

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

IN THIS ISSUE

Legislative Days Goes Virtual
96th Legislative Session Opens
COVID-19 Vaccine Resources



WINTER EDITION 2021

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

South Dakota Pharmacists Association

320 East Capitol, Pierre, SD 57501
605-224-2338 // 605-224-1280 fax
www.sdpha.org

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amanda@sdpha.org

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4001 West Valhalla Boulevard, Suite 106
Sioux Falls, SD 57106
605-362-2737 // www.pharmacy.sd.gov

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Calendar

JANUARY

- 1 New Year's Day
- 12 National Pharmacists Day
- 12 96th South Dakota Legislative Session Opens
State of the State Address
South Dakota State Capitol
- 18 Martin Luther King Jr. Day

FEBRUARY

- 1-7 PharmaCE Expo
(Formerly Midwest Pharmacy Expo)
Virtual
- 2 South Dakota Pharmacists Association
Legislative Days
Virtual
- 15 President's Day

MARCH

- 12-15 APhA Annual Meeting and Exposition
Virtual
- 29 96th Annual Legislative Session
Reserved for the consideration of gubernatorial vetos

APRIL

- 8 South Dakota Board of Pharmacy Meeting
1-5 pm
- 9-10 South Dakota Society of Health System Pharmacists
44th Annual Meeting (tentative)
Sioux Falls, SD
- 20-21 NCPA Congressional Fly-In (tentative)
Washington, DC

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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Director's COMMENTS

Amanda Bacon // SDPhA Executive Director



Happy 2021!

I don't know of another time, at least in my lifetime, when people were so eager to flip the calendar to a new year. I've said it here before – 2020 was all the things. Then, as a popular social media meme so eloquently stated, "Six days. It took exactly 6 days for 2021 to tell 2020 to hold my beer."

Politics and pandemic – they are the crux of our work right now. As we all well know, what happens with either or both of those changes quickly. Sometimes by the hour. We're working hard to keep you updated, without overwhelming your inbox. That's why we highly encourage you to join our [Facebook Group Page](#) if you have not already. This is where we post those quick updates, and keep from stacking your inbox. When you join the group – please make sure your settings allow for notifications from us. That will help ensure you see the posts in a timely fashion. I also encourage you to follow the [DOH Facebook Page](#). There are often updates there you can share on your pharmacy pages as well.

I also encourage you to bookmark the following pages: [South Dakota Pharmacists Association COVID-19 Resources](#) [SD DOH COVID-19 Vaccination Information for Healthcare Providers](#)

In the interest of keeping you informed as well as keeping the email communications we send you to a minimum, since legislative session has begun, we will send one update each week which contains both the immunization update (the one that's come midweek for several weeks now), as well as the legislative update (our customary weekly report on what's happening at the Capitol). We'll send more when necessary, but in general, I want you to know that when we send you something, there's a good reason. (That's my way of saying please open and read them, and if you aren't getting them, let me know!)

As mentioned, the 96th Legislative Session has now begun, opening with the State of the State address Jan. 12. Lobbying in a pandemic looks a lot different than what we're all used to. Which means we are extremely fortunate to once again work with Robert Riter and Lindsey Riter-Rapp - the three of us comprise your legislative team. There is so much of key interest for us this year, and we will update you on all our work and legislative happenings thus far at our Virtual Legislative Days event the evening of Tues. Feb 2. Watch your email for registration and login information. We look forward to connecting with you via Zoom this year, and eagerly await 2022 when we can hopefully resume our traditional Legislative Days event.

Finally, I've spent a lot of time lately pondering what pharmacy in South Dakota looks like in 2021, while also reflecting on how different things are from this time last year. The profession, and some of the perimeters around it, have changed greatly in the past 11 months. Much more so than any of us saw coming. I was grateful to learn through a few recent conversations with long-time pharmacy leaders in our state that they, too, have said, "I don't know," more in recent weeks than they have in the entirety of their career. (It's always nice to know you're in good company...) Yet while so much has often felt a little (or a lot) like chaos and meant new levels of confusion and sometimes frustration – there's opportunity here, as well. My 8-year-old daughter would call it, "The power of 'yet'."

Pharmacists have once again proven themselves to be courageous, resilient problem-solvers. It's not going unnoticed – statewide, or across the nation. We're working together to find solutions to problems that in many cases we didn't even know existed before now. And while we continue to find our way through this upside down, I find it increasingly important to remember that what we don't know, we just don't know, "yet."

Stay Safe,

AMANDA BACON

President's PERSPECTIVE

Dana Darger, RPh // SDPhA Board President



To My Friends in Pharmacy,

Some of you may already know and for those that do not, I get to be Santa at Christmas. It started 3 years ago when the pharmacy buyer, Denny, got a "Santa" chair to put in his front yard. I told him he couldn't have a Santa chair without a Santa in it and so it started. The first night I told everyone I was so excited to play Santa. I could hardly wait to go to

his house and sit in his front yard. It didn't take long for me to figure out that you can't just play Santa when you are sitting there. You have to actually "be" Santa if you want to do it well. After 2 hours in his front yard I was exhilarated and exhausted at the same time.

Amanda asked me for my letter to you well before Christmas and I asked her if it could wait until I was done being Santa this year. I told her that the last 2 years I learned something new each year and the theme of my letter would come to me. The first year it was about "being" Santa. Last year it was an unabashed belief in the "magic" of Santa and his ability to make dreams come true. I met a 7 year old and 9 year old brother and sister one night. They told me that the only thing they wanted for Christmas was to adopt Lucas, a foster child living in their house. That evening when we were done at Denny's I walked over to their house to meet the rest of their family. It was a blended family of biologic and adopted foster children. Lucas would make it a family of 6 kids. On Monday, the family found out they would adopt Lucas. The next weekend the whole family showed up at Denny's to share with us that the Santa magic had worked, and their Christmas wish was coming true.

So, this year what Santa learned is a single word and that word is "hope". Even though Santa was wearing a mask the Santa magic was still there. I was worried that the mask would make Santa less than in previous years, but for the kids it didn't phase them. They still came to talk about their dreams and what they wanted for Christmas. They

shared the same hope for the magic they had in the past. For many being able to come see Santa was welcoming in a world that has been chaotic for them.

Now you are probably wondering what all of this has to do with being a pharmacist in South Dakota in this chaotic time. And here are my thoughts on that. As pharmacists and pharmacy technicians we bring normalcy and hope to our patients and our customers. We are masked just like Santa, but we aren't hiding behind those masks. It is just the new normal for them. We don't play at being pharmacists or technicians. It is who we are and that's what makes them seek us out for help and advice.

In the next few months many of us will step up and offer COVID vaccinations to all those patients and customers that have been looking to us for years. With a little help from the Federal Government our technicians will be able to take another step forward in their scope of practice as well. We will be the "hope" of many of our customers. A retail pharmacist friend asked me when they would be able to start offering COVID vaccinations. He has a group of special needs patients that he has been doing flu vaccine on for years. He told me that there have been punches thrown and tears shed on both sides, but there is probably no one else that will get close to them with a needle. He and his pharmacy crew will be his patients "hope" for a safer tomorrow.

Last time I wrote to you I wrote about accepting and being part of the change. We are in time of rapid change on many fronts in healthcare and for many change causes angst, anger and uncertainty. If we accept and embrace the change and offer hope to the customers and patients that we serve we can give them some normalcy in midst of the masks all around them. We can give them some of the Santa magic that is in all of us just by being who we have always been, pharmacists and pharmacy technicians.

Merry Christmas my friends!

SANTA (DANA)

South Dakota BOARD of PHARMACY

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



BOARD WELCOMES NEW REGISTERED PHARMACISTS/ PHARMACIES

Happy New Year and Congratulations to the following **9 candidates** who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Colin Brunick, Ani Derboghosian, Uyen Huynh,

Darcy Jilek, Jacob Lang, Jenna Mendoza, Brindalben Patel, Cesar Sison, and Andre Tran. There were two SD full-time pharmacy licenses which were issued due to a change in ownership; Turner Drug Inc, dba Turner Drug, Bowdle #100-0004 and Salem Drug Inc., dba Salem Community Drug, Salem #100-0946. Also, there were two new part time pharmacies which are automated emergency kits in two long term care facilities: Avera McKennan dba Avera Long-Term Care Pharmacy Nexsys ADC #5, Lake Andes and Avera Long-Term Care Pharmacy Nexsys ADC #4, Faulkton. There was one new SD wholesale license issued to Avera Home Medical in Yankton, #600-3235.

