WASHINGTON STATE BOARD OF PHARMACY
Review Form
PHARMACY TECHNICIAN TRAINING PROGRAMS

Type of approval: New Program ☒ Re-approval/Renewal: ☐ Date program expired: ______________________

Program Type: On-the-Job (OJT): ☐ Formal/Academic: ☐ Online: ☐

Facility/Institution name: K-C Pharmacy Inc Credential # (if applicable): ______________________

Location Address: 104 West Main Street, Goldendale WA 98620

Mailing Address (if different): ______________________

Name of Program Director: Yvonne Ngugi Phone Number: 509-773-4344

Email Address for Director: KCParm@gorge.net

Corporate/institution Contact Information: ______________________

Staff Recommendation: Approved

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**Requirements for all program types:**

<table>
<thead>
<tr>
<th>Multicultural health awareness and education effective July 1, 2008 -New requirement RCW 43.70.615</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training program must adequately prepare the trainee to pass an approved national pharmacy technician certification examination, such that the trainee successfully passes prior to license application.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2. Prior to starting an OJT training program in Washington, the trainee is required to show proof of high school graduation or a high school equivalency certificate, such as a GED.</td>
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<tr>
<td>3. Minimum of 8 hours of instruction is designated for review of relevant Washington state pharmacy law. This must include access to and use of the WA Pharmacy Commission’s website to obtain the most current information. This is in addition to a review of all other applicable state and federal laws.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>4. Trainee is registered with the Pharmacy Commission as a pharmacy assistant prior to starting an OJT program or an externship through an academic program in Washington state.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>5. Director of the program is a registered pharmacist. For WA Program directors of WA state</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

See page 5 of this form for complete info.

WAC 246-901-060 states proof of passing an NCCA-accredited national certification exam is required for licensure (effective 1/1/09).

Out-of-state applicants must submit a completed ‘Verification of Law’ form that is signed off by a pharmacist who is licensed in WA (but does not have to reside here & can have licenses in more than one state).

This does not apply to trainees who are in or have completed out-of-state technician training programs that are not physically located in WA.
state - the director must also be a licensed preceptor. WAC 246-901-050 states that the “director shall be a pharmacist.” Pharmacists directing or supervising the training of pharmacy technicians must meet the same requirements as those of pharmacy intern preceptors. The program direction or delegates must sign off on an applicant’s application verifying successful completion of the program.

6. Specify the names, license numbers, and training experience of the Director and all program instructors. Describe training responsibilities and functions

X

7. Length of the program is 12 months or less for whatever is sufficient to meet the requirements in hours and/or credits for either OJT or academic programs. Note that there are 3 types of programs that are recognized: (1) OJT programs at licensed pharmacies; (2) academic programs; & (3) online programs. NOTE: Anyone who works in a pharmacy in WA must be licensed in WA. Trainees are licensed as pharmacy assistants and can only work as technicians

X

8. The training and resource materials are current, relevant and are listed by title and publication date, with a description of how they will be used.

X

9. The minimum passing score for a final exam other than the PTCE or ExCPT is 75%. However, an option is to use proof of passing an NCCA-accredited national technician exam as your program’s final examination.

X

10. The Pharmacy Commission must be notified in writing or email prior to any significant changes to the program, including change in the Director, course content, and time frames.

X

11. All student-specific records must either be retained on-site and kept for a minimum of 2 years, as well as be made available within 72 hours upon request.

X

Additional requirements for OJT programs:

Yes  No

1. The program consists of 520 total hours of supervised work experience which includes: didactic instruction and 12 hours of individualized instruction provided when the trainer is not working ‘on-line’. All work experience within this time frame must be supervised by pharmacists and be part of the training program requirements.

X

2. The program must also include training on job functions that are unique to a particular practice setting (eg, preparing parenteral products; extemporaneous compounding; providing long term care services; etc.). These job functions must be documented on the ancillary utilization plans submitted for review.

X

The requirement for 12 hours of individualized instruction is specific for pharmacies licensed in WA.

Ancillary personnel utilization plans are required of all pharmacies licensed in WA. [RCWs - 18.54.011, 18.64A; & WACs – 246-863, -869, -901]. http://www.doh.wa.gov/hsga/Professions/Pharmacy/defaul
### Additional requirements for academic programs:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The academic program consists of a minimum of 2 quarters equal to 30 quarter credits (or equivalent in semester hours) and includes a mandatory externship of a minimum of 160 hours.</td>
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<tr>
<td>2. The vocational program consists of a minimum of 800 hours of instruction and includes a mandatory externship of a minimum of 160 hours.</td>
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<tr>
<td>3. A comprehensive training manual is provided and includes the following: list of faculty (names, licenses, training experience, &amp; program responsibilities); institutional policies &amp; procedures; description of the Advisory Committee functions &amp; list of members; complete curriculum description &amp; goals; training and testing methods; description of facilities (eg, drug preparation labs, computer labs, etc.) &amp; equipment used; description of the quality assurance program; and anything else relevant to the program and its administration and operations.</td>
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<tr>
<td>4. The externship is described by practice site and number of hours spent at each site, as well as description of tasks, expectations and required outcomes. Students in externships are evaluated by their externship site supervisor and their academic program instructor (based on a midterm and final clinical evaluation form, as well as the student's work reports, attendance and performance). Students evaluate their externship experience and include a self-evaluation of each experience. The program's policy and procedure for dealing with negative evaluations of students and by students is included.</td>
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<tr>
<td>5. Program requirements and expectations are included with a description of what constitutes misconduct and how it is handled. One example would be the criteria for expulsion from the program.</td>
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<td>6. If the vocational or academic institution is accredited by an accreditation organization and/or licensed in a state, provide this information.</td>
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### Additional requirements for online programs:

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<tr>
<td>1. Online programs must meet the same requirements as academic programs.</td>
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<tr>
<td>2. Program staff must be available to students on a 24-hour basis daily, with a policy &amp; procedure in places for this.</td>
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These plans must describe the manner in which ancillary personnel will be utilized. This requirement only applies to pharmacies licensed in WA.
ADDITIONAL REQUIREMENTS

1. All programs are approved for a 5-year period and must be submitted for renewal before their expiration date. Typically programs that are submitted for renewal do not have to be presented at a board meeting for re-approval. However, if such a program is completely revamped, a determination will be made if formal board approval will be necessary, at which time your program would be notified.

2. For OJT programs offered through pharmacies that are licensed in Washington and for academic/vocational programs based in Washington, the documented director (or delegates) of a training program must sign the ‘Director’s Certification’. The director may designate delegates who can sign this section of the application on his or her behalf, but a letter must be submitted to the board by the director of the program stating who these delegates are and the effective dates. Any changes to this document must be submitted in writing. If either a director’s or delegate’s names are not on record with the board, this will cause delays in the processing of applications.

3. For pharmacies licensed in Washington, you must maintain an on-site file containing all documentation related to your approved technician training program, including your most current approved ancillary utilization plans. This documentation will be requested as part of the inspection process.

4. Anyone who works in a pharmacy in WA must be licensed in WA. Trainees must first be licensed as pharmacy assistants and can only work as technicians-in-training when they are being trained. Trainees cannot ‘fill in’ as technicians ‘as needed’. Their work experience must be part of the approved training program. And, since proof of passing one of the NCCA-accredited national certification exams is a requirement for licensure, trainees should be preparing for an exam while they’re in training. The training program should be preparing them to take an exam. The national exam should be taken sooner rather than later, meaning that your trainee can’t be a tech-in-training indefinitely, especially after they have completed the training program. At the latest, trainees should be ready to take a national exam when they have just completed a training program.

5. Always remember to access the Board of Pharmacy website for the most current pharmacy technician or assistant applications, as the applications are periodically updated. The same applies for the most current information on Board of Pharmacy laws, rules, policies, guidelines, and the like.

6. Training programs that are reviewed as part of a specific applicant’s application process will only be approved for that applicant. Out of state training programs that are interested in obtaining board approval must submit all the documentation requirements listed in the review form above.

Note: ‘Formal’ academic programs include the following settings: universities, community colleges, technical colleges, technical/community colleges, vocational/technical schools. These are institutional-based programs, whereas OJT programs are employer-based.
NEW REQUIREMENT FOR ALL TRAINING PROGRAMS APPROVED in WASHINGTON

Cultural Competency Resources

The legislature finds that it shall be a priority for the state to develop the knowledge, attitudes, and practice skills of health professionals and those working with diverse populations to achieve a greater understanding of the relationship between culture and health and gender and health. By July 1, 2008, each program with a curriculum to train health professionals for employment in a profession credentialed by a disciplining authority under chapter 18.130 RCW shall integrate into the curriculum instruction in multicultural health as part of its basic education preparation curriculum.

The Washington State Department of Health (department) is pleased to announce a new resource to help health care providers serving diverse populations of patients. A law passed in 2006 requiring all health care providers licensed by the department to receive multicultural health awareness education and training. The Cultural Competency in Health Services and Care – A Guide for Health Care Providers is a tool in that effort. The law did not mandate anything more specific than this. There are no requirements for how the training is conducted, what resources should be used, and number of contact hours or credits. There are many resources for this. A sampling of resources is listed on the review form.

This guide is intended to increase the knowledge, understanding, and skills of those who provide health care in cross-cultural situations. The guide is available on our Web page. We hope it will broaden your awareness of health disparities, provide a better understanding of why cultural competency is important, and illustrate some of the resources available to you. There are several online resources that offer continuing education credits. There are also resources with important information and statistics on the populations you serve.
Pharmacy Technician Training Program, 2020

KC Pharmacy
104 W Main St
Goldendale, WA 98620
DIRECTOR:

Yvonne Ngugi
Pharmacist-In-Charge
Goldendale, WA 98620
(509) 773-4344

WA Pharmacy License: PH60913366
Preceptor #: PH60947440

Education:
Albany College of Pharmacy and Health Sciences, Pharm.D 2015

Pharmacy Experience:
Yvonne Ngugi is the current Pharmacy Manager at KC Pharmacy located in Goldendale, WA. Her career in pharmacy started in 2011 where she worked as a pharmacy technician for CVS. She then enrolled into pharmacy school later on that year and started interning at Albertsons pharmacy. After graduation, she moved to Houston where she practiced at Walgreens as a pharmacy manager.

Over the course of her career Yvonne has worked with various technicians' trainees and student interns. She recently received her preceptor license in Washington so she could train assistants and student interns in a rural area. Patients and physicians are from the Klickitat county and surrounding areas.
FACILITY

KC Pharmacy
104 W Main St
Goldendale, WA 98620
(509) 773-4344

Class A Pharmacy
Pharmacy License # PHAR.CF.00002121

Servicing Klickitat County and surrounding areas.

Employees include: Pharmacists, Pharmacy Technicians, and Pharmacy Assistants.

