

Pharmacy Practice *for Technicians*

Mastering Community and Hospital Competencies

Fourth Edition



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Chapter 6

Dispensing Medications in the Community Pharmacy

Operations of a Community Pharmacy

A community pharmacy is a business designed to serve the needs of its customers, where customer service and convenience is important.

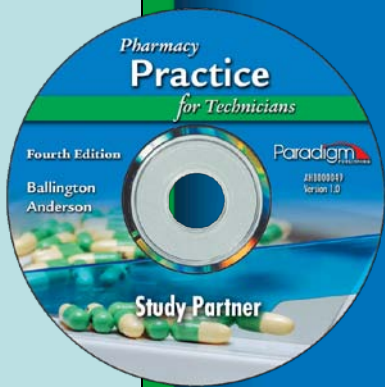


Operations of a Community Pharmacy

The area of the pharmacy where the prescription medications are stored and prepared is

- Secured by code or key
- Off-limits to the public





Terms to Remember

prescription

an order written by a qualified, licensed practitioner for a medication to be filled by a pharmacist in order to treat a qualified medical condition



Operations of a Community Pharmacy

The critical path of a new prescription

- Starts with receipt of prescription
- Ends with dispensing to patient
- Takes about 5 to 10 minutes
- Has many phases that are completed by the pharmacy technician



Critical Path of a New Prescription

1. The pharmacy technician checks the prescription to make certain it is complete and authentic.

(See Table 6.2)



Critical Path of a New Prescription

2. The pharmacy technician verifies that the patient information is contained in the pharmacy database. If not, then the technician obtains necessary demographic, insurance, allergy, and health information from the patient and enters the information into the computer.

Critical Path of a New Prescription

3. The pharmacy technician enters (or scans) the prescription into the computer database, billing the insurance company or calculating the cost to the patient, and generates the medication container label.



Critical Path of a New Prescription

4. When required, the pharmacy technician asks the pharmacist to check the drug utilization review (DUR) or drug interaction warning screen.



Critical Path of a New Prescription

5. The pharmacy technician selects the appropriate medication and verifies the National Drug Code (NDC) number on the drug stock bottle against the computer-generated medication container label.



Critical Path of a New Prescription

6. The pharmacy technician prepares the medication:

- The prescribed number of tablets or capsules are counted or the prescribed amount of liquid is measured.
- Controlled drugs are often double-counted and initialed.



Critical Path of a New Prescription

7. The pharmacy technician packages the medication in the appropriate container.



Critical Path of a New Prescription

8. The pharmacy technician labels the prescription container with the computer-generated medication container label. (In some states the law requires the pharmacist to affix the label to the container.)



Critical Path of a New Prescription

9. The pharmacy technician prepares the filled prescription (including original prescription, drug stock bottle, medication container label, and medication container) for the pharmacist to check.



Critical Path of a New Prescription

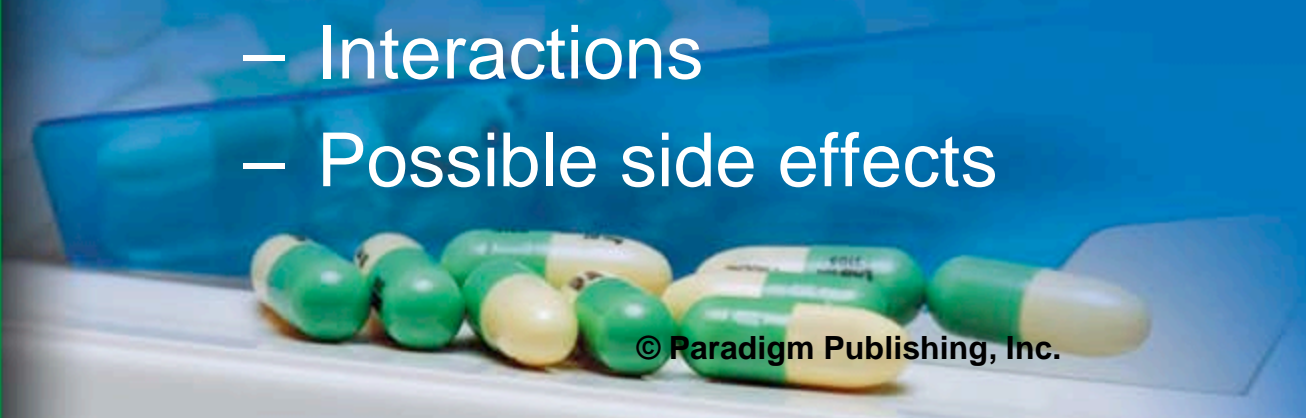
10. The pharmacist verifies the accuracy of the technician's computerized entry against the original prescription (or a photocopied image). The pharmacist may then initial the label and prescription.



Critical Path of a New Prescription

11. The pharmacist or pharmacy technician bags the approved prescription for patient sale and attaches an information sheet about the prescription, including

- Indications
- Interactions
- Possible side effects



Critical Path of a New Prescription

12. The pharmacy technician returns the drug stock bottle to the shelf. If the bottle is opened, then the bottle is generally marked with an “X.”



Critical Path of a New Prescription

13. The pharmacy technician delivers the packaged prescription to the cash register area for patient pickup (or storage) and pharmacist counseling:

- Verify that the correct patient is receiving the prescription (ask for address or birth date).
- Photo ID may be required.

Critical Path of a New Prescription

14. If payment is due, then the patient pays by cash, credit card, or check. Most insurance providers require the patient to sign a form verifying that the prescription was picked up.



The Patient Profile

- A patient-specific record of
 - All prescriptions that have been dispensed in the past at the pharmacy
 - Relevant demographic information
- May be shared nationally among chain pharmacies



The Patient Profile

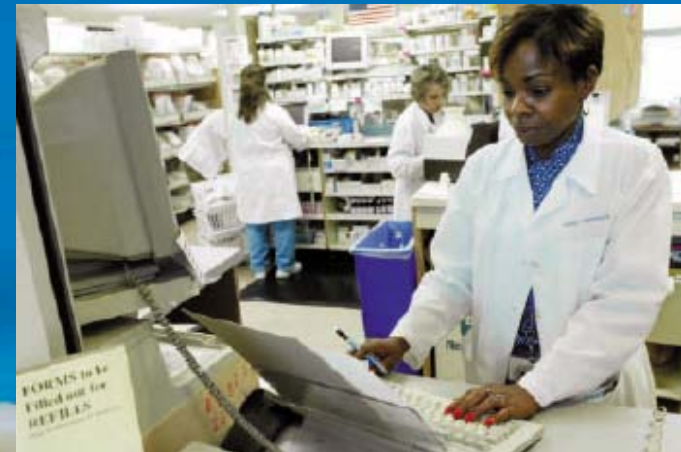
- Identifying information
- Insurance and billing information
- Medical and allergy history
- Medication and prescription history
- Prescription preferences
- HIPAA confidentiality statement



The Patient Profile

New pharmacy customers require new patient profiles:

- created at the time the prescription is submitted to the pharmacy
- if phoned in, created prior to dispensing the medication(s) to the patient



The Patient Profile

Safety Note

If a patient profile already exists for a patient, then it is important for the pharmacy technician to verify that the correct profile is selected.



The Patient Profile

Obtaining information from the patient

- Customers may complete a hard-copy form.
- The pharmacy technician may need to interview the patient to obtain the necessary information.

(See Figure 6.2)



The Patient Profile

- It is extremely important for the pharmacy technician to ask the patient about
 - Allergies to medications
 - Past adverse drug reactions
- All allergies must be documented and entered into the patient profile.

Documenting Drug Allergies and Adverse Drug Reactions

Safety Note

Inquire about allergies every time a patient comes to the pharmacy with a prescription for an antibiotic.



