



NEW LOOK!

The Board of Pharmacy's newsletter has a new design. While we may look different, this publication is still the official newsletter of the Board.

Board of Pharmacy decreases renewal fees for 2014-2015

After analyzing the FY 2013 fund balance and five-year financial projections, the Board of Pharmacy is pleased to announce that three fees have been significantly lowered for the 2014-2015 renewal period:

- Pharmacist renewal fee from \$225 to **\$50**.
- Intern pharmacist renewal fee from \$80 to **\$20**.
- The board has also filed a proposed rule to lower 2015 pharmacy technician renewal fees from \$35 to **\$20**. It is not yet final.

The lower renewal fees will be effective for the 2014/2015 regular renewal period only. The board will continue to review its fund balance and adjust fees in the future as needed.

STATUTORY FEE REQUIREMENT

Under Section 338.070.1, RSMo, the Board of Pharmacy sets fees at a "level to produce revenue which shall not substantially exceed the cost and expense of administering" Chapter 338.



Past President Pamela Marshall, left, congratulates the new Board president, Janine M. Burkett.

Board elects new president

Board of Pharmacy member **Janine M. Burkett** was elected president of the Board during the July Board meeting. She has been a member of the Board since her appointment in April 2010.

Ms. Burkett is a 1991 graduate of the St. Louis College of Pharmacy with a Bachelor of Science degree in pharmacy and is employed with Express Scripts Inc. as Vice President and Chief Drug Sourcing Officer.

In addition to her work in pharmacy benefit management, Ms. Burkett has worked for the Veteran's Administration and St. Louis Children's Hospital. She is a member of the Academy of Managed Care Pharmacy and the Missouri Pharmacy Association.

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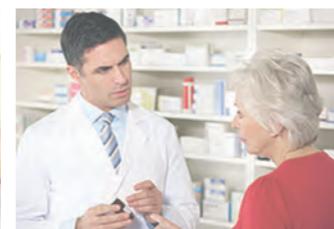
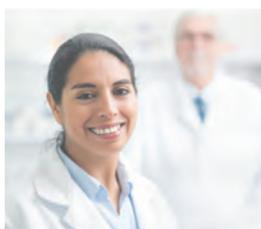
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Pharmacist renewals: Don't delay, renew early

CE RENEWAL PERIOD IS SEPT. 1, 2012, THROUGH OCT. 31, 2014

Pharmacist renewals were mailed at the beginning of August. By law, all pharmacist licenses must be renewed by Oct. 31. Renewals submitted close to the deadline may take three to five days to be processed, which could prevent pharmacists from working until the process is complete. Don't delay, renew early.

- Thirty (30) hours of continuing education are required to renew. The Board changed the CE completion dates to coincide with the license expiration date. For the 2014 renewal period, CE hours must have been earned from Sept. 1, 2012, through Oct. 31, 2014.
- Although pharmacists have until Oct. 31 to complete CE, the required CE must be complete **when you renew**. A renewal cannot be submitted until all CE is finished. Due to processing times, pharmacists who submit their renewal close to Oct. 31 **will not** be processed by the Board office before the Oct. 31 deadline and will not be eligible to work on Nov. 1. This includes renewals submitted online, which generally

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Renewals due

Renewals submitted close to Oct. 31 will not be processed before the Oct. 31 deadline and you will not be eligible to work on Nov. 1. This includes renewals submitted online, which generally require three to five days for credit card processing.

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- The 30-hour CE requirement does not apply to pharmacists licensed **for the first time** between Nov. 1, 2013, and Oct. 31, 2014. (See right if you hold an MTS certificate.)
- CE must be ACPE- or Board-approved in advance, including any continuing medical education.
- CE hours can be granted for college credits earned at an accredited pharmacy, medical or dental educational institution of higher learning (**20 CSR 2220-7.080(6)**). College credits must be related to the practice of pharmacy and must have been earned during the CE renewal period. (See the regulation for specific details.)

