



# Policies & Procedures

Reviewed and Revised at the June 13-14, 2018 Board Meeting



Board of Pharmacy

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**CE for Distance Education  
Policy and Procedure #030**

Revision to the Board of Pharmacy policy concerning continuing education credit for distance education Pharm D. degree programs.

The Pharmacist is required to attach to his renewal application a copy of his grade report or transcript showing successful completion of course. If no final grade has been issued, a letter from the Dean of the College of Pharmacy indicating enrollment and continued successful participation in the course will be acceptable. Documentation must include the dates of participation in the course.

**Board Agendas  
Policy and Procedure #031**

All Board meetings will have a pre-published agenda, which will be sent to all Board members. The Board Chairman will approve all meeting agendas before they are published.

**Amended Board Minutes  
Policy and Procedure #032**

In the event the Board members amend minutes of the previous meeting, the amended information is stricken from the original minutes and the new material added, rather than rewriting the minutes.

**Board Elections – Vote Count  
Policy and Procedure #034**

All candidates and current Board members will be notified of the date, time, and place for the counting of ballots and will be given the opportunity to attend.

In a Board member election, conducted according to statute, the candidate listing must reflect the actual number of votes received and the Board's desire for the Governor to appoint the candidate with the highest number of congressional peer votes.

**Executive Session  
Policy and Procedure #040**

No recording devices shall be used during the executive sessions of the Board of Pharmacy meetings.



**Pharmacists Permanent Licenses  
Policy and Procedure #041**

On the pharmacist's permanent license, the Chairman shall have a line so designated for his/her signature on the right side of the license. Other Board members shall sign on the left side by seniority with the top line being for the person with the most seniority after the Chairman and so forth down the line, through line five. The At-Large appointed pharmacist member will sign on the next to the last line, and the appointed lay member will sign on the last line. Should a board member serve a second term, he/she shall automatically drop to the bottom of seniority.

**Board Chair/Vice Chair  
Policy and Procedure #042**

It is customary and/or tradition that the pharmacist elected to represent a congressional district, which has the most seniority on the Board, be elected Chairman of the Board. The pharmacist elected to represent a congressional district, who has the next most seniority, is usually elected Vice Chairman.

**Board License Plates  
Policy and Procedure #045**

Each Board member may be issued a personalized “Board of Pharmacy” license plate if he/she so desires. These are issued at the Board member’s expense, are taken care of at the regular renewal time and will be transacted between the Board Member and the South Carolina department of Public Safety.

The numbers will be assigned by seniority, with the Chairman being issued #1 down the line through #7, by seniority. License plate #8 will be issued to the at-large appointed pharmacist each year and license plate #9 will be assigned to the appointed lay member each year. If a Board member does not desire a personalized license plate, then the number he/she is entitled to will be vacant for that year. Should a board member serve a second term he/she shall automatically drop to the bottom of seniority.

**Disciplinary Actions  
Policy and Procedure #046**

In the matter of disciplinary actions resulting from Administrative Hearings before the Board, the Board's decision will not be discussed with anyone until the Final Order is published.

**Board Confidentiality  
Policy and Procedure #049**

A Board member should never discuss hearings, license revocations, suspension, etc. with anyone except another Board member or Board employee. If a member should be contacted, he should immediately inform the person that if the Board member discusses a particular disciplinary matter at all, then the Board member would have to disqualify himself should the matter come before the Board for a vote. The Board member should also emphasize to the person that what is said is not in confidence as far as the Board is concerned.

**Request for Modification of Order  
Policy and Procedure #051**

Any pharmacist, whose licensure has been restricted by the Board, requesting early consideration of the reinstatement of his license after suspension, voluntary surrender or any request for early termination or reconsideration of probationary conditions shall receive a form letter from the Board, requiring the pharmacist to submit in writing the compelling reasons which he/she feels would warrant the Board's reconsideration. Upon receipt of the written reasons, the Chairman of the Board shall consider whether to deny or defer to the full Board for consideration.

## **Disciplinary Actions Not Published Policy and Procedure #055**

The Board of Pharmacy does not publish disciplinary actions in the Board Newsletter. Should disciplinary actions be published, no names of respondents will be published, only the violation and the sanction. No private reprimands will be published in any manner.

**Licensure Fee After Examination  
Policy and Procedure #058**

After an applicant for licensure has completed the required examination and all other requirements, the initial licensure fee must be received within thirty (30) days, unless otherwise approved by the Board Chairman in consultation with our Administrator.



**Score Transfers  
Policy and Procedure #059**

Applicants for Grade Transfer must complete the law examination within one year after passing the NAPLEX in another state.