Documenting Drug Allergies and Adverse Drug Reactions

Some food allergies may cross-react with medications:

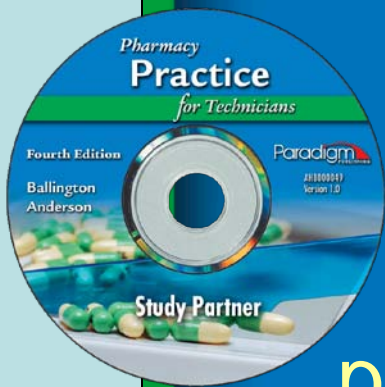
- Eggs
- Peanuts
- Gluten (wheat)
- Dyes
- Soy



Documenting Drug Allergies and Adverse Drug Reactions

Safety Note

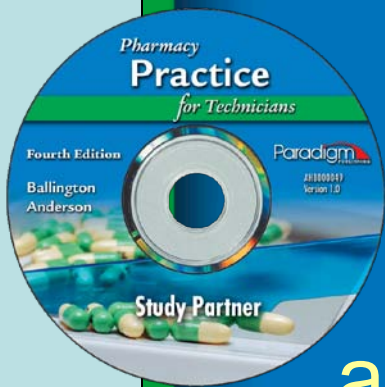
Once a patient profile contains allergy-related information, the computer software will “warn” the pharmacist that a potential allergy or hypersensitivity reaction may occur if a prescription is filled for that drug.



Terms to Remember

patient profile

a record kept by the pharmacy listing a patient's identifying information, insurance information, medical and prescription history, and prescription preferences



Terms to Remember

allergy

a hypersensitivity to a specific substance, manifested in a physiological disorder



Components of a Prescription

Pharmacy technicians check prescriptions to confirm

- The prescription is complete
- Medication information is documented accurately



Components of a Prescription

- Prescriber information
- Date
- Patient information
- Rx
- Inscription
- Subscription
- Sig (directions)
- Additional instructions
- Signature



Components of a Prescription

R_x MT. HOPE MEDICAL PARK
ST. PAUL, MN (651) 555-3591

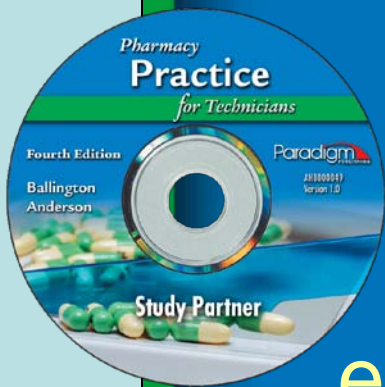
patient's birth date: 4-15-19XX
full name of patient: Nany Romez
DOB: 4-15-19XX
DEA#: AY 3456781
Pt. name: Nany Romez
Date: 10-09-20X7
Address: 315 Main Street

drug name: Synthroid
dose: 100 mcg
amount of drug to be dispensed: # thirty (30)
dose: Take one (1) tablet by mouth every morning.
route of administration: by mouth

signature of person authorized to prescribe: M. Yang
Dispense as written
Substitution permitted

number of refills: five times (no refill unless indicated)

015247 License #



Terms to Remember

e-prescribing

transmission of a prescription via electronic means



Reading the Prescription

- Subscription and sig (directions) may be written using abbreviations.
- Become familiar with common abbreviations.
- Misinterpretation of abbreviations can result in serious medication errors.



Abbreviations: Amounts

| | |
|-----|-----------------------|
| g | gram |
| gr | grain |
| gtt | drop |
| mg | milligram |
| mL | milliliter |
| qs | a sufficient quantity |

(See Table 6.5)

Abbreviations: Dosage Forms

cap

capsule

sol

solution

supp

suppository

susp

suspension

tab

tablet

(See Table 6.5)



Abbreviations: Times

| | |
|-----|-------------------|
| ac | after meals |
| bid | twice daily |
| pc | after meals |
| prn | as needed |
| qid | four times daily |
| tid | three times daily |

(See Table 6.5)

Abbreviations: Sites

| | |
|-----|------------|
| po | by mouth |
| pr | per rectum |
| sl | sublingual |
| top | topical |
| vag | vaginal |

(See Table 6.5)

Abbreviations: Dangerous

| | |
|----|------------|
| hs | at bedtime |
| ad | right ear |
| as | left ear |
| au | each ear |
| od | right eye |
| os | left eye |
| ou | each eye |

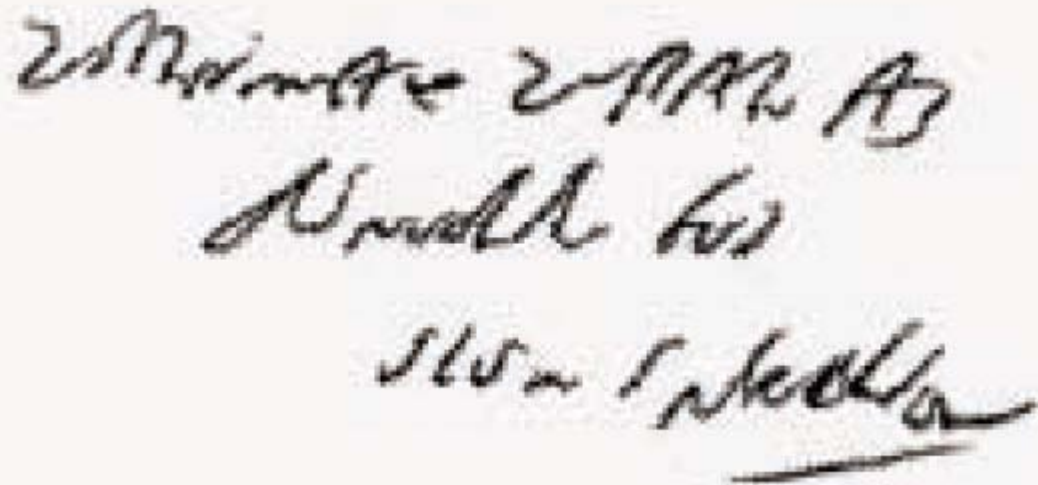
(See Table 6.5)

Reading the Prescription

If any part of the prescription is **unclear** or **undecipherable**, then the technician must **check with the pharmacist** prior to beginning the prescription-filling process.



Reading the Prescription



Z-PAK 2-PAK AS
As directed for
sinus infection

This prescription for azithromycin (Z-PAK) directs the patient to take “as directed for sinus infection.”

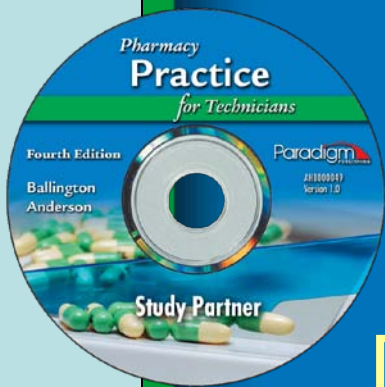


Components of a Prescription

Safety Note

Amounts on prescriptions should be written out to prevent alterations.





Terms to Remember

DEA number

inscription

subscription

refill

dispense as written (DAW)

brand name medically necessary

signa (or “sig”)

Other Types of Prescriptions

- Prescription refill requests
- New telephone orders
- Transfer prescriptions
- Prescriptions not yet due
- Controlled-drug prescriptions



Prescription Refill Requests

The pharmacy technician

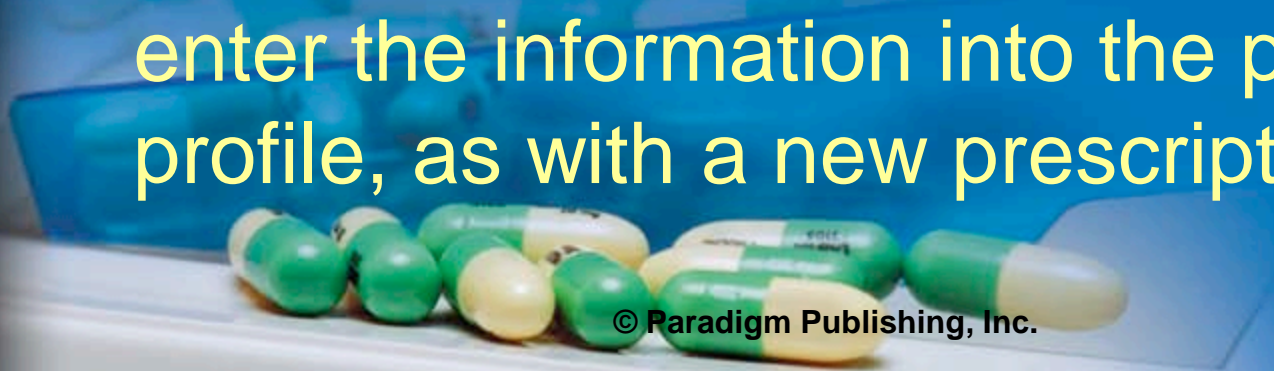
- Verifies that refills exist for the requested medication
- Forwards the request for pharmacist review and approval



New Telephone Orders



- The pharmacy technician refers the call to the pharmacist.
- The pharmacist verifies the accuracy of the prescription and submits it to writing.
- Now the pharmacy technician can enter the information into the patient profile, as with a new prescription.



