

S O U T H D A K O T A P H A R M A C I S T

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Convention 2021 – “Virtually” Together Again

Meet the 2021 Award Winners

Audit Alert: Tips from PAAS National



FALL EDITION 2021

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

South Dakota Pharmacists Association

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OCTOBER

American Pharmacists Month

- 9-12 National Community Pharmacists Association (NCPA) Annual Meeting | Charlotte, NC
- 11 Native American Day
- 19 National Pharmacy Technician Day
- 17-23 National Pharmacy Week

NOVEMBER

- 11 Veteran's Day
- 25 Thanksgiving Day

DECEMBER

- 10 South Dakota Board of Pharmacy Meeting
Sioux Falls, SD | 9 am – 1 pm CST
- 24 Christmas Eve
- 25 Christmas Day
- 31 New Year's Eve

SAVE THE DATE: 2022

- >> Legislative Days | January 25-26 | Pierre, SD
- >> SDPhA 136th Annual Convention
September 9-10 | Brookings, SD

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

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Director's COMMENTS

Amanda Bacon // SDPhA Executive Director



Dear Friends,

It seems a little surreal that we have just wrapped up our second virtual convention. Pivoting on such a tight timeline was a little surreal as well! I want to thank each of you who made the turn with us, as well as our many industry friends who came along for the ride. We worked incredibly hard with each sponsor and exhibitor to ensure we still provided them

a valuable experience, while meeting the virtual event requirements of 20-plus different compliance departments. All that to say, I'm still recovering! But, their response to the reverse exhibit experience, as well as your response to our CE opportunities and participation in the Hot Topics session and the Business Meetings, made it all worthwhile. I would be completely remiss if I didn't give a huge shoutout here to Ben Ostebee, who was here for an APPE in Association Management (AKA – firefighter training). His techy-savviness was a huge piece of the convention's success. Our thanks also to the students who just dove in alongside him to assist with the breakout sessions, and provide introductions for our speakers. To borrow a page from new SDPhA President, Kristen Carter's playbook (you can find that on the following page) -- we had to call an audible. But thanks to everyone's commitment to the team, it actually turned out to be the winning play. I'm grateful each and every single one of you!

In case you missed the conversation at convention, I want to bring you up to speed on some of the huge issues we are already working on for the 2022 legislative session. As most of you know, The Supreme Court's unanimous ruling in Rutledge V. PCMA set off a flurry of legislative activity in many states, including South Dakota. SDPhA has worked diligently for many years to educate lawmakers on the complexities of PBMs. The intricacies of the process are not always easily understood, but in general, our lawmakers have always known that when SDPhA comes to talk to them about something – it's because there's a great need. Gag clauses, clawbacks, DIR fees, and the 340B program have all been addressed through legislation in recent legislative sessions. But, as always, the PBMs continue to find workarounds. The Rutledge ruling gives us more backing to strengthen state law, and the SDPhA board has made this their priority.

SDPhA is working together with other stakeholders to establish the best path forward to tackling this issue in the 2022 legislative session. Workgroup meetings are well

already underway, and SDPhA has also met with, and continues to meet with representatives of the state to gauge their interest and backing. It will take a concentrated effort from all parties to garner the needed support. We anticipated this challenge. We also know that you all are ready, willing and able to rise with us to meet it. You can get started by making sure you know who your lawmakers are, as well as making sure you are receiving emails from SDPhA. We know some systems filter out our emails sent through Constant Contact, so make sure those emails aren't going to your junk or spam folders. Mark us as safe senders, and whitelist our domain if you need to. (If you need to know how to do any of that – just shoot me an email or give me a call!) Finally, I encourage you to also familiarize yourself with the Action Center on our new website. While it looks pretty quiet there now, it will serve as a vital hub for our advocacy efforts going forward.

Before I sign off for this issue, I want to pull us back to something we talked about last year at this time – taking care of you. We knew this pandemic was a marathon, and not a sprint. But sometimes, it sure feels like we've long-since run the actual 26 miles, and the finish line just keeps moving. You all have worked, and continue to work through conditions none of us could've even fathomed when this all began. Our convention theme this year was superheroes for a reason. Because you all are, and continue to be. But you can't fly around saving the world all the time. Even Superman had to rest. So do you. You have to find recovery and restoration. It's easier to say than implement – no one argues that. But implementing it, is imperative. You can't take care of your family, your patients, your colleagues, or your community if you don't first take care of you. So whatever restoration looks like to you – take it. Find it. Do it. Sometimes that's as simple as turning off the notifications on your phone, or putting it up for an afternoon. Or (gasp!) a day. Sometimes it's as complicated and brave as reaching out to someone – maybe a friend, maybe a professional – with whom you can think out loud and can walk alongside you through it all. Sometimes it's finding a way to take the PTO, or even the time to go for a walk.

Use this season of change to find your reset button. Then you can reaffix the cape, and go back to saving the world.

AMANDA BACON



Kristen Carter, PharmD, BCGP // SDPhA Board President



Hello and Happy Pharmacists Month, Friends!

October is a busy month for many of us, but let's not forget to take time to recognize and celebrate the contributions of our exceptional pharmacists and technicians. It has certainly been a challenging year, and our pharmacists and technicians put in extra work to help with vaccinating, testing, treating, etc., all while continuing to serve

patients. These efforts helped spotlight the important role pharmacies play in healthcare. Well done and keep up the good work!

Despite a last-minute pivot to a virtual platform, the 135th Convention of the SDPhA was nothing short of a success— thanks to our hard-working and talented Executive Director, Amanda Bacon, our expert presenters full of interesting and timely information, and all of the devoted pharmacists and technicians who participated. Even though we couldn't physically be together, I enjoyed the conversations I had with pharmacists I may not normally be seated at a table with and still left convention as I always do--with renewed pride in my profession and motivation to grow as a pharmacist. Fingers crossed, we will all be together in person next year in Brookings for convention and an SDSU football game!

I, like many of you, love football. Growing up, my dad was a high school football coach for a small school, the Stanley County Buffaloes. Football was a big deal there. Everyone went to watch the Buffaloes play on Friday night. I don't know how this tradition started, but the Buffalo fans did something unique: After each game, win or lose, the entire

crowd would come down to the field and huddle around the team as the players took a knee and listened to my dad deliver the post-game speech. Cheerleaders, parents, grandparents, kids, and other fans all stood silently side-by-side, listening to my dad and showing their support and pride for the team. It was a great feeling to be part of that crowd on an October Friday night. The Buffaloes were pretty successful each year, and I think that was largely due to that sense of unity.

This is a big year for pharmacy in South Dakota, and I think we could use a big Buffalo huddle. We are working with several stakeholders on the best path forward to deal with PBMs in our state, a large operation that many of you have been waiting for. Pharmacy friends, I urge you to stay active and involved in the activities of the Association, and be ready for Amanda to call the plays. Now, more than ever, we can use your support, so please watch for ways to stay involved!

To close, for American Pharmacists Month I'd like to shout out some special pharmacists I have had the opportunity to work with. Lori Ollerich and Bernie Hendricks, thank you for being true professionals and for all your devotion to our profession. You are both an inspiration. To the remaining board, Dana, Melissa, Jessica, Andy, and our new members Scout and Chelsea--I am blessed to be surrounded by such a great team and look forward to continuing our work together. Big things ahead! And thank you to all of our SDPhA members, I am honored to get to serve as your next president and ready to get to work!

KRISTEN CARTER

South Dakota BOARD of PHARMACY

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



Board Welcomes New Registered Pharmacists / Pharmacies

Congratulations to the following 42 candidates who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Kelli Aughenbaugh, Madison Bader, Julia Bales, Cole Borchardt, Kathryn Brumels, Hannah Christensen, Richard Chung, Nicholas Cook, Colton Cuning, Sean Curley, Emily

Davison, Jacob DeJong, Jennifer DeMasi, Drew Diedrich, Andrew Flint, Anthony Fountoulakis, Samantha Frear, Ashley Golden, Seth Golden, Elizabeth Hansmann, Jordan Harra, Sydney Hirschhorn, Whitney Hutchinson, Sarah Jungers, Chase Kern, Diana Kim, Abigail Knapp, Kaila Kuehn, Nathan Matlock, Jace Muramoto, Kristopher Nguyen, Micah Olson, Philip Ostrem, Sabrina Oweisi, Jena Rathert, Molly Schmidt, Samantha Smith, Valerie Smith, Mackenzie Stekl, Joshua Thurow, Jenna Van Beek, and Shelby Vosburg. There were two SD full-time pharmacy licenses issued: Avera St. Luke's dba Avera State Street Pharmacy change of ownership, Aberdeen, License # 100-2074 and Lewis Drugs, Inc. dba Lewis Drug #16, telepharmacy, Howard, License # 100-2075. There was one SD part-time pharmacy license issued: Yankton Medical Clinic, P.C. dba Yankton Medical Clinic, P.C. ASC, Sioux Falls, License # 200-1741. There were no new SD domiciled wholesale licenses issued in the quarter.

