

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

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FALL EDITION 2023

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

South Dakota Pharmacists Association

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OCTOBER

- American Pharmacists Month
- 9 Native American Day
- 13–15 National Alliance of State Pharmacy Associations (NASPA) Fall Meeting
Orlando, FL
- 14–17 National Community Pharmacists Association (NCPA) Annual Meeting
Orlando, FL
- 15–21 National Pharmacy Week
- 16 Sioux Falls District Meeting
Prairie Center | Sioux Falls, SD
- 17 National Pharmacy Technician Day
- 23 Aberdeen District Meeting
Ramkota | Aberdeen, SD

NOVEMBER

- 6 Medical Marijuana Oversight Committee
Pierre, SD | 9 am
- 7 Interim Rules Review Committee
Pierre, SD | 8 am
- 11 Veteran’s Day
- 23 Thanksgiving Day

DECEMBER

- 8 South Dakota Board of Pharmacy Meeting
TBD | 9 am – 1 pm CST
- 24 Christmas Eve
- 25 Christmas Day
- 31 New Year’s Eve

SAVE THE DATE

- > February 13-14, 2024
Legislative Days | Pierre, SD
- > September 13-14, 2024
SDPhA 138th Annual Convention | Brookings, SD

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.

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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 American Pharmacists Month, and Happy Fall!

It was so good to see so many of you in Deadwood in September. There's really nothing like being together – I appreciate the ability to use technology to meet with people when we need to, but being in the same room is truly the best!

There are so many to whom I owe a huge debt of gratitude for bringing everything together for convention. Tara Jorgensen, who was with me in the association office for an APPE, Kaylee Ayers and June Cho – you ladies all worked together to make big things happen, and I appreciate each of you so very much! Our SCAPP students assist with registration, CE, tech support, photos, video presentations, and in general – whatever comes up that needs to be addressed in the moment. They get things done when I can't be everywhere at once, and they do it with professionalism and class. Shout out to all of you!

If you were unable to attend convention this year, I highly encourage you attend your district's Fall meeting (if they are holding one – please see the calendar at the beginning of the Journal or our [website's event page](#) for details) where we will give a wrap of up some important conversations you may have missed. I'll highlight a few here:

HB 1135 in Action

HB 1135 became law July 1. In the months that followed, SDPhA went to work with the South Dakota Division of Insurance (SD DOI) on the process and procedure for filing complaints and violations of the new law. We thank the DOI for bringing us to the table early and often in this process. We worked with them to create an intake form that is simple and direct, yet comprehensive. The Division has also hired an investigator and a pharmacist, and we were pleased to have Jill Kruger, Deputy Director, with us to talk a bit about the process.

As a reminder, here are the highlights of the bill:

- **Prohibit direct or indirect retroactive claim adjustments** unless it's the result of a technical billing error, audit, fraudulent or duplicate claim. (Section 13)
- **Prohibit the numerous onerous fees** PBMs charge pharmacies. (Section 14)
- **MAC list regulation** to help ensure pharmacies are paid fairly and transparently. (Sections 15-16)
- **Prohibit a PBM from reimbursing its own pharmacies more** than it does other resident South Dakota pharmacies. (Section 17)
- **Strengthens gag clause prohibition.** (Section 10)

In addition, the bill strengthens audit (Section 4, 7) and reporting (Section 18) requirements for PBMs (including identifying all instances of spread spicing) and establishes the conditions under which the Division of Insurance may suspend, revoke, or deny a PBM's license (Section 19).

One very important note - it is incumbent on us to report issues when they occur, and provide the proper documentation regarding them. Complaints need to be reported IN WRITING via the form. A phone call to the DOI is not going to initiate the process. This process is new for everyone, and we are committed to taking the time to work through any issues that arise with the process as we go. You can find a link to the complaint form, and a host of other resources on our new webpage devoted exclusively to [PBM and Payer Resources](#).

SDPhA Funding

Earlier this year, South Dakota licensed pharmacists received an email with a survey which contained several questions as they relate to a bill the South Dakota Board of Pharmacy (SD BOP) intends to bring forward regarding fee increases to address budget constraints. The second business meeting saw a fair amount of discussion on the bill, and its potential impact on SDPhA.

President Jessica Strobl references in her remarks in the next article that if you are a licensed pharmacist in South Dakota, you are a member of SDPhA. Here's why: years ago,

the SD BOP and the Association were run out of the same office, by the same executive. When the offices separated, the funding mechanism for the association became essentially what we know now – that a portion of the pharmacist renewal fees may go to the association. That's detailed in SDCL [36-11-6](#).

It's very important to note that the bill the BOP is asking to move forward doesn't change that. The board is not moving to strike that section. It's also important to note that once the chapter is open, it will take diligence to avoid an unintended consequence.

Funds that come to SDPhA through licensure fees to go into the SDPhA General Fund and are used in accordance with our obligations outlined in SDCL 36-11-6. Primarily this includes the day-to-day operation of the association, continuing education, and the Health Professionals Assistance Program.

These funds are not to be used for lobbying, which is why we maintain those monies separately, in the Commercial and Legislative (C&L) Fund. The C&L Fund sustains the work of the C&L Branch of the Association. It is the lobbying arm of SDPhA.

Lobbying is an extremely expensive, but necessary function. We have been represented by the same firm for decades, and the executive director also performs many lobbying duties. That has all kept our rate extremely low. Before the past two years, our lobbying expenses typically totaled about \$12,000 per year. Even then, expenses far outpaced contributions.

For the past few years, we have needed additional lobbyists, which means expenses have increased dramatically. We have spent an average of \$33,000/year for the past two years. Those costs will only continue to increase, yet they remain far below the going rate for most lobbyists. As we continue to work through PBM and other significant issues, we foresee the need to move forward with all four lobbyists in an effort to protect the profession.

The reality is, to ensure the profession has a seat at the table, first and foremost, the Association needs the funds in the general fund to even exist. Second, we must have the funds in the C&L Fund to pay for the chair. Thus far (3½ months) into the 2023-2024 fiscal year, contributions are minimal. Simply put, we need your help. \$25, \$250, \$2,500 – whatever you can contribute will help ensure the profession continues to have representation at the Capitol. Because without your contributions – it simply won't.

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

We Need You

I've said it many times in recent months, but I truly am not sure there has ever been a more pivotal time for you to be involved in the association, and the work we do. At the federal and state level – I'm not sure there has been a more important time in the recent history of this profession for you to be informed, aware, and active in the promoting, protecting, and advancing of it. This holds true no matter your practice setting. It is also true that no matter your practice setting, SDPhA represents you. But to do that to the best of our ability, it is important that you engage with us. Make time to attend district meetings, and the annual one, too. Get involved with us on social and email your state and federal lawmakers. There is a lot happening, both in our state, and nationwide, that you need to know, and should have a voice in. We are your voice – so make sure you show up to amplify it, and ensure the message is heard.

We Moved Mountains to get here. But it's far from the last hill to climb!

Respectfully,

AMANDA BACON

Jessica Strobl, PharmD // SDPhA Board President



"Get into politics or get out of pharmacy." NCPA Annual conference message 2009

As with most months, if you look up national month observances for October you will see a plethora of special events/interests being honored. These range from "Adopt a Shelter Dog Month," to "National Popcorn Poppin' Month," along with one my personal favorites, "National Picked Peppers Month," and many more. Despite the

prolific array of "national month" events there are two that I would like to highlight this October: "American Pharmacists Month" (of course) and "National Depression Education and Awareness Month." The reason I chose these two topics to discuss in my first ever article for The South Dakota Pharmacist is because these topics were front and center at our Annual Convention this year, and they are topics that will continue to be front and center of my term as President of this fine association.

Back in 2009 NCPA used the saying, "Get into politics or get out of pharmacy." At that time, I hoped to stay as far away from politics as possible, so the message did not resonate as much as it should have with me, and perhaps some of you as well. But now in 2023, I understand what NCPA was getting at and I am afraid it really is the time for everyone celebrating American Pharmacists Month to think about what that means. I certainly do not want it to mean that people are going to get out of pharmacy. I hope that what it means to you is getting ACTIVELY engaged in our profession and our association. SDPhA is the ONLY voice dedicated to protecting and promoting pharmacy at our Capitol.