**Practical Experience Requirements  
Policy and Procedure #060**

If an applicant for examination or grade transfer does not complete the practical experience requirements for licensure within one year of the date on which he passed both examinations, the applicant must provide an explanation to the Board in writing, which must be approved by the Board.

## **Discipline Issues on Applications Policy and Procedure #061**

Any examination applicant who has entered any information other than “no charges....” on the application section concerning “Record of Charges, Convictions and Fines Imposed on Applicant” may be required to meet with the Board before becoming licensed.

**Examination Grades  
Policy and Procedure #063**

Board members should never discuss examination grades on an individual basis with anyone. Questions regarding an individual examinee should be referred to the Board office.

**Confidentiality of Complainants  
Policy and Procedure #065**

No complainant's names are to be used during the investigation of complaints.

## **Prescriptions Policy and Procedure #066**

The practitioner is responsible for the integrity of the prescription. The pharmacist must use his/her professional judgment in accepting and may refuse or check with the practitioner if any doubt exists regarding the prescription's validity.

Prescriptions received by a pharmacist from a patient must have an original signature of a practitioner.

Electronic signatures are only permissible on prescriptions sent directly from a practitioner to a pharmacy via electronic transfer and cannot be modified in any way.

Rubber stamped signatures are not acceptable.

**Internships  
Policy and Procedure #072**

The Board will accept for practical experience, non-traditional internship in research under the supervision of a licensed pharmacist with at least weekly review of their progress, if a project outline has been submitted along with their Notification of Employment. This non-traditional internship is not to take the place of the 500 hours of retail or institutional pharmacy required under §40-43-85(A)(4).

**Internships  
Policy and Procedure #073**

In states where practical experience or internship records are not kept nor approved by the respective Boards of Pharmacy, affidavits of practical experience will be accepted from colleges of pharmacy or from applicants for examination and not certified by the Board of Pharmacy in the state in which the work was done, so long as the Board in that state certifies that the supervising pharmacist and the site of the experience is licensed and in good standing with the Board. The internship should still fall within the criteria as set by the Board in South Carolina and required of those gaining practical experience within this State. *Any deviations or special requests will still be considered by the Board on a case by case basis.*



## **Continuing Education - Pharmacists Policy and Procedure #078**

### Continuing Education

1. Category I Continuing Medical Education courses are acceptable.
2. Pharmacists who are located out of the country where live programs are not available must state their situation to the Board on an annual basis and will be considered individually and exempted for periods as appropriate.
3. Pharmacists who are currently licensed as medical doctors, dentists, or other medical professionals and this post-pharmacy profession is their primary practice may submit evidence of current licensure in lieu of pharmacy CE.
4. Any pharmacist who is attending post-graduate courses in a health care field and who submits a transcript from such course is exempt from CE requirements.

**Wallet Cards  
Policy and Procedure #081**

The Board does not approve of photocopies of pharmacists' license renewal certificates to place in pharmacies where they do relief work. The wallet identification renewal card should be carried at all times.

**Physicians Licensed as Pharmacist  
Policy and Procedure #084**

Physicians who take the pharmacy examination must complete 1,500 hours of pharmacy internship before they can be licensed.

**Pharmacy Faculty Members to be Licensed  
Policy and Procedure #085**

All faculty members of the colleges or schools of pharmacy located in South Carolina who are graduates of accredited schools or colleges of pharmacy must become licensed to practice pharmacy in South Carolina within 2 years.

**Pharmacy Reference Books  
Policy and Procedure #087**

For the purpose of generic substitution, the FDA Approved Drug Products book (Orange Book), The Red Book, The Blue Book, USP DI Volume III, or Facts and Comparisons Bioequivalency Codes may be used as a guideline, but no one reference will be recommended by the Board for use.

**Refills**  
**Policy and Procedure #090**

If a prescriber retires or dies and there are still refills remaining on a patient's prescription, for non-controlled substances, authorized refills of maintenance drugs may continue for a period of ninety (90) days. The patient should be advised to locate a new physician within ninety (90) days.

**Generic Drugs  
Policy and Procedure #093**

Due to some confusion between the names of manufacturers and distributors on prescription labels for generic drugs, the name of the distributor or the name of the manufacturer on the label when a generic drug is dispensed will be acceptable.

**Board Endorsement of Candidates  
Policy and Procedure #094**

No Board member or employee shall present any non-approved policies representing the Board either verbally or in writing or on Board letterhead to any legislative committee, news media, or other association or group without the written approval of the Chairman or if the comments are to be made verbally, without the verbal approval of the Chairman.