BOARD WELCOMES NEW MEMBER

Governor Noem appointed Ashley Hansen, Pharm D., BCPS, to fill Diane Dady's expired term in October 2020. Ashley obtained her Pharm D. from SDSU in 2009 and completed a Sanford post-graduate year one residency at Sanford USD Medical Center in Sioux Falls. She worked at the Sioux Falls VA Health Care System prior to joining Sanford Aberdeen Medical Center in 2011, where she serves as pharmacy manager. Her areas of expertise include antimicrobial stewardship, ambulatory anticoagulation services, medication reconciliation, medication safety, inpatient clinical and hospital services. Ashley is an active member in the South Dakota Society of Health System Pharmacists and the South Dakota Pharmacists Association. She serves on the Dean's Advisory Council for the College of Pharmacy and Allied Health Care Professions at South Dakota State University and precepts pharmacy students from area colleges of pharmacy. Additionally, she works for the SD Drug Education Evaluation Program. Outside of health care professional involvement, she is on the Aberdeen Sertoma

Club board. Ashley and her husband, Rick, along with their children Blake, Evan and Heidi, make their home in Aberdeen. Welcome Ashley!!

HHS PROVIDES NEW AUTHORIZATION UNDER PREP ACT

The United States Department of Health and Human Services (HHS) issues declaration under the Public Readiness and Emergency Preparedness ("PREP") Act authorizing pharmacists to order and qualified pharmacists, interns and pharmacy technicians to administer ACIP recommended vaccines to pediatric patients ages three years to eighteen years and FDA-approved Covid-19 vaccines to patients during the public health emergency. The Board has adopted a Policy Statement with the full information on qualifications and training which must occur for the above-mentioned individuals to be able to be considered "qualified" to complete the authorized tasks. This declaration preempts any state and local law that prohibits or effectively prohibits [qualified pharmacy] technicians from administering COVID-19 or routine childhood vaccines as outlined in the declaration. See the full policy statement on our web site [SD Board of Pharmacy](#) under COVID-19 Resources header.

DEA PROPOSES REGULATIONS FOR PARTIAL FILLS OF C-II AGENTS

More than four years ago, the Comprehensive Addiction and Recovery Act of 2016 ("CARA") was signed into law. CARA, among other things, includes provisions allowing for the partial filling of prescriptions for Schedule II controlled substances. On December 4, 2020, the Drug Enforcement Administration ("DEA") published a [Notice of Proposed Rulemaking \(NPRM\)](#) implementing the partial fill provisions of CARA. While DEA does include additional provisions in the NPRM "to address certain regulatory requirements not addressed by the CARA[,] the agency appears to have neglected to fully address circumstances when a prescription for a Schedule II is partially filled. As you will recall, certain provisions in CARA allow for the partial filling of prescriptions for Schedule II controlled substances if all the following requirements were met:

- it is not prohibited by State law (*see below – this is not yet allowed in South Dakota);
- the prescription is written and filled in accordance with [the Controlled Substances Act], regulations prescribed by [DEA], and State law;
- the partial fill is requested by the patient or the practitioner that wrote the prescription; and
- the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

*Unfortunately, it is currently prohibited in South Dakota Administrative Rules except as allowed in §§ 44:58:08:18 and 44:58:08:18.01. Read the full text at [Notice of Proposed Rulemaking \(NPRM\)](#). Comments are due 60 days from publication in the Federal Register.

SD PHARMACY IMMUNIZATION RULE UPDATES by Inspector Tyler Laetsch

Effective October 12, 2020, the Administrative Rules of South Dakota on administration of immunizations have changed. Below is a summary of the changes to [ARSD 20:51:28](#).

- The chapter previously discussed only influenza vaccinations, and now it addresses all immunizations.
- The chapter now allows pharmacy interns to immunize if criteria have been met including supervision by a pharmacist with authorization to immunize.
- All training programs for immunization authorization are programs approved by Accreditation Council for Pharmacy Education accredited providers.
- Renewal of the authorization to administer immunizations for pharmacists has changed from every other year to yearly with the annual pharmacist license renewal. The CE requirement has changed from 2 hours every 2 years to 1 hour of CE related to immunizations annually, which may count toward the 12 hours of required CE for pharmacist renewal.
- All immunizations performed in the pharmacy are now required to be submitted to the South Dakota Immunization Information System, SDIIS. The pharmacy no longer must submit the immunization to the patient's primary healthcare provider.

BOARD MEETING DATES

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

BOARD OF PHARMACY DIRECTORY

BOARD OF PHARMACY

605-362-2737 | 605-362-2738 fax
www.pharmacy.sd.gov

DIRECTOR, SD PDMP

Melissa DeNoon • melissa.denoont@state.sd.us

PHARMACY INSPECTORS

Tyler Laetsch • tyler.laetsch@state.sd.us

Paula Stotz • paula.stotz@state.sd.us

Carol Smith • carol.smith@state.sd.us

SECRETARIES

Beth Windschitl • beth.windschitl@state.sd.us

Rhea Kontos • rhea.kontos@state.sd.us

PDMP ASSISTANT

Melanie Houg • melanie.houg@state.sd.us

EXECUTIVE DIRECTOR

Kari Shanard-Koenders

kari.shanard-koenders@state.sd.us

PDMP DATA ACCESS

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

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<https://pmpclearinghouse.net>

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www.NABP.pharmacy

South Dakota BOARD of PHARMACY

(continued)

If you are an immunizing pharmacist and do not have access to the SDIIS website please contact Brett Oakland at brett.oakland@state.sd.us to obtain account registration information. A copy of the application can be found [here](#). SDIIS Training is available on [COVID-19 Vaccine Info](#).

PDMP UPDATE

by Melissa DeNoon, PDMP Director

PDMP staff is happy to assist users with platform questions and would like to share answers on some of those most frequently asked and give a brief tour of SD's PMP AWAxE website. After logging in at <https://southdakota.pmpaware.net/login>, a user will land on the account's *My Dashboard page*. The dashboard page provides a summary of important elements within the account including announcements from PDMP staff and the user's recent requests. The blue strip at the top of this page contains *Menu* on the left end and the *user's name* on the right end. Clicking on *Menu* displays a drop-down of account sections which are: 1) Home, 2) RxSearch, 3) User Profile, and 4) Training. Clicking on the *user's name* displays a drop-down of commonly used features including: 1) My Profile, 2) Default PMPi States, 3) Password Reset, and 4) Log Out.

It's important to keep account information up-to-date and some updates can be accomplished by users while others must be done by PDMP staff. Users can update the following in their accounts by navigating to *Menu/User Profile/My Profile*: 1) Employer information in the *Profile Info* section, 2) Healthcare specialty in the *Specialty* section, 3) User's time zone in the *Setting* section, and 4) The *Contact Information* section allows the account's user email address to be changed and addition of the user's mobile phone number which provides the option to reset the account password via a text message; PDMP staff encourages all users to utilize this feature which is often easier than waiting for a password reset email. Account updates that need to be completed by PDMP staff include name and professional license number changes and users need to complete and submit the *SD PDMP Account Information Change Form* found on the PDMP web page at <https://doh.sd.gov/boards/pharmacy/PDMP/>.

Another important resource is the *Training* section found by navigating to *Menu/Training*. This section contains tutorials on NarxCare, Narx Scores, the Overdose Risk Score, and a Quick Reference Guide on making a request in PMP AWAxE. The *AWAxE/NarxCare User Guide* is the platform's complete user guide and its Appendix A is a very comprehensive guide to NarxCare (*Please note: SD may not have all the features described in this guide including the Communication Module described in Appendix B). PDMP staff can be reached by emailing sdpdmp@state.sd.us.

Recent happenings at the PDMP include: 1) PMPi Hub sharing set up with TN bringing SD's total to 34 other PDMPs available for query; 2) The Sioux Falls VA Health Care System and the VA Black Hills Health Care System went live with their EHR/PDMP integration on December 8; 3) The Statewide Gateway Integration Project has 55 healthcare entities 'In Production' which includes recent go-lives at Lewis Pharmacies across SD, Orthopedic Institute in Sioux Falls, Haisch Pharmacy in Canton, Brown Clinic in Watertown, and The Medicine Shoppe Pharmacy in Rapid City; and 4) The License Integration Project is now live with auto reverification and auto-approval of new accounts for the Pharmacy, Nursing, Optometry, Podiatry, and Dentistry Boards. Upcoming in January 2021 is the annual PDMP report to the SD Legislature.

Respectfully submitted, for the Board,
stay safe, warm, and healthy,

**KARI SHANARD-
KOENDERS, RPh, MSJ**

South Dakota SOCIETY of HEALTH- SYSTEM PHARMACISTS

Haylee Allen, PharmD, BCPS, BCPP // SDSHP President



Happy New Year from the South Dakota Society of Health-System Pharmacists!

