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South Dakota State Board of Pharmacy News

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South Dakota State Board of Pharmacy Newsletter Goes Digital

If you are reading this, you have accessed the *South Dakota State Board of Pharmacy Newsletter* online instead of in paper format. The *Newsletter* will be delivered by online format going forward. The South Dakota State Board of Pharmacy will send an email with a link to the *Newsletter* each quarter to remind you that a new issue is available. Please check your email near the beginning of every quarter. If you do not get emails from the Board, please update your email address by using the "Change of Name, Address, or Employment" form on the Board website at *http://doh.sd.gov/boards/pharmacy/assets/ChangeAddressForm.pdf.* The Board needs to be able to communicate with you! There will also be a copy of the *Newsletter* on the Board's website at *www.pharmacy.sd.gov* and on the National Association of Boards of Pharmacy® website. The Board realizes that not everyone has access to email and computers. Please ask a friend or family member to help you if needed. This is a significant cost-saving measure as well as an environment-saving measure.

Board Welcomes New Registered Pharmacists/Pharmacies

The following 57 candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Tyler Aldren, Christina Aldrich, Sarah Anderson, Stacy Anderson, William Anderson, Laura Bakker, Cynthia Bartha, Colton Bass, Tyler Bertsch, Nicholas Bitz, Bailey Bolinske, Kaitlin Bottelberghe, Haylee Brodersen, Sara Butts, Mackenzie Byron, Rachel Byrum, Latosha Cherry, Catherine Creech, Sarah Dady, Cassandra Dirks, Eddy Ekobena, Rose Fitzgerald, Jared Gilliland, Katherine Gudyka, Melinda Hanten, Amanda Janisch, Emily Kappes, Katherine Kaufman, Hubert Lahr, Lynsee Lanners, Claire Larson, Laura Martin, Jessica McManus, Christine McNamara, Charles Morrison, Katie Mothershed, Abigail Passe, Ashley Pederson, Catherine Richwine, Emily Rogers, Bradley Rotert, Jessica Rounds, Bethany Saffert, Joshua Satlak, Angela Schultz, Dawn Schuster, Alyson Schwebach, Stacy Senske, Mollie Sloot, Mikaela Smedsrud, Keith Starks Gunn, Mindy Stewart, Jacquelyn Thomas, Briana Van Noort, Kyle Weiss, Brittany Williams, and Amber Yaeger.

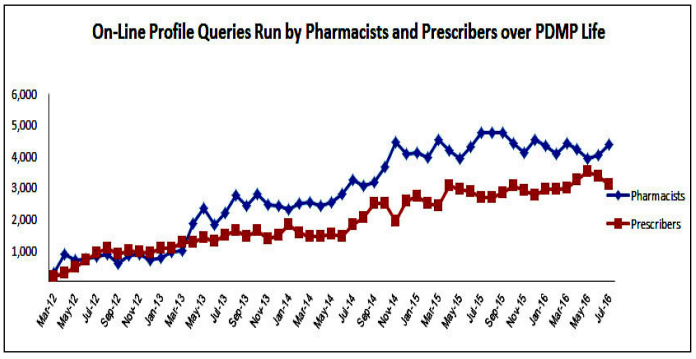
New pharmacy permits issued over the same time period are: Dakota Plains Surgical Center – Aberdeen, SD (change of ownership) and Avera Medical Group Family Health Center Emergency Department – Sioux Falls, SD (automated mechanical distribution devices).

Board Welcomes New Inspector

Carol Smith, RPh, has joined the Board as the northeast/north-central area inspector. She has a background in both hospital and retail pharmacy and will be an excellent addition to the Board's inspector team. Carol lives in Groton, SD, has completed training, and is currently inspecting.

SD PDMP Update

The South Dakota Prescription Drug Monitoring Program (SD PDMP) continues to increase its number of approved users, which in turn increases utilization of this invaluable tool. The total number of approved users as of July 31, 2016, is 2,860, which is an increase of 154 from April 30, 2016, and includes the following: 1,039 pharmacists; 749 physicians (medical doctors, doctors of osteopathic medicine, doctors of podiatric medicine, doctors of optometry); 282 physician assistants; 250 nurse practitioners; 96 dentists; 271 delegates; and 137 law enforcement. Pharmacist queries still outpace prescriber queries, as is shown in the table below.



