

SD Board of Pharmacy Meeting Minutes

Friday, June 9, 2017; 8:00 a.m. CST

Pharmacy Specialties and Clinic Conference Room
2333 W. 57th Street, Sioux Falls, South Dakota 57108

Board Members Present: President Diane Dady, Tom Nelson, Lenny Petrik, Lisa Rave, and Dan Somsen

Board Staff Present: Executive Director Kari Shanard-Koenders; Inspectors Gary Karel, Paula Stotz, and Carol Smith; and Senior Secretary and recorder Beth Windschitl

Attendees Present: Justin Manning, Bruce Jorgensen, Joe Bergsmith, Amanda Bacon, Sue Schaefer, David Bain, David Hilbrands, Jim Clem, and Jessica Harris

A. Call to Order and Introductions

The meeting was called to order by President Dady at 8:00 AM CST, attendee introductions made and roll call taken by recorder; all Board members were 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 Tom Nelson and seconded by Board Member Dan Somsen; motion carried.

C. Staff Reports

1. Inspector Reports

a. Paula Stotz

Paula noted the following items:

- Board of Pharmacy inspectors completed 12 Consumer Product Safety Commission Safety Cap checks in pharmacies that serve high numbers of senior citizens. One pharmacy had one prescription without a safety cap. Discrepancy was identified and corrected prior to leaving the pharmacy.
- DEA Inspection/Visits
 - Checked controlled substances for correct documentation on invoices, proof of receipt, and finalization of CSOS orders on the wholesaler's CSOS site.
 - Patient address, provider address and DEA # are required on the face of all controlled substance prescriptions.
 - Drug collection boxes – Pharmacy must be registered as a Collector with the DEA; box liner must be correct size, labeled with a non-removable serial number and be self-sealing.
- Reviewed aspects of Wholesale Veterinary Feed Directive Inspections (VFD). Main VFD drug is Aureomycin (chlorotetracycline [CTC]) broad spectrum antibiotic to be mixed with feed. VFD (this may not be called a prescription) must be from a veterinarian in paper or electronic form; cannot be faxed or phoned in. If faxed, original written VFD must be provided to the supplier within five days and retained on file for two years.

b. Carol Smith

Carol noted the following items during inspections:

- Many pharmacists-in-charge (PIC) have taken no steps to implement/comply with NIOSH requirements; several PICs were not familiar with NIOSH.
- Found one POA that was not revoked.
- Found unlabeled capsules in a refrigerator (boric acid)
- Pharmacies in the Northeastern part of South Dakota are being audited by Humana. Auditor is a PAAS member, has been very helpful, and contacts physicians to clarify days supply.

c. Gary Karel

Gary noted the following items in various pharmacies:

- Retail pharmacy not reporting pseudoephedrine sales using NPLEX. Still using manual system.
- Found outdated product.
- Reverse distributor not registered in South Dakota.
- No cove molding in an IV room.
- Failed viable counts not followed up on and some not completed.
- First dose review not done by pharmacy. This is a requirement of conditions of participation for acute care hospital.
- Ceiling in buffer installed incorrectly in facility. It was not a washable ceiling.
- DEA license expired.
- Failed to count controlled substances outside pharmacy in a hospital.
- One pharmacist using another pharmacist password for PDMP.
- Couple pharmacies failed to conduct any audits since last inspection.

Executive Director Shanard-Koenders stated in South Dakota we feel that an inspector's role is to help keep pharmacies and pharmacists compliant and thus protect the health and safety of the residents of SD.

2. PDMP

The Executive Director reported the following PDMP updates:

- Senate Bill 1
 - Bill mandates all prescribers with a South Dakota Controlled Substance Registration (SD CSR) be registered with the program by July 1, 2017.
 - BOP is working in conjunction with Bob Coolidge, Department of Health, Division of Controlled Substances in Pierre to identify all parties needing to enroll.
 - Have received push back from some practices and small offices with few personnel have presented some unique challenges but overall going well.
 - Submissions will change to every 24 hours; which is not a great change as most pharmacies already submit data every 24 hours.
- Currently Apriss provides all reports for PDMP data; we are encouraged and continue to work with them to improve reporting options and data quality as the current reporting situation is not optimal.
- Next Advisory Council meeting will be held June 20, 2017.

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

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

1. Walgreen's #12906 Spearfish: DEA 106
2. Lead-Deadwood Regional Hospital: DEA 106
3. Hy-Vee Pharmacy #3 (Minnesota Ave) Sioux Falls: DEA 106
4. Mylan in Greensboro, NC: DEA 106
5. Parkston Drug: Complaint/Concern
6. Walmart Pharmacy, Stummer Rd, Rapid City: Complaint
7. Community Health Center of Black Hills Pharmacy, Rapid City: Complaint
8. Shopko Pharmacy, Dell Rapids: DEA 106
9. Shopko Pharmacy, Watertown: DEA 106

10. Walgreen's #05242 S Cliff in Sioux Falls: Complaint
11. Sanford Aberdeen Medical Center: DEA 106
12. Tea Storm Chasers: Complaint

E. SD Pharmacists Association Update – Sue Schaefer, Executive Director

SDPhA Executive Director Sue Schaefer reviewed the following from the written report in the packet:

- Executive Director Sue Schaefer introduced Amanda Bacon the new SDPhA Executive Director starting July 1, 2017. Amanda has a background/training in communications and broadcast journalist. Her professional experience includes work with Regional Health, Avera-St Mary's in Pierre, and the South Dakota Beef Council.
- In May, President elect Eric Grocott met with congressional delegates in Washington, DC to discuss direct and indirect remuneration (DIR) fee.
- The Association continues to prepare for the Annual SDPhA Meeting securing speakers, vendors, and sponsors. The Russell Room in the Deadwood Lodge has been reserved for the September BOP Board Meeting.
- The Association donated \$1,000 to the Annual Pharmacy Technician Meeting and is working with the Therapeutic Research Center (TRC) to secure online pharmacy technician training modules at a reasonable price.
- Financial report show significant funds rolling to new fiscal year; funds are for out-going Executive Director's payout.

F. Other Reports

1. SDSU College of Pharmacy – James Clem, Pharm D, Dpt. Head Pharmacy Practice

College of Pharmacy and Allied Health Professions Department Head Jim Clem reviewed the following from a written report, provided by Dr. Jane Mort, found in the Board Meeting packet:

- Seventy-three students graduated with their PharmD on May 6, 2017. Twenty-three graduates have taken residencies (31.5%). Of those students applying for residency, 76.7% were placed.
- The College is currently revising its curriculum; faculty will vote on changes in August. If approved, implementation will be fall, 2018.
- SDSU will complete Strategic Planning fall, 2017 then the College will begin its own strategic plan.
- Faculty Position Update- hired two new faculty in Ambulatory Care, are recruiting for the Hoch Family Endowed Professor in Community Pharmacy Practice position and are recruiting for a faculty member specializing in pharmacogenomics
- Search committee for the new Dean has been established and will be headed by Dr. Fahrenwald, Dean of the College of Nursing. Interviews will start this fall. Start date unknown.

2. SD Society of Health System Pharmacists – Jessica Harris, PharmD, BCPS

- Golf Tournament is scheduled for June 28, 2017.
- Strategic Plan will be sent out when completed.

3. SD Association of Pharmacy Technicians – Sue DeJong, CPhT

Not in attendance; no materials

4. HPAP Update – Maria Piacentino, MA, LPC-MH, GMHP, LAC

Attending later, no report

G. Old Business

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

- Still reviewing comments; waiting for second draft of document.
- A Pew Trust article (May, 2017) lists U.S. illnesses and deaths associated with compounded or repackaged medications, 2001-2016. In summary, the report reflects 1197 reported cases and 99 reported deaths.
- South Dakota has 5-6 non-sterile compounding pharmacies and 1 sterile compounding pharmacy. Everything is patient specific.

2. USP <800> - NIOSH 2016 – Gary

- Implementation July 1, 2018; applies to all pharmacies compounding hazardous drugs.
- Outlines what to do, how to do it; pharmacies need to do a risk assessment associated with compounding hazardous drugs. This includes receiving, handling, storing, and dispensing of hazardous drugs.

3. Hy-Vee Tech Check Tech Pilot Project Update – Justin Manning

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

- Staff from other Hy-Vee stores are rotating through location.
- Reported no quality errors and introduced planned errors are being successfully found by technicians.
- MTM, immunization, and labor statistics were consistent.
- Fifteen locations in Iowa are participating in a pilot program that pays pharmacists \$1.00 for patient care counseling. Pilot is through Wellmark and is looking at total cost of care per patient, recurrence, and freeing up time for patient/customer interaction-relationships. Pilot identifies high-, moderate- and low-risk levels; focuses on high/moderate group to counsel to better understand history and identify potential problems in the future.

4. Report on Alchermes/Aristada Pilot Project Minnehaha County Jail–David Bain, David Hildbrands

David Hildbrands the representative responsible for coordinating project parties in South Dakota reviewed the following from the written report in the packet:

- Aristada is now available in 1060 milligram dose. The two month dose interval allows for greater levels of control after discharge.
- Similar jail pilot programs are in all 50 states.
- As of March 8, 2017, all Minnehaha County Jail Medical staff have completed formal training.
- To date, three patients have been discharged from the jail on Aristada; two additional patients in facility have started Aristada.
- Programs similar to the Minnehaha pilot have been established in Hughes County and Armour

5. Remote Pick Up Sites

- Controlled Substances are still a question – DEA is looking into the matter
- Regional was told that controlled substances may be placed back into ScriptCenter but are awaiting official information from the DEA.

6. Legislative Update – PDMP Changes, Pharmacy Practice Act, Wholesale Distributor Act

Board President Diane Dady reported the following regarding the Pharmacy Practice Act:
(House Bill 1043, a cleanup revision of our practice act, SDCL 36-11)

- The Practice Act Committee met once via phone. Committee conversation centered on one question, why examine the Practice Act?
- The Act spells out what pharmacists can and cannot do in their role. The Governor is encouraging all Boards to “clean up” their practice act in the coming year making adjustments where needed.
- Committee members want to ensure they communicate to South Dakota pharmacists all Practice Act discussion items, are methodical in their review and do not rush to make changes to the Act.

- Board Meeting attendees discussed how the relationship between the Board of Pharmacy and the South Dakota Pharmacist Association, as stated in the current Practice Act, might be viewed as a conflict of interest and not transparent.
- President Dady suggested the Board request an AG Opinion regarding the relationship between the Board of Pharmacy and Pharmacists Association. The AG opinion rendered in the 1980's, established the bifurcated relationship currently in place.
- The outcome and impact of an AG decision cannot be predicted. However, should it be determined the relationship must be severed, other revenue generating options for Association funding including the Board contracting with the Association for specific services/tasks and pharmacist paying annual Association dues needs to be investigated.
- A motion was made by Board Member Lisa Rave to seek an AG Opinion regarding the relationship between the South Dakota Board of Pharmacy and the South Dakota Pharmacists Association, the funding of the Association by the Board and to determine/assess whether a conflict of interest exists. Motion was seconded by Board Member Dan Somsen; motion passed unanimously (Dady, Nelson, Petrik, Rave, and Somsen).

Executive Director Kari Shanard-Koenders report the following Wholesale Distributor Act and PDMP updates:

- House Bill 1044 bill passed and becomes effective July 1, 2017. Rules have to be written.
- Senate Bill 1 passed; it mandates prescriber registration with the PDMP for any prescriber holding a SD Controlled Substance registration; data submission will occur every 24 hours.

H. New Business

1. **Telepharmacy and Technician Certification Variance Request – Alyssa Howard PharmD, Community Memorial Hospital Avera / Redfield Community Memorial Hospital Avera**

Meeting attendees received a copy of the variance applying to operate under Telepharmacy licensure with Avera St Luke's Hospital in Aberdeen as the Central Pharmacy. Alyssa is a "shared" pharmacist working three days a week at one location with one full-time pharmacy technician and two days per week at the Marshall County Healthcare Center in Britton with no pharmacy technician. She is the only pharmacist on-site at either location, and she completes order entries for both facilities. The Telepharmacy practice (cameras and phone) will be implemented in Redfield so grandfathered pharmacy technician will complete Pyxis fill, floor stock and unit dose verification during days when pharmacist is working at other location. Board Member Lisa Rave made a substitute motion 1) approve Telepharmacy in Redfield, 2) to approve an exception to the requirement that Telepharmacy technicians be certified and 3) added a requirement to the variance (grandfather technician must complete 20 hours of continuing education every other year as is required of certified pharmacy technicians). Motion was seconded by Board Member Dan Somsen; motion passed unanimously (Dady, Nelson, Petrik, Rave, and Somsen).

