

April 2020

News



South Dakota State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

4001 W Valhalla Blvd, Suite 106 • Sioux Falls, SD 57106 • Phone: 605/362-2737
www.pharmacy.sd.gov

Editor's Note: *The content of the South Dakota State Board of Pharmacy's Newsletter was finalized prior to the coronavirus disease 2019 (COVID-19) outbreak. Licensees should check the Board's website for the most up-to-date information.*

Board Welcomes Newly Registered Pharmacists and Pharmacies

Congratulations to the following six candidates who recently met licensure requirements and were licensed as pharmacists in South Dakota: Amer Ahmed, James Coder, Jennifer Foy, Mary Foy, Brant Haase, and Rebekah Lee.

Three full-time pharmacy licenses were approved and issued during the period. They are Dakota Pharms, LLC, dba Vilas, Gettysburg, SD (change of ownership); Dakota Pharms, LLC, dba Vilas, Highmore, SD (change of ownership); and Lewis Family Drug, dba Lewis Family Drug #50, Sioux Falls, SD. There was one new part-time pharmacy: Lewis Drugs, Inc, dba Lewis Fifth Street, Sioux Falls.

Save the Date

Every seven years, South Dakota takes its turn hosting the joint American Association of Colleges of Pharmacy/ National Association of Boards of Pharmacy® District V Annual Meeting and we are up in 2021! We are thrilled to have booked Custer State Park's State Game Lodge property as our venue for the 83rd Annual Meeting on August 4-6, 2021. Encompassing 71,000 acres in the beautiful Black Hills of South Dakota, Custer State Park is home to abundant wildlife and adventure. Whether camping, hiking, biking, swimming, fishing, or relaxing, there is something here for everyone, and the scenery in the park is exquisite. Plan to join us and bring the family! Early reservations are encouraged, as this is high season for the park. More information will be forthcoming. For motorcycle enthusiasts, the Sturgis Rally will hold its 81st Annual Rally August 6-15, 2021, an hour away in Sturgis, SD. The hills will be alive!

PDMP Update

By Melissa DeNoon, PDMP Director

A current prescription drug monitoring program (PDMP) hot button issue is veterinary prescriptions. This is a complex issue beginning with how greatly veterinarian PDMP access and veterinarian data submission requirements vary from state to state. In South Dakota, veterinarians **do not** have PDMP access and are not required to submit their dispensed controlled substance (CS) prescriptions to the database. Therefore, the only animal prescriptions in the SD PDMP are the ones dispensed by South Dakota-licensed pharmacies. There is also national controversy on how animal prescriptions should be entered in pharmacy dispensing software – should they be under a patient profile of the animal or of the owner? If they are entered under the owner's pharmacy patient profile, is it considered "appropriate access" if a veterinarian or a pharmacist queries the owner to see the animal's CS prescription history? As these debates continue, and to prepare in case SD PDMP law, and rule regarding veterinary prescriptions changes in the future, these are best practices for all pharmacies to follow to bring consistency to how animal prescriptions appear in the SD PDMP:

1. Per Administrative Rules of South Dakota 44:58:07:04(3)(a), a dispensed CS prescription shall include the name and address of the patient (or species and name and address of the owner if the patient is an animal). This means that the first name field of the pharmacy patient's profile should contain the animal's name and species, eg, Marcus Feline, and the last name field should contain the last name of the owner, eg, Smith. The profile should also contain the owner's address and full name for reference.
2. The animal's date of birth is also very important; the date of birth needs to be verified with the

continued on page 4

National Pharmacy Compliance News

April 2020



NABPF
National Association of Boards
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the “third wave” of the opioid crisis, as detailed in the October 2019 issue of *Innovations*[®] (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy[®]'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of

counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the “primary driver” of the current opioid crisis, according to the report.

“Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States,” a DEA press release states. “As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States.”

Drug-Resistant Infections Are Increasing

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. “More action is needed to fully protect people,” the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the [CDC website](#).

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain*:

Developing the Evidence, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

“We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines,” said Janet Woodcock, MD, director of FDA’s Center for Drug Evaluation and Research in a statement. “However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA’s efforts to address the opioid crisis must focus on encouraging ‘right size’ prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids.”

FDA will next consider the recommendations included in the report as part of the agency’s efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the [NASEM website](#).

New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients’ medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients’ perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

“Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety,” said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

continued from page 1

veterinarian and the owner to ensure that the correct date is being used in the pharmacy profile.

Unfortunately, diversion of animal prescriptions by pet owners is becoming a more prevalent problem. It is important to remember your pharmacist corresponding responsibility when filling animal prescriptions and to verify these prescriptions with the prescriber as you would if you had a concern about a human prescription. The Board was recently made aware of a human overdose resulting from a dog's tramadol prescription. The prescription was for a large quantity. If you see animal prescriptions for large quantities of CS, it may be prudent to query the animal in the PDMP and call the veterinarian if you have any concerns. The SD PDMP appreciates pharmacists' due diligence to this PDMP hot button issue.

Board of Pharmacy Listserv

By Tyler Laetsch, Inspector

The Board office can now use listserv to send stakeholder email notifications. The office has been preparing the listserv so that all communications to its pharmacists, pharmacies, wholesalers, nonresident pharmacy community, and interested stakeholders can go out on one listserv without worrying about missing someone. The Board will have a private list for pharmacist-only emails, which may address potential diversions or other pharmacist-only communications. The Board will add those individuals, and anyone who potentially wants to access the list will need to be approved in the office.

