**A** **BILL**

TO AMEND SECTION 40-43-86 OF THE 1976 CODE, RELATING TO FACILITY REQUIREMENTS FOR PHARMACIES, THE PRESENCE OF PHARMACISTS‑IN‑CHARGE, CONSULTANT PHARMACISTS, PRESCRIPTION DRUG ORDERS, THE TRANSFERRING OF PRESCRIPTIONS, THE SUBSTITUTION OF AN EQUIVALENT DRUG OR INTERCHANGEABLE BIOLOGICAL PRODUCT, LABEL REQUIREMENTS, PATIENT RECORDS AND COUNSELING, POLICIES AND REQUIREMENTS FOR AUTOMATED SYSTEMS, UNLAWFUL PRACTICES, SALES TO OPTOMETRISTS AND HOME MEDICAL EQUIPMENT PROVIDERS, THE CODE OF ETHICS, THE SALE OF POISONS AND RETURNED MEDICATIONS, PERMIT FEES, AND COMPOUNDING REGULATIONS AND RESTRICTIONS, TO PROVIDE THAT A PHARMACIST MAY EXERCISE HIS PROFESSIONAL JUDGMENT TO DISPENSE UP TO A NINETY‑DAY SUPPLY OF MEDICATION PER REFILL UP TO THE TOTAL NUMBER OF DOSAGE UNITS AS AUTHORIZED BY THE PRESCRIBER ON THE ORIGINAL PRESCRIPTION, TO PROVIDE CERTAIN REQUIREMENTS, AND TO PROVIDE EXCEPTIONS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 40‑43‑86 of the 1976 Code is amended by adding an appropriately lettered new subsection at the end to read:

“( )(1) Unless a prescriber has specified on a prescription that dispensing the prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his professional judgment, in consultation with the patient, to dispense up to a ninety‑day supply of medication per refill up to the total number of dosage units as authorized by the prescriber on the original prescription. In consulting with the patient, the pharmacist must utilize readily available, existing mechanisms such as online claim adjudication and inform the patient of any cost changes of the proposed dispensing change. If the pharmacist is presenting the patient with an option to not use an available benefit plan, then the pharmacist must inform the patient that any amounts paid would potentially not apply to the deductibles or other out‑of‑pocket calculations of his benefit plan.

(2) Item (1) does not apply to scheduled medications, psychotherapeutic drugs, or any medications for which a report is required under the prescription monitoring program.

(3) This section shall not be construed to supersede or invalidate any third party payor agreement, in whole or in part, between a third party payor and a retail pharmacy.”

SECTION 2. This act takes effect upon approval by the Governor.

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