

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

IN THIS ISSUE

Legislative Days January 28–29

2020 Legislative Calendar

CE: Travel Medicine Issues & Patient Safety

WINTER EDITION 2020

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

SOUTH DAKOTA PHARMACISTS ASSOCIATION

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Calendar

JANUARY

- 1 New Year's Day
- 12 National Pharmacists Day
- 14 95th South Dakota Legislative Session Opens
State of the State Address
South Dakota State Capitol at 12 noon
- 16 Flu Shot Clinic, South Dakota State Capitol
Room 411 from 10 am – 12 noon
- 20 Martin Luther King Jr. Day
- 28 Legislative Days: Legislative Update & Dinner
RedRossa Italian Grill at 6 pm
- 29 Legislative Days:
Health Screenings by SDSU Pharmacy Students
South Dakota State Capitol, starting at 7 am

FEBRUARY

- 7–9 Midwest Pharmacy Expo
Hilton Des Moines Downtown, Des Moines, IA
- 17 President's Day

MARCH

- 8 Daylight Saving Times Begins
- 20–23 APhA Annual Meeting & Exposition
National Harbor, MD (near Washington, DC)

APRIL

- 2 South Dakota Board of Pharmacy Meeting
4001 W Valhalla Blvd, Suite 202
Sioux Falls, SD from 1–5 pm
- 3–4 South Dakota Society of Health System Pharmacists
44th Annual Meeting
Sioux Falls, SD
- 21–22 NCPA Congressional Fly-In
Washington, DC

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

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DIRECTOR'S *Comments*

Amanda Bacon // Executive Director



Happy New Year! The hustle and bustle of the holidays is about to give way to the hustle and bustle of Legislative Session here in Pierre. I hope your Christmas season was filled with joy, some pace and rest, and your new year and new decade are off to a fabulous start!

South Dakota's 95th Legislative Session kicks off next week, and even before session *officially*

begins, your legislative team, and the SDPhA Commercial and Legislative (C & L) Branch have already been hard at work on your behalf. Please make sure you're watching your email and our social media pages closely in the coming weeks. I'll send out email updates at the close of each week to keep you up to date, but we'll send information more frequently if the need arises. If you aren't receiving our emails for some reason, please let me know. We will ensure you are on the list – staying in the know right now is key, and those email updates will detail the bills we are monitoring or have taken a position on. It'll also tell you where those pieces of legislation are in the process, and information about contacting your legislators when appropriate.

We typically provide you some other key pieces to help navigate Legislative Session. You'll find the session calendar included in this edition of the Journal, and watch your email for a listing of the standing committees and their chairpersons – we'll send it as soon as it's available. These are simple but effective tools to help understand what is happening when, and who the key players are.

One of the best ways to stay apprised, and really learn about the process here in Pierre, is to attend Legislative Days Jan. 28-29. Our event kicks off with a dinner the evening of Tues., Jan 28. There you'll get some good grub, have a great opportunity to network with your peers, meet the fabulous team of SDSU pharmacy students who will provide health screenings at the Capitol Wed., Jan 29, and hear an update from Bob Riter, Lindsey Riter-Rapp and Amanda Bacon – the SDPhA legislative team. If you plan to attend, please RSVP at amanda@sdpha.org. (The sooner the better, but truth be told I'm not going to turn you away at the door, either...)

While we are not introducing legislation this year, do expect other bills impacting health care and pharmacy. Since we are bringing the Journal to you ahead of session's start this year – a very limited number of bills have actually been filed at this stage, but we can be sure there are many more to come. We know industrial hemp will be a major topic at this year's session, and we know there are discussions which may eventually impact pharmacy that come as a result. The Department of Health's annual scheduling bill is usually one of the first filed, and we will review and update you when that happens. As is often the case, there are other bills we have worked on with the sponsors during the *off season*, and we will monitor and update you on those as well.

We say it a lot around here, but it's important – lobbying is an expensive endeavor. It's also extremely vital. The C & L Fund is used to support the legislative work we do. It assists us in the protection and promotion of the profession during legislative session. It also relies nearly solely on your contributions, and we need your help to ensure we have the financial resources to swing into action on bills and policy that impact South Dakota pharmacists. You can [donate online](#), or use the form located on page 15 in the Journal. You can also expect to see more communication about the C & L fund throughout session. We've heard from many of you that you're not sure where or how to donate – so we're working hard on our end to update, and make the process as visible and as simple as possible.

OTHER QUICK UPDATES:

Pharmacy Technician University

SDPhA has now enrolled 63 participants in the program, and we are thrilled to hear about how it's making a difference out there! If you want to know more about how this extremely affordable program might benefit your pharmacy – shoot me an email, or give me a call. I'd love to share how we can help! You can find some basic information in the Journal and [on the website](#) as well.

Pharmacists for Healthier Lives

THIS WEBSITE is a fantastic tool you NEED to use to help spread the word about the vital role you play in a patient's health. It's full of information, video and tidbits ready made to share on your social spaces. There is also a Facebook page. State associations from across the country and many other organizations have worked together to bring you this valuable resource.

(continued)

Spring District Meetings

Information and updated resources for officers are on the way in the next several weeks. We encourage you to start looking at meeting dates now. All Spring meetings need to take place during March and April.

Respectfully,

AMANDA BACON

SDPhA Executive Director

PRESIDENT'S *Perspective*

Lori Ollerich // SDPhA Board President



As Barbara Walters would say, *And this is 20/20*. I hope you had a wonderful holiday spent with family / friends and that everyone is ready for the upcoming year.

The SDPhA board members are excited to continue to work on your behalf this year as we represent each one of you and continue to promote the pharmacy profession through the association.

SDPhA will continue to inform members throughout legislative session with updates, so keep your eyes out for weekly (or more frequently if necessary) email communications, and watch our Facebook group page, too. If you haven't had the chance to contribute to the C&L fund through the SDPhA website, please do so soon! These contributions are separate from the general accounts, and our legislative work relies nearly exclusively on your contributions. The importance of this fund cannot be overstated as lobbying is an expensive, but necessary function in the protection and promotion of the pharmacy profession. If you have any questions or concerns regarding any issues, please feel free to contact the office or any member of the Board.

January means warm hugs (have you seen Frozen 2 yet? If not, it's a must. My kiddos said it was better than the original) and that Legislative Days is right around the corner. SDPhA will host this event on Jan. 28-29 at the Clubhouse Suites in Pierre. Tuesday night we will begin with a social and dinner at the Red Rossa Italian Grill, with a legislative update to follow. This is a great opportunity to not only learn about important issues impacting pharmacy, but also to gather with other pharmacists across the state and student pharmacists as well. Long-time lobbyist and legal counsel Robert Riter, Lindsey Riter-Rapp (who has taken over the duties of Margo Northrup who accepted a judicial circuit court appointment last Fall) and Amanda Bacon, SDPhA's executive director will serve as our lobbying team. They will update us on the happenings thus-far, and highlight what's likely still to come. Wed., Jan. 29th we'll be at the Capitol in the morning for a light breakfast and health screenings provided by SDSU student pharmacists. Please consider joining fellow pharmacists and your SDPhA Board at this important event.

While we are at the start of the year, it isn't too soon to be thinking about 2020 Convention. This year's event will be held in Brookings, SD. We look forward to a weekend of learning, cheering on the Jacks at a home football game, and, for many of you, reliving some of your SDSU glory days. The Board is actively planning the events for the weekend of September 25-26, 2020 and looks forward to seeing you there!

