

# SD Board of Pharmacy Meeting Minutes

Thursday, September 21, 2017; 1:00 p.m. MST

The Lodge at Deadwood, Roosevelt Room

100 Pine Crest Lane, Deadwood, South Dakota 57732

**Board Members Present:** President Diane Dady, Tom Nelson, and Dan Somsen

**Board Staff Present:** Executive Director Kari Shanard-Koenders; PDMP Director Melissa DeNoon, Inspectors Gary Karel, Paula Stotz, and Carol Smith.

**Attendees Present:** Justin Manning, Trisha Hadrick, Erica Bukovich, Jane Mort, Aaron Larson, Sue DeJong, Carrie Gerdmann, Jennifer Wagner, Zachary Mullin, Julia Becker, and Dave Hilbrands

## A. Call to Order and Introductions

The meeting was called to order by President Dady at 1:02 PM MST. Diane read the Board of Pharmacy mission statement, followed by introductions of Board Members, Board Staff and audience attendees. Roll call was taken; a quorum was present.

## B. Consent Agenda

Executive Director Shanard-Koenders briefly reviewed the components of the consent agenda noting that any item could be removed from the consent agenda for discussion. Motion to approve consent agenda was made by Board Member Dan Somsen and seconded by Board Member Tom Nelson. Motion carried; Diane Dady-aye, Tom Nelson-aye, and Dan Somsen-aye.

## C. Staff Reports

1. Secretary Jessica Neal has submitted her resignation, her last day is September 22, 2017, Interviews are scheduled for next week.

### 2. Inspector Reports

#### a. Gary Karel

Gary noted the following items in various pharmacies:

- Single dose vials used as multiple dose vials in a Hospital pharmacy
- Recommend posting the current Do Not Crush list of medications in the pharmacy
- Pharmacy not using sterile 70% isopropyl alcohol in sterile compounding
- Recommend pharmacies have more than 1 person as Power of Attorney – 3 sites with only 1 person as Power of Attorney.
- A CRNA was found to have access to the hospital pharmacy – CRNAs should not have access to the pharmacy.
- Found expired diphenhydramine carpuject in Immunization Emergency kit. Remind PICs to check the Immunization emergency kit prior to each immunizing season.
- Found Hospital pharmacy compounding oxytocin bags stored on shelf in pharmacy with a BUD of 9 days. USP <797> guidelines Low Risk – 48 hours room temp or 14 days @ cold temp.
- Retail pharmacy powder hood not certified in 6 months, pharmacy also needs to make changes to be in compliance with USP <800>
- Multiple outdated meds in Hospital pharmacy, OR, Central storage and ED.
- One pharmacy converted from biennial inventories to annual controlled substance inventories

**b. Carol Smith**

Carol noted the following items during inspections:

- Poison Control phone number not posted in the pharmacy – dropped off Poison Center magnets
- Hood in a Hospital pharmacy was not certified in over 1 year, the hood surveyor will be called to certify the hood.
- Carol will be attending the Critical Point Sterile Compounding Boot Camp for State Inspectors in October. She has been busy completing the 33 Credit hours of the Critical Point Sterile Compound modules.

**c. Paula Stotz**

Paula noted the following items:

- One nursing home facility disposed medications in a Sharps container. Recommended that the PIC review proper ways to discard medications with the Director of Nursing.
- One Pharmacy had an expired Combat Meth certificate. Pharmacies that continue to sell pseudoephedrine products while their Combat Meth certificate is expired are in violation of the Combat Meth Act and can face fines, penalties, and loss of the privilege to sell pseudoephedrine products.
- Recent Controlled substance audits have been long and short, nothing significant.
- One pharmacy's biennial inventory was not completed with the 2 year date of the previous biennial inventory. Recommended a controlled substance inventory as soon as possible.

Executive Director Shanard-Koenders stated the inspector's role is to keep pharmacies and pharmacists in compliance with Federal and State laws.

**3. PDMP Report**

The Executive Director Melissa DeNoon reported the following PDMP updates:

- Senate Bill 1 mandated that all prescribers with a South Dakota Controlled Substance Registration have a PMP Aware account by July 1, 2017. Board of pharmacy staff have been busy comparing the prescribers that currently have PDMP access with those remaining prescribers yet to sign up. Avera Prescribers may already have access to PDMP data without requiring an individual registration. A letter was sent in conjunction with Department of Health, to identify prescribers that had not enrolled by July 1, 2017.
- A second letter will be sent by the prescriber's regulatory board in early October to prescribers that still have not registered for PDMP access.
- Goal is to reach 100% prescriber participation, talk of possibly coordinating PDMP registration with Controlled Substance license renewals. Out of the 4,476 prescribers in SD approximately 82% are currently enrolled for PDMP access.
- Pharmacies are required to submit controlled substance dispense data every 24 hours. Many pharmacies were already submitting controlled substance data daily.
- Hydrocodone and tramadol still the top two most prescribed controlled substances in South Dakota.
- Discussion of drafting a Bill to add the verbiage "drugs of concern" to be reported to the PDMP registry. Drugs of concern to be determined by Board and PDMP Advisory Council. Tom Nelson moved that the Pharmacy Board draw up legislation to add drugs of concern to PDMP reporting by pharmacies, 2<sup>nd</sup> by Dan Somsen. Motion carried; Diane Dady-aye, Tom Nelson-aye, Dan Somsen-aye.
- 2016 Harold Rogers grant to integrate PDMP data with the Sanford Health Medical record
- Still waiting to hear on the 2017 Harold Rogers grant – proposal to integrate with Regional Health
- CDC grant to help in the Opioid crisis – proposal was to provide MedDrop Take Back Containers to a limited number of pharmacies wanting to provide this service in their communities
- The DEA will be holding a Pharmacy Diversion Awareness Conference (PDAC) on Sunday, October 1, 2017. See DEA website for details and to sign up

#### **D. Complaints, Investigations, Disciplinary Actions, Loss/Theft Report**

The following were reported by Gary Karel, Carol Smith, and Paula Stotz. Discussion followed.

1. Shopko Pharmacy #2101 (Arrowhead Parkway) Sioux Falls: DEA 106
2. AlixaRx Covington Heights in Sioux Falls, Armour, Salem, Madison: DEA 106
3. Sanford Winner LTC: Diversion
4. Kelly's Retirement Home, Pierre: Diversion
5. Sanford Canton-Inwood Medical Center: DEA 106
6. Prairie Lakes Campus Pharmacy: Complaint
7. Medicine Shoppe, Rapid City: Complaint
8. Rapid City Regional Hospital: Diversion
9. Hy-Vee Pharmacy (S. Minnesota Ave) Sioux Falls: DEA 106
10. Safeway S. (Mt Rushmore Rd) Rapid City: Complaint
11. Shopko Pharmacy #2076 (41<sup>st</sup> Street) Sioux Falls: DEA 106
12. Boyd's (E. St. Patrick Street) Rapid City: Attempted Robbery
13. Tienda America Store, Sioux Falls: Complaint
14. Review of a January 2017 complaint regarding OptimRx mail order Numbers 1, 2, and 11, are under investigation

#### **E. SD Pharmacists Association Update –**

SDPhA President Trisha Hadrick and Erica Bukovich submitted the written report in the packet:

1. Activity Report
2. Financial Report

#### **F. Other Reports**

##### **1. SDSU College of Pharmacy – Dr. Jane Mort, Pharm D, Acting Dean**

College of Pharmacy and Allied Health Professions Department Interim Dean Dr. Jane Mort reviewed the following from a written report provided to attendees:

- Eighty students were welcomed into the PharmD program; experienced a slight reduction in applicant numbers.
- Sixteen months into curricular revision process; anticipate implementation fall of 2018; evaluating facility modifications to support new curriculum.
- South Dakota State University will complete their strategic planning process this fall.
- Search committee for the new Dean has been established.
- Gary Karel has been awarded the SDSU 2017 Distinguished Pharmacy Alumni.

##### **2. SD Society of Health System Pharmacists – Aaron Larson, PharmD,**

- GVR Golf Tournament raised \$1,600 for SDSU Pharmacy Students, funds for scholarship and travel.
- New website being developing and should go live approximately September 20, 2017.
- Upcoming Statewide Pharmacotherapy Conference via phone or computer, 3 CE events, two in Sioux Falls and one in Rapid City.
- Dakota Night Reception at the National ASHP Convention, Orlando, FL, December 4, 2017, 5:30-7:30PM
- 42<sup>nd</sup> Annual SDSHP Convention, Sioux Falls, SD March 23-24, 2018.

##### **3. SD Association of Pharmacy Technicians – Sue DeJong, CPHT**

Report submitted,

- Annual Fall Technician Conference, October 7, 2017, Avera, Sioux Falls, SD
- SDAPT received a \$1000 sponsorship for the Fall Technician Conference

- SDAPT offers one \$150.00 scholarship to a pharmacy technician student that attends either SE Tech in Sioux Falls or Western Dakota Tech in Rapid City; scholarship winner to be announced at the Fall Technician Conference.

## G. Old Business

### 1. USP <797> proposed revisions – Update – Gary

- USP committee still reviewing comments; waiting for second draft of document.
- Suggest building cleanroom to current regulations, no release date yet for updated USP <797>

### 2. USP <800> and NIOSH 2016 - Paula

- USP <800> Official document on July 1, 2018; many pharmacies waiting for corporate to develop policies and procedures, pharmacies can begin by identifying Hazardous drugs handled by their pharmacy
- Hazardous Drug Tip sheet will be available to help pharmacies make steps toward USP <800> compliance

### 3. Office Software

- RFP responses have been received – review in process
- The Board is implementing a paperless system to enable on-line licensure
- Proposed start date Early Spring 2018

### 4. Hy-Vee Tech Check Tech Pilot Project Update (Renamed Technician Product Verification (TPV)

The following was reported by Justin Manning as part of the quarterly update.

- Staff trained: 1 Technician and 1 Pharmacy intern, 1 Technician left the company.
- 16 Hy-Vee locations are participating in the TPV pilot program – 15 pharmacies in Iowa and 1 in South Dakota. No quality errors and planned errors are being successfully found by technicians.
- TPV is for new and refill prescriptions
- No real measured increases in MTM, or immunizations since the program has only been fully implemented for a few months, 1 trained TPV technician left the company, and influenza season is just beginning. It takes several months to train a new technician for the TPV program.
- Freeing up time for Pharmacists to provide more patient/customer interaction, MTM services is the goal.

Diane Dady moved to grant a continuing variance to renew the TPV program to Hy-Vee Pharmacy #4, Sioux Falls location for one year to include quarterly reports to the Board. 2<sup>nd</sup> –Tom Nelson. Motion carried; Diane Dady–aye, Tom Nelson–aye, Dan Somsen–aye.

### 5. Report on Alchermes/Aristada Pilot Project Minnehaha County Jail - Dave Hilbrands

- Aristada is 1064 mg dose is the preferred dose, lasts two months, allows for greater control while discharged to transitional care.
- Similar jail pilot programs are in all 50 states.
- 17 Minnehaha County Jail Nurses are trained to start treatment, continuing training is needed, to work closely with discharge assessment team
- Programs similar to the Minnehaha pilot have been established in Hughes County and Armour
- The current variance expires November 1, 2017; a letter will need to be sent to the Board of Pharmacy requesting another year extension.

### 6. PDMP Rules ARSD 20:51:32

- Changes during the last legislative session require changes to the PDMP Administrative rules
- Controlled substance prescription dispense data will need to be dispensed every 24 hours or by midnight of the next business day after dispensing.
- Other data elements will also be required, such as: dispenser name, dispenser phone number, payment type, prescriber last name, first name, and phone number.

- Credentialing of prescriber licenses will be done by the health system wishing to integrate with the PDMP program
- Requests for PDMP data must be submitted in writing or electronically
- Adding the definition parole to probation compliance

#### 7. Drug Distributor Rules ARSD 20:67

- To further define wholesale licenses, suggest adding "or other" to the definition, and wholesale or other drug distributor applications will be electronically or in a form supplied by the Board
- Including third party logistic providers to list of drug distributors to be inspected.
- Additional information to be included on the wholesale or other drug distributor application
  - Convictions, suspension or revocations of said license in the last seven years
  - Type of distribution
  - Type of products distributed
  - Type of entity distributed to
- Repeal of ARSD 20:67:02:09 Temporary 90 day Wholesale License
- Repeal of Chapter ARSD 20:67:08 Wholesale Drug Advisory Committee

#### 8. Red Tape Cleanup of SDCL 36-11

Board President Diane Dady reported the following regarding the Pharmacy Practice Act:

- The Practice Act committee members will work with the Board of Pharmacy and SD Pharmacists association to rework the Practice act.
- Some items must be done when this is put forth. We need to clarify 36-11-19.1(1). We should add Pharmacy Technician continuing education requirements as Board approves CE for technicians now that they must have it for national certification.
- A "clean up" of the practice act could be submitted to the 2018 session to remove old reference requirements, etc., however the Board discussed and feels that no clean up should be submitted this session and that it should all go at once with the full revisions in 2019.

#### 9. Association Funding per SDCL 36-11-6

The AG opinion regarding the relationship between the South Dakota Board of Pharmacy and South Dakota Pharmacists Association has not been given. President Diane Dady read a portion of a letter sent to the SD Attorney General by Robert Riter, Attorney and Lobbyist for the SD Pharmacists Association. The letter explained that the Board and Pharmacists Association was one entity until it was split into two entities by the legislature in 2005. The legislation spelled out that up to 80% of the pharmacists licensure renewal fees may be distributed to the SDPhA annually. The Commercial and Legislative Branch of the Pharmacy Association is the lobbying branch of the association and is supported by voluntary contributions only. The Board of Pharmacy has, since she has been a member, never authorized the payments to the Association and these payments have been automatically dispersed. The monies the Association receives are to be used for continuing education, registration standards of the profession and payment to the Health Professional Assistance Program. Monies are to be used for pharmacy related issues. Disbursements usually occur in January of the following year. A lengthy discussion ended with a motion by Diane Dady to authorize 80% of this year's pharmacist licensure fees to be dispersed to the SD Pharmacists Association in early January 2018, and each spring meeting the authorization will be reviewed. 2<sup>nd</sup> by Tom Nelson. Motion carried; Diane Dady-aye, Tom Nelson-aye, Dan Somsen-aye.

## H. New Business

1. Docket Processes

- The Board of Pharmacy needs to have uniform processes and procedures in place to address disciplinary activity for its licensees and registrants. Currently processes for discipline are not solid.
- The Board of Pharmacy would like to model the disciplinary procedures which are in rule, after the Board of Medicine and Board of Nursing, to move forward on rules to address discipline.
- Use of an Administrative Law Judge in cases of an impaired person on the job. Referrals to the HPAP program. HPAP would determine when the person could practice with reasonable skill and safety.
- Clear procedures when law enforcement is involved in handling diversion.
- No discipline or probation of license, five year agreement of sobriety
- Define clear procedures for the complaint process
- Board voiced that this sounds like a good idea and rulemaking should proceed. Rules to be sent to the group.

