



## Board conducting patient safety survey

As part of its ongoing focus on patient safety, the Board will be conducting a statewide pharmacy patient safety survey. The survey was initially designed by the U.S. Agency for Healthcare Research and Quality to assess patient safety culture and awareness in pharmacy practice.

The national survey was reviewed and tailored by the Board's Patient Safety Working Group to meet Missouri's needs.

The online survey will be coordinated

Your voice is important. The Board is asking all licensees and registrants to participate.

Please complete the online survey by **Dec. 31**



and managed by the Center for Patient Safety, a private, nonprofit entity dedicated to "providing solutions and resources to improve patient safety and the quality of health care delivery."

The survey will be hosted through the center's website and answers will go to the center. The Board will use the results to identify ways to increase patient safety education and awareness in Missouri pharmacy practice.

Pharmacists, interns and technicians are trusted and valuable members of the health care team and play a vital role in providing safe patient care. By utilizing effective patient safety tools and strategies, we can all help ensure "Safe Practice, Safe Patients and a Safe Missouri."

### ABOUT THE SURVEY

- The survey is **anonymous** and will only take a few minutes to complete. No identifying information will be requested.
- The survey is open to all Board licensees and registrants, including Missouri registered pharmacy techs.
- Results will be compiled and analyzed by the Center for Patient Safety.

Learn more about the center.



**BOARD HEARING**

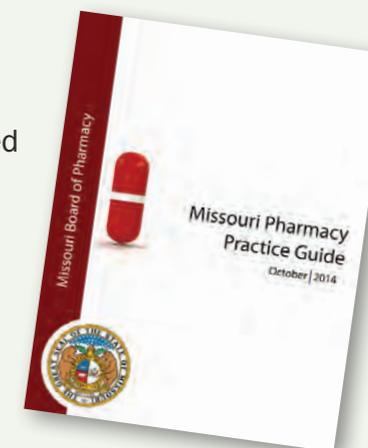
The Board of Pharmacy held a disciplinary hearing in Columbia in mid-October. It was presided over by Board President Janine Burkett and Executive Director Kimberly Grinston. [See more photos.](#)



### 2014 Practice Guide now online

The 2014 Pharmacy Practice Guide is available on the Board's website. The revised guide has been updated to include recent law changes and new compliance tips. The goal of the guide is to promote voluntary compliance by increasing education and awareness.

[Download or print a free copy of the guide.](#)



**INSIDE** Patient safety survey  
2014 Practice Guide

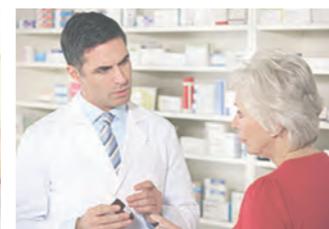
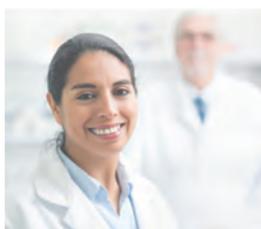
Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
Rules/consumer tools

Pharmacy school partners  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





## Board hearing

The Board of Pharmacy held a disciplinary hearing in Columbia in mid-October.

**LEFT:** Presiding over the hearing is Board President Janine Burkett (center), assisted by Kimberly Grinston, Executive Director, and Curtis Thompson, General Counsel.

**BELOW:** From left are Tammy Siebert, Administrative Coordinator, Pamela Marshall, Board member, Anita Parran, Board member, and Board staff.



## FACTS about the Center for Patient Safety

- **History:** The center was founded in 2005 and was formerly known as the Missouri Center for Patient Safety.
- **Certification:** The center is certified by the federal Agency for Healthcare Research and Quality as a Patient Safety Organization. As a PSO, the center collects adverse event data/information and analyzes the data to learn and improve patient care. Federal law offers certain protection and confidentiality to health care providers who work with PSOs.
- **Center's vision:** Health care environment safe for all patients and health care providers, in all processes, all the time.
- **Allies:** The center works with a variety of health care providers from all practice settings, including pharmacists, pharmacies and hospitals.

To learn more, [visit the center's website](#).





