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STATE OF WASHINGTON  
**Pharmacy Quality Assurance Commission**

PO Box 47852 • Olympia, Washington 98504-7852  
Tel: 360-236-4946 • TTY Relay: 800-833-6384

**December 4, 2020**

**Commission Business Meeting**

**Agenda**

Time: 9:00 AM (Open Session)  
Location: Webinar

Contact: Doreen Beebe, Program Manager (360) 236-4834  
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**Participate in person or register as an attendee by [webinar ID# 574-477-971](#)**

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**All attendees will join the call with their audio connection muted. If you wish to speak, please be sure to enter an audio pin given to you when you sign in.**

The times on the agenda for this meeting are approximate and subject to change. The commission may need to adjust times or order of agenda items. The commission may take final action on any matter listed on the agenda, and/or on any matter added to the agenda in a regular meeting. The commission may meet in an executive session closed to the public for any reason listed in RCW 42.30.110, and may take final action in the public portion of the meeting following an executive session. The reason for the executive session and duration will be announced prior to the start of the executive session. The commission may meet in a closed session during this meeting for any reason listed in RCW 42.30.140, including but not limited to deliberations on enforcement (quasi-judicial) matters.

This business meeting is being held by webinar due to the current state of emergency and Governor Inslee's Proclamation 20-05 waiving and suspending the portions of Open Public Meetings Act that requires in-person meetings. This meeting is being recorded for the Department of Health, Pharmacy Quality Assurance Commission's Official Rule-Making file and for future reference.

**9:00 am**

- 1. Call to Order** Tim Lynch, Chair *Action*
  - 1.1** Meeting Agenda Approval – December 4, 2020
  - 1.2** Meeting Minutes Approval – October 1, 2020

9:10 am

**2a. Consent Agenda** Items listed under the consent agenda are considered routine and necessary commission matters and will be approved by a single motion of the Commission without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Action item.**

2.1 National Precursor Log Exchange October 2020

2.2 Pharmaceutical Firms Application Report Approval – Open/Closed

a. September 29 thru November 20, 2020

2.3 Ancillary Utilization Plans Approval

a. Cascara Health Virginia Mason

b. Cherry Hill Pharmacy

c. Doctors Pharmacy

d. Garfield County Hospital

e. Gibbons multiple pharmacies

f. OP Pharmacy LLC

g. Pacific Northwest Specialty Pharmacy

h. RLS USA

i. Salish Cancer Center

j. The Medicine Shoppe

k. Yakima Neighborhood Health Services

2.4 Pharmacy Technician Training Program Approval

a. Chesterfield Pharmacy TTP

b. Malley's Compounding Pharmacy

c. Ostrom's Drug TTP

**2b.** Regular Agenda/Items Pulled from 2a. The Commission will discuss items removed from the consent agenda and placed on the regular agenda for separate discussion.

9:25 am

**3. Old Business** – The Commission will discuss, for clarification or decision, ongoing topics and issues from previous meetings. **Information/Action.**

3.1 Update Commission on Medical Commission's rule making regarding prescribers engagement in collaborative drug therapy agreements. ([CR101](#))

3.2 Suspicious Orders Exemption Application

3.3 Suspicious Order Letter of Cooperation (LOC)

3.4 Commission Delegation Forms

3.5 Guidance Document – Intern Registration

10:00 am

**4. New Business** –The Commission will review items of interest related to pharmacy practice for discussion, clarification, information or action by or on behalf of the commission.

**Information/Action.**

4.1 Discuss NABP's memo regarding change in processing requests for ADA testing accommodations and if the Commission requests an exemption.

4.2 Review, for approval, a draft of self-inspection worksheet for Health Care Entities.

4.3 Discuss the Food and Drug Administration's MOU addressing inordinate amounts of distributions of compounded human drug products interstate.

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4.4 Identify Commissioner(s) who will participate in the Office of Health Profession's legislation review calls.

4.5 Pharmacy Changes of Ownership

**11:30 am**

**5. Open Forum** (10 minutes)

The purpose of the open forum is to provide the public an opportunity to address the Commission on issues of significance to or affecting the practice of pharmacy. Discussion items may not relate to topics for which a hearing has or will be scheduled. ***Information Only.***

**BREAK** (10 minutes)

**11:50 am**

**6. Panel Review (Panel B)**

6.1 Pharmacist applicant requests Commission approval of her study plan for reauthorization to take the MPJE.

6.2 Pharmacist applicant requests Commission approval of her study plan for reauthorization to take the NAPLEX .

**12:00 pm**

**7. Commission Member Reports - *Information/Action.***

7.1 Update from HPAC Subcommittee

7.2 Commissioner Reports

7.3 Commissioners' open discussion related to items or issues relevant to Commission business/pharmacy practice.

**12:30 pm**

**8. Staff Reports *Information/Action.***

8.1 Executive Director – Lauren Lyles-Stolz

8.2 Deputy Executive Director – Christie Strouse

8.3 Assistant Attorney General – Christopher Gerard

8.4 Pharmacist Inspector Supervisor – Lisa Hunt

**12:45 pm**

**9. Summary of Meeting Action Items** – Commissioner and staff will revisit action items identified during today's business meeting.

**1:00 pm** (approximately)

**Business Meeting Adjourned.**

**Pharmacy Quality Assurance Commission  
Mission Statement**

The mission of the Pharmacy Quality Assurance Commission is to promote public health and safety by establishing the highest standards in the practice of pharmacy and to advocate for patient safety through effective communication with the public, profession, Department of Health, Governor, and the Legislature.

**Vision Statement**

The Washington State Pharmacy Quality Assurance Commission leads in creating a climate for the patient-focused practice of pharmacy as an integral part of an accessible, quality-based health care system.

- As a result, the citizens of Washington State:
- Are well informed about medications;
- Take responsibility for their health;
- Utilize pharmacists and other health care providers appropriately; and
- Experience the highest level of health and wellness.

**Next scheduled business meeting:**

**January 21 -22, 2021**

**Business Meetings**

9:00 a.m.

Virtual – by Webinar

*Accessibility:* This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Requests must be made no later than ten (10) days prior to the meeting. If you would like general information about this meeting, please call (360) 236-4947. If you need assistance with special services, you may leave a message with that request at 1-800-525-0127 or if calling outside Washington State call (360) 236-4052. TDD may be accessed by calling the TDD relay service at 711. If you need assistance due to a speech disability, Speech-to-Speech provides human voices for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

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**Business Meeting - Minutes**

**October 1, 2020**

9:00 AM (Open Session)

Convene: Chair, Tim Lynch called the meeting to order October 1, 2020, 9:01 a.m.

**Commission Members:**

Tim Lynch, PharmD, MS, FABC, FASHP,  
Chair  
Teri Ferreira, RPh, Vice Chair  
Jerrie Allard, Public Member  
Bonnie Bush, Public Member (left at 1:00 PM)  
Hawkins DeFrance, Nuclear Pharmacist  
Olgy Diaz, Public Member (arrived at 9:30 AM)  
Patrick Gallaher, BS, BPharm, MBA, MPH  
Judy Guenther, Public Member  
William Hays, PharmD, CCHP  
Ken Kenyon, PharmD, BCPS  
Craig Ritchie, RPh, JD  
Uyen Thorstensen, CPhT  
Kat Wolf Khatchatourin, PharmD, MBA

**Staff Members:**

Lauren Lyles-Stolz, Executive Director,  
Pharmacy Commission  
Christie Strouse, Deputy Director, Pharmacy  
Commission  
Chris Gerard, AAG  
Marlee O'Neill, Deputy Director, OILS  
Adam Wood, Supervising Investigator  
Cori N. Tarzwell, staff member  
Lindsay Trant, Rules Program Manager,  
Pharmacy  
Lisa V. Hunt, Pharmacist Supervisor  
Doreen Beebe, Program Manager, Pharmacy  
Amy L Robertson, Administrative Assistant,  
Pharmacy

- 1.1 **MOTION: October 1, 2020 Meeting Agenda Approval** – Craig Ritchie moved to approve meeting agenda; Jerrie Allard, second. Motion carried (12-0).
- 1.2 **MOTION: August 27, 2020 Meeting Minutes Approval** — Craig Ritchie moved to approve meeting agenda; Judy Guenther, second. Motion carried (12-0).
- 1.3 **MOTION: August 28, 2020 Meeting Minutes Approval** — Craig Ritchie moved to approve meeting agenda; Uyen Thorstensen, second. Motion carried (12-0).
- 2a **Consent Agenda** — Craig Ritchie moved approve to Consent Agenda items 2.1, 2.2, 2.3d, 2.3e, 2.3g, 2.3h, and 2.4; and remove Consent Agenda items 2.3a, 2.3b, 2.3c, 2.3f for placement on the regular business agenda; William Hayes, second. Motion carried (12-0).
- 2b **2a Agenda Items removed for discussion.**

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- 2.3a **MOTION:** Kat Khatchatourian moved to deny 2.3a Cherry Hill Pharmacy until clarifying information can be submitted; Ken Kenyon, second. Motion carried (12-0).
- 2.3b **MOTION:** Kat Khatchatourian moved to deny 2.3b Doctors Pharmacy until clarifying information on PIC and AUP can be submitted; Ken Kenyon, second. Motion carried (12-0).
- 2.3c **MOTION:** Kat Khatchatourian moved to approve 2.3c High School Pharmacy previously known as Furnesse Drug; Ken Kenyon, second. Motion carried (12-0).
- 2.3f **MOTION:** Kat Khatchatourian moved to approve 2.3f West Pasco Pharmacy; Ken Kenyon, second. Motion carried (12-0).

### 3.1 **Suspicious Orders Update**

**Letters of Cooperation** – Marlee O’Neill – Commission agreed the letters of cooperation needed further review and tabled the issue until December meeting. Concern was expressed about the length of time to report any potential diversion should be shortened.

**Suspicious Order Reports - [WAC 246-945-585](#)** – DEA has not started rulemaking process for suspicious orders. This could be a 12-16-month process. Lauren Lyles-Stolz recommends our licensees submit their own report/format of diversion as long as it meets all requirements in WAC 246-945-585. Secondly, allow companies and licensees a defined amount of time (120-180 days) to reconfigure their systems.

Gary Cacciatore, Cardinal Health, stakeholder will submit information to Lyles-Stolz on how their process works as an example how each wholesaler has a slightly different system to assist in understanding of the process.

There has been some confusion among licensees regarding submitting ARCOS report. This is not required in our rules, simply to use it as a template to meet our rules.

**MOTION:** Craig Ritchie moved to exercise enforcement discretion and accept suspicious order reports in a format selected by wholesaler which includes all information required in WAC 246-945-585 for a period of 180 days; Patrick Gallaher, second. Motion carried (12-0).

**MOTION: Exemption Reports** – Craig Ritchie moved to exercise enforcement discretion of the new rules until PQAC team can develop an exemption application for wholesalers that do not distribute controlled substances or drugs of concern to be discussed at the December meeting; Patrick Gallaher, second. Motion carried (12-0).

**Zero Reports** – The monitoring and compliance of this issue needs more conversation due to the PQAC workload and time to develop this system properly. The DEA asks for licensees make the zero-report available, but not required to submit. PMP was approached about possibly incorporating their system, but it is not possible at this time. PQAC would need to create a new system.

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**MOTION:** Kat Khatchatourian moved that the Commission exercise discretion authorization over zero reports for 180 days while working with staff to develop operational plan around receipt and monitoring of reports to be as efficient as possible and reduce the need on human workload and a preference toward automation when possible; Craig Ritchie, second. Motion carried (12-0).

\*\*\* Olgy Diaz, Public Member, arrived and introduced herself.

### 3.2 Euthanasia Training Program Guidelines for Animal Control Agencies and Humane Societies Review.

**MOTION:** Craig Ritchie moved to approve; Ken Kenyon, second. Motion carried (13-0).

### 4.1 Strategic Planning Discussion – Lauren Lyles-Stolz, Christie Strouse, Bonnie Bush, and Jerrie Allard presented a PowerPoint and reviewing history of Mission Vision, Innovative Goals, Current PQAC Climate, Top 3 Priorities and how to implement them, as well as the next steps in PQAC’s strategic planning.

Jerrie Allard presented an interactive SWOT (strengths, weaknesses, opportunities, and threats) discussion.

- **Strengths:** Diverse membership, willingness for collaboration, support from department, strong leadership, stakeholder involvement, and availability of Commission.
- **Weaknesses:** Frequency of discretionary enforcement, lack of resources, availability and timing of commitments, difficulty of legislative packages moving forward, limits based on outdated RCWs, constraints in ability to have necessary and depth of conversation, technology issues, and diverse membership.
- **Opportunities:** Collaboration with other commissions, healthcare reform and looking at broader landscape of healthcare and value based payment and health equity, using innovative components from private sectors (opportunity or weakness?), applying better job equity lens, workplace behavior (production pressure and patient safety), and better leveraging our influence to address reimbursement issues.
- **Threats:** Legislative healthcare initiatives, large budget deficit and impact, production pressure, and lack of legislative engagement.

Some of the top priorities for the current program staff moving into 2020-2022 are implementing the new rules, working with the legislature, recruitment/training of new staff, and managing our current resources.

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Results from a survey of the Commission show the priorities seem to be:

1. Compounding,
2. Facility enforcement authority,
3. Remote dispensing and drug ownership
4. Staffing and hiring
5. Population health and value-based care
6. Drug donation programs
7. HPACs
8. CBD
9. Tech-Check-Tech

Some of these things may be out of PQAC's control because the issue may require legislative action. Better use of PQAC's time may be to focus on things we can affect such as population health, HPACs, value-based care, etc. Another priority focus also should be how do we influence legislative activity. A better list might be: Must haves (but blocked), actionable daily operations, planning for our future.

One issue not captured today: PQAC being under the umbrella of DOH versus being independent. It is a strength and a weakness – that sometimes it has been an impediment to PQAC's ability to move forward on these goals.

Lauren Lyles-Stolz would like to add a strategic planning session to every other business meeting. Revisit the Mission Vision statement. Adopt the priorities discussed today. Also, consider a possible survey or special meeting of stakeholders and what they see as the priorities.

#### 4.2 **Review Compounding Subcommittee's [USP 800 and USP 825 Policy Statement Proposal and Policy #60](#) for re-approval.**

**MOTION:** Ken Kenyon moved to reapprove USP 800 policy #60 and approve the compounding subcommittee's policy statement proposal with the amendment to the presented document that the effective period of the policy be October 1, 2020 through March 30, 2021 for both USP 800 and USP 825; Patrick Gallaher, second. Motion carried (13-0).

Dawn Ipsen, stakeholder, asked clarification on [USP 795](#), [USP 797](#), and USP 800. Tim Lynch clarified this would be brought back to Commission prior to expiration dates and reevaluate. FAQs will also be available throughout this process. This issue will be a standing issue on the Commission's agenda and adjustments made as necessary.

#### 4.3 **USP Applicability Clarification: Non-compounding pharmacies versus compounding pharmacies.**

Staff would like the Commission's endorsement to add to our new rule's implementation FAQ list. This FAQ will include the specific definition/clarification of compounding vs. reconstitution and handling hazardous drugs that specifically the WAC states "actively engaged in compounding" is what triggers the compliance with USP 800. In addition, ensure stakeholders understand, Julie Akers (stakeholder), added pharmacies must follow PQAC as well as L&I rules related to hazardous material handling (Policy #60).



4.4 **Monitoring of Drug Therapy: Pharmacists Conducting Health Screenings and Point-of-Care Testing**

After significant discussion, Commission agreed this SBAR communication will be tabled for further review/edits/clarifications (i.e., “and” vs. “or”; “but is not limited to”, etc. as stated in the WAC) to be discussed at the December meeting (or earlier, when it is complete).

5.1 **Prescription Adaptation Clarification: Dosage Formulation [WAC 246-945-335](#)**

**MOTION:** Chair Tim Lynch moved that the Commission confirms that the assessment provided by PQAC staff related to intent and interpretation prescription adaptation WAC 246-945 regarding changing dosage forms is accepted; Patrick Gallaher, second. Motion carried (13-0).

Discussion clarified the difference between prescription adaptation and prescription drug product substitution. WAC 246-945-335 is regarding adaptation i.e., prescription is 10 mg oxycodone; dispensing may be 5 mg oxycodone to equal the dosage prescribed. This also involves notifying the prescriber/provider of any adaptation. The DEA specifies to notify the prescriber. An FAQ may be developed further to inform stakeholders.

\*\*\* Bonnie Bush excused herself and exited the meeting.

5.2 **Wholesaler Licenses for Out-of-State Manufacturers**

Lauren Lyles-Stolz led discussion regarding potential Commission approach on accepting FDA inspections for out-of-state manufacturers seeking a WA state wholesaler license as required by [WAC 246-945-246\(3\)](#).

**MOTION:** Chair Tim Lynch motioned that applicants may follow the current practice of submitting a copy of a State Board inspection reports from their resident state or NABP Drug Distributor Accreditation if completed within the previous 2 years or, in the absence of either the state inspection or NABP DDA accreditation, the Commission will utilize the current exception application process to review applications; Craig Ritchie, second. Motion carried (12-0).

5.3 **Internship Registration Renewal [WAC 246-945-155\(3\)](#)**

Lindsay Trant informed the Commission with the new rules in effect, there may be some confusion on the two-year license renewal cycle. The Commission may engage in rulemaking to change the language (could take up to 12 months for approval) or approve a policy statement/guidance document outlining enforcement discretion until the two-year renewal cycle is implemented.

**MOTION:** Kat Khatchaturian moves that a guidance document be drafted outlining the Commission’s intent to exercise enforcement discretion until the full two-year renewal cycle is implemented; Craig Ritchie, second. Motion carried (12-0).

5.4 [WAC 246-945-430](#) vs [-455](#) frequently asked questions

Staff has developed an FAQ on these specific WACs to assist stakeholders as the new rules take effect. Lauren Lyles-Stoltz briefly discussed the FAQ:

- 430 does not include other facility types (i.e., HCE) and only deals with pharmacies operating (storing and dispensing drugs) without a pharmacist on site. 455 is about storing drugs outside a pharmacy.
- Remote supervision of ancillary personnel is acceptable as long as the conditions meet PQAC's definition of "immediate supervision" in [WAC 246-945-001\(44\)](#).
- Remote dispensing sites for opioid use disorders [policy statement](#) and link to FDA application form on FAQ.
- HCE's must comply with [WAC 246-945-455](#)

**MOTION:** Ken Kenyon moves to approve the FAQ on WAC 246-945-430 vs -455 as discussed. Jerrie Allard, seconds. Motion carried (12-0).

6.1 **SSB 6086 Stakeholder Workshop** –Commission suggested the following edits to SSB 6086 rule language:

1. Clarify that remote dispensing sites registered under SSB 6086 are for dispensing FDA-approved medications indicated for opioid use disorder.
2. Add a subsection clarifying that remote dispensing sites registered under SSB 6086 must adhere to all applicable federal regulations in Title 21 C.F.R.

6.2 **Authorization to re-file Emergency Rules.**

**MOTION:** Craig Ritchie moved to refile emergency rules [WAC 246-945-056](#) and [-010](#) for an additional 120 days. Patrick Gallaher, second. Motion carried (12-0).

6.3 **Medical Commission files for CR-101**

Lauren Lyles-Stolz informed the Commission that physicians and physicians assistants have no rules for CDTAs at this time. The Medical Commission is considering adopting their own rules regulating the roles of physicians and physician assistants in CDTAs. This will be a standing agenda in the future.

9.1 **Executive Director, Lauren Lyles-Stolz:** will attend the NABP meeting on October 13. The recent NABP ED workshop topics included discussion regarding what is happening in other states. Significant topics: virtual inspections, regulating corporations, the FDA MOU, as well as future discussion regarding the HHS final rule of drug importation from Canada.

9.2 **Assistant Attorney General, Christopher Gerard:** recently met with DOH pharmacy staff/inspectors to provide an AAG perspective on pharmacy laws and rules. In addition, the four corners extended certain Commission related proclamations through November 9, 2020 (DOH Health Care Worker Licensing, 20-32; Health Care Facilities and Hand Sanitizer, 20-36; and Open Public Meetings Act and Public Records Act, 20-28).

### 9.3 Pharmacist Supervisor, Lisa Hunt

9.3.1 **Virtual Inspections** – While not a replacement for in-person inspections, virtual inspections have been tested and used successfully. With coordination of the pharmacy staff, the inspector can take a virtual tour and is able to direct the camera for close-ups to inspect items such as labels or the security of controlled substances. These virtual inspections are conducted only if there is an impediment to conducting an in-person inspection (i.e., COVID-19, wildfires, road conditions, etc.). If the inspector feels the virtual inspection did not suffice, a follow-up in-person inspection would be scheduled. Our inspectors are asking for more training and specifics to move forward with these inspections. The SBAR lists three options the Commission can consider. After discussion, the Commission agreed to adopt option 2. Also, A six-month report and update of virtual inspections to be presented with specifics on how the virtual inspections are going.

**MOTION:** Ken Kenyon moves to allow Pharmacist Inspectors to conduct virtual inspections when: (i) the Inspector and applicant/licensee agree to a virtual inspection, (ii) the Inspector makes a request to the Pharmacist Supervisor or designee to conduct a virtual inspection due to unavoidable circumstances e.g. COVID-19 or PPE shortages, and (iii) the Pharmacist Supervisor or designee approves the virtual inspection. In addition, after six months the DOH Pharmacy Team will report to the Commission on how the virtual inspection process; Patrick Gallaher, seconds. Motion carried (12-0).

## 10 Summary of Meeting Action Items

- 2.3a and 2.3b need further clarification
- Suspicious order update – exercised enforcement discretion for a period of 180 days, and wholesalers use their own format. Customer order reports – can now be enforced if there is diversion suspected.
- PQAC team will develop
  - an exception application for 585 for wholesalers not distributing controlled substances
  - a proposal to streamline Zero Order reporting using automated technology for Commission review
  - Guidance document on intern registration renewals WAC 246-945-155
- Letter of Cooperation – revise to a softer tone, rework/edit questions 2, 3, and 4; Commission will vote at a later date.
- Strategic Action Plan – will be a standing agenda item for future meetings.
- Seek out Stakeholder input on what they see as their priorities.
- USP 800 / 825 – discretion will be exercised October 1, 2020-March 30, 2021.
- Share updated USP 800/825 and Policy #60. Revisit and table monitoring of drug therapy.
- In absence of NABP or state report, the Commission will accept an alternative report (e.g., Form 483) from wholesaler. Each instance will go through the current application exception process.
- Update the definition of drug therapy monitoring.

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- Update 6086 draft rule language to bring back to the commission for approval.
- Virtual Inspection process to begin and follow-up with a six-month report.

The Commission publicly acknowledged/commended the PQAC staff for excellent work during this difficult time of more work and less time due to furloughs all while working virtually

**Meeting adjourned, 2:36 p.m.**

The Commission will meet next on December 3 and 4, 2020 via webinar.

MONTHLY PROGRAM ADMINISTRATOR'S DASHBOARD

<b>TRANSACTION SUMMARY STATISTICS (2020)</b>											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL
<b>PURCHASES</b>	95,473	94,353	132,234	81,256	77,472	78,783	74,589	67,364	64,554	66,191	<b>832,269</b>
<b>BLOCKS</b>	2,848	3,066	6,826	3,956	4,906	3,757	3,995	2,903	2,478	2,617	<b>37,352</b>
<b>GRAMS SOLD</b>	188,604	190,659	281,184	191,005	184,990	189,881	178,222	157,479	147,638	148,369	<b>1,858,031</b>
<b>BOXES SOLD</b>	105,743	105,360	148,176	90,182	86,036	87,363	83,705	75,792	72,863	75,291	<b>930,511</b>
<b>GRAMS BLOCKED</b>	7,373	7,949	18,567	11,446	13,874	10,718	11,580	8,247	7,164	7,139	<b>104,057</b>
<b>BOXES BLOCKED</b>	3,181	3,516	7,821	4,429	5,367	4,224	4,413	3,257	2,818	2,898	<b>41,924</b>
<b>AVG GRAMS PER BOX BLOCKED</b>	2.32	2.26	2.37	2.58	2.59	2.54	2.62	2.53	2.54	2.46	<b>2.48</b>

<b>PHARMACY PARTICIPATION STATISTICS (Oct 2020)</b>	
Enabled Pharmacies	990
Pharmacies Submitting a Transaction	944
Pharmacies Logging in Without a Transaction	1
Inactive Pharmacies	45
Pharmacy Participation for Oct	95.45%

**DISCLAIMER:** This is an automated report meant to give you a quick snapshot of the NPLeX system in your state. The statistics listed in this report are only meant to be a general overview and not necessarily the exact final numbers.

Q3 '20	YTD Boxes Sold			YTD Grams Sold			YTD Boxes Blocked			YTD Grams Blocked			Unique Purchasers YTD		
State	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
AL	564,625	513,408	-9.07%	1,186,142.43	1,112,357	-6.22%	18,285	18,987	3.70%	46,816.48	49,847	6.08%	279,938	237,829	-17.71%
AR	124,055	124,039	-0.01%	231,437.72	234,076	1.14%	5,595	6,245	10.41%	15,472.04	16,362	5.44%	61,702	56,238	-9.72%
AZ	878,601	824,387	-6.17%	1,939,199.87	1,890,603	-2.51%	31,622	37,118	14.81%	85,934.68	102,549	16.20%	420,756	355,938	-18.21%
DE	142,710	125,645	-11.96%	315,451.66	288,918	-8.41%	6,611	6,572	-0.59%	18,164.40	18,289	0.68%	67,188	53,957	-24.52%
FL	2,444,868	2,178,039	-10.91%	5,256,183.58	4,914,903	-6.49%	83,484	86,933	3.97%	224,986.88	239,388	6.02%	1,240,696	1,005,544	-23.39%
GA	1,192,309	1,073,746	-9.94%	2,604,334.69	2,443,169	-6.19%	35,780	40,963	12.65%	98,438.99	113,943	13.61%	584,663	487,777	-19.86%
HI	130,166	103,427	-20.54%	276,460.02	230,097	-16.77%	4,474	4,359	-2.64%	11,952.00	11,931	-0.17%	73,038	50,549	-44.49%
IA	468,959	426,950	-8.96%	977,356.34	924,745	-5.38%	13,909	15,620	10.95%	37,530.16	42,294	11.26%	215,048	180,060	-19.43%
ID	213,641	203,914	-4.55%	441,466.61	438,444	-0.68%	7,886	8,474	6.94%	20,306.27	22,426	9.45%	100,556	87,949	-14.33%
IL	1,741,489	1,496,305	-14.08%	3,323,708.60	2,921,222	-12.11%	67,785	73,707	8.03%	157,203.88	170,032	7.54%	791,653	614,481	-28.83%
IN	926,693	822,948	-11.20%	1,810,707.91	1,646,487	-9.07%	32,836	36,180	9.24%	79,244.76	86,894	8.80%	420,905	340,797	-23.51%
KS	427,959	385,596	-9.90%	946,292.52	876,884	-7.33%	14,084	15,613	9.79%	38,182.65	42,765	10.71%	187,516	153,655	-22.04%
KY	443,448	376,384	-15.12%	892,440.57	785,119	-12.03%	23,903	27,181	12.06%	62,703.80	71,561	12.38%	248,747	199,542	-24.66%
LA	540,244	487,402	-9.78%	1,158,114.51	1,075,669	-7.12%	17,269	18,645	7.38%	45,634.96	49,694	8.17%	270,607	226,303	-19.58%
ME	147,980	119,480	-19.26%	271,053.48	241,648	-10.85%	4,255	5,105	16.65%	11,200.20	13,789	18.77%	71,034	53,090	-33.80%
MI	1,433,235	1,251,812	-12.66%	3,114,922.67	2,833,930	-9.02%	48,009	52,710	8.92%	132,803.09	146,267	9.21%	675,439	537,469	-25.67%
MO	728,034	649,383	-10.80%	1,534,093.21	1,407,728	-8.24%	24,793	27,696	10.48%	65,286.70	73,089	10.68%	322,452	263,817	-22.23%
MT	136,346	128,850	-5.50%	272,028.79	264,477	-2.78%	4,236	4,852	12.70%	10,179.72	12,572	19.03%	64,694	54,976	-17.68%
NC	1,304,499	1,133,773	-13.09%	2,746,755.82	2,501,588	-8.93%	42,725	47,622	10.28%	115,951.59	130,904	11.42%	689,173	539,975	-27.63%
ND	103,794	95,925	-7.58%	134,018.69	126,149	-5.87%	3,031	3,542	14.43%	5,893.40	7,064	16.57%	41,183	33,692	-22.23%
NE	343,347	310,655	-9.52%	740,179.09	690,017	-6.78%	12,151	13,068	7.02%	33,130.68	35,604	6.95%	147,189	120,468	-22.18%
NH	211,745	183,038	-13.56%	455,908	416,272	-8.69%	7,265	7,974	8.89%	20,284	22,289	8.99%	108,173	85,164	-27.02%
NV	340,202	319,018	-6.23%	771,673	757,405	-1.85%	12,719	15,050	15.49%	35,127	42,102	16.57%	169,137	140,930	-20.01%
OH	1,669,839	1,458,553	-12.65%	3,597,946	3,259,623	-9.40%	50,773	56,318	9.85%	140,650	157,289	10.58%	750,195	597,182	-25.62%
OK	587,169	544,071	-7.34%	1,302,614	1,233,476	-5.31%	20,589	21,124	2.53%	54,694	56,515	3.22%	264,807	222,692	-18.91%
PA	1,669,667	1,443,645	-13.54%	3,688,026	3,301,492	-10.48%	56,073	59,090	5.11%	153,291	161,356	5.00%	730,618	578,047	-26.39%
SC	664,294	589,887	-11.20%	1,425,295	1,314,739	-7.76%	20,808	21,657	3.92%	56,018	59,746	6.24%	340,740	272,238	-25.16%
SD	148,062	139,548	-5.75%	328,493	322,483	-1.83%	4,763	5,556	14.27%	12,779	15,277	16.35%	67,512	58,831	-14.76%
TN	675,140	570,537	-15.49%	1,349,023	1,176,261	-12.81%	41,030	40,703	-0.80%	113,825	113,904	0.07%	403,920	322,342	-25.31%
TX	3,718,318	3,049,563	-17.99%	8,434,072	7,171,276	-14.97%	130,091	145,326	10.48%	357,773	11,952,528	97.01%	1,686,244	1,362,550	-23.76%
VA	1,198,153	1,039,258	-13.26%	2,641,922	2,385,367	-9.71%	41,134	44,720	8.02%	111,097	122,848	9.57%	558,762	437,990	-27.57%
VT	58,247	47,860	-17.83%	110,873	98,322	-11.32%	2,183	2,394	8.81%	5,690	6,447	11.75%	29,765	22,426	-32.73%
WA	965,242	855,220	-11.40%	1,896,977	1,741,363	-8.20%	34,585	39,026	11.38%	84,592	97,322	13.08%	453,195	353,434	-28.23%
WI	764,741	678,961	-11.22%	1,607,430	1,497,309	-6.85%	33,715	35,540	5.14%	86,599	92,033	5.90%	351,583	283,981	-23.81%
WV	143,304	123,868	-13.56%	280,720	254,156	-9.46%	8,540	9,946	14.14%	23,265	27,507	15.42%	84,046	68,607	-22.50%

## Pharmaceutical Firms Opened between Sept 29 thru Nov 20, 2020

**Credential Type** = DRAN - Drug Animal Control/Humane Society Registration Sodium Pentobarbital, DRCH - Drug Precursor Chemicals Registrat Controlled Substances Registration, DRDG - Drug Dog Handlers K9 Registration, DRIV - Drug Itinerant Vendor Registration, DRRS - Drug Controlle Registration, DRSD - Drug Sample Distributor Registration, DRWL - Wildlife Chemical Capture Drug Registration, HPAC - Hospital Pharmacy Asso Pharmacy License Hospital, PHAR - Pharmacy License, PHNR - Pharmacy Non Resident License, PHWH - Pharmaceutical Wholesaler License, P License, POIM - Poison Manufacturer License  
 Credential Type = DRAN - Drug Animal Control/Humane Society Registration Sodium Pentobarbital, Chemicals Registration, DRCS - Drug Other Controlled Substances Registration, DRDG - Drug Dog Handlers K9 Registration, DRIV - Drug Itinerant Drug Controlled Substance Researcher Registration, DRSD - Drug Sample Distributor Registration, DRWL - Wildlife Chemical Capture Drug Regis Associated Clinic, PHAR - HOSP - Pharmacy License Hospital, PHAR - Pharmacy License, PHNR - Pharmacy Non Resident License, PHWH - Phar License, POID - Poison Distributor License, POIM - Poison Manufacturer License

Credential #	Status	First Issuance Date	Expiration Date	Facility Name	Site Address 1	Site City	Site State	Site Zip Code
PHNR.FO.61118472	ACTIVE	11/19/2020	05/31/2021	AFA Pharmacy, LLC	14021 Southwest Fwy Ste B	Sugar Land	TX	77478-4575
PHNR.FO.61116234	ACTIVE	11/19/2020	05/31/2021	Cedarmak Pharmacy	8737 Beverly Blvd Ste 102	West Hollywood	CA	90048-1835
PHNR.FO.61116114	ACTIVE	11/19/2020	05/31/2021	PURformance Wellness Pharmacy LLC	600 SE Indian St Ste 3	Stuart	FL	34997-5540
PHNR.FO.61115477	ACTIVE	11/19/2020	05/31/2021	CVS/Specialty	7930 Woodland Center Blvd Ste 500	Tampa	FL	33614-2435
PHNR.FO.61115469	ACTIVE	11/19/2020	05/31/2021	CVS/Specialty	1307 Allen Dr Ste H	Troy	MI	48083-4010
PHNR.FO.61115444	ACTIVE	11/19/2020	05/31/2021	CVS/Specialty	25 Birch St Bldg 100	Milford	MA	01757-3585
PHNR.FO.61114754	ACTIVE	11/19/2020	05/31/2021	Coram CVS/Specialty Infusion Services	8248 Lackland Rd Ste 101	Saint Louis	MO	63114-4509
PHHC.FX.61107223	ACTIVE	11/18/2020	09/30/2021	Pulse Cardiac Rehabilitation - Gig Harbor	4545 Point Fosdick Dr Ste 110	Gig Harbor	WA	98335-1700
PHWH.FX.61111110	ACTIVE	11/06/2020	09/30/2021	Fennec Pharmaceuticals INC dba Fennec Pharma	221 River St 9th Fl	Hoboken	NJ	07030-5990
PHNR.FO.61118806	ACTIVE	11/05/2020	05/31/2021	AlleReach Pharmacy	7920 Elmbrook Dr Ste 108	Dallas	TX	75247-4933
PHNR.FO.61118716	ACTIVE	11/05/2020	05/31/2021	Elevate RX	2700 Technology Forest Blvd Ste 200	The Woodlands	TX	77381-3908
PHWH.FX.61099181	ACTIVE	11/04/2020	09/30/2021	Astor Drugs	665 Union Ave Unit 3	Holtsville	NY	11742-1457
PHHC.FX.61111042	ACTIVE	11/03/2020	09/30/2021	Highland Middle School Health Center	15027 NE Bel Red Rd	Bellevue	WA	98007-4211
PHHC.FX.61106921	ACTIVE	11/03/2020	09/30/2021	Providence Infusion and Pharmacy Services	4310 Colby Ave Ste 301	Everett	WA	98203-2338
PHAR.CF.61021385	ACTIVE	11/03/2020	05/31/2021	Optum Infusion Services 501, Inc.	8131 W Bostian Rd Ste A345	Woodinville	WA	98072
PHHC.FX.61107016	ACTIVE	10/29/2020	09/30/2021	Multicare Maternal Fetal Medicine - Auburn	1 E Main St Ste 360	Auburn	WA	98002-4904
PHHC.FX.61101978	ACTIVE	10/29/2020	09/30/2021	Multicare Indigo Urgent Care - Shoreline	20120 Ballinger Way NE	Shoreline	WA	98155-1117
PHHC.FX.61097854	ACTIVE	10/29/2020	09/30/2021	Multicare Indigo Urgent Care - Bonney Lake	21186 State Route 410 E	Bonney Lake	WA	98391-8457
PHHC.FX.60895669	ACTIVE	10/29/2020	09/30/2021	Capital Family Medicine	403 Black Hills Ln SW Ste B	Olympia	WA	98502-8600
PHNR.FO.61116953	ACTIVE	10/29/2020	05/31/2021	RVL Pharmacy LLC	2500 Main St Extension Unit 10	Sayreville	NJ	08872
PHNR.FO.61114592	ACTIVE	10/29/2020	05/31/2021	ScriptCo Pharmacy	6916 Woodway Dr	Woodway	TX	76712-6148
PHNR.FO.61114355	ACTIVE	10/29/2020	05/31/2021	Magnolia Pharmacy	2620 Bethelview Dr Ste 100	Cumming	GA	30040-6909
PHNR.FO.61112283	ACTIVE	10/29/2020	05/31/2021	Reliant Care Solutions	403 S Oxford Valley Rd Ste 2	Fairless Hills	PA	19030-4202
PHWH.FX.61073573	ACTIVE	10/28/2020	09/30/2021	Reliance Inc.	6416 208th Ave NE	Redmond	WA	98053-7807
PHAR.CF.61069522	ACTIVE	10/26/2020	05/31/2021	Union Avenue Compounding Pharmacy	2302 S Union Ave Ste B10	Tacoma	WA	98405-1333
PHWH.FX.61114578	ACTIVE	10/22/2020	09/30/2021	STAQ Pharmacy Inc.	14135 E 42nd Ave Ste 50	Denver	CO	80239-5214
PHWH.FX.61106499	ACTIVE	10/22/2020	09/30/2021	Union Avenue Compounding Pharmacy	2302 S Union Ave Ste B10	Tacoma	WA	98405-1333

DRSD.FX.61083304	ACTIVE	10/22/2020	09/30/2021	Sun Pharmaceutical Industries, Inc.	29 Dunham Rd	Billerica	MA	01821-5729
PHAR.CF.61108280	ACTIVE	10/22/2020	05/31/2021	Providence Infusion and Pharmacy Services	15918 E Euclid Ave	Spokane Valley	WA	99216-1815
PHWH.FX.61105547	ACTIVE	10/21/2020	09/30/2021	RVL Pharmaceuticals, Inc.	2500 Main St Ste 6	Sayreville	NJ	08872-1473
PHHC.FX.61112343	ACTIVE	10/21/2020	09/30/2021	Swedish Pediatrics - Redmond	18100 NE Union Hill Rd Fl 2	Redmond	WA	98052-3330
PHHC.FX.61092665	ACTIVE	10/21/2020	09/30/2021	HealthPoint Sunset Neighborhood Center	2902 NE 12th St Ste 102	Renton	WA	98056-3126
PHHC.FX.60993976	ACTIVE	10/21/2020	09/30/2021	Oakland High School Health Center	3319 S Adams St	Tacoma	WA	98409-3117
PHNR.FO.61114408	ACTIVE	10/21/2020	05/31/2021	Be Well Pharmacy	8008 Camp Bowie West Blvd Ste 109	Fort Worth	TX	76116-6300
PHNR.FO.61111129	ACTIVE	10/21/2020	05/31/2021	Eagle Pharmacy	3322 Holland Rd Ste A	Virginia Beach	VA	23452-4826
PHNR.FO.61044600	ACTIVE	10/21/2020	05/31/2021	Prescription Mart	4144 Dowlen Rd	Beaumont	TX	77706-6851
DRSD.FX.61105561	ACTIVE	10/20/2020	09/30/2021	RVL Pharmaceuticals, Inc.	2500 Main St Ste 6	Sayreville	NJ	08872-1473
DRSD.FX.60982478	ACTIVE	10/20/2020	09/30/2021	Relypsa Inc.	100 Cardinal Way	Redwood City	CA	94063-4755
DRSD.FX.60911584	ACTIVE	10/20/2020	09/30/2021	Sandoz Inc	100 College Rd W	Princeton	NJ	08540-6604
PHAR.CF.61022912-HOSP	ACTIVE	10/20/2020	05/31/2021	Mary Bridge Children's Hospital	317 Martin Luther King Jr Way	Tacoma	WA	98405-4234
PHAR.CF.61065039	ACTIVE	10/16/2020	05/31/2021	CVS/pharmacy #17754	272 116th Ave NE	Bellevue	WA	98004-5213
PHWH.FX.61101677	ACTIVE	10/15/2020	09/30/2021	Biofrontera, Inc.	120 Presidential Way Ste 330	Woburn	MA	01801-1182
PHWH.FX.61071386	ACTIVE	10/15/2020	09/30/2021	GE Healthcare, Inc.	251 Locke Dr	Marlborough	MA	01752-7220
PHWH.FX.61108465	ACTIVE	10/14/2020	09/30/2021	Supernus Pharmaceuticals, Inc.	9715 Key West Ave	Rockville	MD	20850-3900
PHWH.FX.61111099	ACTIVE	10/13/2020	09/30/2021	Innate Pharma, Inc.	2273 Research Blvd Ste 350	Rockville	MD	20850-3881
PHWH.FX.61109353	ACTIVE	10/13/2020	09/30/2021	Compound Preferred, LLC	1125 Hollipark Dr	Idaho Falls	ID	83401-5806
PHHC.FX.60997842	ACTIVE	10/13/2020	09/30/2021	Capital Urology	404 Yauger Way SW Ste 100	Olympia	WA	98502-8152
PHNR.FO.61112409	ACTIVE	10/13/2020	05/31/2021	Capsule Pharmacy	41 Spring St Ste 105	New Providence	NJ	07974-1143
PHNR.FO.61110723	ACTIVE	10/13/2020	05/31/2021	Medical Metrics LLC	1075 W Queen Creek Rd Ste 2	Chandler	AZ	85248-8135
PHNR.FO.61110628	ACTIVE	10/13/2020	05/31/2021	Hy-Vee Mail Order	4707 Fleur Dr	Des Moines	IA	50321-2335
PHAR.CF.61045231	ACTIVE	10/13/2020	05/31/2021	Korner Pharmacy	11042 State Route 525 Ste 130	Clinton	WA	98236-8616
PHNR.FO.61106760	ACTIVE	10/12/2020	05/31/2021	PHD Pharmacy	110 Keith Street SW Ste 1 and 2	Cleveland	TN	37311
PHNR.FO.61102908	ACTIVE	10/08/2020	05/31/2021	Preveon Health	2121 N D St	San Bernardino	CA	92405-3915
PHNR.FO.61099835	ACTIVE	10/08/2020	05/31/2021	AdhereRx Incorporated	1343 N Colorado St Ste 109	Gilbert	AZ	85233-1618
PHNR.FO.61099706	ACTIVE	10/08/2020	05/31/2021	SMP Pharmacy Solutions #2	7500 NW 26th St Ste 102	Miami	FL	33122-1414
PHNR.FO.61099272	ACTIVE	10/08/2020	05/31/2021	Ascension Michigan Pharmacy	30055 Northwestern Hwy Ste 225	Farmington Hills	MI	48334-3231
PHAR.CF.61079150	ACTIVE	10/08/2020	05/31/2021	Capsule Pharmacy	2033 6th Ave Ste 120	Seattle	WA	98121-2526
PHHC.FX.61097847	ACTIVE	10/07/2020	09/30/2021	Kadlec Healthplex	1268 Lee Blvd	Richland	WA	99352-4231
PHHC.FX.61097310	ACTIVE	10/07/2020	09/30/2021	Kadlec Interventional Pain Management	1100 Goethals Dr Ste B	Richland	WA	99352-3301
PHHC.FX.61092618	ACTIVE	10/07/2020	09/30/2021	Peninsula Community Health Services	3100 NW Bucklin Hill Rd Ste 202	Silverdale	WA	98383-8362
PHHC.FX.61087970	ACTIVE	10/07/2020	09/30/2021	Skagit Regional Health - Division Street Clinic	1801 E Division St	Mount Vernon	WA	98274-4632
PHHC.FX.61051140	ACTIVE	10/07/2020	09/30/2021	Country Doctor Meany School Based Clinic	301 21st Ave E	Seattle	WA	98112-5318
DRCS.FX.61042687	ACTIVE	10/07/2020	05/31/2021	Tri-Cities Treatment Center	1445 Spaulding Ave	Richland	WA	99352-4715
PHNR.FO.60895501	ACTIVE	10/06/2020	05/31/2021	Red Rock Pharmacy	863 W 450 S Ste 101	Springville	UT	84663-2299
PHWH.FX.61108961	ACTIVE	10/05/2020	09/30/2021	Y-mAbs Therapeutics Inc.	111 Ideation Way Ste C-003	Nutley	NJ	07110-5100
PHWH.FX.61108575	ACTIVE	10/05/2020	09/30/2021	Pharma Logistics	1801 N Butterfield Rd	Libertyville	IL	60048







## Commission SBAR Communication

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Agenda Item/Title: **Cascara Health (Virginia Mason)**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistant are performing functions within their scope of practice.**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



Washington State Department of  
**Health**  
Pharmacy Quality Assurance  
Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

Fee	
Ancillary Utilization .....	Fee
Check the <a href="#">fee page</a> for current fees.	
<b>All application fees are nonrefundable</b>	

Revenue: 0262010000

## Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

### 1. Demographic Information

UBI # <i>Pending</i>	Federal Tax ID (FEIN) # <i>85-2943455</i>		
Legal Owner/Operator Name <i>Cascara Health LLC</i>			
Pharmacy License #			
Pharmacy Name <i>Cascara Health</i>			
Physical Address <i>5959 Corson Ave S, STE C-1</i>			
City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98108</i>	County <i>King</i>
Facility Phone (enter 10 digit #) <i>206-341-3300</i>		Fax (enter 10 digit #) <i>206-341-3329</i>	

### 2. Facility Specific Information

Number of Employees:

Pharmacists 4      Technicians 3      Assistants \_\_\_\_\_

### 3. Key Individuals

Responsible Pharmacist *Kristine Crawford*      License # *PH60091968*

### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

 _____ Signature of Owner/Authorized Representative of Pharmacy	<u><i>10/07/2020</i></u> _____ Date
<u><i>Hong Truong</i></u> _____ Print Name	<u><i>Director</i></u> _____ Print Title

**Policy & Procedure: Cascara Health Ancillary Personnel Utilization Plan**

<b>PURPOSE</b>	To ensure compliance with Washington State laws and regulations for ancillary pharmacy personnel utilization.
<b>POLICY</b>	The Pharmacy Department shall utilize ancillary pharmacy personnel (Pharmacy Technicians and Pharmacy Assistants) in accordance to the regulations promulgated by the Washington State Pharmacy Quality Assurance Commission (PQAC). (RCW 18.64 and WAC 246-901)
<b>DEFINITIONS</b>	<b>Ancillary pharmacy personnel</b> - means Pharmacy Technicians and Pharmacy Assistants.
<b>RELATED POLICIES, PROCEDURES, STANDARD PROCESSES, STANDARD WORK OR REFERENCES</b>	<p><b>Pharmacy Technician Utilization Plan</b></p> <p>A. Places, receives, unpacks and stores drug orders.</p> <p>B. Files and retrieves various pharmacy records as required.</p> <p>C. Files completed prescriptions alphabetically on the shelf for patient pickup.</p> <p>D. Maintains assigned work areas and equipment in clean and orderly condition.</p> <p>E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.</p> <p>F. Handles nonprofessional phone calls to/from:</p> <ol style="list-style-type: none"> <li>1. Patients requesting refill of a prescription by number.</li> <li>2. Calls to physician's office requesting refill authorization:             <ol style="list-style-type: none"> <li>a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.</li> <li>b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.</li> </ol> </li> <li>3. Calls from physician's office authorizing refills providing no changes in the prescription are involved.</li> <li>4. Calls concerning price information.</li> <li>5. Calls regarding business hours or delivery services.</li> <li>6. Calls regarding the availability of goods and services—these might require transferring the call to another person.</li> <li>7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.</li> <li>8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.</li> </ol> <p>G. Operates cash register and related front counter tasks.</p> <p>H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.</p> <p>I. Reconstitutes restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.</p> <p>J. Enters prescription data into the computer and monitors label printing.</p> <p>K. Transcribes orders—accuracy checked and initialed by licensed pharmacist.</p> <p>L. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.</p> <p>M. Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.</p> <p>N. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.</p>

## Pharmacy Assistant Utilization

- A. Places, receives, unpacks and stores drug orders.
- B. Files and retrieves various pharmacy records as required.
- C. Files completed prescriptions alphabetically on the shelf for patient pick up.
- D. Maintains assigned work areas and equipment in clean and orderly condition.
- E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- F. Handles nonprofessional phone calls to/from:
  - 1. Patients requesting refill of a prescription by number.
  - 2. Calls to physician's office requesting refill authorization:
    - a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - 3. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  - 4. Calls concerning price information.
  - 5. Calls regarding business hours or delivery services.
  - 6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
  - 7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - 8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- G. Operates cash register and related front counter tasks.
- H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- I. May generate a label for refill prescriptions only where there is no change in the prescription.