After a less than traditional year for SDSHP – thanks COVID – SDSHP is looking forward to embarking on some new ideas and doing some more normal events this coming year. We also hope to have the opportunity for some in person events later this year, safety allowing. With

that, here's a recap of what SDSHP has been working on!

PHARMACY MONTH EVENTS

SDSHP utilized social media to engage our members due to the ongoing pandemic. We had some weekly trivia and a virtual pumpkin carving contest throughout the month. Going forward we hope to build off of these activities for the future. Thank you to Chance Wachholtz and his committee for their ingenuity and hard work!

ASHP MIDYEAR CLINICAL MEETING

The ASHP Midyear Clinical Meeting was a virtual event this year from 12/6/2020-12/10/2020. Despite being virtual, Midyear offered an abundance of high-quality continuing education and the opportunity to hear from two high profile speakers. Tom Hanks delivered an engaging keynote speech on his personal experience with COVID-19, specifically the phenomenal care he received while being treated and the importance of pharmacists' role now and going forward. Virtual attendees also had the opportunity to hear from Anthony Fauci, MD and Director of NIAID, about his insights on the trajectory of the COVID-19 pandemic and the importance of pharmacists' role in the upcoming vaccination effort.

As part of the virtual Midyear experience, SDSHP hosted a Virtual Winter Cocktail Social on 12/8/2020. SDSHP partnered with TeamBuilding.com, where a guest mixologist taught our 31 attendees how to create two festive cocktails and lead the group through a series of games. SDSHP would like to thank our co-sponsors

for this event: SDSU College of Pharmacy & Allied Health Professions and Coherus Biosciences. A special thank you to past-President Joe Berendse for orchestrating this exciting event!

UPCOMING CONTINUING EDUCATION EVENTS

Pharmacy residents from across South Dakota will be presenting at a number of upcoming virtual CE events, so make sure to mark them on your calendars! SDSHP members can attend these events for free, and non-members can pay a fee to attend as well. Please attend and support the pharmacy residents and receive ACPE-accredited CE! Further information on these events will be distributed via e-mail in the coming weeks and can also be found on the SDSHP website.

- **January 16, 2021, 8:00 am – 12:00 pm**
- **January 23, 2021, 8:00 am – 12:00 pm**
- **January 30, 2021, 8:00 am – 12:00 pm**

MEMBERSHIP RENEWAL

Membership renewal will begin in early January. Be on the lookout for your renewal e-mail, or visit www.sdsdp.com and click on the Renew SDSHP button. If you have not previously been a member of SDSHP and are interested in becoming a member, you can visit our website and click on the Join SDSHP button instead.

45TH ANNUAL SDSHP CONFERENCE

SDSHP is currently determining whether we will host an in person meeting or virtual meeting. At this time, we are still hoping to have the 45th Annual SDSHP Conference in person on the pre-planned dates of April 9-10th, 2021 at the Holiday Inn City Centre in Sioux Falls, SD. A final decision will be made by the end of January, so stay tuned! I would like to thank the members of the Annual Meeting Committee – chaired by Jeremy Daniel and Jordan Baye – who have been working diligently to create another year of fantastic CE programming. Please visit www.sdsdp.com for more information and to register for the conference!

Respectfully submitted,

HAYLEE ALLEN



SDSU COLLEGE of PHARMACY *and* ALLIED HEALTH PROFESSIONS

=====
Dan Hansen, PharmD // Interim Dean and Professor
=====



Greetings from the College of Pharmacy and Allied Health Professions! As the holiday season comes to an end, I want to personally thank those of you who contributed to the College reaching its goals and your commitment to building upon the College's tradition of excellence.

We were able to successfully navigate an in-person educational experience for our students.

Throughout this last semester, our students, faculty, and staff, have been challenged in unique ways. They have shown resilience throughout and a willingness to step-up and meet each and every challenge face-on. To say I am proud would be an understatement – it is truly an honor to serve as interim dean of this College.

Of the 2020 graduates who took the NAPLEX this trimester, 98.65% passed on the first attempt. The national first-time pass rate for this timeframe was 91.7%. The average score for our graduates was 103.31, compared to 97.85 nationally. As another example of student success, the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP) won the Region 5 award for the Operation Diabetes competition sponsored by the American Pharmacist's Association Academy of Student Pharmacists.

We have an exceptional group of faculty who never cease to amaze me:

1. Dr. Komal Raina received a NIH sub-award titled "Skin Cancer Chemoprevention by Silibinin: Mechanisms and Efficacy." This is a sub-award to the National Cancer Institute-R01 grant partnered with the University of Colorado. The grant is focused on the treatment of Basal cell carcinoma (BCC), a non-melanoma skin cancer type.

2. Dr. Jennifer Ball and members of the 2020 Special Committee on Substance Use and Pharmacy Education recently published a report with recommendations on core curricular content and delivery processes on substance misuse and substance use disorder (SUD) to the Association of Colleges of Pharmacy (ACCP).

3. This December, Dr. Kari Taggart was selected as Avera Health Pharmacy's Employee of the Month. Dr. Taggart serves as an assistant professor at SDSU in the Department of Pharmacy Practice, preceptor for APPE P4 students and Avera's critical care PGY2 residency director and critical care clinical pharmacist. She has been instrumental throughout the entire pandemic.

4. Dr. Om Perumal, Professor and Department Head for the Department of Pharmaceutical Sciences, was selected as the Chair-Elect of the Pharmaceutics SIG. This is a well-deserved recognition, and he will be an excellent representative.

The South Dakota Board of Regents approved the Community Practice Innovation Center (CPIC) this fall. The establishment of this Center will enable additional growth of practice-based research within our College. This is a huge accomplishment. In addition, our public health certificate was approved and will be offered in fall 2021.

Candidate interviews for the dean position will begin in February with the goal of the position being filled this semester. The search committee is chaired by Dr. Mary Ann Krogh, dean of the College of Nursing. Other searches include a research associate, a social administrative sciences faculty member, a grant proposal specialist, medical chemistry faculty member, a director of clinical education, and an instructor for respiratory care.

I wish you all the best in the new year!

DAN HANSEN

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

=====
Anna Mohr // SCAPP/APhA-ASP SDSU Chapter President
=====



Happy Holidays from SCAPP! It is hard to believe that 2020 is coming to a close. I would like to congratulate all of our InFLUential members who were recognized for going above and beyond. Our winners this past semester are Elizabeth Emerson, Deklen Hayes, Taylor Severson, and Ethan Case. Each winner submits a comical photo with the plush flu photo shopped into it. This January we will be having

a photo contest with all of the winners, so look for it on our Facebook page! I would additionally like to applaud last year's Operation Diabetes Committee for receiving the 2019-2020 Regional Award at APhA-ASP Midyear Regional Meeting. Congratulations especially to Ashley Bernardy and Abby Blanchette, co-chairs of operation diabetes for 2019-2020, and all other members and advisors that contributed to this great accomplishment!

There was no lack of creativity this semester as our co-chairs brainstormed new ways to safely educate and screen patients during these unprecedented times. Some of our patient care events this past semester include making educational pamphlets to distribute to patients at the Sioux Falls Harvest Table, posting online material on our Facebook page to share with family and friends, and offering screenings at unconventional locations. Additionally, Operation Immunization has been working on overdrive this past semester to schedule Influenza immunization clinics and provide opportunities for pharmacy students to assist local pharmacies in providing influenza immunizations. There wasn't a day on the calendar that we didn't have an opportunity to administer influenza vaccinations!

Some more highlights from this past semester include the student chapter of the American Society of Health Systems Pharmacy (ASHP) Residency Show Case which hosted 11 Residency programs to present to members. Meeting



over Zoom allowed more programs from farther away to join and showcase their programs. Additionally, we have also had many influential speakers come to speak to our chapter including Dr. Tom Johnson, president of ASHP, Dr. Garrett Schramm, the Director of Education and Academic Affairs at Mayo, and Dr. Andy Spurgin, part owner and lead pharmacist at the independent Estherville Pharmacy. The student chapter of the Pediatric Pharmacy Association (PPA) has also been working to educate patients by offering online education to distinguish candy versus medications and associated dangers. The 2020 ASHP Midyear Clinical Meeting and Exhibition was hosted online this year and we were fortunate to send P4 students Alyssa Boesche and Mel Heeren as representatives of SDSU at the ASHP Clinical Skills Competition. Other online meetings this past semester that SCAPP was able to send students to include the APhA-ASP Midyear Regional Meeting, the National Community Pharmacists Association (NCPA) Annual Convention, and the American College of Clinical Pharmacy (ACCP) Annual meeting.

