



PHARMACY CONTINUING EDUCATION FROM WF PROFESSIONAL ASSOCIATES

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"Legal Issues Related to Technicians"

June 2018



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This lesson reviews the facts, legal conclusions, and practical significance of six court cases concerning pharmacy technicians and their relationship with the pharmacists who supervise their work. In many practice settings, pharmacy technicians have largely taken over the role of order processing, subject to pharmacist oversight and final check, of processed prescriptions. In these settings, pharmacists are more readily available for consultation with other health professionals, education of patients and their family caregivers, monitoring of drug therapy, and the provision of expanded health care services such as immunizations. Pharmacy technicians may also perform clerical roles, such as inventory control, ordering and check-in of drug stock and supplies, and processing of third party payments. The support role of the pharmacy technician is important, and it subjects the pharmacist and pharmacy to potential legal action should the technician fail in meeting the responsibilities of this role.

This lesson is intended for pharmacists & technicians in all practice settings. **The program ID # for this lesson is 0798-0000-18-222-H03-P for pharmacists, and 0798-0000-18-222-H03-T for technicians.**

Participants completing this lesson by May 31, 2021 may receive full credit. Release date for this lesson is June 1, 2018. This is knowledge-based continuing pharmacy education. you must answer the questions on the quiz (70% correct required) and return the answers. Should you score less than 70%, you will be asked to repeat the quiz. Computerized records are maintained for each participant.

If you have any comments, suggestions or questions, contact us at the above address, or call 1-843-488-5550. **Please write your name, NABP eProfile (cpe Monitor) ID Number & birthdate (MM/DD) in the indicated space on the quiz page.**

The objectives of this lesson are such that upon completion participants will be able to:

For Pharmacists:

1. Discuss the role & limits of responsibilities of pharmacy technicians in the pharmacy.
2. Illustrate circumstances in which pharmacy technicians may exceed their scope of legal duties.
3. Formulate a policy to effectively utilize pharmacy technicians within legal boundaries.

For Technicians:

1. State the responsibilities of a pharmacy technician.
2. List situations in which pharmacy technicians have exceeded the scope of their legal authority.
3. Review case studies that establish legal standards for pharmacy boundaries.

All opinions expressed by the author/author(s) are strictly their own and are not necessarily approved or endorsed by PharmCon, Inc. Consult full prescribing information on any drugs or devices discussed.

CE-PRN is a division of PharmCon, Inc., 341 Wellness Drive, Myrtle Beach, South Carolina 29579.
CE-PRN is published eleven times per year, monthly, January through November.

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INTRODUCTION

This lesson reviews the facts, legal conclusions, and practical significance of six court cases concerning pharmacy technicians and their relationship with the pharmacists who supervise their work. In many practice settings, pharmacy technicians have largely taken over the role of order processing, subject to pharmacist oversight and final check, of processed prescriptions. In these settings, pharmacists are more readily available for consultation with other health professionals, education of patients and their family caregivers, monitoring of drug therapy, and the provision of expanded health care services such as immunizations. Pharmacy technicians may also perform clerical roles, such as inventory control, ordering and check-in of drug stock and supplies, and processing of third party payments. The support role of the pharmacy technician is important, and it subjects the pharmacist and pharmacy to potential legal action should the technician fail in meeting the responsibilities of this role. Legal case studies facilitate an understanding of the pharmacy technician role, and they provide guidance on steps to take in the management of liability risk that may arise from technician activities.

BACKGROUND

Judicial opinions in legal cases apply the law to a set of facts that are presented to the court. The purpose of a legal case is to resolve a specific controversy, rather than to establish general policy. Court cases do not necessarily establish precedent (although they may), yet they demonstrate how members of the public served by pharmacy regard the responsibilities of those who provide pharmaceutical products and services to the public. By evaluating the facts of a legal case, and the application of the law to the facts by the court, it is possible to determine how pharmacy personnel can conduct themselves in ways that reduce exposure to legal liability. All language in quotations is transcribed directly from the court's official report of the case, although names have been redacted.

CASE NO. ONE: TECHNICIAN EXCEEDS LEGAL AUTHORITY (MISSOURI, 2017)

Summary of Facts

According to the court's factual summary, a patient was hospitalized as a result of fluid buildup in her lungs. She was discharged from the hospital, and a nurse telephoned multiple prescriptions to the patient's pharmacy. These orders included a prescription for the diuretic metolazone.

