

	2015	2016	2017	Jan-18
Administrative Filings	33	22	33	0
Criminal Filing/Felony	3	0	0	0
Letter of Concern	98	110	76	4
Referred to Diversion	0	1	1	0
PR/Outreach	1	3	2	0
Cases Received	666	483	474	53
Case Assigned	659	481	472	53
Closed Cases	624	607	573	36
Citations Issued	64	30	33	3
Pharmacy Inspections	316	310	258	12
Pharmacy Alerts	220	303	220	30

NOTES: Pharmacy Group

Citation

During a Random Inspection a review of prescription files and compounding records revealed the pharmacy is compounding prescriptions "for office use". The most recent prescription compounded "for office use" was dispensed in December 2017. The pharmacy was issued a Citation with a fine of \$1,050.

Citation

During a Random Inspection a check of multiple Schedule II Controlled Substances were made against the pharmacy's Schedule II Controlled Substance perpetual inventory, an unaccounted discrepancy of at least 89 tablets were found with one medication. The pharmacy was issued a Citation with a fine of \$1,250.

Citation

During a Random Inspection a total of 37 expired medications were found in the pharmacy's stock. The pharmacy was issued a Citation with a fine of \$1,050.

Pharmacist-In-Charge (PIC) Ethical and Legal Responsibilities

November 2016

Continuing Pharmacy Education (CPE) Information:

- This CPE program is approved for two (2) hours of home study CPE in Pharmacy Law for Idaho pharmacists.
- To satisfactorily complete this program, a pharmacist must:
 - Fully read the CPE monograph and complete the accompanying post-test evaluation
 - Mail the post-test answer sheet, postmarked no later than April 1, 2018 to:
Idaho State Board of Pharmacy
Home Study CPE Program
PO Box 83720
Boise, Idaho 83720-0067
 - Pass the post-test with a score of at least 80%; and
 - Include a self-addressed stamped envelope (SASE) for the return of a statement of credit. No statement of credit will be awarded unless a SASE is provided by the pharmacist.

Background

In Idaho, the pharmacist-in-charge (PIC) serves a critical role in protecting the public and improving patient care as it relates to the practice of pharmacy. The PIC has many responsibilities, and importantly serves as the manager of record, responsible for the operation of a pharmacy. The PIC is charged with upholding all federal and state laws pertinent to the practice of pharmacy and the distribution of drugs, and is held legally responsible by the Board of Pharmacy for these functions. The aim of this CPE program is to assist retail pharmacy PICs in better understanding the roles and responsibilities in the state. Specifically this CPE program aims to:

- Describe the legal responsibilities of a retail pharmacy PIC in Idaho;
- Review the requirements for becoming a PIC and staying in the position; and
- Outline the common deficiencies noted during inspections that the PIC would be held responsible for

Who May Serve as PIC?

The rules of the Board of Pharmacy state that a PIC must be an actively licensed Idaho pharmacist who may neither be designated nor function as the PIC of more than two (2) pharmacies. Each pharmacy must have a PIC by the date of opening, and each pharmacy must have a PIC at all times thereafter, allowing only for brief vacancies of no more than thirty (30) sequential days.

Thus, the qualifications for becoming a PIC in Idaho are broad, as there are no specific experience or training requirements delineated in law as is often the case in other states. It is imperative, however, that each PIC have the requisite education, training, and experience necessary to perform the legal duties of a PIC. This starts with a robust understanding of federal and state laws pertinent to the practice of pharmacy and the distribution of drugs. **Table 1** reviews the critical resources that a PIC must familiarize themselves with in order to effectively carry out their role.

Table 1. Critical Idaho Pharmacy Law Resources

Resource	Description
Law Book with Idaho Pharmacy Code and Administrative Rules (Link)	<p>The Board provides this searchable PDF of collated Idaho statutes and administrative rules relevant to the practice of pharmacy and the distribution of drugs. It is updated annually to engross new law changes.</p> <p>Rule 603 requires a hard copy or electronic edition of this resource be made available at each pharmacy. Each PIC should spend time reviewing the law book, and should refer to this resource often as new questions arise at the pharmacy.</p>
DEA Pharmacist's Manual (Link)	<p>The DEA provides this resource as an informational outline of the federal Controlled Substances Act. It serves as a guide to assist pharmacists in their understanding of the federal Act and its implementing regulations as they pertain to the pharmacy profession.</p>
Idaho State Board of Pharmacy Newsletter (Link)	<p>Rule 007 designates the Newsletter as the official journal of the Board, and thus it serves as an official means of notification of law changes, trends, and recent disciplinary cases. Board licensees and registrants are presumed to have knowledge of the contents of the newsletter on the date of publication. The newsletter may be used in administrative hearings as proof of notification.</p> <p>Newsletters are sent quarterly: March, June, September, and December. You may receive an electronic version by sending an email to IdahoBOPNewsletter@nabp.net with the word "Subscribe" in the subject heading.</p> <p>In general, rule changes take effect at the end of each Idaho legislative session, which typically occurs in March or April. By contrast, statute changes typically take effect July 1. It is important for each PIC to monitor the newsletter and ensure compliance with law changes by the effective date.</p>

What Should a PIC Do As They Begin Their New Role?

When taking over as a new PIC, several tasks must be prioritized:

1. **Formally Notify the Board of PIC Change.** Both an outgoing and incoming PIC must report to the Board a change in PIC designation within ten (10) days of the change.
2. **Complete a Controlled Substances Inventory.** Board rule 206(03) requires a complete controlled substances inventory to be conducted on or by the first day of employment of the incoming PIC.

To notify the Board of a PIC change, the Board makes available a fillable PDF. A copy of this form is provided in **Appendix A** for reference. This form should be completed and mailed to the Board or sent to the licensing team via email to info@bop.idaho.gov. The PIC must report the following elements in the form:

- Date of PIC change
- Name and pharmacist license number of the incoming PIC

- Pharmacy name, pharmacy license number, and contact information for the pharmacy (address, phone number, fax, and email address)
- Name and license number for all pharmacists, pharmacy technicians, and student pharmacists at the designated pharmacy

With respect to the controlled substance inventory upon change in PIC, this is perhaps the most critical task to complete as an incoming PIC. The inventory is an actual physical count of all controlled substances in the pharmacy's possession. The inventory guards against loss, theft, or diversion of controlled substances. The PIC can be held responsible for inventory discrepancies, and thus this initial inventory upon PIC change ensures that the incoming PIC is not held responsible for issues that arose prior to their tenure. Completing the initial inventory serves as a significant risk mitigation strategy for the incoming PIC and should not be taken lightly!

The inventory must include the following elements, as detailed in the DEA Pharmacists Manual:

- The date of the inventory
- Whether the inventory was taken at the beginning or close of business
- The name of each controlled substance inventoried
- The finished form of each of the substances (e.g., 10 milligram tablet)
- The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle)
- The number of commercial containers of each finished form (e.g., four 100 tablet bottles), and
- A count of the substance
 - If the substance is listed in Schedule II, an exact count or measure of the contents is required
 - If the substance is listed in Schedule III, IV, or V, an estimated count or measure of the contents is permissible, unless the container holds more than 1,000 tablets or capsules in which case an exact count of the contents is required.

The DEA recommends an inventory record also include the name, address, and DEA registration number of the pharmacy, and the signature of the person or persons responsible for taking the inventory. There is no requirement to submit a copy of the inventory to the Board or to the DEA, but the inventory must be stored in the records of the pharmacy for at least three (3) years. Inventories of Schedule I and II substances must be maintained separately from the other records of the pharmacy. Similarly, inventories of Schedule III, IV, and V substances must be maintained separately from all other records or in a manner that the information is readily retrievable. More information on recordkeeping is reviewed later in this CPE program.

Inventories of all controlled substances are required annually in Idaho. Upon completion of an inventory upon the change in PIC, the pharmacy may reset its date for the required annual inventory. The next year's annual inventory may be completed anytime within seven days of the same date of the previous year's inventory. Several other instances trigger the requirement for a controlled substance inventory. A PIC is encouraged to review Rule 206 to review these inventory requirements.

It may be prudent for an incoming PIC to also complete a self-inspection using the forms provided by the Board on their website at www.bop.idaho.gov. Inspections will be covered later in this CPE program.

What Ongoing Activities is a PIC Responsible For?

Rule 301 specifies that the PIC is responsible for the management of every part of the pharmacy and its regulated operations, and that the PIC must maintain full and complete control of such. This definition is purposefully broad, as the PIC should have a solid understanding of all applicable federal and state pharmacy laws. There are a few areas in which a PIC must specifically focus, including:

- Reporting Requirements;
- Licensing Maintenance Requirements; and
- Recordkeeping

To reiterate, the PIC is responsible for ensuring all state and federal pharmacy laws are upheld. The limited focus in this CPE program does not absolve the PIC of a more holistic understanding of pharmacy law, and the PIC should review frequently the legal resources referenced in **Table 1**.

Reporting Requirements

The PIC is charged with specific reporting requirements under state law. In addition, the PIC should be aware of other reporting requirements incumbent on any pharmacist under both state and federal law. A summary of select reporting requirements is provided in **Table 2**. Reports that are specifically required of a PIC are highlighted in yellow. Failing to provide a required report may constitute grounds for discipline by the Board.

Table 2. Summary of Reporting Requirements.