Pharmacy provides services for over the counter medication, medication therapy management and compliance packaging.
Section III: Reference Material

Text to be used for reading assignments:


Resource Materials:


J.Jtm source=:ABC&utm medium=GNPU&utm campaign=ABCGNPU

Pharmacy Technician Certification Board: http://www.ptcb.org

Online Trainings:

https://vimeo.com/224333554/004f1e1b3f

HIPAA Individual Right 2018, R.J. Hedges & Associates;
https://prgms.rjhedges.com/MasterDocs/20/PP157.pdf ;
https://vimeo.com/215497883/7ede42bff0

HIV/AIDS Prevention and Education Course
https://wildirismedicaleducation.com/courses/wa-hiv-aids-training-7-hour-ceu

https://vimeo.com/224322425/632e400afa

Health Literacy and Culturally Appropriate Communication & Limited English Proficiency.
R.J. Hedges & Associates.
https://vimeo.com/229036615/c87cc7165c
Section IV: Instruction and Program Administrations

1. Program Administration
   1. Type: On the job training
   2. Number of Candidates to be trained: 2 and not more than 8 during a 1 year period.
      1. Each candidate must submit proof of high school graduation or GED
      2. Each candidate must obtain a Pharmacy Assistant License prior to being accepted in the program
      3. Complete a background check
   3. Time to complete program: maximum of 12 months

4. Format of training
   1. Reading assignments
   2. Discussion with Pharmacist - at least 15 hours outside of pharmacy setting which is devoted to program instruction
   3. Supervised experience and application
   4. Evaluation

5. Evaluation
   1. Following completion of each topic an oral, written, and/or practical examination will be administered by the instructor
   2. Pharmacy technician function checklists from the Pharmacy Certified Technician Training Manual can be used for examination on topics covered in that manual.
   3. Instructor will document successful completion of examination
   4. At the completion of the training Pharmacy Certified Technician board exam will be taken
      1. A trainee must receive a passing score of at least 75% on all exams including the board exam.
   5. Evaluation records will be retained at the store for a minimum of 2 years for each trainee and will be made available within 72 hours on request.
   6. Any significant changes in the program including but not limited to a change in director, course content, time frames or admission requirements will be reported to the Pharmacy Commission prior to the change.
### Section V: Course Outline

#### A. Introduction to Pharmacy Practice

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIPAA Training</td>
<td>1</td>
</tr>
<tr>
<td>2. HIV/AIDS Training</td>
<td>4</td>
</tr>
<tr>
<td>3. Orientation to general store duties</td>
<td>15</td>
</tr>
<tr>
<td>4. Orientation to pharmacy practice</td>
<td>20</td>
</tr>
<tr>
<td>5. Orientation to pharmacy technician duties, licensing requirements</td>
<td>20</td>
</tr>
<tr>
<td>(national &amp; state), license renewal, ad completion of training program</td>
<td></td>
</tr>
<tr>
<td>6. Duties in a small community pharmacy</td>
<td>10</td>
</tr>
<tr>
<td>7. Duties in an institutional pharmacy</td>
<td>5</td>
</tr>
<tr>
<td>8. Pharmacy Law</td>
<td>20</td>
</tr>
<tr>
<td>9. Introduction to Computer Systems</td>
<td>30</td>
</tr>
<tr>
<td>10. Over the Counter Drugs</td>
<td>15</td>
</tr>
<tr>
<td>11. Nursing Home and other long term care facilities</td>
<td>5</td>
</tr>
<tr>
<td>12. Cultural Competency in Health Services &amp; Care</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>

#### 8. Pharmacy Terminology and Basic Pharmaceutics

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmaceutical compounding, including theory of basic sterile and non-</td>
<td>10</td>
</tr>
<tr>
<td>sterile compounding</td>
<td></td>
</tr>
<tr>
<td>2. Terminology, symbols, abbreviations, and computer applications</td>
<td>20</td>
</tr>
<tr>
<td>3. Weights, measures, and calculations</td>
<td>20</td>
</tr>
<tr>
<td>4. Routes of administration and dosage forms</td>
<td>10</td>
</tr>
<tr>
<td>5. Prescription and patient medications record components</td>
<td>10</td>
</tr>
<tr>
<td>6. Automation; including basic routine, maintenance, monitoring inventory,</td>
<td>5</td>
</tr>
<tr>
<td>filling machine, benefits of automation, and safety aspects</td>
<td></td>
</tr>
<tr>
<td>7. Compliance packaging including reasons for use, law, labeling, and</td>
<td>5</td>
</tr>
<tr>
<td>different types</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>
### C. Introduction to Pharmacology

<table>
<thead>
<tr>
<th>Topic</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to drug action</td>
<td>4</td>
</tr>
<tr>
<td>2. Peripheral nervous system</td>
<td>4</td>
</tr>
<tr>
<td>3. Nervous system disorders</td>
<td>4</td>
</tr>
<tr>
<td>4. Psychiatric disorders</td>
<td>4</td>
</tr>
<tr>
<td>5. Pain and inflammation</td>
<td>4</td>
</tr>
<tr>
<td>6. Cardiac function</td>
<td>4</td>
</tr>
<tr>
<td>7. Blood disorders</td>
<td>4</td>
</tr>
<tr>
<td>8. Gastrointestinal tract function</td>
<td>4</td>
</tr>
<tr>
<td>9. Nutritional deficiencies</td>
<td>4</td>
</tr>
<tr>
<td>10. Herbal and homeopathic</td>
<td>4</td>
</tr>
<tr>
<td>11. Endocrine disorders</td>
<td>4</td>
</tr>
<tr>
<td>12. Respiratory function</td>
<td>4</td>
</tr>
<tr>
<td>13. Cancer</td>
<td>4</td>
</tr>
<tr>
<td>14. Infectious disease</td>
<td>4</td>
</tr>
<tr>
<td>15. HIV/AIDS</td>
<td>4</td>
</tr>
<tr>
<td>16. Poisonings</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
</tr>
</tbody>
</table>

### D. Specific Task Training

<table>
<thead>
<tr>
<th>Task</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Receiving, stocking, ordering merchandise</td>
<td>20</td>
</tr>
<tr>
<td>2. Inventory of merchandise</td>
<td>10</td>
</tr>
<tr>
<td>3. Special class drugs</td>
<td>10</td>
</tr>
<tr>
<td>4. Processing drug order</td>
<td>5</td>
</tr>
<tr>
<td>5. Telephone Procedure and Communication</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

**Individual Discussion** 15
**Supervised On the Job Experience** 160

**Total Hours** 529
<table>
<thead>
<tr>
<th>Section</th>
<th>Number of Hours</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Practice</strong></td>
<td>150</td>
<td></td>
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<tr>
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<td>80</td>
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<td>64</td>
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<tr>
<td>-----------------------------</td>
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**Specific Task Training**

| 1. Receiving, stocking, ordering merchandise | 20 |
| 2. Inventory of merchandise                | 10 |
| 3. Special class drugs                     | 10 |
| 4. Processing drug order                   | 5  |
| 5. Telephone Procedure and Communication   | 15 |

**Individual Discussion**

| 15 |

**Supervised On the Job Experience**

| 160 |
Staff Availability

The program director/staff will be available during posted pharmacy hours, unless otherwise announced. Hours will be posted outside the pharmacy door. Although we maintain an “open door” policy, appointments are encouraged so that we may devote the appropriate amount of time to trainee’s individual needs. The program director may also be reached by cell phone (378-798-4919) or via email (Yvonne.Nguqi@goldendalepharmacy.com) at anytime of the day.

Advising sessions are held with students by the program director/staff as deemed necessary by the director and/or pharmacy technician in training. Advisement may cover trainee’s status with regard to academic standing, clinical performance, professional demeanor, and attendance.
Pharmacy Technician Utilization Plan - KC Pharmacy

- Greets customers with prescriptions, scans prescription for basic information (name legible, address) and checks computer to ensure patient has an updated profile prior to giving the prescription to the Pharmacist for profile review and consultation.

- Has new patients complete medical history form.

- Enters new patient information into computer for pharmacist to review, interpret and approve (i.e. chronic conditions, and allergy).

- Processes refills (prints label using computer and fills order) under the direct supervision of a licensed pharmacist. The accuracy of the prescription and appropriateness of refill will be checked and initialed by a licensed pharmacist.

- Inputs new prescriptions into the computer, under the direct supervision of the Pharmacist, asking the Pharmacist for instruction and interpretation of prescription information when needed. Then fills the prescription with the appropriate drug from the stock bottle.

- The Pharmacist checks and initials the finished prescription for accuracy of directions and drug selection. The Technician will note any allergies on the original prescription. The Technician will notify the Pharmacist if any drug interactions appear on the computer screen at that time so the Pharmacist will review the patient profile and determine if the physician should be notified.

- Obtains individual prepackaged, labeled medications or stock bottles for prescription filling and counts or pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the filled prescription (to include label, labeling and contents) is checked and initialed by a licensed pharmacist.

- Reconstitutes medication by adding the specified quantity of provided diluent. The accuracy of the assistant is always checked and initialed by a licensed pharmacist.

- After the Pharmacist checks the prescription order, the technician sacks the prescription and attaches the receipt and insurance form if necessary. The finished order is then filed alphabetically in the Rx pick-up area. (Then Technician restocks drug bottle on appropriate shelf).

- Faxes refill request to Physician or calls office to request refill authorization from physician by stating patient's name, medication 1-1nd strength, number of doses and date of prior refills when Prescription has expired. Accepts Refill authorization from physician's office providing no changes in the prescription are involved. Any additional inquiries by the physician's office must be referred to the pharmacist.

- Complete Third Part Insurance Forms, and calls insurance companies for computer overrides and for customers coverage, and formulary information.

- Files and retrieves various pharmacy records as required by law (i.e. CRC Forms, Rx Original, Insurance Forms, etc.)
- Handles non-professional phone calls and inquires for:
  - Patient refill requests
  - Price information on Prescriptions and OTC’s
  - Business hours or delivery services
  - Availability of prescriptions of OTC drugs and Sundries
  - Prescription Status (i.e. refillable, ready for pick-up, faxed to Dr. Insurance drug coverage, drug on order)
  - Wholesaler and distributors about drugs and supplies
  - Insurance companies for customer and drug coverage, for billing problems, overrides and authorizations

- Reviews patient profile to retrieve specific clerical (non-professional, non-judgmental) information requested by the pharmacist, patient, Insurance Company or prescriber, understanding the laws regarding confidentiality and when information can and cannot be released.

- Checks and pulls pharmaceutical outdates monthly and has the Pharmacist Manager Decide which drugs must be reordered. Sorts the returns according to company polices and returns them according to law.

- Pulls recalled pharmaceuticals immediately and informs Pharmacist of recall. Processes recall according to the recall instructions. Reorder different, non-recalled, lots of recalled product if the pharmacist thinks it is necessary.

- Keys drug order Pioneer order machine or computer and transmits to drug wholesaler. Reorders shorts when appropriate. Call drug wholesaler to check stock status on drugs and reserves drugs for special orders.

- Operates the cash register and completes check-out counter tasks, such as the customer signature log, charge account and zoning. Completes sale of prescriptions after they are checked or dispensed by a Licensed Pharmacist and after Pharmacist counseling.

- Delivers mediation to customers or Extended Care Facilities when designated.

- Maintain assigned work areas and equipment in a clean and orderly condition.

- Renew license annually with the Department of Health and posts current license in Pharmacy Department.
Pharmacy Assistant Utilization Plan

- Maintains assigned work areas and equipment in a clean and orderly condition.
- Files completed prescriptions alphabetically on the shelf for patient pick up.
- Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- Files and retrieves various pharmacy records as required.
- Handles incoming and outgoing nonprofessional phone calls regarding the following:
  - Inquiries concerning price information.
  - Inquiries from patients asking how many refills are remaining.
  - Inquiries from patients asking if one or more of their prescriptions are refillable.
  - Calls placed to a physician's office requesting refill authorization.
  - Calls from patients requesting refills using their prescription number.
  - Inquiries regarding business hours and delivery services.
  - Inquiries dealing with ordering of drugs and supplies from wholesalers and distributors.
  - Inquiries regarding the availability of goods and services. These inquiries might require transferring the call to another person.
- Handles the front counter and operates the cash register.
- Counts and/or pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed Pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed Pharmacist.
- May generate labels for refill prescriptions only if there are no changes in the prescription being refilled.
Pharmacy Technician Job Description

Purpose

The primary purpose of the work is to assist the Pharmacist, as allowed by law, in daily activities to ensure that every patient receives optimal care, and that the Pharmacy adheres to the up-to-date standards of practice.