2. **Bruce Jorgenson, PharmD, BCNP; Cardinal Health Nuclear Pharmacy Technician Certification Variance Request**

Mr. Jorgenson comes before the Board to request a variance to South Dakota ARSD 20:51:29:06 which requires national certification of pharmacy technicians. Cardinal Health currently employs two pharmacy technicians-one certified, one studying for certification on-line through PTU. Cardinal Health requires pharmacy technicians complete vigorous training/coursework specific to nuclear medicine annually under the supervision of a Preceptor Pharmacist. A review of PTU's certified pharmacy technician training modules and found very little curriculum having to do with the practice of nuclear medicine. As such, national certification would not prepare one to be a nuclear pharmacy technician as thus should be exempt from the national certification requirement. Meeting attendees discussed the topic further. Board members asked Mr. Jorgenson to provide a history of what others states are requiring Cardinal Health nuclear pharmacy technicians to complete and tabled the variance request till the September or December Board meeting.

3. Policy Statement: Transfer of Unfilled Prescriptions, including CII-CIV Prescriptions Prior to First Fill)

Board provided clarity on this issue (ARSD 20:51:23:01). Since the prescription has never been filled, the purpose of the transfer would not be for "refills" but would be for an original fill; therefore, review of our rule may conclude that it should not be standard of practice. The DEA has been consulted and the practice is currently under review by DEA Headquarters for a potential CFR change. Per Sarah Boblenz, DEA, "if the state allows it, DEA accepts the practice as long as it follows 21CFR 1306.15, 1306.25 and 1306.27."

The Board feels strongly that prohibiting a transfer of a prescription because they have not yet been filled is contrary to timely and proper patient care and could contribute to diversion. Until administrative rules can be changed, the Board clarifies that the practice of transfer of a prescription prior to fill is acceptable in South Dakota. The Board suggests a rule change, for the purpose of clarification, that "first fill" and "refill" mean the same under statute so transfer can occur within the state. Board members unanimously approved the policy statement (Dady, Nelson, Petrik, Rave, and Somsen).

4. Policy Statement: What Can Be Changed on a CII-CV Prescription

Policy statement handout was review with attendees. Board Member Lisa Rave made a motion to approve policy statement as presented; motion was seconded by Board Member Dan Somsen. Motion carried, Board members unanimously approved the policy statement as presented (Dady, Nelson, Petrik, Rave, and Somsen).

I. Annual Election of Officers

1. A motion was made by Board Member Lisa Rave to re-elect President Diane Dady and Vice-President Lenny Petrik for a second term. Motion was seconded by Board Member Tom Nelson; motion carried unanimously (Dady, Nelson, Petrik, Rave, and Somsen).

J. Other Business Future Board Meeting Dates

1. Future Board Meeting Dates

- i. September 21, 2017 in conjunction with SDPHA – 1pm at the Lodge at Deadwood, Russell Room
- ii. December 8, 2017 – Sioux Falls, Location TBD
- iii. March 9, 2018 -- Sioux Falls, Location TBD
- iv. June 8, 2018 – Sioux Falls, Location TBD

2. Other Meetings

- i. District Five annual Meeting, August 3-5, 2017, West Des Moines, IA
- ii. SDPHA September 22-23, 2017, The Lodge at Deadwood

3. Meetings Recap – NABP 133rd Annual Meeting, Paula, Kari

K. Executive Session: per SDCL 1-25-2

Attendees Joining for Executive Session: Amanda McKnelly, Maria Piacentino, Kent Munger, Diana Munger

At 12:08 pm, Board member Tom Nelson made a motion to move to Executive Session to discuss licensure; motion seconded by Board Member Petrik, motion carried unanimously. Board came out of executive session.

- L. Adjourn at 1:05 PM – Motion by Board Member Somsen, second by Board Member Nelson. Motion passed 4-0. Meeting adjourned.**

			May	May	YTD	YTD
Activity Reports	New	Renewal	2017	2016	This Year	Last Year
Pharmacy Permits						
Full Time (SD)	1	100	101	96	113	111
Part Time (SD)	1	15	16	26	27	28
Non-Resident	27	356	383	282	548	410

Pharmacist Licenses

South Dakota	0	1	1	2	1243	1233
Non-Resident	5	0	5	2	737	740

Technician Registration	15	6	21	36	1411	1673
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Pharmacy Interns	6	1	7	8	349	348
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Wholesale Permits

South Dakota	0	0	0	1	62	42
Non-Resident	5	4	9	10	1251	1173

Inspections

Pharmacy Inspections			47	57	314	366
Wholesale Inspections			4	1	28	18
Other Pharmacy Visits/Meetings			34	56	311	168
Controlled Drug Destruction			0	1	5	21
PDMP Visits			30	47	166	209

Verifications

Pharmacist			6	7	157	183
Wholesalers			8	20	326	220
Pharmacies			19	30	191	238
Technicians / Interns			4	6	58	177

LICENSE SUMMARY

March 1, 2107 – May 31, 2017

PHARMACISTS

1974 Current 9 New Licensees

License #	Prefix	Last Name	First Name	City	State
6460	R	PIENKOS	ROBERT	CHICAGO	IL
6461	R	WOLBRINK	CHRISTOPHER	WINTER GARDEN	FL
6462	R	WEHDE	AMANDA	FOX LAKE	IL
6463	R	DAVIDSON	KIMBERLY	BISMARCK	ND
6464	R	BELGUM	TODD	CREIGHTON	NE
6465	R	FINOCCHIO	TYLER	KINGSPORT	TN
6466	R	ALEXANDER	JOSHUA	KANSAS CITY	MO
6467	R	HOLY	CYNTHIA	BROOKINGS	SD
6468	R	WACHHOLTZ	CHANCE	GREENVILLE	SC

PHARMACY INTERNS

349 Current 11 New Registrations

FULL-TIME PHARMACY PERMITS

264 Current 3 New Pharmacy Permits

PART-TIME PHARMACY PERMITS

56 Current 1 New PT Pharmacy Permits

TECHNICIAN REGISTRATIONS

1511 Current 43 New Registrations

WHOLESALE PERMITS

1249 Current 34 New Permits

NON-RESIDENT PHARMACY PERMITS

773 Current 36 New Permits

Pharmacy Name	Address	City	State
SOUTHSIDE PHARMACY 3	7700 MAIN ST STE 260	HOUSTON	TX
DUNCAN SPECIALTY PHARMACY	317 W BROADWAY	MAYFIELD	KY
RECEPT PHARMACY #101	4011 CRESCENT PARK DR	RIVERVIEW	FL
CEDRA PHARMACY INC	3027 3RD AVE	BRONX	NY
AE PHARMACY LLC	220 INDUSTRIAL BLVD STE 100	AUSTIN	TX
MERWIN IV & SPECIALTY PHARMACY LLC	1811 OLD HWY 8 NW	NEW BRIGHTON	MN
PROFESSIONAL RX PHARMACY LLC	2560 E SUNSET RD #120	LAS VEGAS	NV
MISSOURI HEALTH INFUSION	2319 WELDON PKWY	ST LOUIS	MO
ALLYSCRIPTS LLC	201 LONNIE E CRAWFORD BLVD STE B	SCOTTSBORO	AL
AMERICAN SPECIALTY PHARMACY INC	3405 NW EXYWY	OKLAHOMA CITY	OK
GATEWAY HEALTHMART PHARMACY SUNRISE	3103 YORKTOWN DR STE 2	BISMARCK	ND
ADVANCED RX	5205 MILITIA HILL RD STE 200	PLYMOUTH MEETING	PA
MEIJER SPECIALTY PHARMACY	8455 HAGGERTY RD	BELLEVILLE	MI
INNOVASCRIPT	641 KOLTER DR	INDIANA	PA
EXECUTIVE BUSINESS SOLUTIONS LLC	1100 FM 1092 STE D	MISSOURI CITY	TX
CANYON MEDICAL PHARMACY INC	7265 S REVERE PKWY STE 902	CENTENNIAL	CO
VALEDA RX LLC	250 MT LEBANON BLVD STE 208	PITTSBURGH	PA
VITALRX LLC	237 CAHABA VALLEY PKWY	PELHAM	AL
VETERINARY PHARMACIES OF AMERICA LLC	4802 N SAM HOUSTON PKWY W STE 100	HOUSTON	TX
SMARTSCRIPTS	1010 W MADISON ST	WASHINGTON	IA
HEART OF AMERICA PHARMACY LLC	4338 E 142ND ST	GRANDVIEW	MO
THE RITE PHARMACY INC	2225 WILLIAMS TRACE BLVD STE 109	SUGAR LAND	TX
PRIME THERAPEUTICS SPECIALTY PHARMACY LLC	2901 KINWEST PKWY STE 250	IRVING	TX
PRIME THERAPEUTICS SPECIALTY PHARMACY LLC	2901 KINWEST PKWY STE 350	IRVING	TX

TOPS PHARMACY INC	1608 ROUTE 88 UNIT 120	BRICK	NJ
QUAKER COMMUNITY PHARMACY LLC	304 VILLAGE AT STONES CROSSING	EASTON	PA
THE DULUTH CLINIC LTD	350 TOWER AVE STE C	SUPERIOR	WI
VENICE PHARMACY LLC	1229 US 41 BYPASS S	VENICE	FL
ONE SOURCE PHARMACY AND MEDICAL SUPPLIES LLC	15727 SAN PEDRO AVE	SAN ANTONIO	TX
PUBLIX SUPER MARKETS INC	7616 SOUTHLAND BLVD STE 112	ORLANDO	FL
D&D PHARMA LLC	14460 GETZ RD STE 200	NOBLESVILLE	IN
TALCA PHARMACEUTICALS INC	768B CALLE PLANO	CAMARILLO	CA
U.S. PHARMAMED LLC	3450 TARHEEL DR STE 101 BLDG 4	TARHEEL	NC
BIG BEND PHARMACY LLC	6045 E SHELBY DR STE 1A	MEMPHIS	TN
CAREZONE PHARMACY LLC	800 AIRPARK CENTER DR STE 809	NASHVILLE	TN
BYRAM HEALTHCARE CENTERS INC	3793 S STATE ST	SALT LAKE CITY	UT



**South Dakota
Board of Pharmacy**

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Approvals and Variances for June 9, 2017 Board Meeting

Approvals

1. Bogen Corporation, dba True Care Family Pharmacy, Sioux Falls, #100-2047
2. Avera McKennan dba Avera 7th Ave Pharmacy, Sioux Falls, #100-2048, CHOW from Prescription Shop Inc., dba Van Hove Prescription Shop
3. Lewis Family Drug, LLC, dba Lewis Family Drug #41, Centerville, #100-2049, CHOW from Pioneer Memorial Hospital dba Centerville Community Pharmacy
4. Omnicare Pharmacy and Supply Services LLC dba Omnicare of South Dakota, Firesteel Health Care Center, Mitchell, AMDD as E-Kit, 200-1708
5. New Remote Pick Up Site in Marion SD for Norms Thrifty White in Freeman
6. New Remote Pick Up Site in Tripp, SD for Parkston Drug in Parkston
7. New Remote Pick Up Site Asteres Script Center Avera Campus Pharmacy

Pharmacy Closings

1. Kmart Pharmacy #7306, 3709 E 10th, Sioux Falls
2. Kmart Pharmacy #7318, 3020 W 12th St, Sioux Falls
3. Varney Pharmacy, dba Medicine Shoppe #1655, Parkston

Variances/Waivers

1. Omnicell – Firesteel Health Care, Mitchell SD – Omnicare of SD, NH AMDD as Ekit
2. Renewal Regional Telepharmacy Visits for Lead - Deadwood Regional Hospital Telepharmacy
3. Renewal Regional Tech Check Tech Variance
4. Renewal Vilas Faith and Eagle Butte and New Variance Highmore, for frequency of pharmacist visits for telepharmacies