This policy applies to following pharmacy operations at Cascara Health

License Pending          Cascara Health

### Other References:

WAC 246-901

Virginia Mason Medical Center Job Description #5900, 5901, 9304

<b>IMPLEMENTATION &amp; MONITORING PLAN</b>	Pharmacy Outpatient Technician Skills Map
<b>NEXT REVIEW DATE</b>	October 2021
<b>Approved by: Hung Truong, Admin. Dir.</b>	<b>Date: October 2020</b>

## Commission SBAR Communication

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Agenda Item/Title: **Cherry Hill Pharmacy AUP**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



**RECEIVED**  
**AUG 07 2020**  
**DOH/HSQA/OCS**  
**CREDENTIALING**

Fees (Check all that apply)	
<input checked="" type="checkbox"/>	Pharmacy Location ..... Fee
<input checked="" type="checkbox"/>	Controlled Substance Act..... Fee
<input checked="" type="checkbox"/>	Ancillary Utilization ..... Fee (Complete additional application)
<input type="checkbox"/>	Differential Hours ..... Fee (Complete additional application)
Check the online <a href="#">fee page</a> for current fees All application fees are nonrefundable.	

Revenue: 0262010000

## Pharmacy License Application

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 Name Change Only – Current Facility Name \_\_\_\_\_

### Check One

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Association                          | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency            | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Partnership            |   |

### 1. Demographic Information

UBI # 604640072		Federal Tax ID (FEIN) # 85-2217128	
Legal Owner/Operator Name CHERRY HILL PHARMACY LLC			
Mailing Address PO BOX 871			
City OMAK	State WA	Zip Code 98841	County OKANOGAN
Phone (enter 10 digit #) 509631453		Fax (enter 10 digit #)	
Email Address CHERRYHILLPHARMACYLLC@GMAIL.COM		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Web site) CHERRY HILL PHARMACY			
Physical Address 550 17TH AVENUE, SUITE 180			
City SEATTLE	State WA	Zip Code 988122	County KING
Facility Phone (enter 10 digit #) 5096311453		Fax (enter 10 digit #)	
Email Address: CHERRYHILLPHARMACYLLC@GMAIL.COM			
Mailing Address (If different than physical address) PO BOX 871			
City OMAK	State WA	Zip Code 98841	County OKANOGAN



## 2. Facility Information

### Type of Pharmacy

- Community/Retail    
  Hospital    
  Jail    
  Long-term Care (LTC)  
 Mail-Order    
  Nuclear    
  Parenteral    
  Internet    
  Compounding

### Pharmacy Hours—Indicate the hours the pharmacy will be open

Monday–Friday 8:00 AM TO - 5:00 PM	Saturday CLOSED	Sunday CLOSED	Holidays
---------------------------------------	--------------------	------------------	----------

### Drug Enforcement Administration (DEA) Registration Number **RECEIVED**

DEA Number: PENDING

**AUG 07 2020**

### Background Questions

**DOH/HSQA/OCS**     Yes No  
**CREDENTIALING**

- Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....  Yes  No  
If yes, list and explain on a separate sheet of paper.
- Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....  Yes  No  
If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

Pharmacist in Charge DINESH GAJJALA	License Number PH60011812	Date of Appointment 11/10/2008
--	------------------------------	-----------------------------------

## 3. Contact Information

Contact Person Name DINESH GAJJALA, MEMBER	Title	Phone (enter 10 digit #) 509 631 1453	Email Address DINESHRPH@GHMAIL.COM
Contact Person Name	Title	Phone (enter 10 digit #)	Email Address

## 4. Additional Information

Date of Incorporation 07/27/20	Corporate Number 604640072	State of Corporation Washington
-----------------------------------	-------------------------------	------------------------------------

### Legal Owner Information—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

Name	Address	Phone (enter 10 digit #)	Title
Dinesh Gajjala	34 HOPFER RD, OMAK, WA 98841	509-631-1453	MEMBER
Umesh Gajjala	35 DAYNA DR, MONROE, NJ 08831	732 983-0593	MEMBER
Saila Reddy	1232 PENNSBURY LN, AURORA, IL 60502	630-210-2240	MEMBER





Washington State Department of

Health

Pharmacy Quality Assurance Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

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AUG 07 2020

DOH/HSQA/OCS  
CREDENTIALING

Fee	
Ancillary Utilization .....	Fee
Check the <b>fee page</b> for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

#### 1. Demographic Information

UBI # 604 640072	Federal Tax ID (FEIN) # 85-2217128
---------------------	---------------------------------------

Legal Owner/Operator Name  
CHERRY HILL PHARMACY LLC

Pharmacy License #  
PENDING

Pharmacy Name  
CHERRY HILL PHARMACY

Physical Address  
550 17TH AVENUE, SUITE 180

City SEATTLE	State WA	Zip Code 98122-5789	County KING
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Facility Phone (enter 10 digit #) 509-631-1453	Fax (enter 10 digit #)
---	------------------------

#### 2. Facility Specific Information

Number of Employees:  
Pharmacists 1 Technicians \_\_\_\_\_ Assistants 1

#### 3. Key Individuals

Responsible Pharmacist DINESH GAJJALA License # PH60011812

#### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

07/30/2020

Signature of Owner/Authorized Representative of Pharmacy

Date

DINESH GAJJALA

MEMBER

Print Name

Print Title

# Pharmacy Assistant Utilization Plan

## CHERRY HILL PHARMACY

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AUG 07 2020

DOH/HSQA/OCS  
CREDENTIALING

1. Maintains assigned work areas and equipment in a clean and orderly condition.
2. Files completed prescriptions alphabetically on the shelf for patient pick up.
3. Hands out refills ONLY when specifically requested to do so by a pharmacist AND where no counseling is deemed necessary.
4. Files and retrieves various pharmacy records as required.
5. Places, receives, unpacks and stores drug orders.
6. Handles incoming and outgoing nonprofessional phone calls regarding the following:
  - a. Inquiries concerning price information;
  - b. Inquiries from patients asking how many refills are remaining;
  - c. Inquiries from patients asking if one or more of their prescriptions are refillable;
  - d. Calls placed to a physician's office requesting refill authorization:
    - i. Refill requests shall be made stating the patients name, medication strength, number of doses and date of prior refills;
    - ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist;
  - e. Calls received from a physician's office authorizing refills AND providing there are no changes to the prescription;
  - f. Calls from patients requesting refills using their prescription number
  - g. Inquiries regarding business hours and delivery services.
  - h. Inquiries dealing with the ordering of drugs and supplies from wholesalers and distributors.

- i. Inquiries regarding the availability of goods and services. These inquiries might require transferring the call to another person.**
- 7. Handles the front counter and operates the cash register.**
- 8. Counts and/or pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed Pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed Pharmacist.**
- 9. May generate labels for refill prescriptions only if there are no changes in the prescription being refilled.**

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**AUG 07 2020**  
**DOH/HSQA/OCS**  
**CREDENTIALING**

# Pharmacy Technician Utilization Plan

## CHERRY HILL PHARMACY

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AUG 07 2020

DOH/HSQA/OCS  
CREDENTIALING

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions alphabetically on the shelf for patient pickup.
4. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
5. Maintains assigned work areas and equipment in a clean and orderly condition.
6. Handles non-professional phone calls to and from the following:
  - a. Inquiries concerning price information
  - b. Patients requesting refill of a prescription by number
  - c. Calls to a physician's office requesting refill authorization
    - Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - d. Calls from a physician's office authorizing refills and assuming no changes in the prescription.
  - e. Calls concerning price information
  - f. Calls regarding business hours and delivery services
  - g. Calls regarding the availability of goods and services and depending on the nature of the inquiry, these might require transferring the call to the pharmacist

- h. Inquiries from patients asking if their prescriptions are refillable or how many refills are remaining**
- i. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors**
- j. Operates cash register and other related front counter tasks.**
- k. Enters prescription data into the computer and monitors label printing.**
- l. Reconstitute from the original form of medication, previously altered for preservation and storage, by addition of a specific quantity of distilled water or provided diluents and requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.**
- m. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged and labeled medications for prescriptions, obtains stock bottles for prescription filling.**
- n. Pulls, counts and pours from the stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by the licensed pharmacist.**
- o. Calls to and from the physician's office dealing with profile information where no interpretation is necessary (e.g. quantity, date last filled and price)**

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AUG 07 2020

DOH/HSQA/OCS  
CREDENTIALING

## Commission SBAR Communication

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Agenda Item/Title: **Doctors Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A





Type text here

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JUN 03 2020

DOH/HSQA/OCS  
CREDENTIALING

9AM 9AM TO 7PM TO 7PM

Revenue: 0262010000

**Fees (Check all that apply)**

- Pharmacy Location ..... Fee
- Controlled Substance Act..... Fee
- Ancillary Utilization..... Fee  
(Complete additional application)
- Differential Hours ..... Fee  
(Complete additional application)

Check the online [fee page](#) for current fees  
All application fees are nonrefundable.

### Pharmacy License Application

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 Name Change Only – Current Facility Name \_\_\_\_\_

#### Check One

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Association                              | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                              | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency                | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company                | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input checked="" type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

#### 1. Demographic Information

UBI # 604 613 904	Federal Tax ID (FEIN) # 85-0942733
----------------------	---------------------------------------

Legal Owner/Operator Name

Mothukuri Gowtham

Mailing Address

65 Columbia Point Drive

City Richland	State WA	Zip Code 99352	County BENTON COUNTY
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Phone (enter 10 digit #) 443-757-2065	Fax (enter 10 digit #) 509-651-6667
--	--

Email Address doctorspharmacyrx@gmail.com	Web Address:
--	--------------

Facility/Agency Name (Business name as advertised on signs or Web site)

Doctors Pharmacy

Physical Address

65 Columbia Point Drive

City Richland	State WA	Zip Code 99352	County BENTON COUNTY
------------------	-------------	-------------------	-------------------------

Facility Phone (enter 10 digit #) 443-757-2065	Fax (enter 10 digit #) 509 651-6667
---	--

Email Address: doctorspharmacyrx@gmail.com
---

Mailing Address (If different than physical address)

City	State	Zip Code	County
------	-------	----------	--------

## 2. Facility Information

### Type of Pharmacy

- Community/Retail    
  Hospital    
  Jail    
  Long-term Care (LTC)  
 Mail-Order    
  Nuclear    
  Parenteral    
  Internet    
 Compounding

### Pharmacy Hours—Indicate the hours the pharmacy will be open

Monday–Friday 9:00 am to 6:00 pm	Saturday 10:00 am to 2:00 pm	Sunday CLOSED	Holidays CLOSED
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### Drug Enforcement Administration (DEA) Registration Number

RECEIVED

DEA Number: PENDING

JUN 03 2020

DOH/HSCA/VGS  
CREDENTIALING

### Background Questions

Yes No

- Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
If yes, list and explain on a separate sheet of paper.
- Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

Pharmacist in Charge Reddy VBP Annappareddy	License Number Pharmacist License transfer in progress	Date of Appointment
--	---	---------------------

## 3. Contact Information

Contact Person Name Reddy VBP Annappareddy	Title Pharmacist	Phone (enter 10 digit #) 443-757-2065	Email Address doctorspharmacyrx@gmail.com
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Contact Person Name	Title	Phone (enter 10 digit #)	Email Address
---------------------	-------	--------------------------	---------------

## 4. Additional Information

Date of Incorporation 05/05/2020	Corporate Number	State of Corporation Washington
-------------------------------------	------------------	------------------------------------

### Legal Owner Information—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

Name	Address	Phone (enter 10 digit #)	Title
Mothukuri Gowtham	7427 Saint Margarets Blvd Hanover, MD 20176	443-757-2065	OWNER
Chalasan Satyanarayana	7427 Saint Margarets Blvd Hanover, MD 20176	443-757-2065	OWNER

**Change of Ownership Informa**

Previous Name of Legal Owner

Previous Name of Facility

Previous Pharmacy License #

Effective Date of Ownership Change

**List all Pharmacist--attach additional completed pages if you need more space.**

Name

License #

Reddy VBP Annappareddy


Pharmacist License transfer in progress

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JUN 03 2020

DOH/HSQA/OCS  
CREDENTIALING**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.



05/28/2020

Signature of Owner/Authorized Representative of Pharmacy

Date

GOWTHAM MOTHUKURT

PRINCIPLE OWNER

Print Name

Print Title



Washington State Department of

Health

Pharmacy Quality Assurance Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

Fee
Ancillary Utilization ..... Fee
Check the <u>fee page</u> for current fees.
All application fees are nonrefundable

Revenue: 0262010000

### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

#### 1. Demographic Information

UBI # 604 613 904	Federal Tax ID (FEIN) # 85-0942733		
Legal Owner/Operator Name Mothukuri Gowtham	RECEIVED		
Pharmacy License # PENDING	JUN 03 2020		
Pharmacy Name Doctors Pharmacy	DOH/HSQA/OCS CREDENTIALING		
Physical Address 65 Columbia Point Drive			
City Richland	State WA	Zip Code 99352	County BENTON COUNTY
Facility Phone (enter 10 digit #) 443-757-2065	Fax (enter 10 digit #) 509 651-6667		

#### 2. Facility Specific Information

Number of Employees:  
Pharmacists 1 Technicians 1 Assistants 1

#### 3. Key Individuals

Responsible Pharmacist Reddy VBP Annappareddy Pharmacist License transfer in progress  
License # \_\_\_\_\_

#### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy	Date
Print Name	Print Title

# Pharmacy Assistant Utilization Plan

## DOCTORS PHARMACY

1. Maintains assigned work areas and equipment in a clean and orderly condition.
2. Files completed prescriptions alphabetically on the shelf for patient pick up.
3. Hands out refills ONLY when specifically requested to do so by a pharmacist AND where no counseling is deemed necessary.
4. Files and retrieves various pharmacy records as required.
5. Places, receives, unpacks and stores drug orders.
6. Handles incoming and outgoing nonprofessional phone calls regarding the following:
  - a. Inquiries concerning price information;
  - b. Inquiries from patients asking how many refills are remaining;
  - c. Inquiries from patients asking if one or more of their prescriptions are refillable;
  - d. Calls placed to a physician's office requesting refill authorization:
    - i. Refill requests shall be made stating the patients name, medication strength, number of doses and date of prior refills;
    - ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist;
  - e. Calls received from a physician's office authorizing refills AND providing there are no changes to the prescription;
  - f. Calls from patients requesting refills using their prescription number
  - g. Inquiries regarding business hours and delivery services.
  - h. Inquiries dealing with the ordering of drugs and supplies from wholesalers and distributors.

- i. Inquiries regarding the availability of goods and services. These inquiries might require transferring the call to another person.
7. Handles the front counter and operates the cash register.
8. Counts and/or pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed Pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed Pharmacist.
9. May generate labels for refill prescriptions **only if** there are no changes in the prescription being refilled.

# Pharmacy Technician Utilization Plan

## DOCTORS PHARMACY

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions alphabetically on the shelf for patient pickup.
4. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
5. Maintains assigned work areas and equipment in a clean and orderly condition.
6. Handles non-professional phone calls to and from the following:
  - a. Inquiries concerning price information
  - b. Patients requesting refill of a prescription by number
  - c. Calls to a physician's office requesting refill authorization
    - Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - d. Calls from a physician's office authorizing refills and assuming no changes in the prescription.
  - e. Calls concerning price information
  - f. Calls regarding business hours and delivery services
  - g. Calls regarding the availability of goods and services and depending on the nature of the inquiry, these might require transferring the call to the pharmacist

- h. Inquiries from patients asking if their prescriptions are refillable or how many refills are remaining
- i. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors
- j. Operates cash register and other related front counter tasks.
- k. Enters prescription data into the computer and monitors label printing.
- l. Reconstitute from the original form of medication, previously altered for preservation and storage, by addition of a specific quantity of distilled water or provided diluents and requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.
- m. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged and labeled medications for prescriptions, obtains stock bottles for prescription filling.
- n. Pulls, counts and pours from the stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by the licensed pharmacist.
- o. Calls to and from the physician's office dealing with profile information where no interpretation is necessary (e.g. quantity, date last filled and price)



## Commission SBAR Communication

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Agenda Item/Title: **Garfield County Hospital**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.  
Pharmacy technicians performing specialized functions -IV admixture, compounding**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



Washington State Department of

Health

Pharmacy Quality Assurance Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

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JUN 30 2020

DOH/HSQA/OCS



Fee	
Ancillary Utilization .....	Fee
Check the <u>fee page</u> for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health website.

RECEIVED

Note: Utilization plans for technicians and assistants must accompany this application.

JUL 07 2020

Select One:  New  Update

DOH/HSQA/OCS  
CREDENTIALING

#### 1. Demographic Information

UBI # 600 075 295	Federal Tax ID (FEIN) # 91-6008649
----------------------	---------------------------------------

Legal Owner/Operator Name  
GARFIELD COUNTY PUBLIC HOSPITAL DISTRICT

Pharmacy License #  
PHAR.CF.00000981-HOSP

Pharmacy Name  
GARFIELD COUNTY HOSPITAL DRUG ROOM

Physical Address  
66 N 6th St

City Pomeroy	State WA	Zip Code 99347-9705	County Garfield
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Facility Phone (enter 10 digit #) (509) 843-1591	Fax (enter 10 digit #) (509) 843-1234
---	--

#### 2. Facility Specific Information

Number of Employees:  
Pharmacists 1 Technicians \_\_\_\_\_ Assistants \_\_\_\_\_

#### 3. Key Individuals

Responsible Pharmacist Kelvin Douglas Crafton, RPh License # PH 00010516

#### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Kelvin Douglas Crafton  
Signature of Owner/Authorized Representative of Pharmacy

June 17, 2020  
Date

Kelvin Douglas Crafton  
Print Name

Director of Pharmacy  
Print Title

RECEIVED

## Ancillary Utilization Plan - Pharmacy

JUL 07 2020

DOH/HSQA/VOCS  
CREDENTIALING

### PURPOSE:

The Pharmacy Department is organized and staffed to provide appropriate pharmaceutical care for patients in accordance with current standards of practice. The Pharmacy Department will utilize Ancillary Pharmacy Personnel to achieve these goals.

### DEFINITIONS:

**Certified Pharmacy Technician:** A Pharmacy Technician who has met specific pharmacy related educational requirements and has been licensed by the Pharmacy Quality Assurance Commission and whose functions are limited to those not reserved for a pharmacist.

**Pharmacy Assistant:** A Pharmacy Assistant who is registered with the Pharmacy Quality Assurance Commission but has no requirement for formal pharmacy education and whose functions are limited to those not reserved for a Pharmacy Technician or pharmacist.

### POLICY:

The Pharmacy Department will operate within the applicable state laws for utilization of ancillary personnel. The Pharmacy Department will utilize licensed Pharmacy Technicians and Pharmacy Assistants within the scope of their defined practice.

#### Pharmacy Technician

1. Performs pharmacy inventory functions to include placing, receiving, unpacking and storing drug orders.
2. Files and retrieves various pharmacy records as required.
3. Maintains assigned work areas and equipment in clean and orderly condition.
4. Monitors, verifies and pulls expired medications. This includes routine monitoring throughout pharmacy and monthly floor stock checks as assigned.
5. Handles non-professional inquiries such as:
  - a. Calls from Hospital site medical and non-medical staff—these calls may be transferred to a pharmacist as necessary
  - b. Calls concerning pricing information
  - c. Calls concerning hours of operation
  - d. Calls to and from wholesalers or distributors regarding orders of drugs or supplies
6. Refers all questions regarding clinical or drug therapy to the pharmacist.
7. Retrieves, pours and repackages bulk medications into unit dose packages. The accuracy of the technician is checked, recorded, and the work verified by a licensed pharmacist.
8. Prepares pre-packaged outpatient prescription medications for use in the emergency room, for those cases that meet the requirements of after-hours dispensing. All pre-packaged outpatient medications will be reviewed for accuracy by a pharmacist.

9. Reconstitutes medications in original form by addition of a specific quantity of purified water or diluent requiring no calculations. The accuracy of the work is verified and initialed by the pharmacist
10. Performs Specialized Functions, after appropriate training, validation, proficiency and auditing, such as filling of Automated Drug Distribution Devices, sterile IV admixture, non-sterile compounding, etc., as outlined by the Washington State Pharmacy Commission and Pharmacy Technician Specialized Functions policy.
11. Transporting medications to hospital clinic.
12. Assists in documenting departmental QI activities.

**Pharmacy Assistant**

1. Performs pharmacy inventory functions to include placing, receiving, unpacking and storing drug orders.
2. Files and retrieves various pharmacy records as required.
3. Maintains assigned work areas and equipment in clean and orderly condition.
4. Handles non-professional inquiries such as:
  - a. Calls to and from wholesalers or distributors regarding orders of drugs or supplies.
  - b. Calls concerning pricing information
  - c. Calls concerning hours of operation
  - d. Calls to and from wholesalers or distributors regarding orders of drugs or supplies
5. Transporting medications to hospital clinic.
6. Refers all questions regarding clinical or drug therapy to the pharmacist.

**REFERENCES:**

1. Washington Administrative Code: WAC 246-901 Pharmacy Ancillary Personnel
2. Washington Administrative Code: WAC 246-901-035 Pharmacy Technician Specialized Function
3. Washington Administrative Code: WAC 246-901-100 Board Approval of Pharmacies Utilizing Pharmacy Ancillary Personnel and Specialized Functions
4. Washington Administrative Code: WAC 246-874 Pharmacy and Technology Part 1: Automated Drug Dispensing Devices

**RECEIVED**

**JUL 07 2020**

**DOH/HSQA/OCS  
CREDENTIALING**



**GENERAL COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

RECEIVED

JUL 07 2020

DOH/HSQA/OCS  
CREDENTIALING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
The technician knows what functions a technician may perform and has cited such examples.			
The technician knows the functions a technician may not perform and cited such examples.			
The technician understands and can explain what confidentiality is and why it is important to the practice of pharmacy.			
The technician is familiar with the general layout of the pharmacy department and can locate specific areas and describe the functions carried out there.			
The technician demonstrates computer knowledge and how to access electronic health record (EHR), policies, procedures and forms.			
The technician demonstrates basic HER knowledge, access to patient records and billing information.			
The technician demonstrates how to access and utilize wholesale ordering system for replacement of stock. Includes proper use of DEA Controlled Substance ordering procedures and record keeping.			
The technician can explain the role of the Pharmacy Quality Assurance Commission.			
The technician has demonstrated knowledge of federal and state regulations affecting pharmacy as it pertains to pharmacy technician.			



JUL 07 2020

DOH/HSQA/OCS  
CREDENTIALING

Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
The technician understands and can cite examples of those persons who may prescribe medications.			
The technician can describe the state's rules regarding the substitution of generic equivalents as well as the pharmacy department's policies concerning such substitutions.			
The technician understands and can explain what generic drugs are and how they compare to brand-name medications.			
The technician is familiar with the characteristics of and can cite examples of prescription containers and closures.			
The technician is familiar with the characteristics of and can cite examples of the four major categories of dosage forms.			
The technician can identify and interpret the various methods used to indicate the quantity of medication to dispense.			
The technician is familiar with the ways in which abbreviations can be misinterpreted.			
The technician has demonstrated knowledge of the terms and units of measurement in each of the systems of measurement and can convert from one system to another.			
The technician is able to correctly calculate prescription quantities and days' supply.			



**GENERAL COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

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Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
The technician understands and can explain the importance of establishing and maintaining a caring attitude.			
The technician uses proper communication techniques with professional staff and co-workers			
The technician understands the importance of maintaining a professional personal appearance and can describe the pharmacy department's policy on this issue.			
The technician uses effective telephone communication skills.			
The technician knows and can describe the prescription or clinical related telephone calls a technician must pass to a pharmacist.			
The technician is aware of the compliance/interaction checks the pharmacy computer performs.			
The technician uses correct procedures in preparing and dispensing Emergency Dept outpatient prescriptions and makes proper use of auxiliary labels.			
The technician can describe the different types of information conveyed on prescriptions labels			
The technician understands the necessity of having a pharmacist check all work performed by the technician.			

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacist Signature

\_\_\_\_\_  
Date



Washington State Department of  
**Health**  
 Pharmacy Quality Assurance Commission  
 P.O. Box 47877  
 Olympia WA, 98504-7877  
 360-236-4700  
 Fax: 360-236-2901

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 CREDENTIALING

## Technician Specialized Function—Program Review Form

### Chapter 246-901 WAC

Date: June 17, 2020

Responsible Pharmacist: Kelvin Douglas Crafton

Pharmacy Name: Garfield County Hospital Drug Room License #: PHAR.CF.00000981-HOSP

Pharmacy Address: 66 N 6<sup>TH</sup> St, Pomeroy, WA 99347-9705 Phone #: (509) 843-1591

	Yes	No	Comments
Does the Program identify pharmacy technicians who meet the criteria for participation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the responsible pharmacist sign the program proposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training Program at least 8 hours long and specifies the following categories: a. Basic skills in health system pharmacy, including goals and requirements of unit-dose medication systems. b. Common medication errors and prevention strategies. c. Mathematical calculations and medical abbreviations. d. Drug product selection policies and safeguards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
The validation process for individual performance of unit-dose medication checking includes: a. 1500 doses at several intervals. b. Pharmacist supervision. c. 99% accuracy for success.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
The quality assurance program will annually audit the specialized skills of technicians: a. Random audits of checking accuracy audits performed by a licensed pharmacist. b. Retention of audit forms and incident reports related to pharmacy technician medication checking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Forms used in training, validation and audits are submitted with program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Utilization plan for specialized pharmacy technician functions is included with the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

#### For staff use only

Review completed on \_\_\_\_\_ by \_\_\_\_\_

Agreement type:  New  Renewal

Staff decision:  Approved  Revisions needed  Board agenda

Board decision:  Approved  Denied  Notice sent to investigator



## Specialized Functions for Pharmacy Technician

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### PURPOSE:

A Pharmacy Technician who meets established criteria for employment, experience and training, and demonstrated proficiency may perform specialized functions.

### DEFINITIONS:

Specialized Functions include the following:

1. Unit dose medication checking
2. Medication selection and filling of Automated Drug Delivery Devices (ADDD)
3. Database management in Electronic Health Record (EHR) systems
4. Intravenous preparation and admixture and utilizing sterile techniques

### POLICY:

#### I. Selection Criteria:

- a. Pharmacy Technicians must be appropriately licensed, and in good standing, by the Pharmacy Quality Assurance Commission
- b. Pharmacy technicians must have a minimum of one year of directly supervised experience performing non-specialized function job duties by a licensed pharmacist.
- c. Preference will be given to pharmacy technicians with more than one year in the health system pharmacy field.

#### II. Training will consist of 8 (eight) hours of specific training in the following areas:

- a. Basic skills in health system pharmacy duties.
- b. Common medication errors and prevention strategies.
- c. Principles of applicable pharmacy laws.
- d. Technology systems, including ADDD, Electronic in the healthcare environment to ensure the safety and accuracy of medication dispensing.
- e. Common mathematical calculations used in compounding.
- f. Use of Personal Protective Equipment (PPE).
- g. USP 797 Sterile Preparations. Training will include, but not limited to, aseptic manipulation skills, immediate-use compounded sterile products (CSP), point of care IV systems, beyond use dating (BUD), and elements of quality control. Successfully passing

## Specialized Functions for Pharmacy Technician

an authorized sterile products preparation course by a third party (example: ASHP or equivalent) will suffice as meeting this portion of required training.

III. Upon completion of training, competency evaluation will be performance based and include verbal, written and practical demonstrations by the Pharmacy Technician. Competency checks will include:

- a. Direct validation of ADDD fills by a pharmacist
  - i. 99% selection and fill accuracy
  - ii. Appropriate use of barcode scanning on fill
- b. For sterile product preparation:
  - i. Appropriate donning of PPE
  - ii. Media-fill test

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IV. Quality Assurance will include the following:

- a. Annual competency tests as outlined in Item III, above, performed by a licensed pharmacist.
- b. Random audits of accuracy performed by a licensed pharmacist.
- c. Retention of audit/competency evaluation for 2 years

### REFERENCES:

1. Washington Administrative Code: WAC 246-901 Pharmacy Ancillary Personnel
2. Washington Administrative Code: WAC 246-901-035 Pharmacy Technician Specialized Function
3. Washington Administrative Code: WAC 246-901-100 Board Approval of Pharmacies Utilizing Pharmacy Ancillary Personnel and Specialized Functions
4. Washington Administrative Code: WAC 246-874 Pharmacy and Technology Part 1: Automated Drug Dispensing Devices
5. United States Pharmacopoeia, Chapter 797 Pharmaceutical Compounding – Sterile Preparations [https://online.uspnf.com/uspnf/document/GUID-A4CAA8B-6F02-4AB8-8628-09E102CBD703\\_3\\_en-US?highlight=797](https://online.uspnf.com/uspnf/document/GUID-A4CAA8B-6F02-4AB8-8628-09E102CBD703_3_en-US?highlight=797)

### ATTACHMENTS:

1. SPECIALIZED FUNCTION COMPETENCY ASSESSMENT FORM – PHARMACY TECHNICIAN



**SPECIALIZED COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
<b>AUTOMATED DRUG DISTRIBUTION DEVICE (ADDD):</b>			
The technician demonstrates how to access the ADDD database system			
The technician demonstrates the ADDD database interconnection to the electronic health record (EHR) drug database.			
The technician demonstrates how to accurately enter a new drug and component parts into the ADDD drug database			
The technician demonstrates accurate mapping of barcode to correct drug in ADDD drug file.			
The technician understands and demonstrates barcode scanning on loading and replenishment of ADDD			
The technician demonstrates how to load and unload medications from ADDD.			
The technician accurately performs the removal of outdated medications.			
The technician understands how to configure drawers, cubies, and matrix pockets to avoid medication errors.			



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Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
The technician demonstrates how to change PAR levels based on usage			
The technician demonstrates access to reports, and how to review daily transactions, overrides, outdated drugs, usage, deficiencies, and meds ordered but not loaded.			
The technician demonstrates how to pull refill reports and accurately chooses medication for refills. Medication refills are verified by barcode scans.			
The technician demonstrates how to identify revenue loss potential with ADDD drug configurations			
<b>IV ADMIXTURE: HAND HYGIENE AND GARBING PRACTICES</b>			
Presents in a clean appropriate attire and manner.			
Wears no cosmetics or jewelry (watches, rings, earrings, etc. piercing jewelry included) upon entry into ante-areas.			
Brings no food or drinks into or stored in the ante-areas or buffer areas.			
Is aware of the line of demarcation separating clean and dirty sides and observes required activities.			
Dons shoe covers or designated clean-area shoes one at a time, placing the covered or designated shoe on clean side of the line of demarcation, as appropriate.			



**SPECIALIZED COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

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Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
Performs hand hygiene procedure by wetting hands and forearms and washing using soap and warm water for at least 30 seconds. Dries hands and forearms using lint-free towel or hand dryer.			
Dons head cover assuring that all hair is covered. Dons beard cover if necessary. Dons face mask to cover bridge of nose down to include chin.			
Selects the appropriate sized gown examining for any holes, tears, or other defects. Dons gown and ensures full closure.			
Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry thoroughly before donning sterile gloves.			
Dons appropriate sized sterile gloves ensuring that there is a tight fit with no excess glove material at the fingertips. Examines gloves ensuring that there are no defects, holes, or tears.			
While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the direct compounding area (DCA) and after touching items or surfaces that may contaminate gloves.			
Removes PPE on the clean side of the ante-area. Removes gloves and performs hand hygiene. Removes gown and discards it, or hangs it on hook if it is to be reused within the same work day.			
Removes and discards mask, head cover, and beard cover (if used).			



**SPECIALIZED COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

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Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
Removes shoe covers or shoes one at a time, ensuring that uncovered foot is placed on the dirty side of the line of demarcation and performs hand hygiene again. (Removes and discards shoe covers every time the compounding area is exited).			
<b>IV ADMIXTURE: ASEPTIC TECHNIQUE, SAFETY, AND QUALITY ASSURANCE PRACTICES</b>			
Performs proper hand hygiene, garbing, and gloving procedures according to SOPs.			
Disinfects ISO Class 5 device surfaces with an appropriate agent.			
Disinfects components/vials with an appropriate agent prior to placing into ISO Class 5 work area.			
Introduces only essential materials in a proper arrangement in the ISO Class 5 work area.			
Does not interrupt, impede, or divert flow of first-air to critical sites.			
Ensures syringes, needles, and tubing remain in their individual packaging and are only opened in ISO Class 5 work area.			
Performs manipulations only in the appropriate DCA of the ISO Class 5 device.			



**SPECIALIZED COMPETENCY ASSESSMENT FORM  
PHARMACY TECHNICIAN**

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Description of Ability or Skill	Initials		Remarks
	Tech	RPh	
Does not expose critical sites to contact contamination or worse than ISO Class 5 air.			
Disinfects stoppers, injection ports, and ampul necks by wiping with sterile 70% IPA and allows sufficient time to dry.			
Attaches needles to syringes without contact contamination.			
Punctures vial stoppers and spikes infusion ports without contact contamination.			
Labels preparation(s) correctly.			
Disinfects sterile gloves routinely by wiping with sterile 70% IPA during prolonged compounding manipulations.			
Disposes of sharps and waste according to institutional policy or recognized guidelines.			

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacist Signature

\_\_\_\_\_  
Date

## Commission SBAR Communication

---

Agenda Item/Title: **Gibbons Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

**N/A**



**Date RECEIVED Stamp**  
 DEC 04 2019  
**Here**  
**DOH/HSGA/OCS**

**Fee**

Ancillary Utilization ..... Fee  
 Check the **fee page** for current fees.  
**All application fees are nonrefundable**

Revenue: 0262010000

**Pharmacy Ancillary Utilization**

All utilization plans must be submitted 60 days prior to next Pharm find the Commission meeting schedule on the Department of Heal

**Gibbons Pharmacy**  
 117 S Toppenish Ave  
 Toppenish, WA 98948-1557  
 PHAR.CF.00005078

**Note:** Utilization plans for technicians and assistants must accom

Select One:  New  Update

**1. Demographic Information**

UBI # 601-809-535 Federal Tax ID (FEIN) # 911847988

Legal Owner/Operator Name Gregory N. Gibbons

Pharmacy License # CF 00005078

Pharmacy Name Gibbons Pharmacy (dba)

Physical Address 117 So. Toppenish Ave.

City Toppenish State WA Zip Code 98948 County YAKIMA

Facility Phone (enter 10 digit #) 509 865 2722 Fax (enter 10 digit #) 509 865 2329

**2. Facility Specific Information**

Number of Employees:  
 Pharmacists \_\_\_\_\_ Technicians \_\_\_\_\_ Assistants \_\_\_\_\_

**3. Key Individuals**

Responsible Pharmacist Gregory N. Gibbons License # PH 00011366

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Gregory N. Gibbons  
 Signature of Owner/Authorized Representative of Pharmacy

11.14.19  
 Date

Gregory N. Gibbons  
 Print Name

Member  
 Print Title

Gibbons Pharmacy (dba)  
117 So. Toppenish  
Toppenish, Wa. 98948

Barton's Center Pharmacy (dba)  
1011 W.Spruce Street  
Yakima, Wa.98902

Elfers-Lyon Pharmacy  
820 Memorial St. Suite 2  
Prosser, Wa. 99350

## **Ancillary Personnel Utilization Plans Technicians**

- A. Places, receives, unpacks and stores drug orders.
- B. Files and retrieves various pharmacy records as required.
- C. Files completed prescriptions alphabetically on the shelf for patient pickup.
- D. Maintains assigned work areas and equipment in clean and orderly condition.
- E. Hands out refills when specifically requested to do so by pharmacist where no counseling is deemed necessary.
- F. Handles nonprofessional phone calls to/from:
  1. Patients requesting refill of a prescription by number.
  2. Calls to physician's office requesting refill authorization:
    - a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - b. Any additional inquiries by the office the prescription must be referred to the pharmacist.
  3. Calls from physician's office authorizing refills providing no changes in the prescription are involved, excluding refill authorization for controlled substance prescriptions.
  4. Calls concerning price information.
  5. Calls regarding business hours or delivery services.
  6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
  7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- G. Operates cash register and related front counter tasks.
- H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- I. Reconstitutes restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.
- J. Enters prescription data into the computer and monitors label printing.
- K. Transcribes orders—accuracy checked and initialed by licensed pharmacist.

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- L. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
- M. Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.
- N. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
- O. Bubble packs by cold seal insert cards under the direct supervision of a licensed pharmacist and accuracy of the prescription contents is checked and initialed by a licensed pharmacist.

**Needs to comply with Specialized Functions WAC 246-901-100 See Rule below**

**WAC 246-901-100 Commission approval of pharmacies utilizing pharmacy ancillary personnel and specialized functions.**

(1) Application. All licensed pharmacies may apply on a form supplied by the Commission for permission to utilize the services of pharmacy ancillary personnel.

(2) Utilization plan for pharmacy technicians.

- (a) General. The application for approval must describe the manner in which the pharmacy technicians will be utilized and supervised, including job descriptions, task analysis or similar type documents that define the duties performed and the conditions under which they are performed, number of positions in each category, as well as other information as may be required by the Commission. The Commission will be notified of all changes to the utilization plan. A copy of the utilization plan must be maintained in the pharmacy.
- (b) Specialized function. The utilization plan for pharmacy technicians performing specialized functions. The utilization plan must include:
  - (i) The criteria for selection of pharmacy technicians to perform specialized functions;
  - (ii) A description of the methods of training and of initial demonstration of proficiency;
  - (iii) A copy of the part of the section of the pharmacy's quality assurance plan related to pharmacy technician specialized functions;
  - (iv) Other information that may be required by the Commission.
- (c) To gain approval for specialized functions, a pharmacy must follow Commission approved guidelines regarding pharmacy technician training, implementation and evaluation.

(3) Utilization plan for pharmacy assistants. The application for approval shall list the job title or function of the pharmacy assistant.

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(4) The Commission may give conditional approval for pilot or demonstration projects for Innovative applications in the utilization of pharmacy ancillary personnel

### **Assistants**

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- A. Places, receives, unpacks and stores drug orders.
- B. Files and retrieves various pharmacy records as required.
- C. Files completed prescriptions alphabetically on the shelf for patient pick up.
- D. Maintains assigned work areas and equipment in clean and orderly condition.
- E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- F. Handles nonprofessional phone calls to/from:
  1. Patients requesting refill of a prescription by number.
  2. Calls to physician's office requesting refill authorization:
    - a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  3. Calls from physician's office authorizing refills providing no changes in the prescription are involved, excluding refill authorization for controlled substance prescriptions.
  4. Calls concerning price information.
  5. Calls regarding business hours or delivery services.
  6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
  7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- G. Operates cash register and related front counter tasks.
- H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- I. May generate a label for refill prescriptions only where there is no change in the prescription.

# Commission SBAR Communication

---

Agenda Item/Title: **OP Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.**  
**Pharmacy technicians performing specialized functions**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



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SEP 08 2020

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HSQA - CSC



**Fees (Check all that apply)**

- Pharmacy Location ..... Fee
- Controlled Substance Act ..... Fee
- Ancillary Utilization ..... Fee  
(Complete additional application)
- Differential Hours ..... Fee  
(Complete additional application)

Check the online [fee page](#) for current fees  
All application fees are nonrefundable.

Revenue: 0262010000

**Pharmacy License Application**

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 Name Change Only – Current Facility Name \_\_\_\_\_

**Check One**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Association                          | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency            | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Partnership            |   |

**1. Demographic Information**

UBI # 604-642-403		Federal Tax ID (FEIN) # 85-2021121	
Legal Owner/Operator Name OP Pharmacy LLC			
Mailing Address 437 NE Thurston Way STE 150			
City Vancouver	State WA	Zip Code 98662	County Clark
Phone (enter 10 digit #) 360-836-3935		Fax (enter 10 digit #) 360-836-8939	
Email Address compliance@pharmerica.com		Web Address: www.pharmerica.com	
Facility/Agency Name (Business name as advertised on signs or Web site) OP Pharmacy LLC			
Physical Address 437 NE Thurston Way STE 150			
City Vancouver	State WA	Zip Code 98662	County Clark
Facility Phone (enter 10 digit #) 360-836-3935		Fax (enter 10 digit #) 360-836-8939	
Email Address: compliance@pharmerica.com			
Mailing Address (If different than physical address) same as above			
City	State	Zip Code	County



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September 1, 2020

Washington Department of Health  
Board of Pharmacy  
PO Box 47877  
Olympia, WA 98507-7877

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SEP 03 2020

DOH/HSQA/OCS

RE: Change of Ownership – Permit # PHAR.CF.60409538

Please find attached an application, attachments and fees for the change of ownership for the above mentioned pharmacy.

OP Pharmacy LLC d/b/a OnePoint Patient Care (Buyer) entered into an asset purchase agreement on August 25, 2020 with OnePoint Patient Care LLC (Seller) to acquire 100% of the assets of the pharmacy. We have schedule September 30, 2020 to close this transaction, but are prepared to put into place a Power of Attorney between Buyer and Seller if the permit isn't issued by that date to continue uninterrupted operations. At the time of closing, I can provide a Bill of Sale if required by the Board.

There will be no change of address, staffing or operations of this pharmacy. Enclosed is the:

1. Application
2. Ancillary Utilization Plan for Technicians
3. List of RPh working out of this pharmacy
4. Organizational Chart
5. List of Officers/Managing Members
6. WA Secretary of State Registration that includes the UBI
7. Pages from the APA Agreement

If there is anything further needed on this change of ownership, please contact me. Thank you.

Regards,

Susan Reinach  
Sr. License and Certification Analyst  
Phone: 502-627-7962  
Fax: 855-217-7498  
Email: [sxr4100@pharmerica.com](mailto:sxr4100@pharmerica.com)

## 2. Facility Information

### Type of Pharmacy

- Community/Retail     
  Hospital     
  Jail     
  Long-term Care (LTC)  
 Mail-Order     
  Nuclear     
  Parenteral     
  Internet     
  Compounding

### Pharmacy Hours—Indicate the hours the pharmacy will be open

Monday–Friday	Saturday	Sunday	Holidays
---------------	----------	--------	----------

### Drug Enforcement Administration (DEA) Registration Number

DEA Number: pending

### Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
 If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
 If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

Pharmacist in Charge Krik Davis	License Number PH60477666	Date of Appointment 12/29/2016
------------------------------------	------------------------------	-----------------------------------

## 3. Contact Information

Contact Person Name Susan Reinach	Title Sr. License & Certificatoin Analyst	Phone (enter 10 digit #) 502-627-7962	Email Address sxr4100@pharmerica.com
Contact Person Name	Title	Phone (enter 10 digit #)	Email Address

## 4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
-----------------------	------------------	----------------------

### Legal Owner Information—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

Name	Address	Phone (enter 10 digit #)	Title
See attached organizational chart and officer listing			RECEIVED
			SEP 08 2020
			DOH/HSQA/OCS CREDENTIALING







Washington State Department of

Health

Pharmacy Quality Assurance  
Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

Fee
Ancillary Utilization ..... Fee
Check the <a href="#">fee page</a> for current fees.
<b>All application fees are nonrefundable</b>

Revenue: 0262010000

## Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

### 1. Demographic Information

UBI # 604-642-403	Federal Tax ID (FEIN) # 85-2021121		
Legal Owner/Operator Name OP Pharmacy LLC			
Pharmacy License # pending			
Pharmacy Name OnePoint Patient Care			
Physical Address 4317 NE Thurston Way STE 150			
City Vancouver	State WA	Zip Code 98662	County
Facility Phone (enter 10 digit #) 360-836-8935	Fax (enter 10 digit #) 360-836-8939		

### 2. Facility Specific Information

Number of Employees:

Pharmacists 7 Technicians 5 Assistants 2

### 3. Key Individuals

Responsible Pharmacist Kirk Davis License # PH6047765

### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

9/24/2020

Signature of Owner/Authorized Representative of Pharmacy

Date

Robert E. Dries

President/Managing Member

Print Name

Print Title

## ANCILLARY PERSONNEL UTILIZATION PLANS

### TECHNICIANS

---

While under the immediate supervision of a licensed pharmacist, "Pharmacy technicians" assist the pharmacists, in the performance of all tasks, except those reserved to the pharmacist. Currently, no more than 3 technicians to 1 pharmacist will be scheduled, unless a technician is deemed an Administrative Technician per RCW 18.64.580. If the legal ratio requirements change, and if appropriate, the responsible pharmacy manager will be responsible for determining the ratio for adequate supervision of pharmacy technicians.

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions and stages for delivery.
4. Maintains assigned work areas and equipment in clean and orderly condition.
5. **Phone calls:** Handles nonprofessional phone calls to/from:
  - a. Nursing staff requesting resident refill or information regarding the status of a refill.
  - b. Nursing staff requesting resident billing and/or demographic information.
  - c. Nursing staff requesting to fax prescription information.
  - d. Nursing staff requesting the coverage status (not covered, PA required, refill too soon, etc.) of drug orders. Communicates the necessary information to third party payers for reimbursement.
  - e. Calls concerning price information.
  - f. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  - g. Patients requesting refill of a prescription by number.
  - h. Calls to physician's office requesting refill authorization (refill requests shall be made stating the patient's name, medication and strength, number of doses, and date of prior refills. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist).
  - i. Calls regarding the availability of goods and services.
  - j. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
  - k. Calls to and/or from physician's office or facility nursing staff dealing with profile information where no interpretation is necessary, i.e. quantity, date last filled, price, etc.
6. **Daily workflow:** Counts and pours from stock bottles for individual prescription. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.

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7. Prepares pre-packaged blister cards from stock bottles for future use. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the pre-pack contents is checked and initialed by a licensed pharmacist.
8. Reconstitute powders in an original manufactured bottle by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.
9. Receives prescription data from the fax machine and forwards to a pharmacist or to the data entry department as necessary.
10. Communicates to third party.
11. Enters new prescription data into the computer.
12. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
13. Faxes prescription information at the request of a licensed pharmacist.
14. Prepares and reconciles emergency kits. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the emergency kit contents is checked and initialed by a licensed pharmacist.
15. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
16. Processes and data enters all returned medication for appropriate credit.
17. Performs non-sterile compounding (non-IV) of products using formula templates that outline all of the ingredients/equipment to be used, quantity of ingredients, and instructions for mixing. All compounded final products are verified by a licensed pharmacist including ingredients, measurements and calculations.
18. Operates Dosis machine, E2 machine and MTS multi-med machine under direct pharmacist supervision.
19. IV admixtures (refer to "specialized functions" below)

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**ANCILLARY PERSONNEL UTILIZATION PLANS**

**ADMINISTRATIVE PHARMACY TECHNICIANS**

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Administrative tasks not associated with immediate dispensing of drugs include, but are not necessarily limited to, medical records maintenance, billing, prepackaging unit dose drugs, inventory control, delivery, and processing returned drugs. Administrative technicians are not counted in the ratio of a closed door long term care pharmacy.

- 1. Medical Records: Enter & edit literal orders (those orders not dispensed off of) such as ADLs, treatment protocols, nutrition guidelines**
  - a. Correct admin times in medical records
  - b. Update diagnoses, allergies, diet, PCP, room# and bed#
  - c. Discontinue orders indicated to be no longer active.
  - d. Attach photos to the medical records profile.
  - e. Print MARs, Med Records, monthly antibiotic report, monthly psychotropic report.
  - f. Problem solve eMar issues and other issues over the phone with the facility.
  - g. Renew orders upon receiving new physician orders (No changes allowed).
  - h. Track physician orders.
- 2. Billing: Submits claims and works with insurances and facilities (patients) regarding rejections. Communicates to third party.**
  - a. Prepares monthly billing statements, works with facilities regarding billing.
  - b. Sets up billing for new admits
  - c. Processes e-kit billing
- 3. Delivery/staging:**
  - a. Removing returns from totes to further be sorted
  - b. Scanning medications into totes/bags/boxes, printing and placing manifests in the totes, closing the totes for delivery
  - c. Setting up emergency deliveries with couriers
  - d. Delivery of medications to facilities
  - e. Cleaning and maintaining IV or CADD umps
  - f. Cleaning and maintaining medication carts.
- 4. Purchasing & Inventory:**
  - a. Places, receives, unpacks and stores drug orders.
  - b. Review, remove and process outdated medications
  - c. Maintains drug formulary in pharmacy system
  - d. Inventory control and maintenance
  - e. Phone calls regarding the availability of goods and services.
  - f. Phone calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
  - g. Phone calls concerning price information.

**5. Other functions:**

- a. Processes and data enters all returned medications for appropriate credit.
- b. Pre-package a pre-determined amount of cards of an individual medication, print label (non-patient) and affix to card for verification of label and product by a pharmacist. Product selection to be done by a technician or pharmacist.

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## ANCILLARY PERSONNEL UTILIZATION PLANS

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ASSISTANTS

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**"Pharmacy assistants" may perform, under the supervision of a licensed pharmacist, duties including, but not limited to, filing, refilling, bookkeeping, pricing, stocking, delivery, nonprofessional phone inquiries, and documentation of third-party reimbursements and other such duties. Assistants are not counted in the ratio of a closed door long term care pharmacy.**

- 1. Clerical:** Files and retrieves various pharmacy records as required. Files completed prescriptions and stages for delivery.
  - a. Maintains assigned work areas and equipment in clean and orderly condition.
  
