

QTP4P0X1-4
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PHARMACY TECHNICIAN

Outpatient Dispensing



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TABLE OF CONTENTS

<u>MODULE</u>	<u>OBJECTIVE</u>	<u>PAGES</u>
1.	Dispense Prescriptions	3 - 12

INTRODUCTION

1. This Qualification Training Package (QTP) was developed to enhance and standardize on-the-job training for 4P0X1 personnel. As a trainer, the QTPs provide teachable elements of task breakdowns. The teachable elements will assist in guiding the trainee towards **independent** task performance, **proficiency**, and serve as an **evaluation** tool for trainers/certifiers.
2. Review the volume(s) of the Career Development Course (s) (CDC) and identify which module(s) of the QTP is needed for the trainee's job position or upgrade skill-level training. The QTP training for each module should be accomplished in the order which most closely mirrors the area in which the trainee is working. Items in column 2 of the Pharmacy Job Qualification Standard (JQS)/Specialty Training Standard (STS) marked with a 5 or 7 are core tasks for the 4P career field. Additional proficiency training may be required for these tasks at the supervisor's discretion.
3. Ensure the trainee reviews the training references in each module prior to attempting any task or QTP evaluation. Review the performance checklist and training objective with the trainee. If the trainee has questions about the objective, clarify the desired outcome/results of performance, demonstration or completion of the task. Remember the objective of each QTP is to standardize training and allow sufficient time for the trainee to learn each task thoroughly in order to perform the task **independently**.
4. When the trainee has received sufficient training and is ready to be evaluated on the objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully demonstrates and accomplishes the objective, document the task completion appropriately in the member's Air Force Training Record (AFTR).
5. The QTP task completion is to be annotated in the trainee's electronic training record. **NOTE:** The individual checklists and final evaluations are **not** filed in each member's user files.
6. If the trainee does not accomplish the objective, review the areas needing further instruction. Conduct feedback for each module with the trainee, and document appropriately in the member's Air Force Training Record. As the trainer, once you are satisfied the trainee is ready to perform the task; he/she will be re-evaluated until the objective is met.
7. If a task being trained requires third party certification by a task certifier/certifying official, the trainer ensures trainee is qualified to perform the task **independently**. The trainee will then be evaluated by certifier/certifying official. Tasks requiring certification are identified in column 2 of JQS with a number sign (#). The certifier/certifying official will ensure documentation in column 3E of the JQS. The certifier will ensure that a trainer's signature is documented prior to signing off on the task in AFTR.
8. Tasks associated with a QTP are identified in column 4D of the STS. The QTPs are a necessary tool for standardizing task qualifications for upgrade training or job position training. Such standardization benefits the JQS training concept throughout a member's career. These

documents may also be used in assessing/certifying pharmacy technicians upon arrival at a new duty station.

9. Feedback is a vital and important part of improving our educational process for pharmacy technicians. Your first hand expertise is valued and feedback highly encouraged ensuring we have the most up-to-date information and training possible. Please direct all inquiries to: your immediate supervisor.

SUBJECT AREA: Outpatient Pharmacy

TASK NAME(S): Dispense prescriptions

JQS/STS REFERENCE(S): 7.2.1, 7.2.2, 7.2.3, 7.2.4; 7.2.5; 7.2.6; 7.2.6.1; 7.2.7; 7.2.7.1; 7.2.8; 7.2.9; 7.2.10; 7.2.11; 7.2.13

EQUIPMENT REQUIRED:

1. Medications
2. Medication containers (bottles or zip lock bags)
3. Labels
4. Pens
5. Composite Health Care System computer, printer, or typewriter
6. PharmASSIST
7. AF Form 781, Multiple Item Prescription
8. Civilian Prescriptions

TRAINING REFERENCE(S): AFI 44-102, 4P051B CDC, Volume 1, Sec 1-1, 4P051A CDC, Volume 2, Sec 1-3, Poison Prevention Packaging Act of 1970, HQ USAF/SGO Memo, 24 Mar 04 and HQ AFMC/SG Memo, 19 Apr 04, Pharmacy Law Digest, AFI 33-364, CHCS Help Menu, Air Force Pharmacy Controlled Substance Operations Guide, Sec VIII, www.aaahc.org, www.jointcommission.org.

REMARKS/NOTES: None

OBJECTIVE:

Given a provider's prescription and the necessary equipment, a trainee will be able to safely prepare and dispense pharmaceuticals.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instructions, allow sufficient practice on each part of the task.
2. Use the performance checklist to ensure all steps of the task are accomplished without assistance and without error.
3. Document task competency upon completion of the evaluation in the trainee's AFTR-QTP section.