Transfer Prescriptions

- In most states, by law only a licensed pharmacist can transfer or copy a prescription from (or to) another pharmacy.
- The pharmacy technician can enter the transferred Rx into the computerized patient profile *after* it is transcribed to an order by the pharmacist.



Transfer Prescriptions

Information needed
for a transfer
prescription

**The Corner
Drug Store**

Transferred Rx

Open/Copy from Competitor

Patient Name _____ Date _____

Address _____

Phone Number _____ Birth Date _____

Allergies/Health Conditions _____ Hold DWA

Pharmacy Phone # _____ Pharmacy _____

RPh _____

Rx # _____

First Fill _____

Last Fill _____

Original Date _____

Original Qty _____

Original Refills _____

Remaining Refills _____

Prescriber _____

Prescriber Address _____

Prescriber Phone # _____

MD DEA _____ Pharmacist initials _____

Pharmacy DEA (if controlled substance) _____

Prescriptions Not Yet Due

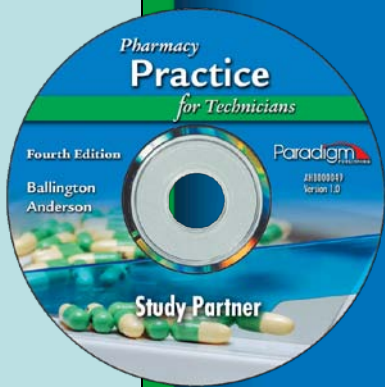
- Held prescriptions are commonly stored in an alphabetized file box for easy retrieval at a later date.
- In most states, prescriptions for Schedule II drugs cannot be stored or held in the pharmacy.



Documenting Insurance Information

- The pharmacy technician often submits an **online claim** to an insurance plan.
- It is not uncommon for insurance to cover only a **30 day supply** of medication even if the prescriber approved a higher quantity.
- A **prior authorization (PA)** requires the pharmacy technician or pharmacist to call or fax the prescriber's office so that the prescriber can explain the justification for the use of the drug with the patient's insurer.





Terms to Remember

prior authorization (PA)

approval for coverage of high-cost medication or a medication not on the insurer's approved formulary, obtained after a prescriber calls the insurer to justify the use of the drug

Pharmacist Verification and DUR Evaluation

- Pharmacy software can compare a prescription with others the patient has received to determine whether a drug utilization review is necessary.
- A drug utilization review (DUR) requires a closer review of the patient profile and an override by the pharmacist indicating that the prescription is safe to dispense.



Pharmacist Verification and DUR Evaluation

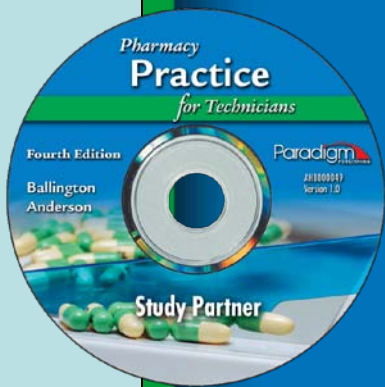
A DUR may be needed if the prescribed drug may

- Interact with existing or past medications on the patient's profile
- Be contraindicated because of the patient's allergy or medical history
- Be a duplicate of a similar drug prescribed in the past
- Have been prescribed in doses too low or too high for the patient
- Not be indicated in certain patients or must be used with caution



Pharmacist Verification and DUR Evaluation

- In most pharmacies, the action taken on severe DURs must be documented.
- The pharmacist will use his or her training and experience to review the patient profile and assess the significance of any potential interaction or adverse effect.



Terms to Remember

drug utilization review (DUR)

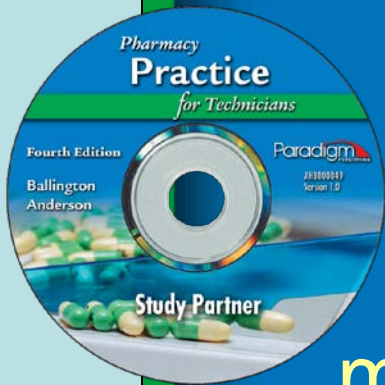
a procedure built into pharmacy software designed to help pharmacies check for potential medication errors

- dosage
- drug interactions
- allergies

Medication Information for the Patient

- It is important to provide each patient with sufficient information to correctly take the prescribed medication.
- Written information is delivered through
 - Medication container labels
 - Patient information sheets





Terms to Remember

medication container label

a label containing the dosage directions from the physician, affixed to the container of the dispensed medication
the technician may use this hard copy to select the correct stock bottle and to fill the prescription



Medication Information for the Patient

Remember the law:

- The pharmacy technician is not allowed to counsel patients.
- The pharmacy technician is legally bound to offer patients verbal counseling to be provided by the pharmacist.



Medication Information for the Patient

The information required on a medication container label depends on the laws and regulations of a given state.



Medication Information for the Patient

TABLE 6.8 Medication Container Label Information

- date when prescription filled
- prescription serial number
- pharmacy name and address
- patient name
- prescriber name
- all directions for use given on the prescription
- all necessary auxiliary labels, containing patient precautions
- medication name, whether generic or brand
- medication strength
- drug manufacturer name
- drug quantity
- drug expiration date or date after which drug should not be used because of possible loss of potency or efficacy
- initials of the licensed pharmacist
- number of refills allowed, or the phrase “No Refills”

Medication Information for the Patient

R_x

MT. HOPE MEDICAL PARK
ST. PAUL, MN (651) 555-3591

DOB _____ DEA# _____
Pt. name David Marsh Date 10-8-20X1

Address _____

Protonix (pantoprazole)
twenty (20) mg
Take one (1) tab po bid thirty
min before breakfast and at
bedtime # sixty (60)

M.D. Anderson Dispense as written

Dr. _____ Substitution permitted

Dr. _____

____ Fills _____ times (no refill unless indicated)

____ License # _____

THE CORNER DRUG STORE

651-555-1234 NO. 650123

DATE: 10/9/20X1

DOCTOR: M.D. Anderson

NAME: David Marsh

R_x

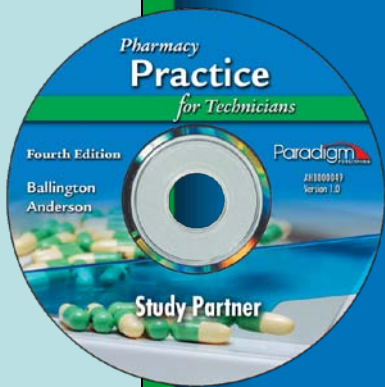
Take one tablet by mouth
twice a day 30 minutes before
breakfast and at bedtime.

Protonix 20 mg #60

Expires 10/9/20X2

ONE REFILL





Terms to Remember

auxiliary label

a supplementary label added to a medication container at the discretion of the pharmacist to provide additional directions

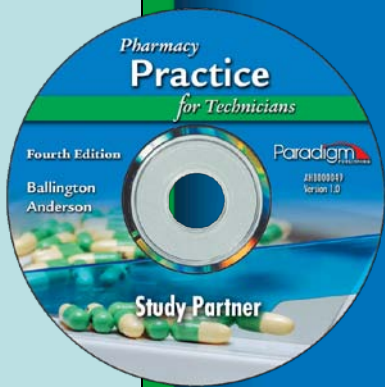


Medication Information for the Patient

Application of auxiliary labels

- Requires a thorough knowledge and understanding of the drug
- Is usually restricted to the professional judgment of the pharmacist





Terms to Remember

patient information sheet

a leaflet printed from the prescription software and provided to patients on each medication dispensed

the tech may use this hard copy to select the correct drug stock bottle and fill the prescription

Medication Information for the Patient

Safety Note

Patient information sheets provide package insert information in a format the patient can understand.



Medication Information for the Patient

Patient medication guides

- For select, high-risk drugs
- Must be provided to patients
- A “black box” warning advising consumers of a potential adverse reaction or of the proper use of a medication with a special dosage formulation



The Final Check of the Prescription



It is extremely important—and required by law—that the pharmacist check every prescription before it is dispensed to the patient to verify its correctness.



