insurance to pay for prescribed medication.

(8) "Program" means the donated prescription drug repository program established by the board pursuant to SDCL §34-20H.

Source:

General Authority: SDCL 34-20H-7.

Law Implemented: SDCL 34-20H-7.

Cross-Reference: Drugs and Substances Control SDCL 34-20B.

20:51:35:02. Eligibility criteria. Participation in the donated prescription drug repository program is voluntary. A participating pharmacy electing to participate in the program must:

(1) Be in compliance with all applicable federal and state laws and shall hold an active, nonrestricted, board issued license in good standing;

(2) Submit on a form provided by the board the following:

       (a) The pharmacy name, street address, telephone number, and board issued license number;

       (b) The name and license number of the pharmacist-in-charge (PIC) as defined by ARSD 20:51:06:02.01; and

       (c) A statement, signed and dated by the PIC indicating that the pharmacy meets the eligibility requirements under this rule and all pharmacists shall comply with the requirements of this chapter.

A pharmacy may withdraw from participation in the program at any time by providing written notice to the board on a form prescribed by the board.

Source:

General Authority: SDCL 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-4, 34-20H-7(2)(3).

20:51:35:03. Criteria for donating and accepting prescription donated drugs and supplies. Participating pharmacies shall only accept the following donations:

(1) A donor who is 18 years of age or older may donate legally obtained prescriptions drugs or supplies to a participating pharmacy if they meet the requirements of this rule as determined by the PIC;

(2) The participating pharmacy may accept a prescription drug only if all of the following requirements are met:

(a) The drug is in its original sealed and tamper-evident packaging. However, a drug in a single-unit dose or blister pack with the outside packaging opened may be accepted if the single-unit package is not opened;

(b) The packaging contains the lot number and expiration date of the drug. If the lot number is not retrievable, all specified medications will be destroyed in the event of a recall;

(c) The drug has an expiration date that is more than six months after the date that the drug was donated. A donated prescription drug bearing an expiration date that is six months or less after the date the prescription drug was donated, may be accepted and distributed if the drug is in high demand and can be dispensed for use prior to the drug's expiration date;

(d) Neither the drug nor the packaging has any physical signs of tampering, misbranding, deterioration or adulteration, and there is no reason to believe that the drug is adulterated;

 (e) All donated eligible drugs received by the participating pharmacy shall be documented in the board's electronic database of drugs and supplies and shall be accompanied by a donor form with an agreement to donate; and

(f) If the drug has not been continually under the control of a health care professional, a pharmacy, or other legally authorized entity allowed to possess prescription drugs, the participating pharmacy must collect a donation form that is signed by the donor or that person's authorized representative attesting to proper storage.

(6) A participating pharmacy may accept supplies necessary to administer prescription drugs only if all of the following requirements are met:

(a) The supplies are in their original, unopened, sealed packaging;

(b) The supplies are not adulterated or misbranded; and

(c) All supplies shall be inventoried at the participating pharmacy and documented in the board repository database. The documentation shall be provided on a form provided by the board and shall include a description of the supplies and the date donated.

(7) Drugs and supplies may be donated on the premises of a participating pharmacy to a person designated by the pharmacy. A drop box may not be used to deliver or accept donations.

Source:

General Authority: SDCL 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-2, 34-20H-7(2)(3)(5), 34-20H-9.

20:51:35:04. Drugs which may not be donated or accepted. In addition to the prohibitions in SDCL 34-20G-2, no drug that requires storage temperatures other than normal room temperature as specified by the manufacturer may be donated or accepted because of the increased potential for these drugs to become adulterated. Excluded from this restriction are drugs donated directly from a drug manufacturer or other entity authorized to possess prescription drugs

Source:

General Authority: SDCL 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-2, 34-20H-7(2)(3).

20:51:35:05. Criteria for inspecting donated prescription drugs and supplies. A PIC designated pharmacist at the participating pharmacy shall inspect donated prescription drugs and supplies to determine, to the extent reasonably possible in the judgment of the pharmacist, that the drugs and supplies are not adulterated or misbranded, are safe and suitable for dispensing, and are not ineligible drugs or supplies. The pharmacist who inspects the drugs shall sign the donor form stating

the above. If a participating pharmacy receives drugs and supplies from another participating pharmacy, the receiving participating pharmacy does not need to reinspect the drugs and supplies when receiving a copy of the donor form with the inspection information. The transfer of the medications from one participating pharmacy to another shall be documented in both the receiving and the donating pharmacy.

