

SOUTH DAKOTA BOARD OF PHARMACY MEETING

The Mission of the South Dakota Board of Pharmacy is to protect and promote the health and safety of the public by supporting pharmacists and pursuing the highest quality pharmaceutical care through education, communication, licensing, legislation, regulation, and enforcement.

DATE/TIME: Friday, October 9, 2026, 9:00 AM CDT.

LOCATION: In person – 4001 W. Valhalla Blvd, Suite 202
Sioux Falls, SD 57106

Or virtual via Zoom - see below.

Join Zoom Meeting

<https://state-sd.zoom.us/j/96573766707?pwd=Hk9GacRBxATJ1laAs2LaMYuLnblno.1>

Meeting ID: 965 7376 6707

Passcode: 10092026

Or - Dial one of these phone numbers to join by phone.

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MEETING AGENDA

A. Call to Order, Mission, Roll Call, and Introductions – President Curt Rising

B. Consent Agenda: *The consent agenda allows the board to approve all these items together without discussion or individual motions. Items may be removed from the consent agenda at the request of any one member. Items not removed may be adopted by general consent without debate. Removed items may be taken up either immediately after the consent agenda or placed later on the agenda at the discretion of the assembly.*¹

1. October 9, 2026, Board Meeting Agenda
2. July 10, 2026, Board Meeting Minutes
3. New Licenses and Registrations – License Summary
4. Remaining Authority Report

C. Public Comment

D. Executive Session per SDCL 1-25-2 (3).

E. Staff Reports

1. Operations Report – Tyler Laetsch, Pharm. D., Executive Director
2. Inspector Reports – Carol Smith, RPh, Lee Cordell, Pharm. D
3. PDMP Report -- Melissa DeNoon, RPh. PDMP Director

F. Complaints, Investigations, Disciplinary Actions – Carol, Lee, Jenna

1. Complaint 2026-0014 Pharmacy
2. Complaint 2026-0015 Pharmacy
3. Complaint 2026-0016 Pharmacy
4. Complaint 2026-0018 Pharmacy
5. Complaint 2026-0019 Pharmacy
6. Complaint 2026-0020 Pharmacy
7. Complaint 2026-0008 Technician, Motion
8. Complaint 2026-0013 Technician, Motion
9. Complaint 2026-0010 Pharmacy, Motion
10. Complaint 2026-0012 Pharmacy, Motion

G. Other Reports

1. SD Pharmacists Association – Amanda Bacon, Executive Director
2. SD Society of Health-System Pharmacists (SDSHP) –
3. SDSU College of Pharmacy – Dan Hansen, Pharm. D, Dean
4. SD Association of Pharmacy Technicians (SDAPT)

H. Old Business

1. Rules Update -- Tyler Laetsch
2. Board Reappointments -- Tyler Laetsch
 - a. Ashley Hansen, Shane Clarambeau

I. New Business

1. Operational Waiver Request -- Tyler Laetsch
 - i. Process and Form
 - ii. Monument Health Lead/Deadwood - Telepharmacy Waiver Request
 - iii. Sanford Health -- Sioux Falls - Tech Check Tech Waiver Request
 - iv. Avera McKennan -- Sioux Falls - Tech Check Tech Waiver Request
 - v. Avera McKennan PDC-- Sioux Falls - Tech Check Tech Waiver Request
 - vi. Avera McKennan -- Sioux Falls - Kit Check Waiver Request
 - vii. Avera on Louise -- Sioux Falls Kit Check Waiver Request
 - viii. Monument Health -- Rapid City - Tech Check Tech Waiver Request
 - ix. Burke Community Pharmacy -- Burke- Telepharmacy Waiver Request
 - x. Hy-Vee Central Fill -- Sioux Falls - Final Verification Waiver Request
2. Monument Health Starter Packs Discussion
3. Compounded GLP-1 Solicitation to pharmacies -- Tyler Laetsch

J. Education

1. Partnership for Safe Medicines presentation-- Shabbir Safdar
2. PDMP Medical Cannabis Indicator -- Melissa DeNoon

K. Other Business

1. Recent Meeting News
 - i. District V NAPB/AACP 2026 Meeting: Hastings, MN, August 6-8, 2026
 - i. SDPhA Annual Convention, September 10-12, 2026, Brookings, SD.
2. Future Board Meeting Dates – all held in Sioux Falls Board Room unless otherwise noted.
 - i. January 15, 2027, 9 AM
 - ii. April 9, 2027, 9 AM
 - iii. July 9, 2027, 9 AM
 - iv. October 8, 2027, 9 AM.
3. Upcoming Meetings
 - i. SDSHP Annual Conference, April 16-17, 2027, Sioux Falls, SD.
 - ii. NABP 123rd Annual Meeting, New Orleans, LA, May 11-14, 2027.
 - iii. District V NAPB/AACP 2027 Meeting: Sioux Falls, August 4-6, 2027.
 - iv. SDPhA Annual Convention, September 2027.

L. Adjourn

Please note: The South Dakota State Board of Pharmacy may address items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency of the meeting.

Please note: The South Dakota State Board of Pharmacy has approved two 1-hour CE credits for pharmacists and technicians for the meeting, for those in-person attendees only.

Public comments are welcomed by the Board but may be heard only when that item on the agenda is reached and will be limited to five minutes per person. The Chairperson may allow additional time given to a speaker as time allows.

NOTE: This meeting is being held in a physically accessible place. Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the Legislative Research Council (605/367-7781) in advance of the meeting to make any necessary arrangements.

¹. Adapted from http://www.wvcc.edu/CMS/fileadmin/PDF/Learning_Center/Consent_Agenda_FAQ.pdf

SOUTH DAKOTA BOARD OF PHARMACY

July 10, 2026

Unapproved Draft Minutes

9:00 am CST

Public Board Meeting

Board members present: Ashley Hansen, Cheri Kraemer, Tom Nelson, Shane Clarambeau and Curt Rising

Board staff present: Tyler Laetsch, Carol Smith, Lee Cordell, Jenna Heyen, Melissa DeNoon, and Lan Van de Rostyne

Other parties in attendance

President Rising called the meeting to order at 09:01 am CST. Voice roll call was taken, mission statement read, quorum confirmed, and introductions completed.

A call for public comment was made pursuant to SDCL 1-25-2(3) and there was no public comment.

Motion to approved consent agenda (Clarambeau / Hansen / motion carries).

EXECUTIVE SESSION per SDCL 1-25-2(3)

Motion was made to recess meeting to enter executive session (Clarambeau / Hansen), time 09:30 a.m.
Return to Public Meeting, time 10:17 a.m.

REPORTS

Operations

Tyler Laetsch

- July 1st marks the date all new laws (SB14 and SB90) take effect.
- The Public Rules hearing was on June 18th; these amended rules have been finalized, and IRRC will meet next week on Tuesday, July 14th in Pierre. Melissa and I will be attending this meeting in person to finalize the rules. The rules will become temporary and effective 20 days after being filed with the Secretary of State's office. This will be communicated through various means.
- Legislation request will be due next month (August), and our office will be working on reviewing the wholesaler chapter to see if anything is needed with the new DSCSA requirements. In the pharmacy chapter, the only item on the list would be for interns to update what they can do in a pharmacy, such as immunization.
- I will be meeting with the governor's office and Secretary Magstadt on Tuesday in Pierre to discuss the CSR moving to the board if this will be possible next session.
- Website and licensing platforms have been started; we are having meetings and working with the team on various builds. In relation to the website, the vender is working on formatting and cleaning up what we have currently to make it more user friendly. Regarding an update on the licensing platform, the vender team is currently mapping our old data into the new system and determining which fields we need to obtain. Our projected date for launch will be at the beginning of 2027 with the hopes of having it launch on a non-renewal period. To note Pharmacists and Interns will still apply for renewal on our currently licensing platform. Communications will be sent closer to the launch.
- Alongside building the new website, a new logo and letterheaded have been made. We have started utilizing them as of recently, you all might have noticed them in some of our emails.
- The Pharmacy renewal period is complete, along with our fiscal year as of July 1st.
- The next renewal period will be for pharmacists and interns. That renewal period will start on August 1st.
- The board was granted \$321,000 from the Opioid Settlement fund for FY27. Some of the funds will be utilized towards the PDMP platform.
- The board has a new vehicle; due to the old vehicle having some electrical issues we now have a Chevy Equinox.
- I virtually attended the annual Intergovernmental Work Meeting on Drug Compounding. The biggest item of discussion was the GLP1 compounding and what the FDA is currently doing and what they are planning to do around this compounding practice.
- Speaking of GLP1s, there was a call from a provider who was made aware by patients that there are gyms that are supplying GLP1s drawn up in Syringes to clients. We have contacted DCI to investigate this further.
- Melissa, Tom, and I attended the NABP Annual Meeting in Boston. A Summary of events will come later in the agenda.
- Jenna and I did our annual presentation to the P2 class at SDSU in April.
- We are closely watching the DEA with the plan to temporarily schedule 7-hydroxymitragynin, also known as Kratom, above certain concentrations and synthetic materials derived to Schedule 1 control substance.
- You will be seeing approvals and wavers back on consent agendas for approvals and will have some discussion at board meetings with the passing of the rules around to aloe for remote drops sites an operational waver

Inspector Highlights

Carol Smith

Findings

- Completed 23 inspections (3 wholesale, 6 Hospital, and 14 retail)
- I reported retail pharmacies with numerous outdated products on the shelf. I look at the OTC cold medications to make sure there aren't products with pseudoephedrine in them.
 - One pharmacy had outdated OTC products on the shelf.
 - One pharmacy had the same outdated products in the fridge that I found at their last inspection. They had not done anything with those same outdates.
- One pharmacy where the audits were off on the 2025 inspection.
 - Had removed all controlled substances from their ScriptPro and this annual inspection audit was accurate.
- Several pharmacies that do not have a process in place for reversed control substance prescriptions to make sure they are reversed out of the PDMP.
 - One will be getting a new computer system in the next six months and hopefully will have point of sale submission. The others are going to investigate it.
 - I had also discussed the value of the PDMP with a PIC.
- A Pharmacy with a Take Back Receptacle that is locked during business hours. PIC complained about being burned out and too busy to take care of it. I suggested training a technician to take care of it. He has a tech who wants to give immunizations and is motivated to take on more responsibility. He was encouraged to start using their abilities and willingness to help.
- I reviewed a hazardous policy that said employees "should" wash hands prior to compounding. The policy had inconsistent language throughout the policy and was not site specific. Several pharmacies are still using the NIOSH list from 2016. I reminded them that the current one is from December of 2024.
- Two control substance prescriptions where the DEA number the prescription was filled under were not the same as the DEA number on the prescription.
- Fridge temps were not recorded for 15 business days in April. I was there at the beginning of May, and they hadn't recorded the temp for 5 out of the 7 business days.
- Three different Telepharmacies where the PIC monitored 4 technicians. One PIC argued that the technician was not doing "tech" duties because she checked in the order. However, as the PIC stated this the technician was filling nursing home blister packs. The other PIC said Telepharmacies had a one to four ratio. I informed her that was not correct. She googled it and it said with a variance you could do that, then realized there are currently no variances in place.
- Prescription label where you couldn't read the top line, which had the pharmacy's phone number on it. Telepharmacy label that did not have the phone number of the main pharmacy that oversees the Telepharmacy. The main phone number was not on any of the information given to a patient.

