1	21 NCAC 46 .1401 is amended with changes as published in 38:24 NCR 1649-50 as follows:
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3	SECTION .1400 - HOSPITALS: OTHER HEALTH FACILITIES
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5	21 NCAC 46 .1401 REGISTRATION AND PERMITS
6	(a) Registration Required. All <u>Health Care Facilities</u> places providing services which embrace within the practice of
7	pharmacy shall apply for and receive a pharmacy permit register with the North Carolina Board of Pharmacy as
8	provided in G.S. 90-85.21. G.S. 90 85.21 and acquire a permit to do so. Application for such registration and permit
9	shall be on forms provided by the Board. If the Board is satisfied that proper facilities and adequately trained and
10	properly licensed personnel have been obtained which will assure compliance with all laws regulating the
11	compounding and distribution of drugs, the practice of pharmacy and the rules of the Board, a permit shall be issued
12	by the Board attesting such registration.
13	(b) [Separate]-Physically separate dispensing areas operated by a Health Care Facility are not required to secure
14	separate permits if those dispensing areas are (a) contained in the same building as the permitted pharmacy or (b)
15	contained in a building located on property contiguous to the permitted pharmacy. However, even as to dispensing
16	areas otherwise within the coverage of this Paragraph, a separate permit is required for a physically separate
17	dispensing area for which the majority of its [engaged in the routine] activity is [of] dispensing drugs to or
18	compounding drugs for a patient's use outside the Health Care Facility.
19	(b) Exemptions. (c) Nothing in these rules shall be construed to require the registration with the Board of those
20	health care facilities Health Care Facilities in which there occurs only the administration of drugs.
21	(c) Separate Registration Required. The dispensing of drugs from separate locations owned by a health care facility,
22	such as satellite pharmacies, outside clinics, health maintenance organizations, or physician's offices owned by the
23	health care facility shall require separate registration if any one of the following criteria exists:
24	(1) The drugs dispensed at the location are ordinarily and customarily obtained from a source outside
25	of the health care facility;
26	(2) The pharmacist manager is controlled and supervised from a source other than the health care
27	facility pharmacy; or
28	(3) The routine activity at the location is dispensing drugs to outpatients.
29	(d) Any pharmacy that provides compounding or dispensing services to one or more health care facilities for
30	individual patient administration bearing any labeled name other than that under which it is registered shall require a
31	separate registration.
32	(e) Health care facilities which do not have a pharmacy permit shall secure their pharmaceutical services through a
33	pharmacist holding a current license from the Board.
34	History Note: Authority G.S. 90-85.6; 90-85.21;
35	Eff. April 1, 1983;
36	Amended Eff. May 1, 1997; May 1, 1989; March 1, 1984;

1	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3,
2	2017. <u>2017;</u>
3	<u>Amended Eff. Nov. 1, 2024.</u>

1 21 NCAC 46 .1415 is amended <u>with changes</u> as published in 38:24 NCR 1650-52 as follows:

3	21 NCAC 46 .1415	MEDICATION IN HEALTH CARE FACILITY EMERGENCY DEPARTMENTS
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4 (a) In those health care facilities <u>Health Care Facilities with having 24 hour 24-hour</u> outpatient pharmacy service,

5 all drugs dispensed to outpatients outpatients, including emergency department patients, patients must be dispensed

6 by the permitted pharmacy during times that it is open for outpatient pharmacy service. a pharmacist.

7 (b) When the permitted pharmacy in the Health Care Facility is closed for outpatient service, drugs are not 8 otherwise available from a pharmacist, drugs may be dispensed for use outside the emergency department by the 9 physician, registered nurse under physician supervision, or a person authorized to prescribe and dispense drugs 10 pursuant to G.S. 90-18.1 or 90-18.2 subject to the following:

- 11 (1) Drugs shall be dispensed only to a registered patient of the emergency department;
- 12 (2) The pharmacist-manager shall develop and supervise a system of control and accountability of all
 13 drugs administered in, or dispensed <u>from</u>, from the emergency department;
- 14(3)The pharmacist-manager pharmacist manager, in conjunction with the committee responsible for15policy in the emergency department, shall develop an emergency department a formulary of16prescription drugs that which may be dispensed from the emergency department for patients17receiving care in that department. This formulary shall consist of drugs of the nature and type to18meet the immediate needs of emergency department patients; patients, and quantities in each19container shall be limited to not more than a 24 hour supply or the smallest commercially-20available quantity;
- 21 (4) The emergency department staff may dispense no more than a seven-day supply or the smallest
 22 quantity prepackaged by the manufacturer for patient dispensing, whichever is greater;
- 23 (4)(5) Drugs shall be prepackaged in safety closure containers and shall be pre-labeled by the <u>a</u>
 24 pharmacist to comply with Rule .1414(d)(4) of this Section. Prior to dispensing, the following
 25 information shall be placed on the label:
 - (A) the name, address, and telephone number of the health care facility pharmacy;
 - (B) the dispensing date;
 - (C) the full name of patient;
- 29 (D) the generic or trade name, or in the absence of a brand name, the established name of the
 30 product dispensed;
- 31 (E) directions for use to the patient;
- 32 (F) the name of physician prescribing and dispensing the product; and
- 33 (G) required precautionary or further accessory cautionary information as may be desirable
 34 for proper use and safety to the patient;
- 35 (5)(6) A perpetual record of dispensing of all drugs, including drug samples and starter packages, shall 36 be maintained as part of the pharmacy's records for three years. The pharmacist-manager or

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1		designee shall verify the accuracy of these records at least once a month. The record shall contain		
2		the following:		
3		(A) the date dispensed;		
4		(B) the patient's name;		
5		(C) the physician's name; and		
6		(D) the name, strength, dosage form, quantity, and dose of the drug dispensed.		
7	<mark>(6)</mark> (7)	The drug may be dispensed only if there is an order from a prescriber that complies with		
8		applicable laws governing such prescriptions. The physician shall sign all orders for medication		
9		within the time frame established by regulatory agencies and health care facility policies and		
10		procedures.		
11	(c) The physician, registered nurse under physician supervision, or person who is authorized to prescribe and			
12	dispense drugs pursuant to G.S. 90-18.1 or 90-18.2 shall comply with all rules governing the dispensing of			
13	medications including patient counseling as defined in 21 NCAC 46 .2504.			
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15	History Note:	Authority G.S. 90-85.6; 90-18.1; 90-18.2; 90-85.21; 90-85.32; 90-85.33;		
16		Eff. May 1, 1997;		
17		Amended Eff. March 1, 2013;		
18		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3,		
19		2017. <u>2017:</u>		
20		<u>Amended Eff. Nov. 1, 2024.</u>		