## **I. Other Business Future Board Meeting Dates**

### **1. Future Board Meeting Dates**

- December 8, 2017 – Sioux Falls, Location TBD
- March 22, 2018 -- Sioux Falls, Location TBD – in conjunction with SDSHP??
- June 8, 2018 – Sioux Falls, Location TBD
- September 20, 2018 Sioux Falls Ramkota -in conjunction with SDPhA

### **2. Other Meetings**

- District Five annual Meeting, August 3-5, 2017, West Des Moines, IA recapped by attendees
- SDPHA September 22-23, 2017, The Lodge at Deadwood
- 50 State Intergovernmental FDA meeting on Compounding, September 26-27, 2017, Silver Springs, MD
- Pharmacy Diversion Awareness Conference (PDAC) October 1, 2017 –Sheraton, Sioux Falls and Convention Center
- NABP Executive Officer Interactive Forum, October 3-4, 2017, Chicago, IL
- SDAPT, October 7, 2017, Avera Prairie Center, Sioux Falls,
- National Association of State Controlled Substance Authorities (NASCSA) October 16-20, 2017 San Antonio, TX
- Law Enforcement Coordinating Committee, November 7-8, 2017 Sioux Falls
- SDSHP 2018 Annual Meeting March 23-24, 2018, Sioux Falls, Ramkota
- NABP Annual Meeting, May 5-7, 2018, Denver, CO Hyatt Regency

- J. Adjourn at 4:42 PM MST – Motion by Board Member Tom Nelson, second by Board Member Dan Somsen. Motion passed; Diane Dady – aye, Tom Nelson – aye, Dan Somsen – aye. Meeting adjourned.**

**LICENSE SUMMARY**

**June 1, 2107 – August 31, 2017**

**PHARMACISTS**

2034 Current Total

59 New Licensees for period

License #	Prefix	Last Name	First Name	City	State
6469		MENNING	SARA	BROOKINGS	SD
6470		REUMAN	REED	SIOUX FALLS	SD
6471		STRAIN	GRANT	SIOUX FALLS	SD
6472		WARMAN	PATRICK	SIOUX FALLS	SD
6473		HEEREN	NICOLE	SIOUX FALLS	SD
6474		WILLIAMS	ZACHARY	TYLER	MN
6475		YOUNG	NICHOLAS	RAPID CITY	SD
6476		VENARD	BRITTANIE	TEA	SD
6477		GABUR	KAYLIE	CASTLEWOOD	SD
6478	R	GEHRELS	KATHLEEN	SIOUX FALLS	SD
6479		WIECZOREK	ABBEY	STICKNEY	SD
6480		WAGNER	SAMANTHA	DENVER	CO
6481		HANSING	MARGIT	URBANDALE	IA
6482		BERG	CHELSEA	SIOUX FALLS	SD
6483		BRUSCHER	DANIELLE	MITCHELL	SD
6484		WILL	HAILEY	VOLGA	SD
6485		LAU	HANNAH	ARMOUR	SD
6486		OHRTMAN	JOSHUA	RAPID CITY	SD
6487		HOJER	BREANNE	CLEAR LAKE	SD
6488		NEUBERT	COURTNEY	SIOUX FALLS	SD
6489		THIES	ANDREW	ARLINGTON	MN
6490		IVERSON	ZACHARIAH	GARVIN	MN
6491		DEMERS	STEPHANIE	RALSTON	NE
6492		PEGELOW	ELIZABETH	RAPID CITY	SD
6493		WEGLEITNER	SHANNON	BERESFORD	SD
6494		WELU	JENNA	ELK POINT	SD
6495		BEITER	NATALIE	COON RAPIDS	MN
6496		WRIGHT	CRYSTAL	SIOUX FALLS	SD
6497		BLOCK	AUSTIN	CANTON	SD
6498		BECKER	TAYLOR	BRANDON	SD
6499		KLINKHAMMER	MACKENZIE	CROFTON	NE
6500		HEYEN	JENNA	SIOUX FALLS	SD
6501		JENSEN	LEVI	MOBRIDGE	SD
6502		DONNELLI	COURTNEY	IDA GROVE	IA
6503		TELKAMP	LEA	HURON	SD
6504		JANSMA	BRIANNA	SIOUX FALLS	SD
6505	R	LUKES	WILLIAM	SIOUX FALLS	SD
6506		HATTERVIG	LEVI	CARTHAGE	SD
6507		FENTON	TYLER	SIOUX FALLS	SD
6508		GIESE	TAMARA	BILLINGS	MT
6509		WAGNER	ZACHARY	WEBSTER CITY	IA
6510		BECK	DACEY	SUMMERSET	SD
6511		ZHENG	KAI	SIOUX FALLS	SD
6512		TRUMM	SAMANTHA	SIOUX FALLS	SD
6513		MURRAY	EMILY	SIOUX FALLS	SD
6514		ROBINSON	MEGAN	SIOUX FALLS	SD

6515		SMITH	ALEX	SIOUX FALLS	SD
6516	R	NOWDOMSKI	KRISTEN	WILMINGTON	IL
6517	R	NGO	NGOCHAN	PEORIA	IL
6518	R	MACENAS	CIARA	GLENDALE HEIGHT	IL
6519		MEIER	MICHAEL	ALBUQUERQUE	NM
6520	R	MCALLISTER	EVAN	BROOKLYN PARK	MN
6521		VAN EDE	TRAVIS	BRANDON	SD
6522		STATZ	JOSEPH	SIOUX FALLS	SD
6523		COX	DANIEL	GLENCOE	MN
6524	R	CHERRY	MARTIN	TILLAMOOK	OR
6525	R	JEZWINSKI	CHERYL	BUFFALO GROVE	IL
6526	R	KOELE	LYNN	HULL	IA
6527	R	LOZANO BARROSO	JUAN	MENOMONEE FALLS	WI

<u>PHARMACY INTERNS</u>	390 Current Total	7 New Registrations for period
<u>FULL-TIME PHARMACY PERMITS</u>	261 Current Total	0 New Pharmacy Permits for period
<u>PART-TIME PHARMACY PERMITS</u>	58 Current Total	1 New PT Pharmacy Permits for period
<u>TECHNICIAN REGISTRATIONS</u>	1575 Current Total	53 New Registrations for period
<u>WHOLESALE PERMITS</u>	1285 Current Total	34 New Permits for period
<u>NON-RESIDENT PHARMACY PERMITS</u>	750 Current Total	31 New Permits for period

PharmacyName	Address1	City	State
AVELLA OF DENVER INC	1245 E COLFAX AVE STE 102	DENVER	CO
PHARMACEUTICAL SPECIALTIES INC	4330 S MANHATTAN AVE	TAMPA	FL
RARX LP	1911 CHURCH ST STE 202	NASHVILLE	TN
ROYAL PHARMACY	12002 SHADOW CREEK PKWY #106	PEARLAND	TX
SPECIALTY CARE RX LIMITED LIABILITY COMPANY	5310 N SHERIDAN RD	CHICAGO	IL
VC PHARMACY INC	8083 CALLAGHAN RD	SAN ANTONIO	TX
FLTX LLC	3163 S CHURCH ST STE A	MURFREESBORO	TN
RAINA RX LLC	1208 ROUTE 300 STE 103	NEWBURGH	NY
ANIMART LLC	1240 GREEN VALLEY RD	BEAVER DAM	WI
BLONDELL RX CORP	1642 EASTCHESTER RD	BRONX	NY
E S DRUGS INC	3295 S COOPER ST #107	ARLINGTON	TX
NEW YORK PHARMACY NETWORK LLC	444 MERRICK RD, LL5	LYNBROOK	NY
PIPELINE HEALTH HOLDINGS LLC	7455 ARROYO CROSSING PKWY	LAS VEGAS	NV
COASTLINE PHARMACY LLC	2107 S US HWY 1	JUPITER	FL
MEDWORLD PHARMACY INC	2351 MERRITT DR STE B	GARLAND	TX
MEERA INC	195 1ST AVE W	NEWARK	NJ
VITACARE PRESCRIPTION SERVICES	6800 BROKEN SOUND PKWY NW STE 100	BOCA RATON	FL
ACHOR CARE PHARMACY INC	12130 CENTRAL AVE	MITCHELLVILLE	MD
ACUTUS RX LLC	385 W JOHN ST	HICKSVILLE	NY
OAKES DRUG INC	422 MAIN AVE	OAKES	ND
BETA DISCOUNT PHARMACY & HEALTH SERVICES	776 SAND TOWN RD	MARIETTA	GA
FAMILY PHARMACY LLC	31952 DEL OBISPO ST UNIT 240	SAN JUAN CAPISTRANO	CA

PARKWAY PHARMACY LP	3502 US HWY 9	HOWELL	NJ
PHARMACENA LABS LLC	516 MINEOLA AVE	CARLE PLACE	NY
PHARMACORD	11001 BLUEGRASS PKWY STE 200	LOUISVILLE	KY
1ST CHOICE PRESCRIPTIONS	8111 LBJ FWY STE 540	DALLAS	TX
AVELLA PATIENT ACCESS PROGRAM INC	100 TECHNOLOGY PARK STE 157	LAKE MARY	FL
LAKE CITY PHARMACY LLC	33389 VAN DYKE	STERLING HEIGHTS	MI
MAILMYPRESCRIPTIONS.COM	622 BANYAN TL STE 614	BOCA RATON	FL
MEDITECH LABORATORIES INC	3200 S POLARIS AVE UNIT 27	LAS VEGAS	NV
SOLEO HEALTH INC	415 S 48TH ST STE 101	TEMPE	AZ
SUCCESSWARE LLC	1890 BONANZA DR STE 107	PARK CITY	UT



**South Dakota  
Board of Pharmacy**

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Sioux Falls, SD 57106  
Phone: 605-362-2737  
Fax: 605-362-2738

**Approvals, Variances, and Pharmacy Closings for September 21, 2017 Board Meeting**

**Approvals**

1. Sanford Home Health dba Sanford Hospice, Sioux Falls, #200-1709
2. Siouxland Surgery Center dba Dunes Surgical Hospital, Dakota Dunes #200-1710
3. Midwest Ag Supply – Watertown LLC, Watertown #600-2786
4. Midwest Ag Supply – Aberdeen LLC, Aberdeen #600-2785,
5. Fox Ridge Ag Supply LLC, Parade, #600-2817
6. Unit Dose Credit Return, Smith Drug, Lemmon

**Variances/Waivers**

1. Renewal Alixa On-site Visit Variance for all Alixa locations
2. Renewal Regional Home LTC Pennington County Jail E-kit Variance

**Pharmacy Closings**

1. Family Thrift Center #254, Rapid City
2. FTC Express Pharmacy #257, Rapid City
3. Shopko Pharmacy #3596, Dell Rapids

## Remaining Authority by Object/Subobject

Expenditures current through 09/02/2017 09:20:36 AM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 82.7%

09209 Board of Pharmacy - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
<b>EMPLOYEE SALARIES</b>						
5101010 F-t Emp Sal & Wages	313,727	70,869	0	0	242,858	77.4
5101020 P-t/temp Emp Sal & Wages	102,646	24,423	0	0	78,223	76.2
5101030 Board & Comm Mbrs Fees	1,342	300	0	0	1,042	77.6
<b>Subtotal</b>	<b>417,715</b>	<b>95,592</b>	<b>0</b>	<b>0</b>	<b>322,123</b>	<b>77.1</b>
<b>EMPLOYEE BENEFITS</b>						
5102010 Oasi-employer's Share	29,062	6,913	0	0	22,149	76.2
5102020 Retirement-er Share	18,500	5,422	0	0	13,078	70.7
5102060 Health Insurance-er Share	42,516	12,352	0	0	30,164	70.9
5102080 Worker's Compensation	1,000	162	0	0	838	83.8
5102090 Unemployment Compensation	300	43	0	0	257	85.7
<b>Subtotal</b>	<b>91,378</b>	<b>24,892</b>	<b>0</b>	<b>0</b>	<b>66,486</b>	<b>72.8</b>
<b>51 Personal Services</b>						
<b>Subtotal</b>	<b>509,093</b>	<b>120,484</b>	<b>0</b>	<b>0</b>	<b>388,609</b>	<b>76.3</b>
<b>TRAVEL</b>						
5203010 Auto-state Owned-in State	6,600	1,213	0	0	5,387	81.6
5203020 Auto Priv (in-st.) L/rte	600	4	0	0	596	99.3
5203030 Auto-priv (in-st.) H/rte	6,000	1,383	0	0	4,617	77.0
5203100 Lodging/in-state	7,489	605	0	0	6,884	91.9
5203140 Meals/taxable/in-state	1,100	154	0	0	946	86.0
5203150 Non-taxable Meals/in-st	2,000	416	0	0	1,584	79.2
5203220 Auto-priv.(out-state) L/r	200	0	0	0	200	100.0
5203230 Auto-priv.(out-state) H/r	1,600	0	0	0	1,600	100.0
5203260 Air-comm-out-of-state	10,000	884	0	0	9,116	91.2
5203280 Other-public-out-of-state	100	0	0	0	100	100.0
5203300 Lodging/out-state	6,400	801	0	0	5,599	87.5
5203320 Incidentals-out-of-state	152	74	0	0	78	51.3
5203350 Non-taxable Meals/out-st	900	177	0	0	723	80.3
<b>Subtotal</b>	<b>43,141</b>	<b>5,711</b>	<b>0</b>	<b>0</b>	<b>37,430</b>	<b>86.8</b>
<b>CONTRACTUAL SERVICES</b>						
5204010 Subscriptions	250	0	0	0	250	100.0
5204020 Dues & Membership Fees	500	0	0	0	500	100.0
5204050 Computer Consultant	298,567	12,000	132,000	0	154,567	51.8
5204140 Contract Pymts To St Agen	20,000	18,000	0	0	2,000	10.0
5204160 Workshop Registration Fee	4,000	550	0	0	3,450	86.3

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Expenditures current through 09/02/2017 09:20:36 AM

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09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204180 Computer Services-state	10,075	2,820	0	0	7,255	72.0	
5204181 Computer Services-state	3,619	35	0	0	3,584	99.0	
5204200 Central Services	5,985	1,199	0	0	4,786	80.0	
5204202 Central Services	102	18	0	0	84	82.4	
5204203 Central Services	102	23	0	0	79	77.5	
5204204 Central Services	411	79	0	0	332	80.8	
5204207 Central Services	3,579	645	0	0	2,934	82.0	
5204220 Equipment Serv & Maint	600	0	0	0	600	100.0	
5204320 Audit Services-private	1,000	0	0	0	1,000	100.0	
5204360 Advertising-newspaper	1,000	0	0	0	1,000	100.0	
5204430 Publishing	1,000	0	0	0	1,000	100.0	
5204460 Equipment Rental	1,100	96	0	0	1,004	91.3	
5204490 Rents-private Owned Prop.	18,277	4,092	0	0	14,185	77.6	
5204510 Rents-other	250	0	0	0	250	100.0	
5204530 Telecommunications Srvc	5,200	594	0	0	4,606	88.6	
5204550 Garbage & Sewer	50	19	0	0	31	62.0	
5204590 Ins Premiums & Surety Bds	1,450	0	0	0	1,450	100.0	
5204620 Taxes & License Fees	176,708	0	0	0	176,708	100.0	
5204960 Other Contractual Service	7,528	73	0	0	7,455	99.0	
<b>Subtotal</b>	<b>561,353</b>	<b>40,243</b>	<b>132,000</b>	<b>0</b>	<b>389,110</b>	<b>69.3</b>	
<b>SUPPLIES &amp; MATERIALS</b>							
5205020 Office Supplies	2,300	120	0	0	2,180	94.8	
5205040 Educ & Instruc Supplies	300	0	0	0	300	100.0	
5205210 Medical Supplies	0	4,500	0	0	-4,500	0.0	
5205310 Printing-state	1,100	0	0	0	1,100	100.0	
5205320 Printing-commercial	400	0	0	0	400	100.0	
5205330 Supp. Public & Ref Mat	50	0	0	0	50	100.0	
5205350 Postage	4,900	605	0	0	4,295	87.7	
<b>Subtotal</b>	<b>9,050</b>	<b>5,225</b>	<b>0</b>	<b>0</b>	<b>3,825</b>	<b>42.3</b>	
<b>CAPITAL OUTLAY</b>							
5207450 Office Furn & Fixtures	1,000	0	0	0	1,000	100.0	
5207495	500	0	0	0	500	100.0	
5207901 Computer Hardware	4,264	0	0	0	4,264	100.0	
5207960 Computer Software	30,000	0	0	0	30,000	100.0	
<b>Subtotal</b>	<b>35,764</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35,764</b>	<b>100.0</b>	
<b>OTHER</b>							