Lee Cordell

Findings

- Completed 9 inspections (2 Telepharmacy, 5 retails, 2 other facilities)
- One pharmacy stores their medications in an area that remains accessible to the public after pharmacy hours. During the inspection it was noted it the pharmacy couldn't be fully secure when it was closed, and the rest of the store was open, that was addressed.
- We had a great discussion yesterday on how to make sure this expectation is clear across the board to these other facilities that have that same issue.
- At another facility there was no process in place to correctly invoice control substances back to the central site part of the AMDD.
- One pharmacy had unsanitary pharmacy conditions that were noted. They were informed that I will return in a few weeks only to find out that the PIC had resigned. I'm still following up with them
- Another concern at that pharmacy is that much of their stock (60-70%) were return to stock bottles from central fill site around 20-30 bottles stack up all around different parts of the Pharmacy. Not necessarily organized in alphabetical order. Noted as a big patient safety concern.
- An expired vaccine was found in the fridge along with all flavorings expired.
- Couldn't find the Power of Attorney at 2 of the sites during the time of inspection.
- Along with Carol, I have issues with tele-pharmacies where the number to the main pharmacy was not listed on the vile, and the numbers posted on site for both to contact the main line for a pharmacist were WellCare numbers that were disconnected. So that was concerning due to patients having no availability to a pharmacist.
- Also, no documentation of starter packs that are stored off site along with no documentation of site visit that is required to be done every 90 days.
- One tele-pharmacies lights were off at the main pharmacy site. They did turn on during the visit. They also had two-way communication but must have continuous two-way communication with pharmacists to be open. This was addressed on site.
- There was no documentation at one of the tele-pharmacies monthly control substance inventory even though they were documented at another that is combined with them.
- No central fill sites sign posted at one of the retail pharmacies.

Jenna Heyen

Findings

- Completed 40 inspections total (among them 1 unannounced)
- Continued concerns regarding collector status on take back boxes. Working with some pharmacies that were talked to last year regarding liner logs. Reviewed that they all have the proper signature logs filled out. I noticed some logs not fully filled out or are partially filled out. Just continue to educate on the requirements for that.
- Ensure everyone has access to the destruction component for take back boxes so they can show compliance there. If the program was not through us, that would be harder to identify how they have access to this.
- DEA Biennial inventory
 - One was not complete, another missing items
 - One the physical count was done 5 days prior to inventory date and was signed off on.
 - Missing will call bin seems to be a trend this time on inspections. Often not missed on prior inventory. Send them our inventory cover sheet that was discussed at the last Board meeting. This was well received.
- Signage, certificates, registrations, and verifications that are posted where expired. Found old DEA certs.
- Repackaging observed at a couple locations were inconsistent, discussed expectations and to make sure this expectation was met with everyone. One location does not meet repackaging standards and was requested to find another alternative.
- DEA forms 222 or CSAs ordering. Some had old triplicate forms. We showed them how to void and send the forms back to the DEA. Had an incident where a PIC could not access the CSA history. That will be followed later in a week.
- DEA 222 form was not filled out correctly for transfer of products between DEA numbers. Addressed that with them at that time.
- Invoicing, movement between facilities didn't have record of it though they are under the same facilities documentation is still needed.
- Technician and clerk roles:
 - At an inspection I overheard a clerk step out of their role. They had informed the customer of information about a product. This was addressed at time of inspection.
 - A pharmacist had a tech to step out of a function right in front of me. That was addressed immediately.
 - Questions pharmacy access keys to pharmacy and keys to the alarm system. This will need to be further addressed with the board regarding whether this topic needs to be more specific.
 - At some locations Identification was not present on staff.
 - POA also having issues where individuals leave and change roles and the POA are not revoked.
- Compounding pharmacy
 - Was at a location, able to observe, some inappropriate sterile technique from a technician and was able to talk to the PIC immediately. Corrective action put in place.
 - At the same location I had identified inappropriate, beyond use dating on a product provided drawn out of vial into a syringe without any documentation or rationale on use.
- Continuing to have concern for product integrity for outdates improperly stored. Found in a couple of locations with multi pack opened and out with no expiration dates on them.
- One location their after-hours log is missing for hospital pharmacy access by nurses

Office Topics

- New APPE student Holly
- Inspection with Carol,
 - Was great to see how her inspection process was and to have another set of eyes.
 - Will be inspecting with Lee next.
- Challenging issue: handling instances with pharmacy where there is a corporate involvement that tends to cause issues. As per our law and rules, the pharmacy's PIC is ultimately responsible for the activity of the pharmacy. At times though it helpful, appreciated and needed at times, but truthfully the person responsible is the PIC.
 - An expanded use of technology increases image capture increases barcoding, and recognition software to allow the pharmacist to move through the prescription filling process, this reduces frequent badge scanning and designating their name on the rx. It is new for this location.
 - Patient signing in electronically
- Misconceptions
 - Pharmacy Drive through can be closed, if you need to close it for any reason you can close it
 - Regarding ratios of tech, there are no variances, there was an allowance due to COVID, but has not been continued. Something to keep an eye on.

Prescription Drug Monitoring Program (PDMP) – Melissa DeNoon

- Excited to announce Senate Bill 90 passed this legislative session and was signed by the Governor. It was introduced by Senator Lauren Nelson from Yankton. This bill augments a bill from two years ago – it adds to the required fields the medical cannabis program is to provide to the PDMP on individuals with an active South Dakota medical marijuana card. This information will be used to put an indicator on an individual's PDMP report if they have an active medical marijuana card. PDMP staff and vendor are now working with the medical cannabis program team on implementation. A communication plan is also being developed that will go out to users announcing this important new program enhancement.
- Current/Ongoing Projects:

- South Dakota medical resident licenses expire on June 30th of each year. Communication was sent to all those in this role informing them they need to contact PDMP staff if they've transitioned to a physician license.
 - Reeducation of law enforcement users regarding their access requirements per statute.
 - Assistance to PICs at participating drug take-back program sites regarding DEA program regulations.
 - Assisted pharmacies that changed DEA registration numbers to assure their vendors are submitting under the new DEA to maintain data submission compliance. New DEAs must also be sent to Trilogy MedWaste for participating drug take-back sites.
 - Inspector PDMP audits are continuing; improvement is being seen as best practices are reinforced.
- Conferences/Meetings attended by the PDMP Director include the NABP Annual Meeting, the NABP PMPi Steering Committee Meeting, and the Bamboo Health Leadership Summit.
- PDMP stats will be shared in the education section coming up.

Complaints, Disciplinary Actions, and Loss/Theft Reports – Board Staff

- Complaint 2026-0007 Pharmacy
 - In regards for pharmacy not filling out a med for patients. This was closed by admin.
- Complaint 2026-0008 Technician
 - Regarding potential theft from Pharmacy, there will be action on the individual in that case.
- Complaint 2026-0009 Pharmacy
 - Regarding the situation between a pharmacy drive through and a patient. This was closed by admin.
- Complaint 2026-0010 Pharmacy
 - Discussed in executive session with discipline committee. The wrong vaccine was given to a patient then what was on the order. With the help of the board, the pharmacy was able to figure out the issue and change future procedures. However, due to the mistake the Disciplinary committee recommends a public letter of reprimand.

Motion was made to approve public letter of reprimand (Clarambeau / Kraemer/ unanimous)

- Complaint 2026-0012 Pharmacy
 - Regarding a patient unable to access their medication and refused a transfer prescription.
 - The pharmacy also being closed during normal operation, temporary signage was posted, however concerns regarding contradicting information on pharmacy hours, is considered a patient safety issue. Due to this the Disciplinary committee recommends a public letter of reprimand.

Motion was made to approve public letter of reprimand to the Pharmacy for patient safety issues (Clarambeau / Hansen/ unanimous)

- Complaint 2026-0013 Technician
 - A report causes termination due to violation of alcohol and drug policies for a pharmacy, that will have action on the individual's registration or licensure.

OTHER REPORTS

SD Pharmacists Association – Amanda Bacon

- We moved from legislative wrap up really into implementation planning, membership growth, convention prep, and continued work around the long-term future of pharmacy practice in South Dakota.
- Since April, one of the most important items connected to the Board of Pharmacy's work was the rules package and the recent rules hearing. SDPHA submitted written comments and participated in that hearing. Our comments were offered in the spirit of making sure the rules are clear, workable, and aligned with both patient safety and real-world pharmacy operations. We focused on areas where clarification would be helpful for implementation, including the remote drop site provisions.
- On the advocacy and policy side, we continue to stay engaged both at the state and federal level. At the federal level, E-CAPS has some renewed momentum, and PBM issues are always a main priority.
- We've also continued to follow and work on 340B developments, Medicare, Medicaid, and rural health transformation discussions and of course, national advocacy conversations continue with all our national partners and the federal delegation. We continue to share South Dakota specific perspective really wherever we can, especially around rural access, pharmacy workforce reimbursement and the role that pharmacists play in keeping and care valuable and available close to home
- Internally, SDPHA held a board retreat in June. That retreat was important for us this year due to it giving the board dedicated time to look at where we are in this new membership model, what we learned from spring district meetings and what priorities are really needed to carry us into the next year.
- A few key areas of focus that came out of that for us really include membership growth, district engagement, convention planning, communication strategies, and continued discussion around scope of practice and standard of care. The board also finalized at that meeting the 2026-2027 strategic plan and budget
- On membership, we do continue to grow under the new voluntary membership structure. We're working hard to help pharmacists understand that SCPHA membership is no longer automatic when you renew your license and that membership now directly determines really the strength of the association's voice and the resources and the direction that we go on

issues. We've also been working on several membership-related updates, including new and revised membership categories for students and emerging professionals.

- Website work has also continued. There are some major updates rolling out next week as well as the Summer Journal. The goal is really to make the website a more useful hub for members, prospective members, partners, and the public.
- This week we also launched a membership and marketing campaign focused on current members, prospective members, and public awareness of the role that pharmacists play in South Dakota and in healthcare. It's mostly a social media campaign. We encourage you to share those posts if you see them.
- We continue to look at district engagement, district lines, leadership gaps in some areas, and how to make district participation meaningful in our new environment.
- SDPHA's 140th, annual convention will be September 10-12 in Brookings. Registration for that will hopefully also open next week. We do have some updates for the structure of convention this year, including CE, preceptor CE, that will be available on Thursday. We'll be having a Friday evening celebration dinner in honor of those 140 years.
- We continued to work hard around technician engagement and the revitalization of SDAPT. We finalized the date and time for a general membership meeting for SDAPT. That meeting is designed primarily to educate about SDAPT and then also to establish new leadership for that association. We continue as well to work on uh grant and funding opportunities to support the association and its priorities, including advocacy, member value, education, technology, uh long-term sustainability for the association.

SD Society of Health System Pharmacists – Ryan Waybright

- Since the last meeting here, we've installed our new officers and board members for the upcoming year and have a chance to develop and approve our 2DG plans. 2DG plan really focuses a lot on education efforts across the state as well as building and maintaining connections and networking for the members.
- Specifically, within that strategic plan, we're going to focus on coordinating some statewide events, focusing on not only networking, but roundtable discussions about relevant items that are affecting the practice of pharmacy at the health system level, trying to engage in solutions and collaboration across the members throughout the whole state.
- Also working on engaging in the promotion of the pharmacy profession. We are looking at how we can help support other organizations that are sharing or promoting pharmacy as a career path. OSA is an organization we started to work with and connect with other opportunities there.
- Also looking at technician growth and education opportunities as well within SJSHP.
- We are trying to refine our educational approach based on what the members are looking for. That has evolved over time and trying to really come back to what is the format and cadence of CE and education events that people are looking for and that they will find most meaningful. So, we're to redefine our approach a little bit to make sure that we're meeting those in the organization.
- The other thing I'll mention is we have the annual GVR Golf Open event on July 24th at the Rocky Run Golf Course in Dell Rapids. If anyone is still looking or opportunity that day, that recreation is open and there's still spots available.

SDSU College of Pharmacy - James Clem

- The college has continued to demonstrate excellence in leadership and impact locally and nationally. Our college continues to show a strong presence professionally in all the venues we participate in.
- Of note of the graduating class, 29 of the P4 students decided to do residencies and all 29 matched so there's a hundred percent match rate for those students going on to residencies. The National average is about 84 % So we were well above that for a match rate and then we continue to show 100 % employment with our graduates.
- Probably some of the big news here in Sioux Falls would be the Metro Center that is essentially done. They're just putting finishing touches on things. I would like to invite everybody to the ribbon cutting event that is going to happen. That will be on September 17th at 4pm. You'll see more information about that in the future.
- We've had some lower numbers with the incoming P1 class. This is something that is noted nationally for most pharmacy programs. However, that number is going up based on strong indicators that we have. For example, my course that I coordinate for pre-pharmacy students in their sophomore year, is PHE 219. The class cap for that is 80. We are close to 100 in that class for capacity. So, we've exceeded that. When it comes to recruiting students, we have had very strong applications and numbers continue to be strong.
- The last thing I'll share is that Cheri Kraemer has been selected as our 2026 distinguished alumnus. She will be honored at our scholarship and Distinguished Alumnus reception, that is going to be on October 31st. at 9:30 am event. So, congratulations.