The Final Check of the Prescription

The pharmacist

- Reviews the original prescription order
- Compares it with the patient profile
- Confirms that the patient information sheet has been printed
- Verifies that the drug selected by the technician (from the stock bottle) is correct
- Checks the accuracy of the medication container label



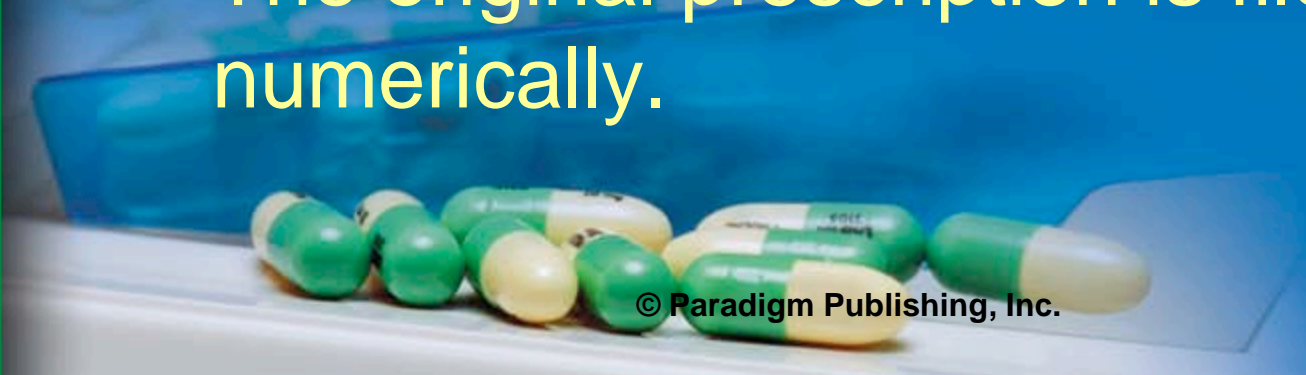
The Final Check of the Prescription

- After this review, the pharmacist may initial the medication container label and/or the original prescription.
- In doing so, the pharmacist assumes legal responsibility for the correctness of the prescription.



The Final Check of the Prescription

- A duplicate of the computer-generated copy of the medication container label is usually affixed to the back of the original new prescription by the pharmacist or pharmacy technician.
- The original prescription is filed numerically.



Delivering the Filled Prescription to the Patient

- After the final verification and filing of the original prescription, the medication is available for immediate or future distribution to the patient.
- If the prescription is a “partial fill” or “change of manufacturer,” the pharmacy technician should be sure to relay this information to the patient.



Delivering the Filled Prescription to the Patient

- Most medications are stored in alphabetical or numeric storage bins.
- Some medications, such as all insulins, many injections, and suppositories, should be stored in the refrigerator once the final verification by the pharmacist is completed.
- Other medications, such as antibiotic suspensions, must be mixed just before dispensing.



Delivering the Filled Prescription to the Patient

Verify that the correct patient is receiving the dispensed medication, especially if someone else (i.e., a family member or a friend) picks up the prescription.



Delivering the Filled Prescription to the Patient

Pharmacist counseling

- Every patient for new prescriptions
- Available for patient questions on refill medications



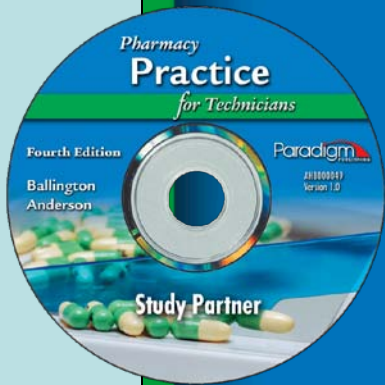
Delivering the Filled Prescription to the Patient

Safety Note

Pharmacist counseling

- The technician must offer the patient (or the patient's representative) the opportunity for counseling.
- Counseling is required by law.

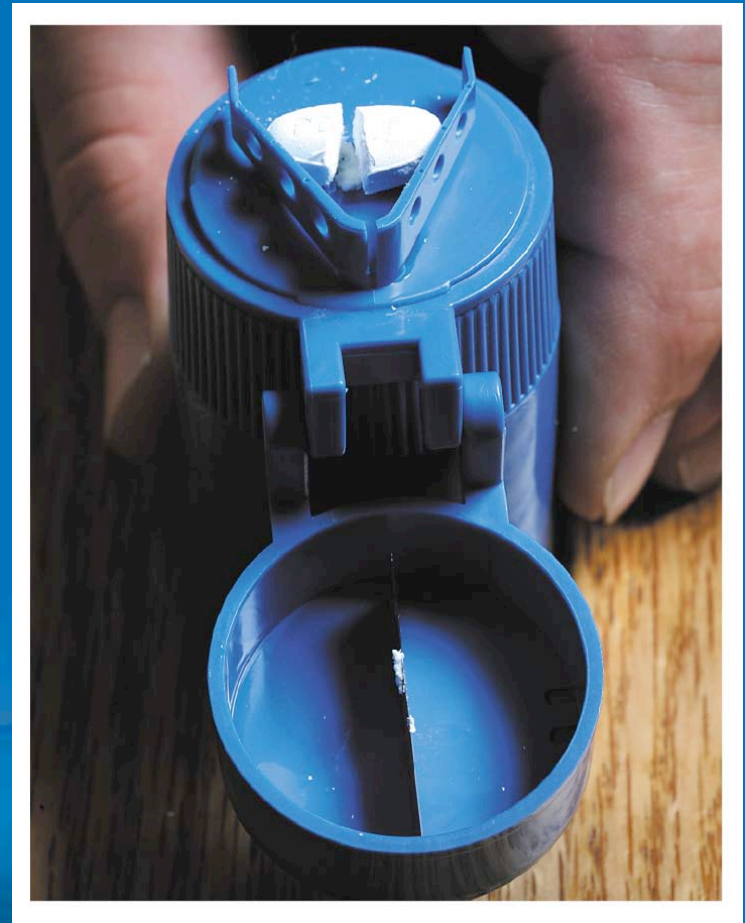


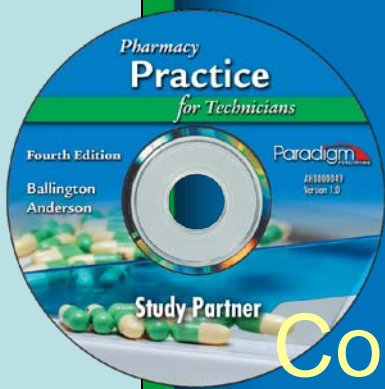


Terms to Remember

tablet splitter

a device used to manually split or score tablets





Controlled-Drug Prescriptions

Controlled drug, Schedule II–V

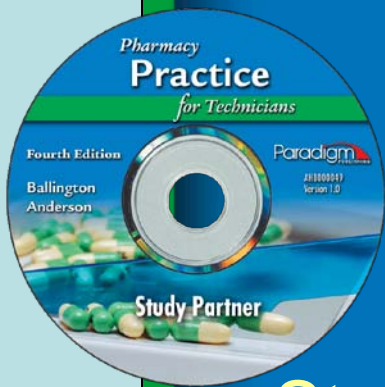
Potential for intentional or unintentional abuse

Requires special review

Is it authentic or is it a forgery?

Has it be altered?



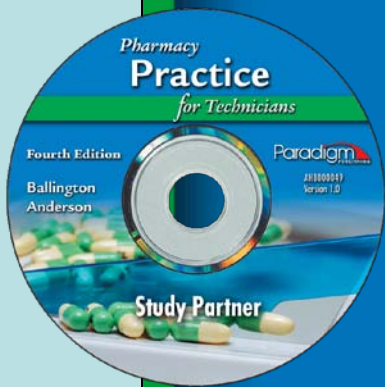


Controlled-Drug Prescriptions

State laws or regulations may control the **time period** for initially filling a Schedule II prescription.

A **new prescription** is required each time it is dispensed.

There may also be **limits on the quantity** of a controlled drug that may be dispensed.

