

S O U T H D A K O T A PHARMACIST



IN THIS ISSUE

Legislative Days January 25-26, 2022

SDPhA 2022 PBM Initiatives

Commercial & Legislative Branch Contributions

WINTER EDITION 2022

Our mission is to promote, serve and protect the pharmacy profession.

South Dakota Pharmacists Association

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Melissa DeNoon, Director
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Calendar

JANUARY 2022

- 1 New Year's Day
- 11 97th South Dakota Legislative Session Opens
State of the State Address | South Dakota State Capitol
- 12 National Pharmacists Day
- 17 Martin Luther King Jr. Day
- 25 Legislative Days – Dinner & Legislative Update
Red Rossa Italian Grill, Pierre SD | 6 pm
- 26 Legislative Days – Wellness Screenings
South Dakota State Capitol | 7–10 am
Wellness Screenings Courtesy of SDSU Student Pharmacists

FEBRUARY 2022

- 4-6 PharmaCE Expo (Formerly Midwest Pharmacy Expo)
Hilton Des Moines Downtown, Des Moines, IA
- 21 President's Day

MARCH 2022

- 18-21 APhA Annual Meeting and Exposition
(Virtual Option Available) San Antonio, TX
- 28 97th Annual Legislative Session
Reserved for the consideration of gubernatorial vetoes

APRIL 2022

- 7 South Dakota Board of Pharmacy Meeting
1-5 pm MDT | Deadwood, SD
- 8-9 South Dakota Society of Health System Pharmacists
45th Annual Meeting | Deadwood, SD

Date TBA: NCPA Congressional Fly-In, Washington, D.C.

SAVE THE DATE

- >> SDPhA 136th Annual Convention
September 9-10, 2022 | Brookings, SD

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: www.sdpha.org.

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The South Dakota Pharmacist is published quarterly: January, April, July, and October. Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.

Director's COMMENTS

Amanda Bacon // SDPhA Executive Director



Happy New Year!

I hope this finds you all staying warm, and having enjoyed a wonderful holiday season with those you hold most dear. As we enter the New Year, we find ourselves in yet another year of dealing with the COVID pandemic, and the seemingly endless punches it continues to throw. Like all of you, we keep trying to duck, weave and roll with the punches.

There's a new normal to the way you all do business, and to the way we do business here in the association office as well.

Legislative Session

South Dakota's 97th Legislative Session got underway earlier this week on Tues., Jan. 11 with Gov. Kristi Noem's State of the State address. It's been quite a busy "off season" for the legislature with the marijuana interim summer study, and two special sessions. We expect to see a large number of bills related to medical cannabis – as of the date of this writing there are already numerous pre-filed bills relating to that subject. We also expect to see a fair amount of legislation related to vaccines, and pandemic-related issues. Your legislative team will be watching all these bills closely, and keep you apprised of how they may impact the profession, and our patients. We are pleased to once again have Robert Riter and Lindsey Riter-Rapp working with us on these issues. In addition, Craig Matson and Roger Tellinghusen will work with the Commercial and Legislative Branch this session as well – specifically on our PBM initiatives.

Our PBM efforts will consume most of our time this Legislative Session, as they have over the past several months. Work with key stakeholders began not long after last session ended, and it has led to a strong coalition working together to bring forward an extremely important bill this session. Passing this legislation is vital to preserving patient access to prescription medications and other health care services – especially in rural South Dakota. It creates transparency and calls for fair reimbursement that keeps our pharmacies open and operating, while also enhancing protections for the 340B program. Favorable decisions both at the Supreme Court (Rutledge v. PCMA) as well as the federal appellate court (Wilke v. PCMA) have decisively given states the authority to regulate pharmacy benefit managers.

SDPhA has worked diligently for many years to educate lawmakers on the complexities of PBMs. The intricacies of the process are not always easily understood, but in general, our lawmakers have always known that when SDPhA comes to talk to them about something – it's because there's a great need. Gag clauses, clawbacks, DIR fees, and the 340B program have all been addressed through legislation in recent legislative sessions. But, as always, the PBMs continue to find workarounds. The Rutledge and Wehbi rulings give us more backing to strengthen state law, and we believe now is the time. It will take a concentrated effort from all parties to garner the needed support. We anticipated this challenge, and know our pharmacists will rise with us to meet it.

To that end, we encourage you to watch your email and social media closely. Start talking to your legislators now. They need to hear from YOU about why this bill matters. They need to hear it from you because – no one else knows what YOU know about your patients. You are not only the most accessible member of the healthcare team, in many cases, you are the only member of their healthcare team accessible for many miles. We need the level playing field this legislation provides if our pharmacies are going to be able to continue to serve the people of our state.

If you are able, we'd love to have you join us for Legislative Days – it's coming right up here in just a few weeks – Jan. 25-26. It's the perfect time to get caught up on what we're doing, where things are at, and where we feel things are headed at the Capitol. It's also a great time to talk to your legislators! We'll do dinner Tuesday at 6 p.m. at Red Rossa, and we'll be back up at the Capitol early Thursday morning for wellness screenings courtesy of our fantastic SDSU pharmacy students. We're so excited to have this event in person once again, and look forward to seeing everyone!

Finally, I briefly mentioned earlier that we have additional lobbyists working with us this session – this was a move we needed to make in order to bring this legislation this year. I'm going to be blunt – none of this legislative work can continue without our lobbyists, and the Commercial and Legislative Fund is at a critically low level. The C&L Fund is separate from the SDPhA general accounts. It is used to support the legislative work we do, and relies nearly exclusively on contributions. Lobbying is an expensive, but necessary function, so the importance of this fund cannot be overstated. It is critical, and assists SDPhA in the protection and promotion of the profession during the Legislative Session. The C&L Fund is vital in our ability to move forward with PBM reform, and other legislative priorities. The pandemic has given us a very unique opportunity to showcase the pivotal

role pharmacists play in the health and well-being of our communities, and is opening key doors for the profession. We work hard daily to position ourselves at the table that allows us access to opportunities as they arise. That is why the C&L Fund is so very important.

We need support to continue to ensure our seat at the table in Pierre. You can expect to see reminders in your email and on social media to contribute. You can easily contribute

online, or send a check to SDPhA, P.O. Box 518. Pierre, SD 57501. We need to have the financial resources available to fully swing into action on bills and policy that affect pharmacists in South Dakota. Simply put, we can't retain our lobbyists without this support. Thank you to all those who have, and continue to support this important part of our work!

AMANDA BACON



Kristen Carter, PharmD, BCGP // SDPhA Board President



Happy New Year!

I hope you all took time from this busy pharmacy season to celebrate the holidays with your loved ones and are feeling refreshed and renewed as we enter 2022. January will keep us working hard with more immunizations, new year insurance changes, and being the go-to advisor for all cough and cold remedies. Please, remember to take care of yourselves, too!

Living in Pierre gives me a front row seat to the hub of legislative activity beginning in January. As mentioned, SDPhA has been working hard with several stakeholders to approach a top priority in our profession--PBM reform. We are proud of the work we have done and have a bill ready to bring to this year's session. I implore you all to stay up to date and when we put out the call, be prepared to reach out and inform your legislators on the issue. If you know yours well, now is a great time to talk to them and urge them to support the bill. This is a heavy lift, and we had to dig a little deeper in our pockets this year for additional help, so along

with connecting to your legislators and being a resource of information for them, your contributions to the C & L fund are crucial. You can [make contributions online](#), or utilize the form here in this edition of the Journal.

To learn more about the legislative process, we invite you all to attend Legislative Days with us in Pierre this year. It is a great opportunity to discuss our issues with legislators and show them the progressive things pharmacists can do. This is a great chance to get to know your South Dakota elected representatives. Amanda and our lobbyists will give an update on our bill and other issues we are monitoring. Please mark your calendars for this wonderful event, January 25-26, 2022!

The New Year brings a time for reflection and growth, and the healthcare world has certainly learned a lot this past year. I am grateful to all of you in pharmacy as we continue to adapt and evolve our profession. I look forward to seeing what 2022 has to bring.

Respectfully,

KRISTEN CARTER

97th SOUTH DAKOTA LEGISLATIVE SESSION CALENDAR

2022 38 Legislative Days



Please refer to the Joint Rules, Chapter 17 for complete information.

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
January 2022	2	3	4	5	6	7	1
	9	10	11	12	13	14	8
			Session Opens 12 Noon(CST) State of the State L.D. 1	State of the Judiciary L.D. 2	State of the Tribes L.D. 3	 L.D. 4	
	16	17	18	19	20	21	22
		Martin Luther King Jr. Day	Executive orders filed (Constitution, Art. IV, Sec. 8) L.D. 5	 L.D. 6	Jt. Memorial Service 3:00pm L.D. 7	Concurrent/House/Senate Resolutions limited introduction deadline (J.R. 6B-3) (TWO HOURS prior to session) L.D. 8	
	23	24	25	26	27	28	29
			Bill and joint resolution draft requests submitted to LRC by 5:00pm (for unlimited introduction) L.D. 9	 L.D. 10	Last day for unlimited bill & joint resolution introduction (J.R. 6B-3) (TWO HOURS prior to session) L.D. 12		
	30	31	1	2	3	4	5
		All bill and joint resolution draft requests submitted to LRC by 5:00pm L.D. 13	Committee bill and joint resolution requests due to LRC by 5:00pm L.D. 14	Last day for introduction of individual bills and joint resolutions (TWO HOURS prior to session) L.D. 15	Last day for introduction of committee bills and joint resolutions (TWO HOURS prior to session) L.D. 16	 L.D. 17	
	6	7	8	9	10	11	12
February 2022							
	13	14	15	16	17	18	19
			Last day for JCA selection of general fund revenue targets (J.R. 7-11.1) L.D. 22	 L.D. 23	Last day to use J.R. 5-17 L.D. 24		
	20	21	22	23	24	25	26
March 2022		Presidents' Day	Concurrent resolution requests due to LRC by 5:00pm, AND Last day to move required delivery of bills or resolutions by a committee to the house of origin L.D. 26	Last day to pass bills or joint resolutions by the house of origin (Crossover Day) L.D. 27	Last day for final introduction of concurrent/House/Senate resolutions (TWO HOURS prior to session) L.D. 28	Last day for JCA to move required delivery of special appropriation bills to house of origin (JR 17-1) L.D. 29	
	27	28	1	2	3	4	5
		Last day for house of origin to pass special appropriation bills referred from JCA (JR 17-1), AND Commemoration requests due to LRC by 5:00pm L.D. 30	 L.D. 31	Last day for introduction of commemorations (TWO HOURS prior to session), AND J.R. 5-13 in effect L.D. 32	Last day to move required delivery of bills or joint resolutions by a committee to the second house L.D. 33		
	6	7	8	9	10	11	12
		Last day for a bill or joint resolution to pass both houses L.D. 34	 L.D. 35	 L.D. 36	 L.D. 37		
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
		Reserved for consideration of gubernatorial vetoes L.D. 38					