- 2. Phone calls:** Handles nonprofessional phone calls to/from:
  - a. Nursing staff requesting resident refill or information regarding the status of a refill.
  - b. Nursing staff requesting resident billing and/or demographic information.
  - c. Nursing staff requesting to fax prescription information.
  - d. Nursing staff requesting the coverage status (not covered, PA required, refill too soon, etc.) of drug orders. Communicates the necessary information to third party payers for reimbursement.
  - e. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  - f. Patients requesting refill of a prescription by number.
  - g. Calls to physician's office requesting refill authorization (refill requests shall be made stating the patient's name, medication and strength, number of doses, and date of prior refills. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist).
  - h. Calls to and/or from physician's office or facility nursing staff dealing with profile information where no interpretation is necessary, i.e. quantity, date last filled, price, etc.
  
- 3. Daily workflow:** Counts and pours from stock bottles for individual prescription after drug has been retrieved from stock by pharmacist or licensed technician. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
  - a. May process refill prescriptions only where there is no change in the prescription.
  - b. Receives prescription data from the fax machine and forwards to a pharmacist or to the data entry department as necessary. Receives, reviews, and triages all faxes to the appropriate workflow queues. (DocuTrack Triage)
  - c. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
  - d. Faxes prescription information at the request of a licensed pharmacist.
  - e. Faxes computer generated or electronic refill requests to the prescriber.

- 4. Billing: Submits claims and works with insurances and facilities (patients) regarding rejections. Communicates to third party.**
  - a. Prepares monthly billing statements, works with facilities regarding billing.
  - b. Sets up billing for new admits
  - c. Processes e-kit billing
  
- 5. Medical Records: Enter & edit literal orders (those orders not dispensed off of) such as ADLs, treatment protocols, nutrition guidelines**
  - a. Correct admin times in medical records
  - b. Update diagnoses, allergies, diet, PCP, room# and bed#
  - c. Discontinue orders indicated to be no longer active
  - d. Attach photos to the medical records profile.
  - e. Print MARs, Med Records, monthly antibiotic report, monthly psychotropic report.
  - f. Problem solve eMar issues and other issues over the phone with the facility.
  - g. Renew orders upon receiving new physician orders (No changes allowed).
  - h. Track physician orders.
  
- 6. Delivery/staging:**
  - a. Removing returns from totes to further be sorted
  - b. Scanning medications into totes/bags/boxes, printing and placing manifests in the totes, closing the totes for delivery
  - c. Setting up emergency deliveries with couriers
  - d. Delivery of medications to facilities
  - e. Cleaning and maintaining IV or CADD umps
  - f. Cleaning and maintaining medication carts.
  
- 7. Purchasing & Inventory:**
  - a. Places, receives, unpacks and stores drug orders.
  - b. Review, remove and process outdated medications
  - c. Maintains drug formulary in pharmacy system
  - d. Inventory control and maintenance
  - e. Phone calls regarding the availability of goods and services.
  - f. Phone calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
  - g. Phone calls concerning price information.
  
- 8. Other functions:**
  - a. Processes and data enters all returned medications for appropriate credit.
  - b. Pre-package a pre-determined amount of cards of an individual medication, print label (non-patient) and affix to card for verification of label and product by a pharmacist. Product selection to be done by a technician or pharmacist.

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**ANCILLARY PERSONNEL UTILIZATION PLANS**  
**SPECIALIZED FUNCTIONS FOR TECHNICIANS**  
**IV ADMIXTURE**

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Pharmacy technicians will meet the following criteria to be eligible to perform Specialized functions: minimum of one year experience in LTC pharmacy, minimum of two years' experience as a technician, registered with the DOH/PQAC as pharmacy technician, and pass a pre-entry exam with a minimum score of 90%.

1. All technicians eligible to perform IV admixture will receive one on one training in IV compounding by a fully trained, practicing IV technician and/or an IV pharmacist. The trainee will be cleared for IV compounding by written testing, sterility testing and direct observation of sterile technique, by an IV pharmacist, prior to starting work as an IV technician as well as successful completion of the Washington State Department of Health 797 Checklist.
2. All technicians will pass an initial "Annual Aseptic Technique Practical Test PATT II" and "IV Tech Training Checklist" with 100% accuracy prior to performing IV admixture.
3. All technicians will participate in an ongoing QA program to include quarterly sterility testing and annual review of aseptic technique.
4. In addition to the requirements and utilization plan for licensed technicians, technicians performing IV admixture can perform the following functions under pharmacist supervision:
  - a. Clean IV hood and IV room per policy.
  - b. Reconstitute vials of dry powders and liquids using sterile technique.
  - c. Manipulate ampoules using sterile technique.
  - d. Withdraw contents of vials using sterile technique.
  - e. Add contents of vials and reconstituted vials to larger volumes of diluent using sterile technique.
  - f. Prepare/connect ingredients to a TPN compounding machine for pharmacist verification.
  - g. Run a TPN compounding machine once ingredients and labels are verified by a pharmacist.
  - h. Stage product for review by pharmacist.

<b>Employee</b>	<b>License Type</b>	<b>License Number</b>	<b>Exp Date</b>
Gookin, Daniel	Pharmacist	PH00016033	9/23/2020
Hamilton Buchholtz, Renae	Pharmacist	PH60214924	10/3/2020
Valencia, Kim	Pharmacist	PH60407186	12/10/2020
Chung, Brian	Pharmacist (Temp)	PH60601269	12/17/2020
Davis, Kirk	WA Pharmacist PIC	PH60477665	12/20/2020
Pharmacy OR License	Pharmacy	RP-0002766-CS	3/31/2021
Jung, Erik	Pharmacist	PH60439201	4/1/2021
Pharmacy WA License	Pharmacy	PHAR.CF.60409538	5/31/2021
Camacho, Fernando	Pharmacist	PH60490695	6/4/2021
Davis, Kirk	OR Pharmacist	RPH-0015146	6/30/2021
Davis, Kirk	IL Pharmacist	51300138	3/31/2022

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**SEP 08 2020  
DOH/HSQA/OCS  
CREDENTIALING**

## Commission SBAR Communication

---

Agenda Item/Title: **Pacific Northwest Specialty Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.**  
**Pharmacy technicians performing compounding functions**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

**N/A**



Pharmacy Quality Assurance  
Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

Date  
Stamp  
Here

Fee	
Ancillary Utilization .....	Fee
Check the <b>fee page</b> for current fees.	
<b>All application fees are nonrefundable</b>	

Revenue: 0262010000

## Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

### 1. Demographic Information

UBI # 603035745 Federal Tax ID (FEIN) # 27-3423534

Legal Owner/Operator Name Janet L. Coleman

Pharmacy License # CF60285905

Pharmacy Name Pacific NW Specialty Pharmacy

Physical Address 3801 Main Street Suite A

City Vancouver State WA Zip Code 98663 County Clark

Facility Phone (enter 10 digit #) 360-448-7890 Fax (enter 10 digit #) 360-448-7258

### 2. Facility Specific Information

Number of Employees:  
Pharmacists 2 Technicians 4 Assistants \_\_\_\_\_

### 3. Key Individuals

Responsible Pharmacist Janet L. Coleman License # PH00050608

### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Janet L. Coleman  
Signature of Owner/Authorized Representative of Pharmacy

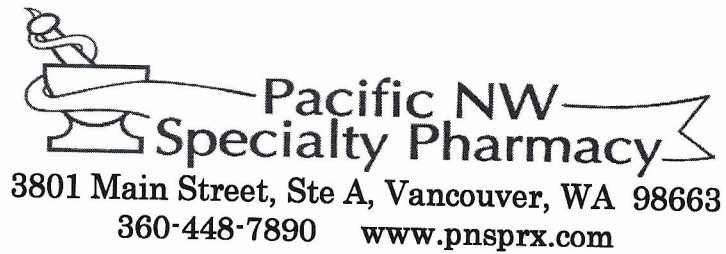
10-5-2020  
Date

Janet L. Coleman  
Print Name

Pharmacist/owner  
Print Title

### ASSISTANT UTILIZATION PLAN

- A. Places, receives, unpacks and stores drug orders.
- B. Files and retrieves various pharmacy records as required.
- C. Files completed prescriptions in will call for patient pick up.
- D. Maintains assigned work areas and equipment in clean and orderly condition.
- E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- F. Handles nonprofessional phone calls to/from:
  - 1. Patients requesting refill(s) of a prescription.
  - 2. Calls to physician's office requesting refill authorization:
    - a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - 3. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  - 4. Calls concerning price information.
  - 5. Calls regarding business hours or delivery services.
  - 6. Calls regarding the availability of goods and services—these might require transferring the call to another person.
  - 7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - 8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- G. Operates cash register and related front counter tasks.
- H. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked by a licensed pharmacist.
- I. May generate a label for refill prescriptions only where there is no change in the prescription.



J. Washes and cleans glassware and equipment as used, conduct proper cleaning and lab maintenance duties, including proper care and cleaning of technical equipment for compounding use.

K. Cleans and sterilizes clean room facility.

L. Trained and shall follow USP 795, USP 797 & USP 800

1. Read and become familiar with USP 795, 797 & 800
2. Read and become familiar with all site specific SOP's including those involving the facility equipment, personnel, actual compounding, evaluation, packaging, storage and dispensing.
3. Skills will be evaluated, reviewed and documented by designated personnel.
4. Procedures shall be demonstrated and observed by the supervising pharmacist.

### TECHNICIAN UTILIZATION PLAN

- A. Shall conduct him/herself in a professional manner in conformity with all applicable federal, state and municipal laws and regulations.
- B. May assist pharmacist in performing specific tasks designated within site specific SOP's.
- C. Places, receives and unpacks and stores drug orders.
- D. Files and retrieves various pharmacy records as required.
- E. Files completed prescriptions in will call for patient pick-up.
- F. Maintains assigned work areas and equipment in clean and orderly condition.
- G. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary
- H. Handles non-professional phone calls to/from:
  - 1. Patients requesting refill of a prescription
  - 2. Calls to physician's office requesting refill authorization
  - 3. Calls from physician's office authorizing refills providing no changes in the prescription are involved
  - 4. Calls concerning price information
  - 5. Calls regarding business hours or delivery services.
  - 6. Calls regarding the availability of goods and services – these might require transferring the call to another person
  - 7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - 8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- I. Operates cash register and related front counter tasks.
- J. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked by a licensed pharmacist.

### TECHNICIAN UTILIZATION PLAN

- K. Enters prescription data into the computer and monitors label printing.
- L. Transcribe written, faxed & electronic prescriptions and enters into computer. – Accuracy checked by licensed pharmacist.
- M. Reviews patients profile to retrieve specific clerical and other information as directed by a pharmacist.
- N. Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.
- O. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
- P. Washes and cleans glassware and equipment as used, conduct proper cleaning and lab maintenance duties, including proper care and cleaning of technical equipment for compounding use.
- Q. Performs the necessary procedures for making internal testing supplies, TSB and FTM, and logs the results and testing.
- R. Cleans and sterilizes clean room facility.
- S. Trained and shall follow USP 795, USP 797 & USP 800
1. Read and become familiar with USP 795, 797 & 800
  2. Read and become familiar with all site specific SOP's including those involving the facility equipment, personnel, actual compounding, evaluation, packaging, storage and dispensing.
  3. Skills will be evaluated, reviewed and documented by designated personnel.
  4. Procedures shall be demonstrated and observed by the supervising pharmacist.
- T. Utilize compounding specific software to generate documentation of all ingredients used including; measurements, lot numbers, and expiration dates for all medications compounded to patient specific prescriptions and verified by the supervising pharmacist.
- U. All tasks are assigned, overseen, checked and approved by the supervising pharmacist.



## Commission SBAR Communication

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Agenda Item/Title: **RLS USA Nuclear Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistants are performing functions within their scope of practice.  
Pharmacy technicians performing functions with radiopharmaceuticals and IV admixture**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



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**Fees (Check all that apply)**

- Pharmacy Location .....Fee
- Controlled Substance Act.....Fee
- Ancillary Utilization .....Fee  
(Complete additional application)
- Differential Hours .....Fee  
(Complete additional application)

Check the online [fee page](#) for current fees  
All application fees are nonrefundable.

Revenue: 0262010000

### Pharmacy License Application

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 Name Change Only – Current Facility Name \_\_\_\_\_

#### Check One

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input checked="" type="checkbox"/> Corporation        | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

#### 1. Demographic Information

UBI # **604-510-133**      Federal Tax ID (FEIN) # **83-3111597**

Legal Owner/Operator Name  
**RLS (USA) Inc.**

Mailing Address  
**8345 NW 66th Street, Suite 6479**

City **Miami**      State **FL**      Zip Code **33166**      County **Miami-Dade**

Phone (enter 10 digit #) **865-548-1449**      Fax (enter 10 digit #)

Email Address **contact@RLS.BIO**      Web Address: **https://RLS.BIO**

Facility/Agency Name (Business name as advertised on signs or Web site)  
**RLS (USA) Inc.**

Physical Address  
**4219 22nd Avenue West**

City **Seattle**      State **WA**      Zip Code **98199**      County **King**

Facility Phone (enter 10 digit #) **206-691-1685**      Fax (enter 10 digit #) **206-691-1125**

Email Address: **john.corallo@ge.com**

Mailing Address (If different than physical address) **Same as above**

City      State      Zip Code

**RLS (USA) Inc.  
4219 22nd Ave W  
Seattle, WA 98199-1206  
PHAR.CF.61014091**

## 2. Facility Information

### Type of Pharmacy

- Community/Retail   
  Hospital   
  Jail   
  Long-term Care (LTC)  
 Mail-Order   
  Nuclear   
  Parenteral   
  Internet   
  Compounding

### Pharmacy Hours—Indicate the hours the pharmacy will be open

Monday–Friday 02:00 - 16:00	Saturday 03:00 - 07:00	Sunday 03:00 - 07:00	Holidays
--------------------------------	---------------------------	-------------------------	----------

### Drug Enforcement Administration (DEA) Registration Number

DEA Number: N/A

### Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
 If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
 If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

Pharmacist in Charge John Corallo	License Number PH00042889	Date of Appointment May of 2000
--------------------------------------	------------------------------	------------------------------------

## 3. Contact Information

Contact Person Name John Corallo	Pharmacy Title Manager	Phone (enter 10 digit #) 206-691-1685	Email Address john.corallo@ge.com
Contact Person Name Heather Denniston	Pharmacy Title Technician	Phone (enter 10 digit #) 206-691-1685	Email Address heather.denniston@ge.com

## 4. Additional Information

Date of Incorporation 01/11/2019	Corporate Number file # 7233442	State of Corporation Delaware
-------------------------------------	------------------------------------	----------------------------------

### Legal Owner Information—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

Name	Address	Phone (enter 10 digit #)	Title
Werner Gruner	8345 NW 66th Street, Suite 6479 Miami, FL 33166	305-517-7714	President
Gerdus Kemp	8 Redfern Circle Johnson City, TN 37604	865-548-1449	Sr. Vice President
Gerhardus van Niekerk	8 Redfern Circle Johnson City, TN 37604	865-742-8822	Sr. Vice President

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**Change of Ownership Informa**

Previous Name of Legal Owner

Medi-Physics, Inc

Previous Name of Facility

GE Healthcare

Previous Pharmacy License #

PHAR.CF.00055830

Effective Date of Ownership Change

~~09/30/2019~~ ~~11/01/2019~~ 01/01/2020**List all Pharmacist—attach additional completed pages if you need more space.**

Name

License #

John C. Corallo

PH00042889

Jeffrey S. Duerr

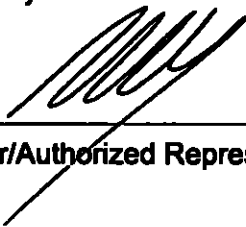
PH00014608

Anthony Y. Park

PH00056745

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.



7/8/2019

Signature of Owner/Authorized Representative of Pharmacy

Date

Werner Grung

President

Print Name

Print Title

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CREDENTIALING**



Washington State Department of

Health

Pharmacy Quality Assurance Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

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Fee	
Ancillary Utilization .....	Fee
Check the <u>fee page</u> for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

#### 1. Demographic Information

UBI # 604-510-133	Federal Tax ID (FEIN) # 83-3111597
----------------------	---------------------------------------

Legal Owner/Operator Name RLS (USA) Inc.
---

Pharmacy License # PHAR.CF.61014091
--

Pharmacy Name RLS (USA) Inc.
---------------------------------

Physical Address 8345 NW 66th Street, Suite 6479
---

City Miami	State FL	Zip Code 33166	County Miami-Dade
---------------	-------------	-------------------	----------------------

Facility Phone (enter 10 digit #) 865-548-1449	Fax (enter 10 digit #) 206-691-1685
---	--

#### 2. Facility Specific Information

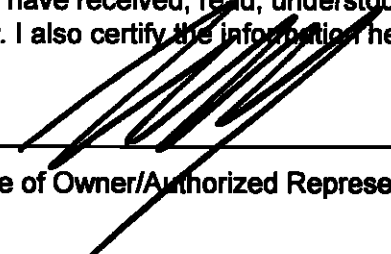
Number of Employees: Pharmacists <u>2</u> Technicians <u>2</u> Assistants <u>3</u>
---

#### 3. Key Individuals

Responsible Pharmacist <u>Anthony Park</u>	License # <u>PH0056745</u>
--	----------------------------

#### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

	02/19/2020
Signature of Owner/Authorized Representative of Pharmacy	Date
<u>Werner Gruner</u>	<u>President</u>
Print Name	Print Title

## **Ancillary Utilization Plan – Pharmacy Technicians**

### **Duties: Pharmacy Technician**

- Places, receives, unpacks and stores drug orders.
- Files and retrieves various pharmacy records as required as directed by a nuclear pharmacist.
- Maintains assigned work areas and equipment in a clean and orderly fashion.
- Prepares for delivery of radiopharmaceuticals by preparing shipping labels and delivery containers.
- Prepares finished radiopharmaceuticals for delivery by wrapping and placing into the proper delivery containers. Uses tracking software to direct containers to the right customer.
- Delivers radiopharmaceuticals to customers.
- Performs appropriate radioactive contamination detection on packages and containers entering or leaving the pharmacy. Performs appropriate radioactive contamination detection on specified areas in the pharmacy. These duties are supervised and verified by a nuclear pharmacist.

### **Radiation Safety Related Duties**

These duties are under the supervision of the radiation safety officer.

- Performs scheduled radiation surveys, contamination tests and assays. Records results.
- Performs regularly scheduled calibration checks of various radiation detection devices present in the pharmacy. This list includes but is not limited to: Daily constancy and channel testing, linearity testing, geometry testing.
- Performs sealed source leak testing.
- Receives, surveys, and stores various radioactive materials for later use.

### **Radiopharmaceutical Preparation**

- Performs elutions of Mo99/TcO4 generators under direct instruction of a nuclear pharmacist. Performs basic testing of the TcO4 elution, including but not limited to Mo-99 breakthrough and alumina breakthrough testing.
- In preparation for pharmacist final verification, matches orders to correct radiopharmaceutical prior to dose drawing.
- Under direct instruction of a nuclear pharmacist, prepares radiopharmaceuticals according to established drug master files.
- Follows company SOP and under pharmacist supervision, prepares radiolabeled white blood cells.
- Dispenses radiopharmaceuticals verified by a supervising nuclear pharmacist.
- Performs product quality control tests on prepared products and records results. This is done under the supervision and with the verification of a nuclear pharmacist.

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## **Ancillary Utilization Plan – Pharmacy Technicians**

- Maintains appropriate inventory of QC materials. Prepares materials (ex. development chambers, TLC strips) for QC, orders appropriate materials when necessary to maintain inventory levels.
- Handles non-professional phone calls in relation to:
  - Calls dealing with ordering of radiopharmaceuticals and other supplies from manufacturers/wholesalers/distributors.
  - Calls from customers inquiring about delivery times and other non-clinical information.
  - Calls from outside vendors for non-pharmacy related issues (utilities, delivery services, contractors, etc.).
  - Calls regarding availability of goods and services.
- IV admixtures.

### **Selection Criteria:**

Pharmacy technicians are selected from those candidates with the following characteristics:

- Persons who have graduated from a state accredited pharmacy technician program.
- Persons who are able to complete all tasks as described in the attached job description of pharmacy technicians (attachment 1).

### **Description of Training Methods**

Once selected, pharmacy technicians are trained in all aspects of pharmacy with a focus on radiation safety, aseptic technique and cleanroom operations. Training is both didactic and experiential. The technician is evaluated through written examinations and observation, both initially and routinely thereafter. Initial demonstration of skills through media fill validation and finger tip touch plates are required prior to working with patient IV admixtures. Initial demonstrations of proper techniques in handwashing/appropriate hygiene, cleanroom entry, cleanroom garbing and aseptic technique are observed and documented. This is accompanied by radiation safety training, also that is tested, observed and documented. Also required prior to any aseptic patient work is successful initial completion of associated training modules.

Attachment 2 lists training modules and procedures a pharmacy technician would have to be trained in order to handle radiopharmaceuticals. Attachment 3 contains a few of the procedures that a technician would be required to study and understand. Attachment 4 contains example evaluations that a pharmacy technician would be required to complete successfully in order to start and continue handling radiopharmaceuticals for patient work. Attachment 5 shows some examples of our online didactic tests. All these records are available at the pharmacy upon request.

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## Ancillary Utilization Plan – Pharmacy Technicians

### Attachment 1. Job Title, Description and Key Responsibilities

#### Job Title:

Pharmacy Technician

#### Job Description:

A pharmacy technician is responsible for supporting pharmacy operations by dispensing sterile products, packaging and delivering radiopharmaceuticals. Actively participates in the maintenance of the sterile compounding facility & environmental health & safety, quality assurance & radiation safety programs.

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#### Key responsibilities/essential functions include:

- Exemplifies compliance with all regulations, Company Policies, Corporate Standards and Health and Safety rules related to area of responsibility.
- Process and review customer orders from initial receipt through final packaging accurately and consistently.
- Perform daily set-up for production
- Fulfill the radiopharmaceutical orders & perform leukocyte labeling procedures.
- Handle, package and deliver radiopharmaceuticals and hazardous materials in compliance with Company Policies, Corporate Standards and Health and Safety rules related to area of responsibility.
- Monitor and maintain appropriate level of drug inventory and other business necessary supplies.
- Perform required tests on equipment (e.g. dose calibrator constancy and survey meter checks) and manually record results.
- Perform quality control tests on prepared products to ensure all quality requirements have been met.
- Process returned medical waste and maintain returned reusable supplies in compliance with all regulations and Company Policies.
- Maintain cleanliness of lab in accordance with the facility housekeeping schedules, which may include but are not limited to: mopping, sweeping, cleaning and tidy work spaces, and removal of waste from facility.
- Prepare the bio-hazardous waste disposal and complete the paperwork for shipment & tracking.
- Perform radiation wipes and surveys on shipping containers, pharmacy supplies, incoming packages, work spaces and vehicles.
- Actively participate in maintaining a safe work environment by completing required training, providing suggestions for improving the health and safety program and bringing unsafe acts and/or conditions to the attention of management.
- Support Pharmacy Operations by accurately entering regulatory and other required information into pharmacy computer system.

#### Quality Specific Goals:

- Aware of and comply with the Quality Manual, Quality Management System, Quality Management Policy, Quality Goals, and applicable laws and regulations as they apply to this job type/position



### **Ancillary Utilization Plan – Pharmacy Technicians**

- Complete all planned Quality & Compliance training within the defined deadlines
- Identify and report any quality or compliance concerns and take immediate corrective action as required

Training includes both didactic and experiential components and are routinely reviewed. Completion of training modules and observational assessments (select modules) are available for inspection upon request.

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## **Ancillary Utilization Plan – Pharmacy Technicians**

### **Attachment 2: Pharmacy Technician Training Requirements**

#### **Training Requirements:**

10 CFR Part 19: Notices, Instructions and Reports to Workers: Inspections and Investigations [NPA-TM-I-20]  
10 CFR Part 20: Standards for Protection Against Radiation [NPA-TM-I-21]  
321 SRA: Ammo box delivery and return [SRA-321-15]  
321 SRA: Changing Overhead Lightbulbs [SRA-321-32]  
321 SRA: Dose Dispensing [SRA-321-50]  
321 SRA: Generator Movement - Outbound [SRA-321-18]  
321 SRA: WBC LABELING [SRA-321-21]  
Accident Investigation [SOP 5.1.7 (version 1.2)]  
Agency Contact and Regulatory Reporting Requirements [Policy 1.2.4]  
Air Monitoring Procedures [NPA-TM-III-11]  
ALARA [NPA-TM-O-08]  
Applied Mathematics [NPA-TM-I-18]  
Basics of Ionizing Radiation [NPA-TM-O-04]  
Bloodborne Pathogens Awareness (PSU) (annual) [GE-EHS-140-a]  
Bloodborne Pathogens: Safe Handling Practices for Blood and Needles [NPA-TM-O-13]  
Canberra Genie 2000 Multichannel Analyzer; Basic Operations [NPA-TM-II-05]  
Captus 3000 - 4000 Procedure [SOP 2.4.12]  
Centrifuge Calibrations [SOP 7.2.1]  
Change Packet 09/06/2019 [Change Packet 09/06/2019]  
Cold Trash Monitoring [NPA-TM-II-09]  
Courier Security [NPA-SC-001]  
Customer Service [NPA-TM-O-03]  
Customer Service Video [NPA-CSV-01]  
Determination of Window Settings for Ludlum 2200 [NPA-TM-III-05]  
Dose Calibrator Accuracy Test [NPA-TM-III-08]  
Dose Calibrator Constancy Check [NPA-TM-III-06]  
Dose Calibrator Geometry Test [NPA-TM-III-09]  
Dose Calibrator Linearity Test [NPA-TM-III-07]  
DOT Driver Training [DOT Driver Training]  
DOT RAM and IATA Training [NPA-DOT-001]  
E-framework: Air, Water and Waste Training [NPA-EHS-800]  
Emergency Preparedness [NPA-TM-O-14]  
Fatigue Awareness [NPA-EHS-330]  
Fetal Protection Policy [NPA-TM-O-07]  
Fundamentals of Human & Organizational Performance (HOP) [GE-EHS-392]  
General Radiation Safety [NPA-TM-O-11]  
Handling Radioactive Spills [NPA-TM-I-17]  
Hazard Communication Training [NPA-TM-O-10]  
Hazardous Waste Awareness [GE-EHS-CEP-42]  
Hazmat Trans - Smoke Alarm and Tritium Exit Sign Recycling [SOP 11.1.8 Version 1.0]  
Hazmat Transportation - Customer RAM Deliveries and Returns [SOP 11.1.6 Version 1.0]  
Hazmat Transportation - GEHC Generator Returns [SOP 11.1.4 Version 1.0]  
Hazmat Transportation - Lantheus Generator Returns [SOP 11.1.3 Version 1.0]

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## Ancillary Utilization Plan – Pharmacy Technicians

Hazmat Transportation - Mallinckrodt Generator Returns [SOP 11.1.5 Version 1.0]  
Hazmat Transportation - Product Container Packaging [SOP 11.1.7 Version 1.0]  
Hazmat Transportation - RAM Shipments [SOP 11.1.1 Version 1.0]  
Hazmat Transportation - Shipping [Policy 11.1]  
Hazmat Transportation - Shipping Receiving and Opening RAM Packages [SOP 11.1.2 Version 1.0]  
Incident Analysis [NPA-EHS-110]  
Incident Investigation and Follow-Up [SOP 5.1.7]  
Instrument Efficiency Determination [NPA-TM-III-03]  
Instrumentation Basic Principles of Operation [NPA-TM-III-02]  
Laboratory Coat Monitoring [NPA-TM-II-08]  
Lead Recycling [SOP 2.9.4]  
Lifting, Carrying, Loading and Unloading [NPA-TM-O-12R]  
Lone Worker Policy [NPA-TM-O-17]  
Ludlum 2200 Constancy Check [NPA-TM-II-04]  
Ludlum Scaler Model 1000: Constancy Check of Single Channel Scaler [NPA-TM-II-02]  
Ludlum Scaler Model 1000; Basic Operations [NPA-TM-II-01]  
Ludlum Scaler Ratemeter Model 2200: Basic Operation [NPA-TM-II-03]  
Manual Material Handling and Ergonomics [NPA-TM-O-12]  
Methylene Chloride Awareness [NPA-EHS-520]  
Mo-99/Tc-99m Generator Elutions [NPA-TM-III-17]  
Motor Vehicle Safety [SOP 5.1.9 (version 1.2)]  
Personal Protective Equipment [NPA-TM-I-01]  
Personnel Decontamination Procedures [NPA-TM-II-12]  
Personnel Dosimetry [NPA-TM-I-02]  
Pharmacy Dispensing Policy 3.5 [NPA PP 3.5]  
Pharmacy Inspections [Policy 2.7]  
Procedure for Entry to Clean Rooms [SOP 6.6.1]  
Quality Control Testing Procedure [NPA-TM-III-01]  
RA - Ammo Case Movement [NPA-SRA-001]  
RA - Biohazard Bin Closure and Storage [NPA-SRA-009]  
RA - Changing Overhead Bulbs and Filters [NPA-SRA-010]  
RA - Laminar Flow Hood Cleaning [NPA-SRA-014]  
RA - Quality Control [NPA-SRA-019]  
RA - Return Processing [NPA-SRA-007]  
RA -White Blood Cell Labeling [NPA-SRA-005]  
Radioactive Decay Calculations [NPA-TM-III-12]  
Regulation of Our Business [NPA-TM-O-02]  
Regulatory Guide 8.13 [NPA-TM-O-06]  
Regulatory Guide 8.20 [NPA-TM-I-22]  
Regulatory Guide 8.29 [NPA-TM-O-05]  
Restricted Area Visitor Procedures [NPA-TM-II-06]  
Review of Facility Inspections and Audits [NPA-TM-III-16]  
Rx Quality Control Manual [QC Manual]  
Sealed Source Exchange [NPA-PP-4.1.8]  
Sealed Source Inventory [NPA-PP-4.1.6]  
Sealed Source Leak Testing [NPA-PP-4.1.7]  
Spectrometer High Voltage Determination [NPA-TM-III-04]  
Survey Meters: Types, Uses, Operation and Maintenance [NPA-TM-I-10]

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## **Ancillary Utilization Plan – Pharmacy Technicians**

Thyroid Bioassay [NPA-TM-III-13]  
Tour of Facility [NPA-TM-O-09]  
US Pharmacy Operations Employee Handbook [NPA -HR-001]  
USP 797 Compounding and Dispensing Training [NPA-USP797-02]  
Visitor, Student, Contractor [SOP 4.2.6]  
Waste Area [NPA-TM-I-14]  
Waste Management - Pig Break Down [SOP 2.9.2]  
Waste Storage Procedures [NPA-TM-II-11]  
WBC Garbing and PPE [SOP 7.1.1]  
Workplace Violence - Radiopharmacies [NPA-SC-002]

Policy 6.1 Overview of Aseptic and Quality Assurance Control

*SOP 6.1.1 Quality & USP <797> Compliance Audits*

Policy 6.5 Storage & Handling Inventory

*SOP 6.5.1 Storage & Handling Component*

Policy 6.6 USP <797> Aseptic Garb & Hygiene

*SOP 6.6.1 USP <797> Procedure for Entry to Clean Rooms*

Policy 6.7 USP <797> Disinfection

*SOP 6.7.1 USP <797> Cleaning and Sanitizing Clean Room*

Policy 6.10 USP <797> End Product Inspection

Policy 6.11 Aseptic Risk Levels

*SOP 6.11.2 Aseptic Technique & Preparation*

*SOP 6.11.3 USP <797> Media-Fill Operator Validation*

*SOP 6.11.5 USP <797> Work Practice Assessment (Glove Finger Tip Sampling)*

*SOP 6.11.6 USP <797> Microbiological Environmental Monitoring (Viable Particle Testing)*

Policy 6.12 USP <797> Clean Room Area Classification

Policy 7.1 Overview of the Blood Handling Procedure

*SOP 7.1.1 White Blood Cell Processing Garb and PPE*

*SOP 7.1.2 Personnel Training and Evaluation*

*SOP 7.1.3 Operator Validation*

*SOP 7.1.4 Leukocyte Tracking*

*SOP 7.1.5 Leukocyte Handling*

*SOP 7.1.6 Leukocyte Labeling Procedure*

*SOP 7.1.8 Damaged Red Blood Cell Procedure*

Policy 7.2 Facilities

*SOP 7.2.1 Centrifuge Calibration Test*

Policy 7.3 Biohazard Contamination

Policy 7.4 Waste Handling Program

*SOP 7.4.1 Packaging & Transportation*

Policy 7.5 Blood Disinfectant Program

Training includes both didactic and experiential components and are routinely reviewed. Completion of training modules and observational assessments (select modules) are available for inspection upon request.

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## Ancillary Utilization Plan – Pharmacy Technicians

### Attachment 3: Selected SOPs related to training in IV Admixture work.

#### 6.11.2 Aseptic Techniques and Preparation

##### VII. Procedure:

- A. All employees entering the clean room shall:
  - 1. Maintain good personal hygiene
  - 2. Perform thorough hand cleaning
  - 3. Select and properly don appropriate garb
  - 4. Clean and maintain the environment in accordance with the ISO classification of each area
  - 5. Protect personnel and compounding environments from contamination
  - 6. Offer guidance when observing incorrect procedures and report malfunctioning equipment.
- B. All employees performing aseptic operations shall:
  - 1. Accurately and aseptically compound and fill sterile products
  - 2. Properly label all CSP
  - 3. Inspect all CSP prior to release
- C. To aid in maintenance of ISO classified air quality and first air:
  - 1. Only personnel directly involved in compounding or filling should be in the buffer rooms while aseptic processes are in progress.
  - 2. Dynamic occupancy rates tested during the current certification test should not be exceeded during aseptic operations.
  - 3. Verify LFH has proper air velocity prior to use by visual inspection of the airflow monitor or magnehelic gauge.
    - a. If the LFH airflow monitor indicates the velocity is below the manufacturer's acceptable level for operation, the pre-filters shall be replaced. If the air velocity remains below the acceptable level after changing the pre-filters, the unit shall not be used.
  - 3. Verify BSC has proper air velocity prior to use each day by visual inspection of the magnahelic gauge and record the reading on Form 25.
    - a. A significant change in the magnahelic gauge reading the time of calibration will indicate cause for concern and the unit shall not be used until service personnel can evaluate proper function.
  - 4. All personnel while working in the CR shall avoid excessive and fast movement that may compromise the air quality inside the ISO Class 5 PEC. This includes flapping of hands to dry gloves or quick movements through the air curtain at the face of the PEC.
  - 5. Only essential personnel and items shall be in the immediate area of an ISO Class 5 PEC during aseptic processing. The immediate area shall be a minimum of 3 feet in front of any ISO Class 5 PEC.
  - 6. Talking shall be kept to a minimum and directed away from the PEC during aseptic processing.
  - 7. Operators shall not interfere with the first air flowing directly from the PEC HEPA filter to critical sites during manipulations.
    - a. Radiation safety practices must be balanced with aseptic handling practices when handling radioactive materials. The use of flanged syringe shields and recessed vial shielding may disrupt direct first air contact with the vial septum during certain handling conditions.
    - b. The operators' hands or any equipment shall not be allowed to block or interrupt HEPA filtered air to critical sites e.g. unsheathed needle, open centrifuge tube, exposed barrel tip and punctured vial septum when radiation safety practices are not a factor, e.g., drawing saline into a syringe.

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## Ancillary Utilization Plan – Pharmacy Technicians

### 6.11.2 Aseptic Techniques and Preparation

8. Only supplies critical to aseptic operations may be introduced into the PEC.
    - a. Items placed in the PEC shall be disinfected using a sterile wiper and sterile 70% IPA.
    - b. Unit dose pips shall be cleaned and disinfected within 24 hours prior to the production run.
    - c. Equipment and absorbent material shall not obstruct airflow return grates at the front and back of the work surface.
  9. Saline bags and other products or devices shall be hung in the PEC to avoid obstructing first air to the DCA and to ensure critical sites are accessed at least 6 inches from the front edge and either side wall of the PEC.
  10. A minimal number of absorbent pads may be used in the PEC for ALARA purposes and shall not block airflow grates at the front or back of the PEC.
  11. Only supplies immediately necessary to kit compounding and dose filling activities shall be in the DCA.
  12. Under normal operations, PECs should never be turned off. In the event of a power failure or shut down for maintenance or service, the unit must be:
    - a. Turned on and allowed to run for a minimum of 30 minutes to allow purging of contaminated air and full circulation of first air.
    - b. Cleaned with a List A agent and disinfected with sterile 70% IPA prior to use.
- D. General Principles of Aseptic Technique
1. Aseptic principles are used during preparation of CSPs to ensure they are free of microorganisms, pyrogens and particulate matter. It involves the manipulation of products, vials, syringes and the shielding necessary to reduce radiation exposure with consideration to airflow to produce a sterile final product.
  2. All aseptic manipulations shall be conducted in a properly prepared ISO Class 5 PEC while wearing appropriate garb.
  3. Compounding, dose filling, removing, changing or adding a needle, and vial or bag punctures or any action that involves exposing a critical site to potential contamination shall be considered an aseptic manipulation.
  4. Vial septa and bag injection ports shall be disinfected before puncturing, after being exposed to less than ISO 5 air, and if touch contamination is known or suspected. Disinfection shall be performed:
    - a. inside the PEC prior to initial puncture
    - b. using a new sterile 70% IPA swab
    - c. by wiping three times in the direction of the operator
    - d. prior to another needle puncture if vial shield top is closed or product is removed from the ISO 5 environment
    - e. frequently whenever multiple punctures are occurring
  5. Critical sites such as the needle shaft and tip, the syringe plunger ribs, and barrel tip cannot be disinfected and must be discarded if touch contamination is known or suspected.
  6. Care must be taken to avoid touching the plunger ribs when drawing sterile products into syringes. If plunger ribs have been or are suspected to have touch contamination:
    - a. You may continue with the action of pulling product into the syringe.
    - a. You may eject one time as needed e.g. during kit preparation.
    - b. You may NOT move the plunger back and forth to adjust activity/volume because the product may become contaminated.

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## Ancillary Utilization Plan – Pharmacy Technicians

### 6.11.2 Aseptic Techniques and Preparation

7. Needles shall be used immediately upon removing the cap and promptly recapped or discarded after use.
8. Syringes containing diluents or sterile products for future use may not have the needles removed unless replaced with a sterile cap.
9. Syringes and needles must be discarded if needles are uncapped or removed from syringes in an environment other than ISO Class 5 air quality.
10. Operators shall disinfect their gloves by spraying all surfaces with Sterile 70% IPA:
  - a. Immediately after donning sterile gloves.
  - b. Prior to cleaning the PEC.
  - c. Immediately prior to each kit preparation after all disinfected components for compounding have been properly introduced into the PEC.
  - d. Immediately prior to each dose drawing activity after proper line clearance has been completed and the kit has been properly introduced into the PEC.
  - e. Immediately prior to initiating each WBC processing action conducted inside the BSC.
  - f. Prior to re-entering the PEC after touching non-sterile surfaces such as phones, barcode scanners, pens, paper, carts, generators, heat block containment box, tables, etc.
  - g. Periodically throughout prolonged sessions of compounding or dose drawing or when suspected or known contaminant has occurred.

#### D. Assignment of BUDs

1. Sterile and Non-sterile prepared products:
  - a. Shall not exceed the manufacturer's expiration date or time of the component(s) used in compounding.
  - b. Non-sterile shall be compliant with current USP<795> guidelines.
  - c. Sterile radiopharmaceutical shall be compliant with current USP<825> guidelines.
  - d. Sterile radiopharmaceuticals prepared from cold kits shall be compliant with Policy 6.8 Stability Testing when applicable.
2. Single dose containers:
  - a. Must be punctured within an ISO Class 5 environment with proper aseptic technique.
  - b. Must be properly labeled with the BUD date and time.
    - (a) Single-dose containers used during a single production run not exceeding 6 hours and remaining under the control of a single operator, need not be labeled but must be discarded at the end of the single production run.
  - c. Maximum BUD is 6 hours and must be discarded 6 hours after the initial needle puncture.
3. Multiple dose vial containers:
  - a. Must be punctured within an ISO Class 5 environment with proper aseptic technique.
  - b. Must be properly labeled with initial puncture date and discard date.
  - c. Maximum BUD is 28 days after initial needle puncture unless otherwise specified by the manufacturer.
  - d. BUD shall not exceed the manufacturer's expiration date.

#### VIII. Training

All employees who perform aseptic operations shall be trained on this procedure.

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## **Ancillary Utilization Plan – Pharmacy Assistants**

**Job Titles Encompassed:** Courier, Courier Supervisor/Team Lead - Courier

**Duties:** Pharmacy Assistant

- Places, receives, unpacks and stores drug orders.
- Files and retrieves various pharmacy records as required as directed by a nuclear pharmacist.
- Maintains assigned work areas and equipment in a clean and orderly fashion.
- Prepares for delivery of radiopharmaceuticals by preparing shipping labels and delivery containers.
- Prepares finished radiopharmaceuticals for delivery by wrapping and placing into the proper delivery containers. Uses tracking software to direct containers to the right customer.
- Performs product quality control tests on prepared products and record results. This is done under the supervision and with the verification of a nuclear pharmacist.
- Delivers radiopharmaceuticals to customers.
- Performs daily constancy calibration tests under supervision of the radiation safety officer.
- Performs appropriate radioactive contamination detection on packages and containers entering or leaving the pharmacy. Performs appropriate radioactive contamination detection on specified areas in the pharmacy. These duties are supervised and verified by a nuclear pharmacist.

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## **Ancillary Utilization Plan – Pharmacy Assistants**

**Job Title: Courier**

### **Job Description:**

Manage the courier staff, including all hiring, scheduling, training & dispatching to accommodate pharmacy operations within a 24 hour healthcare business environment. Support pharmacy operations by handling, packaging and delivering radiopharmaceuticals within regulatory guidelines to authorized recipients, such as hospitals, imaging facilities & healthcare clinics.

### **Job Functions: General**

- Handle, package and deliver radiopharmaceuticals in compliance with all regulations and Company Policies.
- Processing prepared products by wrapping and placing into the proper delivery containers, preparing shipping paperwork and labels.
- Process returned medical waste and maintain returned unusable supplies in compliance with all regulations and Company Policies.
- Maintain cleanliness of lab with facility housekeeping schedules.
- Assist in the disposal & related paperwork of bio-hazardous waste.
- Assist in the inventory control of general lab supplies.
- Complete radiation wipes and surveys on shipping containers, pharmacy supplies, incoming packages, workspaces and vehicles to ensure employee safety & to meet radioactive material licensing conditions.
- Completes Department of Transportation (DOT) paperwork for deliveries.
- Complete initial & annual required safety training.
- Support Pharmacy Operations by accurately entering required information into pharmacy computer system.
- Regularly inspect and coordinate routine maintenance of delivery vehicles.
- Perform required tests on lab equipment.
- Perform product quality control tests on prepared products and record results.
- Active participant in company & pharmacy wide environmental, health, safety & quality programs.

### **Quality Specific Goals**

- Aware of and comply with the Quality Manual, Quality Management System, Quality Management Policy, Quality Goals, and applicable laws and regulations as they apply to this job type/position.
- Complete all planned Quality & Compliance training within the defined deadlines.
- Identify and report any quality or compliance concerns and take immediate corrective action as required.

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## Ancillary Utilization Plan – Pharmacy Assistants

### Training Requirements: Couriers

- 10 CFR Part 19: Notices, Instructions and Reports to Workers: Inspections and Investigations [NPA-TM-I-20]
- 10 CFR Part 20: Standards for Protection Against Radiation [NPA-TM-I-21]
- Accident Investigation [SOP 5.1.7 (version 1.2)]
- ALARA [NPA-TM-O-08]
- Applied Mathematics [NPA-TM-I-18]
- Basics of Ionizing Radiation [NPA-TM-O-04]
- Behind the Wheel Driving Practical [NPA-SS-02]
- Bloodborne Pathogens Awareness (PSU) (annual) [GE-EHS-140-a]
- Bloodborne Pathogens: Safe Handling Practices for Blood and Needles [NPA-TM-O-13]
- Captus 3000 - 4000 Procedure [SOP 2.4.12]
- Courier Security [NPA-SC-001]
- Customer Service [NPA-TM-O-03]
- Customer Service Video [NPA-CSV-01]
- DOT Driver Training [DOT Driver Training]
- DOT RAM and IATA Training [NPA-DOT-001]
- E-framework: Air, Water and Waste Training [NPA-EHS-800]
- Electrical Safety [SOP 5.1.11]
- Emergency Preparedness [NPA-TM-O-14]
- External Radiation Dosimetry Dosimetry [SOP 4.2.4]
- Fatigue Awareness [NPA-EHS-330]
- Fetal Protection Policy [NPA-TM-O-07]
- GE Healthcare Operational Policy Statement [Policy 1.2]
- General Radiation Safety [NPA-TM-O-11]
- Handling Radioactive Spills [NPA-TM-I-17]
- Hazard Communication Training [NPA-TM-O-10]
- Hazardous Waste Awareness [GE-EHS-CEP-42]
- Hazmat Transportation - Customer RAM Deliveries and Returns [SOP 11.1.6 Version 1.0]
- Hazmat Transportation - Product Container Packaging [SOP 11.1.7 Version 1.0]
- Hazmat Transportation - RAM Shipments [SOP 11.1.1 Version 1.0]
- Hazmat Transportation - Shipping [Policy 11.1]
- Hazmat Transportation - Shipping Receiving and Opening RAM Packages [SOP 11.1.2 Version 1.0]
- Incident Investigation and Follow-Up [SOP 5.1.7]
- Lead Recycling [SOP 2.9.4]
- Lifting, Carrying, Loading and Unloading [NPA-TM-O-12R]
- Lone Worker Policy [NPA-TM-O-17]
- Manual Material Handling and Ergonomics [NPA-TM-O-12]
- Methylene Chloride Awareness [NPA-EHS-520]
- Motor Vehicle Safety [SOP 5.1.9 (version 1.2)]
- Personal Protective Equipment [NPA-TM-I-01]

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## **Ancillary Utilization Plan – Pharmacy Assistants**

- Personnel Dosimetry [NPA-TM-I-02]
- Procedure for Entry to Clean Rooms [SOP 6.6.1]
- RA - Ammo Case Movement [NPA-SRA-001]
- RA - Biohazard Bin Closure and Storage [NPA-SRA-009]
- RA - Changing Overhead Bulbs and Filters [NPA-SRA-010]
- RA - Return Processing [NPA-SRA-007]
- Regulation of Our Business [NPA-TM-O-02]
- Regulatory Guide 8.13 [NPA-TM-O-06]

Training includes both didactic and experiential components and are routinely reviewed. Completion of training modules and observational assessments (select modules) are available for inspection upon request.

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## **Ancillary Utilization Plan – Pharmacy Assistants**

**Job Title: Courier Supervisor/Team Lead – Courier**

### **Job Description:**

Manage the courier staff, including all hiring, scheduling, training & dispatching to accommodate pharmacy operations within a 24 hour healthcare business environment. Support pharmacy operations by handling, packaging and delivering radiopharmaceuticals within regulatory guidelines to authorized recipients, such as hospitals, imaging facilities & healthcare clinics.

### **Job Functions:**

- Assures the pharmacy is adequately staffed with trained couriers in accordance with company requirements and to meet customer needs.
- Develop courier objectives, communicates expectations & implements training and development plans for the courier staff.
- Dispatch couriers for deliveries based on customer need.
- Manage fleet operations, including vehicle inspections, routine maintenance, licensing, recalls & tolls for delivery vehicles.
- Supervise and/or handle, package and deliver radiopharmaceuticals in compliance with all regulations and Company Policies.
- Supervise and/or process prepared products by wrapping and placing into the proper delivery containers, preparing shipping paperwork and labels.
- Supervise and/or process returned medical waste and maintain returned unusable supplies in compliance with all regulations and Company Policies.
- Supervise and/or maintain cleanliness of lab with facility housekeeping schedules.
- Supervise and/or assist in the disposal & related paperwork of bio-hazardous waste.
- Supervise and/or assist in the inventory control of general lab supplies.
- Supervise and/or complete radiation wipes and surveys on shipping containers, pharmacy supplies, incoming packages, work spaces and vehicles to ensure employee safety & to meet radioactive material licensing conditions.
- Supervise and/or completes Department of Transportation (DOT) paperwork for deliveries.
- Complete initial & annual required safety training.
- Support Pharmacy Operations by accurately entering required information into pharmacy computer system.
- Supervise and/or perform required tests on lab equipment.
- Supervise and/or perform product quality control tests on prepared products and record results.
- Actively lead company & pharmacy wide environmental, health, safety & quality programs.

