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SC Department of Labor, Licensing, & Regulation – Board of Pharmacy News

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Board Elects Officers

At its June 2017 meeting, the South Carolina Department of Labor, Licensing, & Regulation – Board of Pharmacy elected Terry A. Blackmon, RPh, of New Zion, SC, as its chairperson. Blackmon is the pharmacist representing the Sixth Congressional District.

Spencer Morris, PharmD, RPh, of Georgetown, SC, representing the Seventh Congressional District, was elected vice chairperson. Each will serve a one-year term from July 1, 2017, until June 30, 2018.

New Laws for Pharmacists and Pharmacy Technicians – H. 3824

This article shall serve as notice of the enactment of a new law impacting your practice in South Carolina. The bill H. 3824 was introduced in the House of Representatives on February 22, 2017, and in the Senate on April 5, 2017. It was last amended on May 9, 2017, and passed by the General Assembly on May 10, 2017. **The law became effective upon Governor Henry McMaster's signature on May 19, 2017.** The portions of the bill pertaining to pharmacy practice read as follows:

Prescription monitoring program, requirement to review of patient's prescription history

SECTION 1. Article 15, Chapter 53, Title 44 of the 1976 Code is amended by adding:

"Section 44-53-1645. (A) A practitioner, or the practitioner's authorized delegate, shall review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. If an authorized delegate reviews a patient's controlled substance prescription history, the practitioner must consult with the authorized delegate regarding the prescription history before issuing a prescription for a Schedule II controlled substance. The consultation must be documented in the patient's medical record.

(B) The requirements of this section do not apply to:

(1) a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient;

(2) a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient;

(3) a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription monitoring program at least every three months;

(4) a practitioner approving the administration of a Schedule II controlled substance by a health care provider licensed in South Carolina;

(5) a practitioner prescribing a Schedule II controlled substance for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility and the patient's medications are stored, given, and monitored by staff; or

(6) a practitioner who is temporarily unable to access the prescription monitoring program due to exigent circumstances; however, the exigent circumstances and the potential adverse impact to the patient if the prescription is not issued timely must be documented in the patient's medical record.

(C) A practitioner is deemed to be in compliance with this section if the practitioner utilizes technology that automatically displays the patient's controlled substance prescription history from the prescription monitoring program in the practitioner's electronic medical record system. The practitioner must be able to demonstrate that this technology has been deployed in his practice, but no additional documentation is required in the patient's medical record."

Prescription monitoring program, definitions

SECTION 2. Section 44-53-1630 of the 1976 Code, as last amended by Act 244 of 2014, is further amended to read:

"Section 44-53-1630. As used in this article:

(1) 'Authorized delegate' means an individual who is approved as having access to the prescription monitoring program and who is directly supervised by an authorized practitioner or pharmacist.

(2) 'Controlled substances' means those substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, 44-53-250, and 44-53-270.

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WHO Launches Global Patient Safety Challenge on Medication Safety

To reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years, the World Health Organization (WHO) has launched a worldwide initiative, the Global Patient Safety Challenge on Medication Safety. Medication errors cause at least one death every day and injure approximately 1.3 million people every year in the United States. In addition, low- and middle-income countries are estimated to have similar rates of medication-related adverse events as high-income countries.

The Global Patient Safety Challenge on Medication Safety aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring, and use. WHO intends to provide guidance and develop strategies, in addition to plans and tools to ensure that the medication process has the safety of patients at its core in all health care facilities.

Previous WHO Global Safety Challenges have included the Clean Care is Safer Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008. Additional information is available in the WHO press release available at *http://who.int/mediacentre/news/releases/2017/medication-related-errors/en.*

Continuous Quality Improvement and Patient Safety Organizations

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.*

Data from the ISMP Medication Errors Reporting Program reveals that medication-related problems are repetitive in nature. An incident of misuse in one setting is likely to repeat itself in another. Most importantly, the system changes that are necessary to prevent errors are similar, and a growing body of literature is available to guide these efforts. Tragically, too many organizations and individual providers do not believe similar incidents could happen to them. They fail to use information about errors occurring elsewhere as a roadmap for improvement in their own organization or practice. It is not until a serious error hits home that aggressive prevention efforts are implemented. With so much evidence-based information about error prevention at hand, there is little excuse for reacting to errors after they happen instead of preventing them.