Remaining Authority by Object/Subobject

Expenditures current through 04/29/2017 09:21:33 AM

HEALTH -- Summary

FY 2017 Version -- AS -- Budgeted and Informational

FY Remaining: 17.3 %

09209 Board of Pharmacy - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES						
5101010 F-t Emp Sal & Wages	395,727	276,408	0	0	119,319	30.2
5101020 P-t/temp Emp Sal & Wages	102,646	88,359	0	0	14,287	13.9
5101030 Board & Comm Mbrs Fees	4,342	780	0	0	3,562	82.0
Subtotal	502,715	365,547	0	0	137,168	27.3
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	29,062	26,213	0	0	2,849	9.8
5102020 Retirement-er Share	25,500	20,800	0	0	4,700	18.4
5102060 Health Insurance-er Share	50,079	48,924	0	0	1,155	2.3
5102080 Worker's Compensation	1,000	584	0	0	416	41.6
5102090 Unemployment Compensation	300	142	0	0	158	52.7
Subtotal	105,941	96,663	0	0	9,278	8.8
51 Personal Services						
Subtotal	608,656	462,210	0	0	146,446	24.1
TRAVEL						
5203010 Auto-state Owned-in State	6,600	3,151	0	0	3,449	52.3
5203020 Auto Priv (in-st.) L/rte	600	124	0	0	476	79.3
5203030 Auto-priv (in-st.) H/rte	6,000	3,637	0	0	2,363	39.4
5203040 Air-state Owned-in State	0	1,858	0	0	-1,858	0.0
5203100 Lodging/in-state	7,489	2,317	0	0	5,172	69.1
5203140 Meals/taxable/in-state	1,100	595	0	0	505	45.9
5203150 Non-taxable Meals/in-st	2,000	1,605	0	0	395	19.8
5203220 Auto-priv (out-state) L/r	200	109	0	0	91	45.5
5203230 Auto-priv (out-state) H/r	1,600	0	0	0	1,600	100.0
5203260 Air-comm-out-of-state	10,000	3,091	0	0	6,909	69.1
5203280 Other-public-out-of-state	100	250	0	0	-150	0.0
5203300 Lodging/out-state	6,400	2,806	0	0	3,594	56.2
5203320 Incidentals-out-of-state	152	216	0	0	-64	0.0
5203350 Non-taxable Meals/out-st	900	729	0	0	171	19.0
Subtotal	43,141	20,488	0	0	22,653	52.5
CONTRACTUAL SERVICES						
5204010 Subscriptions	250	0	0	0	250	100.0
5204020 Dues & Membership Fees	500	300	0	0	200	40.0
5204050 Computer Consultant	398,567	60,000	12,000	0	326,567	81.9
5204140 Contract Pymts To St Agen	20,000	18,000	0	0	2,000	10.0

Remaining Authority by Object/Subobject

Expenditures current through 04/29/2017 09:21:33 AM

HEALTH -- Summary

FY 2017 Version -- AS -- Budgeted and Informational

FY Remaining: 17.3 %

09209 Board of Pharmacy - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204160 Workshop Registration Fee	4,000	1,105	0	0	2,895	72.4	
5204180 Computer Services-state	10,075	10,233	0	0	-158	0.0	
5204181 Computer Services-state	1,119	3,746	0	0	-2,627	0.0	
5204200 Central Services	5,985	3,826	0	0	2,159	36.1	
5204202 Central Services	102	162	0	0	-60	0.0	
5204203 Central Services	102	238	0	0	-136	0.0	
5204204 Central Services	411	317	0	0	94	22.9	
5204207 Central Services	2,579	3,492	0	0	-913	0.0	
5204220 Equipment Serv & Maint	600	1,546	0	0	-946	0.0	
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	
5204440 Newsletter Publishing	0	155	0	0	-155	0.0	
5204460 Equipment Rental	2,100	879	0	0	1,221	58.1	
5204490 Rents-private Owned Prop	18,277	20,460	0	0	-2,183	0.0	
5204510 Rents-other	250	0	0	0	250	100.0	
5204530 Telecommunications Srves	7,700	2,670	0	0	5,030	65.3	
5204550 Garbage & Sewer	50	6	0	0	44	88.0	
5204590 Ins Premiums & Surety Bds	1,450	730	0	0	720	49.7	
5204620 Taxes & License Fees	176,708	194,100	0	0	-17,392	0.0	
5204960 Other Contractual Service	7,528	5,663	0	0	1,865	24.8	
Subtotal	661,353	327,628	12,000	0	321,725	48.6	
SUPPLIES & MATERIALS							
5205020 Office Supplies	1,200	2,302	0	0	-1,102	0.0	
5205040 Educ & Instruc Supplies	300	0	0	0	300	100.0	
5205310 Printing-state	1,100	665	0	0	435	39.5	
5205320 Printing-commercial	400	0	0	0	400	100.0	
5205330 Supp. Public & Ref Mat	50	0	0	0	50	100.0	
5205350 Postage	6,000	2,923	0	0	3,077	51.3	
Subtotal	9,050	5,890	0	0	3,160	34.9	
CAPITAL OUTLAY							
5207450 Office Furn & Fixtures	1,000	0	0	0	1,000	100.0	
5207451 Office Furn & Fixtures	0	1,582	0	0	-1,582	0.0	
5207495	500	0	0	0	500	100.0	
5207901 Computer Hardware	4,264	3,076	0	0	1,188	27.9	
5207960 Computer Software	30,000	0	0	0	30,000	100.0	

Remaining Authority by Object/Subobject

Expenditures current through 04/29/2017 09:21:33 AM

HEALTH -- Summary

FY 2017 Version -- AS -- Budgeted and Informational

FY Remaining: 17.3 %

09209	Board of Pharmacy - Info						PCT
Subobject		Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
5207961	Computer Software	0	330	0	0	-330	0.0
Subtotal		35,764	4,988	0	0	30,776	86.1
52 Operating							
Subtotal		749,308	358,994	12,000	0	378,314	50.5
Total		1,357,964	821,204	12,000	0	524,760	38.6

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		262,600
FT Pharmacy	5,200	0	400	0	1,000	400	0	0	200	200	15,000		22,400
PT Pharmacy	160	480	0	480	480	0	0	0	0	320	2,400		4,320
Nonresident	18,200	8,200	2,200	600	3,800	0	1,200	7,800	3,200	400	68,600		114,200
Initial Certification	35	0	105	140	315	35	35	105	70	1,295	1,050		3,185
RPh Renewal	500	9,600	15,275	8,625	125	125	0	209,025	0	0	250		243,525
Interns	0	80	3,280	120	0	40	40	160	0	160	280		4,160
Reciprocity	0	600	600	900	900	150	450	450	600	1,200	450		6,300
Technicians	350	475	3,100	15,350	15,950	825	450	550	400	375	500		38,325
Miscellaneous	500	800	800	600	0	1,200	700	1,000	100	320	1,400		7,420
Other - Electronic Fees	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		900
Recovery Legal Fees	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
Interest Revenue	0	0	0	0	0	0	0	0	0	0	0		0
Sub-Total	25,970	26,460	26,960	26,940	61,370	143,375	48,275	234,465	11,820	9,670	92,030	0	707,335
Federal Grant Program	30126.36	12517.25	0.00	13348.97	0.00	0.00	17891.29	0.00	0.00	0.00	38465.14		112,349.01
CASH CENTER BALANCE	\$1,372,207.39												

Board of Pharmacy - Inspection Report		2nd Quarter 2017
<i>Kari Shanard-Koenders</i>		
Date	Destination	Purpose
4/3/17	Jenna Heyen-SDSU	Orientation APPE Rotation
4/5/17	Inspection Blueprint- Scotti Russell NABP	Meeting
4/6/17	Susan Sporrer Lunch Meeting	Meeting
4/7/17	SDSHP Annual Conference	Meeting and CE
4/8/17	SDSHP Annual Conference	Meeting and Presentation
4/11/17	Grant Information - Kari Williams	Meeting
4/12/17	Avera McKennan Hospital Pharm	Inspection
4/19/17	Sanford USD Medical Center	Inspection
4/19/17	HPAP Program Services Com BOD, SDBMOE, BON	Meeting
4/20/17	Sanford Oncology Clinic Pharm	Inspection
4/20/17	RADM Pamela Schweitzer	Chief Prof Officer USPHS-Mtging
4/24/17	Controlled Substance Registration/PDMP Integration	Conf Call
5/1/17	Opioid Advisory Committee	Meeting
5/2/17	Lewis Bill Ladwig, Dave Nielsen, Kaylee Amundson	Meeting
5/12/17	Telepharmacy Equipment Demo	Webinar
5/20/17	NABP Annual Meeting	Meeting, Voting Delegate
5/21/17	NABP Annual Meeting	Meeting, Voting Delegate
5/22/17	NABP Annual Meeting	Meeting, Voting Delegate
5/23/17	NABP Annual Meeting	Meeting, Voting Delegate
5/25/17	Controlled Substance Registration/PDMP Integration	Conf Call
5/26/17	Lewis Bill Ladwig, Dave Nielsen, Kaylee Amundson	Meeting
6/1/17	Dana Darger Practice Act Update	Conf Call
6/9/17	Pharmacy Board Meeting	Board Meeting

Board of Pharmacy - Inspection Report		2nd Quarter 2017	
Date	Destination	City	Purpose
Melissa DeNoon			
04/03/2017	SD DOH Meeting - Colleen Winter, Laura Streich, Kiley Hump, Ashley Miller	Sioux Falls	PMP AWARD Presentation/Demo & Discussion of DOH CDC Grant
04/03/2017	Jenna Heyen - P4 SDSU	Sioux Falls	Orientation APPE Rotation
04/11/2017	Kari Williams - SD DOH	Sioux Falls	Meeting - grant financials
04/17/2017	Appriss Health	Sioux Falls	CC - grant stats
04/20/2017	RADM Pamela Schweitzer - USPHS	Sioux Falls	Meeting
04/20/2017	Doug Bowman - AWS MedDrop	Sioux Falls	CC - discuss DTB progress
04/21/2017	2017 HR PDMP Enhancement Grant	Sioux Falls	Submitted
04/26/2017	TTAC	Sioux Falls	Webinar
04/27/2017	HHS/OASH Region VIII	Sioux Falls	Quarterly Conference Call
05/01/2017	Prescription Opioid Abuse Advisory Committee (POAAC)	Pierre	Meeting
05/03/2017	Appriss Health	Sioux Falls	Bimonthly Tech CC
05/03/2017	AWARxE May Release Demo	Sioux Falls	Webinar
05/08/2017	Appriss Health	Sioux Falls	SB1 ASAP 4.2 Transition
05/10/2017	SD DOH CDC DDPI Grant	Atlanta	Awardee Meeting
05/11/2017	SD DOH CDC DDPI Grant	Atlanta	Awardee Meeting
05/15/2017	Andrew Mitchell	Sioux Falls	VA PMP Study CC
05/16/2017	Appriss Health	Sioux Falls	Tableau Demo Webinar
05/17/2017	Appriss Health	Sioux Falls	Bimonthly Tech CC
05/17/2017	Lisa Rave	Sioux Falls	Avera Integration User Report
05/23/2017	ONDCP	Sioux Falls	Conference Call
05/25/2017	SD DOH - Tom M., Susan S., Bob C. Border States Group - ND, IA, MN, &	Sioux Falls	SB1 Mandated Reg Update
05/30/2017	WI PMP Administrators	Sioux Falls	Quarterly Conference Call
05/30/2017	TTAC	Sioux Falls	Webinar

Board of Pharmacy - Inspection Report		2nd Quarter 2017	
Date	Destination	City	Purpose
4/3/17	Jenna Heyen-SDSU	Sioux Falls	Orientation APPE Rotation
4/4/17	Select Specialty Hospital	Sioux Falls	Inspection
4/5/17	Lewis Family Drug	Beresford	Inspection
4/5/17	Davis Pharmacy	Sioux Falls	Inspection
4/6/17	Avera LTC Pharmacy	Sioux Falls	Inspection
4/7/17	SDSHP Annual Convention	Sioux Falls	Continuing Education
4/8/17	SDSHP Annual Convention	Sioux Falls	CE + Presentation
4/10/17	Cigna Home Delivery	Sioux Falls	Inspection
4/11/17	Walgreens #10347	Mitchell	Inspection
4/11/17	Lewis Family Drug #72	Mitchell	Inspection
4/11/17	Mitchell Police Department	Mitchell	Review Take Back Program
4/12/17	Avera McKennan Hospital Pharm	Sioux Falls	Inspection
4/13/17	Yankton Medical Clinic Pharmacy	Yankton	Inspection
4/13/17	Roger's Family Pharmacy	Yankton	Inspection
4/17/17	Avera Heart Hospital Pharmacy	Sioux Falls	Inspection
4/18/17	Shopko Pharmacy #2101	Sioux Falls	Inspection
4/19/17	Sanford USD Medical Center	Sioux Falls	Inspection
4/20/17	Sanford Oncology Clinic Pharm	Sioux Falls	Inspection
4/20/17	RADM Pamela Schweitzer	Sioux Falls	Chief Prof Officer USPHS-Mtging
4/25/17	Haisch Pharmacy	Canton	Inspection
4/25/17	Lewis Family Drug #60	Canton	Safety Cap Inspection
4/25/17	Apria Healthcare Inc.	Sioux Falls	Wholesale Inspection
4/26/17	SD One Health Group Seminar	Sioux Falls	Vaccines: Preventable Diseases
5/2/17	LJM Hospital	Scotland	Inspection
5/2/17	Scotland Pharmacy	Scotland	Safety Cap Inspection
5/2/17	Heritage Pharmacy	Freeman	Inspection
5/2/17	Heritage Pharmacy	Freeman	Safety Cap Inspection
5/3/17	A-Ox Welding Supply Co. Inc	Sioux Falls	Wholesale Inspection
5/3/17	Lewis Drug	Sioux Falls	Meeting with Bill, Dave & Kaylee
5/4/17	Avera DeSmet Mem Hospital	DeSmet	Inspection
5/4/17	Lewis Family Drug #68	DeSmet	Inspection
5/9/17	Nelson Drug, Inc	Arlington	Inspection