Required to Report	Law Citation	Agency to Submit Report	Description	Time Frame to Report
PIC Change	Rule 302 and 622	Board	Both an outgoing and incoming PIC must report to the Board a change in PIC. A copy of the requisite form is available in Appendix A .	Within ten (10) days of the change
Annual Personnel Report	Rule 302	Board	Coinciding with the annual renewal of the drug outlet registration (deadline: June 30), the PIC must report the names of the designated PIC, each employee pharmacist and technician, and each student pharmacist currently training in the pharmacy. This report is completed in concert with the annual pharmacy registration renewal, and a screenshot of the requisite form is available in Appendix B .	Annually on the pharmacy renewal application by June 30
Employment Changes	Rule 302	Board	In addition to the annual personnel report, the PIC must provide timely updates on changes in employment of pharmacists, technicians, or student	Within ten (10) days of the change

			pharmacists. Updates must be provided on both new employees and employees who have left. The requisite form is available in Appendix C .	
Theft or Loss of Controlled Substances	CFR 1301.76(b) ; Rule 208	DEA <u>and</u> Board	<p>A pharmacy must notify in writing the local DEA Diversion Field Office within one business day of discovery of a theft or significant loss of a controlled substance. If there is a question as to whether a theft has occurred or a loss is significant, a pharmacy should err on the side of caution and report it to DEA, the Board, and local law enforcement authorities.</p> <p>A pharmacy must complete DEA Form 106 to report theft or loss of controlled substances. A copy of this form is provided as Appendix D.</p> <p>In addition to the required report, a complete inventory must be completed within forty-eight (48) hours of the discovery of a theft or loss of a controlled substance.</p>	Within one (1) business day of discovery of loss or theft.
Personal Information Change	Rule 017	Board	Any changes in personal contact information, or employment of pharmacists, student pharmacists, and technicians must be reported to the Board. This includes legal name (including married name), home address, or mailing address. The requisite form for a name change is available in Appendix E ; the form for an address change is available in Appendix F ; and the form for an individual's employment change is available in Appendix G .	Within 10 days of change
Termination of employee for adulteration and/or misappropriation of controlled substances	Section 37-117(a) Idaho Code	Board	When the employment of a health care provider has been terminated, either voluntarily or involuntarily, for adulteration or misappropriation of controlled substances, the employer shall, within thirty (30) days of the termination, furnish written notice of	Within 30 days of termination

			the termination to the Board. This notice shall include a description of the controlled substance adulteration or misappropriation involved in the termination. While there is no specific form required, pharmacists are encouraged to contact the Board to ensure all necessary information is appropriately provided.	
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The Board often hears complaints over the necessity of reporting personal information changes. The Board uses the self-reported address on file for official mailings, such as continuing education audit requests, official Board newsletters, or official complaints, among other things. Thus, it is critical to keep such information up-to-date to ensure notices are properly received and responded to as necessary.

Licensing Maintenance Requirements

Every member of the pharmacy team is required to be licensed or registered by the time they begin working in the pharmacy. No personnel may begin working in a pharmacy until after they have received notification of their licensure/registration.

The Board makes an exception to licensure only for the purpose of job shadowing -- for a maximum of forty (40) hours without having to register as a pharmacy technician. The unregistered individual must be under the direct supervision of the pharmacist at all times while conducting shadowing activities, and is not permitted to touch any drugs, conduct any computer work, answer the phone, or interface individually with customers.

The PIC is responsible for enforcing this rule, and making certain that each and every member of the pharmacy team is licensed if they are to be working in the pharmacy. This includes ensuring that the pharmacy staff has completed their licensure or registration requirements and have not simply submitted their paperwork and left their status as "pending" or incomplete. A summary of licensing and registration requirements that the PIC should ensure maintenance of is provided in **Table 3**.

Table 3. Summary of Personnel Licensing and Registration Renewals.

License/Registration Category	Annual Renewal Date	Renewal Requirements
Pharmacy	June 30	N/A
Pharmacist	June 30	Must attain the continuing education requirements specified in Rule 052.
Student Pharmacist	June 30 for pharmacy interns and July 15 for pharmacy externs	Must currently be enrolled and in good standing in an accredited school or college of pharmacy, pursuing a degree in pharmacy.
Certified Pharmacy Technician	June 30	Must maintain certified pharmacy technician (CPhT) status through the Pharmacy Technician

		Certification Board (PTCB) or National Healthcareer Association (NHA)
Grandfathered Technician	June 30	Must remain in good standing and be continuously employed by the same employer with whom the grandfathered status was received.
Technician-in-Training	June 30	Registration may only be renewed twice.

A common deficiency observed with respect to the PIC's licensing duty involves certified technicians. A certified technician's registration must be renewed annually by June 30. The status of the registration is contingent on the technician maintaining their national certification, however. The Board has identified several technicians whose registration was current, but whose national certification later lapsed. The PIC is jointly responsible for ensuring all registration requirements, particularly maintenance of national technician certification, are continuously met, and maintained between registration renewal periods.

Recordkeeping

The PIC is ultimately responsible for maintaining records as required under state and federal law. Complete, current, and accurate records – appropriately maintained – can streamline Board inspections and investigations. Further, good recordkeeping can ultimately provide significant protection to the PIC by providing a record of satisfactory compliance with applicable law.

Every pharmacy must maintain complete and accurate records on a current basis for each controlled substance purchased, received, stored, distributed, dispensed, or otherwise disposed of. These records are required to provide accountability of all controlled substances from the manufacturing process through the dispensing pharmacy and to the ultimate user. The closed system reduces the potential for diversion of controlled substances.

All pharmacy records must be maintained as required and retained in a readily retrievable form and location for at least three (3) years unless otherwise specified. While federal law requires records be kept for two (2) years, the more stringent law applies, and pharmacies should consequently follow Idaho's recordkeeping law.

These records are subject to inspection by agents of the Board and, in some cases, agents of the DEA. Financial and shipping records including invoices, but excluding controlled substance order forms and inventories, may be retained at a central location if the registrant has provided DEA notification of central recordkeeping as required by federal law. A summary of select recordkeeping requirements is provided in **Table 4**.

Table 4. Summary of Recordkeeping Requirements

Required Record to be Maintained	Description of Requirements Related to Record
DEA Form 222	Schedule II substances must be ordered on a DEA Form 222 or its electronic equivalent. When using this form, the purchaser is responsible for filling in the number of packages, the size of the package, and the name of the item. Each DEA Form 222 must be signed and dated by a person authorized to sign a

	<p>registration application or a person granted power of attorney. An order cannot be filled if the order form is not complete, legible, or properly prepared, executed, or endorsed, or if the order shows any alteration, erasure, or change of any description.</p> <p>When the items are received, the pharmacist must document on the purchaser's copy (copy three) the actual number of packages received and the date received.</p> <p>The executed DEA Form 222 or its electronic equivalent must be maintained separately from the pharmacy's other business records. However, this does not preclude a registrant from attaching a copy of the supplier's invoice to the related DEA Form 222.</p>
Power of Attorney Forms	<p>A pharmacy may authorize one or more individuals, whether or not they are located at the registered location, to obtain and execute DEA Forms 222 by granting a power of attorney to each such individual. The power of attorney must be signed by the same person who signed the most recent application for registration or renewal registration, as well as the individual being authorized to obtain and execute the DEA Forms 222.</p> <p>The power of attorney may be revoked at any time by the person who granted and signed the power of attorney. Only if the renewal application is signed by a different person is it necessary to grant a new power of attorney when the pharmacy completes a renewal registration. The power of attorney should be filed with executed DEA Forms 222 as a readily retrievable record. The power of attorney is not submitted to DEA.</p> <p>A sample format for granting and revoking a power of attorney is available in the DEA Pharmacists Manual.</p>
Receipts and/or invoices for schedules III, IV, and V controlled substances	<p>Whereas schedule II substances are ordered on a DEA Form 222 or its electronic equivalent, an invoice is used to order schedule III, IV, and V controlled substances. These records must be maintained separately from all other pharmacy records, or in a manner that the information is readily retrievable.</p>
All inventory records of controlled substances, including the initial, biennial, and newly scheduled CS inventories, dated as of beginning or close of business	<p>As discussed previously, there are certain instances that trigger the requirement to complete an inventory of all controlled substances. Further, inventories require certain elements, reviewed above.</p> <p>Inventories of Schedule I and II substances must be maintained separately from the other records of the pharmacy. Similarly, inventories of Schedule III, IV, and V substances must be maintained separately from all other records or in a manner that the information is readily retrievable.</p>
Records of controlled	<p>A pharmacy registered to dispense controlled substances may distribute such substances (without being registered as a distributor) to another pharmacy or</p>

<p>substances distributed (i.e., sales to other registrants, returns to vendors, distributions to reverse distributors) and records of transfers of controlled substances between pharmacies (note that under federal law, all drugs being distributed to other practitioners require wholesaler-provided tracking information)</p>	<p>to a registered practitioner for the purpose of general dispensing by the practitioner to patients, provided that the following conditions are met:</p> <ol style="list-style-type: none"> 1. The pharmacy or practitioner that will receive the controlled substances is registered under the CSA to dispense controlled substances – and only at the registered address; 2. The distribution is recorded by the distributing practitioner in accordance with 21 C.F.R. § 1304.22(c) and the receipt is recorded by the receiving practitioner in accordance with 21 C.F.R. § 1304.22(c); 3. If the pharmacy distributes a schedule II controlled substance, it must document the transfer on an official order form (DEA Form 222) or the electronic equivalent. 4. "Five Percent Rule" – the total number of dosage units of all controlled substances distributed by a pharmacy may not exceed five percent of all controlled substances dispensed by the pharmacy during a calendar year. If at any time the controlled substances distributed exceed five percent, the pharmacy is required to register as a distributor. <p>To distribute or transfer schedule II substances, the receiving registrant must issue an official order form (DEA Form 222) or an electronic equivalent to the registrant transferring the drugs. The transfer of schedules III-V controlled substances must be documented in writing to show the drug name, dosage form, strength, quantity, and date transferred. The document must include the names, addresses, and DEA registration numbers of the parties involved in the transfer of the controlled substances.</p>
<p>Reports of Theft or Significant Loss (DEA Form 106), if applicable</p>	<p>Federal regulations require that registrants notify the DEA Field Division Office in their area, in writing, of the theft or significant loss of any controlled substance within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in their area, DEA Form 106, "Report of Theft or Loss of Controlled Substances" regarding the theft or loss.</p> <p>The DEA Form 106 must include the following information:</p> <ol style="list-style-type: none"> 1. Name and address of the firm (pharmacy); 2. DEA registration number; 3. Date of theft or loss (or when discovered if not known); 4. Name and telephone number of local police department (if notified); 5. Type of theft (e.g., night break-in, armed robbery); 6. List of identifying marks, symbols, or price codes (if any) used by the pharmacy on the labels of the containers; and 7. A listing of controlled substances missing, including the strength, dosage form, and size of container (in milliliters if liquid form) or corresponding National Drug Code numbers. <p>DEA controlled substance registrants are strongly encouraged to complete and submit the DEA Form 106 online here: https://www.deadiversion.usdoj.gov/webforms/dtlLogin.jsp</p>