SD Association of Pharmacy Technicians – (None)

OLD BUSINESS

- Licensing-- Neighbors Pharmacy, LLC -- Lafayette, Motion
 - Regarding Neighbors Pharmacy, LLC in Lafayette, what transpired was an initial application for licensure. This was brought to our last board meeting in April. With that, there was some Incompleteness on the initial application. The board office sent emails that were met with radio silence. So, this application had been brought to the board to get out of the queue and a denial. So that denial was voted and approved. When we sent that denial letter to them. They immediately responded and worked very closely with us to correct the issues. They

have met everything that is needed for licensure. With the letter that's been brought to the board if you choose to do so, it would be recommended that you repeal the denial that was issued last board meeting and accept their license application for a non-pharmacy license permit.

- Some information about Neighbors Pharmacy, LLC, they are a hybrid pharmacy. The retail side is a staple in Lafayette, LA. We have never mailed anything out of our state. We're not at that phase yet, but once we get licensed in a few other states, we're working on a niche that we have with dermatology, women's health, and/or wellness, where we present to the physician, I guess, a program of items that we have that could be specific for their patient.

Motion was made to rescind the previous denial of the Neighbors Pharmacy licensure and move to approve their application and licensure (Hansen / Clarambeau / unanimous)

- Open Meeting Laws Review- Annual Discussion - David McVey, Board Attorney
 - SDCL 12513. requires all public bodies to annually review the explanation of the open meetings laws. It defines an official meeting as one where a quorum of a public body is present at which official business or public policy is discussed or decided.
 - The review has been completed in compliance with SDCL 1-25-13.
- Donated Drug Redispensing Program update.
 - The Board received an unfunded mandate following passage of legislation establishing the Donated Prescription Drug and Medical Supply Redispensing Program. Staff collaborated with relevant entities to support passage of the law, draft program rules, and implement the program.
 - The program continues to operate within limited means due to its unfunded status.
A dedicated page on the Board's website provides access to the Donated Drug Prescription Program, including a secure Google Document listing available donated products and participating pharmacies.
 - The Board has received increased inquiries from West River residents wishing to donate medications. Outreach efforts to recruit a participating West River pharmacies are ongoing.
 - Pharmacies may sign up through a simple approval process.
Once approved, pharmacies receive credentials to access and edit the secure Google Document.
Participating pharmacies may update product availability, view inventory added by other pharmacies, and coordinate dispensing or distribution of products for eligible patients.
 - Total number of dispensing: **207**
 - Total days' supply dispensed: **6,086**
 - Total units dispensed (medications and supplies): **18,350**
 - The Board partners with Optum, which supports the program at no cost.
Dispensing pharmacies process items through a designated card that zeroes out charges and records pricing data.
Reported cost savings over two years:
 - Wholesale Acquisition Cost (WAC): **\$599,919.93**
 - Average Wholesale Price (AWP): **\$764,106.00**

NEW BUSINESS

Request to accept an inspection type -Tyler Laetsch, Ernest Gates

- Gates Healthcare Associates -- Inspection for license acceptance. -- Ernest P. Gates Jr., R.Ph, FASCP, FIACP, FACA.
 - Gates representative (Ernest Gates) set to present to the board more information regarding their company, and why they are seeking inspecting approval from the board of pharmacy.
 - Gates is a consulting agency that works as a representation of boards to send reports regarding compliance for Entities wishing to ship into the states.
 - Nationally recognized Inspecting agency since 1994 who offer a more comprehensive report due to the various nuances of 503A's and 503B's
 - They are accepted in 48 states and in Canada. All inspectors are active members; and are consulted to keep the company updated on the education and nuances of various state boards' qualifications.
 - We offer a priority report under the simplicity with a red, yellow color system. (red for noncompliance, yellow for partial compliance, etc.).
 - All inspections reports are compliant with USP 795, USP 797, and USP 800 standards.
 - Gates can also provide monitoring. This is something that can be arranged with a consent agreement for pharmacies that show continuous errors in their reports.
 - Currently the estimated time for the FDA to inspect a facility is roughly two years. Gates Healthcare Associates is here to fill that niche.

Motion to accept Gates Healthcare Associates as a board approve inspection (Kraemer / Clarambeau / unanimous)

Licensing -- Albertsons, LLC. Boise, ID, Jessica Covaci, PharmD

- Staff presented a non-resident pharmacy application from Albertsons/Safeway. The Idaho-based location plans to perform central data processing and pharmacist verification work for prescriptions ultimately filled at Safeway pharmacies in Rapid City, South Dakota.
- This operational model is new for South Dakota retail pharmacies, prompting review by the Board.
- Staff noted the closest precedent is remote pharmacist verification conducted in hospital settings. In those cases, both the non-resident pharmacy and any pharmacists performing the work must hold South Dakota licensure.
- Board members agreed that the same precedent should apply here to remain consistent with past decisions and ensure compliance with South Dakota laws.
- The Board concurred that all pharmacists involved in remote processing or verification for South Dakota patients must be licensed in South Dakota.
- The non-resident pharmacy application itself is complete and acceptable. Before approval, staff will notify Albertsons/Safeway that pharmacist licensure in South Dakota is required for those performing the remote work.
- A motion was requested to approve the non-resident pharmacy license with the condition that participating pharmacists obtain South Dakota licensure.

Motion to table the non-resident pharmacy license for Albertsons, LLC. until pharmacists obtain South Dakota licensure (Clarambeau / Kremer/ unanimous)

EDUCATION

Licensing

- Staff provided a comprehensive overview of all license and registration categories to illustrate the scale of regulatory responsibility managed by the Board.

PDMP DTAG Data Request

- The Drug Threat Analysis Group (DTAG) is an initiative funded by the Office of National Drug Control Policy (ONDCP) through the High Intensity Drug Trafficking Areas (HIDTA) Program. It collects, analyzes, and shares intelligence to identify and respond to emerging drug threats nationwide. DTAG annually requests data from all state PDMPs to support their initiative in identifying licit and illicit drug threats impacting the United States. SD has provided the requested data beginning in 2024.
- Staff noted the DTAG PDMP data request is expected to continue annually.

OTHER BUSINESS

Recent Meeting News

- NABP Annual Meeting, Boston, MA May 12-15
- SDSHP Annual Conference, Sioux Falls April 17-18, 2026.

Future Board Meetings – all held in Sioux Falls Board Room unless otherwise noted.

- October 9, 2026, 9 AM
- January 15, 2027, 9 AM
- April 9, 2027, 9 AM
- July 9, 2027, 9 AM

Upcoming Meetings

- District V NAPB/AACP 2026 Meeting: Hastings, MN, August 6-8, 2026.
- SDPhA Annual Convention, September 10-12, 2026, Brookings, SD.
- SDSHP Annual Conference, April 16-17, 2027, Sioux Falls, SD.
- NABP 123rd Annual Meeting, New Orleans, LA, May 11-14, 2027.

Motion to adjourn (Rising / Kremer/ unanimous). Meeting adjourned at 12:34 p.m.

LICENSE SUMMARY**PERIOD 7/1/26 – 9/30/26****Licensed Pharmacists for Period****29 New****2126 Total**

License #	Last Name	First Name	City	State
7364	Dellwo	Ella	Sioux Falls	SD
7365	Kuper	Tori	Sioux Falls	SD
7366	Nunez	Natalie	Sioux Falls	SD
7367	Snedaker	Kolton	Huron	SD
7368	Prouty	Jessie	Sioux Falls	SD
7369	Zeeb	Deni	Pierre	SD
7370	Sudenga	Brianna	Harrisburg	SD
7371	Levitt	Eric	Sioux Falls	SD
7373	Russman	Jace	Edgemont	SD
7374	LaFleur	Jaden	Rapid City	SD
7375	Harpenau	Kassidy	Salix	IA
7377	Walden	Channing	Sioux Falls	SD
7378	Ragsdale	Carine	Harrisburg	SD
7379	Dunteman	Brittany	Harrisburg	SD
7380	Dao	Lucas	Sioux Falls	SD
7383	Doss	Skyler	Harrisburg	SD
7384	Guimont	Lillian	Rapid City	SD
7386	Hokanson	Halle	Rosholt	SD
7388	Stahle	Hunter	Mitchell	SD
R-7372	Redmon	Shelley	Alton	IA
R-7376	Bockorny	Aubrey	Aberdeen	SD
R-7381	Reyna	Corina	Eagle	ID
R-7382	Chaudry	Sadaf	Ypsilanti	MI
R-7385	Updike	Wendy	Tampa	FL
R-7387	Ritter	Susan	Atoka	OK
R-7389	BURGARD	MICHAEL	Kearney	MO
R-7390	Bailey	Lynnette	Rapid City	SD
R-7391	Ozborn	Garrette	Sioux Falls	SD
R-7392	Holden	J	Nampa	ID

Registered Interns for Period**60 New****207 Total**

License #	Last Name	First Name	City	State
I-3444	Gubka	Wayne	Spearfish	SD
I-3445	Ellison	Logan	Crooks	SD
I-3446	Ross	Isaac	Brookings	SD
I-3447	Rehal	Alyssa	Sioux City	IA
I-3448	Reuter	Austin	Crooks	SD
I-3449	Cyphert	Evan	Aurora	SD
I-3450	Hansen	Chloe	Sioux Falls	SD
I-3451	Ostrem	Avery	Tea	SD
I-3452	Hodge	Lindsay	Brookings	SD
I-3453	Turgeon	Lauren	Tea	SD
I-3454	Morris	Olivia	Sioux Falls	SD
I-3455	Bogenreif	Avery	Parkston	SD
I-3456	Sieve	Katherine	Rochester	MN
I-3457	Vetch	Logan	Mobridge	SD
I-3458	Knopf	Ethan	Sioux Falls	SD
I-3459	Goebel	Benjamin	Bath	SD
I-3460	Ripley	Ashley	Brookings	SD
I-3461	Riley	Abigail	Brookings	SD
I-3462	Ray	Jackson	Brandon	SD
I-3463	Wade	Addison	Britton	SD
I-3464	Nemmers	Meredith	Fairmont	MN
I-3465	Tuttle	Sophia	N Sioux City	SD
I-3466	Gullikson	Grace	Parker	SD
I-3467	Pacer	Joseph	Bennington	NE
I-3468	Weber	Sierra	Emery	SD
I-3469	Kuehl	Lukas	Litchfield	MN
I-3470	Feldkamp	Ellie	Brandon	SD
I-3471	Mudder	Easton	Tyndall	SD
I-3472	Pavlish	Grace	Yankton	SD
I-3473	Caldwell	Noah	Sioux City	IA
I-3474	Sterzinger	Kylie	Ivanhoe	MN
I-3475	Paulson	Andrew	Sioux Falls	SD
I-3476	Waldner	Vivien	Brookings	SD
I-3477	Poncelet	MaKayla	Sioux Falls	SD
I-3478	Steffl	Ella	Brookings	SD
I-3479	Decker	Wesley	Lennox	SD
I-3480	Henry	Elizabeth	Brookings	SD
I-3481	Brunick	Addison	Brookings	SD
I-3482	Leonard	Jack	Lonsdale	MN
I-3483	Sander	Siri	Sioux Falls	SD
I-3484	Ondricek	Allison	Sioux Falls	SD
I-3485	Petersen	Carmine	Sioux Falls	SD
I-3486	Holz	Grace	Darwin	MN
I-3487	Good	Emma	Sartell	MN
I-3488	Verhelst	Kalee	Canby	MN
I-3489	Fleischman	Elliott	Edgerton	MN
I-3490	Van Gilder	Kinsley	Watertown	SD
I-3491	Spier	Sophie	Sioux Falls	SD
I-3492	Opdahl	Talayna	Hazel	SD
I-3493	Argueta Castillo	Jennifer	Sioux Falls	SD
I-3494	Hawley	Coralee	Sioux Falls	SD