In closing, please remember to contact any board member or the office with questions or concerns and we will do what we can to assist. On behalf of the SDPhA Board, we wish everyone a Healthy and Happy New Year!

Respectfully,

LORI OLLERICH

SDPhA Board President

South Dakota BOARD of PHARMACY

Kari Shanard-Koenders // Executive Director



BOARD WELCOMES NEW REGISTERED PHARMACISTS/ PHARMACIES

Congratulations to the following candidates who recently met licensure requirements and were licensed as pharmacists in South Dakota: Katie Jo Brand, Morgan Carroll, Fred Eaton, Robert Harrison, Kathryn Hecker,

Carolyn Hey, Danielle Jensen, Trista Kaltenbach, Zachary Lang, Erin Miller, and Scott Bottolfsen.

Nine part-time pharmacy licenses were approved and issued during the period. They are Avera McKennan Behavioral Health HSC Campus; Pharmacy Corporation of America (PCA) dba Avantara Mountain View – Rapid City; PCA dba Avantara Arrowhead – Rapid City; PCA dba Avantara North – Rapid City; PCA dba Avantara Watertown – Watertown; PCA dba Avantara Armour - Armour; PCA dba Fountain Springs Health Care – Rapid City; PCA dba Avantara Ipswich – Ipswich; and Avera Addiction Care Center dba Avera McKennan – Sioux Falls.

BOARD WELCOMES NEW MEMBER CHERI KRAEMER

Governor Kristi Noem's office notified us that she has appointed Cheri Kraemer to the South Dakota Board of Pharmacy, for a three-year term, replacing Lisa Rave. Cheri is a compounding pharmacist who owns Pharmacy Specialties and Clinic in Sioux Falls. The Board is very excited to have her expertise on the Board. Cheri has great energy and passion for pharmacy. We are extremely pleased that Dan Somsen has been reappointed for another three-year term as well.

BOARD WELCOMES NEW STAFF MEMBER

Rhea Kontos is the Board's newest staff member. She has worked in higher education in the past and understands the journey that students, especially those in the medical field, endure to achieve their goals. She enjoys time with her family: hiking, paddle boarding and a new venture,

pickleball. She has already made an excellent addition to our outstanding staff. Rhea has the Senior Secretary position vacated by Jessica Neal.

QUIRKY QUESTION OF THE QUARTER

Can a pharmacist fill a prescription written by a physician for self? Yes, while the activity of writing a prescription for self is discouraged, it may be done if it is not for a controlled substance. A physician also may write a prescription (controlled or non-controlled) for family members, even if outside of specialty. The Medical Board says that the specialist is a physician first prior to specializing, so Yes, a pharmacist may fill this prescription. Dentists may prescribe or administer only in connection with dental related ailments or conditions, but could do this for self or family. Nurse Practitioners may do this in emergent or rare conditions.

DEA FORM 222 by Tyler Laetsch, Inspector

The DEA recently made a change to a process that some pharmacies use every day. The purchasing of CI and schedule CII substances has been revamped. The DEA has now devised a single page Form 222 which is no longer issuing the triplicate form. Along with the new form is a new process that can be found at the following link: https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201907-1117-006&icID=12302. The registrant will still apply for forms on the DEA website and these will be issued accordingly.

TRANSFER OF PRESCRIPTIONS REMINDER by Tyler Laetsch, Inspector

Lately, we have received several questions regarding transferring prescriptions from one pharmacy to another. We have been asked if a fax from one pharmacy to another is enough without other communication between the pharmacists or interns. **ARSD 20:51:23:01** Transfer of original prescription information permitted. 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. This is a reminder that the process must be executed between two pharmacists or interns to correctly transfer a prescription, unless the pharmacy has a common electronic data base, in which the transfer may be completed and recorded within the data base.

PDMP UPDATE by Melissa DeNoon, PDMP Director

Pharmacists are key stakeholders as both SD PDMP users and gatekeepers of data submitted. Data integrity and quality directly correlate to the overall effectiveness of the PDMP as a clinical decision-making tool to positively impact patient care. Since the recent rollout of the Statewide Gateway Integration Project, our office has been addressing an increasing number of data integrity and quality issues relating to patient names. PDMP integration with a health-care entity's electronic health record (EHR) or a pharmacy's dispensing platform allows for in-workflow, one-click access to a patient's PDMP report. When an integration is in place, the PDMP query process is automated and the patient information required for the search (first name, last name, date of birth) is obtained from the patient's profile in the requestor's EHR or pharmacy dispensing platform. An incomplete report may be returned if this required patient search information is not the same in both the EHR and the pharmacy profile. Therefore, best practice is ensuring pharmacy patient profile names match patient names in the EHR, which are commonly patients' legal names. Pharmacists must educate pharmacy staff and patients on the necessity to use the same name at both the prescriber's office and the pharmacy. Patient education should simply be that in order to provide patients with the best level of care, patient names must match across all healthcare settings. It is also important to note that if a pharmacy updates a patient's name in their profile, all records submitted prior to the update will still be under the patient's previous name. After all pharmacy profile patient name changes, please contact the SD PDMP at sdpdmp@state.sd.us or 605-362-2737 and request a patient record consolidation, providing the previous and updated patient names. This consolidation will ensure all future PDMP reports will include prescriptions under the updated name and previous name. The SD PDMP appreciates pharmacists' due diligence to this PDMP 'hot button' issue.

DATES
- to -
REMEMBER

LEGISLATIVE DAYS



January 28-29, 2020

Legislative Update and Dinner
January 28, 2020, 6 p.m. at RedRossa Italian Grill

Health Screenings
January 29, 2020, beginning at 7 a.m.
by SDSU College of Pharmacy Students at the Capitol Building

What does SDPhA do for you?

- SDPhA provides you with legislative and regulatory representation on the state and national level;
- Protects and supports pharmacists in every practice setting;
- Liaison with national pharmacy organizations and state healthcare professional associations/societies;
- Provides media relations support and patient education opportunities for pharmacists;
- Liaison with SDSU's College of Pharmacy faculty and students;
- Provides pharmacists with critical information in a timely manner through the *SD Pharmacist* journal, email and fax blasts.

