Except to the extent disclosure is otherwise required by law, the Missouri Board of Pharmacy’s Pharmacy Technician Working Group is authorized to close meetings, records and votes pursuant to Section 610.021(1).

The Group may go into closed session at any time during the meeting pursuant to § 610.021(1) for purposes of legal advice. If the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

If any member of the public wishes to attend the conference call, s/he should be present at the Division of Professional Registration, 3605 Missouri Blvd, Jefferson City, Missouri, at 12:15 p.m. on April 3, 2017. Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Board of Pharmacy, P O Box 625, 3605 Missouri Blvd., Jefferson City, Missouri 65102, or by calling (573) 751-0091 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Please see the attached tentative agenda for this meeting.
1. Approval of Minutes
   a. January 22, 2017
   b. March 22, 2017

2. Review/Finalization of Proposed Working Group Recommendations on
   Pharmacy Technician Regulation

3. Future Meeting Dates/Topics

4. Public Questions/Comments

5. Adjournment
The Missouri Pharmacy Technician Working Group met in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed.

**Board Members Present**
Christina Lindsay, President
Pamela Marshall, Board Member

**Working Group Members Present**
Kristol Chism
Eid Deeb (PTCB)
Eric Farthing
Ron Fitzwater
Fred Gattas
Erica Hopkins
Timothy Koch
Susan Lanctot
Jessica Langley
Bert McClary
Diane McClaskey
Tim Michaelree
Susan Pappas
Koby Prater
Susan Schneider
Mike Stuart
Lindsay Wendorff
David Wolfrath

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, Inspector

**Others Present**
Valerie Greene, Pharmacist

Board President Christina Lindsay called the meeting to order at 9:04 a.m. Working Group and Advisory members introduced themselves and their respective organizations.

**Agenda Item # 2 (Review of Agenda):** Christina Lindsay provided an overview of the agenda and noted the meeting would primarily focus on finalizing the technician task listing and proposed training requirements for each previously identified technician classification.
Agenda Item # 3 (Approval of Minutes): Jessica Langley asked to modify the minutes to reflect the National Healthcareers Association (NHA) is the issuing entity for the CPhT certification and to further reflect an ExCPT exam pass rate of 74%. No additional changes/comments were received. The minutes were subsequently approved by unanimous voice vote with the requested changes.

Agenda Item # 4 (Review of Working Group Suggestions): The Working Group confirmed by consensus its previous proposal to recommend three classes of pharmacy technicians: (1) support staff, (2) registered technicians and (3) advanced technicians. The following additional discussion was held:

- Support Staff: The Working Group agreed by consensus to not require formal training for support staff. Members suggested the support staff classification should be a “catch-all” category for individuals that may have access to medication but are not directly involved in prescription processing or dispensing.

- Registered Technicians: Christina Lindsay noted the Working Group previously suggested allowing an employer-based training program for registered technicians that could be tailored to the specific practice site. Bert McClary suggested employer-based training programs should include both didactic and experiential training and should be required to include minimum training standards to ensure consistency. Mr. McClary further suggested the Working Group consider competency testing and a specific amount of training hours. Additional Working Group discussion held. Working Group consensus to require employer-based training programs with minimum training elements established by the Board. The Working Group suggested the Board review other state laws for guidance.

- Advanced Technicians: The Working Group discussed requiring technician certification or some form of training program for advanced technicians. Valerie Greene suggested certification would provide a minimum baseline to ensure competency in the event the technician changes practice settings. Susan Pappas noted the national trend is to require certification. Fred Gattas recommended against a certification only approach and noted certification does not ensure competency. Mr. Gattas also suggested a mandatory certification requirement may present a financial barrier for lower income people. Mr. Gattas further noted a National Commission for Certifying Agencies (NCCA) accredited nuclear technician examination does not currently exist, however, APhA has established guidelines for technician nuclear training programs and those guidelines should be followed. Kristol Chism noted employers may assist with financial costs as is currently the case with several larger employers.

