Agenda Item/Title: 4.2 Pharmacy Technicians Administration

Date SBAR Communication Prepared: December 16, 2019

Reviewer: Tracy West, Deputy Director

Link to Action Plan:

- Action
- Follow-up
- Information
- Report only

Situation: The Commission has received two AUPs adding the function of administering immunizations by pharmacy technicians, and staff have received at least one inquiry regarding pharmacy technicians administering CLIA waived tests, for the pharmacist to interpret.

Background:
Pharmacy technician’s scope of practice is generally left with Commission. RCW 18.64A.030 states:

The commission shall adopt, in accordance with chapter 34.05 RCW, rules governing the extent to which pharmacy ancillary personnel may perform services associated with the practice of pharmacy. These rules shall provide for the certification of pharmacy technicians and registration of pharmacy assistants by the department at a fee determined by the secretary under RCW 43.70.250.

Scope of practice for a pharmacist is determined by looking at the definition of the practice of pharmacy in RCW 18.64.011(28):

"Practice of pharmacy" includes the practice of and responsibility for: Interpreting prescription orders; the compounding, dispensing, labeling, **administering**, and distributing of **drugs and devices**; the monitoring of drug therapy and use; the initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs; the participating in drug utilization reviews and drug product selection; the proper and safe storing and distributing of drugs and devices and maintenance of proper records thereof; the providing of information on legend drugs which may include, but is not limited to, the advising of therapeutic values, hazards, and the uses of drugs and devices.

The Commission, formerly Board, adopted certain tasks ancillary personnel can perform in WAC 246-901-020:

(1) Pharmacy technicians may perform certain nondiscretionary and specialized functions consistent with their training in pharmacy practice while under the immediate supervision of a licensed pharmacist.
(2) The discretionary tasks reserved to a pharmacist are listed in WAC 246-863-095.
(3) **Unless authorized as a specialized function according to WAC 246-901-035, the pharmacy technician shall assist a pharmacist in the performance of all tasks except those reserved to a pharmacist in subsection (2) of this section.**
(4) Entry of a new medication order into the pharmacy computer system and retrieval of the drug product to fill a prescription are tasks reserved to the pharmacist and pharmacy technician.
(5) The pharmacy assistant may assist a pharmacist in performance of all tasks except those reserved to the pharmacist and pharmacy technician.
(6) Pharmacy ancillary personnel may record or provide medication data when no interpretation is required.
This means a pharmacy technician can perform any task that is within the scope of practice of a pharmacist and is not reserved for a pharmacist in WAC 246-863-095. When looking at WAC 246-863-095 there is not language that speaks to administration of medications or devices being limited to a pharmacist.

However, the Commission does have the ability to approve pilot programs that use technicians in innovative ways.

WAC 246-901-100(4) states: The board may give conditional approval for pilot or demonstration projects for innovative applications in the utilization of pharmacy ancillary personnel.

Assessment:
The Commission, formerly Board, did put additional restrictions on pharmacy technicians by adopting WAC 246-901-035. This WAC sets forth certain specialized functions that technicians can perform that require additional training or experience. Pharmacies are required to identify whether their technicians will be performing specialized functions when they submit Ancillary Utilization Plans to the Commission for approval. There is an argument these functions were specifically called out to only allow these additional functions outside of other nondiscretionary tasks.

The Board had been approached in the past regarding pharmacy technician administration had previously denied proposals asking for technician administration.

The Board did adopt the ability to approve the use of technicians in innovative ways which would support an argument that the Board, at the time, created a pathway to approve these types of requests for use of technicians in different ways outside of the traditional use in a retail pharmacy.

Pharmacists are allowed to administer drugs and devices per their scope of practice, however administration of drugs must be done based on an order from a prescriber authorized to prescribe and administer medications. Pharmacists can prescribe on their own when operating under a valid collaborative drug therapy agreement (CDTA), which has properly delineated protocols.

The question for the Commission is whether a pharmacist can delegate the administration of a drug or device based on a pharmacist’s order/prescription to a pharmacy technician. It is likely based on the laws quoted above that the Commission could allow for a pharmacy technician to administer drugs and devices under the supervision of the pharmacist. The Commission should consider how and what type of guidance is needed for pharmacies to engage in this practice.

It’s worth noting that under the rule re-write it becomes more clear that administration of drugs and devices could be performed by a pharmacy technician based on the Commission not restricting more tasks to a pharmacist.

Recommendation:

1. The Commission can deny the addition of administration of immunizations by pharmacy technicians, and approve the updated AUPs for Albertsons and Bartells.

2. The Commission could approve the AUPs, and allow for pharmacy technician administration as a pilot project under WAC 246-901-100(4) and limit the use of pharmacy technicians administering either immunizations and/or CLIA waived tests and request a report back in 6 months or a year to see how technician administration is going and evaluate any safety concerns.

3. The Commission could discuss and allow pharmacy technician administration in any settings and draft a guidance document on parameters that need to be put in place.
An Update on Technicians as Immunizers
2019-03-19 01:24:00
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In 2017, Idaho became the first state to allow pharmacy technicians to administer immunizations.\textsuperscript{1} According to the Idaho legislative rule, the technician must be nationally certified, hold a current certification in basic life support, and have completed an Accreditation Council for Pharmacy Education–accredited course on appropriate immunization administration technique. Notably, the pharmacist can delegate only the technical task of physically administering the injection. The pharmacist is still required to perform all of the clinical elements of the immunization, such as prescription, verification, and patient counseling.