Adopted: 3/10/2021

STANDING COMMITTEES
97th Legislative Session Meeting Schedule – 2022



TIME	ROOM	MONDAY WEDNESDAY FRIDAY	TUESDAY THURSDAY
7:45 – 9:45 a.m.	414	House State Affairs <i>Rep. Kent Peterson, Chair Justin Goetz, Staff</i>	House Ag & Natural Resources <i>Rep. Marty Overweg, Chair Amanda Marsh, Staff</i>
7:45 – 9:45 a.m.	413	House Education <i>Rep. Lana Greenfield, Chair Anita Thomas, Staff</i>	Senate Judiciary <i>Sen. Arthur Rusch, Chair Brigid Hoffman, Staff</i>
7:45 – 9:45 a.m.	412	Senate Local Government <i>Sen. Herman Otten, Chair Anna Madsen, Staff</i>	House Health & Human Services <i>Rep. Kevin Jensen, Chair Anita Thomas, Staff</i>
7:45 – 9:45 a.m.	423	Senate Transportation <i>Sen. Mary Duvall, Chair Amanda Marsh, Staff</i>	Senate Education <i>Sen. Blake Curd, Chair Anna Madsen, Staff</i>
7:45 – 9:45 a.m.	464		House Taxation <i>Rep. Drew Dennert, Chair Will Steward, Staff</i>
10:00 a.m. – Noon	414	Senate State Affairs <i>Sen. Gary Cammack, Chair Amanda Marsh, Staff</i>	House Local Government <i>Rep. Nancy York, Chair Nathan Berry, Staff</i>
10:00 a.m. – Noon	413	House Judiciary <i>Rep. Jon Hansen, Chair Nathan Berry, Staff</i>	House Transportation <i>Rep. Caleb Finck, Chair Justin Goetz, Staff</i>
10:00 a.m. – Noon	412	Senate Health & Human Services <i>Sen. Wayne Steinhauer, Chair Anna Madsen, Staff</i>	Senate Commerce & Energy <i>Sen. Casey Crabtree, Chair Will Steward, Staff</i>
10:00 a.m. – Noon	423	Senate Taxation <i>Sen. Timothy Johns, Chair Will Steward, Staff</i>	Senate Ag & Natural Resources <i>Sen. Josh Klumb, Chair Anita Thomas, Staff</i>
10:00 a.m. – Noon	464	House Commerce & Energy <i>Rep. Rhonda Milstead, Chair Brigid Hoffman, Staff</i>	
8:00 a.m. – Noon	Appropriations 362	Joint Committee on Appropriations <i>Rep. Chris Karr, Lead Co-Chair, Sen. Jean Hunhoff, Co-Chair Mehlhaff, Dykstra, Jessop, Knofczynski, Douglas, Morris, Staff</i>	
Meets at the Call of the Chair	Government Operations & Audit (Chairs: Sen. Schoenfish & Rep. Gross/Auditor General/Steward) Legislative Procedure (Chairs: Rep. Gosch & Sen. Schoenbeck/Reed Holwegner) Military & Veterans Affairs (Chairs: Rep. Randolph & Sen. David Johnson/Nathan Berry) Retirement Laws (Chairs: Sen. Bolin & Rep. Bartels/Jeff Mehlhaff)		

This schedule and all Legislative Research Council documents are available on the LRC home page: sdlegislature.gov.



LEGISLATIVE LEADERSHIP

2021-2022 Legislative Term

LEADERSHIP POSITION	SENATE	HOUSE
SPEAKER PRO TEMPORE		Jon Hansen (Republican)
MAJORITY LEADER	Gary Cammack (Republican)	Kent Peterson (Republican)
ASSISTANT MAJORITY LEADER	Mike Diedrich (Republican)	Chris Johnson (Republican)
MAJORITY WHIPS	Jim Bolin Casey Crabtree Helene Duhamel Kyle Schoenfish (Republicans)	Kirk Chaffee Tim Goodwin Kevin D. Jensen Rebecca Reimer Marli Wiese (Republicans)
MINORITY LEADER	Troy Heinert (Democrat)	Jamie Smith (Democrat)
ASSISTANT MINORITY LEADER	Red Dawn Foster (Democrat)	Oren L. Lesmeister (Democrat)
MINORITY WHIPS	Reynold F. Nesiba (Democrat)	Shawn Bordeaux Erin Healy (Democrats)

LEGISLATIVE DAYS: JANUARY 25-26, 2022

January 25 | SDPhA Legislative Update and Dinner

RedRossa Italian Grill at 6 p.m.

January 26 | Health Screenings

By SDSU College of Pharmacy Students at the Capitol Building starting at 7 a.m.

What does SDPhA do for you?

- Provides you with legislative and regulatory representation on the state and national level;
- Protects and supports pharmacists in every practice setting;
- Liaison with national pharmacy organizations & state healthcare professional associations/societies;
- Provides media relations support and patient education opportunities for pharmacists;
- Liaison with SDSU's College of Pharmacy faculty and students;
- Provides pharmacists with critical information in a timely manner through the SD Pharmacist journal, email and fax blasts.

2021/2022 COMMERCIAL & LEGISLATIVE DISTRICT DUES CONTRIBUTIONS

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER / COMPANY _____

WORK ADDRESS _____

WORK CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ WORK FAX _____

EMAIL ADDRESS _____

Do you wish to receive SDPhA email alerts regarding important pharmacy issues? ☐ YES ☐ NO

COMMERCIAL & LEGISLATIVE FUND Memberships set by SDPhA C & L Executive Committee, 2007

PHARMACY OR BUSINESS MEMBERSHIP \$100.⁰⁰ Includes One Individual Membership

NAME OF PHARMACY / BUSINESS _____

NAME OF INDIVIDUAL INCLUDED _____

CORPORATE MEMBERSHIP \$200.⁰⁰ Two or more stores of the same corporation

NAME OF CORPORATION _____

NAME OF INDIVIDUAL INCLUDED _____

INDIVIDUAL MEMBERSHIP

☐ \$50 LEVEL ☐ \$75 LEVEL ☐ OTHER \$ _____

DISTRICT DUES Circle your District

ABERDEEN – \$20.⁰⁰ BLACK HILLS – \$20.⁰⁰ HURON – \$10.⁰⁰ MITCHELL – \$10.⁰⁰ MOBRIDGE – \$10.⁰⁰
ROSEBUD – \$10.⁰⁰ SIOUX FALLS – \$20.⁰⁰ WATERTOWN – \$20.⁰⁰ YANKTON – \$15.⁰⁰

TOTAL ENCLOSED

\$ _____

MAIL TO: SD PHARMACISTS ASSOCIATION, BOX 518, PIERRE, SD 57501-0518 / FAX: 605-224-1280

South Dakota BOARD of PHARMACY

Kari Shanard-Koenders, RPh, MSJ // Executive Director



Board Welcomes New Registered Pharmacists /Pharmacies

Congratulations to the following nine candidates who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Gwendolyn Conley, Angela Dahlgren, Antonia David, Chelsey Davis, Kyle Iannotti, Patrick Novak, Rubi Reign, Tori Tuggle, and Tristan Wieseler.

Seven of these were reciprocal

licenses from the states of IL, KY, MI, MN, SC, TX, and VA. There were three SD full-time pharmacy licenses issued: Genoa Healthcare, LLC dba Genoa Healthcare, LLC, Huron, License # 100-2076; Continued Care LTC Pharmacy South Dakota LLC dba Continued Care Pharmacy, Sioux Falls, License # 100-2077; and Lewis Family Drug, LLC dba Lewis Family drug #32, Aberdeen, License # 100-2078. There were no SD part-time pharmacy licenses issued during the period. There were no new SD domiciled wholesale licenses issued in the quarter.

Board Bids Farewell to Member Petrik

Leonard Petrik has served the South Dakota Board of Pharmacy selflessly with professionalism, wisdom, and humor. In Lenny's nine years on the Board, he served as President as well as a member who took the protection of the health and safety of the state's residents very seriously. Lenny's third term expired in October. We wish him the very best!

Board Welcomes New Member

On October 26, 2021, Governor Kristi Noem appointed Curtis Rising, Pharm D. to the Board. Curt graduated in 1995 from the University of Nebraska College of Pharmacy. After graduation, he moved to Rapid City and with his wife, Shirley, and purchased The Medicine Shoppe pharmacy. The pharmacy venture has grown to 3 locations in Rapid City including long term care, compounding, and community pharmacy.

Curt has been active in the Black Hills Pharmacist's Association where he has been the president for three years, National Community Pharmacist's Association, Rushmore Lions Club and is a Director for the Northern Plains Eye Foundation. Curt has also been an instructor at three dental learning centers

in Colorado, South Dakota, and Minnesota. Curt received the 2016 Bowl of Hygieia for the state of SD which recognizes pharmacists who possess outstanding records of civic leadership in their communities. We look forward to having Curt's knowledge and expertise on the Board.

