

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

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R^X LEAGUE
**TOGETHER
AGAIN**



SOUTH DAKOTA PHARMACISTS ASSOCIATION 135TH ANNUAL CONVENTION

***Spearfish Holiday Inn Convention Center
September 17–18, 2021*** ★



SUMMER EDITION 2021

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

South Dakota Pharmacists Association

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PRESCRIPTION DRUG MONITORING PROGRAM

Melissa DeNoon, Director

Melanie Houg, Assistant

2021 Calendar

JULY

- 4 Independence Day
- 5 SDPhA Office Closed
- 19–22 American Association of Colleges of Pharmacy (AACP) Annual Meeting
Virtual
- 23 20th Annual GVR Society Open Golf Classic
Hartford, SD

AUGUST

- 4 Medical Marijuana Subcommittee Meeting
South Dakota State Capitol, Room 362
10 am CDT
- 23–24 NACDS Total Store Expo
Virtual

SEPTEMBER

- 1 Medical Marijuana Subcommittee Meeting
South Dakota State Capitol, Room 362
10 am CDT
- 16 South Dakota Board of Pharmacy Meeting
Spearfish Holiday Inn & Convention Center
1-5 pm MDT
- 17–18 South Dakota Pharmacists Association
135th Annual Convention
Spearfish Holiday Inn & Convention Center

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

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



Director's COMMENTS

Amanda Bacon // SDPhA Executive Director



There hasn't been the typical moment to catch our breath coming out of legislative session this year. Continued work regarding the pandemic, national advocacy work, the legislative Interim committee, and laying the groundwork for enhanced PBM efforts, as well as now planning for a live convention in September – have meant an extremely busy start to the “off-season” for the SDPhA office.

SPRING DISTRICT MEETINGS

Due to continued COVID-19 protocols, Spring District meetings again took place via Zoom. This Spring meeting is the most important district meeting of the year, as the Fall meeting is now optional. Districts addressed many important items, including the election or re-election of district officers; nominations for the state association board of directors; and the recognition and nomination of worthy pharmacists, reps and technicians to be considered by the Executive Board for the awards presented at our annual meeting. We look forward to restoring these to in-person functions in 2022.

SDPhA BOARD RETREAT

After more than a year of meeting only via Zoom due to the pandemic, the SDPhA board was able to meet in person for the annual retreat. The board always uses this time together to tackle some of the association's biggest tasks, such as strategic planning and legislative goals for the coming year, continuing education opportunities and agenda items for the annual meeting and convention, setting the budget, and selection of annual award winners. It was fantastic to collaborate and fellowship together in the same room!

SDPHA 135TH ANNUAL CONVENTION

As previously announced, SDPhA will move forward with the 135th annual meeting in person Sept. 17-18 in Spearfish, SD. After carefully evaluating the needs survey sent to nearly 100 potential sponsors and exhibitors, the board decided to move forward with an in-person event. In order to best meet the needs of those vendors who are able to travel, SDPhA will follow the CDC guidelines for large gatherings, whatever they may be, at the time of the event. Online registration will launch with the launch of the new website (more on that on page 20). We look forward to bringing our pharmacists, technicians, students and industry partners back together again, and celebrating

the pharmacy superheroes who stood (and continue stand) on the front line of the COVID-19 pandemic.

MARIJUANA INTERIM LEGISLATIVE STUDY

With IM 26 (medical marijuana) having become law July 1, and everyone awaiting the South Dakota State Supreme Court decision on Amendment A (recreational or adult use marijuana) the legislature is working through a summer study tackling both issues. SDPhA has been actively engaged in this process. The first interim study committee meeting took place May 26-27. At the request of the chairman, SDPhA provided testimony from the pharmacy perspective. Jeremy Daniel, PharmD, BCPS, BCPP, provided committee members with exceptional insight into the clinical facts around medical marijuana, its actual effectiveness on certain disease states, and how it interacts with medications. SDPhA has not taken a position on this issue, but has worked hard to position pharmacists as the medication experts and a trusted resource. Throughout testimony, there has been a call, particularly from law enforcement, that since IM 26 labels marijuana as medicine, it should be treated as such, and handled through the same distribution channels. We've had numerous conversations and calls with lawmakers and law officers detailing the fact that the Drug Enforcement Agency (DEA), maintains marijuana as a Schedule I drug. That means the consequences to a pharmacist/pharmacy could be devastating. These conversations are ongoing, as is the interim study, and we will continue to participate in the process. The Department of Health is scheduled to start issuing certification cards to patients and caregivers by mid-November.

IM 26 OVERSIGHT COMMITTEE

Initiated Measure 26 requires the creation of an oversight committee, and South Dakota pharmacists will have a seat at the table. On June 2, Eric Grocott, a past president of SDPhA, was appointed to the 14-member oversight committee by the executive board of the Legislative Research Council. The committee's role is to review and advise on medical marijuana in South Dakota.

PBM REFORM WORKGROUP

The Supreme Court's unanimous ruling in the Rutledge case set off a flurry of legislative activity in many states, including South Dakota. While the ruling does not end DIR fees or unfair reimbursement, the Court held that the Employee Retirement Income Securities Act of 1974 (ERISA) does NOT prevent states from regulating the pricing or rates that Pharmacy Benefit Managers (PBMs) pay pharmacies for dispensing prescriptions to beneficiaries on ERISA plans (plans that are sponsored by a private employer or union). In other words, it means state laws that address pricing

and rates apply to ERISA plans, which PBMs had claimed were exempt from the state laws. Provisions such as reimbursements to pharmacies, MAC transparency, and the ability to decline to dispense prescriptions in the face of negative reimbursements all fall within the state's authority to regulate ERISA plans. Additionally, ERISA plans should be subject to reimbursement floors and prohibitions on retroactive claim reductions.

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 clause laws, 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. Now, the Rutledge ruling gives us more backing to strengthen our laws. SDPhA is working together with other stakeholders to establish the best path forward to tackle this issue in the 2022 legislative session. Workgroup meetings are already underway, and SDPhA has also met with representatives of the state to gauge their interest and support. It will take a concentrated effort from all parties to garner the needed support. We look forward to sharing more details on these efforts at the annual meeting in Spearfish.

WILKE V. PCMA

On a similar note, SDPhA has signed on to participate as Amicus Curiae in Wilke Vs PCMA (8th Cir.). In 2017, the State of North Dakota enacted comprehensive legislation to regulate many PBM practices the State perceived as abusive to patients and pharmacies. Among other things, North Dakota regulates the disclosure of the fees that PBMs charge pharmacies and the use by PBMs of esoteric accreditation and certification standards that restrict pharmacy access. In addition, North Dakota limits arbitrary and costly restrictions in PBM contracts designed to steer patients to PBM-affiliated pharmacies, and it has prohibited copay claw-backs and the use of gag clauses to prevent pharmacists from disclosing drug price information to patients.

Before North Dakota's law went into effect, the Pharmaceutical Care Management Association (PCMA), the lobbying arm of the PBM industry, sued to prevent the State from enforcing its PBM law. PCMA's lawsuit claimed that two federal laws, the Employee Retirement Income Security Act of 1974 (ERISA) and Medicare Part D, prevent North Dakota from regulating PBMs. The U.S. Court of Appeals for the Eighth Circuit agreed, invalidating North Dakota's PBM law in its entirety. However, in light of the Rutledge case decision,

the Supreme Court issued an order granting North Dakota's petition for review, vacated the Eighth Circuit's decision, and sent the case back to the Eighth Circuit for further consideration.

PCMA argue Rutledge is limited to state laws that regulate the rates at which PBMs reimburse pharmacies, and says ERISA and Medicare Part D preempt any other State law regulating PBMs. An adverse decision in Wilke could severely limit the States' ability to regulate PBMs. South Dakota, like Arkansas and North Dakota, is in the 8th circuit, so what happens with these cases sets a precedent for how we move forward addressing PBMs in our state.

COMMERCIAL & LEGISLATIVE FUND

All of this legislative work leads us here – to the very important role the Commercial and Legislative Fund plays in our ability to move forward with PBM reform, and other legislative priorities. The C&L Fund is separate from the SDPhA general accounts. It is used to support the legislative work we do, and relies nearly exclusively on contributions. Lobbying is an expensive, but necessary function, so the importance of this fund cannot be overstated. It is critical, and assists SDPhA in the protection and promotion of the profession during the Legislative Session. Unfortunately, the C&L fund is reaching a critically low level.

As we roll out the new website, and mount an effort to strengthen our state PBM laws, you will see more focus on sustaining this essential fund. We will highlight the work we do with it, how you can contribute, and why it's more important now than ever to do so. We need support to continue to ensure our seat at the table in Pierre. You can expect to see reminders in your email and on social media to contribute. You can easily contribute at sdpha.org, or send a check to SDPhA, P.O. Box 518, Pierre, SD 57501. We need to have the financial resources available to fully swing into action on bills and policy that affect pharmacists in South Dakota. During 2020/2021, we expended around \$12,000 to fund lobbying activities. Fund contributions again fell well short of the amount needed to continue to support a lobbyist. Simply put, we can't retain our Lobbyist, Bob Riter and his partner Lindsey Riter-Rapp without this support. **Thank you to all those who have, and continue to support our efforts!**

Respectfully,

AMANDA BACON

President's PERSPECTIVE

Dana Darger, RPh // SDPhA Board President



Dear Friends in Pharmacy,

Over the last 10 months I have been sharing with you the things that have allowed me to spend nearly 50 years working in pharmacy and still absolutely loving what I do. I shared with you about the need, the inevitability, and the acceptance of change. I wrote to you about hope when seen through the eyes of child and their unfettered

belief in Santa Claus. I wrote to you about measuring your happiness and finding those things in your work that fill you with happiness. Today I am writing to you about 2 rules that I live by and use to empower my staff to take care of our patients.

