

"Information for the Pharmacist-in-Charge - Class A Pharmacy" - Transcript

00;00;07;27 - 00;00;25;18

Mark Comfort, RPH: In order to make sure that our pharmacy technicians are registered properly, I as pharmacy manager will go on the state Board website once a month- or I will have a lead tech that will do that for me- just make sure that all my technicians are up to date with their registration. We also make sure that their license is on that we have on the wall are up to date and not expiring.

00;00;25;19 - 00;00;51;04

Mark Comfort, RPH: We make sure that all of our technicians reregister one month before it expires.

[Text graphics read: "Limitations on pharmacy technicians, rule 291.32"]

Narrator: Technicians may not perform the duties of a pharmacist, which include receiving telephonic prescription orders and reducing them to writing, interpreting prescription drug orders, selecting the drug products, performing the final check of the dispensed prescriptions, verbally counseling the patients, communicating to the patient or his agent

00;00;51;04 - 00;01;17;26

Narrator: information concerning any drugs dispense to the patient, assuring that a reasonable effort is made to obtain, record, and maintain patient medication records, interpreting patient medication records, performing drug regiment reviews, performing drug therapy management, and verifying the controlled substances listed on invoices are received by recording the pharmacist initials and date of receipt on the invoice.

00;01;17;28 - 00;01;42;10

Mark Comfort, RPH: Technicians and technicians-in-training are not allowed to perform the duties that a pharmacist can perform that only a pharmacist can perform, so these duties would include: the final verification, counseling, communication and drug information to the customer; any changes or clarifications on a prescription drug order. But pretty much outside of that and immunizations, they can really do just about anything else.

00;01;42;16 - 00;02;03;09

Mark Comfort, RPH: It's just only the duties that only a pharmacist can do.

Narrator: It's important to note that pharmacy technicians and pharmacy technician trainees are allowed to perform the same duties.

[Text graphic reads: "Pharmacist's absence from pharmacy"]

Mark Comfort, RPH: Whenever a pharmacist wants to take a break, we'll make sure that the pharmacist tries to leave the premises. We've found that the pharmacists really need a break from the work environment.

00;02;03;13 - 00;02;23;05

Mark Comfort, RPH: It helps refresh them and keep them more accurate. Sometimes, if they're the only pharmacist, we do have a sign that we post that notifies the customers that the pharmacist is not present, and we have a log sheet. Anytime there's a counsel and then we take the customer information down, and then pharmacists can follow up with the customer when they return.

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00;02;23;08 - 00;02;49;12

Mark Comfort, RPH: In some cases, we have multiple pharmacists working at the same time, so we don't really need to do that.

Narrator: In addition, when the pharmacist leaves the prescription department for a short period of time without closing the prescription department, pharmacy technicians and trainees may remain in the prescription department and perform the duties of pharmacy technicians. In addition, the pharmacist must be immediately available. If the pharmacist leaves the pharmacy's licensed location,

00;02;49;12 - 00;03;16;16

Narrator: Pharmacy technicians and trainees may not perform any technician duties, and may only sell prepared prescriptions to patients.

[Text graphic reads: "security"]

Mark Comfort, RPH: Well, to make sure that we don't have unauthorized people enter the pharmacy, we have the pharmacy secured when it's when it's closed. Only the pharmacists have keys to enter the pharmacy. We have relief keys that have to be signed out by a pharmacist, and they have to have their ID and their pocket license to check out those keys.

00;03;16;19 - 00;03;35;15

Mark Comfort, RPH: There's an alarm code that's armed. So we keep the pharmacy very secure whenever it's not open for business or whenever it has to be closed for any reason. We also post signs outside the pharmacy entrance that notify customers that it's for pharmacy partners only. And just make sure that we keep all entries and exits locked at all times.

00;03;35;17 - 00;03;54;06

[Text graphic reads: "Controlled Substance Prescriptions"]

Mark Comfort, RPH: If a prescription is questionable, we make sure that we don't start the data entry process. We keep the prescriptions separate until we've clarified whatever needs to be clarified with the doctor's office. And we can usually initiate that process with our staff. But we have to have our pharmacist to actually take the final clarification once we get to that point.

00;03;54;06 - 00;04;16;29

Mark Comfort, RPH: And we do try to notify the customer that we are having to verify some information, and then if we're unable to verify it or uncomfortable filling it, we just simply tell the customer that and give them the prescription back. Whenever we think a prescription is questionable, we're usually looking for certain things like if the prescription was altered in any way, if the date looks like it was altered, the quantity was altered, if there's different color ink.

00;04;16;29 - 00;04;43;27

Mark Comfort, RPH: If it's an out of town prescriber, we've noticed patterns where out of town prescribers in some cases aren't legitimate prescriptions. If we see a customer filling a prescription early on a routine basis- these are all things that would help us decide...