# How to prepare for a pharmacy inspection

The Board conducts a random inspection program for all licensed pharmacies. Each inspection is different. The time, length and scope of an inspection may change based on the pharmacy's activities. Generally, inspectors will review and need access to the following documents during an inspection:



## GENERAL RECORDS

- Pharmacy permit.
- Pharmacist and technician licenses/registrations.
- Copy of pending technician applications.
- A **technician list** that includes the name, registration number or completed technician application for each pharmacy tech along with the technician **duties performed** by each person on the list.
- Invoices for the receipt/distribution of legend drugs.
- Prescription records.
- Policy and procedure manual(s).
- Compounding log.
- Investigation documentation for adverse reactions, outcomes and/or complaints regarding compounded products.
- Documentation of compounded product recalls.
- Required sterile product dispensing records.
- Required immunization and drug administration records, including proof of notification to the protocol physician and, if different, the patient's primary health care provider.



## CONTROLLED SUBSTANCE RECORDS

- Official order forms (DEA Form 222) and power of attorney authorizations.
- Controlled substance receipts and invoices.
- Inventory records (initial and annual inventories).
- Dispensing/distribution records (invoices and prescriptions).
- DEA/Missouri BNDD loss reports (for example, DEA Form 106).
- Inventory of drugs surrendered for disposal forms (DEA Form 41).
- Records of controlled-substance transfers between pharmacies.
- DEA/Missouri BNDD registration certificates.
- Proof of Combat Methamphetamine Epidemic Act self-certification (initial and annual).

Many times, the pharmacist-in-charge may not be available during an inspection. To prevent delays, a designated member of the staff, such as a staff pharmacist, should know where or how to locate documents if asked by an inspector.





# Pharmacy-required recalls

**R**ule 20 CSR 2220-2.400 Compounding Standards of Practice requires a pharmacy to conduct a recall whenever a compounded preparation dispensed to a patient is thought to be adulterated or misbranded.

Examples of such a recall include, but are not limited to, preparations failing end-product testing (potency, sterility, endotoxin), improper drug storage, and the apparent use of an expired ingredient in a preparation. This also includes end-

product testing conducted by the Board of Pharmacy.

20 CSR 2220-2.400 also requires a pharmacy to monitor the quality of its compounding services. This would include an investigation to determine the cause of any recall and any corrective action taken to prevent such cause for occurring in the future.

A pharmacy should document the outcome of any investigation. All records related to a recall must be available to the Board if requested.



## STEPS OF A RECALL

- 1 Notify all prescribers involved about the nature of the recall. Document prescriber contact.
- 2 The pharmacist along with the prescriber must decide if the recall poses potential harm, if so, the patient must also be notified. Document this decision and any patient contact.
- 3 Notify the Board of Pharmacy in writing within three business days of initiating the recall.



## Immunization certificate update

- Senate Bill 808, effective Aug. 28, 2014, expanded pharmacist immunization authority and required pharmacists to display a Board-issued “certificate” documenting their immunization training/authorization.
- The Board does not issue a separate immunization certificate. The Board previously instructed licensees to 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. Alternatively, licensees can maintain their online verification electronically.
- If an electronic version is maintained, licensees should provide a copy of the verification to a Board inspector or the public on request.





## CONTROLLED SUBSTANCE DANGEROUS UNLESS USED AS DIRECTED

### Federal regulation: Sticker labels on controlled substance prescriptions

The following article was published in BNDD's October 2014 newsletter. Questions about it should be emailed to BNDD at [BNDD@health.mo.gov](mailto:BNDD@health.mo.gov).

The Bureau [of Narcotics and Dangerous Drugs] has received multiple inquiries regarding controlled substance prescriptions where the prescriber has placed labels on the prescription that bears the patient's name and address, or sometimes the drug information. The Bureau was asked if the use of labels is permitted.

Federal Regulation 21 CFR 1306.05(d) is titled, "Manner of Issuance of Prescriptions." Paragraph (d) of the federal regulation states that a prescription may be handwritten in ink or indelible pencil. It may be typed on a typewriter or printed on a computer printer.

The federal regulation does not authorize

prescribers to place a label on the face of the prescription.

There have been issues in the past where patients peeled labels off of the prescription forms and used them to divert drugs on other blank forms. There have also been issues where after a period of time the glue dries out and the label falls off the prescription form. As a result, the pharmacy is left with a blank prescription form with no label attached to it.



Read BNDD's full October 2014 Newsletter



### How do I know if a pharmacist or a technician needs a waiver?

- Under state and federal law, employers may be required to obtain a waiver for employees convicted of certain controlled substance-related crimes. Specifically, a DEA waiver is required if a DEA registrant employs a person convicted of any drug-related felony. A BNDD waiver is required if the employee has access to controlled substances and has been convicted of any felony or misdemeanor controlled-substance charges.
- Employers should conduct adequate background checks to determine if a waiver is required. Significantly, a federal or state waiver may be required even if a license or pharmacy technician registration is issued by the Board.
- Federal and state law prohibit the Board from disclosing criminal history information to any person other than the applicant. However, if a technician is granted a conditional registration or an intern or pharmacist is placed on probation based on the criminal history charges, the Board's probationary order or conditional registration letter will identify the specific reasons and criminal history underlying the Board's action.