Intern renewals will be mailed in October

Avoid renewal delays.
Report address changes online before Sept. 1.

RENEWING YOUR MTS CERTIFICATE

MTS certificates can be renewed at the same time as your pharmacist license. No additional fee is required.

- Pharmacists who **do not** want to renew their MTS certificate must either submit a paper renewal **or email the Board office** of their intention not to renew prior to submitting an online renewal. Include "DO NOT RENEW MTS" in the email's subject line and include the pharmacist's license number or date of birth in the message.
Pharmacists opting not to renew their MTS certificate cannot renew online unless prior notification is emailed to the board.
- MTS certificate holders must complete six CE hours related to medication therapy management to renew their certificate (**20 CSR 2220-6.070**). The six hours can be used as part of the required 30 CE pharmacist renewal hours. The CE exemption for persons licensed for the first time on or after Nov. 1, 2013, does **not** apply to MTS CE.
- The board will accept ACPE- or Board-approved CE related to any drug therapy or disease state management. The ACPE Universal Activity Number would identify these as topic code "01" drug therapy related (ACPE Universal Activity Number: xxxx-xxxx-xx-xxx-x01-x).
- CE will be accepted for MTS training certificate programs if completed during the CE renewal period.
- For new pharmacy graduates, CE obtained from college credit can be used to meet the MTS renewal requirement. See college credit section to left.

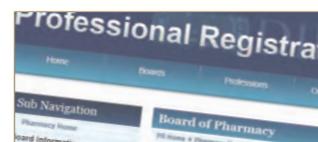
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Pharmacist immunization authority expanded

Five new vaccines can now be given by protocol starting Aug. 28

Gov. Jay Nixon recently signed SB 808 into law, which expands pharmacist immunization authority. Effective Aug. 28, pharmacists can administer hepatitis A, hepatitis B, tetanus, diphtheria and pertussis vaccines (in addition to the already approved influenza, pneumonia, shingles and meningitis vaccines) by protocol ([§ 338.010.1](#)). These vaccines were previously authorized by prescription only.

- For pharmacists immunizing by protocol, the new vaccines can only be provided if authorized in the governing protocol. In other words, current protocols must be amended to specifically add hepatitis A, hepatitis B, tetanus, diphtheria and/or pertussis.
- Pharmacists may either sign a completely new protocol or execute a separate protocol amendment. The new protocol or amendment must be signed and dated by both the pharmacist and authorizing physician.
- Pharmacists with a current Notification of Intent (NOI) are allowed to administer any vaccine authorized by § 338.010, RSMo. This would include the five new vaccines. **A new NOI is not required if a current NOI is already on file with the Board.** However, the vaccines must be specifically included in the pharmacist's protocol and authorized by the physician before being administered.
- Pharmacists can begin administering hepatitis A, hepatitis B, tetanus, diphtheria and pertussis vaccines on Aug. 28 – the effective date of the new law.



The protocol

The new vaccines – hepatitis A, hepatitis B, tetanus, diphtheria and pertussis – must be included in pharmacists' protocol before they can give the immunizations.

Start date

Pharmacists can start giving the immunizations on **Aug. 28** when the law takes effect.

Immunization clarification

Effective Aug. 28, pharmacists will no longer be able to administer vaccines outside of the Center for Disease Control and Prevention guidelines. After further legal review, the Board has determined this provision applies to vaccines administered by protocol and vaccines administered by medical prescription order.

A specific example would be the herpes zoster vaccine, which the manufacturer recommends for people outside of the CDC guidelines. This is a revision of what was presented on the [July 17 webinar](#): 2014 Legislative Rule Update and Review of Employment Listings/Waiver Requirements.

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2014 Legislative Updates

Besides expanding immunization authority, several legislative changes take effect on Aug. 28

This summary is provided for informational purposes and does not constitute a comprehensive review of all legislative changes. Licensees should review legislative changes to ensure compliance.