Here's the thing - did you know that if you are registered as a pharmacist in SD, you are AUTOMATICALLY a member of SDPhA? But being registered does not make you engaged. How can you get ACTIVELY engaged?

#1 – Join the SDPhA Member News and Announcements Facebook page. This is a fantastic way to stay on top of SDPhA and National news relating to pharmacy. This is also a great way to stay on top of meeting dates, times, and locations...and sometimes some great C&L fundraisers. We post legislative updates and easy ways for you to reach out to your state and local legislators by giving you links to our Action Center. If you have never communicated with your legislator in this way, please try it the next time an item comes up. It's convenient, easy, and you can personalize your message. When legislators get these notes - they pay attention. I have had numerous conversations with legislators where they refer to receiving emails based on these efforts. If Facebook is not your thing and you have better ideas of disseminating information to the masses

Amanda and I are always all ears!

#2 – Attend district meetings and the annual convention.

I get it. We are all busy, and in that busyness, it is easy to think that someone else with more time will be there. It is also easy to think you don't "know enough" to get involved, or that these kinds of activities are better left to someone else. I am here to tell you - we need YOU. And I challenge you to not only attend your next district meeting (there are a few listed on the calendar on page two) but bring a pharmacist or technician friend or coworker. If you missed this year's annual meeting in Deadwood you missed A LOT, but we can get you caught up!

One of the most exciting parts of the annual convention is recognizing outstanding individuals for their contributions to pharmacy in our state. The worthy award winners this year were:

Industry Salesperson of the Year: Gregg Bollinger, Dexcom

Technician of the Year: Beth Snaza, Bien Pharmacy

Distinguished Young Pharmacist of the Year: Megan Mack, Lewis Drug

Bowl of Hygeia: Travis Anderberg: Miller Drug

Hustead Award: Teresa Seefeldt, SDSU College of Pharmacy and Allied Health Professions

#3 – Introduce yourself to your legislators. If you personally know a legislator, invite them in to take a tour of your pharmacy. If you do not, consider setting up a visit to get to know them and allow them to get to know our profession.

One of the many reasons I am passionate about re-engaging pharmacists in advocacy in SD is because we are facing unprecedented times. I got sick of that word during the COVID pandemic but there is no other adjective that can describe clearly what we are going through. We are seeing pharmacies close (even some of the big guys). We are seeing pharmacists leave the profession, and young people hesitant to join it. We have major reimbursement threats (we also have some tangible national momentum on this issue). We also have burnout at an all-time high.

Combating so much of this can only start with us. Which is why I am also mentioning October as "National Depression Education and Awareness Month." Getting involved is actually one way to AVOID burnout. I know you would think the opposite, but volunteering and making a difference in the profession can be fulfilling, motivating, and stress relieving.

Everyone has their own reason to get involved in ACTIVELY protecting our profession. If you are struggling to find yours, reach out to me. I would love to have a conversation about how we can all band together, across all practice settings, to make a difference.

Respectfully,

JESSICA STROBL

South Dakota BOARD of PHARMACY

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



Board Welcomes New Registered Pharmacists /Pharmacies

Congratulations to the following 39 candidates who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Jessica Abrahamson, Isabella Bean, Josie Blasius, Aya Cabanban, Lauren Cockrum, Cheryl Deurloo, Sierrah Ellenbecker, Josie Erickson,

Mackenzie Fetherston, Amy Fortune, Brittni Franken, Ashley Green, Anita Hayden, Jacob Heezen, Kevin Heilman, Jordan Kimball, Nicole Krebs, Carli Krogman, Lauren Mashburn, Mallory McGee, Curtis Orchard, Benjamin Ostebee, Firas Quran, Everette Redwell, Chelsea Rendleman, Karla Ruiter, Kathryn Sheetz, Annika Skogg, Ashton Smith, Sangho Song, Wayne Streitz, Bria Stubblefield, Madison Styles, Jacob Sutej, Jeffrey Swoboda, Morgan Thorson, Timothy Travis, Trini Truong, Amber Van Voorst, and Lena Yang.

There were four new SD full-time pharmacy licenses issued: SD Department of Corrections Pharmacy, Yankton, SD License #100-2088; Rehabilitation and Critical Care Hospital of the Black Hills, LLC; Rapid City, SD License #100-2089; Genoa Healthcare LLC; Rapid City, SD License #100-2090; and Avera McKennan Infusion Pharmacy - Aberdeen, Aberdeen, SD, License #100-2091. There were no SD Part-time pharmacy licenses issued.

There were eight new SD Wholesaler licenses issued: WellCare Medical LLC dba Wellcare Medical, Sioux Falls, SD License #600-3545; Avera Home Medical Equipment LLC, Brookings, SD License #600-3531, Avera Home Medical Equipment LLC, Aberdeen, SD License # 600-3532, Avera Home Medical Equipment LLC, Huron, SD License #600-3533, Avera Home Medical Equipment LLC, Mitchell, SD License #600-3534, Avera Home Medical Equipment LLC Madison,

SD License #600-3535, Avera Home Medical Equipment LLC Sioux Falls, SD License #600-3536; and Sanford Health Network dba Sanford Canton-Inwood Medical Center, Canton, SD License #600-3560.

ARSD Article 20:51 Proposed Rules Update

The proposed rules in Article 20:51 have not yet been approved by the agencies that need to do that so to proceed in the Interim Rules Review Committee (IRRC) cycle; therefore, they will not move to IRRC this November as expected. The rules hearing will be set for a later date.

DSCSA Interoperability Standards Delayed Until November 2024

After a variety of pharmacy associations, including APHA, NCPA, NACDS, and NABP requested a delay in the requirements under the Drug Supply Chain Security Act (DSCSA) going into effect this November 2023, the FDA announced they will issue a one-year delay until November 27, 2024. This delay was issued by [Announcement](#) to ensure that all trading partners have enough time to put systems and processes in place to comply with the new Enhanced Drug Distribution Security Requirements in the DSCSA. These requirements should be implemented as soon as possible by pharmacies to allow time to troubleshoot and mature the systems while supporting the continued availability of medications for patients.

USP Compounding Chapters Updat By Tyler Laetsch, Pharmd., Pharmacy Inspector

The United States Pharmacopeia, USP, has updated and published the following chapters that will become enforceable on November 1, 2023. USP <795> Pharmaceutical Compounding- Nonsterile Preparations, USP <797> Pharmaceutical Compounding- Sterile Preparations, USP <800> Hazardous Drugs- Handling in Healthcare Settings, and USP <825> Radiopharmaceuticals- Preparation, Compounding, Dispensing, and Repackaging. Previously these chapters were provided free of charge for everyone,

South Dakota BOARD of PHARMACY

(continued)

however, starting this year USP is requiring a subscription to access these chapters. All pharmacies doing any compounding and/or handling hazardous drugs will need to access USP for full access to these chapters. Please go to <https://www.uspnf.com/> to create an account and access the current compounding chapters along with all the other USP chapters. While our rules [ARSD 20:51:31](#), Sterile Compounding Practices, outline practices regarding sterile compounding with the previous USP <797> chapter, we will expect all pharmacies to comply with the new USP chapters on or before November 1, 2023 while we work to incorporate the chapters into our administrative rules.

Does the Pharmacy need to be Licensed to Ship Medications into other States?

By Tyler Laetsch, Pharmd., Pharmacy Inspector

Our office fields many questions from staff at licensed pharmacies. As you know, we are happy to answer questions which arise in the day-to-day practice of pharmacy. Recently we were asked by a pharmacist if the pharmacy needs to obtain a special license to ship outside of South Dakota to patients from other states. While we do not require a current Full-Time licensed pharmacy to obtain any other license to ship out of our state, we cannot speak for the states being shipped into. South Dakota does require out-of-state pharmacies that ship to patients in South Dakota to obtain a Non-Resident Pharmacy license. This question should be referred to the state the pharmacy is planning to ship into. Most states require a license for a pharmacy to ship medication into their state and some may have additional requirements. For example, the Pharmacist-in-Charge may need a pharmacist license in that state. A list of each state board's contact information and links to their respective websites can be found at: [State Boards of Pharmacy](#).

Board has a New Website

The Department of Health (DOH) has migrated to a new website. Hence, our board web site also has the same

format as we are a part of the DOH. It is very different than the old site. Go to the old address, www.pharmacy.sd.gov and the new website will appear. Scroll down for your topic or look at the topics under the list on the right side under the Board of Pharmacy. We have a few updates remaining to the current system but most everything you need is still there. You may just have to look for a bit.

