



South Carolina Board of Pharmacy

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11927 • Columbia • SC 29211-1927

Phone: 803-896-4700 • Contact: pharmacy@llr.sc.gov • Fax: 803-896-4596

llr.sc.gov/bop

**CENTRAL FILL PHARMACY PERMIT APPLICATION
REQUIREMENTS AND INSTRUCTIONS**

This permit authorizes facilities in state to engage in the business of central filling prescriptions and to engage in the sale, distribution, or dispensing of legend drugs or devices as outlined in S.C. Code Ann §40-43-195. A South Carolina Central Fill Pharmacy Application has a one-year expiration.

All facilities will be inspected before a permit is issued.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A. **Please do not send in binders, folders or use dividers. Ensure all documentation/information is legible and retain copies of all documents for your records.**

Pursuant to S.C. Code Ann. § 40-43-90(A)(1), application must be received in the Board office at least forty-five (45) days before the required permit is needed to allow for application processing, on-site inspection, and if necessary, written corrective action response.

Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial.

Include with your application (check N/A if not applicable):

Included N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Check or money order only (no cash) in the amount of \$280.00 made payable to SC Board of Pharmacy. (Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter describing, in detail, the nature of your business |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide a list of all pharmacy permits/licenses held in other states, to include permit number and expiration date |
| <input type="checkbox"/> | <input type="checkbox"/> | Photographs of: <ul style="list-style-type: none">○ Entrance○ Work area○ Inventory |
| <input type="checkbox"/> | <input type="checkbox"/> | Organizational chart from the ultimate parent company down to and including the applicant. |
| <input type="checkbox"/> | <input type="checkbox"/> | If a change of ownership, include organization charts of before and after the change. Chart must include names of owners with a 10% or greater ownership interest if a non-publicly traded company. |
| <input type="checkbox"/> | <input type="checkbox"/> | Affidavit by the pharmacist-in-charge which states that the pharmacist has read and understands the law and regulations relating to a central fill pharmacy in South Carolina as outlined in §40-43-195(H)(1)(d). |
| <input type="checkbox"/> | <input type="checkbox"/> | A central fill policy and procedure manual must be maintained at both the originating and central fill pharmacies and must be available for inspection. The originating and central fill pharmacies are required to maintain only those portions of the policy and procedure manual that relate to that pharmacy's operations. For the central fill pharmacy, submit the following policies and procedures: <ul style="list-style-type: none">▪ patient notification of central fill processing;▪ confidentiality and integrity of patient information procedures;▪ drug utilization review;▪ record keeping and logs, including a list of the names, addresses, phone numbers, and license or registration numbers of the pharmacies, pharmacists, and pharmacy technicians at the central fill pharmacy and at the originating pharmacy; |

- counseling responsibilities;
- procedures for return of prescriptions not delivered to a patient and procedures for invoicing medication transfers;
- policies for operating a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems;
- safe delivery of prescriptions to patients;
- processes to ensure stability and potency of medication;
- requirements for storage and shipment of prescription medication; and
- procedures for conducting an annual review of written policies and procedures and for documentation of this review.

- List of originating pharmacies that will outsource prescription drug orders to this central fill pharmacy

Mail application to the address listed at the top of this page.



CENTRAL FILL PHARMACY PERMIT APPLICATION

Application and fee must be received within forty-five (45) days before the permit is needed, in order to allow for: application processing, on-site inspection (if necessary), and written corrective action response. S.C. Code Ann §40-43-90

FOR BOARD USE ONLY	
Date Paid	
Amount Paid	
Check Number	
Referred to Inspector	
Inspected By	

Include with your application:

- Permit fee of \$280 in the form of a check or money order (no cash) made payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

- New Facility
- Change to Existing Permit (Permit No.: _____)
 - Change of Name
 - Change of Location (from one city to another)
 - Change of Ownership (include organizational chart before and after change)

FACILITY INFORMATION

Federal Tax ID No.: _____ NABP e-Profile ID No. (if applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Toll-Free No.: _____ County in which facility is located: _____

Expected Opening Date: _____ Days and Hours Open: _____

Is application based on a change in ownership? Yes No

If Yes: _____ SC Permit No.: _____

 Previous Name of Facility

Name of Designated Representative: _____ Phone No.: _____

Email for Designated Representative: _____

Mailing Address where all correspondence regarding permitting will be sent if other than facility above:

Facility Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

OWNERSHIP

Sole Proprietorship Name of Business Entity: _____

Name	City, State	Birth Year

General Partnership **LLP** Name of Partnership/LLP: _____

Partner Name	City, State	Birth Year	% of Ownership

Corporation **LLC** Legal Name of Corporation/LLC: _____

Name of Parent Company: _____ State of Incorporation: _____

Name of Individual Owners and Principal Officers	Title	City, State	Birth Year	% of Ownership
1.				
2.				
3.				