Source:

General Authority: SDCL 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-2, 34-20H-7(2)(3).

20:51:35:06. Storage of donated prescription drugs and supplies. The participating pharmacy shall store donated drugs and supplies in a storage area under environmental conditions appropriate for the drugs or supplies being stored. Donated drugs and supplies may not be stored with nondonated inventory.

When donated drugs are not inspected immediately upon receipt, a participating pharmacy shall quarantine the donated drugs until the donated drugs have been inspected and approved for dispensing under the program.

Participating pharmacies shall destroy donated drugs that are not suitable for dispensing and make a record of the destruction.

Source:

General Authority: SDCL 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-3, 34-20H-7(2)(3).

20:51:35:07. Return of donated controlled substances. Controlled substances shall not be accepted for donation. Controlled substances submitted for donation shall be returned immediately to the donor or the donor's representative who provided the drugs. In the event that controlled substances enter the participating pharmacy and it is not possible or practicable to return the controlled substances to the donor or the donor's representative due to inability to identify the donor or the donor's representative or due to refusal by the donor or the donor's representative to receive them, abandoned controlled substances shall be documented and destroyed rendering the chemical compound of the drug to be nonretrievable per 21 CFR § 1300.05(b). Such destruction shall be performed by a pharmacist or other person with authority to dispense controlled substances and shall be witnessed by another employee of the participating pharmacy.

Source:

General Authority: SDCL 34-20H-2, 34-20H-3, 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-2, 34-20H-3, 34-20H-7(2)(3).

20:51:35:08. Recalls. If a participating pharmacy receives a recall notification, the pharmacy shall perform a uniform destruction of all of the recalled prescription drugs and complete the destruction information form for all donated drugs destroyed. If a recalled drug has been dispensed, the participating pharmacy shall immediately notify the recipient of the recalled drug pursuant to established drug recall pharmacy procedures.

Source:

General Authority: SDCL 34-20H-3, 34-20H-7(2)(3).

Law Implemented: SDCL 34-20H-3, 34-20H-7(2)(3).

20:51:35:09. Criteria for dispensing donated prescription drugs and supplies. Donated drugs and supplies may be dispensed only if the drugs or supplies are prescribed by a health care practitioner for use by an eligible individual and are dispensed by a licensed pharmacist.

(1) A participating pharmacy shall prioritize dispensing to an individual requesting drugs through the program as follows:

(a) An indigent individual;

(b) An individual who has no active third-party prescription drug reimbursement coverage for the drug prescribed; and

(c) Any other individual.

(2) A participating pharmacy shall dispense donated prescription drugs in compliance with applicable federal and state laws and regulations for dispensing prescription drugs, including all requirements relating to packaging, labeling, record keeping, drug utilization review, and patient counseling.

(3) The participating pharmacy shall remove the original donor's identification and the name of the dispensing pharmacy from the package prior to dispensing the drugs or supplies.

Source:

General Authority: SDCL 34-20H-7(1)(2)(3).

Law Implemented: SDCL 34-20H-4(1), 34-20H-7(1)(2)(3).

20:51:35:10. Eligibility criteria for individuals to receive donated prescription drugs and supplies. An individual who requests and receives drugs from the donated prescription drug repository program shall sign an acceptance form attesting to the following:

(1) The individual meets the definition of eligible patient in § 20:51:35:1(4);

(2) The individual acknowledges that the drugs have been donated; and

(3) The individual consents to a waiver of the requirement for child resistant packaging of the Poison Prevention Packaging Act.

Source:

General Authority: SDCL 34-20H-7(1).

Law Implemented: SDCL 34-20H-7(1)(a),(b).

20:51:35:11. Handling fee. A participating pharmacy may charge the recipient of a donated drug a handling fee, not to exceed a maximum of $25 to cover mailing, handling, or dispensing costs. A prescription drug dispensed through the prescription drug donation repository program shall not be eligible for reimbursement under any insurance or medical assistance program.

Source:

General Authority: SDCL 34-20H-7(4).

Law Implemented: SDCL 34-20H-6, 34-20H-7(4)(5).