Board to Propose a Bill to Increase License Fees in the 2024 Session

Thank you to all who responded to our survey with their support for our proposal to raise fees for licensure and registrations. It has been many years and our costs have increased during these many years to the point where we must increase fees. We appreciate you asking your legislator to support this.

DEA Issues Multiple Guidance Documents in Recent Months

March 1, 2023 – DEA issued Proposed Rule to eliminate prescribing of controlled substances (excluding buprenorphine) without an in-person medical evaluation, i.e., telemedicine. This was previously allowed specifically for the public health emergency. Due to significant public comment, this authorization to prescribe without seeing patients in person has been extended to November 11, 2024.

July 21, 2023 – DEA issued Final Rule: Partial Filling of Prescriptions for CII's which technically was not changed from the proposed rule. Pharmacies are not able to do this in SD without the required associated administrative rule change, which has not been completed.

July 27, 2023 – DEA issued Final Rule: Transfer of Electronic Prescriptions for Schedules II-V Between Pharmacies for Initial Filling. This technically is not a substantive change to proposed rule. Pharmacies are unable to do this since the software has not yet been developed and provided to pharmacy management systems for use.

August 8, 2023 - DEA issued Final Rule: Dispensing of Narcotic Drugs To Relieve Acute Withdrawal Symptoms of Opioid Use Disorder. This document allows for emergency treatment for physicians to administer, but not prescribe, one day's worth of narcotic drugs, for not more than three consecutive days to relieve acute withdrawal symptoms while arrangements are being made for treatment.

PDMP Rolls out PIC Error Report Notifications By Melissa Denoon, PDMP Director

Ensuring accuracy of the data contained in the PDMP is critically important as healthcare practitioners use this tool in clinical decision-making when providing patient care. PDMP database errors fall into two categories: 1) Dispensation records in the database, and 2) Dispensation records not in the database. PDMP staff is excited to announce the August 14th roll out of PIC Error Report Notifications. These notifications alert PICs of their dispensation records that are in error status and were unable to be submitted into the PDMP database. Prescription dispensation records will error if they fail to meet the board adopted ASAP v4.2 data elements; these data elements can be found in [ARSD 20:51:32:03](#). Since these errored prescriptions will be missing from patient reports, the needed corrections should be made as timely as possible by the PIC. To aid with making timely corrections, the Rx Management/Error Correction feature has been enabled for PDMP users with the role of PIC. This feature provides a very user-friendly method for error correction within a PIC's PDMP user account. All PICs were notified of the August 14th roll out and the availability of the Rx Management feature. PDMP staff will continue to provide education to all new PICs and any questions may be sent to the program's email, sdpdmp@state.sd.us.

Respectfully submitted for the Board,

KARI SHANARD-KOENDERS

BOARD MEETING DATES

Please check the [Board of Pharmacy page on Boards and Commissions Website](#) page on the South Dakota Board of Pharmacy website for the time, location, and agenda for future Board meetings. Scroll down to the Board Meetings on the main page of our website and the link is there.

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PDMP SIGN UP & DATA ACCESS

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



South Dakota SOCIETY of HEALTH-SYSTEM PHARMACISTS

Khia Walser // SDSHP President



As we enter into the fall season, SDSHP looks forward to celebrating Pharmacists Month with social events both east and west river in October. We are also excited to reconvene at the ASHP Midyear Clinical Meeting in Anaheim– for those planning to attend, keep an eye out for details on Dakota Night!

This last year has been productive and filled with several continuing education and networking opportunities and we were so excited to meet for many of these events in-person again. The 47th Annual SDSHP Conference held in March-April in Sioux Falls was a success. We welcomed Dr. Adam Hill, a pediatric palliative care physician, who shared his own personal journey with mental health and substance use conditions with us. This was a very powerful talk and brought beautiful discussions on how we can support each other in our profession. Board members inducted during the business meeting included Alyssa Larson as Past President, myself as President, Jenna Lund as President-Elect, Jessi Henter as Secretary, Hannah Reedstrom as Treasurer, Brianna Jansma Vant Hul and William Anderson as Board-Members-At-Large, Jodi Sterrett as Technician Board Member, and Emily Tisler and Austin Manuell as Student Board Members. During the awards ceremony, Jan Lowe was recognized as the 2023 recipient of the Gary W. Karel Lecture Award. In addition to the annual conference, SDSHP also hosted three resident CE Conferences in February and Statewide Pharmacotherapy Forum (SPF) sessions throughout the year.

Highlights from the summer months included the residency conference and GVR Open. The 12th Annual SDSHP Residency Conference took place in early July.

Pharmacy residents from across the state gathered in Oacoma for a day of networking and to learn about topics that will prove beneficial to them during the year ahead. We owe a big thank you to our outgoing resident liaison, Jessi Henter, for her efforts in planning and coordinating the event! The 21st Annual GVR Open Society Golf Classic was held at the Central Valley Golf Course in Hartford on Friday, July 7th. It was a great day to golf, despite the rain, while also raising money to support pharmacy student scholarships and student travel to the ASHP Clinical Skills Competition in December.

During the upcoming months, SDSHP will continue to work toward goals and objectives outlined in our strategic plan for the 2023-2024 year, including expanding our partnerships with SDPhA through the legislative process and our work with the Practice Advancement Initiative within the state.

We encourage our members or anyone interested in keeping tabs on SDSHP-related news and upcoming events to follow us on [Facebook](#) and our [Instagram](#) account, or visiting us at our website (www.sdsdp.com). We also hope to be on LinkedIn this coming year as well!

Upcoming events include:

- **Pharmacy Month Social Events** – October 2023 in Sioux Falls and Rapid City
- **Dakota Night Reception at ASHP Midyear Clinical Meeting** – December 2023 in Anaheim
- **SDSHP 48th Annual Conference** – April 2023 in Sioux Falls
- **Resident CE Seminars and Statewide Pharmacotherapy Sessions** – Dates TBD

Respectfully submitted,

KHIA WALSER

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

Madison Hamel // SCAPP/APhA-ASP SDSU Chapter President



SCAPP would like to express our gratitude towards SDPhA and the pharmacists making up its membership for the continuous support of our academic and professional endeavors. Our student pharmacists look up to these mentors to help set goals and discover professional passions. In addition, our strong community relationships allow us to practice clinical skills and

provide health education to patients locally. SCAPP is unique in offering students opportunities for leadership skill development, professional pathway exploration, and personal growth outside of the classroom. We are so excited to continue serving our students and community in the coming year! The new SCAPP executive board recently had the opportunity to gather at our advisor's lake home for our annual retreat. Student leaders were able to discuss innovative ideas, participate in leadership development, and strengthen connections with fellow executive board members. Our team left the weekend with more ideas and even greater enthusiasm for the year to come!

We are so excited about the new school year, new opportunities, and new ideas coming to fruition in the coming year. SCAPP is planning to build upon previous successes with our 2nd annual collaborative Mental Health Awareness 5K, Peer Mentorship programming, "SCAPP week" to promote membership, and patient health screenings with Pharmacy at the Fair. One central focus for SCAPP this year is expanding upon our patient care outreach in the community. Meghan Haan, this year's Patient Care

Coordinator has been working hard to plan new events for our chapter including screenings at the VA car show in Sioux Falls as well as patient education during a Jacks football tailgate!

The new president-elect, Aubrey Kooima, and I were granted the opportunity to attend APhA-ASP's Student Leadership Institute (SLI) in Washington D.C. in July. At the conference, we were able to learn more about leadership and advocacy while networking with student leaders from other APhA-ASP chapters from across the country. One of the many highlights of the trip was visiting Capitol Hill to speak with state representatives on current legislation promoting proper reimbursement to pharmacies through Medicare. This process helped us to learn more about the legislative process and utilize our voices in advocating for the profession, even as students. The APhA-ASP national theme, "Believe in Yourself – Be You" was also highlighted throughout the weekend as we were encouraged to use our own strengths and personalities to fulfill our leadership roles. In staying true to who we are personally, as student leaders, and as an organization, we can focus on serving the needs of those around us to accomplish our goals. SCAPP adapted this theme on the local level to "Be Real. Be You. Be SCAPP." In reflecting upon this theme for the upcoming year, we hope to recognize the strengths within our leadership teams and build each other up in order to better represent SCAPP on campus and around the community.