A pharmacy technician took the phone-in prescriptions from the nurse. According to the court, the technician "had no formal pharmacy training or education before becoming a pharmacy technician. She had worked in the floral department before moving to the pharmacy."

The technician "made numerous errors transcribing the prescriptions. She made spelling errors on several of the medication orders, misspelled the nurse's name, and recorded an incorrect birth date for the patient." The technician "also made a mistake on the dosage for an albuterol inhaler. The dosage the technician listed was ten times the correct dose, and potentially could have caused heart arrhythmias and palpitations along with other complications."

"Most significantly, the technician recorded an order for a daily dose of methotrexate, rather than the metolazone which the patient had been prescribed. When taken on a daily basis for more than a week, methotrexate can have irreversible and lethal side effects; symptoms do not manifest until the damage is untreatable. Methotrexate is one of a small number of drugs that is

classified as a 'high alert' medication by the Institute for Safe Medication Practices."

The pharmacist approved the methotrexate prescription for the patient, although he knew that a daily dosage of methotrexate can be deadly. He later testified, "For some reason I didn't recognize the weekly versus the daily. It didn't click in my mind." The pharmacy's computer system did not alert the pharmacist to the potential problem of methotrexate being prescribed with once daily directions for use. The patient's spouse said that he had no questions for the pharmacist, thus no patient counseling was done.

The patient used the methotrexate as directed, and she died less than a month later, as the result of side effects from methotrexate. Her estate sued the pharmacy. A jury found in favor of the patient and against the pharmacy, awarding damages based on ordinary negligence. The trial court denied the plaintiff's request for "aggravating circumstances" damages that would have increased the award to the patient's estate. The patient's estate appealed the denial of aggravating circumstances damages.

The Court's Ruling

On appeal, the higher court reversed the denial of aggravating circumstances damages. The court noted that aggravated damages are appropriate when a defendant has "acted with complete indifference to, and conscious disregard for, the safety of others, in circumstances which presented a high probability of injury."

The court held that aggravating circumstances could be found based on three factors: (1) the failure by the pharmacist to review the methotrexate prescription during what the pharmacy's policies referred to as "pre-verification," (2) failing to counsel the patient when dispensing a "high alert" medication, and (3) allowing a pharmacy technician to receive a telephone prescription order.

The appellate court ordered that the case be remanded back to the trial court for consideration.

Relevance to Pharmacy

This case raises several important issues. The most important issue is that of root cause. One of the key elements of many quality improvement programs is to determine the root cause of a pharmacy error. Implementing methods to detect and rectify an error once the error has been made will never be as effective as preventing the error from occurring in the first place.

In this case, the court was critical of the failure by the pharmacist to successfully conduct a review of the prescription and detect the technician's error. The court also was critical of the failure to counsel the patient's spouse. But the cause of the error was the untrained technician's inability to correctly interpret and record the information she was given over the telephone by the nurse. And the root cause of the error was that the technician was performing an activity that technicians should not perform. As the court noted, the Policy and Procedures manual used at the pharmacy recommended that "pharmacists take all new prescriptions that are phoned in from prescriber's offices." This is a legal standard that is absolute. Pharmacy technicians cannot be allowed by pharmacists to receive verbal medication orders from prescribers or their agents. Pharmacists cannot put pharmacy technicians in the position of performing this activity, which is contrary to the law and can endanger patients.

CASE NO. TWO: TECHNICIAN OVERRIDES DRUG-DRUG INTERACTION ALERT (MICHIGAN, 1996)

Summary of Facts

The court's summary of facts says that a patient was already taking Parnate prescribed by one physician when he went to a second physician who prescribed an antihistamine/decongestant combination product to treat the patient's cold symptoms. The patient took this prescription to the pharmacy that had filled his Parnate prescription 11 days earlier.

The pharmacy's computer alerted to a possible interaction between the two drugs. The pharmacist on duty testified that "she did not personally see the interaction indicated on the computer, probably because a technician overrode it." The pharmacist testified that had she known the patient was taking Parnate, she would not have filled the prescription for the antihistamine/decongestant product.

The patient took the two drugs together. Later that evening, he told his wife that he was not feeling well, and she took him to the hospital. The patient was diagnosed as having suffered a stroke as a result of having ingested the two drugs together.