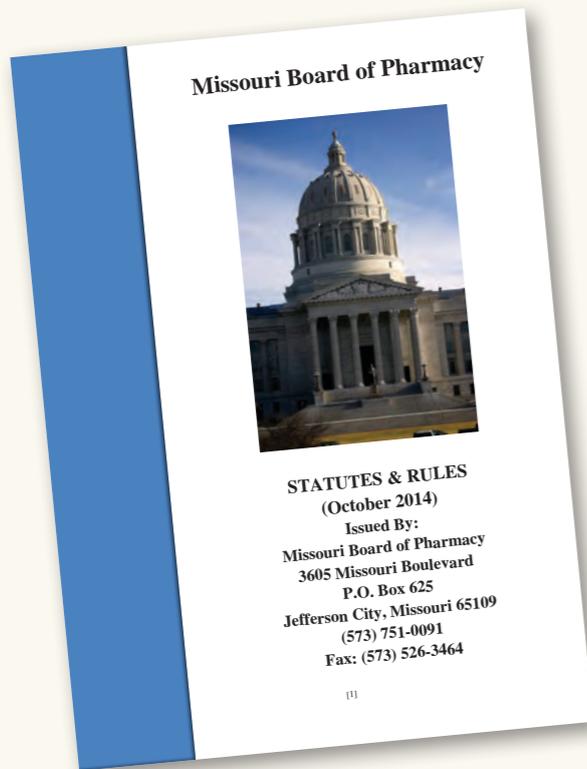


# Revised law book, rules, consumer tools

## New 2014 law book

An updated law book is now available on the Board's website. The new law book has been bookmarked and reformatted for easier searching and includes recent rule changes as well as the new pharmacy provisions of SB 808, which took effect Aug. 28.

[Download or print a free copy of the law book.](#)



## DEA return rule

The DEA has published its final rule allowing registrants to accept returned controlled substances for disposal. The new DEA rule took effect Oct. 9.

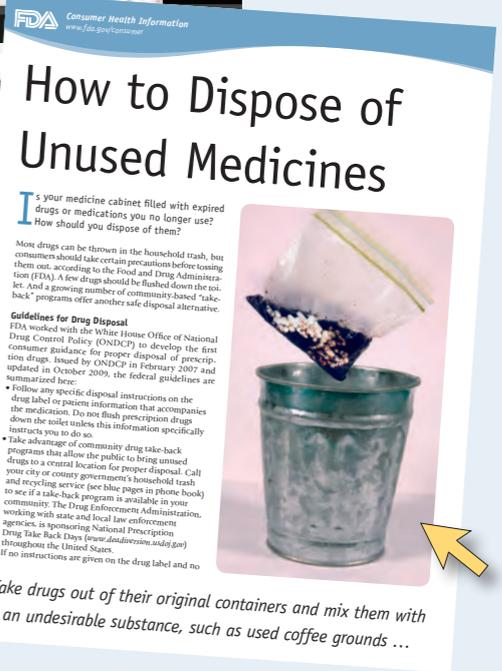
In anticipation of the DEA rule, the Board worked with the Missouri legislature to change state law to allow the Board to promulgate rules to authorize licensees to accept returned drugs for disposal. The legislative change was effective in 2012.

The Board will be working with BNDD to promulgate rules over the next several weeks. Until final rules are promulgated, please be reminded that Missouri law prohibits licensees from receiving drugs from any entity or person not licensed or registered with the Board as a pharmacy or drug distributor. [See § 338.315, RSMo.](#)

The Board recognizes the important patient safety, diversion and environmental concerns about this issue and anticipates publishing a proposed rule soon.



Smart Disposal: How to Dispose of Medication



## Online consumer tools

The Board has several [consumer resources on safe medication disposal](#) and other topics on its website. Included are a video and pamphlet on how to dispose of medications. Licensees are encouraged to share these resources with their patients.





# Get free help for clients during Medicare's annual enrollment period

**RUNS OCTOBER 15 – DECEMBER 7**

**M**EDICARE can be very complex for individuals who are enrolling or for those who may be assisting a loved one. Medicare's annual enrollment period continues through Dec. 7. To help beneficiaries make good choices, the Missouri Department of Insurance offers the CLAIM program.