Tech-Check-Tech Program

Purpose

1. The goal of the Tech-check-Tech program at Avera McKennan is to utilize pharmacy technician & Intern personnel to practice the advanced, yet non-clinical activity of verifying non-patient specific medications to allow pharmacists a greater opportunity to participate in more patient-centered activities

2. This policy provides information on Avera McKennan's Tech-check-Tech program with regards to program description and intent as well as eligibility, training, and validation activities put in place to ensure patient safety

Information

1. Automated dispensing cabinets (ADC) – secure device that stores and dispenses medications upon notification from the electronic health record via established interface

2. Central distribution – process of distributing medications from Avera McKennan to other Avera health care entities

3. Pharmacy Operations Supervisor – the pharmacist responsible for meeting all Tech-check-Tech program requirements

4. Pyxis Pharmogistics® – a perpetual inventory system utilized within the Avera McKennan Central Pharmacy to store and dispense medications utilizing medication specific barcodes

5. Pharmacy Technician II – advanced pharmacy technician position which requires additional skills and training in order to perform tech-check-tech functions within McKennan Central Pharmacy

6. Pharmacy Technician Coordinator – advanced pharmacy technician position whose primary role is to educate and train pharmacy technicians within Avera McKennan

7. Pharmacy Intern – Pharmacy student that has registered with the State Board of Pharmacy as a Pharmacy Intern

8. Pyxis® Check – software utilized by pharmacy personnel to validate and track medications dispensed from Pharmogistics utilizing medication specific barcode technology

9. Tech-check-Tech – program that utilizes specifically trained and qualified pharmacy personnel to check and validate medications prepared by another pharmacy technician

10. Validated-technician-checker (VTC) – pharmacy personal who has completed all eligibility, training and assessment requirements to provide tech-check-tech services within the Avera McKennan Central Pharmacy

Policy

1. The Tech-Check-Tech Program will be utilized within Avera McKennan by advance skill level staff who have met all eligibility, training and validation requirements for the program

    a. Eligibility requirements

        i. Current PTCB certification or Intern registration

        ii. Minimum six months experience working with and/or understanding of Central Pharmacy operations at Avera McKennan

        iii. Pharmacy Technician II, Pharmacy Technician II candidate, Intern or Pharmacy Technician Coordinator/Supervisor

        iv. Successful completion and demonstration of practical skills assessment

    b. Training requirements

        i. Individuals will be educated on the following core checking topics:

            1. Individual can accurately read and interpret the pick label to identify the required check points (ex: drug, strength, route, expiration date, quantity)

            2. Individual can describe the different dosage forms (ex: unit dose tabs, caps, oral solution, injection, packet, suppository, patches, oral syringes, etc.)

            3. Individual is capable of describing common errors when checking medications

            4. When the Individual identifies an error, they can resolve the error.

            5. Individual can provide constructive feedback and suggestions for improvement to the dispensing technician on any errors identified.

            6. Individual can demonstrate checking is completed in a timely manner.

        ii. Individuals will complete simulated practical training with an Operations Supervisor or designated Pharmacist thru an On-the-Job Training (OJT) competency document. The training pharmacist will provide feedback noting additional areas of training needed for the Individual before signing off on completion of the OJT.

    c. Quality assurance requirements (Validation)

        i. Initial validation

            1. Upon successful completion of the respective OJT education and validation the pharmacy technician will be recognized as a validated technician checker (VTC)

            2. The Operations Supervisor/Manager will have final discretion of satisfactory completion and release of individual to perform TCT duties

        ii. Ongoing validation

1. A pharmacist working in the central pharmacy will perform daily QA audits on ~ 5% of medications checked by the VTC prior to distribution to the product's final destination

2. All errors discovered by the pharmacist conducting the audit will be documented, reported to the Pharmacy Operations Supervisor/Manager for review and follow-up with VTC

3. If errors are made, the VTC can be relieved from their checking duties until retraining and revalidation occur per the discretion of the Pharmacist Supervisor/Manager

4. Once initially validated, each VTC will be revalidated on a yearly basis as part of overall competency evaluation to coincide with Annual Performance reviews.