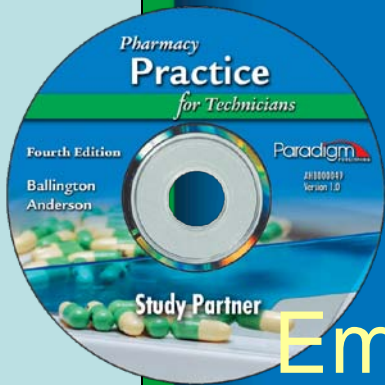


Controlled-Drug Prescriptions

Emergency dispensing of controlled substances

With a valid medical reason
In most states





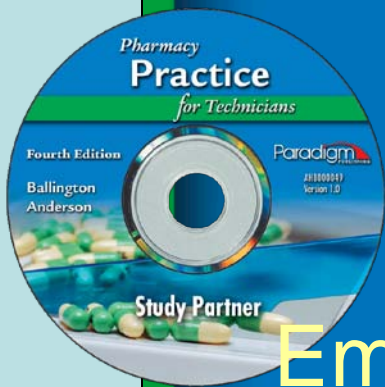
Controlled-Drug Prescriptions

Emergency dispensing of controlled substances

A controlled substance administration is to be **immediate** for proper treatment.

The pharmacist immediately **converts an oral order into writing.**

The pharmacist **documents** the need for the emergency dispensing of the Schedule II prescription.

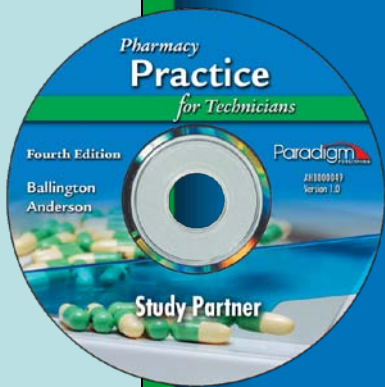


Controlled-Drug Prescriptions

Emergency dispensing of controlled substances

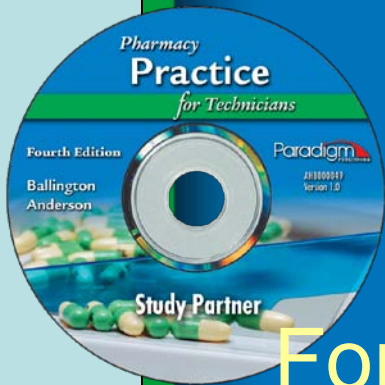
Good faith efforts are made by the pharmacy to verify **prescriber authenticity**.

Within 7 days (72 hours in some states), the **prescriber must deliver a written version** of the emergency oral order to the pharmacy, with “authorization for emergency dispensing” written on its face.



Controlled-Drug Prescriptions

The **legitimacy** of the prescription for all scheduled drugs, especially Schedule II drugs, must be carefully assessed by both the pharmacy technician and the pharmacist.

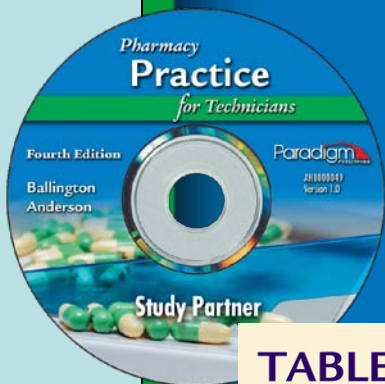


Controlled-Drug Prescriptions

Forgeries are often difficult to recognize.

Do not rush the review of the prescription because of a busy workload.

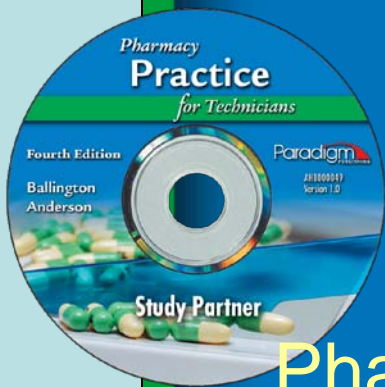
The pharmacist must resolve any discrepancies by talking directly to the prescribing physician.



Controlled-Drug Prescriptions

TABLE 6.7 Indicators of a Potentially Forged Prescription

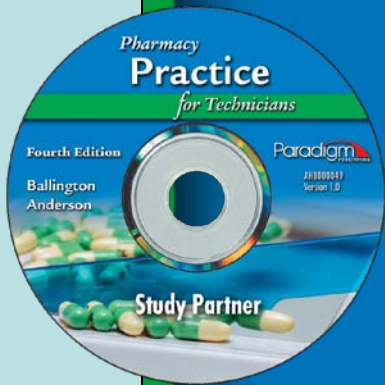
- The prescription is altered (for example, a change in quantity).
- There are misspellings on the prescription.
- A refill is indicated for a Schedule II drug.
- A prescription from the emergency department is written for more than a 7 day supply.
- A prescription is cut and pasted from a preprinted, signed prescription.
- A second or third prescription is added to a legal prescription written by a physician. More than one handwriting style is used.
- A patient presents a prescription containing several medications but only wants the pharmacy to fill the narcotic prescription.
- The prescription is signed with different handwriting or in different ink, or not signed by the physician.
- The DEA number is missing or is incorrect.
- The prescription is written by an out-of-state physician or a physician practicing in an area far from the pharmacy. This can be especially questionable if the prescription is received at night or on the weekend, when it will be difficult to confirm the prescription.
- Someone other than the patient drops off the prescription.



Controlled-Drug Prescriptions

Pharmacy technicians should also take care when a person other than the patient or a family member attempts to call in a refill or to pick up medication.

When in doubt, the pharmacy technician should **call the patient to verify the authenticity** of the prescription or the validity of the refill request.



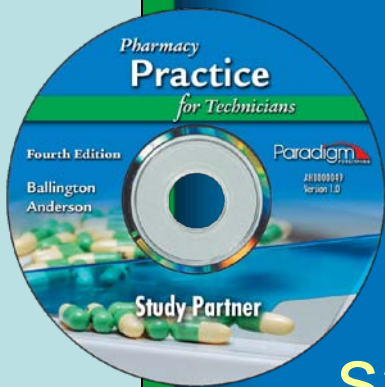
Terms to Remember

drug seeker

a patient/customer who tries to obtain more than the normally prescribed amount of a controlled substance medication

gets prescriptions from multiple physicians for controlled substances

may be constantly requesting “early refills”

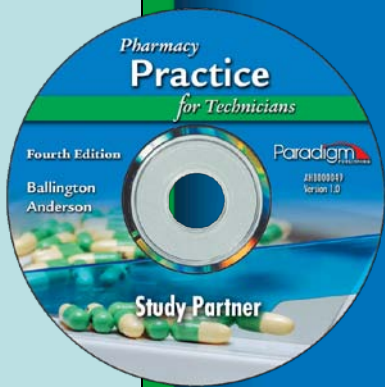


Terms to Remember

safety paper

a special tamper-proof paper required in many states for C-II prescriptions; used to minimize forgeries

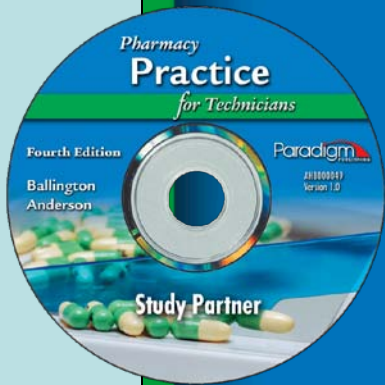




Controlled-Drug Prescriptions

Authentication of Controlled-Substance Prescriptions

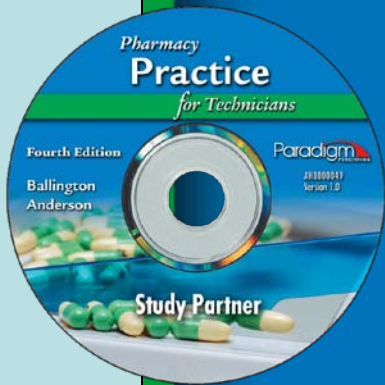
Because the role of the pharmacy profession is to safeguard public health, both the technician and the pharmacist have important roles in reviewing and monitoring all new and refill-controlled medications.



Controlled-Drug Prescriptions

The right to refuse a controlled-substance prescription

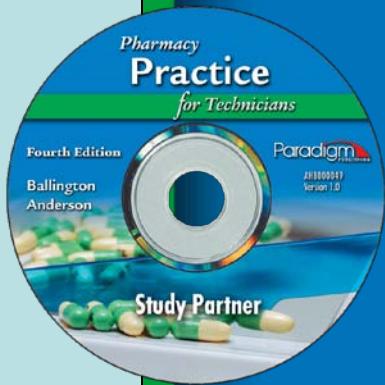
If a legitimate concern exists that a prescription was not written in good faith, then the pharmacist's duty is to determine the reason for issuing the prescription from the prescriber.