Board of Pharmacy - Inspection Report		2nd Quarter 2017	
Date	Destination	City	Purpose
Paula Stotz			
4/6/17	AlixaRx - Prairie Hills	Rapid City	E-Inspection
4/10/17	AlixaRx - Bella Vista	Rapid City	E-Inspection
4/10/17	AlixaRx - Black Hills	Rapid City	E-Inspection
4/11/17	AlixaRx - Meadowbrook	Rapid City	E-Inspection
4/12/17	Rushmore Compounding	Rapid City	E-Inspection PDMP
4/17/17	Ranchland Drug	White River	Visit
4/17/17	Mission Community Pharmacy	Mission	E-Inspection
4/18/17	Martin Drug & Mercantile	Martin	E-Inspection PDMP
4/18/17	Bennett County Hospital Pharmacy	Martin	E-Inspection
4/25/17	Walmart Pharmacy Stumer Rd	Rapid City	Complaint
4/25/17	Boyd's Drug Mart - E. St Patrick St	Rapid City	Visit
4/26/17	Community Health Center of the Black Hills	Rapid City	Complaint
4/26/17	Boyd's Rx Express Pharmacy	Rapid City	Visit
4/27/17	The Medicine Shoppe	Rapid City	Visit
5/4/17	Vilas Telepharmacy Inspection	Eagle Butte	Inspection
5/4/17	Vilas Telepharmacy Inspection	Faith	Inspection
5/4/17	SDPhA Association Meeting - Black Hills District	Rapid City	
5/15/16	Walgreens Pharmacy	Rapid City	DEA Inspection
5/15/16	Rapid City Regional Hospital	Rapid City	DEA Visit ER - Visit
5/15/16	Walmart Pharmacy Stumer Rd	Rapid City	DEA Visit
5/18/17	Pharmacy Specialties	Sioux Falls	Inspection
5/20/17	NABP Annual Convention	Orlando FL	Conference
5/21/17	NABP Annual Convention	Orlando FL	Conference
5/22/17	NABP Annual Convention	Orlando FL	Conference
5/23/17	NABP Annual Convention	Orlando FL	Conference
5/24/17	SD Department of Health	Pierre	Wholesale Inspection
5/24/17	Turner Drug	Bowdle	E-Inspection PDMP
5/24/17	Bowdle Hospital Pharmacy	Bowdle	E-Inspection
5/25/17	Vilas Pharmacy	Eureka	E-Inspection PDMP
5/25/17	Eureka Hospital Pharmacy	Eureka	E-Inspection
5/25/17	Lori's Pharmacy	Groton	E-Inspection PDMP
6/5/17	Northern Plains	Dupree	Wholesale Inspection
6/5/17	CHS/Northern Plains Coop	Isabel	Wholesale Inspection
6/6/17	Mobridge Regional Hospital	Mobridge	E-Inspection
6/6/17	Family Pharmacy Clinic	Mobridge	E-Inspection PDMP
			CPSC Check
			CPSC Check
			CPSC Check

Board of Pharmacy - Inspection Report		2nd Quarter 2017	
Date	Destination	City	Purpose
03/15/2017	Alixa-Groton	Groton	Inspection
04/04/2017	Plaza Pharmacy	Aberdeen	Inspection
04/25/2017	Brown Clinic	Watertown	Inspection
04/25/2017	Walgreens	Watertown	Inspection
04/25/2017	McFleeg	Watertown	Wholesale Inspection
04/28/2017	Kesslers	Aberdeen	Inspection
04/28/2017	Jones	Aberdeen	Inspection
05/04/2017	Genoa Health	Watertown	Inspection
05/04/2017	Cornwell Drug	Webster	Inspection
05/25/2017	Vilas Pharmacy	Eureka	E-Inspection with Paula
05/25/2017	Eureka Hospital Pharmacy	Eureka	E-Inspection with Paula
05/25/2017	Lori's Pharmacy	Groton	Inspection with Paula
06/09/2017	Board of Pharmacy	Sioux Falls	Quarterly Meeting

South Dakota Prescription Drug Monitoring Program Update

June 9, 2017

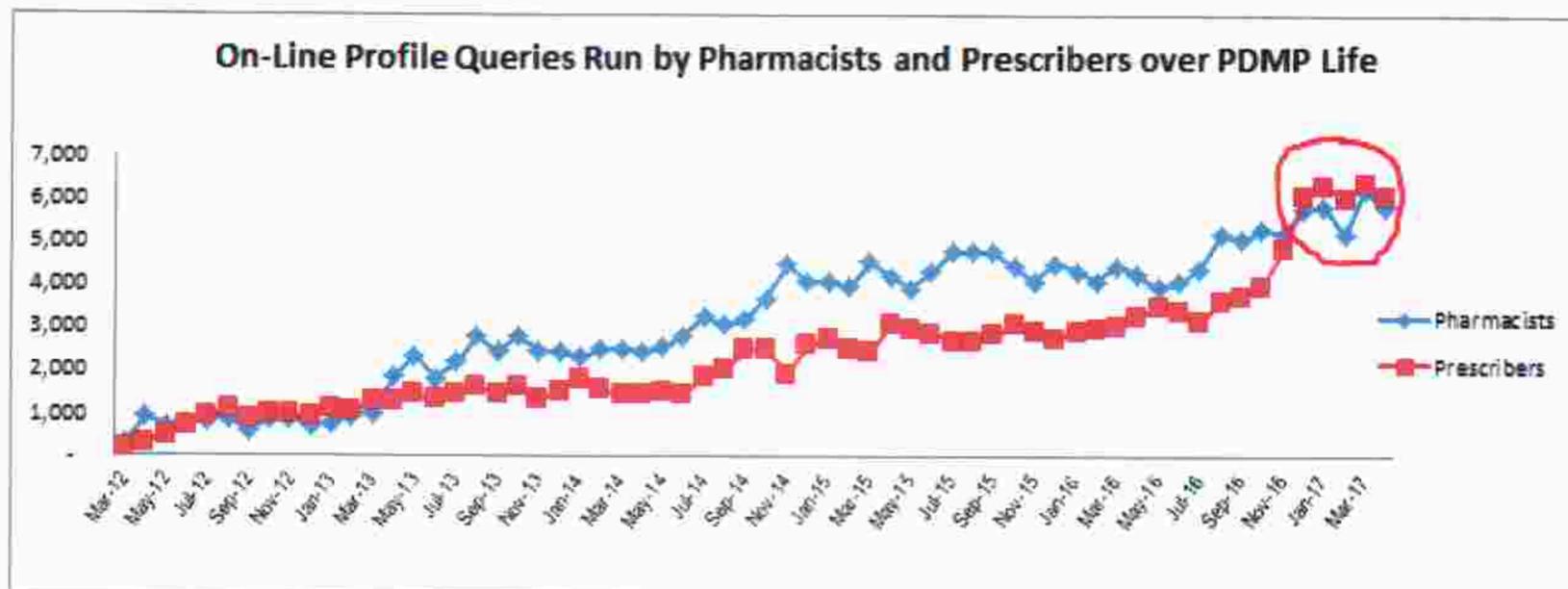
The passing and signing of Senate Bill 1, which takes effect July 1, 2017, is showing its influence as the number of registrations for new PMP AWA_{RxE} accounts continues to grow each month. In February 2017, we approved 97 new accounts; in March 2017, we had a slight increase and approved 110 new accounts; but in April 2017, we approved 215 new accounts! We are excited with these numbers but still have work ahead of us. We are working with Bob Coolidge, RPh, who is in the SD DOH's Office of Health Care Facilities Licensure & Certification, to determine which prescribers who have a South Dakota Controlled Substance Registration (SD CSR) still need to register with the SD PDMP to comply with the mandated registration requirement of Senate Bill 1. Preliminary figures show that approximately 2,000 prescribers, out of the approximate 4,300 SD CSR holders, have SD PDMP access and comply with the new mandate. To address the remaining 2,300 prescribers, we have enlisted the assistance of the professional licensing boards and asked them to send their licensees a message to inform and educate them on Senate Bill 1 and how to comply. Our office will be sending letters to those SD CSR holders that as of July 1, 2017, do not comply with Senate Bill 1.

In March 2017 and again in April 2017, oxycodone/acetaminophen has been displaced from the number ten spot by Lisdexamphetamine Dimesylate, Vyvanse®.

April Most Prescribed Drugs	RX's	Quantity	Days Supply	Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	18,208	1,186,550	234,867	65
TRAMADOL HCL	12,064	922,518	228,478	76
ZOLPIDEM TARTRATE	7,338	255,273	254,240	35
LORAZEPAM	7,226	361,002	177,732	50
CLONAZEPAM	6,777	426,106	219,680	63
DEXTRAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SU	6,706	374,883	245,469	56
METHYLPHENIDATE HCL	5,544	289,455	194,976	52
ALPRAZOLAM	5,108	312,366	144,279	61
OXYCODONE HCL	4,119	354,572	79,088	86
LISDEXAMFETAMINE DIMESYLATE	3,651	134,807	131,323	37

**VA reporting began in Dec 2014*

Online queries performed by prescribers have outpaced pharmacist queries each month since December 2016.



Summary of our Unsolicited Reports/Education Letters based on the approved Advisory Council threshold of **4 prescribers** and **4 pharmacies** in **30 days**:

Education Letter Month	Number of Pharmacist Letters	Number of Prescriber Letters	Number of Patients	Total Number of Letters
Dec-16	15	25	4	40
Jan-17	32	42	9	74
Feb-17	7	10	2	17
Mar-17	17	17	4	34
Apr-17	20	28	6	48

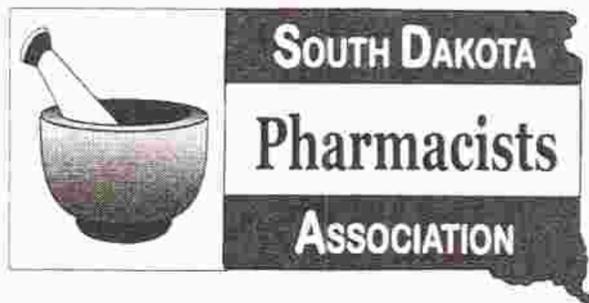
PDMP Director Melissa DeNoon gave a presentation on how to set up delegate accounts at Sanford Women's Clinic in March and hosted visitors from the SD Department of Health at the Board of Pharmacy office in April, presenting and demonstrating PMP AWARe. Melissa attended the Prescription Opioid Abuse Advisory Committee meeting on May 1, 2017 in Pierre giving a PDMP update and was part of the SD DOH's team that traveled to Atlanta in May to attend the 2017 Awardee Meeting for the CDC's Data-Driven Prevention Initiative Grant Recipients.

Melissa submitted an application for a 2017 Harold Rogers PDMP Enhancement Grant on April 21, 2017. The grant projects include funds to: 1) Integrate Regional Health's EHR with the SD PDMP, 2) Expand the drug take-back program project from the 2016 HR Grant, and 3) Integrate PMP AWARe with SD licensing boards to automate credentialing. The awardees will be announced in September 2017.

In March, interstate data sharing was set up between South Dakota and Montana to bring our total number of states we share data with to 21. NE and WY still cannot interstate data share due to their state laws but both states will allow SD practitioners to have accounts with their programs.

An Advisory Council meeting is being planned for June 2017. A second stakeholder meeting is also being planned for the drug take-back project to discuss receptacle locations.