The development and implementation of continuous quality improvement (CQI) efforts should be the highest priority in all pharmacies. Such efforts must be aimed specifically at preventing well-known and repetitive dispensing errors. Pharmacies should seek out medication safety information and use it proactively to prevent medication errors. At the same time, safety issues recognized internally and/or reported by patients should be documented and analyzed, with a process to determine the best strategies to prevent future problems and methods to ensure implementation. An annual survey to assess consumer perceptions of the quality of pharmaceutical products and professional services could supply additional information upon which to base improvement strategies. For more information on CQI programs, visit Section 7 of Model Rules for the Practice of Pharmacy in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.*

Informational tools like the *ISMP Medication Safety Alert!* publication, or ISMP's *Quarterly Action Agenda,* which is a readily available list of medication problems compiled from the nation's reporting programs, can be a backbone of any CQI effort. The very purpose of the ISMP Medication Errors Reporting Program – indeed the purpose of any type of safety reporting program and the expert recommendations that stem from it – is to guide the implementation of quality improvement initiatives by practitioners and organizations.

It is important that certain information from the CQI proceedings and records of review be protected from discovery. Patient safety organizations (PSO) are organizations that share the goal of improving the quality and safety of health care delivery. Patient Safety Work Product (PSWP) is the information protected by the privilege and confidentiality protections of the Patient Safety Act and Patient Safety Rule. PSOs serve as independent, external experts who can collect, analyze, and aggregate PSWP locally, regionally, and nationally to develop insights into the underlying causes of patient safety events, thus improving quality by identifying and reducing the risks and hazards associated with patient care. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of patient safety events.

For more information on PSOs, visit *https://www.pso.ahrq.gov/faq.*

NCPDP Releases Guide to Ensure Patients Get Their Medications During a Disaster

The National Council for Prescription Drug Programs (NCPDP) released the *NCPDP Emergency Preparedness Information* guide to assist pharmacists and other health care providers during a declared emergency. Prepared by the NCPDP Emergency Preparedness Committee, the guide provides resource information for eligibility and claims processing affecting displaced individuals. The guide is available at *www.ncpdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation_v1_4.pdf.* Additional information for pharmacists about emergency preparedness is available on the NCPDP website at *www.ncpdp.org/Resources/Emergency-Preparedness.*

FDA Warns of Illnesses and Deaths in Pets Exposed to Fluorouracil

Food and Drug Administration (FDA) is alerting pharmacists that patients' pets are at risk of illness and death when exposed to the topical cancer medication fluorouracil cream USP 5% (5-FU) that is intended for use in people. Fluorouracil may also be marketed under the brand names Carac®, Efudex®, and

Fluoroplex®. Very small amounts could be dangerous to household pets; thus, patients should use care when applying and storing the medication. FDA has received reports of five dogs that became ill and died after accidentally ingesting the topical cream, notes a Center for Veterinary Medicine Update available at *www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm537434.htm.*

Although FDA has not received any reports involving cats to date, cats are also expected to be extremely sensitive to fluorouracil cream. For instance, if an owner applies fluorouracil cream to an afflicted area and touches his or her cat, the cat may accidentally ingest the medication when grooming itself and suffer adverse events.

FDA advises that pharmacists who fill these prescriptions should advise patients with pets to prevent exposing their pet to the medication. Adverse events may be reported to FDA using the Form FDA 1932a, which may be obtained at *www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm055305.htm.*

FDA Revises Final Guidance Documents on Bulk Drug Substances Used in Compounding

In January 2017, FDA issued revised versions of two final guidance documents regarding the use of bulk drug substances in compounding.

- Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act
- Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act

FDA clarified that the policies described in the guidances do not apply to inactive ingredients. Inactive ingredients are not included in the definition of a "bulk drug substance" and can be used in compounding without appearing on the bulk drug substances lists developed under sections 503A or 503B of the Federal Food, Drug, and Cosmetic Act, if all applicable conditions are met.

As indicated on its website at *www.fda.gov/Drugs/DrugSafety/ucm502075.htm,* FDA will also provide regular updates to the categories of bulk drug substances described in the guidances. FDA previously stated that it would not evaluate new nominations for placement in one of the three categories until after it completed its review of substances already nominated with adequate supporting information.

Now, the guidances state that FDA will determine after submissions are received whether new nominations, including renominations of substances with additional supporting information, have sufficient information for FDA to review them. After making that determination, FDA will place nominated substances in the appropriate category on FDA's website. FDA intends to update the categories with any new nominations the first business day of each month. This revised policy will further minimize unnecessary disruptions to patient treatment while FDA develops the lists of bulk drug substances for use in compounding.

The guidances are available online at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf* and *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469122.pdf.*

APhA Resource Guide Applies JCPP Pharmacists' Patient Care Process to Immunization Services

The American Pharmacists Association (APhA) published a resource guide that applies the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process to pharmacy-based immunization services. The components of the Pharmacists' Patient Care Process to collect, assess, plan, implement, and follow-up should be implemented as routine practice along with the National Vaccine Advisory Committee Standards for Adult Immunization Practice, as noted in the resource guide, *Applying the Pharmacists' Patient Care Process to Immunization Services.* "[P]harmacists and other vaccine providers need to strive to constantly improve collaboration, communication, and documentation," indicates the APhA guide. For more information, visit the APhA Immunization Center at *www.pharmacist.com/immunization-center.*

CPE Training on Older Adult Fall Prevention Available Online

Developed in collaboration with the Centers for Disease Control and Prevention (CDC) and the APhA, the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is offering continuing pharmacy education (CPE) training for pharmacists to prevent falls in adults 65 and older. The training will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education. To participate in the free online training, "STEADI: The Pharmacist's Role in Older Adult Fall Prevention," visit the CDC website at *www.cdc.gov/steadi/training.html* for more information.

New FDA Drug Info Rounds Training Video Addresses the Combat Methamphetamine Epidemic Act

Drug Info Rounds, a series of online videos by FDA, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the latest Drug Info Rounds video, "Combat Methamphetamine Epidemic Act," pharmacists discuss the legal requirements for the sale of over-the-counter drug products that contain pseudoephedrine. Drug Info Rounds was developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research (CDER), Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.*

FDA Presents Series of CE Webinars for Students and Clinicians

FDA's Division of Drug Information in the CDER presents a series of continuing education (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 role in medication error prevention and prescription drug labeling. The webinars and presentation slides can be accessed on FDA's website at *www.fda.gov/DDIWebinars.*

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(3) 'Dispenser' means a person who delivers a Schedule II-IV controlled substance to the ultimate user, but does not include:

(a) a licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;

(b) a practitioner or other authorized person who administers these controlled substances; or

(c) a wholesale distributor of a Schedule II-IV controlled substance.

(4) 'Drug control' means the Department of Health and Environmental Control, Bureau of Drug Control.

(5) 'Patient' means the person or animal who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.

(6) 'Practitioner' means an individual authorized pursuant to state and federal law to prescribe controlled substances."

Prescription monitoring program, establishment

SECTION 3. Section 44-53-1640(A) of the 1976 Code is amended to read:

"(A) The Department of Health and Environmental Control, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State."

Prescription monitoring program, penalties for failure to review a patient's controlled substance prescription history

SECTION 4. Section 44-53-1680 of the 1976 Code, as last amended by Act 244 of 2014, is further amended to read:

"Section 44-53-1680. (A) A dispenser or authorized delegate who knowingly fails to submit prescription monitoring information to drug control as required by this article, or who knowingly submits incorrect prescription information, is guilty of a misdemeanor and, upon conviction, must be fined not more than two thousand dollars or imprisoned not more than two years, or both.