5. If the technician cannot revalidate, they will be removed from checking program

2. The Tech-check-Tech program will be limited to the following activities:

   a. ADC replenishment

   b. Central distribution transactions

   c. Kit/Tray validation

   d. Repacked medication verification

   e. Batched compounded sterile and non-sterile preparations

3. All Tech-check-Tech activities will utilize medication barcode scanning technology within each respective software module

References

Internally developed by the Avera McKennan Hospital Pharmacy Department.

Joint Commission: HR.01.01.01
This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

Avera MedKeeper Carts OJT

The following objectives will be reviewed and discussed with the trainee by a staff pharmacist:	Trainer Initials	Trainee Initials
General MedKeeper Information		
1. The purposes and utilization of the MedKeeper modules are reviewed and discussed: • Carts – emergency kit and tray management		
2. Is able to find the link to MedKeeper on SharePoint and is able to login to MedKeeper		
3. Can find and navigate between the different MedKeeper modules		
MedKeeper Carts		
1. Understands the overall concept of the carts module and the role it plays within the overall medication management processes of the hospital		
2. Is able to search and determine the location of all adult code blue carts within the hospital		
3. Is able to complete the steps required to fill an injection kit		
4. Is able to sort the queue to see what kits or trays need to be approved		
5. Demonstrates the steps needed to complete when approving a tray a. Drug b. Quantity c. Lot# d. NDC e. Expiration Date		
6. Is able to verbalize what to do if needing to reject a tray or cart		
7. Familiar with storage locations of kits/trays after checking		
8. Demonstrates which three components are needed to refill a code cart		
9. Can transfer a tray to the correct location and identify what to do if the tray is transferred mistakenly to the wrong location		

Employee Name: _____   **Date Completed:** _____

Avera MedKeeper Sterile/Non-Sterile Verification OJT

The following objectives will be reviewed and discussed with the trainee by a pharmacist or sterile compounding super-user	Trainer Initials	Trainee Initials
1. Is able to find the link to MedKeeper and is able to login using their own user-name and password		

2. Can toggle between the different MedKeeper activities and get to the verification dashboard
  a. Can toggle between the different pharmacy locations within the verification module
  b. Can describe what action causes the patient order to populate into the pharmacy location (i.e. Location that the label prints)
  c. Can toggle between the different pharmacy locations within the Activities module (i.e. Central Pharmacy, Decentralized Services, etc…)		

3. Is able to navigate and demonstrate the different tiles and how they align with the overall sterile compounding workflow		
4. Can describe the difference between batching and patient specific workflows		
5. Identifies the purpose and personnel responsible of each color of tile on the dashboard		

6. Can describe which role within the department will complete each of the following batching tasks:
  a. Gather Components
  b. Print Prep Label
  c. Prepare Compound
  d. Approve Compound
  e. Print Approval Labels
  f. Attach Approval Labels		

7. When adding a new batch, understands the importance of selecting from the drop-down menu of pre-built batches		

8. Can navigate and verbalize the required fields that need to be filled out during the gather components section:
  a. Batch items
  b. Patient-specific items		

9. Is able to scan the NDCs of the components utilized to prepare the batch
  a. Understands how to add multiple lot numbers of the same product for one batch
  b. Able to verbalize where non-scanning components should be placed for addition to MedKeeper (Only individuals with administrative access can update)		

10. Can print a prep label		
11. Is able to verbalize what images need to be captured based on the product being prepared		
12. Is able to verbalize how to use the split screen camera for recipe visualization		

13. Is able to view the images appropriately upon verification
    a. Can open images in a new window
    b. Is able to zoom appropriately		

14. Verbalizes the difference between rejecting or reject/fix orders and how to communicate with technicians		

15. Is able to print batch labels to Zebra printer
    a. Syringe printer
    b. Larger label printer		

16. Can access the MedKeeper Verification Module Operation in PolicyStat		

17. Is able to navigate and demonstrate Non-Sterile Batching process and verification
    a. Visual Inspection Of Each Dose (Correct Volume)
    b. View Images From Pharmacy Keeper & Print Labels
    c. Legible Labeling
    d. Correct Drug
    e. Drug Name (Include Brand Name If Necessary)
    f. Manufacturer NDC
    g. Manufacturer Lot Number
    h. Local Lot Number
    i. Barcode (Scanned For Accuracy)		