RULE #1

This rule is short and simple. "Just take care of the patient." Most of the time the policies and procedures that we have allow us to take care of the patients without any question or hesitation, but every once in a while, an exception gets thrown into the mix. You apply the Rule #1 like this: tell me that you would want me to do the same thing for your grandmother or someone else that you love and that's what I want you to do for someone else's grandmother. Policies should guide us most of the time, but when they don't fit, "just take care of the patient." The only caveat to Rule #1 is, please don't break the law. I can fix everything else.

RULE #2

This one is also very short too. "Do the right thing." It's really just like rule #1, but it applies to everything that is not related to one of our patients. It could be a veterinarian calling to see if they could obtain Vit K from us for a dog that ate some rat poison. It could be someone asking us for a copy of a policy. It could be another hospital calling and asking for help or advice on how to take care of one of their patients. I tell my staff all the time that once someone else asks us for help, that is now our patient and we can't say, "sorry we can't help you, because he isn't our patient."

These rules don't mean that we don't need to be good stewards of our resources or that we can ignore the budget. However, when applied and used judiciously the budget will take care of itself. Fiscal year 2020 was the first time that my team was unable to make budget. There was no way when COVID hit that we would make budget. When we do the right things for our patients for the right reasons the budget will take care of itself.

I have lived by these rules for most of my career and it helps my job satisfaction in more ways than I can count. I know every day I show up for work and I focus on the taking care of my patients and doing the right thing my happiness score improves. My ability to see the need for change and accept the change as necessary to take care of those patients is much higher. And most importantly I have hope for the future of our profession and our ability to give our patients the gift of our care and compassion. My prayer for all of you is that you will love what you do as much as I have for as long as I have.

DANA

South Dakota BOARD of PHARMACY

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



BOARD WELCOMES NEW REGISTERED PHARMACISTS /PHARMACIES

Congratulations to the following 25 candidates who recently met licensure requirements and became licensed as new pharmacists in South Dakota (SD): Danielle Blais, Alyssa Boesche, Lauren Dolly, Adam Goetz, Paige Harmon, James Harnois, Melanie Heeren, Jessica Henter, Kailyn Hochstein,

Robert Juenemann, Lucas Kraemer, Alexandra Lakness, Abby Lingle, Chelsea Morken, Lindsay Newenhouse, Randy Nicoski, Ami Patel, Max Pierson, Rachel Propst, Kelli Semerad, Natalie Sovell, Colton Trowbridge, Artur Volkotrub, Chloe Williams, and Michael Zucarelli.

There were three SD full-time pharmacy licenses issued: Hy-Vee, Inc dba Hy-Vee Pharmacy (3633), change of ownership, Hartford, License #200-2071; Vytal Pharmacy, Sioux Falls, License #100-2072; and Brown Pharmacy, LLC dba Downtown Drug, Watertown, License #100-2023. There were three SD part-time pharmacy licenses issued: Pharmacy Corporation of America dba Avantara Groton, Groton, License #200-1738; Pharmacy Corporation of America dba Avantara Redfield, Redfield, License #200-1739; and Pharmacy Corporation of America dba Avantara Norton, Sioux Falls, License # 200-1740. There was one new SD wholesale license issued in the quarter: Animart LLC dba Armor Animal Health, Sioux Falls, License # 600-3284.

WHAT SHOULD A PHARMACIST DO WHEN A PRESCRIPTION APPEARS TO BE FRAUDULENT? By Melissa Denoon

This has become a very popular question from SD pharmacists to Board of Pharmacy staff. Pharmacists' radar is on high alert as SD continues to be a target for fraudulent prescriptions, especially for promethazine with codeine syrup. Board staff put together the following recommendations to follow if a prescription is suspected of being fraudulent:

- 1) Contact the prescriber to determine legitimacy of the prescription using a phone number on file with the pharmacy or found through an independent search, especially if the prescription was communicated by telephone.
- 2) If the prescriber cannot be contacted to verify legitimacy of the prescription, i.e. after hours, inform the patient the

prescription needs to be verified by speaking with the prescriber. If the patient presented a hard copy and now asks for the prescription hard copy back, make a photocopy for evidence, if possible, and then comply since legitimacy has not been verified. Pharmacy staff safety is most important, especially if it is suspected the individual could become violent.

3) If the prescriber is contacted and verifies the prescription is fraudulent:

a. Inform the prescriber that company/store policy on fraudulent prescriptions will be followed which typically involves contacting local law enforcement. If the pharmacy does not have a written policy, start with contacting local law enforcement.

b. If possible, obtain and make a photocopy of the government issued identification of the individual who presents or comes to pick up the prescription to provide to law enforcement.

c. Contact the Board of Pharmacy office with details of the fraudulent prescription so an alert can be emailed to SD pharmacists.

d. **Most importantly, be aware that the individual does not need to purchase the product on the forged prescription, as merely the possession of the forged prescription is a felony.**

ARSD 22-39-38. Possessing a forged instrument—Knowledge—Intent—Felony. Any person who, with the intent to defraud, possesses any forged instrument with the knowledge that the instrument has been forged is guilty of possessing a forged instrument. Possessing a forged instrument is a Class 6 felony.

HHS EXPANDS ACCESS TO LIFESAVING ADDICTION TREATMENT

In late April, the United States Department of Health and Human Services (HHS) issued new buprenorphine practice guidelines allowing practitioners who are state licensed and registered by Drug Enforcement Administration (DEA) to have the ability to more easily prescribe buprenorphine to 30 or fewer patients with opioid use disorder (OUD). If the practitioner wants to prescribe Medication Assisted Treatment (MAT), a notice of intent (NOI) needs to be submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA), after which the DEA is notified and the practitioner is provided with an "X" DEA number. Eligible practitioners are exempt from the training requirements, often cited as barriers, if they choose to treat 30 or fewer patients. Physicians may still become fully Data

South Dakota BOARD of PHARMACY

(continued)

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>

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<https://pmpclearinghouse.net>

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

www.NABP.pharmacy

Waived to serve more than 30 patients through SAMHSA. NABP and bipartisan lawmakers continue to push for Congress to pass the Mainstreaming Addiction Treatment Act (MAT Act), which would permanently remove the DEA X-waiver and lay the groundwork for states to utilize pharmacists to provide medication-assisted treatment (MAT). As part of his 2020-2021 presidential initiative, former NABP President Timothy D. Fensky, RPh, DPh, FACA, along with NABP and its member boards, have urged Congress to pass the MAT Act to allow states to recognize pharmacists as MAT providers for patients diagnosed with OUD. (Excerpted from NABP Quarterly News)

NABP WEBSITE UPDATES

Among substantial upgrades to the NABP.pharmacy website is a section under the "Resources" tab entitled "Consumer Resources." The Board office is often asked questions about the safety of mail order pharmacies in Canada and other countries. In this "Consumer Resources" section, under "Buy Safely," a website address for an online pharmacy may be entered into the page to determine if it is considered a safe site or not. NABP has researched the safety of thousands of online sellers and have identified over 25,000 online pharmacies who are operating contrary to state or federal law. Consumers can benefit greatly from this information.

PDMP UPDATE by Melissa DeNoon

The South Dakota Prescription Drug Monitoring Program (PDMP) announced on April 14, 2021, that interstate data sharing was set up with Nebraska. A separate search request needs to be performed for Nebraska by following these steps: 1) Navigate on the "Patient Request" screen to the section titled, "Also Search", then 2) Click on the "RxCheck" tab, select "Nebraska", then click "Search". PLEASE NOTE: All other states that are available for search need to be selected on the "PMP Interconnect" tab in the "Also Search" section and will require a second search request to be performed.

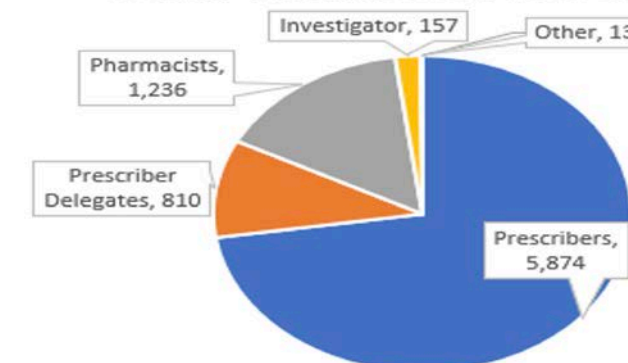
The PDMP compiles monthly and year-over-year program data for informative and evaluative purposes. The following are some of the data sets from these analyses:

April Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	12,363	664,826	154,912	54
TRAMADOL HCL	9,822	598,282	167,110	61
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF	7,959	352,126	236,972	44
LORAZEPAM	6,676	284,263	144,432	43
CLONAZEPAM	6,044	325,168	177,138	54
ZOLPIDEM TARTRATE	5,976	205,509	204,674	34
METHYLPHENIDATE HCL	5,420	228,794	162,657	42
OXYCODONE HCL	4,362	222,649	53,706	51
ALPRAZOLAM	4,144	217,998	107,287	53
LISDEXAMFETAMINE DIMESYLATE	3,602	109,517	107,980	30

Clinical Alerts Measures	Total Alerts for All Prescribers	Total Prescribers Received Alerts	Prescriber/Dispenser Alerts	Daily Active MME Threshold Alerts	Opioid & Benzo Threshold Alerts
2018 Totals	90,879	13,029	515	34,592	55,772
2019 Totals	72,963	12,350	407	25,949	46,607
2020 Totals	66,931	11,579	229	22,389	44,313

Year 2020 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx	2019 Rank	2018 Rank
HYDROCODONE BITARTRATE/ACETAMINOPHEN	145,862	8,163,653	1,903,727	56	1	1
TRAMADOL HCL	117,316	7,462,916	2,028,465	64	2	2
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	84,146	3,850,061	2,515,776	46	4	6
LORAZEPAM	83,383	3,624,931	1,822,438	43	3	3
CLONAZEPAM	74,180	4,044,728	2,177,195	55	5	5
ZOLPIDEM TARTRATE	72,381	2,494,954	2,494,698	34	6	4
METHYLPHENIDATE HCL	59,198	2,558,605	1,776,849	43	7	7
ALPRAZOLAM	51,106	2,730,626	1,335,811	53	8	8
OXYCODONE HCL	48,042	2,726,177	675,526	57	9	9
LISDEXAMFETAMINE DIMESYLATE	40,550	1,232,607	1,219,092	30	10	10

SD PMP AWARe Users as of Q1 2021



Respectfully submitted, for the Board,

KARI SHANARD-KOENDERS

South Dakota SOCIETY of HEALTH- SYSTEM PHARMACISTS

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



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

It's hard to believe we're already in July. The summers seem to keep going faster and faster each year. More events are taking place in person, and SDSHP is excited to begin holding social events again this fall.