The patient sued the second physician and the pharmacy. The pharmacy was dismissed from the case, based on its contention that "there was no duty on the part of the pharmacy and that liability was with the doctor."

The patient appealed the dismissal of the pharmacy from the case.

The Court's Ruling

While acknowledging that a pharmacist has no general duty to warn every patient of all side effects of every medication, the court nevertheless held that in this situation there was a duty to warn by the pharmacy. The particulars of the situation involved an advertising campaign that the pharmacy had undertaken within the community. The court provided several examples of ad content from this campaign, one of which was as follows:

"This prescription drug called Coumadin is an anticoagulant. And this is Micronase, a drug prescribed for diabetes. Both are quite effective. But it could be very dangerous if you were taking both at the same time. How can you avoid harmful drug interactions? Simple. Get your prescriptions filled at [our pharmacy] where [our computer system] provides your pharmacist with your complete medication history, so we're aware of any possible medication interactions. You can't get any better."

Based on this ad campaign, and the court's conclusion that the patient could have seen these ads and relied on them in selecting the defendant pharmacy, the court reversed dismissal of the case against the pharmacy. The court held that the "defendant voluntarily assumed a duty of care when it implemented the [computer] system and then advertised that this system would detect harmful drug interactions for its customers."

Relevance to Pharmacy

All drug-drug interactions are important, but some are more important than others. When a patient receives prescriptions from two different physicians, has never used one of the medications before, and the interaction is well-documented, these three factors create a situation in which follow-up by the pharmacist is clearly necessary. In the case reviewed here, the advertisement to the public emphasized the role of the pharmacist. The fact of one drug being a Monoamine Oxidase Inhibitor, a class of drugs that are classic candidates for serious drug-drug interactions, adds emphasis to the pharmacist's screening responsibility. And the

pharmacist in this case admitted as much.

No pharmacist can remember all medications being taken by every patient, and no pharmacist can remember all potential drug-drug interactions. Fortunately, there are computer programs that alert to the possibility of a drug-drug interaction when data are entered into the computer prior to processing a medication order. Unfortunately, it is almost always a pharmacy technician, and not a pharmacist, to whom this alert is provided. A second step requires that the technician bring the alert to the pharmacist's attention. In a busy pharmacy, where multiple crises are being addressed at the same time, this step may be missed. This case stands for the principle that pharmacy technicians must not override drug-drug interaction alerts. Pharmacy systems must deter such overrides. A system that allows pharmacy technicians to override drug-drug interaction alerts is an invitation to litigation.

CASE NO. THREE: TECHNICIANS DISPARAGE PRESCRIBER OF OPIOIDS (INDIANA, 2017)

Summary of Facts

According to the court, the plaintiff in this case was a physician who was licensed by the state and registered with the DEA to prescribe controlled substances. The physician claimed that numerous employees at the defendant pharmacy had "uttered false and defamatory statements to his patients, causing him to suffer embarrassment, damage to himself and his practice, and loss of clients from his pain management practice."

On one occasion, a pharmacy employee allegedly told a patient that the pharmacy "did not fill prescriptions written by [the physician] because he was under investigation by the DEA."

On another occasion, a pharmacy employee allegedly compared the physician to a pill mill and explained that pill mills "are physicians who just parade patients one after another through their office writing prescriptions. Some get kickbacks; some give them; they over-write the prescriptions too because they get kickbacks."

On yet another occasion, a pharmacy employee allegedly told a patient that the physician "went to jail and is a bad doctor," and then added "either they think your doctor is a pill pusher or he doesn't care about his clients or he's a shady doctor."

And finally, a pharmacy employee allegedly told a patient that the physician "had been under investigation and arrested for controlled substances, and if he was not arrested then he would soon be arrested."

The pharmacy disputed that its employees made any defamatory statements, and contended that if its employees did make defamatory statements, then they were protected by a qualified privilege. The pharmacy asked that the court dismiss the case.

The Court's Ruling

A qualified privilege is a legal concept under which a person who makes otherwise defamatory remarks about another person may escape liability if the remarks are made in good faith during the performance of an activity that the maker of the remarks has a duty to perform. The defendant pharmacy pointed to a prior case in which the qualified privilege had been extended to pharmacists under similar circumstances of disparaging comments made toward a prescriber of pain medicines.