FDA's First Interchangeable Biosimilar is Approved by Caleb Whitmyre, P4 Regulatory Intern

First, to provide background on what an interchangeable biological product is, biological products are products that are meant to treat disease states and medical conditions. They are developed by biotechnology and are more complex, larger molecules than most drugs. Some examples of biological products include monoclonal antibodies and vaccines. Biosimilar products are biological products that are "highly similar" to a reference biological product with no clinically meaningful differences. A reference product is a biological product that has already been approved by the FDA and is used as a comparison base for biosimilar approval. To be "highly similar" to a reference product, the structure of the biosimilar product must only contain very minor differences in inactive components of the molecules. To show that the biosimilar product has no clinically meaningful differences,

pharmacokinetic and pharmacodynamic studies must be done to show that there are no differences in safety or efficacy between it and the reference product. To be classified as an interchangeable product, a biosimilar product must meet extra requirements to show that it will have the same effect as the reference product in all patients. These extra requirements include proving that there is no added risk to people that may switch between the reference product and the biosimilar product, as well as showing that patients will have the same clinical outcome no matter which product they take. See FDA Website for [Biosimilar and Interchangeable Products](#)

So, why does this matter? The FDA has recently approved the first interchangeable biological product: Semglee. Semglee is also known as insulin glargine-yfgn, and it is interchangeable with the reference insulin glargine product, Lantus. This is a big development because insulin products were not classified as a biological until recently and it is the FDA's first biologic interchangeable approval. Interchangeable biosimilars may be substituted at the pharmacy level like substituting a brand name medication for its approved generic medication. To ensure a medication has an interchangeable biologic product, the FDA provides a database of biological products known as the [FDA Purple Book](#). The Purple Book may be utilized for biologic products much like the Orange Book can be used to determine therapeutic equivalence for drug products. See [Press announcement FDA approves first interchangeable-biosimilar-insulin-product](#).

To gain FDA approval as an interchangeable product, Semglee underwent a switch study where patients that were currently taking Lantus were randomized to either continue to take Lantus, or switch between Lantus and Semglee for three different phases over a 36-week trial. Both groups had an equivalent change in HbA1c and both groups had similar rates of adverse reactions. This proved to the FDA that Semglee can be used interchangeably with Lantus. [Blevins et al, Efficacy and safety of MYL-1501D v insulin glargine, Results of the INSTRIDE 3 phase 3 switch study. J of Diabetes Obesity and Metabolism 2020; 22: 365-372.](#) and [Heise T, et al Pharmacokinetic and pharmacodynamic bioequivalence of proposed biosimilar MYL-1501D in patients with type 1 diabetes mellitus. J of Diabetes Obesity and Metabolism 2020;22: 521-529.](#)

The approval of Semglee as an interchangeable biological product is important to pharmacists because of the impact that it will have on the cost of insulin products. Having a new competitor to the market will likely drive insulin glargine

prices down due to pharmacists having the ability to choose which product will be given to the patient without needing a new prescription. [SDCL 36-11-46.9](#). Semglee is the pioneer for interchangeable biological products, and there will be many more to follow that will also have an impact on the market.

Eighth Amendment to the Prep Act adds Influenza Vaccine

Effective August 4, 2021, Department of Health and Human Services Secretary Xavier Becerra amended section V of the Emergency Preparedness Act for Medical Countermeasures Against COVID-19 (PREP Act or the Act) to clarify that qualified pharmacy technicians may administer seasonal influenza vaccines, under the supervision of a pharmacist, to adults within the state where they are registered to practice. This adds to the list of other countermeasures, which the Act allows and provides immunity for. [See Eighth Amendment Federal Register](#).

Ninth Amendment adds COVID-19 Therapeutics to Countermeasures

On September 9, the United States Department of Health and Human Services (HHS) announced the 9th amendment to the COVID-19 PREP Act Declaration. The 9th amendment provides liability immunity to and expands the scope of authority for licensed pharmacists to order and administer COVID-19 therapeutics to populations authorized by the FDA with specific training. In addition, the amendment also authorizes pharmacy technicians and pharmacy interns to administer COVID-19 therapeutics when certain criteria are met. [See Ninth Amendment Fact Sheet](#).

PTCB moves online Proctored Exam to In-person Only

William Schimmel, Executive Director and CEO of PTCB states that they have had risk related issues arise in the online proctored exam and are now requiring technicians to take the examination in person at a Pearson Vue test center. For more information [see PTCB.org](#).

USP compounding General Chapter Revisions Now Open to Comment

Rockville, Md., September 1, 2021 - USP [published](#) revisions to Compounding General Chapters <795>Pharmaceutical Compounding–Nonsterile Preparations and <797> Pharmaceutical Compounding – Sterile Preparations for an extended 150-day public comment period—until January 31, 2022.

In addition, the USP Compounding Expert Committee (CMP EC) is hosting four [Open Forum sessions](#) in September 2021 and January 2022 to discuss questions from interested stakeholders. The CMP EC has also published several [informational documents](#) intended to supplement the proposed Chapters and explain the CMP EC's rationale behind the revisions.

Revisions to chapters <795> and <797> reflect public health considerations, scientifically robust approaches, and numerous stakeholder engagement activities. The CMP EC engaged healthcare practitioners, regulators, academicians, and other key stakeholders in various sessions including semi-structured interviews with stakeholders, a small roundtable discussion with invited participants, and a broader open forum discussion. These engagements helped the CMP EC consider a wider range of perspectives to inform the revisions while maintaining scientific rigor and accounting for today's public health and practice needs. For more information on the USP Compounding General Chapters, visit www.usp.org/compounding. Press Release September 1, 2021 <https://www.usp.org/news/usp-opens-extended-public-comment-period-for-revised-compounding-standards>

SD PDMP License Integration By Melissa Denoon, PDMP Director

The South Dakota Prescription Drug Monitoring Program (SD PDMP) has partnered with SD professional licensing boards in a License Integration Project. This project enables: 1) auto-approval of new PDMP accounts if required criteria are met, and 2) daily reverification of all current users. This project benefits program users, PDMP staff, and ultimately SD patients. Program applicant prescribers and pharmacists no longer must wait to access this clinical decision-making tool. Upon submission of the online account application and successful automated verification with professional licensing board data, accounts are auto approved and ready for immediate access, positively impacting patient care. PDMP staff are now able to shift the significant amount of time previously spent in the manual account approval and reverification processes to other program priorities. SD patients also benefit from the elevated program user integrity this project provides to assist in ensuring appropriate patient access. The SD PDMP encourages all pharmacists without an account to register now and take advantage of being auto approved.

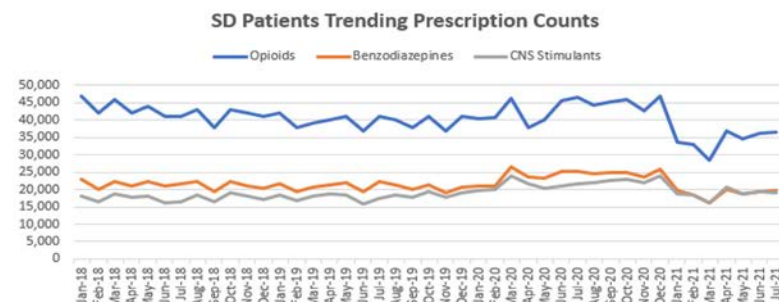
South Dakota BOARD of PHARMACY

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SD PDMP Statistical Update By Melissa Denoon, PDMP Director

July Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	12,246	665,978	155,360	54
TRAMADOL HCL	9,672	592,252	165,153	61
DEXTRAMPHETAMINE SULF-SAC/AMPHETAMINE SULF-ASP	7,753	348,594	231,294	45
LORAZEPAM	6,522	277,621	142,240	43
CLONAZEPAM	6,068	329,690	179,543	54
ZOLPIDEM TARTRATE	5,927	208,579	207,373	35
METHYLPHENIDATE HCL	4,774	203,480	142,976	43
OXYCODONE HCL	4,440	228,424	55,580	51
ALPRAZOLAM	4,104	214,420	106,582	52
PREGABALIN	3,444	269,430	120,227	78