I-3495	Roder	Brea	Hermosa	SD
I-3496	Swanson	Owen	Aberdeen	SD
I-3497	Hall	Michael	Lennox	SD
I-3498	Krenik	Ian	Madison Lake	MN
I-3499	Crane	Kailee	Brookings	SD
I-3500	Smith	Kimberly	Macedonia	IA
I-3501	Jacobson	Makenna	Rapid City	SD
I-3502	Karkour	Raghad	Brookings	SD
I-3503	Stadheim	Callie	Sioux Falls	SD

Registered Technicians for Period**93 New****1756 Total**

License #	Last Name	First Name	City	State
#8431	Omar	Fatma	Sioux Falls	SD
#8432	Simon	Paige	Sioux Falls	SD
#8433	Porras	Lindsey	Sioux Falls	SD
#8434	Sinha	Kavita	Sioux Falls	SD
#8435	Kallio	Emma	Tyler	MN
#8436	Sanders	Cordelia	Sioux Falls	SD
#8437	Colna	Joseph	Mitchell	SD
#8438	OLSON	JUNE	Reville	SD
#8439	Conrad	Dawn	Brandon	SD
#8440	Oregel	Graviela	Sioux Falls	SD
#8441	Wall	Alexis	Elk Point	SD
#8442	Gravatt	Savannah	Harrisburg	SD
#8443	Eckstine	Kameron	Pierre	SD
#8444	Roberts	Crystal	Sioux Falls	SD
#8446	Seppanen	Leah	Watertown	SD
#8447	Attema	Hailey	Sioux Falls	SD
#8448	Aseron	Dianna Mari	Sioux Falls	SD
#8449	Vogel	Emma	Aberdeen	SD
#8450	Czerny	Nathan	Sioux Falls	SD
#8451	Leger	Kelsey	Rapid City	SD
#8452	Aguon	Jasmine	Ellsworth Afb	SD
#8453	Ewalt	Melissa	Watertown	SD
#8454	Kor	Taylor	Clear Lake	SD
#8455	Peterson	Kayla	Watertown	SD
#8456	Fullenkamp	Dawson	Elk Point	SD
#8457	Blake-Sparks	Zachary	Salt Lake City	UT
#8458	Whiting	Kasie	Sioux Falls	SD
#8459	Hoffman	Haylie	Sioux Falls	SD
#8460	Newberg	Kayla	Sioux Falls	SD
#8461	Carter	Emily	Grand Forks	ND
#8462	Westphal	Brynley	Sioux Falls	SD
#8463	brokaw	nickole	Papillion	NE
#8464	Lehenbauer	Justin	Sioux Falls	SD
#8465	Heinle	Baylee	Sturgis	SD
#8466	Ruggles	Christopher	Brookings	SD
#8467	Eberhardt	Marcella	Watertown	SD
#8468	Schoeberl	Teri	Dell Rapids	SD
#8469	Blue	Aubree	Sioux Falls	SD
#8470	wegleitner	aaliyah	Sioux Falls	SD
#8471	Knickrehm	John	Sioux Falls	SD
#8472	Taylor	Nautia	Sioux Falls	SD
#8473	Murray	Karsten	Tea	SD
#8474	Manley	Za'Miya	Sioux Falls	SD
#8475	Block	Kennedy	Rapid City	SD
#8476	Spry	Alyn	Brookings	SD
#8477	Rhead	Vada	Rapid City	SD
#8478	Jackson	Don	Yankton	SD
#8479	Kimball	Kendra	Rapid City	SD
#8480	Uroda	Kris	Sioux Falls	SD
#8481	Terhark	Evelyn	De Smet	SD
#8482	Keegel	Shelly	Platte	SD

#8483	Nimmoor	Ashlynn	Rapid City	SD
#8484	Schmelz	Zoey	Rapid City	SD
#8485	Borg	Calen	Urbandale	IA
#8486	McDonald	Jillian	Trail City	SD
#8487	Lemke	Kelli	Sioux Falls	SD
#8488	Sauer	Joshua	South Bend	IN
#8489	Rother	Tanya	Bridgewater	SD
#8490	Miller	Kathy	Sturgis	SD
#8491	Petersen	Blake	Brookings	SD
#8492	Kuriga	Daisuke	Rapid City	SD
#8493	Schreiner	Karlie	Rapid City	SD
#8494	Hublein	Heidi	Independence	KY
#8495	Somsawat	Ciara	Sioux Falls	SD
#8496	horton	arro	Wyoming	MI
#8497	Maunu	Jordyn	Aberdeen	SD
#8498	Thompson	Brody	Crooks	SD
#8499	Senger	Sydney	Rapid City	SD
#8500	Olson	Jacqueline	Yankton	SD
#8501	McDougall	Jordan	Sioux Falls	SD
#8502	Rai	Sunita	Sioux Falls	SD
#8503	Padua	Asia	Box Elder	SD
#8504	Juhnke	Abagail	Avon	SD
#8505	Vallarelli	Joseph	Sioux Falls	SD
#8506	SAFRIWE	TAHARR	Sioux Falls	SD
#8507	Wold	Benjamin	Yankton	SD
#8508	Monson	Arlene	Minot	ND
#8509	Welter	Kalie	Sioux City	IA
#8510	Sanders	Kathryn	Box Elder	SD
#8511	Aguer	Akuel	Vermillion	SD
#8512	Irish	Sara	Sioux City	IA
#8513	Dowling	Emilee	Carroll	NE
#8514	Kubicz	Agnieszka	Baltimore	MD
#8515	Messersmith	Elizabeth	Vermillion	SD
#8516	Stearns	Brynn	Harrisburg	SD
#8517	Bluedorn	Allison	Saint James	MN
#8518	Rankin	Nathan	Sioux Falls	SD
#8519	beldin	abigail	Hartford	SD
#8520	Neely	Jade	Nisland	SD
#8521	Vendt	Anne	Mitchell	SD
#8522	Hayward	Ida	Box Elder	SD
#8523	Stahlecker	Sydney	Tea	SD
#8524	Schuldt	Sierra	Watertown	SD
#8525	Warwick	Gaven	Sioux Falls	SD

Licensed Full-Time SD Pharmacies for Period

4 New

238 Total

License #	Business	DBA	City	State
100-2109	EHC Rapid City LLC	Exceptional Community Hospital Rapid City	Rapid City	SD
100-2108	Avera McKennan		Sioux Falls	SD
100-2107	B&R Healthcare Sioux Falls, LLC	Vital Care of Sioux Falls	Sioux Falls	SD
100-2106	Monument Health Custer Hospital		Custer	SD

Licensed Part-Time SD Pharmacies for Period

0 New

55 Total

Licensed Non-Resident Pharmacies for Period

43 New

1068 Total

License #	Business	DBA	City	State
400-2777	Albertsons LLC	Albertsons Specialty Care Pharmacy	Boise	ID
400-2776	Strive Pharmacy Tampa LLC		Tampa	FL
400-2775	PURE PATH COMPOUNDING PHARMACY	Pure Path Pharmacy	Boise	ID
400-2774	Lizzy and Brothers, LLC	Kaduceus Pharmacy	Houston	TX
400-2773	Canyon Pharmaceutical, LLC	Rock Canyon Pharmacy	Provo	UT
400-2772	Camel Compounding LLC		Miami	FL
400-2771	Medrock Texas Pharmacy LLC		Colleyville	TX
400-2770	Voshell's Pharmacy Inc.	Voshell's Pharmacy	Baltimore	MD
400-2769	Trident Pharmacy LLC	Trident Pharmacy	Rosenberg	TX
400-2768	Blue Ocean Rx LLC	Blue Ocean Rx LLC	Houston	TX
400-2767	W & C Apothecary	The Apothecary	Sartell	MN
400-2766	Blaze Pharmacy	Verra Rx	Apache Junction	AZ
400-2765	Baton Rouge General Medical Center	Baton Rouge General Cmpding Pharmacy	Baton Rouge	LA
400-2764	PETNET Solutions, Inc.		Denver	CO
400-2763	HeliosRx LLC		Tempe	AZ
400-2762	Senior Life Pharmacy GA, LLC	Senior Life Pharmacy	Thomasville	GA
400-2761	MediLink RxCare Hammonton, LLC	Medilink RxCare	Hammonton	NJ
400-2760	Evexia Rx LLC	Purescripts	Bloomington	MN
400-2759	Jubilant DraxImage Inc.	Jubilant Radiopharma	Pine Brook	NJ
400-2758	Safer Pharmacy, Inc.		Far Rockaway	NY
400-2757	Schwartz RX Inc.	Vital Care of Mequon	Mequon	WI
400-2756	Archway Apothecary, L.L.C.	Archway Apothecary	Ponchatoula	LA
400-2755	Canyon River LLC	lue Swan Pharmacy - Tempe	Tempe	AZ
400-2754	Healix Infusion Therapy, LLC		Sugar Land	TX
400-2753	Benzer CO1 LLC	Byers Pharmacy	Byers	CO
400-2752	Pharmacy Enterprises of Texas, LLC	Scripx	Murphy	TX
400-2751	Allure Compounding Pharmacy LLC	ALLURE COMPOUNDING PHARMACY	Frisco	TX
400-2750	Liberty Compounding LLC	Liberty Compounding LLC	Miami Gardens	FL
400-2749	Leeds Pharmacy, LLC	Leeds Pharmacy	Murphy	TX
400-2748	California Specialty Pharmacy		Whittier	CA
400-2747	Costco Wholesale Corporation	Costco Pharmacy #1840	Scottsdale	AZ
400-2746	Pharmacy at the Reef, LLC		Key Largo	FL
400-2745	Capture Lab Rx, LLC	Capture Lab Rx	Laramie	WY
400-2744	AmerApex Rx, LLC		Troy	MI
400-2743	ELITE CARE PHARMACY		Hockley	TX
400-2742	All Discount Pharmacy, LLC		Delray Beach	FL
400-2741	Premium Compounding Pharmacy	Premium Compounding Pharmacy	Decatur	AL
400-2740	Lexington Compounding Pharmacy, Inc.	Lexington Compounding Pharmacy	Lexington	KY
400-2739	MED-PLUS PHARMACY LLC	POLARIS PHARMACY SERVICES	Covina	CA
400-2738	TheraGenix Pharmacy Inc	TheraGenix Pharmacy	Maynard	MA
400-2737	Vials		Tomball	TX
400-2736	Premier Compounding Pharmacy, Inc	Premier Custom Pharmacy	Palm Beach Gardens	FL
400-2735	Neighbors Pharmacy, LLC	Neighbors Pharmacy	Lafayette	LA

Licensed Wholesale & Other Drug Distributors for Period**20 New****1352 Total**

License #	Business	DBA	City	State
600-3914	ArriVent BioPharma, Inc.		Gaithersburg	MD
600-3915	Vero Biotech Inc.		Austell	GA
600-3913	Hanna's Pharmaceutical Supply Co		Wilmington	DE
600-3912	Home Care Delivered, Inc.	Home Care Delivered	Richmond	VA
600-3908	LINDE GAS & EQUIPMENT INC.		Bismarck	ND
600-3909	Accutome Inc.	Keeler USA	Malvern	PA
600-3910	Dyne Therapeutics, Inc.		Waltham	MA
600-3911	SteriMax USA Inc.		Mountainside	NJ
600-3907	Cingulate Therapeutics LLC		Westwood	KS
600-3904	Novartis Innovative Technologies		East Hanover	NJ
600-3905	Fresenius USA Manufacturing, Inc	Fresenius Medical Care NA	Aurora	CO
600-3906	Theratechnologies U.S., Inc.		Keller	TX
600-3902	Mixlab Services, LLC.		New York	NY
600-3903	Priovant Therapeutics, Inc.		Boston	MA
600-3896	BiocarePharmRX, LLC	BiocarePharmaRX	Houston	TX
600-3897	Camurus, Inc.		Princeton	NJ
600-3898	TrillaMed, LLC		Southfield	MI
600-3899	Dechra Veterinary Products, LLC		Boston	MA
600-3900	ProdigyMD, LLC		Shreveport	LA
600-3901	ProdigyMD, LLC		Olive Branch	MS