Board Bids Farewell to Paula Stotz and Welcomes New Inspector

The Board welcomes Lee Cordell, Pharm D., to the Board's inspector staff. Lee will take the position held by Paula Stotz. Paula will really be missed after her many years of service to the state of SD! Paula will stay on for a few months to train Lee. We are excited that Lee will be working as a 0.25 FTE staff member with the primary inspection area of the Black Hills. He will remain at the White Drug Enterprises, Inc. pharmacy in Deadwood. Carol Smith's inspector position will move to 0.5 FTE and she will now be responsible for a larger geographic area.

Dea Issues Notice of Proposed Rulemaking on Transfer of CII-CV

by Autumn Klaudt, P4 Regulatory Rotation Student

On 11/19/2021, the Drug Enforcement Administration (DEA) issued a [notice of proposed rulemaking](#) to amend current regulations on transferring schedule II-V prescriptions for initial filling. This is open for public comment until 1/18/22. Presently, there are no DEA regulations in place that address transferring the initial filling of controlled substances. Currently, if a pharmacy is unable to fill a patient's prescription, the patient contacts the prescriber and requests a new prescription to be sent to a different pharmacy. The new proposal allows pharmacies to directly transfer the initial fill to another pharmacy exclusively as an Electronic Prescription for a Controlled Substance (EPCS). Although EPCS is common practice, South Dakota does not mandate EPCS which may be a barrier to this proposal. Prescriptions that were not sent as an EPCS would not be able to be transferred for the initial fill. Pharmacies face another obstacle with this proposal; most chain pharmacies are able to transfer EPCS internally within their own system, but there is no universal pharmacy system in place that allows pharmacies to electronically transfer prescriptions externally.

[Transferring of refills](#) of schedule III-V prescriptions would not be affected by this proposal and could still be transferred by telephone or fax. There is potential for diversion and fraud

when controlled medications are transferred in this manner. The proposed rulemaking also goes into detail regarding the time and fiscal savings that the pharmacies, providers, and patients would benefit from with this change in activity. The SD Board of Pharmacy has a [Policy Statement](#) on the transferring of all legend prescriptions prior to first fill.

Telemedicine Prescriptions Prescriber Requirements

by Tyler Laetsch, Pharmacy Inspector

Our office has fielded several calls and emails from pharmacists throughout the state regarding the legitimacy of prescriptions. Due to the increase in telemedicine, there has been an increase in out-of-state providers prescribing for South Dakota patients. As a reminder to pharmacists, if a patient is seen in another state, the provider would be subject to the laws and rules regarding licensure within that state; however, if the patient is seen via telemedicine the provider must be licensed in South Dakota. We would like to remind all pharmacists that when filling medications prescribed via telemedicine to please verify the provider is licensed in South Dakota. Per South Dakota Codified Law [§34-52](#), the treatment of patients through telehealth requires that any health care professional must be fully licensed to practice in the state. You may verify the provider is licensed in South Dakota at the following links. To verify licensure of Physicians and Physician Assistants go to the South Dakota Board of Medical & Osteopathic Examiners website: [Verification of Physicians and Physician Assts SD Licenses](#). For Nurse Practitioners licensure verification go to the South Dakota Board of Nursing website: [Verification of Nurse Practitioners](#).

New Pdmp Narxcare Report "Tile View"

by Melissa DeNoon, PDMP Director

On Wednesday, October 6, 2021, SD PDMP users began seeing an updated view of prescription data in the NarxCare report via both the web portal and PDMP integrated workflows; this is called "Tile View". The goal of the new NarxCare Tile View is to ensure a user's meaningful interaction with PDMP data. A few notable changes include: 1) The "Resources" tab has been moved to the top right of the patient report under the label "Other Tools/Metrics", and 2) The "Prescriptions", "Providers", and "Pharmacies" sections are defaulted to show 15 items. To view additional items, use the drop-down box or page selector located at either the top right or bottom right of the section.

BOARD MEETING DATES

Please check our website at pharmacy.sd.gov for time, location and agenda for future Board meetings. Board meeting minutes are also on the website.

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PDMP DATA ACCESS

<https://southdakota.pmpaware.net/login>

PDMP DATA SUBMITTERS

<https://pmpclearinghouse.net>

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www.NABP.pharmacy

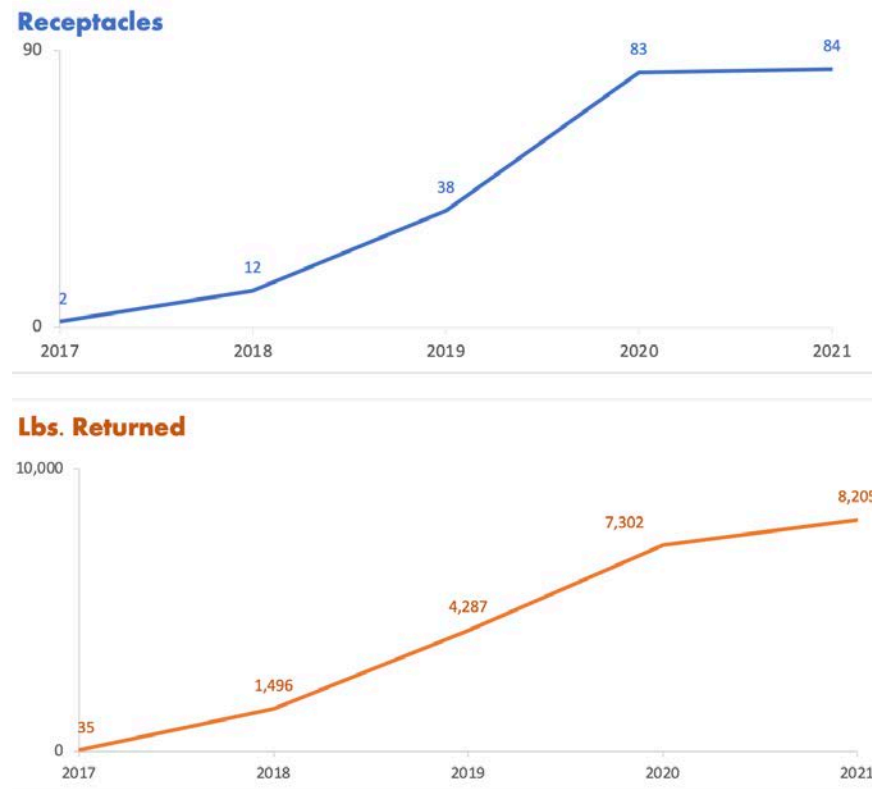
South Dakota BOARD of PHARMACY

(continued)

Pharmadrop™ Drug Take-Back Program Update

by Melissa DeNoon, PDMP Director

Pharmacists in South Dakota had voiced concerns to the Board of Pharmacy regarding the lack of easily accessible drug take-back receptacles for their patients and the public. The 2020 National Survey on Drug Use and Health by SAMHSA (Substance Abuse and Mental Health Services Administration) reports that 47.2% of people aged 12 or older obtained the prescription pain relievers they most recently misused from a friend or relative. The availability of drug take-back receptacles is key in reducing the avenue of diversion created by unused, unwanted, and expired drugs in an individual's medicine cabinet. The South Dakota Board of Pharmacy established a drug take-back program in 2017 placing Trilogy MedWaste's PharmaDrop™ receptacles in South Dakota hospitals and retail pharmacies. This program continues to provide an option for the safe disposal of an individual's non-prescription and prescription drugs, including controlled substances, and is a key component in South Dakota's strategy to address our state's misuse, abuse, and diversion of controlled prescription drugs. Visit www.avoidopioidsd.com, 'Take Action', 'Take Back Sites' to find a participating pharmacy near you. The following graphs show trends from 2017 through October 2021 of the number of receptacles placed and the number of pounds collected and returned for destruction.



Respectfully submitted, for the Board,

KARI SHANARD-KOENDERS



South Dakota SOCIETY of HEALTH-SYSTEM PHARMACISTS

Jeremy Daniel, PharmD, BCPS, BCPP // SDSHP President



Greetings from the South Dakota Society of Health-System Pharmacists!

It's hard to believe we're already in the new year. Resident CE presentations are coming up, the Annual meeting is in just a few months, and we are debuting a new logo to start the year!

We held our second **Virtual Dakota Night** to coincide with ASHP's Midyear in December. We partnered with the same vendor as last year to bring a virtual happy hour experience to our members and members of NDSHP. We are thankful for the support of NDSHP, NDSU, SDSU, and Coherus BioSciences for helping to make this event a success! Much fun was had by all and we learned a lot about our members! It was great event to kick off the last month of the year.

With January arriving, it's time for **SDSHP membership renewal**. Your membership runs through the calendar year, so to take advantage of all of the benefits, please renew today! As a reminder, pharmacists are \$75, technicians are \$20, and students are \$5. You can renew your membership (or join for the first time!) on our webpage – www.sdshp.com. The membership links are in the bottom left of the homepage. Also, if you are a member and recruit a new member, you get 50% off your membership for 2022! If you want to take advantage of this offer, please contact SDSHP directly by email at info@sdshp.com. The pharmacist and technician who recruit the most new members will receive free registration to the 2022 Annual Conference, so be sure to help us help you!

Speaking of the **2022 SDSHP Annual Conference**, we are still scheduled for a live event on April 8th and 9th out in Deadwood. The Annual Meeting Planning Committee has been hard at work to bring you current and relevant content, so you won't want to miss this! We all know COVID continues to change and we are surging with the omicron

variant currently, so we are considering the safety of an in-person event. SDSHP's plan is to make the final call for in-person versus virtual only at our February board of directors meeting. However, if things change closer to the meeting, we will take appropriate steps to do the right thing for our healthcare providers. Stay tuned to our Facebook page and website for a final schedule and more information as the meeting gets closer.

Have you checked our webpage or Facebook page recently? If you haven't yet, please head that way to see our **new logo**! It has been a while since SDSHP has been refreshed, so the board felt like it was time. Our new logo features a chalice with a blue snake wrapped around it followed the organization name. We're also securing a couple shortened versions of this that you may see on different marketing materials. And since I've been asked, it's technically not SDSU blue – it's ASHP blue (but I've always liked blue better than red anyway).