Additional discussion was held on potentially recognizing training programs accredited by NCCA. Fred Gattas noted this may detrimentally impact nuclear technicians because NCCA accredited training programs do not currently include nuclear training. Timothy Koch suggested allowing an alternative training program for specialty areas such as nuclear or sterile compounding.
Eid Deeb suggested considering programs accredited by the Institute for Credentialing Excellence (ICE) or the American National Standards Institute (ANSI). Jessica Langley noted ANSI does not accredit pharmacy technician programs and suggested simply recognizing an examination or training program approved by the Board. Mr. Gattas suggested accepting a certificate nuclear technician training program from an ACPE approved provider. Timothy Koch noted ACPE accredits program providers and not the training programs themselves with the exception of the American Society for Health System Pharmacist’s (ASHP) program that is jointly accredited by ASHP and ACPE. Pamela Marshall expressed concerns with non-accredited programs and suggested an accredited program would ensure training in the desired core competencies.

After additional Group discussion, the Working Group proposed the recommendations included in Exhibit A.

**Agenda Item # 6 (Future Meeting Dates/Times):**
Working Group consensus to review and finalize the recommendations on a conference call. Board staff will survey Working Group members to identify a meeting date.

President Lindsay adjourned the meeting by consensus at approximately 1:38 p.m.

______________________________
KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved: 1-27-2017
PHARMACY TECHNICIAN
2017 WORKING GROUP RECOMMENDATIONS

In 2016, the Missouri Board of Pharmacy convened the Pharmacy Technician Working Group to review Missouri’s regulation of pharmacy technicians. Working Group members were appointed by the Board President as listed in Attachment A.

The Working Group held five (5) meetings in 2016-2017 on the following dates:
- June 23, 2016
- August 5, 2016
- September 30, 2016
- January 27, 2017
- March 22, 2017

SCOPE OF REVIEW

The Working Group was asked to provide input on the following topics:

1. The current state of technician practice (What activities are technicians currently performing in the various practice settings?)
2. Missouri’s pharmacy technician definition (Is the current definition of a pharmacy technician adequate or sufficiently comprehensive?)
3. Current Board regulation (Are technicians adequately or appropriately regulated?)

The Working Group’s recommendations/comments on each topic area are summarized below.

CURRENT STATE OF TECHNICIAN PRACTICE

The Working Group reviewed and discussed pharmacy technician activities in the following practice settings: (1) retail pharmacy, (2) chain retail pharmacy, (3) mail order pharmacy, and (4) hospital/specialty pharmacy (e.g., nuclear, long-term care, sterile compounding). The Working Group’s discussion revealed technician duties vary significantly based on pharmacy services, technician skill and pharmacy resources/staffing. However, the Working Group unanimously agreed Missouri law does not adequately recognize or address activities that appropriately trained technicians are able to perform. Although pharmacy technicians should not perform any function that requires a pharmacist’s discretion or expertise, the Working Group unanimously agreed Missouri law should allow pharmacy technicians to maximize their capabilities with appropriate pharmacist supervision/oversight.

As further discussed below, the Working Group recommends amending Missouri law to recognize three classifications of pharmacy technicians/personnel: (1) support staff, (2) registered pharmacy technicians and (3) advanced technicians. The recommended activities for each classification are included in Attachment C.
PHARMACY TECHNICIAN DEFINITION

The current pharmacy technician definition is ambiguous and does not clearly define when registration is required for ancillary staff such as delivery drivers, cashier staff and maintenance personal. Additionally, the registration requirements for individuals having “routine, independent access” to the pharmacy as referenced in 20 CSR 2220-2.090 are likewise unclear.

The Working Group recommends amending Missouri law to recognize three classifications of pharmacy technicians/personnel: (1) support staff, (2) registered technicians and (3) advanced technicians. Proposed definitions for each classification are included in Attachment B.

CURRENT BOARD REGULATION

Pharmacy practice continues to expand providing increased opportunities for pharmacist clinical services that directly enhance patient care. As the pharmacist’s role expands, Missouri law should be amended to empower properly trained pharmacy technicians to perform ancillary pharmacy services under appropriate pharmacist supervision/oversight. While technicians should not be allowed to perform any function that requires a pharmacist’s discretion or expertise, maximizing technician capabilities would allow pharmacists to better allocate their time to direct patient care.

Proper training and education is a necessary component of any expansion of pharmacy technician duties. The Working Group recognizes that several states have adopted a mandatory pharmacy technician certification requirement. Several members of the Working Group cautioned that mandatory certification would not ensure competence and could result in detrimentally impact smaller pharmacies, rural communities and other specialty pharmacies (e.g., nuclear). In contrast, other members suggested certification would help ensure a minimum level of competence and/or knowledge in Missouri’s technician workforce.