# Remaining Authority by Object/Subobject

Expenditures current through 09/02/2017 09:20:36 AM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 82.7%

09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
5208080 Refund Of Prior Yrs Rev	0	521	0	0	-521		0.0
<b>Subtotal</b>	<b>0</b>	<b>521</b>	<b>0</b>	<b>0</b>	<b>-521</b>		<b>0.0</b>
<b>52 Operating Subtotal</b>	<b>649,308</b>	<b>51,700</b>	<b>132,000</b>	<b>0</b>	<b>465,608</b>		<b>71.7</b>
<b>Total</b>	<b>1,158,401</b>	<b>172,184</b>	<b>132,000</b>	<b>0</b>	<b>854,217</b>		<b>73.7</b>

REVENUE REPORT BY MONTH

REVENUE REPORT BY MONTH													
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	YTD FY17
Wholesale	1,000	6,200	1,200	0	38,800	140,600	45,400	15,000	7,200	5,400	1,800	0	262,600
FT Pharmacy	5,200	0	400	0	1,000	400	0	0	200	200	15,000	37,000	59,400
PT Pharmacy	160	480	0	480	480	0	0	0	0	320	2,400	5,600	9,920
Nonresident	18,200	8,200	2,200	600	3,800	0	1,200	7,800	3,200	400	68,600	62,200	176,400
Initial Certification	35	0	105	140	315	35	35	105	70	1,295	1,050	245	3,430
RPh Renewal	500	9,600	15,275	8,625	125	125	0	209,025	0	0	250	0	243,525
Interns	0	80	3,280	120	0	40	40	160	0	160	280	160	4,320
Reciprocity	0	600	600	900	900	150	450	450	600	1,200	450	750	7,050
Technicians	350	475	3,100	15,350	15,950	825	450	550	400	375	500	625	38,950
Miscellaneous	500	800	800	600	0	1,200	700	1,000	100	320	1,400	300	7,720
Other - Electronic Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
Late Fee Penalties	25	25	0	125	0	0	0	375	50	0	300	0	900
Recovery Legal Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
Fines, Forfeits & Penalties	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total</b>	<b>25,970</b>	<b>26,460</b>	<b>26,960</b>	<b>26,940</b>	<b>61,370</b>	<b>143,375</b>	<b>48,275</b>	<b>234,465</b>	<b>11,820</b>	<b>9,670</b>	<b>92,030</b>	<b>106,880</b>	<b>814,215</b>
Federal Grant Program GY4	30126.36	12517.25	0.00	13348.97	0.00	0.00	17891.29	0.00	0.00	0.00	0.00	0.00	73,883.87
Federal Grant Program GY7											38465.14	0	38,465.14
<b>CASH CENTER BALANCE</b>	<b>\$1,429,563.52</b>												



Activity Reports Pharmacy Permits	New	Renewal	Aug	Aug	YTD	YTD
			2017	2016	This Year	Last Year
Full Time (SD)	0	0	0	0	0	1
Part Time (SD)	1	1	2	2	4	4
Non-Resident	13	4	17	25	68	74

**Pharmacist Licenses**

South Dakota	0	611	611	507	619	515
Non-Resident	5	339	344	258	353	261

<b>Technician Registration</b>	14	10	24	11	34	33
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<b>Pharmacy Interns</b>	3	0	3	233	3	235
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**Wholesale Permits**

South Dakota	0	0	0	0	2	3
Non-Resident	8	3	11	15	44	33

**Inspections**

Pharmacy Inspections			35	33	56	63
Wholesale Inspections			0	1	3	6
Other Pharmacy Visits/Meetings			47	38	75	57
Controlled Drug Destruction			0	1	0	1
PDMP Visits			23	11	37	23

**Verifications:**

Pharmacist			11	8	24	19
Wholesalers			45	56	69	94
Pharmacies			13	23	25	46
Technicians / Interns			5	2	8	4

Board of Pharmacy - Inspection Report		3rd Quarter 2017
Date	Destination	Purpose
<i>Kari Shanard-Koenders</i>		
7/1/17	Legislative Mandate for PDMP Registration Bega	Mandatory Registration
7/11/17	NACDS - Joel Kurzman Legislative Research	Conference Call
7/13/17	Avera LTC Pharmacy	Construction Inspection
7/13/17	Lewis Family Drug #41 (Telepharmacy)	Construction Inspection
7/13/17	Brian Zeeb, Doug Barnett SSA Investigator access to PDMP	Conference Call
7/25/17	Kmart Telepharmacy Call	Conference Call
7/27/17	Opioid Advisory Meeting	Meeting
8/2/17	Dicipline Procedures Tutoring, SDBMOE	Meeting
8/2/17	MPJE Item Review with Staff	Meeting and Conf Call
8/2/17	Alixa Rx Conference Call re: significant diversion	Conference Call
8/3/17	NABP District V Meeting	Meeting
8/4/17	NABP District V Meeting	Meeting and presentation
8/5/17	NABP District V Meeting	Meeting
8/7/17	FDA Inspection	Inspection
8/8/17	FDA Inspection	Inspection
8/9/17	FDA Inspection	Inspection
8/10/17	FDA Inspection	Inspection
8/16/17	NABP Task Force on LTC Rules	Task Force
8/17/17	NABP Task Force on LTC Rules	Task Force
8/21/17	Lindsey Osterkamp	Mtging to discuss new pharmacy
8/22/17	BJA Call Wendy Williams	Conference Call
8/23/17	Appriss PDMP Roadmap Demo	Conference Call
8/28/17	APPE P4 Student Zack Mullin Starts	Meeting
8/28/17	Conference Call Regional Health Home Inf	Discuss cpding of eye syringes, pain medication, TPN's etc. vs DQSA
8/30/17	HPAP - PSC Meeting	Meeting
8/31/17	TTAC Webinar Women and Pain	Webinar
9/1/17	Completed MPJE Review and returned documents to NABP	Test Review
9/11/17	Tienda America Store	Investigate potential Sale of antibiotics
9/13/17	Opioid Abuse Advisory Committee	Meeting
9/15/17	Office Software RFP review Process	Staff Meeting
9/19/17	Tom Johnson, Mike Meekins, Gary, Zach	Meeting on IV rooms
9/21/17	Board Meeting	Meeting

Board of Pharmacy - Inspection Report		3rd Quarter 2017	
Date	Destination	City	Purpose
Melissa DeNoon			
7/6/17	Lori King - SD DOH	Sioux Falls	CC on Drug Take-Back
7/11/17	BJA/Brandeis Univ HR PDMP North Region	Milwaukee, WI	Annual BJA Grantee Meeting
7/12/17	BJA/Brandeis Univ HR PDMP North Region	Milwaukee, WI	Annual BJA Grantee Meeting
7/13/17	Brian Zeeb, Doug Barnett, and KSK	Sioux Falls	CC on LE access
7/14/17	Appriss Health	Sioux Falls	Bimonthly Tech CC
7/18/17	NABP PMP InterConnect Steering Committee	Mount Prospect, IL	Annual Meeting
7/19/17	NABP PMP InterConnect Steering Committee	Mount Prospect, IL	Annual Meeting
7/20/17	NABP PMP InterConnect Steering Committee	Mount Prospect, IL	Annual Meeting
7/24/17	OA Team	Sioux Falls	Monthly CC
7/24/17	Doug Bowman - AWS MedDrop Program	Sioux Falls	DTB Call/Agreement/1st order
7/26/17	Appriss Health	Sioux Falls	Bimonthly Tech CC
7/26/17	TTAC	Sioux Falls	Webinar
7/27/17	POAAC	Pierre	Meeting
8/2/17	MPJE Item Review Staff Meeting	Sioux Falls	Conference Call
8/3/17	Lewis - Bill L., Erin H., Jim B., April W., Kaylee A.	En Route to Des Moines, IA	MedDrop Set-Up Conf Call
8/3/17	NABP/AACP District V Meeting	Des Moines, IA	Annual Meeting
8/04/2017	NABP/AACP District V Meeting	Des Moines, IA	Annual Meeting
8/5/17	NABP/AACP District V Meeting	Des Moines, IA	Annual Meeting
08/09/2017	PDMP Administrators' Roundtable Meeting	Overland Park, KS	Meeting
8/10/17	PDMP Administrators' Roundtable Meeting	Overland Park, KS	Meeting
8/11/17	PDMP Administrators' Roundtable Meeting	Overland Park, KS	Meeting
08/22/2017	Wendy Rose - BJA and Kari Shanard-Koenders	Sioux Falls	Grant Conference Call
08/23/2017	Appriss Health	Sioux Falls	Webinar Demo
08/28/2017	Zach Mullin P4 APPE starts - Mt. w/KSK and GK	Sioux Falls	Meeting
8/30/17	NDEWS	Sioux Falls	Webinar
8/31/17	TTAC	Sioux Falls	Webinar
09/01/2017	Amanda Nelson - SD DOH Injury Epidemiologist	Sioux Falls	PMP AWAxE Demo/Info Mt
09/05/2017	Harold Rogers PDMP National Meeting	Washington, DC	Annual Meeting
09/06/2017	Harold Rogers PDMP National Meeting	Washington, DC	Annual Meeting
09/07/2017	Harold Rogers PDMP National Meeting	Washington, DC	Annual Meeting
09/08/2017	Harold Rogers PDMP National Meeting	Washington, DC	Annual Meeting
09/12/2017	NDEWS	Sioux Falls	Webinar
09/12/2017	Ashley Tanner & Michelle Hoffman - SD DOH	Sioux Falls	Software RFP Conference Call
09/13/2017	POAAC	Pierre	Meeting
09/14/2017	Jen Cline - Pinney Associates	Sioux Falls	Research Project Conf Call
09/15/2017	SD BOP Office Staff	Sioux Falls	E-Licensing RFP Meeting
09/15/2017	Kari Shanard-Koenders	Sioux Falls	PDMP ARSD Meeting
09/20/2017	Appriss Health	Sioux Falls	Bimonthly Tech CC
09/21/2017	SD Board of Pharmacy	Deadwood, SD	Quarterly Board Meeting
09/22/2017	SDPhA	Deadwood, SD	Annual Conference
09/23/2017	SDPhA	Deadwood, SD	Annual Conference
09/25/2017	OA Team	Sioux Falls	Monthly CC
09/27/2017	HHS - National Recovery Month Opioid Event	Sioux Falls	Live Stream Event

**Board of Pharmacy - Inspection Report**

**3rd Quarter 2017**

<b>Date</b>	<b>Destination</b>	<b>City</b>	<b>Purpose</b>
Gary Karel			
7/7/17	Avera Mck Pharm East Campus	Sioux Falls	Inspection
7/10/17	Lewis Drugs Westgate #2	Sioux Falls	Inspection
7/12/17	James Drug	Wagner	Inspection
7/12/17	Avera Dialysis-Wagner	Wagner	Inspection
7/12/17	Lincare, Inc	Wagner	Wholesale Inspection
7/13/17	Avera LTC Pharmacy	Sioux Falls	Construction Inspection
7/13/17	Lewis Family Drug #41 (Telepharmacy)	Centerville	Construction Inspection
7/14/17	CVS Pharmacy dba Target	Sioux Falls	Inspection
7/18/17	Huron Reg Med Center Pharmacy	Huron	Inspection
7/18/17	Walmart Pharmacy 10-3853	Huron	Inspection
7/18/17	Lewis Drug Pharmacy #4	Huron	Inspection
7/20/17	Alixia-Salem	Salem	Inspection
7/20/17	Veterinary Nutritional Services	Mitchell	Wholesale Inspection
7/20/17	Prairie Pharmacy	Corsica	Inspection
7/20/17	Presho Community Pharmacy	Presho	Visit
7/20/17	Avera Medical Assoc Clinic Pharmacy	Pierre	Visit
7/20/17	Vilas LTC	Pierre	Visit
7/20/17	DakotaMart	Pierre	Visit
7/21/17	Avera St. Mary's Hospital	Pierre	Inspection
7/21/17	Lewis Family Drug	Chamberlain	Visit
7/24/17	Walgreens #05745	Sioux Falls	Inspection
7/25/17	HyVee Pharmacy #7	Sioux Falls	Inspection
7/25/17	Kmart (Corporate Compliance)	Sioux Falls	Conf Call about Telepharmacy
7/28/17	Avera 69th St Pharmacy	Sioux Falls	Inspection
8/1/17	Heritage Pharmacy	Bridgewater	Inspection
8/1/17	Avera Grassland Pharmacy	Mitchell	Inspection
8/2/17	Critical Point Webinar	Sioux Falls	Investigation & Remediation of Env & Personnel Excursions
8/2/17	Alixia (Blake, Kimberly, Brian etc)	Sioux Falls	Conf Call regarding Tech Diversion
8/3/17	Glenn Voss	Sioux Falls	Meet to sign inspection (Avera Wagner Dialysis)
8/3/17	Lewis Drug SouthEast #7	Sioux Falls	Inspection
8/16/17	Avera Sacred Heart Hospital	Yankton	Inspection
8/16/17	Avera Fox Run Health Campus	Yankton	Inspection
8/18/17	NABP		MPJE Review questions
8/21/17	Lindsey Osterkamp	Sioux Falls	Mtging to discuss new pharmacy
8/21/17	NABP		MPJE Review questions
8/22/17	Redler's LTC	Dakota Dunes	Inspection
8/22/17	Dunes Family Pharmacy	Dakota Dunes	Inspection

Board of Pharmacy - Inspection Report			3rd Quarter 2017		
Date	Destination	City	Purpose		
Gary Karel					
8/24/17	Lewis Drug Express #10	Sioux Falls	Inspection		PDMP
8/24/17	Walgreens #01975 (26th & Sycamore)	Sioux Falls	Inspection		PDMP
8/28/17	APPE P4 Pharmacy Student -Zach Mullin	Sioux Falls	Orientation Meeting		
8/28/17	Conference Call Regional Health Home Inf	Sioux Falls	Discuss cpding of eye syringes, pain medication, TPN's etc. vs DQSA		
8/28/17	Avera Compounding Pharmacy	Sioux Falls	Inspection		PDMP
8/29/17	Yankton Rexall Drug	Yankton	Inspection		PDMP
8/29/17	Lewis Family Drug #63	Lennox	Inspection		PDMP
8/30/17	Sanford Home Medical Equipment	Sioux Falls	Inspection		PDMP
8/31/17	HyVee Pharmacy #4	Sioux Falls	Inspection		PDMP
8/31/17	Walmart (North)	Sioux Falls	Visit		
9/6/17	Avera Dells Area Hospital	Dell Rapids	Inspection		PDMP
9/6/17	Lewis Family Drug	Dell Rapids	Inspection		PDMP
9/8/17	Shopko Pharmacy #2076 (41st St)	Sioux Falls	Inspection		PDMP
9/11/17	Tienda America Store	Sioux Falls	Investigate potential Sale of antibiotics		
9/12/17	SDHSC-Mike Durfee State Prison	Springfield	Inspection		
9/12/17	SD Human Services Center	Yankton	Inspection		
9/13/17	Hy-Vee Pharmacy #3 (Minn Ave)	Sioux Falls	Inspection		PDMP
9/14/17	Lewis Drug #8 (Clinic)	Madison	Inspection		PDMP