<p>DEA registration certificate</p>	<p>Every pharmacy that dispenses a controlled substance must be registered with the DEA. First, a state license must be obtained.</p> <p>To register as a new pharmacy, the DEA Form 224 must be completed. The cost of the application fee is indicated on the application form. The certificate of registration must be maintained at the registered location and kept available for official inspection. If a person owns and operates more than one pharmacy, each place of business must be registered.</p> <p>A pharmacy registration must be renewed every three years utilizing DEA Form 224a, Renewal Application for DEA Registration. The cost of the application fee is indicated on the application form.</p> <p>To renew a registration, the most current information from the pharmacy's existing registration must be utilized. A registrant can renew online no more than 60 days prior to the current expiration date. The DEA Form 224a should be completed online and can be found at www.DEAdiversion.usdoj.gov.</p>
<p>Self-certification certificate and logbook (or electronic equivalent) as required under the Combat Methamphetamine Epidemic Act (CMEA) of 2005</p>	<p>As part of the requirements of the Combat Methamphetamine Epidemic Act (CMEA) of 2005, an annual self-certification is required for all regulated sellers of scheduled listed chemical products (SLCPs) such as pseudoephedrine. A regulated seller must not sell SLCPs unless it has self-certified with DEA. In self-certifying, the regulated seller is confirming:</p> <ul style="list-style-type: none"> • The employees who will be engaged in the sale of SLCPs have undergone training regarding provisions of CMEA. • Records of the training are maintained. • Sales to individuals do not exceed 3.6 grams of ephedrine, pseudoephedrine, or phenylpropanolamine per day. • Non-liquid forms are packaged as required. • SLCPs are stored behind the counter or in a locked cabinet. • A written or electronic logbook containing the required information on sales of these products is properly maintained. • The logbook information will be disclosed only to Federal, State, or local law enforcement and only to ensure compliance with Title 21 of the United States Code or to facilitate a product recall. <p>The only way to self-certify is through the DEA's Diversion website at www.DEAdiversion.usdoj.gov. A certificate will be generated by the DEA upon receipt of the self-certification application. The regulated seller may print this certificate, or if the regulated seller is unable to print it, the DEA will print and mail the certificate to the regulated seller. Chain stores wishing to file self-certifications for more than 10 locations must print or copy the form electronically and submit the information to the DEA by mail. The DEA will work with these persons to facilitate this process. Persons interested in this self-certification option should contact DEA for assistance at 1-800-882-9539. For current DEA registrants, the system will pre-populate the form with basic information if the registrant enters his DEA registration number in the field provided.</p>

	<p>The regulated seller must self-certify to DEA as described above on an annual basis. It is the responsibility of the regulated seller to ensure that all employees have been trained prior to self-certifying each time.</p> <p>It is the regulated seller's responsibility to annually renew before the certificate expires if the regulated seller intends to continue selling SLCPs at retail. The certificate contains a self-certification number in the upper right corner. The expiration date of the certificate is listed under the self-certification number. Regulated sellers may verify the expiration date of their certificate at www.DEAdiversion.usdoj.gov.</p>
<p>Prescription Records</p>	<p>Pharmacies have two options for filing prescription records:</p> <p>Paper Prescriptions Records Option 1 (Three separate files):</p> <ol style="list-style-type: none"> 1. A file for schedule II controlled substances dispensed. 2. A file for schedules III, IV, and V controlled substances dispensed. 3. A file for all non-controlled drugs dispensed. <p>Paper Prescriptions Records Option 2 (Two separate files):</p> <ol style="list-style-type: none"> 1. A file for all schedule II controlled substances dispensed. 2. A file for all other drugs dispensed (non-controlled and those in schedules III, IV and V). If this method is used, a prescription for a schedule III, IV or V drug must be made readily retrievable by use of a red "C" stamp not less than one inch high. If a pharmacy has an electronic recordkeeping system for prescriptions which permits identification by prescription number and retrieval of original documents by prescriber's name, patient's name, drug dispensed, and date filled, the requirement to mark the hard copy with a red "C" is waived. <p>Electronic Prescription Records</p> <ol style="list-style-type: none"> 1. If a prescription is created, signed, transmitted, and received electronically, all records related to that prescription must be retained electronically. 2. Electronic records must be maintained electronically for two years from the date of their creation or receipt. However, this record retention requirement shall not pre-empt any longer period of retention which may be required now or in the future, by any other Federal or State law or regulation, applicable to pharmacists or pharmacies. 3. Records regarding controlled substances must be readily retrievable from all other records. Electronic records must be easily readable or easily rendered into a format that a person can read. <p>Records of electronic prescriptions for controlled substances shall be maintained in an application that meets the requirements of <u>21 C.F.R. §1311</u>. The computers on which the records are maintained may be located at another location, but the records must be readily retrievable at the registered location if</p>

	requested by the DEA or other law enforcement agent. Electronic copies of prescription records must be sortable by prescriber name, patient name, drug dispensed, and date filled.
Documentation of Counseling and Offer to Counsel	<p>The Board is concerned with a lack of required counseling and offers to counsel. The Board believes counseling to be a pillar of the profession of pharmacy and a safeguard of public safety. Per rule 105, documentation must be created and retained sufficient to evidence compliance with the offer to counsel and counseling requirements of the Idaho Pharmacy Act.</p> <p>As a reminder, the counseling requirements under I.C. 54-1739(2) states:</p> <p>“Before dispensing a prescription for a new medication, or when otherwise deemed necessary or appropriate, a pharmacist shall counsel the patient or caregiver. In addition to the counseling requirements provided in section 54-1705, Idaho Code, counseling shall include such supplemental written materials as required by law or as are customary in that practice setting. For refills or renewed prescriptions, a pharmacist or a technician shall extend an offer to counsel the patient or caregiver. If such offer is accepted, a pharmacist shall provide such counseling as necessary or appropriate in the professional judgment of the pharmacist. All counseling and offers to counsel shall be face to face with the patient or caregiver when possible, but if not possible, then a reasonable effort shall be made to contact the patient or caregiver. Nothing in this section shall require a pharmacist to provide counseling when a patient or caregiver refuses such counseling or when counseling is otherwise impossible. Patient counseling shall not be required for inpatients of a hospital or institutional facility when licensed health care professionals administer the medication.</p>
Inspection Forms	Completed inspection forms from Board compliance officers should be maintained in a readily retrievable fashion.

How Does the Board Enforce Pharmacy Law?

The Board primarily enforces pharmacy law through licensing, inspections, and investigations. This CPE program will focus on the last two items.

Pharmacy Inspections

All pharmacies in the state are subject to inspection by Board compliance officers at any time. In general, Board inspectors conduct an annual inspection of each pharmacy. In addition, an inspection is required prior to the opening of a new pharmacy, or upon remodel of an existing pharmacy. Per Rule 008(02), it is unlawful to refuse to permit or to obstruct a Board inspection.

The Board is not required to give notice of inspections – and the PIC is not required to be present -- so the PIC should always be prepared and instruct staff on the location and importance of required documents in case of their personal absence. Advising staff on what to expect, and who will be in charge of assisting the inspector will allow the inspection to progress smoothly. Invite staff to ask questions and/or contact the Board with any concerns.

PICs should organize all required records and maintain them in a secure location that is readily accessible for at least three years. Consolidating documentation into one location or clearly indicating where it can be found is a useful organizational strategy. Creating policies and procedures that incorporate federal and state regulations for inspection requirements can also help increase compliance.

The length of time an inspection can last varies depending on the type of inspection. Pharmacies compounding medications for sterile or non-sterile use are required to have these processes inspected as a supplement to the retail pharmacy inspection. Even pharmacies that only practice simple non-sterile compounding will be required to undergo a supplemental compounding inspection.

All inspection forms are available on the Board’s website. PICs should review all relevant inspection forms prior to Board inspections to assess current compliance. Completing a self-inspection can help PICs identify issues and correct them before they become violations, ultimately saving time and hassle down the road. A self-inspection is essentially an open-book exam in which the PIC can identify the items in which Board inspectors will assess compliance. The PIC is encouraged to answer the self-inspection honestly, and he or she should not assume the way it’s “always been” is indeed compliant.

A listing of current Board inspection forms is available in **Table 5**.

Table 5. Current Board Inspection Forms for Community Pharmacies

Type of Inspection	Inspection Form
Retail Pharmacy	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 PHARMACY INSPECTION REPORT.pdf
Non-Sterile Compounding Supplemental	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 COMPOUNDING SUPPLEMENTAL.pdf
Sterile Compounding Supplemental	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 STERILE COMPOUNDING SUPPLEMENTAL.pdf
Telepharmacy	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 TELEPHARMACY SUPPLEMENTAL.pdf
New or Remodel	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 NEW REMODEL PHARMACY INSPECTION REPORT.pdf
Durable Medical Equipment Supplemental	https://bop.idaho.gov/forms/inspection_forms/2016-03-22 DURABLE MEDICAL EQUIPMENT INSPECTION.pdf

Any deficiencies or violations identified by a Board inspector should be addressed immediately. PICs should notify compliance officers as soon as the issue has been resolved. Depending of the type of violation, a new inspection may be necessary to confirm the pharmacy complies with applicable law.

The Board’s compliance staff routinely sees the following deficiencies upon inspection:

- Finding expired products on shelves;
- Pharmacy technicians not wearing a name badge identifying them as such;
- PIC failing to notify the Board within 10 days of staff change;
- No documentation for counseling (either accepted or declined). Documentation for refills seems to be missed the most;
- Controlled substance inventory not performed with PIC change;

- Annual controlled substances inventory not performed within the required timeframe;
- No policy and procedures (P&P) are present for compounding. This is mainly missed in pharmacies that compound simple things such as magic mouthwash and they don't realize they are also required to have a P&P; and
- Incorrect labeling of compounded products.

The PIC is encouraged to reach out to the compliance officer assigned to his or her area with questions on compliance with pharmacy law. A current list of Board compliance contacts is provided in **Table 6**.