(B) A person who knowingly discloses prescription monitoring information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(C) A person who knowingly uses prescription monitoring information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(D) A pharmacist or practitioner, licensed in Title 40, who knowingly discloses prescription monitoring information in a manner or for a purpose in violation of this article shall be reported to his respective board for disciplinary action.

(E) Nothing in this chapter requires a pharmacist to obtain information about a patient from the prescription monitoring program. A practitioner or authorized delegate of a practitioner who knowingly fails to review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, or a practitioner who knowingly fails to consult with his authorized delegate regarding a patient's controlled substance prescription history before issuing a prescription for a Schedule II controlled substance, as required by this article, must be reported to his respective board for disciplinary action.

(F) A pharmacist or practitioner does not have a duty and must not be held liable in damages to any person in any civil or derivative criminal or administrative action for injury, death, or loss to person or property on the basis that the pharmacist or practitioner did or did not seek or obtain information from the prescription monitoring program. A pharmacist or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting or receiving information from the prescription monitoring program."

. . .

Continuing education for pharmacists, prescription of Schedule II, III, and IV controlled substances

SECTION 9. Section 40-43-130(B) of the 1976 Code is amended to read:

"(B) Each licensed pharmacist, as a condition of an active status license renewal, shall complete fifteen hours (1.5 CEU's) of [Accreditation Council for Pharmacy Education] (ACPE) accredited continuing pharmacy education or continuing medical education (CME), Category I, or both, each license year. Of the fifteen hours, a minimum of six hours must be obtained through attendance at lectures, seminars, or workshops. At least fifty percent of the total number of hours required must be in drug therapy or patient management and at least one hour must be related to approved procedures for monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250."

Pharmacy technicians, authorized actions and continuing education requirements

SECTION 10. A. Section 40-43-82(C) of the 1976 Code is amended to read:

"(C)(1) Notwithstanding any other provision of this chapter, a supervising pharmacist may authorize a certified pharmacy technician to perform any of the following actions including, but not limited to:

(a) receiving and initiating verbal telephone orders;

(b) conducting one-time prescription transfers;

(c) checking a technician's refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; and

(d) checking a technician's repackaging of medications from bulk to unit dose in an institutional setting.

(2) Nothing in this section prevents the Board of Pharmacy from establishing duties for a certified technician; provided, however, that 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."

B. Section 40-43-82 is amended by adding an appropriately lettered new subsection to read:

"( ) Pharmacy technicians are exempt from continuing education requirements for the first renewal period following initial registration."

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Pharmacists-in-charge, supervision of pharmacy technicians

SECTION 11. Section 40-43-86(B)(4)(b) of the 1976 Code, as last amended by Act 11 of 2017, is further amended to read:

"(b) The pharmacist-in-charge shall develop and implement written policies and procedures to specify the duties to be performed by pharmacy technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience. These policies and procedures shall, at a minimum, specify that pharmacy technicians are to be personally supervised by a licensed pharmacist who has the ability to control and who is responsible for the activities of pharmacy technicians and that pharmacy technicians are not assigned duties that may be performed only by a licensed pharmacist. One pharmacist may not supervise more than a total of four pharmacy technicians at a time, including both state-certified and nonstate-certified technicians. One pharmacist may not supervise more than two nonstate certified technicians at a time. If a pharmacist supervises only one or two pharmacy technicians, these technicians are not required to be state-certified. Pharmacy technicians do not include personnel in the prescription area performing only clerical functions, including data entry up to the point of dispensing, as defined in Section 40-43-30(15)."

Continuing education for pharmacy technicians, exemptions

SECTION 12. Section 40-43-130(G) of the 1976 Code is amended by adding an appropriately numbered item at the end to read:

"( ) Pharmacy technicians are exempt from continuing education requirements while enrolled in a pharmacy technician program, as well as during the first renewal period following successful completion of the program."

