New Registered Pharmacists

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Ashley Landenberger; Ryan Rekow; Stephanie Petersen; Ian Alverson; Elizabeth Bohls; Elliot Hinricher; Jacob Hobbs; Brandon Kirchner; Ashley Kling; Brianna Siefkes; Rhiana Tuchscherer; John Weitgenant; Ashley Barta; Anna Cutler; Marisa Erlandson; Angela Pepin; Joshua Holstein; Stephanie Jones; Bruce Jorgensen; Michael Magbuhat; Jillian Tucek; Kacie Bohlken; Timothy Magnuson; Sarah Neuhauser; Melissa Olson; Kelsey Oye; Randi Sandbulte; Emily Vitek; Terry Hoffman; Rachel Lebrun; Jennifer Sheeley; Sara Solem; Lisa Becker; Eldon Edge; Kara Estabrook; Carrie Jansen; Marie Potthoff; Andera Roche; Joseph Rose; Corrie Thurmer; Nathaniel Ehni; Lance Linderman; Jonathon Nickolas; Laura Garza; Walter Phelps; Amanda Schmig; James Sherman; Amy Brandner; Reina Bruinsma; Jessica Nelson; Christopher Reynolds; Hillary Siebels; Timothy Hebeck; Erik Lambrecht; Lindsay Neugebauer; Beth Sundahl; Alexandra Saastad; Scott Fjeldheim; Andrew Zwack; Jenifer Abramson; Jordan Baye; Katie Hagen; Greg Wollman; Clay Sloan; Donna McPherson; Daniel Shin; Kelli Shaw; and Kristine Stultz.

New Pharmacies

Pharmacy licenses have been issued recently to Avera Medical Group McHale Institute – Sioux Falls, SD, Tom Johnson, pharmacist-in-charge (PIC); Avera ePharmacy – Sioux Falls, Andrea Darr, PIC; and Wal-Mart Pharmacy 10-3872 – Rapid City, SD, Alex Chmura, PIC.

Board Staff

Kari Shanard-Koenders began as the Prescription Drug Monitoring Program (PDMP) director on July 30. Kari brings a diverse pharmacy background to the office. Most recently Kari’s experience includes an extensive background in long-term care pharmacy. The South Dakota State Board of Pharmacy is excited to have Kari on staff as Ron Huether transitions fully into his retirement.

Medication Reconciliation

Medication reconciliation is extremely important to avoid errors. In an August Drug Topics article, it noted that almost half of patients discharged from the acute geriatric department of a hospital had one or more discrepancies on their medication information at discharge. It is important to put a process in place to be sure a patient’s medication list at discharge from the hospital is the same information that is provided to the primary care physician to avoid errors. To view the entire article, visit http://drugtopics.modernmedicine.com, and search for the article titled “Medication reconciliation important to avoid errors.”

Notes from Inspectors

Board inspector staff would like to make the following comments. If you have questions, please contact your inspector or the Board office.

1. For those pharmacies that have a freezer, please remember to record/log the temperature. If you need a form to record this information, please contact the Board or your inspector and they can supply you with one.

2. Combat Meth Certificate: please check the expiration date of the certificate. Inspectors continue to find certificates that have expired.

3. Random Audits: inspectors and the Board encourage all pharmacies to conduct random audits on controlled substances.

Prescription Drug Monitoring Program Update

South Dakota pharmacies and nonresident pharmacies licensed by the Board are very responsive in complying with the requirement to submit prescription information to the South Dakota PDMP. The Board has also signed a memorandum of understanding with the National Association of Boards of Pharmacy® (NABP®) for the NABP PMP InterConnect® platform. This will allow pharmacists and
AHRQ Toolset Can Assist Pharmacies Using e-Prescribing

A toolset released by the Agency for Healthcare Research and Quality (AHRQ) can assist independent pharmacies with the implementation of e-prescribing and may also provide useful guidance to those pharmacies already using e-prescribing. The toolset for independent pharmacies consists of seven chapters that provide guidance and information on topics ranging from planning the implementation process and launching the system, to troubleshooting common problems and moving into more advanced pharmacy services, states AHRQ. Flyers for use in communicating the launch to patients, templates for communicating with providers about the launch, tools for assessing pharmacy workflow, and a spreadsheet to determine return-on-investment, among other tools, are also available to pharmacies. The toolset can be downloaded from the AHRQ Web site at http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/a_toolset_for_e-prescribing_implementation_in_independent_pharmacies/30595.

FDA Database Provides Information on Pediatric Medications

A Food and Drug Administration (FDA) database provides information on pediatric medications, making it easier for both health care providers and caregivers to locate this information. The Pediatric Labeling Information Database is a one-stop resource, where providers and caregivers can search for information by the product’s commercial or chemical name, or by the condition for which it was studied. The database was developed by FDA’s Office of Pediatric Therapeutics (OPT), in collaboration with the Center for Drug Evaluation and Research. The OPT also provides a Safety Reporting page with information on products that have been tied to safety problems that specifically relate to children. Additional information and a link to the database is available in the Consumer Updates section of the FDA Web site at www.fda.gov/ForConsumers/ConsumerUpdates/ucm305040.htm.