After considerable discussion, the Working Group’s consensus recommendations for proposed technician training/education requirements are included in Attachment B.

CONCLUSION

The Working Group extends its appreciation to the Board for an opportunity to assist in this important endeavor. Pharmacy practice continues to evolve in ways that will increase access to care and enhance patient safety. To the extent possible, the Working Group recommends that the Board work with statewide pharmacy groups such as the Missouri Pharmacy Association, the Missouri Retailers Association and the Missouri Society for Health System Pharmacists to pursue any necessary statutory or regulatory changes to implement the proposed recommendations in 2018 or as early as possible.
Working Group Members

Pharmacist Representatives
1) Fred Gattas (Nuclear)
2) Mike Stuart (Independent Pharmacy)
3) Erica Hopkins (Independent Pharmacy)
4) Melody Savley (Independent Pharmacy)
5) Koby Prater (Independent Pharmacy)
6) Ed Alviso (Aetna/Mail Order)
7) Susan Lanctot (Express Scripts)
8) Kristol Chism (Walgreens)
9) Lindsey Wendorff (CVS)
10) Timothy Koch (Wal-Mart)
11) David Wolfrath (Hospital Pharmacy)

Association Representatives
12) Ron Fitzwater (MPA)
13) David Overfelt (Missouri Retailer’s Association)
14) Diane McClaskey (MSHP)
15) Bert McClary (Missouri Hospital Advisory Committee)

Technician Representatives
16) Krista Kippenberger, CPhT
17) Tim Michaelree, (Technician)
18) Susan Pappas (Red Cross Pharmacy)
19) Steve Edwards (Express Scripts)

Advisory Members
20) Jessica Langley (National Healthcareer Association)
21) Miriam Mobley-Smith (PTCB)
22) Kelly Prater (Vatterott)/Veralynn Hilliard***
23) Karen Shaw (Pharm. Tech Program Director, St. Louis College of Health Careers)***
24) Barbara Bilek (Bd. Member)
25) Pam Marshall (Bd. Member)

** Appointed but did not attend***
## WORKING GROUP PROPOSED RECOMMENDATIONS

<table>
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<tr>
<th>Classification</th>
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| **Support Staff**      | Any individual with physical access to, or the authority to order, legend medication, except for individuals with incidental access to the pharmacy that are under the supervision of a Board licensee or registrant. | • Application  
• Criminal history background check                                                                                                                  |
| **Registered Technician** | Any individual who:  
1. Provides technical or patient care support for the practice of pharmacy  
2. Performs any activity that has any effect on the practice of pharmacy or an effect on dispensing/filling prescriptions  
3. Produces or processes prescriptions | • Minimum age of sixteen (16)  
• Application  
• Criminal history background check  
• Complete an employer based training program with minimum training elements established by the Board. |
| **Advanced Technician** | A pharmacy technician performing advanced technical skills, exercising increased independence or performing a clinical practice support role, as defined by the Board by rule. | • Minimum age of sixteen (16)  
• Application  
• Criminal history background check  
• Pass a NCCA accredited pharmacy technician examination  
• Maintain active CPhT certification.  
In addition to the registered technician training, advanced technicians should also be required to:  
• Complete an accredited pharmacy technician training program, or  
• Complete an employer based training program that includes didactic and experiential training that is focus on the advanced technician skills to be performed.  
• ***For nuclear pharmacy technicians, certification in lieu of an accredited examination would be acceptable. However, an advanced nuclear pharmacy technician registration via certification would not be portable. |

***For nuclear pharmacy technicians, certification in lieu of an accredited examination would be acceptable. However, an advanced nuclear pharmacy technician registration via certification would not be portable.***
**Additional Training Recommendations:**

- To prevent workforce interruptions, individuals registered with the Board should be authorized to begin training for a specific technician class once registered with the Board. Pharmacies should be required to maintain a list of all technicians in training for a specific class and the beginning training date.

- All training must be completed within one (1) year. Employers should have discretion to grant a six (6) month extension for good cause. To prevent abuse, technicians who do not complete their training within the required 1 year (or 18 months with an employer extension) should be required to wait a minimum of six (6) months before restarting a training program.