S.C. Code Ann. §40-43-83 (E) The board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

1. Will the facility fill prescriptions provided directly by a patient or an individual practitioner? Yes No

If Yes, the facility will also need an additional Pharmacy Permit.

Website link for Pharmacy Permit Application:

<https://lir.sc.gov/bop/PFORMS/Pharmacy%20Permit%20Application-PY.pdf>

2. Will the facility mail or otherwise deliver a prescription directly to a patient or individual practitioner? Yes No

If Yes, the facility will also need an additional Pharmacy Permit.

Website link for Pharmacy Permit Application:

<https://lir.sc.gov/bop/PFORMS/Pharmacy%20Permit%20Application-PY.pdf>

DISCIPLINARY HISTORY

If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

TO THE BEST OF YOUR KNOWLEDGE HAS THE APPLICANT, the entity, undersigned permit holder, any person or entity identified in the ownership/management section above, or any entity under common control with the applicant ever:

1. Has any license or permit held by the applicant, permit holder, or by any owner or corporate officer, ever been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws regardless of state? Yes No

Is there any pending disciplinary action? Yes No

2. Been convicted, fined or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in a United States court for:
 - a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed? Yes No
 - b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device manufacturer setting or incident to pharmacy practice, whether or not a sentence was imposed? Yes No
 - c. any offense involving fraud or, dishonesty whether or not a sentence was imposed? Yes No
3. Had an application for a drug/device distributor permit, pharmacy, or pharmacist license, permit or certificate or a technician license or registration, denied or refused in South Carolina or any other state or country? Yes No
4. Had disciplinary action taken against you, or a pharmacy or drug manufacturer facility You owned, or a pharmacy or drug/device distributor facility where you were employed, By the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country? Yes No
5. Operated, or allowed the facility to operate without a valid permit? Yes No
6. Violated the drugs/device laws, rules, statutes and/or regulations of South Carolina, any other state, the United States, or any other country? Yes No

Daily pharmacist to technician ratio: _____

PHARMACISTS EMPLOYED FULL-TIME

List the full-time pharmacists and their license numbers. Attach additional sheet, if necessary.

Name	License Number

PHARMACISTS EMPLOYED AS RELIEF OR PART-TIME

List the relief or part-time pharmacists and their license numbers. Attach additional sheet, if necessary.

Name	License Number

PHARMACY TECHNICIANS

List the pharmacy technicians and their registration numbers. Attach additional sheet, if necessary.

Name	Registration No.	Name	Registration No.

ATTESTATION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief. I will comply with the requirements contained in the South Carolina Pharmacy Practice Act and I understand I am responsible for any violation(s) occurring during my tenure.

Permit Holder Signature

Date

Print Name of Permit Holder

Title

Email Address of Permit Holder

Phone Number

I hereby certify that as Pharmacist-in-Charge, I will be responsible for the operation of this pharmacy in conformance with all laws pertinent to the practice of pharmacy and distribution of drugs and will be in full and actual charge of the pharmacy and personnel.

Pharmacist-In-Charge Signature

Date

Print Name of Pharmacist-In-Charge

License Number

Email Address of Pharmacist-In-Charge

Phone Number

AFFIDAVIT OF UNDERSTANDING

This affidavit is to be completed by the Pharmacist-in-Charge of a Central Fill Pharmacy Permit. S.C. Code Ann §40-43-195(H)(1)(d)

I certify that I have read and understand the laws and regulations relating to a central fill pharmacy in this state.

Name of Pharmacy: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pharmacist-In-Charge Signature

Date

Pharmacist-In-Charge Printed Name

Sworn and subscribed before me this ____ day of _____, 20 ____ .

Notary Signature: _____

(SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.