Renal dialysis facilities, authority to deliver a legend drug or device to a patient

SECTION 13. Chapter 43, Title 40 of the 1976 Code is amended by adding:

"Section 40-43-75. (A) For purposes of this section:

(1) 'Renal dialysis facility' or 'RDF' means an outpatient facility that treats and offers staff-assisted dialysis or training and support services for self-dialysis patients to end-stage renal disease patients, as defined by Centers for Medicare and Medicaid Services. An RDF may be composed of one or more fixed buildings, mobile units, or a combination of them, as defined in R. 61-97. An RDF must be certified by Medicare to provide dialysis-related services to ESRD patients and must have a medical director licensed as a physician, pursuant to Chapter 47, Title 40, on staff.

(2) 'End-stage renal disease' or 'ESRD' means the disease state, and associated conditions, defined under 42 [Code of Federal Regulations] 406.13 and the United States Social Security Act.

(B) An RDF may deliver a legend drug or device to a patient of an RDF if:

(1) the drug or device is for home use by the patient or for administration in the facility as required by the prescriber's order or prescription;

(2) the drug or device is dispensed to the RDF by a properly licensed resident or nonresident pharmacy licensed by the board or administered by a properly licensed health care practitioner;

(3) the drug or device is dispensed by the pharmacy pursuant to a valid prescription issued by a licensed practitioner, as defined in Section 40-43-30(45);

(4) the drug or device delivered by the RDF is properly labeled in accordance with state and federal law;

(5) the drug or device is held by the RDF in a secure location in an area not accessible to the public, and packages containing drugs or devices are delivered by RDF staff, unopened, to the patient;

(6) the patient is given a choice of receiving the drug or device from the RDF, at their home, or from another agent;

(7) the drugs exclude controlled substances; and

(8) the RDF maintains policies and procedures concerning how it will receive, store, maintain, and return any drugs or devices that are not picked up by the patient and returned to the dispensing pharmacy.

(C) The provisions of this section do not waive any other requirements to obtain licensure, permits, or certification as required by law to possess legend drug products. A facility engaged in an activity related to the delivery or distribution of legend drugs still shall hold the requisite licensure or drug permits required by law."

Pharmacist authority to dispense an emergency refill

SECTION 14. Section 40-43-86(P) of the 1976 Code is amended to read:

"(P) If a pharmacist receives a request for a prescription refill and the pharmacist is unable to obtain refill authorization from the prescriber, the pharmacist may dispense, once within a twelve-month period, an emergency refill of up to a ten-day supply of the prescribed medication if:

(1) the prescription is not for a controlled substance;

(2) the medication is essential to the maintenance of life or to the continuation of therapy;

(3) in the pharmacist's professional judgment, continuing the therapy for up to ten days will produce no undesirable health consequences or cause physical or mental discomfort;

(4) the pharmacist properly records the dispensing; and

(5) the dispensing pharmacist notifies the prescriber of the refill and the amount of the refill, not to exceed a ten-day supply, within a reasonable time, but no later than ten days after the once in twelve months refill dispensing."

This article is for notification purposes only and should not be relied upon as legal advice. You should consult your own attorney should you or your organization need legal advice regarding the implementation of this law.

As mentioned above, the passing of H. 3824 requires all pharmacists to complete one hour of opioid monitoring annually. Because of the large call volume around what this continuing education (CE) can look like, the Board has put together a **sample** list of CE that would be acceptable. As the Board does not "approve" or "disapprove" CE, this is not an endorsement of any particular CE program. It is only meant to be a guide with some samples of CEs that would be appropriate.

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The link to this list can be found on the Board's website at *www.llr.sc.gov/pol/pharmacy* and on the Board's Facebook page at *https://www.facebook.com/scbop.*

Compliance Tips

Refills When Provider Retires or Is No Longer Practicing

There has been an increase in the number of questions around what to tell patients when a provider has retired or is no longer in practice.