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Mark Comfort, RPH: ...if it's a questionable prescription.

[Text graphic reads: "Prescriptions from 'pill mills'"]

Mark Comfort, RPH: We've had a problem with customers using what they call pill mills, or doctors that are just prescribing.

00;04;43;28 - 00;05;09;22

Mark Comfort, RPH: They are legitimate prescriptions, I guess, in a way, because the prescribers are licensed prescribers. However, there is cases where we've had people come in, especially from the Houston area, for controlled substances that can be easily abused in large quantities or combinations of drugs that aren't normally prescribed together. And these are just red flags that usually go off in our head to make sure that we don't fill it.

00;05;09;27 - 00;05;36;20

[Text graphic reads: "Rule number 291.29"]

Narrator: Reasons to suspect that a prescription may have been authorized outside the practitioners scope of practice include: the number of prescriptions authorized on a daily basis by the practitioner; a disproportionate number of patients of the practitioner received controlled substances; the way in which prescriptions are authorized by the practitioner or received by the pharmacy; the geographical distance between the practitioner and the patient, or between the pharmacy and the patient;

00;05;36;22 - 00;06;08;26

Narrator: knowledge that the prescription was issued solely based on the answers to a questionnaire; internet prescriptions; or, knowledge by the pharmacist that the patient exhibited doctor shopping or pharmacy shopping tendencies.

[Text graphic reads: "Patient Counseling"]

Mark Comfort, RPH: In order to make sure that we are counseling in all new prescriptions, our software helps identify prescriptions that are considered new. They put a big C on the label that is then attached to the bag with the prescription. Whenever the prescription is rung up to the register,

00;06;08;27 - 00;06;37;24

Mark Comfort, RPH: Our systems also will then notify whoever is ringing up the prescription that it is a prescription that requires counseling. Then that person would then notify the customer that the pharmacist needs to go over the medication with them, and then would have them step to the counseling window, but keep the prescription behind the pharmacy counter during that process to make sure that only the pharmacist would then take a refusal, or that the customer doesn't just simply walk off with the prescription before the pharmacist can get over there.

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00;06;37;26 - 00;07;02;18

[Text graphic reads: "Invoice Records"]

Mark Comfort, RPH: For all invoices, we keep separate files for controls and non controls. We also reconcile on a monthly basis our control substance invoices. We have a report that we print out and we just verify that we have all the invoices for that month and that they're signed off correctly by the pharmacist. And then we file them on a on a monthly basis and keep them for two years in a separate file.

00;07;02;20 - 00;07;24;25

[Text graphic reads: "Prescription Records"]

Mark Comfort, RPH: For prescriptions, we keep a three file system with the controls, not controls and CII's. We usually keep them in the pharmacy for the prior two months, and then we keep them in a storage area in the store or near the pharmacy for up to usually two years on site, and then in some cases longer off site.

00;07;24;28 - 00;08;01;27

[Text graphic reads: "Inventory records"]

Narrator: The pharmacist in charge must make sure that an annual inventory is taken on May 1st of each year, or on the pharmacy's regular general inventory date. The records of the inventory must be maintained at the pharmacy for at least two years, from the date of the inventory.

[Text graphic reads: "Receipt of Controlled Substances"]

Mark Comfort, RPH: To make sure we have accurate records whenever we receive control substances, it is our policy that only the pharmacist can check in those controlled substances. So, we will have the pharmacist that's working that day, check off what they have received, and then they'll sign/initial- or sign, date, and put their license number and indicate that they were the pharmacist that checked it in.

00;08;01;27 - 00;08;24;18

Mark Comfort, RPH: And then we just keep those invoices again, separate on a monthly basis and then reconcile them each month.

[Text graphic reads: "Automated Pharmacy Dispensing System"]

Mark Comfort, RPH: We do utilize an automated dispensing machine called a Script Pro robot to make sure that drugs are accurately loaded into the machine. We have the pharmacist review all prescription bottles are going to be loaded in before the drugs are loaded in.

00;08;24;21 - 00;08;49;21

Mark Comfort, RPH: There are checks and balances within that system. We do have to scan each cell individually and then the barcode of each bottle individually before we can actually physically add that product into the machine. Only authorized users have access to the machine. So as a pharmacy manager, I do enter in users in there, and everybody has a unique identification code to sign off on all entries into the machine, into the machine.

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00;08;49;21 - 00;09;08;25

Mark Comfort, RPH: And then afterwards we do load the machine up with several drugs at a time. We will then print out a list of everything that was added in, and the pharmacist will sign off that they have reviewed those entries, and then we keep that on file for two years.

Narrator: The information presented in this video does not include all of the laws and rules governing the operation of pharmacies.

[Text graphic reads: "A special thanks to... H-E-B Pharmacy, Mark Comfort, Kerstin Arnold, Allison Benz"]