**Board Endorsement of Candidates  
Policy and Procedure #098**

No Board member or Board employee shall endorse nor recommend any candidate or person for any office or position as a representative of the Board. This does not hinder any member or employee from endorsing the candidates of their choice individually.

**Teaching Institutions  
Policy and Procedure #101**

Any teaching institution, which possesses legend drugs, should have a Non-Dispensing Drug Outlet Permit from the Board.

## **Incorporation of Pharmacies Policy and Procedure #110**

If the sole ownership or partnership of a pharmacy incorporates and if there is no change in the owners and if there is no change in the name under which the pharmacy is doing business, no new permit is required. Conversely, if the corporation reverts back to the sole ownership or partnership with no change in ownership or name, no new permit is required.

**ER Physicians  
Policy and Procedure #115**

Emergency room physicians or supervisors may not delegate a nurse or other person their personal authority under S.C. Code Ann. §40-43-86(X) to dispense legend drugs to meet the immediate needs of patients.

**Technician Ratio Exception  
Policy and Procedure #116**

Students from Board recognized Pharmacy Technician Programs actively participating in a clinical pharmacy rotation are exempt from §40-43-86(B)(4)(b).

## **Voluntary Surrender of License Policy and Procedure #117**

If a pharmacist desires to voluntarily surrender their license for disciplinary reasons the Administrator may accept the voluntary surrender from the licensee and draft an order of Voluntary Surrender for the Chair's approval. The Administrator may sign the order of Voluntary Surrender at the direction of the Chair, a copy of which will be sent to the licensee.

**RPP**  
**Policy and Procedure #119**

The administrator or his/her designee should be the point of contact for the Board referrals to Recovering Professional Program (RPP), and the Administrator or his/her designee should be the Board contact for Recovering Professional Program (RPP).

**IRC**  
**Policy and Procedure #122**

The Board will elect a professional member(s) as chairman of the Investigative Review Committee (IRC) and a Hearing Officer who will be former Board members who are currently licensed as pharmacists in South Carolina and are in good standing or individuals who are currently licensed as pharmacists in South Carolina and are in good standing chosen by a majority vote of the Board.



## **Temporary Suspension Orders Policy and Procedure #123**

In determining whether to recommend issuance of a temporary suspension order for a first-time missed drug screen or initial positive report by a Board referred participant, staff shall immediately advise the licensee to complete the following steps within twenty-four hours or the next working day, whichever is shorter:

1. Immediately stop practicing pending resolution of non-compliance issues. Submit a copy to staff of all requests for voluntary medical leave (with no patient care) to all employers, where practice of pharmacy is occurring, and any other written confirmation from supervisors, colleagues, office managers, or other persons requested by staff to confirm complete withdrawal from practice; and
2. Provide a drug screen in any manner requested by the Recovering Professional Program (RPP); and
3. Present himself/herself to the RPP or a provider designated by the RPP for prompt evaluation of possible impairment. This evaluation shall be for the purpose of determining whether the missed drug screen was the result of non-compliance or relapse.

If it is determined by the RPP that there is no relapse involved by individual evaluation, the licensee may be approved in writing to resume practice and the incident shall not be counted as the first time missed drug screen or initial positive report under this policy. Once staff has been advised by the RPP that a licensee has been approved to return to practice, a letter authorizing the licensee to return to practice shall be sent from the Board Administrator. When appropriate, the letter also shall include admonishment against repeating such action with a reminder of the consequences involved and notification that the licensee may be required to appear before the Board at its next regularly scheduled meeting. If it is determined that relapse is involved either by individual evaluation at a center approved by the RPP and/or obtain treatment as recommended by the evaluation team at a treatment facility approved by the RPP. The results of the evaluation, any treatment, subsequent drug screens, and other information received will be verbally reported immediately by the RPP to the Board Administrator followed by written report for the Chairman's or Board's consideration, as appropriate. A temporary order of suspension may be issued immediately by the Chairman of the Board based on information gathered and the recommendation of the

RPP. The standard disciplinary process shall be initiated for an appearance and hearing to take place in due course.

If the licensee refuses or fails to follow the foregoing procedure, staff shall recommend the immediate issuance of a temporary suspension order by the Chairman of the Board for violation of the licensee's order or agreement.

**Internet Pharmacies  
Policy and Procedure #124**

The South Carolina Board of Pharmacy, at its February 10, 1999 meeting, reaffirmed its previous position that Internet Pharmacy practice constitutes the practice of Pharmacy under state law. The Board instructed staff to notify those sites engaging in such Internet Pharmacy practices in this state, without complying with the state laws, to cease and desist.