STEPS IN TASK PERFORMANCE:

1. Receive Written Prescription(s)

1.1. A pharmacy technician will staff the “IN” (processing) window as point of service.

1.2. Verify designated patient identifiers (ex. Full name and date of birth.) Check all new prescriptions for correct patient name. Each patient must have annotated on the prescription, the sponsor's social security number, the patient's address and phone number. If the patient is under 12 years of age, annotate patient's date of birth and their weight. If the prescription is for a controlled medication, the patient and provider address is required as well as the provider's DEA number.

1.3. Verify any medication allergies with the patient (or patient's representative). If the patient reports no allergies; annotate NKDA for “no known drug allergies” in the (AL) Patient Allergy Information screen in CHCS. If the patient has medication allergies, and it is not already in the computer, annotate the allergy in the (AL) Patient Allergy Information screen in CHCS.

1.4. Ensure prescriptions are written IAW AFI 44-102, and all information pertaining to the medication is present (medication name, strength, dosage form, amount, and directions for use).

1.5. If the prescription is from a military treatment facility (MTF) provider, ensure the provider has signed the prescription and the appropriate stamp (or required printed information) appears below the signature block

1.6. Ensure prescriptions from civilian practitioners have been signed. Follow local procedures and state laws regarding civilian prescription requirements.

1.7. If the medication is from a civilian practitioner and is non-formulary, local policy will be followed and the patient will be informed of available options. For example: the pharmacy may try to contact the patient's provider or a patient may be given a copy of the formulary to take back to his/her provider so that a new prescription may be written for a formulary medication should the patient desire.

1.8. If the medication is a non-formulary request from an in-house provider, typically the provider will fill out a DD Form 2081 New Drug Request (Atch1). The form will be reviewed and approved/disapproved by the MDG/CC's designee, usually either a pharmacist or the Chief of the Medical Staff. Some medications require a Prior Authorization form to be filled out by the physician for the patient. A pharmacist will coordinate with the provider to assist in ensuring this requirement is complete. If approved, the pharmacy supply custodian will order the medication. Ideally, the pharmacy goal is to fill all non-formulary requests within 24 to 48 hours whenever possible. Be sure to verify patient contact information (phone/mail), to expedite patient contact for when the medication is in stock and the prescription is available for pick-up.

1.9. If a prescription needs to be clarified, the doctor's office will be called for verification and the prescription will be posted in the appropriate area designated for waiting doctor call-backs/authorization. After authorization, the change will be annotated on the prescription and documented appropriately with the name of the person authorizing the change, the person making the change, and the date. Any prescription requiring telephonic clarification will be 'read-back' to the provider, or agent of the provider, to verify order accuracy.

1.10. Inform the patient at the point of service of any changes to be made to the prescription (i.e. strength/dosage adjustments). Prescription changes should be made in red ink and initialed by the pharmacist or technician making the change.

1.11. Any special instructions/patient counseling should be communicated to the patient at this time. A patient education monograph (PEM) should be printed for each medication typed and given to the patient.

2. Eligibility

2.1. Eligibility must be verified by review of the ID card of the patient or written verification of eligibility from the Patient Administration Office.

2.2. The name on all prescriptions must match the name on the ID card of the patient, except for dependents less than 10 years of age. Eligibility will be determined prior to entering a prescription in CHCS by DEERS check if necessary. ID cards for those under the age of 10 will not be required.

2.3. The ID card should not be expired or mutilated.

2.4. The back of the dependent ID card should contain the word "YES" in the block marked "Military Service Health Care".

2.5. If DEERS eligibility cannot be determined in CHCS, a patient may get documentation of eligibility from the Patient Administration Office.

3. Type Hand Written Prescription(s)

3.1. Under the RX screen in CHCS, scan the patient's ID card, or enter the patient's full name, or enter the sponsor's full social security number, or enter first letter of the patient's last name and the last 4 digits of the sponsor's SSN, or enter the patient's individual DoD benefits number which is replacing the social security number on all ID cards. Verify from the pick list, the patient's full name and date of birth before choosing the name.

3.2. After choosing your patient's name, you will see a prompt screen with five options: A (active prescriptions); B (inactive prescriptions); R (range of dates) and <RET> (To bypass Profile). Hit 'ENTER' and type in the medication name. Ensure the correct medication is

picked from the list and hit “ENTER”. Type in sig, qty, refills, provider information, etc. on the RX entry screen.

3.3. Once the patient’s prescription is typed into CHCS, you will see prompts at the bottom of the screen reading File/Exit, Abort, Clear, or Edit. This is where you will make any changes to the information you just typed or to process the medication to be sent to PharmASSIST.