The **45th Annual Conference** was held virtually in April and went very well! 12 hours of CE were available from the comfort of your living room and it was a pleasure to work with SDSU's new CE Coordinator, Scout Forbes-Hurd, to pull off SDSHP's first (and hopefully only) virtual conference! I am personally thankful for the flexibility of our speakers and their commitment to delivering high-quality education regardless of format. We had 109 registrants for the conference, and though this was a little lower than normal, this year has been anything but normal. Though there were many positives, I'll highlight the 100% online evaluations and CE credit verification, and the residents having the opportunity to present their hard work and research to all conference attendees instead of only whoever stopped by their poster. We're excited to get back to an in-person conference in April 2022 when the Annual Meeting heads West River to the Lodge at Deadwood on April 8th and 9th.

Our Board of Directors approved **SDSHP's 2021-2022 Strategic Plan** earlier this spring. This plan will help guide SDSHP's efforts until the 2022 Annual Meeting. A few highlights from our plan over the next year include adjusting our delegate reporting process to increase member engagement on a national level, developing diversity/equity/inclusion-based CE, and reworking

our website and social media platforms. Additionally, I'm excited to continue to build on Past President Haylee Allen's work growing our online CE presence in collaboration with SDSU.

The **10th Annual SDSHP Residency Conference** is scheduled for the afternoons of July 19th and 20th. Our resident liaison, Courtney Younge, has been working hard to deliver another high level meeting for our residents across the state. To make sure all residents are able to attend, we will be hosting this conference virtually again this year. It will be a great opportunity for our residents to gain knowledge on a variety of useful topics for the residency year and network to build professional working relationships across the state.

The **19th Annual GVR Open Society Golf Classic** is also rapidly approaching! It will be held Friday July 23rd at the Central Valley Golf Course in Hartford, SD. This event supports SDSU student pharmacists by providing academic scholarships and funding for travel to the ASHP Clinical Skills Competition in December. Even though SDSHP is hosting, this event is open to all golfers! You do not have to be a member of SDSHP to play. To register online, visit sdshp.com and click the word "Events" up at the top!

There are a lot of exciting things planned with SDSHP this year! We invite you to stay involved and periodically take a look at our website (www.sdshp.com) or our Facebook to see what's happening next!

Respectfully submitted,

JEREMY DANIEL

SDSU COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS



Dan Hansen, PharmD // Dean and Professor

Greetings from the College of Pharmacy and Allied Health Professions!

I am excited to share that we were able to hold a modified in-person hooding ceremony for our P4 students this May. We celebrated the outstanding achievements of 75 graduates who received their Doctor of Pharmacy hoods. We honored the graduates' accomplishments

and learned of their employment plans. Thirty-five of the 2021 PharmD graduates matched with a PGY1 residency program (47% of the class). SDSU's match rate of 79.5% exceeded the national match rate of 67%. The graduates will be completing their residencies throughout the United States, with the highest numbers in South Dakota and Minnesota.

The College's research program continues to be successful. I am proud to announce the College's Department of Pharmaceutical Sciences Governor's Research Center proposal was selected as one of the recipients to receive \$3.9 million over five years to establish the 3D (Drug, Disease, and Delivery) Research Center. The Center will advance research commercialization for cancers and other diseases through academic, industry and clinical partnerships. The funding will help elevate the Department's collaborative research efforts and the graduate program. This spring, Dr. Tummala was selected to receive funding through the FY22 RSCA Challenge Fund, which is facilitated through South Dakota State University. Two grants were approved for another year of funding. First, Dr. Pinto and team were approved for a 4th year of funding for a five-year contract with the South Dakota Department of Health which creates a statewide community-based practice model to improve the health of Americans through prevention and management of diabetes, heart disease, and stroke. The approved funding for the fourth year increased from \$500,000 to \$800,000. This work has a significant impact on the lives of people across South Dakota. Second, Dr. Jennifer Ball received another year of grant funding through the Department of Social Services. In 2021-2022, Dr. Ball's team will receive \$329,309. This grant focuses on provision of training and education to pharmacy students, medical residents, medical students,

nursing students, and practicing healthcare professionals. It also allows the Center for Family Medicine (CFM) to offer addiction services at lower cost to patients to increase access to care. This year CFM is hoping to further enhance their offerings by developing a prenatal and postnatal support group, with parenting education, to try to break the cycle of intergenerational harm.

This spring, the College was approved to offer an M.S. in Pharmaceutical Sciences. The base curriculum from the Ph.D. in Pharmaceutical Sciences program is shared with the M.S. program with additional required courses and electives. Additionally, the Respiratory Care program was selected by the Commission on Accreditation for Respiratory Care (CoARC) to receive the Distinguished RRT Credentialing Success Award. This award recognizes a program's success in inspiring its graduates to achieve their highest educational and professional aspirations.

FACULTY & STAFF CONGRATULATIONS:

The College has an exceptional team of faculty and staff.

- Dr. Joe Berendse received the Excellence in Teaching Award.
- Dr. Teresa Seefeldt received the Students' Association Teacher of the Year & the Honors College Teacher of the Year awards.
- Dr. Aaron Hunt received the Diversity, Equity, and Inclusion Award.
- Nathan Bylander received the Community Service & Outreach Award.
- Sue Fierstine received the College Staff Award.
- Dr. Bill Hayes achieved the rank of full professor. He also received the Excellence in Research and Scholarly Activity Award.
- Dr. Joshua Reineke achieved tenure and was promoted to associate professor. He also received the College's Outstanding Researcher Award.
- Dr. Wenfeng An received the F.O. Butler Award for Excellence in Research.

Dr. Pinto is the 2021 Community Pharmacy Innovation in Quality (CPIQ) Award winner. The CPIQ Awards recognize high performance for a pioneering individual practitioner and an innovative community pharmacy practice that result in improvements in quality of care, medication optimization and patient outcomes. This is a remarkable achievement.



(continued)

STUDENT AWARDS:

At the Honors College's Convocation, several of our students were recognized for various achievements.

- Annika Skogg received the Excellence in Academics Award.
- Lindsey Kimmel received the Excellence in Service Award.
- Tiffany Nguyen received the Excellence in Student Athletics Award.
- Alexia Stumpf received the Campus Champion Award.
- Alexa Vanden Hull received the Excellence in Professional Preparation Award.
- Lindsey Rowbotham received the Honors Community Builder Award.

We welcomed three new faces to the College. Chris Francis began his duties on April 14th as the grant proposal specialist. Lisa Behrends, pharmacy practice program assistant 1, and Kayla Salonen, respiratory care instructor, began their duties on May 24th. Kayla joined the College in a joint appointment with Sanford USD Medical Center and Hospital in Sioux Falls. Searches include a post doc, population health faculty position, medicinal chemistry faculty position, director of clinical education in respiratory care, program assistant, and an associate dean for student services.

In closing, I would like to take the opportunity to thank all of you for your support of the College. I am honored to work with a group of individuals so dedicated and passionate about our success. It would not be possible without you.

Have a wonderful summer!

DAN HANSEN



WELL-BEING
index

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



As the school year has drawn to a close, we in SCAPP are looking forward to things returning to a semblance of life before COVID. While almost all events and meetings held by SCAPP this past year have been virtual, we realize the importance of in-person networking to solidify the collaboration aspect of the Student Collaboration for the Advancement and Promotion

of Pharmacy (SCAPP). However, SCAPP has taken advantage of the unique situation presented by the pandemic to implement some creative events this spring.

One of our most innovative events related to COVID-19 was the implementation of a Social Media Takeover. SCAPP utilized the social media platforms of Instagram and Snapchat under SDSU's respective accounts. Our members compared the three available COVID-19 vaccines, demonstrated vaccine administration, interviewed a professor who participated in many COVID-19 vaccine clinics, and provided available locations for people in the area to get vaccinated.

SCAPP also wrapped up the year by electing the new officers for our chapter executive board. Our new officers are as follows: President – Peter Stoffel; President-elect – Ellie Balken; Immediate Past President: Anna Mohr; Membership VP – Lexi Stumpf; Communications VP – Gabriella Helget; Policy VP – Trent LaCanne; Secretary – Madison Hamel; Patient Care Coordinator – Alexa Vanden Hull; and SDPhA Liaisons: Katelynn Jackson & Kaylee Ayers.

Furthermore, at the College of Pharmacy Spring Convocation, SCAPP awarded five members for various commendations in our professional organization. Congratulations to Madison Hamel on receiving the Pre-Pharmacy Award, Taylor Severson on receiving the Networking Award, Mariah Roeman on receiving the Outreach Award, Ashley Bernardy on receiving the Patient Care Award, and Bethany Zeug on receiving the Professional Organization Award. These members offered significant time and talent to furthering our organization despite challenges faced by COVID-19.

As we transition into the next years of pharmacy school, we strive to be innovative in the operations of our organization while offering the best patient care in all respective events. We also want to thank SDPhA for your support over the past year and all the insight and advice we have received from the organization and various pharmacists and staff as we all work together in this unique time.