Remaining Authority by Object/Subobject

Expenditures current through 10/03/2026 11:50:36 AM

HEALTH -- Summary

FY 2027 Version -- AS -- Budgeted and Informational

FY Remaining: 74.2%

09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
EMPLOYEE SALARIES							
5101010 F-t Emp Sal & Wages	676,905	148,229	0	0	528,676	78.1	
5101020 P-t/temp Emp Sal & Wages	215,730	38,706	0	0	177,024	82.1	
5101030 Board & Comm Mbrs Fees	5,579	1,660	0	0	3,919	70.2	
Subtotal	898,214	188,595	0	0	709,619	79.0	
EMPLOYEE BENEFITS							
5102010 Oasi-employer's Share	68,777	14,105	0	0	54,672	79.5	
5102020 Retirement-er Share	33,790	10,617	0	0	23,173	68.6	
5102060 Health Insurance-er Share	80,731	25,292	0	0	55,439	68.7	
5102080 Worker's Compensation	1,266	318	0	0	948	74.9	
5102090 Unemployment Compensation	375	86	0	0	289	77.1	
Subtotal	184,939	50,418	0	0	134,521	72.7	
51 Personal Services							
Subtotal	1,083,153	239,013	0	0	844,140	77.9	
TRAVEL							
5203010 Auto-state Owned-in State	3,229	1,909	0	0	1,320	40.9	
5203020 Auto Priv (in-st.) L/rte	2,600	572	0	0	2,028	78.0	
5203030 Auto-priv (in-st.) H/rte	7,090	5,097	0	0	1,993	28.1	
5203040 Air-state Owned-in State	3,000	0	0	0	3,000	100.0	
5203100 Lodging/in-state	9,673	1,317	0	0	8,356	86.4	
5203140 Meals/taxable/in-state	1,679	278	0	0	1,401	83.4	
5203150 Non-taxable Meals/in-st	2,000	952	0	0	1,048	52.4	
5203220 Auto-priv.(out-state) L/r	200	0	0	0	200	100.0	
5203230 Auto-priv.(out-state) H/r	1,600	134	0	0	1,466	91.6	
5203260 Air-comm-out-of-state	10,000	0	0	0	10,000	100.0	
5203280 Other-public-out-of-state	100	0	0	0	100	100.0	
5203300 Lodging/out-state	9,900	885	0	0	9,015	91.1	
5203320 Incidentals-out-of-state	652	0	0	0	652	100.0	
5203350 Non-taxable Meals/out-st	900	36	0	0	864	96.0	
Subtotal	52,623	11,180	0	0	41,443	78.8	
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	104,928	8,117	0	145,022	56.2	
5204080 Legal Consultant	4,278	0	0	0	4,278	100.0	

Remaining Authority by Object/Subobject

Expenditures current through 10/03/2026 11:50:36 AM

HEALTH -- Summary

FY 2027 Version -- AS -- Budgeted and Informational

FY Remaining: 74.2%

09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
5204090 Management Consultant	0	10,000	0	0	-10,000		0.0
5204140 Contract Pymts To St Agen	15,200	0	0	0	15,200		100.0
5204160 Workshop Registration Fee	6,500	1,315	0	0	5,185		79.8
5204180 Computer Services-state	42,034	8,769	0	0	33,265		79.1
5204181 Computer Services-state	3,919	0	0	0	3,919		100.0
5204200 Central Services	9,080	2,063	0	0	7,017		77.3
5204202 Central Services	103	0	0	0	103		100.0
5204203 Central Services	103	0	0	0	103		100.0
5204204 Central Services	418	112	0	0	306		73.2
5204207 Central Services	5,638	1,999	0	0	3,639		64.5
5204220 Equipment Serv & Maint	600	148	0	0	452		75.3
5204230 Janitorial & Maint Serv	0	192	0	0	-192		0.0
5204320 Audit Services-private	1,000	0	0	0	1,000		100.0
5204330 Computer Software Lease	500	0	0	0	500		100.0
5204360 Advertising-newspaper	1,000	0	0	0	1,000		100.0
5204430 Publishing	1,000	124	0	0	876		87.6
5204460 Equipment Rental	2,100	98	0	0	2,002		95.3
5204510 Rents-other	250	0	0	0	250		100.0
5204521 Revenue Bond Lease Payment	600	184	0	0	416		69.3
5204525 Revenue Bond Lease Payment	42,277	11,500	0	0	30,777		72.8
5204530 Telecommunications Srvc	5,200	1,134	0	0	4,066		78.2
5204550 Garbage & Sewer	400	0	0	0	400		100.0
5204590 Ins Premiums & Surety Bds	2,450	0	0	0	2,450		100.0
5204620 Taxes & License Fees	187,708	0	0	0	187,708		100.0
5204960 Other Contractual Service	392,878	49,199	0	0	343,679		87.5
Subtotal	984,053	192,065	8,117	0	783,871		79.7
SUPPLIES & MATERIALS							
5205020 Office Supplies	4,300	0	0	0	4,300		100.0
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	2,780	540	0	0	2,240		80.6
5205390 Food Stuffs	20	0	0	0	20		100.0
5205980 Procurement Card Purchase	100	0	0	0	100		100.0
Subtotal	9,050	540	0	0	8,510		94.0
CAPITAL OUTLAY							

Remaining Authority by Object/Subobject

Expenditures current through 10/03/2026 11:50:36 AM

HEALTH -- Summary

FY 2027 Version -- AS -- Budgeted and Informational

FY Remaining: 74.2%

09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		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	1,081,490	203,785	8,117	0	869,588		80.4
Total	2,164,643	442,798	8,117	0	1,713,728		79.2



South Dakota Board of Pharmacy

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

Administrative Rule Wavier or Modification Request

Directions: (for completing the form) The following form must be completed and submitted to the office for review. Along with the form provide any policies and procedures documents that would be used to implement the request in your operation and organization. All requests for pharmacy waiver must be submitted by the pharmacist-in-charge. The pharmacist who will oversee the waiver must be available during the board meeting when request is to be discussed. All waivers must be submitted 2 weeks before the board meeting at which it will be brought for consideration.

To be completed by submitter

Is this a _____ new waiver request or a _____ renewal of a previous waiver?

Name & license number of the pharmacy _____

Name & license number of the pharmacist-in-charge _____

Name & license number for pharmacist who will oversee the
_____ waiver

Location/Address where waiver will be implemented

Rule number requested to be waived (*i.e. ARSD 20:51:xx*) _____

Timeframe for which the waiver is requested. *Requests must be reviewed at least annually and therefore must be for 1 year or less.*

In a separate document the following must be provided with the submission of this form.

- Explain reason for waiver.
- Describe process/practice to be implemented with the waiver.
- Describe how the activities under the waiver will be monitored.

Submitter Name: _____ Date: _____

To be completed by South Dakota Board of Pharmacy office:

Waiver Request Status: () Granted () Denied

Date of approval:

Date of Expiration:



JUN 08 2026

Monument Health Lead Deadwood Hospital
61 Charles Street
Deadwood, SD 57732
P: (605) 717-6433
www.monument.health

May 25, 2026

Tyler Laetsch, Executive Director
South Dakota Board of Pharmacy
4001 W. Valhalla Blvd Suite 106
Sioux Falls, SD 57106

Dear Tyler,

I am requesting a renewal of the variance regarding on site visits at Monument Health Lead Deadwood Hospital Telepharmacy site. The current South Dakota Board of Pharmacy rules require a pharmacist on site on a weekly basis. I am requesting the renewal to be allowed to continue to have a pharmacist on site twice monthly, instead of weekly.

We continue to provide all order entry with pharmacist at either Monument Health Spearfish Hospital or Rapid City Hospital. The majority of medications are available in our Omnicell machines. The Omnicell refills continue to be provided from Monument Health Rapid City Hospital. Restocking of Omnicell is done with barcode scanning to verify the correct drug is being placed in the correct location.

The pharmacy technician and nursing supervisors have direct access with an audio-visual link to the pharmacist at Monument Health Spearfish Hospital.

Controlled substances are dispensed via the Omnicell machines. Proactive diversion reports are reviewed routinely, along with diversion monitoring software reports. We have a camera in pharmacy and badge reader access to the main pharmacy door. Badge reader reports are reviewed weekly. We have implemented the pharmacy Omnicell Controlled Substance Manager machine for control of all narcotics in the pharmacy.

We continue to provide excellent patient care to the patients of this facility remotely via our telepharmacy solution. The pharmacists at Monument Health Spearfish Hospital are available to be on site at any time if such the need arises.

Respectfully,

Tiffany Clendenen
Pharmacy Manager
Spearfish, Lead Deadwood and Sturgis Hospital Pharmacies

- Explain reason for waiver.

This waiver will allow qualified, trained technicians to independently complete “tech-check-tech” (TCT) product verification which supports expansion of clinical pharmacist patient care in the hospital setting.

- Describe process/practice to be implemented with the waiver.

Medications removed from the pharmacy automation system using barcode scanning will be checked for accuracy by a product verification technician. The checking technician will ensure medication name, strength, formulation and quantity are accurate. The checking technician will also inspect product and package integrity as well as ensure expiration date and storage conditions are appropriate.

- Describe how the activities under the waiver will be monitored.

After completing training, the product verification technicians will initially be validated by 5 separate audits and must perform with at least 99.6% accuracy. Ongoing monitoring includes semiannual audits during year one and annually thereafter. Audits will be random and unannounced and are intended to ensure competency and accuracy of product verification is maintained.

**South Dakota Board of Pharmacy
4001 W. Valhalla Blvd, Ste 106
Sioux Falls, SD 57106**

Request for Waiver of ARSD 20:51:29:20 and 20:51:29:22

Reason for Waiver

In accordance with 20:51:14:05-07, Avera McKennan Pharmacy (100-0528) requests an “Administrative Rule Waiver” to implement a Tech-Check-Tech (TCT) program described in the accompanying policy. The program will allow qualified pharmacy technicians and pharmacy interns to perform advanced, non-clinical verification activities for non-patient-specific medications supported by technology. This model preserves the safety and accuracy of medication picks while improving staff efficiency and pharmacist access. Specifically, this will allow pharmacists to devote more time to clinical review, medication management, and other patient-centered responsibilities without compromising medication safety.

Process/Practice

The submitted TCT policy defines the permitted activities, personnel eligibility requirements, training, competency validation, workflow, technology safeguards, and pharmacist oversight. The process uses trained and validated technician checkers, independent verification, and medication-specific barcode technology to support accurate medication selection and distribution. Activities requiring clinical evaluation or pharmacist professional judgment will remain the responsibility of a pharmacist.

The standardized workflow, technology controls, and independent checking process ensures that medications will be handled accurately and consistently while improving the efficiency of pharmacy operations. As evidence, ongoing quality data tracking have demonstrated a first-pick error rate of <1.3% over 1512 line items checked in a 3-month timeframe.

Monitoring of Waiver Activities

Activities conducted under the waiver will be monitored in accordance with the submitted TCT policy. Monitoring will include pharmacist quality-assurance audits, documentation and review of identified discrepancies, ongoing performance evaluation, and periodic revalidation of participating personnel. The Pharmacy Supervisor or Manager will oversee the program and may require additional review, retraining, revalidation, or removal of checking privileges when established performance expectations are not met.

These safeguards provide ongoing measurement of program accuracy and accountability and allow prompt corrective action if a potential safety concern is identified.

Ryan A. Waybright, PharmD, BCCCP
Assistant Vice President – Hospital Pharmacy
Avera McKennan Hospital & University Health Center

**South Dakota Board of Pharmacy
4001 W. Valhalla Blvd, Ste 106
Sioux Falls, SD 57106**

Request for Waiver of ARSD 20:51:29:20 and 20:51:29:22

Reason for Waiver

In accordance with 20:51:14:05-07, Avera McKennan Pharmacy (100-2108) requests an “Administrative Rule Waiver” to implement a Tech-Check-Tech (TCT) program described in the accompanying policy. The program will allow qualified pharmacy technicians and pharmacy interns to perform advanced, non-clinical verification activities for non-patient-specific medications supported by technology. This model preserves the safety and accuracy of medication picks while improving staff efficiency and pharmacist access. Specifically, this will allow pharmacists to devote more time to clinical review, medication management, and other patient-centered responsibilities without compromising medication safety.