Opioid Prescriptions to SD Patients	RXs	% of all CS RXs	Quantity	Days of Supply
January 1, 2016 - December 31, 2016	599,667	46.57%	39,437,769	9,343,889
January 1, 2017 - December 31, 2017	581,550	47.00%	41,318,924	8,708,079
January 1, 2018 - December 31, 2018	511,271	44.50%	33,876,217	7,532,863
January 1, 2019 - December 31, 2019	485,323	43.10%	29,952,344	7,085,767
January 1, 2020 - December 31, 2020	512,176	41.00%	29,803,046	7,635,288
January 1, 2021 - January 31, 2021	33,638	39.40%	1,848,008	498,202
February 1, 2021 - February 28, 2021	32,922	39.90%	1,832,060	485,420
March 1, 2021 - March 31, 2021	28,406	39.50%	1,579,067	417,042
April 1, 2021 - April 30, 2021	36,838	40.20%	2,054,045	536,524
May 1, 2021 - May 31, 2021	34,750	40.60%	1,923,375	505,338
June 1, 2021 - June 30, 2021	36,325	40.50%	2,030,763	536,373
July 1, 2021 - July 31, 2021	36,418	39.70%	2,041,069	536,746



Respectfully submitted, for the Board,

KARI SHANARD-KOENDERS

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.

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PDMP DATA ACCESS

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

PDMP DATA SUBMITTERS

<https://pmpclearinghouse.net>

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

www.NABP.pharmacy

South Dakota SOCIETY of HEALTH-SYSTEM PHARMACISTS

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



Greetings from SDSHP!

It sure has been an interesting year, but SDSHP has been up to a lot of good things despite the limitations of COVID-19. We've long wanted to expand our virtual CE offerings and we were able to do so this year.

For the past few years, SDSHP has been hosting monthly **State Pharmacotherapy Focus sessions**

where our pharmacy residents present pharmacotherapy topics virtually to pharmacists across the state. This past year, we presented approximately 10-12 of these sessions with all residency programs represented. Since many live meetings were canceled, we saw our virtual attendance increase for these webinars. We're happy to continue to offer these learning opportunities again this year and give our residents an outlet to practice their presentation skills.

Pharmacy month was also celebrated virtually by SDSHP. Our past secretary, Chance Wacholz, hosted a pumpkin carving contest judged bracket-style on our Society's Facebook page. We also hosted virtual pharmacy trivia and fun facts about pharmacy in the state. We're excited to get back together for in-person social events this October if we are able.

In addition to the SPFs, our **residents** presented ACPE-certified **presentations** this winter, both in Sioux Falls and Rapid City. Since this was also virtual, we had great attendance from both sides of the state at each presentation. This is making us take a closer look at how we deliver these in the future so we can be as inclusive as possible with our practitioners across the state.

In April, we hosted our first ever completely **virtual Annual Meeting** via Zoom. We were able to welcome the CEO of ASHP, Paul Abramowitz, to our conference to deliver a message about leadership. It was definitely a highlight of the conference to have someone so influential in the world of

pharmacy attend a conference in South Dakota! We also changed the way posters were presented during the Annual Meeting. We hosted each poster in different breakout rooms so attendees were able to hop between rooms and interact with our presenters. Additionally, for the poster competition, each resident or student gave a 3 minute platform presentation about their project to the entire conference! In the past, a small committee heard these presentations and decided the winner. We were happy to open this up to the whole conference so our researchers go showcase their work. We also asked the conference attendees to rate each presentation, so we had even more input for poster judging. We're evaluating this process for our in-person meeting this next April.

During the business meeting at our Annual Meeting, we swore in our **new board members**. Haylee Allen from Avera transitioned from President to Past President as Joe Berendse from the Black Hills VA/SDSU transitioned off of the board. Jeremy Daniel from Avera/SDSU transitioned from President-Elect to President and we welcomed Alyssa Larson from Monument to the position of President Elect. Jordan Baye from Sanford/SDSU transitioned off the board and welcomed Leah Garland from the Sioux Falls VA as a Board Member at Large. Chance Wacholz from Avera transitioned off the board and we welcomed Jenna Lund from Monument at the position of Secretary. Khia Warzecha and Stephanie Iverson from the Sioux Falls VA stayed on for the second year of their terms as Treasurer and Board Member at Large, respectively. We are thankful for those who have served in the past and are taking on new roles within the organization.

We also hosted our **Annual Residency Conference** this summer in a virtual format for the second time. Residents from across the state came together for two afternoons to learn core skills about topics such as research, teaching, and well-being that will benefit them for their year as a resident. They were also able to network with each other through a list of 40-50 ice breaker questions in small-group breakout rooms. They certainly learned a lot of interesting things about each other!

SDSHP

(continued)

The **19th Annual GVR Society Open Golf Classic** was held at Central Valley Golf Course in Hartford, South Dakota at the end of July. It was the perfect day for golf, and pictures from the event showed everyone had a great time! We love hosting this event this year as a way to help fund the student SSHP chapter with SDSU.

Looking ahead to this next year, we have a few predominant focuses in our **strategic plan**. We're focusing on pharmacist and technician professional development and are planning on several posts over the month of September hosted on our Facebook page. We are also taking a hard look at an ASHP focus in our organization – Diversity, Equity, and Inclusion (DEI). We will be drafting a Society statement regarding DEI and hosting a speaker at our Annual Meeting to discuss the topic. Lastly, we are working on our communication with membership, both on our website and social media. As president, I have convened a sub-committee to look at these areas and generate recommendations for our board. We're excited to see the changes and are already noting positives with our new social media presence. Be sure you follow our Facebook for more information!

Lots of changes ahead for SDSHP over the coming year. We're excited as an organization and look forward to sharing more information with SDPhA through the quarterly journals, our website, and our Facebook page!

Respectfully submitted,

JEREMY DANIEL

South Dakota ASSOCIATION of PHARMACY TECHNICIANS

Julie Kulesza, CPhT // SDAPT Secretary

Greetings from SDAPT!

Here is an update on what SDAPT has been working on so far in 2021:

We have had several meetings via zoom and just recently met in person.

Our annual fall conference is October 2nd this year and we decided as a group that we would hold it again via zoom. With technicians on both sides of the state we determined that is a better option for us.

We settled on topics for the conference and have secured five speakers for the day. They will cover topics such as pharmacy law, diversion, opioid addiction, DCI updates and schizophrenia. All topics that have come to us via suggestions and we hope the techs will enjoy. They will get a total of 5.5 CE's for the day.

The association is actively looking for new board members to elect at this year's conference. Also we are looking at ways to expand our technician members.

We are trying to use our social media more to keep technicians in the loop about upcoming CE's they can earn at conferences.

Our next up coming meeting in September we will be finalizing our meeting plans and balancing books.

Sincerely,

JULIE KULESZA



SDSU COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS

Dan Hansen, PharmD // Dean and Professor



Greetings from the College of Pharmacy and Allied Health Professions! We kicked off the fall semester with in-person instruction.

We welcomed new students with outstanding academic backgrounds into all our programs this fall: 66 in the Pharm.D. program, 8 in the Pharmaceutical Sciences program, 12 in the Master of Public Health program, 20 in the on-campus Medical Lab Science program, 10 in the 2nd year of the A.S. respiratory care and a total of 18 in the B.S. respiratory care, 12 in the Medical Lab Science Upward Mobility program, 4 in the Accelerated Medical Lab Science program, and 4 in the Phlebotomy certificate. It's great to see all the faces in the classrooms and hallways.

The landscape of the College has had exciting changes over the past few years. The most recent change is the creation of a college-level Office of Experiential Education which includes an experiential education/residency program director, an experiential education & continuing education/health systems coordinator, a resident, and a program assistant. The director of experiential education, who reports to the associate dean for academic programs, oversees the office. They work closely with each of the program's clinical coordinators to facilitate hands-on experiences for students in various healthcare settings. I am also thrilled to share that ASHP extended the accreditation of our PGY1 Community Pharmacy Residency Program through 2029.

The success of our research program is astounding. AACP posted the faculty research grant institutional rankings, which are derived from the Funded Research Grant Data (FRGD) survey for federal fiscal year 2020. Our College moved up to 53rd after receiving \$2.6 million in grant funding in FY20. While our goal is to continue to move up the ranking, typically we land in the 60's or 70's, so this marks some significant growth for us. Despite the challenges with COVID, our College secured over \$2.7 million in grants this last year (FY21). This represents a 69% increase from FY20, with both Allied and Population Health and Pharmacy Practice seeing significant gains. We are starting off strong in FY22. Recently, we were awarded a HRSA grant for the project titled – "Rural

Communities Opioid Response Program-Psychostimulant Support." This is a \$500,000 grant, with the work going through August 2024.

