

May 2021



# News

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

*Published to promote compliance of pharmacy and drug law*

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### **Renewal Notices for Registered and State-Certified Pharmacy Technicians Are Open!**

If you validated your email address with the South Carolina Department of Labor, Licensing, & Regulation – Board of Pharmacy, you can complete the online renewal process. To access your renewal online, you will need your user ID and password. The email renewal notice contains a link that will allow you to reset your user ID and password. To make the process smoother for all, please make sure your correct email is on file with the Board. If you do not know your password, visit [eservice.llr.sc.gov/OnlineRenewals/](https://eservice.llr.sc.gov/OnlineRenewals/) to change it. To change your email address, send a request to [contact.pharmacy@llr.sc.gov](mailto:contact.pharmacy@llr.sc.gov). Please allow 24 hours for updates.

If you choose not to renew online, you may request a paper renewal from the Board office and renew by mailing in the completed form and proper fees. Applications for renewal must be filed by June 30, 2021. Pharmacy technicians who do not renew prior to July 1, 2021, must immediately cease practice and refrain from performing any duties as a pharmacy technician. Failure to do so may result in disciplinary action for both the technician and the pharmacist-in-charge (PIC).

If you are a state-certified pharmacy technician and your **national** certification has expired, you must also mail a copy of your current national certificate to the Board. Please remember that your national certification is different than your state pharmacy technician registration. Continuing to practice as a state-certified technician without the proper current documentation may result in disciplinary action for both the technician and the PIC.

### **NABP e-Profile ID**

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 pharmacy education (CPE) credits. You will

be asked to provide the e-Profile ID number on the renewal form. To create an e-Profile ID, visit [www.nabp.pharmacy](http://www.nabp.pharmacy). Click on “e-Profile Login” at the top right side of the page, then select “Individual or Business Customers” and create a login. For common questions about creating an e-Profile or internet browser requirements, visit the [Help section](#) of the NABP website.

### **Reflections From the Outgoing Chair, Addison Livingston**

It has truly been an honor to represent the Second Congressional District on the Board for the past 12 years. Throughout my time with the Board, I have had the opportunity to discuss pharmacy-related issues with pharmacists and technicians across South Carolina. I have had the privilege of serving alongside some extraordinary pharmacists on this Board and am confident that we have always worked together to do what is best for the citizens of South Carolina. I am extremely thankful for these opportunities – especially the opportunity to develop relationships that will last beyond my service on this Board. Looking back, it seems like the time and effort I put into my service on this Board is far outweighed by the professionally rewarding experience I received in return.

As you know, the practice of pharmacy is very dynamic. The way we practice today is completely different than the way we practiced 10 years ago. It is very interesting to watch the profession expand and to see the positive effects that pharmacists have on patients’ lives. As you go through your professional career and battle the immediate challenges before you, it is easy to lose sight of the positive impacts that each of you make. While serving on this Board, I have been able to see these effects in many different practice settings. From the various floors of a hospital to the halls of a nursing home, the work of a pharmacist is evident. From the hoods of a nuclear pharmacy to the cubicles of a medication therapy management pharmacy, the knowledge of a pharmacist is

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# National Pharmacy Compliance News

May 2021



**NABPF**  
National Association of Boards  
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

## Guidelines, Materials Available to Health Care Providers for Safely Administering COVID-19 Vaccines

Guidelines and materials are available to support health care providers with safely administering the coronavirus disease 2019 (COVID-19) vaccine, including safe practice recommendations from the Institute for Safe Medication Practices (ISMP) and a United States Pharmacopeia (USP) toolkit.

After numerous reports of errors or hazards associated with the administration of COVID-19 vaccines, ISMP is sharing [safe practice recommendations](#).

A new USP toolkit is also available to facilitate operational efficiencies that can help accelerate delivery and support safe handling of COVID-19 vaccines while maintaining quality and ultimately the public's trust. Download the USP [toolkit](#).

## FDA Issues Guidance to Protect Consumers From Methanol Poisoning

Food and Drug Administration (FDA) has issued guidance for industry, *Policy for Testing of Alcohol (Ethanol) and Isopropyl Alcohol for Methanol, Including During the Public Health Emergency (COVID-19)*. The guidance is intended to help pharmaceutical manufacturers and pharmacists who engage in drug compounding to avoid using pharmaceutical alcohol contaminated with or substituted with methanol in drug products. FDA noted that methanol is not an acceptable ingredient for any drug product and should not be used. The guidance is available on the FDA [website](#).

## Standardize Concentrations for Oral Liquid Preparations



*This column was prepared by ISMP, an ECRI affiliate. Have you experienced a medication error or close call? Report such incidents in*

*confidence to ISMP's National Medication Errors Reporting Program online at [www.ismp.org](http://www.ismp.org) or by email to [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org) to activate an alert system that reaches manufacturers, the medical community, and FDA. To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert! newsletters at [www.ismp.org](http://www.ismp.org).*

Few would disagree that standardizing the concentrations of drugs has enormous potential for increasing safety, especially

in pediatric care. Standardization limits the risk of variation, especially when patients are transitioned from hospital to home or have prescriptions filled at different pharmacies. However, ISMP has learned of multiple instances in which unrecognized differences or changes in drug concentrations led to confusion and dosing errors.