Table 6. Board of Pharmacy Compliance Contacts

Position	Name	Phone Number	Email Address
East Idaho Compliance Officer	Jamie Sommer	208-589-4731	jaime.sommer@bop.idaho.gov
Southwest Idaho Compliance Officer	Lisa Culley	208-861-0241	lisa.culley@bop.idaho.gov
North Idaho Compliance Officer	Wendy Shiell	208-413-3344	wendy.shiell@bop.idaho.gov
Chief Investigator – Controlled Substances	Fred Collings	208-334-2356	fred.collings@bop.idaho.gov

Investigations

Investigations are conducted to confirm compliance with laws enforced by the Board of Pharmacy, or to enforce disciplinary action. Investigations can be initiated pursuant to a complaint or a violation. In the first case the Board investigators gather information pertinent to the complaint. Complaints can be submitted to the Board by patients or practitioners. An online complaint form is available on the Board's website: <https://bop.idaho.gov/complaint/>

Violations are identified during pharmacy inspections and -- if not resolved as directed by the Board -- can proceed into investigations. Licensees must fully cooperate with the investigations. Pharmacists involved may submit personal statements as part of the investigation.

How Should a PIC Handle an Impaired Employee?

In their course of duty, a PIC may recognize warning signs of substance abuse in a colleague – whether a pharmacist, technician. Help is available through the Board's Pharmacist Recovery Network (PRN). Knowing what resources are available to help and how to access them can expedite treatment and prevent patient harm.

PRN is a confidential, non-coercive and non-punitive alternative to formal disciplinary action offered by the Idaho Board of Pharmacy. The PRN is a program to facilitate prevention, identification, intervention, and rehabilitation for Idaho pharmacy professionals who have, or are at risk for developing disorders, which are associated with functional impairment, or suffering from chemical abuse or dependency, mental health issues, or behavioral problems. The program operates in a manner consistent with the pharmacy laws and medical practice acts of the State of Idaho to provide staff and patients a safe environment in any medical setting.

The purpose of the PRN is to assist pharmacy professionals in identifying alcohol, drug, or behavioral problems that pose a potential threat to the professional or their patients/clients. The PRN will work to identify and facilitate acute treatment and to provide long-term support and a safe return to their profession.

Treatment has proven to be effective for both the individual and society. By providing an opportunity to enter into treatment and to recover from their diseases early in the disease process, the PRN can serve to minimize negative impacts on the professionals, patients/clients and their families and friends.

What Should a PIC Do Upon Completion of His or Her Job?

When completing his or her role as a PIC, there are several tasks that must be prioritized:

1. **Formally Notify the Board of PIC Change.** Both an outgoing and incoming PIC must report to the Board a change in PIC designation within ten (10) days of the change.
2. **Ensure All Records Are in Good Order.** An outgoing PIC should take care to ensure all required records are easily identifiable and retrievable by the incoming PIC.

If the new PIC has been named, it may be prudent for the outgoing PIC to complete the inventory with the incoming PIC.

Pharmacist-In-Charge (PIC) Ethical and Legal Responsibilities

Post-Test Questions

1. The ___ is ultimately charged with upholding all federal and state laws pertinent to the practice of pharmacy and the distribution of drugs, and is held legally responsible by the Board of Pharmacy for these functions.
 - a. Technician
 - b. Manager
 - c. Pharmacist on duty
 - d. Pharmacist-in-charge (PIC)

2. Critical law resources for the PIC include:
 - a. Law Book with Idaho Pharmacy code and Administrative Rules
 - b. DEA Pharmacist's Manual
 - c. Idaho State Board of Pharmacy Newsletter
 - d. A and B only
 - e. All of the above

3. A PIC must report the following elements within the form to notify the Board of a PIC change:
 - a. Date of PIC change, name and pharmacist license number of the incoming PIC, and why the PIC left
 - b. Date of PIC change, name and pharmacist license number of the incoming PIC, pharmacy name, pharmacy license number, contact information for the pharmacy, and length of time outgoing PIC was employed
 - c. Date of PIC change, name and pharmacist license number of the incoming PIC, pharmacy name, pharmacy license number, contact information for the pharmacy, and name and license number for all pharmacists and pharmacy technicians at the designated pharmacy
 - d. Date of PIC change, name and pharmacist license number of the incoming PIC, pharmacy name, pharmacy license number, contact information for the pharmacy, name and license number for all pharmacists and pharmacy technicians at the designated pharmacy and why the PIC left

4. What is the maximum amount of time that is allowed between an outgoing PIC and an incoming PIC starting?
 - a. 3 days
 - b. 5 days
 - c. 10 days
 - d. 30 days

5. When formally notifying the board of a PIC change, only the incoming PIC must report to the board a change in PIC designation.
 - a. True
 - b. False

6. Inventories of Schedule I and II substances must be:
 - a. Maintained with other controlled substances
 - b. Maintained separately from other records of the pharmacy
 - c. Maintained within other schedules as long as they are readily retrievable
 - d. Destroyed to prevent tampering once inspection has occurred

7. A complete controlled substance inventory must be conducted on or by the:
 - a. First day of employment as PIC
 - b. Fifth day of employment as PIC
 - c. Tenth day of employment as PIC
 - d. Thirtieth day of employment as PIC

8. When counting a controlled substance for inventory, which of the following are true?
 - a. If listed as a scheduled substance, an exact count or measure is required
 - b. Only schedule II substances require a count
 - c. If listed as a schedule II, an exact count or measure is required and if the substance is listed in schedule III, IV, or V, an estimated count is permissible, unless the container holds more than 1,000 tablets or capsules in which case the exact count of the content is required
 - d. You are able to transfer counts from the most recent inventory

9. Once the inventory occurs with a PIC change, the next annual inventory must be completed within:
 - a. One year from the previous inventory
 - b. One year and seven days from the previous inventory
 - c. Two years from the previous inventory
 - d. Two years and seven days from the previous inventory

10. In addition to the required report, a completed inventory must be completed within ___ hours of the discovery of a theft or loss of a controlled substance.
 - a. 24 hours
 - b. 48 hours
 - c. 72 hours
 - d. 30 days

11. The annual Personnel Report for Rule 302 is due:
 - a. January 31st
 - b. June 30th
 - c. October 31st
 - d. December 31st

12. The Board makes an exception to licensure only for the purpose of job shadowing, for a maximum of ___ hours without having to register as a pharmacy technician.
 - a. 10 hours
 - b. 20 hours
 - c. 30 hours
 - d. 40 hours

13. All personnel licensing and registration renewals are due by June 30th (including pharmacy, pharmacist, interns, certified pharmacy technician, grandfathered technician, and technician-in-training):
- True
 - False
14. In Idaho, a technician does not have to maintain certification if they maintain registration:
- True
 - False
15. In Idaho, all pharmacy records must be maintained as required and retained in a readily retrievable form and location for:
- One year
 - Three years
 - Five years
 - Seven years
16. A PIC must provide timely changes in personal contact information, or of changes in employment of pharmacists, student pharmacists, or technicians. These must be reported to the Board of Pharmacy within ___ of change:
- 48 hours
 - 72 hours
 - 10 days
 - 30 days
17. All pharmacies in the state of Idaho are subject to inspection by Board compliance officers. The PIC is not required to be present.
- True
 - False
18. An inspection is required:
- Prior to opening of a new pharmacy
 - Upon remodel
 - Every 4 months
 - Both A and B
 - All of the above
19. Inspection forms are available:
- By request from the board in writing
 - Never, you are not allowed to know what the Board is looking for
 - On the Boards website and encouraged to be used for self-inspection
 - Available only when being inspected by compliance officer
20. The Pharmacist Recovery Network (PRN) is designed to be:
- Confidential
 - Non-coercive
 - Non-punitive
 - All of the above

Pharmacist-In-Charge (PIC) Ethical and Legal Responsibilities

Post-Test Answer Sheet

Mail the post-test answer sheet, postmarked no later than April 1, 2018

to: • Idaho State Board of Pharmacy Home Study CPE Program
1199 Shoreline Lane, Suite 303
Boise, Idaho 83720-0067

Include a self-addressed stamped envelope (SASE) for the return of a statement of credit. No statement of credit will be awarded unless a SASE is provided by the pharmacist.

Pharmacists Name: _____

Idaho License Number: _____

Answers:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Feedback on this CPE Program:

Ideas for future Board-approved Home Study CPE Programs:

13. Status of Pharmacy Technicians

State	Designation	Does State:			Technician Registration Fee	Registration Renewal Schedule
		License Tech-nicians?	Register Tech-nicians?	Require Certi-fication?		
Alabama	Pharmacy Technician	No	Yes	No	\$60	Biennial II
Alaska	Pharmacy Technician	Yes	No	No	\$50 HH, UU	Biennial
Arizona	Pharmacy Technician	Yes	No	Yes RRR	B	Biennial B
Arkansas	Pharmacy Technician	No	Yes	No	\$70 II; \$35 YY	Biennial
California	Pharmacy Technician	Yes	Yes	No VVV	\$105	Biennial
Colorado	Pharmacy Technician	No	No	No	N/A	N/A
Connecticut	Pharmacy Technician	No	Yes	No	\$100	Annual - 3/31
Delaware	Pharmacy Technician	No	No	No	None	N/A
District of Columbia	Ancillary Personnel	No BBB	Yes BBB	Yes BBB	\$50	Annual
Florida	Pharmacy Technician	No	Yes	No	\$100	Biennial
Georgia	Pharmacy Technician	No	Yes	No	\$100	Biennial
Guam	Pharmacy Technician	No	Yes	No	J	J
Hawaii	Pharmacy Technician	No	No	No	N/A	N/A
Idaho	Pharmacy Technician	No	Yes M	Yes LLL	\$35	Annual
Illinois	Pharmacy Technician	Yes	No	Yes SSS	\$40 initial; \$25 renewal	Annual
Indiana	Pharmacy Technician	Yes AAA	No	Yes FFF	\$25 WW	Biennial
Iowa	Pharmacy Technician	No	Yes	Yes PPP	\$40, \$20 trainee	Z
Kansas	Pharmacy Technician	No	Yes	No	\$20	Biennial
Kentucky	Pharmacy Technician	No	Yes	Yes GGG	\$25	Annual
Louisiana	Pharmacy Technician	Yes	No	Yes FF	\$100	Annual
Maine	Pharmacy Technician	Yes	No	—	\$25	Annual
Maryland	Pharmacy Technician	No	Yes	Yes NNN	\$45	Biennial G
Massachusetts	Pharmacy Technician	No	Yes	No	\$60	Biennial G
Michigan	Pharmacy Personnel	No	No	MMM	—	—
Minnesota	Pharmacy Technician	No	Yes	No TTT	\$37.50	Annual
Mississippi	Pharmacy Technician L	No	Yes	Yes LLL	\$50	Annual
Missouri	Pharmacy Technician	No	Yes	No	\$35 W	Annual
Montana	Pharmacy Technician	No	Yes	Yes AA	\$60 initial; \$50 renewal	Annual
Nebraska	Pharmacy Technician	No	Yes	Yes MMM	\$25	Biennial RR
Nevada	Pharmaceutical Technician L	No	Yes	No	\$40	Biennial
New Hampshire	Pharmacy Technician	No	Yes	No	\$50	Annual
New Jersey	Pharmacy Technician	No	Yes	No	\$70	Biennial
New Mexico	Pharmacy Technician N	Yes	No	Yes A	\$30	Biennial
New York	Unlicensed Person	No	No	No	N/A	N/A
North Carolina	Pharmacy Technician	No	Yes	No EEE	\$30	Annual
North Dakota	Registered Pharmacy Technician	No	Yes	Yes DDD	\$35	Annual
Ohio	Qualified Pharmacy Technician	No	No	No LL	N/A	N/A
Oklahoma	Pharmacy Technician	No	Yes O	No	\$40	GG
Oregon	Pharmacy Technician	Yes WWW	No	Yes JJJ	\$50 VV	Biennial
Pennsylvania	Pharmacy Technician	No	No	No	N/A	N/A
Puerto Rico	Pharmacy Technician	No	Yes	Yes	\$50	3 years
Rhode Island	Pharmacy Technician	Yes	No	RRR	\$25	Annual
South Carolina	Pharmacy Technician	No	Yes	No	\$40 initial; \$15 renewal	Annual
South Dakota	Pharmacy Technician	No	Yes	Yes CCC	\$25	Annual
Tennessee	Pharmacy Technician	No	Yes	No	\$75 biennial	Cyclical
Texas	Pharmacy Technician	No	Yes	Yes KKK	\$80 initial; \$77 renewal	Biennial
Utah	Pharmacy Technician	Yes	No	No	\$60 TT	Biennial
Vermont	Pharmacy Technician	No	Yes	No	\$50	Biennial
Virginia	Pharmacy Technician	No	Yes	No QQQ	\$25	Annual
Washington	Pharmacy Technician	No	No	Yes	\$60 initial; \$50 renewal	Annual
West Virginia	Pharmacy Technician	No	Yes	Yes	\$25 W, X	Biennial
Wisconsin	Pharmacy Technician	No	No	No	—	—
Wyoming	Registered Pharmacy Technician K	Yes KK	Yes KK	Yes DDD, RRR	\$50	Annual

— Indicates information is not available.

13. Status of Pharmacy Technicians (cont.)

State	Technician Training Requirements	Technician CPE Requirements	Technician Examination Requirement	Can Board Deny, Revoke, Suspend, or Restrict Technician Registration?	Maximum Ratio of Technician(s) to Pharmacist in an:	
					Ambulatory Care Setting	Institutional Care Setting
Alabama	No	3 hrs/yr MM	—	Yes	3:1*	3:1*
Alaska	Yes S	10 hrs/2 yrs	No	Yes	None	None
Arizona	Yes	NN	Yes FF	Yes	None	None
Arkansas	No	None	No	Yes	2:1	2:1
California	Yes CC	No	No CC	Yes	Varies*	2:1
Colorado	No	N/A	No	N/A	3:1	3:1
Connecticut	Yes S	No	No	Yes	2:1* or 3:1	3:1*
Delaware	Yes	N/A	No	N/A	None	None
District of Columbia	Yes BBB	Yes BBB	Yes BBB	Yes	—	—
Florida	Yes Q	20 hrs/2 yrs	No	Yes	3:1*	3:1*
Georgia	No	None	No	N/A	3:1*	3:1*
Guam	No J	None J	No	Yes	None J	None J
Hawaii	No	No	No	No	None	None
Idaho	Yes OO	Yes	Yes	Yes	6:1*	6:1*
Illinois	Yes PP	No	Yes QQ	Yes	None	None
Indiana	Yes	No	No U	Yes	6:1*	6:1*
Iowa	Yes H	No	No	Yes	None	None
Kansas	Yes	Yes YYY	No	Yes	2:1 or 3:1*	2:1 or 3:1*
Kentucky	No	None	No	Yes	None	None
Louisiana	No	10 hrs OOO	Yes FF	Yes	3:1*	3:1*
Maine	Yes UUU	No	No	Yes	None	None
Maryland	Yes	Yes	Yes	Yes	None	None
Massachusetts	Yes	No BB	Yes	Yes	4:1	4:1
Michigan	No	—	—	—	None	None
Minnesota	Yes	Yes	No	Yes	3:1	3:1
Mississippi	No I	No	No	Yes	2:1	2:1
Missouri	Yes HHH	None	No	Yes	None*	None*
Montana	Yes** T	Yes SS	Yes AA	Yes	3:1*	3:1*
Nebraska	Yes** I	No	No	Yes ZZZ	3:1	3:1
Nevada	Yes	Yes Y	No	Yes	3:1*	3:1
New Hampshire	Yes	Yes P	Yes P	Yes	None	None
New Jersey	No	No	No	Yes	Varies	Varies
New Mexico	Yes**	None	Yes AA	Yes	None	None
New York	No	No	No	No	2:1	2:1
North Carolina	Yes	None	No	Yes	2:1*	2:1*
North Dakota	Yes R	Yes 10 hrs/1 yr	Yes	Yes	3:1	4:1
Ohio	Yes	No	Yes	No	None	None
Oklahoma	Yes	None	Yes	Yes JJ	2:1	2:1
Oregon	Yes III	Yes P	Yes P	Yes	None	None
Pennsylvania	Yes ZZ	None	No	N/A	None	None
Puerto Rico	Yes F	20 hrs/3 yrs	Yes	Yes	5:1	5:1
Rhode Island	Yes	Yes BB	Yes V	Yes	None	None
South Carolina	Yes DD	10 hrs/yr EE	Yes DD	Yes	3:1*	Varies*
South Dakota	Yes D	None	Yes D	Yes	3:1	2:1*
Tennessee	No	None	No	Yes	2:1*	2:1*
Texas	Yes C	20 hrs/2 yrs XXX	Yes	Yes	3:1*	None
Utah	Yes	20 hrs/2 yrs	Yes E	Yes	*	*
Vermont	No	No	No	Yes	None	None
Virginia	Yes V	5 hrs/yr	Yes V	Yes	4:1	4:1
Washington	Yes	Yes XX	Yes AA	Yes	3:1*	3:1*
West Virginia	Yes I, K	None	Yes	Yes	4:1	4:1
Wisconsin	No	—	—	—	4:1	4:1
Wyoming	Yes ZZ	6 hrs	Yes FF	Yes	3:1	3:1

* See "Footnotes (*)" on page 43.

** Contact the state board of pharmacy office to obtain requirements.

— Indicates information is not available.

13. Status of Pharmacy Technicians (cont.)

LEGEND

- A — All new pharmacy technicians have one year after initial licensure to obtain national certification.
- B — Technician trainee – \$36, Technician – \$72. Technician trainee may reapply for licensure no more than one time.
- C — A person may be a technician trainee for no more than two years while seeking certification through PTCB. Contact the Board for specific on-site training requirements.
- D — Same as PTCB requirements.
- E — PTCB examination or the ExCPT and Utah law examination.
- F — 1,000 hours of internship under direct supervision of a registered pharmacist and passing an examination prepared by the Board are required for certification. Designated pharmacy technician intern for three years maximum.
- G — Biennial at birthday. (MD – First renewal 10 CE, all other renewals 20 CE.)
- H — Technicians must be under the immediate and personal supervision of the pharmacist. Technician training must be documented and maintained. National certification of all technicians by nationally accredited certifying body required by December 31, 2013.
- I — Training requirements developed by training pharmacies and approved by the board. (WV – PTCB or National Healthcareer Association certified pharmacy technician certification. As of July 1, 2014, technician must have graduated from a competency-based pharmacy technician training and education program or completed training requirements stated above.)
- J — The Board is proposing/developing regulations.
- K — Designated as a “technician-in-training” prior to meeting requirements for licensure.
- L — The term “Support Personnel” is also used.
- M — May register as “technician-in-training” while working towards certification. This registration is renewable twice.
- N — A “Pharmacy Technician” is a subset of “Supportive Personnel.”
- O — Technicians are not considered “registered,” but are issued a “permit.”
- P — Required for certified pharmacy technicians, but not pharmacy technicians. (OR – Must become certified by the second June 30.)
- Q — Pharmacy technicians may register in Florida if they complete a Board-approved training program.
- R — Technicians must complete ASHP-accredited program.
- S — On-the-job training by PIC appropriate to technician’s duties.
- T — Technician utilization plan filed with Board or didactic course.
- U — Passage of the PTCB examination is one way to become certified as a technician in this state. Must also file application for licensure.
- V — To be eligible for registration a pharmacy technician must either hold current PTCB certification or must have passed a training program and examination approved by the Board.
- W — Plus a fingerprint fee paid to a contracted agency.
- X — \$25 initial; \$30 renewal/2 years.
- Y — However, technicians must complete six hours of in-service training per year and one hour of jurisprudence as do pharmacists. (NV – See Section 11, Continuing Pharmacy Education Requirements.)
- Z — Biennial by birth month; trainee registration 1 year, not reusable.
- AA — PTCB or ExCPT certification required. (WA – Exams administered by program accredited by NCCA.)
- BB — However, “certified pharmacy technicians” must maintain certification.
- CC — Educational training and/or PTCB examination are ways to qualify for technician registration.
- DD — To be certified as a pharmacy technician an individual must have worked for 1,000 hours under the supervision of a licensed pharmacist as a technician and must have completed a Board of Pharmacy-approved technician course as provided for in subsection (D); a high school diploma or equivalent; and passed the National Pharmacy Technician Certification Examination or a Board of Pharmacy-approved examination and has maintained current certification; and fulfilled CE requirements as provided for in Section 40-43-130(G).
- EE — As a condition of registration renewal, a registered pharmacy technician shall complete 10 hours of ACPE-accredited CE or CME Category I each year. A minimum of four hours of the total hours must be obtained through attendance at lectures, seminars, or workshops.
- FF — Requires PTCB examination. (AZ – Or another Board-approved exam.)
- GG — Annual (by birth month).
- HH — Plus one-time application fee of \$50.
- II — Odd numbered years.
- JJ — Revoked 28 pharmacy technician permits, 0 probations, 0 suspensions, and 0 fines.
- KK — “Technicians-in-Training” are registered until they meet the requirements for licensure. The technician-in-training permit is valid for no more than two years from date of issue.
- LL — Ohio does not license, register, or certify pharmacy technicians. There is no legal requirement to be licensed, registered, or certified as a pharmacy technician in the state of Ohio. However, the Board does require a technician to be “qualified.”
- MM — One hour must be live CE. No carry-over hours.