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National Vaccine Safety Surveillance Program Available for Reporting Adverse Events

The Vaccine Adverse Event Reporting System (VAERS) eSubmitter program, a national vaccine safety surveillance program cosponsored by the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA), is available for the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. VAERS information is analyzed by CDC and FDA to identify new safety concerns. VAERS reports can be filed by anyone, including health care providers, manufacturers, state immunization programs, and vaccine recipients. Vaccine recipients are encouraged to seek help from their health care provider when filling out the VAERS form. Health care providers can find information about submitting a report on the VAERS website at *https://vaers.hhs.gov/professionals/index*.

Improper and Unsafe Vaccine Storage

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 Medication Safety Alert!® Community/Ambulatory Care Edition *by visiting* www.ismp.org. *ISMP provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at* www.ismp.org. *Email: ismpinfo@ismp.org.*

Few issues are more important than proper storage and handling of vaccines, because their ability to prevent disease is dependent on these factors. To maintain stability, most vaccines must be stored in a refrigerator or freezer, and many also require protection from light. Excessive heat or cold – even a single exposure in some instances – can reduce vaccine potency. These temperature excursions are often due to improper refrigeration or freezer units, inadequate thermostat controls, and refrigeration/freezer units with inadequate space to allow good air circulation and even temperatures.

Improper and unsafe storage can also result in serious errors caused by selecting the wrong vaccines, diluents, and other medications with look-alike names and/or labeling and packaging. Storing vaccines close to each other has led to dispensing and administering the wrong vaccine or wrong form of vaccine (eg, adult versus pediatric). Storing vaccines too close to non-biologic medications in a refrigerator or freezer has also led to serious adverse outcomes, particularly when the mix-up involved a vaccine and a high-alert medication. For example, vials of insulin have frequently been mistaken as influenza vaccine, and various neuromuscular blocking agents have been used to reconstitute vaccines or were mistaken as influenza or hepatitis B vaccines.

Store vaccines in their own dedicated refrigeration and freezer units. Regular temperature monitoring is necessary, and technology is available to assist with alarmed, continuous monitoring devices that can alert staff via email and pager if a unit is out of specified range. Separate vaccine vials and syringes into bins or other containers according to vaccine type and formulation, keeping diluents with the appropr iate vaccines. Never store different vaccines in the same containers. Do not store vaccines with similar labels, names, abbreviations, or overlapping components immediately next to each other or on the same shelf. Separate the storage areas of pediatric and adult formulations of vaccines. Label the specific locations where vaccines are stored to facilitate correct age-specific selection and to remind staff to combine the contents of vials. ISMP's March 26, 2015 newsletter[1] contains additional strategies, as does a Vaccine Storage & Handling Toolkit available from CDC.[2]

References

1. ISMP. Recommendations for practitioners to prevent vaccine errors. Part 2: analysis of ISMP vaccine errors reporting program (VERP). *ISMP Medication Safety Alert!* 2015;20(6):1-6.
2. CDC. Vaccine storage & handling toolkit. www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. June 2016.

Coalition Reports Impact of Educational Efforts on Safe Acetaminophen Use

The Acetaminophen Awareness Coalition reports that progress has been made to increase consumer awareness about the safe use of acetaminophen. The coalition also notes a decline in unintentional overdoses. The National Poison Data System's 2015 report indicates unintentional acetaminophen exposures, including dosing errors and accidental misuse, have decreased through 2013 after a peak in 2009. In addition, a nationwide survey indicates the number of consumers who understand that exceeding the recommended daily dose of acetaminophen may lead to liver damage has increased to 87% in 2013 from 78% in 2010. The survey also reports the number of consumers who think it is important to check the medicine label for the maximum daily dose increased to 98% in 2013 from 93% in 2010.

Developed in 2011, the Know Your Dose campaign encourages pharmacists and other health care providers to talk to their patients about medicine safety and acetaminophen use. The Know Your Dose campaign offers a list of helpful health tips to share with patients, including the following:

(1) Read and follow the label.

(2) Know which medicines contain acetaminophen.

(3) Take only one medicine at a time that contains acetaminophen.
(4) Ask a health care provider or pharmacist about dosing instructions or medicines that contain acetaminophen.

Pharmacists may download or order free educational materials, including posters, flyers, and talking points, to give their patients on the Know Your Dose website, *www.knowyourdose.org*.

