What Pharmacists Need to Know about Training Technicians Oklahoma State Board of Pharmacy

General Info Training documentation must be maintained for all technicians Training must be updated annually Permit must be displayed properly Schedule displayed in pharmacy (shows role) Properly identified (tech and clerks required, DPh not) Ratio maintained at all times

Application Highlights Address should be local and accurate (not out of state or parent's address (if inaccessible to them). Must report all arrests even if dismissed, deferred, suspended If any answers are "yes", must be initialed by pharmacist. Applicant must complete "Addendum to Application with Charges and Convictions" Must complete Citizenship Affidavit or Affidavit Verifying Qualified Alien Status if not a citizen

Application Highlights

- Exam must be completed and maintained in the pharmacy. Do not send exam to the Pharmacy Board.
- By signing at bottom, pharmacist is stating that they have completed Phase 1 training, the exam, and will complete training.
- Allow 21 days for processing.
- Make sure application is completely filled out before signing.

 Don't sign a blank application.

- If previously permitted, must reinstate.
- Reinstatement is double normal fee, regardless of the time since permit expired.

 Tax hold

- OK Tax Commission (405-522-6800)

 Duplicate permits \$10 (can print out own duplicates after renewed online

Qualifications

- No age limit, but must have:
 HS Diploma or GED Equivalent
 Be of good moral character

Tech Training Phase I and Phase 2 (90 days to complete Phase 2) Must be documented regardless of: Prior education Previous employment Previous experience Documentation of previously permitted tech within 10 days Must be maintained in pharmacy If training not completed, permit becomes invalid, Must report to Board.





Screening
Background check (Board only does random checks) Fingerprint-based \$19, Name-based \$15 https://www.ok.gov/osbi/Criminal_History_Search/ https://www.oscn.net/applications/oscn/casesearch.asp https://www.oscn.net/applications/oscn/casesearch.asp
OIG Medicare Exclusion List
 https://exclusions.oig.hhs.gov/
 Cannot use PMP to screen employees.
OPhA – Quality-Hire

Waivers • Must be obtained by employer • Site specific • OBNDD – Any CDS-related misdemeanor or any felony. Includes finding of guilt, guilty plea, nolo contendere plea, deferred or suspended sentences, or probation. • DEA – Any CDS-related felony or has surrendered a registration for cause or in lieu of prosecution. • May affect your bonding insurance

	Training
• Orientation	Sig codes
• Rules	 Dosage Forms
• Duties	 Drug labels
 CDS Regulations 	• Drugs
 Diversion Issues 	Insurance
• Calculations	 Continuing Education
 Conversions 	 Compounding
 Inventory Management 	 Error prevention
 Abbreviations 	

Orientation (Phase 1) Tour Chain of Command Employee Handbook and/or Policies & Procedures Job Description/Expectations Sexual Harassment Business Hours/Meals/Breaks Customer Service/Phone Etiquette Customer relations w/prescribers Computer Software

Orientation (Phase 1) Benefits Confidentiality Dress Code/Identification Evaluations Job Safety/Emergency Procedures Training Guidelines on Board website Initial test on website/keep with training (do not mail in) Must have training manual After completion of Phase I, may mail in application. Have 90 days to complete Phase II training.

Workflow			
 Flow of pre 	scription		
Drop-Off			
Phone Duti			
Rx Pick-up			
• Cashier			
 Counseling 			
 Drive-thru 			
Other servi	ces (immuniza	tions, MTM)	
 OTC (front 			

Orientation	Sig codes
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Rules Must work under supervision of DPh at all times Ratio 2 techs to 1 pharmacist Presence of intern does not affect ratio Intern cannot verify tech's work Different ID for clerk if ratio exceeded, must differentiate on schedule Regulatory agencies (DEA, OBNDD, FDA) and their roles