Our programs, faculty and students continue to excel at a national level. Abigail Sirek, Abigayle Blanchette, Drs. Erin Miller, and Sharrel Pinto had their presentation titled, "Pharmacists: The most accessible, yet underutilized, healthcare practitioners in South Dakota," accepted for the APHA Annual Meeting and Expo. They will be presenting during the pharmacy section virtual poster session on Thursday, October 21, 2021. April Nelsen and her co-authors, Chun-Ming Lin, Ben M. Hause, recently had an article titled "Porcine Parvovirus 2 is Predominantly Associated with Macrophages in Porcine Respiratory Disease Complex," published in Frontiers in Veterinary Science. Drs. Seefeldt, Perumal, and Tummala recently published a book chapter titled, "Reshaping Pharmacy and Allied Health Education for a Post-Pandemic World Using Kotter's Change Model". The group did a great job of highlighting some of the work done to successfully navigate this last year.

Kailee Ganent, medical laboratory science student, received the Alpha Mu Tau Fraternity's Martha Winstead Memorial Scholarship. Four of our 2021 Pharm.D. graduates published the article titled "Role of Sodium-Glucose Cotransporter-2 Inhibitors in Readmissions for Congestive Heart Failure". Congrats to Drs. Hellwig and Baye for their work in mentoring these young pharmacists through this process. Every year, ACCP hosts the Clinical Pharmacy Challenge where 3 students from each school compete with other Colleges and Schools of Pharmacy in a test of overall pharmacotherapeutic knowledge. Our representatives this year were Mariah Roemen, Allie Thompson, and Dustin Moon. They competed in the first round and made it into the top 64 teams in the nation. They were just below the cutoff score in the next round.

Additionally, the A.S. respiratory care program received 100% board pass rates in 2021. Upon graduation from the A.S. program, students are eligible to take the credentialing examination of the National Board of Respiratory Care to become a Registered Respiratory Therapist. This credential allows the student to obtain a license to work.

We welcomed three new faces to the College: Barb Terry began her duties on June 17th as the program assistant in the Department of Allied and Population Health. Dr. Tanvir



(continued)

Khaliq joined the College on July 22nd as the assistant professor in the Department of Pharmaceutical Sciences. Michelle Day joined the College on September 16th as the program assistant in the Office of Experiential Education. Dr. Jim Clem, who served as the department head in pharmacy practice at SDSU since 2007, started his duties as the associate dean of student services on June 22nd. Dr. Om Perumal, who served as the department head in pharmaceutical sciences at SDSU since 2013, started his duties as the associate dean of research on September 22nd. Dr. Tummala has been appointed as the interim department head of pharmaceutical sciences. Searches are underway for the following positions: department head of pharmaceutical sciences, department head of pharmacy practice, population health faculty, post doc and director of clinical education.

I continue to be impressed with our faculty, staff and students and am honored to be a part of this outstanding College.

I wish you all the best in the coming year!

DAN HANSEN



Have you ever wondered how your Well-Being compares to others? Consider investing six minutes in your well-being. The Well-Being Index is a brief online self-assessment, invented by the Mayo Clinic and brought to you through a partnership with the American Pharmacists Association (APhA), which provides you immediate individualized feedback including tools and local and national resources to address your well-being. You can set-up the frequency you wish to assess your well-being and track your progress.

Your information and score are private and your individual score will not be shared with APhA or anyone else. You do not have to be an APhA member to participate.

TAKE THE SURVEY NOW
IN A FEW EASY STEPS:

1. Go to: www.mywellbeingindex.org/signup
2. If asked for a participation code, use APhA
3. Register (approx. 3 minutes)
4. Take the survey (approx. 3 minutes)

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

Peter Stoffel // SCAPP/APhA-ASP SDSU Chapter President



SDPhA,

I am Peter Stoffel, president of the Student Collaboration for the Advancement and Promotion of Pharmacy (SCAPP) in my third year of pharmacy school. Our organization focuses on providing opportunities for student pharmacists and providing patient care and education to the community.

This year as we return in person,

we decided our chapter theme should reflect the change with "Return to the New Normal." We look forward to hosting our meetings on campus in person this fall as opposed to our prior Zoom format. During the pandemic we saw a decrease in membership, so to better promote enrollment in our return, we kicked off the semester with Membership Week. This promotion included an ice cream social (featuring SDSU's famous ice cream), a bean bag tournament/fundraiser, a national organization showcase for all the organizations within SCAPP and wrapped up the week with a membership picnic and chapter meeting to highlight our various committees as well as share other developments within the organization.

Additionally, our president-elect, Ellie Balken, and fellow student pharmacists had the opportunity to attend the Summer Leadership Institute (SLI) over the course of three evenings this summer. Her report from SLI is as follows: "We began each evening with networking breakout rooms which allowed me to form connections with student pharmacists from both across the country and regionally.

A few key topics discussed include the importance of discovering and living your why, Clifton strengths, how to form and utilize campus and community connections, and the unveiling of this year's national APhA-ASP presidential theme, "Unity in Diversity." Following the conclusion of SLI, APhA-ASP hosted three weeks of virtual chapter officer sessions where many of SCAPP's executive board and committee co-chairs were able to attend a single night of leadership and networking specific to their designated position, learning skills essential for making the upcoming year more successful for our chapter!" We thank her for the leadership experience she brought to our organization.

For those of you who might have attended the State Fair, you may have seen our members performing patient care screenings. As we continue through the school year, we will have many more opportunities for patient care. We will look forward to working with SDPhA this semester and appreciate all your support.

Respectfully,
PETER STOFFEL



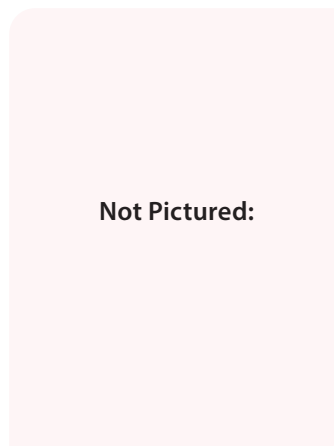
**SOUTH DAKOTA PHARMACISTS ASSOCIATION
135TH ANNUAL CONVENTION
AND THE AWARD WINNERS ARE...**



Amy Huntimer
Hustead Award – 2021 South Dakota
Pharmacist of the Year



Cheri Kraemer
Bowl of Hygeia Award



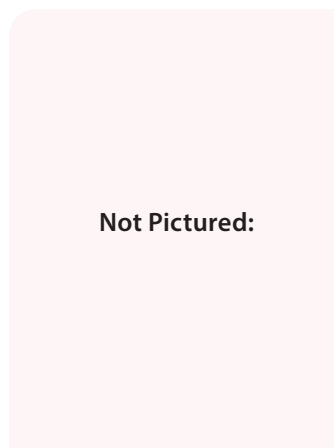
Cheryl Valburg
2021 Technician of the Year



Courtney Kjerstad
Distinguished Young Pharmacist
co-winner



Tyler Van Metre
Distinguished Young Pharmacist
co-winner



John McCloud
2021 Sales Person of the Year

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PHARMACY TECHNICIANS UNIVERSITY

THE BEST-IN-CLASS TRAINING PROGRAM FOR PHARMACY TECHNICIANS

FAQS

What is *Pharmacy Technicians University (PTU)*?

A comprehensive online pharmacy technician training program, designed for technicians of all levels that includes exam prep for the PTCE® and ExCPT exams, as well as the CSPT™ exam. *PTU* is engaging, self-paced, and interactive!

What does it cost?

SDPhA is committed to providing this program at the most reasonable rates possible. For more information: sdpha@sdpha.org

Why should I use *PTU*?