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SEPTEMBER 25-26, 2020

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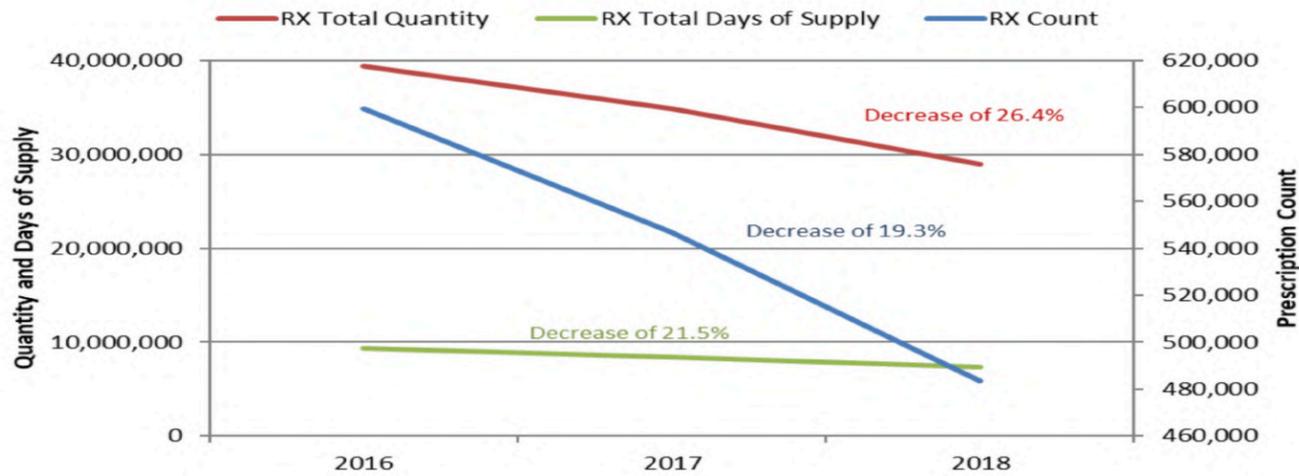
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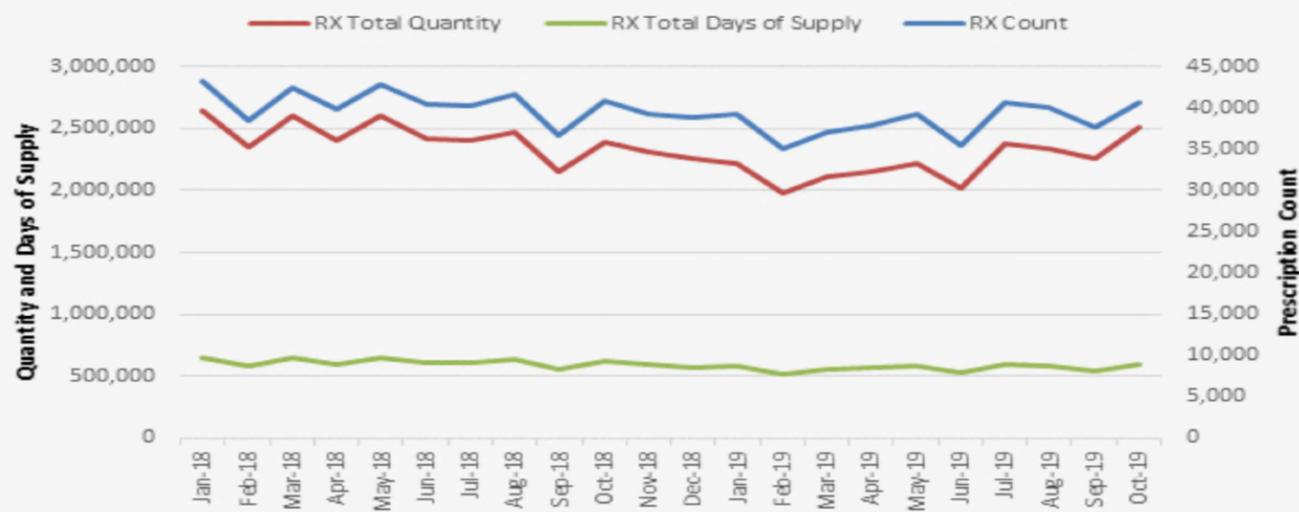
South Dakota BOARD of PHARMACY

(continued)

SD Patients' Opioid Prescriptions



SD Patients' Opioid Prescriptions



OPIOID TRENDS IN SOUTH DAKOTA

by Melissa DeNoon, PDMP Director

The Board of Pharmacy is encouraged by the downward trend in opioid prescriptions dispensed to South Dakota patients and believes the PDMP is a key contributing factor. Opioid prescriptions have decreased in our state over the last three years in all three parameters we measure: prescription count, total quantity, and total days of supply. South Dakota's website, www.avoidopioidsd.com, is a great resource for healthcare professionals and the public. The 'Key Data' page contains PDMP statistics and state statistics on drug related deaths, opioid use disorder deaths, syndromic surveillance data, opioid use disorder treatment, and reported drug use and misuse. Navigating to 'About/Strategic Plan' provides links to multiple resources including one-pagers on the SD PDMP and the drug take-back program. The locator tool for all SD's take-back sites can be found at 'Take Action/Take Back Sites'. The Board of Pharmacy encourages pharmacists to utilize this valuable website and refer it to other healthcare professionals and your patients.

Respectfully Submitted for the Board,

KARI SHANARD-KOENDERS

Executive Director

BOARD MEETING DATES

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

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PDMP DATA ACCESS

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SDSU COLLEGE of PHARMACY and ALLIED HEALTH PROFESSIONS

= Jane Mort // Dean & Professor, College of Pharmacy & Allied Health Professions =



Holiday Greetings from the College of Pharmacy and Allied Health Professions as we welcome in 2020!

During this holiday season we take the opportunity to reflect on the many wonderful gifts we have received, and I want to express my deep appreciation for your support of the College. Our achievements would not be possible without your support.

Once again our 2019 PharmD graduates exceeded the national average on the NAPLEX. For our graduates who took the NAPLEX this summer, 97.4% passed on the first attempt (74/76), compared to the national first time pass rate of 90.6%. In addition, the average score for SDSU graduates was 102.48 compared to 96.80 nationally. As we reflect back over the last 16 years of NAPLEX results (2003 through 2018), SDSU has the highest first-time pass rate in the nation at 99.24%.

Our students have also distinguished themselves nationally. Specifically, P4 students - Philip Jacobson, Hannah Brokmeier, and Zach Muller - participated in the American College of Clinical Pharmacy, Clinical Pharmacy Challenge. From a field of 120 colleges, this team was among the top eight in the nation which qualified them for the final competition in New York City. In addition, Alexis Nyberg, a P4 Student, was selected to provide an APhA PharmTalk. This is a tremendous honor because it is rare for a P4 student to have the opportunity to present a PharmTalk. Typically these presentations are led by practitioners or residents. Finally, P4 student Chris Kotschevar was selected for the 2019-2020 PQA-CVS Health Foundation Scholars Program which includes his project focused on increasing awareness of the pharmacists' role. These are just a few examples of the outstanding work of our students.

This fall we had the privilege of honoring Dr. Komal Raina as our inaugural Kevin and Lorie Haarberg Cancer Research Chair through an investiture ceremony. Dr. Raina is the third endowed faculty member in the college and the 21st in the university. Along with this wonderful celebration, we also were able to renovate a portion of Avera North to add 420 square feet to our research space. This was also made possible through the generosity of the Haarbergs which provided matching funds for a state grant. Our research enterprise is truly taking off, in no small part from the generosity of our alumni that is transforming our faculty and our space.

I also want to share a bit about the new additions to our faculty and staff. This fall, Dr. Yen-Ming Huang joined the College as a pharmacy administration faculty member in the Department of Allied and Population Health. Dr. Aaron Hunt was also hired into the Department of Allied and Population Health as the coordinator for the Master of Public Health. Michelle Johnson joined the Department of Pharmaceutical Sciences as the program assistant. Scott Crane began at the SDSU Foundation in November as our new development director for the college. Each of these new members brings a special set of skills that will help us excel in new ways.

I wish you all the best in the coming year!