Respectfully,

MADISON HAMEL



SDSU COLLEGE of PHARMACY *and* ALLIED HEALTH PROFESSIONS

Dan Hansen, PharmD // Dean and Professor



Hello from the College of Pharmacy and Allied Health Professions! I'm pleased to share a few of our recent highlights.

A new semester has begun at SDSU. The university has reported a near record first-year class of 2,275 new students and a record retention rate of 83%. The College's enrollment varies from slightly down, flat, to

record enrollment in our MLS Upward Mobility Program. I encourage everyone to continue to talk to high school students in your local communities about the important role pharmacists and other healthcare practitioners play in the lives of their patients.

New funding continues to come in through new grants. The college was awarded a HRSA grant for the START-SD-OR (Stigma, Treatment, Avoidance and Recovery in Time with an Overdose Response Focus in South Dakota) program, equal to \$300,000 over one year. This grant will continue to build upon the work completed through the START-SD program, our college's program to address substance use disorder in the state. Through this new funding, the START-SD team will work with partners to support immediate responses to the overdose crisis in rural areas through improving access to, capacity for, and sustainability of prevention, treatment, and recovery services for substance use disorder.

Additionally, the college was awarded a HRSA grant for the BIRTH-SD-AIM program, equal to \$800,000 over four years. Through BIRTH-SD-AIM (Bridging Information and Resources to Transform Health for South Dakota parents - Assessing need and Implementing Maternal health safety bundles), the project team will work to implement two Alliance for Innovation on Maternal health (AIM) bundles at hospitals and birthing centers throughout the state which will directly improve outcomes for parents impacted by substance use disorder and perinatal mental health, as well as conduct a state-wide survey to assess needs and inform future work.

One Day for STATE was held on September 8th. The College received 282 gifts totaling \$131,743. These funds will make a big impact on all of the programs in our College.

Faculty and Staff Highlights

The college has an outstanding team of faculty and staff who regularly make impressive achievements. Some of these achievements are listed below:

- Several faculty and staff had the opportunity to attend the Annual AACP Meeting in Denver, Colorado from July 22-25. Some highlights:
 - Dr. Shanna O'Connor helped facilitate a roundtable discussion.
 - Dr. Jordan Baye served as chair of the Pharmacogenomics SIG and facilitated a SIG networking session.
 - Dr. Emily Van Klompenburg had a podium presentation titled "The Oath of a Pharmacist: Fulfilling a Vow to Professional Identity Formation."
 - Kristy Ullom presented at the Administrative and Financial Officers (AFO) SIG Program on co-funded faculty positions.
 - Dr. Jim Clem, Dr. Brad Laible, and Asha Hertler, presented a poster titled "Improving Students' Stress Management Skills and Access to Counseling."
 - Dr. Shanna O'Connor, Dr. Brad Laible, and Kristy Ullom, presented a poster titled "The Strategy Behind Strategic Planning: Intentional and Data-Driven Decision Making", which was an honorable mention for the AACP Award for Excellence in Pharm.D. Program Assessment.
- South Dakota State University held the second annual University Leadership Honors event, recognizing new endowed faculty. Dr. Jim Amell, the new MPH Coordinator and Julie Stevens and Dale Evenson Endowed Scholar in Rural Health, was one of the honorees.
- The college created a new role of Research Communications Coordinator to facilitate communications around the valuable research being completed within the college. Jacob Ford, previously the scientific writer for the college's Community Practice Innovation Center transitioned into this new role in September.

- Dr. Josh Reineke, Associate Professor and Director of the Haarberg 3D Center, was highlighted in a "Meet the Jacks" episode: <https://fb.watch/mmnprZB69T/>.
- Dr. Kari Taggart was asked to serve as a member on ASHP's Section of Pharmacy Educators Collaboration between Health Systems and Academia Advisory Group for the 2023-2024 term.
- Dr. Kassi Erickson, a Medical Laboratory Science instructor, completed her Doctor of Education.
- Stephanie Hanson, a Population health Instructor, has had a number of accomplishments including a new publication titled "Rural-Urban differences in health care unaffordability," and presenting a poster entitled "News Framing Theory and Postpartum Psychosis: How the Media Has Shaped the Public Understanding of Postpartum Psychosis" at the Postpartum Support International conference in July. Additionally, Hanson is the Program Director for the newly funded BIRTH-SD-AIM program.
- Abby Wortman, a Respiratory Care instructor, had her study "Levalbuterol utilization in hospitalized patients" selected for presentation at the open forum at AARC Congress, to be held November 5-8, 2023 in Nashville, TN.
- The college's START-SD Program hosted a First Responder Summit on Addiction and Mental Health in Chamberlain on August 25. Thirty-two healthcare professionals and first responders attended, participating in conversations about topics including trauma and first response, care coordination, law enforcement and substance use disorder, and peer recovery.

Student Achievements

Our students have similarly seen achievements in just the first few weeks of the semester.

- Several Pharmacy students who our members of the SCAPP student organizations provided free health screenings at the South Dakota State Fair, which was held from August 31 to September 4. More than 200 free health screenings were provided to the public.
- Rishabh Bahl, a pharmaceutical sciences student, received a travel award from the SDSU Graduate School to support his travel to the Controlled Release Society meeting. Rishabh will be presenting an abstract highlighting his work in the area of pancreatic cancer research.

Dr. Tom Majerus has been selected as the College's Distinguished Alum for 2023. He is a 1969 graduate of the College and has had a distinguished career in the military, serving in the Medical Services Corp and the Army Reserve and retiring with the rank of Colonel. After completing his post-BS PharmD through the University of Minnesota, Dr. Majerus had a successful career at the University of Maryland College of Pharmacy. One of his greatest contributions to pharmacy practice is co-authoring the book, Practice of Critical Care Pharmacy. He was recognized at the College's Scholarship Banquet held on September 30th.

New Faculty and Staff

- Heather Moser, medical lab science instructor in the Department of Allied and Population Health.
- Dr. Jim Amell, Stevens endowed faculty/MPH Coordinator in the Department of Allied and Population Health.
- Ranae Phinney, respiratory care instructor in the Department of Allied and Population Health.
- Jessica Winterboer, respiratory care instructor in the Department of Allied and Population Health.
- Cassi Renli, respiratory care instructor in the Department of Allied and Population Health.
- Marissa Trosen, director of clinical education/instructor for respiratory care in the Department of Allied and Population Health.
- Naomi Amugeh, program assistant I for the Department of Allied and Population Health and Department of Pharmaceutical Sciences.

Searches are underway for the following positions: associate dean of research and the Gary and Sharon Van Riper Scholar of Pharmacy Practice Innovation.

Best regards,

DAN HANSEN

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PHARMACY OR BUSINESS MEMBERSHIP \$100.⁰⁰ *Includes One Individual Membership*

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ROSEBUD – \$10.⁰⁰ SIOUX FALLS – \$20.⁰⁰ WATERTOWN – \$20.⁰⁰ YANKTON – \$15.⁰⁰

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Celebrating 50 Years of Pharmacy


Congratulations
to this year's
outstanding 50-year
pharmacy class.

Honorees were given the
option to send an update for
inclusion in this publication.

Here are the ones we received:

RICHARD CARPER

After graduation from SDSU in May 1973 I was hired at Madison Drug and Jewelry in Madison, SD. I had worked there part-time since 1967 during the school year and usually full-time each summer. This is where I was able to do most of my internship hours as well.

In March of 1975 I was hired as the first full-time pharmacist at Madison Community Hospital. It was a great opportunity as I had always been interested in hospital pharmacy and this gave me the opportunity to actually change the hospital's "drug room" into a licensed institutional pharmacy. I was the only pharmacy employee and, as a result, was on call for any pharmacy-related issues 24/7. This opportunity also showed me how much more I had to learn about practicing in an institution. I really enjoyed my time there, but I felt I needed to look for a position in a larger institution.