We are Looking forward to another great semester that will hopefully be filled with many more immunizations clinics to schedule. As always, thank you, SDPhA, for your ongoing support of SCAPP!

Respectfully,

ANNA MOHR



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The *Pharmacy Technicians University (PTU)* Elite CSPT® (Compounded Sterile Preparation Technician) Prep Program provides an efficient and affordable program to prepare your PTCB-certified techs to pass the PTCB CSPT® exam. This new online exam prep program includes didactic and simulation courses on essential compounding knowledge standards, and is convenient, interactive, and easy to use.



BENEFITS

- * **Shorter Prep Time:** Trainees who complete this PTCB-recognized program can sit for the CSPT® exam with just 1 year of experience in compounded sterile preparation (versus the standard 3-year requirement)
- * **High-Quality and Comprehensive:** Curriculum aligned with PTCB's high standards for CSPT® certification. Courses cover all relevant topics, including compliance requirements for USP <797> and USP <800>
- * **Top Pass Rates:** PTU grads boast a 77% pass rate on the PTCE® exam — 20% higher than the national average

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technicians
university® 

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Now, currently-practicing, nationally-certified pharmacy technicians can participate in the *PTU* Elite CSPT® Prep Program, saving you money and saving your technicians time. Plus, you'll be better prepared for Board of Pharmacy audits and reviews, and to demonstrate your commitment to quality, medication safety, and a higher level of patient care.

The program curriculum includes 27 didactic hours and 32 simulation hours. See reverse for complete curriculum list.

PTU ELITE: CSPT PREP PROGRAM CURRICULUM

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

TRC Healthcare
3120 W March Ln., Stockton CA 95219
TRCHealthcare.com

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PHARMACY TECHNICIANS UNIVERSITY PTU ELITE: SOFT SKILLS PROGRAM

SHARPEN YOUR TECHS' SOFT SKILLS TO IMPROVE TEAMWORK AND PATIENT CARE

Designed exclusively for the pharmacy technician role, the *Pharmacy Technicians University (PTU) Elite: Soft Skills Program* helps techs build and develop essential competencies that lead to safer, patient-centered care and improved staff retention.

With a focus on communication, empathy, leadership, conflict management, and teamwork, this online program combines practice-ready clinical resources with multimedia modules to foster harmonious, well-rounded pharmacy teams.



BENEFITS

- * **Enhance patient care** - Technicians learn actionable communication tactics to defuse tense situations, acknowledge sensitive topics, and put patients at ease.
- * **Improve teamwork** - Technicians gain skills in collaboration, managing up, leadership, and more.
- * **Support career development** - Investing in well-rounded technicians leads to lower turnover and higher job satisfaction.

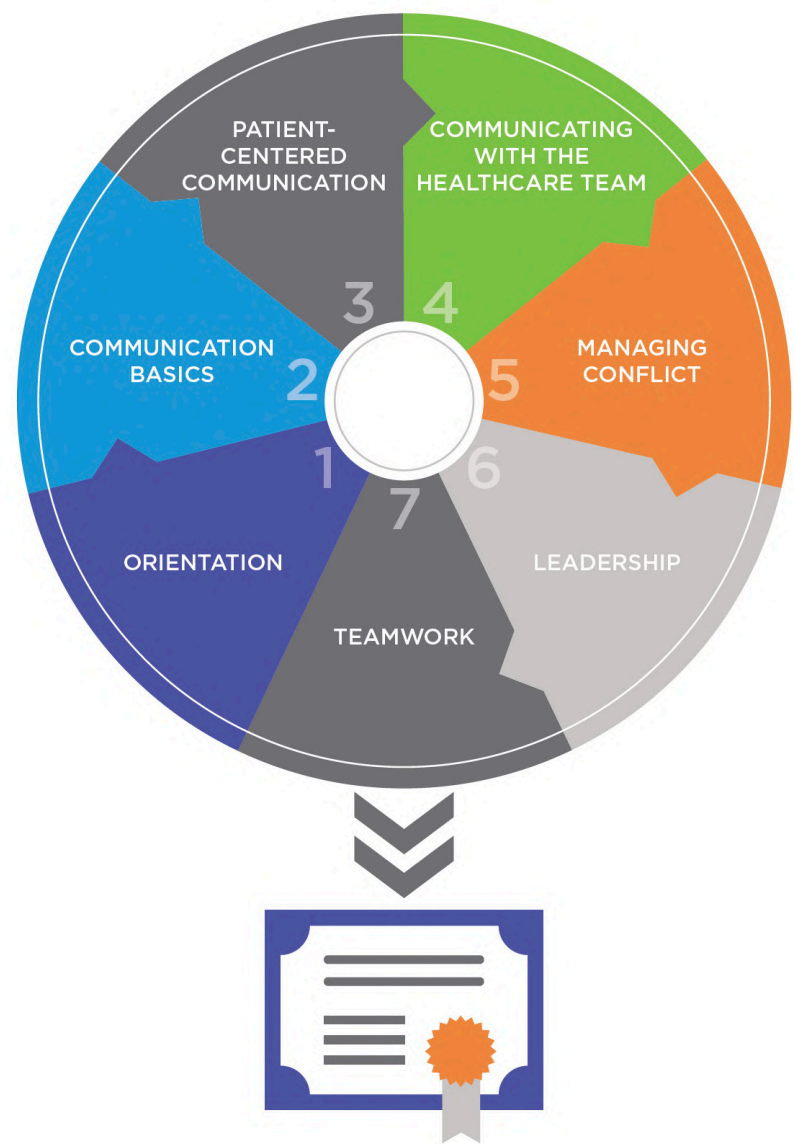
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The *PTU Elite: Soft Skills Program* is an 11-didactic-hour online solution that builds soft skills competency using video simulations, case studies, and real-world scenarios that are specific to pharmacy technicians and the pharmacy setting. Each student receives a certificate upon successful completion of the program.

PTU ELITE: SOFT SKILLS PROGRAM CURRICULUM

Interactive learning modules in each course make implementation of new skills easy, and include highly-relevant, concise, technician-specific information. Each student receives a certificate upon successful completion of the PTU: Elite Soft Skills Program.



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2020/2021 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

96th SOUTH DAKOTA LEGISLATIVE SESSION CALENDAR

2021 37 Legislative Days



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

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
January 2021	3	4	5	6	7	1	2
	10	11	12 Session Opens 12 Noon (CST) State of the State L.D. 1	13 State of the Judiciary L.D. 2	14 State of the Tribes L.D. 3	15 L.D. 4	16
	17	18 Martin Luther King Jr. Day	19 Executive orders filed (Constitution, Art. IV, Sec. 8) L.D. 5	20 L.D. 6	21 Jt. Memorial Service 3:00pm L.D. 7	22 Concurrent/House/Senate Resolutions limited introduction deadline (J.R. 6B-3) L.D. 8	23
	24	25	26 Bill draft requests submitted to LRC by 5:00pm (for unlimited introduction) L.D. 9	27 L.D. 10	28 Last day for unlimited bill & joint resolution introduction (J.R. 6B-3) (TWO HOURS prior to session) L.D. 12	29	30
	31	1 All bill draft requests submitted to LRC by 5:00pm L.D. 13	2 Committee bill and joint resolution requests due to LRC by 5:00pm L.D. 14	3 Last day for introduction of individual bills and joint resolutions (TWO HOURS prior to session) L.D. 15	4 Last day for introduction of committee bills and joint resolutions (TWO HOURS prior to session) L.D. 16	5 L.D. 17	6
February 2021	7	8	9	10	11 Last day for JCA selection of general fund revenue targets (J.R. 7-11.1) L.D. 21	12	13
	14	15 Presidents' Day	16 L.D. 22	17 L.D. 23	18 L.D. 24	19	20
	21	22	23 Concurrent resolution requests due to LRC by 5:00pm, and Last day to use J.R. 5-17 L.D. 25	24 Last day to move required delivery of bills or resolutions by a committee to the house of origin L.D. 27	25 Last day to pass bills or joint resolutions by the house of origin (Crossover Day), AND Last day for final introduction of Concurrent/House/ Senate resolutions L.D. 28	26	27
	28	1	2 Last day for JCA to move required delivery of special appropriation bills to house of origin (J.R. 17-1) L.D. 29	3 Last day for house of origin to pass special appropriation bills (J.R. 17-1), and J.R. 5-13 in effect L.D. 31	4 Last day to move required delivery of bills or joint resolutions by a committee to the second house, AND Last day for introduction of commemorations L.D. 32	5	6
March 2021	7	8 Last day for a bill or joint resolution to pass both houses L.D. 33	9 L.D. 34	10 L.D. 35	11 L.D. 36	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29 Reserved for consideration of gubernatorial vetoes L.D. 37	30	31	1	2	3