Lastly, we're gearing up for our **Resident CE Seminars** presented by the pharmacy residents across the state of South Dakota. The virtual platform worked well last year and we had better attendance than we've ever had at these events. Additionally, it enabled pharmacists across the state to hear the great information shared by our residents. Because of this, we are hosting the Resident CE Seminars via Zoom again this year. These will take place on Saturday 02/05/2022, 02/12/2022, and 02/26/2022. You can register online at www.sdshp.com!

If you're a member, be sure to keep watching your email and checking our Facebook page for updates coming your way. And if you're not a member, what's stopping you? Head on over to the new www.sdshp.com and join today! I look forward to seeing you all virtually for the Resident CE seminars and in person for the Annual Conference in April!

Respectfully submitted,

JEREMY DANIEL



SDSU COLLEGE of PHARMACY *and* ALLIED HEALTH PROFESSIONS

Dan Hansen, PharmD // Dean and Professor



Holiday greetings from the College of Pharmacy and Allied Health Professions!

I am proud to say that our students and most recent graduates had a successful fall semester. Recently we found out that of the 2021 Pharm.D. graduates who took the NAPLEX this trimester, 97.1% passed on the first attempt. The national first-time pass rate for this timeframe was 85.0%.

On the student organization side of things, the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP) won the Region 5 award for the Operation Diabetes competition sponsored by the APhA-ASP. Also,

every year, ACCP hosts the Clinical Pharmacy Challenge where 3 students from each school compete with other Colleges and Schools of pharmacy in a test of overall pharmacotherapeutic knowledge. Our representatives this year were Mariah Roemen, Allie Thompson, and Dustin Moon. They competed in the first round and made it into the top 64 teams in the nation. Unfortunately, they were just below the cutoff score in the next round.

Our students were also quite successful in the area of scholarship. Four of our 2021 Pharm.D. graduates had an article published (<http://dx.doi.org/10.5530/jyp.2021.13.52>) titled "Role of Sodium-Glucose Cotransporter-2 Inhibitors in Readmissions for Congestive Heart Failure". Lastly, we have several pharmacy students who presented posters at the ASHP Mid-Year Meeting. The posters and authors are listed below.

Poster Title	Primary Author	Co-Authors
Average Time to Goal Trough Level of Vancomycin in Pediatric Patients	Allie Thompson	Mason Arndt, Dusan Mirkovic', Kaisa Fuerst, Denisse Zepeda
CYP2D6 Metabolizer Status and Antipsychotic Use: Clinical Implications	Derek Timm	Tyler Leng, Madalyne Schuldt, Elizabeth Emerson, Morgan Sandersfeld
Effect of Continuous Albuterol on Serum Potassium Levels in Children	Shelby Buller	Abigayle Blanchette, Ashley Bernardy, Nathan Graves, Michelle Sestak
Evaluating Prophylactic versus Intensive Anticoagulation in Coronavirus Disease-19 (COVID-19) Patient Outcomes	Dustin Moon	Anna Mohr, Aleesha Jantzen, Breanna Attema, Jens Knutson
Secondary Stroke Prevention	Makayla Kroeplin	Ashley DeSmet, Kayla Pardy, Hailey Kloiber, Gabby Zantow

Congratulations to all our students and the faculty who helped mentor them.

One of the many ways our College supports are students is through scholarship dollars. At our Scholarship and Award Banquet back in October, the College awarded 183 scholarships to 157 different students in MLS, respiratory care, and pharmacy. The total dollar amount was \$284,950 – a new record for the College. A big thank you to all the donors who make these scholarship dollars available to our students.

We have exceptional programs in our College and our newly added respiratory care program is no exception. October 24th-30th was declared "Respiratory Care Week" by Governor Noem. A well-deserved recognition for those serving on the frontlines. In addition, this fall, the College launched its first collegewide interprofessional education activity which included Respiratory care, medical lab science, Master of Public Health and first-year pharmacy students. The activity focused on social determinants of health.

Our faculty continue to succeed. Dr. Hemachand Tummala received the R15 NIH grant titled "Strategy for safe colon-targeted local therapy of inflammatory bowel disease". This is a three-year grant with total funding of \$441,111. Dr. Tummala will be collaborating with the University of Nebraska Medical Center to develop a targeted therapy for IBD in this project. This is a huge accomplishment. In addition, Drs. Teresa Seefeldt, Om Perumal, and Hemachand Tummala had a book chapter published, titled, "Reshaping Pharmacy and Allied Health Education for a Post-Pandemic World Using Kotter's Change Model". The group did a great job of highlighting some of the work done to successfully navigate this last year. Finally, Dr. Brittney Meyer and some of her campus colleagues from the School of American and Global Studies recently had an article entitled "Pharmacists to partner with religious leaders to overcome vaccine hesitancy among Christians" published in the Journal of the American Pharmacists Association. This is a great example of collaborative research across different departments/colleges.

We welcomed four new faces to the College. Dr. Shanna O'Connor accepted the position of Department Head of Pharmacy Practice and will begin in March. Dr. Brianna Jansma Vant Hul joined the College on November 29th as the assistant professor in internal medicine at Sanford Medical Center. Dr. Christopher Robbins accepted the position of assistant professor of population health in the Department of Allied and Population Health and will begin in January. Dr. Brenda Merkel will join the College as the director of clinical education and respiratory care instructor in May. In addition to that, Tiffany Niemann was appointed as the medical lab science instructor. Tiffany has been with the MLS program since April 2016, in her role as our laboratory support specialist. Despite those additions, we do have a few searches are underway: department head of pharmaceutical sciences, post-doctoral fellowship in population health, recruitment and outreach coordinator, and program assistant in the Department of Allied and Population Health.

I am grateful for the commitment our faculty and staff have shown to the College, our students, and each other.

I wish you and yours Happy Holidays and a Happy New Year!

DAN HANSEN

SDSU's Student Collaboration for the ADVANCEMENT and PROMOTION of PHARMACY

Ellie Balken // SCAPP/APhA-ASP SDSU Chapter President

Happy new year from SCAPP!

I would first like to congratulate last year's Operation Diabetes and Operation Heart Committees for receiving 2020-2021 Regional Awards at APhA-ASP Midyear Regional Meeting. A special thank you to the committee members, chapter advisors, and Operation Diabetes co-chairs, Abby Mathiason and Mikayla DeNoon, and Operation Heart co-chairs, Jeffery Swoboda and Ashley Hess, for demonstrating incredible leadership and helping implement innovative ideas to continue serving the surrounding communities, despite COVID related challenges.

This past semester was filled with dedication, creativity, and connection while we coordinated both annual and new events as a chapter. The student chapter of the American Society of Health Systems Pharmacy (ASHP) hosted their annual Residency Showcase over Zoom, which highlighted 13 residency programs and allowed students to learn from and ask questions of representatives from programs located in a variety of regions. SCAPP members and students from other pharmacy organizations came together to build an incredible float for the 2021 Hobo Day parade with the theme, Adventure Awaits. The strong commitment from students and faculty was recognized through being awarded the "Most Hobo" entry of the year.

Educational efforts were also accomplished through a variety of events such as, teaching children about the differences between medication and candy at Trunk or Treat and raising diabetes awareness among SDSU students during National Diabetes Month. We were fortunate to continue providing patient screenings throughout the state at locations such as the State Fair, the South Dakota Health Connect Fair,

and immunization clinics in Sioux Falls, Brookings, and surrounding communities. Operation Diabetes co-chair, Nicole Langdon, was selected as the inFLUential member of the semester for her efforts organizing and recruiting volunteers for various immunization clinics, notably the influenza immunization clinic on campus. We are looking forward to coordinating similar patient care experiences and educational opportunities this upcoming semester.

Students have also been able to virtually attend regional and national meetings, such as APhA-ASP Midyear Regional Meeting, the American College of Clinical Pharmacy (ACCP) Annual Meeting, and the American Society of Health Systems Pharmacists (ASHP) Midyear Clinical Meeting. At chapter meetings, students have been challenged to consider topics such as leadership, legislation, advocacy, and research through professional presentations. We also were able to create blankets for children at Sanford Health in Sioux Falls and cards for veterans in local nursing homes.

As president, I could not be more proud of what our chapter has come together to accomplish this past semester and the support I have witnessed. We are anticipating another busy semester ahead and are looking forward to starting off with Legislative Days in Pierre!

Respectfully,
ELLIE BALKEN



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INTRODUCTION

- Introduction & Orientation
- CSPT Training Questionnaire

BASIC PHARMACEUTICS

- Parenteral Dosage Forms
- Ratios
- Proportions

DOSAGE CALCULATIONS

- Weight-Based Dosages
- Dosage Calculations: Parenterals
- Dosage Calculations: Milliequivalents and Units

COMPOUNDING CALCULATIONS I

- Compounding Calculations
- Percentage Calculations
- Drug Concentration Calculations
- Dilution Calculations

COMPOUNDING CALCULATIONS II

- Infusion Calculations
- Alligation Calculations

PHARMACOLOGY REFERENCES

- CSPT® Medications List
- Pharmacology Key Points Reference
- Injectable Anticoagulants
- Dispensing Insulin and Other Injectable Medications

MEDICATION SAFETY

- Safety Data Sheets

INSTITUTIONAL PHARMACY PRACTICE

- Hospital: Medication Preparation
- Hospital: Medication Delivery
- Medication Disposal in the Hospital
- Dispensing Medications for Surgeries
- Medication Delivery in the Hospital
- Using Barcodes
- Hospital: Patient Safety Practices

REVIEW

- CSPT Practice Exam

STERILE COMPOUNDING I

- Sterile Compounding
- Sterile Compounding: Personal Protective Equipment
- Sterile Compounding: Aseptic Handwashing
- Simulation: Aseptic Hand Washing
- Sterile Compounding: The Laminar Flow Hood
- Laminar Flow Hood Simulation

STERILE COMPOUNDING II

- Sterile Compounding: Syringes and Needles
- Sterile Compounding: Supplies and Equipment
- Preparation of Sterile Compounds
- Using Aseptic Technique for Sterile Compounding
- Quality Standards and Requirements
- Maintaining Environmental Processes for Sterile Compounding
- Simulation: IV Fluid Preparation
- Simulation: IV Piggyback
- Simulation: IV Push
- Simulation: Manipulate Ampules
- Simulation: Reconstitute Lyophilized Powder
- Simulation: Parenteral Nutrition

STERILE COMPOUNDING SUPPLEMENTAL RESOURCES

- ASHP's Guidelines on Compounding Sterile Preparations
- ISMP's Guidelines for Safe Preparation of Compounded Sterile Preparations

CHEMOTHERAPY COMPOUNDING

- Chemotherapy Overview
- Chemotherapy Prep
- Simulation: Chemotherapy Agent Preparation

HAZARDOUS MEDICATION HANDLING

- ASHP's Guidelines on Handling Hazardous Drugs
- NIOSH List of Antineoplastic and Other Hazardous Drugs

DRUG INFORMATION RESOURCES

- Package Inserts Part I
- Package Inserts Part II
- Drug Information Resources

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Medication Safety: Preventing Medication Errors in Community Pharmacies

Knowledge-based CPE

Authors

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Medical Center Sioux Falls, SD

Goal

To enhance pharmacists' knowledge of medication safety and to facilitate implementation of appropriate preventative procedures to minimize the occurrence of medication errors in community pharmacies.