- Future rules/legislation should include a grandfather clause that would allow all currently registered technicians to obtain the registration that corresponds to their current duties.
AUTHORIZED TECHNICIAN DUTIES BY CLASSIFICATION

SUPPORT STAFF

1. Patient Scheduling
2. General customer service
3. Contacting patient when Rx not picked-up
4. Placing drug orders
5. Providing final drug product to patient
6. Rx delivery (internal & external)
7. Selling PSE products
8. General recordkeeping\(^1\)
9. Preparing pharmacy reports for pharmacy review
10. Monitoring technician registrations (licensing, discipline)
11. Managing technology systems, including, programming, routine database management and billing systems
12. General insurance billing/auditing
13. Insurance building auditing with access to the Rx system
14. Adding/Updating third party insurance information
15. Managing/medication/patient assistance programs (a reg. technician duty if tech is doing more than processing paperwork)

\(^1\) If they have access to the pharmacy.
1. Monitoring Drug Shortages
2. Processing outdate returns
3. Checking/removing outdated/expired meds
4. Maintaining storage/dispensing devices
5. Retrieving medication for dispensing
6. Determining pick-up times
7. Bagging prescriptions
8. Making the offer to counsel
9. Insurance billing/auditing
10. **Managing controlled substance systems**
11. Managing/medication/patient assistance programs *(a support staff/tech duty if just processing paperwork)*
12. Following up on missing meds
13. Following up on chart omissions
14. Establishing medication planners for patients
15. Inventory audits
16. Obtaining patient information *(other than patient history)*
17. Obtaining patient history
18. Prescription data entry & affixing prescription labels
19. Prescription data entry for high risk/ hazardous drugs
20. Counting/preparing prescriptions (new and refill)
21. Inventory
22. Filling first dose (rather than unit doses)
23. Unit dose repackaging
24. Obtaining refill authorization
25. Calling other pharmacies for patient information
26. Requesting/giving transfer information
27. Non-Sterile Compounding
28. Taking/recording verbal prescription information
29. Contacting prescriber for Rx clarification
30. Contacting prescriber for Rx changes
31. Training/Educating support technicians or other registered technicians
32. Obtaining prior authorization
33. Reviewing patient charts to identify medication allergies for RPh follow-up
34. Gathering patient data for drug use evaluations
35. Establishing patient medication planners
36. Preparing clinical monitoring information
1. Dispensing final prescriptions from a remote location/Working under remote supervision
2. Chemo/nuclear/hazardous med preparation
3. Sterile Compounding
4. Training/educating an advanced technician
5. Remote video monitoring (in-patient)
6. Checking other tech pharmacy activities (tech-check-tech)
7. Blood pressure checks
8. Monitoring IV med rates
9. Medical records screening (for RPh intervention based on screening criteria)
10. Medical history assessment/Patient Screening
11. Point-of-Care Testing
12. Conducting or reviewing quality improvement/compliance programs
The Missouri Pharmacy Technician Working Group met in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed.

**Board Members Present**
Christina Lindsay, President
Barbara Bilek
Pamela Marshall
Working Group Members Present

**Working Group Members Present**
Kristol Chism
Eid Deeb (PTCB)
Steve Edwards
Ron Fitzwater
Fred Gattas
Timothy Koch
Susan Lanctot
Bert McClary
Diane McClaskey

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, Inspector

Board President Christina Lindsay called the conference call to order at 11:33 a.m. and roll call was taken.

**AGENDA ITEM # 1 (Approval of Minutes):** President Lindsay noted Working Group members should only review the minutes for accuracy; changes to the draft recommendations should be made after the minutes are approved. The following suggested changes to/comments on the minutes were provided:

1. Eid Deeb noted American National Standards Institute (ANSI) is a credentialing body that accredits certifying entities similar to the National Commission for Certifying Agencies (NCCA). Mr. Deeb reported both PTCB and the National Healthcareers Association are accredited by NCCA but ANSI is another accrediting option.
2. Timothy Koch noted the Working Group suggested using the term “support staff” and recommended changing references to "supporting technicians" throughout the minutes. Mr. Koch also noted he suggested recognizing examination programs that are accredited by NCCA and not training programs accredited by NCCA. Mr. Koch further clarified ACPE does not accredit the currently offered pharmacy technician programs with the exception of the American Society for Health System Pharmacist’s (ASHP) program that is jointly accredited by ASHP and ACPE. Miriam Mobley indicated ACPE accreditation depends on the type of program offered and the organization’s specific goals.