The court noted that a pharmacist has a legal right and responsibility to provide patient counseling. The defendant pharmacy asserted that during patient counseling, "patients share

a relationship with their pharmacists and seek advice and counseling in furtherance of their medical treatment.” The pharmacy contended that “whether a prescribing physician was engaged in illegal or unethical behavior is information they want to know and is relevant to their medical treatment.”

The court disagreed, pointing to the fact that the employees of the defendant pharmacy who had allegedly made these comments were pharmacy technicians, and not pharmacists. “The court finds that qualified privilege does not apply to pharmacy technicians. Pharmacy technicians are prohibited from providing certain advice or consultation to patients and from performing any activity required by law to be performed only by a pharmacist.”

The court refused to dismiss the case, in part because a qualified privilege extends to pharmacists but not to pharmacy technicians.

Relevance to Pharmacy

Pharmacy technicians are often on the front line of patient contact, particularly in the will-call area where patients may request an explanation when something seems amiss, such as a controlled substance prescription that the pharmacist has declined to honor. Technicians must be cautious in explaining to patients why their pain medication is unavailable. Neutral explanations such as “I am sorry, the pharmacist was not able to fill your prescription” are as far as a technician should go by way of explanation. Drug diverters will often accept this explanation with little argument and take their business elsewhere to avoid attracting attention. No problem with their doing that. However, disparaging comments about the prescriber should not be made by a technician.

Patients who request a more in-depth explanation must be referred to a pharmacist. Because a pharmacist has a legal responsibility to counsel patients, a statement made by a pharmacist within this legally recognized role may be protected from defamation claims. However, even pharmacists should avoid inflammatory language and insults unrelated to patient care. There is simply nothing to be gained from disparaging remarks made about a physician, regardless of their truth. Patients may be unhappy that the explanation they receive is incomplete or ambiguous, but discretion is the best policy under these circumstances.

CASE NUMBER FOUR: PHARMACY TECHNICIAN ASSUMES PHARMACY INTERN ROLE (WASHINGTON, 2013)

Summary of Facts

A pharmacy technician was fired from his position by the defendant pharmacy because he was working outside the scope of his employment. The technician sued the former employer, claiming that the real reason he was fired was discrimination based on his race, national origin, and sex.

The plaintiff was licensed as a technician when he was admitted to a pharmacy school. Upon admission, the technician applied for a license as a pharmacist intern, and this license was granted. He applied to the pharmacy for a position as an intern. The pharmacy “hired him as a technician, allowing him the possibility of later transitioning to an intern position.” The court explained, “There is no dispute that the plaintiff knew he was hired as a technician and not as an intern—although plaintiff stresses that he was licensed for both positions. Yet it is undisputed that plaintiff counseled patients regarding their medications without the supervision of a mentor.”

The Court’s Ruling

“The plaintiff’s “primary complaint—that [his supervisor] believed he spoke Arabic with his wife—does not lead to the conclusion that [the pharmacy] fired plaintiff for discriminatory reasons. Plaintiff does not dispute that he was counseling patients unsupervised—the specific reason for his termination.”

“If plaintiff—a technician not having attended a day of pharmacy school and without a mentor—had mistakenly counseled a patient, then [the pharmacy] would be looking at a multi-million-dollar lawsuit instead of this one.”

“Plaintiff appears to be an over-eager student whose enthusiasm trumped his better judgment. No reasonable factfinder could conclude that plaintiff was terminated for discriminatory reasons.”

The lawsuit against the pharmacy was dismissed.

Relevance to Pharmacy

Pharmacy technicians and pharmacist interns fulfill two very different roles. While technicians need not be supervised minute-by-minute, the scope of their functions is limited. Most activities permitted for technicians are those that do not require the professional education and judgment of a pharmacist. Interns are allowed to perform almost all of the activities of a pharmacist, but only under the strict supervision of a preceptor pharmacist. Interns may make mistakes, from which they learn lessons that support their expanding professional expertise, with mentoring by their preceptor who corrects the mistakes and teaches how to avoid additional mistakes in the future.

Many pharmacy students began their careers in pharmacy as technicians. As pharmacy students, they may be dual licensed as a technician and as an intern, as was the plaintiff in this lawsuit. The important takeaway message from this case is that activities within a pharmacy practice site are a matter of role and not of status. A dual licensed intern/technician who is working at a pharmacy during a shift is either an intern or a technician for that shift. It can't be both. Pharmacists do not have time to oversee dual licensees and assure that a function corresponds with a status off and on throughout a shift. A pharmacy technician shift is limited to the technician role, even for those who also have an intern license. Likewise, an intern shift must be the educational experience it is intended to be, without limitation to the technician role. As the court pointed out in this case, role confusion may lead to liability of the pharmacy.