In 1976 I accepted a staff pharmacist position at Holy Family Hospital in Spokane. It was a great opportunity, and I immediately felt like I was learning and developing my practice skills on a regular basis. Little did I know I would continue to practice there until my retirement almost 40 years later. During that time, I worked as a staff pharmacist, Assistant Director/Clinical Manager, and Director. In 2011 my hospital became part of Providence Health which included Sacred Heart Medical Center which is also in Spokane. As part of the reorganization which included only one Pharmacy Director position in Spokane, I decided to not apply for that position and was asked to manage pharmacy purchasing for the now two Spokane Providence hospitals. This proved to be an extremely challenging and interesting opportunity.

In 2015 I decided to apply for a part-time staff pharmacist position and returned to Holy Family in that capacity until my retirement in 2017. I thoroughly enjoyed my career and returning to a staff pharmacist position at the end of my career was really fun. It is amazing to see how much hospital pharmacy practice has changed since I began to practice. I will be forever thankful for my education and training at SDSU which allowed this farm boy from Rutland, SD to practice in this interesting and ever-changing field.



GARRY FREIER

I was born in 1949 and raised in Parkston, South Dakota. I graduated from South Dakota State University in Pharmacy in 1973.

In 1974 I enlisted in the US Army and was assigned a 2nd Lieutenant, Chief of Pharmacy, in Hawley Army Hospital, Fort Benjamin Harrison, Indianapolis, Indiana. I met my wife, Jo, while assigned to this post, and married, January 24, 1976.

In Spring of 1977, I was honorably discharged from the military, with the rank of Captain. My wife and I then moved to Portland, Indiana when I was hired by Haag Drug Pharmacy. My wife and I settled into our new home in Portland, Indiana, looking forward to civilian life.

In the Fall of 1978, my former employer at State Snyder Drug, Parkston, South Dakota, prior to graduating from the School of Pharmacy, contacted me with an offer of a

Celebrating 50 Years of Pharmacy

position as Pharmacist in his Mitchell, South Dakota drug store. I accepted this position and my family moved to Mitchell, SD in November 1978.

I worked for State Snyder Drug from 1978 through 1997.

I was offered a position by ShopKo Pharmacy in summer of 1997 and worked as a Pharmacist with ShopKo Pharmacy until they closed down their pharmacy in February of 2019. I was hired by Lewis Drug in February of 2019 and continued with Lewis Drug until my retirement, June 2022.

My wife and I have been blessed with 4 children, 2 girls, 2 boys, and 9 grandchildren, plus 1 great granddaughter. My professional life as a pharmacist has been very rewarding. I enjoyed interacting with my customers and providing them with quality pharmacy assistance in their prescription needs, and advice. I do miss that interaction being retired, however, I am enjoying my days working on our 80 acre farm raising sheep, goats, and cattle.

Thank you for recognizing my 50 years of Pharmacy. I look forward to receiving the 50-year pin and certificate.



ORRIN GULLICKSON

- Home town: Roslyn, SD.
- SDSU College of Pharmacy graduate 1972.
- 1973-1975 US Army, Captain, RPh, Ft.Campbell, KY.
- 1976-2016 RPh, Presbyterian/

St.Luke's Medical Center, Denver, CO.

• Wife: Carol (RN); sons: Jon and Lee.

• Enjoy: skiing, hunting, fishing, golden retrievers.

MARGARET KELLY

I was born in Waterloo, Iowa and spent my early years in Fulton and Paducah, Kentucky and Carbondale, Illinois. My Dad worked for Illinois Central Railroad so we moved for his job. He was transferred to Fort Dodge, Iowa in November, 1963 so I completed high school there and attended Iowa Central Community College for two years after high school.

During my senior year of high school, I got a job at Walgreen Pharmacy. Working with and talking to pharmacists there, I developed an interest in pharmacy. In fall, 1970 I started pharmacy school at South Dakota State University. I graduated with BS in pharmacy May 5, 1973. May 7-9, 1973 I took South Dakota Board of Pharmacy licensure exam in Bunny Ballroom of Pugsley Union.

My first job was at Walgreen Pharmacy in Sioux City, Iowa, a very high volume pharmacy In early June, I spent three days in Iowa City, Iowa on campus of University of Iowa, taking the Iowa Board of pharmacy licensure exam. Wet lab in a lab I'd never been in was nerve wracking!

January, 1977, I began a pharmacist position at St. John's Hospital in Springfield, Illinois. St. John's was 800 bed hospital, affiliated with Southern Illinois University College of Medicine. I had to go to Chicago to meet with Illinois Board in order to reciprocate to that state. The night I took train to Chicago there was a snowstorm so train was late getting to Chicago. The next day I met with Illinois Board so I could reciprocate to that state.

In June, 1982 I moved to Minneapolis to begin a 2 year residency at University of Minnesota Hospital and Clinics and to pursue MS degree in Hospital Pharmacy. Upon completing my residency and MS, I packed up my camping gear and bicycle and flew to Portland, Oregon. I spent the next three months bicycling across the country-Portland, Oregon to Yorktown, Virginia with a group of 10 other cyclists. That was a trip of a lifetime!

Back in Minneapolis, I got a job at University of Minnesota Hospital and began work on PhD in Social and Administrative Pharmacy. After completing that degree I continued working at University Hospital where I had opportunity to work with many types of patients for several years.

Then I worked for a couple of home infusion pharmacies before accepting a pharmacist position at Healtheast St. Joseph's Hospital in St. Paul, MN in 2008. From 2001-2006 I was in University of Minnesota College of pharmacy PharmD program for working pharmacists. The courses for the program were on-line, one course at a time.

Mhealth Fairview bought the Healtheast care system in 2017. Beginning in 2019, many changes were made at St. Joseph Hospital by Fairview. Fairview felt the community would best be served by community care clinic, outpatient mental health and addiction medicine clinics, adult day care center, memory care unit and a long term acute care unit. Many of services previously on our campus have been moved to other campuses within the system.

I continue to have casual position at MHealth St. Joseph's/ Bethesda. I can cover shifts when other pharmacists are on vacation or would like to take a day off.

June 15, 2023, I was recognized as 50 year pharmacist at dinner during Iowa Pharmacy association annual meeting in DesMoines, Iowa.

Outside of work, I enjoy, bicycling, spending time outdoors, cooking and spending time with my family.



JOHN WILBER

Thank you so much for this recognition. It means a lot to me. I am a proud graduate of South Dakota State University, and often still wear the blue and gold here in Iowa. No matter what role I found myself in during my career, I was proud to be a

pharmacist, and equally proud to be from South Dakota.

1973	Staff Pharmacist, Snyder Drug, Minneapolis, MN
1974-77	Staff Pharmacist Snyder Drug, Pierre, SD
1977-95	Pharmacist/Owner of Jones Drug, Miller, SD
1995-00	Pharmacy Manager, Family Drug, Canton, SD
2000-03	Staff Pharmacist, Lewis Eastgate, Sioux Falls, SD
2003-05	Pharmacy Manager, Lewis SouthEast, Sioux Falls, SD
2002-12	Pharmacy Manager, Nelson Vet Labs, Sioux Falls, SD
2005-16	Pharmacy Supervisor, Cigna Home Delivery Pharmacy, Sioux Falls, SD
2017-23	Pharmacy Manager, FoodLand Pharmacy, Woodbine, IA



RAY WILKINS

Upon graduation and licensure in May 1973, I worked for Statz Drug in Mitchell and Huron until I entered the Air Force in October. I spent 24 years as an Air Force pharmacist with assignments at Norton AFB (San Bernadino) CA; Hellenikon

Air Base (Athens) Greece; Bitburg Air Base, Germany; University of North Carolina (received a Masters and Residency in Hospital Pharmacy); Lackland AFB (San Antonio) TX; Offutt AFB (Omaha) NE; and Wright-Patterson AFB (Dayton) OH. Now closed due to downsizing are Norton AFB, Hellenikon AB, Bitburg AB, Wilford Hall Medical Center at Lackland AFB, and the Strategic Air Command at Offutt AFB.

I retired from the Air Force as a Colonel in 1998 and worked in Cardinal Health Pharmacy Management for 17 years. At Cardinal, I served as the Director of Pharmacy at Truman Medical Center in Kansas City, MO; System Director of Pharmacy at Christus Spohn Health System in Corpus Christi, TX; Special Projects Coordinator at Indiana University Health System in Indianapolis, IN; and Interim Director of Pharmacy at several different hospitals.