Controlled-Drug Prescriptions

Refilling controlled-substance prescriptions

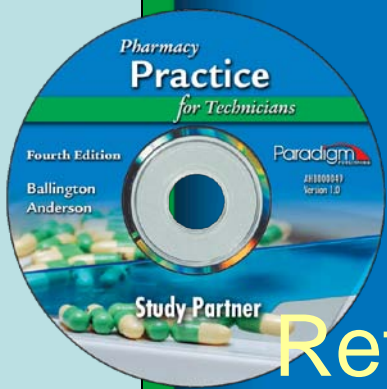
In some states, for certain Schedule II drugs (e.g., ADHD medications) a **prescriber** is permitted to write two additional future dated prescriptions, to be held until needed.



Controlled-Drug Prescriptions

Refilling controlled-substance prescriptions

A prescription for a Schedule III or IV drug may be refilled **up to five times** if allowed by the physician, but these refills must occur **within a 6 month period**, after which time a new prescription is required.

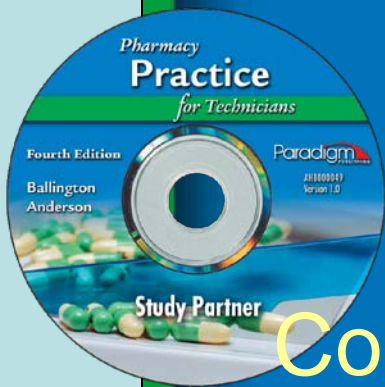


Controlled-Drug Prescriptions

Refilling controlled-substance prescriptions

Early refill requests by patients for Schedule III–IV drugs must be **carefully monitored** by the pharmacy technician.

If refills are indicated for a controlled drug, then prescriptions are **refilled no sooner than 1 or 2 days before** the customer's supply will run out.



Controlled-Drug Prescriptions

Controlled drug, Schedule II–V

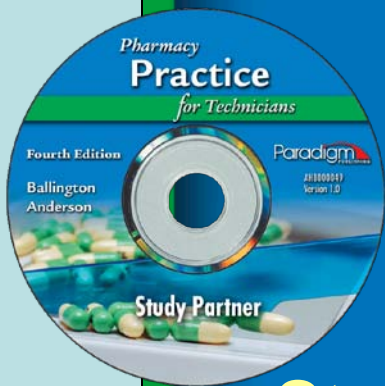
Potential for intentional or unintentional abuse

Requires special review

Is it authentic or is it a forgery?

Has it be altered?



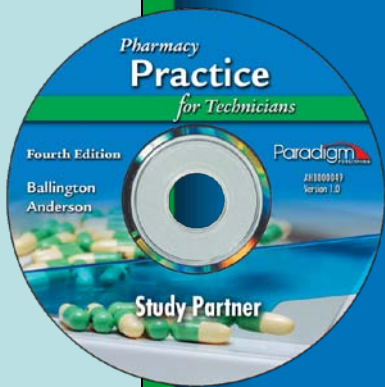


Controlled-Drug Prescriptions

State laws or regulations may control the **time period** for initially filling a Schedule II prescription.

A **new prescription** is required each time it is dispensed.

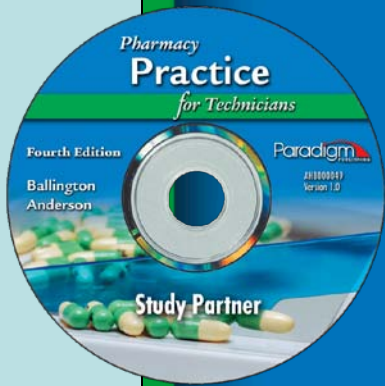
There may also be **limits on the quantity** of a controlled drug that may be dispensed.



Medication Selection and Preparation

Why must the technician become familiar with the precise location of drug inventory?

In order to efficiently and accurately select medications from the pharmacy stock to fill the prescriptions received



Medication Selection and Preparation

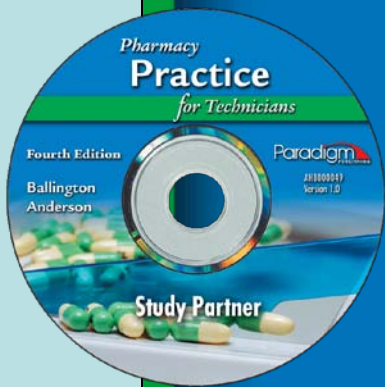
Schedule II drugs

Can be dispersed through stock

Can be stored in locked cabinet

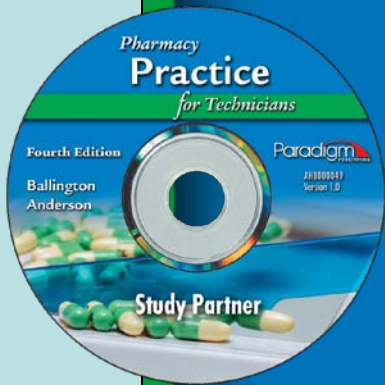
In most pharmacies, access limited to pharmacist





Medication Selection and Preparation

The expiration date should always be checked by the pharmacy technician before filling, especially on infrequently used medications.



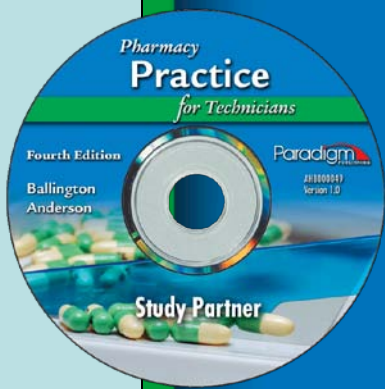
Medication Selection and Preparation

The pharmacy technician fills a medication order based on

A printed medication container label

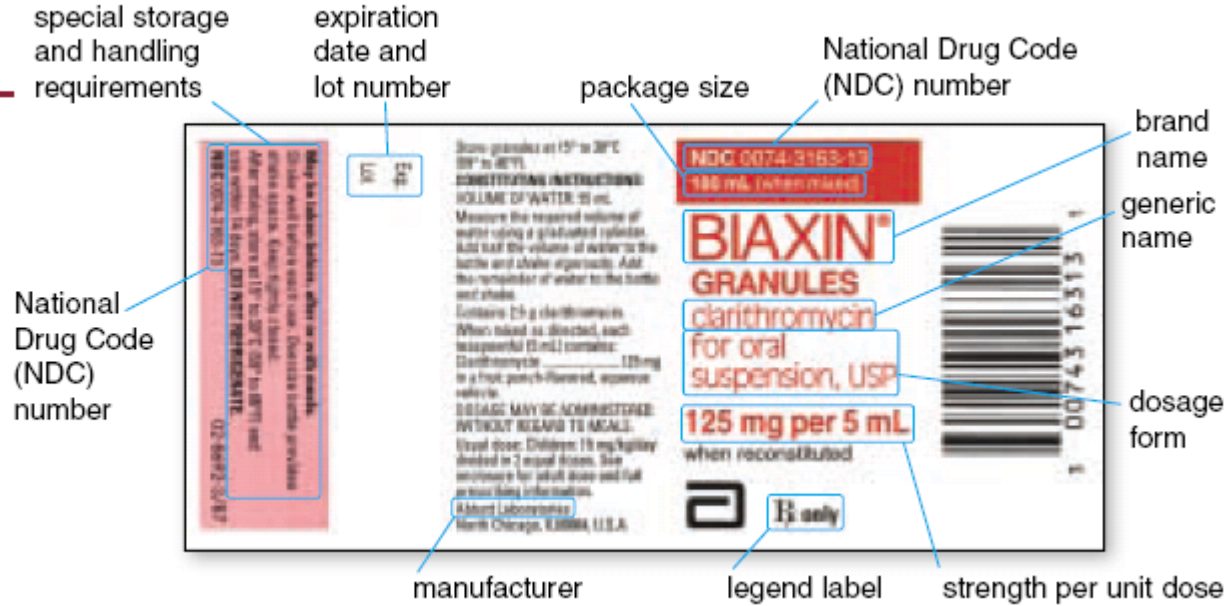
A patient-specific medication information sheet

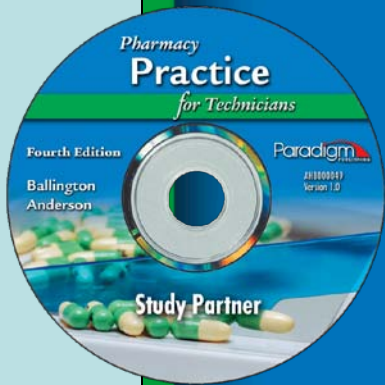
After computer entry from the original prescription has been reviewed and approved by the pharmacist



Medication Selection and Preparation

FIGURE 6.6
Parts of a Stock Drug Label



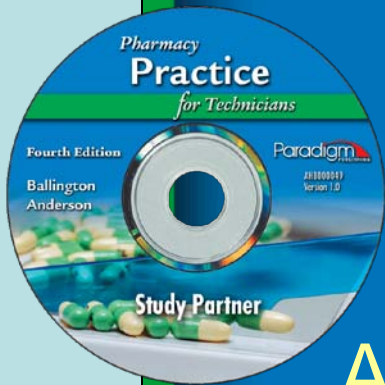


Medication Selection and Preparation

NDC number

Use this number to identify the exact drug, dose, and package size for the preparation of the prescription.