3. Fred Gattas asked to revise the minutes to indicate that current NCCA accredited programs do not include nuclear training and to further note he suggested accepting a certificate nuclear pharmacy technician training program from an ACPE approved provider. Mr. Gattas also asked the minutes reflect a NCCA accredited nuclear examination does not exist, however, APhA has established guidelines for technician nuclear training programs and those guidelines should be followed.

Working Group consensus to review the amended minutes on a subsequent conference call.

AGENDA ITEM # 3  (Review/Finalization of Proposed Working Group Recommendations): Working Group discussion was held on the draft recommendations included in the agenda; requested changes have been incorporated into Attachment A. The following additional discussion was held:

- David Wolfrath indicated the activity listing in Attachment C was not intended to be exhaustive and only intended to provide examples to the Board of suggested technician activities that may fall under each class. Working Group consensus to clarify the technician activity listing is not exhaustive.

- Barbara Bilek asked if registered pharmacy support staff would be allowed to order controlled medication outside of the pharmacy. Ms. Bilek suggested this language may suggest ordering could be performed in other hospital or clinical areas without pharmacy involvement. Working Group members indicated this was not the original intent. Kimberly Grinston noted technician ordering outside of a pharmacy would implicate remote supervision which is currently under Board review.

- Barbara Bilek noted that inclusion of sterile compounding and “chemo/nuclear/hazardous med preparation” as an advanced technician function may paralyze hospitals that may have limited staff or limited job candidates. Ms. Bilek further noted pharmacists should be authorized to perform point-of-care testing before granting testing authority to technicians.

Recommended changes to the draft final recommendation document are attached hereto. Draft changes will be reviewed on a future conference call to be scheduled by the office. President Lindsay adjourned the meeting by consensus at 12:30 p.m.
In 2016, the Missouri Board of Pharmacy convened the Pharmacy Technician Working Group to review Missouri’s regulation of pharmacy technicians. Working Group members were appointed by the Board President as listed in Attachment A.

The Working Group held five (5) meetings in 2016-2017 on the following dates:
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The Working Group was asked to provide input on the following topics:

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The Working Group’s recommendations/comments on each topic area are summarized below.

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The Working Group reviewed and discussed pharmacy technician activities in the following practice settings: (1) retail pharmacy, (2) chain retail pharmacy, (3) mail order pharmacy, (4) hospital and (5) other practice settings (e.g., nuclear, long-term care, sterile compounding).

The Working Group’s discussion revealed technician duties vary significantly based on pharmacy services, technician skill and pharmacy resources/staffing. However, the Working Group unanimously agreed Missouri law does not adequately recognize or address activities that appropriately trained technicians are able to perform. Although pharmacy technicians should not perform any function that requires a pharmacist’s discretion or expertise, the Working Group unanimously agreed Missouri law should allow pharmacy technicians to maximize their capabilities with appropriate pharmacist supervision/oversight.

As further discussed below, the Working Group recommends amending Missouri law to recognize three classifications of pharmacy technicians/personnel: (1) registered pharmacy support staff, (2) registered pharmacy technicians and (3) registered pharmacy advanced technicians. The recommended Examples of suggested authorized activities for each classification are included in Attachment C. Note: Attachment C is intended for Board guidance purposes and does not include an exhaustive list of all technician functions. Additional technician functions or duties may exist that are not incorporated in Attachment C.
PHARMACY TECHNICIAN DEFINITION

The current pharmacy technician definition is ambiguous and does not clearly define when registration is required for ancillary staff such as delivery drivers, cashier staff and maintenance personal. Additionally, the registration requirements for individuals having “routine, independent access” to the pharmacy as referenced in 20 CSR 2220-2.090 are likewise unclear.

The Working Group recommends amending Missouri law to recognize three classifications of pharmacy technicians/personnel: (1) registered pharmacy support staff, (2) registered pharmacy technicians and (3) registered pharmacy advanced technicians. Proposed definitions for each classification are included in Attachment B.

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After considerable discussion, the Working Group’s consensus recommendations for proposed technician training/education requirements are included in Attachment B.