CLAIM, which is Missouri's State Health Insurance Assistance Program or SHIP, has been serving Missourians since 1993, and exists solely to provide Medicare beneficiaries with free, unbiased counseling for their Medicare questions and issues. The program is funded from a federal grant and state funds.

CLAIM can help with questions about Medicare and the decisions a Medicare beneficiary needs to make during Medicare's annual enrollment period. CLAIM can also assist with questions about Part D (prescription drug) enrollment and changes, billing, appeals and grievances, and can provide counseling for low-income assistance.



CLAIM has a network of more than 300 trained volunteer counselors across the state. To make arrangements to talk to a counselor or obtain more information:

Visit [missouriclaim.org](http://missouriclaim.org)

Call **800-390-3330**

You may also submit questions to CLAIM using its [online form](#).

CLAIM has many outreach events and presentations around the state. [Check its calendar](#) to see if there is an event in your area.

**Get free help**  
**DURING** Medicare's annual open enrollment  
**RUNS OCTOBER 15 – DECEMBER 7**

**CLAIM** can help you find the best Part D prescription drug plan for your needs. To get help or find a free enrollment event near you, call or visit:

**800-390-3330** [missouriclaim.org](http://missouriclaim.org)

CLAIM State Health Insurance Assistance Program  
DIFP Department of Insurance, Financial Institutions & Professional Registration  
SHIP Missouri Health Insurance Assistance Program  
LOCAL HELP FOR PEOPLE WITH MEDICARE

This publication has been created or produced in whole or in part by the Department of Insurance, Financial Institution and Professional Registration through a grant from the Administration for Community Living and service is provided by Primaris.

**>>>** To order a "Get free help" letter-size poster: **Call 800-390-3330** or download your copy now. **↘**





# Flu season is here!

An important flu season message from the Missouri Department of Health and Senior Services

**A**s a trusted source of information for your clients, you play an important role in educating Missourians about health issues such as safeguarding against the flu.

As you know, getting a flu vaccine is the best protection.

The Advisory Committee on Immunization Practices recommends an annual flu vaccination for all people 6 months of age and older, unless they have a condition or medical reason not to get the vaccine. Certain groups are at greater risk for serious complications if they get the flu. Protection is especially important for young children, pregnant women, people with chronic health problems, older people and household contacts of people who are at high risk for complications from the flu.

Encourage everyone in your care to get vaccinated now. The department's "Tackle the



Flu" campaign resources are available for your use in educating clients on the importance of vaccinating against the flu.

These resources, which include a bookmark, posters, fact sheet, sticker, coloring page and tip card, are free. Please consider distributing the tip card to each of your patrons during this flu season.

### TO ORDER RESOURCES

Visit the department's website or Call 573-751-6124

Official DHSS "Tackle the Flu" bookmarks, posters, fact sheets and other resources can be printed or downloaded for free or **ordered online**.



**INSIDE** Patient safety survey  
2014 Practice Guide

Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
2014 law book released

Rules & consumer tools  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





# Tips for relief/ floater pharmacists

- If your license is not posted at the pharmacy, you are required to have “proper identification” of your pharmacist licensure. This may include your wallet card, full-size pharmacist license or a printout of your official online license verification page printed from the Board’s website showing your expiration date.
- If you are immunizing, make sure your protocol includes the **address of the pharmacy where you will be immunizing**. The Board has recently investigated several pharmacists for immunizing at a location not authorized in their immunization protocol.



# Bulletin board

## INTERN RENEWALS

Intern pharmacist renewal notices were mailed in September. All intern licenses must be renewed by **Dec. 31**. Renewals may take several days to process. Renewal applications submitted close to Dec. 31 may not be renewed by the office before the deadline.



## REGULATORY VIDEO UPDATES

See the recent FDA pharmacist drug information [videos available online](#). New topics include:

- **Managing Drug Shortages** (July 2014): Pharmacists discuss the management of drug shortages and how the FDA’s role has changed in recent years.
- **Traveling with Prescription Medications** (August 2014): Pharmacists discuss key points pharmacists should counsel their patients on before traveling.



# Meetings and dates

## Lunch with the Chief

The next Lunch with the Chief webinar is tentatively scheduled for Jan. 13, 2015.



## Free webinars by Missouri Department of Health & Senior Services

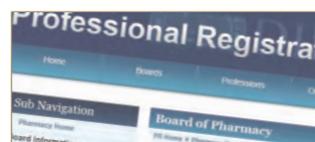
[Register here for these webinars:](#)

- **Immunization Update:** Nov. 20, noon – 1 p.m.
- **Preteens, Teens & Vaccines:** Dec. 18, noon – 1 p.m.