After my retirement from Cardinal we moved to Sioux Falls where I spend my time on the golf course as often as possible, follow college and professional sports teams of particular interest to us, and travel to visit our 2 married kids and grandson.

50-YEAR PHARMACISTS

Richard Carper.....	Spokane, WA
Larry Croll.....	Tempe, AZ
Gary Crosby.....	Fort Dodge, IA
Garry Freier.....	Mitchell, SD
Orrin Gullickson	Centennial, CO
William Horstman	Eden Prairie, MN
Gary Karel.....	Sioux Falls, SD
Margaret Kelly	Minneapolis, MN
Marilyn Schepler	Wrangell, AK
John Wilber	Woodbine, IA
Raymond Wilkins.....	Sioux Falls, SD



SOUTH DAKOTA PHARMACISTS ASSOCIATION *137th Annual Convention*



2023 Outstanding Industry Salesperson of the Year: Gregg Bollinger

Gregg Bollinger is an industry representative who knows and understands the values of South Dakota pharmacies after being raised in Woonsocket, SD. He travels the entire state covering all pharmacies for Dexcom. He is passionate about providing education and support to pharmacists and a high quality and low-cost product to patients.

Coverage issues or product issues? Give Gregg a call – he is always quick with support and information. He also has gone above and beyond connecting pharmacies with other resources to help with Medicare billing and reimbursement.



2023 South Dakota Pharmacy Technician of the Year: Beth Szana

Beth Szana started at Bien Pharmacy in 2018 as a pharmacy clerk. Within that first year, she began the online training program to become a pharmacy technician to fill an open spot in the pharmacy. She was a quick study – hardworking, dedicated, and determined – obtaining her certification in 10 months, all while raising her four children and attending their many activities and events.

Szana has worked both part- and full-time throughout her career, but always filled in wherever and whenever she was needed. She is very efficient and has outstanding organizational skills, which were crucial in the implementation and processing of Bien Pharmacy's medication sync program. She greets every customer with a smile and engages with them actively listening to their concerns.



2023 South Dakota Distinguished Young Pharmacist: Megan Mack

The Distinguished Young Pharmacist award was created in 1987 to encourage newer pharmacists to become involved in association activities and community service. This award recognizes one pharmacist in each state for individual excellence and outstanding contributions. Pharmacists Mutual Insurance Company presents the prestigious award.

Megan Mack started at Lewis as an intern. While a student, she moved into a float pharmacist role until a position opened at the Huron location. As the lead clinical pharmacist, she is a cornerstone part of the Huron team. Her calm demeanor, huge smile and welcoming presence shows genuine care for every patient she interacts with through medication management and counseling. Patients look for her at the pharmacy, feeling comfortable asking more questions about their medications and health.

In May of 2021, Mack started a new adventure with Horizon Health Care and Lewis Drug to further the practice of pharmacy in the clinic setting. Through this project, provides one-on-one training to patients about their disease state. The positive impact, especially on the diabetic community, that this project has brought is a leap in the progression of pharmacy practice.

Not only is she a stand-out in the profession, but she is also dedicated to community and professional service. After a difficult journey in losing her mom and best friend to ovarian cancer, she has become an advocate leader with the Ovarian Cancer Research alliance and passionately works for funding for the fight of the disease. She and her family and friends have participated in a variety of marathons/walks to raise funds for ovarian cancer research. Her insightfulness and excellent communication skills has led her to volunteer as a speaker for various community organizations, diabetic conferences, and meetings. She is a busy mom of three, wife,

friend, coworker, but truly a kindhearted soul deserving of this award and recognition.



2023 Bowl of Hygiea Award: Travis Anderberg

The American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA) sponsor the Bowl of Hygiea Award. It is presented annually by participating pharmacy associations in each of the fifty states, the District of Columbia, Puerto Rico, and the ten Canadian provinces. The recipients are selected by their respective associations for their outstanding record of community service.

Travis Anderberg has impacted his community, patients, and family members in a number of ways throughout his career. He has a drive and passion for giving back to small town South Dakota as a community pharmacist.

Anderberg works as a full-time community pharmacist at Miller Rexall Drug and a consulting pharmacist for the assisted living and hospital in Miller. He is the president of Miller Rexall Drug Co., president of Turner Drug Inc., and vice president of Dakota Pharms, LLC. His passion and hard work has not gone unnoticed. In 2011, he was awarded the Huron Area Center for Independence Distinguished Service Award for Health Care and in 2013, he was chosen as the Distinguished Young Pharmacist for outstanding service to the profession.

Outside of the pharmacy, Anderberg is an Elder at the First Presbyterian Church in Miller, a director at Quoin Financial Bank, and the 2023 President of the South Dakota Retailers Association. Throughout the years, he has served on a variety of boards – civic and commerce related – including Hand County Economic Development, and the Hand County Health, Wellness and Community Foundation. He is a proud father of 4 children and husband to his high school sweetheart, Angie. He has enjoyed coaching youth



SOUTH DAKOTA PHARMACISTS ASSOCIATION *137th Annual Convention*

sports – golf, baseball, soccer, softball, basketball, and football – and enjoys snow skiing, hunting, camping, and fishing in his downtime.



**2023 South Dakota Hustead Award Winner
(South Dakota Pharmacist of the Year)
Teresa Seefeldt**

The Hustead Award recognizes contributions or service during a career or significant accomplishments during a short period of time that impact the profession in a positive manner. Our 2023 recipient consistently has moved to elevate herself and the profession of pharmacy to the highest potential.

Teresa Seefeldt graduated at the top of her Pharm.D. class with a plethora of awards and honors. She then continued at SDSU obtaining her PhD 3 years later. She has spent countless hours as part of abstracts, poster presentations, and publications. Most recently, you will find her as a co-author in a chapter in the “Handbook of Research on Updating and Innovating Health Professions Education: Post Pandemic Perspectives.” With all these experiences, she states that the one she is most proud of is her work with students. Serving as an advisor for several student organizations – including SCAPP and Kappa Epsilon – and mentoring many students in honors projects and undergraduate research.

Dedicated to the community and professional service, she has served on the SDSU Diversity and Inclusion Committee, Mental Wellbeing Taskforce, Student Success Committee, and many others. She holds active membership in SDPhA, Rho Chi, SDSHP, KE, APhA, AHA, AACP, ASHP and many more. In her spare time, she enjoys playing piano and participates in church activities.

Seefeldt fully embodies the Hustead Award, making significant contribution to the profession and illustrate why our profession is one of the most respected in the country.



SOUTH DAKOTA PHARMACISTS ASSOCIATION *137th Annual Convention*

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CONTINUING EDUCATION for PHARMACISTS

DEA: Kratom - A Drug of Concern

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 updated information to counsel patients about the side effects of kratom and potential dangers linked its use in today's unregulated market.

LEARNING OBJECTIVES:

1. List the commonly cited uses of the herbal supplement, kratom;
2. Identify the main sources kratom entering into the global supply chain;
3. Explain the current legal status of kratom-based products in the U.S.;
4. Describe the pharmacologic profile and potency characteristics of kratom;
5. Evaluate the known side effects of kratom;
6. Counsel patients on the potential dangers of kratom use.

DEA calls this widely used supplement a 'drug of concern' [March 10, 2019](#)

Over the past 7 years, exposure to kratom—an herbal supplement often used to help in overcoming opioid withdrawal and pain—has increased dramatically, according to a recent study published in [Clinical Toxicology](#).

This is of concern because kratom has been on the Drug Enforcement Administration's (DEA's) list of drugs and chemicals of concern for several years. Even more disconcerting is the fact that the FDA has neither studied nor approved kratom for any medical use.



In addition to being used to ease opioid withdrawal, kratom has also recently become popular as a treatment for chronic and acute pain, depression, and anxiety. Because kratom is not regulated, product quality, purity, and concentrations are disparate, wide-ranging, and unpredictable.

But what is perhaps most dangerous about kratom is the misperception that it is safe simply because it is "just" an herbal supplement.

Kratom is available on the internet, in raw leaf, powder, gum, capsule, tablets, and extract forms. At low doses, it causes stimulation; at higher doses, it can act as a depressant or cause euphoria, similar to opioids.

CONTINUING EDUCATION *for* PHARMACISTS

Anecdotally, users have reported anti-inflammatory, antipyretic, antitussive, antihypertensive, and antidiarrheal effects, as well as enhanced sexual function.