## **Internet Pharmacies Policy and Procedure #125**

The South Carolina Board of Pharmacy, at its September 29-30, 1999 meeting, stated: The South Carolina Board of Pharmacy highly objects to internet, on-line, sites that have combination dispensing and prescribing services, based on public safety concerns. If the public so chooses to utilize Internet sites, the Board of Pharmacy recommends using the Verified Internet Pharmacy Practice Sites (VIPPS), a service site provided by the National Association of Boards of Pharmacy licensure. To access this internet site go to [WWW.NABP.NET](http://WWW.NABP.NET), then go to VIPPS. This site will have information on valid Telepharmacy sites. It is always best to contact your healthcare provider, (Licensed Practitioner or Pharmacist) before allowing additions or changes to any of your medications.

**EMS Inspections  
Policy and Procedure #127**

Board inspectors must perform the initial inspection for all EMS permitted sites. The Board approved self-inspections for routine inspections thereafter with a random audit system.

**Agreement to Relinquish Rights  
Policy and Procedure #128**

The Chairman of the Board of Pharmacy has the authority to accept Agreements to Relinquish the Right to Practice.

## **Policy and Procedure #129**

Deleted per Board Meeting held June 2006.

### **Certification of Degree Awarded Policy and Procedure #130**

An applicant for licensure who has completed all requirements necessary for receiving a Bachelor of Science in Pharmacy or Doctor of Pharmacy degree from an accredited college or school of pharmacy or department of pharmacy of a university which is recognized by the Board, shall be considered to have received such degree upon receipt by the Board of a letter from the Dean of the college or school of pharmacy certifying the fact that all requirements have been met and the applicant shall receive said degree on the next available graduation date. After receipt of this certification, the applicant will be considered eligible to participate in all licensure examinations and shall be eligible for licensure, pending completion of all other requirements.



## **Oxygen Therapy Policy and Procedure #131**

An order, whether verbal or written, for oxygen therapy provided by a facility, which the Board of Pharmacy has jurisdiction over, should be maintained in a readily retrievable manner on the site permitted. The order should contain at minimum (1) full name and address of the patient (2) date of issuance (3) name, address, telephone number and degree classification of the prescriber (4) person issuing order and order contents, duration of use, duration and method of administration. A current order, which reflects the patient's therapy, should be maintained in a readily retrievable manner on the site permitted until the time which the prescriber discontinues the therapy.

In addition, facilities should maintain records which account for contents, lot numbers, and name of the patients to whom oxygen is dispensed as directed by the FDA.

## **Compounding Pharmacies Policy and Procedure #132**

The minimum requirements for a compounding pharmacy upon inspection shall include the verification of the source of chemicals, the ability to ascertain that the level of products delivered and the duty are equal, and that the facility is in compliance with compounding laws with appropriate record keeping, i.e. logs, calibrations. If compounding of sterile products exist, the pharmacy shall be in compliance with the South Carolina Pharmacy Practice Act and review USP guidelines regarding the compounding of sterile products and keep abreast of any new changes.

The minimum expected compliance for a pharmacist selling compounded products to a physician or licensed practitioner is that the pharmacist have a contract with the physician or licensed practitioner specifying that the compounded medications are for office administration only, and that lot numbers and expiration dates shall be maintained and readily retrievable on patient's records/charts.

Testing requirements should center around the process in use as well as random product testing applicable to the practice site and specific product being compounded.

All sterile compounding personnel (pharmacy technicians and pharmacists) must have proof of personal competency in the art of sterile compounding completed on an annual basis.

**OTC Compounding  
Policy and Procedure # 133**

The minimum guidelines for pharmacists who are doing over-the-counter (OTC) compounding are:

1. Component products used in OTC compounding should be available to the public.
2. Compounded product should be made on a patient-specific need and kept behind the pharmacy counter under supervision of the pharmacist.
3. Compounded product labels should include: active ingredients; strength; dosage; directions for use; expiration date; and one of the following: a) lot number b) batch number c) control number, or d) identification number; as well as, appropriate auxiliary labels.
4. Patients should receive detailed written or verbal information and counseling with all compounded products.
5. Records of products provided to patients must be maintained in a readily retrievable manner.

**State-Certified Technician Practical Experience  
Policy and Procedure #135**

Pharmacy Technicians submitting hours of practical experience for state-certification must obtain those hours in a permitted facility under the supervision of a licensed pharmacist or in those sites that comply with the description listed in 40-43-85(G).

**Technician Renewal  
Policy and Procedure #136**

Pharmacy Technicians who renew prior to June 1st, will pay the fee of \$25.00 to be submitted with their renewal application. Those technicians who do not renew prior to June 30 will be assessed a \$10.00 late penalty. Payment of the renewal fee and any penalties must be in the form of cashier's check, money order or valid credit or debit card. All renewal forms received after June 30 will be returned, with a notice to the individuals that the renewal will not be processed until the proper fees are received.