Sincerely,

PETER STOFFEL



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

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

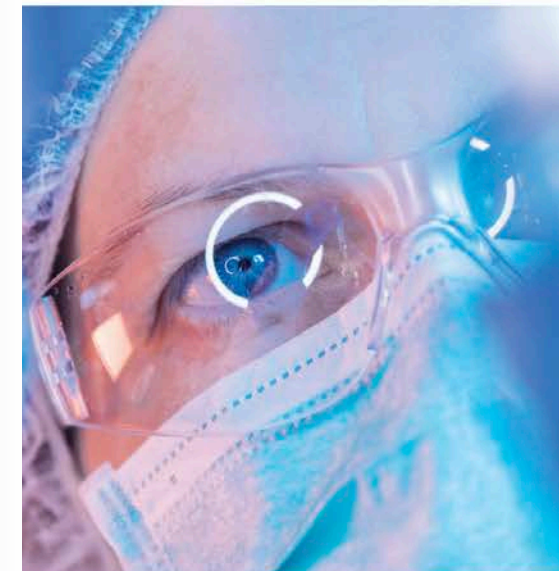
CONTACT US:
trchealthcare.com/contact-us
Purchasing information through SDPhA: sdpha@sdpha.org

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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™

CONTACT US:
<https://trchealthcare.com/contact-us>

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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CONTACT US:
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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
university

CONTACT US:
<https://trchealthcare.com/contact-us>

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.

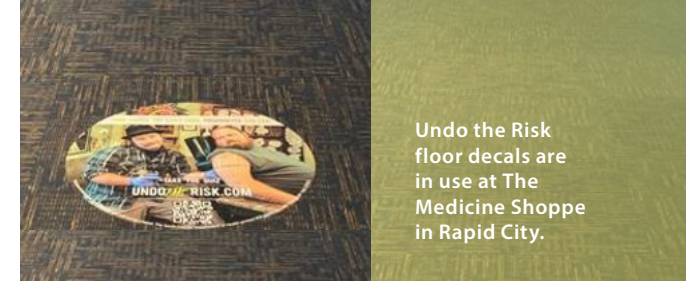


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UNDO THE RISK



An alarming one in three South Dakotans has prediabetes, and 90% of them are unaware. The South Dakota Diabetes Program launched the Undo the Risk campaign in September of 2019. Using a lighthearted message, the campaign promotes the use of the [diabetes risk quiz](#).

As the most accessible healthcare professionals, we need your help to reach the 200,000+ patients at risk for diabetes to help them take action and [Undo the Risk](#). Floor stickers and rack cards are available and [free to order](#) from the SD Department of Health catalog. (See the screen shot below for assistance navigating the catalog.)

Placed six feet apart in patient waiting areas or register lines, the floor decals offer a QR code for direct access to the online quiz while also encouraging social distancing.

Undo the Risk resources open the door for conversations about additional pharmacy services, such as medication management, screening, and [referrals](#). The [Providers section](#) of the Undo the Risk website offers educational patient resources related to prediabetes and patient referral details for the National Diabetes Prevention Program.

Pharmacists interested in expansion options should consider Medication Therapy Management or offering the Diabetes Prevention Program onsite. Thank you for your commitment and dedication to further advancing the health and quality of life for South Dakotans.

Order Undo the Risk resources from the [Education Materials Catalog](#) today!

Division of Health and Medical Services
Educational Materials Catalog

*Enter the Qty of each item you would like to order from each tab.
*When finished, click the Proceed to Checkout Button.
*Educational Materials can only be ordered by South Dakota residents.
*Adobe Acrobat is required to view publications - [Click Here](#) to download Adobe Acrobat.
*Allow 2 to 4 weeks for delivery of order
*Materials on this site are offered as a public service and are for non-commercial use only.

Categories	Publications List	Stock Number	Qty to order
Cancer	Diabetes		
Cardiovascular	Publication Title		
Chronic Disease	Type II Diabetes in SD Poster 18x24 (print preview) (Temporarily Out of Stock)	DCP007	
Community Health	Type II Diabetes in SD Poster 8.5x11	DCP008	
Community Health Worker	Type II Diabetes Risk Test Rack Card (print preview)	DCP009	
COVID 19	Prediabetes: A Guide for Referring Your Patients (infographic) (print preview)	DCP010	
Diabetes	(Temporarily Out of Stock)		
Disease Prevention	Risk Poster: Eat the Good Stuff (print preview)	DCP011	
Family Health	Risk Poster: Lose the Inches (print preview)	DCP014	
Health Services	Locate Diabetes Educators poster (print preview)	DCP017	
Nutrition	Guide to Managing Your Diabetes (print preview)	DCP018	
Opioid	What is Prediabetes? (print preview)	DCP023	
Oral Health	Diabetes and Your Mouth (print preview)	DCP026	
Physical Activity	Diabetes RX Pad	DCP107	
Suicide Prevention	Your Body on Diabetes (Native American) (print preview)	DCP108	
Tobacco Prevention	Diabetes Care - What is Covered? (print preview)	DCP109	
	Undo the Risk - Rack Card (print preview)	DCP110	15
	Undo the Risk - Floor Sticker (print preview)	DCP111	30
	Your Body on Diabetes - African American (print preview)	DCP113	

PROCEED TO CHECKOUT

18 • South Dakota Pharmacist

19 • Summer Edition 2021

Website REBUILD

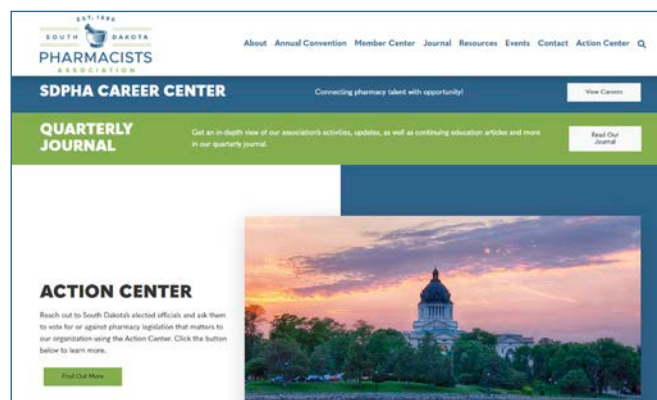
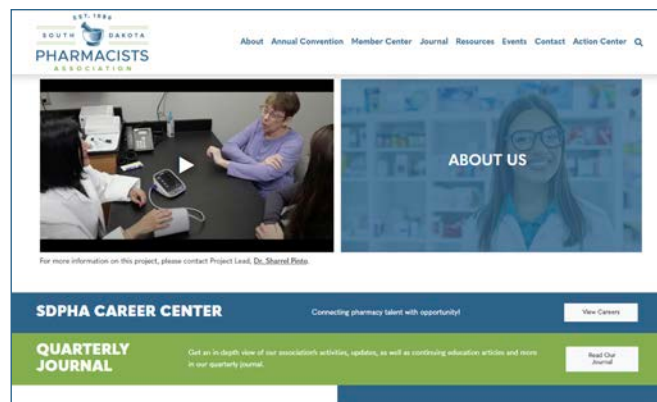
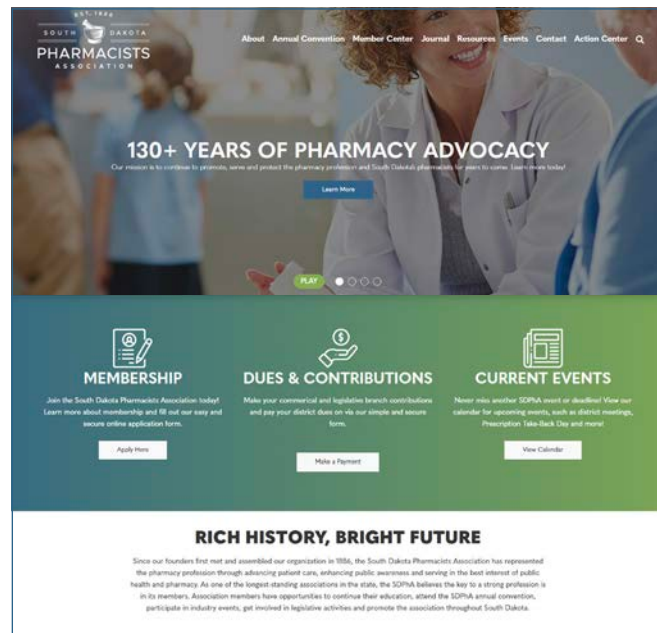
The final functionality tests are underway, and after a lot (no really, this was the mountain moving kind...) of work to establish a new payment gateway and credit card processor, we are thrilled to share that SDPhA will launch a completely new, updated, and much more user-friendly website mid-July!

The new website features a completely mobile-responsive and modern design, and a fully upgraded and intuitive user experience – from convention registration to contacting us and everything in between. One of the driving forces behind this rebuild was to answer the call from you – to make it easier to contribute to the work of the Commercial and Legislative Fund (to see why that’s more important now than ever, please see the article on page 4) and to pay your district dues. In the future, we hope to even be able to set this up on a recurring basis for you, to further simply the process.

Whether you are an attendee or an exhibitor, online convention registration should also be a much less cumbersome process, and you’ll also be able to download your convention packet straight from the website this year. That will live in the new forms library, and play a key role in streamlining not only convention, but other events through eliminating the use of so much paper moving forward.

Another key feature is an area we call the Action Center. It may appear a little quiet there when the website launches, but keep your eyes peeled - that’s where you’ll find all the issues we’re working on at the federal and state level. It’ll also house the new bill tracker we launched this legislative session, and it will even allow for you to opt in to text alerts about key issues, to let you know when to contact your legislators on an issue of importance to the profession. The Action Center will be a vital piece of our communications on legislative issues, and we are excited for you to see it, and put it into action yourself.