[View all legislation enacted this year.](#)

Drug overdose treatment

- **HB 2040** enacted § 190.255 authorizing any licensed drug distributor or pharmacy to sell naloxone to a “qualified first responder agency.”
- A qualified first responder agency is defined as “any state or local law enforcement agency, fire department or ambulance service that provides documented training to its staff related to the administration of naloxone in an apparent narcotic or opiate overdose situation.”
- Naloxone sales to a qualified first responder agency should be documented by invoice. Prescriptions cannot be used to document the sale. Invoices should include:
 - Date of sale.
 - Product name.
 - Quantity sold.
 - Identity of qualified first responder agency.
 - Transferring pharmacy’s full address.
- Invoices must be maintained in the pharmacy’s/distributor’s records and filed separately from prescription records.
- Pharmacies may sell naloxone without a drug distributor license, provided the total amount of **all** medication sold by the pharmacy without a prescription does not exceed 5 percent of the pharmacy’s total annual prescription drug sales (§ 338.315.2, § 338.330(2)). The 5 percent limit is calculated based on all drugs sold by the pharmacy and not just naloxone sales.

Vaccine notifications

- Pharmacists are now statutorily required to notify a patient’s primary care provider after administering a vaccine (**§ 338.010.13**). PCP notification is required for vaccines administered by protocol or by prescription. Previously, the notification requirement was included in the Board’s rules and only applied to immunizations by protocol.
- Notification must be made 14 days after the vaccine is administered and must include:
 - Identity of patient.
 - Identity of vaccine or vaccines administered.
 - Route of administration.
 - Anatomic site of administration.
 - Dose administered.
 - Date of administration.
- Notification is only required if the PCP’s information is known. Pharmacists should make a good faith attempt to collect PCP information from the patient, such as asking verbally or obtaining it on the immunization authorization form. The Board recommends documenting the patient’s record when the patient refuses or is unable to provide PCP information.
- Pharmacists should record the date PCP notification was provided in the administration record.

Mandatory CDC guidelines

- Section 338.010.12(1), RSMo, provides pharmacists must administer vaccines in accordance with Centers for Disease Control and Prevention guidelines. The Board’s rules previously allowed compliance with CDC or manufacturer guidelines. Effective Aug. 28, CDC compliance is mandatory.
- [Find CDC guidelines.](#)

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Observation after immunization

- Pharmacists must request that a patient remain in the pharmacy for a “safe amount of time” after administering a vaccine to observe any adverse reactions ([§ 338.010.12\(2\).](#))
- The term “safe amount of time” is not defined. Pending further rulemaking, pharmacists should use their professional discretion when determining the time needed to adequately assess adverse reactions.
- The Board recommends documenting a patient’s refusal to stay for observation in the pharmacy’s records.

Emergency immunization protocols

- All immunizing pharmacists must adopt “emergency treatment protocols” ([§ 338.010.12\(2\).](#))
- For pharmacists immunizing by **prescription**, rule [20 CSR 2220-6.040\(4\)](#) requires written policies and procedures covering all aspects of drug administration, including “the appropriate handling of acute adverse events.”
- For pharmacists immunizing by **protocol**, rule [20 CSR 2220-6.050\(5\)\(A\)](#) requires that protocols include “a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks.”
- Pending formal rulemaking, the Board will deem pharmacists compliant with the new requirements if the pharmacist’s protocol or governing policies and procedures comply with [20 CSR 2220-6.040\(4\)](#) or [20 CSR 2220-6.050\(5\)\(A\)](#).