Board of Pharmacy - Inspection Report		3rd Quarter 2017	
Date	Destination	City	Purpose
<i>Paula Stotz</i>			
7/5/17	Buffalo Ranch Supply	Buffalo	Wholesale Insp
7/5/17	Smith's Drug	Lemmon	E-Inspection
7/6/17	Northwest Farm & Home Supply	Lemmon	Wholesale Insp
7/19/17	Spearfish Regional Hospital	Spearfish	E-Inspection
7/19/17	Spearfish Regional Surgery Center	Spearfish	E-Inspection
7/27/17	Complaint inquiry	Rapid City	Inquiry
7/28/17	Complaint resolution	Rapid City	Resolution
8/2/17	Critical Point Webinar	Personnel Sampling Excursions	Training/Education
8/2/17	MPJE Conference Call		MPJE question guidance/instructions
8/3/17	NABP District V Annual meeting	Des Moines	Meeting
8/4/17	NABP District V Annual meeting	Des Moines	Meeting
8/5/17	NABP District V Annual meeting	Des Moines	Meeting
8/8/17	USP <71> Webinar	An Inside Look at USP <71>	Training/Education
8/9/17	Kmart Pharmacy	Rapid City	Visit
8/17/17	Deadwood Hospital	Deadwood	E-Inspection
8/17/17	Thrifty White Drug	Deadwood	E-Inspection
8/21/17	Omnicare - Fountain Springs	Rapid City	E-Inspection
8/22/17	Omnicare - David Dorsett Healthcare	Spearfish	E-Inspection
8/22/17	Omnicare - Belle Fourche	Belle Fourche	E-Inspection
8/29/17	Wall Drug	Wall	E-Inspection
08/29/2017	Shane's Pharmacy	Ft Pierre	E-Inspection
8/30/17	Faulkton Medical Center Pharmacy	Faulkton	E-Inspection
8/30/17	Faulkton Drug	Faulkton	E-Inspection
8/31/17	Vilas Pharmacy	Gettysburg	E-Inspection
8/31/17	Gettysburg Hospital Pharmacy	Gettysburg	E-Inspection
9/7/17	County Drug	Sturgis	E-Inspection
9/7/17	Shopko Hometown Pharmacy	Sturgis	E-Inspection
9/13/17	Presho Community Pharmacy	Presho	E-Inspection
9/14/17	Vilas LTC Pharmacy	Pierre	E-Inspection
9/14/17	Vilas Pharmacy - Telepharmacy	Highmore	E-Inspection
9/14/17	Avera Medical Associates Clinic Pharmacy	Pierre	E-Inspection
9/15/17	AlixRx	Pierre	E-Inspection
9/19/17	Kmart Pharmacy #4170	Rapid City	E-Inspection
9/20/17	Safeway S. # 581 Pharmacy	Rapid City	E-Inspection
09/21/2017	RC Regional Hospital Pharmacy	Rapid City	E-Inspection
9/21/17	Board of Pharmacy Meeting	Deadwood	Quarterly Meeting
9/22/17	SD Pharmacist's Association	Deadwood	Annual Convention



Board of Pharmacy - Inspection Report		3rd Quarter 2017	
Date	Destination	City	Purpose
7/19/17	Cornwell Drug	Webster	Visit
7/25/17	Jones Drug	Aberdeen	Visit
7/25/17	Plaza Pharmacy	Aberdeen	Visit
8/2/17	Critical Point Webinar		Investigation & Remediation of Env. & Personnel Excursions
8/9/17	Vilas Drug Telepharmacy	Ipswich	Inspection
8/9/17	AlixarX	Ipswich	Inspection
8/9/17	Matheson Tri-Gas Wholesaler	Aberdeen	Wholesale Inspection
8/11/17	Shopko Pharmacy #2751	Sisseton	Inspection
8/11/17	Coteau des Prairies Hospital Pharmacy	Sisseton	Inspection
8/15/17	Midwest Ag Supply	Watertown	Wholesale Inspection
8/15/17	Agri-Tech	Watertown	Wholesale Inspection
8/15/17	Prairie Lakes Campus Pharmacy	Watertown	Complaint follow up
8/22/17	HyVee #1871	Watertown	Inspection
8/22/17	Shopko Pharmacy #2054	Watertown	Inspection
08/30/2017	Randall Pharmacy	Redfield	Inspection
08/30/2017	Community Memorial Hospital	Redfield	Inspection
09/13/2017	Webinar		Enhancing the value of Joint Comm. Accred for Cpd Pharm
09/13/2017	Webinar		Replacing Old Practices With New Paradigms: safe practices for IV Push meds
09/14/2017	Webinar		Cpd Pharm: Steps to Avoid problems with FDA, DEA, State BOP and Patent Holders
09/15/2017	Critical Point Modules		33 Credits on Sterile Cpdg. Working on almost daily in Aug & Sept.
09/19/2017	SD Developmental Center	Redfield	Inspection
09/19/2017	AlixarX	Redfield	Inspection
09/20/2017	Safeway #281	Rapid City	Inspection
09/21/2017	Rapid City Regional Hospital	Rapid City	Inspection
09/21/2017	Board of Pharmacy Meeting	Deadwood	Quarterly Meeting
09/22/2017	SDPhA Meeting	Deadwood	Yearly Meeting

## South Dakota Prescription Drug Monitoring Program Update September 21, 2017

A recurring theme at conferences attended this summer was the important role prescription drug monitoring programs (PDMPs) play in strategies to address our nation's opioid epidemic. Many states had legislative updates in 2017 to their PDMP's laws and rules, of which mandates are becoming the norm. Mandated registration of prescribers and/or dispensers is now required in 35 states and mandated use, with varying requirements, is now required in 39 states. South Dakota has mandated registration for prescribers only. Data submission frequency is now every 24 hours in 40 states and this is newly effective in South Dakota.

### Mandated Registration Stats

Prescriber Role	Total	Complete	Remaining	% Complete
DDS/DMD	467	384	83	82%
MD/DO	2620	2102	518	80%
CNP/CNM	669	560	109	84%
OD	138	127	11	92%
PA	542	473	69	87%
DPM	40	32	8	80%
<b>Totals</b>	<b>4476</b>	<b>3678</b>	<b>798</b>	<b>82%</b>
As of 8/8/17	4469	3225	1244	72%
Completed		453		

### August 2017's Top Ten Most Prescribed Controlled Substances

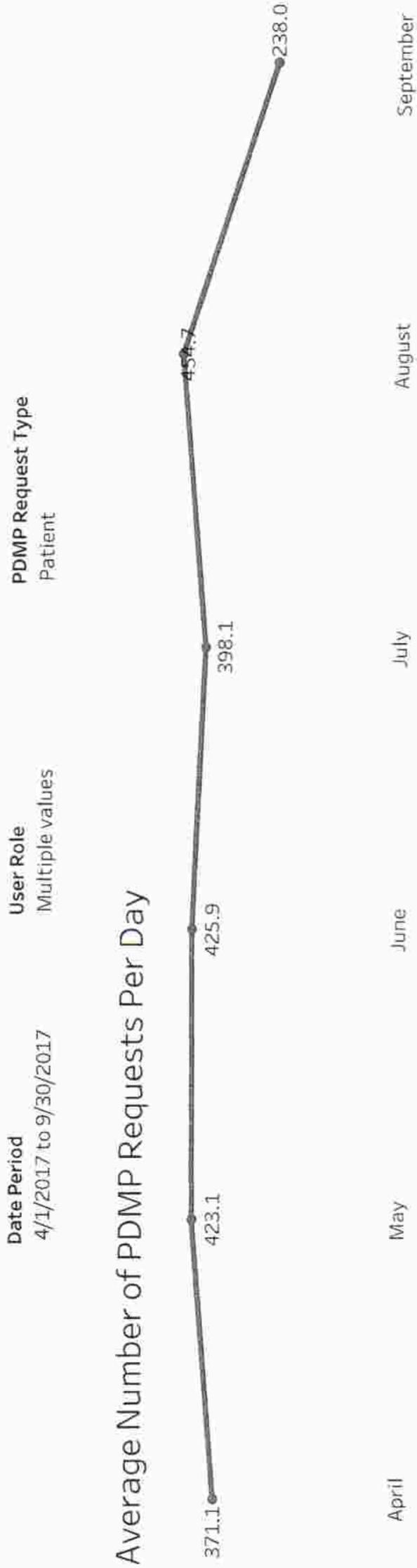
Generic Name	AHFS Therapeutic Class	Rx Count
HYDROCODONE BITARTRATE/ACETAMINOPHEN	OPIATE AGONISTS	22,912
TRAMADOL HCL	OPIATE AGONISTS	14,997
ZOLPIDEM TARTRATE	ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.	8,833
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	8,797
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	8,274
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	AMPHETAMINES	8,035
METHYLPHENIDATE HCL	RESPIRATORY AND CNS STIMULANTS	6,348
ALPRAZOLAM	BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	6,347
OXYCODONE HCL	OPIATE AGONISTS	4,831
LISDEXAMFETAMINE DIMESYLATE	AMPHETAMINES	4,256
OXYCODONE HCL/ACETAMINOPHEN	OPIATE AGONISTS	4,252

**SD PDMP Request Activity** – see attached

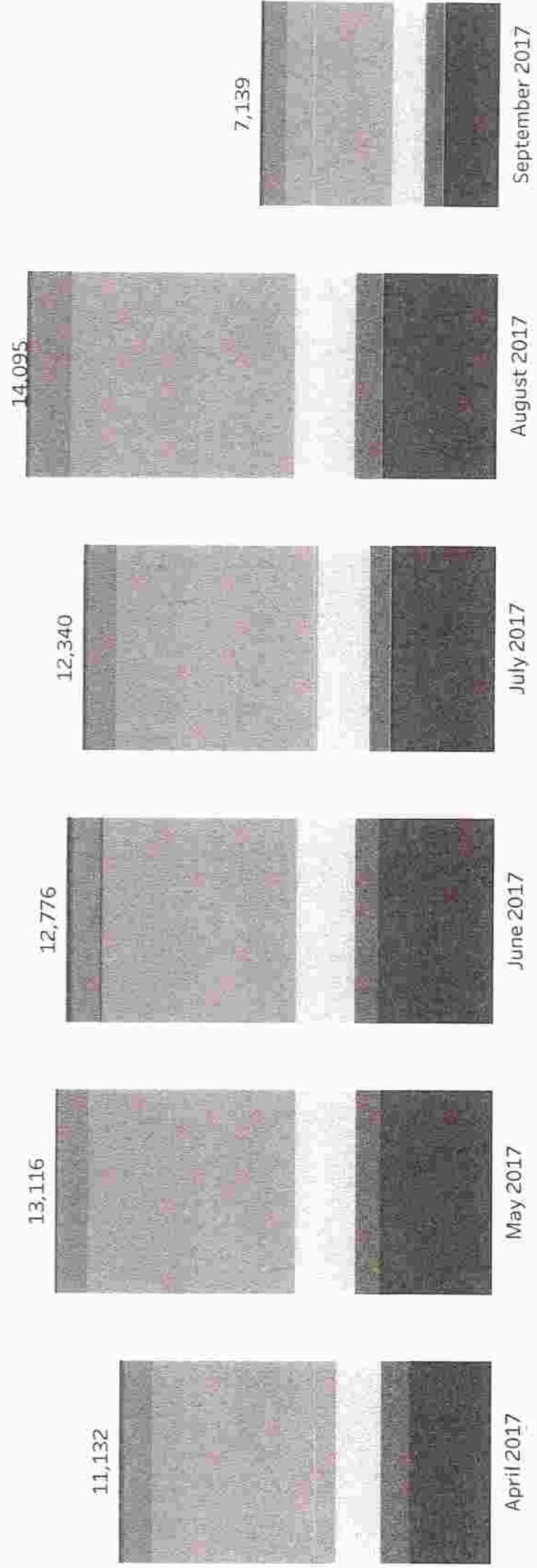
Graph User Role Key:

- Brown = Prescriber Delegates – Licensed
- Light Purple = Podiatrists \*\*only in July(2), August(3), and September(7)
- Purple = Physician Assistants
- Light Pink = Physicians (MD, DO)

# PDMP Request Activity



## PDMP Requests



- Dark Pink = Pharmacists
- Red = Optometrists \*\*only in June(2)
- Teal = Certified Nurse Practitioners and Certified Nurse Midwives
- Orange = Medical Residents with Prescriptive Authority
- Green = Dentists

### **Conferences Attended**

- Harold Rogers PDMP North Regional Meeting – Milwaukee, WI - gave presentation “South Dakota’s Road to Mandatory Registration”
- NABP PMP InterConnect Steering Committee Meeting – Chicago, IL
- NABP/AACP District V Meeting – Des Moines, IA - PDMP Panel member and gave presentation “South Dakota’s Road to Mandatory Registration”
- PDMP Administrators’ Roundtable Meeting – Overland Park, KS
- Harold Rogers PDMP National Meeting – Washington, DC
- Topics discussed included: expansion of drugs submitted, i.e. gabapentin and naloxone; interstate data sharing; data integrity – patient matching an ongoing challenge; expansion of roles allowed access; state and national stakeholder collaborations with PDMPs and other agencies to develop and execute strategies to address the opioid epidemic; and clinical program enhancements.

### **Project Updates**

- Sanford Health Epic/SD PDMP Integration
- MedDrop Drug Take-Back Program
- Harold Rogers PDMP Enhancement Grant 2017

### **Upcoming Events**

- SDPhA Annual Meeting – presentation with Kari Shanard-Koenders “South Dakota Board of Pharmacy Update 2017”
- Pharmacy Diversion Awareness Conference – presentation with BOP staff “South Dakota Board of Pharmacy Update”
- SD Pharmacy Technician Fall Conference – presentation with Gary Karel “Law Update”
- NASCSA Annual Conference – San Antonio, TX – October 17-20, 2017
- SD PDMP Advisory Council Meeting – November 2017

**Working together is a must to find a “cure” for our nation’s opioid epidemic.**

**Annual Report**  
**South Dakota Pharmacists Association Activities**  
**July 2016 – September 2017**

To Association Members,

The Board of Directors and staff of the South Dakota Pharmacists Association (SDPhA) are pleased to present this year's Annual Report. The report describes the SDPhA's activities from July 2016 through mid-September 2017. Within this report you will find a brief description of the many activities, projects, and issues pursued by the Association on behalf of members over the past year.

You are invited to examine this report in detail and become familiar with the actions and initiatives developed to support the profession of pharmacy in South Dakota. The Executive Board and staff thank the members of SDPhA for their contributions and support, without which our efforts would not be as successful.

**National Efforts**

**S.109/H.R.592 The Pharmacy and Medically Underserved Areas Enhancement Act**  
(Provider Status)

Would enable Medicare beneficiaries access to pharmacist-provided services under Medicare Part B by amending section 1861(s)(2) of the Social Security Act. These services would be reimbursable under Medicare Part B if they are provided in medically underserved communities and consistent with the state scope of practice laws. The bill seeks to increase access and improve quality by enabling pharmacists to provide patient care services as consistent with their education, training and license.

The federal legislation would not expand the type of services that pharmacists are permitted to provide. The latest activity was Jan. 12, 2017 when it was referred to the Committee on Finance.

**S. 3/H.R.1038 - Improving Transparency and Accuracy in Medicare Part D Spending Act**

Would prohibit pharmacy direct and indirect remuneration (DIR) fees from being applied after the point-of-sale for prescription drugs dispensed to Medicare beneficiaries. The legislation addresses a top concern for independent community pharmacy owners: monetary clawbacks assessed by Medicare drug plans, or their intermediaries, PBM corporations, long after prescriptions are filled and the pharmacy paid. These fees are often labeled direct and indirect remuneration, or pharmacy DIR fees. The latest activity was on H.R.1038 on March 9, 2017 with sponsor introductory remarks on the measure.

**ACA/Health Care Reform**

Health care dominated the onset of the 115<sup>th</sup> Congress's legislative agenda. While there has been no consensus on health care reform, we continue to monitor and remain engaged in the conversation where appropriate.

**Biosimilars**

Biosimilar legislation has passed in several states and we anticipate South Dakota may see something in 2018.

**State Issues**

SDPhA continues to monitor activity on a variety of fronts regarding potential legislation and Initiated Measures. Those currently circulating include measures related to physician assisted suicide, pricing caps on prescription drugs, medical marijuana and other various marijuana related measures. Bob Riter will speak to some of these issues during his presentation at the second business meeting Saturday. In addition, Eric Grocott, SDPhA president-elect traveled to Washington D.C. and met with Rep. Kristi Noem and other congressional office staffers on issues of importance to South Dakota pharmacists.

