

SOUTH DAKOTA BOARD OF PHARMACY

*Newsletter to Promote Pharmacy
and Drug Law Compliance.*

South Dakota Board Welcomes Newly Registered Pharmacists and Pharmacies

Congratulations to the following 51 candidates who recently met licensure requirements and were licensed as new pharmacists in South Dakota: Kyle Allbee, Olusegun Ayedokun, Kacey Bartscher, Karly Bhaalid, Alexandra Bladholm, Alyssa Butterfield, Meredith Calhoon, Amy Cockrum, Brooklynn Downing, Sunniva Dunagan, Mackenzie Dyr Dahl, Andrew Egge, Hayley Even, Tara Gilk, Delayne Glassgow, Jaden Gossen, Geena Groene, Ashley Hess, Jaden Hintz, Margaret Hitzeman, Jeremiah Hoff, Micah Holtz, Kestly Jessop, Calissta Johnson, Cheryl Jones, Ryan Jones, Jeffy Joy, Lindsey Kimmel, Trenton LaCanne, Michael Larson,

Paige Litzau, Reece Mimmack, Kathryn Moser, Amanda Nguyen, Hyunji Oh, Olivia Pfeifer, Grant Plucker, Stephen Rubano, Sierra Schmiedt, Kyle Shapcott, Benjamin Sheldahl, Sara Smith, Jeffrey Stein, Amelia Stene-Boyer, Alexia Stumpf, Whitney Thomas, Charlie Tisdall, Tony Tran, Brynn Van Eldik, Sarah Voytilla, and Beth Williams.

Three new South Dakota part-time pharmacy licenses were issued to Avera Long-Term Care Pharmacy, Pierre, SD, License #200-1764; Avera Long-Term Care Pharmacy, White River, SD, License #200-1765; and Avera McKennan Hospital – Dialysis Unit, Sioux Falls, SD, License #200-1766.

*Access the National
Pharmacy Compliance News*

*A Service of the National
Association of Boards of Pharmacy
Foundation® (NABPF®)*



Board Welcomes New Inspector

The Board welcomes Jenna Heyen, PharmD, to the Board’s inspector staff. Jenna will take the position

held by Tyler Laetsch for the last several years. She will be in the Sioux Falls office and cover the

state’s southeast side. The Board is excited about her joining the team this summer.

PDMP Update: Clinical Alerts

By PDMP Director Melissa DeNoon

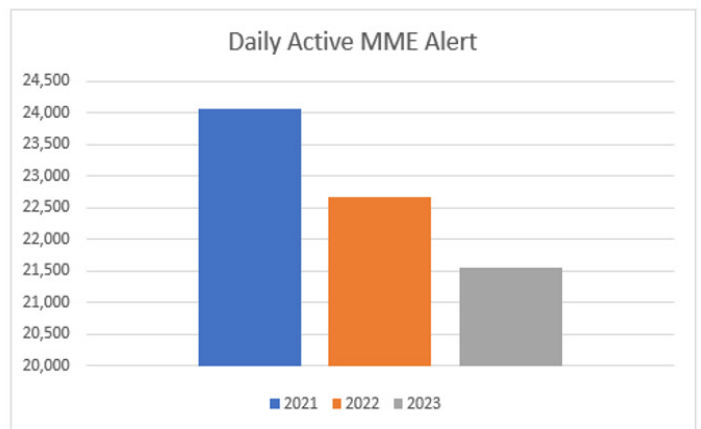
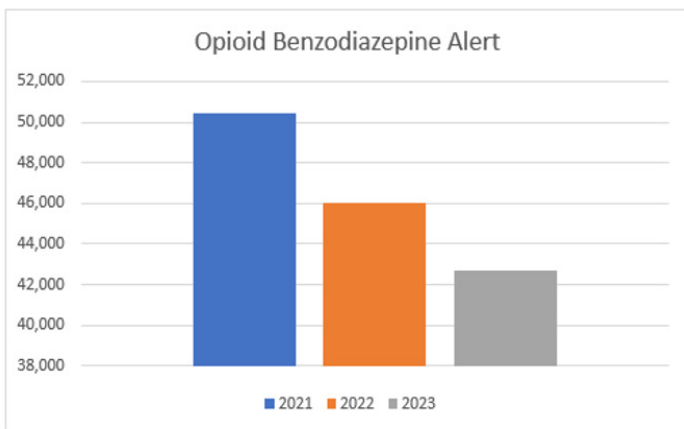
The Clinical Alerts enhancement was added to the South Dakota prescription drug monitoring program (SD PDMP) platform, PMP AWARxE, in 2018.