JANE MORT, PHARMD

Dean & Professor

College of Pharmacy & Allied Health Professions

SDSU's Student Collaboration for the Advancement and Promotion of Pharmacy

Natalie Sovell // SCAPP/APhA-ASP SDSU Chapter President



Season's Greetings from SCAPP! This semester, we started the inFLUential member award to showcase the efforts of chapter members who go above and beyond. Members are nominated by their peers and then voted upon by the executive board. Our winners have been Bethany Zeug for September, Ellie Balken for October, and Mikayla DeNoon for November.

Our organization has been busy with events this past semester, but I will highlight just a few! SCAPP collaborated with other pharmacy organizations on campus to build the Hobo Day float for the 2019 *Wander On* theme. Our Service Committee collected 136 food items for SDSU's Pack the Pantry event. For Halloween, our Katy's Kids Committee presented on medication safety to children and parents at Gracepoint's Trunk or Treat event. SSHP hosted a residency showcase which featured 11 programs and was a great opportunity for students to meet with the various residency directors or current residents. As part of our PPA meeting, students made 10 tie baby blankets and decorated 40 pairs of socks to donate to the Sanford Children's Hospital in Sioux Falls. Lastly, because of the efforts of our Operations Co-Chairs, our chapter has completed at total of 1,126 patient care screenings this semester!

Our chapter also gives students the opportunity to attend regional and national meetings. Five student pharmacists were able to travel to Coralville, IA to attend the APhA-ASP Midyear Regional Meeting. Our chapter was recognized for our efforts with OTC Medication Safety this past year. Our chapter has also held our local ASHP Clinical Skills Competition, with our winners being Hannah Brokmeier and Trevor Treglia. We recently held our chapter's APhA-ASP Patient Counseling Competition and had nine participants. The winner will be able to represent SDSU at the APhA National Meeting in National Harbor, MD this March.



We have hosted a variety of speakers for our chapter meetings. SCCP brought in Dr. Kyle Dvoracek to speak about how pharmacists are utilized in the emergency department. SSHP invited Dr. Brad Laible to speak to our chapter about antibiotic resistance and life as an infectious disease pharmacist. We were also able to have Diana Courtney, Director of Student and Professional Affairs and Committees for NCPA, come speak to our chapter on careers in independent pharmacy. These were all fantastic opportunities for our members to learn about different career options.

As president, I am very proud of our chapter's accomplishments, which is the result of the hard work put in by our students. Our students are looking forward to attending Legislative Days in Pierre in January!

Respectfully,

NATALIE SOVELL

SCAPP/APhA-ASP SDSU Chapter President 2019-2020



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South Dakota SOCIETY of HEALTH-SYSTEM PHARMACISTS

Joe Berendse, PharmD, BCPS, BCACP // SDSHP President



Happy New Year from the South Dakota Society of Health-System Pharmacists!

The year of 2020 is shaping up to be another great one for our organization, with the upcoming SDSHP Annual Conference, plenty of continuing education offerings, and abundant networking opportunities. But – before I get ahead of myself – I wanted to look back and report on some

of the SDSHP events that took place toward the end of 2019. Here's a recap of what SDSHP has been working on:

Pharmacy Month Social Events

SDSHP held two social events in the month of October to help celebrate Pharmacy Month. The events were held simultaneously on both sides of the state on 10/23/19: at Remedy Brewing in Sioux Falls, and at Dakota Point Brewing in Rapid City. We had a great turn out of pharmacists and student pharmacists at both events, and the Rapid City crew also took home the runner-up prize at trivia that evening – bonus! Be on the lookout for more information about future SDSHP social events!

ASHP Midyear Clinical Meeting

As the President of SDSHP, I had the opportunity to attend the 2019 ASHP Midyear Clinical Meeting in Las Vegas from 12/8 to 12/12/19. As in years past, Midyear offered an abundance of high-quality continuing education, plentiful opportunities for networking, and an engaging keynote speaker. This year, former U.S. Secretary of State Condoleezza Rice gave an excellent speech on her journey toward public service. Her reflections on resiliency, leadership, and duty were especially salient to all of us in the pharmacy profession.

During the meeting, SDSHP also hosted another very successful Dakota Night reception with more than 150 pharmacy professionals in attendance. SDSHP would like to thank our co-sponsors for this event, including: SDSU College of Pharmacy & Allied Health Professions, North Dakota

Society of Health-System Pharmacists, North Dakota Board of Pharmacy, and Coherus BioSciences, Inc. A thanks to past-President Aaron Larson for orchestrating the event!

Upcoming Continuing Education Events

Pharmacy residents from across South Dakota will be presenting at a number of upcoming CE events, so make sure to put them in your calendars! SDSHP members can attend these events for free. Please come and support the pharmacy residents and receive ACPE-accredited CE! Further information on these events will be distributed via e-mail in the coming weeks.

- East River Resident CE Event – 1/18/20, 7:45am-12pm: Benedictine Room at the Avera Prairie Center, Sioux Falls
- East River Resident CE Event – 2/15/20, 7:45am-12:30pm: Benedictine Room at the Avera Prairie Center, Sioux Falls
- West River Resident CE Event – Date & Time TBD: East Auditorium, Rapid City Regional

Membership Renewal

Membership renewal will begin in early January. Be on the lookout for your renewal e-mail, or visit www.sdshp.com and click on the *Renew SDSHP* button. If you have not previously been a member of SDSHP and are interested in becoming a member, you can visit our website and click on the *Join SDSHP* button instead.

44th Annual SDSHP Conference

The 44th Annual SDSHP Conference will take place on April 3-4, 2020 at the Holiday Inn City Centre in Sioux Falls, SD. I would like to thank the members of the Annual Meeting Committee – chaired by Haylee Allen and Jordan Baye – who have been working diligently to create another year of fantastic CE programming. Please visit www.sdshp.com for more information and to register for the conference!

Respectfully submitted,

JOE BERENDSE

PharmD, BCPS, BCACP
SDSHP President

95th SOUTH DAKOTA LEGISLATIVE SESSION CALENDAR

2020 37 Legislative Days



Please refer to the Joint Rules, Chapter 17 for complete information.

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	
January 2020				1	2	3	4	
	5	6	7	8	9	10	11	
	12	13	14 Session Opens 12 Noon (CST) State of the State L.D. 1	15 State of the Judiciary L.D. 2	16 State of the Tribes L.D. 3	17 L.D. 4	18	
	19	20 Martin Luther King Jr. Day	21 Executive orders filed (Constitution, Art. IV, Sec. 8) L.D. 5	22 L.D. 6	23 Jt. Memorial Service 3:00 pm L.D. 7	24 Concurrent/House/Senate Resolution limited introduction deadline (J.R. 6B-3) L.D. 8	25	
	26	27	28 L.D. 9	29 L.D. 10	30 Last day for unlimited bill & joint resolution introduction (J.R. 6B-3) Must be at the front desk TWO HOURS prior to session L.D. 12	31	1	
February 2020	2	3	4 All bill draft requests due in LRC (J.R. 6A-5) L.D. 13	5 L.D. 14	6 Last day for introduction of individual bills and joint resolutions Must be at the front desk TWO HOURS prior to session. L.D. 15	7 Last day for introduction of committee bills and joint resolutions Must be at the front desk TWO HOURS prior to session. L.D. 16	8	
	9	10	11 L.D. 17	12 L.D. 18	13 Last day for JCA selection of general fund revenue targets (J.R. 7-11.1) L.D. 20	14	15	
	16	17 Presidents' Day	18 L.D. 21	19 L.D. 22	20 L.D. 23	21 L.D. 24	22	
	23	24	25 Last day to use J.R. 5-17 L.D. 25	26 Last day to move required delivery of bills or resolutions by a committee to the house of origin L.D. 26	27 Last day to pass bills or joint resolutions by the house of origin, AND Last day for final introduction of Concurrent/House/Senate resolutions L.D. 28	28	29	
	1	2	3 Last day to move required delivery of special appropriation and property sale bills to house of origin L.D. 29	4 Last day for house of origin to pass special appropriation and property sale bills L.D. 30	5 Last day to move required delivery of bills or joint resolutions by a committee to the second house, AND Last day for introduction of commemorations L.D. 32	6	7	
March 2020	8	9 Last day for a bill or joint resolution to pass both houses L.D. 33	10 L.D. 34	11 L.D. 35	12 L.D. 36	13	14	
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
	29	30 Reserved for consideration of gubernatorial vetoes L.D. 37	31	APR 1	APR 2	APR 3	APR 4	