Adopted: 3/12/2020

STANDING COMMITTEES

96th Legislative Session Meeting Schedule – 2021



TIME	ROOM	MONDAY WEDNESDAY FRIDAY	TUESDAY THURSDAY
7:45 – 9:45 a.m.	414	House State Affairs <i>Rep. Kent Peterson, Chair David Ortbahn, 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 Michael Loesevitz, 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 Matt Frame, Staff</i>
10:00 a.m. – Noon	413	House Judiciary <i>Rep. Jon Hansen, Chair Matt Frame, Staff</i>	House Transportation <i>Rep. Caleb Finck, Chair David Ortbahn, 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 Michael Loesevitz, Staff</i>
10:00 a.m. – Noon	423	Senate Taxation <i>Sen. Timothy Johns, Chair Michael Loesevitz, Staff</i>	Senate Ag & Natural Resources <i>Sen. V.J. Smith, 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>Sen. Jean Hunhoff, Lead Co-Chair, Rep. Chris Karr, Co-Chair Mehlhaff, Geuther, Close, Dykstra, Staff</i>	
Meets at the Call of the Chair	Government Operations & Audit (Chairs: Sen. Schoenfish & Rep. Gross/Auditor General/Loesevitz) Legislative Procedure (Chairs: Rep. Gosch & Sen. Schoenbeck/Reed Holwegner) Military & Veterans Affairs (Chair: Rep. Randolph & Sen. David Johnson/Matt Frame) 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.

COVID-19 VACCINE: Priority Groups for Phase 1

- + Frontline Healthcare Workers**
(working in an emergency department, ICU, COVID unit, or general acute care)
- + Long-Term Care Facility Healthcare Workers**

A

B

- + Long-Term Care Residents** (nursing home and assisted living)

We are here

- + Other healthcare workers, including laboratory and clinic staff**
- + Public Health Workers**
- + Emergency Medical Services**
- + Law Enforcement**
- + Correctional Officers**

C

D

- + Persons with 2 or More Underlying Medical Conditions** (cancer; chronic kidney disease; COPD); **Heart Conditions**, such as heart failure, coronary artery disease, or cardiomyopathies; **Immunocompromised State** (weakened immune system) from solid organ transplant; **Obesity or Severe Obesity**; **Sickle Cell Disease**; **Type 2 Diabetes Mellitus**
- + Teachers and Other School/College Staff**
- + Persons Aged 65 Years and Older**
- + Residents in Congregate Settings, Residents in Licensed Independent Living Facilities, and Residents of Licensed Group Homes**
- + Funeral Service Workers**

- + Fire Service Personnel**
- + Other Critical Infrastructure Workers**, including water and wastewater, energy, finance, food service, food and agriculture, legal, manufacturing, shelter and housing, transportation and logistics, information technology and communications

[Click for More Information on Critical Infrastructure Sectors](#)

E

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first.

12/14/2020

SOUTH DAKOTA
DEPARTMENT OF HEALTH

covid.sd.gov

Phase	Population Group	January	February	March	April	May-December
1A	Frontline healthcare workers and long-term care facility healthcare workers					
1B	Long-term care residents					
we are here 1C	EMS, public health workers, and other healthcare workers (<i>lab & clinic staff</i>)					
	Law enforcement, correctional officers					
Starting January 18 1D	Persons aged 65 years and older <i>Starting w/those 80 years of age and older (Age to be lowered in coming weeks)</i>					
	High risk patients - dialysis, post-transplant, and active cancer					
	High risk residents in congregate settings					
1D	Persons with 2 or more underlying medical conditions					
	Teachers and other school/college staff					
	Funeral service workers					
1E	Fire service personnel					
	Includes public-facing workers in essential and critical infrastructure					
Phase 2	All others 16 years and older					

Estimated Vaccine Availability

*Note: Tribal vaccine allocation & administration is handled by the [IHS](#)
Veteran vaccine allocation & administration is handled by the [VA](#)*



SOUTH DAKOTA
DEPARTMENT OF HEALTH

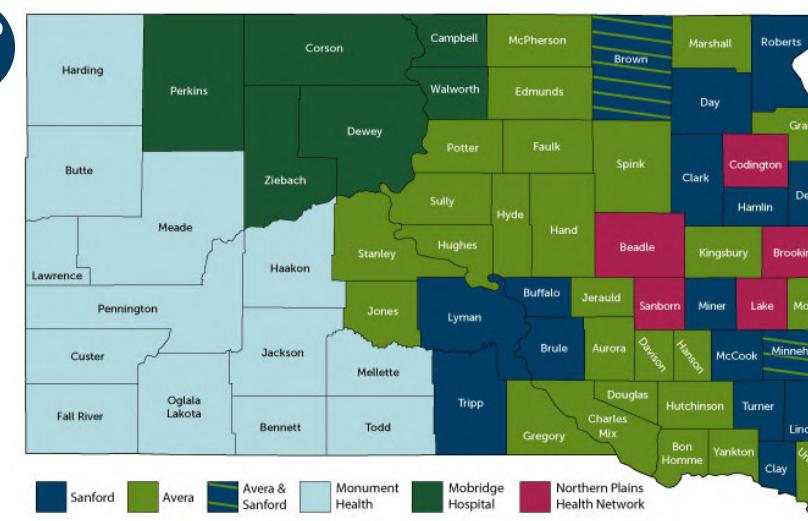
covid.sd.gov

STARTING MONDAY, JANUARY 18

group D

- + **Persons Aged 65 Years and Older** - *Starting w/those 80 years and older (age to be lowered in coming weeks)*
- + **High Risk Patients** - dialysis, post-transplant, and active cancer
- + **High Risk Residents in Congregate Settings, Residents in Licensed Independent Living Facilities, and Residents of Licensed Group Homes**

- + **Persons with 2 or More Underlying Medical Conditions**
- + **Teachers and Other School/College Staff**
- + **Funeral Service Workers**



CONTINUING EDUCATION *for* PHARMACISTS

FDA: Vaccine Adverse Events Reporting System (VAERS) - Questions & Answers 2019

..... Knowledge-based CPE

Course Development:

The following public report was published by the U.S. Food and Drug Administration (FDA).

Course Development / Sponsorship:

This course is sponsored by the South Dakota State University College of Pharmacy and Allied Health Professions, Brookings, SD.

Permission has been granted by the U.S. Food and Drug Administration for use of this material in the development of CPE activities for pharmacists.

.....
GOAL: To provide pharmacists with actionable information on the Vaccine Adverse Events Reporting System (VAERS).

LEARNING OBJECTIVES:

1. Review the history of the VAERS, and explain its goal in post-marketing safety surveillance;
2. Explain the most common factors known to complicate and potentially limit VAERS data;
3. Explain the factors which must be considered in relation to vaccine lots in VAERS data analysis;
4. Review The National Childhood Vaccine Injury Act (NCVIA) mandates for health care providers;
5. Access the VAERS 2.0 reporting system.

US FOOD AND DRUG:

ADMINISTRATION - 2017

[Vaccines, Blood & Biologics](#)

VAERS Overview

The Vaccine Adverse Event Reporting System (VAERS) is a valuable tool for post-marketing safety surveillance (monitoring after a product has been approved and is on the market).

Although extensive studies are required for licensure of new vaccines, post-marketing research and surveillance are necessary to identify safety issues that may only be detected following vaccination of a much larger and more diverse population. Rare events may not come to light before licensure. Sometimes an event is noted, but the evidence may not be adequate to conclude that a noted event is due to the vaccine.

VAERS is a program created as an outgrowth of the National Childhood Vaccine Injury Act of 1986 (NCVIA) and is administered by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC). VAERS accepts reports of adverse events that may be associated with U.S. licensed vaccines from health care providers, manufacturers, and the public. The FDA continually monitors VAERS reports for any unexpected patterns or changes in rates of adverse events.

The report of an adverse event to VAERS is not proof that a vaccine caused the event. More than ten million vaccinations per year are given to children less than one year old, usually between 2 months and 6 months of age. At this stage of development infants are at risk for a variety of medical events and serious childhood illnesses.

These naturally occurring events include fevers, seizures, sudden infant death syndrome (SIDS), cancer, congenital heart disease, asthma, and other conditions. Some infants coincidentally experience an adverse event shortly after a vaccination. In such situations an infection, congenital abnormality, injury, or some other provocation may cause the event.