FDA Offers Webinars on Online Drug Information Resources for Students and Clinicians

FDA's Division of Drug Information in the Center for Drug Evaluation and Research presents a series of CE webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA's expanded access program and the pregnancy and lactation labeling rule. The webinars and presentation slides can be accessed on FDA's website at *www.fda.gov/AboutFDA/WorkingatFDA/FellowshipInternshipGraduateFacultyPrograms/PharmacyStudentExperientialProgramCDER/ucm228391.htm*.

Fresenius Kabi Recalls Sensorcaine-MPF (Bupivacaine HCl) Injection, USP

In April 2016, Fresenius Kabi USA recalled a single lot of Sensorcaine®-MPF (bupivacaine HCl) injection, USP, 0.75%, 7.5 mg/mL, 30 mL fill in a 30 mL vial, because of visible particulate matter characterized as glass observed by the company during inspection of reserve samples. The recalled product was shipped in the US to wholesaler and distributor outlets between March 4, 2016, and March 21, 2016, and has an expiration date of September 2019. The recall affects lot number 6111504, product code 470237, and National Drug Code number 63323-472-37. The product is supplied as 0.75% strength in a 30 mL single-dose flint molded vial and is packaged in units of 25. To date, Fresenius Kabi has not received any reports of adverse events regarding this recall, indicates the press release posted to the FDA website.

Health care facilities that have the affected lot are instructed to immediately discontinue distributing, dispensing, or using the lot and return all units to Fresenius Kabi. Distributors are instructed to immediately notify their customers who have been shipped or may have been shipped the recalled product. Adverse reactions or quality problems may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting program at *www.fda.gov/MedWatch*. Additional details are available on FDA's website at *www.fda.gov/Safety/Recalls/ucm497812.htm*.

Oral Liquid Docusate Sodium by PharmaTech Recalled Due to Contamination

In July 2016, FDA alerted health care providers that PharmaTech, LLC, of Davie, FL, voluntarily recalled all non-expired lots of Diocto Liquid, a docusate sodium solution distributed by Rugby Laboratories of Livonia, MI. The affected product was distributed nationwide in one-pint (473 mL) bottles with a Rugby label. FDA confirmed the product has been contaminated with *Burkholderia cepacia,* a bacteria linked to an outbreak in five states. The safety alert indicates FDA has received several adverse event reports of *B. cepacia* infections in patients, and some of these reports identify liquid docusate sodium products manufactured by companies other than PharmaTech. FDA and CDC continue to investigate the extent of this issue in order to identify other potentially contaminated liquid docusate sodium products. FDA joins CDC in recommending that clinicians not use any liquid docusate sodium product as a stool softener or for any other medical purpose. Adverse events or side effects may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting Program at *www.fda.gov/MedWatch*. More information may be found in the safety alert on FDA's website at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm511528.htm*.

NABP Seeks Pharmacists From Districts 1, 5, and 7 to Serve as Volunteer Item Writers

The National Association of Boards of Pharmacy® (NABP®) is seeking pharmacists who reside in states in the following districts to serve as volunteer item writers:

- **District 1:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- **District 5:** Iowa, Minnesota, Nebraska, North Dakota, and South Dakota.
- **District 7:** Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

In an effort to secure more individuals representative of these areas of the country, NABP encourages pharmacists in all areas of practice as well as school and college of pharmacy faculty who reside in these states to apply.

NABP uses volunteer item writers to develop questions for the following examination programs: North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), Pharmacy Curriculum Outcomes Assessment® (PCOA®), and Pharmacist Assessment for Remediation Evaluation® (PARE®).

Interested individuals should complete the online interest form available in the Meetings section of the NABP website. Individuals who are selected will receive further information on opportunities to attend and participate in NABP-hosted workshops.

For more information about NABP item writing, visit the Meetings section of the NABP website at *www.nabp.pharmacy*, or contact CompAssess@nabp.pharmacy.

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Even though South Dakota was ranked the 46th most populous state in the United States in 2015, South Dakota is not immune from the effects of the nation's opioid epidemic. Enough doses of opiates were prescribed to South Dakotans in 2015 to medicate every South Dakota adult around the clock for **19** straight days! In the last year, controlled substances were prescribed by 3,847 South Dakota prescribers, of which 15.9% are registered with the SD PDMP for online access. An ongoing focus of the Board is educating South Dakota health care providers about PMP AWAR$_X$E and how to utilize it as a tool in clinical practice.