CASE NUMBER FIVE: TECHNICIANS GOSSIP IN PUBLIC (LOUISIANA, 2016)

Summary of Facts

A woman sued a pharmacy after learning that technicians at the pharmacy had publicly discussed a posting the woman had made to her Facebook page. The lawsuit alleged professional negligence and a HIPAA violation.

One of the technicians admitted that she had shown to other pharmacy personnel the plaintiff's Facebook page, on which there was a picture of the plaintiff “crying and with mucous coming out of her nose.” This technician denied making any comments about the plaintiff's health or medications. Another technician admitted that the picture the plaintiff posted of herself on her Facebook page was discussed in the pharmacy, and that the gist of the conversation was “how ugly the plaintiff's face looked and why she would put a picture up like that for the public to see.” This technician also denied that there was any discussion of the plaintiff's health or medications.

The plaintiff submitted an affidavit of a pharmacy patient who was waiting for a prescription to be filled and who “heard the defendant’s employees, who were standing in a circle and wearing uniforms” make the following remark: “How crazy and stupid she looked. She’s crazy for posting and knowing she’s on crazy medicine.” The patient said she knew the technicians were talking about the plaintiff because they used her name.

The pharmacy filed a motion to dismiss the case, contending that there was no evidence that the plaintiff had ever been a patient at the pharmacy. The trial court granted the motion. The plaintiff appealed.

The Court’s Rulin

“It is evident from the record herein that this suit is based on gossip that the employees of a pharmacy engaged in (while at work) about a picture that the plaintiff posted of herself on her Facebook page. While the plaintiff contends that during this discussion, the employees disclosed her confidential pharmacy records or her health condition, i.e., that she (the plaintiff) was ‘on crazy medicine,’ the defendants maintain that the discussion focused on the picture itself and negative comments about how the plaintiff looked, and that there was no discussion regarding the plaintiff’s pharmacy records or her health condition. Regardless of the substance of the conversation about the plaintiff by the pharmacy employees, in order for the plaintiff to succeed in her claim against the defendant, it was essential for the plaintiff to establish that she was a customer of the pharmacy such that the employees who were talking about her knew (or could have known) what medications she was taking. The plaintiff failed to present any competent evidence establishing that she would be able to satisfy this element of her evidentiary burden of proof at trial.”

Dismissal of the case against the pharmacy was affirmed on appeal.

Relevance to Pharmacy

The pharmacy workplace need not be a sterile social environment. Pharmacy employees are free to become friendly with each other and their discussions need not always be strictly professional. On the other hand, it is important for pharmacy employees to always remember that what they say can be overheard by passersby. The rules of confidentiality apply to all pharmacy personnel. Public disclosures of private information may expose the pharmacy to legal liability.

In this case, gossip by pharmacy technicians was overheard by a patient who then reported the technicians’ conversation to the subject of the gossip. This is an obnoxious and unfortunate occurrence. But in this case, there was no legal liability because there was no evidence that the plaintiff was a patient, so the technicians could not have acquired personal health information through professional channels. The comment that the plaintiff was “on crazy medicine” was stupid and insensitive, but it was not a disclosure of personal health information.

The court makes it clear, however, that had the plaintiff been a patient at the pharmacy, and had the technicians publicly disclosed private information, their result would have been very different. The case serves as a reminder that gossip has no place in a professional setting; particularly gossip that involves medical information about a patient.

CASE NUMBER SIX: TECHNICIAN CHALLENGES PHARMACIST JUDGMENT (CALIFORNIA, 2014)

Summary of Facts

A pharmacy technician believed that the pharmacy where he worked was filling too many prescriptions for opioids. The technician raised the issue with the managing pharmacist who dismissed the technician's concerns. The technician requested a transfer to a different position outside the pharmacy department, and this request was granted.

Approximately one month after his transfer, the technician sent corporate management a letter that "detailed why he made a decision to remove himself from his position as pharmacy technician. Specifically, he identified a number of doctors who he believed were improperly prescribing excessive amounts of narcotics." The former technician met with his supervisor, and the supervisor rejected the concerns expressed in the letter. The former technician threatened to send his report to "Washington or the Narcotics Board." Soon thereafter, the former technician sent the report to the state Bureau of Narcotic Enforcement. There was no evidence that this correspondence resulted in any sort of investigation.