Process/Practice

The submitted TCT policy defines the permitted activities, personnel eligibility requirements, training, competency validation, workflow, technology safeguards, and pharmacist oversight. The process uses trained and validated technician checkers, independent verification, and medication-specific barcode technology to support accurate medication selection and distribution. Activities requiring clinical evaluation or pharmacist professional judgment will remain the responsibility of a pharmacist.

The standardized workflow, technology controls, and independent checking process ensures that medications will be handled accurately and consistently while improving the efficiency of pharmacy operations. As evidence, ongoing quality data tracking have demonstrated a first-pick error rate of 0.05% over 65,487 line items pulled in a 3-month timeframe.

Monitoring of Waiver Activities

Activities conducted under the waiver will be monitored in accordance with the submitted TCT policy. Monitoring will include pharmacist quality-assurance audits, documentation and review of identified discrepancies, ongoing performance evaluation, and periodic revalidation of participating personnel. The Pharmacy Supervisor or Manager will oversee the program and may require additional review, retraining, revalidation, or removal of checking privileges when established performance expectations are not met.

These safeguards provide ongoing measurement of program accuracy and accountability and allow prompt corrective action if a potential safety concern is identified.

Ryan A. Waybright, PharmD, BCCCP
Assistant Vice President – Hospital Pharmacy
Avera McKennan Hospital & University Health Center

**South Dakota Board of Pharmacy
4001 W. Valhalla Blvd, Ste 106
Sioux Falls, SD 57106**

Request for Waiver of ARSD 20:51:15:12

Reason for Waiver

In accordance with 20:51:14:05-07, Avera McKennan (100-0528) requests an “Administrative Rule Waiver” for ARSD 20:51:15:12 related to storage of drugs located in areas other than the pharmacy. The request is limited to accepting KitCheck electronic records and monitoring as an alternative to separate manual documentation and tracking for pharmacy-prepared medication kits and trays stored outside the pharmacy. Avera McKennan will continue to maintain pharmacist-in-charge supervision and comply with all other applicable requirements for medication storage, security, integrity, and accountability.

KitCheck provides item-level traceability for medication contents, lot numbers, expiration dates, preparation and verification activity, replenishment, and the location of each kit or tray. These electronic records provide continuous, readily retrievable oversight while eliminating duplicate manual records. The waiver will allow pharmacy staff to devote more time to medication distribution and patient care without reducing accountability or the pharmacist's ability to supervise medications stored throughout the facility.

Process and Practice

Pharmacy-prepared kits and trays will be managed in accordance with the accompanying policy. KitCheck will document the medication quantities, lot numbers, expiration dates, preparer and checker, replenishment activity, and current location of each kit or tray. KitCheck reports will serve as the documentation for covered kits and trays and will be available on demand for pharmacy oversight and regulatory review. The waiver will not change clinical review requirements, medication security standards, or the pharmacist-in-charge's responsibility for general supervision.

Monitoring of Waiver Activities

The Pharmacy Operations Manager, under the oversight of the pharmacist-in-charge, will administer the KitCheck program and monitor compliance with the accompanying policy. System reports and notification information will be reviewed on an established schedule to identify expiring medications, incomplete records, location discrepancies, and kits or trays requiring replenishment or follow-up. Identified discrepancies will be documented, investigated, corrected, and addressed through additional review, training, or workflow changes as appropriate. KitCheck records and monitoring reports will remain available to the Board upon request.

Ryan A. Waybright, PharmD, BCCCP
Assistant Vice President – Hospital Pharmacy
Avera McKennan Hospital & University Health Center

**South Dakota Board of Pharmacy
4001 W. Valhalla Blvd, Ste 106
Sioux Falls, SD 57106**

Request for Waiver of ARSD 20:51:15:12

Reason for Waiver

In accordance with 20:51:14:05-07, Avera McKennan dba Avera on Louise Inpatient Pharmacy (100-2065) requests an “Administrative Rule Waiver” for ARSD 20:51:15:12 related to storage of drugs located in areas other than the pharmacy.

The request is limited to accepting KitCheck electronic records and monitoring as an alternative to separate manual documentation and tracking for pharmacy-prepared medication kits and trays stored outside the pharmacy. Avera McKennan will continue to maintain pharmacist-in-charge supervision and comply with all other applicable requirements for medication storage, security, integrity, and accountability.

KitCheck provides item-level traceability for medication contents, lot numbers, expiration dates, preparation and verification activity, replenishment, and the location of each kit or tray. These electronic records provide continuous, readily retrievable oversight while eliminating duplicate manual records. The waiver will allow pharmacy staff to devote more time to medication distribution and patient care without reducing accountability or the pharmacist's ability to supervise medications stored throughout the facility.

Process and Practice

Pharmacy-prepared kits and trays will be managed in accordance with the accompanying policy. KitCheck will document the medication quantities, lot numbers, expiration dates, preparer and checker, replenishment activity, and current location of each kit or tray. KitCheck reports will serve as the documentation for covered kits and trays and will be available on demand for pharmacy oversight and regulatory review. The waiver will not change clinical review requirements, medication security standards, or the pharmacist-in-charge's responsibility for general supervision.

Monitoring of Waiver Activities

The Pharmacy Operations Manager, under the oversight of the pharmacist-in-charge, will administer the KitCheck program and monitor compliance with the accompanying policy. System reports and notification information will be reviewed on an established schedule to identify expiring medications, incomplete records, location discrepancies, and kits or trays requiring replenishment or follow-up. Identified discrepancies will be documented, investigated, corrected, and addressed through additional review, training, or workflow changes as appropriate. KitCheck records and monitoring reports will remain available to the Board upon request.

Timothy L. Magnuson, PharmD, BCPS
Supervisor – Avera on Louise Inpatient Pharmacy
Avera McKennan Hospital & University Health Center



Rapid City Hospital | Department of Pharmacy | Rapid City, SD 57701 | 605-755-8975

South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Ste. 106
Sioux Falls, SD 57106

To Whom it May Concern,

I am writing to the SD Board of Pharmacy to request an operational waiver for the main inpatient pharmacy at Monument Health Rapid City Hospital. Through efforts of many teams here at Monument Health Rapid City Hospital, we have accomplished our patient safety initiative to bring the barcode to the patient's bedside. We are currently able to scan greater than 95% of all medications at the point of care, the patient.

The pharmacy department would like scanning rates to be 100%, but that is truly not an accomplishable goal due to a few situations in which it is impractical, if not impossible, to scan at the point of care. Code blues are an example of such a situation.

The pharmacy department uses barcode technology to move products through the entire process from receiving to distribution. All replenishment from our wholesaler and vendors is accomplished using the manufacturer's barcode. As medications are received in the pharmacy, they are scanned into our Talyst inventory software using the barcode. They are then removed using the barcode either for the Automatic Dispensing Cabinet (ADC) replenishment or for patient specific needs.

All patient medication orders are entered electronically in the hospital Epic computer system and cross over to the ADC and the patient's electronic medication administration record (eMAR). Medications are removed from the ADC using the eMAR and are then administered by nursing to the patient using the eMAR to verify the five rights of medication administration at the bedside. This process includes scanning the barcode and verifying that medication on the eMAR.

My waiver request is for tech check tech on anything that will be verified using an NDC specific barcode for administration to the patient. Many compounded products use a pharmacy generated barcode using the prescription number and these products would still require a pharmacist check. The time that can be saved for the pharmacists allowing tech check tech, while not adversely affecting the health and wellbeing/safety of the patient, helps improve our order turn-around-time thereby improving timely patient care.

The technicians allowed to perform the checking function must be approved by the Pharmacy Director and will meet all the following criteria, at a minimum:

- 1) Nationally board certified (PTCB)
- 2) National Product Verification Certification (PTCB)
- 3) Minimum of 12 months as a certified technician at Monument Health Rapid City Hospital

The pharmacy department will conduct an ongoing quality assurance program with a parallel process improvement program to address all errors associated with tech check tech.

Respectfully,

Veronica Lesselyoung, PharmD, RPh
Director Pharmacy
Monument Health Rapid City Hospital



South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Ste 106
Sioux Falls, SD 57106

Dear Tyler and Board of Pharmacy,

Following find our request for a variance on Pharmacist visits to our 3 telepharmacy sites, Mission Community Pharmacy, Presho Community Pharmacy, and White River Community Pharmacy. While the regulation states that a pharmacist must visit each pharmacy one day a week, it has no requirement for length of stay at the site. In the past, by choice, we stayed at that pharmacy for the entire day helping the technician, helping clinic providers and staff and getting to know the patients we serve in those communities. Because we have 3 telepharmacy locations and 2 pharmacists, we were granted a variance to forego the visit to one pharmacy per week. In the absence of the variance, we have only been able to spend a couple of hours at a location before having to travel on to the next location to get the required visits in.

Our telepharmacies are all approximately 90 miles from the home base. Travel time is also of consideration and can get tougher in the winter months of course. I strongly feel that spending a full day in the pharmacy is in the best interest of our technicians, providers, and patients at our telepharmacies. Our technicians and providers look forward to our visit and it is always amazing to me the problems that get solved, the questions that get answered, and just the overall support to the healthcare efforts in that community when we are on site for that full day.

We are very serious about our commitment to these communities. All are in frontier communities so to speak.....communities that could not hope to employ a full time pharmacist and the service we provide to these communities is extraordinary. Our volume is such that in today's reimbursement environment, a third pharmacist, even if we could find one, would not work financially. We have done this for years. With the variance, we do not visit one of the pharmacies each week thus effectively visiting each pharmacy 3 days per month. All visits are logged and paper work is available at any time and during annual inspection as proof of compliance with the variance. We would request this variance annually.

Our State and Board of Pharmacy were very forward thinking and real about the challenges of serving our very rural communities when telepharmacy licensure and rules were put in place. We are thankful and very proud that we have been afforded the ability to serve these very underserved areas in our State. We respectfully request a variance that would allow us to visit 2 of the 3 pharmacies each week.

Thankyou Sincerely,

Renee Sutton

Pharmacisit In Charge

Burke Community Pharmacy, Inc

Burke, South Dakota 57523

9/30/2026

Judith Zachariasen, Pharm.D., PIC
2700 W 10th St, Suite 200
Sioux Falls, SD 57104

Tyler Laetsch, Pharm.D., RPh.
Executive Director, SD BOP
4001 W Valhalla Blvd., Suite 106
Sioux Falls, SD 57106

Re: Waiver Request ARSD 20:51:29:20

Dear Members of the South Dakota Board of Pharmacy:

Reason for Request:

Hy-Vee would like to request a variance to ARSD 20:51:29:20 at its Pharmacy Fulfillment Center in Sioux Falls, SD, which would allow us pharmacist verification by-pass. This variance request is due in response to the use of automated mechanical distribution devices (AMDD) to provide the labeling, counting, and capping of applicable prescriptions in a fully automated process using Parata Express Robots.

Hy-Vee utilizes a pharmacist verification process, canister replenishment with verification by a pharmacist, quality assurance procedures, industry standard safety procedures and an ongoing evaluation process to ensure patient safety while using the MDS. The AMDD used in Hy-Vee's Central Fill Pharmacy is of high quality and extremely accurate to ensure patient safety.

Implementation:

The physical verification for the prescription drug for the AMDD is focused on the replenishment and filling of the individual canisters. To verify each individual item would greatly decrease the ability of the facility to process prescription medications and in turn decrease their ability to service stores in an effective manner. Compliance with ARSD 20:51:29:20 would remove the efficiencies that render the Central Fill Pharmacy operationally viable. The safety measures laid out further in the application provide an extensive view of the measures already in place to ensure that an individual check of each item is not necessary.

The rule intends to ensure the verification of each product dispensed out of the AMDD. Since a similar verification process takes place when the AMDD canisters are replenished and filled, the need for an individual check of each item that is filled from these canisters is not necessary.

Monitoring:

There are many safety measures in place for this system. First, the AMDD system interface requires an exact NDC number (or other unique drug identifier) match to select the proper drug, strength, and manufacturer for replenishing in the canister. Without an exact match between the drug requested and drug stocked in the robotic system, the operating software will not allow the canister to be replenished. If the pharmacist or technician would attempt to scan an incorrect bottle during the replenishment process, an error code would lock the station requiring a pharmacist to physically inspect the machine and correct the error before proceeding.