Adopted 3/29/2019

2019/2020 COMMERCIAL & LEGISLATIVE DISTRICT DUES CONTRIBUTIONS

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOBILE PHONE _____

EMPLOYER / COMPANY _____

WORK ADDRESS _____

WORK CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ WORK FAX _____

EMAIL ADDRESS _____

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

2019/2020 COMMERCIAL & LEGISLATIVE FUND

Memberships set by SDPhA C & L Executive Committee, 2007

PHARMACY OR BUSINESS MEMBERSHIP \$100.⁰⁰

Includes One Individual Membership

NAME OF PHARMACY / BUSINESS _____

NAME OF INDIVIDUAL INCLUDED _____

CORPORATE MEMBERSHIP \$200.⁰⁰

Two or more stores of the same corporation

NAME OF CORPORATION _____

NAME OF INDIVIDUAL INCLUDED _____

INDIVIDUAL MEMBERSHIP

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

DISTRICT DUES

Circle your District

ABERDEEN - \$20.⁰⁰ BLACK HILLS - \$20.⁰⁰ HURON - \$10.⁰⁰ MITCHELL - \$10.⁰⁰ MOBRIDGE - \$10.⁰⁰
ROSEBUD - \$10.⁰⁰ SIOUX FALLS - \$20.⁰⁰ WATERTOWN - \$20.⁰⁰ YANKTON - \$15.⁰⁰

TOTAL ENCLOSED \$ _____

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

CONTINUING EDUCATION *for* PHARMACISTS

Pharmacist Consult: CDC-Counseling & Advice for Travelers on Pharmaceutical Quality and Falsified Drugs

Knowledge-based CPE

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

Course development: The following material was published by the Centers for Disease Control and Prevention (CDC): Counseling & Advice for Travelers regarding the quality of medicines available outside the United States.

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

GOAL

To enhance pharmacists' knowledge of travel medicine issues and patient safety.

LEARNING OBJECTIVES

1. Name the primary characteristics of poor-quality drugs in foreign markets;
2. Evaluate the estimates of prevalence of poor-quality drugs in select countries;
3. Describe the characteristics and potential dangers of counterfeit drugs;
4. Counsel patients on safety measures to best avoid counterfeit drugs when traveling.
5. Access useful websites and Traveling and Customs Guidelines for foreign travel.

CENTERS FOR DISEASE CONTROL & PREVENTION THE PRE-TRAVEL CONSULTATION

PERSPECTIVES: PHARMACEUTICAL QUALITY & FALSIFIED DRUGS

- Michael D. Green

The quality of medicines available outside the United States should not always be taken for granted. In many countries, national drug regulatory authorities lack the resources to effectively monitor drug quality and keep poor-quality pharmaceuticals off the market. These poor-quality drugs include falsified (the product's identity or source is falsely represented), counterfeit (a product bearing an unauthorized representation of a registered trademark), and substandard (a medicine not conforming to the specifications set by an accepted pharmacopeia) medications.

Poor-quality medicines also include products that are not stored correctly, such that high temperature and humidity can alter the chemical composition. These drugs are an international problem contributing to illness, toxicity, drug resistance, and death.

Although this problem exists on a worldwide scale, reliable global estimates of its prevalence are scarce because consensus is lacking on harmonized international definitions of poor-quality medicines and surveillance methods. Recent survey studies of antimicrobial drug quality in Africa and Southeast Asia revealed that 9%–41% failed quality specifications.

Previous reports have shown that global estimates of drug counterfeiting range from 1% of sales in developed countries to >10% in developing countries. In specific regions in Africa, Asia, and Latin America, chances of purchasing a counterfeit drug may be >30%.

Since counterfeit drugs are not made by the legitimate manufacturer and are produced under unlawful circumstances, toxic contaminants or lack of proper ingredients may cause serious harm. For example, the active pharmaceutical ingredient may be completely lacking, present in small quantities, or substituted by a less effective compound.

In addition, the wrong inactive ingredients (excipients) can contribute to poor drug dissolution and bioavailability. As a result, a patient may not respond to treatment or may have adverse reactions to unknown substituted or toxic ingredients.

Before international departure, travel health care providers should alert travelers to the dangers of counterfeit and substandard drugs and provide suggestions on how to avoid them.

#1 ACTIVE LEARNING QUESTION:

Poor-quality drugs in foreign countries may include falsified, _____, and substandard medications.

HOW TO AVOID COUNTERFEIT DRUGS WHEN TRAVELING

The best way to avoid counterfeit drugs is to reduce the need to purchase medications abroad. Anticipated amounts of medications for chronic conditions (such as hypertension, sinusitis, arthritis, and hay fever), medications for gastroenteritis (such as travelers' diarrhea), and prophylactic medications for infectious diseases (such as malaria) should all be purchased before traveling.

Purchasing these drugs via the Internet is not recommended, since the source of the medicines is always questionable. The traveler should also be aware that other health-related items such as medical devices, mosquito nets, and insect repellents could also be counterfeit, falsified, or substandard.

Before departure, travelers should do the following:

- Obtain all medicines and other health-related items needed for the trip in advance. Prescriptions written in the United States usually cannot be filled overseas, and over-the-counter medicines may not be available in many foreign countries. Checked baggage can get lost; therefore, travelers should pack as much as possible in a carry-on bag and bring extra medicine in case of travel delays.
- Make sure medicines are in their original containers. If the drug is a prescription, the patient's name and dose regimen should be on the container.

Bring the *patient prescription information* sheet. This sheet provides information on common generic and brand names, use, side effects, precautions, and drug interactions.

Many countries have restrictions on medicines (including over-the-counter medications) entering their borders. Check with the embassies of your destination countries for prohibited items. A listing of foreign embassies and consulates in the United States is available on the Department of State's website at www.state.gov/s/cpr/32122.htm.