For the next year, the former technician was occasionally reprimanded for his failure to follow company policies. Two years after leaving the pharmacy, the former technician appeared at work wearing a t-shirt that had a "picture of a crying doctor in jail and the words 'JUSTICE' and 'PILLS KILL' on it." He explained that this was his "new work shirt." The former technician was told that he could not wear this shirt at work, because it violated company policy requiring that work clothing "not contain political or controversial subject matter."

The former technician wore the shirt again and he was suspended from work. A memorandum from his supervisor said that the former technician's "ongoing cause of prescription drug abuse and the link to [our company] needs to stop. His malicious gossip on this matter needs to stop. [The company] is not a place for him to broadcast his views on the matter." On his disciplinary paperwork, the former technician wrote "when [the company] chooses to publicly address curbing the nationwide epidemic of prescription drug abuse, I will stop wearing my shirts."

The former technician was fired for insubordination. He sued the company, contending that his actions had been in furtherance of public policy and were "protected activity" for which he could not be fired. A jury found in favor of the company. The former technician requested that the court grant him a new trial, based on his contention that the jury verdict was against the weight of the evidence.

The Court's Ruling

In considering the former technician's request for a new trial, the court applied a standard test to determine whether or not an employee's conduct constitutes protected activity. "The test requires that the court balance (1) the protection of persons engaging reasonably in activities opposing discrimination and (2) the interests of employers in the objective selection and control of personnel." According to this standard, "an employee's discipline is 'deserved' if the employee's activity unreasonably interferes with the employer's interest in maintaining a 'harmonious and efficient workplace.'"

In this case the jury, after a fair trial, "concluded that the weight of the evidence showed that the former technician was fired because he refused to abide by the employer's dress code, ignored repeated requests for him to cease wearing the 'JUSTICE-PILLS KILL' shirt, and intentionally caused disruption amongst the workplace."

The court denied the request for a new trial.

Relevance to Pharmacy

Technicians can be the eyes and ears for pharmacists when patients engage in strange behaviors that suggest controlled substance diversion. Pharmacists appreciate being told of these situations. However, as this case shows, the decision of whether or not to honor an opioid prescription is a decision to be made by the pharmacist and not by the technician.

This case also teaches that there are appropriate and inappropriate places for political statements on controversial subjects. It is acceptable for employers to require that employees refrain from wearing apparel that conveys controversial messages in the workplace. What employees do on their non-work time is their own business.

If a pharmacy technician is really concerned about prescription drug abuse, there are numerous volunteer opportunities where things can be done to address this terrible problem. Wearing a controversial t-shirt at work, contrary to the employer's dress policy does nothing to solve the problem, and it reduces work efficiency to the detriment of the company and other employees.

CONCLUSION

Pharmacy technicians are an important component of the pharmaceutical care team. They support pharmacists in the provision of products and services to patients. Pharmacists rely on technicians to provide these supportive services, allowing pharmacists the time needed to expand their practice into new roles. Legal limitations on pharmacy technician responsibilities and activities assure that patient care is maintained at a high level. These legal limitations must be enforced at each practice site to avoid exposure to legal liability.

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June 2018 "Legal Issues Related to Pharmacy Technicians, but Pharmacists better know about these!!!"
A Case Study Approach.

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Participants completing this lesson by May 31, 2021 may receive full credit.

Release date: June 1, 2018.

This lesson furnishes 3.0 (0.3 CEUs) contact hours of credit.

Program ID # s for this lesson:

0798-0000-18-222-H03-P (for Pharmacists).

0798-0000-18-222-H03-T (for Technicians).

CE Provider Registered # with CE Broker com is 50-3515.

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QUIZ---June 2018 "Legal Issues Related to Pharmacy Technicians"

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I am a Pharmacist

I am a Technician

CPEMonitor ID _____ Birthdate (MM/DD) _____

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LESSON EVALUATION

Please fill out this section as a means of evaluating this lesson. The information will aid us in improving future efforts. Either circle the appropriate evaluation answer, or rate the item from 1 to 7 (1 is the lowest rating; 7 is the highest).