CONCLUSION

The Working Group extends its appreciation to the Board for an opportunity to assist in this important endeavor. Pharmacy practice continues to evolve in ways that will increase access to care and enhance patient safety. To the extent possible, the Working Group recommends that the Board work with statewide pharmacy groups such as the Missouri Pharmacy Association, the Missouri Retailers Association and the Missouri Society for Health System Pharmacists to pursue any necessary statutory or regulatory changes to implement the proposed recommendations in 2018 or as early as possible.
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<td>Registered Pharmacy Technician</td>
<td>Any individual who: 1. Provides technical or patient care—support roles for the practice of pharmacy 2. Performs any activity that has any effect on the practice of pharmacy or an effect on dispensing/filling prescriptions 3. Produces or processes prescriptions</td>
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<td>Registered Pharmacy Advanced Technician</td>
<td>A pharmacy technician performing advanced technical skills, exercising increased independence or performing a clinical practice support role, as defined by the Board by rule.</td>
<td>• Minimum age of sixteen (16)  • Application  • Criminal history background check  • Pass a NCCA accredited pharmacy technician examination  • Maintain active CPhT certification. In addition to the registered technician training, registered advanced technicians should also be required to:  • Complete an accredited pharmacy technician training program, or  • Complete an employer based training program that includes didactic and experiential training that is focus on the advanced technician skills to be performed.  • ***For nuclear pharmacy technicians, successful completion of a certificate program that meets APhA guidelines for nuclear pharmacy technician training programs certification in lieu of an accredited examination would be acceptable. However, an advanced nuclear pharmacy technician registration via certification would not be portable.</td>
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**Additional Training Recommendations:**

- To prevent workforce interruptions, individuals registered with the Board should be authorized to begin training for a specific technician class once registered with the Board. Pharmacies should be required to maintain a list of all technicians in training for a specific class and the beginning training date.

- All training must be completed within one (1) year. Employers should have discretion to grant a six (6) month extension for good cause. To prevent abuse, technicians who do not complete their training within the required 1 year (or 18 months with an employer extension) should be required to wait a minimum of six (6) months before restarting a training program.

- Future rules/legislation should include a grandfather clause that would allow all currently registered technicians to obtain the registration that corresponds to their current duties.
AUTHORIZED TECHNICIAN DUTIES BY CLASSIFICATION

REGISTERED PHARMACY SUPPORT STAFF SUPPORTING TECHNICIANS

Note: Attachment C is intended for guidance purposes and does not include an exhaustive list of all technician functions. Additional technician functions or duties may exist that are not incorporated herein.

1. Patient scheduling
2. General customer service
3. Contacting patient when Rx not picked-up
4. Placing drug orders
5. Providing final drug product to patient
6. Rx delivery (internal & external)
7. Selling PSE products
8. General recordkeeping¹
9. Preparing pharmacy reports for pharmacy review
10. Monitoring technician registrations (licensing, discipline)
11. Managing technology systems, including, programming, routine database management and billing systems
12. General insurance billing/auditing
13. Insurance building auditing with access to the Rx system
14. Adding/updating third party insurance information
15. Managing/medication/patient assistance programs (a reg. technician duty if tech is doing more than processing paperwork)

¹ If they have access to the pharmacy.
REGISTERED PHARMACY TECHNICIANS

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2. Processing outdate returns
3. Checking/removing outdated/expired meds
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8. Making the offer to counsel
9. Insurance billing/auditing
10. **Managing controlled substance systems***
11. Managing/medication/patient assistance programs (*a support staff/tech duty if just processing paperwork*)
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16. Obtaining patient information (*other than patient history*)
17. Obtaining patient history
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19. Prescription data entry for high risk/ hazardous drugs
20. Counting/preparing prescriptions (new and refill)
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23. Unit dose repackaging
24. Obtaining refill authorization
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27. Non-Sterile Compounding
28. Taking/recording verbal prescription information
29. Contacting prescriber for Rx clarification
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31. Training/Educating support technicians or other registered technicians
32. Obtaining prior authorization
33. Reviewing patient charts to identify medication allergies for RPh follow-up
34. Gathering patient data for drug use evaluations
35. Establishing patient medication planners
36. Preparing clinical monitoring information
REGISTERED PHARMACY ADVANCED TECHNICIANS

1. Dispensing final prescriptions from a remote location/Working under remote supervision
2. Chemo/nuclear/hazardous med preparation
3. Sterile Compounding
4. Training/educating an advanced technician
5. Remote video monitoring or remote supervision by a pharmacist (in-patient)
6. Checking other tech pharmacy activities (tech-check-tech)
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