If travelers run out and require additional medications, they should take steps to ensure the medicines they buy are safe:

- Obtain medicines from a legitimate pharmacy. Patients should not buy from open markets, street vendors, or suspicious-looking pharmacies; they should request a receipt when making the purchase. The US embassy may be able to help find a legitimate pharmacy in the area.
- Do not buy medicines that are substantially cheaper than the typical price. Although generics are usually less expensive, many counterfeit brand names are sold at prices substantially lower than the normal price for that particular brand.
- Make sure the medicines are in their original packages or containers. If travelers receive medicines as loose tablets or capsules supplied in a plastic bag or envelope, they should ask the pharmacist to see the container from which the medicine was originally dispensed. The traveler should record the brand, batch number, and expiration date. Sometimes a wary consumer will prompt the seller into supplying quality medicine.
- Be familiar with medications. The size, shape, color, and taste of counterfeit medicines may be different from the authentic. Discoloration, splits, cracks, spots, and stickiness of the tablets or capsules are indications of a possible counterfeit. These defects may also indicate improper storage. Travelers should keep examples of authentic medications to compare if they purchase the same brand.
- Be familiar with the packaging. Different color inks, poor-quality print or packaging material, and misspelled words are clues to counterfeit drugs. Travelers should keep an example of packaging for comparison and observe the expiration date.

If the authentic packaging is not available or if you are not familiar with the brand, compare the distinguishing features of the package with that of the insert or blister pack. For example, batch/lot numbers, manufacturing date, and expiration date should match.

CONTINUING EDUCATION *for* PHARMACISTS

#2 ACTIVE LEARNING QUESTION - PURCHASING MEDICINES IN A FOREIGN COUNTRY:

Select the one incorrect travel tip below.

- A. It is always recommended to purchase medicines that are in their original container.
- B. Do not buy medicines that are substantially cheaper in foreign countries, unless they are generics.
- C. Do not purchase medicines from open markets, street vendors, or suspicious looking pharmacies.
- D. Different color inks, poor-quality print or packaging material, and misspelled words are clues to counterfeit drugs.

USEFUL WEBSITES: General Information about Counterfeit Drugs

CDC: wwwnc.cdc.gov/travel/page/counterfeit-medicine

World Health Organization: www.who.int/mediacentre/factsheets/fs275/en

Food and Drug Administration: www.fda.gov/Drugs/Drug-Safety/ucm170314.htm

US Pharmacopeia: www.usp.org/worldwide

TRAVELING & CUSTOMS GUIDELINES

Researching what travelers can pack and bring back into the United States, especially for travelers with disabilities and medical conditions, is helpful in preparing for travel.

Transportation Security Administration: www.tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions

Customs and Border Protection: help.cbp.gov/app/answers/detail/a_id/1160/kw/medication

BIBLIOGRAPHY

1. Gaurvika ML, Nayyar JG, Bremen JG, Herrington JE. The global pandemic of falsified medicines: laboratory and field innovations and policy perspectives. *Am J Trop Med Hyg* 2012 Jun;92(6 suppl):2-7.
2. Institute of Medicine. Countering the problem of falsified and substandard drugs. Washington, DC: The National Academics Press; 2013 Feb.

World Health Organization. Medicines: counterfeit medicines [fact sheet no. 275]. Geneva: World Health Organization; 2012 [cited 2016 Sep. 22]; Available from: www.who.int/mediacentre/factsheets/fs275/en/.

Perspectives sections are written as editorial discussions aiming to add depth and clinical perspective to the official recommendations contained in the book. The views and opinions expressed in this section are those of the author and do not necessarily represent the official position of CDC.

DIRECTIONS

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

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

Disclosure: *The developers and reviewers of this course have had no financial relationships with any commercial entities having a vested interest in this topic.*

Pharmacist Consult: CDC - Counseling & Advice for Travelers on Pharmaceutical Quality and Falsified Drugs

Learning Assessment - Post-test
Select **ALL** correct answers for each question

1. Poor-quality drugs, as classified by the CDC, refer to medicines which are:
 - A. Falsely labeled
 - B. Counterfeit
 - C. Substandard
 - D. Illegal street drugs
2. Poor-quality medicines may contribute to:
 - A. Illness
 - B. Toxicity
 - C. Drug resistance
 - D. Death
3. Antimicrobial drug quality in Africa and SE Asia have failed past drug quality specifications at rates ranging from _____.
 - A. 1% - 2%
 - B. 9% - 41%
 - C. 50% - 60%
 - D. 80% - 90%
4. Global estimates of drug counterfeiting indicate a >10% prevalence in developing countries.
 - A. True
 - B. False
5. The best way to avoid counterfeit drugs when traveling is to purchase them on the internet.
 - A. True
 - B. False
6. Many countries have restrictions on medicines (including OTCs) entering their borders.
 - A. True
 - B. False
7. A slightly different size, shape, color, or taste of a medicine are important indicators of a possible counterfeit product:
 - A. True
 - B. False
8. Different color inks, poor-quality print or packaging material, and misspelled words are clues to counterfeit drugs.
 - A. True
 - B. False
9. Purchasing brand name medicines in a foreign country that are substantially cheaper is generally regarded as an unsafe practice.
 - A. True
 - B. False
10. According to the U.S. Customs and Border Protection, when re-entering the United States, if a traveler's medications or devices are not in their original containers, they must have a copy of the prescription with them or a letter from their doctor.
 - A. True
 - B. False

CONTINUING EDUCATION for PHARMACISTS

Pharmacist Consult: CDC - Counseling & Advice for Travelers on Pharmaceutical Quality and Falsified Drugs

Knowledge-based CPE

To receive 1.0 Contact Hours (0.1 CEUs) of continuing education credit, preview and study the attached article and answer the 10-question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of at least 70% is required to earn credit for this course. If a score of 70% (7/10) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.



The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-0000-19-056-H05-P.

Learning Objectives - Pharmacists: 1. Name the primary characteristics of poor-quality drugs in foreign markets; 2. Evaluate the estimates of prevalence of poor-quality drugs in select countries; 3. Describe the characteristics and potential dangers of counterfeit drugs; 4. Counsel patients on safety measures to best avoid counterfeit drugs when traveling; 5. Access useful websites and Traveling and Customs Guidelines for foreign travel.

Circle the Correct Answer: 1. A B C D 3. A B C D 5. A B 7. A B 9. A B
2. A B C D 4. A B 6. A B 8. A B 10. A B

Course Evaluation: must be completed for credit.

	DISAGREE					AGREE				
	1	2	3	4	5	6	7	8	9	10
Material was effectively organized for learning:	1	2	3	4	5	6	7	8	9	10
Content was timely and applicable for re-licensing / recertification:	1	2	3	4	5	6	7	8	9	10
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7	8	9	10

List any learning objectives above not met in this course: _____

List any important points that you believe remain unanswered: _____

Course material was evidence-based, balanced, noncommercial: 1 2 3 4 5 6 7

List any details relevant to commercialism: _____

Learning assessment questions appropriately measured comprehension 1 2 3 4 5 6 7

Length of time to complete course was reasonable for credit assigned 1 2 3 4 5 6 7

(Approximate amount of time to preview, study, complete and review this 1.0 hour CE course: _____)

Comments: List any future CE topics of interest (and related skill needs): _____

NAME: _____ RPH LICENSE #: _____ TECHNICIAN #: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ PH: _____ INTEREST IN ADDITIONAL CE COURSES? Y / N

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

Course release date: November 29, 2019 / Expiration date: November 29, 2022 / Target audience: Pharmacists

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

FINANCIAL FORUM

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

Why Do You Need A Will?

It may not sound enticing, but creating a will puts power in your hands.