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Clerical Duties Technician Only Duties Cleaning Cleaning Stocking/ordering meds Technician Only Duties Count/Pour, prepackage Label medications (including auxiliary labels as directed by pharmacist) Reconstitute (liquid antibiotics)	Permitted Duties		
 Billing Cleaning Stocking/ordering meds Label medications (including auxiliary labels as directed by pharmacist) Reconstitute (liquid 			
 Cleaning (including auxiliary labels Stocking/ordering meds as directed by pharmacist) Reconstitute (liquid 	• Typing	Count/Pour, prepackage	
• Stocking/ordering meds as directed by pharmacist) • Reconstitute (liquid	• Billing		
Reconstitute (liquid	 Cleaning 		
	 Stocking/ordering meds 	• Reconstitute (liquid	

	Permi			55	
 Assist pharma 					
 Take refill aut changes are n 				office wh	nen no
Bulk compou	nding (disc	uss later	in detail)	

	Prohibited Duties
 Interpr 	et original prescription
 Perform 	m DUR
Couns	el (including OTC medications)
• Final ve	erification of Rx
• Be in p	harmacy without pharmacist (may possess keys)

Prohibited Duties Receive new rx by phone Take refill authorization from prescriber's office if there are any changes to prescription Take refill authorization from prescriber's office for any controlled substance (considered new Rx by DEA)

Tech Training Orientation Rules Dosage Forms Drug labels CDS Regulations Diversion Issues Calculations Conversions Inventory Management Abbreviations Sig codes Dosage Forms Drug labels Drugs Insurance Continuing Education Compounding Error prevention

CDS Regulations Obtaining proper ID for CDS rx's Required information for CDS rx's CII's – 30 days to fill, no refills, can't be phoned in CIII-V – valid for 6 months, no more than 5 refills Non-CDS – valid for one year Store policy for CDS (double count?, DPh must count?, document on label?, perpetual inventory?) Submitting information to PMP

Pseud	doephedrine
Proper storage/displa Daily, monthly & annu Proper documentatic Proper ID requireme Online Meth Registry	ual limitations on of PSE transaction nts
Oninie i leur Negisti j	Check

 Drivers Lice 	ense
• Military ID	
 Passport 	
 State-issued 	ID
	of State: any state, territory or possession of U.S. preign nation
Tribal ID's?	
Cherokee	
	-Creek
Muscogee	

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Diversion Issues Make them aware and anticipate outside pressure Educate about consequences of diversion Criminal prosecution Losing permit/difficulty obtaining other state license Medicare Exclusion List (difficulty obtaining other health-related jobs) If a technician is dismissed for cause, it is mandatory to report to Board. (No Board action will be taken without due process.)

Paying attention Personality traits/friends Changes in circumstances (e.g., divorce, illness) Frequent phone calls/texts Coming into pharmacy on days off Living above their means Watch personal use of computer (FB posts)

Tech '	Гraining
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Calculations Fractions Ratios Percentages Decimals Insulin (units/ml) (If quantity exceeds 28 days, days' supply should only be 28 due to BUD) Ophthalmics/Otics (drops/ml) (Does pharmacy have a policy or does it depend on pharmacist? 15-20 gtts/ml?) Inhalers (puffs per inhaler) Topicals (Need to find out how large area patient is treating)

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Conversions Metric vs US Customary US Customary Metric units (mm to cm) Fahrenheit vs Celsius Apothecary units Weight (lb to kg) Volume Length

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Inventory Management Ordering Receiving Accountability Perpetual inventory (who can make adjustments?) Proper storage FIFO Expiration of drugs (remove from shelf immediately, remove from pharmacy within 6 months) Reverse distributors

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	Abl	orev:	iation	ıs	
• Roman nu	merals				
Chemistry	terms				
 Medical te 	rminology				
Diagnos					
 Drug ab 					
PNV vs PC	NV				

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Dosage Forms Oral Tablets vs capsules vs caplets Sublingual vs buccal Extended release vs immediate release (can it be cut in half or crushed) Enteric coated Suspensions vs Solutions vs Syrups Ophthalmic can be used in ears but not vice versa Selection of appropriate syringes/needles (SQ vs IM)

Dosage Forms Inhalers: Intranasal vs Oral inhalers Topicals: Creams vs Ointments, patches Suppositories: Rectal vs. Vaginal Parenteral vs. Enteral

Routes of Administration
Proper instructions Take vs. dissolve under tongue Unwrap and insert where? Inject how?
 Inhale by mouth or intranasally Remove patch when putting on new one. Rotate sites.