Please keep an eye on your email, and our social media for the announcement that the new website is live – that announcement will mean convention registration is open as well! The window to register is shorter than normal, so once registration opens, head over to check out the new website, and submit your registration right away!



2020/2021 COMMERCIAL & LEGISLATIVE DISTRICT DUES CONTRIBUTIONS

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER / COMPANY _____

WORK ADDRESS _____

WORK CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ WORK FAX _____

EMAIL ADDRESS _____

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

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

PHARMACY OR BUSINESS MEMBERSHIP \$100.⁰⁰ Includes One Individual Membership

NAME OF PHARMACY / BUSINESS _____

NAME OF INDIVIDUAL INCLUDED _____

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

NAME OF CORPORATION _____

NAME OF INDIVIDUAL INCLUDED _____

INDIVIDUAL MEMBERSHIP

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

DISTRICT DUES Circle your District

ABERDEEN – \$20.⁰⁰ BLACK HILLS – \$20.⁰⁰ HURON – \$10.⁰⁰ MITCHELL – \$10.⁰⁰ MOBRIDGE – \$10.⁰⁰

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

TOTAL ENCLOSED

\$ _____

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



Name _____

Company _____

Address _____

City / State / Zip _____

Phone _____

Fax _____

Email _____

EXHIBITOR / SPONSORSHIP LEVELS

SDPhA Associate Member **EXHIBITOR** **\$850**

Non-SDPhA Associate Member **EXHIBITOR** **\$995**

★ I wish to be an **EVENT SPONSOR**

SILVER **\$1,200**

GOLD **\$3,000**

PLATINUM **\$5,000**

BREAKFAST one available **\$1,500**



Please return completed form and payment to South Dakota Pharmacists Association, PO Box 518, Pierre, SD 57501. We also accept MasterCard, VISA or AMEX with online registration at www.SDPhA.org.

EXHIBITOR

- 6 foot table for table top exhibits
- Electricity (upon request / fee)
- 1 Convention Registration
- Exhibitor / Sponsor Recognition

SILVER

- 1 Exhibit Booth
- 2 Convention Registrations
- Exhibitor / Sponsor recognition
- Recognition in SDPhA Journal
- Recognition in event Program
- Company Logo on SDPhA Website

GOLD

- 1 Exhibit Booth
- 2 Convention Registrations
- Exhibitor / Sponsor Recognition
- 2 full-page ads in SDPhA Journal
- Recognition in event Program
- Company Logo on SDPhA Website

PLATINUM

- 1 Exhibit Booth
- 3 Convention Registrations
- Exhibitor / Sponsor Recognition
- 4 full-page ads in SDPhA Journal
- Recognition in event Program
- Company Logo & Website Link on SDPhA Website

BREAKFAST

- 1 Exhibit Booth
- 2 Convention Registrations
- Exhibitor / Sponsor Recognition
- Recognition in event Program
- Company name on Breakfast Signs
- Ability to place promotional information at Breakfast Tables

Sponsoring Company responsible for materials and placement.

SOUTH DAKOTA PHARMACISTS ASSOCIATION 135TH ANNUAL CONVENTION

Spearfish Holiday Inn Convention Center ★ September 17–18, 2021



EXHIBIT AREA

The exhibit area will be at the Spearfish Holiday Inn Convention Center in Spearfish, SD. Lunch will be available for both the exhibitors and all convention attendees.

SETTING UP

Setup may begin Friday morning from 8-10 am. All materials must be removed by 3 pm.

SHIPPING LOCATION

Exhibitors are welcome to ship materials directly to the Holiday Inn Spearfish Convention Center up to three days prior to the SDPhA Convention at the address below. Please note the Convention Center does not have a loading dock. If you have a large shipment, please ensure the truck has lift/drop capabilities, or shipper will provide their own forklift.

Spearfish Holiday Inn
Convention Center
Attn: SD Pharmacists
Association /
"Exhibitor Name"
305 N 27th Street
Spearfish, SD
57783

**DEADLINE
TO REGISTER
AUG 2,
2021**

EXHIBIT SPACE

The exhibit space includes one 6 foot, skirted table for tabletop exhibits, two chairs, electricity (additional cost), one convention, and exhibitor/sponsor recognition.

EXHIBIT HOURS

The exhibit area will be open Friday, September, 17 from 11:30 am to 1:30 pm in the Convention Center.

HOTEL RESERVATION

Holiday Inn Spearfish
Convention Center
305 North 27th Street
Spearfish, SD 57783
605–642–4683

Ask for the South Dakota
Pharmacists Association block.



Questions? Call Amanda Bacon
at 605–224–2338 or email her
at SDPhA@SDPhA.org.

South Dakota Pharmacists Association is a non-profit 501 (c)(6) organization serving member pharmacists, technicians and students. Specific goals of our annual meeting are to showcase existing and emerging pharmaceutical treatment options, new technology and enhance educational opportunities.



Name _____

Address _____

City _____ Zip _____

Business Name _____

Business Address _____

Business City _____ Zip _____

Business Phone _____

Cell Phone _____

Email _____

Spouse / Guest Name _____

eProfile ID _____



Questions? Call Amanda Bacon
at 605-224-2338 or email her
at SDPhA@SDPhA.org.

Please return completed form and payment
to South Dakota Pharmacists Association,
PO Box 518, Pierre, SD 57501. We also accept
MasterCard, VISA or AMEX with online registration
at www.SDPhA.org. Tax ID# 46-019-1834



SOUTH DAKOTA PHARMACISTS ASSOCIATION 135TH ANNUAL CONVENTION

Spearfish Holiday Inn Convention Center ★ September 17-18, 2021

FREE – SDSU STUDENT REGISTRATIONS

Registration must be submitted
prior to September 1, 2021.
Hotel not included.

FULL REGISTRATION

	SDPHA MEMBER	SPOUSE GUEST	CHILDREN	SDAPT MEMBER	PHARMACY TECHNICIAN	PHARMACY STUDENT	NON-SDPHA MEMBER	
Before August 13, 2021	\$175	\$99	\$20	\$85	\$150	FREE	\$250	\$ _____
After August 13, 2021	\$199	\$125	\$20	\$120	\$165	FREE	\$275	\$ _____

Includes all educational sessions, exhibits, meals and evening events, if applicable.

1-DAY REGISTRATION

Friday, September 17, 2021	\$125	\$75	\$10	\$75	\$130	FREE	\$175	\$ _____
Saturday, September 18, 2021	\$75	\$50	\$10	\$75	\$75	FREE	\$100	\$ _____

Includes educational sessions, exhibits, meals, and evening event, if applicable.

EXTRA TICKETS

Friday Lunch	\$20	\$20	\$10	\$20	\$20	FREE	\$20	\$ _____
Saturday Breakfast	\$15	\$15	\$10	\$20	\$20	FREE	\$20	\$ _____

- ★ **I WOULD LIKE TO SPONSOR A STUDENT.**

I have included an additional gift of _____ \$ _____
- ★ **I WISH TO CONTRIBUTE TO THE SDPHA COMMERCIAL & LEGISLATIVE FUND.**

I have included an additional amount of _____ \$ _____

EVENT CANCELLATION POLICY

- Cancellations will be accepted without penalty prior to September 1, 2021.
- A \$25 fee will be applied to all cancellations after September 1, 2021.
- Refunds will be issued after October 1, 2021.
- Attendee is responsible for canceling hotel reservations.

HOTEL RESERVATIONS

Spearfish Holiday Inn Convention Center, 305 North 27th Street, Spearfish, SD 57783
Call 605-642-4683 and ask for the South Dakota Pharmacists Association block.

TOTAL DUE \$ _____

**BOOK
YOUR ROOM
TODAY**

CONTINUING EDUCATION *for* PHARMACISTS

Pharmacist Consult: FDA – What You Need to Know About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD

Knowledge-based CPE

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

Course Development: The following material was published by the Food and Drug Administration (FDA): “What You Need to Know (And What We’re Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD” Content is current as of 11-25-2019.

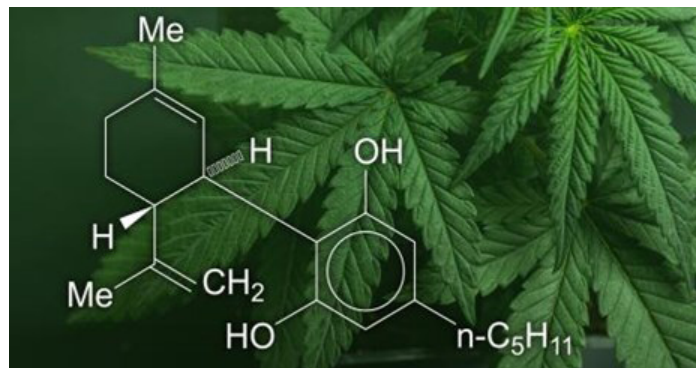
Permission has been granted by the FDA for the use of this material in Continuing Pharmacy Education for pharmacists.

GOAL: To enhance pharmacists’ knowledge of cannabis and related compounds.

LEARNING OBJECTIVES:

1. Explain the regulatory status of CBD-related products;
2. Describe three potential CBD-related health risks that have been identified by the FDA;
3. Identify currently recognized CBD side effects;
4. Review the various forms of products in the market place that contain CBD;
5. Counsel patients on FDA safety concerns and false claim advisories related to CBD.

What You Need to Know (and What We’re Working to Find Out) About Products Con-taining Cannabis or Cannabis-derived Com-pounds, Including CBD



The FDA is working to answer questions about the science, safety, and quality of products con-taining cannabis and cannabis-derived com-pounds, particularly CBD.