13. Status of Pharmacy Technicians (cont.)

LEGEND — cont.

NN	— Twenty hours, of which two hours must be pharmacy law ACPE or Board-approved providers.	PTCB's national Pharmacy Technician Certification Examination and have a current certificate. Contact Board for additional requirements.
OO	— Must be 18 years of age unless waived; a high school graduate unless waived or equivalent; of good moral character; and employed.	LLL — With grandfather exemption.
PP	— Refer to 225 ILCS 85/9.5 and 85/17.1 and 68 Illinois Administrative Code Sections 1330.210 and 1330.220.	MMM — Regulations pending.
QQ	— Beginning on January 1, 2010, within two years after initial registration as a registered technician, must become certified by successfully passing the PTCB or other Board-approved examination and registering as a certified pharmacy technician with the department. Does not apply to pharmacy technicians registered prior to January 1, 2008. Refer to 225 ILCS 85/9.	NNN — Or provide satisfactory proof to the Board of successful completion of a pharmacy technician training program approved by the Board.
RR	— Biennial, January 1 of odd years.	OOO — Must be technician-specific and ACPE accredited.
SS	— Must be PTCB-approved or ICPT-approved.	PPP — One-year technician trainee registration permitted.
TT	— Additional \$40 for criminal background check.	QQQ — Only required to be actively certified through PTCB or ExCPT at time of initial application if using this option for application of registration. 18VAC110-20-101.
UU	— Application fees are reevaluated June of even-numbered years.	RRR — Only for pharmacy technicians. Not required for pharmacy technician trainees. (RI – National certification required for pharmacy technician II, not for pharmacy technician I.)
VV	— Plus \$52 fingerprinting fee.	SSS — See 225 ILCS 85/9.
WW	— Indiana State Police collect an additional fee for a background check.	TTT — However, if at least one technician is certified, a pharmacy can exceed the base technician-to-pharmacist ratio by having one additional technician on duty within the pharmacy.
XX	— Beginning in 2013-2014 renewal cycle. 10 hours of CE credit with one hour in law/ethics.	UUU — See Maine Pharmacy Rules 02 392, Chapter 7, Section 2, Training.
YY	— Even numbered years.	VVV — PTCB certification is one qualifying method for licensure, but certification is not required.
ZZ	— On-the-job training in permitted activities.	WWW — All new pharmacy technicians have up to two years/the second June 30 after initial licensure to obtain national certification. Pharmacy technician licenses are nonrenewable.
AAA	— As of July 1, 2014, switched from certification. Must still hold technician-in-training permit or be PTCB- or ExCPT-certified prior to licensure.	XXX — One hour must be related to Texas pharmacy laws or rules.
BBB	— D.C. Law §17-99.	YYY — Twenty hours (approved) per biennial renewal period. No carry-over. Must be earned in prior registration period.
CCC	— Does not apply to those registered prior to July 1, 2011.	ZZZ — Board recommends to Department of Health and Human Services, Division of Public Health.
DDD	— PTCB only.	
EEE	— North Carolina recognizes PTCB certification, which allows pharmacy technician to perform additional duties.	
FFF	— See IC 25-26-19-5.	
GGG	— Required to perform certain functions.	
HHH	— For sterile compounding.	
III	— See OAR 855-025-0025(6).	
JJJ	— For initial license as a certified technician, but not for license renewal. Not required for nonrenewable technician license.	
KKK	— Applicants for pharmacy technician registration must have taken and passed	

Footnotes (*)

AL — 3:1 if one technician is PTCB-certified. All technicians must be at least 17.

Footnotes continued on page 43

NABPLAW Online Search Terms

Status of Pharmacy Technicians (type as indicated below)

- ◆ technician certification
- ◆ technician fee
- ◆ technician license
- ◆ technician registration
- ◆ technician renewal
- ◆ technician requirements
- ◆ technician training

Note: "ancillary personnel"; "non-licensed personnel"; and "support personnel" can be substituted for "technician."

The 2018 Survey of Pharmacy Law is trademark and copyright protected.

13. Status of Pharmacy Technicians (cont.)

Footnotes (*) — cont.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CA — In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. 2:1 if pharmacy services patients of skilled nursing facilities or hospices. A pharmacist may also supervise one pharmacy technician trainee gaining required practical experience.</p> | <p>KS — The ratio may be 3:1 if at least two of the pharmacy technicians have a current certification issued by PTCB or a current certification issued by any other pharmacy technician certification organization approved by the Board.</p> |
| <p>CT — Refer to Section 20-576-36 of the Regulations of Connecticut State Agencies. In summary, ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio. In an institutional outpatient pharmacy, ratio is 2:1. The pharmacist manager may petition the Commission to increase ratio to 3:1 in a licensed or institutional outpatient pharmacy. Inpatient pharmacy ratio is 3:1 generally, but pharmacy can petition for ratio of up to 5:1; satellite pharmacy 3:1, but can petition for up to 5:1.</p> | <p>LA — If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.</p> |
| <p>FL — Rule 64B16-27.410 outlines the acceptable ratios as follows:
Three to one (3:1) ratio: Any pharmacy or any pharmacist engaged in sterile compounding shall not exceed a ratio of up to three (3) registered pharmacy technicians to one (1) pharmacist (3:1).
Four to one (4:1) ratio: Any pharmacy or any pharmacist may allow a supervision ratio of up to four (4) registered pharmacy technicians to one (1) pharmacist (4:1), as long as the pharmacist or pharmacy is not engaged in sterile compounding.
Six to one (6:1) ratio:
(a) Non-dispensing pharmacies. Any pharmacy which does not dispense medicinal drugs, and the pharmacist(s) employed by such pharmacy, may allow a supervision ratio of up to six (6) registered pharmacy technicians to one (1) pharmacist (6:1), as long as the pharmacy or pharmacist is not involved in sterile compounding.
(b) Dispensing pharmacies. A pharmacy which dispenses medicinal drugs may utilize a six to one (6:1) ratio in any physically separate area of the pharmacy from which medicinal drugs are not dispensed. A "physically separate area" is a part of the pharmacy which is separated by a permanent wall or other barrier which restricts access between the two areas.</p> | <p>MO — Technician must be under the direct supervision and responsibility of a pharmacist.</p> <p>MT — Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.</p> <p>NC — Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.</p> <p>NV — Technician to pharmacist ratio is now 3:1; however, initial prescription data input can now only be done by a registered pharmaceutical technician or a pharmacist. A clerk may enter demographic and insurance data only on new prescriptions.</p> |
| <p>GA — One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.</p> | <p>SC — The PIC shall develop and implement written policies and procedures to specify the duties to be performed by pharmacy technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience. These policies and procedures shall, at a minimum, specify that pharmacy technicians are to be personally supervised by a licensed pharmacist who has the ability to control and who is responsible for the activities of pharmacy technicians and that pharmacy technicians are not assigned duties that may be performed only by a licensed pharmacist. One pharmacist may not supervise more than three pharmacy technicians at a time; at least two of these three technicians must be state certified. If a pharmacist supervises only one or two pharmacy technicians, these technicians are not required to be state certified. Pharmacy technicians do not include personnel in the prescription area performing only clerical functions, including data entry up to the point of dispensing, as defined in Section 40-43-30(14).</p> |
| <p>ID — Ratio includes technicians, technicians-in-training, and student pharmacists. No longer allowed cashiers/clerks in pharmacy.</p> | <p>SD — Ratio to be determined by pharmacist-in-charge in long-term care, hospital, and mail service pharmacies.</p> |
| <p>IN — Technicians must be under the immediate and personal supervision of the pharmacist.</p> | <p>TN — Up to 4:1 if two technicians are certified.</p> <p>TX — 4:1 if at least one of the technicians is not a pharmacy technician trainee.</p> <p>UT — Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.</p> <p>WA — A pharmacy may use more technicians than the standard 3:1 ratio if its service plan is approved by the Commission.</p> |

14. Pharmacy Technicians in Hospital/Institutional Setting

May Pharmacy Technicians in the Hospital/Institutional Setting:			
State	Accept Called-in Prescription From Physician's Office?	Enter Prescription Into Pharmacy Computer?	Check the Work of Other Technicians? If yes, Is There a Requirement for Technology?
Alabama	No	Yes	No
Alaska	No	Yes G	No
Arizona	No	Yes B	No
Arkansas	No	Yes	No
California	No	Yes E	Yes E, BB
Colorado	No	Yes G	Yes G
Connecticut	No K	Yes	No
Delaware	No	Yes E	No
District of Columbia	No	Yes G	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes E, G	No
Hawaii	No	Yes E, G	No
Idaho	Yes JJ	Yes	Yes S
Illinois	Yes E	Yes E	No
Indiana	No J	Yes	No
Iowa	Yes G	Yes G	Yes O
Kansas	No	Yes G	Yes G, BB
Kentucky	No K	Yes E	Yes X
Louisiana	Yes	Yes	No
Maine	No J	Yes J	No J
Maryland	No	Yes	No
Massachusetts	Yes AA	Yes G	No
Michigan	Yes G	Yes G	Yes G
Minnesota	No	Yes	No C
Mississippi	No	Yes E, G	No
Missouri	Yes E, G	Yes E, G	No
Montana	Z, DD	Yes	Yes O
Nebraska	No	Yes	No
Nevada	No	Yes	No
New Hampshire	Yes U	Yes G	No
New Jersey	No	Yes G	No
New Mexico	No	Yes	No
New York	No	Yes G	No
North Carolina	Yes U	Yes	Yes II
North Dakota	Yes	Yes	Yes G
Ohio	No	Yes G	No
Oklahoma	No	Yes	No
Oregon	No	Yes	Yes EE
Pennsylvania	No	Yes E, G	No
Puerto Rico	No N	Yes N	No
Rhode Island	Yes G, U	Yes	No
South Carolina	Yes Y, AA	Yes E	Yes M
South Dakota	No	Yes G	No C
Tennessee	Yes U	Yes G	No
Texas	No	Yes	Yes V
Utah	No GG	Yes G, I	Yes BB
Vermont	No	Yes E	No
Virginia	No	Yes G	No
Washington	No D	Yes	Yes HH
West Virginia	No	Yes E, G	No E, G
Wisconsin	Z	Yes	No
Wyoming	No	Yes E, G	No

14. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

May Pharmacy Technicians in the Hospital/Institutional Setting:			
State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescription Orders?
Alabama	No H	Yes G	No
Alaska	Yes D, G	Yes G	No
Arizona	Yes B	Yes B, FF	Yes Y
Arkansas	Yes D	Yes	No
California	Yes E	Yes E	No
Colorado	Yes D	Yes G	No
Connecticut	Yes D	Yes E	No
Delaware	No	Yes F	No
District of Columbia	No G	Yes G	No
Florida	Yes	Yes CC	No
Georgia	No	No W	No
Guam	No	Yes E, G	No
Hawaii	No	Yes E, G	No
Idaho	Yes	Yes	Yes JJ
Illinois	Yes E	Yes E	No
Indiana	Yes	Yes	No
Iowa	Yes G	Yes G	No
Kansas	Yes D	Yes G	No
Kentucky	Yes E, D	Yes E	No
Louisiana	Yes	Yes E	Yes Y
Maine	Yes J	Yes J	No J
Maryland	Yes	Yes G	No
Massachusetts	Yes	Yes B, G	No
Michigan	No	Yes G	Yes Q
Minnesota	Yes	Yes P	No
Mississippi	Yes E, G	Yes E, G	No
Missouri	Yes E, G	Yes E, G	Yes E, G, Y
Montana	Yes D, DD	Yes DD	No
Nebraska	Yes	Yes BB	No
Nevada	Yes	Yes	No
New Hampshire	Yes U	Yes G	No
New Jersey	Yes D	Yes E, G	No
New Mexico	No	Yes	No
New York	No	No	No
North Carolina	Yes U	Yes E	Yes U
North Dakota	Yes	Yes G	Yes
Ohio	No	Yes E	No
Oklahoma	Yes D	Yes L	No
Oregon	Yes D	Yes	No
Pennsylvania	No	Yes E, F, G	No
Puerto Rico	No	Yes N	Yes N
Rhode Island	Yes	Yes G	Yes I
South Carolina	Yes M, Y	Yes E	Yes M, Y
South Dakota	Yes	Yes G	No
Tennessee	Yes G	Yes G	Yes U
Texas	Yes D	Yes E, R	No
Utah	Yes D	Yes G	No
Vermont	No	Yes A, B	No
Virginia	Yes D, Z	Yes E, G	No
Washington	Yes D	Yes T	No
West Virginia	Yes D	Yes G, T	No
Wisconsin	D, Z	Yes B, G	No
Wyoming	Yes D, E, G	Yes E, G, FF	Yes Y

14. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

LEGEND

- A — Activities not addressed in statutes or regulations.
- B — Subject to approved policy and procedure manuals, pharmacy technician training, and pharmacist final verification and initialing.
- C — Only after obtaining a variance from the board. (In limited situations.)
- D — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. (OR – For controlled substances. WA – Professional consultation/judgment.)
- E — Allowed activity must be under the direct supervision of a licensed pharmacist. (HI – “Immediate supervision.” KY – Direct supervision if technician is not certified by the PTCB; if certified, then technician may perform activity under indirect supervision. LA – “Direct and immediate” supervision and shall not compound high-risk sterile preparations, as defined by the USP.)
- F — Compounding is the responsibility of the pharmacist or pharmacy intern under the direct supervision of the pharmacist. The pharmacist may utilize the assistance of supportive personnel under certain conditions. Contact the board for requirements.
- G — Pharmacist must verify, check, and/or is responsible for allowed activities. (DC – Pharmacist must call for refill authorization for Schedule III through V. Pharmacist must receive oral prescription for Schedule II. RI – Except in the case of Schedule II controlled substances, only a pharmacist may receive an oral prescription.)
- H — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. May fax a refill request to a physician’s office if approved by the pharmacist. A refill is considered to be an authorization for a new prescription. Technicians may not take verbal orders from an agent or a physician for a new prescription.
- I — Allowed activity must be under the general supervision of a licensed pharmacist.
- J — New rules regarding allowed activities for technicians adopted December 11, 2013.
- K — Allowed activity limited to pharmacist interns.
- L — Bulk compounding allowed.
- M — A supervising pharmacist may authorize a certified pharmacy technician to (1) receive and initiate verbal telephone orders; (2) conduct one-time prescription transfers; (3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; and (4) check a technician’s repackaging of medications from bulk to unit dose in an institutional setting.
- N — Pharmacy Act allows pharmacy technicians to perform the tasks assigned by the pharmacist under his or her direct supervision. Puerto Rico Supreme Court has recognized that only pharmacists are prepared to do patient counseling.
- O — Board approval required before implementation of tech-check-tech program.
- P — Stage checking required for certain high-risk compounded products.
- Q — If there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.
- R — Must have special training. Contact the Board for training requirements.
- S — Verification Technician Program.
- T — Bulk compounding and intravenous preparation are allowed, but “extemporaneous” compounding is not allowed.
- U — Certified technicians only.
- V — Contact the Board for requirements.
- W — May compound IV admixtures only if pharmacist verifies the final product for accuracy, efficacy, patient utilization, and has a mechanism to verify the measuring of active ingredients added to the IV mixture.

Legend continued on page 47

NABPLAW Online Search Terms

Pharmacy Technicians in Hospital/Institutional Setting (type as indicated below)

- ◆ technician duties hospital
- ◆ technician registration hospital
- ◆ technician requirements hospital
- ◆ technician training hospital

Note: “ancillary personnel,” “non-licensed personnel,” and “support personnel” can be substituted for “technician”; “institutional” can be substituted for “hospital.”

14. Pharmacy Technicians in Hospital/Institutional Setting (cont.)

LEGEND — cont.

- X — Limitation 201 KAR 2:045.
- Y — Non-controlled only. (AZ – May only do electronic transfers of non-controlled drugs between pharmacies owned by the same company using a common or shared database.)
- Z — Can accept refills if no changes. (WI – New prescriptions must be recorded.)
- AA — Certified technicians only with supervising pharmacist authorization.
- BB — Board allows for a specifically trained technician to check the work of another technician in an acute care hospital under certain conditions. (UT – Only in hospital pharmacy.)
- CC — The pharmacy technician may only assist with compounding under the direct supervision of a pharmacist.
- DD — Technicians can work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.
- EE — Hospitals may apply to the Board for approval of technician checking validation programs that meet certain conditions. This is available for unit-dose drug distribution systems, including automated distribution carts and nonemergency kits and trays.
- FF — Technicians only. Technician trainees cannot compound.
- GG — (1) may take refill orders; (2) may accept new prescription drug orders telephonically or electronically submitted for a pharmacist to review; and (3) may not receive new verbal prescriptions or medication orders, clarify prescriptions or medication orders, nor perform a drug utilization review.
- HH — Hospitals may apply to the Commission for approval of technician programs that meet certain conditions. This is available for unit-dose drug distribution systems.
- II — Board rule allows technicians with an AAS degree in pharmacy technology to check other technicians' work in certain non-patient-specific distributive functions at inpatient hospitals.
- JJ — Pending rules adopted by Board in October 2016; subject to legislative review in January 2017.

15. Pharmacy Technicians in Community Setting

May Pharmacy Technicians in the Community Setting:			
State	Accept Called-in Prescription From Physician's Office?	Enter Prescription Into Pharmacy Computer?	Check the Work of Other Technicians?
Alabama	No	Yes	No
Alaska	No	Yes E	No
Arizona	No	Yes B	No
Arkansas	No	Yes	No
California	No	Yes D	No
Colorado	No	Yes E	Yes E
Connecticut	No	Yes D, E	No
Delaware	No	Yes D	No
District of Columbia	No	Yes E	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes D, E	No
Hawaii	No	Yes D, E	No
Idaho	Yes GG	Yes	Yes GG
Illinois	Yes I	Yes I	No
Indiana	No G	Yes	No
Iowa	Yes E	Yes E	Yes E, J, X
Kansas	No G	Yes E	No
Kentucky	No H	Yes D	No
Louisiana	Yes	Yes	No
Maine	No S	Yes S	No S
Maryland	No	Yes	No
Massachusetts	Yes R	Yes E	No
Michigan	Yes E	Yes E	Yes E
Minnesota	No	Yes	No
Mississippi	No	Yes D, E	No
Missouri	Yes D, E	Yes D, E	No
Montana	No	Yes I, V	No
Nebraska	No	Yes	No
Nevada	No	Yes	No
New Hampshire	Yes R	Yes E	No
New Jersey	No	Yes E	No
New Mexico	No	Yes	No
New York	No	Yes E	No
North Carolina	Yes R	Yes	No
North Dakota	Yes	Yes	Yes E
Ohio	No	Yes E	No
Oklahoma	No H	Yes	No
Oregon	No	Yes	No
Pennsylvania	No	Yes D, E	No
Puerto Rico	Yes O	Yes O	No
Rhode Island	Yes R	Yes	No
South Carolina	Yes K, R	Yes D	Yes T
South Dakota	No	Yes D	No
Tennessee	Yes E, R	Yes E	No
Texas	No	Yes	No
Utah	No DD	Yes E	No
Vermont	No	Yes	No
Virginia	No	Yes E	No
Washington	No M	Yes	Yes FF
West Virginia	No	Yes D, E	No D, E
Wisconsin	M, Y	Yes	No
Wyoming	No	Yes D, E	No

15. Pharmacy Technicians in Community Setting (cont.)

May Pharmacy Technicians in the Community Setting:

State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescription Orders?
Alabama	No Q	Yes E	No
Alaska	Yes E, M	Yes E	No
Arizona	Yes B	Yes B, EE	Yes AA
Arkansas	Yes M	Yes D, E	No
California	Yes D	Yes D, E	No
Colorado	Yes	Yes E	No
Connecticut	Yes M	Yes D, E	No
Delaware	No	Yes F	No
District of Columbia	No E	Yes E	No
Florida	Yes	Yes BB	No
Georgia	No	No	No
Guam	No	Yes D, E	No
Hawaii	No	Yes D, E	No
Idaho	Yes	Yes	Yes GG
Illinois	Yes I	Yes I	No
Indiana	Yes	Yes	No
Iowa	Yes E	Yes E	No
Kansas	Yes	Yes E	No
Kentucky	Yes D, M	Yes D	No
Louisiana	Yes	Yes D	Yes K
Maine	Yes S	Yes S	No S
Maryland	Yes W	Yes E	No
Massachusetts	Yes U	Yes E	Yes CC
Michigan	No	Yes E	Yes C
Minnesota	Yes	Yes	No
Mississippi	Yes D, E	Yes D, E	No
Missouri	Yes D, E	Yes D, E	Yes D, E, K
Montana	Yes M, V	Yes L, V	No
Nebraska	Yes	Yes BB	No
Nevada	Yes	Yes	No
New Hampshire	No	Yes E	No
New Jersey	Yes M	Yes D, E	No
New Mexico	Yes E	Yes	No
New York	No	No	No
North Carolina	Yes R	Yes E	Yes R
North Dakota	Yes	Yes E	Yes
Ohio	No	Yes D	No
Oklahoma	Yes M	Yes L	No
Oregon	Yes M	Yes	No Z
Pennsylvania	No	Yes D, E, F	No
Puerto Rico	Yes O	Yes O	Yes O
Rhode Island	Yes	Yes E	Yes I
South Carolina	Yes K, R	Yes D	Yes K, T
South Dakota	Yes	Yes E	No
Tennessee	Yes	Yes E	Yes R
Texas	Yes M	Yes D, N	No
Utah	Yes M	Yes E	No
Vermont	No	Yes A, B	No
Virginia	Yes M	Yes D, E	No
Washington	Yes M	Yes P	No
West Virginia	Yes D, E, M	Yes D, E, P	No
Wisconsin	Yes M, Y	Yes B	No
Wyoming	Yes D, E, M	Yes D, E	Yes K, EE

15. Pharmacy Technicians in Community Setting (cont.)

LEGEND

- | | |
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| <p>A — Activities are not addressed in laws or statutes.</p> <p>B — Subject to approved policy and procedure manuals, pharmacy technician training, and pharmacist final verification and initialing.</p> <p>C — Yes, if there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.</p> <p>D — Allowed activity must be under the direct supervision of a licensed pharmacist. (HI – “Immediate supervision.” KY – Direct supervision if technician is not certified; if certified by the PTCB, then technician may perform activity under indirect supervision. LA – “Direct and immediate” supervision. Shall not compound high-risk sterile preparations, as defined by the United States Pharmacopeia.)</p> <p>E — Pharmacist must verify, check, and/or is responsible for allowed activities. (DC – pharmacist must obtain oral authorization for Schedule III through V refill. Pharmacist must receive oral prescription for Schedule II.)</p> <p>F — Compounding is the responsibility of the pharmacist or pharmacy intern under the direct supervision of the pharmacist. The pharmacist may utilize the assistance of supportive personnel under certain conditions. Contact board for requirements.</p> <p>G — Unless it is regarding a refill.</p> <p>H — Allowed activity limited to pharmacists and interns. (KY – Under direct supervision.)</p> <p>I — Allowed activity must be under the supervision of a licensed pharmacist.</p> <p>J — Rules/regulations currently being developed/proposed and may alter these answers.</p> <p>K — Non-controlled only.</p> <p>L — Bulk compounding allowed.</p> <p>M — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. (WA – Professional consultation/judgment.)</p> <p>N — Must have special training. Contact the Board for training requirements.</p> | <p>O — Pharmacy Act allows pharmacy technicians to perform the tasks assigned by the pharmacist under his or her supervision. Puerto Rico Supreme Court has recognized that only pharmacists are prepared to do patient counseling.</p> <p>P — Bulk compounding and intravenous preparation are allowed, but “extemporaneous” compounding is not allowed.</p> <p>Q — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call. May fax a refill request to a physician’s office if approved by the pharmacist. A refill is considered to be an authorization for a new prescription. Technicians may not take verbal orders from an agent or a physician for a new prescription.</p> <p>R — If technician is certified. (SC – Only with supervising pharmacist authorization.)</p> <p>S — New rules regarding allowed activities for technicians expected in 2014.</p> <p>T — A supervising pharmacist may authorize a certified pharmacy technician to (1) receive and initiate verbal telephone orders; (2) conduct one-time prescription transfers; (3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; (4) check a technician’s repackaging of medication from bulk to unit dose in an institutional setting.</p> <p>U — Provided no change in therapy.</p> <p>V — Technicians can now work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.</p> <p>W — Pharmacy technician may call for refills for prescriptions other than controlled dangerous substances. May not accept refill authorization that changes the order.</p> <p>X — Board-approved pilot project for tech-check-tech for 18 months. 657-8.40(3) permits the Board to approve an extension or renewal of a project.</p> |
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Legend continued on page 51

NABPLAW Online Search Terms

Pharmacy Technicians in Community Setting (type as indicated below)

- ◆ technician duties
- ◆ technician registration
- ◆ technician requirements
- ◆ technician training

Note: “ancillary personnel,” “non-licensed personnel,” and “support personnel” can be substituted for “technician.”

15. Pharmacy Technicians in Community Setting (cont.)

LEGEND — cont.

- | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y | — Refills only with no changes. New prescriptions must be recorded. | DD | — (1) may take refill orders; (2) may accept new prescription orders telephonically or electronically submitted for a pharmacist to review; and (3) may not receive new verbal prescriptions or medication orders, nor perform a drug utilization review. |
| Z | — May assist pharmacist. | EE | — Technicians only. Technician trainees cannot compound. |
| AA | — Only electronic transfers of non-controlled drugs between pharmacies owned by the same company using a common or shared database. | FF | — Pharmacy may apply to the Commission for approval of tech-check-tech programs that meet certain conditions. This is available for unit-dose drug distribution systems. |
| BB | — The pharmacy technician may only assist with compounding under the direct supervision of a pharmacist. | GG | — Pending rules adopted by Board in October 2016; subject to legislative review in January 2017. |
| CC | — A certified pharmacy technician may assist in the transfer of a refill for a Schedule VI prescription (Massachusetts considers all drugs not in Schedule II-V to be Schedule VI) upon request by a consumer. | | |

1. PTCB vs ExCPT – Exams updating content

ExCPT – New topics added	PTCB – New topics added or expanded
Medication reconciliation Medication Therapy Management Bioequivalence Universal precautions, infection control, ISMP, USP 800, BUD HIPAA, CMS, , DSCSA, patient assistance, REMS Benefit coordination, tiered copays IV calculations, allegation, engineering controls Vaccine schedules	Medication side effects REMS Hygiene , cleaning standards Physical, chemical incompatibilities in compounding Root cause analysis
ExCPT – New topics added None	PTCB – topics removed Verification of DEA numbers Information security OBRA 90 Infection control, OSHA, USP 795, 797 Record keeping for repackaged, recalled supplies Roles, responsibilities techs, pharmacists State/federal law reconciliation Batch compounding
Released Feb 7, 2018	Sterile compounding processes Customer satisfaction Order entry, dispensing processes Labeling requirements Formulary products Ordering, receiving processes <u>All</u> billing and reimbursement topics <u>All</u> information system usage, application topics
	90 day public comment period New test January 1, 2020

2. Training requirement for National Certification

ExCPT – Current requirements	PTCB – Proposed Jan 1, 2020
High school diploma Training in an accredited or state board of pharmacy recognized institution OR 1 year employer-verified supervised academic preparation including pharmacy technical skills and knowledge OR US Military pharmacy technician training OR 1200 hours supervised pharmacy related work experience in 1 year.	Completion of a PTCB-recognized education/training program OR Equivalent work experience, verified by a pharmacist attestation statement OR Experienced technicians may sit for exam with a pharmacist attestation statement <i>There are currently no guidelines on what a PTCB-recognized training program is</i>

3. New PTCB Compounded Sterile Preparation Technician (CSPT) Program

Certification Exam \$149, Application fee \$50

Requirements – Must be a PTCB CPhT in good standing, complete a PTCB-recognized sterile compounding/training program, 1 year experience working in sterile compounding (with supervisor skill verification) OR no formal training with 3 years' experience working in sterile compounding (with supervisor skill verification)

Recertification required every year – 5 hours CE, supervisor competency verification, 20\$ fee between years of PTCB certification. CE hours will count toward PTCB requirement of 20 hours.

Blueprint and Candidate Guidebook available on line.

Will exhibit at UPhA Convention in May

4. ASHP/APCE Revision of accreditation standards, in 90 day comment period

Plan for implementation July 2018.

Proposed 2 levels of accredited tech education – entry level, advanced level, combination of both

46 Standards have been reduced to 15 standards with key elements in each

Hours for each level of accreditation – Entry 400 hours, min 10 weeks – 1 rotation in dispensing pharmacy

Advanced 600 hours, min 15 weeks – 2 rotations.

28 another for an unlawful purpose.

29 (b) "Drug" or "drugs" means a Schedule II or Schedule III controlled substance, as
30 defined in Section 58-37-4, that is an opiate.

31 (c) "HIPAA" means the same as that term is defined in Section 26-18-17.

32 (d) "Opiate" means the same as that term is defined in Section 58-37-2.

33 (e) "Practitioner" means an individual:

34 (i) licensed, registered, or otherwise authorized by the appropriate jurisdiction to
35 administer, dispense, distribute, or prescribe a drug in the course of professional practice; or

36 (ii) employed by an individual who is licensed, registered, or otherwise authorized by
37 the appropriate jurisdiction to administer, dispense, distribute, or prescribe a drug in the course
38 of professional practice.

39 (f) "Significant amount" means an aggregate amount equal to, or more than, 50
40 morphine milligram equivalents calculated in accordance with guidelines developed by the
41 Centers for Disease Control and Prevention (CDC).

42 (2) An individual is guilty of a class B misdemeanor if the individual:

43 (a) knows or has reason to believe that a practitioner is involved in diversion; and

44 (b) knowingly fails to report the diversion to a peace officer or law enforcement
45 agency.

46 (3) Subsection (2) does not apply to the extent that an individual is prohibited from
47 reporting by HIPAA.

Legislative Review Note
Office of Legislative Research and General Counsel