**Association Funding**

SDPhA funding was called into question by the Department of Health/BOP. The BOP requested an attorney general's opinion on the current funding mechanism set forth in state law. No resolution has been determined at this time. The general question was previously considered by former Attorney General Mark V Meierhenry in 1980 His holding recognized that the Association and the BOP had statutorily delineated duties and purposes, and found none of the authorized purposes to be contrary to any state or federal law.

**Legislative Update (2017 Session)**

During the 2017 Legislative Session pharmacists were again asked to provide flu shots for lawmakers who hadn't

had an opportunity to receive a vaccination prior to coming to Pierre for the legislative session. This year 25 lawmakers, pages, and interns were vaccinated, and it was deemed a tremendous success! A letter of thanks was received in the office, along with a request to come back again in 2018 to repeat the event. We will happily oblige, as it provided us with an excellent opportunity to share information with legislators about what pharmacists can do!

Every legislative session seems to be a busy session for the SDPhA. Even in years where our legislation is not introduced, there are plenty of bills to monitor, support or defeat. Please see Bob Riter's Lobbyist Report for more information.

### **Commercial and Legislative Fund**

Legislative work (lobbying) is an expensive, but necessary function. During 2016/2017, we expended around \$11,000 to fund lobbying activities. This fund is critical, and assists the SDPhA in the protection and promotion of the profession during the Legislative Session. We will continue to send out a separate reminder to individuals wishing to contribute, and have set up a collection area on our website. We need to have the financial resources available to fully swing into action on bills and policy that affect pharmacists in SD. This year we were short of the needed funds to continue to support a lobbyist. ***We really appreciate those to continue to support our efforts!***

### **Legislative Days January 2017**

Legislative Days for 2017 was cancelled due to concerns over Initiated Measure 22. We do plan to host our event in 2018. Mark your calendar for January 23-24 at Red Rossa Restaurant and the Clubhouse Inn and Suites. This offers us an opportunity to provide health screenings and education about Legislative efforts affecting pharmacy. We plan to hold our traditional evening briefing and supper at Red Rossa, and a light breakfast at the Capitol the following morning as individuals are screened.

### **Education and Communication**

The Association continues to focus on providing quality continuing education for practitioners. The Association prepared and delivered Legislative and Association Updates, CE and pharmacy-related information at fall and spring district meetings, in addition to delivering a variety of educational programs at each Annual Convention. The Association worked with student pharmacists to develop an American Pharmacists Month campaign, which helps bring awareness to the state about what pharmacists can do, and how patient care is improved with a pharmacist engaged. The SDPhA also provided SDSU students a grant for the, "More Than a Count" campaign. This campaign showcases the profession and the SDPhA utilizing traditional and social media platforms to engage both pharmacists throughout the state as well as members of the general public.

Communicating with our members is extremely critical to the success of the Association. *The South Dakota Pharmacist* is still being sent out quarterly (electronically) and offers 1.5 hours of CE. The Journal also provides a source of communication for the association on rules, legislative issues and education that affect pharmacy practice. In addition, the SDPhA website (sdpha.org) and mass e-mail system are utilized when important information needs to be shared. Please also be sure to "like" the SDPhA Facebook page, as you will find increased emphasis on social media as a general communications platform.

### **Fall & Spring District Meetings**

SDPhA Board Members/Executive Director attended fall and spring district meetings throughout the state providing an update on Association activities and legislative resolutions passed at the Convention. The fall meeting is optional, due to the close proximity of our annual meeting.

### **SD LECC Conference – Networking Opportunity with Law Enforcement & Physicians**

The Association again participated in a networking opportunity with the US Attorney's Office and the South Dakota Attorney General. We participated in some very informational breakout sessions regarding current issues, events and problems. Case updates from the United States Attorney's Office, Attorney General's Office, South Dakota law enforcement agencies, licensing boards, and private practitioners were shared.

### **Meetings/Training**

President Hadrick and Executive Director Sue Schaefer attended APHA in San Francisco, CA in March, and were pleased to be able to network with an excellent number of SDSU APHA-ASP Students and Faculty for an evening event. We really look forward to this networking opportunity each year. Excellent continuing education was offered at APHA, and our student pharmacists did extremely well in their presentations and received significant and well-deserved accolades and awards. The annual SDPhA Board of Directors Retreat was held in Custer State Park at Creekside hotel in June of 2017.

### **Diabetes Toolkit Project with SD DOH Office of Chronic Disease Prevention and Health Promotion**

The SDPhA was please to work with the South Dakota Department of Health on a Diabetes Toolkit project which concluded in June of 2017.

### **Antibiotic Stewardship Workgroup**

This workgroup was established by the Health Department and South Dakota pharmacists are playing a very large role. The work continues with meetings.

### **Public Affairs and Professional Relations**

The Association continues to support the SDSU College of Pharmacy ASP Chapter through scholarship donations and other opportunities. The South Dakota Pharmacists Association also attends Pharmacy Days at SDSU and sponsors the "Back to School Picnic" each fall to meet with students and share information about the Association. The SDPhA Board also supports the students by offering free admission to our annual convention, and we provide a number of hotel rooms, when needed, to help the students with their expenses. We believe this is an incredible investment in your association's future. The student pharmacists work hard assisting us during the meeting, which is greatly appreciated! We also remain a resource for faculty whenever needed, and collaborate on projects when possible, including American Pharmacists Month activities and the, "More Than a Count" campaign.

### **Prescription Drug Abuse/Awareness**

**The Association continues its work to bring awareness to the proper disposal of medications. The DEA dropped and then re-instated their Drug Take Back events. The fall Take Back Event has been scheduled for October 28, 2017. Visit [http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/) for more information.**

### **Iowa Regional Pharmacy Expo**

We continue our work with the Iowa Pharmacists Association to promote their winter conference, which is a comprehensive event offering a great deal of excellent CE for pharmacists and technicians. In exchange, our pharmacists will have access at a great rate to attend, and allows us to offer more benefits for our members. The event has become more regional, with a significant number of states engaged. The dates have been set for February 16-18, 2018 at the Holiday Inn Des Moines Airport and Conference Center in Des Moines, IA. Stay tuned for more details.

### **Prescription Drug Monitoring Program**

The Prescription Drug Monitoring Program continues to grow and be an excellent resource for practitioners. Senate Bill 1 took effect July 1. It mandates PDMP registration for everyone who has a SD Controlled Substance Registration (SD CSR).

While the Board of Pharmacy is the entity managing the program, an advisory board was established under the law which consists of at least twelve (12) designees. Dave Mentele and Jim Bregel serve on the advisory board. The group continues to make recommendations to the Board of Pharmacy as to how to best use the program to improve patient care and reduce the misuse, abuse or diversion of controlled substances. The advisory council also makes recommendations to the Board regarding safeguards for release of information to only persons who are entitled to access in order to maintain the confidentiality of program information.

### **Health Professional Assistance Program**

Our association continues to support the HPAP program. A pharmacist may access the program by self-referral, board referral, or referral from another person or agency, employer, coworker or family member.

### **Other Office Information**

- Developed and enhanced promotional materials on the importance of SD Pharmacists
- Provided outreach and shared information with new lawmakers regarding pharmacy
- Provided guidance on pertinent legislation, working with state lawmakers
- Represented pharmacists at the Dept. of Health's Opioid task force meetings.
- Updated educational materials to share with interested groups
- Acted in advisory and liaison capacities to other agencies, departments, associations
- Subcommittee members representing Pharmacy on the PDMP working group
- Increased awareness, especially with lawmakers, regarding immunization activities available from pharmacies
- Developed documents for utilization of pharmacy, students and technicians for Legislative Session, District Meetings, and other applications.

- Worked with pharmacy students to share information and enhance networking opportunities.
- Provided a grant to SDSU college of Pharmacy students to showcase the profession to public, etc.
- Provider Status Workgroup remains in place and recently discussed legislative.
- Lobby our Congressional delegation to move national pharmacy legislation forward and share information on national issues that involve pharmacy.
- Amanda Bacon joined the SDPhA team June 1, and worked in the office with Sue Schaefer through the end of June when Sue then moved to her new role as SDPhA transitional advisor. Participating in the board retreat, allowed Amanda an in-depth look into the activities of and issues currently facing the association.
- SDPhA rebranding - Look for our updated logo and look launching at convention!

The SDPhA Board of Directors and Staff are pleased with the accomplishments of 2017-2018, and are committed to continuing to provide services and representation for all pharmacists in South Dakota.

Respectfully submitted,

*Amanda*

*Trisha*

Amanda Bacon  
Executive Director

Trisha Hadrick  
President

SD Pharmacists Association  
 Revenue & Expenses Budget vs. Actual  
 July 2016 through June 2017

	Jul '16 - Jun 17	Budget	% of Budget
Ordinary Income/Expense			
Income			
Membership			
C/L Contributions			
Individual C/L Contr.	975.00		
Corporation/Business C/L Contr.	300.00		
Total C/L Contributions	1,275.00		
SD Board of Pharmacy Transfer	194,100.00	185,000.00	104.9%
Associate Member	500.00	500.00	100.0%
District Dues			
District 8 - Watertown	20.00		
District 2 - Black Hills	20.00		
District 1 - Aberdeen	-150.00		
Total District Dues	-110.00		
Student Membership	1,848.00	1,500.00	123.2%
Total Membership	197,613.00	187,000.00	105.7%
Corp Endorsements			
NASPA-PQC Endorsement	450.00	450.00	100.0%
CPC McKesson Endorsement	0.00	1,200.00	0.0%
Career Center Endorsement	0.00	100.00	0.0%
PAAS Endorsement	480.00	200.00	240.0%
PMG Endorsement	21,269.00	15,000.00	141.8%
Total Corp Endorsements	22,199.00	16,950.00	131.0%
Advertising/Marketing			
Advertising - Journal	300.00	300.00	100.0%
Lists & Labels	300.00		
Total Advertising/Marketing	600.00	300.00	200.0%
Interest/Dividends	1,395.94	1,200.00	116.3%
Other Income	165.55		
DOH Diabetes Toolkit Grant	5,825.00	7,500.00	77.7%
Convention Income			
Jacks Tickets	1,682.00		
Convention Sponsor	5,750.00		
Exhibitors	16,375.00	20,000.00	81.9%
Registrations	14,956.00	12,500.00	119.6%
Student Sponsorship	230.00	100.00	230.0%
Total Convention Income	38,993.00	32,600.00	119.6%
Total Income	266,791.49	245,550.00	108.7%
Gross Profit	266,791.49	245,550.00	108.7%
Expense			
American Pharmacists Month	1,850.00	1,850.00	100.0%
Accounting/Tax Prep	3,860.63	3,500.00	110.3%
Salary & Benefits			
Payroll Taxes	7,643.62	7,000.00	109.2%
Payroll Expense	46.08	50.00	92.2%
Administrative Support	1,647.26	2,500.00	65.9%
Executive Director	99,916.74	95,500.00	104.6%
Insurance	8,672.00	9,500.00	91.3%
Retirement	5,995.00	6,000.00	99.9%
Total Salary & Benefits	123,920.70	120,550.00	102.8%

SD Pharmacists Association  
 Revenue & Expenses Budget vs. Actual  
 July 2016 through June 2017

	Jul '16 - Jun 17	Budget	% of Budget
Advertising	2,925.46	4,000.00	73.1%
Dues/Subscriptions	2,090.00	2,500.00	83.6%
Technology/Net/Software	7,583.66	6,000.00	126.4%
Furniture/Copier/Assets	2,384.04	4,000.00	59.6%
Hlth Professionals Assist Prog	10,000.00	10,000.00	100.0%
Insurance (D&O, Office)	3,562.00	3,800.00	93.7%
Legal/Professional	4,896.96	2,000.00	244.8%
Merchant Card Fees	1,646.10	2,000.00	82.3%
Phone/Internet	4,119.12	4,300.00	95.8%
Postage	230.40	100.00	230.4%
Office Supplies	895.90	2,500.00	35.8%
Publications & Printing (Exp)			
Printing	0.00	500.00	0.0%
Total Publications & Printing (Exp)	0.00	500.00	0.0%
Scholarships	0.00	1,000.00	0.0%
Rent	4,356.00	4,400.00	99.0%
Board Travel & Meetings	16,606.64	25,000.00	66.4%
Staff Travel			
In-State	4,983.28	5,000.00	99.7%
Out-of-State	3,283.05	6,000.00	54.7%
Total Staff Travel	8,266.33	11,000.00	75.1%
Convention Expense	26,265.73	30,000.00	87.6%
Education Grant	0.00	5,000.00	0.0%
Misc Expense	40.00	1,500.00	2.7%
Total Expense	225,499.67	245,500.00	91.9%
Net Ordinary Income	41,291.82	50.00	82,583.6%
Net Income	41,291.82	50.00	82,583.6%

SD Pharmacists Association  
**Profit & Loss Budget vs. Actual**  
 July through August 2017

	Jul - Aug 17	Budget	% of Budget
Ordinary Income/Expense			
Income			
Membership			
C/L Contributions			
Individual C/L Contr.	655.00		
Corporation/Business C/L Co...	1,500.00		
Total C/L Contributions	2,155.00		
SD Board of Pharmacy Transfer	0.00	193,000.00	0.0%
Associate Member	300.00	300.00	100.0%
District Dues			
District 9 - Yankton	15.00		
District 7 - Sioux Falls	20.00		
District 2 - Black Hills	40.00		
District 1 - Aberdeen	20.00		
Total District Dues	95.00		
Student Membership	330.00	1,800.00	18.3%
Total Membership	2,880.00	195,100.00	1.5%
Corp Endorsements			
NASPA-PQC Endorsement	450.00	450.00	100.0%
PAAS Endorsement	0.00	300.00	0.0%
PMG Endorsement	0.00	16,000.00	0.0%
Total Corp Endorsements	450.00	16,750.00	2.7%
Advertising/Marketing			
Advertising - Journal	0.00	300.00	0.0%
Total Advertising/Marketing	0.00	300.00	0.0%
Interest/Dividends	132.30	1,500.00	8.8%
Other Income	50.00		
Convention Income			
Convention Sponsor	1,000.00		
Exhibitors	8,550.00	20,000.00	42.8%
Registrations	7,755.00	12,500.00	62.0%
Student Sponsorship	125.00		
Total Convention Income	17,430.00	32,500.00	53.6%
Total Income	20,942.30	246,150.00	8.5%
Gross Profit	20,942.30	246,150.00	8.5%
Expense			
American Pharmacists Month	0.00	1,850.00	0.0%
Accounting/Tax Prep	532.50	3,834.00	13.9%
Salary & Benefits			
Payroll Taxes	1,284.56	10,500.00	12.2%
Payroll Expense	14.92	100.00	14.9%
Executive Director	16,791.64	100,750.00	16.7%
Insurance	2,823.32	16,920.00	16.7%
Retirement	1,007.48	9,000.00	11.2%
Total Salary & Benefits	21,921.92	137,270.00	16.0%
Advertising	0.00	3,000.00	0.0%
Dues/Subscriptions	0.00	3,300.00	0.0%
Technology/Net/Software	751.73	3,000.00	25.1%
Furniture/Copier/Assets	295.10	2,000.00	14.8%
Hlth Professionals Assist Prog	0.00	10,000.00	0.0%
Insurance (D&O, Office)	-53.00	3,500.00	-1.5%
Legal/Professional	10.00	4,000.00	0.3%
Merchant Card Fees	630.79	2,000.00	31.5%
Phone/Internet	829.99	5,200.00	16.0%
Postage	9.39	150.00	6.3%
Office Supplies	141.35	1,500.00	9.4%
Scholarships	0.00	1,000.00	0.0%
Rent	2,178.00	4,400.00	49.5%

SD Pharmacists Association  
 Profit & Loss Budget vs. Actual  
 July through August 2017

	Jul - Aug 17	Budget	% of Budget
Board Travel & Meetings	1,964.92	20,000.00	9.8%
Staff Travel			
In-State	600.91	5,000.00	12.0%
Out-of-State	1,049.71	6,000.00	17.5%
Total Staff Travel	1,650.62	11,000.00	15.0%
Convention Expense	227.19	30,000.00	0.8%
Education Grant	2,500.00	5,000.00	50.0%
Misc Expense	288.44	500.00	57.7%
Total Expense	33,878.94	252,504.00	13.4%
Net Ordinary Income	-12,936.64	-6,354.00	203.6%
Net Income	-12,936.64	-6,354.00	203.6%

South Dakota State University  
College of Pharmacy and Allied Health Professions Report  
Board of Pharmacy  
9/21/2017

College's activities since the 6/9/2017 South Dakota Board of Pharmacy Meeting

**PharmD** – This fall we welcomed 80 students into the PharmD program, all with outstanding academic backgrounds. There has been a slight reduction in the number of applicants. National efforts have focused on this issue with the Pharm4ME and Brand Ambassador Programs through AACP. We have hired a company to modify our webpage to be more dynamic. We currently have 315 students in the PharmD program.