In 2016, Kyle Frazier, PharmD, and I, both at Washington State University (WSU) College of Pharmacy, created the first immunization training program specifically for pharmacy technicians.\textsuperscript{2} This program was piloted with 25 pharmacy technicians from the Albertsons Corporation. The pilot study results showed that “pharmacy technicians demonstrated knowledge of vaccination procedures and self-reported improved confidence in immunization skills and administered immunizations after participating in a 4-hour training program.”\textsuperscript{3-6} The trained technicians administered nearly 1000 vaccinations in the first 6 months after completing the training program.

The WSU course includes a 2-hour self-study program combined with a 4-hour live program. It is Accreditation Council for Pharmacy Education–approved and includes 6 hours of technician continuing education credit.\textsuperscript{2} More than 500 pharmacy technicians have now completed this training program. The majority of participating technicians have been from Idaho; however, technicians from Washington State, Oregon, New Mexico, and Arizona have also taken the course. This course has also begun to receive national attention, with the program developer receiving the 2019 American Pharmacists Association Immunization Champion Award for Individual Practitioner.\textsuperscript{7}

With the growth of training pharmacy technicians to administer immunizations, additional research has revealed what pharmacists think about having an immunizing pharmacy technician in their practice. In a poster presented at the American Pharmacists Association Annual meeting in 2018, Bertsch and colleagues described a qualitative key informant interview study conducted with pharmacists who supervise one of the pharmacy technicians who were involved in the pilot study. Those who were interviewed believed their technicians were capable of administering immunizations. The results also showed that adding an immunizing technician into the workflow was most successful when the pharmacists and technicians were both excited about the change and had a high degree of trust in each other.\textsuperscript{8}

As more pharmacists and technicians adopt the new mindset of the immunizing technician, states are following suit. Rhode Island joined in the technician immunization movement in 2018. According to the state’s administrative rule 1.11.1B8b, “A technician II who has completed a recognized certificate training course on appropriate immunization administration technique and holds a current basic cardiopulmonary resuscitation training certificate, shall be permitted to administer vaccinations under the direct supervision and with the authorization of an immunizing
pharmacist when;

(1) The immunizing pharmacist has completed all of the requirements pursuant to §1.11 of this Part prior to administration of the vaccination.

(2) The immunizing pharmacist is on the premises for postimmunization monitoring of the patient.\textsuperscript{9}

Plans are already in place to expand the WSU training program into the state of Rhode Island. Several major chain corporations already have courses scheduled to train Rhode Island pharmacy technicians using the program that has successfully educated the Idaho technicians.

Another expansion has occurred within the federal pharmacy system. No federal law addresses the scope of practice of pharmacy technicians. Typically, individual states define the scope of practice of various health care professionals, including pharmacy technicians. Federal facilities can expand a specific scope of practice by defining credentialing requirements through local policies and procedures. One example of this type of policy could be if a pharmacy technician is certified with a state or national pharmacy technician certification and completes the pharmacy vaccine administration training. Then the pharmacy technician may be able to administer vaccines, under immunization-certified pharmacist supervision. Recently, the Pharmacy Expanding Vaccine Access workgroup of the Commissioned Corps of the US Public Health Service (USPHS) Pharmacist Professional Advisory Committee announced that credentialed USPHS pharmacists have the ability to provide federal pharmacy technicians the opportunity to obtain a WSU Pharmacy Technician Vaccine Administration Certification.\textsuperscript{10}

A shining example of the success of training pharmacy technicians who administer immunizations has been seen with Lieutenant Commander Doctor (LCDR) Greg Sarchet, PharmD, BCPS, NCPS. LCDR Sarchet works at Whiteriver Indian Hospital in Whiteriver, Arizona, overseeing several pharmacy technicians who now administer immunizations. In an exciting step forward, these technicians are administering immunizations to patients of all ages, including pediatric patients. The technicians also travel with pharmacists to perform patient home visits, which may include pediatric catch-up vaccines from missed well-child visits. As a result of these efforts, LCDR Sarchet was selected to receive the 2018 CDC Childhood Immunization Champion Award for his dedication to increasing immunization rates among Native American children.\textsuperscript{11}

Although the myriad ways pharmacy technicians are incorporated into immunization programs continues to grow, there is still much work to be done. For this work to have a national impact on immunization rates, focus must remain on continued growth and expansion of certifications across the nation.

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REFERENCES


Hello,
We are a pharmacy located within an outpatient clinic. We have been managing anticoagulation for the clinic patients under CDTA since 2006. We currently use a CLIA-waived point of care testing device to obtain patients’ INRs. We are wanting to incorporate the use of a technician into the clinic to help manage patients by coordinating appointments and possibly to obtain the INR result for pharmacist management. Under current Washington Law, are licensed technicians able to perform CLIA waived point of care testing? If so, would we need to revise our current pharmacy technician utilization plan in order to allow them to perform this task?

Thank you for your help and information,
Christine

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