Because of such coincidences, it is usually not possible from VAERS data alone to determine whether a particular adverse event resulted from a concurrent condition or from a vaccination - even when the event occurs soon after vaccination. Doctors and other vaccine providers are encouraged to report adverse events, whether or not they believe that the vaccination was the cause. If the VAERS data suggest a possible link between an adverse event and vaccination, the relationship may be further studied in a controlled fashion.

Analyzing VAERS reports is a complex task. Children are often administered more than one vaccine at a time, making it difficult to know which vaccine, if any, may have contributed to any subsequent adverse events. While about 85% of adverse events reported to VAERS are minor (such as mild fevers or redness and swelling at the injection site), the remaining 15% describe more serious events.

The more serious events include hospitalizations, life-threatening events, and deaths.

As part of the VAERS program, FDA reviews the deaths and serious reports weekly, and conducts follow up. In some cases, certain vaccines and potentially associated symptoms will receive more intense follow up.

In addition to analyzing individual VAERS reports, the FDA also analyzes patterns of reporting associated with vaccine lots. Many complex factors must be considered in comparing reports between different vaccine lots.

More reports may be received for a large lot than for a small one simply because more doses of vaccine from the large lot will be given to more children. Some lots contain as many as 700,000 doses, while others as few as 20,000 doses. Similarly, more reports will be received for a lot that has been in use for a long time than for a lot that has been in use for a short time. Even among lots of similar size and time in use, some lots will receive more reports than others will simply due to chance.

The FDA continually looks for lots that have received more death reports than would be expected on the basis of such factors as time in use and chance variation as well as any unusual patterns in other serious reports within a lot. If such a lot is detected, further review is conducted to determine if the lot continues to be safe for use, or if additional FDA actions are needed.

#1 Active Learning Question:

About _____ % of adverse events reported to VAERS are considered minor.

[Vaccine Adverse Event Reporting System \(VAERS\) Questions and Answers](#)

Defining VAERS – What is VAERS?

VAERS is a national vaccine safety surveillance program created as an outgrowth of the National Childhood Vaccine Injury Act of 1986 (NCVIA) and is administered by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC). VAERS collects and analyzes data from reports of adverse events following vaccination. Since 1990, VAERS has received over 123,000 reports,

most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS helps to identify any important new safety concerns that otherwise may not come to light before licensure.

Questions about Reporting to VAERS

Who can report to VAERS?

Anyone can report to VAERS. VAERS reports are usually submitted by health care providers, vaccine manufacturers, vaccine recipients (or their parents/guardians) and state immunization programs. Patients, parents, and guardians are encouraged to seek the help of a healthcare professional in reporting to VAERS.

Why should I report to VAERS?

VAERS is a valuable tool for post-marketing safety surveillance. Each report provides valuable information that is added to the VAERS database. Complete reporting of post-vaccination events supplies public health professionals with the information they need to ensure the safest strategies of vaccine administration.

What events should be reported to VAERS?

VAERS encourages the reporting of any significant adverse event occurring after the administration of any vaccine licensed in the United States. You should report any significant adverse event even if you are unsure whether a vaccine caused the event.

The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination.

Possible Outcomes Reporting to VAERS

How are VAERS reports analyzed?

Both the CDC and the FDA review data reported to VAERS. The FDA reviews reports to assess whether a reported event is adequately reflected in product labeling, and closely monitors reporting trends for individual vaccine lots. Approximately 85% of the reports describe mild events such as fever, local reactions, episodes of crying or mild irritability, and other less serious experiences.

CONTINUING EDUCATION *for* PHARMACISTS

The remaining 15% of the reports reflect serious adverse events involving life-threatening conditions, hospitalization, permanent disability, or death, which may or may not have been truly caused by an immunization.

Can information reported to VAERS cause a recall of a vaccine?

The FDA has the authority to recall a vaccine from use in the United States if they feel it represents a risk to the American public. VAERS reports may signal that there is the potential for a safety risk, which would prompt a wider evaluation of the safety of the vaccine lot. If the evaluation confirms a risk, the batch can be recalled.

Are all events reported to VAERS caused by vaccinations?

No. Because VAERS accepts all reports of adverse events following vaccination, not all events reported to VAERS are caused by vaccines. Some events may occur coincidentally after the administration of a vaccine while others may in fact be caused by a vaccine. Studies help determine if there is more than a temporal (time) association between immunization and adverse events. An occurrence of an adverse event following the administration of a vaccine is not conclusive evidence that the event was caused by the vaccine.

Various factors (e.g., medical history, other medications given near the time of the vaccination) must be examined to determine if they could have caused the adverse event. Many adverse events reported to VAERS may not be caused by vaccines.

What if I can't tell if a reaction was caused by a vaccine or another medication?

We encourage you to report any reaction following vaccination to VAERS, even if you cannot tell if the vaccine or another product caused it. Reports sent to the VAERS program that also make reference to non-vaccine pharmaceutical products are shared with MedWatch, the FDA's drug safety surveillance system.

For More Information about VAERS

Where Can I find out more information about electronic reporting to VAERS?

Information concerning regulatory submissions in electronic format for biologics products can be found at: <http://www.fda.gov/BiologicsBloodVaccines/DevelopmentApprovalProcess/ucm163685.htm>.

How do I find out if a vaccine adverse event has been reported to VAERS?

The Freedom of Information Office can be contacted to obtain specific data from VAERS. The requester will be billed for the cost of retrieving and copying the data. You can request information about adverse events reported to VAERS by faxing requests to (301) 443-1726, or by sending requests to:

Food and Drug Administration
Freedom of Information Staff (HFI-35)
5600 Fishers Lane
Rockville, MD 20857 (301) 827-6500

Is VAERS involved in the Vaccine Injury Compensation Program?

No. The National Childhood Vaccine Injury Act created the Vaccine Injury Compensation Program (VICP) to compensate individuals whose injuries may have been caused by vaccines recommended by the CDC for routine use. VICP is separate from the VAERS program. Reporting an event to VAERS does not file a claim for compensation to the VICP. A petition must be filed with VICP to start a claim for compensation. For more information call (800) 338-2382, or go to <http://www.hrsa.gov/vaccinecompensation/index.html>.

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

Morbidity and Mortality Weekly – Announcement July 14, 2017

[Implementation of the Vaccine Adverse Event Reporting System 2.0 - Reporting Form](#)

The Vaccine Adverse Event Reporting System (VAERS), co-managed by CDC and the Food and Drug Administration (FDA), is the national post-marketing safety monitoring system that accepts reports about adverse events that occur after administration of U.S.-licensed vaccines (1,2).

On June 30, 2017, CDC and FDA implemented a revised reporting form and a new process for submitting reports to VAERS. Persons reporting adverse events are now able to use the VAERS 2.0 online reporting tool to submit reports directly online; alternatively, they may download and complete the writable and savable VAERS 2.0 form and submit it using an electronic document upload feature.

Transition to the VAERS 2.0 form is expected to be completed by the end of December 2017. Accommodations will be

made for persons unable to submit reports electronically. The revised VAERS reporting form and system is intended for health care professionals, patients, parents, guardians, caregivers and other nonmanufacturers.

Vaccine manufacturers will submit reports to VAERS by a separate process through the FDA Electronic Submissions Gateway (3). Instructions for reporting to VAERS are available at <https://vaers.hhs.gov/reportevent.html>. Additional assistance is available via email at info@vaers.org or by telephone at: 1-800-822-7967.

REPORT AN ADVERSE EVENT

Online reporting is strongly encouraged. Please report clinically important adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.

The Vaccine Adverse Event Reporting System (VAERS) accepts all reports, including reports of vaccination errors. Guidance on reporting vaccination errors is available if you have additional questions.

Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

TWO WAYS TO SUBMIT AN ONLINE REPORT TO VAERS

Option 1 - Report Online to VAERS (Preferred)

Submit a VAERS report online. The report must be completed online and submitted in one sitting and cannot be saved and returned to at a later time. Your information will be erased if you are inactive for 20 minutes; you will receive a warning after 15 minutes.

Option 2 - Report using a Writable PDF Form

Download the Writable PDF Form to a computer. Complete the VAERS report offline if you do not have time to complete it all at once. Return to this page to upload the completed Writable PDF form by clicking here.

REFERENCES:

1. Shimabukuro TT, Nguyen M, Martin D, DeStefano F. Safety monitoring in the Vaccine Adverse Event Reporting System (VAERS). *Vaccine* 2015;33:4398–405. [CrossRef PubMed](#)
2. US Department of Health and Human Services. Vaccine Adverse Event Reporting System. Washington, DC: US Department of Health and Human Services, CDC, Food and Drug Administration; 2017. <https://vaers.hhs.gov/index.html>
3. Food and Drug Administration. Electronic Submissions Gateway. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2017. <https://www.fda.gov/ForIndustry/ElectronicSubmissionsGateway/>

Additional Reading:

To report medication or vaccine errors to ISMP:

Visit www.ismp.org/MERP to report a medication error.