### **Quality Specific Goals:**

- Aware of and comply with the Quality Manual, Quality Management System, Quality Management Policy, Quality Goals, and applicable laws and regulations as they apply to this job type/position
- Complete all planned Quality & Compliance training within the defined deadlines
- Identify and report any quality or compliance concerns and take immediate corrective action as required

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## Ancillary Utilization Plan – Pharmacy Assistants

### Training Requirements: Courier Supervisor/Team Lead - Courier

- 10 CFR Part 19: Notices, Instructions and Reports to Workers: Inspections and Investigations [NPA-TM-I-20]
- 10 CFR Part 20: Standards for Protection Against Radiation [NPA-TM-I-21]
- Accident Investigation [SOP 5.1.7 (version 1.2)]
- Agency Contact and Regulatory Reporting Requirements [Policy 1.2.4]
- Air Monitoring Procedures [NPA-TM-III-11]
- ALARA [NPA-TM-O-08]
- Applied Mathematics [NPA-TM-I-18]
- Basics of Ionizing Radiation [NPA-TM-O-04]
- Behind the Wheel Driving Practical [NPA-SS-02]
- Bloodborne Pathogens Awareness (PSU) (annual) [GE-EHS-140-a]
- Bloodborne Pathogens: Safe Handling Practices for Blood and Needles [NPA-TM-O-13]
- Canberra Genie 2000 Multichannel Analyzer; Basic Operations [NPA-TM-II-05]
- Captus 3000 - 4000 Procedure [SOP 2.4.12]
- Change Packet 09/06/2019 [Change Packet 09/06/2019]
- Cold Trash Monitoring [NPA-TM-II-09]
- Courier Security [NPA-SC-001]
- Customer Service [NPA-TM-O-03]
- Customer Service Video [NPA-CSV-01]
- Determination of Window Settings for Ludlum 2200 [NPA-TM-III-05]
- Dose Calibrator Accuracy Test [NPA-TM-III-08]
- Dose Calibrator Constancy Check [NPA-TM-III-06]
- Dose Calibrator Geometry Test [NPA-TM-III-09]
- Dose Calibrator Linearity Test [NPA-TM-III-07]
- DOT Driver Training [DOT Driver Training]
- DOT RAM and IATA Training [NPA-DOT-001]
- E-framework: Air, Water and Waste Training [NPA-EHS-800]
- Electrical Safety [SOP 5.1.11]
- Emergency Preparedness [NPA-TM-O-14]
- External Radiation Dosimetry Dosimetry [SOP 4.2.4]
- Fatigue Awareness [NPA-EHS-330]
- Fetal Protection Policy [NPA-TM-O-07]
- Fundamentals of Human & Organizational Performance (HOP) [GE-EHS-392]
- GE Healthcare Operational Policy Statement [Policy 1.2]
- General Radiation Safety [NPA-TM-O-11]
- Handling Radioactive Spills [NPA-TM-I-17]
- Hazard Communication Training [NPA-TM-O-10]
- Hazardous Waste Awareness [GE-EHS-CEP-42]
- Hazmat Transportation - Customer RAM Deliveries and Returns [SOP 11.1.6 Version 1.0]
- Hazmat Transportation - GEHC Generator Returns [SOP 11.1.4 Version 1.0]
- Hazmat Transportation - Lantheus Generator Returns [SOP 11.1.3 Version 1.0]
- Hazmat Transportation - Mallinckrodt Generator Returns [SOP 11.1.5 Version 1.0]
- Hazmat Transportation - Product Container Packaging [SOP 11.1.7 Version 1.0]
- Hazmat Transportation - RAM Shipments [SOP 11.1.1 Version 1.0]

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## Ancillary Utilization Plan – Pharmacy Assistants

- Hazmat Transportation - Shipping [Policy 11.1]
- Hazmat Transportation - Shipping Receiving and Opening RAM Packages [SOP 11.1.2 Version 1.0]
- Incident Analysis [NPA-EHS-110]
- Incident Investigation and Follow-Up [SOP 5.1.7]
- Instrument Efficiency Determination [NPA-TM-III-03]
- Instrumentation Basic Principles of Operation [NPA-TM-III-02]
- Laboratory Coat Monitoring [NPA-TM-II-08]
- Lead Recycling [SOP 2.9.4]
- Lifting, Carrying, Loading and Unloading [NPA-TM-O-12R]
- Lone Worker Policy [NPA-TM-O-17]
- Ludlum 2200 Constancy Check [NPA-TM-II-04]
- Ludlum Scaler Model 1000: Constancy Check of Single Channel Scaler [NPA-TM-II-02]
- Ludlum Scaler Model 1000; Basic Operations [NPA-TM-II-01]
- Ludlum Scaler Ratemeter Model 2200: Basic Operation [NPA-TM-II-03]
- Manual Material Handling and Ergonomics [NPA-TM-O-12]
- Methylene Chloride Awareness [NPA-EHS-520]
- Motor Vehicle Safety [SOP 5.1.9 (version 1.2)]
- Personal Protective Equipment [NPA-TM-I-01]
- Personnel Decontamination Procedures [NPA-TM-II-12]
- Personnel Dosimetry [NPA-TM-I-02]
- Pharmacy Inspections [Policy 2.7]
- Procedure for Entry to Clean Rooms [SOP 6.6.1]
- Quality Control Testing Procedure [NPA-TM-III-01]
- RA - Ammo Case Movement [NPA-SRA-001]
- RA - Biohazard Bin Closure and Storage [NPA-SRA-009]
- RA - Changing Overhead Bulbs and Filters [NPA-SRA-010]
- RA - Quality Control [NPA-SRA-019]
- RA - Return Processing [NPA-SRA-007]
- Radioactive Decay Calculations [NPA-TM-III-12]

Training includes both didactic and experiential components and are routinely reviewed. Completion of training modules and observational assessments (select modules) are available for inspection upon request.

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## Commission SBAR Communication

---

Agenda Item/Title: **Salish Pharmacy**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician AUP.**

Background:

Assessment:

**Pharmacy technicians are performing functions within their scope of practice.**

Recommendation:

**Approve technician AUP**

Follow-up Action:

N/A



DATE  
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Fees (Check all that apply)	
<input checked="" type="checkbox"/>	Pharmacy Location ..... Fee
<input checked="" type="checkbox"/>	Controlled Substance Act..... Fee
<input checked="" type="checkbox"/>	Ancillary Utilization ..... Fee (Complete additional application)
<input checked="" type="checkbox"/>	Differential Hours ..... Fee (Complete additional application)

Check the online [fee page](#) for current fees  
All application fees are nonrefundable.

Revenue: 0262010000

### Pharmacy License Application

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 Name Change Only – Current Facility Name \_\_\_\_\_

#### Check One

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership               | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)               | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)             | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input checked="" type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership                       |   |

#### 1. Demographic Information

UBI # <i>Exempt</i>	Federal Tax ID (FEIN) #
<i>TRIBAL RESERVATION LICENSE 2020-30</i>	<i>38-3944883</i>

Legal Owner/Operator Name  
*SALISH INTEGRATIVE MEDICINE, INC*

Mailing Address  
*3700 PACIFIC HIGHWAY E SUITE 100B*

City <i>FIFE</i>	State <i>WA</i>	Zip Code <i>98424</i>	County <i>PIERCE</i>
---------------------	--------------------	--------------------------	-------------------------

Phone (enter 10 digit #) <i>253-382-6312</i>	Fax (enter 10 digit #) <i>253-382-6301</i>
---	---

Email Address <i>PHARMACY@SALISHCANCERCENTER.COM</i>	Web Address: <i>WWW.SALISHCANCERCENTER.COM</i>
---	---

Facility/Agency Name (Business name as advertised on signs or Web site)  
*SALISH CANCER CENTER*

Physical Address  
*3700 PACIFIC HIGHWAY EAST SUITE 100B*

City <i>FIFE</i>	State <i>WA</i>	Zip Code <i>98424</i>	County <i>PIERCE</i>
---------------------	--------------------	--------------------------	-------------------------

Facility Phone (enter 10 digit #) <i>253-382-6300</i>	Fax (enter 10 digit #) <i>253-382-6301</i>
--	---

Email Address:  
*PHARMACY@SALISHCANCERCENTER.COM*

Mailing Address (If different than physical address)

City	State	Zip Code	County
------	-------	----------	--------



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Fee	
Ancillary Utilization .....	Fee
Check the <b>fee page</b> for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

## Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

### 1. Demographic Information

UBI # <i>EXEMPT</i> <i>Puyallup TRIBAL RESERVATION License 2020-30</i>	Federal Tax ID (FEIN) # <b>38-3944883</b>		
Legal Owner/Operator Name <b>SALISH INTEGRATIVE MEDICINE, INC.</b>			
Pharmacy License # <i>PENDING - CREDENTIAL NUMBER IS PHAR.CT.61055473</i>			
Pharmacy Name <b>SALISH PHARMACY</b>			
Physical Address <b>3700 PACIFIC HIGHWAY E SUITE 100B</b>			
City <b>FIRE</b>	State <b>WA</b>	Zip Code <b>98424</b>	County <b>PIERCE</b>
Facility Phone (enter 10 digit #) <b>253-382-6300</b>		Fax (enter 10 digit #) <b>253-382-6301</b>	

### 2. Facility Specific Information

Number of Employees:

Pharmacists   1        Technicians   1        Assistants       

### 3. Key Individuals

Responsible Pharmacist RYAN M. GLOVER RPh License # PH 00017684

#### Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

  
 Signature of Owner/Authorized Representative of Pharmacy

6, Aug. 2020  
 Date

RYAN M GLOVER  
 Print Name

Responsible Pharmacist  
 Print Title



Washington State Department of  
**Health**  
Pharmacy Quality Assurance Commission  
P.O. Box 47877  
Olympia WA, 98504-7877  
360-236-4700  
Fax: 360-236-2901

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**Technician Specialized Function—Program Review Form**

**Chapter 246-901 WAC**

Date: 7 Aug 2020

Responsible Pharmacist: RYAN M. GLOVER RPh.

Pharmacy Name: \_\_\_\_\_ License #: \_\_\_\_\_ SALISH PHARMACY - License Pending PHAR.CIF: 6055473

Pharmacy Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ 3200 PACIFIC Highway E, Suite 102B

	Yes	No	Comments
Does the Program identify pharmacy technicians who meet the criteria for participation?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the responsible pharmacist sign the program proposal?	<input type="checkbox"/>	<input type="checkbox"/>	
Training Program at least 8 hours long and specifies the following categories:			
a. Basic skills in health system pharmacy, including goals and requirements of unit-dose medication systems.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Common medication errors and prevention strategies.			
c. Mathematical calculations and medical abbreviations.			
d. Drug product selection policies and safeguards.			
The validation process for individual performance of unit-dose medication checking includes:			
a. 1500 doses at several intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<i>NOT APPLICABLE</i> <i>Ryan Glover RPh</i>
b. Pharmacist supervision.			
c. 99% accuracy for success.			
The quality assurance program will annually audit the specialized skills of technicians:			
a. Random audits of checking accuracy audits performed by a licensed pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Retention of audit forms and incident reports related to pharmacy technician medication checking.			
Forms used in training, validation and audits are submitted with program?	<input type="checkbox"/>	<input type="checkbox"/>	
Utilization plan for specialized pharmacy technician functions is included with the program?	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: \_\_\_\_\_

**For staff use only**

Review completed on \_\_\_\_\_ by \_\_\_\_\_ Agreement type:  New  Renewal

Staff decision:  Approved  Revisions needed  Board agenda  
Board decision:  Approved  Denied  Notice sent to investigator



*The Puyallup Tribe's Integrative Approach to Healing*

Approval Date: 12.11.19 rmg  
Last Reviewed: 08.07.20  
Last Revised: 08.07.20  
Next Review Date: 06.25.21  
Version: IIb

## **Pharmacy ancillary personnel utilization and functions**

---

### **POLICY:**

Salish Pharmacy will provide a safe and secure dispensing of medications by adherence to applicable laws and regulations from the State of Washington and from the exceptional quality standards of Salish Cancer Center.

### **Procedures:**

Salish Pharmacy will not utilize pharmacy assistance. Technicians meeting legal requirements and are in good standing with the Washington State Pharmacy Quality Assurance Commission and Salish standards will be able to be employed. Specialized functions are not sought or utilized. The Pharmacy has no plans to exceed the ratio of pharmacist to technicians as well.

Technicians with Salish Pharmacy will read and understand the standard operating procedures of the pharmacy, and the General Policy and Procedure Manual of Salish Integrative Oncology Care Center (Ethics, Dress code, Harassment, Competencies).

The pharmacy outpatient prescription software is by Liberty. The technician is to be familiar with necessary functionality. Internet and informational technology are managed by Pacific Automation. Procedures are established for medication audits and medication waste. Pharmacy ancillary personal shall be licensed by the State of Washington per the Pharmacy Quality Assurance Commission and shall have the following tasks.

### **Pharmacy Technician daily activities.**

- Attach badge or identification
- Record information daily for:

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1. Temperature Log (per Eoscene)
2. Daily Shredding
3. Daily Cleaning

***Inventory control:***

- Manage drug orders (receive, unpack, restock clean...)
- Answer calls regarding drug ordering and supplies from wholesaler.
- Sign for and receive medication delivery
- The invoices come with delivery of order from wholesaler or manufacturer.
- Scan in Invoices to the pharmacy manager's email and email them to accounting.
- File Invoices
- Wipe down surfaces in the work area
- Order supplies for pharmacy and nurses.
- Inventory on last day of month
  - Count and check expirations on each medication
  - Remove expired medications from stock and quarantine them
- Search for stock when it is on backorder
- Search for Medication when it is on backorder

**Cashiering/Customer Service:**

- Operating the cash register and credit card machines.
- Reconcile billing and account deposits
- Files completed prescriptions alphabetically in the "will call" area for patient pick up.

**Prescription Order Processing:**

- Addresses pharmacy records as required (files, retrieves...)
- Keeps work area and equipment clean and orderly.
- If no counseling is deemed necessary by a pharmacist, the technician can complete refill transactions as requested.
- Under the supervision of a licensed pharmacist, the technician obtains, counts and pours from stock bottles, and labels medication for prescriptions. The accuracy of the prescription contents is check and verified electronically by a licensed pharmacist.
- Entering data for prescriptions and monitors label printing.
- Transcribing orders that are checked and initialed by a licensed pharmacist.
- Reviews patient profile to retrieve specific clerical information with licensed pharmacist supervision.
- Obtains stock bottles for prescription filling.

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### **Nonprofessional phone calls to/from:**

- Clear the prescription refill line and fax machine of prescription number refills.
- Call physician office for refill request (patient's name, medication, strength, number of doses, and date of previous fill; provided no changes in the prescription have occurred).
- Answer phone calls concerning pricing information and hours of service and non-professional questions (like patient's query on number of refills).
- Answer calls regarding drug ordering and supplies from wholesalers

### **Record keeping:**

- Patient called requesting refill of a prescription by number
- Calls concerning price information, hours of operation or general services.
- Files and retrieves various pharmacy records as required
- File complete prescription hard copies
- Maintains third party records including signature logs
- Maintains and files invoices.

### **Oral outpatient pharmacy:**

Pharmacy will use Liberty medicine to fill and bill prescriptions. The pharmacy technician will perform all related functions as legally allowed by the pharmacy technician license for the State of Washington. Once the pharmacy is aware of a new prescription for a patient, funding for the prescription will be necessary. If "prior auth" or "grants", or "specialty pharmacy" attach notes on progress note and needs to be kept track of for communication; the pharmacy will act as appropriate.

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*A Non-Profit Service of the **Puyallup Tribe***

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# General Policy and Procedure Manual

Version A1 - June 2015

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**Introduction**

This manual is designed for you, the employee, to inform you of our key policies. This manual is not intended to address or resolve all issues that may arise during the course of your employment. This manual is not a contract and does not create any contractual obligations. Nor is this manual a covenant for a specific term of employment.

It is understood that Salish Integrative Medicine, Inc. d/b/a Salish Integrative Oncology Care Center (SIOCC) reserves the right at its sole and absolute discretion to change, replace or revoke any of the policies guidelines or benefits in this manual at any time without prior notice. All revision of or additions to the manual must be approved by the Board of Directors. Additionally, SIOCC reserves the right to change forms and the format of operational documents for any reason.

The Executive Director reports to the Board of Directors and has overall strategic and operational responsibility for SIOCC's employees, programs and execution of its mission. The Practice Administrator reports to the Executive Director and is responsible for the direct supervision of the medical service delivery system including supervision and evaluation of employees and ensures that all goals and objectives are met. The Practice Administrator will be considered the custodian of all employee manuals.

The general purpose of this manual is to establish a uniform system of personnel administration that meets the social, economic and program needs of SIOCC. It is intended to provide consistent procedures to follow for management, administrators and employees. One copy of the General Policy and Procedure Manual, including all appendices, will be distributed to all employees of SIOCC. Electronic copies shall also be made available to employees.

Members of the Board of Directors are subject only to the terms of the SIOCC Charter and are not subject to the policies and procedures described in this manual. In case of conflict between the manual and the Charter of the SIOCC, the Charter will prevail.

If any section in this manual or any part of any section shall be declared invalid or unconstitutional, such declaration will not affect the validity of the remaining portions of this manual.

The Puyallup Tribe is a sovereign government and is therefore independent of state and local laws. The Puyallup Tribe operates under the authority of the Constitution of the Puyallup Tribe as recognized by the United States in the Medicine Creek Treaty of 1854.

Salish Integrative Oncology Care Center operates as a nonprofit entity of the Puyallup Tribe.

Reviewed and adopted by the Board of Directors \_\_\_\_\_

\_\_\_\_\_  
Date

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# Commission SBAR Communication

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Agenda Item/Title: **The Medicine Shoppe**

Date SBAR Communication Prepared: **6/30/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is looking for approval of the new Ancillary Utilization Plan.**

Background:

Assessment:

**Pharmacy is seeking approval for their pharmacy assistant and technician Ancillary Utilization Plan.**

**Pharmacy is performing non sterile compounding per USP 795**

Recommendation:

**Recommendation to approve pharmacy assistant and technician AUP**

Follow-up Action:

N/A



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Fees (Check all that apply)	
<input checked="" type="checkbox"/> Pharmacy Location .....	Fee
<input checked="" type="checkbox"/> Controlled Substance Act.....	Fee
<input checked="" type="checkbox"/> Ancillary Utilization.....	Fee
(Complete additional application)	
<input type="checkbox"/> Differential Hours .....	Fee
(Complete additional application)	
Check the online <u>fee page</u> for current fees	
All application fees are nonrefundable.	

Revenue: 0262010000

### Pharmacy License Application

This is for:  New     Change of Ownership     Change of Location – Current License # PHAR.CF.60080389  
 Name Change Only – Current Facility Name \_\_\_\_\_

#### Check One

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Association                          | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency            | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Partnership            |   |

#### 1. Demographic Information

UBI # 602898143		Federal Tax ID (FEIN) # 26-3968646	
Legal Owner/Operator Name SAINT-MARK ENTERPRISES #112 LLC		The Medicine Shoppe #112 902 W Indiana Ave Spokane, WA 99205-4508 PHAR.CF.61041452	
Mailing Address 457 VIA PALERMO DR.			
City HENDERSON	State NV	Zip C 89011	CLARK
Phone (enter 10 digit #) 206-650-5541		Fax (enter 10 digit #)	
Email Address rik@saint-markenterprises.com		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Web site) THE MEDICINE SHOPPE #112			
Physical Address 902 W. INDIANA AVE.			
City SPOKANE	State WA	Zip Code 99205	County SPOKANE
Facility Phone (enter 10 digit #) 509-327-1504		Fax (enter 10 digit #) 509-327-1505	
Email Address: 0112@medicineshoppe.com			
Mailing Address (If different than physical address) 457 Via Palermo Dr.			
City Henderson	State NV	Zip Code 89011	County Clark

## 2. Facility Information

### Type of Pharmacy

- Community/Retail     
  Hospital     
  Jail     
  Long-term Care (LTC)  
 Mail-Order     
  Nuclear     
  Parenteral     
  Internet     
  Compounding

### Pharmacy Hours—Indicate the hours the pharmacy will be open

Monday–Friday 9:00 AM - 6:00 PM	Saturday 9:00 AM - 1:00 pm	Sunday CLOSED	Holidays CLOSED MAJOR HOL
------------------------------------	-------------------------------	------------------	------------------------------

### Drug Enforcement Administration (DEA) Registration Number

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DEA Number: FM1355571

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### Background Questions

Yes No

- Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
If yes, list and explain on a separate sheet of paper.
- Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

Pharmacist in Charge Margaret Lamanna	License Number PH00011116	Date of Appointment 4/22/2009
--	------------------------------	----------------------------------

## 3. Contact Information

Contact Person Name Rik St. Germain	Title Owner	Phone (enter 10 digit #) 206-650-5541	Email Address rik@saint-markenterprises.com
Contact Person Name Magarent Lamanna	Title Pharmacist in Charge	Phone (enter 10 digit #) 509-327-1504	Email Address sme0112a@gmail.com


## 4. Additional Information

Date of Incorporation 1/2/2009	Corporate Number C20090102-1435	State of Corporation NEVADA
-----------------------------------	------------------------------------	--------------------------------

### Legal Owner Information—attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

Name	Address	Phone (enter 10 digit #)	Title
RIK ST.GERMAIN	457 VIA PALERMO DR HENDERSON, NV 89011	206-650-5541	MANAGING PARTNER
MARK A. MILLER	507 INVERRARY CT. EUREKA, MO 63025	314-518-2427	MANAGING PARTNER

<b>Change of Ownership Information</b>		
Previous Name of Legal Owner		
Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change
<b>List all Pharmacist—attach additional completed pages if you need more space.</b>		
Name	License #	
MARGARET LAMANNA	PH00011116	
KAYLYN PFEIFFER	PH60583405	
AMY AKRAMOFF	PH00018317	RECEIVED
		JAN 31 2020
		DOH/HSQA/OCS CREDENTIALING
<b>Signature</b>		
I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.		
 Signature of Owner/Authorized Representative of Pharmacy		1/14/2020 Date
RIK ST.GERMAIN	MANAGING PARTNER/OWNER	
Print Name	Print Title	

## Pharmacy Assistant Utilization Plan

902 W. Indiana Ave.  
Spokane, WA 99205

The primary responsibility of a pharmacy assistant is to assist the Medicine Shoppe pharmacist in all duties that a non-professional can legally perform. The pharmacist is ultimately responsible for all prescriptions dispensed. The actual dispensing verification of prescriptions **must** be performed by the pharmacist. The pharmacy assistant must work under the direct control and supervision of a licensed pharmacist who is legally responsible for their performance at all times. All duties assigned to pharmacy assistants must be in compliance with Washington Board of Pharmacy laws and rules and require direct supervision at all times by a licensed pharmacist.

The Medicine Shoppe #112 utilizes up to 2 pharmacy assistants, under the direct supervision of a pharmacist during a shift.

### 1. Customer/Patient Service

- a. Greet all patients in a prompt, professional and courteous manner
- b. Maintain a thorough working knowledge of all areas of the store in order to provide patients with fast, friendly and efficient services
- c. Perform non-discretionary duties assigned by the pharmacist including clerical functions and pharmacy department maintenance

### 2. Receiving or Requesting Prescription Refills

- a. Pharmacy assistants will receive verbal refill requests from patients via person-to-person or telephone conversation. All requests should include: patients name, prescription number, medication name, telephone number and provide patient with pick up time
- b. Pharmacy assistants will request refill authorizations from practitioners via fax only when there are no changes. All requests should include: patient name, date of birth, medication name, quantity prescribed and last fill date
- c. Acceptance of new prescription or change in existing prescription cannot be performed by a pharmacy assistant

### 3. Drug Product Selection

- a. Pharmacy assistants may not select or take drugs from the shelf in the filling process of prescriptions. Only the pharmacist or pharmacy technician may select the drug as part of the filling process

### 4. Prescription Files and Records

- a. Pharmacy assistants will follow Saint-Mark Enterprises LLC company policies in maintaining all records and prescription files in accordance with state and federal governments

5. Ordering/Receiving of Pharmaceuticals and other Medications

- a. Pharmacy assistants will maintain proper inventory control procedures and check-in merchandise in accordance with the company policies. Controlled substances and legend drugs will be delivered to the pharmacy to review and mark appropriately. The Pharmacist is the **only** person allowed to complete controlled substance paperwork

6. Delivering Completed Prescriptions to Patients

- a. Pharmacy assistants will perform necessary cashiering tasks to complete the delivery of the finished prescriptions to patients then call a pharmacist to review medication with the patient. **All** re-fill prescriptions and new prescriptions require counseling by a licensed pharmacist according to federal and state laws.



902 W. Indiana Ave.  
Spokane, WA 99205

### **Pharmacy Technician Utilization Plan**

The primary responsibility of a pharmacy technician is to assist the Medicine Shoppe pharmacist in all duties that a non-professional can legally perform. The pharmacist is ultimately responsible for all prescriptions dispensed. The actual dispensing verification of prescriptions **must** be performed by the pharmacist. The pharmacy technician must work under the direct control and supervision of a licensed pharmacist who is legally responsible for their performance at all times. All duties assigned to pharmacy technicians must be in compliance with Washington Board of Pharmacy laws and rules and require direct supervision at all times by a licensed pharmacist.

The Medicine Shoppe #112 pharmacy utilizes 2 pharmacy technicians under direct supervision of a pharmacist in the retail area and 3 compounding technicians under direct supervision of a compounding pharmacist.

#### **1. Customer/Patient Service**

- a. Greet all patients in a prompt, professional and courteous manner
- b. Maintain a thorough working knowledge of all areas of the store in order to provide patients with fast, friendly and efficient service
- c. Handle non-professional phone calls, which do not require a pharmacist, in a professional manner
- d. Perform non-discretionary duties as assigned by the pharmacist including clerical functions and pharmacy department maintenance

#### **2. Receiving New/Written Prescriptions**

- a. Obtain all patient information and document in patient profile: patients full name, street address, date of birth, phone number(s), health conditions, allergies and insurance information
- b. Ensure each prescription clearly states: patient full name, date of birth, phone number, physician name
- c. If prescription is illegible where the technician can't read the prescription or doesn't understand the directions, alert the pharmacist and they will determine if the prescription is incorrect or needs clarification and consult the physician
- d. Document non-safety closures, ensure patient signs and updates a non-safety closure form annually. Ensure documentation is noted in patients profile, if non-safety closure is requested
- e. Determine method of payment: obtain prescription insurance information from the patient; enter insurance plan into the patient profile in PDX; adjudicate claim to determine eligibility, co-pay, or plan restriction. Cash prescriptions are processed in PDX and charged the "cash price" within the Point-of-Sale (POS) system
- f. Inform the patient that the approximate time required to prepare the prescription(s)



- g. Inform the patient the pharmacist will provide information and counseling regarding the prescription

3. Receiving or Requesting Prescription Refill Approvals

- a. Pharmacy technicians will receive verbal refill requests from patients via person-to-person or telephone conversation. All requests should include: patients name, prescription number, medication name, telephone number and provide the patient with a pick up time
- b. Pharmacy technicians will request refill authorization only when there are no changes to the original prescription
- c. Pharmacy technicians may take refill authorizations on refills from practitioners **only** when there are no changes to the original prescription
- d. Patient/Prescriber inquiries regarding professional or drug related information must be referred to the pharmacist

4. Drug Product Selection

- a. Pharmacy technicians will obtain and fill a generic drug per physician and patient permission. A generic equivalent will be dispensed per Washington Law if available, the pharmacist must select the generic drug if more than one generic exists for a specific branded item in the pharmacy

5. Preparation of Prescription Labels/PDX

- a. Transcribes orders which are then verified and initialed by a licensed pharmacist.
- b. Pharmacy technicians will generate prescription labels via the PDX computer system once a prescription has been reviewed by the pharmacist as being appropriate

6. PDX Drug Utilization Review

- a. **All** DUR's must be viewed and overridden by the pharmacist. All DUR's are displayed for the pharmacist during verification process

7. Preparation of Medications

- a. The pharmacy technician will obtain stock bottle, count or pour the appropriate quantity of medication called for in the prescription, double check the NDC number, quantity and drug name. The pharmacy technician will attach the prescription label to the container and give to the pharmacist to be inspected, stickered with appropriate auxiliary labels and initialed by the pharmacist before dispensing
- b. The pharmacy technician will reconstitute medications by adding a specific quantity of distilled or freshwater filtration system water specified by manufacture under the direct supervision of the pharmacist





8. Non-sterile Compounding Laboratory

- a. Pharmacy technicians will compound prescriptions under the supervision of a licensed pharmacist and be trained in current equipment, techniques and methods.
- b. All staff will be trained in the handling of hazardous drugs and review USP<795> and USP<800> annually.
- c. Compounding technicians are trained and proficient at donning and doffing of Personal Protective Equipment (PPE).
- d. Clean and calibrate equipment.
- e. Calculate, measure, mix and wet chemicals for compounding medications under the direct supervision of a pharmacist.
- f. Choose and fill the appropriate packaging such as: vial; bottle; tube; etc.
- g. Clean the labs based on Standard Operating Procedures (SOPs)
- h. Monitor stock of chemicals and supplies. Reorder as needed.
- i. Receive inventory and handle hazardous drugs according to USP<800> regulations.

9. Compliance Packaging

- a. Pharmacy technicians will manually package prescriptions in med boxes and unit dose cards for non-compliant patients under the supervision of a licensed pharmacist

10. Assembling Components of Prescriptions

- a. Original liquid bottles, patient information packets for hormone replacement, NSAIDS, anti-depressants, isotretinoin and all appropriate warning labels must be placed together to be inspected and initialed by the pharmacist prior to dispensing to the patient

11. Prescription Files and Records

- a. Pharmacy technicians will follow Saint-Mark Enterprises LLC company policies in maintaining all records and prescription files in accordance with state and federal governments

12. Third Party Prescription Programs

- a. Pharmacy technicians must understand all third party plans, their specific parameters and have a high degree of proficiency in performing the necessary billing and re-billing procedures to the processors of these plans

## Commission SBAR Communication

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Agenda Item/Title: **Yakima Neighborhood Health Services**

Date SBAR Communication Prepared: **11/13/2020**

Reviewer: **Irina Tiginyanu**

Link to Action Plan:

Action       Information       Follow-up       Report only

Situation:

**Pharmacy is seeking approval for their technician and assistant AUP.**

Background:

Assessment:

**Pharmacy technicians and assistant are performing functions within their scope of practice.**

Recommendation:

**Approve technician and assistant AUP**

Follow-up Action:

N/A



Washington State Department of

Health

Pharmacy Quality Assurance  
Commission  
PO Box 47877  
Olympia WA 98507-7877  
360-236-4700

Date  
Name  
Title

Fee	
Ancillary Utilization .....	Fee
Check the <u>fee page</u> for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

### Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

**Note:** Utilization plans for technicians and assistants must accompany this application.

Select One:  New  Update

#### 1. Demographic Information

UBI # 601139605		Federal Tax ID (FEIN) # 910928817	
Legal Owner/Operator Name Yakima Neighborhood Health			
Pharmacy License # Pending			
Pharmacy Name Neighborhood Health Terrace Heights			
Physical Address 2501 Business Lane			
City Yakima	State WA	Zip Code 98901	County Yakima
Facility Phone (enter 10 digit #) Not yet assigned		Fax (enter 10 digit #) Not yet assigned	

#### 2. Facility Specific Information

Number of Employees:  
Pharmacists 1 Technicians 1 Assistants \_\_\_\_\_

#### 3. Key Individuals

Responsible Pharmacist Ronald Jennings License # PH00011720

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Ronda Hauff  
Signature of Owner/Authorized Representative of Pharmacy

11/13/2020  
Date

Ronda Hauff  
Print Name

CEO  
Print Title

# Yakima Neighborhood Health Services

## Pharmacy Technician Utilization Plan

**Reports to:** Director of Pharmacy, Staff Pharmacists

**Requirements:** Proof of high school diploma or G.E.D. Declaration stating that he/she has never been found guilty in any court of competent jurisdiction of violating any laws relating to drugs or the practice of pharmacy. Technician certification by the Washington State Pharmacy Quality Assurance Commission.

**Basic Function:** The pharmacy ancillary staff is responsible for supporting licensed pharmacists by performing those tasks allowed under WAC 246-901 thereby enabling the pharmacist to provide better service to their clients.

### Specific Duties and Responsibilities:

#### Pharmacy Assistants

1. Places, receives, unpacks and stores drug orders.
2. Files and retrieves various pharmacy records as required.
3. Files completed prescriptions alphabetically on the shelf for patient pick up.
4. Delivery of medications
5. Maintains assigned work areas and equipment in clean and orderly condition.
6. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
7. Handles nonprofessional phone calls to and from:
  - a. Patients requesting refill of a prescription by number or by name of medication.
  - b. Physician's office authorizing refills providing no changes in the prescription are involved.
  - c. Calls concerning price information or pharmacy hours of operation.
  - d. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - e. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
  - f. Physician's offices dealing with the profile information where no interpretation is necessary, i.e. quantity, date, last filled, price, etc.

8. Operates cash register and related front counter tasks including, but not limited to charging and crediting processes.
9. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
10. Collects demographic information from patients, reviews patient profile to retrieve specific clerical and other information as directed by the pharmacist, and generates computer reports necessary for appropriate record keeping.
11. Accepts written prescriptions and refill requests from patients where no changes are required.
12. Faxes refill requests to physician's offices.
13. Performs clinic stock inspections and replaces depleted or outdated stock.
14. Participates in quality improvement projects as needed.
15. Aids in the training of new staff.
16. Maintains *ScriptPro*® robotic system by:
  - a. Restocking non-medication prescription supplies such as vials and labels.
  - b. Performing quality assurance checks and regular cleaning as outlined in the "SP100 Maintenance Schedule."

### Pharmacy Technicians

In addition to the above tasks, the pharmacy technician may also do the following:

1. Entry of new orders into the pharmacy computer system under pharmacist supervision.
2. Processing and refilling of current prescriptions in the computer system under pharmacist supervision.
  - a. If processing at the Central Fill pharmacy in Sunnyside, technicians will segregate prescriptions by location pending ultimate delivery to Yakima. After verification by a pharmacist, and before delivery, technicians will prepare a packing invoice of items to be delivered for comparison to container.
  - b. Receiving technicians at Yakima will validate receipt of filled prescriptions based on packing invoice similar to receipt of bulk drug inventory from wholesaler.
3. Performs tasks under pharmacist supervision such as obtaining individual prepackaged, labeled medications for prescription and obtains stock bottles for prescription filling.

4. Reconstitutes restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. Accuracy of the technician is checked and the work initialed by a licensed pharmacist.

5. Maintains inventory in *ScriptPro*® robotic system by:

a. Obtaining individual prepackaged, labeled medications or medication stock bottles to replenish stock in robot cells.

b. Refilling robot cells from stock bottles, under the direct supervision of a licensed pharmacist, where the accuracy of the medication is determined by matching barcode scan.

c. Returning un-dispensed medications from dispensing containers to stock in robot, under the direct supervision of a licensed pharmacist, where the accuracy of the medication is determined by matching barcode scan.

d. Restocking non-medication prescription supplies such as vials and labels.

e. Performing quality assurance checks and regular cleaning as outlined in the "SP100 Maintenance Schedule."

6. Other duties as required as assigned within the constraints of Chapter 246-901 WAC.



5. Director of the program is a registered pharmacist. For WA state – the director must also be a licensed preceptor. WAC 246-901-050 states that the “director shall be a pharmacist.” Pharmacists directing or supervising the training of pharmacy technicians must meet the same requirements as those of pharmacy intern preceptors. The program direction or delegates must sign off on an applicant’s application verifying successful completion of the program.	x		Program directors of WA state programs must also be licensed as preceptors. [WAC 246-858] The Board must be notified immediately of any changes in program director or delegates and must have an updated list at all times.
6. Specify the names, license numbers, and training experience of the Director and all program instructors. Describe training responsibilities and functions	x		
7. Length of the program is 12 months or less for whatever is sufficient to meet the requirements in hours and/or credits for either OJT or academic programs. Note that there are 3 types of programs that are recognized: (1) OJT programs at licensed pharmacies; (2) academic programs; & (3) online programs. NOTE: Anyone who works in a pharmacy in WA must be licensed in WA. Trainees are licensed as pharmacy assistants and can only work as technicians	x		Eg, 520 hours for OJT programs to include didactic training & supervised work experience training at the pharmacy. 30 credits for academic, vocational, technical, online, and similar types of programs.
8. The training and resource materials are current, relevant and are listed by title and publication date, with a description of how they will be used.	x		
9. The minimum passing score for a final exam <i>other</i> than the PTCE or ExCPT is 75%. However, an option is to use proof of passing an NCCA-accredited national technician exam as your program’s final examination.	x		The passing scores for the PTCE and ExCPT are each calculated in different ways and not by percentage.
10. The Pharmacy Commission must be notified in writing or email prior to any significant changes to the program, including change in the Director, course content, and time frames.	x		Changes in director and/or other training personnel do not require resubmission of the entire program for approval.
11. All student-specific records must either be retained on-site and kept for a minimum of 2 years, as well as be made available within 72 hours upon request.	x		These records must be readily retrievable.
<b>Additional requirements for OTJ programs:</b>	<b>Yes</b>	<b>No</b>	
1. The program consists of 520 total hours of supervised work experience which includes: didactic instruction and 12 hours of individualized instruction provided when the trainer is not working ‘on-line’. All work experience within this time frame must be supervised by pharmacists and be part of the training program requirements.	x		The requirement for 12 hours of individualized instruction is specific for pharmacies licensed in WA.
2. The program must also include training on job functions that are unique to a particular practice setting (eg, preparing parenteral products; extemporaneous compounding; providing long term care services; etc.). These job functions must be documented on the ancillary utilization plans submitted for review.	x		Ancillary personnel utilization plans are required of all pharmacies licensed in WA. [RCWs - 18.54.011, 18.64A; & WACs – 246-863, -869, -901]. <a href="http://www.doh.wa.gov/hsqa">http://www.doh.wa.gov/hsqa</a>



			<a href="/Professions/Pharmacy/default.htm">/Professions/Pharmacy/default.htm</a>
3. The utilization plans for ancillary personnel are included, namely, pharmacy assistants and technicians. [See the web document on 'Developing a Pharmacy Technician Training Program' for resources.]	x		These plans must describe the manner in which ancillary personnel will be utilized. This requirement only applies to pharmacies licensed in WA.
<b>Additional requirements for academic programs:</b>			
1. The academic program consists of a minimum of 2 quarters equal to 30 quarter credits (or equivalent in semester hours) and includes a mandatory externship of a minimum of 160 hours.			
2. The vocational program consists of a minimum of 800 hours of instruction and includes a mandatory externship of a minimum of 160 hours.			
3. A comprehensive training manual is provided and includes the following: list of faculty (names, licenses, training experience, & program responsibilities); institutional policies & procedures; description of the Advisory Committee functions & list of members; complete curriculum description & goals; training and testing methods; description of facilities (eg, drug preparation labs, computer labs, etc.) & equipment used; description of the quality assurance program; and anything else relevant to the program and its administration and operations.			
4. The externship is described by practice site and number of hours spent at each site, as well as description of tasks, expectations and required outcomes. Students in externships are evaluated by their externship site supervisor and their academic program instructor (based on a midterm and final clinical evaluation form, as well as the student's work reports, attendance and performance). Students evaluate their externship experience and include a self-evaluation of each experience. The program's policy and procedure for dealing with negative evaluations of students and by students is included.			
5. Program requirements and expectations are included with a description of what constitutes misconduct and how it is handled. One example would be the criteria for expulsion from the program.			
6. If the vocational or academic institution is accredited by an accreditation organization and/or licensed in a state, provide this information.			
<b>Additional requirements for online programs:</b>			
1. Online programs must meet the same requirements as academic programs.			
2. Program staff must be available to students on a 24-hour basis daily, with a policy & procedure in places for this.			<b>INCLUDE THE POLICY &amp; PROCEDURE FOR THIS.</b>

## ADDITIONAL REQUIREMENTS

1. All programs are approved for a 5-year period and must be submitted for renewal before their expiration date. Typically programs that are submitted for renewal do not have to be presented at a board meeting for re-approval. However, if such a program is completely revamped, a determination will be made if formal board approval will be necessary, at which time your program would be notified.
2. For OJT programs offered through pharmacies that are licensed in Washington and for academic/vocational programs based in Washington, the documented director (or delegates) of a training program must sign the 'Director's Certification'. The director may designate delegates who can sign this section of the application on his or her behalf, but a letter must be submitted to the board by the director of the program stating who these delegates are and the effective dates. Any changes to this document must be submitted in writing. If either a director's or delegate's names are not on record with the board, this will cause delays in the processing of applications.
3. For pharmacies licensed in Washington, you must maintain an on-site file containing all documentation related to your approved technician training program, including your most current approved ancillary utilization plans. This documentation will be requested as part of the inspection process.
4. Anyone who works in a pharmacy in WA must be licensed in WA. Trainees must first be licensed as pharmacy assistants and can only work as technicians-in-training when they are being trained! Trainees cannot 'fill in' as technicians 'as needed'. Their work experience must be part of the approved training program. And, since proof of passing one of the NCCA-accredited national certification exams is a requirement for licensure, trainees should be preparing for an exam while they're in training. The training program should be preparing them to take an exam. The national exam should be taken sooner rather than later, meaning that your trainee can't be a tech-in-training indefinitely, especially after they have completed the training program. At the latest, trainees should be ready to take a national exam when they have just completed a training program.
5. Always remember to access the Board of Pharmacy website for the most current pharmacy technician or assistant applications, as the applications are periodically updated. The same applies for the most current information on Board of Pharmacy laws, rules, policies, guidelines, and the like.
6. Training programs that are reviewed as part of a specific applicant's application process will only be approved for that applicant. Out-of-state training programs that are interested in obtaining board approval must submit all the documentation requirements listed in the review form above.

*Note: 'Formal' academic programs include the following settings: universities; community colleges; technical colleges; technical/community colleges; vocational/technical schools. These are institutional-based programs, whereas OJT programs are employer-based.*

## **NEW REQUIREMENT FOR ALL TRAINING PROGRAMS APPROVED in WASHINGTON**

### **Cultural Competency Resources**

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

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

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



Washington State Department of  
**Health**  
 Pharmacy Quality Assurance  
 Commission  
 PO Box 47877  
 Olympia, WA 98504-7863  
 360-236-4700

Date  
 Stamp  
 Here

## Pharmacy Technician Education and Training Program Approval Form

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

### Application Type

Original                       Renewal

### Check One

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Public Hospital District |
| <input checked="" type="checkbox"/> Corporation        | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            | <input type="checkbox"/> Trust                    |

### 1. Demographic Information

UBI # <i>602225141</i>	Federal Tax ID (FEIN) # <i>481269543</i>
---------------------------	---

Legal Owner/Operator Name  
*Stella Ogiale*

Mailing Address  
*720 7th Ave, Suite 100*

City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98104</i>	County <i>King</i>
------------------------	--------------------	--------------------------	-----------------------

Phone (enter 10 digit #) <i>206-838-6070</i>	Cell (enter 10 digit #) <i>206-6794181</i>	Fax (enter 10 digit #) <i>206-838-9775</i>
---	---	---

Legal Name of Institution or Employer-based Program  
*Chesterfield Pharmacy*

Physical Address  
*720 7th Ave, Suite 100*

City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98104</i>	County <i>King</i>
------------------------	--------------------	--------------------------	-----------------------

Facility Phone (enter 10 digit #) <i>206-838-6070</i>	Cell (enter 10 digit #)	Fax (enter 10 digit #) <i>206-838-9775</i>
--	-------------------------	---

Mailing Address  
*720 7th Ave Suite 100*

City <i>Seattle</i>	State <i>WA</i>	Zip Code <i>98104</i>	County <i>King</i>
------------------------	--------------------	--------------------------	-----------------------

Email address <i>mchang@chesterfieldhealth.com</i>	Web Address <i>Chesterfieldpharmacy.com</i>
---	--

RECEIVED  
 SEP 17 2020  
 DOH/HISQA/OCS



## 6. Signature

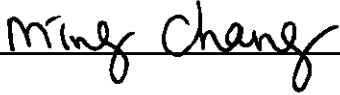
I certify that I have received, read, understood, and agree to comply with state laws and rules regulating education and training programs. I also certify that the information herein submitted is true to the best of my knowledge and belief.



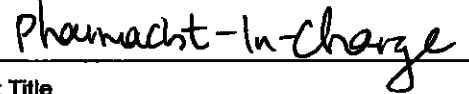
Program Director/authorized representative

9/15/2020

Date



Print Name



Print Title

## Additional Forms and Resources

[Pharmacy Webpage](#)

[Guidelines to Implementation](#)

RECEIVED

SEP 17 2020

DOH/HSQA/OCS

Washington State Pharmacy Commission  
PO Box 47877, Olympia WA 98504-7877

Ming Chang  
Pharmacist-In-Charge  
Chesterfield Pharmacy  
720 7<sup>th</sup> Ave Suite 100  
Seattle, WA 98104

September 15, 2020.

**Re: Application for Pharmacy Technician Training Program**

I am writing to apply for Chesterfield Pharmacy to be approved to conduct pharmacy technician training program. We currently have a registered pharmacy assistant who wishes to become a certified pharmacy technician.

Below are information requested by Commission for program submission. They are in 3 sections:

Section 1 = Director

Section 2 = Facilities and Resources

Section 3 = Instruction and Program Administration

**Section 1 : Director**

Ming Fen Chang, Pharm.D.  
License # PH00068128  
Preceptor Credential # PH61031337

I am the pharmacist-in-charge for Chesterfield Pharmacy, and will be the only pharmacist providing and supervising the training. Chesterfield Pharmacy is an independent retail pharmacy. I have been a practicing pharmacist for 25 years in retail setting, has developed technician training programs and trained many technicians and interns in my career as staff pharmacist and pharmacy manager with multiple retail pharmacy organizations.

**Section 2**

**Facilities:**

Chesterfield Pharmacy (Class A pharmacy)  
720 7<sup>th</sup> Ave Suite 100, Seattle, WA 98104  
Tel : 206-838-6070 Fax : 206-838-9775

License # PHAR.CF.00057419

RECEIVED

SEP 17 2020

DOH/HSQA/OCS

**Resource Materials:**

- 1) Manual for Pharmacy Technicians by Bonnie Bachenheimer, 5<sup>th</sup> Edition, 2019.
- 2) PTCB Exam Study Guide 2020-2021 by Ascencia Pharmacy Tech Exam Prep Team, 2019.
- 3) Pharmacy Technician Pocket Drug Reference by APhA, 10<sup>th</sup> edition, 2019.
- 4) Prodigy computer software training manual
- 5) Chesterfield Pharmacy Technician training manual

**Section 3 : Instructions and Program Administrations**

**Pharmacy Technician Training Schedule**

<b>Subject</b>	<b>Weeks</b>	<b>Hours</b>
1) Orientation to pharmacy practice	2	16
2) Pharmacy Terminology and basic pharmaceuticals	4	16
3) Pharmacy Law- WA and federal	4	8
4) Pharmaceutical Calculations	2	8
5) Prodigy Pharmacy computer system	6	24
6) Processing prescription order	6	24
7) Pharmacy billing and reimbursement	2	8
8) Medication safety and quality assurance	2	8
9) Stocking/ordering inventory	2	4
10) Receiving/check in merchandise	2	4
11) Telephone handling	2	8
12) Durable Medical Supplies	3	10
13) Top 200 Drugs	4	10

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Technician in training will have on the job training of 520 hours over 3 months and 20 hours of individual instruction hours outside of the time I am responsible for the prescription area.

Training will be provided to 1 candidate, our current pharmacy assistant.

I will use Chesterfield Pharmacy tech training manual as well as resources listed above to train the candidate. The manual will contain job descriptions, orientation to our company and pharmacy department, training schedules, assignments and performance evaluation. Candidate will be encouraged to take practice quizzes online designed for PTCB certification. On Friday of each week, there will be written or oral quizzes on materials I cover during that week. A final written exam with a passing grade of 80% is required at the end of the training period.

Enclosed are a copy of the evaluation form used during training, a copy of pharmacy technician utilization plan and the tech training program application forms.

Please contact me if there are any questions about this application.

Thank you for your time and attention.



Ming Chang, Pharm.D.  
Pharmacist-In-Charge,  
Chesterfield Pharmacy

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## Chesterfield Pharmacy

### Pharmacy Technician Utilization Plan

- Answers the phone and refers phone requests from physicians, patients, and others which require a pharmacist's knowledge, to the pharmacists. Calls to physicians' offices to request refill authorizations and verify certain information to process prescriptions. Help patients on the phone with questions and refill requests. Check phone messages.
- Check Surescript Interface on computer for new prescriptions and refill authorizations/denials sent in by providers. Also check fax machines throughout the day for incoming faxes.
- Process automatic refills on all patients' prescriptions on daily basis.
- Receives, check in and unpack McKesson orders. Place medications on the shelves.
- Process new prescriptions and refills on the computer with high accuracy and efficiency. Check each new prescription for completeness of required information. Verify patient insurance information and resolve insurance issues. Obtain refill information from patients; confirms completeness of patient record and requests missing information as appropriate, and retrieves the patient's pharmacy record(s) for verification by the pharmacists. Obtains patient allergy information and medical conditions to be entered in the computer. Accuracy of prescription entering will be checked and initialed by pharmacist.
- Applies basic prescription reading skills to the written prescription upon data entry. Basic prescription reading skills include: dosage form differentiation, directions, pharmacy calculations and product recognition.
- During prescription entering process, pharmacist must be consulted if any DUR alert messages appear on patients' profiles.
- Files and retrieves various pharmacy records as required.
- Inputs, accesses, processes, and retrieves data from the pharmacy computer to assist patients and pharmacist.
- Processes prescriptions to the point of generating a complete prescription label. Retrieve correct medications from shelves and counts medication and put them in prescriptions vials or bubble packs. This function is performed under direct supervision of pharmacist and accuracy of the prescription contents is checked and initialed by pharmacist.
- Place completed prescriptions on appropriate shelves. For mail out prescriptions, place them in appropriate bubble envelopes or boxes to be mailed out.
- Operate cash register with high accuracy.
- Hands out prescriptions to patients, all new prescriptions must be counselled by pharmacist.
- Maintains proper organization of product in each bay and at each counter in regard to established company procedures.
- Replenishes pharmacy supply of vials, bottles, bags, and other supplies.
- Help patients with ordering of durable medical supplies.
- Maintains the clean appearance and security of the pharmacy.
- Maintains and safeguards confidentiality concerning associates, patients and Company information.
- Responsible for performing all job duties with honesty and integrity. Treats customers, associates, third parties and vendors with courtesy, dignity and respect.
- Performs other duties as assigned by the pharmacist on duty.