You will get:

- Easy-to-use and interesting course materials like videos and slides
- Modules divided into short parts you can complete at your own pace
- Knowledge checks and learning activities to help you remember what you learned
- Web-based training for access from any Internet-connected computer
- Thorough exam prep for PTCE®, ExCPT, and CSPT™ exams

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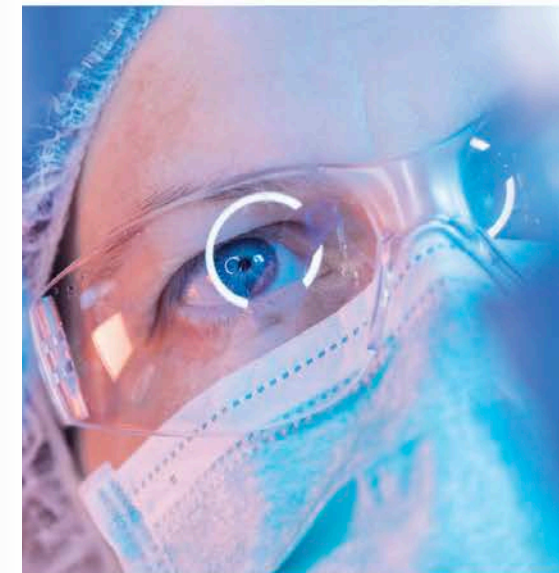
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PHARMACY TECHNICIANS UNIVERSITY *PTU ELITE: CSPT® PREP PROGRAM*

PREPARE YOUR TECHS FOR SUCCESS ON THE PTCB STERILE COMPOUNDING EXAM

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

pharmacy
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

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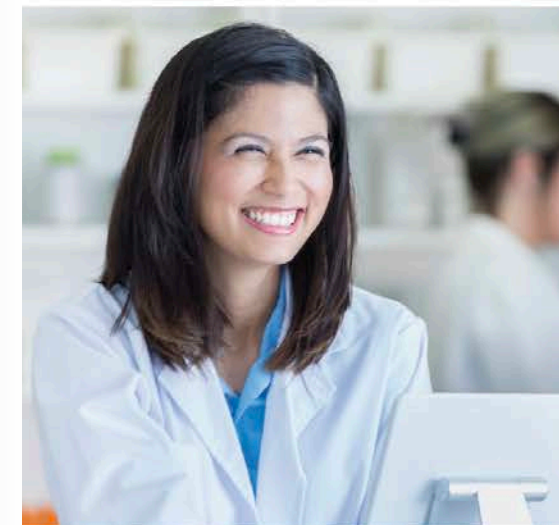
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PHARMACY TECHNICIANS UNIVERSITY PTU ELITE: SOFT SKILLS PROGRAM

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.

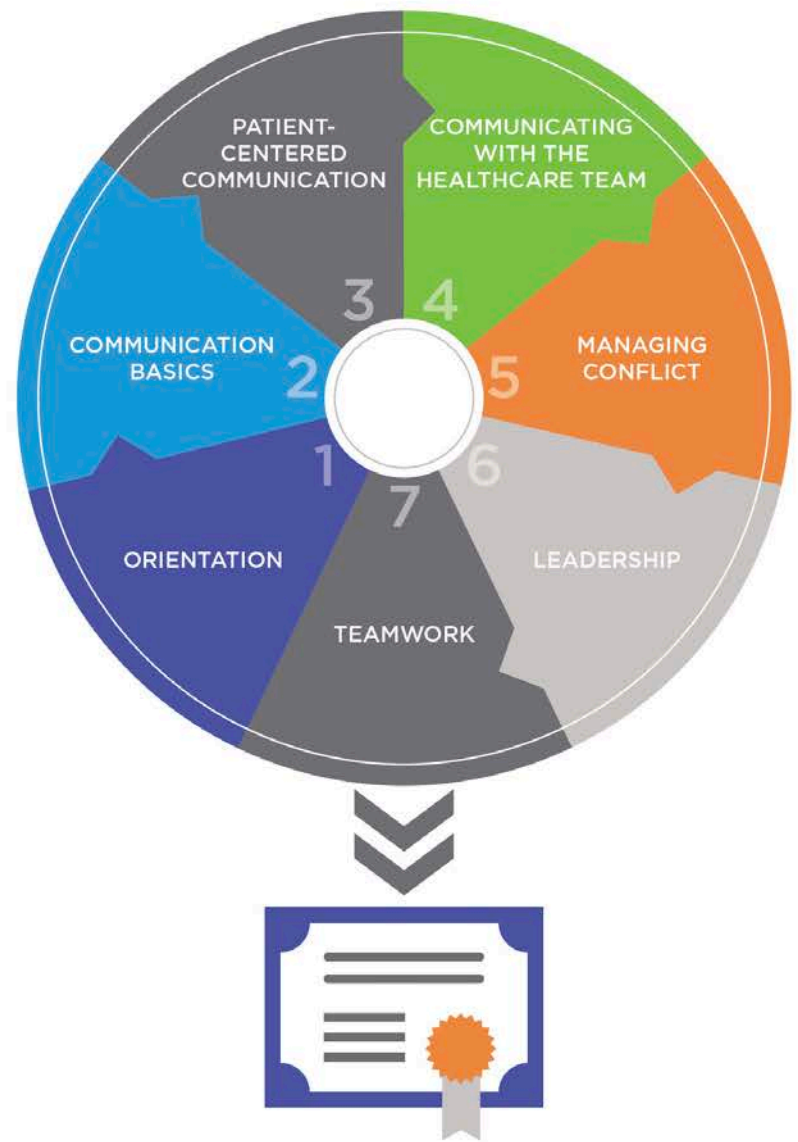
pharmacy
technicians
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The *PTU Elite: Soft Skills Program* is an 11-didactic-hour online solution that builds soft skills competency using video simulations, case studies, and real-world scenarios that are specific to pharmacy technicians and the pharmacy 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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2021/2022 COMMERCIAL & LEGISLATIVE DISTRICT DUES CONTRIBUTIONS

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ADDRESS _____

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EMPLOYER / COMPANY _____

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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 _____

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

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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 \$ _____

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CONTINUING EDUCATION *for* PHARMACISTS

CPE Monitor – The Electronic Continuing Education Tracking System for Pharmacy



Bernie Hendricks, RPh
Emeritus Continuing
Education Coordinator
South Dakota State University
College of Pharmacy

Knowledge-based CPE

Continuing Pharmacy Education (CPE)

Continuing pharmacy education is required for relicensure in all 50 states, along with the District of Columbia, Guam, and Puerto Rico.

CPE requirements vary from state to state regarding the number of contact hours required (annually or biennially), the composition of the CPE, and the format (live or home study). The number of CPE “contact hours” required for re-licensure ranges from 10 – 20 per year, depending on the state or territory. The most common requirements are “15 hours per year,” or “30 hours biennially,” or “12 hours per year.” Some states express their requirements in terms of continuing education units (CEUs), in which 1 CEU is equivalent to 10 “contact hours.”

Certain states require a set number of CPE hours in specified topic areas such as pharmacy law, or AIDS/HIV, safety, or pain management. And numerous states require that a specified number of hours must be completed as “live” (didactic) CPE. Some states allow a “carry-over” of hours, where extra hours of CPE earned in a given year are allowed to be carried over into the next reporting period.

South Dakota laws require that pharmacists earn 12 hours of CPE for re-licensure each year. Extra hours of CPE earned in a given year may be carried over to the succeeding cycle. Newly licensed pharmacists are pro-rated on CE requirements for re-licensure.

Glossary

CPE - continuing pharmacy education

CPE Monitor program - new electronic tracking service for CE (or CPE) earned by pharmacists and pharmacy technicians.

CPE Unit – continuing pharmacy education credit (hours) earned for a given program.

e-Profile account - an individual pharmacist or pharmacy technician’s personal account within the NABP national CPE Monitor database.

E-Profile ID number (ePID) – a unique, personal six-digit code (identifier) that will be generated for each pharmacist and pharmacy technician when they open their e-Profile account. This e-Profile ID number must be submitted by a participant in order for any CPE unit(s) to be properly credited / uploaded for a given CPE activity.

MM/DD - Month and day of a participant’s date of birth. Example: January 1 (0101). The “MM/DD” also must be submitted by a participant in order for any CPE unit(s) to be properly credited / uploaded for a given CPE activity.

CPE credit – tracking and verification

The CPE Monitor program is a new tracking service for continuing pharmacy education which is a “national collaborative effort between the National Association of Boards of Pharmacy® (NABP®) and the Accreditation Council for Pharmacy Education (ACPE).”

This program will electronically “store and authenticate data for completed CPE units,” for pharmacists and pharmacy technicians. To accomplish this, ACPE-accredited providers of continuing pharmacy education programs will upload verification to a participant’s e-Profile account, following successful completion of a given continuing education program.

Data will be stored in a central repository managed by NABP. Individual pharmacists and pharmacy technicians will be able to access the information in their own accounts, and Boards of Pharmacy will be able to verify CPE information of those seeking re-licensure. This electronic storage and authentication process should efficiently streamline subsequent tracking and verification of continuing pharmacy education credit. Paper copies of ACPE Statements of Credit for continuing pharmacy education units (CPE units) earned by pharmacists and pharmacy technicians will eventually be eliminated in this new, stream-lined process. Up until the time that a provider has fully transitioned to CPE Monitor, however, that provider will continue to issue hard-copy Statements of Credit.