Immunization training/certificates

- Section 338.010, RSMo, was revised to provide pharmacists administering vaccines by prescription or protocol must receive “additional training as required by the board” [[§ 338.010.12\(3\)](#)]. Absent additional rulemaking, pharmacists should comply with the training requirements in [20 CSR 2220-6.040](#) and [20 CSR 2220-6.050](#). No additional training is required at this time.
- The revised statutory language requires that pharmacists display a Board-issued “certificate” documenting their immunization training/authorization. The Board does not issue a separate certificate or license for immunizers. To comply with the new requirements, pharmacists should post their online license verification from the Board’s website which will indicate if a Notification of Intent (NOI) to immunize has been filed with the Board.
- To print an online license verification, [click on “Licensee Search”](#) on the Board’s website. Search for the pharmacist by name. An online license verification screen will be displayed showing the date the NOI was filed. Print the online verification page as proof of the required training.
- The printed online verification page can be maintained electronically or posted/displayed “in the pharmacy where vaccines are delivered.” The amended statute does not address vaccines administered outside of a pharmacy.
- Posting of the pharmacist’s immunization training certificate does not meet the new statutory requirements. Instead, the online license verification must be displayed or maintained electronically.

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Prescription numbering

- Prescriptions may now be labeled with a sequential number or other “unique identifier.” The Board will later promulgate additional guidelines by rule. In the interim, prescriptions should be uniquely labeled in a manner that allows individual retrieval.

Medication therapy services

- Newly added [§ 338.165.4](#) clarifies that all pharmacists providing medication therapy (MT) services are required to obtain a certificate of medication therapeutic plan authority from the Board. Certificate requirements and application procedures can be found in [Chapter 20 CSR 2220-6](#).
- Under the new provision, MT services may now be provided for hospital patients pursuant to a physician protocol as required by § 338.010 or pursuant to a protocol approved by the “medical staff committee.” Medical staff committee is defined as the “committee or other body of a hospital or hospital system responsible for formulating policies regarding pharmacy services and medication management.”
- Protocols approved by a medical staff committee can only be used to provide MT services to “individuals receiving medical diagnosis, treatment, or care at a hospital or a hospital clinic or facility.” A physician protocol is required for all other services.

Assistant physicians

- SBs 716 and 754 created a licensure class for assistant physicians. By statute, assistant physicians would be authorized to prescribe both controlled and non-controlled substances.
- The Missouri Board of Registration for the Healing Arts has issued this statement:

““ These bills will become law effective August 28, 2014. However, before the Board [of Healing Arts] can accept applications, the Board will need to establish rules related to licensure, including submission of applications, renewal, supervision, and other matters necessary to protect the public. The rule promulgation process is lengthy; therefore, we do not anticipate the licensure of Assistant Physicians to begin until at least the summer or fall of 2015. ””
- Until licensing rules are promulgated by the Board of Healing Arts, assistant physicians are not authorized to prescribe in Missouri.
- Note: Assistant physicians are different from physician assistants. Physician assistants are now licensed in Missouri and are authorized to prescribe with restrictions. The new law **does not** affect physician assistant prescriptive authority.

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2014 Legislative Updates: Hospital Pharmacy

SB 808 contains multiple provisions governing hospital pharmacy. Significantly, § 338.220 has been amended to change the current Class B Hospital Outpatient Pharmacy permit classification to only a Class B Hospital Pharmacy. SB 808 grants two new allowances to Class B Hospital pharmacies. They may:

1. Dispense medication by prescription or by medication order.
2. Distribute medication to other hospital clinics or facilities without a Missouri drug distributor license.

What is a Class B Hospital Pharmacy?

It is “a pharmacy owned, managed, or operated by a hospital as defined by section 197.020 **or** a hospital clinic or facility.” [§ 338.220.6]. A “hospital clinic or facility” is defined as a clinic or facility “under common control, management or ownership of the same hospital or hospital system.” [§ 338.165.1(3)]. Previously, these clinics and facilities were not eligible for a Class B pharmacy permit because they were not licensed hospitals.

Are all hospitals required to get a Class B pharmacy permit?