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## **Chesterfield Pharmacy Technician Training Program**

Following policies shall be implemented in the training program:

- 1) Prior to starting technician training program, the trainee is required to show proof of high school graduation or a high school equivalency certificate, such as a GED.
- 2) Trainee will be required to register as a pharmacy assistant with the Pharmacy Commission prior to starting training program.
- 3) Pharmacy Commission will be notified in writing or email prior to any significant changes to the program, including change in the Director, course content , and time frames.
- 4) All student specific records will be retained on-site and kept for minimum of 2 years, and will be made available within 72 hours upon request.

# PHARMACY TECHNICIAN CLINICAL TRAINING

## Evaluation Form

Student' Name \_\_\_\_\_ Date \_\_\_\_\_

Clinical Site \_\_\_\_\_

**Directions:** The student is to be rated on the following five point scale. Please comment on any factors which were not evaluated and which are pertinent to the student's evaluation. For any rating of ABOVE AVERAGE OR UNSATISFACTORY, please explain the reason why.

### **A. RESPONSIBILITY—Being accountable for one's obligations and behavior.**

Unsatis- factory	Below Average	Average	Above Average	Excellent	Not Observed	
						1. Attends clinical as scheduled
						2. Works Independently
						3. Shows initiative in work
						4. Organized work
						5. Willing to finish a task completely
						6. Cooperative with staff
						7. Communicates with staff
						8. Can solve problems successfully
						9. Asks questions when appropriate

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. QUALITY OF WORK: Work produced meets standards of department**

Unsatisfactory	Below Average	Average	Above Average	Excellent	Not Observed	
						1. Work is neat
						2. Work is accurate
						3. Uses time effectively
						4. Recognizes own errors
						5. Makes appropriate decisions
						6. Calculations done correctly

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

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## **PHARMACY TECHNICIAN JOB RESPONSIBILITIES - COMMUNITY PRACTICE**

5. Skilled, can work independently
4. Moderately skilled, needs limited supervision
3. Limited skills, close supervision
2. Minimal skills, requires significant training and close supervision
1. No skills in this area and/or site did not offer training in this area

### **PRESCRIPTION RECEIVING AND PROCESSING**

Sufficient knowledge of pharmacy prescription filling software to efficiently process prescriptions and create pharmacy labels	1	2	3	4	5
Applies knowledge of pharmacy law to the prescription filling process	1	2	3	4	5
Collect appropriate demographic data from patients dropping off or picking up prescription orders	1	2	3	4	5
Accurate interpretation of prescription order	1	2	3	4	5
Enter prescription orders into the computer	1	2	3	4	5
Create a profile of the patient's health and insurance information in the computer or update the patient's profile	1	2	3	4	5
Assist the pharmacist with filling and labeling prescriptions	1	2	3	4	5
Screen telephone calls for the pharmacist	1	2	3	4	5
Communicate with prescribers and their agents to obtain refill authorization	1	2	3	4	5
Assist other pharmacy technicians	1	2	3	4	5
Knowledge of controlled substance record keeping	1	2	3	4	5

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Appropriate auxiliary and warning label usage	1	2	3	4	5
At point of sale, verify that customer receives correct prescription(s)	1	2	3	4	5
Cash register skills	1	2	3	4	5

**INVENTORY CONTROL**

Orders medications and supplies, place orders on shelves, and complete all associated paperwork	1	2	3	4	5
Assist in maintaining appropriate inventory levels	1	2	3	4	5
Receiving drug order and invoice review	1	2	3	4	5
Accurate and efficient stocking of pharmaceutical order (includes knowledge proper drug storage)	1	2	3	4	5

**THIRD PARTY CLAIMS PROCESSING**

Communicate with Insurance carriers to obtain payment for prescription claims	1	2	3	4	5
Troubleshooting third party prescription claims questions with an understanding of on-line rejections and plan parameters	1	2	3	4	5

**NON-PRESCRIPTION DRUGS & SUPPLY MANAGEMENT**

Understanding and handling of OTC medicines	1	2	3	4	5
Understanding and handling of durable medical equipment and OTC diagnostic equipment (blood glucose monitors, BP monitors, etc)	1	2	3	4	5

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**COMPOUNDING**

Compound oral solutions, ointments, and creams 1 2 3 4 5

Prepackage bulk medications 1 2 3 4 5

**OTHER SKILLS**

Refers inquiries to proper level of authority 1 2 3 4 5

Communication skills 1 2 3 4 5

**ADDITIONAL COMMENTS:**

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**WASHINGTON STATE BOARD OF PHARMACY**  
**Review Form**  
**PHARMACY TECHNICIAN TRAINING PROGRAMS**

Type of approval: New Program  Re-approval/Renewal:  Date program expired: \_\_\_\_\_

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

Facility/ Institution name: Malleys Compounding Pharmacy Credential # (if applicable): \_\_\_\_\_

Location Address : 1906 George Washington Way, Richland WA 99354

Mailing Address (if different: \_\_\_\_\_

Name of Program Director : Anne Henriksen Phone Number: 509-943-9173  
Malleyspharmacy@gmail.com

Email Address for Director: \_\_\_\_\_

Corporate /institution Contact Information: \_\_\_\_\_

**Staff Recommendation:** Approved

	YES	NO	
<b>Requirements for all program types:</b>			
<b><i>Multicultural health awareness and education effective July 1, 2008 -New requirement RCW 43.70.615</i></b>			<b><i>See page 5 of this form for complete info.</i></b>
1. The training program must adequately prepare the trainee to pass an approved national pharmacy technician certification examination, such that the trainee successfully passes prior to license application.	x		WAC 246-901-060 states proof of passing an NCCA-accredited national certification exam is required for licensure (effective 1/1/09).
2. Prior to starting an OJT training program in Washington, the trainee is required to show proof of high school graduation or a high school equivalency certificate, such as a GED.	x		
3. Minimum of 8 hours of instruction is designated for review of relevant Washington state pharmacy law. This must include access to and use of the WA Pharmacy Commission's website to obtain the most current information. This is in addition to a review of all other applicable state and federal laws.	x		Out-of-state applicants must submit a completed 'Verification of Law' form that is signed off by a pharmacist who is licensed in WA (but does not have to reside here & can have licenses in more than one state).
4. Trainee is registered with the Pharmacy Commission as a pharmacy assistant <i>prior</i> to starting an OJT program or an externship through an academic program in Washington state.	x		This does not apply to trainees who are in or have completed out-of-state technician training programs that are not physically located in WA.

5. Director of the program is a registered pharmacist. For WA state – the director must also be a licensed preceptor. WAC 246-901-050 states that the “director shall be a pharmacist.” Pharmacists directing or supervising the training of pharmacy technicians must meet the same requirements as those of pharmacy intern preceptors. The program direction or delegates must sign off on an applicant’s application verifying successful completion of the program.	x		Program directors of WA state programs must also be licensed as preceptors. [WAC 246-858] The Board must be notified immediately of any changes in program director or delegates and must have an updated list at all times.
6. Specify the names, license numbers, and training experience of the Director and all program instructors. Describe training responsibilities and functions	x		
7. Length of the program is 12 months or less for whatever is sufficient to meet the requirements in hours and/or credits for either OJT or academic programs. Note that there are 3 types of programs that are recognized: (1) OJT programs at licensed pharmacies; (2) academic programs; & (3) online programs. NOTE: Anyone who works in a pharmacy in WA must be licensed in WA. Trainees are licensed as pharmacy assistants and can only work as technicians	x		Eg, 520 hours for OJT programs to include didactic training & supervised work experience training at the pharmacy. 30 credits for academic, vocational, technical, online, and similar types of programs.
8. The training and resource materials are current, relevant and are listed by title and publication date, with a description of how they will be used.	x		
9. The minimum passing score for a final exam <i>other</i> than the PTCE or ExCPT is 75%. However, an option is to use proof of passing an NCCA-accredited national technician exam as your program’s final examination.	x		The passing scores for the PTCE and ExCPT are each calculated in different ways and not by percentage.
10. The Pharmacy Commission must be notified in writing or email prior to any significant changes to the program, including change in the Director, course content, and time frames.	x		Changes in director and/or other training personnel do not require resubmission of the entire program for approval.
11. All student-specific records must either be retained on-site and kept for a minimum of 2 years, as well as be made available within 72 hours upon request.	x		These records must be readily retrievable.
<b>Additional requirements for OTJ programs:</b>	<b>Yes</b>	<b>No</b>	
1. The program consists of 520 total hours of supervised work experience which includes: didactic instruction and 12 hours of individualized instruction provided when the trainer is not working ‘on-line’. All work experience within this time frame must be supervised by pharmacists and be part of the training program requirements.	x		The requirement for 12 hours of individualized instruction is specific for pharmacies licensed in WA.
2. The program must also include training on job functions that are unique to a particular practice setting (eg, preparing parenteral products; extemporaneous compounding; providing long term care services; etc.). These job functions must be documented on the ancillary utilization plans submitted for review.	x		Ancillary personnel utilization plans are required of all pharmacies licensed in WA. [RCWs - 18.54.011, 18.64A; & WACs – 246-863, -869, -901]. <a href="http://www.doh.wa.gov/hsqa">http://www.doh.wa.gov/hsqa</a>

			<a href="/Professions/Pharmacy/default.htm">/Professions/Pharmacy/default.htm</a>
3. The utilization plans for ancillary personnel are included, namely, pharmacy assistants and technicians. [See the web document on 'Developing a Pharmacy Technician Training Program' for resources.]	x		These plans must describe the manner in which ancillary personnel will be utilized. This requirement only applies to pharmacies licensed in WA.
<b>Additional requirements for academic programs:</b>			
1. The academic program consists of a minimum of 2 quarters equal to 30 quarter credits (or equivalent in semester hours) and includes a mandatory externship of a minimum of 160 hours.			
2. The vocational program consists of a minimum of 800 hours of instruction and includes a mandatory externship of a minimum of 160 hours.			
3. A comprehensive training manual is provided and includes the following: list of faculty (names, licenses, training experience, & program responsibilities); institutional policies & procedures; description of the Advisory Committee functions & list of members; complete curriculum description & goals; training and testing methods; description of facilities (eg, drug preparation labs, computer labs, etc.) & equipment used; description of the quality assurance program; and anything else relevant to the program and its administration and operations.			
4. The externship is described by practice site and number of hours spent at each site, as well as description of tasks, expectations and required outcomes. Students in externships are evaluated by their externship site supervisor and their academic program instructor (based on a midterm and final clinical evaluation form, as well as the student's work reports, attendance and performance). Students evaluate their externship experience and include a self-evaluation of each experience. The program's policy and procedure for dealing with negative evaluations of students and by students is included.			
5. Program requirements and expectations are included with a description of what constitutes misconduct and how it is handled. One example would be the criteria for expulsion from the program.			
6. If the vocational or academic institution is accredited by an accreditation organization and/or licensed in a state, provide this information.			
<b>Additional requirements for online programs:</b>			
1. Online programs must meet the same requirements as academic programs.			
2. Program staff must be available to students on a 24-hour basis daily, with a policy & procedure in places for this.			<b>INCLUDE THE POLICY &amp; PROCEDURE FOR THIS.</b>

## ADDITIONAL REQUIREMENTS

1. All programs are approved for a 5-year period and must be submitted for renewal before their expiration date. Typically programs that are submitted for renewal do not have to be presented at a board meeting for re-approval. However, if such a program is completely revamped, a determination will be made if formal board approval will be necessary, at which time your program would be notified.
2. For OJT programs offered through pharmacies that are licensed in Washington and for academic/vocational programs based in Washington, the documented director (or delegates) of a training program must sign the 'Director's Certification'. The director may designate delegates who can sign this section of the application on his or her behalf, but a letter must be submitted to the board by the director of the program stating who these delegates are and the effective dates. Any changes to this document must be submitted in writing. If either a director's or delegate's names are not on record with the board, this will cause delays in the processing of applications.
3. For pharmacies licensed in Washington, you must maintain an on-site file containing all documentation related to your approved technician training program, including your most current approved ancillary utilization plans. This documentation will be requested as part of the inspection process.
4. Anyone who works in a pharmacy in WA must be licensed in WA. Trainees must first be licensed as pharmacy assistants and can only work as technicians-in-training when they are being trained! Trainees cannot 'fill in' as technicians 'as needed'. Their work experience must be part of the approved training program. And, since proof of passing one of the NCCA-accredited national certification exams is a requirement for licensure, trainees should be preparing for an exam while they're in training. The training program should be preparing them to take an exam. The national exam should be taken sooner rather than later, meaning that your trainee can't be a tech-in-training indefinitely, especially after they have completed the training program. At the latest, trainees should be ready to take a national exam when they have just completed a training program.
5. Always remember to access the Board of Pharmacy website for the most current pharmacy technician or assistant applications, as the applications are periodically updated. The same applies for the most current information on Board of Pharmacy laws, rules, policies, guidelines, and the like.
6. Training programs that are reviewed as part of a specific applicant's application process will only be approved for that applicant. Out-of-state training programs that are interested in obtaining board approval must submit all the documentation requirements listed in the review form above.

*Note: 'Formal' academic programs include the following settings: universities; community colleges; technical colleges; technical/community colleges; vocational/technical schools. These are institutional-based programs, whereas OJT programs are employer-based.*

## **NEW REQUIREMENT FOR ALL TRAINING PROGRAMS APPROVED in WASHINGTON**

### **Cultural Competency Resources**

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

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

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

## Pharmacy Technician Education and Training Program Approval Form

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

### Application Type

Original
  Renewal

### Check One

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Association                          | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Public Hospital District |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Federal Government Agency            | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> State Government Agency  |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Partnership            | <input type="checkbox"/> Trust                    |

### 1. Demographic Information

UBI # <b>602 615 144</b>	Federal Tax ID (FEIN) # <b>20-4941273</b>
-----------------------------	--

Legal Owner/Operator Name  
**Anne Henriksen**

Mailing Address  
**1906 George Washington Way**

City <b>Richland</b>	State <b>WA</b>	Zip Code <b>99354</b>	County <b>Benton</b>
-------------------------	--------------------	--------------------------	-------------------------

Phone (enter 10 digit #) <b>509-943-9173</b>	Cell (enter 10 digit #) <b>509-845-4134</b>	Fax (enter 10 digit #) <b>509-946-1122</b>
---	--	---

Legal Name of Institution or Employer-based Program  
**Columbia River Pharmacy DBA Malley's Compounding Pharmacy**

Physical Address  
**1906 George Washington Way**

City <b>Richland</b>	State <b>WA</b>	Zip Code <b>99354</b>	County <b>Benton</b>
-------------------------	--------------------	--------------------------	-------------------------

Facility Phone (enter 10 digit #) <b>509-943-9173</b>	Cell (enter 10 digit #) <b>-</b>	Fax (enter 10 digit #) <b>509-946-1122</b>
--	-------------------------------------	---

Mailing Address  
**1906 George Washington Way**

City <b>Richland</b>	State <b>WA</b>	Zip Code <b>99354</b>	County <b>Benton</b>
-------------------------	--------------------	--------------------------	-------------------------

Email address <b>malley's pharmacy@gmail.com</b>	Web Address <b>malley's pharmacy.com</b>
---	---



## 6. Signature

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

*Anne Henriksen*

Program Director/authorized representative

*10/6/2020*

Date

*Anne Henriksen*

Print Name

*owner - PIC*

Print Title

## Additional Forms and Resources

Pharmacy Webpage: *www.malleyspharmacy.com*

Guidelines to Implementation *see attached approval submission*  
*updated ancillary utilization plan*

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Malley's Compounding Pharmacy Technician Training Program

**Pharmacy Technician Training Approval Submission**

On the job training program created by Pass Assured

Also, please refer to updated and resubmitted ancillary utilization

**Section I, Director and Other Instructors;**

Director: Anne Henriksen, Pharm.D.

Pharmacist License: PH00041277

Anne Henriksen began training pharmacy students when she was a faculty member at Washington State University as a geriatric pharmacy resident and fellow. During this time, she was the academic advisor for assigned pharmacy students. As the Director of Pharmacy at Columbia Basin Health Association she trained technicians on the job through a state approved technician training program she also precepted pharmacy students on rotations. As a pharmacy owner, Dr. Henriksen as continued to precept students from Washington State University, University of Washington, and Idaho State University. Additionally, she trained technicians through a state approved technician training program.

Other instructors:

Cammi Johnson, Pharm.D.

Pharmacist License: PH60363353

Patty German, Pharm.D.

Pharmacist License: PH00021890

Andrea Whiston, Pharm.D.

Pharmacist License: PH00021916

Drs. Johnson, German, and Whiston trained pharmacy students at Malley's Compounding Pharmacy from Washington State University, University of Washington, and Idaho State University.

**Section II, Facilities and Resources:**

Pharmacy: Malley's Compounding Pharmacy

Pharmacy License: PHAR.CF.6017819

1906 George Washington Way

Richland, WA 99354

509-943-9173 phone, 509-946-1122 fax

Malleyscompounding@gmail.com

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## **Resource Materials:**

Pass Assured is a web-based platform that helps prepare students to become licensed technicians. It contains over 240 hours of curriculum and students are able to study at their own pace. This program prepares students to take the national pharmacy technician certification exam.

Pass Assured has many flash cards, and study aids available to technician students. See Appendix A for more information.

## **Section III, Instruction and Program Administration**

### **Training Program Objective:**

After completing the Malley's Compounding Pharmacy Technician Training Program Participants will be able to:

- Efficiently prepare, type, count, and adjudicate prescriptions.
- Safely practice within the Pharmacy Technician's scope of practice
- Pass the national pharmacy technician certification exam.

### **Content of Instructions:**

The Malley's Compounding Pharmacy Technician Training will be 520 hours total. The content will including 240 hours of web-based training modules in the PassAssured Pharmacy Technician Training Program, 8 hours of Washington Law through the WSPA Technician Law Training, plus 260 hours of hands-on training in the pharmacy and 1 hour weekly for individualized instruction and review with the director.

PassAssured Pharmacy Technician Training Program, See Appendix A

Experiential Training, See Appendix B

Washington Law for Pharmacy Technicians Online Training – 8 hours, available through [www.wsparx.org](http://www.wsparx.org)

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### **Program Administration**

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### ***Training Program Orientation***

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Malley's Compounding Pharmacy will train highly motivated individuals to become pharmacy technicians. These individuals will have worked for the pharmacy as a pharmacy assistant and will have discussed an interested in becoming a pharmacy technician.

Appendix A lists instructions for the Pass Assured Didactic Training Course. As a part of onboarding new trainees, the Director will obtain proof of high school graduation or successful completion of the GED.

### ***Didactic Content of Technician Training Program***

Malley's Compounding Pharmacy Technician Training Program relies on the online multimedia training program offered by Pass Assured. The web-based training through Pass Assured

Pharmacy Technician Training Program is outlined in Appendix A, which includes time allotted for each module and information about performance evaluation quizzes and exams. The Director and preceptors can control the Pass Assured web environment through the Educator Control Panel, where they will see the trainee's progress and scores.

***Practicum Content***

Technician Trainees are required to complete practicum training at Malley's Compounding Pharmacy. A complete review of the Technician Trainees Practicum requirements is outlined in Appendix B. The Director will meet with the Technician Trainee weekly to review online course progress, provide feedback on didactic and practicum progress and answer trainee questions.

***Documentation Required:***

The web-based training provided by Pass Assured Pharmacy Technician Training Program will provide documentation on the written quizzes and exams. An evaluation template is included in Appendix C. The Director and Trainee will document practicum experiences and hours.

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## **Appendix A:**

# **Synopsis of *Pass Assured's Pharmacy Technician Training Program***

## **Orientation**

Orientation introduces the student to basic terms and definitions. This section discusses the national exams and their founding organizations. Re-certification details are provided with easy to follow steps for maintaining certification. Each sub-section is supplemented with a Windows Learn File accessible at any time from the audio drive.

### **Sub-Sections**

#### ***Certification, Licensure, Registration***

This sub-section introduces basic definitions the student needs to know in regard to pharmacy technician certification. Definitions of these basic terms are a must.

#### ***The Exams and Recertification***

This sub-section discusses the two national exams, PTCB and the ExCPT. The requirements to sit for these exams, test structures and time allowed for exams are reviewed. Recertification requirements are also discussed in this sub-section.

## **Federal Law**

Federal Law focuses on legislation that affects the Pharmacy Industry. From Food and Drug Administration (FDA) laws to the Poison Prevention Act (PPA), Federal Laws that have guided the Pharmacy industry are presented. The method used in determining a valid DEA number is studied. The sub-section does not cover state and local laws. (State and local laws vary greatly, thus, providing the material in this product is not practical.) The national certification exams will only cover Federal Law.

### **Sub-Sections**

#### ***Pharmacy Law and Time***

This sub-section provides different laws and legislation that affect the Pharmacy Industry, when they were enacted and their importance.

#### ***Federal Law and Drugs***

This sub-section discusses the importance of the Controlled Substance Act of 1970. This sub-section shows how this act regulated the manufacturing, distribution and dispensing of controlled substances based on abuse potential.

#### ***Rules for Controlled Substances***

This sub-section outlines filing procedures, maintaining records according to State and Federal Laws, and drug substitution requirements.

#### ***DEA Number Verification***

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This sub-section illustrates how a Doctor's DEA Number is determined and its purpose. An interactive display gives the student instructions on how to determine if a DEA Number is valid.

### ***Schedule II Drugs***

This sub-section discusses storage requirements for Schedule II Drugs.

### ***Investigational Drugs***

This sub-section defines the four phases of Investigational Drugs.

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## **Medical Review**

Medical Review Section introduces to the future Pharmacy Technician to Pharmacology. The study guide focuses on maintaining the proper instructional level suited for a Pharmacy Technician. The varied types of drugs, prescription types, medication dosage forms, and medical devices are discussed. Drug interaction on the human body's major systems such as the central nervous system, peripheral nervous system, cardiovascular system and other systems of the human body is introduced. This study concentrates on commonly used drug classes that would be of most concern to the Pharmacy Technician.

### **Sub-Sections**

#### ***Doses and Terminology***

Discusses the different terms used in pharmacology. In-depth review of the different types of medication dosages, such as tablets, caplets, liquids, creams, emulsions, etc. The sub-section also describes the different types of administration devices for certain medications and dosages.

#### ***Basic Anatomy***

This section briefly discusses the human body systems, their functions and disease states. The overview of systems are the Cardiovascular System, Digestive System, Endocrine System, Integumentary System, Lymphatic System, Muscular System, Nervous System, Renal System, Reproductive System, Respiratory System and Skeletal System.

#### ***Central Nervous System***

This section reviews drugs which affect the Central Nervous System. Drug interactions and the mechanism of action for CNS drugs are reviewed. Components of the central nervous system are briefly discussed.

#### ***Peripheral Nervous System***

This section is a review of drugs which affect the Peripheral Nervous System. Drug interactions, mechanism of action and manufacturer named drugs are reviewed as well as the Components of the Peripheral Nervous System.

#### ***Hormones***

A review of drugs classified as hormones are discussed in this sub-section. This agent significantly influences emotions and a person's quality of life. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Various hormonal drugs and uses of each are reviewed. Local and systemic hormone uses are studied. All of the male and female hormones are discussed.

### ***Cardiovascular Drugs***

This section is a review of drugs that affect the Cardiovascular System. Basic definitions of terms used in cardiovascular treatment are studied. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Components of the Cardiovascular System are briefly studied. The student will study the differences between various drugs used to treat cardiovascular illnesses.

### ***Renal Drugs***

This sub-section contains drugs which affect the Renal System. A review of basic definitions referencing the renal system is discussed. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Components of the Renal System are briefly reviewed.

### ***Anti-Infectant Drugs***

Drugs classified as Anti-Infectant Drugs are included in this sub-section. Drugs interactions, mechanism of action and manufacturer named drugs are reviewed. Anti-Infectant drug classes and typical treatment regimens are discussed. Therapeutic classes used in the treatment of infections are reviewed.

### ***Cancer Chemotherapy Drugs***

A review of drugs classified as Chemotherapy drugs are studied in this sub-section. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Therapeutic classes used in the treatment of cancer are detailed. Personal safety and safe handling procedures for these dangerous agents are reviewed.

### ***Blood and Blood Formation***

A medication review of blood and blood formation drugs are included in this sub-section. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Basic definition referencing to blood and blood formation abnormalities are given.

### ***Vitamins***

A medication review of Vitamins is studied. Drug interactions, mechanism of action and manufacturer named drugs are reviewed. Fat-soluble and water-soluble vitamins are discussed. A study acronym is illustrated to assist the student in remembering which vitamins are fat-soluble. Herbal products and homeopathy are briefly discussed as well.

## **Aseptic Techniques**

Aseptic Techniques gives the student a 'bird's eye' view of preparation procedures for parenteral products. Pictures taken during actual preparation of various sterile products are used to illustrate a particular topic. Laminar airflow and Horizontal airflow hoods are covered with pictures and diagrams. Devices used in the preparation of sterile products are illustrated. The study topic provides the basics of Aseptic Techniques with emphasis toward possible testing topics. USP 797 & 800 sterile preparation and procedures are covered in this section.

### **Sub-Sections**

#### ***Definitions***

The definitions module explores basic terminology and environmental contamination concerns in performing aseptic techniques procedures. Laminar airflow hoods, air filtration systems and

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inspection requirements are highlighted. A review of vertical airflow hoods, or biological safety cabinets, is included and uses for each type of hood are given.

### ***Syringes***

The components of a syringe are illustrated and reviewed. Various types of syringes are graphically illustrated. The components of a needle assembly and how the size or gauge of a needle is determined are graphically illustrated.

### ***Parenteral***

A high-level review of various injection types is reviewed. The uses of parenteral routes and the four most widely used parenteral routes are discussed. Intravenous injection types and widely used parenteral fluids are illustrated. The module prepares the student for review of sterile compounding.

### ***Techniques of Sterile Compounding***

A review of sterile compounding procedures provides a broad 'overview' of skills needed to perform sterile compounding. Tips in avoiding contamination while using a laminar airflow hood and various procedures that assure successful sterile product mixing, are provided. Examples of filling a syringe, breaking an ampule, reconstituting a sterile powder, injecting liquids into a plastic IV bag, introducing liquids into a glass intravenous bottle, and many more needed aseptic techniques are reviewed.

### ***Solutions***

The Solution sub-section reviews the uses of various solutions used in Pharmacy. Irrigation solutions, parenteral solutions, and TPNs are highlighted.

### ***Parenteral Antineoplastic Agents***

A general overview of preparation, and the safe handling of Antineoplastic agents used in the treatment of cancer is provided. Emphasis on personal safety and safety procedures for handling these dangerous agents are discussed.

### ***Stability Considerations for Parenteral Products***

Parenteral Products have special stability concerns. Stability considerations, as well as information on various types of reference material are given. The steps of a Parenteral Admixture Order are illustrated. Details from receiving the order to delivering to the patient are discussed.

### ***USP 797***

The United States Pharmacopeia is a non-government, non-profit organization designed to create standards on patient safety, healthcare information, and verification of products. The purpose of the U.S.P. 797 is to set the standard for the compounding of sterile products as well as to prevent harm and death to patients. Standard operating procedures compounded sterile preparation, microbial contamination risk levels, storage and beyond use dating, hazardous drug preparation, environmental quality control, and quality assurance are some of the topics discussed in this section.

### ***USP 800***

Like USP 795, 797 the provisions of USP 800 address the product transport, product storage, compounding, preparation and the administration of parenteral products. USP 800 focuses on hazardous drugs and occupational safety in health care settings and all types of pharmacies. USP 800 also explains how to limit and minimize exposure to hazardous drugs.

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## Calculations

Pharmacy calculations are an essential function of the Pharmacy Technician. The PTPP's calculation section provides a refresher path through the aspects of Pharmacy mathematics. Many example calculations are done using different methods, thus, providing the student a choice for calculating Pharmacy math problems that best suits the individual's needs. The Calculation section provides an excellent tool for learning Pharmacy math and the calculations are performed 'in motion', with a timed audio presentation.

### **Sub-Sections**

#### ***Metric System***

Audio, charts, graphic illustrations and text help files are used to provide the student with knowledge and reference tables for use in performing various conversions. The units of measurement for the Metric, Avoirdupois, and Apothecary systems are discussed.

#### ***Abbreviations***

The Pharmacy Industry exists in a world of abbreviations. Abbreviations uses in prescriptions are covered in detail. Emphases on abbreviations that have historically been misinterpreted are discussed. Reference listing of Pharmacy abbreviations is included.

#### ***Roman Numerals***

The eight primary Roman Numerals are illustrated, with emphasis on 'rules' for adding and subtracting.

Roman Numerals are widely used in Pharmacy.

#### ***Fractions, Decimals, & Percent***

This review provides the basics of fractions, decimals and percent. The intensive use of 'motion graphics' support the audio driven lesson. A good understanding of this section will provide the student a basis for the remaining calculations topics.

***Temperature Conversions*** Two widely used methods for Fahrenheit – Centigrade temperature conversions are illustrated. The audio driven lesson uses '*graphics in motion*' to provide clearly explained examples of typical pharmacy temperature conversions.

#### ***Ratio Proportions***

Ratio proportion relationships are used to provide a means for reducing or enlarging chemical mixtures used in pharmacy. Determining the proper amount of solution to mix with drug active ingredients is covered.

#### ***Quantities, Dilutions, & Concentrations***

Quantities, dilutions, & concentrations provide a review of unit of measurement for drug and expressions of quantity and concentration for drugs in drug products. Illustrations are discussed for the different methods for determining quantities of ingredients and concentration of drugs when preparing or dispensing drug products.

#### ***Doses and Dose Regimen***

A review of methods of expressing doses and dosage regimens is given. The student will learn to calculate the amount of drug product to dispense and the number of days' supply

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from a dosage regimen. In addition, methods to calculate doses for pediatric patients are provided.

### ***Calculation of IV Flow Rates***

The student will learn to determine the flow rate of an IV solution when given the total volume, total time of administration, and the drops delivered per ml by the administration set.

### ***Powder Volume***

Discussions of powder volume concept are given. Learn how to calculate powder volume and how to use this information in reconstituting dry powders for suspension or solution.

### ***Pricing***

Pricing methods support the needs of the pharmacy as a business enterprise. Our study guide will provide a review of various pricing methods used in retail pharmacy.

## **Pharmacy Operations**

Pharmacy Operations is the core of the Pharmacy Technicians responsibilities. Day to day operations, interfacing with customers, maintaining patient records, and assuring the Pharmacy meets all State, Federal and local requirements are covered. Managing proper inventory control is vital in assuring continuing success of the Pharmacy business. An overview of insurance claims and "Third Party" reimbursement is provided. Medication safety is a priority in dispensing medication to patients. Learning how to give appropriate change is covered in the Cash Register sub-section.

### **Sub-Sections**

#### ***Basic Facts in Pharmacy***

The Pharmacy Technician will need to be familiar with drug nomenclature. The three names given to each drug is reviewed. NDC codes, mnemonic codes, and the importance of understanding different expiration date formats are discussed and illustrated. The various drug containers are illustrated. The different types of container closures and uses for each are reviewed. Auxiliary labels affixed to prescription bottles are reviewed.

#### ***Assisting the Pharmacist***

Acceptable medication prescribers are reviewed. Mailing prescription requirements, patient confidentiality, assisting the pharmacist, immunizations, The Combat Methamphetamine Epidemic Act of 2005, and how prescriptions can be transmitted to a Pharmacy and requirements for certain classes of drugs is discussed. The required information on a prescription and the process for patient refills is given.

#### ***General Prescription Duties***

Maintaining an accurate patient profile is crucial in providing medication to a patient. A well-maintained patient profile can prevent improper dispensing of medication and adverse effects for medication. Details of what should be collected for a proper patient profile are illustrated. Brand versus generic, formularies, inventory control, measuring and counting techniques, compounding and the different classes of balances, medication errors, and the step by step process of filling a prescription in a pharmacy are discussed.

### ***USP 795***

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USP 795 defines general information to support extemporaneous compound preparations that are of acceptable strength, quality and purity. Important USP 795 terms and definitions are presented and explained. How-to Preparations are performed for suppositories, ointment, suspension and an enema.

### ***Medication Distribution and Inventory Control***

Definitions of key terms used in inventory management are provided. Ordering techniques and the proper receiving process of ordered items is reviewed. Expired or discontinued stock processes and drug recall issues are illustrated. Point of Sale Management Systems, electronic prescribing, electronic medication administration record, and theft and drug diversion are discussed also.

### ***Third Party Reimbursement***

Knowledge of "Third Party" reimbursement is an 'ever changing' environment. A general overview of processes used for reimbursement and different payment plans currently offered is illustrated. Formularies, generics, DAW codes, Affordable Care Act, Medicare, and Medicaid are reviewed.

### ***Medication Safety***

Medication errors are covered in depth. Prevention strategies, causes of medication errors and where and why they occur, sound-alike and look-alike medications, Tall Man lettering, reporting medication errors to Medwatch and MERP, 5 rights of medication administration, e-prescribing, HITECH Act, iPLEDGE and other medication safety programs,

### ***Cash Register***

The use of the cash register is vital to Customer Service in the pharmacy. The student will learn the accurate way of calculating how to give change.

## **Study Aids**

The Study Aids are an excellent way of teaching while having fun! The Study Aids were designed as an enhancement to the Medication Review Section. This part of the program will enable the student to become familiar with over 200 drugs widely used in the marketplace. The Study Aids consist of flash cards and are created to allow the student to recognize and pronounce the medications reviewed all while having fun 'playing' games. The games include Flashcards – "Top 200 Drugs", "Memory Match", "Roman Numerals", "Sigs", "Abbreviations", and the additional Study Aids: "Study Table", "Virtual Rx" and "Virtual Cash Register". Drug name pronunciations as well as visual recognition of all medications reviewed are included.

### **Sub-sections**

#### **Top 200 Drugs**

##### ***Flash Cards***

Students will discover more than 200 drugs used in the marketplace and review the brand verses generic, drug classes, therapeutic classifications and drug uses within this portion of flash cards. Tests are also available for this module.

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**Memory Match** Using the old school 'Concentration Game' students will need to turn over two matching cards with brand/generic drugs printed on them or match the appropriate pictures of brand-named drugs to the name of the drug.

## **Roman Numerals**

### ***Flash Cards***

Flash cards appear with a Cardinal (English) number or a Roman Numeral that are matched to the correct translation of the number or numeral. A short quiz follows.

## **Study Table**

Within the "Study Table" all pertinent information regarding the Top 200 Drugs will be formatted that any part can be 'covered' in order to study the brand vs generic as well as the drug classes, therapeutic classifications and drug uses. Pictures of brand drugs are shown as well as brand and generic pronunciations are available. The user controls whether the information is viewable or hidden.

## **SIGS**

### ***Flash Cards***

Flash cards appear with a SIG or abbreviated directions that should be matched to the correct translation in English. (Or vice versa) **Abbreviations** ***Flash Cards***

Flash cards appear with pharmaceutical abbreviations that are matched to the correct translation in English. (Or vice versa) A short quiz follows.

## **Virtual Rx**

### ***Flash Cards***

Flash cards with prescriptions enable the student to "dissect" all parts of the script and answer questions that correlate with information that appears on the prescription. A short quiz follows.

## **Interview**

Students will understand the important preparations, considerations and attributes to a successful interview. A short quiz follows.

## **Effective Communication**

Students realize the effectiveness on proper communications between customer/patient and the Pharmacy Technician. With appropriate communication, correct questions are asked and issues as well as orders are efficiently processed as well as misunderstandings and errors are avoided. A short quiz follows.

## **HIPAA Regulations**

Understanding the confidentiality for all patients and customers should be one of the highest priorities in the medical field! Privacy Rules and laws that are standards in the pharmacy industry are discussed. A short quiz follows.

## **State Law**

Each state board of pharmacy has specific rules and regulations that pertain to the pharmacy industry. You will be directed to your state's laws via a link to per the address used when you fill out the profile information when first accessing this course.

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## **Pre-Final**

The "Pre-Final" is available using the Student Learning Center's web interface. The "Pre-Final" has a separate database of question sets from the six sections. The "Pre-Final" is a timed indicated test, with feedback to enhance the learning exercise. The test timers are halted when a feedback screen is displayed. When the two-hour time limit has expired, a warning will appear, indicating that the two-hour time limit has been reached. However, the "Pre-Final" will allow the student to complete the test, even if the two-hour time limit has expired. If an answer to a question is correctly selected, feedback is given supporting the correct answer. If an incorrect answer is selected, feedback is given offering the student additional information to understand the correct answer.

## **Final**

*The "Final" is available using the Student Learning Center's web interface. When the educator has granted the student access to a "Final", the student will gain web access to the testing system. The "Final" is designed to mimic the national certification exams. The "Final" offers the student no feedback. Directly after an answer is selected, the next question will display. The educator controls access to the "Final". The score will be based on the number of questions answered correctly, versus the total number of questions (125) and within a two-hour time limit.*

**The successful completion of the "Final" completes the didactic portion of the course.**

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<b>Pass Assured Detailed Timeline</b>	<b>Tutorials/ Videos</b>	<b>Quiz</b>	<b>Learn</b>	<b>Test</b>	<b>Total</b>
<b>(1) ORIENTATION</b>	<b>0.75</b>	<b>0.75</b>	<b>1</b>	<b>0.5</b>	<b>3</b>
SS1 -- (was SS2) Certification, Licensure, and Registration 2:53	0.25	0.25	0.25		0.75
SS2 -- (was SS3) The Exams and Recertification 7:58	0.5	0.5	0.75		1.75
<b>(2) FEDERAL LAW</b>	<b>1.5</b>	<b>2.25</b>	<b>3.25</b>	<b>1</b>	<b>8</b>
SS1 -- Pharmacy Law and Time 5:18	0.25	0.5	1		1.75
SS2 -- Federal Law and Drugs 5:32	0.25	0.5	1		1.75
SS3 -- Rules of Controlled Substances 4:54	0.25	0.5	0.5		1.25
SS4 -- DEA Number Verification 1:30	0.25	0.25	0.25		0.75
SS5 -- Schedule II Drugs 0:52	0.25	0.25	0.25		0.75
SS6 -- Investigational Drugs 0:54	0.25	0.25	0.25		0.75
<b>(3) MEDICAL REVIEW</b>	<b>6.75</b>	<b>6.75</b>	<b>34</b>	<b>5</b>	<b>52.5</b>
SS1 -- Doses and Terminology 22:50	1	1	5		7
SS2 -- (moved from 'videos') Basic Anatomy 5:27	0.5	0.5	3		4
SS3 -- (was SS2) CNS 9:55	0.5	0.5	3		4
SS4 -- (was SS3) PNS 10:50	0.5	0.5	3		4
SS5 -- (was SS4) Hormones 6:27	1	1	4		6
SS6 -- (was SS5) Cardiovascular 6:27	0.5	0.5	3		4
SS7 -- (was SS6) Renal 3:13	0.25	0.25	2		2.5
SS8 -- (was SS7) Anti-Infectant 4:58	0.25	0.25	2		2.5
SS9 -- (was SS8) Cancer Chemo 3:53	0.25	0.25	2		2.5
SS10 -- (was SS9) Blood and Blood Formation 3:04	0.5	0.5	3		4
SS11 (was SS10) Vitamins 6:06	1.5	1.5	4		7
<b>(3.5) STUDY AIDS (done in conjunction w/Med.Review)</b>					<b>19.5</b>
Top 200 Drugs (flash cards)	4.5			2	6.5
Memory Match (activity)	1				1
Roman Numerals (flash cards)	1			1	2
Study Table (activity)	2				2
Sigs (flash cards)	2			1	3
Abbreviations (flash cards)	1.5			1.5	3
Virtual Rx (activity/test)	2				2
<b>(4) ASEPTIC TECHNIQUES</b>	<b>5.75</b>	<b>4.75</b>	<b>15</b>	<b>3</b>	<b>28.5</b>
SS1 -- Definitions 3:17	0.25	0.25	1		1.5
SS2 -- Syringes 1:40	0.25	0.25	1		1.5
SS3 -- Parenteral 5:05	0.25	0.25	1		1.5
SS4 -- Techniques for Sterile Compounding 11:13	0.5	0.5	2		3
SS5 -- Solutions 2:14	0.5	0.5	1		2
SS6 -- Parenteral Antineoplastic Agents 3:23	0.5	0.5	1		2
SS7 -- Stability Considerations in Parenteral Products 2:26	0.5	0.5	1		2
SS8 -- (currently) USP 797 23:24	2	1	5		8
SS9 -- USP 800 13:52	1	1	2		4
<b>(5) CALCULATIONS</b>	<b>8.25</b>	<b>8</b>	<b>42</b>	<b>6</b>	<b>64.25</b>
SS1 -- Metric System 5:29	0.5	0.5	3		4
SS2 -- Abbreviations 4:18	0.5	0.5	3		4
SS3 -- Roman Numerals 2:08	0.25	0.25	1		1.5
SS4 -- Fractions, Decimals, and Percent 18:38	1	1	7		9
SS5 -- Temperature Conversions 7:55	1	1	4		6
SS6 -- Ratio Proportions 5:34	0.5	0.5	3		4
SS7 -- Quantities, Dilutions, and Concentrations 28:28	2	1.5	7		10.5
SS8 -- Doses and Dose Regimens 17:21	1.25	1.25	6		8.5
SS9 -- Calculation of IV Flow Rates 7:16	0.5	0.5	3		4
SS10 -- Powder Volume 5:09	0.5	0.5	3		4
SS11 -- Pricing 3:20	0.25	0.5	2		2.75
<b>(6) PHARMACY OPERATIONS</b>	<b>8.75</b>	<b>5.5</b>	<b>36</b>	<b>3</b>	<b>53.25</b>
SS1 -- Basic Facts in Pharmacy 8:55	0.5	0.25	4.5		5.25
SS2 -- Assisting the Pharmacist 15:18	0.75	0.75	5		6.5
SS3 -- General Prescriptions 15:20	0.75	0.75	6		7.5
SS4 -- (added) USP 795 9:05	0.5	0.5	4		5
SS5 -- (was SS4) Medication Distribution Inventory 12:38	1	0.75	6		7.75
SS6 -- (was SS5) Third Party Reimbursement 13:56	1	0.75	6		7.75

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SS7 – (was SS6) Medication Safety 27:15	2	1.5	4		7.5
SS8 – (currently named Cash Register) activity	0.5	0.25	0.5		1.25
Interview 10:19	0.5	0.25			0.75
Effective Communication 22:40	0.75	0.5			1.25
HIPAA Regulations (Read then test)		0.5	0.5		1
Pre-Final				6	6
Final				2	2
<b>TOTAL NUMBER OF PROGRAM HOURS:</b>	<b>240</b>				

## Pharmacy Technician Training Program Student Instructions

1. Log in (using the student credentials) via <https://training.passassured.com/login> and save the address to your favorites. Log in may also be accessed via [www.passassured.com](http://www.passassured.com).
2. Fill out the Student Profile and agree to the Terms of Use.
3. Click on the first Section, Orientation and watch tutorials (videos)
4. Click the Learn File icon and read/study.
  - a. All ~46 Learn Files are printable
  - b. You may choose to place the Learn Files in a 2" three ring binder w/dividers
5. Take quiz found under the Quizzes & Tests tab.
6. After each Section Tutorials are watched & Quizzes passed in the Section, take the Section Test.
  - a. Section Tests should be taken as often as needed. More complex sections i.e. "Medical Review" should be taken more often than "Federal Law." The "Study Aids" should be studied in conjunction with the "Medical Review" Section
7. Repeat any or all the above steps until all content are learned.

**Note: Never move forward to the next sub-section until you have mastered the sub-section previously worked. Study/Complete all sub-sections tutorials & Learn Files/Quizzes in one section. Quizzes will not be accessible until the appropriate Sub-Section Tutorial video has been viewed. Section Tests are also not available until all Quizzes in that Section have been completed.**

8. Move to next Sub-Section and repeat above steps.
9. As a preparatory or review for the last two tests in PTP, take the Section Tests at least once more.
10. After the completion of all of the above, take the Pre-Final.
  - a. The Pre-Final is a review of the entire course and has its own data base of question sets.
  - b. Take Pre-Final several times; if there is a weakness in any of the course content then go back and re-do that subsection or section
11. Take the Final
  - a. The Final is only accessible if all prior Quizzes, Section Tests and Pre-Final have been passed with an 80% or above.
  - b. The Final has a separate database of test question sets.
    - i. The Final should not be accessed if there is not time to complete in 2 hours

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- ii. If the Final is started and not finished in two hours, all unanswered questions will be marked as wrong and the Final will be locked for 10 days.
- iii. If the Final is locked & you absolutely need access, please have your educator reset it or call our office for directions.
- iv. The Final may only be taken a maximum of three times.
  - 1. If the Final is failed all three attempts the program should be re-started.
    - a. Call Pass Assured for details

**Successful completion is 80% or greater on all tests and exams. For complete preparation for the ExCPT or PTCE, it is recommended that all tests taken pass with 85% or greater.**

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# **Appendix B: Pharmacy Tech Experiential Skills Checklist**

## **Sterile Compounding/Hospital**

**Please check off or fill in "n/a" (not applicable) after completed**

### **A. Orientation**

1. Pharmacy layout \_\_\_\_\_
  - a) Knowledge of various departments \_\_\_\_\_
  - b) Knowledge of storage requirements \_\_\_\_\_
2. Pharmacy laws and rules \_\_\_\_\_
  - a) State and Federal dispensing guidelines \_\_\_\_\_
  - b) Record keeping requirements \_\_\_\_\_
  - c) Prescription Records \_\_\_\_\_
  - d) Transfer or disposal of controlled substances \_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

### **B. Practice setting**

1. Aseptic Pharmacy/Hospital \_\_\_\_\_
  - a) Demonstrate knowledge of the proper use of syringes and needles (Filtered and Vented) to withdraw contents of vials (prevent coring) and glass ampoules \_\_\_\_\_
  - b) Demonstrate knowledge of types and sizes of needles and syringes \_\_\_\_\_
  - c) Demonstrate knowledge of laminar-flow hoods (Horizontal and Vertical) and equipment related to parental admixture preparation \_\_\_\_\_
  - d) Demonstrate aseptic preparations of an antibiotic for injection \_\_\_\_\_
  - e) Demonstrate aseptic preparation for parental admixtures, including labeling of preparation and records keeping \_\_\_\_\_
  - f) Demonstrate knowledge on preparation of a TPN admixture \_\_\_\_\_
  - g) Demonstrate knowledge on preparation of a TPN admixture using an automatic compounder \_\_\_\_\_
  - h) Demonstrate knowledge of admixtures, fluid containers, filters, extensions, and admixture sets \_\_\_\_\_
  - i) Demonstrate knowledge on how to Fill cassettes used for parenteral admixture administration via pump \_\_\_\_\_
  - j) Demonstrate knowledge on the use the pump set \_\_\_\_\_
  - k) Demonstrate chemotherapy product preparation devices \_\_\_\_\_
  - l) Demonstrate assembly of products and devices used for preparing parenteral admixtures under a laminar- flow hood (vertical/Horizontal) to prevent shadowing \_\_\_\_\_
  - m) Demonstrate knowledge and use of an automatic filling device used to prepare admixture \_\_\_\_\_

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- n) Demonstrate knowledge of the use various types of filter straws, filter needles and other filters that are used for intravenous drug product preparation\_\_\_\_\_
- o) Demonstrate knowledge of the proper filtering techniques used in product preparation other than intravenous\_\_\_\_\_
- p) Demonstrate knowledge of when to use or not use various filter types and the choice of Appropriate filter\_\_\_\_\_
- q) Demonstrate knowledge of proper hand washing technique (removing rings, watches and bracelets) \_\_\_\_\_
- r) Demonstrate knowledge of proper cleaning of work surfaces\_\_\_\_\_
- s) Demonstrate knowledge of touch contamination and how to avoid\_\_\_\_\_
- t) Demonstrate knowledge of controlled substances with emphasis on security and control\_\_\_\_\_
- u) Demonstrate knowledge of delivery of stock medications to various departments\_\_\_\_\_
- v) Demonstrate knowledge of deliver intravenous and/or chemotherapy medications\_\_\_\_\_
- w) Demonstrate knowledge of cart exchanges\_\_\_\_\_
- x) Demonstrate knowledge and give examples of decisions requiring a pharmacist's judgment\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**C. Documentation procedures**

- 1. Demonstrate knowledge of the disposition of various drugs based on their classifications from receipt to use\_\_\_\_\_
- 2. Demonstrate knowledge and documentation for controlled drugs, investigational drugs and nonprescription drugs dispensed\_\_\_\_\_
- 3. Demonstrate knowledge of quality control and medication error prevention plan\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**D. Medication Safety**

- 1. Demonstrate knowledge of receiving and screening medication orders and or prescriptions for completeness and accuracy\_\_\_\_\_
- 2. Demonstrate knowledge on how to Assist the pharmacist in collecting, organizing, and evaluating information for patient care\_\_\_\_\_
  - a. medication use review\_\_\_\_\_
  - b. medication management therapy\_\_\_\_\_
- 3. Demonstrate knowledge of medication error prevention\_\_\_\_\_

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**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**E. Communication**

- 1. Demonstrate \_\_\_\_\_
  - a) verbal face-to-face communication \_\_\_\_\_
  - b) correct telephone communication \_\_\_\_\_
- 3. Demonstrate knowledge on how to resolve disagreements \_\_\_\_\_
- 4. Demonstrate knowledge on how to adapt to cultural differences \_\_\_\_\_
- 5. Demonstrate personal responsibility in \_\_\_\_\_
  - a) direct patient care \_\_\_\_\_
  - b) medication management therapy \_\_\_\_\_
  - c) completing profiles \_\_\_\_\_
  - d) phone interactions when required \_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**F. Understanding patient confidentiality**

- a. Employee must fill out confidentiality statement \_\_\_\_\_
- b. Demonstrate compliance of HIPAA \_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**G. Knowledge of Aseptic Techniques and USP797 Guidelines \_\_\_\_\_**

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**H. Knowledge of Aseptic Techniques and USP800 Guidelines \_\_\_\_\_**

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**I. Professionalism**

- a. Adhere to personal appearance guidelines \_\_\_\_\_
- b. Be a team player by:
  - i. Rarely missing work \_\_\_\_\_
  - ii. Being punctual \_\_\_\_\_
  - iii. Filling in for others as needed \_\_\_\_\_
  - iv. Being polite and helpful \_\_\_\_\_
  - v. Promoting good customer service \_\_\_\_\_
  - vi. Have a positive attitude \_\_\_\_\_

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After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

I hereby proclaim that \_\_\_\_\_ (technician) has completed the required practicum requirements.