This enhancement provides notifications on patients who meet or exceed one or more of the following three thresholds: 1) concurrent opioid and benzodiazepine drug therapy; 2) daily active morphine milligram equivalents (MME); and 3) multiple provider episodes within a set time period. The SD PDMP encourages

practitioners to closely review a patient’s report with one or more clinical alerts to determine their significance relative to patient diagnosis, prescriber specialty, and the location of multiple providers. The patient report is based on data entered from pharmacies.

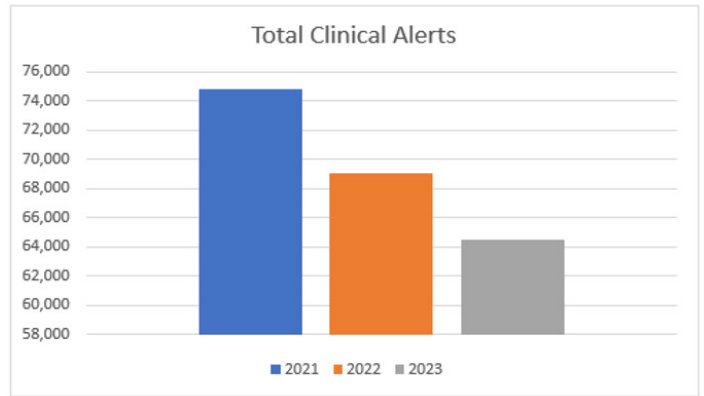
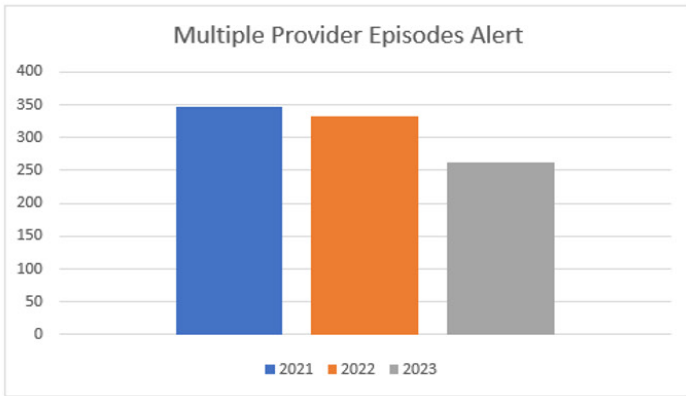
The dispensing pharmacy should be contacted with prescription questions, or the SD PDMP may be contacted at sdpdmp@state.sd.us regarding potentially inaccurate information. The following charts

show trending clinical alerts from the last three years. Overall, total alerts are trending downward from almost 75,000 in 2021 to just under 64,500 in 2023. It is important to remember that these alerts will not get to zero, as these thresholds and concurrent prescribing may be appropriate for patients. The goal of this enhancement is to inform practitioners of patients who are potentially at risk and aid in clinical decisions for the best patient care.