We are 16 months into the process of curricular revision and anticipate implementation fall of 2018. We are also working on revision of our assessment plan which will accompany the change. Facility modifications are being evaluated to fully support the new curriculum.

**Strategic Planning** – South Dakota State University will complete their strategic planning process this fall, and the College will kick off our spring work with Dr. Melchert leading a planning workshop.

**Faculty Positions – Update –**

**New Faculty** - We have added Joe Berendse, PharmD at the VAMC – Fort Meade and Emily Van Klompenburg, PharmD at the VAMC – Sioux Falls.

**Search –**

**Dean** - The search committee led by Dr Fahrenwald, Dean of the College of Nursing, has started their work and plan to have interviews this fall.

**Endowed Positions** - Recruitment is underway for the Hoch Family Endowed Professor in Community Pharmacy Practice and the Haarberg Chair in Oncology Research.

**Pharmacogenomics/Ambulatory Care** - We are recruiting for a faculty member specializing in pharmacogenomics.

**Other searches** include our development director and budget coordinator.

**Congratulations:**

- Gary Karel on receiving the 2017 SDSU Pharmacy Distinguished Alumnus.
- Mike Birgen was named Associate Vice President for Development in the SDSU Foundation.
- Dr. Tummala received a USDA grant for his project entitled: "Development of a Novel Pathogen Mimicking Vaccine Delivery System for Swine Influenza" for \$149,721.
- Graduate student Siddharth Kesharwani and his supervisor Dr. Tummala were selected for the Best Poster for their work on orally bioavailable curcumin formulation for the Eudragit Award 2016-North America region by Evonik Industries.
- SDSU Kappa Epsilon Chapter members and leadership received the national Community Service award for 2015-2017 at their national meeting in New Orleans.

- Dr. Joshua Reineke received the 2<sup>nd</sup> year funding from the BOR for his research project.
- SDSU APhA-ASP chapter received the BOR Award for Organizational Leadership.

**Research** - In the area of research, great momentum is being generated. Current faculty continue their great success with grant awards increasing from 924,000 in FY16 to 1.29 Million in FY17.

Respectfully submitted,

Jane Mort

Interim Dean

College of Pharmacy and Allied Health Professions

SDAPT Report - September 17, 2017

The SDAPT board is working hard to prepare for our annual fall conference. Approximately 80 technicians are expected to attend. The conference will be held Saturday, October 7th at the Avera Prairie Center in Sioux Falls. Five speakers have been asked to present five technician specific CE on a variety of different topics at the one day conference.

Technicians will receive the mandatory law CE and a patient safety provided by Dr. Jeremy Daniel. The SDAPT Bylaw Committee has proposed minor changes to the SDAPT constitution. The proposed changes deal with date changes that need to fit with the timing we actually use within the organization. The proposed bylaw changes will be voted on at our conference.

We will also vote in new officers at this year's conference. Jerrie Vedvei will move into the president position.

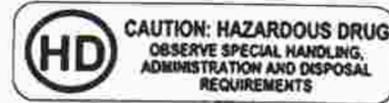
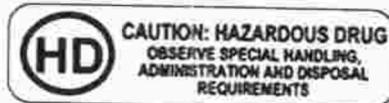
SDAPT received a \$1000.00 sponsorship from SDPhA for our Fall Conference again this year. We thank them for their support of SDAPT and their help in putting on this conference to promote and education pharmacy technicians.

The SDAPT scholarship application has been sent to SE Tech in Sioux Falls and to Western Dakota Tech in Rapid City. We offer one \$150.00 scholarship to a pharmacy technician student each year. The scholarship winner will be announced at the Fall Conference. DeAnn Hilmoie, CPhT is the Scholarship Committee chairperson.

Thank you for the opportunity to work with you the past two years as SDAPT President. I've learned so much! And, know there's so much more yet to learn. Thanks for your support.

Sincerely,  
Susan DeJong, SDAPT President

Pharmacy Technician Day is October 17!



# USP Chapter <800> What is it? And does it apply to my pharmacy?

USP <800> Hazardous Drugs – Handling in Healthcare Setting will become Official, July 1, 2018 for all Healthcare settings.

## DOES THIS APPLY ONLY TO COMPOUNDING PHARMACIES?

No. USP <800> applies to all healthcare personnel who handle hazardous preparations, and entities that transport, store, prepare or administer hazardous drugs (HDs). For example: pharmacies, hospitals, patient treatment clinics, physicians' offices, and veterinarians offices.

## WHO MUST COMPLY?

Compliance with all containment strategies and work practices listed are required for ALL healthcare settings utilizing any HD APIs or any antineoplastic HD requiring manipulation. An entity may perform an Assessment of Risk (AoR) for certain HDs to determine which drugs may be handled with an alternative containment strategy or work practice. If an AoR is not performed, all HDs must be handled with all containment strategies defined in Chapter <800>. Note: *An Assessment of Risk (AoR) can only be performed for drugs on the NIOSH hazardous drugs list that are in final dosage forms for compounded HD preparations and conventionally manufactured HD products that do not require further manipulation other than counting or repackaging (unless required by the manufacturer).*

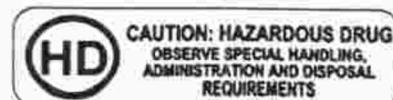
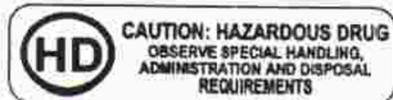
## WHO WILL ENFORCE USP <800>?

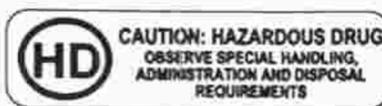
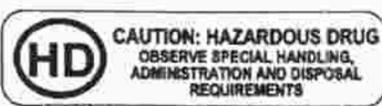
State Boards of Pharmacy, Occupational Safety and Health (OSHA), and possibly [FDA]

See South Dakota Administrative Rule listed below:

**ARSD 20:51:16:03. The pharmacist's relation to the public.** In relation to the public, the pharmacist:

- (1) Upholds the approved legal standards of the U.S. Pharmacopeia...
- (2) Uses every precaution to safeguard the public when dispensing any drugs or preparations. Being legally entrusted with the dispensing and sale of these products, the pharmacist assumes responsibility by upholding and conforming to the laws and regulations governing the distribution of these substances;
- (4) Holds the health and safety of the pharmacist's patrons to be of first consideration...
- (5) Keeps the pharmacy clean, neat, and sanitary...





## Information:

USP Chapter <800> Official document - Purchase copy here:

[https://store.usp.org/OA\\_HTML/usp2\\_ibeCCtpSctDspRte.jsp?section=12587&minisite=10020](https://store.usp.org/OA_HTML/usp2_ibeCCtpSctDspRte.jsp?section=12587&minisite=10020)

USP <800> Frequently Asked Questions

<http://www.usp.org/frequently-asked-questions/hazardous-drugs-handling-healthcare-settings>

Center for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH 2016 document) List of Antineoplastic & Other Hazardous drug in the Healthcare Setting

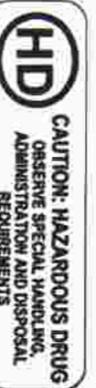
[http://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list\\_2016-161.pdf](http://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list_2016-161.pdf)

Center for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH Alert – 2004 document) Preventing Occupational Exposure to Antineoplastic & Other Hazardous Drugs in a Health Care Setting

<https://www.cdc.gov/niosh/docs/2004-165/pdfs/2004-165.pdf>

Controlling Occupational Exposure to Hazardous Drugs

[https://www.osha.gov/SLTC/hazardousdrugs/controlling\\_occx\\_hazardousdrugs.html](https://www.osha.gov/SLTC/hazardousdrugs/controlling_occx_hazardousdrugs.html)



## Resources:

USP <800> Hazardous Drugs-Handling in Healthcare Settings Preparation Checklist

[http://CompoundingToday.com/Compliance/IJPC\\_USP\\_800\\_Preparation\\_Checklist.xlsx](http://CompoundingToday.com/Compliance/IJPC_USP_800_Preparation_Checklist.xlsx)

USP Chapter <800> Consensus Statement on Hazardous Drugs (Adobe .pdf, 1,716 KB)

[http://CompoundingToday.com/Compliance/HDCS\\_Consensus\\_Statement.pdf](http://CompoundingToday.com/Compliance/HDCS_Consensus_Statement.pdf)

Risk Assessment Templates (MS Excel, .xlsx, 125 KB)

[http://CompoundingToday.com/Compliance/Risk\\_Assessment\\_Templates.xlsx](http://CompoundingToday.com/Compliance/Risk_Assessment_Templates.xlsx)

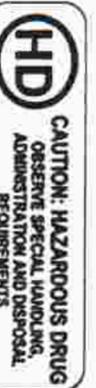
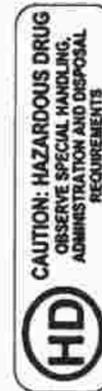
Perform an Assessment of Risk to Comply with USP <800>

<https://www.pppmag.com/article/2012>

Best Practices for Handling Hazardous Drugs - Training

<http://www.criticalpoint.info/course/hazardousdrugs/>

[https://www.pppmag.com/documents/V8N10/CC/PDFs/HazDrugRisk\\_Acknowledg.pdf](https://www.pppmag.com/documents/V8N10/CC/PDFs/HazDrugRisk_Acknowledg.pdf)



## Supplies:

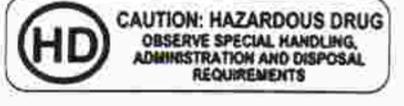
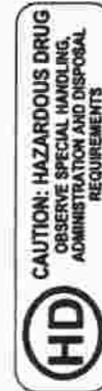
Health Care Logistics Inc., Hazardous drug supplies

<http://shop.gohcl.com/default.aspx?page=item%20detail&itemcode=18595>

<http://www.medtronic.com/covidien/products/hazardous-drug-protection>

Hazardous Drug Spill Kit components

<http://www.medtronic.com/content/dam/covidien/library/us/en/product/hazardous-drug-protection/chemosafety-spill-kit-instructions.pdf>



Hy-Vee Pharmacy  
1900 S Marion Road  
Sioux Falls, SD 57106  
(P) 605-361-3347  
(F) 605-361-3417

August 21 , 2017

South Dakota Board of Pharmacy  
Kari Shanard-Koenders, Executive Director  
4001 W. Valhalla Blvd., Suite 106  
Sioux Falls, SD 57106

Dear Members of the Board of Pharmacy:

Regarding: Renewing variance request allowing a certified pharmacy technician/intern to complete the final verification for the accuracy of a filled prescription or medication order.

**20:51:29:22. Tasks a pharmacy technician may not perform.** A pharmacy technician may not:  
(1) Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order;

Reason for variance request- To enhance and expand our Clinical services and allow the pharmacist more time with patients face to face and be available. Technician Product Verification (TPV) is a way to decrease pharmacist workload in the quantity aspect and increase our services in the quality aspect. Services to include: Expanded Vaccine administration including Travel Clinic Expertise, large expansion of MTM services, expanded counseling services.

Length of time of Variance Request- 1 year with option to reapply to continue

Relevant information: Specific Policy and Procedures required and followed regarding the TPV procedures.

Thank you for your consideration and I look forward to hearing from you,

Sincerely,

Amy L. Huntimer, PharmD -PIC

**Policy and Procedures**  
**Hy-Vee New Practice Model**  
**Sioux Falls #4 (1633)**  
**Updated 09/15/17**

Implementing a new pharmacy practice model will allow for pharmacists to deliver patient care services in the community pharmacy and have a greater impact on the health and well-being of patients. The "tech-product-verification" program will permit pharmacist to concentrate on the aspects of dispensing that require the expertise of the pharmacist to assure safe and accurate dispensing. Pharmacy staffing shall be adequate to ensure consistent and safe implementation and usage of the TPV program and will optimize pharmacist patient care services.

**Variance required with SD Board of Pharmacy:**

Rules Waived:

**20:51:29:22. Tasks a pharmacy technician may not perform.** A pharmacy technician may not:

- (1) Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order;

**Ask:** Allow technician's to provide the final verification for accuracy of a filled prescription or medication order.

**Other laws to be consider:**

Requirements are listed with how Hy-Vee is meeting these requirements listed below.

**20:51:29:19.02. Exception to ratio for hospital, mail order, and long-term care pharmacy.** The maximum ratio of pharmacy technicians to pharmacists that may be on duty in a hospital, mail order, and long-term care pharmacy will be determined by the pharmacist in charge. However, all of the following requirements must be met:

- (1) Medication is dispensed pursuant to a legal prescription;
  - a. Requirement is completed at the Pre-verification step by only a pharmacist.
- (2) The technology includes tablet or product imaging and or bar code scanning, or both, to insure accuracy in the prescription filling process;
  - a. Hy-Vee Enterprise software includes tablet imaging and barcode scanning to ensure accuracy in the prescription filling process
- (3) A role-based access software automation system that places stop points within the prescription filling process is used, which requires a pharmacist's intervention before allowing the prescription to move to the next step in the prescription dispensing process;
  - a. Hy-Vee Enterprise software requires credentials to proceed to the next step in the dispensing process.
- (4) Pharmacy software that screens and detects drug allergies, identifies drug interactions, and checks age appropriate dosage ranges is used;
  - a. This step is completed within our pharmacy software at the Pre-verification step and reviewed by a pharmacist.
- (5) A pharmacist reviews clinically significant computer warnings of drug interactions, therapy duplications, and contraindications;
  - a. This step is completed at the Pre-verification step by only a pharmacist.
- (6) Electronic surveillance technology is used to control access or to provide continuous monitoring of all areas where drugs are stored or dispensed or both;
  - a. Non-pharmacist staff only has access to drugs in the presence of pharmacist on duty. Electronic surveillance is present to monitor the pharmacy.

- (7) All non-pharmacist personnel who input patient drug information into a computer or whose duties include receiving, packaging, shipping of drugs, or who have access to any areas where drugs are dispensed are registered as pharmacy technicians and meet the requirements in chapter 20:51:29;
  - a. Technicians involved in the "Tech check Tech" program are required to be nationally certified and complete enhanced technician training included in the policy and procedure.
  
- (8) In hospital and long-term care pharmacies, nursing personnel in facilities served by the pharmacy have telephone access to a pharmacist 24 hours a day, 7 days a week. In mail order pharmacies, a patient has access to a pharmacist 24 hours a day, 7 days a week on a dedicated pharmacist staff line;
  - a. N/A
  
- (9) Drug information, both electronic and hard copy, is readily available to pharmacists;
  - a. The pharmacy has both electronic and hard copy formats to Drug information including: Facts and Comparisons, Micromedex, Orange book, Plumb's, etc...
  
