48. Compounding Generally.

A. In addition to the definitions and requirements of South Carolina Code Ann. Title 40 Section 43, these regulations are applicable to all persons and entities engaged in the compounding, administration, sale, distribution, or dispensing of compounded preparations for use by humans or animals.

B. The provisions of this section apply to any person or entity authorized to engage in the practice of non-sterile compounding, sterile compounding, and sterile repackaging of drug products in or into South Carolina but shall not apply to:

(1) acts not considered to be compounding pursuant to Section 40-43-30(8);

(2) The addition of a flavoring agent or coloring agent to a drug product, as long as the agent is therapeutically inert;

(3) simple compounding that involves mixing with little to no additional manipulation;

(4) other routine minimal risk preparation, manipulation, or dispensing activities customarily performed in a retail pharmacy or at the patient bedside, including but not limited to:

a. splitting or crushing of tablet(s) per provider's instructions when appropriate

b. simple admixture or dilution of commercially available non-sterile products for immediate patient administration

C. To evaluate whether a specific act is permitted within the practice of compounding in or into South Carolina, or whether an act can be delegated to other qualified individuals under his/her supervision, a person or entity engaged in compounding shall independently determine whether:

(1) The act is expressly prohibited by:

a. the South Carolina Pharmacy Practice Act and Pharmacy Regulations,

b. South Carolina Controlled Substances Act,

c. Any other applicable state or federal laws or regulations;

(2) Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent individual with similar education, training, and experience; and

(3) The act is consistent with the individual's education, training, and experience; and

D. Compounding any preparations for human use that contain drug products that the FDA has not approved or has withdrawn or removed from the market for safety concerns is prohibited.

(1) Outsourcing facilities may not utilize active pharmaceutical ingredients (API) that the FDA has determined has little to no clinical need for bulk compounding under Section 503B of the FD&C Act.

(2) Components with identified safety concerns may not be utilized in compounding preparations for human use under Section 503A of the FD&C Act.

E. In addition to the requirements of S.C. Code Ann. Section 40-43-86(CC)(2)(b), a drug product that is commercially available may only be compounded if the commercial product is not reasonably available in the market in time to meet a patient's needs, and is not compounded regularly or in inordinate amounts.

(1) Compounding of a commercially available product or an essential copy of a commercially available product must include documentation from the prescriber justifying the specific medical need or clinically significant difference for a specific patient. Patient specific justification must be maintained and readily available for inspection by the Board.

F. Policies and procedures for the compounding or sterile repackaging of drug products shall ensure the safety, identity, strength, quality, and purity of the finished product. To meet this standard, licensees

and registrants shall take into consideration the applicable standards recognized in the current edition of an official compendium or supplement to a compendium including, but not limited to, appropriate provisions of applicable USP Chapters and FDA guidance.
(1) The justification for significant deviations from standards stated above shall be documented and readily available for inspection by the Board.

G. Policies and procedures shall be developed and implemented by the pharmacist responsible for compounding for the compounding, dispensing, delivery, administration, storage, and use of sterile and nonsterile compounded preparations. These policies and procedures shall:
(1) Include a quality management system established for the purpose of monitoring adverse patient care and compounder care services outcomes, such as adverse events, quality related events, customer and patient complaints, out of specification results, and recalls;
(2) Include a system for disposal of hazardous or infectious waste in accordance with applicable state and federal laws;
(3) Include training requirements for all personnel engaged in compounding;
(4) Be reviewed at least annually; and
(5) Be readily available for inspection by the Board.

H. In addition to the requirements of S.C. Code Ann. §40-43-86, facility design must be appropriate for the type of the facility's compounded preparations.
(1) Facilities within this State must be inspected prior to an initial permit being approved, which will include an inspection of compounding operations that is included within the provisions of these regulations. Significant changes to the compounding operations of the pharmacy since initial permitting should be submitted to the Board. Notification of the significant changes to compounding operations must be sent to the Board within [how many] days.
(2) Facilities outside of this State shall notify the Board prior to dispensing or distributing any compounded preparations to patients and/or practitioners within this State. All compounding documentation required for initial permitting shall be submitted to the Board for review and approval prior to dispensing or distributing any compounded preparations to patients and/or practitioners within this State.

I. Individuals and entities engaged in compounding shall maintain readily accessible and current reference materials that are both adequate and applicable to the specific compounding being conducted.

J. Personnel engaged in compounding or assisting in compounding, including those only responsible for oversight of compounding, must be trained and demonstrate competency initially and at least annually thereafter. This includes six (6) hours of initial education and training in compounding appropriate for the type of compounded preparations for all personnel engaged in compounding, and four (4) hours of education and training in compounding annually thereafter. Proof of training and competency must be maintained on-site and be readily available for inspection upon a request by the Board. Neither education nor training has to be accredited.