1. Does this lesson meet the learning objectives? (Circle your choice).

- Discuss the role & limits of responsibilities of pharmacy technicians in the pharmacy.

Yes-Meets Objectives

No-Does Not Meet Objectives

- Illustrate circumstances in which pharmacy technicians may exceed their scope of legal duties.

Yes-Meets Objectives

No-Does Not Meet Objectives

- Formulate a policy to effectively utilize pharmacy technicians within legal boundaries.

Yes-Meets Objectives

No-Does Not Meet Objectives

2. Was the program independent & non-commercial? YES NO

3. Relevance of topic

	Low Relevance					Very Relevant	
	1	2	3	4	5	6	7

4. What did you like **MOST** about this lesson? _____

5. What did you like **LEAST** about this lesson? _____

5. How would you improve this lesson? _____

MARK CORECT ANSWER(S)--- June 2018 "Legal Issues Related to Pharmacy Technicians"

1. **Which of the following roles may pharmacy technicians generally perform?**
 - a. Order processing.
 - b. Check-in stock.
 - c. Processing third-party claims.
 - d. All of the above.
2. **Which of the following roles are generally restricted to pharmacists and not allowed for pharmacy technicians?**
 - a. Patient education.
 - b. Consultation with other health care professionals.
 - c. Drug therapy monitoring.
 - d. All of the above.
3. **What is the purpose of a legal case?**
 - a. Resolve a specific controversy.
 - b. Promote professionalism within pharmacy.
 - c. Promote the role of pharmacy technicians.
 - d. Protect professional turf of physicians.
4. **In the case where the pharmacy technician erroneously transcribed an order for metolazone with methotrexate, with what frequency did the directions say to take the methotrexate.**
 - a. Once daily.
 - b. Twice daily.
 - c. Three times daily.
 - d. Four times daily.
5. **In the case where the pharmacy technician erroneously transcribed an order for metolazone with methotrexate, for what length of time had the pharmacy technician been formally trained as a technician?**
 - a. Two months.
 - b. Six months.
 - c. One year.
 - d. None of the above. She had received no formal training as a technician.
6. **Methotrexate is classified as a "high alert" medication by the Institute for Safe Medication Practices.**
 - a. True.
 - b. False.
7. **In the case where the pharmacy technician erroneously transcribed an order for metolazone with methotrexate, the root cause of the error was the technician performing an activity that technicians should not perform.**
 - A. True
 - B. False
8. **In the case where a drug-drug interaction between Parnate and an antihistamine/decongestant product caused harm to the patient, the two prescriptions were filled at different pharmacies.**
 - a. True.
 - b. False.
9. **What factors create a situation in which follow-up of a drug-drug interaction by the pharmacist is clearly necessary?**
 - a. Prescriptions from two different physicians.
 - b. Patient has not used one of the medications before.
 - c. The interaction is well-documented.
 - d. All of the above.
10. **To whom does the "qualified privilege" apply regarding comments made to patients about their physician's prescribing of opioids?**
 - a. Both pharmacy technicians and pharmacists.
 - b. Pharmacy technicians but not pharmacists.
 - c. Pharmacists but not pharmacy technicians.
 - d. Neither pharmacists not pharmacy technicians.
11. **In the case alleging defamatory comments made to patients about the patients' physician, who allegedly made these comments?**
 - a. Pharmacy technicians.
 - b. Local police.
 - c. Pharmacists.
 - d. Store managers.
12. **A pharmacy technician who is licensed as a pharmacist intern may at all times perform the functions of a pharmacist intern, regardless of the nature of the position for which the pharmacy technician has been hired.**
 - a. True.
 - b. False.

- 13. In the case alleging overheard gossip by technicians in the workplace, what factor led to the pharmacy not being held liable?**
- a. There was no evidence that the plaintiff was a patient of the pharmacy.
 - b. Gossip is perfectly appropriate within a pharmacy.
 - c. Gossip is appropriate for pharmacists, but not for pharmacy technicians.
 - d. All of the above.
- 14. In the case where the former pharmacy technician wore a shirt to work that said "JUSTICE-PILLS KILL," to what medication did the former technician have objections?**
- a. Antibiotics.
 - b. Opioids.
 - c. Contraceptives.
 - d. Abortifacients.
- 15. The former pharmacy technician who wore a shirt saying "JUSTICE-PILLS KILL" was reinstated to his former position because his activities constituted protected activity.**
- a. True.
 - b. False.