Pharmacist Learning Objectives

1. Explain the importance of recognizing and minimizing medication errors;
2. Recognize points in the dispensing process where medication errors can occur;
3. Identify error prevention strategies;
4. Facilitate understanding of the role and the importance of pharmacy technicians in preventing medication errors;
5. Differentiate between "blame and shame culture" and "just culture" models;
6. Define the key components in the process for reporting medication errors.

Pharmacy Technician Learning Objectives

1. Define the term, "medication error";
2. Identify points in the dispensing process where medication errors can occur;
3. Outline error prevention strategies;
4. Describe the critical role pharmacy technicians play in preventing medication errors;
5. Differentiate between "blame and shame culture" and "just culture" models;
6. Define the key components in the process for reporting medication errors.

Introduction

In 1999, Americans began to realize that health care was not as safe as it could be. The Institute of Medicine's article "To Err is Human: Building a Safer Health Care System" reported

that 44,000 to 98,000 patient deaths occurred in hospitals due to preventable medical errors. The highest error rates were most often found in emergency departments, intensive care units, and operating rooms.¹

A recent review article published in the Journal of Patient Safety showed that the IOM's reported statistics were much lower than the number of deaths that actually occurred. The review used a weighted average of four studies and found that a range of 210,000 to 400,000 deaths per year due to preventable harm was more accurate.² Error prevention is crucial, because "[e]rrors...are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health care professionals."¹ While efforts are continuously being made to educate health care professionals on good practice measures that can decrease error, the process of increasing patient safety and decreasing the number of medical errors has been gradual. Additionally, education on error prevention is predominately geared towards health care professionals in the hospital setting. While this is important due to the severity of patient illness and the possible seriousness of the error committed, errors that have the potential to be harmful also happen in the community setting.

In this continuing education course, we will define medication errors and identify the points at which an error can occur through the medication dispensing process in a community pharmacy setting. We will discuss prevention strategies and how to train your pharmacy technician to aid in increasing patient safety.

Medication Errors and How They Occur

As defined by the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP), "[a] medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer."³ When a prescription is filled incorrectly, a medication error has occurred.

If a patient had potential to be harmed due to a medication-related event but was not harmed, it is called a near-miss. Near-misses must be recognized, because a repeat of the same event may result in patient harm in future instances.⁴ A 2007 study conducted among 40 community pharmacies in Denmark reported an error rate for near-misses as 2/10,000 prescriptions and for errors dispensed the error rate was 1/10,000 prescriptions.⁵ Reviewing the causes of both near-misses and actual errors dispensed provides insight into how medication errors can be prevented.

For pharmacists, medication errors can result from both internal and external stressors (Table 1).

In the community/retail pharmacy setting, good customer service is generally dependent upon the customer receiving his/her medication in a timely manner. Inadequate staffing is a prominent concern as it creates many opportunities for a medication error to occur if the workflow is compromised. When there is a staff shortage, increased workload results in more shortcuts taken, which often bypasses double checking one's work, and a decrease in the quality of work due to the need to increase the work speed in order to get a prescription to the waiting customer quickly. Staff shortages often mean that pharmacists have less time to assist customers and to answer questions. Additionally, the same pharmacist that entered a prescription order may be the one that does the final verification of the prescription, resulting in the loss of a fresh set of eyes reviewing the medication.⁶

Table 1: Stressors that Lead to Medication Errors in Pharmacies⁶

Internal Stressors

Excess number of telephone calls
Not enough time to counsel

External Stressors

Unusually busy day due to an overload of prescriptions or too many customers
Staff shortage
Increased workload
Shortcuts taken to save time
No one available to double check
Lack of concentration
Look-alike/sound-alike drug names
Illegible or misinterpreted prescriptions

Points of Error in the Medication Dispensing Process

Every task associated with the practice of pharmacy is a part of a process of standard operating procedures. Following a process allows for consistency in the product produced when the process is performed in the same manner every time. The medication dispensing process is not effective when deviations from the process occur. Regardless of the stressors influencing the dispensing process, care must be taken to ensure that consistency and attention to detail are a top priority.⁶

As indicated in Table 2, errors can occur at every step of the medication dispensing process. During **prescription drop-off**, obtaining insufficient or inaccurate information from the

patient is linked to errors. The more knowledge obtained (especially about known drug allergies and special disease states), the less likely the patient is to experience a medication error.

When prescriptions are phoned in, an incorrect transcription of a verbal order can cause problems. Errors during **order entry** exist due to the use of incorrect drug names, illegible or vaguely written orders, misunderstood abbreviations, and "alert fatigue."

Most computerized entry systems have built-in safety features like drug alerts. An alert is intended to help flag a potential problem with the prescription, including allergies, drug-drug interactions, age-related problems, disease states, etc. A prescription for a single patient could result in multiple alerts. It is not uncommon for a person entering to override an alert without paying much attention to it. The majority of errors found during the **filling and dispensing** process can be contributed to the incorrect selection of the medication from stock.

The individual filling the medication may assume he/she recognizes the drug based off of shape or size, label appearance, or location on the shelf. The person may pull the drug from the shelf without actually taking time to read the label. Look-alike/sound-alike medication names also make the filling and dispensing process difficult.⁷

Table 2: Points of Error in the Medication Dispensing Process⁷

Prescription Drop-off
Order Entry
Filling and Dispensing
Accuracy Check
Point of Sale

During busy times of the day or when there is a staff shortage, the pharmacist may need to assist with filling prescriptions. It is possible that the pharmacist that fills a prescription may be the same person who performs the accuracy check. The exactness and correctness of the filling process is supposed to be evaluated at this step, so by having the pharmacist who filled the prescription verify the information, a double check is not completed.

When a patient picks up his/her medication at the **point of sale**, a prescription may be given to a patient that was not intended to receive that medication. Similar sounding names and common names are often the culprit, but problems can

CONTINUING EDUCATION *for* PHARMACISTS

Medication Safety: Preventing Medication Errors in Community Pharmacies

Continued

also occur when the person dispensing the medication assumes they can always match a patient's name with his/her face. A large number of medication errors occur during the final step of the medication dispensing process, patient education. Often hurried or preoccupied, many patients do not want to wait to be counseled before they are allowed to leave. Patients often respond that they do not have any questions when asked in a yes/no manner by a pharmacy employee.⁷

Pharmacy Technicians and Their Importance

Like pharmacists, the ultimate goal of the pharmacy technician is to protect a patient's health, welfare, and safety.⁶ A technician's tasks may include interpreting written prescriptions and inputting information into the computer, performing calculations and compounding medications, managing inventory, filling and labeling prescription vials, and resolving issues with insurance companies.⁷ A well-trained technician can free up a pharmacist's time, allowing the pharmacist to have more time to interact with patients and to have a sharper focus on the task at hand.

A pharmacy technician provides an extra layer of safety in the medication dispensing process.⁸ The next section details strategies pharmacists can share with their technicians in an effort to eliminate errors.

Strategies for Medication Error Prevention

Just as there is potential for error at every step of the medication dispensing process, there is also potential for error prevention at each point in the process. Below are suggestions associated with each step.

Prescription Drop-Off

When a patient drops off a prescription, have a detailed checklist that the technician should work through with the patient to obtain critical information (Table 3). To assist the pharmacist performing the accuracy check, the technician

should ensure that the patient's date of birth is written on every hard copy prescription. This will allow the pharmacist to have a second identifier readily available.⁸

Table 3: Checklist of Critical Patient Information to be Obtained at Prescription Drop-off⁸

Correct spelling of patient's name
Patient's date of birth
Patient's current address
Patient's phone number
Known drug allergies
Known medical conditions (e.g. pregnancy)

Order Entry

The pharmacist or technician inputting the prescription information into the computer should always check to see if a patient has multiple profiles, especially in chain pharmacies. This ensures that all of the medications a patient is taking will be in the same location, making it easier to identify potential problems. Once the correct patient profile is selected, the rest of the prescription can be entered into the computer.

Technicians who are familiar with medical technology and drug names enhance medication safety. Pharmacists should consider providing technicians with opportunities to learn such information by quizzing staff members on trade and generic names for medications and by having educational information, such as continuing education publications, readily available. To keep current, pharmacies should keep a list of new medications that will be coming to the market, along with the medication's release date, conspicuously posted.

To combat misunderstood abbreviations, pharmacists can ask prescribers to spell out a high-risk abbreviation during telephone verbal order transcription. Additionally, practicing read-backs of the order will allow for confirmation and clarification. Pharmacists should keep the Institute of Safe Medication Practices (ISMP)'s List of Error-Prone Abbreviations, Symbols, and Dose Designations near computers used for order entry and by phones where verbal order transcription occurs.⁹ This list provides information about common misinterpretations of abbreviations and how they should be corrected. ISMP's List of Confused Drug Names should also be made available for reference.¹⁰ Knowledge of commonly confused medications allows pharmacists and technicians involved in order entry to have a keen awareness of when a prescription has a higher likelihood of error potential.