The public listserv is for everyone! The Board will use listserv to keep everyone notified of any changes to rules, meeting notices, renewal notices, or any other items that need to be communicated to the whole pharmacy community. If you receive listserv emails, you may unsubscribe at any time. To subscribe, please visit this link and follow the steps to enroll: <https://listserv.sd.gov/scripts/wa.exe?SUBED1=SDPHARMACYGENERAL&A=1>.

Opioid Trends in South Dakota

The Board is encouraged by the downward trend in opioid prescriptions dispensed to South Dakota patients and believes the SD PDMP is a key contributing factor, as well as the many efforts throughout the state of South Dakota. Opioid prescriptions have decreased in the state over the last three years in all three parameters: prescription count, total quantity, and total days of supply. South Dakota's website, www.avoidopioidsd.com, is an excellent resource for health care professionals and the public. The Key Data page contains PDMP statistics

and state statistics on drug-related deaths, opioid-related deaths, syndromic surveillance data, opioid use disorder treatment, and reported drug use and misuse. In the About section, the Strategic Plan coverage provides links to multiple resources including one-page informational documents on the SD PDMP and the drug take-back program. The locator tool for all of South Dakota's take-back sites can be found under the Take Action heading on the Take Back Sites page. As of this writing, the Board has placed over 80 take-back kiosks around the state! The Board encourages pharmacists to utilize this valuable website and refer it to other health care professionals and patients.

Figure 1: SD Patients' Opioid Prescriptions From 2017-2019

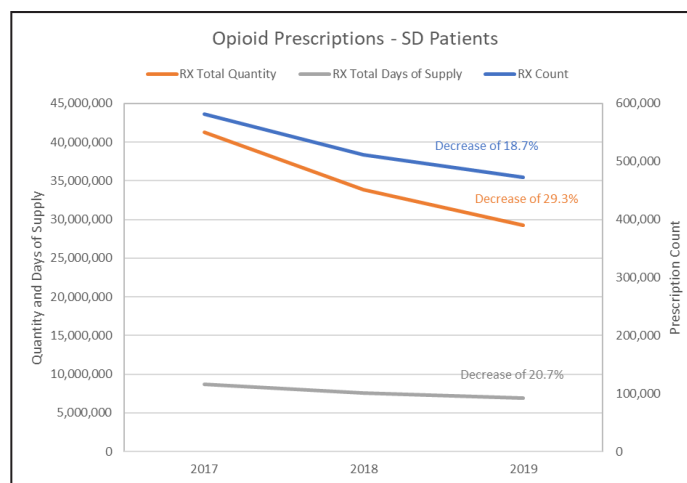
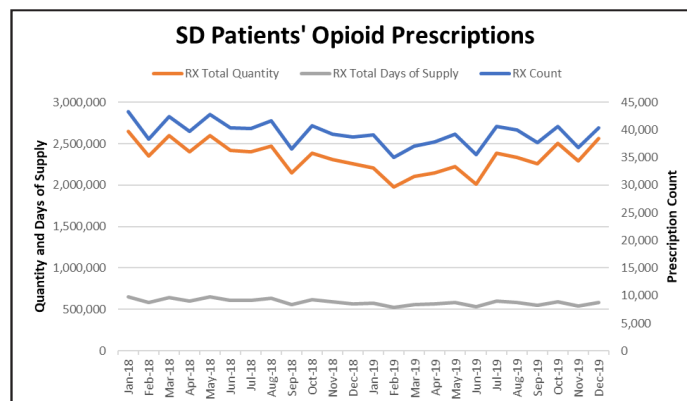


Figure 2: SD Patients' Opioid Prescriptions From January 2018-December 2019



Board Meeting Dates

Please check the Board’s [website](#) for the time, location, and agenda of future Board meetings.

Board of Pharmacy Members

- Diane Dady.....Mobridge, SD
- Cheri KraemerParker, SD
- Tom NelsonSpearfish, SD
- Leonard Petrik.....Rapid City, SD
- Dan SomsenYankton, SD

Board of Pharmacy Staff Directory

- Office Phone..... 605/362-2737
- Office Fax..... 605/362-2738

Kari Shanard-Koenders, RPh,
Executive Director...kari.shanard-koenders@state.sd.us

Melissa DeNoon, RPh,
PDMP Director.....melissa.denoont@state.sd.us

Tyler Laetsch, PharmD, RPh,
Pharmacy Inspector tyler.laetsch@state.sd.us

Paula Stotz, RPh,
Pharmacy Inspector paula.stotz@state.sd.us

Carol Smith, RPh,
Pharmacy Inspector.....carol.smith@state.sd.us

Beth Windschitl,
Senior Secretary beth.windschitl@state.sd.us

Melanie Houg,
PDMP Assistant..... melanie.houg@state.sd.us

Rhea Kontos
Senior Secretary rhea.kontos@state.sd.us

PDMP Sign-up and Data Access
Website.....<https://southdakota.pmpaware.net/login>

Page 5 – April 2020

The *South Dakota State Board of Pharmacy News* is published by the South Dakota State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

Kari Shanard-Koenders, RPh - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Amy Sanchez - Communications Manager