No. A Class B Hospital Pharmacy permit is not required for hospitals “solely providing services within the practice of pharmacy under the jurisdiction of, and the licensure granted by the [Missouri] department of health and senior services.” [§ 338.220.6]. This permit is **optional** for hospitals meeting this definition. Hospitals

should contact the Department of Health and Senior Services for guidance on pharmacy activities under the department’s jurisdiction. Pharmacy services outside of the department’s jurisdiction generally require a board permit.

Do Class B pharmacies have to change their current permits?

No. Current Class B pharmacies can maintain their current permit and don’t need to do anything further. Hospitals that have another Missouri pharmacy permit, such as a Class A Community/ Ambulatory permit, may request to be converted to the new Class B permit by filing a **Class B Pharmacy Change of Classification Application** with the Board. No fees will be assessed for hospitals changing a current permit to a Class B, **if the application is submitted before Jan. 1, 2015**. After that, the regular application \$50 fee will apply.

How do I apply for a Class B pharmacy permit for a hospital clinic or facility?

Entities that meet the definition of a hospital clinic or facility and currently **have a pharmacy permit** may submit a regular **Pharmacy Classification Change Application**. The \$50 application fee will apply. Entities that **do not have a pharmacy permit** should file a new pharmacy permit application.

A hospital clinic or facility applying for a new or amended Class B permit must submit proof it is “under common control, management or ownership of the same hospital or hospital system.” Applicants should consult with legal counsel to determine what documents are necessary. The Board cannot give legal advice.

What does a Class B permit allow you to do?

SB 808 grants two new allowances to Class B Hospital pharmacies. They may:

1. Dispense medication by prescription **or** by medication order.
2. Distribute medication to other hospital clinics or facilities without a Missouri drug distributor license as authorized by SB 808.

Dispensing by medication order, which is defined as an order for a legend drug or device that is:

- Authorized or issued by an authorized prescriber acting within the scope of his or her professional practice or pursuant to a protocol or standing order approved by the medical staff committee; and
- To be distributed or administered to a patient by a health care practitioner or lawfully authorized designee at a hospital or a hospital clinic or facility.

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1. Dispense medication by prescription or by medication order.
2. Distribute medication to other hospital clinics or facilities without a Missouri drug distributor license.

By statute, medication orders can only be used to dispense medication that will be distributed or administered at a hospital or a hospital clinic or facility.

Drug distributor license exemption:

Newly enacted § 338.165.6 provides a Class B Hospital Pharmacy may dispense medication to a “hospital clinic or facility” for patient care or treatment without a Missouri drug distributor license.

This exemption only applies to medication distributed by a Class B Hospital Pharmacy to a “hospital clinic or facility” as defined in § 338.165.1. A drug distributor license would still be required to distribute medication to any entity or person other than a hospital clinic or facility or for any purpose other than patient care or treatment. Class B pharmacies are still required to keep records for each distribution.

Class B pharmacies that no longer need a drug distributor license may either choose not to renew their license in 2015 or voluntarily surrender it to the Board. Pharmacies that keep their license would still be required to comply with all applicable drug distributor laws.

As licensed pharmacies, Class B pharmacies can also provide pharmacy services to the general public, which includes, but is not limited to, hospital staff and outpatients. A separate Class A Community/Ambulatory pharmacy permit is not required.

Note: Class B pharmacies are still required to maintain any specialized permit classification for pharmacy services outside of the Department of Health’s jurisdiction (such as Class D-Non-sterile Compounding, Class H-Sterile Compounding, Class J- Shared Services).

Other hospital regulatory changes

Senate Bill 808 enacted §338.165.2, RSMo, which allows the Board to jointly promulgate rules with the Missouri Department of Health and Senior Services governing medication distribution and the provision of medication therapy services by a pharmacist within a hospital.

The joint rulemaking authority only applies to medication distribution/MT services **by a pharmacist** and would **not** extend to medication distribution by other hospital staff or health care providers. Until the rules are promulgated, hospitals providing pharmacy services under the Department of Health’s jurisdiction are required to comply with all Department of Health rules and statutes.