- The FDA has approved only one CBD product, a prescription drug product to treat two rare, severe forms of epilepsy.
- It is currently illegal to market CBD by adding it to a food or labeling it as a dietary supple-ment.
- The FDA has seen only limited data about CBD safety and these data point to real risks that need to be considered before taking CBD for any reason.
- Some CBD products are being marketed with unproven medical claims and are of unknown quality.

The FDA will continue to update the public as it learns more about CBD.

1. CBD has the potential to harm you, and harm can happen even before you become aware of it.
 - CBD can cause liver injury.
 - CBD can affect the metabolism of other drugs, causing serious side effects.
 - Use of CBD with alcohol or other Central Nervous System depressants increases the risk of sedation and drowsiness, which can lead to injuries.

2. Use of CBD with alcohol or other Central Nervous System depressants increases the risk of sedation and drowsiness, which can lead to injuries.
 - CBD can cause side effects that you might notice. These side effects should improve when CBD is stopped or when the amount ingested is reduced.
 - Changes in alertness, most commonly experienced as somnolence (drowsiness or sleepiness).
 - Gastrointestinal distress, most commonly experienced as diarrhea and/or decreased appetite.
 - Changes in mood, most commonly experienced as irritability and agitation.
3. There are many important aspects about CBD that we just do not know, such as:
 - What happens if you take CBD daily for sustained periods of time?
 - What is the effect of CBD on the developing brain (such as children who take CBD)?
 - What are the effects of CBD on the developing fetus or breastfed newborn?
 - How does CBD interact with herbs and bo-tanicals?
 - Does CBD cause male reproductive toxicity in humans, as has been reported in studies of animals?

You may have noticed that cannabidiol (CBD) seems to be available almost everywhere, and marketed as a variety of products including drugs, food, dietary supplements, cosmetics, pet food, and other animal health products.

The U.S. Food and Drug Administration (FDA) recognizes the significant public interest in cannabis and cannabis-derived compounds, particularly CBD. However, there are many unanswered questions about the science, safety, and quality of products containing CBD. The Agency is working on answering these questions through ongoing efforts including feedback from a recent [FDA hearing](#) and information and data gathering through a [public docket](#).

Despite the 2018 Farm Bill removing hemp - defined as cannabis and cannabis derivatives with very low concentrations (no more than 0.3% on a dry weight basis) of THC – from the definition of marijuana in the Controlled Substances Act, CBD products are still subject to the same laws and requirements as FDA-regulated products that contain any other substance.

The FDA is concerned that people may mistakenly believe that trying CBD “can’t hurt.” The agency wants to be clear that we have seen only limited data about CBD’s safety and these data point to real risks that need to be considered. As part of the drug review and approval process for the prescription drug containing CBD, it was determined that the risks are outweighed by the benefits of the approved drug for the particular population for which it was intended.

Consumer use of any CBD products should always be discussed with a healthcare provider. Consumers should be aware of the potential risks associated with using CBD products. Some of these can occur without your awareness, such as:

Liver Injury: During its review of the marketing application for [Epidiolex](#) – a purified form of CBD that the FDA approved in 2018 for use in the treatment of two rare and severe seizure disorders – the FDA identified certain safety risks, including the potential for liver injury. This serious risk can be managed when an FDA-approved CBD drug product is taken under medical supervision, but it is less clear how it might be managed when CBD is used far more widely, without medical supervision, and not in accordance with FDA-approved labeling. Although this risk was increased when taken with other drugs that impact the liver, signs of liver injury were seen also in patients not on those drugs. The occurrence of this liver injury was identified through blood tests, as is often the case with early problems with the liver. Liver injury was also seen in other studies of CBD in published literature. We are concerned about potential liver injury associated with CBD use that could go undetected if not monitored by a healthcare provider.

Drug Interactions: Information from studies of the FDA-approved CBD drug Epidiolex show that there is a risk of CBD impacting other medicines you take – or that other medicines you take could impact the dose of CBD that can safely be used. Taking CBD with other medications may increase or decrease the effects of the other medications. This may lead to an increased chance of adverse effects from, or decreased effectiveness of, the other medications. Drug interac-tions were also seen in other studies of CBD in published literature. We are concerned about the potential safety of taking other medicines with CBD when not being monitored by a healthcare provider. In addition, there is limited research on the interactions between CBD products and herbs or botanicals in dietary supplements. Consumers should use caution when combining CBD products with herbs or dietary supplements.

CONTINUING EDUCATION *for* PHARMACISTS

Pharmacist Consult: FDA – What You Need to Know About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD

Knowledge-based CPE

Male Reproductive Toxicity: Studies in laboratory animals showed male reproductive toxicity, including in the male offspring of CBD-treated pregnant females. The changes seen include decrease in testicular size, inhibition of sperm growth and development, and decreased circulating testosterone, among others. Because these findings were only seen in animals, it is not yet clear what these findings mean for human patients and the impact it could have on men (or the male children of pregnant women) who take CBD. For instance, these findings raise the concern that CBD could negatively affect a man's fertility. Further testing and evaluation are need-ed to better understand this potential risk.

In addition, CBD can be the cause of side effects that you might notice. These side effects should improve when CBD is stopped or when the amount ingested is reduced. This could include changes in alertness, most commonly experienced as somnolence (sleepiness), but this could also include insomnia; gastrointestinal distress, most commonly experienced as diarrhea and/or decreased appetite, but could also include abdominal pain or upset stomach; and changes in mood, most commonly experienced as irritability and agitation.

The FDA is actively working to learn more about the safety of CBD and CBD products, including the risks identified above and other topics, such as:

- **Cumulative Exposure:** The cumulative exposure to CBD if people access it across a broad range of consumer products. For example, what happens if you eat food with CBD in it, use CBD-infused skin cream and take other CBD-based products on the same day? How much CBD is absorbed from your skin cream? What if you use these products daily for a week or a month?

- **Special Populations:** The effects of CBD on other special populations (e.g., the elderly, children, adolescents, pregnant and lactating women).

CBD and Animals: The safety of CBD use in pets and other animals, including considerations of species, breed, or class and the safety of the resulting human food products (e.g., meat milk, or eggs) from food-producing species.

ACTIVE LEARNING QUESTION:

Name three commonly experienced CBD side effects.

_____, _____, _____.

Some CBD Products are Being Marketed with Unproven Medical Claims and Could be Produced with Unsafe Manufacturing Practices

Unlike the FDA-approved CBD drug product, unapproved CBD products, which could in-clude unapproved drugs, cosmetics, foods, and products marketed as dietary supplements, have not been subject to FDA evaluation regarding whether they are effective to treat a particular disease or have other effects that may be claimed. In addition, they have not been evaluated by the FDA to determine what the proper dosage is, how they could interact with other drugs or foods, or whether they have dangerous side effects or other safety concerns.

Misleading, unproven, or false claims associated with CBD products may lead consumers to put off getting important medical care, such as proper diagnosis, treatment, and supportive care. For that reason, it's important to talk to your doctor about the best way to treat diseases or conditions with available FDA-approved treatment options.

In addition to safety risks and unproven claims, the quality of many CBD products may also be in question.

The FDA is also concerned that a lack of appropriate processing controls and practices can put consumers at additional risks. For example, the agency has tested the chemical content of cannabinoid compounds in some of the products, and many were found to not contain the levels of CBD they claimed. We are also investigating reports of CBD potentially containing unsafe levels of contaminants (e.g., pesticides, heavy metals, THC).

CBD products are also being marketed for pets and other animals. The FDA has not approved CBD for any use in animals and the concerns regarding CBD products with unproven medical claims and of unknown quality equally apply to CBD products marketed for animals. The FDA recommends pet owners talk with their veterinarians about appropriate treatment options for their pets.

The FDA's top priority is to protect the public health. This priority includes making sure that consumers know about products that put their health and safety at greatest risk, such as those claiming to prevent, diagnose, treat, mitigate, or cure serious diseases. For example, the agency has warned companies to stop selling CBD products they claim are intended to prevent, diagnose, treat, mitigate, or cure serious diseases such as cancer, Alzheimer's disease, psychiatric disorders and diabetes.

While we have focused on these types of products, we will continue to monitor the marketplace for any product that poses a risk to public health, including those with dangerous contaminants, those marketed to vulnerable populations, and products that otherwise put the public health at risk.

The FDA is Continuing to Evaluate the Regula-tory Frameworks for Products Containing Can-nabis and Cannabis- Derived Compounds

The FDA continues to believe the drug approval process represents the best way to ensure that safe and effective new medicines, including any drugs derived from cannabis, are available to patients in need of appropriate medical therapy. The agency is committed to supporting the development of new drugs, including cannabis and cannabis-derived drugs, through the investigational new drug and drug approval process.

We are aware that there may be some products on the market that add CBD to a food or label CBD as a dietary supplement. Under federal law, it is illegal to market CBD this way.

The FDA is evaluating the regulatory frameworks that apply to certain cannabis-derived products that are intended for non-drug uses, including whether and/or how the FDA might consider updating its regulations, as well as whether potential legislation might be appropriate. The information we have underscores the need for further study and high quality, scientific information about the safety and potential uses of CBD.

The FDA is committed to setting sound, science-based policy. The FDA is raising these safety, marketing, and labeling concerns because we want you to know what we know. We encourage consumers to think carefully before exposing themselves, their family, or their pets, to any product, especially products like CBD, which may have potential risks, be of unknown quality, and have unproven benefits.

Our Consumer Update includes a practical summary of what we know to date. As we learn more, our goal is to update you with the information you need to make informed choices about CBD products. Also, as the regulatory pathways are clarified we will take care to inform all stakeholders as quickly as possible.