3.3.1. Perform Clinical Screening Function (^CCS). Determine the type of clinical screen to perform.

3.3.2. For allergy warnings – ask the patient if they have taken the medication in the past. If the patient says yes, and the patient tolerated the medication place a comment in the profile and continue processing the prescription. If the patient did not tolerate the prescription, contact the provider for further disposition. If the patient has never taken the medication prior to this prescription, contact the provider for further disposition.

3.3.3. For exact/duplicate warnings – select the appropriate number for the warning. This will produce a second screen explaining the reason for the warning. If the warning refers to a change of dose of the same medication, explain to the patient that the dose is changing and continue processing the prescription. For a duplicate warning, select “yes” to review the patient’s profile, the P to view the entire history of the patient’s profile. If the medication is in the same class of drugs, ask the patient if the provider is changing their medication to a newly prescribed medication. If so, tell the patient to discontinue the therapy of the older medication and continue processing the newly prescribed medication. If the medication is the same medication and strength as previously prescribed and not within its refill time (75% consumed), do not override. Explain to the patient that the prescription is too early to fill at this time.

3.3.4. For max dose/high duration/low duration – clear the warning with a comment stating that you will check the dosing strength, duration, and regimen prior to printing the label. If you are unsure look up the dose in an approved reference or ask the pharmacist. Do not override the warning if you are NOT confident the medication is prescribed correctly.

3.3.5. For drug class overlap warning – ask the patient if they are still taking the old medication that is in the same class as the newly prescribed medication. Some medications in the same class may be prescribed together. Most of the time, this newly prescribed medication is taking the place of the previously prescribed medication. If the patient is not clear on which medication(s) they are supposed to take, ask a pharmacist or call the provider. Do not override the warning if you are NOT confident the medication is prescribed correctly.

3.3.6. For SEVERE INTERACTIONS (Type I/II) always ask a pharmacist before overriding the warning.

3.3.7. For renal warnings always ask a pharmacist before overriding the warning.

3.4. To batch the patient's medication, select DRX (Dispense a Prescription) in CHCS. You will see a prompt reading Select Baker Imaging Bar Code Printer. If the pharmacy has a designated label printer option (i.e. LP1, LP2, etc.) enter it here. Otherwise, hit 'ENTER'.

3.5. Select the letter N (Process by Patient Name).

3.6. At the Select Patient Name or RX # prompt, depress the space bar and 'ENTER' to bring up the current patient's information.

3.7. Depress the 'ENTER' key until you reach the prompt "Requested start time: Now". At this prompt, depress the Enter key once more to release the prescription from CHCS.

3.8. CHCS will download this data to the pharmacy automation. The following example will utilize PharmASSIST to explain the process. A prescription label will batch to the printer. This prescription is now ready to be filled.

4. Fill Hand Written Prescriptions

4.1. Filler verifies the typist correctly entered the prescription. To do this, the filler will read the paper prescription and match it up against the label. The filler verifies patient name, drug name, dose, sig, refills, provider information, date are all correct. If all data matches, the filler will proceed with filling the prescription from the label. If data does not match, return to the typist for correction.

4.2. Take the label and scan it through PharmASSIST. One of two screens will appear on the PharmASSIST Computer, either manual fills or unit fills. If the medication is being dispensed from the PharmASSIST unit, the screen will have numerous boxes on it (corresponding to the PharmASSIST medication cells). The box will turn green, indicating which cell has the counted prescription quantity. Once you retrieve the medication from the cell, a screen will automatically appear with a picture of the medication on it. In the case of a manual fill, the screen will show the actual medication picture. Retrieve the medication to fill the prescription, and scan the medication stock bottle's bar code. If the medication comes in a package/box/tube and the quantity is for more than one box, tube, etc., **scan EACH item** to ensure all packages are correct. Once either of these steps is accomplished, the quantity filled for prescription will turn green in color.

4.3. Affix the correct prescription label to the bottle/medication package. If multiple packages are requested (i.e. cream, inhalers, etc.) ensure each package dispensed has the proper prescription label.

4.4. Depress the Enter key once. At the bottom of this screen, you will see a white box with the words **Scan Badge To Pass**. You must scan your pharmacy identification bar code. The prescription is sent to the checker/pharmacist for verification.

5. Process Provider Order Entry (POE) Prescription(s)

5.1. To process the patient's medication, select DRX (Dispense a Prescription) in CHCS. You will see the prompt "Select Baker Imaging Bar Code Printer". If the pharmacy has a designated label printer option (i.e. LP1, LP2, etc.) enter it here. Otherwise, hit 'ENTER'.