Significantly, the Missouri Department of Health’s jurisdiction over hospitals and hospital pharmacy services remains unchanged.

By statute, the Board does not have jurisdiction over hospitals **“solely providing services within the practice of pharmacy under the jurisdiction of, and the licensure granted by the [Missouri] department of health and senior services.”** Hospitals should contact the Department of Health for additional guidance on pharmacy activities under its jurisdiction.

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Update: Mandatory Reporting Requirements

Pursuant to [§ 383.133](#), any entity that employs a pharmacist to provide health care services to patients must report the following to the Board of Pharmacy:

- Any final disciplinary action against the pharmacist that might have led to disciplinary action by the Board under [§ 338.055](#).
- The voluntary resignation of any pharmacist against whom any complaints or reports have been made that might have led to disciplinary action.

The reporting requirement applies to all entities that employ a pharmacist to provide health care services, including, but not limited to, pharmacies, hospitals, ambulatory surgical centers, long-term care facilities, nursing homes and nursing facilities. These entities should be **reporting to the Board**.

Do I have to report all disciplinary actions/resignations?

Section [383.133.1](#), RSMo, provides entities must report any final action to reprimand, discipline or restrict a pharmacist's practice **if** the activities underlying such action would constitute grounds for the Board to discipline the pharmacist under [§ 338.055](#). Reporting is not required if the reporting entity does not consider the disciplinary action to be "final."

Voluntary resignations must also be reported if complaints or reports have been made against the pharmacist, "which might have led to disciplinary action." Entities should consult with legal counsel for guidance on what are reportable.

How do I file a report?

The Board requests **reports be filed on the Board's website**. If that option is unavailable, mail written reports to:

Missouri Board of Pharmacy
PO Box 625
Jefferson City, MO 65102



When should I report?

Reports must be submitted within 15 days of the final disciplinary action [[§ 383.133.2](#)].

Who can file a report?

Reports will be accepted from the CEO or any similarly empowered official, or from the pharmacist-in-charge or duly authorized representative of the entity.

When should I start reporting?

Section [338.133](#) took effect in 2010. Report disciplinary actions and voluntary resignations subject to the law.

What constitutes grounds for discipline under Chapter 338, RSMo?

Interested parties should consult legal counsel to determine what disciplinary actions/voluntary resignations must be reported. The Missouri Administrative Hearing Commission has found legal grounds for the Board to discipline a pharmacist under [§ 338.055](#) for these types of conduct that include:

- Practicing without a license.
- Falsifying prescriptions.
- Altering a prescription without authorization.
- Immunizing or administering medication without a protocol.
- Diverting medication.
- Compounding for office stock.
- Dispensing without a valid prescription.
- Theft of merchandise, gift cards, food or other items.
- Violation of state and federal controlled substance laws.
- Allowing medication to be dispensed without supervision of a pharmacist.
- Unlicensed practice.
- Impairment or illegal drug use.
- Disciplinary action by BNDD, DEA or another state or federal agency.
- Submitting a false license application.
- Allowing unlicensed techs or interns to practice.
- Name, address and phone number of person making report.
- Name, address and phone number of pharmacist who is subject of report.
- Description of facts, including detailed information, which gave rise to issuance of the report, including dates of occurrence deemed to necessitate report filing.
- Identity of court, if court action is involved and known to the reporting agent, filing date and docket number of action.

By law, what should my report include?

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Inspection tips

Scanned images for controlled substance prescriptions

Regulation **20 CSR 2220-2.083** allows a pharmacy to maintain images of prescriptions instead of physical hard copies. However, the rule states the pharmacy must comply with state and federal controlled substance laws.