In addition to being used to ease opioid with-drawal, kratom has also recently become popular as a treatment for chronic and acute pain, depression, and anxiety.

Kratom exposures reported to Unites States poison control centers: 2011-2017

Kratom, or *Mitragyna speciosa*, is a plant indigenous to Southeast Asia that has gained national attention in the United States for its increased use in the self-management of opioid withdrawal and pain, as well as for concerns about its safety.

Kratom is associated with a variety of serious medical outcomes, especially when used with other substances. More research is needed to define the human response to kratom. Increased regulation of kratom products would help guarantee product quality and safety.

Individuals who choose to use kratom should be educated about its potential risks, including the dangers of using it in combination with other substances.

What is it?

Kratom is a tropical evergreen from Southeast Asia that is native to Thailand, Malaysia, Indonesia, and Papua New Guinea. Like coffee and gardenia, this tree belongs to the Rubiaceae family. Natives in these countries, where kratom has been used for many years, claim it is addictive. Its leaves can be chewed, smoked, or brewed into a tea, or taken in capsule, tablet, and extract formulations.

Kratom has opioid properties, as confirmed by the FDA, and its pain-relieving properties are due primarily to the alkaloids it contains. Of special interest among these is mitragynine, which is structurally related to yohimbine and may be the source of kratom's opioid-like effects. It is classified as a kappa-opioid receptor agonist, and may be nearly 13 times more potent than morphine. [Note: other sources maintain that mitragynine and 7-hydroxymitragynine are only fractionally as potent as morphine at the μ -opioid receptor (hMOR)].

Recent uptick in exposures

In a recent study conducted by researchers at the Central Ohio Poison Center, and the Center for Injury Research and Policy, Nationwide Children's Hospital, Columbus, OH, over 1,800 calls about kratom exposure were made to the US Poison Control Centers between January 2011 and December 2017.

Fully 65% of these exposures occurred between 2016 and 2017. Researchers also documented a significant increase in the annual number of calls, from 13 in 2011, to 682 in 2017.

Researchers also found that most exposures were in men (71%), those aged 20 years and older (89%), and at a residence (86%). Forty-eight incidents involved children ages 12 years or younger, 69% of whom were younger than 2 years. Usage was classified as intentional abuse or misuse in 60%, suspected suicide in 9%, and adverse reactions in 8%. Idaho and Oregon had the highest exposure rates, and Delaware and Wisconsin the lowest.

A full 32% of the calls resulted in admission to a healthcare facility, and 52% resulted in serious medical outcomes. Problems caused by kratom exposure included tachycardia, agitation and irritability, hypertension, seizures, coma, increased bilirubin, renal failure, and finally, death.

"Kratom use has been associated with a variety of serious medical outcomes, from seizures and coma in adults to severe withdrawal syndrome in newborns," said study co-author Henry A. Spiller, MS, DABAT, director, Central Ohio Poison Center at Nationwide Children's Hospital. "Individuals who choose to use kratom need to be aware of the potential risks. Just because it is currently classified as an herbal supplement does not mean it is regulated or that it is safe."

Spiller and colleagues have called for regulation of kratom by the FDA to ensure product uniformity.

Efforts and warnings from the DEA, CDC, FDA

Serious concerns about the toxicity of kratom and its possible links to death have been raised by the FDA. According to the FDA, 44 deaths have been associated with the use of kratom.

Kratom has also been banned in several states—where it is classified as a Schedule I substance—including Alabama, Arkansas, Indiana, Tennessee, Vermont, and Wisconsin, as well as the District of Columbia. Kratom is also banned in Sarasota County, FL, San Diego County, CA, and Denver, CO.

The FDA issued a public health advisory about the deadly risks associated with the use of kratom in November 2017 and then again in February 2018. On February 6, 2018, the FDA published a statement that the use of kratom for medical purposes is not supported by scientific data, and it should not be used as an alternative to prescription opioids, or for opioid withdrawal.

On February 20, 2018, the CDC reported that it was investigating an outbreak of 28 salmonella cases linked to the use of kratom. Although no deaths were reported, 11 people had been hospitalized with salmonella illness linked to kratom after consuming it in pill, powder, or tea form.

In October 2017, the Department of Health & Human Services recommended to the DEA that mitragynine and 7-OH-mitragynine be "permanently controlled in Schedule I of the [Controlled Substances Act]." The recommendation is supported by the FDA and the National Institute on Drug Abuse.

Although the DEA had planned to add kratom to Schedule I of the Controlled Substances Act, its most restrictive classification "to avoid an imminent hazard to public safety," this scheduling has not yet happened. Kratom is currently under DEA review.

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.

Article accessed from:
<https://www.mdlinx.com/article/dea-calls-this-widely-used-supplement-a-drug-of-concern/lfc-3528>

DEA: Kratom - A Drug of Concern

Learning Assessment – Post-test
Select all correct answers for each question

1. Kratom is known to be used for the following conditions:

A. Opioid withdrawal
B. Narcolepsy
C. Chronic pain
D. Depression and anxiety
2. Kratom is available on the internet and is sold in the following forms:

A. Powder
B. Raw leaf
C. Suppositories
D. Extracts
3. Kratom has been studied and approved by the FDA for use in counteracting opioid withdrawal.

A. True
B. False
4. Kratom is currently regulated by the FDA to insure product quality and purity.

A. True
B. False
5. Kratom is a tropical evergreen, _____.

A. Sourced out of SE Asia
B. Related to coffee and gardinia of the Rubiaceae family.
C. That is claimed by native users to be addictive
D. All of the above.
6. U.S. poison center call data indicates that kratom exposure has led to _____.

A. Seizures / coma
B. Tachycardia / hypertension
C. Renal failure
D. Death
7. Kratom is UNSAFE for use by pregnant females.

A. True
B. False
8. Kratom is currently classified as a Schedule I substance in the following states: _____ . South

A. Dakota, North Dakota, Iowa
B. Indiana, Tennessee, Wisconsin
C. Alabama, Vermont, Arkansas
D. California, Oregon, Washington
9. The FDA, HHS, and DEA have all supported the permanent classification of kratom’s active alkaloid compounds, mitragynine and 7-OH-mitragynine, as Schedule II substances under the Controlled Substances Act.

A. True
B. False
10. Kratom users should be counseled on _____.


A. The health risks that have been linked to kratom use.
B. The potential dangers from using it in combination with other substances.
C. Use by pregnant females and the dangers of newborn withdrawal syndrome.
D. All of the above.

DEA: Kratom - A Drug of Concern

Knowledge-based CPE

To receive 1.0 contact hours (0.10 CEUs) of continuing education credit, preview and study the attached article and answer the 10-question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of at least 70% is required to earn credit for this course. If a score of 70% (7 / 10) 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: #0063-0000-20-062-H03-P.

Learning Objectives – Pharmacists: 1. List the commonly cited uses of the herbal supplement, kratom; 2. Identify the main sources kratom entering into the global supply chain; 3. Explain the current legal status of kratom-based products in the U.S.; 4. Describe the pharmacologic profile and potency characteristics of kratom; 5. Evaluate the known side effects of kratom; 6. Counsel patients on the potential dangers of kratom use.

Circle Correct Answer:

1. A B C D

2. A B C D

3. A B

4. A B C D

5. A B C D

6. A B C D

7. A B

8. A B

9. A B C D

10. A B C D

Course Evaluation: must be completed for credit.

Disagree

Agree

Material was effectively organized for learning:

1 2 3 4 5 6 7

Content was 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):

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e-PROFILE ID # (ePID):

DATE OF BIRTH (MMDD):

Course release date: 12-10-2020 / Expiration date: 12-10-23 / Target audience: Pharmacists
Please mail this completed answer sheet with your check of \$8.00 to: SDSU College of Pharmacy-C.E. Coord.,
PO Box 2202C, Brookings, SD 57007 / Office: 605-688-4242 / Bernie.Hendricks@sdstate.edu



AUDITORS CRACK DOWN ON PHARMACIES THAT BYPASS PLAN LIMITS

PAAS National® analysts want to warn pharmacies about an uptick in PBMs flagging prescriptions for bypassing plan limit rejects. These prescriptions are being marked as discrepant and face full recoupment. Share this information with your staff and ensure that claims are not unintentionally being put at risk for audit/recoupment.