Pharmacists should inform technicians of the safety features of the computer system used at their pharmacy. Technicians should be encouraged to relay alerts involving drug-drug interactions, allergies, or therapeutic class duplications to the pharmacist.^{7,8} Pharmacists should create an atmosphere in

which technicians are not hesitant to ask questions regarding prescriptions. If questions arise during the transcription process, technicians should notify the pharmacist and the pharmacist should contact the prescriber if necessary to verify the order. The person who enters the prescription order should review the printed prescription label for accuracy before allowing the prescription to be filled.⁶

Filling/Dispensing

Confirmation bias can be avoided by separating products that have similar packaging and labels. Technicians should be trained to triple check the National Drug Code (NDC). The NDC on the prescription label should match the one on the stock bottle. The NDC should be checked when the product is first chosen, when the medication is prepared, and when the stock container is returned to its position on the shelf.⁷ In addition to verifying the NDC, technicians should review the name and strength of the product.

One prescription fill should be completed before another task is started.⁶ Scratch paper should be located at the fill station. In the event that a technician would need to step away from a prescription before completion, he/she can quickly jot down any necessary notes or reminders to assist his/her memory upon returning to the prescription. The technician should again match the NDC, name, and strength of the medication with the prescription label when he/she returns to processing the prescription.

Accuracy Check

For a pharmacist to be most effective at verifying the correctness of a prescription, he/she needs to have minimal distractions and a sharp focus. To alleviate distractions, technicians should replace a pharmacist that is ringing up a customer. Technicians should also attempt to answer most phone calls and funnel appropriate calls to the pharmacist as needed.

Point of Sale

When a prescription is picked up, the customer should be asked to provide the patient's birthdate and/or the patient's address.⁸ Collecting this information not only provides a second identifier verifying the correct patient, but it also gives the pharmacy a means to keep up-to-date patient information records. The information obtained from the person picking up the prescription should be compared to the prescription receipt and to the medication vial.

Pharmacists should encourage technicians and clerks to use open-ended questions such as, "What is your current address?" - rather than yes/no questions when identifying patients. For controlled prescriptions, an identification card should be obtained from the person picking up the prescription. If this person is not the patient, the patient should be called to ensure that his/her prescription can be given to the individual at the pharmacy.

On all new medications, the pharmacist should be notified that patient consultation is needed. For any medication that the pharmacist wants to relay a certain message to the patient, notations should be written on the prescription receipt. These notations should be universally used and taught to all pharmacy staff members. Technicians and clerks should ask patients picking up refill medications if they have any questions for the pharmacist.

Patient Education

While patients are often rushed or preoccupied, pharmacists need to make a reasonable effort to explain and confirm that the patient knows certain details about his/her medication. This includes knowledge of what the medication is being used for, how the medication is expected to work, how frequently the medication should be taken, and how the medication should be taken.

The patient should be informed of the brand and generic names of the medication, the dosage strength, any drug interactions, and the side effects that may occur while taking the medication.⁷

Throughout the entire medication dispensing process, all pharmacy employees should strive to use open-ended questions. A good workflow that is consistently followed should be maintained, especially when staff shortages happen.

Pharmacists should encourage good habits and positive attitudes in their employees.⁶ Each employee should take responsibility for his/her own work. Lastly, during the entire process, pharmacists and technicians should review the "Eight Rights of Medication Administration" to minimize the number of errors that occur (Table 4).⁷

Medication Safety: Preventing Medication Errors in Community Pharmacies

Continued

Table 4: Eight “Rights” of Medication Administration⁷

Right Drug

Watch for changes in shape, size, or color of medications. Notify patients of these changes.

Right Patient

Use two sources to confirm the patient’s identity (i.e. name, birthdate, address).

Right Dose

Review the dose and verify that it is suitable for the drug, disease state/condition, and patient.

Right Time

Confirm the dosing frequency is appropriate. Inform the patient of the correct time of day to take the medication.

Right Route

Make sure the route by which the medication is to be given has been documented by the prescriber. Confirm that it is a proper route for the patient.

Right Reason

Confirm the medication prescribed is appropriate and effective for treating the patient’s disease state/condition.

Right Response

Follow up with the patient if possible to monitor his/her response to the medication.

Right Documentation

Write it down or it did not happen. Record any relevant information. Was patient education provided? Document it.

Who’s to Blame for Errors? Error Reporting

Previously in health care, a person who committed a medication error was negatively affected by admitting fault in the error. A “blame and shame” culture existed where the person who was responsible for the medication error was deemed incompetent and was punished for the action. While this mentality may still exist, it is important to promote an atmosphere in which error reporting can be done voluntarily without the fear of negative repercussions.

In a “just culture” model, an environment of trust is fostered and providing safety-related information is encouraged. This model details that human error is inevitable but strives for prevention systems that minimize the frequency of errors. If an honest mistake is made, an individual would not be punished according to this model. However, if a mistake happens as a result of recklessness or care-lessness, appropriate disciplinary actions would be taken.⁴

In the event that an error does occur, every pharmacy should have policies and procedures in place that detail appropriate measures for handling a medication error. The manner in which the staff is expected to respond to a patient’s questions and concerns should be documented. Protocol should be established concerning how management will respond to and investigate errors.

Technicians and clerks should be taught to assume that any report of a possible error should be considered of high importance and priority; a pharmacist should be informed of the patient’s concerns immediately. Pharmacists should communicate with staff members proper statements to use and the need for truth and honesty in the situation.¹¹

Often times, patients are most upset because of an inadequate response provided by the pharmacy. Contacting the patient about an error that has occurred should happen within 24 hours of discovering the error. In addition to receiving an apology for the occurrence of the error, the patient should get an explanation of how the error is intended to be remediated and of how similar errors are expected to be prevented in the future.⁷

After an error has happened, pharmacists should make efforts to determine the root cause of the error. Knowledge of why the error occurred and the factors and system failures that allowed for it to happen allow pharmacists to teach staff members actions and procedures that should be taken in the future.⁷ Procedural changes should be conspicuously posted. Pharmacists could practice role-playing scenarios with pharmacy staff to reinforce the correct measures to be taken for error prevention and for actual error cases.¹¹

To help prevent errors beyond a single pharmacy, health care professionals can anonymously report medication errors through the Institute for Safe Medication Practices’ Medication Error Reporting Program (ISMP MERP) operated by the United States Pharmacopeial Convention. This program will then review the information and will inform the FDA or manufacturers of any findings.⁷

Conclusion

Medication errors are an inevitable but preventable part of the medication dispensing process even in the community pharmacy setting. Pharmacists should invest in training their technicians to be highly-skilled and consistent when completing every task. Additionally, pharmacists should create a work environment founded on trust so that employees will feel comfortable admitting any mistake. Error prevention is not a one-time effort that must be made, but rather it is a continuous process of education, training, and communication.

The authors and planners of this CPE activity have had no financial relationship over the past 12 months with any party having a commercial interest in the content of this article.

References

1. Kohn LT, Corrigan J, and Donaldson MS. *To Err is Human: Building a Safer Health Care System*. Washington, D.C. National Academy Press, 2000. Available from: <http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf> (accessed February 20, 2014).

2. James JT. A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care. *J Patient Saf* 2013; 9; 122-128.

3. “About Medication Errors.” *National Coordinating Council for Medication Error Reporting and Prevention*; 2014. Available from: <http://www.nccmerp.org/aboutMedErrors.html> (accessed February 20, 2014).

4. Hanson L. *Medication Safety: The Role of the Pharmacy Technician*. Available from: <http://www.gotocoi.org/CE/e943064f-d4e0-45df-b75a-7c0f38cbdfac/TEAM%20Monograph%20-%20Hanson.pdf> (accessed February 20, 2014).

5. Knudsen P, Herborg H, Mortensen AR, Knudsen M, and Hellebek A. Preventing medication errors in community pharmacy: frequency and seriousness of medication errors. *Qual Saf Health Care* 2007; 16; 291-296. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464954/pdf/291.pdf> (accessed February 22, 2014).

6. Webster LC. “Chapter 16: Medication Safety and Error Prevention.” *Pharmacy Practice Today for the Pharmacy Technician: Career Training for the Pharmacy Technician*. St. Louis, MI. Mosby, Inc, 2014. Available from: <http://www.elsevieradvantage.com/samplechapters/9780323079037/0022-ch0016-0287-0296-9780323079037.pdf> (accessed February 22, 2014).

7. “The Pharmacy Technician’s Role in Reducing Medication Errors.” Available from: <http://corp.elitecme.com/dynamic/pdf/RPTFL02MEI12A.pdf> (accessed February 22, 2014).

8. Gaunt MJ. “A Pharmacy Technician’s Role in Medication Error Prevention.” *American Pharmacist’s Association*; 2010. Available from: <http://www.pharmacist.com/pharmacy-technician%E2%80%99s-role-medication-error-prevention> (accessed February 22, 2014).

9. Institute of Safe Medication Practices (ISMP)’s List of Error-Prone Abbreviations, Symbols, and Dose Designations; 2004. Available from: <https://www.ismp.org/tools/errorproneabbreviations.pdf> (accessed February 22, 2014).

10. Institute of Safe Medication Practices (ISMP)’s List of Confused Drug Names; 2011. Available from: <https://www.ismp.org/tools/confuseddrug-names.pdf> (accessed February 22, 2014).

11. Gaunt MJ. “Be Prepared to Respond to an Error.” *Pharmacy Times*; 2010. Available from: <http://www.pharmacytimes.com/publications/issue/2010/August2010/MedicationSafety-0810> (accessed February 22, 2014).