Major Duties

Performs a wide range of technical and support functions in the Pharmacy. (See utilization plan for more details)

Check stock of Pharmaceuticals to determine if it is at the required levels, rotated properly and stored correctly, and assists with ordering, receiving and stocking.

Enters new medication orders into Pharmacy's Computer System and sets up medication for the proper filling of prescriptions, leaving completed work to be checked by a pharmacist. May use specialized tablet and capsule counting devices.

Maintains in good working order equipment used to complete duties (printers, terminals and keyboards, counting devices, and order transmission machines), reporting any malfunctioning equipment to pharmacist-in-charge.

Answer questions regarding the availability of certain products, drugs in stock, and drugs on order. Refers any questions out of his/her realm of knowledge and questions requiring professional judgement to a pharmacist.

Job Requirements

Education and Training:

High School Graduation, or the successful completion of the GED and Completion of a Washington State Board of Pharmacy Approved

- Pharmacy Technician Training Program to include 4 hours of AIDS Continuing Education
Knowledge:
Knowledge of the overall operations of the Pharmacy sufficient to maintain a smooth workflow within established guidelines.
Knowledge of pharmaceutical calculations and metric weights and measure in order to complete basic preparations.
Knowledge of trade and generic names, and pharmacy and medical terminology in order to accurately read prescribers prescriptions prior to filling orders.
Knowledge of proper labeling, packaging and record-keeping requirements to ensure established standards and legal requirements are met.
Knowledge of proper storage requirements for a wide variety of pharmaceutical preparations.
Knowledge of the cleaning and general maintenance requirements for equipment and devices used.

Skills:
Skill in using a computer.
Skill in using a calculator to compute totals, discounts, and quantities needed.
Skill in Cash register and ordering equipment operations.

Physical Demands:
Must be able to stand for prolonged periods of time.
May require lifting heavy boxes, stooping, crouching and reaching for items throughout the day.

Supervisory Control

The Pharmacist-in-Charge will provide general instructions for routine duties and detailed instructions/training for non-routine or more difficult duties. Work will be reviewed in progress and after completion to evaluate accuracy and appropriateness. As satisfactory progress is made, supervisory controls will be gradually lessened; however, a pharmacist will always be available when assistance is needed. All filled prescriptions for individual patients, and all compounding and repackaging will be checked individually by a pharmacist for accuracy and completeness.

Reviewed and Accepted:

Employee:

Pharmacist-in-Charge:
Online Courses and/or Job Aids

Pioneer University

New Patient Course
- New Patient Demographics
- New Patient: Allergies, Other Medications, and Medical Conditions
- Patient Pay Methods
- Patient Profile

Rx Profile Course
- Location the Patient
- Rx Profile Grid
- Rx Profile and Data Entry

Adding a New Prescription Course
- Begin a New Prescription
- Scanning the Written Prescription
- Data Entry – The written information
- Data Entry – The Dispensed Information
- Alerts and Warnings

Third Party Course
- Claims Alerts and Reversing Transactions
- Identify and Locate Rejected Claims
- Troubleshooting Rejections
- Advanced Troubleshooting
- CoverMyMeds and IPA
- Reading Module

Workflow Course
- PioneerRx Workflow
- Workflow Queues
- Incoming Documents
- Intake Station
- Precheck Station
- Print Queue
- Fill Station
- Check Station
- Will Call
- Workflow, Refills, and Requests
Refills and Requests Course
- Refilling a prescription
- Fill Request Queue
- Prescription Renewal Requests
- Process Renewal
- Escripts
- Batch Process

Medication Adherence Course
- Recommended Med Sync Settings
- Med Sync – Search Grids and Layouts
- Determine Candidates for Med sync
- Med sync – Patient Setup
- Med Sync – Processing Short Fills
- Med Sync – Process Cycle

Point of Sale Basics Course
- Opening the Point of Sale
- Retail Item transaction
- Completing a Sale
- Rx Item Transaction
- Deliveries
- POS Lock Screen

Items and Ordering Course
- Reorder Points
- Rx Item Ordering
- Sale of Rx Item without a Prescription to a Pharmacy or Hospital
- Adjusting Balance on Hand of Rx Items
- Reviewing Retail Items
- Retail Item Import
- Compounds
- Restricted Ingredients
- Merging Duplicate Records
- Understanding Rx Item Ordering
- Suppliers
- Rx Daily Order
- Retail Daily Order
- Recommended Order
- Purchase Orders and Invoices
- Mismatched Catalog Item
- Inventory Worksheet
- Rx Inventory Count
- Year-End Inventory Best Practices
- Creating Inventory Departments
- Bins
- Transferring Items Between Inventories
On-the-Job Training

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Operates the cash register and completes check-out counter tasks, such as the customer signature log, charge account and zoning. Completes sale of prescriptions after they are checked or dispensed by a Licensed Pharmacist and after Pharmacist counseling.

Delivers medication to customers or Extended Care Facilities when designated.

Maintain assigned work areas and equipment in a clean and orderly condition.

Renews license annually with the Department of Health and posts current license in Pharmacy Department.
Topic: Prescription Entry

*Online Pioneer Course: Adding a New Prescription Course*
- Begin a New Prescription
- Scanning the Written Prescription
- Data Entry – The written Information
- Data Entry – The Dispensed Information
- Alerts and Warnings

*On the Job Training:*
- Observe Pharmacy Technician as they go through the process step by step
- When ready, perform the task under the supervision of a Pharmacist or a Licensed Pharmacy Technician
- Make sure they understand everything on the checklist

*Advanced Training:*
- Handle transcription transfers
- Enter a compound prescription
- For items not in the system, search the catalog and add it into the system
- Register a prescriber during prescription entry
- Handling 340B Prescriptions
Topic: Inventory

**Online Pioneer: Items and Ordering Course**

- Reorder Points
- Rx Item Ordering
- Sale of Rx Item without a Prescription to a Pharmacy or Hospital
- Adjusting Balance on Hand of Rx Items
- Reviewing Retail Items
- Retail Item Import
- Compounds
- Restricted Ingredients
- Merging Duplicate Records
- Understanding Rx Item Ordering
- Suppliers
- Rx Daily Order
- Retail Daily Order
- Recommended Order
- Purchase Orders and Invoices
- Mismatched Catalog Item
- Inventory Worksheet
- Rx Inventory Count
- Year-End Inventory Best Practices
- Creating Inventory Departments
- Bins
- Transferring Items Between Inventories

**On the Job Training:**

- Observe Pharmacy Technician as they go through the process step by step
- When ready, perform the task under the supervision of a Pharmacist or a Licensed Pharmacy Technician
- Make sure they understand everything on the checklist

**Inventory Functions:**

- Understanding the process for automatic updates to on hands when you fill a prescription
- Understand order and delivery dates
- Keep pharmacy shelves clean and organized
- Check shelves for expiration dates

**McKesson/Northwest/PBA/Anda Orders:**

- Reviews out of stocks, partial fills and auto order
- Ensure receipts are handled properly – signatures and filing

**Returns:**

- Understand when you can complete returns/claims for different categories of items
- Learn How to create warehouse claims for:
  - Return Outdated Products/Salvage
  - Non-selling
  - Recalls
Monthly:
• Pull and return all expired medications 120 days prior to the expiration date

Topic: New Patient Course

Online: New Patient Course
• New Patient Demographics
• New Patient: Allergies, Other Medications, and Medical Conditions
• Patient Pay Methods
• Patient Profile

On the Job Training:
• Observe Pharmacy Technician as they go through the process step by step
• When ready, perform the task under the supervision of a Pharmacist or a Licensed Pharmacy Technician
• Make sure they understand everything on the checklist

Patient Requests:
• Use the eligibility tool to find patient insurances
• Queue refills requested in the priority queue
• Add allergies and medical conditions on the patient profile
Topic: Patient Requests

Online: Refills and Requests Course
- Refilling a prescription
- Fill Request Queue
- Prescription Renewal Requests
- Process Renewal
- E-scripts
- Batch Process

On the Job Training:
- Observe Pharmacy Technician as they go through the process step by step
- When ready, perform the task under the supervision of a Pharmacist or a Licensed Pharmacy Technician
- Make sure they understand everything on the checklist

Patient Requests:
- Using the Drug item tab to find medication information
- Change the quantity dispensed of a prescription
- Look up Cash Price of medication
- View Prescriptions Refill history
- Store, delete and close prescriptions
- Story prescriptions that have been their more than 2 weeks
- Print insurance/tax profile
- Update prescription from the work queue
- Sign up and modify a patients Auto Refill and Med Sync preferences
- Search the work queue by drug name or date entered
Topic: TPRs and Message Queue

Online: Third Party Course
- Claims Alerts and Reversing Transactions
- Identify and Locate Rejected Claims
- Troubleshooting Rejections
- Advanced Troubleshooting
- CoverMyMeds and IPA
- Reading Module

On the Job Training:
- Observe Pharmacy Technician as they go through the process step by step
- When ready, perform the task under the supervision of a Pharmacist or a Licensed Pharmacy Technician
- Make sure they understand everything on the checklist

Thirty Party Rejects (TPRs):
- Access the third-party rejects Queue daily
- Resolve third party exceptions
- Contact third party plans
- Enter Comments when necessary
- Understand reasoning:
  - Prior Authorization
  - Invalid Date of Birth
  - Coverage Terminated
  - Patient Eligibility
Textbooks

Reference: PTCB Ascencia Test Prep

Introduction
• Role of the Pharmacist
• Role of Technician

Pharmacology
• The principles of pharmacology
• An Introduction to Medical Terminology
• Pharmacy Abbreviations

Assisting the Pharmacist
• Community Pharmacy
• Institutional Pharmacy
• Pharmacy Automation

Handling Medications
• Obtaining the correct medication from inventory
• Proper dispensing procedure for various dosage forms
• Preparation of parenteral injections
• Preparations of admixtures

Administration & Management of the Pharmacy
• Medication Errors
• Reference Materials
• Hazardous Materials and Safety in the Workplace
• Inventory

Compounding Pharmaceuticals
• Non-sterile Compounding
• Sterile Compounding

Pharmacy Math
• Fundamentals of Pharmacy Math
• Fractions and Decimals
• Ratio, proportions, and percentage
• Liquid Measures
• Concentrations
• Dilutions
• Admixture Calculations

Pharmacy Law
INTRODUCTION

I. Role of the pharmacist
   A. Patient consultation
   B. Medical advisement, recommendation of emergency procedures
   C. Receipt of prescriptions generated by electronic means
   D. Accepts refill authorizations

II. Role of the technician
   A. Communication regarding routine requests
   B. Communication with third party payers to verify payment
   C. Answering of general questions to limitations of knowledge
   D. Verification of prescription orders
   E. Providing support to the patient

PHARMACOLOGY (PAGES 1-123)

Drug Nomenclature

I. Proprietary drug names
   A. As related to drug function
   B. As related to drug classification

II. Knowledge of general therapeutic actions of drugs

III. Representative drugs, dosage forms, and strengths available

The Pharmacology of Drug Interactions (Page 26)

I. General mechanisms of drug interactions
   A. Absorption
   B. Distribution
   C. Clearance
   D. Drug mechanism
      • Synergism: therapeutic and toxic effects
      • Additive effects
      • Antagonism
### Abbreviations: (Page 116)

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<tr>
<td>cc</td>
<td>cubic centimeter (same as ml)</td>
<td>po</td>
<td>by mouth</td>
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<td>ac</td>
<td>before meals (think of a.m.)</td>
<td>od</td>
<td>right eye</td>
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<td>pc</td>
<td>after meals (think of p.m.)</td>
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<td>hs</td>
<td>at bedtime (before sleep)</td>
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<td>qd</td>
<td>once a day (or every day)</td>
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<td>bid</td>
<td>twice a day</td>
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<td>tid</td>
<td>three times a day</td>
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<td>qid</td>
<td>four times a day</td>
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<td>qod</td>
<td>every other day</td>
<td>IV</td>
<td>into the vein: bolus or drip</td>
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<td>once a week</td>
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<td>under the skin</td>
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<td>as directed</td>
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<td>into the artery</td>
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<td>atc</td>
<td>around the clock</td>
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<td>every hour</td>
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<td>intracardiac</td>
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<td>with</td>
<td>SL</td>
<td>sublingual (under the tongue)</td>
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<td>rectally, in the rectum</td>
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ASSISTING THE PHARMACIST

Receiving the Medication Order

The Medication Order: In a retail pharmacy, the medication order (prescription) is written on a form which is normally preprinted, with certain information. If the required information is not preprinted, it may be written or typed on the form. The written medication order must be written in ink or typed on the form to avoid possible alteration, and must contain the following information when received in the pharmacy. If the prescription is incomplete or illegible it cannot be filled, and the patient should be referred back to the prescriber or the pharmacist.