In one example, a patient was prescribed hydroxyurea, an antineoplastic agent. The community pharmacy compounded a 50 mg/mL suspension for the patient with instructions to take 13 mL (650 mg) for each dose. When the patient was later admitted to the hospital, the inpatient pharmacy prepared their standard concentration of 100 mg/mL, but the same dose volume of 13 mL was ordered. As a result, the patient received doses of 1,300 mg for several days before the error was recognized. It is unclear why the community pharmacy prepared a 50 mg/mL concentration. Perhaps the prescriber ordered that concentration or that was the concentration with which the pharmacist was most familiar.

Similar concentration mix-ups have been reported in literature. In one case, the oral class 1c antiarrhythmic medication flecainide was involved. The parents of a nine-month-old infant were told to increase the child's dose volume of flecainide to 4 mL, assuming the concentration was 5 mg/mL as in the original prescription.<sup>1</sup> However, the parents refilled the prescription at a different pharmacy and received the drug in a 20 mg/mL concentration. The patient received 80 mg/4 mL, a fourfold overdose, resulting in wide complex tachycardia and QRS prolongation.

There have been efforts, including those by a collaborative led by the University of Michigan<sup>2</sup> and the American Society of Health-System Pharmacists (ASHP)<sup>3</sup>, to publish lists of consensus and literature-based standard concentrations. In fact, for the medications involved in the cases above, both the University of Michigan and ASHP standard recommendations are in alignment – hydroxyurea 100 mg/mL and flecainide 20 mg/mL. However, the outreach and communication of these standardization efforts do not appear to be reaching prescribers and pharmacists. Both inpatient and outpatient practitioners need to get on the same set of standard concentrations for compounded oral liquids. It is imperative that both medical and pharmacy professional organizations develop and implement effective strategies to reach and influence practitioners to use the published standard concentrations. ISMP urges prescribers and pharmacists to review the University of Michigan and

ASHP lists and consider adopting the proposed standard concentrations. Your efforts can help reduce the risk of medication errors.

It is also important for pharmacists to provide patients or caregivers with appropriately sized metric-only dosing devices (eg, oral syringes) to measure and administer doses. Label directions for patients and caregivers should include the dose in terms of mL (not teaspoonfuls), matching the dosing device. The community pharmacy label should also include the concentration next to the drug name. To be sure patients or caregivers are able to use the dosing device and measure the proper dose, use the teach-back method to demonstrate how to measure and administer prescribed amounts. This also gives pharmacists, patients, and caregivers an opportunity to catch an error.

### References

1. Wang GS, Tham E, Maes J, et al. Flecainide toxicity in a pediatric patient due to differences in pharmacy compounding. *Int J Cardiol.* 2012;161(3):178-9.
2. [www.mipedscompounds.org/](http://www.mipedscompounds.org/)
3. [www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx](http://www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx)

### **Opioid Use Disorder Educational Programs, Resources Available for Pharmacists**

Through its Opioid Use Disorder (OUD) Education Program, the College of Psychiatric and Neurologic Pharmacists (CPNP) provides educational programs and resources that can help pharmacists during the ongoing opioid epidemic. These educational opportunities include Accreditation Council for Pharmacy Education-approved, on-demand programs covering subjects such as pharmacotherapy for OUD, comorbid disorders, and chronic pain and OUD. Toolkits and guides are available to assist pharmacists in the areas of intervention, medication management, and naloxone access.

These educational materials and resources can be accessed through the CPNP [website](#).

### **National Diabetes Prevention Program – How Pharmacists Can Get Involved**

Pharmacists can play a key role in preventing type 2 diabetes by helping to expand the reach of the National Diabetes Prevention Program (National DPP) – a program led by the Centers for Disease Control and Prevention (CDC) that makes it easier for patients with prediabetes or who are at risk for type 2 diabetes to participate in evidence-based lifestyle changing programs to reduce their risk and improve overall health. CDC offers an action guide for community pharmacists that outlines ways pharmacies can raise awareness of prediabetes. The National

DPP is a partnership among private and public organizations to screen and test for prediabetes and refer people with prediabetes to a CDC-recognized lifestyle change program participating in the National DPP, and deliver the National DPP lifestyle change program. More information about how pharmacists can participate is available on the CDC [website](#).

### **Surgery Patients Receive More Opioids in the US Than in Other Countries**

Patients in the US are prescribed a disproportionately higher number of opioids after surgeries compared to surgery patients in other countries, according to a new study. The study, published in the *Journal of the American College of Surgeons*, reviewed data from 2,024 surgery patients and found that 83% of US patients without pain were prescribed opioids, compared with 8.7% of non-US patients without pain. The authors concluded that US patients are prescribed more amounts of opioids at higher rates regardless of the severeness of their post-surgical pain. The authors recommend that more efforts are made toward ensuring that opioid prescriptions are tailored to patients' needs.