- (10) A quality assurance program that identifies and evaluates dispensing errors, accompanied by a continuous quality improvement program that assures very high dispensing accuracy rates in place;
  - a. Hy-Vee pharmacy participates in the PQC (Pharmacy Quality Commitment) program from the Alliance for Patient Medication Safety
  
- (11) There are written policies and procedures for all pharmacy functions -- clerical, supportive, technical, and clinical;
  - a. Hy-Vee Pharmacy has specific Policy and Procedures related to workflow
  
- (12) There are written policies and procedures for training personnel, including on-going training programs for all personnel and documentation of that training for each employee;
  - a. Hy-Vee Pharmacy includes online training, as well as training packets done at beginning of employment and yearly reviews. Additional training for the TPV program is included below in this policy.
  
- (13) There is a strict monitoring program designed to prevent diversion of controlled substances. This includes perpetual inventory of all schedule II controlled drugs as well as selected high-risk schedule III, IV, and V drugs. Routine audits are conducted to review purchases versus dispensing of controlled drugs to deter and detect diversion.
  - a. Hy-Vee pharmacy has a control substance form to assist in audits to help ensure safe dispensing of medications to deter drug diversion.

**Training required to be eligible for New Practice Model:**

- 1) Technicians:
  - a. Checking technician must be registered with the board of pharmacy, a certified technician, and not currently be subject to disciplinary charges or sanctions.
  - b. Documentation of additional training will be kept in pharmacy personnel files
  - c. Upon completed training technicians will be allowed to check medications dispensed by another technician/intern.
  - d. Technicians will NOT be allowed to check:
    - i. Controlled Substances
    - ii. Compounded Medications
    - iii. Injectables
    - iv. Others designated by PIC or staff pharmacists
  - e. Technician shall have 1500 hours of prior technician work experience at the current or a previous pharmacy of which 300 hours is required at the current location
  - f. Technician must complete location specific pharmacy training procedures
  - g. Technician must complete advanced technician training on Tech-Check-Tech CPE modules from CEI successfully with a passing rate of 80% on all modules

- 2) Interns:
  - a. Checking Interns must be registered with the board of pharmacy and not currently be subject to disciplinary charges or sanctions
  - b. Documentation of additional training will be kept in pharmacy personnel files
  - c. Upon completed training interns will be allowed to check medications dispensed by another technician/intern.
  - d. Interns will NOT be allowed to check:
    - i. Controlled Substances
    - ii. Compounded Medications
    - iii. Injectables
    - iv. Others designated by PIC or staff pharmacists
  - e. Interns shall have 300 hours of prior work experience at the current or a previous site of which 100 hours is required at the current location
  - f. Interns must complete location specific pharmacy training procedures
  - g. Interns must complete advanced technician training on Tech-Check-Tech CPE modules from CEI successfully with a passing rate of 80% on modules 1,2,&3

#### CEI Modules:

- 1) Thinking about Tech-Check-Tech?
  - a. State the need in the profession for a technician-managed distribution process
  - b. Describe the opportunities for pharmacists to provide clinical services
  - c. Review current regulations that govern Tech-Check-Tech programs
  - d. Review the principles of ASHP's New Practice Model Initiative and an example of state implementation
  - e. Illustrate the case to pharmacy staff, upper management and the Board of Pharmacy
- 2) Tech-Check-Tech: A step-by-step Guide for Outpatient Pharmacy
  - a. Illustrate the case to pharmacy staff, management, and Board of Pharmacy for Tech-Check-Tech
  - b. Recognize the steps needed to prepare and implement a Tech-Check-Tech program
  - c. Outline how a pharmacy monitors for quality assurance in a Tech-Check-Tech program
  - d. Formulate a sample job description for a pharmacy technician engaged in a Tech-Check-Tech program
  - e. Review liability issues in a Tech-Check-Tech program
- 3) Accuracy in the Outpatient Pharmacy: Preventing, Identifying and Classifying Medication Errors
  - a. Recognize and classify common medication errors
  - b. Recognize the causes of medication errors
  - c. List ways to prevent medication errors
  - d. Recognize the importance of continuous quality improvement (CQI) in the pharmacy distribution process
  - e. Describe the technician's role in CQI in the pharmacy
- 4) Dosage Forms
  - a. Identify the most common medication dosage forms
  - b. Describe the advantages and disadvantages of different medication dosage forms
  - c. Recognize the different routes of administration and the advantages of each
  - d. List ways to recognize and prevent dosage form dispensing errors
- 5) Calculations Review
  - a. Describe examples of common systems of measurement
  - b. Demonstrate the ability to convert units of measurement
  - c. Appropriately calculate the day's supply from a prescription order
  - d. Use percentages, ratios, and proportions to make accurate pharmaceutical calculations using mathematical skills reviewed in the activity
  - e. Solve common pharmacy calculations using mathematical skills reviewed in this activity
  - f. Master specific math functions appropriate to practice setting
- 6) Advanced Review of Common Medications
  - a. Group medications by pathophysiologic class using established stems (prefixes, infixes, & suffixes)
  - b. List common adverse effects and drug interactions
  - c. List common adherence challenges
  - d. Distinguish medications with similar generic names
  - e. Recognize medications with multiple formulations

## **Procedures:**

### Workflow procedures in Pharmacy:

- 1) Data Entry of Prescription (completed by technician, intern or pharmacist)
- 2) Pre-verification/DUR check (completed by pharmacist)
- 3) Product dispensing on-site (completed by technician, intern or pharmacist) or at central fill facility
- 4) Verification of product (completed by TPV authorized technician or intern, or pharmacist)
- 5) Patient pick-up and counseling

### Safeguards present in pharmacy:

- 1) All hardcopy and faxed prescriptions are scanned into software and visible during multiple steps of the process (data entry, pre-verification, and verification)
- 2) Product dispensing and verification will not be completed by the same TPV authorized technician or intern.
- 3) Pre-verification/DUR check requires the pharmacist credentials to move to next workflow queue
  - a. Pre-verification occurs on all new prescriptions and each refill when a DUR is identified
- 4) Each workflow step has credentials assigned as they are completed
- 5) Product dispensing requires a 2 step verification to ensure the correct product is dispensed to the correct patient
  - a. Barcode scan of prescription label to verify correct patient and prescription being dispensed
  - b. Any bottle not scanned will be sent with the prescription for final verification. Example: finishing an open bottle and then opening a sealed bottle to complete the order. First bottle is scanned and the
  - c. Barcode scan of drug product to verify correct drug dispensed
    - i. Overrides of product can only be completed by pharmacist and requires the pharmacist's credentials
- 6) Verification requires scanning of prescription barcode to activate checking process of prescription
- 7) Verification uses drug image verification along with product marking information to identify correct drug dispensed along with additional information to verify quantity
- 8) Point of sale requires scanning of the prescription barcode and verification of at least 2 patient specific identifiers

## **Evaluation of Program and Technicians/Interns for patient safety:**

Technician/Intern filling and checking responsibilities will be monitored daily. Errors will be documented for both filling and checking, and review of all errors will be documented using the pharmacies PQC Program. The records will be maintained in the pharmacy for a minimum of two years.

The PIC shall conduct continuous monitoring and evaluation of each Checking Technician and Checking Intern to ensure the continued competency of the TPV program and the safety of the patients. Errors will be identified and records maintained following the pharmacy's quality measures program.

To ensure patient safety for the first week after the new procedures have been initiated, the pharmacist will double check all technician/intern-verified prescriptions to ensure accuracy and to gather information on the efficacy of the procedures/training. If the error rate is determined to be satisfactory to the PIC, 50 prescriptions or 20% of prescriptions verified by the technician/intern will be double checked each month for errors. If at any time the PIC determines an error rate significantly above the average for the pharmacy, retraining will occur.

Retraining will occur when a checking technician or intern has an error rate significantly above the average for participating pharmacy's technicians or interns. During the retraining period a technician's work will be checked by a pharmacist and the technician will not be allowed to check other technicians. Retraining will consist of a repeat competency evaluation in the area/s where excessive errors have occurred and potential repeat of CEI modules as appropriate. The PIC will determine which sections, or all, of the training modules that must be repeated.

## **Records:**

The pharmacist in charge shall maintain in the pharmacy department records for each certified pharmacy technician and intern authorized by the pharmacist in charge to participate in the TPV program. The records shall be

available for inspection and copying by the Board or its representatives and any other authorized agencies for two years beyond the term of the certified pharmacy technician's employment.

The records shall include:

- a. The name of the certified pharmacy technician or intern.
- b. The date the certified pharmacy technician or intern completed training
- c. The date the certified pharmacy technician or intern was authorized to participate in the TPV program
- f. The dates of and reasons for any suspension or revocation of the certified pharmacy technician's TPV program authorization, identification of corrective action or retraining completed, and date of subsequent reinstatement of the certified pharmacy technician's TPV program authorization.
- g. The dates of and reasons for any disciplinary action taken against the certified pharmacy technician in connection with the certified pharmacy technician's performance of duties relating to the TPV program.

Hy-Vee Sioux Falls #4 Technician Product Verification (TPV)  
9/21/2017

Staff Trained: 1 technicians and 1 pharmacy intern.

- Lost 1 FT Tech end of June. Recently re-hired FT position and once trained will begin TPV again with existing staff, which future plan to add this tech to TPV eventually

Scripts Verified by TPV: Last 3 months (June, July, & August): 513 scripts (455 June)

Quality Verifications: No errors found and all errors introduced have been identified.

MTM numbers:

June 2016	47	July 2016	39	August 2016	47
June 2017	28	July 2017	96	August 2017	37

Immunizations:

June 2016	5	July 2017	6	August 2016	11
June 2017	6	July 2017	2	August 2017	7

Labor:

	June 2016	June 2017
Pharmacist Hours	512	442
Support Staff Hours	924	818
	July 2016	July 2017
Pharmacist Hours	508	515
Support Staff Hours	940	885
	August 2016	August 2017 (5 weeks)
Pharmacist Hours	489	660
Support Staff Hours	840	1290

## CHAPTER 20:51:32

### PRESCRIPTION DRUG MONITORING PROGRAM

Section	
20:51:32:01	Definitions.
20:51:32:02	Data submission.
20:51:32:03	Data elements.
20:51:32:04	Access to data.
20:51:32:05	Disclosure of data.
20:51:32:06	Disclosure of data -- Individual.
20:51:32:07	Disclosure of data -- Regulatory board.
20:51:32:08	Disclosure of data -- Law enforcement.
20:51:32:09	Disclosure of data -- Court orders.
20:51:32:10	Disclosure of data -- Other entities.
20:51:32:11	Data retention.

**20:51:32:01. Definitions.** Terms defined in SDCL 34-20E-1 have the same meaning in this article.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-20.

**20:51:32:02. Data submission.** Each dispenser may submit the data to the central repository using any electronic device compatible with the board's receiving device or the receiving device of the board's contracted vendor every 24 hours or by midnight of the next business day after dispensing. The data submitted to the central repository may be on electronic media approved by the board accompanied by a transmittal form identifying the dispenser submitting the electronic media, the number of prescription records included on the media, and the individual submitting the media.

If the dispenser does not have an automated recordkeeping system capable of producing an electronic report of the required data in the format established by the American Society for Automation in Pharmacy (ASAP), the dispenser may request a waiver from the electronic reporting requirement from the board.

If the board grants a waiver from the electronic reporting requirement, then the dispenser shall comply with an alternative method of reporting the data as determined by the board, such as submitting the required data on a form approved by the board.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-2, 34-20E-20(1), SDCL 34-20E-3.

**20:51:32:03. Data elements.** The information submitted for each prescription shall include the following items:

- (1) Dispenser name and identification number;
- (2) Date prescription filled;
- (3) Prescription number;
- (4) Prescription is new or is a refill;
- (5) Identification code for drug dispensed;
- (6) Quantity dispensed;
- (7) Day's supply dispensed;
- (8) Number of refills ordered;
- (9) Patient name;
- (10) Patient address;
- (11) Patient date of birth;
- (12) Patient gender;
- (13) Prescriber identification number;
- (14) Date prescription issued by the prescriber.
- (15) Pharmacy phone number
- (16) Code identifying type of payment.
- (17) Prescriber Last Name
- (18) Prescriber First Name
- (19) Prescriber Phone Number

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(2).

**Law Implemented:** SDCL 34-20E-2, 34-20E-20(2).

**20:51:32:04. Access to data.** Healthcare practitioners authorized to prescribe or dispense controlled substances may request on-line access to the data for the purpose of providing patient health care. Prior to being granted access to program information, a practitioner shall submit a request for registration and program access. The board will verify the licensure status of the practitioner with the appropriate licensing authority. In the case of health system integration, the board will allow health system credentialing process to verify licensure status. The program safeguards to protect the privacy of the data include a secure login and password for the practitioners authorized to access the data.

The board shall conduct regular reviews of data access by practitioners to identify possible violations of law or breach of professional standards that may have occurred. Whenever such information is identified, the board will notify the appropriate professional licensing, certification or regulatory agency or entity, and provide information necessary for an investigation.

20:51:32:04.1 All prescribers with controlled substance registrations must be registered with this program unless the board waives this requirement for good reason.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(4).

**Law Implemented:** SDCL 34-20E-12, 34-20E-20(4), 34-20E-1(9), 34-20E-2.1.

**20:51:32:05. Disclosure of data.** Each request for information from the central repository must be submitted in writing or electronically on a form provided by the board and must be mailed, faxed, or submitted electronically to the board office. The information may be mailed,

faxed or submitted electronically to the individual requesting the profile, and marked "confidential".

A prescriber or dispenser may request patient information electronically or in writing if the request:

- (1) Is signed by the prescriber or dispenser requesting the information and includes the business name and address;
- (2) Includes the patient's name, date of birth, purpose of the request, and the date range for the profile; and
- (3) Includes a statement indicating a prescriber or a dispenser and patient relationship exists.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(4).

**Law Implemented:** SDCL 34-20E-12, 34-20E-20(4).

**20:51:32:06. Disclosure of data -- Individual.** An individual or the individual's agent, authorized in writing, may request prescription information of the individual or the individual's minor child.

The individual requesting the prescription information or an authorized agent of the individual shall submit a signed, written request on a form provided by the board for records of the individual's prescriptions reported to the program.

The individual or agent will be required to present a current government-issued photo identification at the time of delivery of the request.

An individual who is unable to personally deliver the request to the board office may submit a request by mail or a commercial delivery service. The request shall comply with the provisions above, a copy of the current government issued photo identification shall be enclosed, and the signature of the requesting individual shall be notarized.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-7(2), 34-20E-20(4).

**20:51:32:07. Disclosure of data -- Regulatory board.** A state board or regulatory agency with appropriate authority may request information.

The request shall include a statement of its purpose and authority, the name and license number of the individual, the date range requested, and the specific reasons for the request.

The request shall include the signature of the authorized agent and mailing address for the board or agency.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-7(3), 34-20E-20(4).

**20:51:32:08. Disclosure of data -- Law enforcement.** A local, state, and federal law enforcement or prosecutorial official engaged in the enforcement of laws related to controlled substances may request information for the purpose of an investigation or prosecution of the drug-related activity or probation/parole compliance of an individual. The board shall verify the status of the law enforcement or prosecutorial official with the appropriate authority.

The electronic or written request shall include ~~the purpose of the request~~, the individual's name and date of birth, the date range requested, and the specific reasons for the request; which must be approved by the board.

The written request shall be signed by the authorized official and include that person's mailing address.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(4).

**Law Implemented:** SDCL 34-20E-7(4), 34-20E-20(4).

**20:51:32:09. Disclosure of data -- Court orders.** The board shall provide program information in response to court orders and warrants. The board shall provide program information in response to court issued subpoenas.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(4).

**Law Implemented:** SDCL 34-20E-7(7), 34-20E-20(4).

**20:51:32:10. Disclosure of data -- Other entities.** Other designated entities may request profiles or information as identified in SDCL 34-20E-7.