## **Sterile Compounding Policy and Procedure #137**

A facility which is permitted by the Board of Pharmacy for Sterile product compounding should meet the intent and guidelines of the USP by the permit renewal period beginning January 2006 by obtaining Accreditation from an organization approved by the Board and/or giving evidence of personnel training, facility and equipment maintenance, and product testing and validation. Policies and procedures as well as logs and other documentation should be maintained by the facility to support compliance with the level of product compounding performed. In lieu of compliance by the date above, a facility may propose a written plan of action for compliance and be subject to re-inspection on an individual basis.

**Lapsed Pharmacist Licenses  
Policy and Procedure #139**

Pursuant to Section 40-43-110(D) pharmacist licenses not renewed by May 1 are considered lapsed. Reinstatement of a lapsed license must be granted upon evidence satisfactory to the Board that all requirements have been met. The reinstated license may be subject to disciplinary action for failure to renew the license within the prescribed period, and where appropriate, practice during the period that the license has lapsed.

Applications that are submitted for renewal after May 1 must meet renewal requirements and contain the appropriate fees and appropriate penalties. Applicants shall sign a pre-licensing agreement certifying that their license is subject to the right to impose sanction for unlicensed practice pursuant to 40-1-110 and 40-43-110(D) of the Rules and Regulations of the Board.

All applications for renewal received on or after April 1 are required to submit the penalty fee of \$50.00 in addition to the \$80.00 license fee. Applications for renewal received in the following windows will be subject to additional penalties as listed:

<b>Time Window</b>	<b>License Fee</b>	<b>April Penalty</b>	<b>Additional Penalty</b>	<b>Total Fees Due</b>
May 1 through May 15	\$ 80.00	\$ 50.00	\$ 100.00	\$ 230.00
May 16 through 31	\$ 80.00	\$ 50.00	\$ 150.00	\$ 280.00
June 1 through June 15	\$ 80.00	\$ 50.00	\$ 200.00	\$ 330.00
June 16 through June 30	\$ 80.00	\$ 50.00	\$ 250.00	\$ 380.00
After July 1	Disciplinary Proceedings before Full Board of Pharmacy			

## Approved Technician Duties Policy and Procedure #140

An employee of a pharmacy holding a pharmacy permit not registered with the SC Board of Pharmacy may perform many **clerical** functions associated with the practice of pharmacy. A non-registered employee is prohibited from performing the following functions:

- Entering data beyond demographic information (name, address, date of birth, gender, contact information, insurance, etc)
- Interpreting prescription drug orders
- Handling non-dispensed legend drugs or devices.
- Compounding of any over-the-counter or legend drug

A Registered or Certified Pharmacy Technician may perform many **clerical** functions associated with the practice of pharmacy at a facility holding a pharmacy permit. While fulfilling clerical functions, up to the point of dispensing requiring clinical interpretation and/or product selection, as defined in Section 40-43-30(15), registered or certified technicians would not be considered in the pharmacist to technician ratio as indicated by Sec. 40-43-86 (B)(4)(b).

A Registered Pharmacy Technician may perform many **technical** functions associated with the practice of pharmacy at a facility holding a pharmacy permit; however, even under the direct supervision of a pharmacist, the pharmacy technician is prohibited from performing the following functions:

- Performing any duty required by law or regulation to be performed by a state-certified technician, pharmacy intern or extern, or a pharmacist
- Administering immunizations
- Counseling a patient on a new or refill prescription
- Performing the final check on all aspects of the completed prescription
- Conducting or overriding a patient Drug Utilization Review and/or Drug Interaction Alerts
- Making clinical decisions based on medication reconciliation or history taking

The following duties may be performed by a **State Certified** Registered Technician after the supervising pharmacist carefully considers the individual's abilities and/or qualifications at a facility holding a pharmacy permit:

- Receiving and initiating verbal telephone orders for non-controlled prescriptions.
- Conducting a one-time transfer of a non-controlled prescription. This should in no way prohibit a future transfer of the same prescription.
- Checking a technician's refill of medications if the medication is to be administered by a licensed healthcare professional in an institutional setting.
- Checking a technician's repackaging of medications from bulk to unit dose in an institutional setting.



