Until rules are developed and adopted, implementing Engrossed Substitute Senate Bill 6203, the Commission issues the following guidance for our licensees:

1. Use of pharmacy technicians in an administrative capacity is limited to closed door long-term care pharmacies.
2. A pharmacy technician working in an administrative capacity will not be included in the ratio count.

RCW 18.64.580, states in part:

The commission must adopt reasonable, task-based standards regarding the ratio of pharmacist to pharmacy technicians in a closed door long-term care pharmacy. For the purpose of such standards, a pharmacy technician licensed under chapter 18.64A RCW may not be considered to be practicing as a pharmacy technician while performing administrative tasks not associated with immediate dispensing of drugs that may lawfully be performed by a registered pharmacy assistant.

A closed door long-term care pharmacy is defined as:

A pharmacy that provides pharmaceutical care to a defined and exclusive group of patients who have access to the services of the pharmacy because they are treated by or have an affiliation with a long-term care facility or hospice program, and that **is not a retailer of goods to the general public**. RCW 18.64.011(4) (Emphasis added)

As emphasized in the definition above, a retail pharmacy cannot be a closed-door pharmacy.
**Proper identification of administrative pharmacy technicians.**
When a pharmacy technician is working in an administrative capacity they must be properly identified as such, i.e. by a name badge. A pharmacy technician is prohibited from acting as a technician as defined in chapter 18.64A RCW, when scheduled and identified as administrative support.
However, if a pharmacy technician working in an administrative capacity switches their role to pharmacy technician as defined in chapter 18.64A RCW, the closed door long-term care pharmacy must continue to comply with the 3:1 technician to pharmacist ratio.

Closed door long-term care pharmacies using pharmacy technicians in an administrative capacity as described in RCW 18.64.580 must submit an auxiliary utilization plan to the Commission for approval. The auxiliary utilization plan must properly identify the use of pharmacy technicians and associated tasks. RCW 18.64.580 states that tasks may include but are not limited “to medical records maintenance, billing, prepackaging unit dose drugs, inventory control, delivery, and processing returned drugs”.