Further, AMDD includes a scale which is precisely calibrated for the identified drug in the related canister. The drugs that are dispensed from the canister are then weighed on the scale. The AMDD will detect a drug that does not meet the weight requirement and such an error would also require pharmacist intervention to correct the problem.

Additionally, as an added safety measure, a photograph of the pills that are placed in a canister and every prescription that is filled by the AMDD is taken and recorded.

Finally, a pharmacist physically verifies the first prescription filled out of a filled/refilled canister. If the pharmacist detects any errors through this physical verification process, the pharmacist immediately stops the AMDD process to identify the cause of the error, document the error, correct the error, and take measures to prevent the error from occurring in the future. The current PV-Bypass rate is set at 90%; meaning the other 10% undergoes traditional pharmacist verification.

This variance request was also submitted to the Iowa Board of Pharmacy, the Minnesota Board of Pharmacy and was approved for Hy-Vee central fill sites filling prescriptions for Iowa and Minnesota patients. The Nebraska Board of Pharmacy does not require a variance for this at this time.

Thank you for the opportunity and consideration. I look forward to attending the SD BOP meeting at their October 9th meeting. Please let me know if you have any questions or concerns.

Judith Zachariasen, Pharm.D., PIC
Sioux Falls Pharmacy Fulfillment Center
605-330-8421 (*p*)
605-496-0165 (*f*)

August 13, 2026

South Dakota Board of Pharmacy
4001 W. Valhalla Blvd., Suite 106
Sioux Falls, SD 57106

RE: Request for Board Approval of Medication Take Home Packs

Dear Members of the South Dakota Board of Pharmacy:

I am requesting Board approval to maintain medication take home packs at our Monument Health emergency room, urgent care and remote clinic locations to support timely access to commonly prescribed medications when immediate therapy is clinically indicated and pharmacy access may be limited. This request is intended to improve patient care while maintaining full accountability for storage, dispensing, documentation, labeling, and inventory oversight.

The pharmacy will retain accountability for the medication supply until the medication is dispensed to the patient, and the facilities will follow written procedures aligned with the Board's starter pack guidance, including Board approval for the off-site locations and medication lists.

The following procedures will be followed:

- Medication take home packs will be stored in a locked cabinet with access limited to licensed health professionals.
- Each home pack will be dispensed only pursuant to a prescriber order documented in the patient record.
- Dispensing will occur under the direct supervision of the prescriber.
- Labels will meet applicable South Dakota labeling requirements, and patient directions will be preprinted by the pharmacist when feasible.
- Each container will include an expiration date, and written patient medication information should be provided with each dispensed medication.
- An inventory list will be maintained at all locations and the pharmacy, including medication name, strength and package quantity.
- A dispensing log will be maintained for the off-site supply and will document the date dispensed, patient, medication and provider.
- The pharmacy designee will complete a physical inventory at least every 90 days to verify accountability, expiration dates, and proper storage conditions.

We respectfully request Board approval for the following locations and medication take home pack list so that patients may receive timely initiation of therapy when clinically appropriate.

Monument Health Urgent Care West- 2116 Jackson Blvd. Rapid City, SD 57702

Monument Health Urgent North- 1303 N. Lacrosse St. Rapid City, SD 57701

Monument Health Urgent Care Box Elder- 375 Berky Dr, Box Elder, SD 57719

Monument Health Urgent Care Rapid Valley- 2526 Elderberry Blvd. Rapid City, SD 57703

Monument Health Buffalo Clinic- 209 Ramsland St. Buffalo, SD 57720

Monument Health Hill City Clinic- 238 Elm St. Hill City, SD 57745

Monument Health Custer Clinic- 1220 Montgomery St. Custer, SD 57730

Monument Health Spearfish Urgent Care-1420 N 10th St. Spearfish, SD 57783

Monument Health Sturgis Clinic- 2140 Junction Ave. Sturgis, SD 57785

Rapid City Hospital ED- 353 Fairmont Blvd. Rapid City, SD 57701

Rapid City ED North- 1911 East Mall Dr. Rapid City, SD 57701

Custer ED- 1220 Montgomery St. Custer, SD 57730

Lead/Deadwood ED- 61 Charles St. Deadwood, SD 57732

Spearfish ED- 1440 N Main St. Spearfish, SD 57783

Sturgis ED- 2140 Junction Ave. Sturgis, SD 57785

Please see attached documents for individual inventory lists.

Please let me know if additional information, documentation, policies, inventory forms, or medication list details are needed to complete the Board's review.

Sincerely,

Michele Kooiman

Monument Health Home+ Pharmacy Manager

605-755-8425

mkooiman@monument.health

Supply Chain Safety In Pharmacy To Pharmacy Marketplaces

Shabbir Imber Safdar, Executive Director
Partnership for Safe Medicines

shabbir@safemedicines.org / 415-630-3736

ADAP Advocacy Association
Alabama Pharmacists Association
Alaska Pharmacists Association
American Pharmacists Association
Arizona Pharmacy Alliance (AzPA)
Arkansas Pharmacists Association
Colorado Pharmacists Society
Community Access National Network
Connecticut Pharmacists Association
Delaware Pharmacists Society
Florida Pharmacy Association
Healthcare Distribution Association
HealthCare Institute of New Jersey
HealthHIV
Illinois Pharmacists Association
Indiana Pharmacists Association
Institute for Safe Medication Practices
International AntiCounterfeiting Coalition
Iowa Pharmacy Association
Kansas Pharmacists Association

Maine Pharmacy Association
Maryland Pharmacists Association
Michigan Pharmacists Association
Minnesota Pharmacists Association
Mississippi Pharmacists Association
Missouri Pharmacy Association
National Alliance of State Pharmacy Associations
National Association of Boards of Pharmacy
National Association of Drug Diversion Investigators
National Association of State Controlled Substances Authorities
National Coalition for LGBT Health
National Consumers League
Nebraska Pharmacists Association
NeedyMeds
Nevada Pharmacy Alliance
New Hampshire Pharmacists Association
New Jersey Pharmacists Association

New Mexico Pharmacists Association
North Carolina Association of Pharmacists
North Dakota Pharmacists Association
Oklahoma Pharmacists Association
Oregon State Pharmacy Association
Pennsylvania Pharmacists Association
Pharmaceutical Industry Labor-Management Association (PILMA)
Pharmaceutical Researchers and Manufacturers of America
Pharmaceutical Security Institute
Pharmacy Society of Wisconsin
Rx Outreach
Rx Partnership
South Carolina Pharmacists Association
Tennessee Pharmacists Association
Texas Pharmacy Association
Virginia Pharmacists Association
Washington State Pharmacists Association
West Virginia Pharmacists Association

PSM's membership is the entire supply chain: manufacturers, distributors/wholesalers, pharmacists, and patient advocates.

The “business model” of the marketplace

Justification	...but...
Sale of medicines outside the return window allow pharmacies to reduce inventory and free up funding.	...many manufacturers accept anything six months out from expiration.
Need a way to liquidate inventory of bankrupt pharmacies...	...and conveniently difficult to conduct product verification with a closed business.
We are DSCSA-compliant!	...because pharmacy to pharmacy sales are exempt from DSCSA requirements.
Alleviates drug shortages and hard-to-find medicines.	Drug shortage experts recommend against this as a mitigation tool because of fraud potential.
Alleviating over-purchasing mistakes.	See return window (above).

Suspicious Sales Surveillance Report

We recently commissioned one of our secret shopper pharmacists to pull prices for medicines across the collection of online pharmacy marketplaces, and the discounts they found were all too good to be true.

SUSPICIOUS SALES SURVEILLANCE REPORT

Mar 12, 2026

Criminals have been caught using pharmacy to pharmacy marketplaces to sell illegally diverted and counterfeit medicine to pharmacies. Deals that appear too good to be true are suspicious.

A survey of suspicious listings from the eight leading pharmacy-to-pharmacy drug marketplaces:

MEDICINE	THERAPEUTIC AREA	PRICE FROM A PRIME, LICENSED, REPUTABLE WHOLESALER	PRICE ON A PHARMACY TO PHARMACY MARKETPLACE
Orencia ClickJet	arthritis	\$5,918.83	\$4,960 (16% discount)
Imbruvica	cancer	\$18,000	\$7,500 (58.33% discount)
Creon	digestive disorders	\$3,749.62	\$715 (80.93% discount)
Cosentyx	arthritis	\$8,002.12	\$5,200 (35.02% discount)
Enbrel	arthritis	\$8394.18	\$4,000 (52.35% discount)
Lokelma	chronic kidney disease	\$852.77	\$299.23 (64.91% discount)
Rokubia	drug-resistant HIV	\$9,410.18	\$4,000 (57.49% discount)
Juluca	HIV	\$3,668.26	\$2,349 (35.96% discount)
Eplusa	hepatitis C	\$24,297	\$12,199 (49.79% discount)

Survey conducted the week of March 9, 2026 by PSM partner BC Consulting, which provides marketplace surveillance services.

Online pharmacy-to-pharmacy marketplaces help pharmacies with inventory management, but they also draw criminals selling black market medicines that are a threat to American patients: between 2021 and 2023, two members of a New York drug diversion ring used these platforms to sell approximately \$9 million of drugs to unsuspecting pharmacies.

Learn about that case at <https://safedrug/Aminov>.



The Partnership for
SAFEMEDICINES®

Criminals using online pharmacy marketplaces

SEALED SUPERSEDING INDICTMENT

S1 23 Cr. 110 (MKV)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA

v.

BORIS AMINOV,
CHRISTY CORVALAN,
IRINA POLVANOVA,
ROMAN SHAMALOV,
ANTONIO PAYANO,
DAVID FERNANDEZ,
CRYSTAL MEDINA,
JUAN HERNANDEZ,
a/k/a "Pop," and
ALBERT YAGUDAYEV,
a/k/a "Jeff,"

Defendants.

Alleged by the US DOJ:

- Medicaid defrauded for US\$17mm in false claims
- US\$9.5mm sold through online marketplaces to unsuspecting pharmacies (US\$3mm were HIV medicines)
- 70+ defendants

From at least in or about 2021 through at least in or about October 2023, ROMAN SHAMALOV and IRINA POLVANOVA, the defendants, engaged in a related scheme where they bought and then re-sold diverted black-market prescription HIV medication **through online prescription drug marketplaces to other pharmacies** around the country that believed they were receiving legitimately sourced medication.

Why would criminals want to use a marketplace?

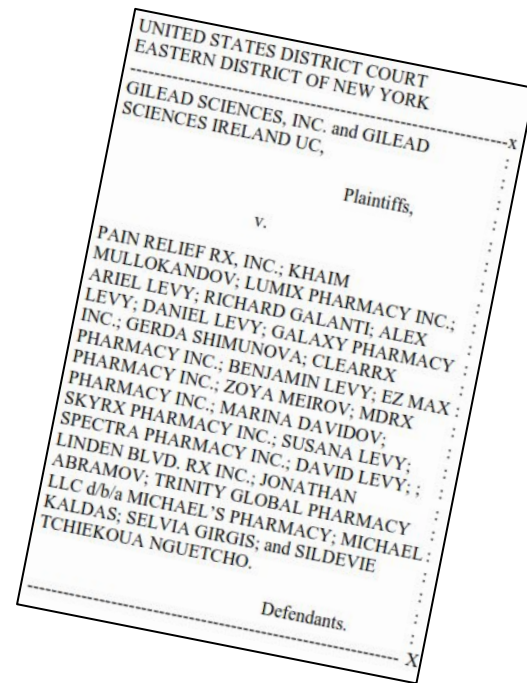
- **Obvious:** unload diverted or counterfeit product
- **Less obvious:** to backfill a paper trail to cover for dispensing diverted medicine.

“On the first day I put in a requirement that to sell medicine in the marketplace you had to also upload the invoice showing where you got it from, **we saw our first forged wholesaler invoice.**”

*Pharmacy to Pharmacy
marketplace owner interview
Summer 2025*

Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- Gilead alleges that a broad network of pharmacies and pharmacy fronts sold diverted product through online marketplaces.
- Case is filed under the Lanham Act.
- Gilead used a secret shopper to obtain infringing product over many months from sellers on Rxeed.com, rx-post.com, rxworld.com, and instockrx.com.
- Some of the defendants have previously been identified in diversion schemes.