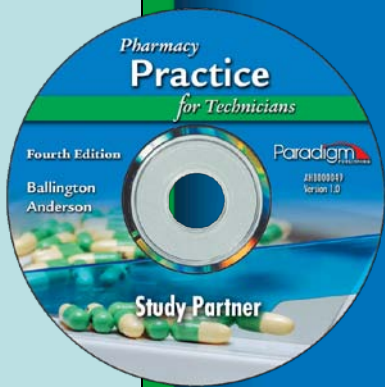
Compare the NDC number of the stock bottle with the printout.



Medication Selection and Preparation

Avoid basing product identification on size, color, package shape, or label design.





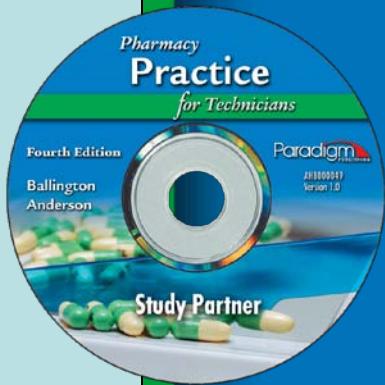
Medication Selection and Preparation

A common error is the selection of the

- Wrong drug stock bottle
- Dose
- Package size

Because two products

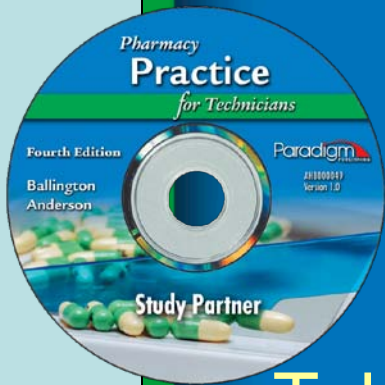
- Look alike (similar labeling)
- Have names that sound alike



Medication Selection and Preparation

Check each drug at least **three times** to confirm that the correct drug is dispensed:

1. When the product is initially being pulled from the inventory shelf
2. At the time of preparation
3. When the product is returned to the shelf



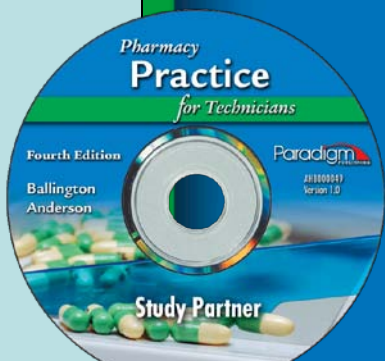
Medication Selection and Preparation

Tablets and capsules must be counted out and placed in the appropriately sized vial or medication container.

Some pharmacies may use barcode scanners and automated counting machines

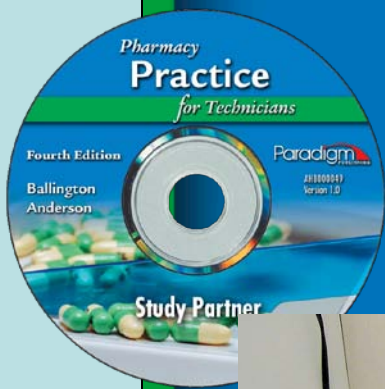
Minimize the chance of human error in drug selection

Facilitate the counting of tablets and capsules



Medication Selection and Preparation





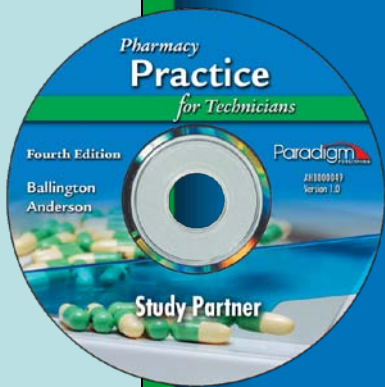
Medication Selection and Preparation



Top, from left: a label printer, an automatic counting machine, and a bar-code scanner

Bottom, at left: a counting tray and spatula





Medication Selection and Preparation

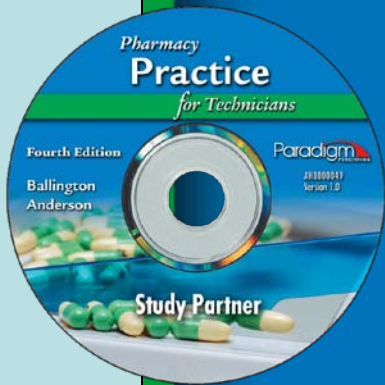
Equipment should be cleaned after counting

Sulfa

Penicillin

Aspirin products

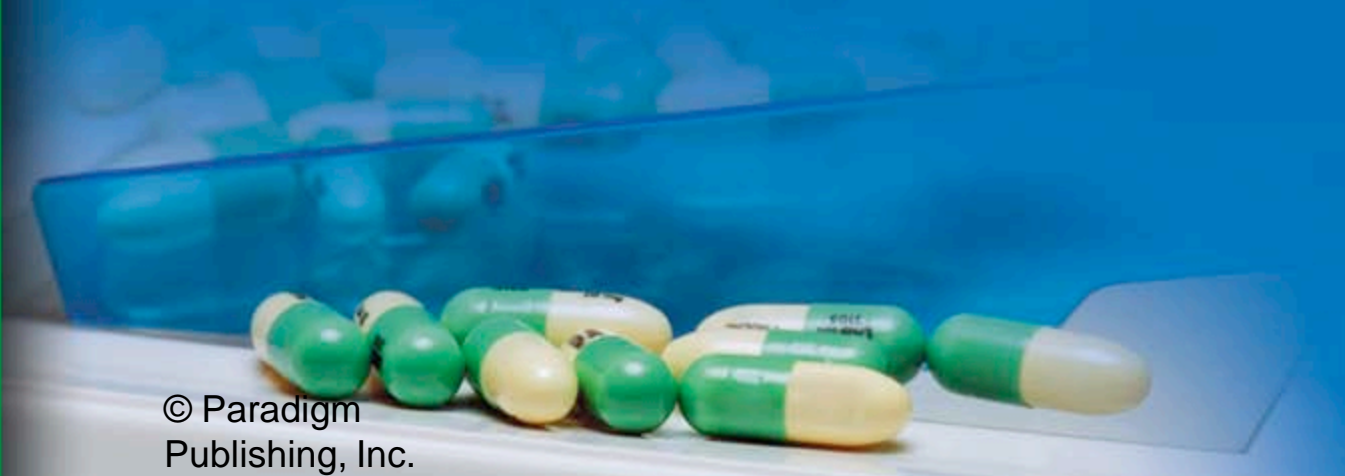


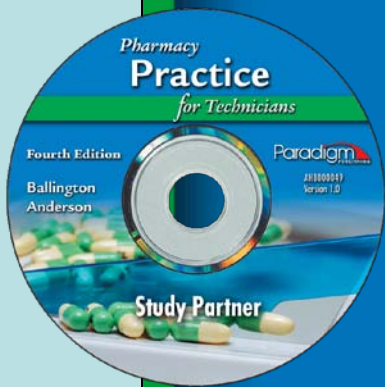


Medication Selection and Preparation

Liquid products are sometimes dispensed in their original packaging.