PDMP Update: Clinical Alerts

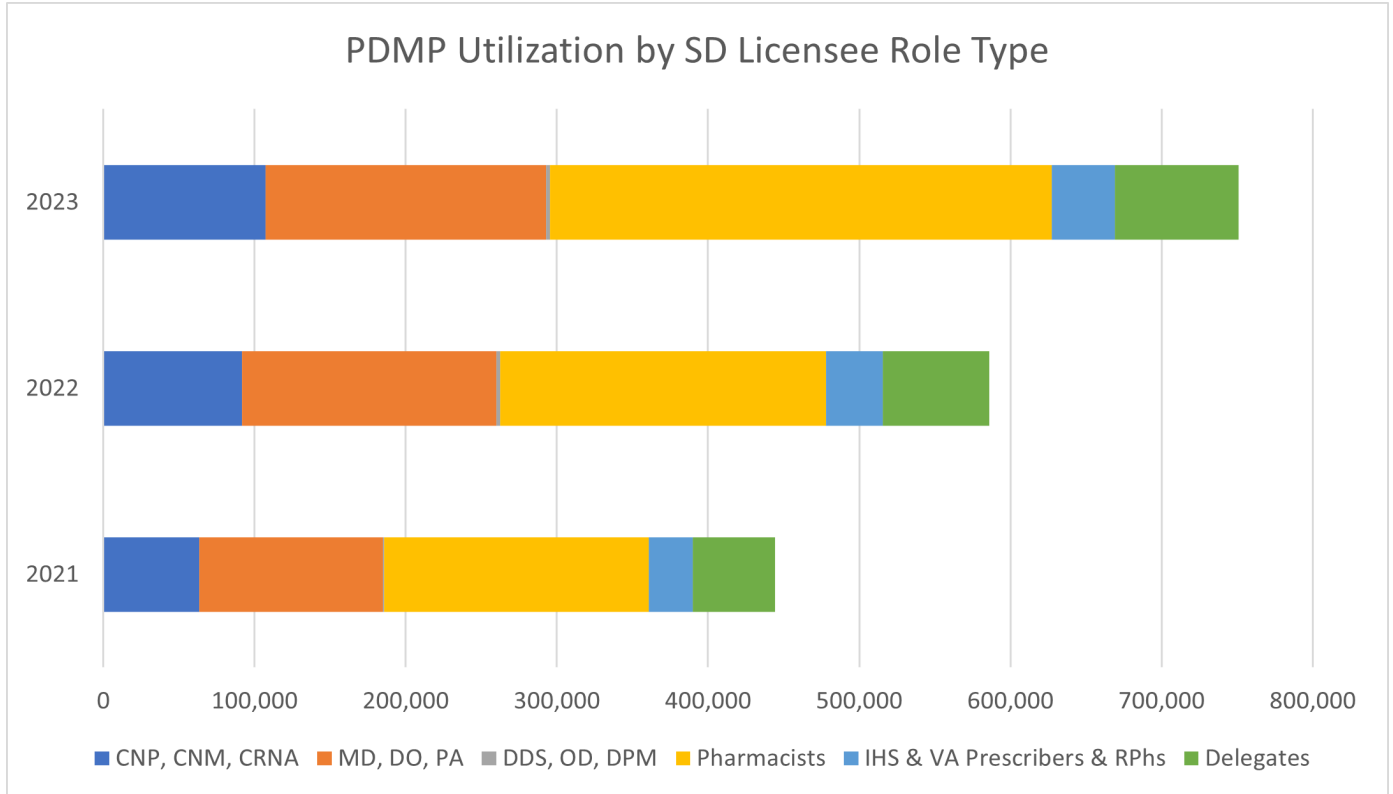
(continued)



PDMP utilization is measured by the number of patient queries performed. Program utilization has more than tripled since January 2018, and currently, more than two-thirds of all queries are done

via electronic health records and pharmacy platform integrations, which are key as integrations allow practitioners in-workflow, one-click access to patient reports. The chart below breaks down

utilization over the last three years by South Dakota licensee role type and shows that utilization by each licensee group is trending positively.



Ensuring Compliance With USP <800>: Hazardous Waste Management in Health Care Facilities

By Lee Cordell, PharmD

In its ongoing commitment to patient safety and environmental protection, the Board wants to provide an overview of the requirements for managing hazardous waste in compliance

with United States Pharmacopeia (USP) <800> standards. USP <800> outlines practices for handling hazardous drugs to minimize exposure and environmental impact. This article will focus

on managing hazardous waste, including trace waste, bulk hazardous waste, and sharps hazardous waste.

 <p>Biohazard Waste Anything contaminated with potentially infectious materials such as blood, sharps, and more. Also referred to as biomedical, red bag, or infectious waste.</p>	 <p>Sharps Waste Any device with the capability of piercing the skin, such as scalpels, needles, wires, and more.</p>
 <p>Pathological Waste Tissues, organs, fluids, and body parts from a surgical-like procedure.</p>	 <p>Trace Chemotherapy Waste Anything contaminated with a trace amount of a chemotherapeutic agent such as gloves, disposable gowns, etc.</p>
 <p>Non-Hazardous Pharmaceutical Waste An unused over the counter drug that is not hazardous as defined by the Resource Conservation and Recovery Act (RCRA).</p>	 <p>Hazardous Pharmaceutical Waste An unused over the counter drug that is hazardous as defined by the RCRA. This means the pharmaceutical is toxic, corrosive, reactive, or ignitable as defined by our C.F.R.</p>