Technician Training Director: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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# **Appendix B: Pharmacy Tech Experiential Skills Checklist- Community**

**Please check off or fill in “n/a” (not applicable) after completed:**

## **1. Orientation**

- a. Pharmacy layout
  - i. Knowledgeable of various departments\_\_\_\_\_
  - ii. Knowledgeable of merchandise sold\_\_\_\_\_
- b. Pharmacy laws and rules
  - i. State and Federal dispensing guidelines\_\_\_\_\_
  - ii. Ephedrine, pseudoephedrine, phenylpropanolamine – Sales restrictions\_\_\_\_\_
  - iii. Record keeping requirements\_\_\_\_\_
  - iv. Required Records\_\_\_\_\_
  - v. Prescription Records\_\_\_\_\_
  - vi. Transfer or disposal of controlled substances\_\_\_\_\_
  - vii. DEA number verification\_\_\_\_\_
- c. Security and safety\_\_\_\_\_
- d. Hygiene\_\_\_\_\_
  - i. Washing hands\_\_\_\_\_
  - ii. Cleaning counting trays, counters, and other equipment\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

## **2. Understanding patient confidentiality**

- a. Employee must fill out confidentiality statement\_\_\_\_\_
- b. HIPAA\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

## **3. Ability to perform pharmaceutical calculations**

- a. Fractions, Decimals & Percent \_\_\_\_\_
- b. Temperature Conversions\_\_\_\_\_
- c. Ratio Proportions\_\_\_\_\_

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- d. Quantities, Dilutions & Concentrations\_\_\_\_\_
- c. Calculations of IV flow rates if applicable\_\_\_\_\_
- f. Powder volume\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**4. Refill supplies and stock for dispensing.**

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**5. Knowledge of store pricing strategy**

- a. Being aware of price increases\_\_\_\_\_
- b. Update selling prices of stock\_\_\_\_\_
- c. Stock rotation\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**6. Receiving prescription from customer**

- a. Greet the customer promptly and courteously\_\_\_\_\_
- b. Assist with selection of product\_\_\_\_\_
- c. Ask if new patient or existing\_\_\_\_\_
- d. Collect/follow up necessary data from customer and enter information\_\_\_\_\_
  - i. date of birth\_\_\_\_\_
  - ii. name\_\_\_\_\_
  - iii. address\_\_\_\_\_
  - iv. brand name or generic preference\_\_\_\_\_
  - v. telephone number\_\_\_\_\_
  - vi. drug allergies\_\_\_\_\_
  - vii. weight (important to know for infants)\_\_\_\_\_
  - viii. insurance information\_\_\_\_\_
- e. Guidelines for referring customers to the pharmacist for questions\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**7. Inputting new prescription**

- a. Ensure all information is accurate (from 6. d.)\_\_\_\_\_

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After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**8. Refilling a prescription (Electronically or phoned in or in person)**

- a. Requests from Doctors \_\_\_\_\_
  - i. Name of patient \_\_\_\_\_
  - ii. Patient's DOB \_\_\_\_\_
  - iii. Patient's medication name/strength/qty/# refills \_\_\_\_\_
- b. Customer phoned in or delivered \_\_\_\_\_
  - i. Patient name \_\_\_\_\_
  - ii. Phone number \_\_\_\_\_
  - iii. Prescription number \_\_\_\_\_
  - iv. Drug name, strength \_\_\_\_\_
  - v. Qty \_\_\_\_\_
  - vi. Prescriber's name and info. \_\_\_\_\_
  - vii. Insurance info. \_\_\_\_\_
- c. Information given to prescriber when calling for a refill authorization. \_\_\_\_\_
  - i. Pharmacy name & number \_\_\_\_\_
  - ii. Patient's name & DOB \_\_\_\_\_
  - iii. Drug name, strength and qty. \_\_\_\_\_
  - iv. Original prescription date and last refill date \_\_\_\_\_
  - v. Prescription sig \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**9. Understanding components of a patient medication profile**

- a. Medication history \_\_\_\_\_
- b. Disease states \_\_\_\_\_
- c. Allergies \_\_\_\_\_
- d. Special requests (i.e. easy open tops) \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**10. Interpreting prescriptions**

- a. Patient information \_\_\_\_\_
- b. Drug brands and generics \_\_\_\_\_
- c. Strengths and systems of measurement \_\_\_\_\_
- d. Number of dosage units \_\_\_\_\_

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- c. Routes of administration\_\_\_\_\_
- f. Frequency of administration\_\_\_\_\_
- g. Directions for use\_\_\_\_\_
- h. Commonly used abbreviations, symbols, and terminology\_\_\_\_\_
- i. DAW codes\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**11. Drug Utilization Reviews and Third Party Reimbursement Considerations**

- a. Not on formulary\_\_\_\_\_
- b. Quantity Restriction\_\_\_\_\_
- c. Prior Authorization\_\_\_\_\_
- d. Over-utilization\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**12. Patient Profile warnings**

- a. Drug-to-Drug Interactions\_\_\_\_\_
- b. Drug interactions\_\_\_\_\_
- c. Allergies\_\_\_\_\_
- d. Cross sensitivity\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**13. Drug preparation**

- a. Creating new patient profile or updating existing patient profile\_\_\_\_\_
- b. Entering prescription information and type label\_\_\_\_\_
  - i. If not legible, ask pharmacist to clarify\_\_\_\_\_
  - ii. Call doctor for clarification if needed\_\_\_\_\_
  - iii. If any alerts, promptly bring to the attention of pharmacist\_\_\_\_\_
- c. Selecting the correct stock bottle containing medication\_\_\_\_\_
  - i. Check the NDC\_\_\_\_\_
  - ii. Scan the stock bottle & prescription label\_\_\_\_\_
  - iii. Watch for Look-alike Drug names\_\_\_\_\_
  - iv. Use of Tall Man Lettering\_\_\_\_\_
- d. Accurately counting or pouring appropriate amount of drug to fulfill prescription order\_\_\_\_\_

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- c. Selecting proper container\_\_\_\_\_
- f. Attaching prescription label\_\_\_\_\_
- g. Attaching auxiliary labels if needed\_\_\_\_\_
- h. Preparing the finished product for inspection and final check by pharmacists\_\_\_\_\_
- i. Bag the script\_\_\_\_\_
  - i. Place in proper placement\_\_\_\_\_
  - ii. Check out customer\_\_\_\_\_
    - 1. Verify name and DOB\_\_\_\_\_
    - 2. Verify number of scripts picking up\_\_\_\_\_
    - 3. Check scripts are correct\_\_\_\_\_
    - 4. Check if pharmacist counseling is needed or if questions for pharmacist\_\_\_\_\_
    - 5. Does Customer need instructions on taking meds\_\_\_\_\_
    - 6. Customer need to sign log?\_\_\_\_\_
    - 7. Receive payment\_\_\_\_\_
      - a. 3<sup>rd</sup> party copay\_\_\_\_\_
      - b. Cash transactions\_\_\_\_\_
      - c. Proper use of cash register/making change\_\_\_\_\_
    - 8. Thank them\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**14. Using proper Telephone etiquette**

- a. Taking refill requests from patients\_\_\_\_\_
- b. Calling doctors for refill requests or questions on new or refilled prescriptions\_\_\_\_\_
- c. Referring questions to the pharmacist\_\_\_\_\_
- d. Referring new prescriptions called in by doctors to the pharmacist\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_**

**15. Drug inventory**

- a. Ordering medication\_\_\_\_\_
  - i. Know timetables for ordering\_\_\_\_\_
  - ii. Borrowing from other pharmacies\_\_\_\_\_
- b. Restocking medication\_\_\_\_\_
- c. Returning medication per pharmacy return policies\_\_\_\_\_

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- i. Controlled Drugs\_\_\_\_\_
  - 1. Full\_\_\_\_\_
  - 2. Partial\_\_\_\_\_
- ii. Out-of-date medications\_\_\_\_\_
- iii. Overstocked meds\_\_\_\_\_
- iv. Damaged meds\_\_\_\_\_
- v. Re-called meds\_\_\_\_\_
- d. Understanding turnover rate\_\_\_\_\_
- e. Keeping stock clean and straight and proper order\_\_\_\_\_
- f. Replace borrowed stock from other pharmacies\_\_\_\_\_

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**16. Orders**

- a. Placing orders\_\_\_\_\_
  - i. Ordering drugs needed to fulfill patients' prescriptions\_\_\_\_\_
  - ii. Ordering drugs to maintain current stock\_\_\_\_\_
  - iii. Ordering any merchandise sold in pharmacy\_\_\_\_\_
- b. Receiving orders\_\_\_\_\_
  - i. Verifying receipt of drug by invoice or purchase order\_\_\_\_\_
  - ii. Placing stickers on drugs\_\_\_\_\_
  - iii. Placing new drugs on the shelves, in refrigerator, etc.\_\_\_\_\_
  - iv. Complete the proper documentation of receipt of goods\_\_\_\_\_
  - v. File invoice

**After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_**

**17. Compounding**

- a. Calculations\_\_\_\_\_
- b. Formulas\_\_\_\_\_
- c. Proper garbing\_\_\_\_\_
- d. Measuring ingredients\_\_\_\_\_
- c. Proper labels\_\_\_\_\_
- f. Pharmacist approval\_\_\_\_\_
- g. USP795\_\_\_\_\_

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After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

18. Aseptic Techniques and USP797 Guidelines \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

19. Aseptic Techniques and USP800 Guidelines \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

20. Insurance processing

- a. Submitting prescriptions \_\_\_\_\_
  - i. Customer payment forms \_\_\_\_\_
    - 1. Copayments \_\_\_\_\_
    - 2. Deductibles \_\_\_\_\_
    - 3. Coinsurance \_\_\_\_\_
  - ii. Prescription Card \_\_\_\_\_
    - 1. Card Holder name \_\_\_\_\_
    - 2. ID number \_\_\_\_\_
    - 3. Group number \_\_\_\_\_
    - 4. Coverage date \_\_\_\_\_
    - 5. Rx BIN number \_\_\_\_\_
    - 6. Rx Group Number \_\_\_\_\_
- b. Denials \_\_\_\_\_
  - i. Expired Duration of coverage \_\_\_\_\_
  - ii. Misspelled name or incorrect date of birth \_\_\_\_\_
  - iii. Patient no longer employed with company providing insurance \_\_\_\_\_
  - iv. Not listed on Insurance Companies Formulary \_\_\_\_\_
  - v. Exceeds allowed limit/time frame \_\_\_\_\_
- c. Overrides \_\_\_\_\_
- d. Understanding Medicare / Medicaid Coverages \_\_\_\_\_
- e. Paper claims \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

21. Printing daily drug logs

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- a. Controlled Drugs\_\_\_\_\_
- b. Legend Drugs\_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_

**22. Quality Assurance and Improvement**

- a. Notify pharmacist of adverse drug reactions\_\_\_\_\_
- b. Five Rights of Medication Administration\_\_\_\_\_
  - i. Right Patient\_\_\_\_\_
  - ii. Right Medication\_\_\_\_\_
  - iii. Right Dose\_\_\_\_\_
  - iv. Right Route\_\_\_\_\_
  - v. Right Time\_\_\_\_\_
- c. Avoiding "Do Not Use" abbreviations\_\_\_\_\_
- d. Reporting medication errors\_\_\_\_\_
  - i. Institute for Safe Medication Practices\_\_\_\_\_
  - ii. Med Watch\_\_\_\_\_
- e. Help in gathering information for audits\_\_\_\_\_
- f. Keep up with CE credits for technician skill enhancement\_\_\_\_\_
- g. Assist in maintaining compliances with laws\_\_\_\_\_

**23. Solving Problems**

- a. Defuse complaints from patients, doctors or employees\_\_\_\_\_
- b. Identify potential problems and notify pharmacist\_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_Tech \_\_\_\_\_Date \_\_\_\_\_

**24. Professionalism**

- a. Adhere to personal appearance guidelines\_\_\_\_\_
- b. Be a team player by:\_\_\_\_\_
  - i. Rarely missing work\_\_\_\_\_
  - ii. Being punctual\_\_\_\_\_
  - iii. Filling in for others as needed\_\_\_\_\_
  - iv. Being polite and helpful\_\_\_\_\_
  - v. Promoting good customer service\_\_\_\_\_
  - vi. Have a positive attitude\_\_\_\_\_

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After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**25. Maintain Environment**

- a. Keep fill area neat and prepared \_\_\_\_\_
- b. Noise levels down to a minimum \_\_\_\_\_
- c. No personal cell phones \_\_\_\_\_
- d. Keep bottles and lids filled \_\_\_\_\_
- e. Keep printers ready \_\_\_\_\_
- f. Shred old labels promptly \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**26. Filing prescriptions**

- a. Controlled \_\_\_\_\_
- b. Legend \_\_\_\_\_

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**27. Complete any duty as directed by the pharmacist \_\_\_\_\_**

After all aspects are complete: Pharmacist \_\_\_\_\_ Tech \_\_\_\_\_ Date \_\_\_\_\_

**I hereby proclaim that \_\_\_\_\_ (technician) has completed the required practicum requirements.**

**Technician Training Director: \_\_\_\_\_**

**Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_**

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## **Malley's Compounding Pharmacy Ancillary Staff Utilization Plan**

### **Technicians**

- A. Places, receives, unpacks and stores drug orders.
- B. Calibrates and stocks bottles within the RxSafe. New bottles can be added via the rxsafe database. If not found, the pharmacist will add the new drug.
- C. Retrieves bottles from shelf to fill prescriptions.
- D. Retrieve bottles from RxSafe without a scanned prescription label.
- E. Files and retrieves various pharmacy records as required.
- F. Files completed prescriptions alphabetically on the shelf for patient pickup.
- G. Maintains assigned work areas and equipment in clean and orderly condition.
- H. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- I. Handles non professional phone calls to/from:
  - a. patients requesting refill of a prescription
  - b. calls to physician's office requesting refill authorization:
    - i. Refill requests shall be made stating the patient's name, date of birth, medication and strength.
    - ii. Any additional inquiries by the office concerning the prescriptions must be referred to the pharmacist.
  - c. calls from physician's offices authorizing legend drug refills providing no changes in the prescription are involved.
  - d. Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary i.e., quantity, date last filled, price, etc.
  - e. Calls concerning price information
  - f. Calls regarding business hours or mailing services.
  - g. Calls regarding the availability of goods and services - these might require transferring the call to another person.
  - h. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - i. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- J. Operates cash registers and related front counter tasks.
- K. Counts drugs from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialled by a licensed pharmacist.
- L. Reconstitutes commercially available products where manufacture states the volume of water needed to add to dry powder. This reconstitution does not require any calculations. The accuracy of the technician is checked by a licensed pharmacist.
- M. Enters prescription data into the computer.

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- N. Perform tasks under pharmacist's supervision such as obtaining individually prepackaged, labeled medications for prescriptions, obtains stock bottles for prescriptions filling.

### **Compounding Technician**

- A. Technicians are to be trained in accordance with SOP 2.001 *Training Pharmacist and technician personnel* prior to compounding in the lab. Yearly Training is performed thereafter. Training follows current USP guidelines.
- B. Compound medications out of raw materials or manipulation of commercially available medications. In 100% of the cases, the accuracy of the technician is checked and the work initiated by a licensed pharmacist.
- C. Follows master formula that has been created by a pharmacist and checked by a second pharmacist prior to compounding, for specific prescription.
- D. Every compound is to be logged in compounding software at the same time the technician is actually compounding.
  - a. All drugs are assigned a barcode and scanned within specific log
    - i. Raw APIs are stored in shelving and verified when scanned into software, prior to weighing.
    - ii. Commercially available drugs are pulled from the pharmacy stock, counted on the eyecon, labels of NDC and Lot/Exp are printed, pharmacist verifies tablets vs pioneer vs master formula, compounding software label is created, technician verifies count and tablet prior to scanning and crushing in log. NDC, Lot/Exp labels are attached to final log
  - b. Weighs API and inactive ingredients and electronically records weight within software
  - c. Measure Liquids in syringes, graduated cylinders etc. which are verified by pharmacists prior to combining.
  - d. Mixing is usually performed in automation including but not limited to, EMP, RAM or MAZ.
  - e. Technician signs off on every log that is created and the pharmacist verifies prior to dispensing to the patient.
- E. Maintains a clean and orderly work station as well as cleaning hoods and equipment after each compound. Following cleaning according to USP 800 and SOPs.

### **Technician in Training**

- A. May perform all the duties listed under technician but are to be directly supervised by pharmacists on site.

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## **Assistants**

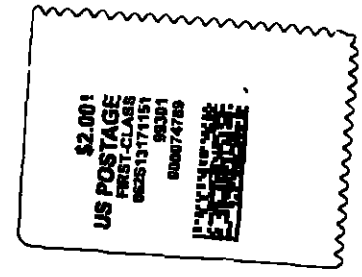
- A. Places, receives, unpacks and stores drug orders.**
- B. Files and retrieves various pharmacy records as required.**
- C. Files completed prescriptions alphabetically on the shelf for patient pick up.**
- D. Maintains assigned work areas and equipment in clean and orderly condition.**
- E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.**
- F. Handles non professional phone calls to/from:**
  - a. patients requesting refill of a prescription by number**
  - b. Calls to physician's office requesting refill authorization**
    - i. refill requests shall be made stating the patient's name, medication and strength**
    - ii. any additional inquiries by the office concerning the prescription must be referred to the pharmacist.**
  - c. calls concerning price information**
  - d. calls regarding business hours or mailing services.**
  - e. calls regarding the availability of goods and services - these might require transferring the call to another person.**
  - f. inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.**
  - g. calls dealing with the ordering of drugs and supplies from wholesalers and distributors.**
- G. Operates cash registers and related front counter tasks.**
- H. Counts and pours from stock bottles for individual prescriptions.**
- I. May process a prescription refill only where there is no change in the prescription.**

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Malley's Pharmacy  
1906 George Washington Way  
Richland wa 99354



Department of Health  
Pharmacy Quality Assurance Commission  
P.O. Box 47877  
Olympia, wa 98504-7863

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**WASHINGTON STATE BOARD OF PHARMACY**  
**Review Form**  
**PHARMACY TECHNICIAN TRAINING PROGRAMS**

Type of approval: New Program  Re-approval/Renewal:  Date program expired: \_\_\_\_\_

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

Facility/ Institution name: Ostrom Drug and Gift Credential # (if applicable): \_\_\_\_\_

Location Address : 6414 NE Bothell Way, Kenmore WA 98028

Mailing Address (if different): \_\_\_\_\_

Name of Program Director : Matt Binder Phone Number: 425-486-9639

Email Address for Director: \_\_\_\_\_

Corporate /institution Contact Information: \_\_\_\_\_

**Staff Recommendation:** Approved

	YES	NO	
<b>Requirements for all program types:</b>			
<b><i>Multicultural health awareness and education effective July 1, 2008 -New requirement RCW 43.70.615</i></b>			<b><i>See page 5 of this form for complete info.</i></b>
1. The training program must adequately prepare the trainee to pass an approved national pharmacy technician certification examination, such that the trainee successfully passes prior to license application.	x		WAC 246-901-060 states proof of passing an NCCA-accredited national certification exam is required for licensure (effective 1/1/09).
2. Prior to starting an OJT training program in Washington, the trainee is required to show proof of high school graduation or a high school equivalency certificate, such as a GED.	x		
3. Minimum of 8 hours of instruction is designated for review of relevant Washington state pharmacy law. This must include access to and use of the WA Pharmacy Commission's website to obtain the most current information. This is in addition to a review of all other applicable state and federal laws.	x		Out-of-state applicants must submit a completed 'Verification of Law' form that is signed off by a pharmacist who is licensed in WA (but does not have to reside here & can have licenses in more than one state).
4. Trainee is registered with the Pharmacy Commission as a pharmacy assistant <i>prior</i> to starting an OJT program or an externship through an academic program in Washington state.	x		This does not apply to trainees who are in or have completed out-of-state technician training programs that are not physically located in WA.

5. Director of the program is a registered pharmacist. For WA state – the director must also be a licensed preceptor. WAC 246-901-050 states that the “director shall be a pharmacist.” Pharmacists directing or supervising the training of pharmacy technicians must meet the same requirements as those of pharmacy intern preceptors. The program direction or delegates must sign off on an applicant’s application verifying successful completion of the program.	x		Program directors of WA state programs must also be licensed as preceptors. [WAC 246-858] The Board must be notified immediately of any changes in program director or delegates and must have an updated list at all times.
6. Specify the names, license numbers, and training experience of the Director and all program instructors. Describe training responsibilities and functions	x		
7. Length of the program is 12 months or less for whatever is sufficient to meet the requirements in hours and/or credits for either OJT or academic programs. Note that there are 3 types of programs that are recognized: (1) OJT programs at licensed pharmacies; (2) academic programs; & (3) online programs. NOTE: Anyone who works in a pharmacy in WA must be licensed in WA. Trainees are licensed as pharmacy assistants and can only work as technicians	x		Eg, 520 hours for OJT programs to include didactic training & supervised work experience training at the pharmacy. 30 credits for academic, vocational, technical, online, and similar types of programs.
8. The training and resource materials are current, relevant and are listed by title and publication date, with a description of how they will be used.	x		
9. The minimum passing score for a final exam <i>other</i> than the PTCE or ExCPT is 75%. However, an option is to use proof of passing an NCCA-accredited national technician exam as your program’s final examination.	x		The passing scores for the PTCE and ExCPT are each calculated in different ways and not by percentage.
10. The Pharmacy Commission must be notified in writing or email prior to any significant changes to the program, including change in the Director, course content, and time frames.	x		Changes in director and/or other training personnel do not require resubmission of the entire program for approval.
11. All student-specific records must either be retained on-site and kept for a minimum of 2 years, as well as be made available within 72 hours upon request.	x		These records must be readily retrievable.
<b>Additional requirements for OTJ programs:</b>	<b>Yes</b>	<b>No</b>	
1. The program consists of 520 total hours of supervised work experience which includes: didactic instruction and 12 hours of individualized instruction provided when the trainer is not working ‘on-line’. All work experience within this time frame must be supervised by pharmacists and be part of the training program requirements.	x		The requirement for 12 hours of individualized instruction is specific for pharmacies licensed in WA.
2. The program must also include training on job functions that are unique to a particular practice setting (eg, preparing parenteral products; extemporaneous compounding; providing long term care services; etc.). These job functions must be documented on the ancillary utilization plans submitted for review.	x		Ancillary personnel utilization plans are required of all pharmacies licensed in WA. [RCWs - 18.54.011, 18.64A; & WACs – 246-863, -869, -901]. <a href="http://www.doh.wa.gov/hsqa">http://www.doh.wa.gov/hsqa</a>

			<a href="/Professions/Pharmacy/default.htm">/Professions/Pharmacy/default.htm</a>
3. The utilization plans for ancillary personnel are included, namely, pharmacy assistants and technicians. [See the web document on 'Developing a Pharmacy Technician Training Program' for resources.]	x		These plans must describe the manner in which ancillary personnel will be utilized. This requirement only applies to pharmacies licensed in WA.
<b>Additional requirements for academic programs:</b>			
1. The academic program consists of a minimum of 2 quarters equal to 30 quarter credits (or equivalent in semester hours) and includes a mandatory externship of a minimum of 160 hours.			
2. The vocational program consists of a minimum of 800 hours of instruction and includes a mandatory externship of a minimum of 160 hours.			
3. A comprehensive training manual is provided and includes the following: list of faculty (names, licenses, training experience, & program responsibilities); institutional policies & procedures; description of the Advisory Committee functions & list of members; complete curriculum description & goals; training and testing methods; description of facilities (eg, drug preparation labs, computer labs, etc.) & equipment used; description of the quality assurance program; and anything else relevant to the program and its administration and operations.			
4. The externship is described by practice site and number of hours spent at each site, as well as description of tasks, expectations and required outcomes. Students in externships are evaluated by their externship site supervisor and their academic program instructor (based on a midterm and final clinical evaluation form, as well as the student's work reports, attendance and performance). Students evaluate their externship experience and include a self-evaluation of each experience. The program's policy and procedure for dealing with negative evaluations of students and by students is included.			
5. Program requirements and expectations are included with a description of what constitutes misconduct and how it is handled. One example would be the criteria for expulsion from the program.			
6. If the vocational or academic institution is accredited by an accreditation organization and/or licensed in a state, provide this information.			
<b>Additional requirements for online programs:</b>			
1. Online programs must meet the same requirements as academic programs.			
2. Program staff must be available to students on a 24-hour basis daily, with a policy & procedure in places for this.			<b>INCLUDE THE POLICY &amp; PROCEDURE FOR THIS.</b>

## ADDITIONAL REQUIREMENTS

1. All programs are approved for a 5-year period and must be submitted for renewal before their expiration date. Typically programs that are submitted for renewal do not have to be presented at a board meeting for re-approval. However, if such a program is completely revamped, a determination will be made if formal board approval will be necessary, at which time your program would be notified.
2. For OJT programs offered through pharmacies that are licensed in Washington and for academic/vocational programs based in Washington, the documented director (or delegates) of a training program must sign the 'Director's Certification'. The director may designate delegates who can sign this section of the application on his or her behalf, but a letter must be submitted to the board by the director of the program stating who these delegates are and the effective dates. Any changes to this document must be submitted in writing. If either a director's or delegate's names are not on record with the board, this will cause delays in the processing of applications.
3. For pharmacies licensed in Washington, you must maintain an on-site file containing all documentation related to your approved technician training program, including your most current approved ancillary utilization plans. This documentation will be requested as part of the inspection process.
4. Anyone who works in a pharmacy in WA must be licensed in WA. Trainees must first be licensed as pharmacy assistants and can only work as technicians-in-training when they are being trained! Trainees cannot 'fill in' as technicians 'as needed'. Their work experience must be part of the approved training program. And, since proof of passing one of the NCCA-accredited national certification exams is a requirement for licensure, trainees should be preparing for an exam while they're in training. The training program should be preparing them to take an exam. The national exam should be taken sooner rather than later, meaning that your trainee can't be a tech-in-training indefinitely, especially after they have completed the training program. At the latest, trainees should be ready to take a national exam when they have just completed a training program.
5. Always remember to access the Board of Pharmacy website for the most current pharmacy technician or assistant applications, as the applications are periodically updated. The same applies for the most current information on Board of Pharmacy laws, rules, policies, guidelines, and the like.
6. Training programs that are reviewed as part of a specific applicant's application process will only be approved for that applicant. Out-of-state training programs that are interested in obtaining board approval must submit all the documentation requirements listed in the review form above.

*Note: 'Formal' academic programs include the following settings: universities; community colleges; technical colleges; technical/community colleges; vocational/technical schools. These are institutional-based programs, whereas OJT programs are employer-based.*

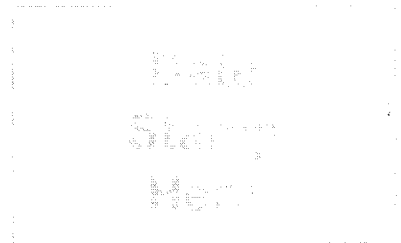
## **NEW REQUIREMENT FOR ALL TRAINING PROGRAMS APPROVED in WASHINGTON**

### **Cultural Competency Resources**

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

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

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



## Pharmacy Technician Education and Training Program Approval Form

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

### Application Type

Original
  Renewal

### Check One

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Public Hospital District |
| <input checked="" type="checkbox"/> Corporation        | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            | <input type="checkbox"/> Trust                    |

### 1. Demographic Information

UBI # 179 014 168	Federal Tax ID (FEIN) # 91 0729629
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Legal Owner/Operator Name  
OSTROM ENTERPRISES / TODD RAMSEY

Mailing Address  
PO BOX 82057

City KENMORE	State WA	Zip Code 98028	County KING
-----------------	-------------	-------------------	----------------

Phone (enter 10 digit #) 425 486 7711	Cell (enter 10 digit #)	Fax (enter 10 digit #) 425 486 9639
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Legal Name of Institution or Employer-based Program  
OSTROM ENTERPRISES, INC. dba Ostroms Drug & Gr. Pt

Physical Address  
6414 NE Bothell Way

City Kenmore	State WA	Zip Code 98028	County KING
-----------------	-------------	-------------------	----------------

Facility Phone (enter 10 digit #) 425 486 7711	Cell (enter 10 digit #)	Fax (enter 10 digit #) 425 486 9639
---	-------------------------	--

Mailing Address  
PO Box 82057

City Kenmore	State WA	Zip Code 98028	County KING
-----------------	-------------	-------------------	----------------

Email address email@ostroms.com	Web Address OSTROMS.COM
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## 2. Type of Program

Please check which type of pharmacy technician education and training program or school.

Formal/Academic Training

On-the-job Training at a licensed pharmacy

Vocational Training

Military Training

Other, explain \_\_\_\_\_

## 3. Contact Information

Name of Contact Person

Matt Binder

Title

Pharmacist

Physical Address

6414 NE Bothell Way

City

Kenmore

State

WA

Zip Code

98028

County

King

Email Address

matt@ostroms.com

Phone (enter 10 digit #)

## 4. Program Director Information

Attached additional pages if the training program uses multiple directors.

Name of Program Director

Matt Binder

Title

Pharmacist

Pharmacist Credential Number

PH60771520

Preceptor Certification Number

PH60894179

Physical Address

6414 NE Bothell Way

City

Kenmore

State

WA

Zip Code

98028

County

King

Email Address

matt@ostroms.com

Phone (enter 10 digit #)

425 486 7711

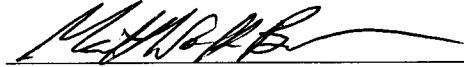
## 5. Additional Pharmacies and Program Directors

List all pharmacies associated with this training program.

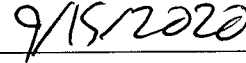
Pharmacy Name and Address	Pharmacy License #	Program Director	Pharmacist's License #

## 6. Signature

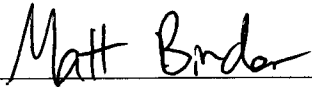
I certify that I have received, read, understood, and agree to comply with state laws and rules regulating education and training programs. I also certify that the information herein submitted is true to the best of my knowledge and belief.




Program Director/authorized representative



Date



Print Name



Print Title

## Additional Forms and Resources

Pharmacy Webpage

Guidelines to Implementation



## Ostroms Drug & Gift TECHNICIAN TRAINING PROGRAM

Facility: Ostroms Drug & Gift

6414 NE Bothell Way

Kenmore, WA 98028

Class A Pharmacy

License #PHR. CF60061450

Phone (425) 486-9639 Training pharmacist: 1) Matt Binder; licensed preceptor. Also trained in compounding. Dr. Binder is also licensed as a Pharmacy preceptor (sunsetting license) and affiliate clinical faculty with the University of Washington held in good esteem. Dr. Binder will direct our technician training. License #PH60771520.

### Resources:

Pharmacy Certified Technician Training Manual- 13th Edition, Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing MI. 48906, 2015.

Pharmacy Certified Technician- Calculations Manuel, 4th Edition, Ball B.A. and Miller, RPh. Michigan Pharmacists Association. 408 Kalamazoo Plaza, Lansing MI. 48906, 2015.

Drug Facts and Comparisons- (online version), Facts and comparisons publishers, St. Louis,MO. Drug Information Handbook - 22nd Edition. Young, Dana, Fuller, Goldman, Golembiewski, Gonzales, Lowe, and Snoke.

Lexicomp 2013 Up to Date- (online subscription)

Washington State Lawbook- (Online) Washington Dept. of Health, Board of Pharmacy, Olympia, Wa. 1999.

### Instruction and Program Administration

#### I. Pharmacy Technician on the Job Training Schedule Subject Weeks Chapter Hours

- A. Pharmacy Practice Areas 1-3 1-9 80 Review pharmacy tech utilization plan
- B. Pharmacy Essentials 4-5 10-15 80
- C. Pharmaceutical Calculations 6-8 workbook 80
- D. Computer Applications 9-10 16-19 80
- E. Pharmacology 11-15 20-29 160
- F. Pharmacy Law/HIPPA 16-18 29-36 80
- G. Overview/Review 19 40
- H. Final Written Exam 20 comprehensive Policies and Procedures

All technician applicants (trainees) must provide proof of a High School Graduation or GED. The above schedule in part corresponds with chapters from The Certified Technician Training Manual. In addition to this we will utilize the calculations manual and other listed references as we cover each subject. The program will be a minimum of 20 weeks. Weeks may be added as necessary for illness, vacation, or other unforeseen circumstances to ensure an efficient learning environment. Each week the training technician will meet with the pharmacist to review topics for no less than 1 hour outside of the pharmacy work area. Meetings will evaluate progress and encourage technician to express areas of needed exposure in the pharmacy practice. Testing after each chapter (See attached question samples) will be required and will be reviewed weekly for accuracy. If testing proves to be below 70% the technician will be required to retest that section within a week's time with the pharmacist. Midway through program an evaluation will be made, documented, and reviewed with technician in training.

After completion of the program, a final comprehensive exam at the end of the will be given. (See exam in this packet). The technician must pass this written exam with a score of 75% or better as well as the National Technician Board Certification. Records of evaluation will be retained for a minimum of 2 years. Any changes to the above program, including director, course content, and time frames, will be reported to the Washing State Pharmacy Quality Assurance commission.

H. Final Written Exam 20 comprehensive Policies and Procedures

All technician applicants (trainees) must provide proof of a High School Graduation or GED. The above schedule in part corresponds with chapters from The Certified Technician Training Manual. In addition to this we will utilize the calculations manual and other listed references as we cover each subject. The program will be a minimum of 20 weeks. Weeks may be added as necessary for illness, vacation, or other unforeseen circumstances to ensure an efficient learning environment. Each week the training technician will meet with the pharmacist to review topics for no less than 1 hour outside of the pharmacy work area. Meetings will evaluate progress and encourage technician to express areas of needed exposure in the pharmacy practice. Testing after each chapter (See attached question samples) will be required and will be reviewed weekly for accuracy. If testing proves to be below 70% the technician will be required to retest that section within a week's time with the pharmacist. Midway through program an evaluation will be made, documented, and reviewed with technician in training.

After completion of the program, a final comprehensive exam at the end of the will be given. (See exam in this packet). The technician must pass this written exam with a score of 75% or better as well as the National Technician Board Certification. Records of evaluation will be retained for a minimum of 2 years. Any changes to the above program, including director, course content, and time frames, will be reported to the Washing State Pharmacy Quality Assurance commission.

Pharmacy Technician Training Schedule Subject Weeks Hours

Subject	Weeks	Hours	Pages ( <i>Manual for Pharmacy Technicians</i> )
Orientation/learning	1	4	3-44
Pharmacy Law	2	8	45-64, as well as Washington law rewrite and Fassett law book for federal law
Understanding types of pharmacy practice	2	8	65-144
Anatomy/Physiology	2	8	145-180
Drug Classifications and Pharmaceutical Actions / Basic Biopharmaceutics, Pharmacokinetics and Pharmacodynamics	4	16	181-280
Medication Dosage Forms and Routes of Administration	2	8	281-316
Communication & Teamwork	1	4	317-338

Processing Medication Orders & Prescriptions	3	12	339-368
Pharmacy Calculations	2	8	369-400
Nonsterile Compounding	3	12	401-430
Med Safety	2	8	471-512

### Requested examples of curriculum assessments

***Handbook will also be used extensively for self-assessment.***

#### D. Pharmaceutical calculations

Student will read Chapter 12 “Pharmacy Calculations” in ASHP’s *Pharm Tech: Manual for Pharmacy Technicians* (pages 369 to 386). Student will be tested using the self-assessment questions in the textbook and must receive to passing rate of 75%.

Example questions:

1. A suspension of sucralfate contains 1 g of active drug per 10 mL of solution. How many mL are needed to obtain a dose of 575 mg for a child?
2. Calculate the number of tablets needed to provide a 30 day supply of medication for each medication order:
  - a. Lisinopril 2.5 mg PO daily for 2 weeks then 5 mg PO daily (5 mg tablets)
  - b. Ibuprofen 800 mg PO TID (3 times per day) (800 mg tablets)
  - c. Calcium citrate 500 mg PO BID (250 mg tablets)
  - d. Methotrexate 15 mg PO once weekly (5 mg tablets)
  - e. Alendronate 70 mg PO once weekly (70 mg tablets)
3. Determine the validity of the following DEA numbers:
  - a. MJ789245
  - b. AB 238123
  - c. AT702832
  - d. BL451103
4. A medication order is received for gentamicin 240 mg administered in three divided doses every 8 hours. Each dose should be diluted in 50 mL of normal saline. Gentamicin is available in 2-mL vials containing 40 mg/mL.
  - a. How many milliliters of gentamicin solutions are needed to prepare each dose?
  - b. If the dose is administered over 30 minutes, how many milliliters per minute will the patient receive?
5. How many grams of pure hydrocortisone powder are needed to prepare 45 g of a 3% w/w ointment if you mix the powder with a 0.5% hydrocortisone ointment? (*Note: pure hydrocortisone is considered 100%*)

6. Ibuprofen suspension is available in bottles of 100 mg/5 mL and 120 mL. The recommended dose for a child is 10 mg/kg every 4-6 hours as needed.
  - a. What is the dose for a child weighing 31 lbs?
  - b. How many bottles are necessary if this child received the most frequent administration of ibuprofen for 14 days?
7. A prescription is received for insulin glargine (Lantus) 0.4 units/kg/day. How many units of insulin will a 32-year-old female weighing 165 lb receive per day?
8. Calculate the days of supply for a prednisone taper using a solution of 25 mg/mL with the following dosage regime: give 5 mL PO daily x 5 days, then 2.5 mL PO daily x 5 days, then 0.5 mL PO every other day thereafter. Dispense quantity: 40 mL.

#### K. Pharmaceutical compounding

Student will read Chapter 13 "Nonsterile Compounding and Repackaging" in ASHP's *Pharm Tech: Manual for Pharmacy Technicians* (pages 369 to 386). Student will be tested using the self-assessment questions in the textbook and must receive to passing rate of 75%.

Example questions:

1. Which statement is false regarding BUDs for a compounded preparation?
  - a. A BUD is calculated from the date the preparation is compounded.
  - b. A BUD is generally expressed in years.
  - c. A BUD is to be included on all compounded preparations.
  - d. A BUD is the date after which a compounded preparation is not to be used.
2. Examples of nonsterile compounded preparations include all of the following except \_\_\_\_\_.
  - a. Analgesic suppository
  - b. Antibiotic ophthalmic suspension
  - c. Antifungal oral suspension
  - d. Hormone vaginal cream
3. USP General Chapter <797> offers guidelines and an enforceable set of standards describing procedures and requirements for nonsterile compounding. This statement is \_\_\_\_\_.
  - a. True
  - b. False
4. Common sources of ingredients for compounded preparations include all of the following except \_\_\_\_\_.
  - a. Chemicals that the pharmacist determines are from a high-quality supplier and meet purity and safety standards.
  - b. Commercially manufactured prescription medications
  - c. Medications withdrawn from the market by the FDA for safety or effectiveness reasons
  - d. USP or NF grade chemicals
5. Which statement is true regarding inactive ingredients?
  - a. Excipients are also known as therapeutic ingredients
  - b. Inactive ingredients are an unnecessary part of the preparation

- c. Inactive ingredients cause a pharmacological response
  - d. Preservatives and emulsifying agents are examples of inactive ingredients
6. Which standards are utilized when choosing repackaging materials?
- a. FDA standards
  - b. Local department standards
  - c. State pharmacy board standards
  - d. USP standards
7. Dispensing units of repackaged medications commonly include all of the following except \_\_\_\_\_.
- a. Reusable containers
  - b. Single-dose packaging
  - c. Single-unit packaging
  - d. Unit-of-use packaging.
8. Which statement is true regarding repackaging records?
- a. Repackaging records are not used for monitoring inventory and the efficiency of the repackaging process
  - b. Repackaging records are not used to determine if the medication was correctly packaged
  - c. Repackaging records are useful for quality control purposes
  - d. Repackaging records may be destroyed once the medication supply has been dispensed

## **Ancillary Utilization Plan Technicians in Training**

Authorization to perform the following tasks will be determined by supervising pharmacists based on the level of training and experience demonstrated by each trainee.

- A. Places, receives, unpacks and stores drug orders.
- B. Files and retrieves various pharmacy records as required.
- C. Files completed prescriptions alphabetically on the shelf for patient pick-up.
- D. Maintains assigned work areas and equipment in clean and orderly condition.
- E. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- F. Handles non-professional phone calls to/from:
  - a. Patients requesting refill of a prescription by number.
  - b. Calls to physician's office requesting refill authorization:
    - i. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - c. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  - d. Calls concerning price information.
  - e. Calls regarding business hours or delivery services.
  - f. Calls regarding the availability of goods and services - these might require transferring the call to another person.
  - g. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - h. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- G. Operates cash register and related front counter tasks.
- H. Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtaining stock bottles for prescription filling, performing stock maintenance functions for automated prescription filling machine.
- I. Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- J. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist for the following:
  - a. Reconstitutes - restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent.
  - b. Non-sterile compounding - performs non-hazardous compounding tasks according to USP guidelines under close supervision of a licensed pharmacist.
- K. Enters prescription data into the computer and monitors label printing.
- L. Transcribes orders - accuracy checked and initialed by licensed pharmacist.
- M. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist. Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.

tract or to treat diseases of that area. Enemas, such as Fleet enema, are given to relieve severe constipation or to clean the large bowel before surgery.

Sprays are solutions that are sprayed as a mist on the area to be treated. Some sprays are used on the mucous membranes of the nose and throat, while others are used on the skin. Nasal decongestants (e.g., oxymetazoline [Afrin 12-Hour Original] and phenylephrine [Neo-Synephrine Cold & Sinus]) and antiseptic throat solutions (e.g., phenol [Cheracol Sore Throat Relief Spray]) are spray products for the nose and throat.

Viscous aqueous solutions are sticky, thick, sweet solutions that are either liquid or semisolid. A syrup is a mixture of sugar and purified water. A high sugar content makes syrups different from other solutions. Syrups may or may not contain medication or added flavoring agents. Syrups without a medication are called nonmedicated syrups. Simple syrup, which contains only water and sucrose (a type of sugar), is one such example. Flavored syrups have a flavoring agent added and are often used as vehicles for unpleasant-tasting medications and are then called medicated syrups. The amount of sugar present in syrups makes them likely to be contaminated by bacteria, so they often contain a preservative. The high sugar content makes syrups a poor choice for patients who have diabetes mellitus. Some medications are available as "sugar-free syrups," but they are not true syrups since syrups are defined as mixtures of sugar and water. These sugar-free products are better labeled as "liquids."

The advantage of syrups is that their sweet taste can disguise the unpleasant taste of medications. Because syrups are thicker than aqueous solutions, only some of the medication dissolved in the syrup comes in contact with the taste buds. The rest is held above the tongue by the thick syrup so it is not tasted before it is swallowed. For this reason, syrups are commonly used for medications taken by children. The thick character of syrups also has a soothing effect on irritated throats, so syrups are often used for cough formulations. Robitussin and Triaminic are common product lines of cough and cold syrups.

Jellies are semisolid solutions that have a high liquid content, usually water. K-Y Jelly is an example

of a commonly used lubricant **jelly**. It may be used to make insertion of rectal thermometers or other medical instruments into body openings more comfortable, as a sexual lubricant, or to reduce friction and improve transmission of sound waves during ultrasound procedures. Lidocaine jelly is used as a local anesthetic (numbing agent) for patients who are to have endotracheal tubes (into the windpipe or trachea) placed down their throats or urinary catheters (tubes) placed into their urethras. Jellies may be used as vaginal lubricants or as vehicles for vaginal birth control agents.

### Nonaqueous Solutions

**Nonaqueous solutions** are those that use solvents, or dissolving liquids, other than water. Commonly used nonaqueous solvents include alcohol (ethyl alcohol or ethanol), glycerin, mineral oil, and propylene glycol.

Hydroalcoholic solutions differ from aqueous solutions in that they contain alcohol as well as water. **Elixirs** and **spirits** are examples of hydroalcoholic solutions. Elixirs are clear, sweet, flavored water-and-alcohol (hydroalcoholic) mixtures for oral use. The amount of alcohol in elixirs varies depending on how easily the other ingredients in the elixir dissolve in water. Many drugs do not dissolve easily in pure water but do so in a water-and-alcohol mixture. Some elixirs have as little as 3% alcohol, others may contain almost 25%. Digoxin elixir is an example of a prescription elixir.

The alcohol in an elixir is a reason to avoid use in patients who should not or cannot drink alcohol. In addition, alcohol can have unwanted interactions with other medications patients may be taking. Elderly and alcoholic patients and parents of children should be aware of the alcohol content of elixirs because these patients may be sensitive to even small amounts of alcohol. Some elixirs have been reformulated to remove the alcohol and so are no longer true elixirs, but may still be known that way.

Aromatic and licorice elixirs are used as flavoring agents. An aromatic elixir is a nonmedicated elixir commonly used as a vehicle for medications. Simple elixir, which contains orange, lemon, coriander, or anise oils in syrup, water, and alcohol, is another example.



Alcoholic solutions, also known as spirits or essences, are alcoholic or hydroalcoholic solutions that contain volatile, or easily evaporated, substances. Because the volatile substances dissolve more easily in alcohol, spirits can contain greater amounts of these substances than aqueous solutions. Perhaps the most familiar spirits administered internally are the alcoholic beverages brandy (*Spiritus Vini Vitis*) and whiskey (*Spiritus Frumenti*). Other spirits may be inhaled (e.g., aromatic ammonia spirit, commonly known as smelling salts, used for fainting), while still others, such as peppermint spirits, are used as flavoring agents.

A collodion is a liquid preparation of pyroxylin (found in cotton fibers) that is dissolved in ethyl ether and ethanol. After a collodion is applied to the skin, the ether and ethanol evaporate and leave a pyroxylin film. Some medicated collodions are used to treat corns and warts (e.g., Compound W). Nonmedicated collodions, such as liquid adhesive bandages (e.g., New-Skin) and skin protectants (e.g., BlisterGard), may be applied to the skin for protection or to seal small wounds.

Glycerites are nonaqueous solutions of medication dissolved in glycerin, a sweet oily fluid made from fats and oils. Glycerin can be used alone as a vehicle or with water, alcohol, or both. Because glycerin easily mixes with water and alcohol, it can be used as a dissolving liquid for medications that do not dissolve in either alone. After a medication is dissolved in glycerin, the medication/glycerin mixture can then be added to water or alcohol. Glycerin may be used in oral, otic (ear), ophthalmic (eye), topical (on the skin), and parenteral formulations. Most glycerite solutions are very thick, some to the point of being like jelly. Debrox Drops, used to remove earwax from ears, is an example of a product formulated in glycerin.