Anatomy of the scam



Gilead manufactures Biktarvy unit #554735942723 and distributes to McKesson.

McKesson sells it to pharmacy in Philadelphia, PA for \$3,771 in October 2025 who dispenses it to a patient.



Suspected: patient sells Biktarvy to Pain Relief RX for \$75- \$125



Pain relief RX sells that same unit to another pharmacy through an online marketplace in December 2025 for \$1,999.

Products purchased all showed signs of damage

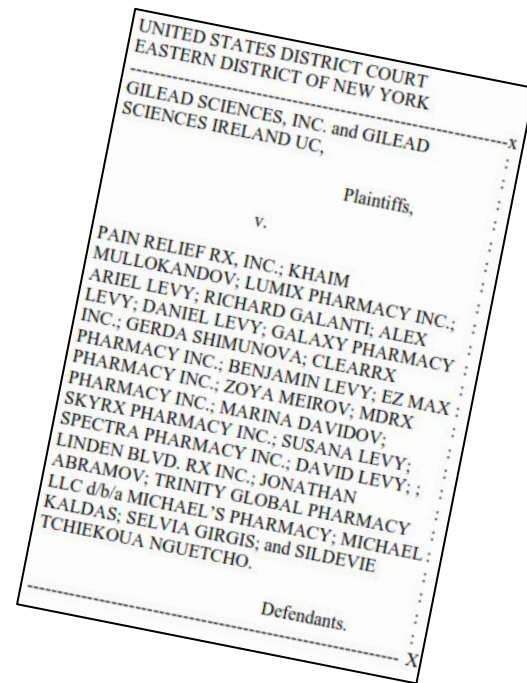


Pharmacies in name only, with short licensure periods.



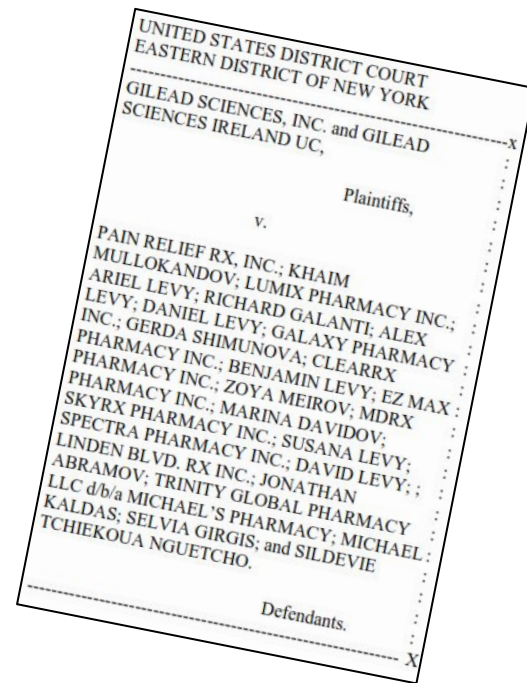
Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- One family-based set of pharmacies sold \$26mm of Gilead product between 2022 and 2024 through one marketplace alone.
- One defendant, ClearRX, held a pharmacy license for only 13 months, but sold \$4.05mm of Gilead product.
- EZMax pharmacy sold \$4.1mm during their 10 month license period.
- MDRx Pharmacy sold \$2.39mm of Gilead products during 5 months of licensure.
- SkyRx sold \$6.11mm of Gilead-branded medicine during 13 months of licensure.



Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- This is a civil case (Lanham Act), not criminal.
- Diverted product has been identified in this suit, but nobody has demonstrated fake pills in any of these packages.
- Other pharmaceutical manufacturers have reported getting counterfeit product from online marketplaces.
- None of the marketplaces are named as defendants.
- If defendants lose this civil suit, they will likely only be enjoined from trafficking Gilead products.



All these products qualify as suspicious product as defined by FDA guidance.

- **It's cheaper than your normal wholesaler's price.**
- It's coming from a small, obscure, wholesaler.
- **It has a weirdly long or obfuscated supply chain.**
- **It appears to be in poor condition, or looks different than product you are used to dispensing, or has erroneous inserts.**
- You have reason to believe it was not handled properly.
- **You suspect it might be diverted, stolen, or part of a fraudulent transaction.**
- This is not an exhaustive list.

Drug Supply Chain Security Act Implementation: Identification of Suspect Product and Notification Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Office of Regulatory Affairs (ORA)

June 2021
Procedural

Revision 1

OMB Control No. 0910-0806
Expiration Date 1/31/2022

See additional PRA statement in section V of this guidance.

[The FDA has outlined all the reasons you should be suspicious.](#)

How do you pass an audit of supplier/dispense receipts?

Profit/Loss

1. Buy \$3,500 bottle of medicine back from patient —————→ **-\$400**
for \$400.
2. Dispense and get reimbursed \$3,525. —————→ **+\$3,125**
3. But if you get audited, you can't show where it came from.
4. Buy legitimate bottle from prime wholesaler for —————→ **-\$375**
\$3,500.
5. Sell product on marketplace for \$200 cheaper than —————→ **+\$2,925**
prime wholesaler (\$3,300). A great bargain for someone.
6. You can now match up purchase and sale records as long as you don't need to align serial numbers.

Our recommendations

- Pharmacists should cease buying HIV medicines from these platforms and **quarantine and verify all medicine** in inventory obtained from them with the manufacturer. (This is a legal requirement of DSCSA.)
- Boards of Pharmacy should study this alert and consider warning their licensees about the danger of purchasing HIV medicines from these platforms.
- P2P platforms should disallow sales of HIV medicines on their platform.

Please share our handout and our conference break slide / ad



JUNE 2026 ALERT:
Pharmacists, pharmacy regulators, HIV patient advocates
Diverted HIV Medicines are Being Sold on Online Pharmacy-to-Pharmacy Platforms

All HIV medicines on these platforms should be considered suspect product until further notice.

The Partnership for Safe Medicines and ADAP Advocacy are issuing a warning today that discounted HIV products bought from online, pharmacy to pharmacy (P2P) marketplaces qualify as suspicious products under U.S. Food and Drug Administration guidelines and the Drug Supply Chain Security Act.

Any HIV medicines available for sale on these platforms should be considered suspect product; Any HIV products you have purchased should be quarantined and verified before dispensing.

Given the risks, we believe that it isn't safe or cost-effective to purchase HIV products from these platforms.

**THESE RED FLAGS, FROM THE FDA GUIDANCE, ARE WHY A PRODUCT WILL BE SUSPICIOUS EVEN BEFORE YOU HAVE IT IN HAND.**

1 Purchasing from a source new to the trading partner.	Buying from a P2P marketplace means buying off the Internet from a selling pharmacy you've probably never heard of, or done business with.
2 Purchasing on the Internet from an unknown source.	
3 Product offered at a price that is "too good to be true."	Many HIV medicines are available at 50% off WAC, which is a literally unbelievable deal.
4 Purchasing from... a trading partner that is reluctant to provide a transaction history.	P2P platforms conduct transactions under the "named patient" need and that avoids providing transaction histories. Assuming buyers can demonstrate a named patient to a regulator, that doesn't make it safe. Anyone purchasing medicine through a P2P platform that does not provide this history should consider this a red flag.
5 Product that has been previously or is currently being counterfeited or diverted. (e.g., HIV, antipsychotic, or cancer drugs).	Gilead Sciences has already brought several cases about diverted and counterfeit versions of their HIV medicines, and issued a public alert in January 2022 about this danger.

RED FLAGS OF DIVERSION WHEN YOU HAVE P2P-SOURCED MEDICINE IN HAND:

6 Are product inserts missing?	P2P buyers have found diverted product with missing inserts.
7 Any altered product information, such as smudged print or print that is very difficult to read.	As the photos on the next page show, there is often damage to the label.
8 Bubbling in the surface of a label.	

ALERT: Diverted HIV medicines for sale on pharmacy-to-pharmacy marketplaces

Warning signs for medicines for sale on marketplaces:

- Purchases from new seller
- Purchasing on the Internet
- Prices "too good to be true"
- Seller failing to deliver ownership history
- Product has heavy involvement counterfeiting/diversion
- Missing product inserts
- Damage to label from removed prescribing labels



To learn more about these dangers and the current court cases, visit us at:
<https://safedr.org/P2Ps-and-HIV-meds>



**The Partnership for SAFEMEDICINES®**

**ADAP ADVOCACY**
AIDS Drug Assistance Programs

What's next?

Also read our important research about [Alternative Funding Programs](#) that circumvent community pharmacies, including one in [Frankfort, KY](#) at PSM's AFP webpage.



Shabbir Imber Safdar
Executive Director
Partnership for Safe
Medicines

shabbir@safemedicines.org

415-630-3736



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Drug Supply Chain
Security Act
Implementation:
Identification of Suspect
Product and Notification
Guidance for Industry

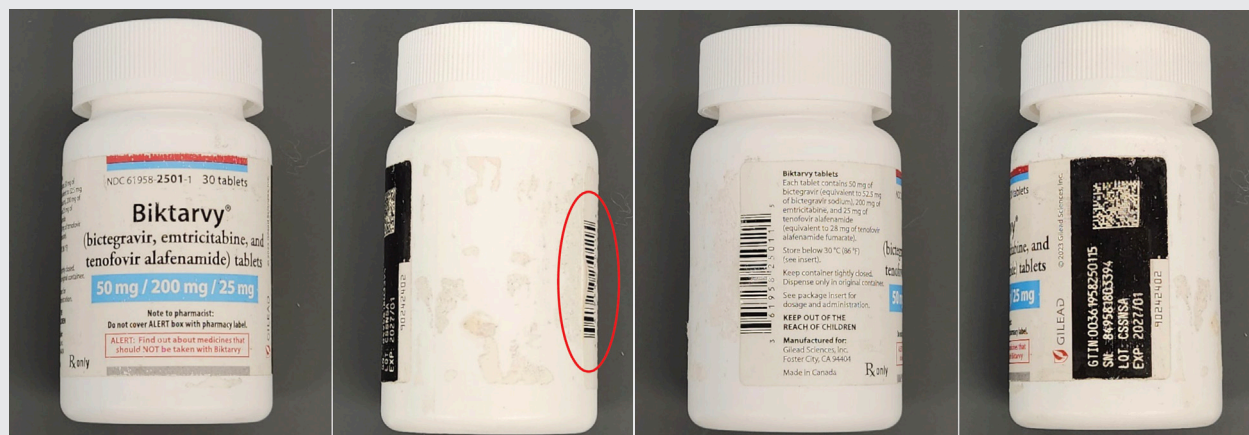
THESE RED FLAGS, FROM THE FDA GUIDANCE, ARE WHY A PRODUCT WILL BE SUSPICIOUS EVEN BEFORE YOU HAVE IT IN HAND.

- | | |
|---|---|
| 1 Purchasing from a source new to the trading partner. | Buying from a P2P marketplace means buying off the Internet from a selling pharmacy you've probably never heard of, or done business with. |
| 2 Purchasing on the Internet from an unknown source. | |
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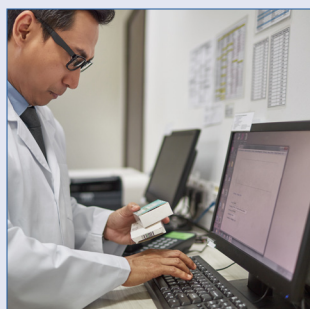
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PHOTOS OF DIVERTED AND UNSAFE PRODUCT FROM GILEAD SCIENCES V. PAIN RELIEF RX, ET AL:



Source: Complaint, Gilead Sciences v Pain Relief Rx, Inc, et al, April 14, 2026.

RECOMMENDATIONS FOR PRODUCTS WITH KNOWN COUNTERFEIT OR FRAUDULENT ACTIVITY



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Boards of Pharmacy should study this alert and consider warning their licensees about the danger of purchasing HIV medicines from these platforms.

P2P platforms should disallow sales of HIV medicines on their platform.

To read more about these instances of fraud, the legal requirements of investigating suspicious packages, go to:

<https://www.safemedicines.org/diverted-hiv-meds-on-p2p-platforms>



 *The Partnership for*
SAFEMEDICINES®