We are in an epidemic of opioid misuse and abuse and by working together, we can make a difference!



Trisha Hadrick, President
Eric Grocott, President Elect
Erica Bukovich, Vice President
Lori Ollerich, Secretary/Treasurer
Bernie Hendricks, Board Member
Jan Lowe, Board Member
Sue Schaefer, Executive Director

Association Update – June 2017

We hope this update will provide the Board of Pharmacy members/staff with insight into current issues and day-to-day business.

South Dakota Pharmacists Association Board Members and Staff attended numerous spring district meetings throughout the state, providing an update on Association activities as well as federal and state legislative efforts.

The Association's Executive Board and Director met this past weekend and the Board approved the FY17/18 budget. (Copy provided to Board). We continue to contract with an outside accounting firm for our financials, but have been fortunate to be able to bring the design work for the journal and other marketing items in-house thanks to our new recently-hired Executive Director, Amanda Bacon.

We're excited to be able to introduce Amanda to all of you at this June meeting, and are so happy she's agreed to carry on the executive duties for SDPhA.

In May, President-elect Eric Grocott represented the Association in Washington, DC and met with our congressional delegation regarding pharmacy issues. Direct and Indirect Remuneration (DIR) fee problems continue to plague the pharmacies in South Dakota, and work continues on pharmacist-based services (provider status).

We have been very busy preparing for the upcoming Annual Meeting in Deadwood at The Lodge, September 22 & 23, 2017. All of our speakers have been secured, and we're in the process of contacting vendors and sponsors, and working out site logistics, etc. This year's convention has a little something for everyone and we're planning on plenty of time for folks to take in the beauty of the fall "leaf-peeping" season in the Black Hills.

Board and staff have also continued our work to engage our pharmacy students and keep them connected to the Association as they move through the College of Pharmacy. We really appreciate our student liaisons, who keep us apprised of activities at the college. The board remains totally committed to supporting the students in every way possible, with activities such as convention attendance (free of charge), rooms for convention and Legislative Days, and support for the Back-to-School Picnic, Pharmacy Days, and American Pharmacists Month activities.

Board will once again support the Pharmacy Technician annual meeting by donating \$1000 to help defray costs. Technicians are important members of the pharmacy team, and our affiliation with the group is very important.

We're also working on an agreement with the Therapeutic Research Center (TRC) to address the problem of pharmacists being unable to secure their online training module product at a reasonable rate. Details will be coming shortly as we work to develop an agreement through the association.

The first meeting of the practice act workgroup was held last week, with most of the members in attendance.

Goals for this year identified by President-elect Grocott and board members include: focused work on legislative issues on the federal and state level; supporting the membership and providing the best transparency possible regarding our work and legislative initiatives, challenging districts to enhance attendance; and continue our work to reach out to our members through all aspects of social media to keep them abreast of issues facing the profession. We also continue to encourage use of the South Dakota PDMP, and provide a link on our website, as well as promote the program through social media.

As always, please contact us with any questions or concerns and I wish you all the best as I move to the Transitional Advisor role.

Respectfully Submitted,

Sue

Sue Schaefer
Executive Director

SD Pharmacists Association
 Profit & Loss Budget vs. Actual
 July 2016 through June 2017

Ordinary income/Expense	July '16 - June '17 Actual	July '16 - June '17 Budget	July '17 - June '18 Budget
Income			
Membership			
C/L Contributions			
Individual C/L Contr	575.00		
Total C/L Contributions	575.00		
SD Board of Pharmacy Transfer	194,100.00	185,000.00	193,000
Associate Member	300.00	500.00	300
District Dues			
District 1 - Aberdeen	-180.00		
Total District Dues	-180.00		
Student Membership	1,848.00	1,500.00	1800
Total Membership	196,643.00	187,000.00	195,100.00
Corp Endorsements			
NASPA-PQC Endorsement	450.00	450.00	450
CPC McKesson Endorsement	0.00	1,200.00	0
Career Center Endorsement	0.00	100.00	0
PAAS Endorsement	366.00	200.00	300
PMG Endorsement	15,590.00	15,000.00	16000
Total Corp Endorsements	17,406.00	16,950.00	16,750.00
Advertising/Marketing			
Advertising - Journal	0.00	300.00	300
Lists & Labels	300.00		
Total Advertising/Marketing	300.00	300.00	300.00
Interest/Dividends			
Interest/Dividends	1,140.63	1,200.00	1500
Other Income	1.00		
DOH Diabetes Toolkit Grant	3,400.00	7,500.00	0
Convention Income			
Jacks Tickets	1,682.00		
Convention Sponsor	5,750.00		
Exhibitors	13,125.00	20,000.00	20000
Registrations	13,306.00	12,500.00	12500
Student Sponsorship	230.00	100.00	
Total Convention Income	34,093.00	32,600.00	32,500.00
Total Income	252,983.63	245,550.00	246,150.00
Gross Profit	252,983.63	245,550.00	246,150.00
Expense			
American Pharmacists Month	1,850.00	1,850.00	1850
Accounting/Tax Prep	3,328.13	3,500.00	3834
Salary & Benefits			
Payroll Taxes	5,783.72	7,000.00	10500
Payroll Expense	33.04	50.00	100
Administrative Support	1,407.26	2,500.00	
Executive Director	75,804.23	95,500.00	100750
Insurance	7,235.00	9,500.00	16920
Retirement	4,536.25	6,000.00	9000
Total Salary & Benefits	94,599.50	120,550.00	137,270.00
Advertising	2,021.77	4,000.00	3000
Dues/Subscriptions	3,285.00	2,500.00	3300
Technology/Net/Software	3,178.30	6,000.00	3000
Furniture/Copier/Assets	2,087.54	4,000.00	2000
Hlth Professionals Assist Prog	10,000.00	10,000.00	10000
Insurance (D&O - Office)	3,429.00	3,800.00	3500
Legal/Professional	2,482.07	2,000.00	4000
Merchant Card Fees	1,319.82	2,000.00	2000
Phone/Internet	3,438.26	4,300.00	5200
Postage	103.36	100.00	150
Office Supplies	747.50	2,500.00	1500
Publications & Printing (Exp)			
Printing	0.00	500.00	0

SD Pharmacists Association
 Profit & Loss Budget vs. Actual
 July 2016 through June 2017

	<u>July '16 - June '17 Actual</u>	<u>July '16 - June '17 Budget</u>	<u>July '17 - June '18 Budget</u>
Total Publications & Printing (Exp)	0.00	500.00	0.00
Scholarships	0.00	1,000.00	1000
Rent	4,358.00	4,400.00	4400
Board Travel & Meetings	9,566.59	25,000.00	20000
Staff Travel			
In-State	3,006.88	5,000.00	5000
Out-of-State	2,179.82	6,000.00	6000
Total Staff Travel	5,186.70	11,000.00	11,000.00
Convention Expense	26,155.73	30,000.00	30000
Education Grant	0.00	5,000.00	5,000
Misc Expense	40.00	1,500.00	500
Total Expense	<u>177,184.97</u>	<u>245,500.00</u>	<u>252,504.00</u>
Net Ordinary Income	<u>75,798.66</u>	<u>50.00</u>	<u>-6,354.00</u>
	<u>75,798.66</u>	<u>50.00</u>	<u>-6,354.00</u>

South Dakota State University
College of Pharmacy and Allied Health Professions Report
Board of Pharmacy
6/9/2017

College's activities since the 3/3/2017 South Dakota Board of Pharmacy Meeting

PharmD – Seventy-three students graduated with their PharmD on May 6th. Twenty-three graduates have taken residencies (31.5%). Of those students applying for residencies, 76.7% were placed (23/30). National match for PGY1 for 2017 Graduates is 69.4% (3331/4803).

We are working on revision to our curriculum that will be voted on by the faculty in August and if approved, implementation in the fall of 2018.

Strategic Planning – South Dakota State University will complete their strategic planning process this fall and the College will then work on our own strategic plan. We look forward to engaging our stakeholders in this process.

Faculty Positions – Update –

Ambulatory Care - We have hired two new faculty who will start late summer. Both positions are in the VA system (Sioux Falls and Fort Meade).

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

Pharmacogenomics – We are recruiting for a faculty member specializing in pharmacogenomics.

Dean Search – The search committee has been named and will be led by Dr Fahrenwald, Dean of the College of Nursing. The timeline is set for interviews in early fall with a start date of January 2018 if possible but no later than July 2018.

Congratulations: I would like to highlight some of our outstanding student/faculty work over the last quarter:

- SDSU American Pharmacists Association – Academy of Student Pharmacists (APhA-ASP) chapter received the Board of Regents Award for Organizational Leadership.
- Dr. Surachat Ngorsuraches received the College of Pharmacy and Allied Health Professions Outstanding Scholar Award
- Dr. Debra Farver received the Edward Patrick Hogan Award for Teaching Excellence
- Dr. Xiangming Guan received the F.O. Butler Award for Excellence in Research
- Jay Gunaje was voted teacher of the year.
- Debra Farver received the Gary W. Karel Lecture Award
- Brad Laible received the South Dakota Society of Health-System Pharmacist of the Year Award
- Joshua Reineke's project "Continuation of Desmoplastic Pancreatic Cancer Model Development to Include Immunological Components" received 2nd year funding from the Board of Regents.

Respectfully submitted,

Jane Mort

Interim Dean

College of Pharmacy and Allied Health Professions

June 7, 2017

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

Dear Kari and Board Members,

Community Memorial Hospital Avera (Redfield, SD) is applying to operate under Telepharmacy licensure with Avera St. Luke's Hospital as the Central Pharmacy.

Community Memorial Hospital Avera has employed a full time onsite pharmacist, Alyssa Howard, since May 2014. In July of 2016 it was decided to share Alyssa's position with Marshall County Healthcare Center (Britton, SD) in order to aid in the need for onsite pharmacists in rural hospital locations. During this process, Alyssa's employment was transferred to Avera St. Luke's, as both covered sites were Avera managed. Relief of Alyssa's position during paid time off or sick leave is the responsibility of Avera St. Luke's Pharmacy staff.

Alyssa covers order entry for both sites with the assistance of 24/7 Avera EPharmacy services. She also provides anticoagulation clinic services, assistance for providers and nursing, education of staff and patients, management of pharmacy staff, administrative pharmacy duties, and runs day to day operations.

Alyssa is onsite at Community Memorial Hospital Avera 3 days/week, and onsite at Marshall County Healthcare Center 2 days/week. Community Memorial Hospital Avera employs one full-time Pharmacy Technician. There is no Pharmacy Technician at Marshall County Healthcare Center. There are no other employed clinical pharmacists onsite at either location.

During the initiation of this innovative practice, the facilities involved have realized that relief is needed for Alyssa when she takes paid time off, and day to day filling verification is needed at both sites while Alyssa is unavailable to their location. Therefore, a Telepharmacy practice seems logical to implement first in Redfield, with intent to replicate that practice in Britton at a later date.

This Telepharmacy practice will involve a continuous audio/video feed from Community Memorial Hospital Avera to Alyssa Howard offsite, and Avera St. Luke's (Central Pharmacy) in her absence. The services provided by the Telepharmacy service include Pyxis fill, floor stock, and unit dose verification. No sterile compounding or direct patient care will occur through this service.

The Telepharmacy practice will first be implemented in Redfield to be used during Alyssa's offsite days in Britton. The Pharmacy Technician will operate the Telepharmacy system—a variance has been requested in reference to this technician's certification. The intent is to later implement the same Telepharmacy

practice in Britton for Alyssa's offsite days in Redfield. This system will include the same technology, policies, and duties as Redfield's system (with the exception of unit dose preparation—this will be performed by the pharmacist only), but will involve the charge nurse gathering medications for verification.

While there are retail pharmacies in both Redfield and Britton, they are both privately owned/operated and understandably no interest has been shown by the pharmacists employed to work in hospital pharmacy.

The Telepharmacy system will allow continuity of management of inventory, and continuity of the excellent patient care these two facilities already show their patients by allowing Alyssa Howard to fully operate daily at both facilities. The Telepharmacy system will also efficiently ensure a safe practice to implement during Alyssa's paid time off.

Community Memorial Hospital Avera's proposed Telepharmacy policy, letter of variance, and application to operate under a Telepharmacy license are attached.

Respectfully,

Alyssa Howard
Director of Pharmacy/Clinical Pharmacist
Community Memorial Hospital Avera

- b. Any pharmacists providing telepharmacy services will be licensed by the South Dakota Board of Pharmacy.