Inattentional Blindness: What Captures Your Attention?

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP and publishes its recommendations. To read about the risk reduction and regulators, gathers expert opinion about prevention measures, ISMP then makes appropriate contacts with companies and regulations, gathers expert opinion about prevention measures, publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP and publishes its recommendations. To read about the risk reduction and regulators, gathers expert opinion about prevention measures, ISMP then makes appropriate contacts with companies and regulations, gathers expert opinion about prevention measures, publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP and publishes its recommendations. To read about the risk reduction and regulators, gathers expert opinion about prevention measures, ISMP then makes appropriate contacts with companies and regulations, gathers expert opinion about prevention measures, publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP and publishes its recommendations. To read about the risk reduction and regulators, gathers expert opinion about prevention measures, ISMP then makes appropriate contacts with companies and regulations, gathers expert opinion about prevention measures, publishes its recommendations.

Inattentional blindness is more likely to occur if part of your attention is diverted to secondary tasks, as in answering the phone while entering prescriptions into the computer, or even thinking about your dinner plans while transcribing an order.

Low workload causes boredom and reduces the mental attention given to tasks, as does counting out medication. We spend a large majority of our waking life functioning with the equivalent of an automatic pilot, with occasional conscious checks to ensure tasks are being carried out properly. This makes us particularly prone to inattentional blindness.

Our past experiences also teach us what is relevant. Errors occur when new or unusual circumstances happen in highly familiar situations. The pharmacist who did not notice important information on a computer warning had rarely encountered a clinically significant computer alert. The pharmacist had subconsciously learned that there was nothing important to see when reading alerts. Nothing had ever happened, so attention was automatically filtered away from the details to conserve mental processing.

Conspicuity is the degree to which an object or piece of information “jumps out” and captures your attention. The best way to achieve this effect is through use of contrast, color, or shape to call attention to differences in packaging or text.

It is difficult to reduce the risk of inattentional blindness, as it is an involuntary and unnoticed consequence of our adaptive ability to defend against information overload. Error-reduction strategies such as education, training, and rules are of little value. Instead, efforts should center on increasing conspicuity of critical information, and decreasing diversions of attention and secondary tasks when carrying out complex tasks.


Know Your Dose Game Teaches Safe Acetaminophen Use

As part of the Know Your Dose campaign, the Acetaminophen Awareness Coalition has developed an interactive educational game to teach safe use of acetaminophen. The game not only answers some of the most common questions surrounding the safe use of acetaminophen, it gives an engaging face to the issue. The game, available on the
Know Your Dose Web site at www.knowyourdose.org/game, invites consumers to follow three characters through a typical day of aches and pains while helping the characters learn how to take medicine that contains acetaminophen safely.

**Contraception Products Sold Online With No Prescription Required, Endangering Public Health**

Health care providers should help to educate patients about the risks of prescription contraceptive products marketed online as “no prescription” and “over-the-counter” products, pharmaceutical security researchers conclude. A study by these researchers found that Google searches returned results for prescription contraceptive products such as injections, oral contraceptives, and patches, as well as intrauterine devices (IUDs). All of these products were marketed as available without a prescription and researchers found that sellers provided links to YouTube videos with IUD instructions. The researchers also found that these products were being promoted on social media channels, including Facebook, Twitter, SlideShare, and Flickr. Researchers Bryan A. Liang, MD, JD, PhD, Tim K. Mackey, MAS, and Kimberly M. Lovett, MD, conclude that such online contraceptive sales represent patient safety risks and also suggest that policy makers should “employ legal strategies to address these systemic risks.” The study, “Suspect Online Sellers and Contraceptive Access,” is available in the May 25, 2012 issue of Contraception.

**New FDA Drug Info Rounds Training Video**

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, available at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm313768.htm, pharmacists discuss the Accelerated Approval Program and how FDA helps make new, potentially lifesaving drugs available more quickly. Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

**FDA Resources Help Raise Awareness About Health Fraud Scams**

To help raise consumer awareness about health fraud scams, FDA provides numerous educational resources in the Health Fraud Scams section of its Web site. Educating consumers on how to avoid such scams, FDA videos present information on various types of fraudulent products such as fake diet, sexual enhancement, and body building devices. Consumers can also access information about specific products that are the subject of FDA warning letters, recalls, public notifications, and safety alerts. FDA news releases related to health fraud are also accessible through this section of the Web site.

**NABP Accepting Award Nominations for 109th Annual Meeting**

The National Association of Boards of Pharmacy® (NABP®) is currently accepting nominations for the Association’s 2013 awards that will be presented during the 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO.

Nominations are currently being accepted for the following awards: 2013 Lester E. Hosto Distinguished Service Award (DSA), 2013 NABP Honorary President, 2013 Fred T. Mahaffey Award, and 2013 John F. Atkinson Service Award.

Nominations for these awards must be received at NABP Headquarters no later than December 31, 2012. New this year, individuals wanting to submit a nomination will be asked to fill out and complete a nomination form, which may be accessed by visiting the Meetings section on the NABP Web site at www.nabp.net/meetings. Criteria for award nominees will also be posted to the Web site. Nomination forms should be sent to the NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. Directions for electronic submission will be available on the online form. The NABP Executive Committee will review the nominations and select the award recipients.