This includes:

I. Written prescriptions: the prescription blank
   A. Required information at time of acceptance—written in ink or typed on the prescription form
      • The patient's full name
      • Date of issue of the prescription: regular prescriptions are valid for one year; prescriptions for controlled substances (Schedule II–V) are valid for as little as three days, depending on the state of issue
      • The name and title of the prescriber
      • The Drug Enforcement Agency (DEA) number assigned to the prescriber: a seven-digit number, beginning with two letters, denoting the status and last initial of the prescriber
      • The name of the drug prescribed (generic or brand name)
      • Strength and dosage form of the drug prescribed (see exceptions)
      • Quantity of drug to be dispensed
      • Instructions for dosage (SIG)
      • Instructions for labeling
      • Signature of the prescriber, in ink
      • Authorization to dispense a generic substitution: required for substitution of proprietary label only. When “dispense as written” (DAW) designation is present, there is to be no substitution of any kind
      • Refill information:
        1. Must be clearly written in (or the number of refills circled) on the form
        2. Refill authorization: an extension of the original prescription. This is the responsibility of the pharmacist
      • Instructions for preparation of the drug: detailed instructions must be given for preparation; otherwise, it is considered extemporaneous compounding, and must be done by the pharmacist
B. Information to be added to the prescription form at time of acceptance
• The address and telephone of the patient: to identify the patient and assist in medication recalls
• Age or date of birth of the patient: to identify the patient and clarify proper dose
• Allergies and concurrent medications: to prevent potential drug interactions, adverse effects, and therapeutic duplications
• The insurance coverage of the patient.

C. Authentication and clarification of the order
• Verification of medication and amount prescribed, signature verification
• Verification of DEA number

D. Accepting prescriptions for controlled substances
• All information must be present on triplicate form: no writing on the form is allowed
• No corrections, write overs, or extra writing should ever be present

II. Prescriptions received by electronic means (telephone, fax machine, or modem)
• Accepted by licensed practitioner (i.e., pharmacist, intern, nurse) only
• Prescription must be immediately transcribed onto a “hard copy”

III. Medication Administration Record (MAR)
A. Structure and use of the MAR
• It serves as a drug order in an institutional pharmacy
• It is much more detailed than the paper prescription
• Information presented may include patient location, billing number, diagnosis, height, weight, medical tests, diet, and medical history
• Regular medications are ordered by administration schedule, according to the twenty-four-hour clock
• It may include directions for use of medications and/or instructions for compounding
• The organization of the MAR differs from that of the paper prescription
• The initiation of drug therapy and discontinuation are specified

B. Executing the MAR
• Calculation of the amount of drug required per dose (unit dose)
• Preparation of the correct amount of drug in the correct vehicle for delivery
• Preparation and placement of the appropriate label, showing the patient name, location, drug name, quantity, expiration date, attending physician's name, and instructions (if any)
• Placement of the prepared unit dose into an appropriately labeled cassette
C. Comparison of medication orders in retail and institutional settings

Differences in amount of detail presented: instructions, dosing schedules, etc.

- More detailed identifying information presented on the MAR: helps ensure the administration of drugs to the proper patient
- More information is present on the MAR: laboratory tests, diet, etc.
- Concurrent medications are normally not recorded on the MAR: intake of both food and drugs are more strictly regulated in an institutional setting
- DEA numbers of individual prescribers are not required
- Special documentation for controlled substance prescription is not required on the MAR

Processing the Medication Order

I. Basic terminology

A. Dosage form: solid dosage form (tablet, capsule), semisolid dosage form (cream, suppository), liquid (syrup, tincture, etc.): and specific applications. Use and handling of drugs in suspension

B. Dosage strength: amount of drug per unit prescribed

C. Supply dosage: amount of drug per unit on hand

D. Routes of administration: correct drug preparation for a specific route of administration and reasoning behind procedures used

II. Interpretation of a written order: the paper prescription

A. Information required on the prescription form, use of information, and legality issues
   - Regular drugs
   - Narcotics/Schedule II controlled substances

B. Instructions for dosing: drug doses and half life

C. Information to be entered on the form at time of dispensing: use of information (why is it needed?) and legality issues
   - Identifying information
   - Age and gender
   - Concurrent medications

D. Interpretation of abbreviations (see text)

E. Choosing and dispensing the appropriate drug in a correct manner
Preparation and Utilization of the Patient Profile

I. Obtaining and entering patient information
   A. Types of information required for patient profile
   B. Patient interview
   C. Updating patient profiles with information regarding new allergies, concurrent medications, change of address, etc.

II. Purpose and utilization of the patient profile
   A. Identification of the patient
   B. Serves as a record of medications dispensed to the patient
   C. Protects the patient against drugs or procedures that could potentially be harmful

III. Organization of the patient profile
   A. Identifying information: name, date of birth, contact information, and insurance information
   B. Drugs prescribed: helps to identify potential drug interactions, as new drugs are prescribed
   C. Drug allergies and adverse reactions: helps to protect the patient against misprescribed drugs
   D. Concurrent medications: helps to prevent drug interactions and therapeutic duplication
   E. Medical history: helps to prevent potentially lethal aggravation of existing conditions by prescribed drugs
   F. Mental conditions, handicaps: helps to predict the degree of supervision needed with the drug therapy. Physical handicaps such as arthritis may dictate the need for a special cap on the dispensing bottle, or poor eye sight may require large-print labeling and so forth.
   G. Insurance information
   H. Height, weight, diagnosis, therapies, laboratory tests, and results (institutional profile): height and weight may be required to calculate accurate drug dosage. Also, hospital patients may need to be weighed to determine weight loss or gain. Diagnosis, concurrent therapies, and test results may help the pharmacist check for accurate therapeutic prescribing.

IV. Comparison of the patient profile in the institutional and retail settings
   A. More details are included in the institutional setting: goals of therapy, special diet, diagnosis, tests, billing information, billing number, etc.
   B. Slight differences in the type of information included: refill information and concurrent medications are not applicable to the institutional profile
HANDLING MEDICATIONS

I. Obtaining the correct medication from inventory
   A. Interpretation of the manufacturer's label
   B. Dosage conversions

II. Proper dispensing procedures for various dosage forms
   A. Solid, liquid and semi-solid dosage forms
   B. Appropriate dispensing containers
   C. Proper labeling procedures
      • Information required on the label
      • Proper tabulation of prescriber's instructions
      • Use of auxiliary labels
   D. Bulk compounding and bulk manufacturing
   E. Preparation of sterile solutions
      • Aseptic techniques and why they are used
      • Proper use of a laminar flow hood

III. Preparation of parenteral injections
   A. Subcutaneous injections
   B. Intramuscular injections
   C. Intravenous injections
      • Bolus
      • Large volume injectables

IV. Preparation of admixtures
   A. "Piggyback" IV's
   B. Mixing admixtures

Proper labeling of injections and admixtures
ADMINISTRATION & MANAGEMENT OF THE PHARMACY

Proper Storage and Delivery of Drug Products

I. Drug stability and potency
   A. Effects of humidity and air
   B. Importance of proper packaging and packaging materials
   C. Relationship of dosage form to stability
   D. The effects of temperature and light on drug formulations
   E. Use of the manufacturer's label

II. Handling the drug to be dispensed
   A. Calculation of drug concentration from the manufacturer's label
   B. Importance of cleanliness in handling the drug
      • Drug allergies and sensitivities
      • Bacterial contamination

III. Unit Dosing
   A. Preparation of unit doses
   B. Use and care of floor stock: role of the technician and pharmacy
      • Inspection for cleanliness
      • Record keeping
      • Drug transfer and legal issues

Maintenance of Drug Products

I. Placing a drug in inventory
   A. Use of the national drug code (NDC number)
   B. Routine inventories of regular drugs and drugs classified under Schedules II–IV

II. Drug expiration and shelf life
   A. Routine check for expiration date and date of removal from inventory
   B. Dispensing of drugs in close proximity to expiry date
   C. Disposition of expired drugs
      • Discarding of drugs by the pharmacist
      • Return for manufacturer's credit

III. Drug recalls
   A. Notification of patients and prescribers
   B. Recapture of recalled drug products dispensed

IV. Drug recapture
   A. Disposition of recaptured drugs - institutional vs. retail pharmacies
   B. Proper disposal of contaminated drugs—role of the pharmacist
Comparing procedures in retail and institutional settings

Safety in the Workplace

I. Occupational Safety and Health Administration (OSHA)
   A. Safety guidelines:
      • Floors must be clean and dry
      • Floors/aisles and counters should be free of clutter
      • Exits and fire doors should be clearly marked and accessible
      • Sharp objects and hazardous materials should be properly stored when not in use
      • OSHA approved personal protection must be worn when working with hazardous materials

II. Disposal of hazardous waste
   A. Sharps and needles
   B. Hazardous chemicals (i.e., chemotherapeutic drugs, steroids, etc.)

III. Cleaning spills of hazardous materials
   A. Mercury and toxic materials
   B. Flammable substances
COMPounding PHARMACEUTICALS

Bulk Compounding

I. Types of compounding
   A. Bulk compounding—the compiling of drug product for general use, according to a specific, written procedure. This may be legally performed by the technician.
   B. Extemporaneous compounding—the compiling of a drug product for a specific patient, where no written procedure exists. This may only be done by the pharmacist.

II. Reducing and enlarging formulas
   A. Use of a conversion factor to change amounts of individual ingredients in a formula.
   B. Calculating conversion factors: amount needed ÷ amount specified in the procedure.