D. Technician:

- a. Currently, one technician is staffed at Community Memorial Hospital Avera. The current technician will be registered with the South Dakota Board of Pharmacy, and will be granted variance from the current Certified Pharmacy Technician requirements. Any oncoming pharmacy technicians will be held to the education requirements outlined in SDCL 20.51.30.12 in regards to certified technician education/licensure.

E. Charge Nurse:

- a. The charge nurse at Community Memorial Hospital Avera will be granted the same privileges as the pharmacy technician to operate the telepharmacy service.

F. Staffing:

- a. Staffing at Community Memorial Hospital Avera will be adequate to provide pharmacy services to both onsite and offsite locations.

G. Orders:

- a. Orders will be entered by providers into Meditech to allow for pharmacist review of labs, medications, and medication interactions.
- b. Outpatient orders will be sent to the AveraTrax fax server.
- c. Verbal orders for pharmacy will not be accepted by the pharmacy technician.
- d. Computerized pharmacy order entry will be provided by the supervising pharmacy.

H. Equipment:

- a. Community Memorial Hospital Avera will have the following equipment to provide the telepharmacy service:
 - i. 1 camera will be stationary and located in the Medication Room for 24/7 surveillance
 - 1. This feed will be kept for 2 weeks on Avera St. Luke's server
 - ii. 1 camera will be stationary with a 360° view of the Pharmacy for 24/7 surveillance
 - 1. This feed will be kept for 2 weeks on Avera St. Luke's server
 - iii. 1 camera will be a close up document camera used for live streaming verification of medications
 - 1. This feed will be kept for 2 weeks on Avera St. Luke's server
 - iv. 1 cordless phone for audio communication between the Pharmacy Technician and Pharmacist during the live feed telepharmacy verifications

- v. March Networks computer program installed on the PIC/onsite Pharmacist's laptop, and the Avera St. Luke's Pharmacy to allow for surveillance and telepharmacy communications.

I. Quality Assurance:

- a. The PIC/onsite Pharmacist will be physically at Community Memorial Hospital Avera outside of the telepharmacy hours outline above. This satisfies the required weekly visit/inspection outlined in SDCL 20.51.30.17 (1 & 2).
- b. Controlled substances are counted on a perpetual inventory of all CII-CIV medications. The Pharmacy Technician only has access to the narcotics within Pharmacy by removing the Pyxis Narcotic Key. This is tracked and will be used only in emergencies. This satisfies the requirements found in SDCL 20.51.30.17 (3-5).

J. Automated Dispensing Machine Fill:

- a. Community Memorial Hospital Avera uses a Pyxis Automated Dispensing Machine. This fill will be checked by the Pharmacist prior to filling via telepharmacy services when the Pharmacist is offsite or on vacation/sick leave/time off as outlined in SDCL 20.51.30.18.

K. Process:

- a. Pharmacy technician will call the supervising pharmacist.
- b. Pharmacy technician and supervising pharmacist will work together to ensure all medications needing verification will be shown on the live feed.
- c. Items verified will be indicated by circling "Pyxis Fill", and/or "Floor Stock", and/or "Unit Dose" on the Verification Sheet found at the end of this policy
 - i. Pyxis Fill lists will be signed by the technician and kept on file
 - ii. Unit Dose stickers will be kept and signed by the technician and kept on file
 - 1. These will be electronically signed off by the Pharmacist during the onsite visit
 - iii. Floor stock items will be signed out on the Pharmacy Sign Out sheet
 - 1. These items will be signed off by the Pharmacist during the onsite visit
- d. Pharmacy technician will sign/date the Verification Sheet and list the name of the supervising pharmacist
- e. Pharmacy technician will then fill the medications verified by supervising pharmacist

REGULATIONS / STANDARDS

- 1. South Dakota Administrative Rule 20:51:30—Telepharmacy

WRITTEN: 6/17

REVISED:



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May 16, 2017

Kari Shanard-Koenders, R.Ph.
Executive Director
4001 W. Valhalla Blvd., Suite 106
Sioux Falls, SD 57106

Dear Ms. Shanard-Koenders:

I am requesting that a variance be granted to Cardinal Health nuclear Pharmacy regarding South Dakota Administrative Rule 20:51:29:06 which requires national certification of pharmacy technicians.

Cardinal Health Nuclear Pharmacy Services utilizes an extensive Nuclear Pharmacy technician Training program that addresses the unique practice setting that is nuclear pharmacy. Upon their hiring, our technicians are required to complete a Nuclear Pharmacy Technician Training Guide under the direct supervision of a Pharmacist Preceptor. Before they are allowed to practice, the technician must complete over forty training modules that cover general radiation safety, HIPAA, Environmental Health and Safety, Department of Transportation requirements, pharmacy law, quality control, cleaning, compounding and dispensing sterile drugs, aseptic technique, eluting Moly 99 generators, radiopharmaceutical drugs and routes of administration, inventory management, and radiation instrumentation. Each of these areas is discussed with their pharmacist preceptor as they are completed to confirm their qualification. In addition, we require most of this training to be completed on an annual basis.

Cardinal Health currently employs two pharmacy technicians, one of which is national certified. The other is studying for her certification using Pharmacy Technician University (PTU) on-line. Both have completed our internal training as discussed in the previous paragraph. Very little of the PTU curriculum has anything to do with the practice of nuclear pharmacy and national certification does not prepare one to be a nuclear pharmacy technician. For these reasons I believe it is appropriate to grant Cardinal Health a variance with regard to the requirement for national certification.

I have included our training guide and pharmacist preceptor guide as supporting documents.

Best regards,

Bruce Jorgensen, RPh, PharmD, BCNP
Cardinal Health Nuclear Pharmacy Manager

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Nuclear Pharmacy Technician Training

Manager and Preceptor Guide

Nuclear Pharmacy

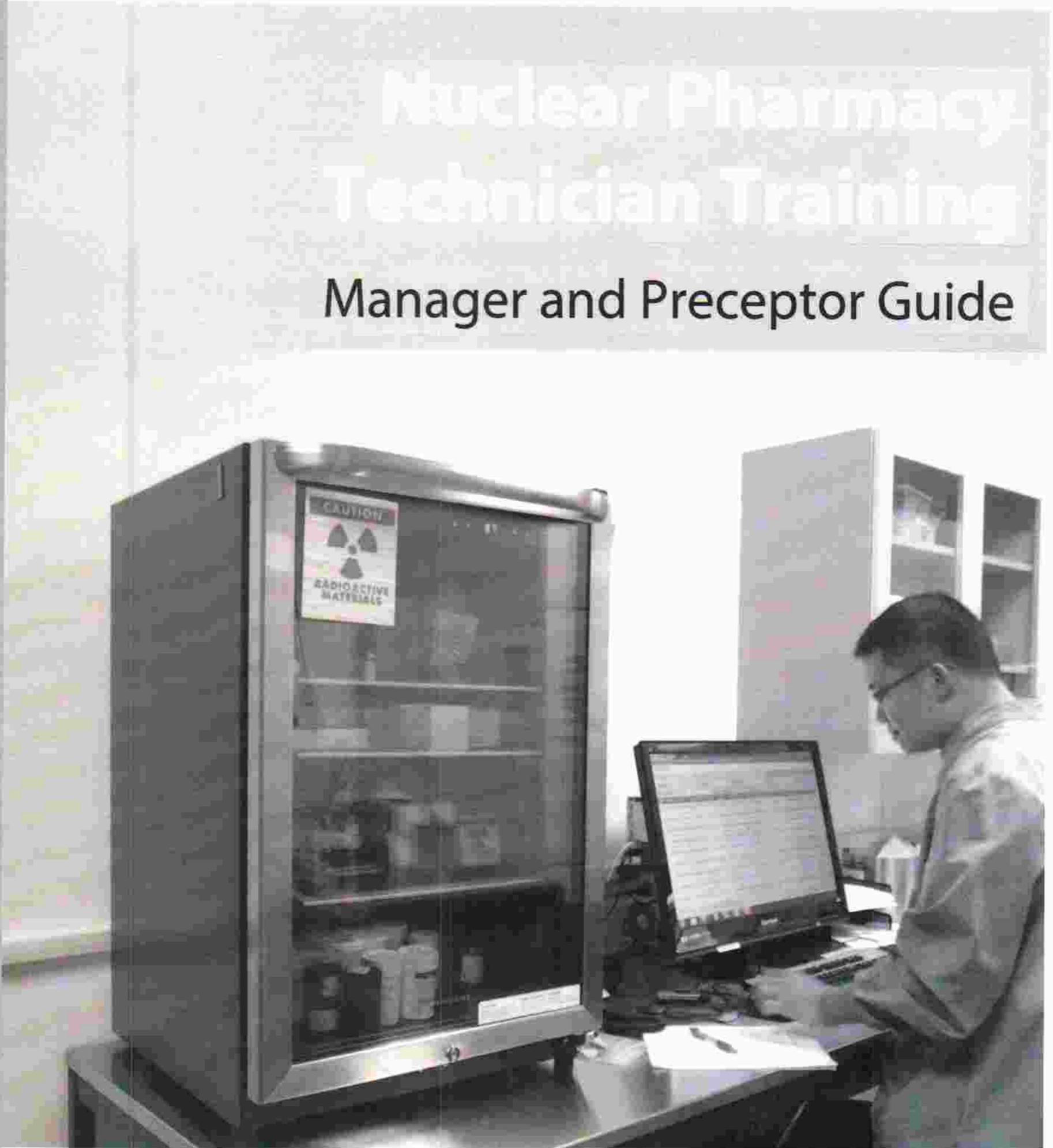


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Introduction

Pharmacy Manager

As the Pharmacy Manager, your role as a manager and mentor is very important to the onboarding experience for the new hire. From the very first moment the new hire comes on board, you must assume responsibility for:

- Preparing for the new hire to begin their onboarding and training activities
- Helping the new hire become acclimated to the new job
- Providing mentoring and feedback for the new hire during the onboarding/training process
- Meeting frequently with the new hire to discuss progress and any concerns they may have
- Doing what is necessary to ensure the new hire completes the onboarding/training program in the recommended time frame
- Taking the necessary steps to ensure the new hire's success on the job

This guide will serve as a tool to help you successfully guide your new hire through the first few months with Cardinal Health. Your active participation in the new hire onboarding/training program is essential to its success.

Pharmacist Preceptor

As the Pharmacist Preceptor, your role is very important to the training and qualification of the the new hire. From the very first moment the new hire comes on board, you must assume responsibility for:

- Helping the new hire become acclimated to the new job
- Providing mentoring and feedback for the new hire during the onboarding/training process
- Observing the new hire as they work to qualify on key tasks and activities
- Providing guidance and feedback as the new hire learns key tasks and activities
- Allowing the new hire to shadow and observe you as you complete your daily tasks
- Taking responsibility to sign off on the qualification of the new employee

This guide will serve as a tool to help you successfully train and qualify the new employee. Your active participation in the new hire onboarding/training program is essential to its success.

Important!: As a Pharmacist Preceptor you are ultimately responsible for the new employees ability to perform the necessary job skills in a safe and compliant manner. When you sign off on the employees qualification you are acknowledging the new hires ability to perform the job functions. This should be taken seriously since work performed by the NPT exposes your license and/or certifications to risk.

Onboarding Description

What is Onboarding?

Onboarding is the vital process of assimilating new hires into their new work environment. It begins the moment the applicant accepts a position with Cardinal Health with planning for the first day on the job and continues throughout the training period as the new hire becomes a productive member of the NPS Pharmacy Operations Team. The onboarding process focuses on providing a distinct Cardinal Health welcome, helping the new hire feel comfortable in the new role and minimizing the time for a new hire to become productive in their job by equipping them with the skills that apply to the site. This is accomplished by:

- Helping the new hire to become acclimated to the new job
- Introducing the new hire to the Pharmacy team members
- Communicating the various aspects of Pharmacy Operations
- Sharing performance expectations
- Reviewing the NPT new hire onboarding/training program
- Helping to communicate the goals, vision and mission of the NPS Pharmacy Operations business

Onboarding is More than Orientation

The biggest difference between employee orientation and employee onboarding is that orientation is designed to be a much shorter event—often no longer than just a few days or even a few hours. Orientation usually focuses on company structure and goals, obtaining and completing new hire paperwork and other administrative issues.