Medication Safety: Preventing Medication Errors in Community Pharmacies

Continuing Education Post-test

1. According to NCC MERP, a medication error is
 - a. A preventable error that leads to patient harm.
 - b. An unpreventable error that leads to patient harm.
 - c. Any preventable error that may cause or lead to inappropriate medication use or patient harm.
 - d. A preventable error that leads only to inappropriate medication use.
2. Which of the following is not a problem associated with being short-staffed?
 - a. Increased workload
 - b. More shortcuts taken in attempts to save time
 - c. No one available to double check
 - d. All of the above choices are problems associated with staff shortages
3. Errors in the medication dispensing process
 - a. Only occur during order entry and at the point of sale.
 - b. Have the potential to occur at every step of the process.
 - c. Occur because of both internal and external stressors.
 - d. Both b and c
4. The majority of errors found during the filling/dispensing portion of the medication dispensing process are due to _____
 - a. Incorrect selection of the medication from stock
 - b. Poor lighting in the pharmacy work area
 - c. Look-alike/sound-alike medication names
 - d. All of the above

CONTINUING EDUCATION *for* PHARMACISTS

5. The ultimate goal of a pharmacy technician is
- The same as that of a pharmacist. They both attempt to dispense medications quickly.
 - Different than that of a pharmacist. Technicians focus on selecting the correct medication from the shelf.
 - The same as that of the pharmacist. They both strive to protect a patient's health, welfare and safety.
 - Different than that of a pharmacist. The pharmacist wants to protect the patient, whereas the technician is not responsible for patient safety.
6. Having a well-trained pharmacy technician is beneficial because
- A technician with knowledge of drug names and medical technology can help decrease errors.
 - A technician can aid in order entry, lessening the pharmacist's workload.
 - A technician can add an extra layer of patient safety.
 - All of the above
7. Critical patient information that should be obtained when a prescription is dropped off includes:
- Patient's height
 - Patient's known drug allergies
 - Patient's date of birth
 - Both b and c
8. A patient drops off a prescription at the pharmacy and is in a hurry to get the medication filled. This patient is new to your pharmacy and you have acquired the necessary information. Should you check to see if the patient already has a profile in your computer system?
- No, checking for multiple patient profiles for the same patient is unnecessary and wastes time. It is unnecessary to know if the patient is on any other medications.
 - No, patients are always able to recall all of the medication that they are currently taking and if they have filled at a pharmacy that belongs to the same chain before.
 - Yes, it is good practice to check for multiple patient profiles for a patient. Having a list of all the medications the patient has filled with your pharmacy chain will allow you to determine if any drug-drug interactions exist.
 - Yes, checking for multiple profiles could add time to the patient's wait. The patient was very rude when they dropped the prescription off and you are content to make them wait a little longer than usual.
9. When should the National Drug Code (NDC) on a prescription label be checked?
- Only when the stock bottle is pulled from the shelf
 - When the product is selected from the shelf and when the stock container is returned to the shelf
 - When the product is selected, when the medication is prepared, and when the product is re- turned to the shelf
 - The NDC does not need to be checked because only the drug name, strength and dosage form are important.
10. Which of the following would be most appropriate to ask a person picking up a prescription?
- "Is your address still 1901 Cucumber Avenue?"
 - "Do you live on Cucumber Avenue?"
 - "What is your current address?"
 - It is unnecessary to ask for the person's address. Asking for the patient's name is sufficient enough.
11. Which of the following models represents the idea that a person who makes an honest mistake should not be punished, but an individual that makes a careless or reckless mistake should be disciplined?
- "Blame and shame" model
 - "To Err is Human" model
 - "Just culture" model
 - "Just cause" model
12. To report errors anonymously to the Institute for Safe Medication Practice's Medication Error Reporting Program, health care professionals can
- Visit the ISMP website and report the error through an online form
 - Call 1-800-23-ERROR
 - Fax or mail an error report to the United State Pharmacopeia (USP)
 - All of the above

Medication Safety: Preventing Medication Errors in Community Pharmacies

Knowledge-based CPE

To receive 1.5 Contact Hours (0.15 CEUs of continuing education credit, read the attached article and answer the 12- question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of 70% or better is required to earn credit for this course. If a score of 75% (9/12) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge. Credit will be uploaded to a participant's e-Profile Account within 2 weeks of successful completion of this CPE.



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Learning Objectives – Pharmacists: 1. Explain the importance of recognizing and minimizing medication errors; 2. Recognize points in the dispensing process where medication errors can occur; 3. Identify error prevention strategies. 4. Facilitate understanding of the role and the importance of pharmacy technicians in preventing medication errors; 5. Differentiate between "blame and shame culture" and "just culture" models; 6. Define the key components in the process for reporting medication errors.

Pharmacy Technician Learning Objectives: 1. Define the term, "medication error"; 2. Identify points in the dispensing process where medication errors can occur; 3. Outline error prevention strategies; 4. Describe the critical role pharmacy technicians play in preventing medication errors; 5. Differentiate between "blame and shame culture" and "just culture" models; 6. Define the key components in the process for reporting medication errors.

Circle Correct Answer:

1. A B C D	5. A B C D	9. A B C D
2. A B C D	6. A B C D	10. A B C D
3. A B C D	7. A B C D	11. A B C D
4. A B C D	8. A B C D	12. A B C D

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PHARMACY & THE LAW

BY DON. R. MCGUIRE JR., R.PH., J.D.

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

Social Media Prescriptions

The growth and use of social media has definitely changed the society in which we live. Chain letters and phone trees are no longer the most efficient ways to communicate with a large number of people. The use of social media and the Covid-19 pandemic have intersected in a way no one imagined. I call this phenomenon the Social Media prescription. In 2020, it was the clamor for hydroxychloroquine. In 2021, the clamor is for ivermectin. Pharmacists were, and are, faced with demands to fill these prescriptions without much or any knowledge of the recommended dosage or its safety and effectiveness. While these are two recent examples, this phenomenon is not likely to go away. Social media has the capacity to create fads and demands overnight. While we knew to keep laundry detergent pods away from our toddlers, we didn't think we would have to do so with our teenagers.

I have been asked numerous times in the last year whether a pharmacist has potential liability when filling a prescription for hydroxychloroquine or ivermectin for Covid-19. The answer is yes. Using the basic premise First, Do No Harm as the guideline, the pharmacist can analyze the Social Media prescription in a two-step fashion. First, will the patient benefit from the drug? In these two examples, and most likely in future scenarios, the pharmacist is not sure. When the clamor started, there were no controlled studies to indicate any effectiveness. Would the mechanism of action for an antiparasitic drug be effective against a virus? It seems unlikely, but we do not know. If the effectiveness of the prescription is unknown, the second question is whether the patient would be injured by taking the drug. There are some risks associated with every drug and every treatment. If a recommended dose is unknown, how does a pharmacist assess the appropriateness of the prescription? Ivermectin can cause serious side effects in an overdose situation. Prescriptions that could harm the patient should not be dispensed, especially when there is no corresponding benefit to taking it. If the pharmacist believes there is a high probability that the patient will be harmed, no one can order them to dispense the prescription.

Another question frequently asked this past year is whether their insurance policy would cover the pharmacist for dispensing the Social Media prescription. I can answer in generalities, but each pharmacist will need to read their own policy for definitive answers. Pharmacy Professional Liability policies generally don't single out specific drugs in the policy language. Pharmacy practice is too fluid and complex for that to work. Insurance companies depend on the professional judgment of the dispensing pharmacist to assess the risk/benefits of any unapproved use before dispensing. Policies typically have an exclusion that addresses injury that is expected by the insured. If the dose is large enough or the lack of data is stark

enough, it could be alleged that the patient's injury was expected and the claim excluded. Another common exclusion addresses injuries arising out of the pharmacist's reckless disregard for the safety or lives of others. That can be difficult to prove, but what is different here is that most unapproved uses are not addressed on the Food and Drug Administration's (FDA) website. The FDA's statement that ivermectin has not been shown to be safe or effective for the treatment or prevention of Covid-19 in people or animals could be used by a plaintiff's attorney to assert that the pharmacist acted in a reckless manner.

The final question I get asked is if the pharmacist can have the patient sign a release form absolving the pharmacist of any liability for dispensing the Social Media prescription. While it is possible to draft such a release, it most likely would not hold up in court. The professional responsibilities of the pharmacist under statutes and regulations were created to protect patients. Those responsibilities are placed on the pharmacist because of their education and experience. The pharmacist's duty is to protect the patient, and sometimes this means protecting them from themselves. If the idea of a release like this was viable, every professional would use one with every transaction or encounter.

I tell pharmacists in these situations it is easier to defend a case where the pharmacist refuses to fill a questionable prescription than it is to defend a case where the pharmacist has doubts about what was dispensed. When asked at your deposition "And what did you do when you became aware of this potential danger?" you don't want your answer to be "Nothing." Pharmacists can't guarantee 100% safety, but they should avoid prescriptions with high probabilities of serious harm.

Social Media is not going away. Pharmacists will continue to face the dilemma of patients demanding treatments generated from Social Media. It isn't easy to tell a patient no. But an uncomfortable encounter in the pharmacy will be shorter and less damaging than an uncomfortable encounter in the witness chair.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

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

— BEWARE — Same Ingredients, Different FDA Indications

GLP-1 Receptor Agonist	Analog Name	FDA Indication	Goal Dose
Ozempic®	<u>semaglutide</u>	Type 2 diabetes management	0.5 mg or 1 mg weekly
Wegovy™	<u>semaglutide</u>	Chronic weight management	2.4 mg weekly
Victoza®	<u>liraglutide</u>	Type 2 diabetes management	1.2 mg or 1.8 mg daily
Saxenda®	<u>liraglutide</u>	Chronic weight management	3 mg daily

Ozempic® is an injectable diabetic medicine used to improve glycemic control in adults for type 2 diabetes management. On June 4, 2021, the FDA approved a new drug treatment for chronic weight management called Wegovy™ which has the exact same ingredient – semaglutide.

Similarly, Victoza® is also used to improve glycemic control in patients 10 years and older for type 2 diabetes and is composed of an ingredient called liraglutide. Saxenda® also contains liraglutide but is used for chronic weight management. Pharmacies need to be aware that there is an audit risk if the prescriber is ordering for off-label use.