Understanding Hazardous Waste Categories

	What is it?	How to Manage
1. Trace Chemotherapy Waste	Waste contaminated with hazardous drugs (chemo) that have been used in patient care, including gloves, gowns, intravenous bags, tubing, and empty medication vials/bottles. This means a container would be considered empty and contain <3% volume of hazardous medication.	<p>Containment: Store in a designated trace waste container labeled with the appropriate hazard symbols.</p> <p>Disposal: Dispose of trace waste in compliance with local and federal regulations. Typically, trace hazardous waste should be treated as regulated medical waste and handled accordingly.</p>

Ensuring Compliance With USP <800>: Hazardous Waste Management in Health Care Facilities

(continued)

Understanding Hazardous Waste Categories		
	What is it?	How to Manage
2. Bulk Hazardous Waste	Unused hazardous drugs or residues from their preparation and administration. This includes sponges used to clean up hazardous spills and visibly soiled garb.	<p>Containment: Use a separate, clearly labeled container specifically for bulk hazardous waste. Ensure that it is resistant to leaks and spills.</p> <p>Handling: Follow all safety protocols during handling to prevent exposure. This includes using appropriate personal protective equipment and employing engineering controls like safety cabinets.</p> <p>Disposal: Bulk hazardous waste must be disposed of through a licensed hazardous waste disposal contractor. Make sure your disposal service is compliant with the RCRA and other regulatory standards.</p>
3. Sharps Hazardous Waste	Sharp objects contaminated with hazardous drugs, such as needles, syringes, and lancets.	<p>Containment: Place sharps hazardous waste in puncture-resistant, leak-proof containers labeled as hazardous waste. These containers should be clearly marked with the appropriate hazard symbols.</p> <p>Handling: Handle sharps with care to avoid injury and contamination. Always use safety-engineered devices when possible.</p> <p>Disposal: Dispose of sharps hazardous waste through a licensed waste disposal service specializing in hazardous materials. Ensure that containers are properly sealed before disposal.</p>

General Best Practices for Hazardous Waste Management

- **Training:** Ensure that all staff involved in the handling and disposal of hazardous waste are trained on USP <800> standards and local regulations.
- **Documentation:** Keep accurate records of hazardous waste generation, handling, and disposal. This includes tracking waste volumes and disposal dates.
- **Facility Maintenance:** Regularly inspect and maintain waste containers and storage areas to ensure that they remain in good condition and comply with safety standards.

Ensuring Compliance With USP <800>: Hazardous Waste Management in Health Care Facilities

(continued)

Final Thoughts

Compliance with USP <800> is crucial for protecting health care workers and patients, as well as maintaining environmental safety. By following these guidelines for trace, bulk, and sharps hazardous waste, your facility will contribute to a safer and healthier community.

Board Meeting Dates

Please check the Board of Pharmacy page on the [Boards and Commissions Portal](#) for the time, location, and agenda for future Board meetings.

Board of Pharmacy Staff Directory

Board Office General Email: PharmacyBoard@state.sd.us

Office Phone: 605/362-2737; **Office Fax:** 605/362-2738;

Website: <https://pharmacy.sd.gov>

Tyler Laetsch, PharmD, Executive Director

Melissa DeNoon, RPh, PDMP Director

Jenna Heyen, PharmD, Pharmacy Inspector

Carol Smith, RPh, Pharmacy Inspector

Lee Cordell, PharmD, Pharmacy Inspector

Beth Windschitl, Senior Secretary

Melissa Wipf, Senior Secretary

Brandi Dux, PDMP Assistant

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

Board of Pharmacy Members

- Ashley Hansen, Aberdeen, SD
- Shane Clarambeau, Fort Pierre, SD
- Cheri Kraemer, Parker, SD
- Tom Nelson, Spearfish, SD
- Curtis Rising, Rapid City, SD

The South Dakota Board of Pharmacy News is published by the South Dakota 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.

Tyler Laetsch, PharmD - State News Editor

Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor

Megan Pellegrini - Publications and Editorial Manager

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