The NPT onboarding extends well beyond the first few days. It is a systematic long-term process that focuses on:

- Cultivating the new hire's knowledge of pharmacy operations and Cardinal Health
- Developing the skills required to successfully function in the new role
- Building the new hire's proficiencies

The goal is to **empower the new hire to be a successful team member as soon as possible.** The onboarding process is designed to;



The Benefits of Successful Onboarding/Training Experience

- ☑ **Increased productivity**
 - Successful onboarding/training properly prepares the new hire to become a productive member of the Pharmacy Operations team—working and contributing to the goals of the team.
- ☑ **An engaged and committed employee**
 - A new hire who experiences firsthand the steps needed to help them feel comfortable, important and valued has an eagerness to learn and become a productive member of the team.
- ☑ **Higher employee retention rates**
 - The investment Cardinal Health makes in the new hire through training and other support is substantial. Providing the new hire with the self-confidence, education and experience needed to be successful is more likely to result in long term employment.
- ☑ **Less mistakes**
 - Providing the new hire with the tools, resources and knowledge to succeed ensures fewer mistakes.

Roles and Responsibilities

Successful onboarding/training occurs when there is active participation among all parties involved.

- ☑ **New hire**
 - Takes the initiative to ask questions and seek support when needed
 - Takes an **active role** in completing the NPT New Hire Training program
 - Attends scheduled observation, experiential and qualification training sessions with the hiring manager or designated mentor
- ☑ **Pharmacy Manager and/or Preceptor**
 - Provides direction, mentoring and feedback for the new hire during onboarding/training
 - Uses the Preceptor New Hire Onboarding Checklist as a guide to facilitate onboarding/training
 - Ensures the new hire is trained on all aspects of their responsibilities
 - Signs off on the qualification of skills for the new employee
 - Effectively communicates with the new hire on a regular basis
- ☑ **Human Resources**
 - Provides direction to the new hire regarding personnel issues
 - Serves as a mediator between the new hire and the hiring manager
 - Provides direction on Cardinal Health policy
- ☑ **NPS Training Team**
 - Provides access to myLearning and assigns training
 - Provides information regarding compliance and training completions
 - Provides help with troubleshooting training related issues and questions

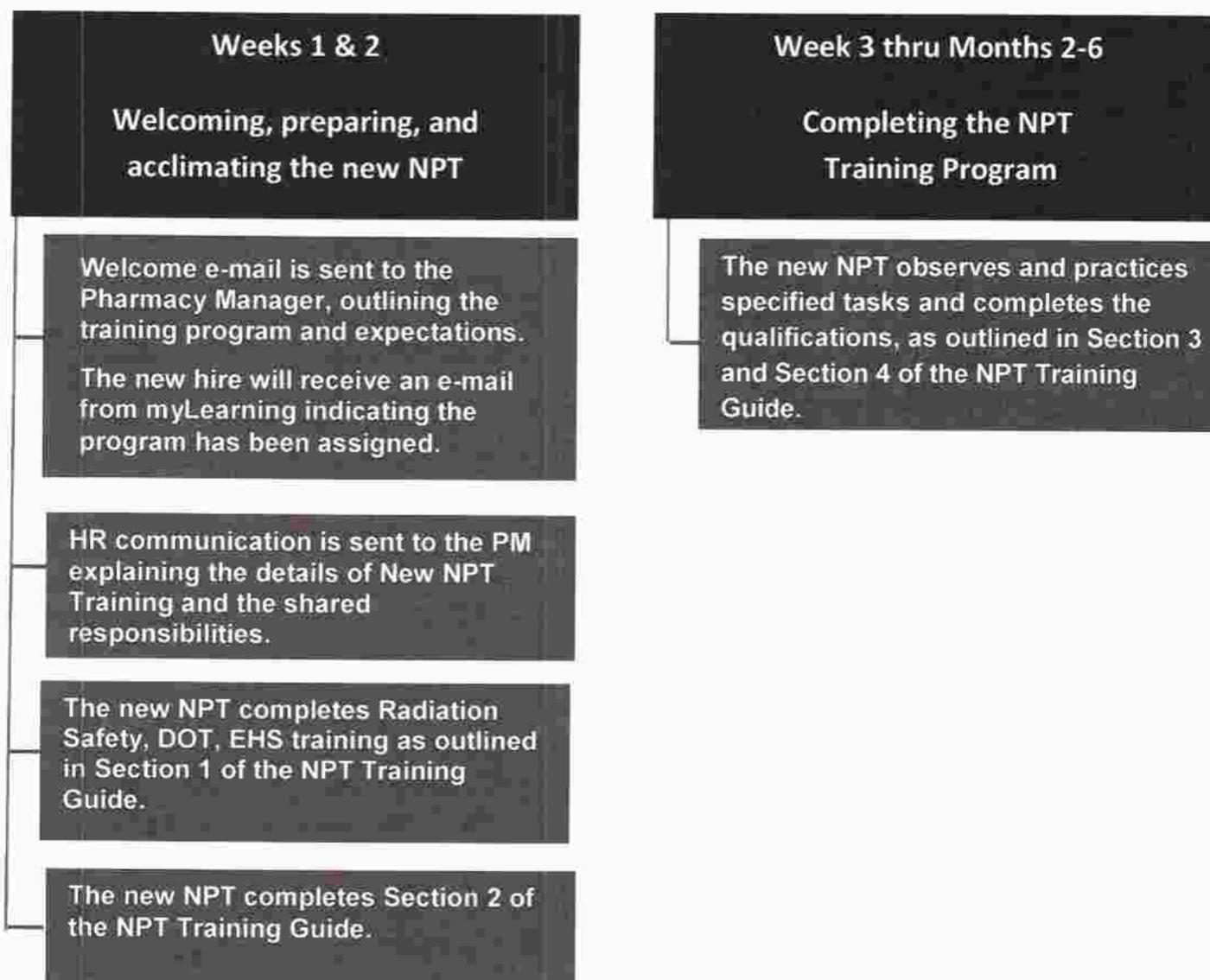
NPT Training Program

Overview

The NPT New Hire Training program consists of several sections as described in the NPS NPT New Hire Training Guide. Each section includes goals or learning objectives, various types of educational experiences (online training modules and other learning activities in myLearning) and experiential activities that allow for observation and practice of job functions. The Pharmacy Manager or Pharmacist Preceptor has responsibilities in each section to ensure the new hire is progressing in their training.

The PM/preceptor should review the NPS NPT New Hire Training Guide prior to the new hire's first day on the job to become familiar with the onboarding experience, different sections of training, required time for completion of each section and corresponding tasks for the PM/preceptor as they serve to mentor the new hire through the training program.

Human Resources will notify you when a new hire has passed all the requirements for hiring and a start date is established. The new hire will receive an e-mail notification that training courses have been scheduled. The PM/preceptor and the new hire will work together to make certain they remain current on the status of training.



Pharmacy Manager Responsibilities: Before the New NPT Arrives

It is important that you immediately perform the steps needed to obtain access to the different tools and online sites for the new hire. This will allow the new hire to become fully functional as soon as possible.

Before the New NPT Arrives			
Item/Task	When	Description	✓
Cardinal Health HR notifies the pharmacy manager that the new hire has passed all hiring requirements and a start date is established.	Prior to Day 1	New hire receives welcome and orientation information from HR via e-mail.	
Determine who will greet the new NPT	Prior to Day 1	Determine who will meet and introduce the new hire to the site, if you are not available upon the new hire's expected arrival date.	
Agree on Start Date	Prior to Day 1	Call to officially welcome the new NPT to Cardinal Health. Provide new hire with a contact number in the event of a question or issue. Confirm a start date.	
Confirm Start Date with HR	Prior to Day 1	Confirm the start date of new NPT with Human Resources.	
Email announcement of new NPT	Prior to Day 1	Send an e-mail announcement to the existing pharmacy employees identifying the new hire's name and start date.	
ID badge access	Prior to Day 1	Request an ID badge for the new NPT from Global Security, if not an existing Cardinal Health Employee.	
IT form	Prior to Day 1	Submit IT form requesting Enterprise User ID and e-mail account.	
Personnel file	Prior to Day 1	Create a training and personnel file.	
Dosimeter rings and badge	Prior to Day 1	Request Dosimeter rings and body badge.	
Lab coat	Prior to Day 1	Order a lab coat and any other pharmacy apparel for the new hire.	

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Pharmacy Manager Responsibilities: Before the New NPT Arrives, continued

Before the New NPT Arrives, continued			
Item/Task	When	Description	✓
Obtain a copy of the Nuclear Pharmacy Technician Training Guide, review for content and sign the welcome letter on page one.	Prior to Day 1	Contact NPS Training and request a copy of the Nuclear Pharmacy Technician Training Guide. The guide will be used by the new hire to plan and document all training and experiential learning activities.	
Identify a pharmacist preceptor	Prior to Day 1	Identify a pharmacist preceptor who will serve as the NPT's primary contact, and the person certifying that the NPT is qualified to perform each task.	
Discuss responsibilities with the Pharmacist Preceptor	Prior to Day 1	<p>Once the preceptor is identified you should spend time with that person to ensure they understand the expectations and requirements of the role.</p> <ul style="list-style-type: none"> • Walk the new hire through the training curriculum • Observe the new NPT as they practice skills and tasks. • Provide official sign off on the Qualification checklist. • Allow the new NPT to observe/shadow you as you perform job tasks. • Be the point of contact for training related questions or concerns. <p>Note: Stress the importance of this role and the responsibility, including the potential impacts to the Pharmacist's license/certification if they sign off on qualifications inappropriately.</p>	
NPS myLearning account access	Prior to Day 1	The NPS Training team will create an early access account and send the pharmacy manager the myLearning logon details the Friday prior to the HR stated arrival date.	
Prepare for Day 1	Prior to Day 1	Review the NPT Training guide and become familiar with the Day1 Manager tasks.	
Create a Day 1 & 2 Agenda	Prior to Day 1	Create schedule/agenda for the new hire's first two days on the job using Section 1 of the NPT Training Guide.	

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Pharmacy Manager Responsibilities: The Day the New NPT Arrives

It is important that you immediately perform the steps needed to obtain access to the different tools and online sites for the new hire. This will allow the new hire to become fully functional as soon as possible.

The Day the New NPT Arrives			
Item/Task	When	Description	√
Meet the NPT	Day 1	Meet the new NPT upon his or her arrival (or your designee).	
Personal Item Placement	Day 1	Show the NPT where they can place their personal items.	
Pharmacy Apparel	Day 1	Provide the new hire with their pharmacy apparel including dosimeter.	
Tour the Pharmacy	Day 1	Give the new hire a tour of the pharmacy, including the location of the restrooms, lunch room, and the PC they will be using to access myLearning.	
Map of Pharmacy	Day 1	Provide the new NPT with a map of the pharmacy.	
Schedule/Agenda	Day 1	Provide the new NPT with the schedule/agenda for the first two days and discuss break/lunch times.	
Lunch Plans	Day 1	Offer to take the new NPT to lunch or arrange for coworkers to do the same. Discuss places nearby where the new NPT can go to purchase lunch, if desired.	
Emergency Exits	Day 1	Review the safety procedures/emergency exits.	
Provide Training Guide	Day 1	Provide the new NPT with the NPS NPT Training Guide.	
Cardinal.com access	Day 1	Complete the Cardinal.com Registration Form to request a User ID and Password if the new NPT is a new hire.	
Employment Forms	Day 1	Provide guidance and instruction for new hire to complete employment forms.	

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Pharmacy Manager Responsibilities: The Day the New NPT Arrives, continued

The Day the New NPT Arrives, continued			
Item/Task	When	Description	✓
Orientation with new NPT	Day 1	Review the NPT Training Guide Section 1 pages 6 – 22, providing the following details: <ul style="list-style-type: none"> • Brief history of Cardinal Health • Cardinal Health's values, vision and mission • The Nuclear Pharmacy services mission, leadership structure and location zones • Location of several nearby Cardinal Health nuclear pharmacies. • The new NPTs job description and performance expectations • The NPS NPT training program structure 	
Shadowing and Qualification Process	Day 1	Discuss the new hire shadowing and qualification process and responsibilities.	
Introduce Preceptor	Day 1	Introduce the new hire to the designated Pharmacist Preceptor for shadowing.	
End of Day Touch-base	End of Day 1	Touch-base with the new hire toward the end of the day to ensure he or she has a sense of direction and purpose, or to address his or her questions.	

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Pharmacist Preceptor Responsibilities: The Day the New NPT Arrives

It is important that you take the task of mentoring and qualifying an NPT seriously. Your mentoring talent helps the new NPT perform on their own as quickly and efficiently as possible. Keep in mind that this NPT will be performing tasks, that if not done correctly, have the potential to negatively impact a patient and/or your Pharmacist's license/certification. Complete these Day 1 tasks after the manager has completed their tasks. Copies can be made of the following two checklists and used for each new NPT.