- Conducting monthly inspections of non-dispensing drug outlet permit sites, provided that inspection of the site does not require any clinical interpretation or review of patient charts or other patient-specific information, in which case the inspection must be completed by a pharmacist. A State Certified Registered Technician may not conduct inspections at any permitted site which engages in compounding. The consultant pharmacist of record shall conduct the inspection of the non-dispensing drug outlet permitted facility no less than every 6 months. If the inspection is conducted by a State Certified Registered Technician or another pharmacist, the consultant pharmacist must countersign the inspection form and send it to the non-dispensing permit site to retain for their records. The signed inspection form may be sent electronically. If a State Certified Registered Technician finds any deficiencies during the inspection, the person of contact at the permitted site must be contacted immediately and the consultant pharmacist must be notified within 24 hours.

**As stated in Section 40-43-82(C), "...a certified technician is prohibited from checking another technician's fill, refill, or repackaging of medications for delivery to a patient in an outpatient setting."**

## Correctional Facilities Policy and Procedure #141

A correctional facility does not require a SC Board of Pharmacy permit if they operate under the following standards:

1. They do not store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications.
2. All medications on-site are labeled inmate-specific and are administered;
  - a. by the inmate himself,
  - b. by a medically licensed professional (i.e. RN, LPN, etc.),
  - c. by a facility officer/staff caregiver.

A correctional facility will be required to obtain an SC Board of Pharmacy permit if they store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications. This permit would be a Non-Dispensing Drug Outlet Permit.

Requirements for obtaining a SC Board of Pharmacy permit for these facilities is as follows:

40-43-86(A)(1)	Must have sufficient space for safe & proper storage.
40-43-86(A)(10)	Storage areas must have adequate temperatures.
40-43-86(A)(13)	Medication storage area must have physical or electronic barrier.
40-43-86(A)(16)(a)	Medication storage area must be in a dry, well-ventilated, adequately lighted area
40-43-86(A)(16)(b)	Medication storage area must be free from dust, insects, rodents, and contamination.
40-43-86(A)(16)(c)	Outdated, damaged, unlabeled drugs must be removed from active stock.
40-43-86(A)(16)(d)	Refrigerator Temperature must be between 36-46 degrees F.
40-43-86(C)(1)(a)	Consultant RPh must establish P&P's for procurement, storage, compounding, and distribution of drugs.
40-43-86(C)(1)(b)	Consultant RPh must establish record-keeping system for purchase, possession, storage, safe-keeping of drugs.
40-43-86(C)(1)(c)	Consultant RPh must facilitate recalls and removal of outdated and adulterated drugs.
40-43-86(C)(1)(d)	Consultant RPh must supervise all employees related to

	procurement, compounding, distribution, and storage of drugs.
40-43-86(C)(1)(e)	Consultant RPh must act as information source for facility staff.
40-43-86(C)(1)(f)	Consultant RPh must perform written monthly inspections.
	All medications administered must be checked and prepared by a SC-licensed healthcare professional prior to administration to the patient.
	All legend drugs obtained by a correctional facility must be obtained from a facility permitted by the SC Board of Pharmacy.
	Must have policy in place for identification of drugs brought into facility by inmates.

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Those facilities that maintain stock bottles of legend drugs to dispense to inmates must obtain a pharmacy permit and meet the statutory requirements of the SC Pharmacy Practice Act Section 40-43-86. This permit would be a Dispensing Pharmacy Permit.

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Those facilities who do not have SC-licensed healthcare professional to administer medications to inmates must have their non-medically trained personnel complete a Board of Pharmacy-approved training course in drug administration and accountability and must be renewed biennially. These facilities may not floor-stock any legend medications. They must also have a Policy & Procedure in place for identification of drugs brought in by inmates.

**Technicians/Military  
Policy and Procedure #142**

Pharmacy technicians presenting themselves for registration to the South Carolina Board of Pharmacy from a military setting must present an affidavit of experience from the military setting where they were employed to culminate the requirements for their experience.

The affidavit of experience must be signed by their supervising pharmacist and identified by his/her license number and State of registration. The supervising pharmacist's license must be current and in good standing.

## **Pharmacy Online References Policy and Procedure # 143**

The online versions of the following reference materials are acceptable at a permitted facility in South Carolina as long as the pharmacist is able to demonstrate the ability to access and utilize them via the computer:

- South Carolina Board of Pharmacy Newsletters
- South Carolina Pharmacy Practice Act
- South Carolina Controlled Substance and Regulations Act
- South Carolina Drug Act
- Current Drug Reference
- Current Bioequivalency Reference

## **Donation of Drugs and Devices Policy and Procedure # 144**

A South Carolina permitted pharmacy may donate legend medications or legend medical devices to free medical clinic operations whose patients are indigent or uninsured.