The full text of the study can be accessed by visiting [www.journalacs.org/article/S1072-7515\(20\)32336-X/fulltext](http://www.journalacs.org/article/S1072-7515(20)32336-X/fulltext).

### **Study Finds 94% Drop in Symptomatic COVID-19 Cases With Pfizer's Vaccine**

A study by Israel's largest health care provider, health maintenance organization Clalit, reported that there is a 94% drop in symptomatic COVID-19 cases with the Pfizer vaccine. The study represents 600,000 people who received two doses of the Pfizer COVID-19 vaccine in Israel. Clalit, which covers more than half of all Israelis, noted the same group who received the COVID-19 vaccine doses was also 92% less likely to develop serious illness from the virus. The study compared the vaccine recipient group to another group of the same size and medical history who had not received the vaccines. Read the full study [here](#).

### **NABP Executive Director/Secretary Addresses Pharmacists' Involvement in COVID-19 Vaccination During FIP Webinar**

NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, presented during the International Pharmaceutical Federation's (FIP's) Regulators' Forum on pharmacists' involvement with COVID-19 vaccination on February 4, 2021. The webinar addressed a new regulatory vaccination preparedness self-assessment tool and risk assessment, the expanded roles for pharmacists, and data FIP has collected on vaccinations by pharmacists. View the webinar [here](#).

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apparent. From the cleanrooms of a home infusion pharmacy to the dispensing counter of a retail pharmacy, the need for a pharmacist is essential. Our health care system cannot operate without pharmacists, and I am proud to be a part of the practice of pharmacy. It has been a privilege to represent this profession while serving the citizens of South Carolina.

Addison Livingston  
Outgoing Chair

### **COVID-19 Temporary Orders**

At the beginning of the coronavirus disease 2019 (COVID-19) pandemic, the Board issued several emergency orders to allow for the safe and effective care of patients during an unprecedented pandemic. The Board has continually reviewed these orders and made adjustments as necessary. Effective July 1, 2021, all Board-issued emergency orders are scheduled to be rescinded. Please begin planning now. Those orders pertain to Safe Harbor regarding the reuse of personal protective equipment, pickup kiosks, and remote order entry outside of a licensed facility. Those orders can be found [here](#).

### **Updated Immunization Statutes and Protocol**

In September 2020, the South Carolina General Assembly passed a law removing the age limit at which a patient can receive an influenza immunization at the outpatient pharmacy under the Joint Immunization Protocol. Based on this new statute, the Joint Pharmacist Administered Vaccines Committee, made up of representatives from the Board of Pharmacy, the Board of Medical Examiners, and the South Carolina Department of Health and Environmental Control, updated the Immunization Protocol to reflect the new legislation. Although the legislators removed any age limits, the members of the committee felt it prudent to still limit the age of influenza immunization via protocol to those three years of age and up. In addition, the following changes were made:

#### **X. Vaccination Safety**

(e) Obtaining Weight of Children - Pharmacists and qualified pharmacy interns must obtain the weight of all patients under the age of 12 prior to administering the influenza vaccine. The child should be weighed in the pharmacy prior to administration, and the weight should be documented in the appropriate unit of measurement relative to the dosing tables for rescue medications.

#### **XIII. Vaccines** COVID-19

#### **Required Supplies and Equipment**

- (e) Hydroxyzine hydrochloride in tablets of 10mg, 25mg, and 50mg and/or 10mg/5ML liquid.
- (f) A scale capable of weighing children ages three (3) and older.

As a reminder, it is imperative that there be telephone access at all immunization sites. Inspectors are finding multiple “immunization rooms” where there is no access to a telephone. This could delay assistance in the event of an emergency.

#### **FDA MOU**

Food and Drug Administration (FDA) has released the final memorandum of understanding (MOU) for the states to consider regarding the interstate distribution of compounded medications. Based on multiple factors, the Board is considering which course of action regarding the MOU is in the best interest of its citizens, and whether the Board has the ability to meet the requirements of the MOU. To assist with this, it is critical that the Board understands the impact it may have on your individual practice, business, and most importantly, your patients. As discussions continue around the MOU, the Board is asking for any feedback that you may have. Please contact the Board at [contact.pharmacy@llr.sc.gov](mailto:contact.pharmacy@llr.sc.gov) with any questions or concerns no later than May 25, 2021.

#### **Change to Policy 66 Regarding Electronic Signatures on Non-Controls Only**

At its January 2021 meeting, the Board reviewed several policies and procedures. One of the policies reviewed was Policy #66, which addresses, in part, electronic signatures. The Board heard testimony regarding the issues created by the existing policy, specifically the statement “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.” With the ever-evolving practice of e-prescribing, the Board recognized the challenges this statement may cause and the negative impact it may have on patient care. The Board removed this statement from Policy #66. Please keep in mind that this is regarding non-controls only.

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