18. Can cancel a transaction within MedKeeper when the transaction is no longer needed
    a. Select the tile from the Dashboard within the MedKeeper Verification module containing the transaction to be canceled
    b. Click on the "⟳ " symbol found to the far right of that transaction to "Cancel order"
    c. The message "Are you sure you want to cancel order EM########?" will display. Select "Yes" or "No" as appropriate.
    d. Canceling the order removes the order from the tile queue
    e. If the order BMV or GUID barcode is scanned the canceled order will populate and MedKeeper will allow the CSP to be		

compounded by the technician. A red banner displaying "Order has been canceled" will appear at the top of the MedKeeper page		

19. Can utilize MedKeeper search functionality.
  a. Option 1: Scan the BMV barcode in the search box located at the top of the MedKeeper Verification Dashboard screen
  b. Option 2: Click on the appropriate Name ("Batches" for batched items; "Components" for formulary item mnemonics; "Compounds" for patient items; "Smart Labels" for MedKeeper barcode labels
  c. Populate fields with the search criteria (Not all fields need to be filled out. Only a minimum of one field needs to be filled out)
      i.   Start/End date
      ii.   Approver
      iii.   Pharmacy
      iv.   Preparer
      v.   Drug
      vi.   Internal Lot Number (Typically assigned for batched items
  d. Click "Find"
  e. Click on the transaction in question and review		

Employee Name: _____　　**Date Completed:** _____

Avera Pharmacies

Avera Pyxis Check OJT

The following objectives will be reviewed and discussed with the trainee by a staff pharmacist:	Trainer Initials	Trainee Initials
1. Has reviewed the departmental Tech-check-Tech policy		
2. Is able to verbalize the purpose of tech-check-tech and the role of the central pharmacist in the process		
3. Verbalizes understanding of what types of transactions are eligible for the tech-check-tech program and what types of transactions are ineligible • Patient specific medications		
4. Successfully logs in to handheld and opens the "Check" module		
5. Successfully logs in to desktop PyxisCheck module		
6. Observe and have Pharmacist Trainer demonstrate the process of using the Pyxis check module and what they are looking for when checking order. Discusses how inaccurate orders are handled, rejected and then verified once corrected.		
7. Have trainee navigate and demonstrate the process of using the Pyxis check module and what they are looking for when checking order as they are signed and utilizing software program. Discuss how to handle an error if not caught by the checking technician.		
8. Is able to describe the major times of importance for Pyxis Check within Central Pharmacy		

9. Discuss and demonstrate knowledge of the following tech-check-tech topics:
    a. Technician validation process
    b. Quality assurance process when checker finds errors
    c. Pyxis check software downtime process		

Employee Name: _____   **Date Completed:** _____

Avera McKennan Repackaged Medication OJT

The following objectives will be reviewed and discussed with the trainee by a staff pharmacist:	Trainer Initials	Trainee Initials
1. Has reviewed the departmental Tech-check-Tech policy		
2. Is able to verbalize the purpose of tech-check-tech and the role of the central pharmacist in the process		

3. Can access and navigate the Packaging Room policies in PolicyStat to understand the different types of packaging
   a. High Speed
   b. TableTop
   c. Cold Seal (MILT)
   d. Fluid Dose		

4. Observe and have <u>Pharmacist Trainer</u> demonstrate the process of what is required for each check:
   a. Visual Inspection Of Each Dose (Correct & Intact Dosage)
   b. Legible Labeling
   c. Correct Drug
   d. Drug Name (Include Brand Name If Necessary)
   e. Manufacturer NDC
   f. Manufacturer Lot Number
   g. Local Lot Number
   h. Barcode (Scanned For Accuracy)
   i. Location Address & Packager Initials		

5. Have <u>trainee</u> navigate and demonstrate the process of demonstrate the process of what is required for each check:
   a. Visual Inspection Of Each Dose (Correct & Intact Dosage)
   b. Legible Labeling
   c. Correct Drug
   d. Drug Name (Include Brand Name If Necessary)
   e. Manufacturer NDC
   f. Manufacturer Lot Number
   g. Local Lot Number
   h. Barcode (Scanned For Accuracy)
   i. Location Address & Packager Initials		

6. Is able to describe the typical times of repackage checking within Central Pharmacy		

Employee Name: _____   **Date Completed:** _____