Testing – implementation

By April of 2012 an NABP- ACPE pilot program had been completed, and nearly 50 ACPE-accredited providers had “transitioned their systems to transmit data” to the CPE Monitor database. These 50 providers are now requiring participants “e-Profile ID number” and “MM/DD” in order to earn CPE credit.

The balance of ACPE-accredited providers will be transitioning their systems during 2012, with full transition of all providers required by December 31, 2012.

ACPE noted that by April 2012 “more than 142,000 pharmacists and 62,000 pharmacy technicians” had set up their NABP e- Profiles for electronic transmission and tracking of their CPE units earned.

NABP has affirmed: “All information is maintained in a highly secure environment.” And “CPE Monitor will not track CPE from non-ACPE-accredited providers. Until this feature is provided in Phase 2, non-ACPE-accredited CPE will need to be submitted directly to the Board of Pharmacy.”

Registration / e-Profile ID

For step one, pharmacists and pharmacy technicians will be required to register with CPE Monitor on the NABP website (www.MyCPEmonitor.net) to obtain their NABP e-Profile ID (ePID). This unique ID number, along with a participant’s MMDD (month/day of date of birth) will be needed for the participant’s e-Profile account to be properly credited for earned CPE units.

e-Profile Account

In step two, Pharmacists and pharmacy technicians will also create individual e-Profile accounts in order to track their CPEs completed. e-Profile accounts can be created by going to www.NABP.net, then “CPE Monitor,” and then clicking on “create an e-Profile.”

Electronic Tracking

Following the successful completion of a given continuing education program, the ACPE-accredited provider of that program will transmit verification by uploading the appropriate credit award to the national database maintained jointly by ACPE and NABP, where it will be posted to the participant’s e- Profile account.

Case example 1: A pharmacist goes to an ACPE approved live program and earns credit for 3 separate CE sessions (1.5 hours, 2 hours, 1 hour). The ACPE-accredited provider, utilizing the participant’s e-Profile ID and MMDD, will upload verification of that credit to the participant’s e-Profile account citing the amount of credit, the Universal Program Identification number for each session completed, and relevant date(s).

The participant will then be able to log in to his/her account with the “username” and “password” established during the initial set-up to confirm the credit awards and comprehensive listings of past CPE units successfully completed and credited.

Note: If a participant logs in to his/her e-Profile account and notices that he/she has not been properly credited in the account, then the participant will need to contact the provider of that program to reconcile that credit issue.

Case example 2: A pharmacy technician submits two separate home study courses on pharmacy law (2 hours, 2 hours) to an ACPE-accredited provider. The provider then corrects the two post-tests submitted, and verifies completeness of additional requirements (evaluation, needs survey). Once successful completion of requirements has been determined, the provider of the two CPE programs will need the participant’s e-Profile ID number and MMDD to properly upload the appropriate credit, the Universal Program Identification Number, and the date(s) for the courses.

Learning Objectives – Pharmacist

1. Describe the CPE Monitor mechanism for tracking / verifying continuing education credits.
2. Name two primary benefits of the CPE Monitor program.
3. Describe the process for pharmacists to obtain an e-Profile ID.
4. Identify the two key pieces of information that a pharmacist will need to submit to be properly credited for successful completion of continuing education programs.
5. Describe the process of a pharmacist reviewing / verifying information on earned continuing education credits.

Learning Objectives – Pharmacy Technician

1. Describe the CPE Monitor mechanism for tracking / verifying continuing education credits.
2. Name two primary benefits of the CPE Monitor program.
3. Describe the process for pharmacy technicians to obtain an e-Profile ID .
4. Identify the two key pieces of information that a pharmacy technician will need to submit to be properly credited for successful completion of continuing education programs.
5. Describe the process of a pharmacy technician reviewing / verifying information on earned continuing education credits.

CONTINUING EDUCATION *for* PHARMACISTS

CPE Monitor – The Electronic Continuing Education Tracking System for Pharmacy

Note: If the participant has not obtained an e-Profile ID (ePID) in advance, then the provider will be required to put the credit verification 'on hold,' until the participant obtains the e-Profile ID and provides that and the MMDD (month/day of date of birth).

Records

Using their "**username**" and "**password**," pharmacists and pharmacy technicians **will be able to login to their e-Profile accounts** anytime to verify or confirm the number of CPE units (CE credits) that have been earned in a given period of time. They will also be able to print hard-copy records if they wish. Any discrepancies will need to be reconciled with the provider of a given program.

Boards of Pharmacy will also be able to access licensee accounts to insure that CE requirements have been met for re-licensure each year.

Note: A given Board of Pharmacy may independently verify information in e-profile accounts of those seeking re-licensure. Or a Board may require a pharmacist or pharmacy technician to print a hard copy report from their e-Profile account and submit with re-licensure application.

Benefits

Hard copy Statements of Credit will eventually be eliminated – thus avoiding the issue of lost copies and the subsequent tracking down of various providers for "replacement copies."

Boards of Pharmacy will be able to view e-Profile account verification of CPE units earned for re-licensure applications.

Licensees will also be able to print a hard-copy statement from their NABP e-Profile which verifies the accumulated CPE units earned for a given time period. And certain Boards of Pharmacy (or other "licensing jurisdictions") may require their pharmacists and pharmacy technicians to submit such a "hard copy" statement for re-licensure.

Reminders

Pharmacists and pharmacy technicians are advised to keep a good record of their e-Profile "Username" and "Password," in order to confirm that they have been properly credited for CE.

Following each live program event or home study course submitted, participants should verify on their individual e-Profile accounts that they have received the correct number of CPE units (credits) for that event or course. Participants should also periodically verify that they are on track for accumulating the proper number of credits for re-licensure as those dates approach.

60 days

Providers have only 60 days from the official date of a CPE activity to upload credit(s) to a pharmacist or pharmacy technician eProfile account. It is therefore important for participants to verify that CPE activity credits earned have been accurately uploaded, or to contact the Provider to request corrections, if needed.

Pharmacy students: If a pharmacy student would happen to establish an e-Profile account prior to becoming licensed as a pharmacist, that student would later need to go back into his/her e-Profile account to update that account with the pharmacist license number and state.

Troubleshooting

Pharmacists and pharmacy technicians who develop any problems setting up or accessing their accounts, printing statements, or verifying accumulated credit, are urged to contact NABP's Customer Service at 847-391-4406 or email them at custserv@nabp.net (or rcowan@nabp.net).

Additional information on CPE Monitor may be obtained by visiting www.MyCPEmonitor.net.

References:

1. NABP "Survey of Pharmacy Law 2012"
2. ACPE Resources

CPE Monitor – The Electronic Continuing Education Tracking System for Pharmacy

Continuing Education Quiz

1. Pharmacists and pharmacy technicians may obtain their new e-Profile ID number by:
 - A. Contacting their Board of Pharmacy
 - B. Logging in to the ACPE website
 - C. Logging in to the NABP website, www.MyCPEmonitor.net
 - D. Automatically receiving it when they license.
2. In order for a pharmacist or pharmacy technician to access their existing "NABP e-Profile" account, they will need to log in with their:
 - A. Username and Password
 - B. e-Profile ID Number and MMDD
 - C. Username, password, and e-Profile ID number
 - D. MM/DD and SSN
3. All ACPE-accredited providers have fully transitioned to the CPE Monitor system, and all pharmacists and pharmacy technicians are now required to obtain and submit their "e-Profile ID" number (ePID) and "MMDD" in order to insure the proper electronic transmission of CPE unit (CE credit) to their accounts.
 - A. True
 - B. False
4. All ACPE-accredited providers were be required to fully transition to the CPE Monitor electronic tracking system by
 - A. April 2012
 - B. July1, 2012
 - C. December 31, 2012
 - D. December 1, 2013
5. Continuing education credit earned that is not ACPE approved will automatically be included and properly credited into the CPE Monitor system, as of December 31, 2012.
 - A. True
 - B. False
6. Boards of Pharmacy or other "licensing jurisdictions" for pharmacist and pharmacy technician re-licensure applications:
 - A. May access individual e-Profile accounts to confirm that CE requirements have been met for a given time period.
 - B. May require pharmacists and pharmacy technicians to submit a paper statement from their e-Profile accounts for CE verification.
 - C. Either a or b
 - D. Neither a nor b
7. Boards of Pharmacy may continue to accept continuing education credits for re-licensure from non-ACPE accredited providers following the full implementation of CPE Monitor.
 - A. True
 - B. False
8. "Live" CPE and "home study CPE" credit earned by pharmacists and pharmacy technicians will both be treated the same by ACPE accredited Providers now that the CPE Monitor system has been fully implemented – with all credits uploaded to the CPE Monitor database
 - A. True
 - B. False
9. If a pharmacist or pharmacy technician checks their e-Profile account and notices that he/she has not been properly credited for a CE program successfully completed, that person should contact:
 - A. The Board of Pharmacy
 - B. Customer Service at NABP
 - C. Their local internet service provider (ISP)
 - D. The ACPE accredited provider of that program who would have been tasked with uploading the credit information.
10. If a person needs to submit an e-Profile ID (ePID) for a given CE program and has misplaced or cannot remember the number, then he/she should:
 - A. Log in to their e-Profile account to access the ePID
 - B. Call their state Board of Pharmacy
 - C. Call their state Pharmacists Association
 - D. All of the above.