New NPT Information	
New NPT Name:	Start Date:
Position Entry Description - Circle One:	
New to Cardinal Health	New to NPT position
Manager Name:	
Pharmacist Preceptor Name:	

The Day the New NPT Arrives			
Item/Task	When	Description	✓
Meet the NPT	Day 1	Introduce yourself to the new NPT.	
NPT Training Guide Section 1 – Nuclear Pharmacy Basics			
Agree on First Week Tasks	Day 1	Discuss the new hire action items/tasks for the first week. (Refer to Section 1- Day 1 – Nuclear Pharmacy Basics training to determine what the new hire needs to do to prepare for the next two weeks of training).	
Set Target Completion Dates	Day 1	Establish and notate a target completion date for this section of the training guide. (Suggested completion is one week). Target Completion Date: _____	
Schedule Checkpoints	Day 1	Schedule checkpoints for discussions with your new hire as they complete Section 1 of the guide.	

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Pharmacist Preceptor Responsibilities: NPT Day 2 and Ongoing

NPT Day 2 and Ongoing			
Item/Task	When	Description	✓
Observe First Time Accessing myLearning	Day 1	Walk the new hire through accessing myLearning and ensure they are able to access the training items.	
Touchbase	Day 2 through First Week	Touchbase with new NPT as they complete the online courses contained within Section 1. Answer any questions.	
Verify Completion of Section 1	End of First Week	Verify completion and passing of Section 1 Assessment.	
NPT Training Guide Section 2			
Discuss Section 2	Week 2	Meet with the new hire to discuss the tasks in Section 2 of the NPT Training Guide.	
Set Target Completion Dates		Establish and notate a completion date for this section of the training guide. (Suggested completion is 3 days.) Target Completion Date: _____	
Schedule Discussions		Schedule checkpoints for discussions with your new NPT as they complete Section 2 of the guide.	
Ensure Understanding		Ensure the employee has a full understanding of the licensing requirements of his/her state.	
Verify Completion of Section 2		Ensure the employee completes the P4M Signature page in myLearning (NPS-PHPR-008)	
NPT Training Guide Section 3			
Discuss Section 3	3rd to 4th months	Meet with the new hire to discuss the tasks in Section 3 of the NPT Training Guide.	
Schedule Discussions		Schedule checkpoints for discussions with your new NPT as they complete each topic within Section 3 of the guide.	

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Pharmacist Preceptor Responsibilities: NPT Day 2 and Ongoing, continued

NPT Day 2 and Ongoing, continued			
Item/Task	When	Description	✓
NPT Training Guide Section 3, continued			
Set Target Completion Dates		Establish and notate a completion date for this section of the training guide. (Suggested completion is 3 to 4 months for all topics in this section.) Target Completion Date: _____	
Complete Qualification Checklists		Complete all qualification checklists for this section of the training including recording sign off on the Master Qualification Signoff form at the back of the NPT New Hire Training Guide: <ul style="list-style-type: none"> • Nuclear Pharmacy Instrumentation Overview (dose calibrator, MCA, SCA) • Quality Control • Cleaning a Nuclear Pharmacy • Working in a Hood • Eluting Moly 99 Generators • Drugs and Routes 	
Verify Completion of Section 3		Confirm the employee has completed and passed the Section 3 Assessment.	
NPT Training Guide Section 4			
Discuss Section 4	5 th to 6 th month	Meet with the new hire to discuss the tasks in Section 4 of the NPT Training Guide.	
Set Target Completion Dates		Establish and notate a completion date for this section of the training guide. (Suggested completion is 2 months for all topics in this section.) Target Completion Date: _____	

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Pharmacist Preceptor Responsibilities: NPT Day 2 and Ongoing, continued

NPT Day 2 and Ongoing, continued			
Item/Task	When	Description	✓
NPT Training Guide Section 4, continued			
Schedule Discussions		Schedule checkpoints for discussions with your new NPT as they complete each topic within Section 4 of the guide.	
Complete Qualification Checklists		<p>Complete all qualification checklists for this section of the training including recording sign off on the Master Qualification Signoff form at the back of the NPT New Hire Training Guide:</p> <ul style="list-style-type: none"> • Drug Preparation • Prescription Order Entry • Inventory, Package Check-in and Drug Storage • Instrumentation Testing • Blood Cell Labeling • Iodine 131 NaI Patient Dose Preparation 	
Verify Completion of Section 4		Confirm the employee has completed and passed the Section 4 Assessment.	
Verify Completion of Technician License Acknowledgement		Confirm the NPT has completed the Technician License Acknowledgement form in myLearning (NPS-Pharmacy-LCERT-001).	

Nuclear Pharmacy



South Dakota Board of Pharmacy

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Fax: 605-362-2738

Policy Statement on Transferring Prescriptions, including CII – CIV Prescriptions Prior to First Fill

"Is a prescription which has never been filled allowed to be transferred?"

The Board wishes to provide clarity on this issue.

ARSD 20:51:23:01 states: For the purpose of dispensing refills of prescriptions, a pharmacy may transfer prescription information to another pharmacy, subject to the following requirements:

- (1) The transfer is limited to the number of refills authorized on the original prescription;
- (2) The transfer is communicated directly between two licensed pharmacists; and
- (3) Both the original and the transferred prescriptions are kept for two years from the date of the last refill.

Since the prescription has never been filled, and per ARSD 20:51:23:01, the purpose of the transfer would not be for "refills" but would be for an original fill; therefore, review of our rule may conclude that it should not be standard of practice. In fact many chain drug stores have recently enacted policies and procedures that prohibit this practice to or from their store.

DEA has been consulted. In an email from Sarah Boblenz, Group Supervisor of the Des Moines DEA Field office, her response to the question was: "The practice is currently under review by DEA headquarters for a potential CFR change and that if the state allows it, DEA accepts the practice as long as it follows 21 CFR 1306.15, 1306.25 and 1306.27."

The Board feels strongly that prohibiting a transfer of this prescription because they have not yet been filled is contrary to timely and proper patient care and could contribute to diversion as there is a chance that there would be two active prescriptions that could be filled for the patient.

While our rules state "for the purpose of dispensing refills", this is not to be taken literally and a transfer may be for the purpose of an original fill as well. Until administrative rules can be changed, the Board clarifies that the practice of transfer of a prescription prior to fill is acceptable in South Dakota.

"Is an e-prescribed prescription for a CIII – CIV allowed to be transferred?"

Per Sarah Boblenz, DEA, yes, as long as the transfer is allowed in the state and it meets the requirements of 21 CFR 1306.25(a)(4) and (5). The Board agrees and this is allowed by South Dakota and is authorized in ARSD 20:51:23:04.



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SD Board of Pharmacy Policy Statement

What information may be added or modified on a controlled substance (CS) prescription whether prescribed in writing or via electronic prescribing of controlled substances (EPCS)?

Understanding what may or may not be changed on a CS prescription is confusing but is one of the many ways to continue to combat drug diversion while helping patients obtain their medications expeditiously. The rules regarding what can be modified apply to both written prescriptions and electronically prescribed prescriptions. The following summarizes changes that may be made to a prescription for a CII – CV without consulting or after consulting with the prescribing practitioner and what changes may never be made.

The following may be added or modified **without consulting** the practitioner if information can be reliably obtained:

- **Patient's address**
- **Practitioner's address**
- **Practitioners telephone number**
- **Quantity** may be modified ONLY in conjunction with change of **Strength**. The total quantity dispensed cannot exceed the total dosage initially authorized.

Example: A prescription is written for methylphenidate HCl with directions 5mg (5 ml) by mouth twice daily and a quantity of 300 mL to be dispensed. The pharmacy carries 10 mg/5ml strength. The pharmacy **may** fill the prescription using the 10 mg/5ml methylphenidate HCl and change the dose and quantity accordingly. In this example, the pharmacist may change the dose to 2.5 ml (twice daily) and the quantity dispensed to 150 ml.

✓ The pharmacist must **document** the **new quantity, strength, date and pharmacist initials** on the *face of the prescription*

- **Practitioners DEA number** may be **added**. However, do not add a DEA number when the legitimacy of the prescription (i.e., prescriber or DEA number) is in question. Only add the DEA number when it can be obtained from a validated source.

The following may be added or modified **after consulting** with a practitioner (may not be an agent of the practitioner). The pharmacist should document all consultations and note any changes on the face of the prescription.

- **Date of issue** may be added but not changed. A pharmacist may **not change** a "do not fill until date" even if the provider is consulted. A pharmacist may fill prior to a "do not fill until" date in extenuating circumstances **and** after consulting the provider.

Example: A prescription bears a "do not fill until 3/29" notation. Today's date is 3/26. The patient is leaving for a two week vacation and requests that it be filled. After obtaining approval by the provider, you may fill the prescription.

✓ The pharmacist must **document** the **date, reason for early fill, "prescriber consulted", and pharmacist initials** on the *face of the prescription*

- **Drug Quantity and Strength** *unless it falls under the example previously discussed*
 - Includes situations where the acetaminophen strength is missing or incorrect in hydrocodone combination products. The prescriber should be contacted to verify strength of acetaminophen.
- **Directions** for use *unless it falls under the example previously discussed*
- **Dosage form** (capsules and tablets are not interchangeable)
- **Refill instructions** for controlled substances III-IV
- Practitioners **printed** name (NOT practitioners signature)
- **Indication** on prescription for buprenorphine containing products

A pharmacist **may never change:**

- **Patient's name**
- **Name of controlled substance** (*except where generic substitution permitted*)
- **Signature** of the practitioner

Finally, a pharmacist is expected to use their professional judgment and knowledge to determine when it is appropriate to make changes to any prescription including a prescription for a controlled substance.

What information may be added or modified on a controlled substance prescription whether prescribed in writing or via electronic prescribing of controlled substances (EPCS)?

May be added or modified without consulting the practitioner	May be added or modified after consulting the practitioner	May never be modified
<ul style="list-style-type: none"> • Patient's address • Practitioner's address • Practitioner's telephone number • Quantity may be modified <u>ONLY</u> in conjunction with change of Strength. The total quantity dispensed cannot exceed the total dosage initially authorized. Example: A prescription is written for methylphenidate HCl with directions 5mg (5 ml) by mouth twice daily and a quantity of 300 mL to be dispensed. The pharmacy stocks the 10 mg/5ml concentration. The pharmacy may fill the prescription using the 10 mg/5ml methylphenidate HCl and change the dose and quantity to dispense accordingly. In this example, the pharmacist may change the dose to 2.5 ml (twice daily) and the quantity dispensed to 150 ml. ✓ The pharmacist must document the new quantity, strength, date and pharmacist initials on the <i>face of the prescription</i> • Practitioner's DEA number may be added. However, <u>do not</u> add a DEA number when the <u>legitimacy of the prescription (ie. prescriber or DEA number) is in question</u>. Only add the DEA number when it can be obtained from a validated source. 	<p>May be added or modified after consulting the practitioner</p> <ul style="list-style-type: none"> • Date of issue may be added <u>but not changed</u>. A pharmacist may not change a "do not fill until date" even if the provider is consulted. A pharmacist may <u>fill</u> prior to a "do not fill until" date in extenuating circumstances <u>and</u> after consulting the provider. Example: A prescription bears a "do not fill until 3/29" notation. Today's date is 3/26. The patient is leaving for a two week vacation tomorrow and requests that it be filled today. After obtaining approval by the provider, you may fill the prescription. ✓ The pharmacist must document the date, reason for early fill, "prescriber consulted", and pharmacist initials on the <i>face of the prescription</i> • Drug Quantity and Strength <u>unless it falls under the example previously discussed</u> ✓ Includes situations where the acetaminophen strength is incorrect or missing in hydrocodone combination products. The prescriber should be contacted to verify strength of acetaminophen. • Directions for use <u>unless it falls under the example previously discussed</u>¹ • Dosage form (capsules and tablets are not interchangeable) • Refill instructions for controlled substances III-IV • Practitioner's printed name (NOT practitioner's signature) • Indication on prescription for buprenorphine containing products 	<p>May never be modified</p> <ul style="list-style-type: none"> • Patient's name • Name of controlled substance (<i>except where generic substitution permitted</i>) • Signature of the practitioner

A pharmacist is expected to use professional judgment and knowledge to determine when it is appropriate to make changes to any prescription including a prescription for a controlled substance. Last Edited 6/2/17