### Extractives

**Extractives** are concentrated preparations of materials found in plant or animal tissue. The raw drug is removed from the dried plant or animal tissue by soaking it in a solvent. The solvent is then evaporated and leaves behind the parts containing medical activity. Extracts, tinctures, and fluidextracts are examples of dosage forms prepared this way. They differ only in their strength or potency.

**Extracts.** These are prepared the same way as tinctures and fluidextracts and are two to six times as potent as the raw drug. Vanilla, almond, and peppermint extracts, commonly used in cooking and baking, are examples of extracts.

**Tinctures.** Tinctures are alcoholic or hydroalcoholic solutions whose strength is adjusted so that each milliliter of tincture contains the equivalent of 100 mg of raw drug. Iodine tincture and opium tincture are two examples.

**Fluidextracts.** Fluidextracts are more potent than tinctures; each milliliter of fluidextract contains the equivalent of 1,000 mg (1 g) of raw drug. Cascara sagrada fluidextract and senna fluidextract are extracts that, in the past, were commonly used to clear the bowels.

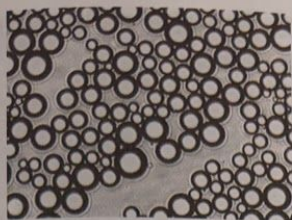
## SAFETY FIRST

Fluidextracts and extracts differ in strength and are not interchangeable.

### Emulsions

**Emulsions** are mixtures of two liquids that normally do not mix. In an emulsion, one liquid is broken into small droplets and evenly scattered throughout the other. The liquid in small droplets is referred to as the internal phase; the other liquid is called the external, or continuous, phase. An emulsifying agent is added to the mixture to prevent the small particles of the internal phase from gathering together and separating from the external phase to reform two different layers. Oil-and-vinegar salad dressing is a common household emulsion that is formed by shaking the two liquids together. Because no emulsifying agent is added, within seconds after shaking, the oil and vinegar separate and the emulsion is broken.

**Oil-in-water (O/W) emulsion.** In most emulsions, the two liquids are oil and water. An O/W emulsion occurs when small oil droplets are scattered throughout water (Figure 9-2). O/W emulsions are desirable for oral use for several reasons. Unpleasant oily medications are broken into small particles and scattered throughout a sweetened, flavored water-based vehicle. These small oil particles are carried past the taste buds and swallowed without the patient tasting the oily



**FIGURE 9-2.** Oil-in-water emulsion.

Source: Reprinted with permission from Saleh N, Sarbu T, Sirk K et al. Oil-in-water emulsions stabilized by highly charged polyelectrolyte-grafted silica nanoparticles. *Langmuir*. 2005; 21:9873-8. Copyright ©2005 American Chemical Society.

medication. The small particle size increases medication absorption from the stomach and small intestine into the bloodstream. One formulation of cyclosporine (Neoral), a medication used to prevent rejection of transplanted organs, is such an example.

**Water-in-oil (W/O) emulsions.** In W/O emulsions, water droplets are spread throughout the oil. W/O emulsions are often used on unbroken skin. They spread more evenly than O/W emulsions because the natural oils of the skin mix with the external oil phase of the emulsion. They soften the skin better because they hold moisture and are not easily washed off with water. However, they have a heavy, greasy feel and may stain clothing.

The choice of O/W or W/O emulsion for products used on the skin depends on several things. Medications that are irritating to the skin feel better when applied as small particles in the internal phase. The external phase keeps them from contacting the skin and causing irritation. O/W emulsions may be better in some cases because they are washed off with water and do not stain. They feel lighter and nongreasy and have an advantage when the emulsion is to be applied to a hairy part of the body, such as the scalp.

Some emulsions may be injected into the bloodstream. Intralipid and Liposyn II, fat emulsions used to provide intravenous (IV) nutrition, and the anesthetic medication, propofol (Diprivan), are examples of O/W emulsions that are given into a vein (IV).

## Suspensions

**Suspensions** are mixtures of fine particles of an undissolved solid spread through a liquid or, less commonly, a gas. The difference between a solution and a suspension is that the particles are dissolved in a solution, while in a suspension they are not. Suspensions are useful for administering a large amount of solid medication that would be inconvenient to take as a tablet or capsule. The fine particles dissolve more quickly in the stomach or small intestine and are absorbed into the bloodstream more quickly than the medication in a solid tablet or capsule. Suspensions must be shaken before use to remix particles that may have settled to the bottom or floated to the top of the container after standing.

Most suspensions are for oral use, but some may be taken by other routes, such as the rectal, otic, ophthalmic, or parenteral routes. Suspensions taken by mouth usually use water as the vehicle, although suspensions that are given by parenteral routes, such as into muscles or joints, may use oil. Medication particles suspended in oil dissolve more slowly than when in water. This gives the medication long-lasting, extended-release properties and allows it to be given less frequently than otherwise. Haloperidol decanoate and testosterone enanthate injection are made in sesame oil, which allows them to be given intramuscularly (IM) every 2–4 weeks.

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**Parenteral suspensions should NEVER be given intravenously. Serious adverse effects such as cardiorespiratory (heart and lung) failure, coma, or death may occur.**

**Lotions.** Lotions are suspensions that are meant to be applied to the skin. They contain finely powdered medications, and cool, soothe, dry, and/or protect the skin. Lotions are usually applied without a lot of rubbing and work easily into large areas of the skin without leaving a greasy or oily feel. Calamine lotion is a common example of a protective lotion.

**Magmas and milks.** Magmas and milks are thick, jelly-like suspensions of undissolved drugs in water. Milk

of magnesia is the most common example of a magma. Magmas and milks are usually meant for oral administration and should be shaken well before each use.

**Gels.** Gels are similar to magmas and milks except that the suspended particle size in gels is smaller. Gels, too, are often used for oral administration. Many commercially available antacids are gels. Other gels, such as the following, are intended to be applied to skin or mucous membranes:

- Testosterone gel (AndroGel) is applied to the skin of males who lack adequate amounts of male hormones.
- Diazepam rectal gel (Diastat) is used to treat epileptic seizures.
- Progesterone vaginal gel (Crinone) is given as an infertility treatment.
- Metronidazole gel (Metrogel-Vaginal) is used to treat vaginal infections.

**Mucilages.** Mucilages are thick, gummy liquids. They are made up of water that contains the sticky, pulpy parts of vegetables. Mucilages are useful dosage forms that prevent nondissolving solid particles from settling to the bottom of liquids. Bulk-producing laxative products, such as psyllium powder (Metamucil), form a mucilage when the powder is added to water or juice.

### Solid Medication Dosage Forms

Medications are commonly formulated in a solid form. Examples of solid medication dosage forms include tablets, capsules, suppositories, and lozenges. Solid medication dosage forms allow for medications to be taken orally, rectally, or vaginally. Like some liquid medication dosage forms, some solid medication dosage forms may be used by more than one route. For example, tablets are used for oral medications but may also be used to deliver medications into the vagina. Suppositories are usually given rectally (e.g., glycerin rectal suppositories) but may also be used to deliver medications into the vagina (e.g., miconazole [Monistat 3] vaginal suppositories) or, very rarely, into the urethra (e.g., alprostadil [Muse] urethral suppositories). Table 9-2 summarizes the solid medication dosage forms that are discussed in this chapter.

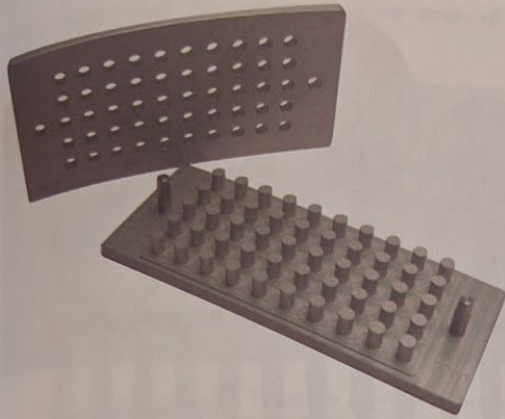
**Table 9-2. Solid Medication Dosage Forms**

Dosage Form	Examples
Tablets	■ Molded
	■ Compressed
	● Sugar-coated
	● Film-coated
	● Enteric-coated
	■ Sublingual
	■ Buccal
	■ Effervescent
Capsules	■ Hard gelatin
	■ Soft gelatin
Caplets	■ Film-coated ■ Gel
Lozenges	■ Hard (compressed) ■ Soft ■ Gel (gummy)
Suppositories	■ Rectal
	■ Vaginal
	■ Urethral
Semisolids	■ Ointments
	■ Creams
	■ Pastes

#### Tablets

Tablets are compacted solid medication dosage forms. They may be further classified by how they are manufactured. Molded tablets are made from wet materials made into a paste, which is then placed in a mold, shaped to the mold, and allowed to dry (Figure 9-3). After the tablets have dried, they are removed. Compressed tablets are formed by pressing powders, crystals, or granules into a solid shape using a high pressure die punch (Figure 9-4).

Other ingredients that have no medicinal activity may be included in a compressed tablet. The following inactive, or inert, ingredients (e.g., binders, diluents, lubricants, colorants) are necessary for the manufac-



**FIGURE 9-3.** Tablet mold. A paste is made from wetted medication material and spread over the open-hole mold plate to fill the holes. After the material is dry and hard, the filled plate is pressed over the pegged plate to remove the tablets from the mold.  
Source: © Torpac, Inc. Fairfield, NJ.

turing process or make the tablet more effective (e.g., disintegrators):

- Binders hold the compressed tablet together to keep it from crumbling.
- Diluents are fillers that are added to the active medication to make the tablet a practical size.
- Lubricants help to remove the tablet from the die punch.
- Colorants add color to the product.
- Disintegrators help the tablet break apart so it can dissolve more quickly in the stomach, small intestine, or elsewhere in the body.

Compressed tablets may have a sugar, film, or enteric coating on the outside. Sugar coating or film coating may be used to mask foul-tasting or foul-smelling drugs, to add color to the tablet, or to protect the drug from exposure to air and humidity. A film coating covers the tablet with a hard shell to make it sturdier and easier to swallow. Additionally, some hazardous drugs in tablet form (e.g., cancer chemotherapy, hormones) may be coated to protect accidental

or excess exposure of healthcare providers, caregivers, and patients to drug particles and dust.

Enteric-coated oral tablets have a coating that protects the lining of the stomach from irritation by the drug. The actions of enteric-coated tablets are delayed since they must first pass through the stomach and into the intestine before the coating dissolves and the medication absorbs and takes effect. Medications that cause nausea or bleeding of the stomach mucosa are often enteric-coated. Other medications are broken down by stomach acid and lose their medicinal effects. Enteric coating of tablets creates a barrier between the medication and the acid and allows the tablets to pass through the stomach unharmed. Once they reach the small intestine, they then dissolve and the medication is absorbed into the bloodstream.

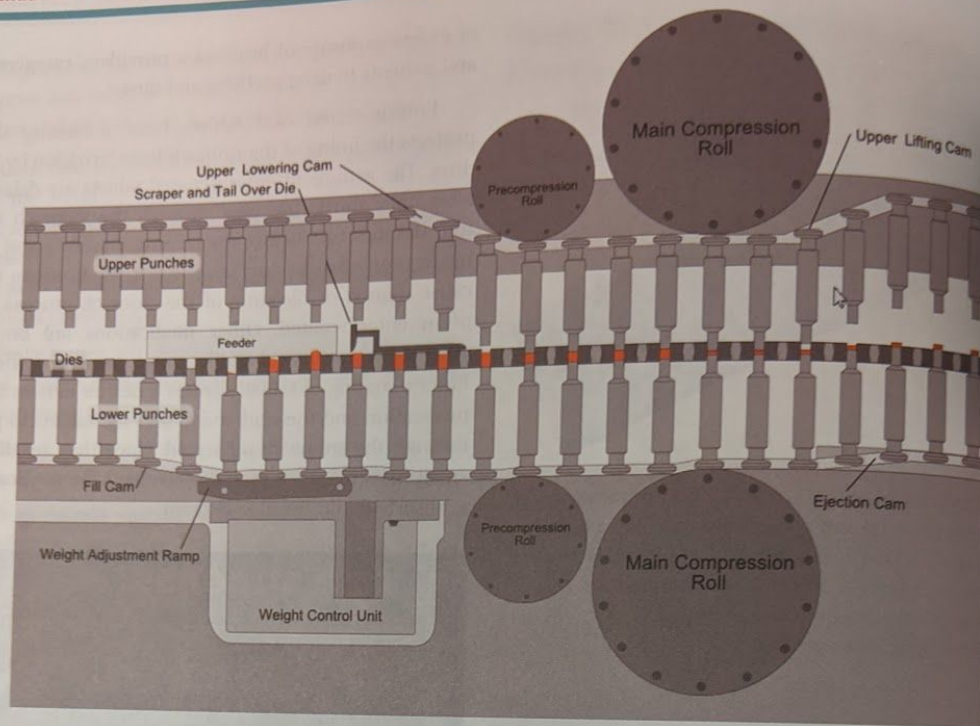
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3

### R<sub>x</sub> FOR SUCCESS

Tablets that are enteric-coated should not be crushed, chewed, or cut. Doing so destroys the purpose of the coating. An extensive list of medications that should not be crushed, chewed or cut is published by the Institute for Safe Medication Practices: [www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf).

**Sublingual and buccal tablets.** These are small tablets that dissolve almost instantly when placed under the tongue (**sublingual**) or in the pocket between the cheek and gum (**buccal**). The medication is absorbed into the bloodstream through the mucosal lining under the tongue or of the cheek and begins to work much faster than if it were swallowed as an oral tablet. Medications that are destroyed by stomach acid may also be formulated as sublingual or buccal tablets. Examples of sublingual and buccal tablets include the following:

- Nitroglycerin sublingual tablets (Nitrostat) quickly treat episodes of chest pain.
- Fentanyl sublingual tablets (Abstral) are used for rapid relief of cancer pain.
- Acyclovir buccal tablets (Sitavig) treat cold sores of the mouth and lips and deliver high amounts of medication close to the cold sore.



**FIGURE 9-4.** Compressed tablet manufacturing process. Compressed tablets are represented in orange color.  
 Source: [https://commons.wikimedia.org/wiki/File:Tablet\\_press\\_animation.gif](https://commons.wikimedia.org/wiki/File:Tablet_press_animation.gif). By Jeff Dahl (Buy Twitter Followers) [GFDL (<http://www.gnu.org/copyleft/fdl.html>) or CC BY-SA 4.0-3.0-2.5-2.0-1.0 (<http://creativecommons.org/licenses/by-sa/4.0-3.0-2.5-2.0-1.0>)], via Wikimedia Commons.

- Testosterone is poorly absorbed from the digestive system into the bloodstream. The testosterone buccal system, Striant, is used in men who lack adequate amounts of that hormone.

**Effervescent tablets.** These tablets contain ingredients that bubble and release the active drug when placed in a liquid. Their advantage is that they break down and dissolve before administration and the drug can be absorbed quickly after it is taken. An example is Alka-Seltzer Effervescent Tablets.

**Chewable tablets.** These are tablets that do not need to be swallowed whole and may, or even should, be chewed. They are softer than other tablets, are pleasantly flavored, and are useful for children's medications

(e.g., chewable multivitamins). Some adult tablets are also chewable. Antacid tablets (Rolaids, Tums) may be chewed before swallowing so that they quickly break apart and the medication scatters more quickly in the stomach.

**Vaginal tablets.** These are inserted into the vagina and dissolve. The medication may be absorbed through the vaginal mucous lining into the bloodstream or remain in the vagina to work within the vagina. Nystatin is an example of a vaginal tablet that is not absorbed but stays within the vagina to treat fungal infections.

### Capsules

Capsules are solid medication dosage forms where a drug, with or without inert ingredients, is packaged

into a gelatin shell. The gelatin shells are made of animal protein.

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Hard gelatin capsules are made in several sizes: 000 (largest size), 00, 0, 1, 2, 3, 4, and 5 (smallest size). A size 000 capsule, about 1 inch (2.5 centimeters) long, is the largest most people can swallow. Even larger sizes are made for veterinary medicines (Figure 9-5).

**Hard gelatin capsules.** These are two-piece oblong shells filled with powdered ingredients. Most often they are for oral use and swallowed whole. Some capsules are sealed shut, or banded, to protect the ingredients from leaking out of the capsule, to prevent product tampering, or sometimes to give a product a distinctive appearance. Phenytoin capsules (Dilantin Kapseals) are an example of a banded capsule. However, some capsules may be or should be opened and the powdered ingredients inside sprinkled on food or in water before taking (Figure 9-6). Examples include divalproex sodium (Depakote Sprinkle) and topiramate (Topamax Sprinkle).

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Many over-the-counter capsules are banded to more easily identify capsules that may have been tampered with before purchase by a consumer.

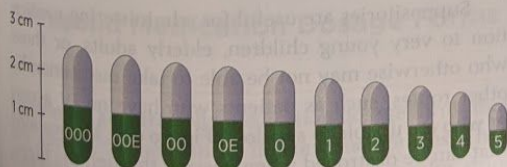


FIGURE 9-5. Human capsule sizes.

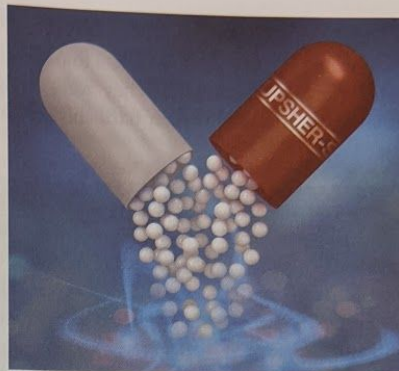


FIGURE 9-6. Sprinkle oral dosage form.

Source: Photo used with permission of Upsher-Smith Laboratories LLC, Minneapolis, MN.

Other capsules contain powders that should be inhaled through the mouth into the lungs where the drug takes effect. These capsules are inserted into a mechanical device that punctures the capsule and releases the powder. Patients then inhale the powder through the device mouthpiece. Formoterol (Foradil), a medication to treat asthma, and tiotropium (Spiriva), used to treat lung disease, use two different styles of this type of device.

## SAFETY FIRST

Capsules that are to be inhaled using special mechanical devices should never be taken orally. The devices are not interchangeable and should only be used with the capsules for which they are intended.

**Soft gelatin capsules.** Soft gelatin capsules have ingredients added to the gelatin to give it a soft, squeezable, elastic character. After filling, the two halves of the capsule are sealed shut and, unlike hard gelatin capsules, cannot be opened. Soft gelatin capsules may be round, egg-shaped, or oblong and filled with liquid, pasty, or powdered medications. Vitamin E and docusate sodium, a stool softener, are available as soft gelatin capsules.

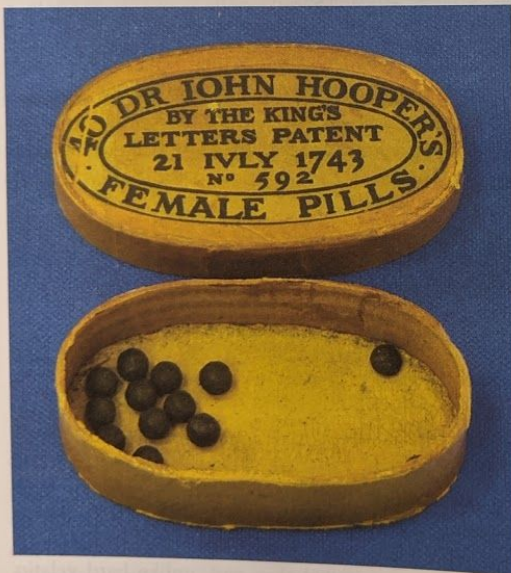
### Caplets

Caplets are solid, capsule-shaped tablets that are generally coated for easy swallowing. They were designed to be more tamper-resistant than hard-shelled gelatin capsules.

*It is common for patients to refer to tablets and capsules as "pills," e.g., birth control pill, diet pill, "Take one pill before bedtime." However, pills are a distinctly different dosage form. They are small, ball-shaped, solid medication dosage forms intended for oral use. They are very rarely, if ever, used today (Figure 9-7).*

### Lozenges

Lozenges, also known as troches or pastilles, are usually disk-shaped solid medication dosage forms that contain medication in sugar. Lozenges are used to deliver



**FIGURE 9-7.** Pill oral dosage form. Dr. John Hooper's Female Pills, an example of the pill dosage form. Source: History of Medicine Artifacts Collection, David M. Rubenstein Rare Book & Manuscript Library, Duke University, Durham, NC.

antiseptic (disinfecting), local anesthetic (numbing), antibiotic, analgesic (pain relieving), antitussive (anti-coughing), astringent (drying), or decongestant drugs to the mouth or throat. The lozenge is held in the mouth and sucked. As it dissolves, the lozenge releases the medication. Screts Sore Throat lozenges contain local anesthetic, antiseptic, and other ingredients useful for treating minor sore throats. Nicotine polacrilex (Nicorette) lozenges are used to help patients quit tobacco smoking. Clotrimazole (Mycelex) troches treat oral fungal infections.

### Suppositories

Suppositories are solid medication dosage forms that are inserted into the rectum, the vagina, or, very rarely, the urethra. Most often, suppositories are molded from a soft, solid material (called a base), such as cocoa butter or glycerin. The base is melted; medication is added to the resulting liquid and is then poured into a mold to cool and harden. After insertion into the appropriate body opening, body heat remelts the base and releases the medication. The medication is then absorbed through the thin mucous membrane lining of the body opening and enters the bloodstream.

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Suppositories should be kept in a cool place to prevent them from melting before use. Some may require refrigeration or freezing. If the suppository is too soft to handle before use, it may be firmed up by cooling in a refrigerator for 20-30 minutes or holding under cold water for a few minutes while still in the wrapper.

Suppositories are useful for administering medication to very young children, elderly adults, or those who otherwise may not be able to take medication by other routes, such as patients who have no IV access or who are unable to swallow (Figure 9-8). Medications that can be destroyed when passing through the digestive tract may also be made in a suppository form.

Suppositories may treat conditions in the immediate area of administration such as bisacodyl (Dulcolax) rectal suppositories for relief of constipation or micon-

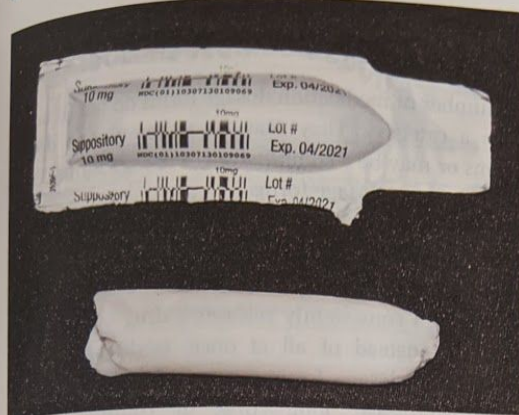


FIGURE 9-8. Rectal suppository.

azole (Monistat-7) vaginal suppositories to treat vaginal fungal infections, or they may act elsewhere in the body (e.g., acetaminophen [Tylenol] rectal suppositories for pain relief or prochlorperazine [Compro] rectal suppositories to relieve nausea).

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Patients should be instructed to allow suppositories to warm to room temperature before use and to remove the wrappers before insertion. Before insertion, the suppository or the insertion area should be moistened with water or a water-soluble lubricant (e.g., K-Y Jelly). Petroleum jelly (Vaseline) should not be used because it will keep the suppository from melting.

## Semisolid Medication Dosage Forms

### Ointments

Ointments are semisolid medication dosage forms that are applied to the skin or mucous membranes. They lubricate and soften or are used as a base for drug delivery. The main types of ointment bases are oleaginous, anhydrous, emulsion, and water-soluble. Not all ointments contain medication. Ointments are categorized based on their characteristics.

**Oleaginous bases.** Oleaginous or hydrocarbon, bases are emollients (skin softeners) that soothe the skin or mucous membranes. They are occlusive (provide a barrier) and protect the skin or mucous membrane from air. They are hydrophobic (repel water), so they do not wash off with water, and they feel greasy to the touch. Oleaginous bases are used mainly for their lubricating effect because they do not allow moisture to escape from the skin, do not dry out, and they remain on the skin a long time. Vaseline petroleum jelly is an example of an oleaginous base.

**Anhydrous bases.** Anhydrous or absorption, bases contain no water and are similar to oleaginous bases, but instead of repelling water, they absorb it. They also soften skin, but not as much as the oleaginous bases. Anhydrous bases absorb aqueous, or water-based, drugs. Anhydrous lanolin and cold cream are widely used anhydrous bases.

**Emulsion bases.** These bases may be water-in-oil (W/O) or oil-in-water (O/W). The W/O emulsion bases are emollient, occlusive, and greasy. They contain water, and some may absorb additional water. Lanolin, mentioned above as an anhydrous base, and cold cream are considered to be W/O emulsions when water is added to them. Emulsion bases of the O/W type, or water-washable bases, are quite different. They are nongreasy and easily wash off with water. They are nonocclusive and may be diluted, or thinned, by adding water. In certain skin conditions, O/W emulsion bases are used to absorb watery discharge or to help the skin absorb certain medications.

**Water-soluble bases.** These bases are nongreasy, nonocclusive, and water-washable. They do not contain any fats and usually do not contain any water. Nonaqueous or solid medications are added to this type of ointment base. Polyethylene glycol ointment is one such base.

Ointment bases are chosen based on the characteristics described above. A W/O emulsion base may be used if a liquid medication is to be added to the ointment. Some medications may be more stable or more easily absorbed by the skin when they are delivered in a particular ointment base. The softening or drying characteristics of the ointment base may also



affect the choice of a base. For instance, a nongreasy ointment base may be chosen if the ointment is to be applied to the face because a greasy base may leave an unpleasant feeling.

### Creams

Creams are semisolid O/W or W/O emulsions that may or may not contain medication. They are easily worked into the skin, or vanish, and feel lighter than ointments. They, too, soften the skin. Creams do not leave a residue on the skin and allow the skin to "breathe." This is an important consideration in the treatment of some dermatologic (skin) conditions.

Creams may be preferred over ointments because they are easier to spread, have a cooling effect on the skin, and, in the case of O/W creams, are easier to wash off with water. Many drug products are available as creams and ointments to satisfy the preferences of patients and physicians. Creams are also widely used in cosmetic products.

## R<sub>x</sub> FOR SUCCESS

Creams and ointments are not always interchangeable. If a product is available as a cream and as an ointment, the prescriber will select the one which is most appropriate for the patient. A pharmacist cannot substitute a cream for an ointment or an ointment for a cream without the prescriber's authorization.

### Pastes

Pastes are semisolid medication dosage forms that contain medication intended for topical application. Everybody is familiar with daily use of toothpaste for brushing and cleaning teeth but pastes are also used in other situations. Pastes stick well to skin and, because of their heavy, thick nature, protect the skin. Pastes may absorb secretions from oozing wounds or act as a dam around the area of treatment. Triamcinolone acetonide dental paste is used by patients with mouth ulcers (sores). Desitin zinc oxide paste is used to protect babies' skin from the irritation caused by wearing diapers.

## Miscellaneous Medication Dosage Forms

A number of medication dosage forms do not fit neatly into a category. They may be either unique dosage forms or may be a combination of dosage forms. Table 9-3 lists these dosage forms.

### Extended-Release Dosage Forms

In some cases, having a medication dosage form that slowly and consistently releases a drug over a period of time, instead of all at once, is desirable. These medication dosage forms are called extended-release, sustained-release, long-acting, or controlled-release. Although the exact meanings of these terms differ slightly, each of these terms indicates a slow release of medication over a longer period of time than standard dosage forms. Table 9-4 lists common abbreviations used for extended-release products. Oral tablets and capsules are the most common dosage forms that are made as extended-release. Other extended-release dosage forms, such as implants, transdermal patches, some oral suspensions, and some IM injections, will be discussed later.

Table 9-3. Miscellaneous Medication Dosage Forms

Dosage Form	Examples
Miscellaneous	■ Extended-release
	■ Powders
	■ Granules
	■ Inhalants
	■ Aerosols
	■ Liniments
	■ Shampoos and crème rinses
	■ Wipes and scrubs
	■ Transdermal patches
■ Implants	

**Table 9-4. Common Abbreviations for Extended-Release Medications**

CD	Controlled-diffusion
CR	Controlled-release, continuous-release
CRT	Controlled-release tablet
ER	Extended-release
LA	Long-acting
SA	Sustained-action
SR	Sustained-release, slow-release
TD	Time-delay
TR	Time-release
XL	Extra-long
XR	Extended-release

Advantages of extended-release dosage forms include the following:

- They deliver medication in a slow, controlled, and steady way so the patient absorbs the same amount of medication throughout a particular time period.
- The chance of drug side effects is reduced because the medication is delivered in smaller amounts over a long period of time, rather than all at once.
- Patients may take the medication less frequently, perhaps only once or twice a day, or even as infrequently as once a week, once a month, or even longer.
- Patients are more likely to take their medications properly and are less likely to experience side effects, if they can take them less often.
- The daily medication cost to patients may be decreased. Although extended-release products may be more expensive on a per-dose basis, the total daily cost may be less because the patient takes fewer doses overall.

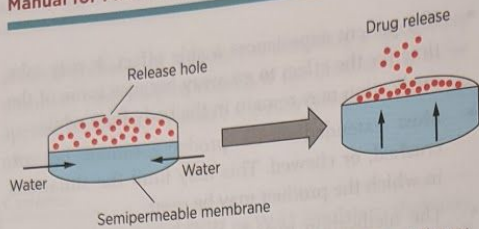
Disadvantages of extended-release dosage forms include the following:

- There may be a delay between the time the patient takes the medication and the time it takes effect. Extended-release products are not helpful in situations where an immediate effect is required.

- If a patient experiences a side effect, it may take time for the effect to go away because some of the medication may remain in the body for a while.
- Most extended-release products cannot be cut, crushed, or chewed. This may limit the situations in which the product may be used.
- The medication may be more expensive than an immediate-release product.

Several technologies that give medication dosage forms extended-release properties include the following:

- **Beads**—Many small, different-sized beads of medication with different thicknesses of a coating material are put in a hard gelatin capsule, suspended in a liquid vehicle, compressed into a tablet, or put into a soft gelatin shell. In the stomach, the small beads are let loose and dissolve and release medication at varying rates over a period of time.
- **Matrix**—A portion of the medication is treated and made into special granules. These granules are combined with an untreated portion of the medication and made into a tablet or capsule. The untreated drug granules immediately release the drug in the stomach, while the treated ones slowly wear away to provide a prolonged effect.
- **Layers**—One layer of medication dissolves immediately, and the remaining layer (or layers) dissolves more slowly and gradually releases the drug.
- **Plastic or wax matrix core covered by a controlled-release layer**—A drug is released into the body as it slowly trickles out of the matrix. The matrix does not dissolve and passes through the digestive tract and is excreted in the feces. The leftover matrix is inactive and is sometimes called a ghost tablet.
- **Osmotic pump**—Uses the principle of osmosis, the flow of fluids from areas with a high amount of a substance to areas with a low amount. The osmotic pump consists of a special membrane that surrounds a core of medication. As fluid in the stomach passes through the membrane, the core inside swells and pushes medication out of a small hole drilled in the membrane (Figure 9-9). Nifedipine (Procardia XL) is one product that uses an osmotic pump system.



**FIGURE 9-9.** Osmotic pump extended-release delivery system.

## R<sub>x</sub> FOR SUCCESS

Patients may notice a ghost tablet or remnants in their feces and become concerned that the medication has passed through their bodies without having an effect. You can reassure them that this is normal and that the medication has worked as it should have for drugs made with a matrix core.

See Table 9-5 for some brand-name medications that may leave ghost tablets. Some generic products may also leave ghost tablets.

Extended-release products should not be cut, crushed, or chewed. If doing so is necessary, use instead an immediate-release form of the same drug or change the medication to a different one used for the same purpose. For example, a patient taking OxyContin (an extended-release tablet of the pain medication, oxycodone) who is no longer unable to swallow tablets could be switched to oxycodone oral liquid or to morphine suppositories (another pain medication in another dosage form). It should be noted, however, that extended-release products are available that can be cut and/or chewed. QuilliChew ER, an extended-release chewable tablet of the medication methylphenidate, used for attention deficit hyperactivity disorder, or ADHD, is an example.

**Table 9-5. Brand-Name Medications That May Leave Ghost Tablets**

■ Adalat CC	■ Invega
■ Allegra-D	■ K-Tab
■ Aplenzin	■ Klor-Con
■ Asacol, Asacol HD	■ Lialda
■ Cardura XL	■ OxyContin
■ Concerta	■ Pristiq
■ Ditropan XL	■ Procardia XL
■ Dynacirc CR	■ Rayos
■ Effexor XR	■ Sudafed 24-Hour
■ Exalgo	■ Tegretol XR
■ Fortamet	■ Urocit-K
■ Glucophage XR	■ Viramune XR
■ Glucotrol XL	■ Wellbutrin XL
■ Glumetza	

*The extended-release properties of most extended-release products rely on the dosage form remaining intact and unbroken. For this reason, they should not be opened, cut, crushed, chewed, or otherwise damaged before taking. If an extended-release product is so damaged, the patient will receive a large dose of the medication and be at risk for side effects.*

Any medication that includes one of the abbreviations listed in Table 9-4 as part of its name should not be cut, crushed or chewed. Products that are likely to be extended-release are products that are given only once or twice a day or less frequently, tablets that have a special coating, or hard-shell capsules that have a seal around the seam of the two halves. Usually, tablets that are scored (have an indented line running through the middle of the tablet) can be cut along the score line.

### Powders

Powders are finely ground particles of dry medication that can be used externally or internally. Some medications may have short shelf lives or take up a lot of shelf space when made in a liquid. However, when made into powders, they may be more chemically stable and

### SAFETY

Powders for reconstitution should be used as directed to ensure that there is no solution to the problem.

Finally, to treat lung disease, a metered-dose inhaler system in which the drug is in the form of a fine powder is used.

Zanamivir is a medication used for the treatment of influenza. It is available in a form that is a white powder in a package that is used by the patient in a special device.

have longer shelf lives, and because the liquid has been removed, take up less storage space.

External powders, or dusting powders, are finely ground mixtures of dry drugs and inactive ingredients that are sprinkled or dusted on the area to be medicated. Johnson's Baby Powder is a familiar example of an over-the-counter external powder. An example of a prescription powder is nystatin powder, used to treat fungal skin infections.

Internal powders are reconstituted (dissolved or suspended in a liquid) prior to use. Often, pediatric forms of oral medications are formulated as powders. When dispensing, the pharmacist will reconstitute (add back liquid) the powder with water to make an oral suspension of the medication. A child can take this more easily than a tablet or capsule. Many antibiotics, such as amoxicillin and cefdinir, are available as powders. Many oral potassium products are available as powders; the patient dissolves the powder in water or juice just before drinking. Some powders, such as tooth powder (Eco-Dent Daily Care), are mixed with water at the time of use and used in the wetted state. Many injectable drugs are also manufactured as powders and must be reconstituted with a sterile fluid (usually water or saline) before they are administered.

### SAFETY FIRST

**Powders for injection must always be reconstituted before use. The powder should be totally dissolved in fluid and the resulting product inspected to be sure that there are no visible particles in the solution before giving to the patient.**

Finally, some powders are inhaled into the lungs to treat lung conditions such as asthma. Fluticasone/salmeterol (Advair Diskus) is a medication delivery system in which the powdered medication is breathed into the lungs after being inhaled through the mouth.

Zanamivir (Relenza), used for the prevention and treatment of influenza, is delivered in a similar way except that the powder is packaged in a foil blister-pack, which is punctured by a special device before the patient inhales the powdered medication.

Powders are packaged in bulk containers or, when the amount delivered must be accurate, in powder papers. Powder papers are folded paper envelopes that contain enough powder for one dose or application. Goody's Extra Strength Headache Powders and BC Powder Arthritis Strength are analgesics that are packaged as powder papers.

### Granules

When powders are wetted, dried, and ground into coarse pieces, the resulting medication dosage form is called a granule. Granules differ from powders in that the particle size is larger and usually more stable. Many antibiotics are formulated as granules. Water is added to form a solution or suspension at the time of dispensing. For example, water is added to clarithromycin (Biaxin) granules before administration. Some granules may be added to semisolid foods, such as applesauce, pudding, or yogurt (Figure 9-10).

### Inhalants

**Inhalants** are fine powders or solutions of drugs delivered as a mist through the mouth into the respiratory tract. Many drugs used to treat respiratory condi-



**FIGURE 9-10.** Granules.

Source: Used with permission. ©2018 Lupin Pharmaceuticals Inc. All rights reserved. Solosec™ is a trademark owned by Lupin Inc.

tions, such as asthma or chronic obstructive pulmonary disease (COPD), are formulated as inhalants.

### Aerosols

**Aerosols** are suspensions of very fine liquid or solid particles spread through a gas and packaged under pressure. They need to be shaken before use, and the medication is released from the container as a spray (e.g., Bactine Pain Relieving Cleansing Spray), foam (e.g., ProctoFoam-HC and hair care products such as Pantene Pro-V hair mousse), or solid (e.g., Tinactin Antifungal). Aerosols are conveniently packaged and easy to use.

Aerosols may be used to deliver medications to internal and external sites. Aerosols inhaled through the mouth, such as albuterol (Proventil HFA) are used to treat conditions such as asthma. A device called an inhaler aerosolizes the drug, and the patient inhales the drug through a mouthpiece directly into the lungs, where it begins to act immediately. The drug does not first have to be dissolved in the stomach and absorbed into the bloodstream as it would if it were formulated as a tablet or capsule. A smaller amount of drug is needed to produce its effects so side effects are decreased.

A nebulizer works similarly to produce a fine mist that is inhaled by a patient. Compressed air is pumped through a liquid to make small droplets. These are then inhaled through a mask or mouthpiece. Nebulizers require a power source and are larger, less portable, and more expensive than inhalers but are easier to use for infants, very young children, or elderly adults who suffer from cystic fibrosis, asthma, COPD, or other respiratory disorders.

External aerosols, such as Tinactin and Bactine sprays, may be applied topically (externally) for skin conditions. An external aerosol can deliver medication to a hard-to-reach area of the skin and can be applied to inflamed or irritated skin without causing further irritation.

### Liniments

A liniment is a medication dosage form that is applied to the skin with friction and rubbing. Liniments may be solutions, emulsions, or suspensions. Some liniments contain ingredients that cause a mild irrita-

tion or reddening of the skin. This irritation produces a counter-irritation, or mild inflammation, of the skin that relieves the discomfort of deeper structures, such as muscles. These liniments often use an alcohol as a base. Liniments that are massaged in usually use an oily base. Absorbine Jr. Plus Pain Relieving Liquid and Sloan's Liniment are liniments used to relieve minor arthritis pain and muscular soreness.

### Shampoos and Crème Rinses

Shampoos and crème rinses are used as vehicles for medications to treat conditions of the hair and scalp. Ciclopirox (Loprox) and clobetasol (Clobex) are available as shampoos used to treat seborrhea and psoriasis of the scalp, and permethrin (Nix) is an example of a crème rinse used to treat head lice.

### Wipes and Scrubs

Wipes and scrubs are other dosage forms that have been developed for user ease and convenience. Preparation H Medicated Wipes, Stridex Daily Care Acne Pads, and Hibistat Towelettes are all similar and are used to directly wipe and clean areas of skin. Scrubs, such as chlorhexidine topical scrub, are abrasive cleansers and wash and clean skin. Some over-the-counter exfoliating and anti-acne facial cleansing products are scrubs.

### Transdermal Patches

Adhesive **transdermal patches**, similar to plastic bandages, contain drugs in a small reservoir (Figure 9-11). Patches are convenient to use. Depending on the patch, it may be applied to the skin from once a day to once a week or longer.

Transdermal patches are formulated in one of two ways: (1) The patch itself controls the rate of delivery of drug to the skin. A membrane in the patch is in contact with the skin. The membrane controls the amount of drug delivered from a drug reservoir in the patch, through the membrane and skin, and into the blood-

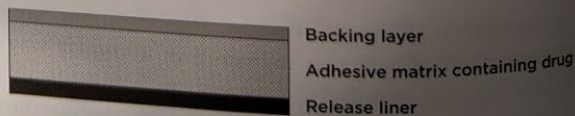


FIGURE 9-11. Transdermal patch system.

stream. (2) The skin controls the rate of drug delivery. The drug moves from an area of high concentration of medication (the drug reservoir) into an area of low concentration (the skin and bloodstream). The disadvantage of this type of patch is that the release of drug is less controlled and a large amount of drug could suddenly be released from the patch into the blood.

Medications available in a patch formulation include a narcotic analgesic (fentanyl [Duragesic]), female hormones (estradiol [Estraderm]), and drugs to treat high blood pressure (clonidine [Catapres-TTS]), chronic chest pain (nitroglycerin [Nitro-Dur]), and motion sickness (scopolamine [Transderm-Scop]), and to aid in smoking cessation (nicotine [Nicoderm CQ]). Other patches are designed to produce a local effect by limiting delivery of medication to only the external skin. Synera is a dermal patch that releases local anesthetic medications (lidocaine and tetracaine) to the skin and decreases the amount of pain experienced during minor procedures, such as removal of skin lesions or placement of IV needles.

### Implants

An implant is a medication pump or device inserted semipermanently or permanently into the body. Medication is released from the implant and delivered in a controlled fashion. Implants are often used to treat chronic (long-term) conditions or diseases.

Some diabetic patients have a small pump implanted in their bodies that delivers insulin. Certain types of cancers may be treated with chemotherapeutic (anticancer) agents delivered into the arteries that enter the cancerous organ. A small pump filled with the medication is implanted in the body and pumps the chemotherapy drug into the artery.

The contraceptive implant, etonogestrel (Implanon, Nexplanon), is another type of implant that is placed under the skin (subdermally or subcutaneously) of female patients (Figure 9-12). The implant is inserted into the upper arm and slowly releases birth control medication for up to three years before being taken out. Histrelin acetate (Vantas) implants are placed under the skin of male patients. These **subcutaneous** implants release prostate cancer medication for one year before it is removed.



**FIGURE 9-12.** Subdermal implant. Implanon.

Source: Implanon image reproduced with permission of Merck Sharp & Dohme BV, a subsidiary of Merck & Co., Inc. Whitehouse Station, NJ, USA. All rights reserved.

PART  
3

## ROUTES OF ADMINISTRATION

Drugs can be administered by several different routes (Table 9-6). Although the oral route is most common, it may not always be the most convenient or practical. Drugs may be administered into or through any body orifice or opening (e.g., mouth or rectum), through the skin (e.g., using creams, ointments, or transdermal patches), or into an artificially made opening (e.g., feeding tubes inserted directly into the stomach through the abdominal wall).

### Oral

Medications taken by the oral route are introduced into the body through the mouth. The oral route is abbreviated PO, from the Latin *per os* (by mouth). Tablets, capsules, solutions, suspensions, and emulsions are some of the medication dosage forms that may be taken orally.

*The oral route is safe, convenient, and generally less expensive than other routes.*

Table 9-6. Routes of Medication Administration

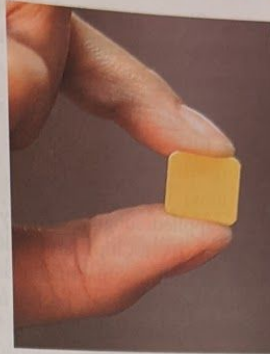
Route	Examples	Definition/Description
Oral	Oral	Through the mouth (PO)
	Buccal	Inside the cheek
	Lingual	On the tongue
	Sublingual	Under the tongue (SL)
	Subgingival	Under the gums
	Transmucosal	Across mucous membranes
Enteral	Enteral	By way of the intestine
	Nasogastric (tube)	A feeding tube inserted through the nose into the stomach (NG or NGT)
	Gastrostomy (tube), percutaneous endoscopic gastrostomy (tube)	A feeding tube inserted through the abdominal wall into the stomach (GT, PEG)
	Jejunostomy (tube)	A feeding tube inserted into the jejunum (small intestine) (JT)
Inhalation	Inhalation	Drawn through the mouth into the lungs
Parenteral	Parenteral	Bypassing the digestive (or gastrointestinal) tract
	Implant	A device inserted into or under the skin
	Intra-arterial	Into an artery (IA)
	Intra-articular	Into a joint (IA)
	Intracardiac	Into the heart muscle (IC)
	Intradermal	Into the top layers of the skin (ID)
	Intratracheal, endotracheal	Into the trachea (IT, ET)
	Intramuscular	Into a muscle (IM)
	Intraperitoneal	Into the peritoneal (abdominal) cavity
	Intrapleural	Into the pleura (sac that surrounds the lungs)
	Intrathecal	Into the space around the spinal cord
	Intrauterine	Into the uterus
	Intravenous	Into a vein (IV)
	Intraventricular	Into the ventricles, or cavities, of the brain
	Intravesicular	Into the urinary bladder
	Intravitreal or intravitreous	Into the eye
Subcutaneous, subdermal	Immediately under the skin (subcut)	
Nasal	Intranasal	Into the nose
Ophthalmic	Ophthalmic	Into the eye
Otic, aural	Otic, aural	Into the ear
Percutaneous	Percutaneous	Through the skin
Rectal	Rectal	Through the anus into the rectum
Topical	Topical	Applied to skin or mucous membranes
Transdermal	Transdermal	Through the skin
Vaginal	Vaginal	Into the vagina

Oral dosage forms may be modified to deliver drugs in an extended-release way. However, the oral route cannot be used to administer medications to unconscious patients or those who have trouble swallowing. Because an oral medication must be absorbed before entering the bloodstream, there is a delay between swallowing and the time the drug begins to act. This is a problem if an immediate action is desired. Food, other drugs, and acid or lack of acid in the stomach can interfere with dissolving or absorbing the drug.

### Sublingual, Buccal, Transmucosal, and Subgingival

The terms *sublingual* (under the tongue) and *buccal* (inside the cheek) refer not only to types of tablets, but also to routes of oral medication administration. To administer a sublingual drug, the drug is placed under the tongue where the medication dissolves and is absorbed into the bloodstream through the skin lining under the tongue. Nitroglycerin sublingual tablets, used to treat chest pain, are administered under the tongue. Sublingual tablets and sprays are used when a rapid drug effect is desired, such as for the treatment of chest pain. Nitroglycerin spray (Nitrolingual) is a lingual (tongue) spray that may be sprayed under, or even on, the tongue and is used when an immediate effect is desired.

Buccal tablets and films are placed inside the pouch of the cheek and stick to the inside lining of the cheek. Medication dissolves and is absorbed over time through the cheek lining (mucosa) into the bloodstream. Testosterone buccal tablets (Striant buccal system) are used as a hormone replacement in men who lack adequate amounts of that hormone. Buprenorphine buccal film (Belbuca) is an option for the treatment of severe pain (Figure 9-13). Although not formulated as a buccal tablet, nicotine gum (Nicorette) uses the buccal route to deliver nicotine into the bloodstream of people who are trying to quit cigarette smoking.



**FIGURE 9-13.** Buccal film. Belbuca buccal film.

Source: Photo courtesy of Endo Pharmaceuticals.

### R<sub>x</sub> FOR SUCCESS

Buccal tablets should not be chewed or swallowed. If they are, they lose their extended-release properties and patients get larger-than-intended doses of medication. Some buccal tablets should stay in place until being removed and replaced with a new one. Others need to stay in place until they have dissolved. Patients may eat and drink with one in place but should put on a new one if it comes loose or falls off. Buccal films should be left in place until completely dissolved. Patients should avoid eating and drinking during that time and should avoid touching the film with their fingers and tongues.

Sometimes, a patient may have difficulty swallowing or may not be alert enough to swallow. In this case, **transmucosal** drug administration, where drug enters the body through, or across, a mucous membrane, may be a practical option. Fentanyl (Actiq) is a transmucosally delivered opioid analgesic that is used for pain relief in cancer patients. The drug is contained in a lozenge on a handle; the lozenge is placed in the patient's mouth between the cheek and lower gum. The

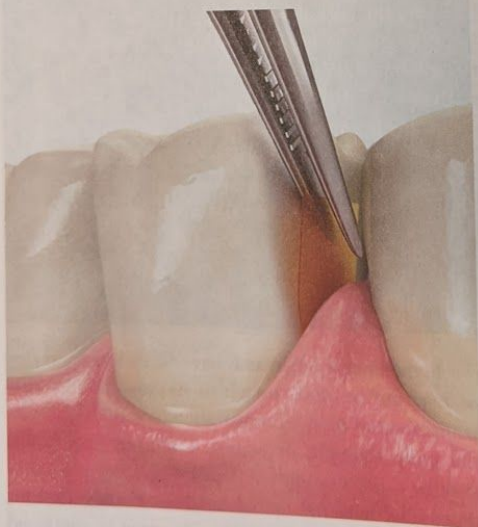


patient sucks the lozenge and medication moves into saliva, across the mucous membranes of the mouth, and into the patient's bloodstream.