All continuing pharmacy education courses developed by the South Dakota state University College of Pharmacy are intended to be balanced and non-commercial, not promoting or endorsing any commercial product or service. Disclosure statement: The author of this CPE has had no financial relationship with any party having any vested commercial interest in this program.

CE for PHARMACISTS

CPE Monitor – The Electronic Continuing Education Tracking System for Pharmacy

Knowledge-based CPE

To receive 1.0 Contact Hours (0.10 CEUs of continuing education credit, read the attached article and answer the 10 questions by circling the appropriate letter on the answer form below. A test score of 70% or better is required to earn 1.0 Contact Hours (0.10 CEUs) of continuing pharmacy education credit. 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.



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: #0063-0000-19-042-H03-P, #0063-0000-19-042-H03-T.

Learning Objectives – Pharmacists: 1. Describe the CPE Monitor mechanism for tracking / verifying continuing education credits; 2. Name two primary benefits of the CPE Monitor program; 3. Describe the process for pharmacists obtaining an e-Profile ID; 4. Identify the two key pieces of information that a pharmacist will soon need to submit to be properly credited for successful completion of continuing education programs; 5. Describe the process of a pharmacist reviewing / verifying information on earned continuing education credits. **Pharmacy Technicians:** 1. Describe the CPE Monitor mechanism for tracking / verifying continuing education credits; 2. Name two primary benefits of the CPE Monitor program; 3. Describe the process for pharmacy technicians obtaining an e-Profile ID; 4. Identify the two key pieces of information that a pharmacy technician will soon need to submit to be properly credited for successful completion of continuing education programs; 5. Describe the process of a pharmacy technician reviewing / verifying information on earned continuing education credits.

Circle Correct Answer: 1. A B C D 2. A B C D 3. A B 4. A B C D 5. A B 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:	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 balanced, noncommercial:	1	2	3	4	5	6	7
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: _____ PH: _____ INTEREST IN ADDITIONAL CE COURSES? Y / N

e-PROFILE ID # (ePID): _____ DATE OF BIRTH (MMDD): _____

Course release date: 7–29–19 / Expiration date: 7–29–22 / Target audience: Pharmacists, Pharmacy Technicians

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 / Scout.ForbesHurd@sdstate.edu

PHARMACY MARKETING GROUP, INC.

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.

Drug Recalls

As a young pharmacist, I experienced my first recall when the drug Oraflex (benoxaprofen) was taken off the market in 1982. The drug was effective in treating arthritis, but had some serious side effects. What I remember were patients telling us this was the only drug that worked for them and asking us to sell it to them rather than returning the drug to the manufacturer. Ultimately, we decided to send it back to the manufacturer. The recent recall of ranitidine and other products for nitrosamine impurities caused me to reflect on how little I understood recalls in 1982.

Drug recalls are voluntary actions taken by a manufacturer to remove a defective product from the marketplace. A recall can be initiated by the manufacturer or the Food and Drug Administration (FDA) can request a recall. Recalls are almost always voluntary by the manufacturer and FDA rarely requests a recall. FDA's role in a drug recall is the same as in the recall of other FDA regulated products; e.g. medical devices, cosmetics, food, etc. The agency's role is to classify the recall, to oversee the manufacturer's strategy, and assess the adequacy of the recall.

Recalls are classified by their severity. Class I recalls involve a dangerous or defective product that could cause serious health problems or death. Class II recalls involve products that could cause a temporary health problem or a slight threat of serious harm. Products involved in Class III recalls are unlikely to cause adverse health reactions, but the products violate labeling or manufacturing laws. You will not hear about every recall on the news. Public notification of a recall usually occurs when the product has been widely distributed or poses a serious health hazard, such as in a Class I recall. However, all recalls are posted weekly on the FDA website through their Enforcement Reports page. <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/enforcement-reports> You can also register to receive email notifications of new and updated recalls. Familiarizing yourself with current recalls will be beneficial when your patients contact you with a question about a recall. FDA recommends patients talk to their pharmacists about recalled medications. Class I recalls generally provide information specifically for patients, but other Class recalls do not. Being informed about current recalls will assist you in helping your patients get replacement therapies.

The ranitidine recall applied to both prescription and over-the-counter (OTC) versions of the drug. The recall notice advised patients to stop taking OTC ranitidine immediately, but to consult with their health care professional about other treatment options before discontinuing prescription ranitidine. These types of instruction will generate questions from your patients. Besides being aware of the recommendations for your patients, the recall notice will advise the pharmacy on the removal of the drug from stock and the return procedures.

From a liability perspective, you should follow the procedures outlined in the recall notice. Remove items from stock as instructed. Some recalls will advise you to contact patients currently taking a prescription product. Verify that you have or had the affected lots and notify your patients who received the affected lots as soon as practical. Keeping your computer system updated with current lot numbers and expiration dates of prescription products is crucial to being able to identify those who have received the recalled product. If you receive a new prescription after the recall notice, use the opportunity to help educate prescribers in your area. Be ready to suggest alternatives that are not affected by the recall. Needless to say, it is not a good idea to sell or dispense recalled products at the patient's request instead of following the return process in the recall notice. Another bad idea is compounding the recalled medication when the manufactured product isn't available due to a recall.

Rather than being a passive recipient of information, going online to regularly review recall notices will allow you to be proactive with you patients' therapies. Your patients will see you as a trusted partner in their healthcare. Follow the recall procedures, make sound professional judgments when necessary, and your patients will value your services even more.

© 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.



— AUDIT ALERT —

Are You Billing the Correct NDC?

PAAS National® is once again seeing recoupment on audits when a pharmacy bills the wrong NDC for the product dispensed. Unit-of-use packages like test strips, inhalers, and topical medications tend to have the most errors and are easily targeted on audits. If the quantity billed does not match the product size indicated by the NDC, some PBMs will charge back the entire claim! This can be true whether billing 45 g on a topical that come as a 50 g tube or billing the NDC for 50-count test strips and dispensing the 100-count package size (potentially leading to invoice audit errors or additional cost to plan). PBMs go after the latter when the cost of dispensing the larger package size is less than the cost for two smaller size packages. The pharmacy is expected to dispense the package size that costs less for the plan.



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

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PAAS Tips:

- Implement barcode scanner technology for product verification to prevent misfills
- Dispense the correct package size, closest to what the prescriber indicated, without going over the written quantity
- For topical medications, ensure the quantity billed matches tube size dispensed
 - > For example, do not submit the NDC for a 28 g tube but bill for 30 g
 - > Often, the last 2 digits of the NDC match the package size
- Contact the prescriber to confirm changing the quantity to the accurate manufacturer package size, especially if that package size is larger than originally prescribed
- If you need to dispense two smaller package sizes because the larger package size is backordered (e.g., dispensing two 15 g tubes instead of a 30 g tube), document this and print proof from your wholesaler that the larger package size was unavailable and attach it to the prescription
- If you are out of stock on the quantity prescribed but can order it from your wholesaler, do so if the patient can wait for it to come in
 - > If the patient cannot wait due to a true clinical need, document this on the hard copy
- Consider flagging shelves containing high risk items for package size errors to remind staff to doublecheck

FINANCIAL FORUM

*This series, **Financial Forum**, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.*

Why Having a Financial Professional Matters

A good professional provides important guidance and insight through the years.