5.2. At the Select Patient Name or RX # prompt, scan the patient's ID card, or enter the patient's full name, or enter the sponsor's full social security number, or enter first letter of the patient's last name and the last 4 digits of the sponsor's SSN, or enter the patient's individual DoD benefits number which is replacing the social security number on all ID cards.

5.3. Verify the patient's full name and date of birth prior to selecting the patient from the CHCS list. Ask the patient if he/she has any drug allergies.

5.4. Perform Clinical Screening Function (^CCS). Determine the type of clinical screen to perform.

5.4.1. For allergy warnings – ask the patient if they have taken the medication in the past. If the patient says yes, and the patient tolerated the medication place a comment in the profile and continue processing the prescription. If the patient did not tolerate the prescription, contact the provider for further disposition. If the patient has never taken the medication prior to this prescription, contact the provider for further disposition.

5.4.2. For exact/duplicate warnings – select the appropriate number for the warning. This will produce a second screen explaining the reason for the warning. If the warning refers to a change of dose of the same medication, explain to the patient that the dose is changing and continue processing the prescription. For a duplicate warning, select yes to review the patient's profile, the P to view the entire history of the patient's profile. If the medication is in the same class of drugs, ask the patient if the provider is changing their medication to a newly prescribed medication. If so, tell the patient to discontinue the therapy of the older medication and continue processing the newly prescribed medication. If the medication is the same medication and strength as previously prescribed and not within its refill time (75% consumed), do not override. Explain to the patient that the prescription is too early to fill at this time.

5.4.3. For max dose/high duration/low duration – clear the warning with a comment stating that you will check the dosing strength, duration, and regimen prior to printing the label. If you are unsure look up the dose in an approved reference or ask the pharmacist. Do not override the warning if you are NOT confident the medication is prescribed correctly.

5.4.4. For drug class overlap warning – ask the patient if they are still taking the old medication that is in the same class as the newly prescribed medication. Some medications in the same class may be prescribed together. Most of the time, this newly prescribed medication is taking the place of the previously prescribed medication. If the patient is not clear on which medication(s) they are supposed to take, ask a pharmacist or call the

provider. Do not override the warning if you are NOT confident the medication is prescribed correctly.

5.4.5. For SEVERE INTERACTIONS (Type I/II) always ask a pharmacist before overriding the warning.

5.4.6. For renal warnings always ask a pharmacist before overriding the warning.

5.5. Depress the “Enter” key until prompted for the Requested start time: Now At this prompt, you will depress the Enter button once more to release the prescription from CHCS.

5.6. CHCS will download this data to PharmASSIST. A prescription label will batch to the printer. This prescription is now ready to be filled.

6. Fill Provider Order Entry (POE) prescription(s)

6.1. Retrieve the label(s). Separate label(s) by patient name. Verify drug, dose, day supply, refills etc. are correct. If incorrect, return to activator for corrections.

6.2. Take the label and scan it through PharmASSIST. One of two screens will appear on the PharmASSIST Computer, either manual fills or unit fills. If the medication is being dispensed from the PharmASSIST unit, the screen will have numerous boxes on it (corresponding to the PharmASSIST medication cells). The box will turn green indicating which cell has the counted prescription quantity. Once you retrieve the medication from the unit, a screen will automatically appear with a picture of the medication on it. In the case of a manual fill, the screen will show the actual medication picture. Retrieve the medication to fill the prescription, and scan the medication stock bottle’s bar code. If the medication comes in a package/box/tube and the quantity is for more than one box, tube, etc., **scan EACH item** to ensure all packages are correct. Once either of these steps is accomplished, the quantity filled for that prescription will turn green in color.

6.3. Affix the correct prescription label to the bottle/medication package. If multiple packages are requested (I.e. cream, inhalers, etc.) ensure each package dispensed has the proper prescription label.

6.4. Depress the “Enter” key once. At the bottom of this screen, a white box with the words **Scan Badge To Pass** will appear. You must scan your pharmacy identification bar code. The prescription is sent to the checker/pharmacist for verification.

7. Fill Outpatient Controlled Prescription

7.1. Complete steps 1-6 as applicable prior to filling the controlled prescription.

7.2. Take the label to the controlled drug filling area and scan the label into PharmASSIST.

7.3. Retrieve the matching manufacturer bottle from the controlled storage area and scan each bottle needed to complete the transaction (exact amount prescribed).