July 2016 Most Prescribed Drugs	Prescriptions	Quantity	Days Supply	Quant/ Rx
Hydrocodone BIT/Acetaminophen	21,026	1,396,760	272,311	66
Tramadol HCl	13,871	1,058,719	255,795	76
Zolpidem Tartrate	8,299	303,884	301,053	37
Lorazepam	8,060	409,566	198,159	51
Clonazepam	7,342	470,360	243,082	64
Dextroamphetamine Sulf-Sacc/ Amphetamine Sulf-Asp	6,355	364,183	235,684	57
Alprazolam	5,666	367,497	168,884	65
Methylphenidate HCl	5,041	286,991	188,809	57
Oxycodone HCl	4,528	397,788	92,584	88
Oxycodone HCl/Acetaminophen	4,015	271,491	55,644	68

PMP AWAR$_X$E Tips: Always read the "Announcements" found on the right side of the "My Dashboard" page that appears after signing in to PMP AWAR$_X$E. The Board uses this section for important alerts and user tips. These are the Board's two most recent announcements:

- **Tip #1: Replaces zip code announcement from June 3, 2016.**

  In-State Searches: Complete the **required fields** (first name, last name, birthday in MM/DD/YYYY format) **and a zip code** to improve the likelihood of finding a specific patient. You may also provide other details you have such as the address, city, and/or state.

  Out-of-State Searches: Only complete the **required fields** (first name, last name, birthday in MM/DD/YYYY format) as this improves the likelihood of finding a specific patient in other participating states' databases.

  Two searches are necessary for the most complete return of data when out-of-state data is needed.

- **Tip #2:** Use the following guidelines to perform a patient search when the patient's last name is two words, separated with either a hyphen or a space:
  (1) Perform a patient search with the two words together as one word;
  (2) Perform a patient search with the hyphen; and/or
  (3) Perform a patient search with a space. Even though a pharmacy's profile may include the hyphen or space, the data may get submitted into the SD PDMP without the hyphen or space, making it into one word. Therefore, performing these multiple searches will return the most complete data. **Please contact the Board office with any questions or concerns.**

PDMPs have been named among the most promising clinical tools to curb prescription opioid abuse. If left unaddressed, opioid misuse and abuse can lead to opioid addiction, opioid overdose, and even death. As is seen by the number of pharmacist users and the number of pharmacist online queries, our South Dakota pharmacists are very attentive to the needs of their patients and are vigilant in their use of the SD PDMP. Working together is a must to find a "cure" for the nation's opioid epidemic.

Technician Certification Update

Remember, if a South Dakota technician first obtained registration as a technician-in-training prior to October 31, 2014, is not grandfathered, and has not attained certification, the technician **must become certified by October 31, 2016.** If not, this technician may no longer practice as a technician in a pharmacy. This technician may still obtain certification and reregister with the Board, but as of now, he or she must become certified before October 31, 2016. *Pharmacist's Letter* continues to own Pharmacy Technicians University (PTU), which consists of a group of training modules to become a certified technician. The cost is $149 and no longer requires a coupon. For frequently asked questions from PTU, visit *http://pharmacytechniciansuniversity.therapeuticresearch.com/Content.aspx?cs=ASSOCIATION&s=PTU&page=content&lm=ptu_faq.* After review, click "Enroll Today!" on the sidebar, which will take you to a page asking, "Want info on a subscription?" This is correct. Complete the information and select that you are subscribing to the PTU for one year.

Naloxone Bill (HB 1079) Update

House Bill (HB) 1079 was passed by the 2016 South Dakota Legislature, signed by the governor, and became effective on July 1, 2016. Please read SDCL 34-20A-104 through 34-20A-108. SDCL 34-20A-105 states, "A licensed health care professional may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose, or prescribe to a family

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member, friend, or other close third party person the health care practitioner reasonably believes to be in a position to assist a person at risk of experiencing an opioid-related overdose." This allows pharmacies to develop collaborative practice agreements (CPAs) with physicians to be able to write the order based upon the CPA or "protocol" as it is used in SDCL 36-11-19.1. Education will need to be provided when dispensing. Everyone should be taught how to administer naloxone, and the video found at *https://www.youtube.com/watch?v=uGkBCcFJRHI* demonstrates how to do so. The Board also suggests that the availability of naloxone is discussed with individuals who are chronically taking opioids. While expensive, naloxone is another important tool in the arsenal helping to fight opioid addiction and potentially saving lives.

Board Meeting Dates

Please check the Board website for the times, locations, and agendas for future Board meetings.

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