



OKLAHOMA STATE BOARD OF PHARMACY



INFORMATION FOR PHARMACISTS-IN-CHARGE

ATTENTION: PLEASE ALLOW A MINIMUM OF 15 WORKING DAYS FROM DATE OF RECEIPT FOR RENEWAL APPLICATIONS TO BE PROCESSED. PLEASE DO NOT CALL THE BOARD OFFICE BEFORE THE 15 DAY PERIOD IS COMPLETED.

Retail pharmacies [535:15-3-2(b)(1)], hospital pharmacies [535:15-5-5(a)] and hospital drug rooms [535:15-6-4(b)] are required by Oklahoma law to have a pharmacist licensed in Oklahoma named as pharmacist-in-charge. *[This does not apply to licensed non-resident pharmacies that are not located in Oklahoma.]*

Please be aware of these legal requirements and recommendations:

1. The Pharmacist-in-Charge (PIC) must be in the pharmacy enough to properly supervise the pharmacy operations and staff. [535:15-3-2(b)3]
2. The PIC is responsible for the safe operation of the pharmacy up to and including closing the store if conditions exist which may adversely impact patient safety.
3. Review activities completed in your absence, including prescription records and invoices. Look for diversion trends, fraudulent billing, technicians doing tasks not allowed by law, etc.
4. Violations of pharmacy law must be reported to the Board. Report terminations “with cause” of pharmacists, interns and technicians to the State Board of Pharmacy. This is not optional and is required under [535:15-3-2(c)3].
5. Report drug theft or loss to the Board of Pharmacy using DEA Form 106, available at www.pharmacy.gov under “*Related Links*”. A copy of the completed form should be sent to the Board of Pharmacy, DEA, and OBN. A police report should also be completed if appropriate.
6. A Scheduled Drug Inventory must be taken when there is a change in the PIC. A copy of the inventory and change of PIC information must be sent to the Board office within 10 days. Keep the original inventory for your records.
7. Assure that your pharmacy software is reporting to the Prescription Monitoring Program (PMP) and that OTC pseudoephedrine sales are reported.
8. Technicians must have their permit displayed (photocopy or printout of Board website information is not acceptable). A picture must be displayed with the permit. If the technician works at more than one site, they may request a duplicate permit by completing a Multiple Employment Report Form available on the Board website under “*Download Forms*” then “*Technicians*”.
9. Assure you have records of technician training and keep documentation of training at each site the technician may be working.
10. Technician work schedules must be posted.
11. Recommendation: Have a “**Can Not Do**” list in your pharmacy that technicians understand.
12. Recommendation: Complete a pre-employment drug screen on all employees that includes synthetic opioids (hydrocodone) and prescription drugs of abuse, not just street drugs.
13. Complete a pre-employment background check. A background check may be obtained at: www.ok.gov/obndd (\$15). A supplement may be obtained at: www.oscn.net (no cost to access). The use of both is encouraged. A useful resource regarding the

performance of background checks can be found at <http://www.uspharmacist.com/content/t/miscellaneous/c/10388/>.

14. Track technician permit expiration dates. Rely on the actual permit from the Board for your records, NOT the OSBP website. If there is a State Tax Commission hold on a pharmacist license or technician permit, the hold must be released by the State Tax Commission before the Board is able to process a renewal. This is a state law.
15. All convictions and charges must be listed on all applications and renewal applications, including those that are “pending.” Failure to do so may result in charges of submitting a false application.
16. A DPh must initial the technician application in section D (charges and convictions) IF the technician checks YES to any of the 3 questions regarding charges and convictions. Do NOT sign the technician application or renewal until the convictions/charges information is completed in full by the technician.
17. Address changes must be reported to the board within 10 days for pharmacists, interns and technicians.
18. Intern supervision must be “immediate visual” by state regulation. The only exception to “immediate visual” supervision is in “non-dispensing pro-practice rotations.” [535:10-5-4-(a)3] An intern may NOT work as a technician. Interns must work with a preceptor. Ensure that your relief DPh is a preceptor if you have interns or do not schedule interns to work with relief pharmacists. Interns may NOT supervise technicians. Do not put the intern in a difficult position by leaving them unsupervised.
19. All new pharmacist, intern, and technician applications must include a completed “AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES” form which has been signed and notarized. (56 O.S. Supp. 2007 § 71). Applications without the affidavit or an incomplete affidavit will be returned.
20. Technician permits renew in the month of birth. For example: If a new permit application is submitted in March and approved, and the technician’s birthday is in April, the technician will be required to submit a renewal application and renewal fee in April.
21. Diversion control is a responsibility of the PIC. Recommendations:
 - a. Share CDS responsibilities.
 - b. Inventory outdated CDS.
 - c. Review invoices AND wholesaler purchasing print outs.
 - d. Note trash and sharps disposal policies.
 - e. Monitor your drive-thru window. Losses have occurred when employees sold packages containing extra bottles of CDS to people working with them through an unmonitored drive-thru window.
 - f. Most pharmacists and facilities report that the loss involved a person they would never have suspected. Take note of employees bringing back packs or large purses into the prescription drug areas. Monitor those employees who “return to get something” or offer to come in on days off to finish a job.
23. Remember that a valid physician-patient relationship must exist before a pharmacist may fill any prescription. Beginning April 13, 2009 the federal Ryan Haight Act goes it effect which defines the requirements and states that at least one face-to-face physician-patient interaction must be completed before any Schedule II-V medication may be prescribed. An on-line consultation or medical history report will not satisfy the legal requirements. Assure that your staff understands these legal issues.