7.4. Back count the manufacturer bottle to ensure that the amount in the container matches the inventory amount.

7.5. Return the unused/remaining manufacturer bottle to the controlled storage area.

7.6. Have a second individual double count the quantity inside the filled prescription bottle to ensure the correct quantity is filled.

7.7. Forward the prescription to the verifying station.

8. Release of Prescription Medication(s) to Patient

8.1. Pharmacy personnel, including pharmacists, technicians and volunteers, are required to ensure the correct medication is dispensed to the correct patient. The following steps will be used before releasing prescription(s) to a patient at any of the pharmacy dispensing sites:

8.1.1. Verify patient's military issued ID card.

8.1.2. Remove all medications from container or bag.

8.1.3. Match name identified on ID card with name printed on ALL medication labels; if different, determine if medication is being picked up by a patient representative and follow directions in Step 3, Release of Prescription Medication(s) to a patient representative.

9. Release of Prescription Medication(s) to a Patient Representative

9.1. Pharmacy personnel, including pharmacists, technicians and volunteers, need to protect the privacy of patients and prevent unauthorized disclosure of prescription(s) information or release of medication(s).

9.2. Medication(s) will be released to patient representatives who have authorization to pick-up medications.

9.3. Patient representatives may include spouses, parents, legal guardians, courier services, neighbors, co-workers, and any other individual so designated.

10. Dispense Prescription Medication(s)

10.1. Under the DRX function in CHCS, scan the patient's ID card, or enter the patient's full name, or enter the sponsor's full social security number, or enter first letter of the patient's last name and the last 4 digits of the sponsor's SSN, or enter the patient's individual DoD benefits number which is replacing the social security number on all ID cards.

- 10.2. Verify the patient's name and date of birth prior to selecting.
- 10.3. Verify each medication against the medication(s) on the screen in CHCS.
- 10.4. Scan medication(s) until it displays on PharmASSIST Signature Pad.
- 10.5. Have patient verify all medication(s) requested are accounted for.
- 10.6. Conduct patient counseling on each medication before release to the patient.
- 10.7. Have patient sign signature pad and release medication(s) to patient.

PERFORMANCE CHECKLIST:

DISPENSE PRESCRIPTION(S)		
PERFORMANCE ITEMS	SAT	UNSAT
RECEIVE WRITTEN PRESCRIPTION		
1. Receive prescription		
2. Ensure required information on prescription		
3. Annotate allergies		
4. Ensure completeness of prescription		
5. Check formulary status		
6. Confer with provider if required		
7. Annotate changes and explain to patient		
ELIGIBILITY		
1. Verify eligibility using ID card, CHCS, DEERS		
TYPE HAND WRITTEN PRESCRIPTION		
1. Choose correct patient in CHCS using 2 identifiers (full name, DOB)		
2. Enter data in RX function within CHCS		
3. Batch label(s)		
FILL HAND WRITTEN PRESCRIPTION		
1. Verify script to label (pt name, drug, sig, qty, provider, date, day supply)		
2. Scan label		
3. Retrieve medication		
4. Scan manufacturer package bar code (each item if applicable)		
5. Affix correct label to correct medication bottle/package		
6. Forward to verifier		
FILL POE PRESCRIPTION		
1. Choose correct patient in CHCS using 2 identifiers (full name, DOB)		
2. Batch labels		
3. Follow fill hand written prescription steps		
CLEAR CLINICAL SCREEN		

1. Clear Allergy Warning		
2. Clear Exact/Duplicate Warning		
3. Clear Max Dose/High Duration/Low Duration Warning		
4. Clear Drug Class Overlap Warning		
5. Clear Severe/Contraindicated Warning (Type 1 or 2)		
6. Clear Renal Warning		
FILL OUTPATIENT CONTROLLED PRESCRIPTION		
1. Verify label (pt name, drug, sig, qty, provider, date, day supply)		
2. Scan label into PharmASSIST at controlled drug filling area		
3. Retrieve manufacturer bottle and scan into PharmASSIST		
4. Back count manufacturer bottle to ensure quantity matches inventory		
5. Return unused/remaining manufacturer bottle to controlled storage area		
6. Have second individual double count prescription		
7. Forward prescription to verifier		
RELEASE PRESCRIPTION		
1. Check two patient identifiers (Full name, DOB)		
2. Is it a patient representative		
DISPENSE PRESCRIPTION		
1. Using DRX function in CHCS, verify all meds against meds on screen		
2. Scan to signature pad		
3. Counsel		
4. Obtain patient signature		
5. Release medication(s) to patient or patient representative		
FINAL RESULTS:		
Trainee:		
Trainer:		
Certifier:		
Date:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indication strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.