According to the global analytics firm Gallup, only about 44% of Americans have created a will. This finding may not surprise you. After all, no one wants to be reminded of their mortality or dwell on what might happen upon their death, so writing a last will and testament is seldom prioritized on the to-do list of a Millennial or Gen Xer. What may surprise you, though, is the statistic cited by personal finance website The Balance: around 35% of Americans aged 65 and older lack wills.^{1,2}

A will is an instrument of power. By creating one, you gain control over the distribution of your assets. If you die without one, the state decides what becomes of your property, with no regard to your priorities. A will is a legal document by which an individual or a couple (known as *testator*) identifies their wishes regarding the distribution of their assets after death. A will can typically be broken down into four parts:

***Executors:** Most wills begin by naming an executor. Executors are responsible for carrying out the wishes outlined in a will. This involves assessing the value of the estate, gathering the assets, paying inheritance tax and other debts (if necessary), and distributing assets among beneficiaries. It is recommended that you name an alternate executor in case your first choice is unable to fulfill the obligation. Some families name multiple children as co-executors, with the intention of thwarting sibling discord, but this can introduce a logistical headache, as all the executors must act unanimously.^{2,3}

***Guardians:** A will allows you to designate a guardian for your minor children. The designated guardian you appoint must be able to assume the responsibility. For many people, this is the most important part of a will. If you die without naming a guardian, the courts will decide who takes care of your children.

***Gifts:** This section enables you to identify people or organizations to whom you wish to give gifts of money or specific possessions, such as jewelry or a car. You can also specify conditional gifts, such as a sum of money to a young daughter, but only when she reaches a certain age.

***Estate:** Your estate encompasses everything you own, including real property, financial investments, cash, and personal possessions. Once you have identified specific gifts you would like to distribute, you can apportion the rest of your estate in equal shares among your heirs, or you can split it into percentages. For example, you may decide to give 45% each to two children and the remaining 10% to your sibling.

A do-it-yourself will may be acceptable, but it may not be advisable. The law does not require a will to be drawn up by a professional, so you could create your own will, with or without using a template. If you make a mistake, however, you will not be around to correct it. When you draft a will, consider enlisting the help of a legal, tax, or financial professional who could offer you additional insight, especially if you have a large estate or a complex family situation.

Remember, a will puts power in your hands. You have worked hard to create a legacy for your loved ones. You deserve to decide how that legacy is sustained.

CITATIONS:
1 - <https://news.gallup.com/poll/191651/majority-not.aspx> [4/24/18]
2 - <https://www.thebalance.com/wills-4073967> [4/24/18]
3 - <https://www.nolo.com/legal-encyclopedia/naming-more-one-executor.html> [12/3/18]

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PHARMACY & THE LAW

By Don. R. McGuire Jr., R.Ph., J.D.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

Controlled Substances

The opioid crisis has brought a lot of attention to the prescribing and dispensing of opioids. This attention has also extended to the prescribing and dispensing of all controlled substances. I recently attended a seminar which contained a number of sessions on opioids and controlled substances. One of these sessions suggested that every pharmacist should read the DEA's Pharmacist's Manual. That suggestion caused me to ask myself when was the last time I had read it. One human trait is that we tend to forget details over time and our memory becomes a little less sharp. There have been a number of times when I was sure what a contract provision said, only to go back, read the document, and find that what it stated was slightly different from my memory. This same phenomenon applies to the Pharmacist's Manual. The manual is about 80 pages, but it is much more readable than the actual statute and regulations.

The speaker at the seminar explained that many pharmacists feel their duty is to make sure that a controlled substance prescription isn't forged or altered. While that is true, the duty is much broader. For a controlled substance prescription to be valid, it must be issued for a legitimate medical purpose in the usual course of the prescriber's professional practice. The law does not require a pharmacist to dispense a questionable prescription. The DEA has provided some red flags that may indicate diversion. Those are discussed in 2018 decision and order. Corresponding Responsibility is a topic that requires its own forum so I won't delve more deeply into it now.

The Pharmacist's Manual contains information on a number of topics. Besides a basic introduction to the Schedules, there is a lot of practical information in the manual. There is a section on the transfer and disposal of controlled substances. This covers transfer to another pharmacy, the original manufacturer, or a reverse distributor. There are numerous reminders to use the triplicate DEA Form 222 to transfer Schedule II substances. Another reason to refresh our memories periodically is that requirements change and if we rely only on our memories, we may not be current. The DEA recently announced the phase out of the triplicate form over the next two years.

The DEA Form 222 is also mentioned in the section of the manual on ordering of controlled substances. Topics here include how to order the Form 222, who is authorized to sign the forms, and what to do if the forms are lost or stolen. The manual also contains useful information on what to do when controlled substances are stolen or lost. The DEA must be notified, in writing, within one business day of the discovery of the theft or loss. Completion of the DEA Form 106 in this situation can be made easier by using the biennial inventory and prescription records because you can use these records to determine how much product was stolen or lost. There is also an entire section of recordkeeping requirements. While many pharmacies

are using a perpetual inventory system today, that does not replace the required biennial inventories. Physical inventories are required for a new registrant (either opening a new pharmacy or taking over an existing one) and for products that are newly added to a schedule.

The manual also contains helpful information for the review and dispensing of controlled substance prescriptions. It provides what information is required to be on the prescription itself and the information required to be on the prescription label. Partial fill situations are addressed as is the dispensing of controlled substances without a prescription. The record of over the counter sales of controlled substances is required to be kept in a bound record book. These types of sales must be made by a pharmacist and cannot be delegated to a non-pharmacist. While the manual contains a lot of practical information, there are some uncommon provisions also. Sometimes these less common situations are problem-prone because we aren't as familiar with the situation. Suppose one of your patients has a valid prescription for a C-IV medication and requests that you send a refill to their vacation home in Bermuda. Can you send that refill to a foreign country? Not unless you are registered with the DEA as an exporter and have obtained the necessary permits or submitted the necessary declarations for export. The pharmacist might assume it is permissible to send the refill because there is a valid prescription on file. This is an example where a seemingly reasonable conclusion is incorrect.

The periodic review of the DEA's Pharmacist's Manual is a good risk management tool. During my years of practice, none of my employers recommended or required that I review it. My working knowledge of the DEA regulations was what I drew from my pharmacy law class and any updates that I may have read and retained. Given the scrutiny that is currently being given to the dispensing of controlled substances, an annual review of the Pharmacist's Manual is an excellent risk management tool to help the pharmacist and pharmacy avoid a potential problem brought on by foggy memory of the requirements. In addition, a review of your state statutes and regulations should also be done because your state may have more restrictive standards which you are required to follow.

¹ https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.pdf
² https://www.deadiversion.usdoj.gov/fed_regs/actions/2018/fr0220_4.pdf#search=red%20flag%20diversion

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

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

Pharmacy

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FEBRUARY 7-9, 2020

• HILTON DES MOINES DOWNTOWN •

- **16.5 hrs** of CPE for Pharmacists
- **10 hrs** of CPE for Pharmacy Technicians
- Clinically Intensive Workshops (Friday, Feb. 7)
- Keynote on Strategies to Connect & Engage a Multi-Generational Team from Ryan Jenkins
- Networking with colleagues from across the Midwest
- 4 distinct, relevant & high quality CPE Tracks



See the full agenda & register at:
www.MidwestPharmacyExpo.com



'Intense' Friday Again Highlights Exciting Expo Agenda

Join pharmacists, pharmacy technicians and student pharmacists from across the Midwest for the region's premier live continuing pharmacy education event. This year's Expo features an agenda packed with timely and import CPE topics, plus a few new wrinkles.