In order for medications or medical devices to be donated for health care services free of charge the following requirements must be met:

- Any legend drugs or legend medical devices to be donated must have been in the chain of custody of a licensed healthcare provider
- Physical transfer of the legend drugs must be done under the supervision of a South Carolina licensed pharmacist in a voluntary written agreement that allows for record keeping.
- Legend medications or legend medical devices to be donated must be transported with paperwork identifying the donor and the recipient. A copy of the transfer must be retained by the pharmacy for two years for review upon inspection by the Board of Pharmacy.
- Any donated legend medications or legend medical devices must be inspected for expiration date, evidence of contamination and proper identification based on the pharmacist's professional judgment.
- All patient information must be removed from the packages containing legend medications or legend medical devices prior to donation.
- Under no circumstances should medication be accepted for donation from the patient himself/herself.
- No controlled substances shall be accepted for donation.
- Legend medications and legend medical devices may not be accepted if misbranded or adulterated.
- The Free Clinic representative must sign for the transfer of the donated legend medications or medical devices and retain a copy of the transfer for two years for review upon inspection by the Board of Pharmacy.
- Donated medications must be in the original manufacturer containers.
- Legend medication packaged in USP compliant single dose tamper-evident packaging may be donated provided the original manufacturer (or NDC number), manufacturer's lot number and appropriate expiration date of the repackaged medication are maintained and legible.

## **VAWD Accreditation Policy and Procedure # 145**

In order to obtain a Non-Resident Wholesale/Distributor and/or Manufacturer permit in the State of South Carolina you must have VAWD accreditation or meet the standards established by NABP for its VAWD accreditation. The Board considers VAWD to be the appropriate professional standard.

## **Pharmacist Meal Break Policy and Procedure # 146**

If a permitted facility allows their pharmacist to participate in a 30 minute meal break the following guidelines must be in place.

1. Policies and Procedures must be present which define the approval and eligibility, and procedures on how to handle before, during and after the 30 minute meal break.
2. Pharmacist must be in the permitted facility and have a sign posted that the pharmacist is on break.
3. The permitted facility should attempt to have the break occur at a consistent time each day and proper notice given to the public.
4. In permitted facilities with overlapping pharmacists, breaks should be taken while other pharmacist coverage is available.
5. Pharmacist must be available to handle any emergency situations which may arise.
6. Pursuant to the Board of Pharmacy, technicians may perform the following duties while a pharmacist is on break:
  - Assemble prescriptions to be checked by the pharmacist when the break is over.
  - Provide prescriptions to the patients for pick up that have been previously prepared and checked by a pharmacist. A log must be completed for all transactions; new prescriptions and refills that occur while the pharmacist is on break.
  - Receive and assemble prescriptions. The pharmacist must check any prescription(s) before it goes to the patient pursuant to the Board's practice act.

Note: Any Drug Utilization Review Messages must be reviewed and resolved by the pharmacist.

7. When requested by the patient the pharmacist must call the patient within a reasonable timeframe after the prescription is picked up to review any counseling issues that may be appropriate for any prescriptions sold in the absence of a pharmacist.

There should be adequate training of all pharmacy personnel on how to handle 30 minute meal break coverage.



## **Remote Medication Order Processing Policy and Procedure #147**

### **(1) Definitions.**

(a) "Remote Medication Order Processing" includes any of the following activities performed from a remote location:

1. Receiving, interpreting, or clarifying medication orders.
2. Entering or transferring medication order data.
3. Performing prospective drug use review.
4. Obtaining substitution authorizations.
5. Interpreting and acting on clinical data.
6. Performing therapeutic interventions.
7. Providing drug information
8. Authorizing the release of a medication for administration.

### **(2) General Requirements.**

(a) An entity may utilize remote medication order processing if the pharmacist performing the remote medication order processing has access to sufficient patient information necessary for prospective drug use review and approval of medication orders.

1. The pharmacist may be employed or contracted by the entity.

a. The pharmacist must be a SC licensed pharmacist.

b. The entity must have a written agreement or contract with the pharmacist. The written agreement or contract shall:

1. Outline the services to be provided.
2. Delineate the responsibilities of each party including compliance with federal and state laws and regulations governing the practice of pharmacy as well as state and federal medical privacy requirements.
3. Require that the parties adopt a policies and procedures manual.
4. Provide that the parties have access to or share a common electronic file such that the pharmacist performing remote medication order processing has sufficient patient information necessary for prospective drug use review and approval of medication orders.

