PHARMACY TECH PTCE



(So) Enoughing you would be know about passing the 1710.

CERTIFICATION



The PICS

The PTCE is computer based and lasts two hours. It has 90: multiple-choice questions that must be answered in the first bour and felly manutes. The PTCB offers a "blueprint," with an approximate percentage of questions related to specific content areas. However, there are several versions of the

PTCE exam, and students taking the same test in the same location will receive different versions of the exam. Some may contain more or less of a porticular content area than another. Once you have passed the PTCE, you are entitled to use the CPhT designation. You must recertify with the PTCB every two years and complete 20 hours of continuing education (CE) per two-year recentification cycle.

Licensure/Registration by State

In addition to the national certification, you may be required to become certified or registered with your state pharmacy. board. Each state has different requirements for pharmacy. technicisms, and some do not require either national certifigurion or state registration.



EX: Some medications are considered a controlled substance under state laws, but mot fiederick.

Federal Food, Drug & Cosmetic Act of 1938 (FDCA)

- Effectively created the Food and Drug. Administration (FDA), giving them the responsibility to approve all new drugs and ensure purity standards by enforcing the rules against adulteration and misbranding. Adulteration includes contermination or failure to most purity and quadity standards. Misbranding includes false; insecurate, improper, or confusing labeling or if the product is harmful when used according to the label dispetions.
- The FDCA gives the FDA the power to enforce recalls if any product is in violation of these rules. These recalls may occur at the wholesales, retail, or consumer level. There are three levels of FIDA, regulified
 - Class It For risk of "serious adverse health consequences or death."
 - Class III: For risk of "temporarily or medically reversible adverse health consequences" or low-probability of serious adverse health consequences.
 - Class III: For products unlikely to have adverse health consequences.

Health Insurance Pertability & Accountability Act of 1996 (HIPAA)

HIRPA.A is for reaching and regulates the way bealth care personnel handle Protected Health Information (PHD), HIPSAA defines PHI as any individually identifiable health information. Under HIPAA, phormacies must;

- · Ensure the confidentiality of PHIL This includes all manner of transmission, whether written, electronic, or oral (pationt counseling, phone calls with providers, etc.). Under HIPAA, phormocy staff may not disclose any PHI to anyone other than the patient, including spousex and relatives unless the potiont has given express consocial.
 - · Train pharmacy staff on HIPAA regulations and periodically retrain or opdate testaling.
- Protect against possible breaches with reported to measurement.
- Dispose of PHII in accordance with HIPAA (through measures such as incincreation or shroddings.

- Appoint a designated privacy officer.
- Inform patients of their privacy rights and how the pharmacy handles their in-Communities.
- Provide patients with their PHII records. if requested.

Most importantly, any breach must be reported in a timely manner to the Department. of Health and Human Services Office for Civil Rights. If the breach affects fewer than 500 individuals, it must be reported within 60 days of the end of the calendar year. If it afflects more than 500 individuals, it must be reported within 60 days of the

Occupational Safety & Health Act of 1970

The Occupational Safety and Health Act of 1970 created the Occupational Safety and Health Administration (OSHA) to ensure the safety of workers nationwide. As it relates to pharmacy, OSELA requires workers to be trained in safety measures, safety sheets to be available for all hazardous. substances, and personal protective equipment (PPE) to be worn/utilized when expromute to hazardous substances is possible.

Controlled Substance Act of 1970

This act created formal scheduling of drugs with the potential for abuse and dependency as controlled substances. It led to the creation of the Drug Enforcement Administration (DEA) in 1973 to help with regulatory authorosment.

DEA Number Calculations

A DEA number is required to prescribe controlled substances except for by military practitioners and employees in public-health services, prisons, and certain long-term core facilities. Each DEA number has its own validation within its digits. Each DEA mansber consists of two letters and seven digits. enabling you to manually validate a DEA. number. Here's how:

- . The first letter corresponds to the prescriber's registration type.
- The second letter is the first letter of the proposition's last name.
- The 1st, 3rd, and 5th numbers are added. topother, and the 2nd, 4th, and 6th letters are added together and multiplied by 2. Add the two resulting figures together. and the final digit should match the 7th digit, also known as the elseck digit.

EX: Dr. Jumes Bryant sends in a prescription with a DEA number of

A BUSINESS.

6-9-4-19

医中枢中枢一型 化工一工程

120 - 130 - 37

Since the H in the DEA number matches. the "IS" in Beyont, and the 7 in 37 matches the check digit, this is a potentially valid DEA number.

Schedules (I-V)

Controlled substances are categorized into five different schodules, according to their potential for abuse and dependency:

Schedule It No accepted medical use high always potential.

EX: Illeral drups such as LSD and beroin

Note: Cocaine is not schedule L but schedule II, although it is rarely used medically.

Schedule III: High abuse potential. According to the DEA, use of schedule III draws potentially leads to "severe psychologicall or physical dependence.

EX: ADHD drugs such as Ritalia, Concerts, and Adderall; opioid analoguics such as morphing and envisedone; and synthetic opioids such as fentanyl.

Schodule III: Moderate above and dependency potential.

EX: Codeine-containing products (less. than 90 mg) and textosterone

Schedule IV: Low abuse and dependency pertential.

EX: Bennodissepines and sleep aids such as Ambien.

Schedule V: Lowest abuse and dependency potential.

EX: Codeine-containing cough syrups, Larrison, Winneson

Poison Prevention Packaging Act of 1970

This act requires child safety caps on all dispensed prescriptions. Easy open caps may be used if requested, and a record must be kept of the request.

Drug Listing Act of 1972

This act established rules for all drug mansefacturers to supply a current drug list to the FDA. Each drug is assigned its own NDC (national drug code). The NDC is

unique to the manufacturer and pockage size: thus, the same medication from diffenent manufacturers (e.g., penerics) will each have their over NDC. An NDC is usually broken down into three sections.

- The first section refers to the manufactuner or reputchment.
- The second section refers to the specific drug itself (including strength and form).
- The third section refers to the packaging.

Prescription Drug Marketing Act of 1987

- · Requires wholesale distributors to be licensed.
- Samples of prescription medication may only be given to licensed prescribers.
- · Exported prescription drugs may not be retimported.

Omnibus Budget Reconciliation Act of 1990 (OBRA-90)

OBRA was a widesproad federal deficit reduction budget bill, the pharmacy implications of which initially only pertained to Modicaid recipionts. However, as it was upto individual states to determine how to enforce OBSCA, most expanded the act to inchode all putiouts. Under OHRA, three major requirements are pertinent for pharmacy;

- · Pharmacists must offer connecting to all potients, documenting patient refusals for counsel. (Under no circumstances should a technician counsel patients.)
- Phaemacists must perform a "prospective" drug utilization review" (DUR) prior to filling each prescription, which evaluates therapy for potential problems to g., interactions, allergies, therapeutic duplication, and other adverse effects).
- · Record-keeping mandates: Pharmacies must keep patient profiles of medications dispensed for two years on-site.

Combat Methamphetamine Epidemic Act of 2005

- Requires pharmacies to limit sales of over-the-counter medications containing pseudoephedrine or ephedrine to 3.6 grams per purchaser per day and no more than 7.5 grams within a 30-day period. Products containing these ingredients must be kept behind the pharmacy counter or in a locked cobinet and can only he purchased by customers over the age of 18 with a valid photo ID.
- Pharmacies must maintain a logbook of each regulated purchase, including the customer's signature, address, product purchased, quantity purchased, and date and time of the sale. This logbook may be physical or electronic and must be maintained for a period of two years.

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