A **subgingival** medication is deposited into the subgingival space (the space between the tooth and gum) to treat gingivitis (inflammation of the gums). Doxycycline (Atridox) dental gel is a thick antibiotic liquid that is applied subgingivally by a dentist. Chlorhexidine chips (PerioChip) are biodegradable chips that contain an antimicrobial medication and are placed subgingivally into the tooth pocket in the gum to treat gum disease (Figure 9-14).

### Enteral

There may be times when patients cannot swallow a medication—for example, because they are mechanically ventilated (on a breathing machine) and have a tube in the throat. Enteral medications might then be given via a route that avoids using the patient's mouth and need to swallow. Usually, liquid medication is administered through a tube that has been inserted through the nose, throat, or abdomen and threaded



**FIGURE 9-14.** Subgingival chip, PerioChip subgingival chip.

Source: Photo courtesy of PerioChip USA.

into the patient's stomach or small intestine. Although these tubes may be inserted for other reasons, they also provide an alternative to the oral route. If a medication is not available in a liquid form, one option is to crush an oral solid dose form and add water or other liquid to the crushed medication. The resulting mixture can then be poured and rinsed down the enteral tube.

### R<sub>x</sub> FOR SUCCESS

Sometimes crushed medications can clog an enteral tube, so attention must be paid to the administration technique when giving medication in this manner. Care must be taken to use only products that can be crushed. In some situations, a liquid form may need to be compounded by a pharmacy professional.

The name of the tube offers clues as to where it enters into and ends in the body. Nasogastric tubes (NGTs) are inserted through the nose ("naso-") and end in the stomach ("-gastric"). Orogastric tubes enter the body through the mouth ("oro-") and also end in the stomach. Gastrostomy tubes (GTs) are inserted into the stomach ("gastro-") through an opening ("-ostomy") in the abdominal wall. One type of GT is the percutaneous endoscopic gastrostomy (PEG) tube. GTs and PEGs are similar but are inserted into the stomach using different techniques. Finally, jejunostomy tubes are placed through an opening in the abdominal wall into the jejunum ("jejun-"), a portion of the small intestine (Figure 9-15).

### Parenteral

Parenteral routes of administration are those that do not use the digestive tract. Medications administered parenterally are most commonly introduced into the body intravenously, intramuscularly, or subcutaneously (Figure 9-16). They may be injected over a short period of time (seconds to minutes) with a needle and syringe or infused into the body at a constant rate over hours or days. Drugs that are given parenterally are most commonly formulated as solutions (e.g., potassium chloride, dextrose, many antibiotics, regular insulin), and less often as suspensions (e.g., perflutren



**FIGURE 9-15.** Enteral

**FIGURE 9-16.** Source: F and the M subcutaneous

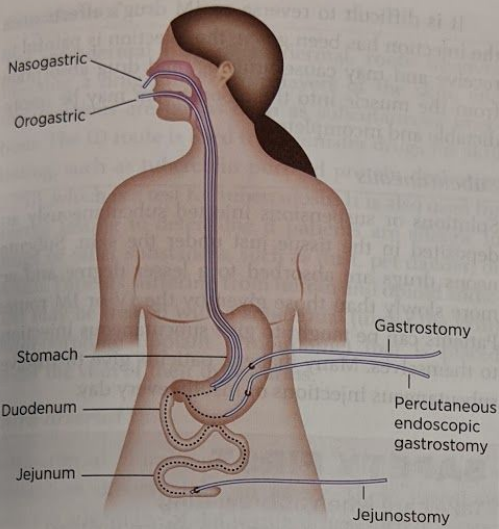


FIGURE 9-15. Enteral routes of administration.

microspheres [Definity] and penicillin G benzathine) or emulsions (e.g., IV fat emulsion [Intralipid]).

*Parenterally administered drugs are given when patients are unable to take oral medications, when faster drug action is desired, or when a drug is not available in a form that can be administered by another route.*

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A disadvantage of parenteral routes is that they are invasive—that is, a needle or other device penetrates the skin to enter veins, arteries, and other areas of the body. This penetration may be painful for the patient and can introduce bacteria or other contaminants into the body to cause infection or inflammation.

**Intravenous**

Intravenous (IV) medications are introduced into the body through a needle inserted into a vein. These drugs are usually given as solutions, which must be sterile and particle-free. Because IV medications act very quickly, care must be taken in administering them. If too high a dose is given or if the patient experiences an adverse reaction, quick action may be needed to reverse the drug's effects.

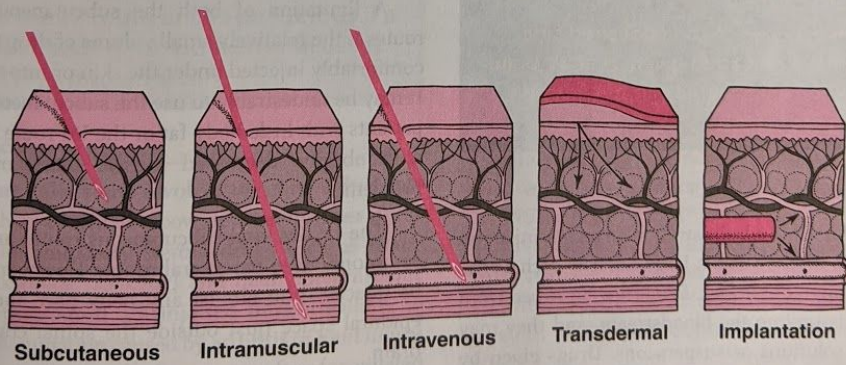


FIGURE 9-16. Parenteral routes of drug administration.  
Source: From the Merck Manual Consumer Version (known as the Merck Manual in the United States and Canada and the MSD Manual in the rest of the world). Porter R, ed. Copyright ©2016 by Merck Sharp & Dohme Corp, a subsidiary of Merck & Co., Inc. Kenilworth, NJ. www.merckmanuals.com/consumer (accessed 2018 Jun 21).

IV drugs may be given as a bolus, by short infusion, or by continuous infusion. A bolus dose is injected into the body over a relatively short period of time—seconds to minutes—to produce an almost immediate effect in the body. The term *IV push* also refers to this administration technique—the drug is pushed into the body using a syringe and needle. Heparin, a drug used to prevent and treat blood clots, is often given as a bolus. In contrast, some medications can be infused into veins by continuous infusion over hours to days, providing a constant supply of drug to the body. Bolus doses and continuous infusions are often used together. For example, after heparin is given as an IV bolus, a continuous heparin infusion is usually started to maintain a consistent amount of the drug in the blood.

If some medications are introduced too quickly into the body, patients may experience undesired side effects, such as low blood pressure, feelings of warmth or facial flushing, or pain at the point where the medication enters the veins. To avoid these effects, medications may be administered over longer periods of time than if they were given as IV boluses. Many antibiotics are administered as short-infusion IV piggybacks over 15–30 minutes to manage their side effects.

## R<sub>x</sub> FOR SUCCESS

If a patient experiences an undesired side effect from a medication given as an IV bolus or short IV infusion, increasing the infusion time may help.

### Intramuscular

**Intramuscular (IM)** administration involves injection of medication directly into a large muscle, such as the upper arm, thigh, or buttock. Drugs are absorbed from the muscle tissue into the bloodstream, and they may be given as solutions or suspensions. Drugs given by the IM route act more quickly than orally administered drugs but not as quickly as IV drugs. Some IM drugs may be formulated as extended-release suspensions, often in an oil, that slowly release drug into the bloodstream over hours, days, or even months. Some types of penicillin are formulated in this manner.

It is difficult to reverse an IM drug's effects once the injection has been given, the injection is painful to receive and may cause bruising, and drug absorption from the muscle into the bloodstream may be unpredictable and incomplete.

### Subcutaneous

Solutions or suspensions injected subcutaneously are deposited in the tissue just under the skin. Subcutaneous drugs are absorbed to a lesser degree and act more slowly than those given by the IV or IM routes. Patients can be taught to give subcutaneous injections to themselves. Many diabetic patients give themselves subcutaneous injections of insulin every day.

## SAFETY FIRST

Take care when abbreviating subcutaneous, especially when writing by hand. The Institute for Safe Medication Practices advises using subcutaneous or subcut because SQ can be mistaken as “5 every;” the “q” in “sub-Q” has been mistaken as “every.” Therefore, it is best to use the slightly longer abbreviation, subcut, or write out the entire word.

A limitation of both the subcutaneous and IM routes is the relatively small volume of drug that can be comfortably injected under the skin or into the muscle. It may be undesirable to use the subcutaneous route in patients with little body fat or the IM route in patients with obesity, decreased muscle mass, or bleeding problems.

The IV, IM, and subcutaneous routes are the most commonly used parenteral routes. However, drugs can be injected into almost any body part, including the epidural space (just outside the spinal cord) and the brain.

Several parenteral medication dosage routes are used for specialized purposes or to restrict drug delivery to the injection area: intradermal, intra-arterial, intra-articular, intracardiac, intraperitoneal, intrapleural, intratracheal (endotracheal), intraventricular, intrauterine, intravesicular, intravitreal (intravitreal), and intrathecal.

### *Intradermal*

The **intradermal (ID)**, or subdermal, route involves injecting a drug into the top layers of the skin, and the injections are not as deep as subcutaneous injections. The ID route is used to administer drugs for skin testing, such as tuberculin purified protein derivative (PPD), which is a test for tuberculosis. It is also used for allergy testing to determine if patients are allergic to drugs or other substances, such as dust, pet dander, or pollen. Patients suffering from heroin and opioid addiction may be treated with a subdermal (under the skin) buprenorphine implant (Probuphine) that is placed under the skin of their upper arms.

### *Intra-arterial*

**Intra-arterial** injections involve administering a medication directly into an artery. These injections have the advantage of delivering drugs, such as cancer chemotherapy medications or thrombolytics (drugs that dissolve blood clots, e.g., alteplase), directly to the desired location and may decrease some of the side effects caused when the drug acts in other parts of the body.

### **SAFETY FIRST**

The intra-arterial route involves greater risk than the IV route and is dangerous if a drug not intended for intra-arterial use is administered into an artery.

### *Intra-articular*

The **intra-articular** route involves injecting a drug into a joint, such as a knee or elbow, to treat diseases in the joint. Anti-inflammatory steroid drugs such as triamcinolone acetonide (Kenalog) and methylprednisolone acetate (Depo-Medrol) are injected intra-articularly to treat the inflammation caused by arthritis or joint injury. Medications for intra-articular use are often formulated as suspensions to provide a long-lasting effect.

### *Intracardiac*

The **intracardiac** route, injection directly into the heart muscle, is used in life-threatening emergencies. This route is not often used because it may rupture the heart.

### *Intraperitoneal*

**Intraperitoneal** injections are given into the peritoneal, or abdominal, cavity. This route is used to administer antibiotics to treat infections in the peritoneal cavity. One method of dialysis, peritoneal dialysis, uses the intraperitoneal route to remove waste products from the blood of patients with kidney failure.

### *Intrapleural*

**Intrapleural** describes the injection of drugs into the sac surrounding the lungs, or the pleura. Drugs (e.g., bleomycin) are injected intrapleurally to cause inflammation and scarring of the pleural tissues so that excessive fluid can no longer accumulate in the pleural sac.

### *Intratracheal*

**Intratracheal**, or **endotracheal**, medications are delivered into the windpipe, or trachea. Poractant alfa (Curosurf) and calfactant (Infasurf) are examples of medications administered through a special tube (catheter) into the tracheas of premature infants to help their lungs mature.

### *Intraventricular*

The **intraventricular** route is used to administer drugs into the ventricles, or cavities, of the brain to treat infections or cancerous brain tumors. Caution must be used when interpreting an order for the intraventricular route, because the heart also has ventricles.

### **SAFETY FIRST**

Caution must be used when interpreting abbreviations that refer to the route of medication administration. The abbreviation IV usually refers to the intravenous route, but it can also refer to the intravitreal or intravitreous (into the eye) or intraventricular (into the brain) routes, or it could be interpreted as the Roman numeral IV. Abbreviations for drug administration routes are best avoided and must be used carefully in the context of each medication order and clarified when necessary.

### **Intravitreal**

**Intravitreal**, or intravitreous, medications are administered by direct injection into the vitreous fluid in the back part of the eyeball. Many drugs do not enter the eye from the bloodstream; often the only way to deliver medications inside the eye is to inject them intravitreally behind the lens of the eye. Antibiotics to treat sight-threatening eye infections are administered intravitreally. Ranibizumab (Lucentis) is a medication administered by this route to treat complications of diabetes that threaten eyesight.

Implants may also be placed intravitreally. Two such rod-shaped implants, fluocinolone (Iluvien) and dexamethasone (Ozurdex), are injected into the vitreous fluid to treat sight-threatening conditions due to diabetes.

### **Intrathecal**

**Intrathecal** is the route by which drugs are injected into the space around the spinal cord. This route may be used to deliver medications that treat infections or cancerous tumors of the central nervous system.

### **Intravesicular**

The **intravesicular** route delivers drugs directly into the urinary bladder. This route is used to treat bladder infections or bladder cancer.

### **Intrauterine**

The levonorgestrel intrauterine system (e.g., Mirena) and intrauterine copper contraceptive devices (e.g., ParaGard T380A) are devices that deliver contraceptive medication by the **intrauterine** (into the uterus) route. These devices are placed within the uterus and release medication into the uterine cavity. The medication is then absorbed into the bloodstream and prevents pregnancy.

### **Topical**

The **topical** route usually refers to the application of medications to the skin or mucous membranes, although it also applies to other external parts of the body, such as fingernails and toenails (e.g., ciclopirox [Penlac] nail lacquer) and hair (e.g., ketoconazole [Nizoral] shampoo). Medications administered topically include antibiotics, antiseptics, astringents, emollients,

and corticosteroids. Topical medication dosage forms include creams, ointments, lotions, foams, shampoos, sprays, and aerosols. In most cases, the skin or mucous membrane prevents the medication from entering the bloodstream. The medication then produces a local effect—its action is kept to the area where it was applied. Drugs used for treating diseases of the skin and mucous membranes can be applied topically in higher strengths than drugs administered inside the body.

Some ointments and creams are designed to deliver a drug through the outside layer of the skin to treat a condition of the deeper skin layers (e.g., topical corticosteroid ointments). Sometimes creams and ointments are created so that the drug spreads through the skin into the bloodstream and make the drug available to the whole body, or a distant part of the body, to produce a systemic effect. Nitroglycerin ointment used to treat chest pain is one such medication.

In some cases, systemic (into the body system) absorption is not desired and may result in unwanted side effects. For example, when topical corticosteroids are absorbed over long periods of time, the patient can develop eye problems, such as cataracts or glaucoma. Patients who use some types of eye drops (beta blockers) for glaucoma can have slow heart rates if too much of the medication is absorbed systemically. Topical medications are more likely to enter the bloodstream through damaged, fragile, or thin skin because patients may get higher than expected doses of medication and experience side effects as a result. Babies, young children, and the elderly are especially at risk. Topical medications should not be applied to skin that is broken (e.g., inflamed, irritated, or burned) to decrease the risk of system absorption.

### **SAFETY FIRST**

To avoid systemic absorption, care must be taken when topical medications are applied to large areas of the skin, when the medication concentration is high, or when the medicated skin area is covered with an occlusive barrier such as a plastic bandage or diaper cover. Topical preparations should not be put on damaged, fragile, or thin skin.

## R<sub>x</sub> FOR SUCCESS

Patients should stop using topical products and contact their doctor if a rash, severe redness, blistering, or swelling develops in the area of use or if their skin condition worsens or does not clear up within 7 days.

### Transdermal

The **transdermal**, or **percutaneous**, route of medication administration delivers drugs through the skin. Transdermal medications are applied to the skin, released from a vehicle, and absorbed continuously into the bloodstream and delivered throughout the body. Adhesive patches (e.g., Nicoderm CQ, Nicotrol, and Prostep nicotine patches) are commonly used to deliver medications transdermally.

Ointments are sometimes used to deliver drugs percutaneously. Nitroglycerin ointment for chronic chest pain was often used in the past. Its use has been widely replaced by nitroglycerin transdermal patches, although the ointment may still be used to transition, or wean, patients from continuous nitroglycerin IV infusions to oral nitroglycerin medications.

PLO (pluronic lecithin organogel) gel is a vehicle used to deliver medication transdermally. Medications are added to the gel and are often customized to meet the needs of the patient. The gel allows penetration of medication into the deeper layers of the skin. Commonly, nonsteroidal anti-inflammatory drugs for the treatment of painful skin conditions are added to PLO gel, but medications for other conditions (e.g., nausea or skin infections) may also be administered in this way.

### Rectal

Drugs delivered by the rectal route are inserted through the anus into the rectum. Rectally administered drugs can be formulated as solids (suppositories), liquids or suspensions (enemas), or aerosol foams. Once the drug reaches the rectum, its activity may be limited to the lower digestive tract (a local effect; e.g., mesalazine rectal suspension [Rowasa] for treatment of rectal diseases), or the drug may be absorbed into the bloodstream and delivered to its site of action elsewhere in

the body (a systemic effect, e.g., acetaminophen suppositories for pain relief or fever control). The rectal route is often used for children or other patients who are unable to take oral medications or when a local effect is desired (e.g., treatment of hemorrhoids).

### Vaginal

Drugs can also be inserted into the vagina. Examples of drugs delivered by the vaginal route include the following:

- Suppository (e.g., miconazole [Monistat 3])
- Tablet (e.g., estradiol [Vagifem] vaginal tablets)
- Cream (e.g., terconazole [Terazol 3])
- Ointment (e.g., tioconazole [Vagistat-1])
- Gel (e.g., nonoxynol [Gynol II contraceptive gel])
- Solution (e.g., Summer's Eve Douche)
- Ring (e.g., ethinylestradiol [NuvaRing for birth control; Figure 9-17], estradiol [Femring] for hormone-replacement)

Other vaginal dosage forms are being developed, such as a dissolvable tampon to deliver a medication to prevent HIV infection.

Drug effects may be limited to the vagina, for example when vaginal medications are used to treat



**FIGURE 9-17.** Vaginal ring. NuvaRing.  
Source: NuvaRing image reproduced with permission of Merck Sharp & Dohme BV, a subsidiary of Merck & Co., Inc. Whitehouse Station, New Jersey, USA. All rights reserved.

vaginal infections, or the drug may be absorbed into the bloodstream and delivered to another part of the body where the drug takes effect. Dinoprostone vaginal suppositories (Prostin E2), which stimulate uterine contractions, is an example of a drug administered vaginally to produce systemic effects in another part of the body (the uterus).

### Otic

The otic route is used to deliver drugs into the ear canal. Otic drugs can be made as solutions or suspensions. Conditions of the ear, such as ear infections or excessive earwax, may be treated with otically administered drugs.

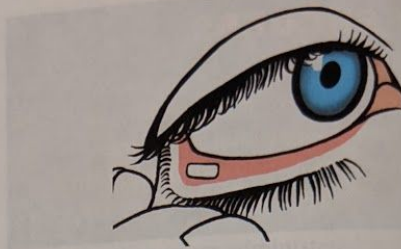
## SAFETY FIRST

The term *aural* may also be used to refer to delivery of medications into the ear canal. Although *aural* (into the ear) is spelled differently than the term *oral* (by mouth), it is difficult to distinguish between them when the two terms are spoken and heard. Use care when interpreting verbal orders for these routes of administration.

### Ophthalmic

Drugs given via the ophthalmic route are administered to the outside surface of the eye. The ophthalmic route differs from the intravitreal route in that medications administered ophthalmically are applied only to the eye surface. They are not directly injected *into* the eyeball like those administered intravitreally. Ophthalmic medications are formulated as follows:

- Solutions (e.g., ciprofloxacin [Ciloxan])
- Suspensions (e.g., tobramycin and dexamethasone [Tobradex])
- Ointments (e.g., neosporin, polymyxin, and bacitracin [Neosporin])
- Gels (e.g., ganciclovir [Zirgan])
- Inserts (e.g., hydroxypropyl cellulose [Lacrisert]) placed in the pouch of the lower eyelid (Figure 9-18).



**FIGURE 9-18.** Ophthalmic insert.

Source: Permission to use the Lacrisert® Eye Image courtesy of Bausch & Lomb Incorporated, Bridgewater, New Jersey. ©2018.

The ophthalmic route is valuable to treat diseases of the eye, such as glaucoma and infections of the conjunctiva, without administering the drug systemically. Medication can reach the affected part of the eye without exposing the patient to side effects in other parts of the body.

### Nasal

Drugs are administered into the nostrils by the nasal route. Solutions can be nasally administered as sprays or drops. This route enables conditions of the nose, such as nasal congestion or allergic rhinitis, to be treated without administering the drug systemically. Azelastin (Astelin) is an example of a nasal spray that treats nasal symptoms caused by allergies. Often, drugs given nasally act more quickly and with fewer side effects than those administered by another route, such as orally or intravenously, which introduces medication into the whole body. In other cases, drugs may be administered nasally to treat conditions not involving the nose (e.g., sumatriptan [Imitrex nasal spray] as cessation treatment for migraine headaches).

### Inhalation

Drugs can be inhaled through the mouth into the lungs. The inhalation route is used when a rapid drug effect is desired to treat lung conditions or when a local effect in the lungs is desired. It is most often used to deliver medications for the treatment of asthma or COPD. Examples of inhaled drugs include albuterol (Proventil)

for asthma, and the nicotine (Nicotrol) inhaler, used to help patients quit smoking.

## DOSAGE FORM VERSUS ROUTE OF ADMINISTRATION

A particular medication dosage form often implies a specific administration route, and a particular route often implies a specific dosage form. For instance, the tablet dosage form is most often administered orally, but it can also be used to administer drugs intravaginally. When the rectal route is used, the suppository is the dosage form commonly thought of. However, suppositories are not the only dosage form used for the rectal route; many medications are formulated as rectal foams or enemas.

Sometimes a dosage form intended for use via one route may be delivered through another route when other options or routes are impractical or impossible. For example, oral morphine tablets may be administered rectally to dying cancer patients who are unable to swallow and do not have an IV line. Finally, as discussed previously, one term may be used to describe both a route and a dosage form (e.g., terms *sublingual* and *buccal*).

### SAFETY FIRST

A pharmacist should always be consulted when a medication is considered for administration via a route other than that for which it is designed. Some medications may not be appropriate for use by routes other than those for which they were intended. When a medication is used for conditions or administered via routes that the U.S. Food and Drug Administration did not approve for the medication, its use is considered off-label.

Many drugs are available in a number of dosage forms and may be delivered via a number of administration routes. In some cases, a condition may be treated by using two or more routes. For example, meningitis, an infection of the brain, may be treated with anti-

otics administered intravenously or intraventricularly. Medication for glaucoma, a condition of the eye, may be administered directly into the eye with ophthalmic drops or systemically with oral capsules. Physicians and pharmacists select the most appropriate dosage form and route based on the patient's condition, need for immediate drug action, or availability of a drug in a particular dosage form or administration route.

PART 3

### SUMMARY

Medications are available in many dosage forms and may be administered by a variety of routes. By carefully considering the desired effects of a medication, its potential undesired effects, and a patient's characteristics and situation, the best combination of dosage form and route of administration route is selected. This results in optimal use of the medication and guarantees that the patient will receive the maximal benefit with minimal side effects.

### RESOURCES

Allen LV, Ansel HC, eds. *Ansel's pharmaceutical dosage forms and drug delivery systems*. 10th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014.

University of the Sciences in Philadelphia. *Remington: the science and practice of pharmacy*. 22nd ed. Philadelphia, PA: Pharmaceutical Press; 2013.



**SELF-ASSESSMENT  
QUESTIONS**

- Which of the following liquids could be used to make a nonaqueous solution?
  - Ethyl alcohol
  - Water
  - Propylene glycol
  - Glycerin
    - 1, 2, 3
    - 1, 2, 4
    - 1, 3, 4
    - 2, 3, 4
- A patient is recovering from a serious car accident in which he suffered a broken jaw and a broken arm. He is taking pain medication every 6 hours. He is home alone during the day while his wife is at work. Which of the following medication dosage forms is the best for his pain medication?
  - A foil-wrapped rectal suppository
  - A liquid solution dispensed in a bulk bottle
  - A sublingual tablet
  - An oral, hard gelatin capsule
- All of the following statements are advantages of the oral route of administration compared to the intravenous route except \_\_\_\_\_.
  - There is less chance of contamination by bacteria in the bloodstream
  - The effects of an orally administered drug may be more easily reversed if too high a dose is given
  - They are generally less expensive and are more convenient to administer
  - A drug given orally is available to act immediately in the body when used to treat serious conditions such as a heart attack or a severe allergic reaction
- A pharmacy technician reviews a prescription for vancomycin 500 mg IV to be given every 12 hours. Where is the vancomycin (an antibiotic) to be administered to the patient?
  - Into a ventricle of the heart
  - Into the urinary bladder
  - Into a vein
  - Into a ventricle of the brain
- A \_\_\_\_\_ route of medication administration is one that bypasses the digestive tract.
  - Parietal
  - Parental
  - Parenteral
  - Parentetical
- Drugs that are administered through the mouth and swallowed are given by the \_\_\_\_\_ route.
  - Oral
  - Buccal
  - Otic
  - Aural
  - Topical
- For which patient would an oleaginous ointment be preferred over a cream?
  - A patient who has a rash that is itchy and feels "hot" on his arms.
  - A patient with very dry skin on his heels; the skin often cracks and bleeds, which makes it painful for the patient to walk.
  - A teenager who has severe facial acne who was prescribed a topical anti-acne medication.
  - A patient who has a "weepy" rash with watery discharge.
- A local effect is one that occurs \_\_\_\_\_.
  - At a site distant from the point at which the medication enters the body
  - Throughout the body

- c. As a result of absorption of the medication into the body
- d. In the area where the medication is applied or administered
9. Which of the following dosage forms must be shaken before use?
- Magma
  - Gels
  - Emulsions
  - Lotions
  - All of the above
10. Which of the following routes of administration refers to application of a drug to the outside surface of the eye?
- Ophthalmic
  - Otic
  - Intravitreal
  - Intravesicular

## SELF-ASSESSMENT ANSWERS

- C.** The term *aqueous* refers to water. Solutions made with water as the solvent are aqueous solutions. Solutions that use solvents other than water are nonaqueous solutions. Ethyl alcohol, glycerin, and propylene glycol are all examples of solvents used to make nonaqueous solutions.
- C.** Solid oral tablets and capsules may be too big for the patient to easily swallow with his broken jaw. Liquids are a good option for patients who have difficulty swallowing solid medication dosage forms, but the patient also has a broken arm that will make it difficult for him to measure liquids. It will also be hard for him to unwrap and self-administer a suppository. A sublingual tablet does not have to be swallowed and does not require special handling. The tablet is placed under the tongue where the medication dissolves and absorbs into the bloodstream without needing to be swallowed.
- d.** A drug given by the oral route must first be absorbed into the bloodstream from the gastrointestinal tract so there is a delay in its action in the body. In situations such as a heart attack or allergic reaction, the IV route is used because a drug administered intravenously is injected directly into the bloodstream and can begin to act instantly. The other statements are advantages of the oral route of administration.
- C.** IV is an abbreviation for intravenous and refers to medication administration into a vein. Intracardiac (into the ventricle of the heart), intravesicular (into the urinary bladder), and intraventricular (into the ventricle of the brain) are other routes of administration.
- C.** Parenteral means bypassing the enteral or digestive system. Parietal refers to one of the bones in the skull. Parental and parenthetical are not routes of administration.

6. **a.** A medication taken orally is one taken by mouth and swallowed. Buccal medications are also put into the mouth, but they are allowed to dissolve in the oral cavity and are not swallowed. Otic and aural both refer to administration routes that deliver medication to the ear. Topical medications are administered to the skin.
7. **b.** An oleaginous ointment does not allow moisture to escape from the skin and does not dry out so is good for problematic, dry skin. Creams have a cooling effect and are good for "hot" rashes. They also have a lighter, nongreasy feel to them, which makes them useful to treat facial acne. An oleaginous ointment repels water and would not be a good choice to use to treat a "weepy" rash. Instead, an anhydrous (absorption) ointment is a better choice since it will absorb water.
8. **d.** A local effect is confined to the area where the medication comes into contact with a part of the body. The other options describe systemic effects.
9. **e.** Magmas, gels, and lotions are suspensions that contain undissolved particles in a liquid vehicle. To evenly distribute the particles in the liquid, they must be shaken before use. Emulsions are mixtures of two liquids that usually do not mix together. They must be shaken to temporarily mix the liquids together.
10. **a.** Drugs administered by the ophthalmic route are those that are administered to the outside surface of the eye. Otic (into the ear), intravitreal (injection into the eyeball), and intravesicular (into the urinary bladder) are other routes of administration.

and are given by the

- a. Oral
- b. Buccal
- c. Otic
- d. Aural
- e. Topical

For which patient would an ointment be preferred over a cream?

- a. A patient who has a rash that is hot and itchy but not too dry.
- b. A patient with very dry skin on his hands, skin often cracks, and itches, which is painful to the patient as well.
- c. A teenager who has severe facial acne who was prescribed a topical antibiotic medication.
- d. A patient who has a "weepy" rash with a very discharge.

A local effect is one that occurs

- a. At a site distant from the point of administration through the body.
- b. Through the body.

**MULTIPLE CHOICE**

1. A patch that delivers medication through the skin where it is absorbed by the bloodstream and travels to the site of action has what type of effect?
  - a. Local
  - b. Remote
  - c. Systemic
  - d. Holistic
2. Besides water, common vehicles for liquid dosage forms include the following EXCEPT:
  - a. Alcohol
  - b. Glycerin
  - c. Mineral oil
  - d. Acetone
3. Oral solutions:
  - a. Must be shaken before each use to ensure the medication is uniformly dispersed.
  - b. Are absorbed more quickly than other oral dosage forms.
  - c. Will have suspended particles, which may make the solution cloudy.
  - d. Are those made only with water and a sweetener.
4. Which is TRUE regarding syrups?
  - a. Their sweet taste completely disguises the unpleasant taste of any medication.
  - b. Syrups contain medication suspended in a thick sugar vehicle.
  - c. Syrups may be plain sugar and water or may have added flavorings.
  - d. Because syrups are thick, they should not be used by a patient with a sore throat.
5. Medicated irrigants are used in the following EXCEPT:
  - a. To flush out debris from the eyes.
  - b. In the urinary bladder for treatment.
  - c. To cleanse open wounds.
  - d. Transdermally to administer medication.
6. Which of the following dosage forms may be used for medications to be ingested orally?
  - a. Collodions
  - b. Emulsions
  - c. Lotions
  - d. Ointments
7. Which of the following is TRUE when considering medications used in pediatric patients?
  - a. There is no concern about the alcohol content in elixirs given to infants because it is such a small amount.
  - b. Children absorb much less medication through their skin so there is no concern about systemic effects of medications applied topically.
  - c. It is better to use a tablet or capsule form of a medication rather than a liquid in children to ensure the entire dose is administered.
  - d. A flavored oral solution or suspension is preferred for use in children to make unpleasant-tasting medications more palatable.
8. Glycerin:
  - a. Is used alone as a vehicle and not mixed with water or alcohol.
  - b. Solutions are typically very thin and watery.
  - c. Is used in oral, topical, and parenteral formulations.

- d. Is added to oral formulations to slow the release of the medication.
9. Solid medication dosage forms allow for delivery of medications by the following routes EXCEPT:
- Orally
  - Intravenously
  - Rectally
  - Vaginally
10. Enteric-coated tablets:
- Dissolve immediately in the stomach.
  - Are the same as film-coated tablets.
  - Should not be cut or crushed.
  - Are used for medications that should not dissolve in the intestine.
11. Film-coated or sugar-coated tablets:
- Protect the medication from exposure to air and humidity.
  - Protect the stomach lining by not dissolving until they reach the intestines.
  - Are harder to swallow than uncoated tablets.
  - Do not mask the smell of medications.
12. Medications in effervescent tablet form:
- Are swallowed whole and followed with a full (8 oz) glass of water.
  - Are slower acting than uncoated tablets once ingested.
  - Are only used in prescription formulations of medications.
  - Are absorbed quickly as the tablet is placed in liquid to dissolve before ingesting.
13. Caplets:
- Are solid, capsule-shaped tablets.
  - Are always enteric coated for easier swallowing.
14. Hard gelatin capsules:
- Come in sizes with 000 being the smallest up to a 5, which is the largest.
  - Should never be cut, crushed, or opened.
  - Are only used for medications taken by mouth and swallowed.
  - Are not the same as caplets.
15. Lozenges:
- Are also known as troches.
  - Are only used for medications delivered to the mouth and throat.
  - Are placed in the mouth where they are chewed up and then swallowed.
  - Are only used for sore throat treatments.
16. Which of the following is TRUE regarding suppositories?
- They should never be refrigerated, or they will be too hard to melt when inserted.
  - Should be coated with petroleum jelly (Vaseline) just prior to insertion to make insertion easier.
  - Medications delivered in suppository form may be for local or systemic effects.
  - Suppositories are only used by inserting into the anus.
17. Creams:
- Are heavier than ointments and leave a residue on the skin.
  - Can be freely interchanged with the ointment form of the same medication depending on the patient's preference.

- c. Soften the skin and may or may not contain medication.  
d. Are not used for any OTC products.
18. Types of solutions used to cleanse, wash, treat, or disinfect parts of the body or body cavities include the following EXCEPT:
- Wash or irrigant
  - Douche or enema
  - Spray
  - Syrup
19. Enemas:
- Are only used rectally.
  - Are only used to empty the large bowel prior to surgery.
  - Are commonly used to cleanse inside the vagina.
  - Are used primarily to deodorize and refresh.
20. Which of the following is NOT TRUE regarding alcoholic solutions?
- Also known as spirits or essences.
  - Contain volatile substances.
  - Some are used as flavoring agents.
  - Are only used as a vehicle for oral administration of medication.
21. You have a patient with a prescription for 300 mg of a medication. The medication comes in 500-mg tablets, an oral liquid, and a 200-mg suppository. Which of the following options would be the most appropriate?
- Fill for the 500-mg tablets and instruct the patient to crush the tablets and take a little more than half the powder as the 300-mg dose.
  - Fill for the oral liquid and instruct the patient in how to measure the correct volume that would contain 300 mg of the medication.
  - Fill for the suppositories and instruct the patient to cut some of the suppositories in half length-wise and administer one whole and one half of a suppository to get the 300-mg dose.
  - Give the prescription back to the patient and tell them the medication isn't available in 300 mg and they must return to the prescriber and get a prescription for a different dose.
22. Which of the following dosage forms would NOT be appropriate for a patient who is unable to swallow solid food and is on a liquid diet?
- Transdermal patch
  - Effervescent tablet
  - Alcoholic or hydroalcoholic elixir
  - Coated capsule
23. Which of the following is TRUE regarding emulsions?
- Emulsions are never given by the intravenous (IV) route.
  - Oil-in-water emulsions spread more evenly on skin than water-in-oil emulsions.
  - Oil-in-water emulsions wash off with water and do not feel greasy.
  - Unpleasant oily medications are formulated into water-in-oil emulsions to mask the taste.
24. Which of the following is NOT TRUE regarding gels?
- Gels are commonly used for oral administration.
  - Some gels are formulated for topical administration of medications.
  - Gels are not used rectally or vaginally administered medications.
  - Gels have smaller-sized suspended particles than magmas or milks.

25. Which of the following is NOT TRUE regarding bacteria in the mouth?

- There is less bacteria in the mouth if the medication is administered orally.
- The effects of a medication administered orally are reversed if too much is administered.
- The IV form of a medication is generally less convenient than the oral form.
- A drug given orally is absorbed faster than a drug given intravenously.

26. A pharmacy technician is preparing a prescription for a patient who is unable to swallow solid food and is on a liquid diet. Which of the following dosage forms would NOT be appropriate for this patient?

- Transdermal patch
- Effervescent tablet
- Alcoholic or hydroalcoholic elixir
- Coated capsule

27. Drugs that are formulated into water-in-oil emulsions are often used to mask the taste. Which of the following is NOT TRUE regarding emulsions?

- Emulsions are never given by the intravenous (IV) route.
- Oil-in-water emulsions spread more evenly on skin than water-in-oil emulsions.
- Oil-in-water emulsions wash off with water and do not feel greasy.
- Unpleasant oily medications are formulated into water-in-oil emulsions to mask the taste.

28. Oral gels are commonly used for oral administration. Which of the following is NOT TRUE regarding gels?

- Gels are commonly used for oral administration.
- Some gels are formulated for topical administration of medications.
- Gels are not used rectally or vaginally administered medications.
- Gels have smaller-sized suspended particles than magmas or milks.

29. Which of the following is NOT TRUE regarding gels?

- Gels are commonly used for oral administration.
- Some gels are formulated for topical administration of medications.
- Gels are not used rectally or vaginally administered medications.
- Gels have smaller-sized suspended particles than magmas or milks.

30. Oral gels are commonly used for oral administration. Which of the following is NOT TRUE regarding gels?

- Gels are commonly used for oral administration.
- Some gels are formulated for topical administration of medications.
- Gels are not used rectally or vaginally administered medications.
- Gels have smaller-sized suspended particles than magmas or milks.

25. Which of the following is TRUE?
- There is less chance of contamination by bacteria in the bloodstream when administering an IV medication than if the medication was administered orally.
  - The effects of an intravenously administered drug may be more easily reversed if too high a dose is given.
  - The IV form of a medication is generally less expensive and is more convenient to administer than an oral liquid.
  - A drug given by IV is available to act faster than an orally administered medication when used to treat serious conditions.
26. A pharmacy technician reviews a prescription for 500 mg of an antibiotic to be administered intravenously. This medication will be administered:
- Into a vein
  - Into a ventricle of the heart
  - Into the urinary bladder
  - Under the skin
27. Drugs that are to be administered through the mouth and swallowed are given by the \_\_\_\_\_ route.
- Buccal
  - Sublingual
  - Oral
  - Transdermal
28. Oral tablets contain ingredients in addition to the medication. These additional ingredients may include any of the following EXCEPT:
- Diluents and binders
  - Desiccants
  - Lubricants and colorants
  - Disintegrators
29. Which of the following dosage forms is NOT required to be shaken before use?
- Elixirs
  - Gels
  - Emulsions
  - Lotions
30. Which of the following routes of administration refers to the administration of a drug to the inside of the eye?
- Intraleural
  - Intravitreal
  - Intravenous
  - Intravesicular

### MATCHING

- Oral
- Buccal
- Sublingual
- Subgingival
- Enteral
- Parenteral
- Intra-arterial
- Intra-articular
- Intracardiac
- Intradermal
- Intrathecal
- Intravenous
- Intraventricular
- Intravesicular
- Intravitreal
- Subcutaneous
- Intranasal
- Ophthalmic
- Otic

T. Percutaneous

U. Rectal

V. Topical

W. Transdermal

- \_\_\_ 1. Applied to skin or mucous membranes
- \_\_\_ 2. By way of the intestine
- \_\_\_ 3. Bypassing the gastrointestinal tract
- \_\_\_ 4. Immediately under the skin
- \_\_\_ 5. Inside the cheek
- \_\_\_ 6. Into a joint
- \_\_\_ 7. Into a vein
- \_\_\_ 8. Into an artery
- \_\_\_ 9. Into the ear
- \_\_\_ 10. Injected in the eye
- \_\_\_ 11. Applied to the eye
- \_\_\_ 12. Into the heart muscle
- \_\_\_ 13. Into the nose
- \_\_\_ 14. Into the space around the spinal cord
- \_\_\_ 15. Into the top layers of the skin
- \_\_\_ 16. Into the urinary bladder
- \_\_\_ 17. Into the ventricles, or cavities, of the brain
- \_\_\_ 18. Through the anus
- \_\_\_ 19. Through the mouth
- \_\_\_ 20. Through the skin
- \_\_\_ 21. Delivery across the skin

\_\_\_ 22. Under the gums

\_\_\_ 23. Under the tongue

## TRUE OR FALSE

- \_\_\_ 1. Capsules are easier to administer to children because they are less messy than syrups.
- \_\_\_ 2. A medication that does not dissolve well in water may be dispensed as an aqueous solution.
- \_\_\_ 3. For a systemic effect to take place, absorption of the medication must occur.
- \_\_\_ 4. Liquid medications are always solutions.
- \_\_\_ 5. All liquid medications may be made palatable by adding flavors and sweetening agents.
- \_\_\_ 6. Aqueous solutions can be injected into the bloodstream.
- \_\_\_ 7. Solid medication dosage forms are usually faster-acting than liquid medication dosage forms.
- \_\_\_ 8. Medications may be absorbed into the bloodstream as very small particles suspended in an aqueous vehicle.
- \_\_\_ 9. Like gargles, mouthwashes should be swallowed.
- \_\_\_ 10. Simple syrup contains sucrose, flavoring, and water.
- \_\_\_ 11. The only uses for enemas are to relieve severe constipation or to clean the large bowel before surgery.
- \_\_\_ 12. Elixirs and spirits are examples of hydroalcoholic solutions.

\_\_\_ 13. Elixirs

\_\_\_ 14. Tablets crushed

\_\_\_ 15. Suppos in the it may ex

\_\_\_ 16. If it see an exte release be use

\_\_\_ 17. Contia push.

\_\_\_ 18. Medic (IM) r given

\_\_\_ 19. Subcu soluti

\_\_\_ 20. The sa admir

\_\_\_ 21. Medic admir intra-

\_\_\_ 22. Intra cavity

\_\_\_ 23. Intra ventr

\_\_\_ 24. Trans admi throu

\_\_\_ 25. Recta may l suspe

\_\_\_ 26. Medic have



13. Elixirs should be avoided by alcoholics.
14. Tablets that are enteric coated should not be crushed, chewed, or cut.
15. Suppositories may treat local conditions in the immediate area of administration or may exert systemic effects elsewhere.
16. If it seems necessary to crush, chew, or cut an extended-release product, an immediate-release formulation of the same drug should be used instead.
17. Continuous infusions may be given by IV push.
18. Medications given by the intramuscular (IM) route act just as quickly as medications given intravenously.
19. Subcutaneous (sub-Q) injections may be solutions or suspensions.
20. The same volumes of medications may be administered by the IV, IM, or sub-Q route.
21. Medications formulated for IV administration may also be safely given intra-arterially.
22. Intrapleural means into the abdominal cavity.
23. Intravesicular means into the heart ventricles.
24. Transdermal or percutaneous administration of medication delivers drugs through the skin.
25. Rectal administration of medications may be in the form of solids, liquids, suspensions, or aerosol foams.
26. Medications administered vaginally only have local effects.

### FILL IN THE BLANK

1. A \_\_\_\_\_ effect refers to an action of a medication that takes place at the area of contact.
2. A \_\_\_\_\_ effect is the result of an action of a medication that affects the whole body or takes place at a location distant from the medication's initial point of contact.
3. \_\_\_\_\_ are mixtures of two liquids that normally do not mix.
4. A \_\_\_\_\_ is a solution held in the throat, and the patient gurgles air through the solution then spits it out.
5. \_\_\_\_\_ tablets contain ingredients that bubble and release the active drug when placed in a liquid.
6. When powders are wetted, allowed to dry, and ground into coarse pieces, the resulting medication dosage form is called a \_\_\_\_\_.
7. \_\_\_\_\_ are mixtures of fine particles of an undissolved solid spread throughout a liquid.
8. An oral \_\_\_\_\_ is used by swishing around in the mouth and then spitting out.
9. \_\_\_\_\_ are thick, viscous, gummy liquids composed of water that contains the sticky, pulpy parts of vegetables.
10. \_\_\_\_\_ tablets are placed inside the pouch of the cheek and stick to the inside lining of the cheek.
11. The oral route is abbreviated as \_\_\_\_\_.
12. \_\_\_\_\_ routes of administration bypass the gastrointestinal tract.

## ALPHABET SOUP

For each of the abbreviations for medication dosage forms that slowly release a drug over a period of time (below), indicate their meaning.

1. CD: \_\_\_\_\_
2. CR: \_\_\_\_\_
3. CRT: \_\_\_\_\_
4. ER: \_\_\_\_\_
5. LA: \_\_\_\_\_
6. SA: \_\_\_\_\_
7. SR: \_\_\_\_\_
8. TD: \_\_\_\_\_
9. TR: \_\_\_\_\_
10. XL: \_\_\_\_\_
11. XR: \_\_\_\_\_

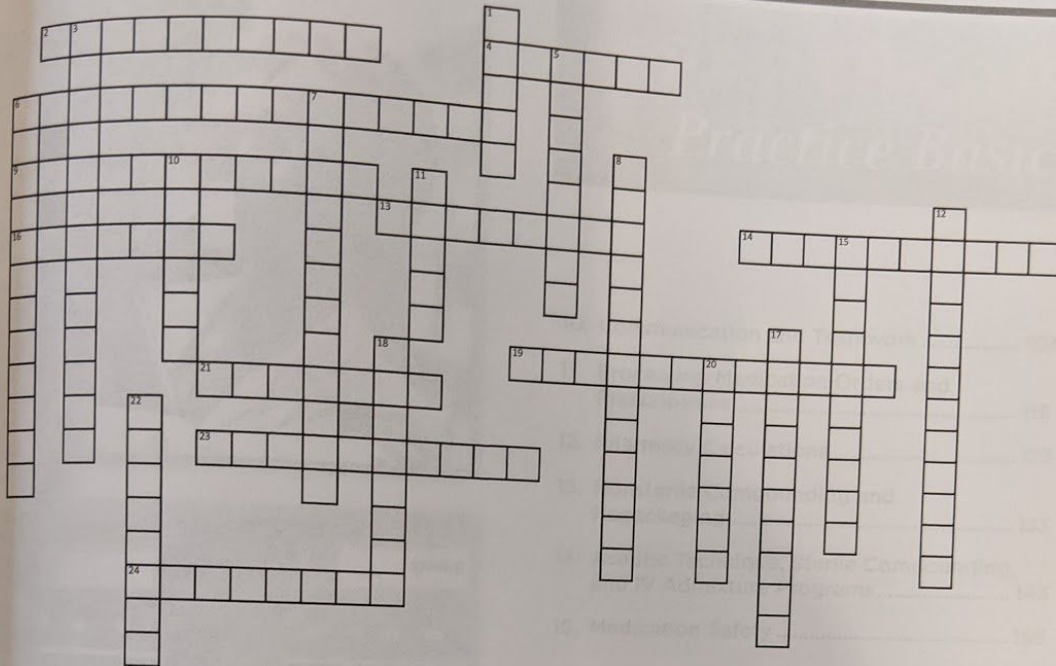
## SHORT ANSWER

1. What are the advantages and disadvantages of liquid medications versus other dosage forms?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Discuss the advantages and disadvantages of extended-release products.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Discuss the different technologies used to make a medication in an extended-release form.  
 \_\_\_\_\_  
 \_\_\_\_\_

## CROSSWORD PUZZLE

### Across:

2. An emulsion in which small oil droplets (internal phase) are scattered throughout water (external, continuous phase). (3 words)
4. A clear, sweet, flavored water-and-alcohol (hydroalcoholic) mixture to be taken by mouth.
6. Administered into the abdominal cavity.
9. A patch that contains medication, which is absorbed through the skin into the bloodstream, is called a \_\_\_\_\_ patch.
13. A fine powder or solution of a drug sprayed as a mist through the mouth into the respiratory tract.
14. An emulsion in which small water droplets (internal phase) are spread throughout an oil (external, continuous phase). (3 words)
16. A liquid solution that uses purified water as the vehicle for a medication is an \_\_\_\_\_ solution.
19. Administered into the sac that surrounds the lungs.
21. Very fine liquid or solid particles of medication suspended in a gas, packaged under pressure, and shaken before use. The medication is released from the container as a spray.
23. A liquid solution that uses a fluid other than water as the vehicle for medication is a \_\_\_\_\_ solution.
24. A mixture of two liquids that normally do not mix, in which one liquid is broken into small droplets (the internal phase) and evenly scattered throughout the other (the external or continuous phase).



**Down:**

1. A semisolid solution that contains a high amount of liquid, usually water.
3. Injected directly into a large muscle, such as the upper arm, thigh, or buttock, and absorbed from the muscle into the bloodstream.
5. A solution used to wash or cleanse part of the body such as the eyes, the urinary bladder, open wounds, or scraped skin.
6. Administered into the uterus.
7. Administered through, or across, a mucous membrane.
8. Administered into the windpipe.
10. A water-based solution that is placed into a body cavity or against a part of the body (e.g., the vagina) to clean or disinfect.
11. A solution that is pushed into the rectum to empty the lower intestinal tract or to treat diseases of that area; often given to relieve severe constipation or to clean the large bowel before surgery.
12. Administering a medication into the windpipe.
15. A concentrated preparation of material removed from dried plant or animal tissue by soaking it in a liquid, which is then evaporated and leaves behind the parts that have medical action; examples include extracts, tinctures, and fluid extracts.
17. A mixture of fine particles of an undissolved solid spread throughout a liquid or sometimes a gas.
18. An evenly blended mixture of dissolved medication in a liquid vehicle.
20. A hard, disk-shaped solid medication dosage form that is held in the mouth and sucked to release medication into the mouth.
22. A semisolid medication dosage form, applied to the skin or mucous membranes, which lubricates and softens or is used as a vehicle for medication.