K. Registered and state-certified pharmacy technicians who have obtained the appropriate training and demonstrated competency, may compound under the direct, in-person supervision of a South Carolina-licensed pharmacist at a South Carolina-permitted facility. Pharmacy technicians may not compound under the supervision of any other practitioner or healthcare professional except a licensed pharmacist.

(1) A final check of a compounded preparation must be conducted by a South Carolina-licensed pharmacist to confirm identity, accuracy, packaging, and labeling prior to dispensing. This verification must be documented in the respective batch and/or compounding record.

L. In addition to requirements in S.C. Code Ann. Section 40-43-86,
(1) labels on the immediate container for products intended for patient use must clearly identify:
a. Active ingredient(s) and the quantity, amount(s), activity(ies), or concentration(s)
b. Beyond-use date (BUD)
c. Facility name and contact information
d. Any required warnings or handling instructions
e. Compounding facility name and contact information if the preparation is to be sent outside of the facility or healthcare system in which it was compounded
f. The labeling should indicate that the preparation is compounded.
(2) Beyond-Use Dates (BUDs) shall be assigned conservatively, supported by compendia literature, medical or scientific literature, and/or practical experience in the art of compounding, a record of which must be maintained and readily available upon inspection of the Board.

M. In addition to record-keeping and reporting requirements in SC Code Ann. 40-43, et. al., all records related to compounded preparations shall be maintained for no less than two years and readily available, including:
(1) Batch and/or compounding records and master formulations;
(2) Equipment and maintenance records;
(3) Training and ongoing competency assessment records;
(4) Testing and release records;
(5) Dispensing and distribution records;
(6) cleaning and environmental monitoring records; and
(7) Any other records required to conform to and demonstrate compliance with federal law.

49. STERILE PREPARATION.
A. (1) In addition to the requirements of SC Code Ann. Section 40-43-86(CC)(2) and 40-43-88, this section applies to any compounded drug preparation that must be sterile when administered to a patient, including, but not limited to, the dosage forms listed under CSP as defined in Section 40-43-30(9).
(2) Compounders and sterile repackagers shall ensure that sterile products are accurately identified, measured, diluted, and mixed and are correctly purified, sterilized, packaged, sealed, labeled, stored, dispensed, and distributed, as well as prepared in a manner that maintains sterility and minimizes the introduction of particulate matter.
(3) Except when provided for immediate administration, the environment for the preparation of compounded sterile preparations in a facility shall be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions.
(4) The following record(s) shall be maintained and readily available upon inspection by the Board for any facility that engages in compounding sterile preparations:
a. Justification of BUDs assigned pursuant to direct testing or extrapolation from reliable literature sources using defined components and/or container systems;
b. Training records evidencing personnel are trained on a routine basis and are adequately skilled, educated, and instructed;
c. Assessments appropriate for the risk of contamination for the particular sterile preparation, including visual inspection, periodic hand hygiene and garbing competency, gloved fingertip sampling

testing, sterility testing, media-fill test procedures, competency evaluation at least annually for each compounder and for personnel overseeing compounding;

d. Environmental sampling testing at least upon registration of a new drug outlet, upon the servicing or re-certification of facilities and equipment, in response to identified problems, or every six (6) months;

e. Temperature, humidity, and differential pressure monitoring of the compounding area logged daily, if applicable;

f. BUD and assay testing, when appropriate; and

g. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use.

50. HAZARDOUS DRUG PREPARATION.

A. This section shall apply to all persons and facilities engaged in the practice of compounding or sterile repackaging of hazardous drugs. Such persons shall:

(1) Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove airborne contaminants;

(2) Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs in accordance with standards recognized in the current edition of an official compendium or supplement to a compendium including, but not limited to USP <800>. Sterile hazardous drugs shall be prepared in a dedicated class II biological safety cabinet or a barrier isolator of appropriate design to meet the personnel exposure limits described in product material safety data sheets. When asepsis is not required, a class I biological safety cabinet, powder containment hood or an isolator intended for containment applications may be sufficient. A ventilated cabinet that re-circulates air inside the cabinet or exhausts air back into the room environment is prohibited unless:

a. The hazardous drugs in use will not volatilize while they are being handled; or

b. Written documentation from the manufacturer is provided attesting to the safety of such ventilation.

(3) Clearly identify storage areas, compounding areas, containers, and prepared doses of hazardous drugs;

(4) Label hazardous drugs with proper precautions, and dispense them in a manner to minimize risk of hazardous spills;

(5) Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills, and disposal;

(6) Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging; and

(7) Ensure that personnel working with hazardous drugs are trained in hygiene, garbing, receipt, storage, handling, transporting, compounding, spill control, clean up, disposal, dispensing, medical surveillance, and environmental quality and control.