DIRECTIONS:

Complete the answer sheet / evaluation on the following page and submit it for credit to:

The Office of Continuing Education, South Dakota State University College of Pharmacy and Allied Health Professions.
For additional information, call 605-688-4242

Disclosure: *The developer and reviewers of this course have no relevant financial relationships to declare.*

Pharmacist Consult:
FDA – What You Need to Know
About Products Containing
Cannabis or Cannabis-derived
Compounds, Including CBD

Learning Assessment – Post-test

Select all correct answers for each question

1. Select the True statement(s) below:
- A. The FDA has approved only one CBD product.
 - B. It is currently legal to market CBD as a dietary supplement.
 - C. It is currently legal to market CBD as a food additive.
 - D. All of the above are true.
2. Following the 2018 Farm Bill provision removing hemp from the definition of marijuana in the Controlled Substances Act., CBD is _____ subject to the same laws and requirements as FDA-regulated products that contain any other substance.
- A. still
 - B. no longer
3. Information studies of the FDA-approved CBD drug Epidiolex have identified these three potential health risks that were determined to be associated with the use of that medication:
- A. Kidney failure / increased seizures / diabetes
 - B. Female reproductive toxicity / nausea / paranoia
 - C. Drug interactions / psychoses / dysphagia
 - D. Liver injury / potential drug interactions / male reproductive toxicity
4. The FDA has identified these CBD-related side effects (select all that apply):
- A. Constipation, increased appetite
 - B. Drowsiness
 - C. Diarrhea, decreased appetite
 - D. Mood changes / irritability, agitation
5. Cannabidiol (CBD) is being marketed as a variety of products including (select all that apply):
- A. Pet food
 - B. Cosmetics
 - C. Dietary supplements
 - D. Food
6. Liver injury has been identified as a potentially serious adverse effect of CBD use. These related con-cerns have been cited by the FDA:
- A. Interactions with herbs or dietary supplements
 - B. Lack of monitoring by a healthcare provider
 - C. Lack of FDA approved labeling on unregulated products
 - D. All of the above
7. The FDA has identified the following concerns related to potential CBD drug interactions:
- A. Drug interactions have been identified in CBD studies in published literature
 - B. CBD may increase or decrease the effects of other medications
 - C. There is limited research on the interactions between CBD and herbs or dietary supplements
 - D. All of the above
8. Laboratory animals have shown male reproductive toxicity, including in the male offspring of CBD-treated pregnant females. The changes seen have included_____.
- A. Decrease in testicular size
 - B. Inhibition of sperm growth and development
 - C. Increase in circulating testosterone
 - D. None of the above
9. The FDA is actively working to learn more about the safety of CBD and CBD products, including the potential risks associated with _____.
- A. Absorption properties
 - B. Cumulative exposure
 - C. Effects on children
 - D. Effects on pregnant and lactating women
10. Patients should be counseled about the potential consequences of _____ behind CBD marketing and advertising.
- A. Unsafe manufacturing practices
 - B. Unproven medical claims
 - C. Contaminated CBD products
 - D. Delaying evidence-based medical treatments in favor of CBD use

Pharmacist Consult: FDA – What You Need to Know About Products
Containing Cannabis or Cannabis-derived Compounds, Including CBD

Knowledge-based CPE

To receive 1.0 Contact Hours (0.1 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.



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: #0063-0000-20-024-H03-P.

Learning Objectives - Pharmacists: 1. Explain the regulatory status of CBD-related products; 2. Describe three potential CBD-related health risks that have been identified by the FDA; 3. Identify currently recognized CBD side effects; 4. Review the various forms of products in the market place that contain CBD; 5. Council patients on FDA safety concerns and false claim advisories related to CBD.

Circle Correct Answer: 1. A B C D 3. A B C D 5. A B C D 7. A B C D 9. A B C D
2. A B C D 4. A B C D 6. A B C D 8. 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 timely and applicable for re-licensing / recertification:	1	2	3	4	5	6	7							
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7							
List any learning objectives above not met in this course: _____														
List any important points that you believe remain unanswered: _____														
Course material was evidence-based, balanced, noncommercial:	1	2	3	4	5	6	7							
List any details relevant to commercialism: _____														
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7							
Length of time to complete course was reasonable for credit assigned	1	2	3	4	5	6	7							
(Approximate amount of time to preview, study, complete and review this 1.0 hour CE course: _____)														
Comments: List any future CE topics of interest (and related skill needs): _____														

NAME: _____ RPH LICENSE #: _____

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

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Course release date: March 2, 2020 / Expiration date: March 2, 2023 / Target audience: Pharmacists

Please mail this completed answer sheet with your check of \$8.00 to: SDSU College of Pharmacy-C.E. Coord. Box 2202C, Brookings, SD 57007 / Office Ph: 605-688-4242 / Bernie.Hendricks@sdstate.edu

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FREQUENTLY ASKED QUESTIONS ABOUT ORIGIN CODES

When processing a prescription, the pharmacy is required to assign an origin code to the claim. PAAS National® continues to see audit results for invalid origin codes. These discrepancies can range from \$5 fees to full recoupments. The proper use of the origin code field is to record how the pharmacy originally received the prescription order from the prescriber. Below are two of the most common questions PAAS receives related to origin codes.

Q: Does the origin code change if you need to call the prescriber to clarify a prescription and make a clinical note?

A: No, NCPDP states that any clarifications or modifications to the original prescription [after receiving it at the pharmacy] do not change the origin code. The origin codes stays the same throughout the life of that prescription.

Q: What origin code is used for a standing order or protocol?

A: Origin code 5 – Pharmacy (some software systems label as Transfer instead of Pharmacy). A standing order or protocol would be designated as origin code 5 because it is being created by the pharmacy. Two examples of a standing order or protocol commonly used are for administering immunizations and dispensing Narcan.

HERE ARE NCPDP DEFINITIONS

0: Not Known

1: Written

Prescription obtained via paper.

2: Telephone

Prescription obtained via oral instructions or interactive voice response using a phone.

3: Electronic

Prescription obtained via SCRIPT or HL7 Standard transactions, or electronically within closed systems.

4: Facsimile

Prescription obtained via transmission using a fax machine.

5: Pharmacy

This value is used to cover any situations where a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason necessary to “give it a new number.” This value is also the appropriate value for “Pharmacy Dispensing” when applicable such as behind the counter (BTC), Plan B, established protocols, pharmacist’s authority to prescriber, etc.

You can find a link to the NCPDP February 2021, Telecommunication Version D and Above Questions, Answers and Editorial Updates document here: ncdp.org/NCPDP/media/pdf/VersionD-Questions.pdf (see section 3.1.4 on origin codes).

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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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Sioux Falls District Pharmacists

Serving the Community



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.*

VERIFY PATIENT'S IDENTITY

It was a busy day at Anytown Pharmacy. The pharmacy had lots of foot traffic that day as patients came and went frequently. Robert Lowe came in to pick up his wife Lisa's prescription. The technician saw two prescriptions in the bin for Lowe. She believed the second one was for Robert Lowe so she rang up both prescriptions. Robert didn't notice the second prescription wasn't for him and took both prescriptions home. Unfortunately, the second prescription was for Richard Lowe, not Robert.

Later that afternoon an angry Lisa Lowe called the pharmacy.

"You charged us for a prescription that wasn't ours!" she screamed at the pharmacist.

The pharmacist was momentarily flustered and could only get out a small apology before Mrs. Lowe said, "We know Richard. We'll get it to him."

She hung up before the pharmacist could say anything else. The pharmacist was busy, so she went back to checking prescriptions, relieved that the incident seemed to resolve itself. But was it really resolved?

Richard got his prescription for free unless Robert and Lisa demanded payment from him before they gave it to him. But there are also other problems lurking within this scenario. Robert and Lisa are not Richard's agents. Richard didn't send them to the pharmacy to pick up his prescription. Since they are not Richard's agents, they have no legal authority to possess Richard's prescription. This could be problematic for Robert and Lisa, especially if the prescription is for a controlled substance. Also, the pharmacist doesn't know if the prescription was successfully delivered. This creates a dilemma if Richard comes in later to pick up the prescription and the record shows that it has already been dispensed. This could also be an issue if the pharmacy is audited by Richard's insurance and it is determined that the pharmacy billed for a prescription that Richard never received. On the other hand, if it is delivered successfully, Richard never received counseling, or an offer of counseling from the pharmacist.

This scenario also presents a HIPAA and/or state privacy law violation because Richard's personal health information has been revealed to Robert and Lisa. They now know Richard's physician's name, what prescription he is taking, and possibly the medical condition he is being treated for. Not only did the pharmacist incur Mrs. Lowe's wrath, the pharmacy could now be facing a breach of confidentiality claim from Richard Lowe.

What should the pharmacist have done? Once aware of the mix-up, the pharmacist should not have allowed the Lowes to deliver the errant prescription. The pharmacist should have asked the Lowes to bring it back to the pharmacy or sent someone to their house to pick it up. In either case, their payment should have been refunded. The prescription should be returned to will-call if this can be done safely and legally. If not, the prescription should be prepared again for Richard's eventual pick up. Depending on your state law, Richard should be notified of the incident and given an apology. This is not a bad practice even if not required. Patients will appreciate the transparency and will be less likely to be upset than if they find out from another source.

To prevent this sort of dispensing error, the patient's identity should also be verified prior to dispensing. To avoid problems with the same or similar sounding names, the staff should ask for another identifier, such as address or phone number, to verify that this is the correct patient. This procedure will minimize the chance of a patient receiving someone else's prescription. In the event that it does happen, the pharmacy staff should rectify the problem, not the patients. This may be difficult on an especially busy day. Many times, the right way to solve a problem is not the easiest way.

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

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

FINANCIAL FORUM

*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.*



THE PROS & CONS OF EARLY RETIREMENT PLAN ROLLOVERS

Should you withdraw and reinvest your retirement plan money while you are still on the job?

Did you know you might be able to take some or all of the money in your 401(k), 403(b), or 457 plan and roll it over into another type of retirement account? Were you aware that you could do this while you are still working for your current employer – without any withholding or early withdrawal penalties? Let's look at how these rollovers can happen and the pros and cons of making them.