For more information, please contact the NABP Executive Office via e-mail at exec-office@nabp.net.

**NABP Looking for Exam and Assessment Item Writers**

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination®, the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination®, the Pharmacy Curriculum Outcomes Assessment®, and the Pharmacist Assessment for Remediation Evaluation®. Pharmacists in all areas of practice, and faculty from schools and colleges of pharmacy are encouraged to apply. Interested individuals should e-mail, fax, or mail a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a résumé or curriculum vitae:

- via e-mail at exec-office@nabp.net;
- via fax at 847/391-4502; or
- via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net. Additional information may also be found in the August 2012 NABP Newsletter.

![CPE Monitor](https://www.nabp.net/assets/images/CPE_Monitor.png)

**CPE Monitor** integration is underway. Soon all Accreditation Council for Pharmacy Education (ACPE)-accredited providers will require you to submit your NABP e-Profile ID, assigned when you set up your NABP e-Profile, along with your date of birth (MMDD), in order to obtain continuing pharmacy education (CPE) credit for any ACPE-accredited activity. Many have already begun to do so. Visit [www.MyCPEmonitor.net](http://www.MyCPEmonitor.net) to set up your e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.
prescribers the ability to access prescription data in those states that have agreed to participate. Some states’ laws and rules prevent the electronic sharing of data across state lines; however, NABP staff has offered assistance to those states if a legislative change is needed.

As of August 14, 2012, there are over one million prescriptions in the database. Many pharmacists have helped our staff reach out to prescribers and encourage them to request online access. Currently 406 pharmacists and 525 prescribers have been approved to access the South Dakota PDMP database.

Top 10 Controlled Substances in South Dakota by Number of Doses Dispensed: January 1, 2012 to August 14, 2012

<table>
<thead>
<tr>
<th>2012 Most Prescribed Drugs</th>
<th>Prescriptions</th>
<th>Quantity</th>
<th>Quant/Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone/APAP</td>
<td>173,770</td>
<td>9,758,303</td>
<td>56</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>60,636</td>
<td>1,928,997</td>
<td>32</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>50,874</td>
<td>2,394,217</td>
<td>47</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>44,061</td>
<td>2,720,830</td>
<td>62</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>34,614</td>
<td>2,000,337</td>
<td>58</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>29,509</td>
<td>1,337,890</td>
<td>45</td>
</tr>
<tr>
<td>Amphetamine Salts</td>
<td>26,990</td>
<td>1,206,322</td>
<td>45</td>
</tr>
<tr>
<td>Oxycodone/APAP</td>
<td>26,616</td>
<td>1,620,729</td>
<td>61</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>25,085</td>
<td>2,078,989</td>
<td>83</td>
</tr>
<tr>
<td>APAP/Codeine</td>
<td>22,728</td>
<td>874,652</td>
<td>38</td>
</tr>
</tbody>
</table>

Pharmacists are encouraged to use information from the South Dakota PDMP when dispensing controlled drug prescriptions to patients. You may register for online access by visiting the following Web site: www.hidinc.com/sdpmp.

Please call the Board office if you have any questions about this very important program.

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**Board Meeting Dates**

Please check the Board’s Web site for the time, location, and agenda for future Board meetings.

**Board of Pharmacy Staff Directory**

<table>
<thead>
<tr>
<th>Office Phone</th>
<th>605/362-2737</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>605/362-2738</td>
</tr>
<tr>
<td>Randy Jones, Executive Director</td>
<td><a href="mailto:randy.jones@state.sd.us">randy.jones@state.sd.us</a></td>
</tr>
<tr>
<td>Kari Shanard-Koenders, PDMP Director</td>
<td><a href="mailto:kari.shanard-koenders@state.sd.us">kari.shanard-koenders@state.sd.us</a></td>
</tr>
<tr>
<td>Gary Karel, Pharmacy Inspector</td>
<td><a href="mailto:gary.karel@state.sd.us">gary.karel@state.sd.us</a></td>
</tr>
<tr>
<td>Paula Stotz, Pharmacy Inspector</td>
<td><a href="mailto:paula.stotz@state.sd.us">paula.stotz@state.sd.us</a></td>
</tr>
<tr>
<td>Melanie Houg, Secretary</td>
<td><a href="mailto:melanie.houg@state.sd.us">melanie.houg@state.sd.us</a></td>
</tr>
<tr>
<td>Jony Bruns, PDMP Assistant</td>
<td><a href="mailto:jony.bruns@state.sd.us">jony.bruns@state.sd.us</a></td>
</tr>
</tbody>
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**Board of Pharmacy Web site** | www.pharmacy.sd.gov

Please read all *Newsletters* and keep them for future reference. The *Newsletters* will be used in hearings as proof of notification. Please contact the Board office at 605/362-2737 if you have questions about any article in the *Newsletter*. Past *Newsletters* are also available on the Board’s Web site.

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Randy Jones, RPh - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
LaRissa Doucette - Communications Manager