III. Preparing drug products using formulae based on weight and by percentage.
PHARMACY MATH

Fractions, Decimals and Algebra Review

I. Proper and improper fractions
   A. Proper fraction: the numerator is smaller than the denominator
   B. Improper fraction: the numerator is greater than the denominator

II. Addition and subtraction of fractions: finding the common
denominator and performing the calculation: 1/4 + 1/2 = 1/4 +
2/4 = 3/4

   1/2 - 1/4 = 2/4 - 1/4 = 1/4

III. Multiplication of fractions: multiplying numerators and
multiplying denominators, then reducing the fraction, if
necessary: 3/4 \[\times\] 1/2 = 3/8

IV. Division of fractions
   A. Dividing the numerator of one fraction by the numerator of
another, then dividing the denominators in the same way: 3/4
   \[\div\] 1/2 = (3 \[\div\] 1)/(4 \[\div\] 2) = 3/2 = 1 1/2
   B. Flipping over either fraction and multiplying: 3/4 \[\times\]1/2 = 4/3 \[\times\]1/2 (or 3/4
   \[\times\]2/1)

V. Decimals: fractions expressed
   in terms of tenths A. 1/10 =
   0.1, 1/100 = 0.01, 1/1000 =
   0.001
   B. Divide the numerator of a fraction by the denominator and express as a decimal:
   3/4 = 3 \[\div\] 4 = 0.75. (Always place the zero in front of the
decimal point, so that the number is not misinterpreted; .75
may look somewhat like a decimal, but the “point” could be a
spot on the paper)

VI. Working with decimals: addition, subtraction (fixed decimal
place), multiplication, and division

Systems of Measurement

I. Systems of measurement
   A. The household system: teaspoons, tablespoons, cups,
pints, quarts, gallons, ounces, pounds
   B. The metric system: liters, milliliters, microliters, kilograms,
grams, milligrams, micrograms
   C. The apothecary system: grains, drams, scruples

II. International units and milliequivalents
   A. International units: an arbitrary conversion to the metric
system which varies with a particular drug. Used to describe
dosage of drugs such as insulin, penicillin, etc.
   B. Milliequivalents: This refers to the number of positively
charged ions per liter of salt solution: molecular weight of
salt or ion + ionic charge = 1 Eq
II. Converting units between systems
   A. Conversion factors between systems of measurement (see table in text)
   B. Units on hand and units of order

Using Percentages and Ratios

I. The percentage as a unit of measure
   A. Percentage = amount divided by 100:
      • w/v = g/100 ml
      • w/w = g/100 g
      • v/v = ml/100 ml

II. Converting ratios to percentages and mg/ml

III. Converting from percent to grams and milligrams—filling the order

IV. Using alligation to combine two solutions of different percentages

Measuring Equipment

I. Measurement of solutions
   A. Small volumes:
      • Use of a calibrated syringe, dosage cup, or dropper
      • Proper use of syringes calibrated in international units (i.e., insulin syringes)
   B. Larger volumes: graduated cylinder
   C. The size of any measuring container and calibrations should be appropriate to the volume to be measured

II. Measurement of solid materials—bulk compounding and bulk manufacturing
   A. Torsion balance
   B. Double pan balance
   C. Prescription balance

III. Pitfalls to inaccurate measurement
   A. The effect of temperature on the accuracy of measurement
   B. Failure to use clean equipment
   C. Failure to read the volume measurement at the appropriate place (i.e., syringe plunger, meniscus of cylinder)
   D. Use of improper size or calibration of measuring equipment
Conversion of Solid Dosage Forms

I. Converting the order to match the available stock in terms of weight of drug per dose
   A. Converting between units to match order to the available stock
   B. Order ÷ stock = amount dispensed
   C. Using the ratio/proportion method

Conversion of Liquid Dosage Forms

I. Converting units between dosage forms (e.g., solid to liquid dosages)
   A. Simplifying the stock concentration:
      • A stock solution expressed in mg/ml is easier to work with
   C. Use of fractions—multiplication and division of fractions
   D. Using the ratio/proportion method to convert between liquid and solid dosage forms
   E. Use of the “order over stock” method

II. Converting between percentage solutions and concentrations expressed by ratio

Pediatric Doses

I. Computation by body weight in pounds or kilograms
   A. (weight of the child ÷ adult dose) × 1.7

II. Calculation of dose by body surface area (BSA)

III. Young’s Rule:
   A. [age of child in years + (age + 12)] ÷ adult dose

IV. Clark’s Rule:
   A. [weight of child ÷ (weight of child +150)] ÷ adult dose

V. The recommended daily dosage range: calculation of safe doses
   A. Use of the manufacturer’s label
Parenteral Dosages

I. Types of parenteral injections and their uses
II. Preparation and use of IV bolus vs. IV drip
III. Drug reconstitution and calculation of drug concentration
   A. Use of the manufacturer’s label
IV. Choosing the appropriate syringe and needle for dispensing
   A. The accuracy of syringe calibrations decreases with increasing size
   B. Use a syringe calibrated to the exact amount to be withdrawn
   C. Choosing the appropriate needle for the type of injection
V. Calculation of the correct amount to be dispensed
   A. Use of percentages and ratios
   B. Preparation of intramuscular and intravenous injections
Intravenous calculations

II. Calculation of flow rate
   A. Volume per Time (V/T) = ml/time
      • Useful in dose/time calculations
   B. V/T drop factor = drops per time
      • Used for proper choice of infusion set

III. Types of fluids administered
   A. Salt solutions
   B. Sugar solutions
   C. Solutions for irrigation
   D. Addition of potassium or drug admixtures

Intravenous Admixtures

I. Calculation of the amount of fluid to be added for reconstitution of drugs
   A. Calculation of the proper amount to add to reach a desired concentration
      • Concentration \( \frac{\text{volume}}{\text{volume}} = \text{amount of drug} \)
   B. Calculation of the concentration reached upon adding a particular amount of diluent
      • Addition of too much diluent by mistake—back calculating the concentration
      • Determining the proper amount of diluent to add, based on the volume of drug

II. Calculating the amount of drug to be added to an IV ("admixture")
   A. Drugs ordered in units, mg, etc.
   B. Drugs ordered in percent—converting percentage solutions
      • Making a percentage solution from a stock solution using an IV bag
      • Adding the appropriate amount of drug to an IV bag using a percentage solution as stock

Calculation of dose per time

I. Calculation of dose per time
   A. Concentration \( \frac{\text{flow rate}}{\text{volume}} = \text{amount of drug (dose) infused per time: } C \div F = D/t \)

Concentration = amount of drug added to the IV ÷ volume of IV
PHARMACY LAW

Objectives:

- To know State and Federal Laws pertaining to Pharmacy Technicians
- To understand the legal aspects of technician functions, accountability and Pharmacy Regulations
- To state the general requirements of the Local, State or Federal laws that specifically affect any of the Technician's responsibilities
- To be familiar with Various Pharmacy Acts and Agencies
PHARMACY LAW

A. Pharmacy Act (RCW 18.64)
B. Pharmacy Ancillary Personnel (RCW 18.64A, WAC 246-901, WAC 246-907-30)
C. Legend Drug Act (RCW 69.41)
D. Uniform Food, Drug and Cosmetics Act (RCW 69.04)
E. Controlled Substances Act (RCW 69.50)
F. Other Sections
   1. Over the Counter Medications (RCW 69.60)
   2. Pharmacy Licensing (WAC 246-869)
   3. Hospital Pharmacy Standards (WAC 246-873)
   4. Drug Packaging, Labels and Labeling
   5. Federal Hazardous Substance Act
   6. Consumer Product Safety Act
   7. Generic and Therapeutic Drug Product Substitution
G. Federal and State Agencies
H. Definition of common legal terms used in Pharmacy Practice
I. OBRA '90 and PDMA
WAC 246-901-020
Pharmacy ancillary personnel utilization.

(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.

WAC 246-901-030
Technician education and training.

(1) Applicants must obtain education and training from one of the following:
   (a) Formal academic pharmacy technician training program approved by the board.
   (b) On-the-job pharmacy technician training program approved by the board.

(2) The minimum educational prerequisite for entering a training program shall be high school graduation or G.E.D.

(3) Applicants must pass a board-approved national standardized pharmacy technician certification examination.

(4) An out-of-state pharmacy technician applicant must meet the same requirements as a pharmacy technician trained in this state. The board must approve training programs approved in other states.

(5) Applicants whose academic training has been obtained in foreign countries shall meet certification requirements as listed below:
   (a) Foreign pharmacy school graduates. Board approval of program completed for the degree.
   (b) Foreign medical school graduates. Board approval of program completed for the degree.
   (c) All foreign graduates for whom English is not the primary language shall provide proof of receiving a score of at least 173 on the Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) prior to certification.
   (d) Foreign trained applicants must earn 520 hours of supervised experience in an approved pharmacy technician training program.
(6) Prior to performing specialized functions, pharmacy technicians shall complete specialized training and meet proficiency criteria set forth by the board.
   (a) Unit-dose medication checking. The training proficiency criteria requires demonstration of 99% accuracy in medication checking.
   (b) Intravenous admixture preparation. The training proficiency criteria requires demonstration of 100% accuracy in intravenous admixture preparation of a representative sample of preparations provided by the facility using aseptic technique.

WAC 246-901-035
Pharmacy technician specialized functions.

A pharmacy technician who meets established criteria for employment, experience, training and demonstrated proficiency may perform specialized functions. The criteria shall be specified in the utilization plan of the pharmacy for pharmacy technicians performing specialized functions required in WAC 246-901-100 (2)(b). Records of pharmacy technician training and of demonstration of proficiency shall be retrievable within seventy-two hours upon request of the board. Specialized functions include the following:

(1) Unit-dose medication checking. Following verification of the drug order by a licensed pharmacist, a pharmacy technician may check unit-dose medication cassettes filled by another pharmacy technician or pharmacy intern in pharmacies serving facilities licensed under chapter 70.41, 71.12, 71A.20 or 74.42 RCW. No more than a forty-eight hour supply of drugs may be included in the patient medication cassettes and a licensed health professional must check the drug before administering it to the patient.

(2) Intravenous admixture and other parenteral preparations. A pharmacy technician may prepare intravenous admixtures and other parenteral drugs. A licensed pharmacist must check each parenteral drug prepared by a pharmacy technician.

(c) Pharmacy technician:

<table>
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<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original credential</td>
<td>$70.00</td>
</tr>
<tr>
<td>Renewal</td>
<td>70.00</td>
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<td>Late renewal penalty</td>
<td>50.00</td>
</tr>
<tr>
<td>Expired credential reissuance</td>
<td>70.00</td>
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</tbody>
</table>

Uniform Food, Drug and Cosmetics Act (RCW 69.04)
Pertains to laws governing the manufacture and distribution of drugs (and devices), food and cosmetics.
One of the two major Legislative Acts involving Pharmacy
1906 - Primary considerations involved prohibiting adulteration and misbranding.

Adulteration - occurs if a product contains any filthy, putrid, or decomposed substance; if drugs are packaged or held under unsanitary conditions; or if a drug's strength, purity, or quality does not comply with label.

Misbranding - results if the label is false or misleading or if it does not contain directions for use, precautions, and in some cases the statement "Warning - may be habit forming"; it also applies to Pharmacists who supply or refill prescriptions without Prescriber authorization.

1938 - Revision required manufacturers or marketers to prove their product was safe for use under conditions stated on the label. Created after deaths from sulfanilamide mixed with diethylene glycol-antifreeze.

- Added cosmetics and expanded the meaning of adulteration and misbranding.
- Required labels and labeling (adequate directions for use)

1951 - Durham - Humphrey Amendment (or Prescription Drug Amendment) required drugs not considered safe for use without medical supervision to be dispensed only by prescription.


1962 - Kefauver - Harris Amendment required proof of efficacy and safety before receiving approval to market. Resulted from Thalidomide birth defects.

- Good manufacturing practice and procedures for new drug applications and investigational drugs were established. Required reporting of adverse reactions.
Uniform Controlled Substance Act (RCW 69.50)
- Regulates manufacturer distribution, and dispensing of controlled substances. One of two major legislative acts in pharmacy.
- More stringent than FDCA 5 schedules
- 1912 – First attempt to control narcotics (i.e. opium, morphine, and cocaine) 1914 Harrison Drug Act (Federal Narcotic Drug Act)

1965 - Drug Abuse Control Amendment required registration to manufacture stimulant drugs. It provided the first guidelines for determining classification of drugs subject to abuse.

1970 - Comprehensive Drug Abuse Prevention and Control Act established a "closed system" of distribution of controlled substances to those registered with the DEA. Drugs were classified based on potential for abuse.
Other Sections

Over-The-Counter Medications (RCW 69.60) Pharmacy

- Licensing (WAC 2-16 - 869) Hospital Pharmacy

Standards (WAC 246-873)

Drug Packaging, Labels and Labeling

Label - See RCW 69.04.013, RCW 69.04.014

Written, printed or graphic information ON THE CONTAINER

Labeling - See RCW 18.64.011(22), RCW 69.04.015, WAC 246-885

All labels or other printed material ON or ACCOMPANYING MED

Child-Resistant Packaging (WAC 246-869-230)

Mandatory unless prescriber or consumer requests an exemption, in writing.