Some 401(k), 403(b), and 457 plans offer this kind of flexibility. If your plan provides this choice, you must first pay attention to the rules.

To start, some basics. Distributions from 401(k) plans and most other employer-sponsored retirement plans are taxed as ordinary income, and if you take one before age 59½, a 10% federal income tax penalty commonly applies. (The 2020 CARES Act allows some one-time exceptions to penalties this year.) In addition, 20% of the withdrawn amount is withheld for tax purposes. Generally, once you reach age 72, you must begin taking required minimum distributions.¹

Now, the fine print. You may be able to take money out of your plan in your fifties or sixties, while still working, via an in-service non-hardship withdrawal by arranging a direct rollover of these assets to an Individual Retirement Account (IRA), avoid both the 10% penalty and the 20% tax withholding in the process.² An IRA may give you a wider range of investment options than many employer-sponsored retirement plans. If you are dissatisfied with the range of choices your plan presents, this alone may motivate you to make a direct rollover.³ You should certainly speak to a financial professional with the knowledge to help you coordinate a direct rollover (also called a trustee-to-trustee transfer). A direct rollover moves assets from your workplace retirement plan into an IRA without a taxable event.² Generally, distributions from traditional IRAs must begin once you reach age 72. The money distributed to you is taxed as ordinary income. When such distributions are taken before age 59½, they may be subject to a 10% federal income tax penalty; although, the CARES Act allows some exceptions to these

penalties in 2020. You may continue to contribute to a Traditional IRA past age 70½ under the SECURE Act as long as you meet the earned-income requirement.⁴

The criteria for making in-service non-hardship withdrawals can vary. Some workplace retirement plans simply prohibit them. Others permit them when you have been on the job for at least five years or when assets in your plan have accumulated for at least two years or you are 100% vested in your account.² In addition, you will want to ask your employee benefits or human resources officer some questions. How long will a direct rollover take? Is there a dollar or percentage limit on how much can be rolled over? Can you withdraw and roll over matching contributions as well as your own account contributions and earnings?

Weigh the pros and cons. Who knows if your reinvested assets will perform better in an IRA than they did in your company's retirement plan? Only time will tell. Right now, you can put up to \$7,000 into an IRA, annually, if you are 50 or older; that pales in comparison to the \$26,000 yearly contribution limit on a basic 401(k), 403(b), or 457 plan. Lastly, if your employer matches your retirement plan contributions, getting out of the plan may mean losing future matches.⁵

Sources: 1 - IRS.gov, February 20, 2020; 2 - DW401k.com, May 10, 2020; 3 - CNBC.com, April 21, 2020; 4 - Investor.Vanguard.com, May 10, 2020; 5 - IRS.gov, November 6, 2019

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com. Registered Representative of and securities and investment advisory services offered through Berthel Fisher & Company Financial Services, Inc. Member FINRA/SIPC. PRISM Wealth Advisors LLC is independent of Berthel Fisher & Company Financial Services Inc.

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OBITUARIES

Eugene "Gene" J. Rezac



Eugene "Gene" J Rezac, 84, of Mitchell, SD, died Thursday, May 20, 2021, at Avera Queen of Peace Hospital in Mitchell. Mass of Christian Burial will be 11am Monday, May 24, at Holy Family Catholic Church in Mitchell. Burial will be at Calvary Cemetery in Mitchell. Visitation will be from 3-5pm Sunday, May 23, at Bittner Funeral Chapel with a 4:30pm prayer service. Arrangements by Bittner Funeral Chapel.

Eugene (Gene) J Rezac was born on May 20, 1937, in Highmore, SD, to John and Leta (McAtee) Rezac. Gene was the youngest of three children. He grew up in Highmore and graduated from Highmore High School in 1955. He then graduated from the College of Pharmacy at South Dakota State University, in Brookings, SD, with a Bachelor of Science in Pharmacy in 1959.

He immediately entered the field of Retail Community Pharmacy at Vilas Drug in Pierre, SD, as a staff pharmacist. This contributed to building a strong desire in Gene to set the goal of someday owning his own community pharmacy. That endeavor began with the purchase of Jos. P. Faas Drug, in Hoven, SD, in October of 1961 at only 24 years of age, which later became Rezac Rexall Drug. In the latter part of 1970, Gene worked at McKennan Hospital and Osco Drug in Sioux Falls, SD, for a short time, wanting to explore other opportunities in the field of pharmacy. It did not take long for him to realize that he missed owning his pharmacy and purchased O'Neill Drug, in O'Neill, NE, in January of 1972 and renamed it Rezac Discount Drug. After 33 successful years dedicated to the business, his patients, and working countless hours, he decided to retire in 2005.

Gene's career of nearly 50 years would not have happened without the love of his wife, Janis (Jan) Anderson Rezac. He met her as a customer in the drug store in Pierre, SD. Gene and Jan were married in Highmore, SD, on December 10, 1960. He was incredibly proud and thankful to be married to his beautiful Jan for 60 plus years and have Jan by his side as Vice-President of Rezac Drug Inc. If you ever talked to Gene, he was always quick to share his deep love, care, and dedication for his wife.

In 2007, Gene and Jan decided to spend retirement in Mitchell, SD. He was very proud of his one and only daughter, Lynne, and her daughters, Amber and Kelsey. Moving to Mitchell gave Gene and Jan a chance to spend more time enjoying their family. Gene was Amber and Kelsey's biggest supporter in both high school activities and sports. He took great pride in their college and professional accomplishments.

Gene loved being a pitcher for the Highmore American Legion baseball team and various amateur baseball teams. He loved to talk about all of his past baseball games and stories over the years. Gene's additional hobbies included his love and passion for flying his Mooney airplane (M6063Q and later M3708H) across the country. He also enjoyed bowling, playing golf, and watching sports. He was a loyal Nebraska Husker and SDSU fan and also followed the Minnesota Twins closely.

Gene was a member of the South Dakota Pharmacist's Association and in 2010 was recognized as one of their 50-year pharmacists. He was also a member of Holy Family Catholic Church and a member of the Knights of Columbus in Mitchell, SD.

Grateful for sharing his life are his wife, Jan Rezac, Mitchell, SD; one daughter, Lynne (Ken) Schmidt of Woonsocket, SD. Additional survivors include granddaughters, Amber (Joe) Nelson of Rochester, MN and Kelsey (Jace) Buford of Tahlequah, OK; one great-grandson, Garrison Nelson; and two great-granddaughters on the way, expected summer of 2021- both Nelson and Buford.

He was preceded in death by his parents, a brother, Dale, and a sister, Phyllis Parlin.

OBITUARIES

Richard Soukup



Sioux Falls, SD - Richard (Dick) Gene Soukup passed away on April 27, 2021 at the Dougherty Hospice House in Sioux Falls, South Dakota with his family by his side. A Memorial Mass will be held at 10:30 am Friday, April 30, 2021 at St. Leo Catholic Church in Tyndall, South Dakota. A private family inurnment will be at St. Leo Church Cemetery, Tyndall. Goglin Funeral Home of Tyndall, www.goglinfh.com

is honored to serve the Soukup family.

Dick was born June 13, 1942 to Frank J and Evelyn C (Sternhagen) Soukup on the farm in Tyndall, SD. Dick graduated from Tyndall High School and excelled in track. Dick went on to run track at South Dakota State University and posted many records in the high hurdles. He broke more track records and set more collegiate records than any other graduate from Tyndall. He graduated from SDSU with a pharmacy degree. After graduation he moved to Vincennes, Indiana for his first pharmacy job at Osco Drug where he also met his wife Becky (Orr). Dick and Becky were united in marriage on December 27, 1965 at St. Leo Catholic Church in Tyndall. The couple moved back to Tyndall, SD where Dick worked at Hoch Drug for more than 10 years then moved his family to Keokuk, Iowa where he was the Pharmacy Director at Keokuk Area Hospital. Dick returned to the classroom to pursue his master's degree in Hospital Administration from the University of Minnesota. This led him to Madison, SD then Deadwood SD where he was the hospital administrator. After retirement from Hospital Administration Dick and Becky moved back to the Sioux Falls area where Dick returned to his roots, working as a pharmacist for Avera Hospital.

Dick and Becky (deceased May 30, 2020) raised five wonderful children: Lynn Foote of Golden, IL, Michelle Dean of Harrisburg, SD, Michael (Brenda) Soukup of Bourbonnais, IL, Jill (Jared) Wadkins of Brandon, SD, and JoAnn Poppens of Sioux Falls, SD.

Dick is survived by his mother Evelyn Soukup (103 years young) of Tyndall, SD and his younger brother Jacques (Edward Winters) Soukup also of Tyndall, SD; his five children and 13 grandchildren: Amber Runge, Christopher Runge, Paige (Steven) Welch, Zachary Foote, Elizabeth (fiancé, Brandon Van Weston) Soukup, Shannon Soukup, Ashley (Jacob) Nicol, Ryan Dean, Riley Dean, Jordyn Deming-Wadkins, Jordan (Nicola) Setness, Jakob Poppens, and Joseph Poppens.

Dick is also survived by his six great grandchildren: Kyler Runge, Gweneth Welch, Brenleigh Dean, Jadyn Nicol, Jaxson Nicol and Maddox Setness as well as many aunts, uncles, cousins, nieces and nephews.

Dick was an avid golfer and enjoyed making stained glass. There did not seem to be much he couldn't do or idea he couldn't put into action. He could create, fix, or improve about anything. He was always active exercising or bike riding. He ran many adult track meets at Drake University. He was always present at the grandkid's activities, cheering them on. After retirement, Dick and Becky enjoyed spending their winters in Arizona. They participated in many outdoor activities and made many lifetime friends.

Dick was active as a United Way Board member, Chamber of Commerce officer, worked as a City Commissioner, and was a Kiwanis member in many cities.

Dick was proceeded in death by his father, Frank J Soukup and wife, Becky.

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