16.5 hours of CPE for Pharmacists

Friday features Clinically Intensive Workshops with high-level clinical programming designed for pharmacists with advanced certifications or those interested in obtaining certification.

On Expo Saturday, choose sessions from four tracks – Innovative Practice, Challenging Cases, Nutrition/Wellness, Professional Roles & Skills – covering topics like being intentional with your development, challenges in internal medicine, rural pharmacy practice, geriatric cases and how social determinants influence patient decisions.

For Technicians

In a Midwest Pharmacy Expo first, pharmacy technicians will be fully integrated with pharmacists during Saturday's CPE breakout sessions with a slate of dually accredited sessions. Learn, connect and be inspired with your pharmacist and pharmacy technician peers while earning 10 hours of CPE together over two days.

Saturday morning will start off with a pharmacy technician only breakfast sponsored by PTCB. They will provide breakfast, networking and an opportunity to learn from a panel of your colleagues about their current advanced pharmacy technician roles.

Following the Saturday keynote, choose between two topics each session from three different tracks – Innovative Practice, Nutrition/Wellness, and Professional Roles & Skills – covering topics like being intentional with your development, Technician Product Verification, how social determinants influence patient decisions and more!

As always, Expo will wrap on Sunday with two traditional favorites – New Drug Update and Gamechangers sandwiching a pharmacy law session on Drug Shortages.

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*UDENYCA® wholesale acquisition cost (WAC) of \$4175 per prefilled syringe vs Neulasta® WAC of ~\$6200 per prefilled syringe.

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UDENYCA® is a leukocyte growth factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Limitations of Use

UDENYCA® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION: Patients with a history of serious allergic reaction to human granulocyte colony-stimulating factors such as pegfilgrastim or filgrastim products.

WARNINGS AND PRECAUTIONS:

- **Fatal splenic rupture:** Evaluate patients who report left upper abdominal or shoulder pain for an enlarged spleen or splenic rupture.
- **Acute respiratory distress syndrome (ARDS):** Evaluate patients who develop fever, lung infiltrates, or respiratory distress. Discontinue UDENYCA® in patients with ARDS.

- **Serious allergic reactions, including anaphylaxis:** Permanently discontinue UDENYCA® in patients with serious allergic reactions.

- **Fatal sickle cell crises:** Have occurred.

- **Glomerulonephritis:** Evaluate and consider dose-reduction or interruption of UDENYCA® if causality is likely.

ADVERSE REACTIONS: Most common adverse reactions (≥ 5% difference in incidence compared to placebo) are bone pain and pain in extremity.

To report SUSPECTED ADVERSE REACTIONS, contact Coherus BioSciences at 1-800-4-UDENYCA (1-800-483-3692) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Brief Summary of Prescribing Information on the following page.

References: 1. UDENYCA® (pegfilgrastim-cbqv) package insert. Redwood City, CA: Coherus BioSciences, Inc., 2019. 2. First Databank, Inc. Pricing Compendia. 3. Data on file. Coherus BioSciences, Inc., 2018.

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UDENYCA®

(pegfilgrastim-cbqv)

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

The following is a brief summary of the Full Prescribing Information and does not include all the information needed to use UDENYCA® (pegfilgrastim-cbqv) injection safely and effectively. See Full Prescribing Information for UDENYCA®.

UDENYCA® (pegfilgrastim-cbqv) injection, for subcutaneous use

INDICATION: UDENYCA® is a leukocyte growth factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. (See Section 1 of the Full Prescribing Information.)

Limitations of Use

UDENYCA® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation. (See Section 1 of the Full Prescribing Information.)

CONTRAINDICATION: Patients with a history of serious allergic reaction to human granulocyte colony-stimulating factors such as pegfilgrastim or filgrastim products. (See Section 4 of the Full Prescribing Information.)

WARNINGS AND PRECAUTIONS:

Fatal splenic rupture: Evaluate patients who report left upper abdominal or shoulder pain for an enlarged spleen or splenic rupture. (See Section 5.1 of the Full Prescribing Information.)

Acute respiratory distress syndrome (ARDS): Evaluate patients who develop fever, lung infiltrates, or respiratory distress. Discontinue UDENYCA® in patients with ARDS. (See Section 5.2 of the Full Prescribing Information.)

Serious allergic reactions, including anaphylaxis: Permanently discontinue UDENYCA® in patients with serious allergic reactions. (See Section 5.3 of the Full Prescribing Information.)

Fatal sickle cell crises: Have occurred. (See Section 5.4 of the Full Prescribing Information.)

Glomerulonephritis: Evaluate and consider dose-reduction or interruption of UDENYCA® if causality is likely. (See Section 5.5 of the Full Prescribing Information.)

ADVERSE REACTIONS: Most common adverse reactions (≥ 5% difference in incidence compared to placebo) are bone pain and pain in extremity. (See Section 6.1 of the Full Prescribing Information.)

To report SUSPECTED ADVERSE REACTIONS, contact Coherus BioSciences at 1-800-4-UDENYCA (1-800-483-3692) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Manufactured by:
Coherus BioSciences, Inc.
Redwood City, CA 94065-1442



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0419-UDY-P103r1

OBITUARIES

Laurie Ann Tidemann



LAURIE ANN TIDEMANN went to her heavenly home after a hard-fought battle with brain cancer. She passed away peacefully at Dougherty Hospice House surrounded by her parents on Christmas morning, December 25th, 2019.

She was born to Merlyn and Judy Tidemann in Orlando, Florida on June 29, 1968. She lived in Florida, Montana, and

North Dakota, before her family moved to South Dakota. She enlisted into the South Dakota Air National Guard in January 1986 and graduated from Baltic High School in May 1986. She attended South Dakota State University and graduated with a Bachelor of Science in Pharmacy in May 1991. Laurie then moved to Phoenix, AZ and worked as a pharmacist for Walgreens. She moved back to Sioux Falls and began working as a Pharmacist for Lewis Drug in the Spring of 1992. Her Pharmacy career then took her to Wal Mart in 1993, followed by Cigna in October 2002 where she worked until her illness. Laurie was a member of the South Dakota Air National Guard for over 33 years, commissioned as a 2nd Lieutenant in 1998 and retiring as a Colonel in June 2019. She enjoyed spending time with her family and friends, reading, laughing, going to movies, golfing, and SDSU football. Laurie had a passion for animals and was a supporter of many such organizations.

Laurie will be remembered by many for her infectious laughter, hilarious sense of humor, smile and caring personality.

She is survived by her mother Judy, father Merlyn (Barbara), a sister Lisa, a brother Eric, nephew Brady and niece Emma, maternal grandmother, Dorothy Sather, and her extended family. She was preceded in death by her three grandparents.

She will be deeply missed by all who knew and loved her. Visitation will be Thursday, January 2, 2020 with family present from 5pm to 7pm at Heritage Funeral Home, Sioux Falls, South Dakota. Funeral service will begin at 2 pm on Friday, January 3, 2020 at Central Church. In lieu of flowers, memorials may be directed to the Sioux Falls Area Humane Society or Central Church. www.heritagesfsd.com

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