Here is a summary of the type of controlled substance prescriptions that require a hard copy:

Controlled substance prescriptions



TYPE	REQUIRES HARD COPY?
Written	Yes
Faxed	Yes
Telephoned	Yes
Transferred	Yes
Electronically prescribed	No

If your pharmacy does not maintain a hard copy for electronically prescribed prescriptions, Missouri law still requires an image of the transmission data for these prescriptions, including controlled substance prescriptions. See **20 CSR 2220-2.083** for other image system requirements.



The numbers

There were 34,692 licensees as of June 30:

Drug distributors	1,350
Drug distributor manufacturer registrants	115
Intern pharmacists	2,102
Pharmacists	9,973
Pharmacies	2,423
Pharmacy technicians	18,691

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Lunch with the Chief

The next Lunch with the Chief webinar is scheduled for Oct. 15.

2014 Board webinars can be viewed online:

- 2014 BNDD Update (available Sept. 2).
- 2014 Legislative/Compliance Update (July Lunch with the Chief).
- Automation Regulation (April Lunch with the Chief).
- Policies and Procedures (January Lunch with the Chief).



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Statute cites are for Missouri Revised Statutes unless otherwise indicated.

PHARMACISTS

Kelly H. Conn

License No. 2006035335
Troy, NY.

Voluntary surrender of license; cannot reapply for seven years.

Disciplinary action in another state regarding unauthorized dispensing of controlled substance from employer for personal use. Section 338.055.2(5), (8), (13), (15) and (17).

Michael C. Counts

License No. 2005006955
Springfield, MO.

Public censure.

As pharmacist-in-charge, failed to obtain original, signed prescriptions prior to dispensing Schedule II controlled substances, OPUS cassettes dispensed without pharmacist verification. Section 338.055.2(6).

Donald W. Grove

License No. 28136
Warsaw, MO.

Probation for three years.

As pharmacist-in-charge, insufficient and incorrect compounding logs, misbranded by incorrectly labeling compounded drug products, dispensed adulterated drug products made with expired ingredients,

failed to verify expiration dates and failed to properly supervise personnel to assure compliance with laws/regulations. Section 338.055.2(5), (6), (13) and (15).

Deborah A. Lotspeich

License No. 029257
Warsaw, MO.

Public censure.

As a staff pharmacist, misbranded by incorrectly labeling compounded drug products, dispensed adulterated drug products made with expired ingredients and failed to verify expiration dates. Section 338.055.2(5), (6), (13) and (15).

Artem Ostropolsky

License No. 2010027151
St. Louis.

Probation for three years.

Dispensed unauthorized refills. Section 338.055.2(5), (13) and (15).

Kimberly Turner

License No. 042688
Baxter Springs, KS.

Probation for five years.

Disciplinary action in another state for substance abuse, diversion of controlled substance from employer, violated other state's discipline. Section 338.055.2(8).

PHARMACIES

J & D Pharmacy Inc.

Permit No. 003756
Warsaw, MO.

Probation for three years.

Insufficient and incorrect compounding logs, misbranding by incorrectly labeling compounded drug products, dispensed adulterated drug products made with expired ingredients and failed to verify expiration dates. Section 338.055.2(5), (6), (13), and (15).

Shinabery's Compounding Pharmacy PLC

Permit No. 2014013459
Jonesboro, AR.

Probation for two years.

Operated without a Missouri pharmacy permit. Section 338.055.2(6) and (10).

Walgreens No. 04466

Permit No. 006438
St. Joseph, MO.

Public censure.

Pharmacists administered vaccines without a signed immunization protocol and pharmacist had not submitted a Notification of Intent to immunize to the Board. Section 338.055.2(6) and (15).

INTERNS

Samantha R. Gerke

License No. 2011025887
Columbia, MO.

Voluntary surrender of intern license; cannot reapply for seven years.

Diversion of controlled substances for personal use, unlawful possession of controlled substances, obtained controlled substances by fraudulent means and dispensed without a prescription. Section 338.055.2(1), (5), (13), (15) and (17).

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Immunization authority expanded

Legislative updates
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Scanned vs. hard-copy images
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