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• Patient				
	rtance of putting all			
	ot leaving off perceived' iimportant)	ʻunimportant in	formation" (prn	is not
• Acc	racy of dosage forms	(tablet vs cap	osule, etc)	
• Clea	r instructions (Take	two puffs vs li	hale two puffs	
	nasally or inhale two	puffs orally)		
Aux	liary labels			

Drug Labels
Stock bottle label Expiration date NDC number Tall man lettering Checking for proper storage requirements Which medications need to remain in original containers
 vvnich medications need to remain in original containers





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Quantities Days supply Prior Authorizations Reversals	Proper NDC num	er	
Days supply Prior Authorizations Reversals Return to stock procedures Do not return to stock bottle			
Prior Authorizations Reversals Return to stock procedures Do not return to stock bottle			
Reversals Return to stock procedures Do not return to stock bottle			
Return to stock procedures Do not return to stock bottle			
 Do not return to stock bottle 		ocedures	
No more than one year BUD		e year BUD	

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Continuing Education Annual training required by Board Formal CE not required by Board National Certification requires 20 hours every two years

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Non-sterile Compounding Initial competency training Written test (must pass prior to compounding) Combination of didactic and experiential Annual testing Failure of written tests – must immediately be instructed and reevaluated prior to resuming compounding Must maintain documentation in pharmacy

Bulk Compounding Compounding Log All ingredients, including manufacturers Lot #'s BUD's Actual weights All steps must be verified by pharmacist Take care that assigned BUD does not exceed BUD of individual ingredients

Sterile Compounding Initial competency training Written test (must pass prior to compounding) Combination of didactic and experiential Must be evaluated: Prior to preparing sterile products for patient use At least annually When unacceptable results are produced Unacceptable or questionable techniques are observed

Low & Medium Risk • Annual Testing • Media Challenge and Fingertip Glove Testing • Failure in either written test, media challenge test, or fingertip glove testing must be reinstructed and reevaluated until passed. • Must be documented thoroughly

Sterile Compounding Failure of written tests – must immediately be instructed and reevaluated prior to resuming compounding Must maintain documentation in pharmacy Prior to mixing multi-ingredient or chemotherapeutic compounds, technicians must demonstrate competency to DOP with Board-approved training program

Hazardous Drugs NIOSH Hazardous Drugs list for your pharmacy MSDS USP 800 PPE (What is it, when to use it, and how to wear it) Spill Kit

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Error Prevention Do not skip safety steps (barcoding) Importance of obtaining/checking allergies Importance of confirming patient identity Techs should not answer patient's questions Communication system for special circumstances (counseling, refrigerated items, reconstituted drugs, etc.) Free 3 hrs CE on OSBP website (Risk Assessment Exam) www.ismp.org (Error prevention information) Confused drug names, high-alert meds, Tall Man lettering, safety tools, etc.

Federally Required Training HIPAA Fraud,Waste, & Abuse (annually) Does not count as Board of Pharmacy annual training Combat Meth Epidemic Act (CMEA) Self-certification

Annual Training Must be documented Ideas In-services or staff meetings (document topics and attendance) OSBP quarterly newsletter (initial and date) Read cases Information from Compliance Officers Create tests Required CE for national certification

	Resources
 Pharmacists Le 	etter – resources specific to technicians
 Apps for phon prep, medication 	nes (Top 200 drugs, flashcards, math, exam on quiz)

Questions????	The state of the s
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