



# Texas State Board of Pharmacy

## COMPLIANCE REMINDERS

Licenses	Training	Supervision of Pharmacy Technicians	Inventories	Data Processing System
<ul style="list-style-type: none"> <li>• PIC must ensure technicians are registered with TSBP as a Tech or Tech-in-Training <u>prior</u> to performing tech duties. PTCB certification alone is not sufficient.</li> <li>• PIC must ensure that all licenses &amp; registrations are current &amp; displayed in pharmacy (e.g., Pharmacy, RPh, Tech, DEA, DPS).</li> <li>• PIC should encourage that pharmacy staff members keep TSBP notified of employment status and current address.</li> <li>• PIC should encourage pharmacy staff to begin license renewal process 30 – 60 days prior to license expiration</li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure a written record of INITIAL training as well as IN-SERVICE training for technicians is maintained.</li> <li>• PIC must ensure pharmacy has complete documentation of 40 hours of didactic &amp; experiential training for all Techs who are compounding sterile preparations and 20 hour of didactic &amp; experiential training for RPhs involved in sterile compounding.</li> </ul>	<p><u>CLASS A PHARMACY:</u></p> <ul style="list-style-type: none"> <li>• PIC must train staff regarding duties that can be performed by staff when an RPh is:               <ul style="list-style-type: none"> <li>○ absent (off-site) from the pharmacy; or</li> <li>○ on-site at the registered location but not in the prescription department.</li> </ul> </li> </ul> <p><u>CLASS C PHARMACY:</u></p> <ul style="list-style-type: none"> <li>• PIC must train staff regarding duties that can be performed by Techs in the absence of an RPh in the following situations:               <ul style="list-style-type: none"> <li>○ Facilities with:                   <ul style="list-style-type: none"> <li>○ &gt;100 beds;</li> <li>○ 100 beds or less;</li> <li>○ Rural Hospital designation; and</li> <li>○ Tech-Check-Tech program.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure that a complete inventory of all controlled substances (C/S) is taken every year.</li> <li>• Other required C/S inventories include:               <ul style="list-style-type: none"> <li>Change of Ownership;</li> <li>Change of PIC; and</li> <li>Initial (if open &lt; 2 yrs.)</li> </ul> </li> <li>• PIC must ensure that all required C/S inventories, except the Initial &amp; Change of PIC, are notarized.</li> <li>• PIC must ensure that all C/S inventories taken after 1/1/2013, include all dosage forms of tramadol.</li> <li>• All Change-of-PIC inventories must contain all C/S after 6/1/13.</li> <li>• Perpetual Inventory may not be used as an annual inventory.</li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure that data processing system is capable of producing a complete daily dispensing report, including the following:               <ul style="list-style-type: none"> <li>○ prescriber's name;</li> <li>○ supervising MDs name, if the prescription was issued NP, PA or RPh;</li> <li>○ Initials of data entry tech; and</li> <li>○ Any changes, modification, or manipulations made to a record of dispensing.</li> </ul> </li> </ul>
Library	Environment	Labeling	Counseling	Questions
<ul style="list-style-type: none"> <li>• PIC must ensure that library is complete, with all hardcopy and/or electronic references current.</li> <li>• PIC must ensure that staff is able to access all references at all times, including electronic references.</li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure that pharmacy is orderly and clean, including sink, compounding areas, measuring tools.</li> <li>• PIC must ensure that pharmacy has policies/procedures relating to security which assure effective controls against theft or diversion of drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure that prescription label or labeling is complete, including:               <ul style="list-style-type: none"> <li>○ beyond-use-date; and</li> <li>○ the statement: “<i>Do not flush unused medications or pour down a sink or drain.</i>”</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PIC must ensure that all patients presenting a new Rx receive counseling from a Pharmacist and that a pharmacist or Tech offers counseling to all patients obtaining refills.</li> </ul>	<ul style="list-style-type: none"> <li>• TSBP maintains a compliance hotline line from 8:00 a.m. – 5:00 p.m. Monday through Friday. Pharmacies are encouraged to call 512-305-8070 with any questions regarding TSBP laws and rules.</li> </ul>

## ***Institute for Safe Medication Practices (ISMP) – Suggested Risk Reduction Strategies***

Patient Information	Drug Information	Communication	Drug Labeling, Packaging, & Nomenclature	Drug Standardization, Storage, & Distribution
Ask for patient allergy information at every visit and validate against the patient profile; distinguish between No Known Allergies (NKA) and Unknown Allergies; confirm allergies at pick up	Educate all staff, including technicians, about new drug products coming to market and/or being stocked in the pharmacy	Incorporate mandatory read back procedures when accepting spoken prescription orders to confirm understanding	Provide auxiliary warning labels with exaggerated fonts, or use other label enhancements on packages and storage bins of drugs with problematic names, packages, and labels	Institute a stocking program which completely separates ophthalmic and otic products that have been reported as being confused for one another
Routinely ask for patient diagnosis and co-morbid conditions, including pregnancy, and add this information to computerized patient profile	A designated pharmacist or corporate level staff routinely reviews, for quality improvement purposes, reports of computer warnings that are overridden by pharmacist	Incorporate patient validation and second patient identifier with prescriber or agent when accepting spoken prescription orders	Use shelf dividers to separate products with look-alike names/packages in all storage areas, including refrigerators and narcotic bins	Institute a “shelf-talker” or signing program that brings attention to sound- or look-alike drug products during stocking and retrieval procedures
Be sure date-of-birth is noted on every prescription hard copy and clearly visible on prescription receipt	Review external error reports for potential risk within your own pharmacy	Repeat numbers in digits when receiving oral prescription orders (16 is stated “one-six”, 60 is stated “six-zero”)	When dispensing unit-of-use packaging to patients, avoid placing pharmacy label on top of pertinent manufacturer’s information	Eliminate from storage potentially dangerous chemicals no longer necessary for compounding
Obtain/validate patient weight when filling pediatric medications	Use the ISMP commonly confused drug list for examples of drug product names that could lead to error	Spell sound-alike drug names back to caller and obtain indication for use from caller for sound-alike medications	Use labels with special precautions on the stock bottle of high-alert medication (those whose inadvertent dispensing could cause serious harm if used in error)	Do not store non-drug supplies, such as alcohol, near diluents and products that require reconstitution
Provide patient with updated medication list annually; confirm list with patient	Routinely run report of system speed codes in use and review for dangerous short codes	Use prescription phone pads that prompt receiver to ask caller for allergies, date-of-birth, and indication for use or purpose of drug	Use FDA/ISMP-recommended tall man lettering on repackaged products	Store in separate bins in the refrigerator different types of insulin products and other similar items
Use two unique patient identifiers at point of sale	Speed codes should only be added by administrative personnel using standardized process, not at store level	Evaluate <i>sig</i> codes and speed codes for error potential	Implement tablet imaging on final verification screen	Never stock any part of a product line of sound- or look-alike drug in the “fast mover” section