Visit www.ismp.org/VERP to report a vaccine error.

Call 1-800-FAIL-SAF(E).

Learning Assessment:

Active learning quiz questions and Learning Assessment test questions for this course were developed by the South Dakota State University College of Pharmacy and Allied Health Professions.

Financial Disclosure:

The developer of this course has no financial relationships to declare.

CONTINUING EDUCATION *for* PHARMACISTS

FDA: Vaccine Adverse Event Reporting System (VAERS)

Questions & Answers 2019

Learning Assessment Post-test. Select correct answer(s) for each ques-

1. VAERS accepts reports of adverse events that may be associated with U.S. licensed vaccines from:
A. the public
B. manufacturers
C. health care providers
D. all of the above
2. The FDA continually monitors VAERS reports for any unexpected patterns or changes in rates of adverse events.
A. True B. False
3. While about ____% of adverse events reported to VAERS are minor (such as mild fevers or redness and swelling at the injection site), the remaining ____% describe more serious events.
A. 95 / 5
B. 85 / 15
C. 70 / 30
D. 60 / 40
4. Factors which complicate and limit VAERS data arise from the fact that _____.
A. Over 10 million childhood vaccinations occur each year
B. Coincidental, naturally occurring events like fevers, seizures, SIDS, and other conditions will occur among this population group, regardless of vaccination event
C. Children may be receiving multiple vaccinations at once
D. All of the above
5. Doctors and other vaccine providers are not encouraged to report adverse events, unless they convinced that the vaccination was the cause.
A. True B. False
6. Large vaccine lots along with those given over a longer period of time would be expected to receive more adverse event reports compared with much smaller lots and those given over a shorter period of time. Yet, even among lots of similar size and time in use, some lots will receive more reports than others will simply due to chance.
A. True B. False
7. Since 1990, VAERS has received over _____ reports, most of which describe mild side effects such as fever.
A. 12,300
B. 123,000
C. 1.23 million
D. 12.3 million
8. Vaccine manufacturers will submit reports to VAERS by a separate process through the FDA Electronic Submissions Gateway.
A. True B. False
9. The National Childhood Vaccine Injury Act (NCVIA) does mandate additional reporting responsibilities for health care providers.
A. True B. False
10. An occurrence of an adverse event following the administration of a vaccine is generally considered to be conclusive evidence that the event was caused by the vaccine.
A. True B. False
11. Reporting an event to VAERS also files an automatic claim for compensation to the Vaccine Injury Compensation Program (VICP).
A. True B. False
12. Knowingly filing a false VAERS report is a violation of federal law.
A. True B. False

FDA: Vaccine Adverse Event Reporting System (VAERS)

Questions & Answers 2019

Knowledge-based CPE

To receive 1.5 contact hours (0.15 CEUs) of continuing education credit, preview and study 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 at least 75% 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.

Participants should verify credit upload to their NABP accounts within two weeks of submission of this answer sheet to insure appropriate credit award..



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-0000-20-060-H06-P.

Learning Objectives for Pharmacists: 1. Review the history of the VAERS, and explain its goal in post-marketing safety surveillance; 2. Explain the most common factors known to complicate and potentially limit VAERS data; 3. Explain the factors which must be considered in relation to vaccine lots in VAERS data analysis; 4. Review The National Childhood Vaccine Injury Act (NCVIA) mandates for health care providers; 5. Access the VAERS 2.0 reporting system.

Circle Correct Answer:

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

COURSE EVALUATION: *must be completed for credit.*

Material was effectively organized for learning:

DISAGREE

AGREE

1 2 3 4 5 6 7

Content was timely and applicable for re-licensing / recertification:

1 2 3 4 5 6 7

Each of the stated learning objectives was satisfied:

1 2 3 4 5 6 7

List any learning objectives above not met in this course: _____

List any important points that you believe remain unanswered: _____

Course material was evidence-based, balanced, noncommercial:

1 2 3 4 5 6 7

List any details relevant to commercialism: _____

Learning assessment questions appropriately measured comprehension:

1 2 3 4 5 6 7

Length of time to complete course was reasonable for credit assigned:

1 2 3 4 5 6 7

Approximate amount of time to preview, study, complete and review this 1.0 hour CE course: _____

Comments: List any future CE topics of interest and related skill needs: _____

NAME: _____ RPH LICENSE #: _____ TECHNICIAN #: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PH: _____ INTEREST IN ADDITIONAL CE COURSES? Y / N

e-PROFILE ID NUMBER (ePID): _____ DATE OF BIRTH (MM/DD): _____

Course release date: Oct 26, 2020 / Expiration date: Oct 26, 2023 / Target audience: Pharmacists

Please mail this **completed answer sheet** with your check of \$8.50 to SDSU College of Pharmacy-C.E. Coord., Box 2202C, Brookings, SD 57007. Office Ph: 605-688-4242 / Bernie.Hendricks@sdstate.edu

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.*

PHARMACY & IMMUNIZATION

The guidance issued by the Department of Health and Human Services (HHS) in October 2020 was the latest in a series of steps to increase the pharmacy profession's involvement in the provision of immunizations to patients. In 2003, 37 states allowed pharmacists to administer vaccinations. States were not consistent in terms of what vaccines pharmacists were permitted to provide. Most states initially limited vaccine administration to influenza and pneumococcal in adult populations.

As we move forward in time, all 50 states now permit pharmacists to provide immunizations although there continues to be inconsistencies in patient age groups and immunizations provided. The variety of immunizations provided by pharmacists has expanded in some states to include shingles, HPV, childhood vaccines, and others in addition to flu and pneumonia. In recent years, some states allowed pharmacists to administer travel vaccines as well.

The next big change to the pharmacy arsenal occurred in 2017. This was the authorization for pharmacy technicians to administer flu vaccines in Idaho. Since 2017, five other states (Michigan, Nevada, Rhode Island, Utah, and Washington) have authorized pharmacy technicians to administer vaccines. An additional nine states are considering this practice expansion.

The October guidance from HHS is just the next logical step in this progression. Pharmacists and pharmacy interns had already been given authority to administer the COVID-19 vaccine to patients aged three and over in a separate guidance issued on September 3, 2020. The October guidance permitted pharmacy technicians in all 50 states to administer the COVID-19 vaccine to patients aged three and over. But it went further than that. The guidance also permitted pharmacy technicians and pharmacy interns to administer COVID-19 tests as well as ACIP-recommended vaccines to patients ages 3 through 18 based on ACIP's standard immunization schedule. The childhood vaccination rate has fallen during the pandemic and this is an effort to reverse that trend.

The guidance also provides the steps and training required for pharmacy technicians and pharmacy interns to be empowered to administer the vaccines and testing. It is similar to the training required of pharmacists to be certified to administer vaccines. This grant of authority doesn't eliminate pharmacists' involvement in this process. The supervising pharmacist must review the vaccine registry prior to ordering the vaccine. The pharmacist

must also be readily and immediately available to assist the technician during the administration process. Finally, the pharmacist is responsible for the reporting of the vaccinations administered and any adverse events which may have occurred.

Because the guidance is issued pursuant to the Public Readiness and Emergency Preparedness (PREP) Act, there are additional benefits for pharmacists, interns and technicians. All are considered covered persons under the Act. As covered persons, they are immune from all claims relating to the administration of the COVID-19 vaccine and the childhood vaccines covered by the guidance. Patients are not left without a remedy. Patients who are injured by the administration of the COVID-19 vaccine, or by the vaccine itself, are eligible to file a claim with the Countermeasures Injury Compensation Program (CICP). The CICP is a federal program that was created to provide patients with compensation for injuries from the use of covered countermeasures. The COVID-19 vaccine is a covered countermeasure under the HHS guidance.

When the COVID-19 public health emergency is declared over, the authority provided under these guidelines will cease. The pandemic has demonstrated the value of engaged pharmacies to the public health of their communities. While the emergency authorization will end, it is unlikely that these expansions of practice will not be authorized by the states as part of normal practice. Their value has been too great to revert permanently to the previous state of practice. Twenty five years ago, some were skeptical that pharmacists could effectively provide immunizations. Eventually, all 50 states agreed that this practice was beneficial to the public health. Then three years ago, pharmacy technicians were first authorized to administer vaccines. The momentum was building before the pandemic and the pandemic has given us a preview of what the future of pharmacy practice could look like with pharmacists, interns, and technicians all authorized to administer a wide array of needed immunizations. It's now our charge to work with our states' legislatures to make these changes permanent.