When pharmacies receive a reject of plan limit or exceeds maximum daily dose, pharmacy staff must follow the plan guidelines to submit the claim appropriately. The plan sending this rejection is telling the pharmacy that the dosage is not covered without additional requirements. This could mean prior authorization, switching to a different dose, or changing to another medication.

Pharmacies that manipulate the days' supply to bypass the rejection are putting those claims at risk of recoupment. PBMs can easily track when pharmacies run a claim, receive a reject, and immediately rebill for the same quantity but different days' supply. This raises a red flag that the plan reject was likely not adhered to appropriately – low hanging fruit for PBM auditors.

Reducing the quantity and/or split billing prescriptions can also be an audit risk. If a reduced quantity is submitted to bypass the plan limit (e.g., to get under a dollar threshold), the claim is still in jeopardy of being recouped. Beyond circumventing a plan limit, the payor may argue it increased costs through additional refills, dispensing fees, and patient copays. One patient complaint to their plan could lead to big trouble for network pharmacies.

PAAS Tips:

- Always bill the accurate days' supply based on the instructions for use indicated on the prescription
- Make sure all staff are instructed to follow plan rejects appropriately and not change the days' supply to get a paid claim
- Check with the PBM help desk for guidance on rejects that are vague or unclear
- Do not split bill rejected claims
 - Charging the patient cash often leads to complaints [from the patient to an employer or PBM] and can be considered non-compliance with the provider manual and lead to remediation, including potential network termination
 - If you have exhausted all plan options and the patient insists on paying cash for the full prescription, be sure that you document authorization from the patient that they desired to pay the full cost and did not want to wait for the proper channels
- If having difficulties with prescribers following through on prior authorization, enlist the patient to help. The \ patient could contact the prescriber and/or file a complaint with their insurance which may speed up the process.

PAAS National® is committed to serving community pharmacies and helping keep hard-earned money where it belongs. Contact PAAS today at (608) 873-1342 or info@paasnational.com to see why PAAS Audit Assistance membership might be right for you.

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

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ARE YOU READY FOR FLU SHOT SEASON? AUDITORS ARE!

It is that time of year again; flu shot season is upon us. As busy as this season can be, we know you do not want to worry if you have all the documentation you need in case of an audit. Make it easy on yourself by ensuring you are ready now by following PAAS National's best practices to reduce your risk of audit recoupment.

What you will need for an audit:

1. **Authority to administer**
 - ☐ A signed order from an authorized prescriber
 - ☐ A signed protocol that is up to date and includes specific vaccination(s) to be administered or a Collaborative Practice Agreement (CPA)
 - When using a protocol or CPA, create a placeholder prescription with all prescription elements
 - ☐ In states where pharmacists have independent authority to vaccinate, create a placeholder prescription with all prescription elements
2. **Vaccination Information Statement (VIS)**
 - ☐ Required to be given to patient prior to each administration
 - ☐ Be sure you have the most current VIS forms
3. **Screening Checklist**
 - ☐ Not requested by PBMs, however should be retained for your records
4. **Vaccination Administration Record (VAR)**
 - ☐ Date of Administration
 - ☐ Name of vaccine administered and manufacturer
 - ☐ Lot and Expiration Date of vaccine given
 - ☐ Site of administration (i.e. right arm)
 - ☐ Signature or initials and title of person administering
 - ☐ What VIS form was given
 - Date printed on the VIS
 - Date the VIS was given to the patient or parent/guardian

VAR and VIS forms, and information regarding what the CDC requires for health care providers to record, can be found on the [CDC website](https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html)¹.

PAAS Tips:

- ☐ Check dates and vaccine types on your protocols to ensure they are up-to-date
- ☐ Have current VIS forms printed for each vaccine you administer
- ☐ Have VAR forms printed and educate all staff on how to complete the forms
- ☐ All vaccines should be submitted using days' supply of "1" per NCPDP recommendations
- ☐ All vaccines administered via protocol should be submitted with origin code of "5" (pharmacy created) per NCPDP recommendations
- ☐ Be sure correct metric quantity is billed
- ☐ Keep vaccine documents stored in a system that makes access easy in case of an audit
- ☐ When billing for vaccine clinics, DO NOT bill prior to the vaccine being administered
 - You may submit claims after the date of service, but the date of administration must be correct on the claim
- ☐ PAAS has seen pharmacies flagged for billing claims outside regular pharmacy hours – consider billing for vaccine clinics during regular business hours

PAAS National® is committed to serving community pharmacies and helping keep hard-earned money where it belongs. Contact PAAS today at (608) 873-1342 or info@paasnational.com to see why PAAS Audit Assistance membership might be right for you.

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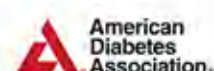
References: 1. <https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html>



The Use of GLP-1 RAs With Proven CVD Benefit in Adults With T2D and Established CVD

In Patients With T2D and Established ASCVD,* the Use of a GLP-1 RA or SGLT-2i With Proven CVD Benefit Is Recommended Independently of Baseline A1C or Individualized A1C Target^{1-4,†}

Multiple Major Medical Society Guidelines Recommend the Use of GLP-1 RAs With a Proven CVD Benefit (Label Indication)¹⁻⁴



The initiation of GLP-1 RAs can be considered in people with T2D and CVD independent of A1C or metformin therapy¹

The American Diabetes Association (ADA) recommends the addition of specific GLP-1 RAs or SGLT-2is that have demonstrated CVD benefit in patients with established CVD.¹

The cardiovascular benefits of GLP-1 RAs or SGLT-2is are not contingent upon A1C lowering; therefore, initiation can be considered in people with T2D and CVD independent of the current A1C or A1C goal or metformin therapy. Based on these considerations, the following 2 strategies are offered:

- ① If already on dual therapy or multiple glucose-lowering therapies and not on an SGLT-2i or GLP-1 RA, consider switching to 1 of these agents with proven cardiovascular benefit.¹
- ② Introduce SGLT-2is or GLP-1RAs in people with CVD at A1C goal (independent of metformin) for cardiovascular benefit, independent of baseline A1C or individualized A1C target.¹

*The ACC defines ASCVD as: a history of an acute coronary syndrome or myocardial infarction, stable or unstable angina, coronary heart disease with or without revascularization, other arterial revascularization, stroke, or peripheral artery disease assumed to be atherosclerotic in origin.⁵

†Please refer to the 2023 ADA Standards of Care in Diabetes, the AACE Clinical Practice Guideline 2022 Update, the 2020 ACC Expert Consensus Decision Pathway, and the 2022 Comprehensive Management of Cardiovascular Risk Factors for Adults With Type 2 Diabetes: A Scientific Statement From the American Heart Association for full recommendations.

A1C, glycated hemoglobin; ASCVD, atherosclerotic cardiovascular disease; CVD, cardiovascular disease; GLP-1 RA, glucagon-like peptide-1 receptor agonist; SGLT-2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes.



To reduce the risk of myocardial infarction, stroke, or cardiovascular death, GLP-1 RAs with proven CVD benefits should be considered in patients with T2D²

The American Association of Clinical Endocrinology (AACE) recommends GLP-1 RAs as an option to reduce CV risk in adults with T2D and ASCVD.²

In persons with T2D and established ASCVD, use GLP-1RAs with proven CVD benefits to reduce the risk of myocardial infarction, stroke, or cardiovascular death regardless of other glucose-lowering or CVD therapies and independent of A1C.²



A GLP-1 RA with demonstrated CV benefit is recommended for patients with T2D and established or at very high risk for ASCVD³

The American College of Cardiology (ACC) states that GLP-1 RAs have demonstrated benefits for CV risk reduction in patients with T2D, particularly among patients with established ASCVD. The CV benefits of many GLP-1 RAs and SGLT-2is appear robust, creating new options to improve the CV outcomes of patients with T2D and CVD.³



MACE* risk reduction is demonstrated in select cardiovascular outcome trials for some GLP-1 RAs for patients with T2D and ASCVD⁴

The American Heart Association (AHA) states that among patients with established ASCVD and T2D, SGLT-2is or select GLP-1 RAs with demonstrated CV benefit are recommended.⁴

To learn more, please talk to your Novo Nordisk Account Manager.

*MACE includes coronary artery disease, cerebrovascular disease, and heart failure. MACE, major adverse cardiovascular event.

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