Poison Prevention Packaging Act (1970) - regulates household substances (to include OTC's) and requires that they be packaged for consumer use in Child-Resistant Packaging. - prohibits reusing Child-Resistant Containers. (RCW 69.40)


Consumer Product Safety Act - transferred certain functions from the FDA to CPSC (Consumer Product Safety Commission)

Generic and Therapeutic Drug Product Substitution (RCW 69.41.100-180 and WAC 246-899-020)

Generic Equivalent - same drug

Therapeutic Equivalent - similar therapeutic activity (usually accepted in Hospitals)

Dispense as Written (DAW) - no substitution allowed

Federal and State Agencies

Pharmacy is the most regulated Health Care Profession.

If Federal and State Laws differ, the stricter of the two pertains.
AGENCIES

Food and Drug Administration (FDA)
- can remove drug from the market
- an agency of the Federal Department of Health and Human Services which enforces and regulates the Food, Drug and Cosmetic Act, and some habit-forming drugs.

Drug Enforcement Administration (DEA)
- an agency of the Department of Justice, under the Attorney General and a unit of the FBI, which enforces and regulates the Controlled Substance Act. Formally created in 1973.

Consumer Product Safety Commission (CPSC)
- has power to enforce Hazardous Substance Act and Poison Prevention Packaging Act.

Health Care Financing Administration
- may control drug distribution and utilization by fixing conditions for participation in Federal funding of Medicare and Medicaid Programs.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

OBRA '90 and PDMA (New Amendments to Federal Drug Law - FDC Act enacted by Congress

Omnibus Budget Reconciliation Act of 1990 (OBRA '90)
Purpose: To identify and decrease fraud, abuse, overuse, inappropriate or medically unnecessary care.
For Medicaid Patients which is Federally funded
Requires States to complete Drug Use Reviews beginning January 1, 1993
Prospective DUR - Completed before dispensing
Retrospective DUR -

Prescription Drug Marketing Act (PDMA)
RCW 69.36.010
Definitions.

In this chapter, unless the context or subject matter otherwise requires:
(1) The term "dangerous caustic or corrosive substance" means each and all of the acids, alkalis, and substances named below: (a) Hydrochloric acid and any preparation containing free or chemically unneutralized hydrochloric acid (HCl) in a concentration of ten percent or more; (b) sulphuric acid and any preparation containing free or chemically unneutralized sulphuric acid (H2SO4) in concentration of ten percent or more; (c) nitric acid or any preparation containing free or chemically unneutralized nitric acid (HNO3) in a concentration of five percent or more; (d) carbolic acid (C6H5OH), otherwise known as phenol, and any preparation containing carbolic acid in a concentration of five percent or more; (e) oxalic acid and any preparation containing free or chemically unneutralized oxalic acid (H2C2O4) in a concentration of ten percent or more; (f) any salt of oxalic acid and any preparation containing any such salt in a concentration of ten percent or more; (g) acetic acid or any preparation containing free or chemically unneutralized acetic acid (CH3COOH) in a concentration of twenty percent or more; (h) hypochlorous acid, either free or combined, and any preparation containing the same in a concentration so as to yield ten percent or more by weight of available chlorine, excluding calx chlorinata, bleaching powder, and chloride of lime; (i) potassium hydroxide and any preparation containing free or chemically unneutralized potassium hydroxide (KOH), including caustic potash and Vienna paste, in a concentration of ten percent or more; (j) sodium hydroxide and any preparation containing free or chemically unneutralized sodium hydroxide (NaOH), including caustic soda and "lye", in a concentration of ten percent or more; (k) silver nitrate, sometimes known as lunar caustic, and any preparation containing silver nitrate (AgNO3) in a concentration of five percent or more; and (l) ammonia water and any preparation yielding free or chemically uncombined ammonia (NH3), including ammonium hydroxide and "hartshorn", in a concentration of five percent or more.

(2) The term "misbranded parcel, package, or container" means a retail parcel, package, or container of any dangerous caustic or corrosive substance for household use, not bearing a conspicuous, easily legible label or sticker, containing (a) the name of the article; (b) the name and place of business of the manufacturer, packer, seller, or distributor; (c) the word "POISON," running parallel with the main body of reading matter on said label or sticker, on a clear, plain background of a distinctly contrasting color, in uncondensed gothic capital letters, the letters to be not less than twenty-four point size, unless there is on said label or sticker no other type so large, in which event the type shall be not smaller than the largest type on the label or sticker; and (d) directions for treatment in case of accidental personal injury by the dangerous caustic or corrosive substance; PROVIDED, That such directions need not appear on labels or stickers on parcels, packages, or containers at the time of shipment or of delivery for shipment by manufacturers or wholesalers for other than household use. PROVIDED FURTHER, That this
chapter is not to be construed as applying to any substance subject to the chapter, sold at
wholesale or retail for use by a retail druggist in filling prescriptions or in dispensing, in
pursuance of a prescription by a physician, dentist, or veterinarian; or for use by or under the
direction of a physician, dentist, or veterinarian; or for use by a chemist in the practice or
teaching of his or her profession; or for any industrial or professional use, or for use in any of
the arts and sciences.

**RCW 69.36.020**

**Misbranded sales, etc., prohibited—Exceptions.**

No person shall sell, barter, or exchange, or receive, hold, pack, display, or offer for sale,
barter, or exchange, in this state any dangerous caustic or corrosive substance in a misbranded
parcel, package, or container, said parcel, package, or container being designed for household
use; PROVIDED, That household products for cleaning and washing purposes, subject to this
chapter and labeled in accordance therewith, may be sold, offered for sale, held for sale, and
distributed in this state by any dealer, wholesale or retail; PROVIDED FURTHER, That no person
shall be liable to prosecution and conviction under this chapter when he or she establishes a
 guaranty bearing the signature and address of a vendor residing in the United States from
whom he or she purchased the dangerous caustic or corrosive substance, to the effect that
such substance is not misbranded within the meaning of this chapter. No person in this state
shall give any such guaranty when such dangerous caustic or corrosive substance is in fact
misbranded within the meaning of this chapter.

**RCW 69.36.030**

**Condemnation of misbranded packages.**

Any dangerous caustic or corrosive substance in a misbranded parcel, package, or
container suitable for household use, that is being sold, bartered, or exchanged, or held,
displayed, or offered for sale, barter, or exchange, shall be liable to be proceeded against in any
superior court within the jurisdiction of which the same is found and seized for confiscation,
and if such substance is condemned as misbranded, by said court, it shall be disposed of by
destruction or sale, as the court may direct; and if sold, the proceeds, less the actual costs and
charges, shall be paid over to the state treasurer; but such substance shall not be sold contrary
to the laws of the state: PROVIDED, HOWEVER, That upon the payment of the costs of such
proceedings and the execution and delivery of a good and sufficient bond to the effect that
such substance will not be unlawfully sold or otherwise disposed of, the court may by order
direct that such substance be delivered to the owner thereof. Such condemnation proceedings
shall conform as near as may be to proceedings in the seizure, and condemnation of substances
unfit for human consumption

**RCW 69.41.010**
As used in this chapter, the following terms have the meanings indicated unless the context clearly requires otherwise:

1. "Administer" means the direct application of a legend drug whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:
   a. A practitioner; or
   b. The patient or research subject at the direction of the practitioner.

2. "Commission" means the pharmacy quality assurance commission.

3. "Community-based care settings" include: Community residential programs for persons with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.

4. "Deliver" or "delivery" means the actual, constructive, or attempted transfer from one person to another of a legend drug, whether or not there is an agency relationship.

5. "Department" means the department of health.

6. "Dispense" means the interpretation of a prescription or order for a legend drug and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery.

7. "Dispenser" means a practitioner who dispenses.

8. "Distributor" means to deliver other than by administering or dispensing a legend drug.

9. "Distributor" means a person who distributes.

10. "Drug" means:
    a. Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them;
    b. Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or animals;
    c. Substances (other than food, minerals or vitamins) intended to affect the structure or function of the body of human beings or animals; and
    d. Substances intended for use as a component of any article specified in (a), (b), or (c) of this subsection. It does not include devices or their components, parts, or accessories.

11. "Electronic communication of prescription information" means the transmission of a prescription or refill authorization for a drug of a practitioner using computer systems. The term does not include a prescription or refill authorization transmitted verbally by telephone nor a facsimile manually signed by the practitioner.

12. "In-home care settings" include an individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings.

13. "Legend drugs" means any drugs which are required by state law or regulation of the pharmacy quality assurance commission to be dispensed on prescription only or are restricted to use by practitioners only.

14. "Legible prescription" means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the
prescription or the nurse or other practitioner implementing the medication order. A prescription must be hand printed, typewritten, or electronically generated.

(15) "Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual’s self-administration of a legend drug or controlled substance. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual’s medication container, using an enabler, or placing the medication in the individual’s hand, and such other means of medication assistance as defined by rule adopted by the department. A nonpractitioner may help in the preparation of legend drugs or controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate. Medication assistance shall not include assistance with intravenous medications or injectable medications, except prefilled insulin syringes.

(16) "Person" means individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.

(17) "Practitioner" means:

(a) A physician under chapter 18.71 RCW, an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, an East Asian medicine practitioner to the extent authorized under chapter 18.06 RCW and the rules adopted under RCW 18.06.010(1)(j), a veterinarian under chapter 18.92 RCW, a registered nurse, advanced registered nurse practitioner, or licensed practical nurse under chapter 18.79 RCW, an optometrist under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, an osteopathic physician assistant under chapter 18.57A RCW, a physician assistant under chapter 18.71A RCW, an naturopath licensed under chapter 18.36A RCW, a pharmacist under chapter 18.32 RCW, or, when acting under the required supervision of a dentist licensed under chapter 18.32 RCW, a dental hygienist licensed under chapter 18.29 RCW;

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a legend drug in the course of professional practice or research in this state; and

(c) A physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic medicine and surgery in any state, or province of Canada, which shares a common border with the state of Washington.

(18) "Secretary" means the secretary of health or the secretary’s designee.
RCW 69.41.042

Record requirements.

A pharmaceutical manufacturer, wholesaler, pharmacy, or practitioner who purchases, dispenses, or distributes legend drugs shall maintain invoices or such other records as are necessary to account for the receipt and disposition of the legend drugs.

The records maintained pursuant to this section shall be available for inspection by the commission and its authorized representatives and shall be maintained for two years.

RCW 69.41.050

Labeling requirements—Penalty.

(1) To every box, bottle, jar, tube or other container of a legend drug, which is dispensed by a practitioner authorized to prescribe legend drugs, there shall be affixed a label bearing the name of the prescriber, complete directions for use, the name of the drug either by the brand or generic name and strength per unit dose, name of patient and date: PROVIDED, That the practitioner may omit the name and dosage of the drug if he or she determines that his or her patient should not have this information and that, if the drug dispensed is a trial sample in its original package and which is labeled in accordance with federal law or regulation, there need be set forth additionally only the name of the issuing practitioner and the name of the patient.

(2) A violation of this section is a misdemeanor.

RCW 69.41.055

Electronic communication of prescription information—Commission may adopt rules—Long-term care facilities and hospice programs.