What kind of role can a financial professional play for an investor? The answer: a very important one. While the value of such a relationship is hard to quantify, the intangible benefits may be significant and long-lasting. There are certain investors who turn to a financial professional with one goal in mind: the “alpha” objective of beating the market, quarter after quarter. Even Wall Street money managers fail at that task – and they fail routinely. At some point, these investors realize that their financial professional has no control over what happens in the market. They come to understand the real value of the relationship, which is about strategy, coaching, and understanding. A good financial professional can help an investor interpret today’s financial climate, determine objectives, and assess progress toward those goals. Alone, an investor may be challenged to do any of this effectively. Moreover, an uncoached investor may make self-defeating decisions. Today’s steady stream of instant information can prompt emotional behavior and blunders.

No investor is infallible. Investors can feel that way during a great market year, when every decision seems to work out well. Overconfidence can set in, and the reality that the market has occasional bad years can be forgotten. This is when irrational exuberance creeps in. A sudden Wall Street shock may lead an investor to sell low today, buy high tomorrow, and attempt to time the market. Market timing may be a factor in the following divergence: according to investment research firm DALBAR, U.S. stocks gained 10% a year on average from 1988-2018, yet the average equity investor’s portfolio returned just 4.1% annually in that period.¹

A good financial professional helps an investor commit to staying on track. Through subtle or overt coaching, the investor learns to take short-term ups and downs in stride and focus on the long term. A strategy is put in place, based on a defined investment policy and

target asset allocations with an eye on major financial goals. The client’s best interest is paramount. As the investor-professional relationship unfolds, the investor begins to notice the intangible ways the professional provides value. Insight and knowledge inform investment selection and portfolio construction. The professional explains the subtleties of investment classes and how potential risk often relates to potential reward. Perhaps most importantly, the professional helps the client get past the “noise” and “buzz” of the financial markets to see what is really important to his or her financial life. The investor gains a new level of understanding, a context for all the investing and saving. The effort to build wealth and retire well is not merely focused on “success,” but also on significance. This is the value a financial professional brings to the table. You cannot quantify it in dollar terms, but you can certainly appreciate it over time.

Citations.

1 - [cnbc.com/2019/07/31/youre-making-big-financial-mistakes-and-its-your-brains-fault.html](https://www.cnbc.com/2019/07/31/youre-making-big-financial-mistakes-and-its-your-brains-fault.html) [7/31/2019]

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- Eligible students must plan to practice in one of the following settings:
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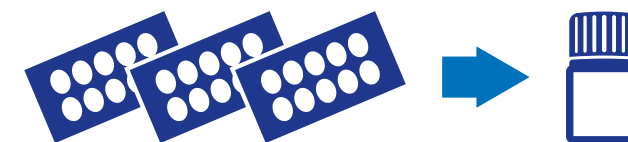
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RYBELSUS®
semaglutide tablets 7mg | 14mg

OBITUARIES

Carveth Thompson | October 25, 1932 – August 11, 2021



Carveth S. "Carv" Thompson, 88, South Dakota Hall of Fame member and former Faith resident, passed away August 11, 2021 at Lakeside Hospital in Omaha, NE.

He is survived by Margaret, his wife and partner of 62 years, his daughter and son-in-law Linda and Vince Aughenbaugh of Omaha, NE, and his son and daughter-in-law John and

Eva Thompson of Lead, SD, 8 grandkids, 5 great grandkids, and his sister Marilyn McDermott of Chandler, AZ.

He was preceded in death by his daughter Gayle Van Dam, his brother Cullen Thompson, and his parents Odin and Blanche Thompson.

Carv was born October 25th, 1932 in Faith, South Dakota and spent the majority of his life there. He graduated from Faith High School in 1950, and earned a Pharmacy Degree from SDSU in 1954. In 1955 Carv served his country as a US Army Medical Service Officer for 2 years of duty in Japan.

In 1958, Carv purchased the Faith drug store from his parents and renamed it Thompson Drug. In 1959, he married Margaret King in Plainview, SD and started their family.

Carv & Marg owned and operated Thompson Drug until 2002. During those years, they expanded the Thompson Drug chain to 6 additional stores in the South Dakota cities of Phillip, Deadwood, Lead, Eagle Butte, Lemmon and McLaughlin. They spearheaded Faith's Prairie Oasis Mall development, and owned & operated various other businesses in Faith and other communities.

Carv was a voracious Faith Country supporter and worked tirelessly to help promote and improve the community. Working with other community leaders and many volunteers, Carv's civic accomplishments included helping to build a new grandstand, pushing to pave the city streets, and heading up the fundraising to build a new school.

His biggest tool for promoting Faith was his morning show on KBHB radio, the FAITH AREA NEWS. Heard every Monday through Friday at 10:00 o'clock, Carv delivered local news, weather, sports, market reports, community happenings, school news, interviews and local politics. The show was also used for multiple fundraising purposes including civic events, volunteer organizations and people in need, raising thousands of dollars.

Carv would broadcast the show from his office at Thompson Drug and occasionally from various places all over the country for 28 years.

Carv was also on local television, and for many years volunteered as host of the Rapid City Segment of the National Muscular Dystrophy Association's annual Labor Day telethon.

Carv was active in politics and was appointed to serve on several committees including the South Dakota Board of Pharmacy and the South Dakota Gaming Commission. He was also appointed to a 2-year term in the South Dakota House of Representatives and won re-election to another term.

In 1972, Carv was the Republican candidate for South Dakota Governor, losing to incumbent Richard Kneip.

One of Carv's passions was coordinating events, and he was proud to be the driving force of the annual Faith Stock Show and Rodeo from 1964 to 1992. With a team of volunteers, Carv made sure the rodeos, parades, concerts, dances and community events ran like clockwork for 5 days every August.

He was instrumental in bringing national country music artists to the Stock Show for concerts, including George Strait, Loretta Lynn, Charley Pride, the Statler Brothers, Ronnie Milsap and Chris LeDoux.

His successful involvement with the Faith Stock Show and Rodeo led to an appointment to the South Dakota State Fair Commission where he served 13 years as Chairman and Entertainment Director.

It also led to a late-life career as Production Manager and Talent Coordinator with Romeo Entertainment Group of Omaha, NE. With Margaret's help, Carv produced concerts at fairs and festivals in 10 different states and in Canada for many years until they retired.

In 2012, Carv was selected as a member of the South Dakota Hall of Fame. He received many awards, accolades and recognition during his lifetime, but he was most proud of this one.

In 2015 Carv and Marg moved to Omaha to spend their remaining years near daughter Linda and family. There they celebrated all holidays, birthdays, special events and anniversaries surrounded by family and friends.

On July 16, 2021, Carv, a 2-time prostate cancer & heart disease survivor, suffered a heart attack and stroke. He was admitted to Lakeside Hospital in Omaha where he died peacefully in his sleep August 11, 2021. Carv's body was donated to science in care of the University of Nebraska Medical Center and Creighton University.

OBITUARIES

Barry Eugene Weber | August 15, 1950 – July 24, 2021



Barry Eugene Weber, age 70, passed away Saturday, July 24, 2021 at Dougherty Hospice House in Sioux Falls, South Dakota.

Barry was born August 15, 1950 to Frank and Thelma (Dreyer) Weber. He grew up on a farm west of Seneca, SD that he very much enjoyed. Barry was nicknamed "Cookie" by his dad because he ate so many of them. During the summer, he enjoyed

playing baseball.

Barry attended North Canton Country School. Barry graduated from Faulkton High School in 1968. Barry attended South Dakota State University in Brookings, where he also participated in ROTC. He received his degree in 1973. In 1974, Barry joined the Army Reserve in Fort Huachuca, AZ, before moving to Sioux Falls. In 1982, Barry began his 25-year career in pharmaceutical sales, in which he worked for multiple

companies traveling throughout eastern South Dakota and south-western Minnesota.

Barry was involved in many Church activities including Mayor Prayer Breakfast, BSF Bible Studies, and LifeLight Christian Concert Festival. He was on the board of two church councils and involved with Billy Graham and Franklin Graham Crusades.

In 2012, Barry met the love of his life, Karin Scott. The two were married in 2020. He loved her with all his heart.

Barry is survived by his wife, Karin; two children, son Kyle Weber of Hudson, SD and daughter Karissa (Joe) Addams of Sioux Falls; granddaughter, Ashley Addams of Sioux Falls; step-daughters, Kayla and Erica Scott both of Sioux Falls; brother, Richard (Pat) Weber of Seneca, SD; sisters, DeeAnn Lovett of Arlington, SD and Sherlyn (Gary) Karber of Brookings, SD; and many other family and special friends.

Barry was preceded in death by his parents and his brother-in-law, Al Lovett.

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