The written request shall include ~~the purpose of the request~~, the date range requested, the specific reasons for the request, and the individual's name and birth date if applicable.

The written request shall be signed by the authorized individual and include that person's mailing address.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-7(5)(6)(8) and (9).

**20:51:32:11. Data retention.** All dispenser records of prescriptions reported to the program shall be retained by the board for a period of three years following the date of the record. All records of access to or query of program information shall be retained by the board for a period of three years following the date of the record. At least semiannually, all program information identified as exceeding that three-year period shall be deleted from the program and discarded in a manner to maintain the confidentiality of the program information and data. Statistical data and reports from which all personally identifiable information has been removed or which do not contain personally identifiable information may be retained by the board for historical purposes.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20.

**Law Implemented:** SDCL 34-20E-20(2)(4) and (5).

**Chapter 20:67  
DRUG DISTRIBUTORS**

20:67:01	Definitions.
20:67:02	Licensure requirements.
20:67:03	Drug storage and handling requirements.
20:67:04	Record keeping.
20:67:05	Policies and procedures.
20:67:06	Inspections.
20:67:07	Due process.
20:67:08	Wholesale drug distributor advisory committee.- <u>REPEAL</u>

**CHAPTER 20:67:01  
DEFINITIONS**

Section	
20:67:01:01	Definitions.

**20:67:01:01. Definitions.** Words defined in SDCL 36-11A have the same meaning when used in this article. In addition, terms used in this article mean:

- (1) "Applicant," a wholesale or other drug distributor, as provided in SDCL 36-11A-3, represented by a person, including a proprietor, partner, corporate officer or director, or contact person, authorized to complete the application form and certifications;
- (2) "DEA," the federal drug enforcement administration; and
- (3) "Controlled room temperature," a temperature maintained thermostatically between 15 and 30 degrees centigrade or 59 and 86 degrees Fahrenheit.

**CHAPTER 20:67:02  
LICENSURE REQUIREMENTS**

Section	
20:67:02:01	Application and fee.
20:67:02:02	Required application information.
20:67:02:03	Licensure required for each location -- Out-of-state exemption.
20:67:02:04	Supplemental application information.
20:67:02:05	Controlled substance registration required.
20:67:02:06	Personnel requirements.
20:67:02:07	Denial of licensure when not in public interest.
20:67:02:08	Information on changes to be reported.
20:67:02:09	Temporary license valid for 90 days -- No refund.
20:67:02:10	Out-of-state wholesale drug distributor application -- Other state license required.
20:67:02:11	Reciprocal cooperation extended.
20:67:02:12	Exemption allowed.

**20:67:02:01. Application and fee.** A wholesale or other drug distributor must apply each year to the board, electronically or on a form supplied by the secretary of the board, for a license to engage in distribution of prescription drugs. Each application shall be accompanied by a license fee of \$200.

**20:67:02:02. Required application information.** Applicants must complete the following information as part of the application form:

- (1) The name, full business address, and telephone number of the applicant;
- (2) All trade or business names used by the applicant;
- (3) Address, telephone numbers, and the name of contact person for the facility used by the applicant for the storage, handling, and distribution of prescription drugs;
- (4) The type of ownership or operation, that is, partnership, corporation, or sole proprietorship;
- (5) The name of the owner or operator, or both, of the applicant, including:
  - (a) If a person, the name of the person;
  - (b) If a partnership, the name of each partner and the name of the partnership;
  - (c) If a corporation, the name and title of each corporate officer and director, the corporate names, the name of the state of incorporation, and the name of any parent company;
  - (d) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity;
- (6) Statements pertaining to factors that may determine eligibility for licensure, including whether in the last 7 years any of the following have occurred:
  - (a) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;
  - (b) Any felony convictions of the applicant under federal, state, or local laws;
  - (c) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;
  - (d) Suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances; and
- (7) A statement certifying that the applicant will operate in a manner prescribed by federal and state law and rules adopted by the board-;  
(8) Type of distribution;  
(9) Type of product distributed; and  
(10) Type of entity distributed to.

**20:67:02:03. Licensure required for each location --~~Out-of-state exemption.~~** Separate licensure is required where separate operations are conducted at more than one location within this state by a single wholesale distributor. ~~Out-of-state wholesale or other drug distributors shipping drugs into this state who do not maintain or operate a physical facility within the state are not required to license each separate location from which drugs are shipped to this state, but may instead obtain licensure for the primary location of the parent entity with divisions, subsidiaries, or affiliate companies.~~

**20:67:02:04. Supplemental application information.** In order to more fully consider qualifications of an applicant, the board may request supplemental information on records that are not a part of the application form.

**20:67:02:05. Controlled substance registration required.** Wholesale or other drug distributors that deal in controlled substances shall register with the South Dakota department of health and with the DEA and shall comply with all applicable state, local, and DEA regulations.

**Cross-Reference:** Annual registration of manufacturers, distributors and dispensers required, SDCL 34-20B-29.

**20:67:02:06. Personnel requirements.** As a condition for receiving and retaining a license, wholesale or other drug distributors shall employ sufficient numbers of personnel with education, training, and experience, or any combination thereof, so that all assigned functions are performed in a manner that assures that drug product quality, safety, and security will at all times be maintained as required by law. Lists of officers, directors, managers, and other persons in charge of ~~wholesale~~ drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications, shall be established and maintained.

**20:67:02:07. Denial of licensure when not in public interest.** The board may deny a license to an applicant if it determines that the granting of such a license would not be in the public interest based on health, safety, and welfare considerations, including:

- (1) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;
- (2) Compliance with licensing requirements under previously granted licenses;
- (3) Compliance with the requirements to maintain or make available to the board or to federal, state, or local law enforcement officials those records required to be maintained by wholesale or other drug distributors.

**Cross-Reference:** Record keeping, ch 20:67:04.

**20:67:02:08. Information on changes to be reported.** Changes in any information required in this chapter shall be submitted to the secretary of the board within 60 days with the exception of routine changes in the names and titles of corporate officers and directors, which may be reported upon license renewal.

**20:67:02:09. Repealed. Temporary license valid for 90 days – No refund.** ~~Upon the request of the applicant and receipt of a completed application and the license fee as provided in § 20:67:02:01, the secretary of the board may issue a letter granting temporary licensure provided that information contained on the application form shows no apparent reason for denial of licensure and the board has not previously denied, suspended, or revoked a license of the applicant.~~

~~The board shall approve or deny the application for license within 90 days after receipt of the application. Upon approval or notice of denial, the temporary license becomes void unless the applicant appeals the decision of the board pursuant to SDCL chapter 1-26. If a temporary license is issued, the license fee may not be refunded if the application is subsequently denied by the board.~~

**20:67:02:10. Out-of-state wholesale or other drug distributor application -- Other state license required.** Out-of-state wholesale or other drug distributors must meet the application and fee requirements of this chapter and must also submit a copy of their wholesale drug distributor's license or its equivalent from the state in which the distributor is located if a license is issued by that state.

**20:67:02:11. Reciprocal cooperation extended.** The board shall cooperate with other states that license and regulate wholesale or other drug or pharmacy distributors to verify information contained on license applications and for the purpose of investigating complaints against distributors located in this state or the sharing of inspection reports, investigative reports, or licensure status if the other state extends the same reciprocal cooperation to the board.

**20:67:02:12. Exemption allowed.** An exemption to licensure is allowed when an out-of-state wholesale or other drug distributor supplies a drug to another drug distributor licensed in this state in an emergency. The amount of the distribution allowed is confined to the emergency.

### CHAPTER 20:67:03 DRUG STORAGE AND HANDLING REQUIREMENTS

Section	
20:67:03:01	Facilities.
20:67:03:02	Storage conditions.
20:67:03:03	Examination upon receipt required.
20:67:03:04	Outgoing shipments to be inspected.
20:67:03:05	Quarantine required.
20:67:03:06	Opened containers to be identified.
20:67:03:07	Standards for returned drugs to be met.

**20:67:03:01. Facilities.** All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall meet the following conditions:

- (1) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;
- (2) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;
- (3) Have a separate quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, recalled, misbranded, or adulterated or that are in immediate or sealed secondary containers that have been opened;
- (4) Be maintained in a clean and orderly condition;
- (5) Be free from infestation by insects, rodents, birds, or vermin of any kind;
- (6) Be secured from unauthorized entry by:
  - (a) A well-lighted outside perimeter of the premises;
  - (b) An alarm system to detect entry after hours; and
  - (c) A security system that provides protection against theft and diversion, including, if applicable, theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

**20:67:03:02. Storage conditions.** All prescription drugs shall be stored as required by the labeling of the drugs. If no storage requirements are established for a prescription drug, the drug may be held at controlled room temperature to help ensure that its identity, strength, quality, and purity are not adversely affected. Manual, electromechanical, or electronic temperature and

humidity recording equipment, devices, or logs shall be utilized, as applicable, to document proper storage of prescription drugs.

**20:67:03:03. Examination upon receipt required.** Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination must be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.

**20:67:03:04. Outgoing shipments to be inspected.** Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

**20:67:03:05. Quarantine required.** Prescription drugs that are outdated, damaged, deteriorated, recalled, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

**20:67:03:06. Opened containers to be identified.** Any prescription drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such and shall be quarantined and physically separated from other prescription drugs until they are either destroyed or returned to the supplier.

**20:67:03:07. Standards for returned drugs to be met.** If the conditions under which a prescription drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug shall be destroyed or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling as a result of storage or shipping.

## CHAPTER 20:67:04 RECORD KEEPING

### Section

20:67:04:01	Record keeping.
20:67:04:02	Retention and inspection of records.
20:67:04:03	Retrieval of records.
20:67:04:04	Financial records treated as confidential materials.

**20:67:04.01. Record keeping.** Wholesale drug distributors shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs, including outdated drugs. These records shall include the following information:

- (1) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped;
- (2) The identity and quantity of the drugs received and distributed or disposed of;
- (3) The dates of receipt and distribution or other disposition of the drugs; and

- (4) Documentation of storage conditions as required in § 20:67:03:02.

**20:67:04.02. Retention and inspection of records.** Inventories and records required by this chapter may be maintained by manual or electronic means in a form that allows inspection and photocopying of requested records during inspections. All records shall be retained for two years following disposition of the drugs.

**20:67:04.03. Retrieval of records.** Records described in this chapter that are kept at the inspection site at a central location apart from the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period.

**20:67:04.04. Financial records treated as confidential materials.** Any financial records inspected or photocopied by the board shall be treated as confidential materials and not open to public inspection.

## CHAPTER 20:67:05 POLICIES AND PROCEDURES

### Section

20:67:05:01 Policies and procedures to be established.

**20:67:05:01. Policies and procedures to be established.** Wholesale and other drug distributors shall establish, maintain, and adhere to written policies and procedures for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts and for correcting all errors and inaccuracies in inventories. Wholesale and other drug distributors shall include in their written policies and procedures the following:

(1) A procedure whereby the oldest approved stock of a prescription drug product is distributed first. The procedure may permit deviation from this requirement if the deviation is temporary;

(2) A procedure to be followed for handling recalls and withdrawals of prescription drugs due to:

(a) Any action initiated at the request of the food and drug administration or any other federal, state, or local law enforcement or governmental agency, including the board;

(b) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market;

(c) Any action undertaken to promote public health and safety by the replacing of existing merchandise with an improved product or new package design;

(3) A procedure to ensure that wholesale and other drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster or other situations of local, state, or national emergency;

(4) A procedure to ensure that any outdated prescription drugs are segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs;

(5) A procedure to keep access from outside the premises to a minimum and well controlled; and

(6) A procedure to limit entry into areas where prescription drugs are held to authorized personnel only.

## CHAPTER 20:67:06 INSPECTIONS

### Section

- 20:67:06:01 Regular inspections required.  
20:67:06:02 Exemption from inspection.  
20:67:06:03 Out-of-state wholesale drug distributor exemption.

**20:67:06:01. Regular inspections required.** Wholesale All drug distributors, including third party logistics providers located within the state shall be inspected by the board every two years with follow-ups if problems are found. The following areas may be reviewed when inspections are performed:

- (1) Responsibility for operation;
- (2) Policies and procedures;
- (3) Purchases and sales;
- (4) Record keeping;
- (5) Recalls;
- (6) Facilities;
- (7) Security;
- (8) Storage conditions; and
- (9) Returned goods.

**20:67:06:02. Exemption from inspection.** Wholesale and other drug distributors that have received a satisfactory rating as the result of a full inspection of all operations and procedures by the food and drug administration are exempt from further inspection by the board until any subsequent inspection results in a less than satisfactory rating or until two or more years have passed since the last full inspection by the food and drug administration. Less than satisfactory ratings may include documentation of deficiencies in any drug distribution, repackaging, labeling, quality control, or environmental policies. Deficiencies include any statement which is a part of a compliance report recorded by federal inspection with or without sanctions, penalties, fines, or discipline imposed.

**20:67:06:03. Out-of-state wholesale and other drug distributor exemption.** The board may exempt from inspection any out-of-state wholesale drug distributor pursuant to § 20:67:06:02 on demonstration of a satisfactory rating on an equivalent inspection conducted by the licensing agency of the state where the distributor is located.

## CHAPTER 20:67:07 DUE PROCESS

Section  
20:67:07:01 Designation of registered agent.

**20:67:07:01. Designation of registered agent.** Out-of-state drug wholesaler distributors shall designate a resident agent in this state for service of process. If an agent is not designated, the secretary of state of this state shall be considered to be its true and lawful agent, upon whom may be served all legal process in any action or proceeding against the out-of-state wholesale drug distributor. A copy of any service of process shall be mailed by certified mail, return receipt requested, postage prepaid, at the address the out-of-state wholesale drug distributor has designated on its application for licensure. If any out-of-state wholesale drug distributor is not licensed in this state, service on the secretary of state is sufficient service.

**CHAPTER 20:67:08 ~~REPEALED~~**  
**WHOLESALE DRUG ADVISORY COMMITTEE**

Section  
~~20:67:08:01 Terms to begin on July 1.~~  
~~20:67:08:02 Applicants to be solicited for recommendations.~~  
~~20:67:08:03 Recommendations to remain on file.~~  
~~20:67:08:04 Board to review recommendations on file.~~  
~~20:67:08:05 Unexpired terms to be filled within three months of vacancy.~~  
~~20:67:08:06 Appointees to indicate willingness to serve.~~

~~20:67:08:01. Terms to begin on July 1.~~ Terms of new wholesale drug advisory committee members shall begin on July 1 unless the appointment is to fill an unexpired term.

~~20:67:08:02. Applicants to be solicited for recommendations.~~ Each year, along with the application for wholesale drug distributor and pharmacy license renewal, the secretary of the board shall send a solicitation of recommendation for persons to serve on the wholesale drug advisory committee. The solicitation shall include the following:

- ~~(1) A list of committee members and the group represented by each member;~~
- ~~(2) The term expiration for each member;~~
- ~~(3) A request for recommendations to fill terms expiring during the licensing year; and~~
- ~~(4) A reprint of SDCL 36-11A-15 and this article.~~

~~20:67:08:03. Recommendations to remain on file.~~ The board shall maintain a file of recommendations for wholesale drug advisory committee membership and shall hold each recommendation until December 31 of the year following its receipt.

~~20:67:08:04. Board to review recommendations on file.~~ The board may consider recommendations received to fill all expired or unexpired terms. Appointments to fill expiring terms shall be made prior to expiration of the terms.

~~20:67:08:05. Unexpired terms to be filled within three months of vacancy.~~ If an unexpired term is created by death, incapacity, or written notice, the board shall appoint a person to complete the expired term within three months after receipt of notice.

~~20:67:08:06. Appointees to indicate willingness to serve.~~ Any person appointed to the wholesale drug advisory committee shall, prior to appointment, indicate in writing to the board a willingness to serve as a committee member.