*** CHANGE IN 2019 *** (SEE 5380-S.SL) ***

(1) Information concerning an original prescription or information concerning a prescription refill for a legend drug may be electronically communicated between an authorized practitioner and a pharmacy of the patient’s choice with no intervening person having access to the prescription drug order pursuant to the provisions of this chapter if the electronically communicated prescription information complies with the following:

(a) Electronically communicated prescription information must comply with all applicable statutes and rules regarding the form, content, recordkeeping, and processing of a prescription or order for a legend drug;

(b) The system used for transmitting electronically communicated prescription information and the system used for receiving electronically communicated prescription information must be approved by the commission. This subsection does not apply to currently used facsimile equipment transmitting an exact visual image of the prescription. The commission shall maintain and provide, upon request, a list of systems used for electronically communicating prescription information currently approved by the commission;
(c) An explicit opportunity for practitioners must be made to indicate their preference on whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted. This section does not limit the ability of practitioners and pharmacists to permit substitution by default under a prior-consent authorization;

(d) Prescription drug orders are confidential health information, and may be released only to the patient or the patient's authorized representative, the prescriber or other authorized practitioner then caring for the patient, or other persons specifically authorized by law to receive such information;

(e) To maintain confidentiality of prescription records, the electronic system shall have adequate security and systems safeguards designed to prevent and detect unauthorized access, modification, or manipulation of these records. The pharmacist in charge shall establish or verify the existence of policies and procedures which ensure the integrity and confidentiality of prescription information transmitted to the pharmacy by electronic means. All managers, employees, and agents of the pharmacy are required to read, sign, and comply with the established policies and procedures; and

(f) The pharmacist shall exercise professional judgment regarding the accuracy, validity, and authenticity of the prescription drug order received by way of electronic transmission, consistent with federal and state laws and rules and guidelines of the commission.

(2) The electronic or digital signature of the prescribing practitioner's agent on behalf of the prescribing practitioner for a resident in a long-term care facility or hospice program, pursuant to a valid order and authorization under RCW 18.64.550, constitutes a valid electronic communication of prescription information. Such an authorized signature and transmission by an agent in a long-term care facility or hospice program does not constitute an intervening person having access to the prescription drug order.

(3) The commission may adopt rules implementing this section.

**RCW 69.41.160**

**Pharmacy signs as to substitution for prescribed drugs.**

Every pharmacy shall post a sign in a location at the prescription counter that is readily visible to patrons stating, "Under Washington law, a less expensive interchangeable biological product or equivalent drug may in some cases be substituted for the drug prescribed by your doctor. Such substitution, however, may only be made with the consent of your doctor. Please consult your pharmacist or physician for more information."
(1)(a) Except as provided in subsection (2) of this section, any pharmacist filling a prescription under a state purchased health care program as defined in *RCW 41.05.011(2)* shall substitute, where identified, a preferred drug for any nonpreferred drug in a given therapeutic class, unless the endorsing practitioner has indicated on the prescription that the nonpreferred drug must be dispensed as written, or the prescription is for a refill of an antipsychotic, antidepressant, antiepileptic, chemotherapy, antiretroviral, or immunosuppressive drug, or for the refill of a immunomodulator/antiviral treatment for hepatitis C for which an established, fixed duration of therapy is prescribed for at least twenty-four weeks but no more than forty-eight weeks, in which case the pharmacist shall dispense the prescribed nonpreferred drug.

(b) When a substitution is made under (a) of this subsection, the dispensing pharmacist shall notify the prescribing practitioner of the specific drug and dose dispensed.

(2)(a) A state purchased health care program may impose limited restrictions on an endorsing practitioner's authority to write a prescription to dispense as written only under the following circumstances:

(i) There is statistical or clear data demonstrating the endorsing practitioner's frequency of prescribing dispensed as written for nonpreferred drugs varies significantly from the prescribing patterns of his or her peers;

(ii) The medical director of a state purchased health program has: (A) Presented the endorsing practitioner with data that indicates the endorsing practitioner's prescribing patterns vary significantly from his or her peers, (B) provided the endorsing practitioner an opportunity to explain the variation in his or her prescribing patterns to those of his or her peers, and (C) if the variation in prescribing patterns cannot be explained, provided the endorsing practitioner sufficient time to change his or her prescribing patterns to align with those of his or her peers; and

(iii) The restrictions imposed under (a) of this subsection (2) must be limited to the extent possible to reduce variation in prescribing patterns and shall remain in effect only until such time as the endorsing practitioner can demonstrate a reduction in variation in line with his or her peers.

(b) A state purchased health care program may immediately designate an available, less expensive, equally effective generic product in a previously reviewed drug class as a preferred drug, without first submitting the product to review by the pharmacy and therapeutics committee established pursuant to RCW 70.14.050.

(c) For a patient's first course of treatment within a therapeutic class of drugs, a state purchased health care program may impose limited restrictions on endorsing practitioners' authority to write a prescription to dispense as written, only under the following circumstances:

(i) There is a less expensive, equally effective therapeutic alternative generic product available to treat the condition;

(ii) The drug use review board established under WAC 388-530-4000 reviews and provides recommendations as to the appropriateness of the limitation;
(iii) Notwithstanding the limitation set forth in (c)(ii) of this subsection (2), the endorsing practitioner shall have an opportunity to request as medically necessary, that the brand name drug be prescribed as the first course of treatment;

(iv) The state purchased health care program may provide, where available, prescription, emergency room, diagnosis, and hospitalization history with the endorsing practitioner; and

(v) Specifically for antipsychotic restrictions, the state purchased health care program shall effectively guide good practice without interfering with the timeliness of clinical decision making. Health care authority prior authorization programs must provide for responses within twenty-four hours and at least a seventy-two hour emergency supply of the requested drug.

(d) If, within a therapeutic class, there is an equally effective therapeutic alternative over-the-counter drug available, a state purchased health care program may designate the over-the-counter drug as the preferred drug.

(e) A state purchased health care program may impose limited restrictions on endorsing practitioners' authority to prescribe pharmaceuticals to be dispensed as written for a purpose outside the scope of their approved labels only under the following circumstances:

(i) There is a less expensive, equally effective on-label product available to treat the condition;

(ii) The drug use review board established under WAC 388-530-4000 reviews and provides recommendations as to the appropriateness of the limitation; and

(iii) Notwithstanding the limitation set forth in (e)(ii) of this subsection (2), the endorsing practitioner shall have an opportunity to request as medically necessary, that the drug be prescribed for a covered off-label purpose.

(f) The provisions of this subsection related to the definition of medically necessary, prior authorization procedures and patient appeal rights shall be implemented in a manner consistent with applicable federal and state law.

(3) Notwithstanding the limitations in subsection (2) of this section, for refills for an antipsychotic, antidepressant, antiepileptic, chemotherapy, antiretroviral, or immunosuppressive drug, or for the refill of an immunomodulator antiviral treatment for hepatitis C for which an established, fixed duration of therapy is prescribed for at least twenty-four weeks by no more than forty-eight weeks, the pharmacist shall dispense the prescribed nonpreferred drug.

**RCW 69.41.200**

Requirements for identification of legend drugs—Marking.

(1) No legend drug in solid dosage form may be manufactured or commercially distributed within this state unless it has clearly marked or imprinted on it an individual symbol, number, company name, words, letters, marking, or National Drug Code number identifying the drug and the manufacturer or distributor of such drug.

(2) No manufacturer or distributor may sell any legend drug contained within a bottle, vial, carton, or other container, or in any way affixed or appended to or enclosed within a package of any kind designed or intended for delivery in such container or package to an
ultimate consumer within this state unless such container or package has clearly and
permanently marked or imprinted on it an individual symbol, number, company name, words,
letters, marking, or National Drug Code number identifying the drug and the manufacturer or
distributor of such drug.
(3) Whenever the distributor of a legend drug does not also manufacture it, the names
and places of businesses of both shall appear on the stock container or package label in words
that truly distinguish each.

RCW 69.41.210
Definitions.
The terms defined in this section shall have the meanings indicated when used in
RCW 69.41.200 through 69.41.260.
(1) "Commission" means the pharmacy quality assurance commission.
(2) "Distributor" means any corporation, person, or other entity which distributes for
sale a legend drug under its own label even though it is not the actual manufacturer of the
legend drug.
(3) "Legend drug" means any drugs which are required by state law or regulation of the
commission to be dispensed as prescription only or are restricted to use by prescribing
practitioners only and shall include controlled substances in Schedules II through V of
chapter 69.50 RCW.
(4) "Solid dosage form" means capsules or tablets or similar legend drug products
intended for administration and which could be ingested orally.

RCW 69.60.010
Legislative findings.
The legislature of the state of Washington finds that:
(1) Accidental and purposeful ingestions of solid medication forms continue to be the
most frequent cause of poisoning in our state;
(2) Modern treatment is dependent upon knowing the ingredients of the ingestant;
(3) The imprinting of identifying characteristics on all tablets, capsules, and caplets of
prescription medication forms, both trade name products and generic products, has been
extremely beneficial in our state and was accomplished at trivial cost to the manufacturers and
consumers;
(4) Although over-the-counter medications usually constitute a lower order of risk to
ingestees, treatment after overdose is equally dependent upon knowing the ingredients
involved, but there is no coding index uniformly used by this class of medication;
(5) Approximately seventy percent of over-the-counter medications in solid form
already have some type of an identifier imprinted on their surfaces;
(6) While particular efforts are being instituted to prevent recurrent tampering with
over-the-counter medications, the added benefit of rapid and prompt identification of all
possible contaminated products, including over-the-counter medications, would make for a significant improvement in planning for appropriate tracking and monitoring programs;

(7) At the same time, health care professionals serving the elderly find it especially advantageous to be able to identify and confirm the ingredients of their multiple medications, including over-the-counter products, as are often consumed by such patients;

(8) The legislature supports and encourages efforts that are being made to establish a national, legally enforceable system governing the imprinting of solid dosage form over-the-counter medications, which system is consistent with the requirements of this chapter.

**RCW 69.60.020**

**Definitions.**

The terms defined in this section shall have the meanings indicated when used in this chapter.

(1) "Commission" means the pharmacy quality assurance commission.

(2) "Over-the-counter medication" means a drug that can be obtained without a prescription and is not restricted to use by prescribing practitioners. For purposes of this chapter, over-the-counter medication does not include vitamins.

(3) "Purveyor" means any corporation, person, or other entity that offers over-the-counter medications for wholesale, retail, or other type of sale.

(4) "Solid dosage form" means capsules or tablets or similar over-the-counter medication products intended for administration and which could be ingested orally.
WAC 246-901-020

Pharmacy ancillary personnel utilization.

(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.

WAC 246-901-030

Technician education and training.

(1) Applicants must obtain education and training from one of the following:
   (a) Formal academic pharmacy technician training program approved by the board.
   (b) On-the-job pharmacy technician training program approved by the board.

(2) The minimum educational prerequisite for entering a training program shall be high school graduation or G.E.D.

(3) Applicants must pass a board-approved national standardized pharmacy technician certification examination.

(4) An out-of-state pharmacy technician applicant must meet the same requirements as a pharmacy technician trained in this state. The board must approve training programs approved in other states.

(5) Applicants whose academic training has been obtained in foreign countries shall meet certification requirements as listed below:
   (a) Foreign pharmacy school graduates. Board approval of program completed for the degree.
   (b) Foreign medical school graduates. Board approval of program completed for the degree.
   (c) All foreign graduates for whom English is not the primary language shall provide proof of receiving a score of at least 173 on the Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) prior to certification.
   (d) Foreign trained applicants must earn 520 hours of supervised experience in an approved pharmacy technician training program.
Prior to performing specialized functions, pharmacy technicians shall complete specialized training and meet proficiency criteria set forth by the board.

(a) Unit-dose medication checking. The training proficiency criteria requires demonstration of 99% accuracy in medication checking.

(b) Intravenous admixture preparation. The training proficiency criteria requires demonstration of 100% accuracy in intravenous admixture preparation of a representative sample of preparations provided by the facility using aseptic technique.

WAC 246-901-035

Pharmacy technician specialized functions.