1. The pharmacist may be employed by a contractor of the entity to provide remote medication order processing in South Carolina
  - a. The pharmacist must be a SC licensed pharmacist.
  - b. The entity must have a written agreement or contract with the pharmacist. The written agreement or contract shall:
    1. Outline the services to be provided.
    2. Delineate the responsibilities of each party including compliance with federal and state laws and regulations governing the practice of pharmacy as well as state and federal medical privacy requirements.
    3. Require that the parties adopt a policies and procedures manual.
    4. Provide that the parties have access to or share a common electronic file such that the pharmacist performing remote medication order processing has sufficient patient information necessary for prospective drug use review and approval of medication orders.

3. The pharmacist may be employed by a contractor of the entity to provide remote medication order processing outside of South Carolina.

a. The entity must have a written agreement or contract with the contractor employing the pharmacist. The written agreement or contract shall:

1. Require the contractor to have a South Carolina pharmacy permit.
2. Require the Pharmacist-in-Charge of the contractor to be a South Carolina licensed pharmacist.
3. Outline the services to be provided.
4. Delineate the responsibilities of each party including compliance with federal and state laws and regulations governing the practice of pharmacy as well as state and federal medical privacy requirements.
5. Require that the parties adopt a policies and procedures manual.
6. Provide that the parties have access to or share a common electronic file such that the pharmacist performing remote medication order processing has sufficient patient information necessary for prospective drug use review and approval of medication orders.

b. The entity must have a South Carolina pharmacy permit.

**(3) Policies and Procedures.** A policies and procedures manual shall:

(a) Be accessible to each party involved in remote medication order processing.

(b) Be available for inspection by the Board or an authorized agent of the Department.

(c) Outline the responsibilities of each party involved in remote medication order processing.

(d) If the pharmacist is not employed by the entity, then include a current list of the name, address, telephone number, and license number of each pharmacist involved in remote medication order processing.

(e) Include policies and procedures for:

1. Protecting the confidentiality and integrity of patient information by accessing secure networks.

2. Ensuring that a pharmacist performing prospective drug use review has access to appropriate drug information resources.

3. Ensuring that medical and nursing staff understand how to contact a pharmacist.

4. Maintaining records to identify the name, initials, or identification code of each person who performs a processing function for a medication order.

5. Complying with federal and state laws and regulations.

6. Operating or participating in a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.

7. Reviewing the written policies and procedures and documenting the review every year.

#### 4. Records.

(a) The entity involved in remote medication order processing shall maintain a record that identifies the name, initials, or identification code of each person who performed a processing function for every medication order. The record shall be available by medication order or by patient name.

(b) The record may be maintained in a common electronic file if the record is maintained in such a manner that the data processing system can produce a printout which identifies every person who performed a processing function for a medication order.

( c ) The record shall be readily retrievable for at least the past two (2) years. The record shall be available for inspection by the Board or an authorized agent of the Department.

## **Expungement Policy and Procedure #148**

Pursuant to S.C. Code Ann. § 40-1-120(E), the South Carolina Board of Pharmacy (“Board”) hereby establishes the following procedure to allow a licensee/permittee who has been issued a reprimand to petition the Board for expungement of the reprimand from the licensee/permittee’s record.

If the Board grants a licensee/permittee’s Petition, the relevant records relating to the reprimand previously issued by the Board shall be sealed, subject only to production in response to lawful requests for the same by state or federal agencies, or appropriate third-parties. Subject to the aforementioned limited exceptions for producing the records, the records will not be available to the public and will be removed from the Board’s website. Further, the proceedings and resulting reprimand shall be deemed by the Board to have not occurred.

Reprimands resulting from the following conduct by individual licensees shall **not** be eligible for expungement:

- (a) offenses involving controlled substances diversion and abuse or misuse;
- (b) offenses in which drugs, including non-controlled and/or controlled substances, were diverted and distributed to a third-party;
- (c) unlicensed practice; and
- (d) practicing while impaired.

Reprimands resulting from the following conduct by permittees shall **not** be eligible for expungement:

- (a) shipping into South Carolina without a permit (non-resident facilities);
- (b) permit holders with non-reciprocal and non-related offenses; and
- (c) offenses involving distribution of misbranded and/or adulterated drugs.

The Board will not consider a Petition for Expungement until a minimum of one (1) year has passed after licensee/permittee’s satisfactory completion of any conditions imposed by the Board relating to the reprimand sought to be expunged. A licensee/permittee must file a Petition for Expungement with the Board Administrator attesting that the licensee/petitioner’s Petition falls within the guidelines set forth above. The Board will consider the Petition at a later meeting of the Board and determine whether the Petition should be granted. The Board will consider each case on its merits and reserves the right to deny any Petition for Expungement if expungement of the reprimand would not be in the public interest. Petitioner shall be required to attend any hearing involving petitioner’s request.