Per Board **Policy and Procedure #090,** for non-controlled substances, if a prescriber retires or dies and there are still refills remaining on a patient's prescription, authorized refills of maintenance drugs may continue for a period of 90 days. The patient should be advised to locate a new physician within 90 days.

What Licensee/Registrant Changes Need to Be Reported to the Board?

Interns, as per Section 40-43-84(D)

- ♦ Change of Employment: Within 10 days
- ♦ Change of Residence: Within 10 days

Pharmacists and Technicians, as per Section 40-43-91(E)(F)

- ♦ Change in Mailing Address: Within 10 days
- ♦ Change of Employment: Within 10 days

Consultant Pharmacists, as per Section 40-43-86(C)(2)

- ♦ Change in Consultant: **Outgoing** consultant and permit holder must notify Board of change within 10 days

Pharmacists-in-Charge (PICs), as per Section 40-43-86(B)(3)

- ♦ Change of Employment: Immediately
- ♦ Change of Responsibility as PIC: Immediately
- ♦ Change of Pharmacy Ownership: Immediately
- ♦ Change of Address of Pharmacy: Immediately
- ♦ Permanent Closing of Pharmacy: Immediately

When Is a New Permit Required?

Board staff has received numerous questions from in-state facilities about when a new permit is required.

Section 40-43-90(E) states:

(E) Upon the occurrence of any of the following, an existing permit is void and a new permit must be applied for:

(1) change of ownership:

(a) any change of ownership in the case of a sole proprietorship;

(b) a gain or loss of a partner in the case of a partnership;

(c) a change of ownership of fifty percent or more of stock in the case of a corporation;

(2) change of name; or

(3) change of location from one city to another.

Flu Season Is Approaching

Please review the current Protocol for Administration of Vaccines by Pharmacists and appendixes on the Board's website at *www.llr.sc.gov/pol/pharmacy* to familiarize yourself with the qualifications to administer vaccines by the protocol and the requirements of supplies and equipment to have on hand. Pharmacist inspectors will be monitoring compliance with the protocol.

Coalition Announces Statewide Immunization Initiative

"Immunize South Carolina Week" is now scheduled for **August 14-21,** during which community leaders will come together to share the important message that immunizations reduce the risk of death and that citizens should check with physicians, pharmacists, and health departments to determine whether they are up to date with vaccines.

Sponsored by the South Carolina Immunization Coalition (Coalition), the campaign's activities will include distribution of materials aimed at educating communities on the importance of immunizations and encouraging individuals of all ages to get them as recommended by their medical providers. The Coalition and campaign is co-led by the South Carolina Department of Health and Environmental Control and the Carolinas Center for Medical Excellence (CCME), and includes the South Carolina Alliance of Health Plans Foundation, Walgreens, and Select Health of South Carolina.

The Coalition is providing a downloadable communication toolkit, as well as printed flyers and posters to promote the message. Included are resources for all age groups, but especially for the most vulnerable age groups, which include children (ages 0-18) and older adults (ages 65 and older). The Centers for Disease Control and Prevention cite 44,836 deaths attributed to influenza and pneumonia among seniors, which taken together account for the eighth leading cause of death in this age group.

The Coalition includes providers, stakeholders, policy makers, and community advocates, all aiming to educate, motivate, and increase access to immunizations, thereby reducing the risk of preventable life-threatening diseases. "The broad support by Coalition members in helping to bolster outreach is a key reason why immunization rates continue to rise in our state," according to Melinda Postal, quality specialist at CCME.

Medicare data from 2015-2016 show that all counties in South Carolina increased pneumonia immunization rates and that 25 counties increased influenza immunization rates.

For information on how to become involved in the campaign, contact Melinda Postal at mpostal@thecarolinascenter.org.

The *South Carolina Board of Pharmacy News* is published by the South Carolina 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.

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