



SOUTH DAKOTA BOARD OF PHARMACY

January 2016

South Dakota State Board of Pharmacy

3701 West 49th Street - Suite 204, Sioux Falls, SD 57106

BOARD WELCOMES NEW REGISTERED PHARMACISTS/PHARMACIES

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota in the last quarter: Alyssa Brunner, James Burzynski, Annette English, David Farber, Kimberly Faucett, Diane Fox, Rebecca Karg, Angela Le, Adam Manoucheri, Michael Meekins, Patricia Morrival, Michelle Phipps, Syed Saleem, Roxane Skiles, Zachary Thompson, and Curtis Waldvogel. New pharmacy permits issued over the same time period are: Avera Queen of Peace dba Avera Grassland – Mitchell; CSRX Inc. dba Rushmore Compounding Pharmacy – Rapid City; Lewis Drug #37– Elk Point (change of ownership); Philip Health Services – Philip (change to Telepharmacy); Roger's Family Pharmacy – Yankton (change of ownership), Avera McKennan Pharmacy East Campus – Sioux Falls (AMDD); and PharMerica, Luther Manor – Sioux Falls (AMDD).

HOW MANY LICENSES DOES BOARD ISSUE IN A YEAR?

This is a question we get while speaking to others and they are generally surprised at our volume.

| | |
|----------------------------------|--------------------------------------|
| Pharmacists – 1932 | Pharmacy Technicians – 1480 |
| Pharmacy Interns – 322 | Wholesale Permits - 1160 |
| Full Time Pharmacy Permits - 273 | Non-Resident Pharmacies – 734 |
| Part Time Pharmacy Permits – 46 | Total - 5,947 Licenses/Registrations |

BOARD WELCOMES NEW STAFF

Beth Windschitl has been hired in the full time Senior Secretary role in our office and she is a very quick study. Kari Shanard-Koenders, R.Ph. accepted the Executive Director position for the Board office. Feel free to reach out to any of the Board office staff if you have needs. The PDMP Director position remains vacant.

ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES (EPCS)

The board staff continues to receive multiple calls and questions pertaining to EPCS. An article was published in the April 2015 Newsletter, but a few items probably bear repeating.

- Of late, most of the concern is how a pharmacist knows if a prescriber has acquired appropriate approval to conduct this activity. While the Board staff do not claim to be software experts, we have witnessed feedback mechanisms from software which provides the logic to authenticate the process. Excellent Q&A on this topic can be found on the DEA website: http://www.deadiversion.usdoj.gov/ecomm/e_rx/faq/pharmacies.htm
- With EPCS, some providers thought they could now issue multiple CII prescriptions for a total of up to a 120 day supply. This is not true! The providers may only issue multiple CII prescriptions for a total of up to a 90 day supply. The DEA Code of Federal Regulations



SOUTH DAKOTA BOARD OF PHARMACY

1306.12 Refilling prescriptions: issuance of multiple prescriptions addresses this. Furthermore, the DEA provided the following response:

*"In fact, Title 21 CFR 1306.08 (a)(1) specifically states that a **practitioner** may e-prescribe but only as long as they comply with all other requirements for issuing controlled substance prescriptions. Further, Title 21 CFR 1311.100 (b)(3) states a practitioner may issue an e-prescription if the prescription is otherwise in conformity with the requirements of the Act and this chapter.*

*For pharmacies, Title 21 CFR 1306.08 (b), states a **pharmacy** may fill an electronic prescription but only if it complies will all other requirements for a controlled substance prescription. [Title 21 CFR 1311.100(e)(2) states the pharmacy can fill it the e-prescription is otherwise in conformity with the requirements of the Act and this chapter."*

- With EPCS, is there anything that states that the address must be a physical address vs a PO Box? DEA provided this response "There is nothing in federal regulations that make a distinction between a physical address and PO Box. It simply requests an "address of the patient" and "address is not defined."

HOW DOES AN AMBULANCE SERVICE OBTAIN MORPHINE OR OTHER CII CONTROL SUBSTANCES FOR STOCK?

They would need to obtain it via a DEA-222 Form. Usually the Medical Director for the Ambulance would be responsible for this. The Ambulance service needs to obtain a DEA number in collaboration with their Medical Director.

PRESCRIPTION DRUG MONITORING PROGRAM UPDATE

The SD PDMP is working well with the change to Appriss. Ease of use is a key with PMP AWA RxE and we feel that has translated into increased use. At the end of November, 84% of pharmacists, 25% of MD/DO's, 52% of PA's, 43% of NP's and 20% of dentists are approved for data access. The top controlled substance in SD remains Hydrocodone combination products despite moving them to CII.

| November Most Prescribed Drugs | RX's | Quantity | Days Supply | Quant/Rx |
|--|--------|-----------|-------------|----------|
| HYDROCODONE BITARTRATE/ACETAMINOPHEN | 21,065 | 2,889,913 | 559,260 | 137 |
| TRAMADOL HCL | 19,291 | 1,053,409 | 251,293 | 79 |
| ZOLPIDEM TARTRATE | 7,761 | 253,013 | 250,479 | 33 |
| LORAZEPAM | 7,295 | 363,895 | 173,531 | 50 |
| CLONAZEPAM | 6,669 | 811,115 | 399,250 | 122 |
| ALPRAZOLAM | 5,186 | 307,929 | 137,238 | 59 |
| DEXTROAMPHETAMINE SULF-SACC/AMPHETAMINE SULF-ASP | 5,050 | 228,762 | 151,267 | 45 |
| METHYLPHENIDATE HCL | 4,642 | 207,378 | 139,354 | 45 |
| OXYCODONE HCL/ACETAMINOPHEN | 4,358 | 568,184 | 118,802 | 129 |
| OXYCODONE HCL | 4,145 | 353,995 | 80,928 | 85 |

The SD Veterans Affairs facilities have begun reporting again. The only dispensing entity not reporting to the SD PDMP is Ellsworth AFB. Appriss has begun including Morphine Milligram Equivalents per prescription to the PDMP Reports as well as an aggregate of the numbers of Prescriptions, Prescribers, Pharmacies and Private Pay transactions for each person queried.



SOUTH DAKOTA BOARD OF PHARMACY

HOW DID HYDROCODONE COMBINATION PRODUCTS CII TRANSITION AFFECT PRESCRIBING?

Lauren M. Kuschel, a P4 Pharm D student and Jane R. Mort, Pharm D, Professor at the SDSU College of Pharmacy conducted data analysis on opioid prescribing patterns by comparing six months prior to Hydrocodone Combination Products (HCP) moving to Schedule II, six months during the transition period (refills allowed) and six months after the conclusion of the transition period, the final period. They concluded that the number of prescriptions decreased as compared to prior to the transition, but the quantity per Rx increased. Also other opioid prescribing increased.

BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings.

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Board of Pharmacy Website

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