PAAS Tips:

- Prescribers may try to help patients get around plan exclusions for weight loss medications by prescribing Ozempic® or Victoza® at higher doses
 - > FDA approved medications being used off-label like this would likely not be covered under federal programs and are subject to audit recoupment
 - > Claims paid at point-of-sale do not guarantee payment
- If a prescription is written for the Analog name, pharmacies need to confirm the diagnosis to bill the correct medication
- These products come in multiple strengths and package sizes which would also need to be confirmed
- Medicare Part D and Medicaid may restrict coverage of medications if the prescribed use is not for a medically accepted indication
- PAAS Audit Assistance members can view our May 2021 Newsline article, New Package Size Available for Ozempic® for reference on how to bill for Ozempic®.



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FINANCIAL FORUM

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Measuring the Value of a Financial Professional

Findings suggest that these relationships can make a difference for investors.

What is a relationship with a financial professional worth to an investor?

A 2019 study by Vanguard, one of the world's largest money managers, attempted to answer that question. Vanguard's whitepaper, concluded that when an investor works with a professional and receives that level of investment advice, they may see a net portfolio return about 3% higher over time.¹

How did this study arrive at that conclusion?

By comparing self-directed investor accounts to this model, Vanguard found that the potential return relative to the average investor experience was higher for individuals who had financial professionals.¹

Vanguard analyzed three key services that a professional may provide: portfolio construction, wealth management, and behavioral coaching. It estimated that portfolio construction advice (e.g., asset allocation, asset location) could add up to 1.2% in additional return, while wealth management (e.g., rebalancing, drawdown strategies) may contribute over 1% in additional return.¹ Asset allocation is an approach to help manage investment risk. Asset allocation does not guarantee against investment loss. The biggest opportunity to add value was in behavioral coaching, which was estimated to be worth about 1.5% in additional return. Financial professionals can use their insight to guide clients away from poor decisions, such as accepting excessive risk in a portfolio. Indeed, the greatest value of a financial professional may be in helping individuals adhere to an agreed-upon financial and investment strategy.¹

Of course, financial professionals can account for additional value not studied by Vanguard, such as helping clients implement wealth management strategies, which may help protect against the financial consequences of loss of income, and coordinating with other financial professionals on tax management and estate strategies. After years of working with a financial advisor, the value of a relationship may be measured in both tangible and intangible ways. Many such investors are grateful they are not "going it alone."

Citations.

1 - advisors.vanguard.com/iwe/pdf/ISGQVAA.pdf [2/19]

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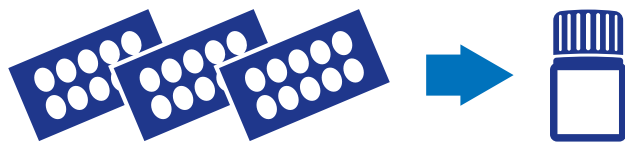
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NDC Number, 7 mg	0169-4307-13	0169-4307-30
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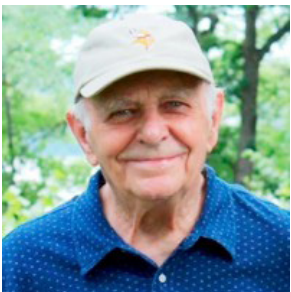
Dennis Dingman // 1937 – 2021



Colonel Dennis Dingman, 84, passed away at Sanford Medical Center on November 17, 2021, surrounded by his wife of 55 years and their three children. Dennis was born on his grandparents' farm outside Tracy, MN to parents Henry and Darline. When he was still small they moved to Sioux Falls where he later attended Cathedral Catholic School. As an only child Dennis loved any time he could spend back on the farm surrounded by relatives. Dennis hunted rabbits and pheasants in the country and shot in a junior rifle club in Sioux Falls. His proficiency for target shooting travelled with him to college where he was a member of the South Dakota State University Rifle Team and the ROTC. By the time Dennis graduated with a Bachelor of Science in Pharmacy degree in 1960, he was more than just 'a good shot.' Dennis entered active duty and earned a spot on the prestigious United States Army Marksmanship Unit. A world-class marksman, Dennis shot competitively around the world and traveled the U.S., Western and Central Europe, Central and Latin America, and even behind the Iron Curtain to countries like East Germany and Romania for worldwide competitions. In 1966-67, Dennis served a tour in Vietnam where he was stationed at the U.S. Army Signal Corps headquarters in Saigon. Afterward Dennis continued to serve his country in the U.S. Army and then Army Reserve, as a marksman, shooting coach and trainer. Although few people know this, when Dennis retired from the service in 1990 he was a full-fledged colonel. The best part of shooting, however, is that it gave Dennis an opportunity to return to South Dakota to pursue a much

younger (and prettier) member of the SDSU rifle team. Dennis 'set his sites' on Carol Mitchell, and they were married in Watertown, SD in June 1966. Little did they know then how much God would bless them in the coming 55 years. In spite of so much travel, South Dakota was his home. Dennis worked at the Veterans Administration Hospital in Sioux Falls until retiring at age 55 as the Outpatient Pharmacy Supervisor. Dennis and Carol were blessed to spend over five decades in Sioux Falls, raising three children and later becoming doting grandparents. Dennis was a devoted Catholic and a founding member of Holy Spirit. He attended countless school events at St. Mary's and O'Gorman and hundreds of soccer games at Yankton Trails. He drove his family around the U.S. to soccer tournaments, national parks and other vacation spots. Later Dennis was blessed to take Carol on many trips throughout the country and the world. Dennis had Dementia with Lewy Body and Parkinson's Disease. While he met these changes with courage and dignity, a severe fall on November 15th prevented him from the inevitable transitions facing him. Dennis spent two days in Sanford Hospital where he received excellent and compassion care, never regaining consciousness. While surrounded by his wife and children, Dennis was released into God's loving arms. Dennis was an incredible husband to his wife of 55 years, Carol; and an incredible father, father-in-law and grandfather to: his son Steven (spouse Gina and children Ethan and Easton) in Edwardsville IL; his daughter Rev. Dr. Sara in Indianapolis IN; and his son Daniel (spouse Anniebelle and children Hailey and Ty) in Madison Lake MN. His loving spirit will live on through them all. In lieu of flowers, the Dingman family kindly asks that memorials be directed to the Bishop Dudley House or the Holy Spirit Catholic Church Youth Group Scholarship Fund.

Donald Allan Christopherson // 1933 – 2021



Christopherson, Donald Allan age 88, lived a life of public service, serving the people of the US and our military veterans for 38 years. Born in Minot, ND, the son of two teachers, Don is the oldest of eight children. He was proud to be the 8th grade SD state marble champion, and as a paper boy, delivered news of the end of WWII. Don graduated from Revillo SD HS in 1951, studied

chemistry at Augustana College, served in the Army 334th Communication Reconnaissance Co. (ASA Morse interceptor) in Germany, then returned to graduate from SDSU in pharmacy in 1959. Don worked for the Veterans Affairs hospital system throughout his career in Iron Mountain, MI, Johnson City, TN, and Sioux Falls, SD as chief of pharmacy services. Don married Beverly Berg, a nurse working in Sioux Falls, in 1962. Four beloved children followed: Foy, Kimberly, Tonia & Rodney. After Beverly died in 2001 Don moved to St. Anthony MN and took up grandpa duty.

OBITUARIES

Dr. Robert Neumayr // 1943 – 2021



Dr. Robert J. Neumayr, age 78, of Yankton, South Dakota died on Sunday, October 10, 2021 surrounded by his family.

Bob was born May 5, 1943 in Parkston, South Dakota to Herman and Sara (Curtin) Neumayr. Bob's educational experiences began at the age

of six when he began working for his father, Herman, at Neumayr's Market in Parkston, sacking potatoes. He continued working at the store through his grade school, high school and college years, where he learned the importance of hard work and treating people with respect and kindness. He graduated from Parkston High School in 1961. In 1966, Robert graduated from the Pharmacy School at South Dakota State University, and in 1968 he earned a Masters Degree in Pharmacology at SDSU.

On August 21, 1967, he married Jo Ellen Maxwell in Parkston, and in September of 1968 they moved to Salt Lake City, Utah where Bob began his studies for a PhD in Pharmacology at the University of Utah School of Medicine. During this time, Bob also managed the Primary Children's Hospital Pharmacy on weekends where he became interested in Clinical Medicine. In 1972, Bob was accepted into the University of Utah School of Medicine. He received his PhD in May of 1974 and graduated from medical school in May of 1975. He then completed his Internal Medicine Residency at the University Utah Hospitals in 1978. The Neumayrs moved to Yankton in 1978, where Bob began his career at Yankton's Medical Clinic. For the next 42 years, Bob loved every day of getting to know and caring for

his patients. He also cherished the professional relationships that developed over the years working with members of the medical, nursing, administrative and support staffs at Yankton Medical Clinic and Avera Sacred Heart Hospital. Bob was especially grateful to the nurses he worked with at the clinic and the hospital. Beginning with Violet Waters in 1978 until his retirement, he believed he had been blessed with the opportunity to work with the very best nurses. He retired from practice in 2020 at the age of 77, a tough decision, because he truly loved his work.

Bob enjoyed a variety of hobbies through all his working years. Because of his interest in aviation, he earned his private pilot's license. He always enjoyed meeting pilots during his years as an Aviation Medical Examiner. Bob looked forward to the annual Oshkosh Airshow in Wisconsin, which he attended every year with family and friends since 1983. Bob loved hunting with his family, friends and his German Shorthair dogs. He also enjoyed restoring vintage cars and motorcycles, World War II jeeps and Dodge Power Wagons.

Robert is survived by his wife, Jo Ellen of Yankton; two children: Mary (Dr. Richard) Strom of Yankton and James Neumayr of Yankton; four grandchildren: Matthew, Michael, Jakob and Sara Strom; one brother, Tom (Lona) Neumayr of Rapid City, SD; and three nephews: Robert, Andrew and Tyler.

Robert was preceded in death by his parents.

Heartfelt gratitude goes to Barb Aman, RN and Lori Hansen, MD for the extraordinary comfort and care they gave to Bob and his family in his final hours.

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