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.

FINANCIAL FORUM

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Diversification. The saying “don’t put all your eggs in one basket” has real value when it comes to investing. In a bear or bull market, certain asset classes may perform better than others. If your assets are mostly held in one kind of investment (say, mostly in mutual funds or mostly in CDs or money market accounts), you could be hit hard by stock market losses, or alternately, lose out on potential gains that other kinds of investments may be experiencing. There is an opportunity cost as well as risk. Asset allocation strategies are used in portfolio management. A financial professional can ask you about your goals, tolerance for risk, and assign percentages of your assets to different classes of investments. This diversification is designed to suit your preferred investment style and your objectives.

Patience. Impatient investors obsess on the day-to-day doings of the stock market. Have you ever heard of “stock picking” or “market timing?” How about “day trading?” These are all attempts to exploit short-term fluctuations in value. These investing methods might seem fun and exciting if you like to micromanage, but they could add stress and anxiety to your life, and they may be a poor alternative to a long-range investment strategy built around your life goals.

Consistency. Most people invest a little at a time, within their budget, and with regularity. They invest \$50 or \$100 or more per month in their 401(k) and similar investments through payroll deduction or automatic withdrawal. They are investing on “autopilot” to help themselves build wealth for retirement and for long-range goals. Investing regularly (and earlier in life) helps you to take advantage of the power of compounding.

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com.

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COVID-19 VACCINE

BILLING GUIDANCE

The light at the end of the tunnel is approaching as Operation Warp Speed delivered COVID-19 vaccines to healthcare workers and LTC residents in December 2020. There will certainly be bumps in the road, supply chain delays and allocations, which means that most patients will not be able to receive COVID-19 vaccines until mid- to late 2021.

The federal government has pre-paid for millions of vaccine doses and will be distributing them to health care providers at no cost, which means that when government-supplied vaccine becomes available at community pharmacies, you will not have to pay to acquire it. For vaccine doses supplied by the federal government, pharmacies may NOT charge patients for the vaccine itself, but may bill payers for the administration. The federal government has mandated coverage under Medicare Part B, Medicaid and Commercial insurance with no out-of-pocket costs to patients. The CARES Act also provides for reimbursement for uninsured patients through the Health Resources & Services Administration (HRSA).

PAYER	COVERAGE & BILLING CONSIDERATIONS
Medicare Part B	<ul style="list-style-type: none">• PHARMACY must enroll as Part B Provider (either as supplier type Pharmacy or Mass Immunizer)• Medicare Advantage patients will have vaccine administration covered under FFS• You will need a medical billing intermediary such as FDS, OmniSys, Change Healthcare, or EBS• Two-dose vaccine administration reimbursement = 1st dose \$16.94, 2nd dose \$28.39• Single-dose vaccine administration reimbursement = \$28.39
Medicaid	<ul style="list-style-type: none">• May be covered under pharmacy or medical benefit• All programs required to cover – FFS and Medicaid MCO• Reimbursement will vary
Commercial	<ul style="list-style-type: none">• May be covered under pharmacy or medical benefit• Payers MUST cover it for both in-network AND out-of-network providers• Reimbursement will vary
Uninsured	<ul style="list-style-type: none">• Pharmacies may bill HRSA – managed by “Optum Pay” (must be contracted) – not the same as OptumRx

The coverage for COVID-19 vaccine may be under the pharmacy benefit (via NCPDP standard) or the medical benefit (via CPT codes). Here is a summary of billing information known to PAAS National® as of December 23, 2020.

PHARMACY BENEFIT*					MEDICAL BENEFIT		
Vaccine	NDC-11	Billing Quantity & Units	Days Supply	Dose 1	Dose 2	CPT Codes	Dose 1 Dose 2
Pfizer BioNTech1	59267-1000-01	0.3 mL	1	SCC-02 to	SCC-06 to	91300	0001A 0002A
Moderna2	80777-0273-10	0.5 mL	1	indicate “first dose”	indicate “final dose”	91301	0011A 0012A

(1) Pfizer BioNTech vaccine has a package size of 1.5 mL and will deliver 5 doses of 0.3 mL

(2) Moderna vaccine has a package size of 5 mL and will deliver 10 doses of 0.5 mL

NCPDP also recommends that pharmacy claims will need to submit the following for ZERO-COST vaccines:

1. Professional Service Code (440-E5) of “MA” (Medication Administered)
2. Ingredient Cost Submitted (409-D9) of \$0.00 or \$0.01
3. Incentive Amount Submitted (438-E3) to request payment for administration (e.g., \$16.94 or \$28.39)
4. Basis of Cost Determination (423-DN) of “15” (free product or no associated cost)

In general, vaccine claims are low risk for PBM audits; however, audits are always possible, and you should be prepared with good documentation. The PREP Act authorized pharmacists to order and administer the COVID-19 vaccine. PAAS recommends pharmacies create a placeholder “prescription” for your records; many pharmacies already do this when billing for other vaccines under protocol. Additionally, it will be necessary to document the administration through a Vaccine Administration Record as well as provide the patient with an EUA fact sheet (in place of a vaccine information sheet).

- PAAS Tips:**
- See CDC website for additional COVID-19 vaccine product information
 - See NCPA’s COVID-19 Vaccine Information page for numerous resources
 - NCPDP Emergency Preparedness Guidance – COVID-19 Vaccines 1.0 has a billing matrix for numerous scenarios
 - See your medical billing intermediary for more details on billing Medicare Part B
 - See your state Medicaid agency, health department and pharmacy association for local resources
 - See HRSA website for information about uninsured patients

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By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit advice and FWA/HIPAA compliance.

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OBITUARIES

Robert "Bob" Fullenkamp



Yankton - Robert "Bob" Joseph Fullenkamp, 78, of Yankton died on Sunday, January 3, 2021 at his home.

Private Funeral Mass of Christian Burial will be at 11:00 am, Thursday, January 7, 2021 at St. Agnes Catholic Church in Vermillion with Fr. Jerome Ranek officiating. Burial will be in Bluff View Cemetery in Vermillion.

Bob was born on Oct. 23, 1942 in Yankton to Joseph Henry and Margaret Eva (Hacecky) Fullenkamp. "The Country Boy" grew up in Burbank and lived on the family farm. He graduated from Vermillion High School and went on to achieve a BS in Pharmacy from SDSU in 1965. He married his "City Girl" soulmate Jeanne Iverson, who "put a spell on him", on Sept. 21, 1963 in Vermillion. Bob and Jeanne were married for 44 fun-filled, adventurous years.

Bob had a long, fulfilling career within the healthcare and technology industries. He was a natural born leader, excelling in many roles including Chief Information Officer at CNA Surety. In later years, Bob returned to healthcare as a pharmacist at the Avera Heart Hospital in Sioux Falls until his retirement in 2015.

Bob was a steward of the land. You could find him wearing a bandana, driving his tractor, and maintaining his hilltop above Lewis and Clark Lake. Bob was also an avid sports fan. He never missed a Duke Blue Devils basketball game and enjoyed attending Iowa State football games with his

life-long friend Denny. Most of all he loved spending time with his six grandkids introducing them to rock and roll and entertaining them with endless jokes and stories.

Bob was a loving husband, father, brother, grandfather, uncle, and friend. He was a force of nature in all our lives and will be dearly missed.

Bob was preceded in death by his wife, Jeanne, parents Joe and Marge, sister Margie Ann, and nephew Darin Kohles.

Bob is survived by his children: Patrick and Melany Fullenkamp of Elkhorn, Neb.; Connel Fullenkamp and Karen Romines of Durham, N.C.; Elizabeth Fullenkamp of Yankton; Quinn and Lisa Fullenkamp of Waunakee, Wis.; twin sister and brother-in-law: Mary Kay and Buck Baker of Damascus, Ore.; brother and sister-in-law: Jon and Cyndie Fullenkamp of Del Mar, Calif.; brother in law and sister in law Clark Iverson and Donna Piazza of Minneapolis Minn; brother in law and sister in law Scott and Julia Iverson of Vermillion; and his grandchildren: Tyson Dunbar, Emma and Chloe Fullenkamp, and Sigfried, Minna, and Thilo Fullenkamp; and seven nieces and nephews.

Memorials may be directed to House of Mary Shrine, 142 Drees Dr., Yankton, SD 57078.

Due to the current health situation, a celebration of Bob's life will be held later this summer.

Kober Funeral Home of Vermillion has been entrusted with the service. Condolences may be posted online to www.koberfuneralhome.com.

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