

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

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Kingstree Bldg, 110 Centerview Dr • PO Box 11927 • Columbia, SC 29211-1927
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Pharmacy Technician Renewals

The 2017 renewal notices were mailed to pharmacy technicians in early April. You were mailed a renewal notice with a **user ID**, and you will be required to reset your **password** due to security changes to access the online renewal website. If you have your user ID and password from previous renewals, you may use that information. If you do not have the password, you will need to reset it. A current email address is required to renew online.

To Add an Email Address

- ◆ Visit <http://www.llr.state.sc.us/pol/pharmacy>.
- ◆ On the right-hand side of the page, under Contact Us, click on Contact.Pharmacy@llr.sc.gov.
- ◆ In the subject line, enter “email address update.”
- ◆ Provide your name, technician registration number, and the email address you want to use.
- ◆ If you have your user ID and password from previous renewals, you may use that information.

To Reset Your Password

- ◆ Visit <https://eservice.llr.sc.gov/SSO/Login/RecoverPass>.
- ◆ Enter your user ID.
- ◆ Check the “I’m not a Robot” box and click the “Retrieve” box.
- ◆ A link to reset your password will be emailed to you.

New Requirement This Year: You **must** have a National Association of Boards of Pharmacy® (NABP®) e-profile ID for CPE Monitor® to renew online. CPE Monitor is a service used to document and report your continuing education credits. You will be asked to provide the e-profile ID number on the renewal form and cannot renew online without one.

To create an e-profile ID, visit www.nabp.pharmacy. Click on “NABP e-Profile Login” at the top of the page, then “Create an NABP e-Profile.”

If you are a state-certified pharmacy technician and your national certificate (from the Pharmacy Technician Certification Board) has expired, you must mail a copy of your current national certificate to the South Carolina Department of Labor, Licensing & Regulation – Board of Pharmacy.

If you choose not to renew online, you may download the renewal application and renew by mailing the completed form

and proper fees to the Board office. **Applications need to be received in the Board office by June 1, 2017. Pharmacy technicians who do not renew prior to June 30, 2017, will be assessed penalties and cannot work as pharmacy technicians until a 2017-2018 registration is in hand or disciplinary action may result.** If you do not renew online, please document the date the application is mailed. **The Board recommends the paper renewal be sent via certified mail with a return receipt requested.**

Facility Permit Renewals

The permit renewal notices and forms were mailed out in mid-April 2017 to the last known address on file in the Board office. If you are a permit holder and have not received your permit renewal application, contact the Board office immediately. The renewal notice you receive will contain a **user ID**, and you will be required to reset your **password** due to security changes to access the online renewal website. If you do not have an email address or know your password, please refer to the previous article on how to add an email address or reset your password.

If you choose not to renew your permit online, you may download a renewal form from the Board’s website. Mail the completed form, along with the proper fees, to the Board at PO Box 11927, Columbia, SC 29211. All applications must be received at the Board’s office prior to June 1, 2017, or a \$50 late fee will be assessed. After June 30, 2017, the facility permit will lapse.

Upon application for reinstatement, the facility will be assessed a penalty of \$10 a day until the permit is reinstated, plus the \$50 late fee and a new application fee. Depending upon the circumstances, the facility, the pharmacist-in-charge, and/or the pharmacists who practice in the pharmacy may be charged with violations of the practice act for operating without a permit pursuant to South Carolina Code Annotated §40-43-83, resulting in discipline.

Compliance Tips

Refills When Provider Has Retired

The Board is receiving many questions about what to tell patients when a provider has retired or is no longer in practice. Per Board **Policy and Procedure #090**: “If a prescriber retires or dies and there are still refills remaining on a patient’s prescription,

DEA Changes Registration Renewal Process


As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- ◆ If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- ◆ DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- ◆ Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at www.deadiversion.usdoj.gov/drugreg/index.html.

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

 *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.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the

ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit <https://www.ismp.org/Survey/NewMssacap/Index.asp>.

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists*, CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at www.cdc.gov/dhbsp/pubs/docs/pharmacist-resource-guide.pdf.

News to a particular state or jurisdiction can only be ascertained
such state or jurisdiction.

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at <https://jcphp.net>.

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register*, which can be found at www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed

to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at www.ptcb.org in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit www.BuySafeRx.pharmacy.

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at <http://lawatlas.org/datasets/pharmacist-vaccination>, explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

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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.”

Board Information

How Do I Bring a Pharmacy Practice Issue to the Board?

There are numerous scenarios in the practice of pharmacy where a licensee/facility/corporation feels they need additional guidance from the Board. Listed below are steps that one can take to get information.

Board of Pharmacy Staff: The Board office, located at 110 Centerview Drive in Columbia, is open Monday-Friday from 8:30 AM to 5 PM, except for state holidays. You can contact the Board staff during these hours with your questions. If the question or issue is not one that can be answered at the staff level, you will be referred to present your issue to the appropriate committee.

Board Meetings: Board meeting calendars and agendas are posted on the Board website. The Board meets at least five times yearly in January, March, June, September, and November. Board agendas close 14 days prior to the meeting. Board meetings are open to the public with a time for public comment before lunch and at the end of the day.

Committee Meetings: In addition to full Board meetings, there are various committees that conduct Board business. These committees include: Pharmacy Practice and Technology, Compounding, Legislative, Nuclear, Pharmacy Technician, Expungement, and Non-Resident Application Review. For issues that cannot be resolved at the staff level, a committee is usually the next step before the full Board. Agendas for committee meetings close 14 days prior to the meeting. Like the full Board meetings, committee meetings and their associated agendas are listed on the Board website. These meetings are open to the public.

Your Pharmacist Inspectors: In addition, the Board has pharmacist inspectors local to your area who are happy to answer questions. The following is a list of Board inspectors along with their current territories.

- ◆ **Martin Chan** (803/622-9746): Abbeville, Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg

- ◆ **Alison Gratton** (803/608-5850): Aiken, Barnwell, Calhoun, Edgefield, Fairfield, Greenwood, Laurens, Lexington, McCormick, Newberry, Richland, and Saluda
- ◆ **Bonnie Wilgus** (803/530-8306): Allendale, Bamberg, Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Jasper, Orangeburg, and Williamsburg
- ◆ **Doug Murray** (803/542-3341): Chester, Chesterfield, Darlington, Dillon, Florence, Horry, Kershaw, Lancaster, Lee, Marion, Marlboro, Sumter, Union, and York

How Do I Report a Violation of the Pharmacy Practice Act?

All investigations are conducted by a pharmacist investigator and are complaint-driven. If you wish to file a complaint against a licensee, please visit the Board website. The more information that can be included in the complaint, the quicker the investigation can be concluded. This site will also provide more detailed information about the complaint process itself: <http://www.llr.state.sc.us/pol/pharmacy/index.asp?file=complaint.htm>.

Newsletter Goes Electronic

This is the last issue of the Board’s printed *Newsletter*. Going forward, all future Board *Newsletters* will be provided as a downloadable PDF posted on the Board’s website at <http://www.llr.state.sc.us/pol/pharmacy/index.asp?file=news.htm>, as well as on the NABP website at <https://nabp.pharmacy/boards-of-pharmacy/south-carolina>. Licensees will receive an email alert whenever a new issue of the *Newsletter* becomes available. To ensure you receive these alerts, please keep your contact information up to date with the Board. The Board is undertaking this effort to deliver updates as timely as possible and make the information more easily accessible.

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Lee Ann F. Bundrick, RPh, Administrator - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
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