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

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Published to promote voluntary compliance of pharmacy and drug law.

It is Time for Permit Renewals

If you are a permit holder and have not received your permit renewal application, contact the South Carolina Board of Pharmacy office immediately. Applications for renewal must be submitted and postmarked before June 1, 2003, as required by Section 40-43-90(D) of the Pharmacy Practice Act; otherwise, your existing permit will expire on June 30, 2003.

A correctly completed application with required fees must be submitted and postmarked before June 1, 2003. After June 1, 2003, a \$50 late fee will be assessed. Postage meter imprints are not acceptable as proof of mailing. Since June 1, 2003, falls on a Sunday, you may want to make sure your application is in before that date.

Permits not renewed by June 30, 2003, will be assessed a late fee of \$10 a day until the permit is reinstated, plus the \$50 late fee and the new application fee. It is recommended that you send the applications via certified mail with return receipt requested so that you will have proof of mailing by the deadline.

A permit holder who allows a site to operate with a lapsed permit is in violation of §40-43-83. If the Board staff documents operation under an expired permit, civil penalties will be assessed.

Pharmacy Technicians and State-certified Pharmacy Technician Renewals

The pharmacy technician renewal applications were mailed to all registered and state-certified technicians at their designated mailing address before May 1, 2003. The completed renewal application and fee must be received at the Board office no later than June 1, 2003. If you supervise an employee who functions as a pharmacy technician who is currently not registered, the Board reminds you that **all** technicians must be registered in the state of South Carolina.

Registered pharmacy technicians and state-certified pharmacy technicians are reminded that they should begin acquiring continuing education (CE) after this renewal period. For renewal of their 2004-2005 registrations, they must be able to document participation in 10 hours of CE that must be Continuing Medical Education-1 or American Council on Pharmaceutical Education approved.

As a reminder, it is the responsibility of the pharmacist-in-charge to ensure that all pharmacy technicians employed hold a current registration. Technicians do not receive the *South Carolina Board of Pharmacy News*; however, the Board asks that you share this information with the technicians with whom you work.

Pharmacy Technician Formal Academic Training Programs

The Board of Pharmacy has been made aware of advertisements circulating throughout the state offering students the opportunity to obtain formal academic training for pharmacy technicians via correspondence courses or via Internet colleges. According to the South Carolina Pharmacy Practice Act §40-43-82(D), only those programs that meet specific academic criteria and that are Board-approved are accepted.

The Board uses the criteria set forth by the American Society of Health-System Pharmacists (ASHP) as the process by which programs in South Carolina may be approved. No program that does not have ASHP accreditation has been accepted by the Board as a fulfillment of the formal academic training requirement as established in §40-43-82 of the Pharmacy Practice Act. Currently, there are three colleges in South Carolina that have ASHP accreditation.

- ◆ Midlands Technical College, Columbia
- ◆ Greenville Technical College, Greenville
- ◆ Trident Technical College, Charleston

Should you have questions about this issue or if you would like to notify the Board of an unapproved program, please contact the Board of Pharmacy office at 803/896-4700.

OTC Compounding – New Board Policy #133

The Board of Pharmacy's Compounding Task Force, appointed by the Board, made a recommendation to the Board regarding over-the-counter (OTC) compounding. At the March 2003 meeting in Greenville, the Board agreed to adopt the following new policy:

The minimum guidelines for pharmacists who are doing 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.
- 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) Pharmacists should keep some form of documentation of compounded product and counseling.

Medication Error Update

The following article was drafted by the Board of Pharmacy and submitted to the Board of Medical Examiners for an upcoming newsletter.

In ensuring that the patient gets the correct medication in the correct dosage at the correct time, the pharmacist often has two prescriber-related problems.

1. There is a problem with the order as written:
 - a. Illegible handwriting
 - b. Error in order (ie, wrong drug, wrong dosage form, wrong dosage, possible drug-drug or drug-disease state interaction);
 - c. Non-standard abbreviations; and
 - d. Prescriber error due to prescriber writing for an unfamiliar drug at patient's request as a result of direct-to-public advertising.
2. Inability to communicate with prescriber to correct the problem or clarify the order.

Of the above two problems, the inability or difficulty in communicating with the prescriber is the most crucial. Anything that the physician can do to increase his availability to discuss prescribing problems would be helpful and would reduce liability risks for both.

There are certain universally accepted abbreviations for prescription orders as are listed in standard reference material such as Martin's *Dispensing of Medication*. Prescribers are encouraged to limit their prescribing to that list.

When prescribing a drug for the first time, it would be good if the prescriber personally called the order in and talked to the pharmacist and told him he or she would be available if the pharmacist saw any problems and needed to call back before filling the prescriptions.

Prescribers should be reluctant to prescribe sound-alike drugs if possible; and if it is necessary to do so, the drug name should be printed in block letters.

When writing a numeral, a leading zero should always precede a decimal point (0.4) and a zero should never follow a decimal point (4.0). The tenfold error is obvious if the decimal point is not noticed.

Prescribers should be reluctant to indicate "as directed" as instructions on an order. This does not allow the pharmacist to verify normal recommended dosage scheduling and reinforce to the patient the correct dosing regimen. The medically related boards have created a task force to evaluate areas of concern relating to medication errors. The members of the task force hope to submit

recommendations for educating professionals on how to prevent medication errors.

Pharmacist-only Duties

Pharmacy personnel are reminded that only a licensed pharmacist may override Drug Utilization Reviews and Drug Interaction Alerts. Interns and technicians do not have the legal authority to do this. The Board will discipline facilities or individuals who do not comply with this law.

Bioequivalency/Substitution Reminder

In the Board of Pharmacy's opinion, the term "bioequivalent" should also mean therapeutically equivalent. When a pharmacist legally substitutes one drug for another drug, both drugs should be therapeutically bioequivalent. That is, both drugs should elicit the same therapeutic response in any given patient when interchanged with each other. It is the responsibility of the pharmacist making the substitution of one drug for another to determine that the drugs in question are bioequivalent.

The Board continues to recommend the use of Food and Drug Administration's (FDA) "Orange Book" as a guideline for determining the bioequivalency of drug products. However, the "Orange Book" ratings are only a resource for the pharmacist to use in deciding whether or not to substitute one drug product for another. This does not, and should not, preclude pharmacists from using their professional judgment and/or personal experience with drugs in making such a decision.

Pharmacists who substitute drugs not approved by FDA as bioequivalent release the prescriber from liability, placing the liability on the pharmacist with little or no support from the manufacturer.

You may access FDA's "Orange Book" online at www.fda.gov/cder/ob.

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