Pediatric cough and cold syrups
Suspensions



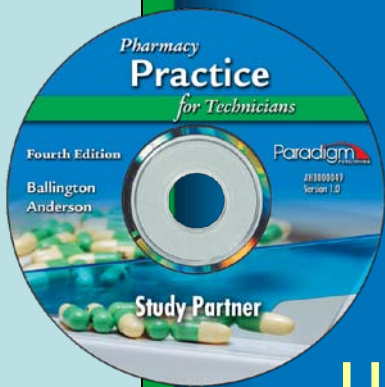


Medication Selection and Preparation

Counting out the medication may not be necessary.

A drug may be commercially available in a prepackaged, unit-of-use form.



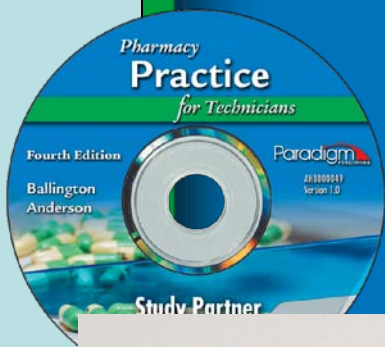


Terms to Remember

unit of use

a fixed number of dose units in a drug stock container, usually consisting of a month's supply or 30 tablets or capsules



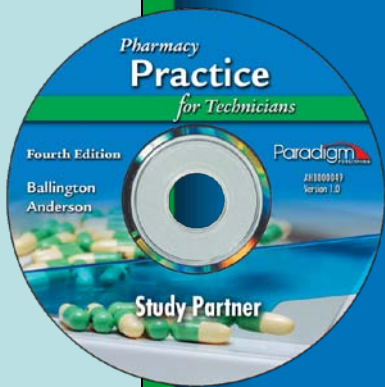


Medication Selection and Preparation



Unit-of-use packaging saves time and reduces medication preparation errors.





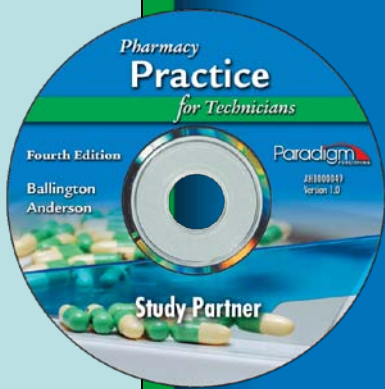
Medication Selection and Preparation

Many drugs are prescribed as one dose daily, and many insurance companies reimburse for only a 1 month supply of medication:

Birth control pills

Topical ointments or creams

Eye and ear drops

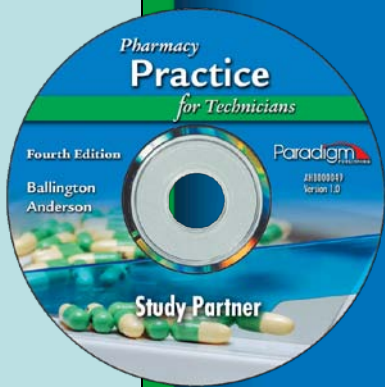


Medication Selection and Preparation



Birth control pills come prepackaged for dispensing.





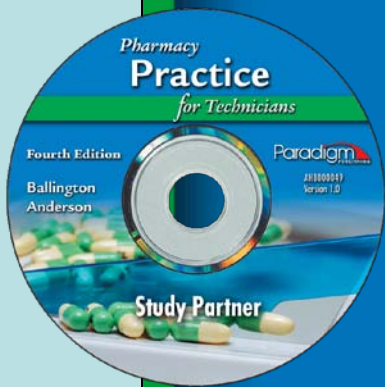
Medication Selection and Preparation

Sometimes filling a prescription involves

Retrieving a multiple-dose container of a premixed drug

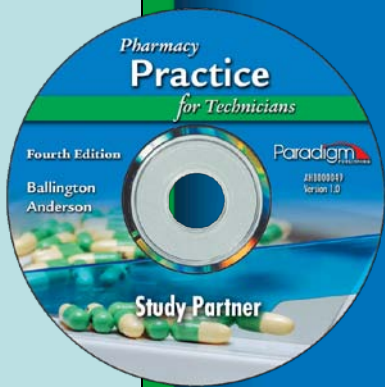
Measuring out the prescribed quantity

Placing the drug into a container with a label



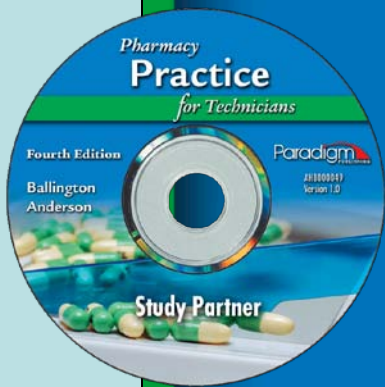
Medication Selection and Preparation

The pharmacist must check all drugs prepared by the pharmacy technician.



Medication Selection and Preparation

Most pharmacies maintain a limited drug inventory to remain profitable. It is not uncommon to be either out of a prescribed medication or unable to completely fill a prescription order.



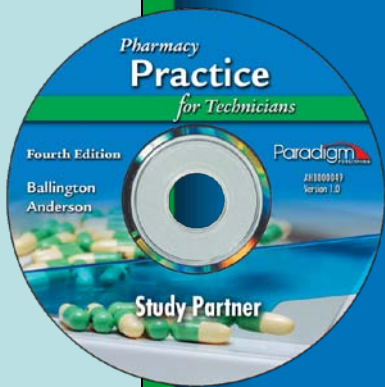
Terms to Remember

out of stock (OOS)

a medication not in stock in the pharmacy

a drug that must be specially ordered from a drug wholesaler





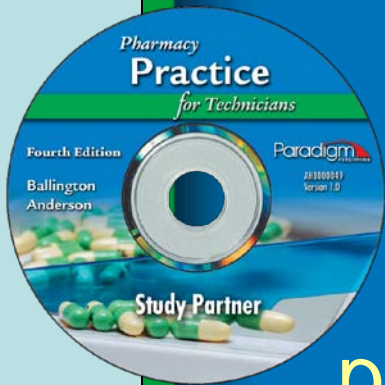
Medication Selection and Preparation

Options for OOS medications

Allowing the patient to take the prescription to another pharmacy

Borrowing the medication from another pharmacy

Ordering the medication from the wholesaler

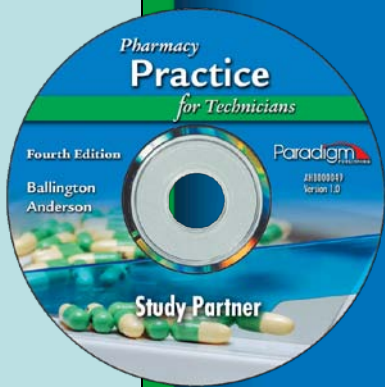


Terms to Remember

partial fill

a supply dispensed to hold the patient until a new supply is received from the wholesaler because insufficient inventory in the pharmacy prevents completely filling the prescription





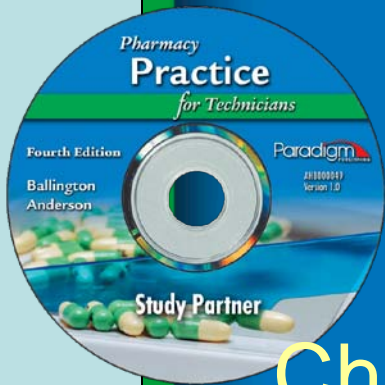
Medication Selection and Preparation

Inventory may be insufficient to completely fill the prescription

A partial fill may

Provide a 2 day to 5 day supply of medication

Should be sufficient until the new drug inventory is received



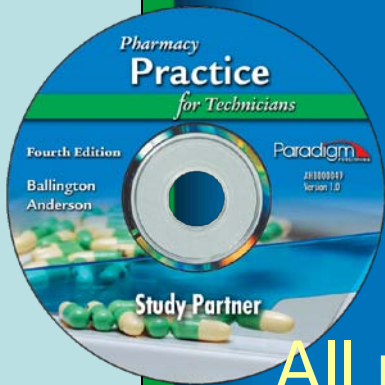
Medication Selection and Preparation

Choosing medication containers

A wide variety of plastic vial sizes are available for tablets and capsules in various dram sizes (from 10 to 60 drams).

Selecting the proper vial size is a skill that becomes easy with experience.





Medication Selection and Preparation

All medications should be dispensed in child-resistant containers that are designed to be difficult for children to open.

Poison Prevention Packaging Act of 1970

Most prescription drugs are to be packaged in child-resistant containers.

A non-child-resistant container may be used if the prescriber or the patient makes a request for such a container.