A pharmacy technician who meets established criteria for employment, experience, training and demonstrated proficiency may perform specialized functions. The criteria shall be specified in the utilization plan of the pharmacy for pharmacy technicians performing specialized functions required in WAC 246-901-100 (2)(b). Records of pharmacy technician training and of demonstration of proficiency shall be retrievable within seventy-two hours upon request of the board. Specialized functions include the following:

(1) Unit-dose medication checking. Following verification of the drug order by a licensed pharmacist, a pharmacy technician may check unit-dose medication cassettes filled by another pharmacy technician or pharmacy intern in pharmacies serving facilities licensed under chapter 70.41, 71.12, 71A.20 or 74.42 RCW. No more than a forty-eight hour supply of drugs may be included in the patient medication cassettes and a licensed health professional must check the drug before administering it to the patient.

(2) Intravenous admixture and other parenteral preparations. A pharmacy technician may prepare intravenous admixtures and other parenteral drugs. A licensed pharmacist must check each parenteral drug prepared by a pharmacy technician.

WAC 246-901-050

Technician program approval.

(1) Program standards. The board will establish standards for judging pharmacy technician training programs.

(2) Approval. In order for a program for training pharmacy technicians to be considered for approval by the board, the director of the program, who shall be a pharmacist, shall submit to the board a description of the course of training offered, including subjects taught, method of teaching, and practical experience provided. The director of the program shall also advise the board concerning the skills and knowledge which are obtained in the course, and the method by which the proficiency of the pharmacy technician in those skills and knowledge is tested or ascertained. The board may require such additional information from program sponsors.

(3) Program change. The director shall request board approval before implementing any significant program change.
Reapproval. The director shall submit each approved program to the board for reapproval every five years.

Registry. The board will maintain a registry of approved programs. Interested persons may request a copy of the registry by contacting the board.

WAC 246-901-060

Technician certification.

To become certified as a pharmacy technician, an individual must apply to the board for certification. The application must include:

(1) A statement signed by the program director verifying the applicant has successfully completed the board-approved pharmacy technician training program.

(2) Proof of passing a board-approved national standardized pharmacy technician certification examination.

It is the responsibility of the pharmacy technician to maintain a current mailing address with the board as required by chapter 246-12 WAC. Pharmacy technicians shall notify the board of any change of mailing address within thirty days of the change.

WAC 246-901-061

Pharmacy technician—Continuing education requirements.

(1) A pharmacy technician certified under this chapter shall complete a minimum of ten continuing education hours or 1.0 continuing education unit (CEU) every renewal cycle following their first certification renewal. One contact hour equals 0.1 CEU.

(2) For each renewal cycle, continuing education must include:

(a) A minimum of one hour of course work in pharmacy law; and

(b) Nine hours in any course work that relates to pharmacy practice.

(3) Approved continuing education credits must be earned through a board approved continuing education program or course. Board approved continuing education includes:

(a) Courses and programs that are accredited or approved by the Accreditation Council of Pharmaceutical Education (ACPE).

(b) Courses and programs as established in WAC 246-861-050, that have been submitted by a pharmacist and approved by the board of pharmacy for purposes of pharmacist education. The course or program must be submitted on a form provided by the board and the course work must be directly related to the scope of practice of a pharmacy technician.

(4) A pharmacy technician must obtain a certificate of participation from a board-approved continuing education program for each course completed. The certificate must be kept for a minimum of four years from the date of course completion. The certificate must contain:

(a) The participant's name;

(b) Course title;

(c) Course date; and
(d) The number of continuing education hours or CEUs.
(5) In lieu of a certificate of participation, approved courses can be verified through the ACPE central repository of continuing pharmacy education monitoring system.
(6) Continuing education hours or CEUs may not be carried over from one reporting cycle to another.
(7) A pharmacy technician may request to be excused from meeting the continuing education requirements if the inability to satisfy the requirements was due to extenuating circumstances. The board determines if the requirement can be waived

WAC 246-901-065

Expired technician license.

1) If the technician license has expired for five years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.
2) If the license has expired for over five years, the practitioner must:
   a) Complete certification requirements within one year of application to the board for certification;
   b) Meet the requirements of chapter 246-12 WAC, Part 2.
3) If the practitioner has been in an active practice in another United States jurisdiction with duties that are substantially equivalent to a pharmacy technician in Washington state, the practitioner must:
   a) Submit verification of active practice from any other United States jurisdiction;
   b) Meet the requirements of chapter 246-12 WAC, Part 2.
Pharmacy Technician Evaluation

New Patient Course
- New Patient Demographics
- New Patient: Allergies, Other Medications, and Medical Conditions
- Patient Pay Methods
- Patient Profile

Rx Profile Course
- Location the Patient
- Rx Profile Grid
- Rx Profile and Data Entry

Adding a New Prescription Course
- Begin a New Prescription
- Scanning the Written Prescription
- Data Entry – The written Information
- Data Entry – The Dispensed Information
- Alerts and Warnings

Third Party Course
- Claims Alerts and Reversing Transactions
- Identify and Locate Rejected Claims
- Troubleshooting Rejections
- Advanced Troubleshooting
- CoverMyMeds and IPA
- Reading Module

Workflow Course
- PioneerRx Workflow
- Workflow Queues
- Incoming Documents
- Intake Station
- Precheck Station
- Print Queue
- Fill Station
- Check Station
- Will Call
- Workflow, Refills, and Requests
Refills and Requests Course
- Refilling a prescription
- Fill Request Queue
- Prescription Renewal Requests
- Process Renewal
- Escripts
- Batch Process

Medication Adherence Course
- Recommended Med Sync Settings
- Med Sync - Search Grids and Layouts
- Determine Candidates for Med sync
- Med sync - Patient Setup
- Med Sync - Processing Short Fills
- Med Sync - Process Cycle

Point of Sale Basics Course
- Opening the Point of Sale
- Retail Item transaction
- Completing a Sale
- Rx Item Transaction
- Deliveries
- POS Lock Screen

Items and Ordering Course
- Reorder Points
- Rx item Ordering
- Sale of Rx Item without a Prescription to a Pharmacy or Hospital
- Adjusting Balance on Hand of Rx Items
- Reviewing Retail Items
- Retail item Import
- Compounds
- Restricted Ingredients
- Merging Duplicate Records
- Understanding Rx Item Ordering
- Suppliers
- Rx Daily Order
- Retail Daily Order
- Recommended Order
- Purchase Orders and Invoices
- Mismatched Catalog Item
- Inventory Worksheet
Pharmacy Technician Evaluation

Introduction
_____ Role of the Pharmacist
_____ Role of Technician

Pharmacology
_____ The principles of pharmacology
_____ An Introduction to Medical Terminology
_____ Pharmacy Abbreviations

Assisting the Pharmacist
_____ Community Pharmacy
_____ Institutional Pharmacy
_____ Pharmacy Automation

Handling Medications
_____ Obtaining the correct medication, from inventory
_____ Proper dispensing procedure for various dosage forms
_____ Preparation of parenteral injections
_____ Preparations of admixtures

Administration & Management of the Pharmacy
_____ Medication Errors
_____ Reference Materials
_____ Hazardous Materials and Safety in the Workplace
_____ Inventory

Compounding Pharmaceuticals
_____ Non-sterile Compounding
_____ Sterile Compounding

Pharmacy Math
_____ Fundamentals of Pharmacy Math
_____ Fractions and Decimals
_____ Ratio, proportions, and percentage
_____ Liquid Measures
_____ Concentrations
_____ Dilutions
_____ Admixture Calculations

_____ Pharmacy Law

Pharmacy Technician Signature ______________________ Date __________

Preceptor’s Signature ______________________ Date __________
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<th>From</th>
<th>&quot;Miller, Kathi D (DOH)&quot; <a href="mailto:Kathi.Miller@DOH.WA.GOV">Kathi.Miller@DOH.WA.GOV</a></th>
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September 26, 2019

K-C Pharmacy
104 W Main St
Goldendale, WA 98620-9589

Subject: Application for Training Program Pharmacy # TRNG.TG.61009419-PTEC-O

Dear K-C Pharmacy Inc:

Thank you for submitting your application for a Training Program Pharmacy credential. To continue our review, we must receive:

**Pharmacy Technician Training Program Application** – Please go to our website at www.doh.wa.gov, to print out the application form.
Complete the form and return to our office by mail.

Please submit the above information along with a copy of this letter to:

Washington State Department of Health
P.O. Box 47877
Olympia, WA 98504
Email: HSQAFC@doh.wa.gov

If you have questions, please call the customer service center at 360-236-4985. You can also check the status of your application online using our Provider Credential Search portal.

Sincerely,

Kathi Miller
Health Services Consultant
Facilities Credentialing
HSQA Office of Customer Service
Washington State Department of Health
kathi.miller@doh.wa.gov
### Pharmacy Technician Education and Training Program Approval Form

The complete program of study including resource materials, content of instruction, and detailed program administration must accompany this application as well as a description of the criteria for admission or selection into the training program, and details on how the program will measure the student's proficiency.

#### Application Type

- [ ] Original
- [ ] Renewal

#### 1. Demographic Information

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<td>Legal Owner/Operator Name</td>
<td>YVONNE N NGUGI PharmD</td>
<td></td>
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<tr>
<td>Mailing Address</td>
<td>104 W MAIN STREET</td>
<td></td>
<td></td>
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<tr>
<td>City</td>
<td>GOLDENDALE</td>
<td>State</td>
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<tr>
<td>Phone (enter 10 digit #)</td>
<td>509-773-4344</td>
<td>Cell (enter 10 digit #)</td>
<td>(CELL 978-798-4919)</td>
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<tr>
<td>Legal Name of Institution or Employer-based Program</td>
<td>K-C PHARMACY INC</td>
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<tr>
<td>Physical Address</td>
<td>104 W MAIN STREET</td>
<td></td>
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DOH 690-279 May 2014
2. **Type of Program**
   Please check which type of pharmacy technician education and training program or school.
   - [ ] Formal/Academic Training
   - [x] On-the-job Training at a licensed pharmacy
   - [ ] Vocational Training
   - [ ] Military Training
   - [ ] Other, explain

3. **Contact Information**
   - **Name of Contact Person**: YVONNE N NGUGI PharmD
   - **Title**: PRESIDENT
   - **Physical Address**: 104 W MAIN STREET
   - **City**: GOLDENDALE
   - **State**: WA
   - **Zip Code**: 98620
   - **County**: KLICKITAT
   - **Email Address**: KCPharm@gorge.net
   - **Phone (enter 10 digit #)**: 509-773-4344

4. **Program Director Information**
   Attached additional pages if the training program uses multiple directors.
   - **Name of Program Director**: YVONNE N NGUGI PharmD
   - **Title**: PRESIDENT
   - **Pharmacist Credential Number**: PH 60913366
   - **Preceptor Certification Number**: PH 60947440
   - **Physical Address**: 104 W MAIN STREET, GOLDENDALE WA 98620
   - **City**: GOLDENDALE
   - **State**: WA
   - **Zip Code**: 98620
   - **County**: KLICKITAT
   - **Email Address**: KCPharm@gorge.net
   - **Phone (enter 10 digit #)**: 509-773-4344

5. **Additional Pharmacies and Program Directors**
   List all pharmacies associated with this training program.

<table>
<thead>
<tr>
<th>Pharmacy Name and Address</th>
<th>Pharmacy License #</th>
<th>Program Director</th>
<th>Pharmacist's License #</th>
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DOH 690-279 May 2014
6. Signature

I certify that I have received, read, understood, and agree to comply with state laws and rules regulating education and training programs. I also certify that the information herein submitted is true to the best of my knowledge and belief.

[Signature]
Program Director/authorized representative

10/1/2019
Date

Yovonne
Print Name

Print Title

Additional Forms and Resources

Pharmacy Webpage

Guidelines to Implementation