## MEETINGS

- **Dec. 31:** Intern renewal deadline
- **Jan. 14, 2015:** Board meeting in Columbia, Mo.
- **March 25, 2015:** Board strategic planning meeting (tentative date)





# The mL-only standard for liquid dosing gathers steam

This column was prepared by the Institute for Safe Medication Practices. ISMP is an independent nonprofit agency and federally certified patient safety organization that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations.



To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/ Ambulatory Care Edition by visiting [www.ismp.org](http://www.ismp.org). ISMP provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at [www.ismp.org](http://www.ismp.org). Email: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).

ISMP first reported on the confusion of teaspoonfuls and milliliters (mL) in its newsletter in 2000, and in 2009, issued a call for practitioners to move to sole use of the metric system for measuring over-the-counter and prescription oral liquid doses, but mix-ups have continued to result in the serious injury of children and adults. Use of the metric system alone when prescribing, dispensing, and administering medications would prevent mix-ups because there would only be one method used to communicate and measure doses.

The health care industry is beginning to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. The National Council for Prescription Drug Programs (NCPDP) just released a white paper entitled NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications, which is available at [www.ismp.org/sc?id=337](http://www.ismp.org/sc?id=337).

The white paper supports mL as the standard unit of liquid measure used on prescription container labels for oral liquid medications. It also

## ISMP recommends the following actions to help prevent errors:

- Use only metric units, not teaspoon or other non-metric measurements, for all patient instructions, including those listed in prescribing and pharmacy computer systems. This should cover directions incorporated into computer system mnemonics, speed codes, or any defaults used to generate prescriptions and prescription labels.
- Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- Coach patients on how to use and clean measuring devices; use the “teach back” approach and ask patients or caregivers to demonstrate their understanding.



calls for dosing devices with numeric graduations, and for units that correspond to the container labeling to be easily and universally available, such as including a device each time oral liquid prescription medications are dispensed.

NCPDP also reiterates that dose amounts should always use leading zeroes before the decimal point for amounts less than one, and should not use trailing zeroes after a decimal point on labels for oral liquid medications.

The white paper comes as welcome news and is well-aligned with the ISMP 2014-15 Targeted Medication Safety Best Practices for Hospitals, Best Practice 5, which calls for organizations to use oral liquid dosing devices (oral syringes/ cups/droppers) that only display the metric scale.

The white paper also comes at a time when the Centers for Disease Control and Prevention, ISMP, the Consumer Healthcare Products Association, the United States FDA, the US Metric Association, and the American Academy of Pediatrics have initiatives in place that will help guide health care organizations to commit to metric measurements.

**INSIDE** Patient safety survey  
2014 Practice Guide

Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
2014 law book released

Rules & consumer tools  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





## FDA reiterates warning against using NuVision pharmacy products

**H**ealth care providers should not use or distribute compounded drugs marketed as sterile produced by Downing Labs, LLC, of Dallas, TX, also known as NuVision Pharmacy, warns FDA.

Inspection results issued on July 16, 2014, indicate that FDA observed unsanitary conditions resulting in a lack of sterility assurance of sterile drug products produced by the company, which may put patients at risk, FDA notes in the safety announcement. "The inspection revealed sterility failures in 19 lots of drug products intended to be sterile, endotoxin failures in three lots of drug products, and inadequate or no investigation of these failures," states FDA in the announcement.

In 2013, the agency issued several similar warnings following NuVision's refusal to recall all sterile products. In April 2013, NuVision recalled methylcobalamin injection and lyophilized injection products, citing concerns about sterility in the wake of adverse event reports. Health care providers and consumers may report adverse events or quality problems associated with NuVision products to FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Additional information is available in the safety announcement, available on [FDA's website](#).



### FDA WARNS:

## Lidocaine should not be used to treat teething pain in children

**F**DA is recommending that prescription oral viscous lidocaine 2% solution should not be used to treat infants and children with teething pain, and is now requiring a new boxed warning to be added to the drug label to highlight this information.

Oral viscous lidocaine solution is not approved to treat teething pain, and use in infants and young children can cause serious harm, including death, indicates FDA in a June 2014 Safety Announcement.

FDA advises health care providers not to prescribe or recommend this product for teething pain. FDA is also requiring the

"Warnings" and "Dosage and Administration" sections of the drug label to describe the risk of severe adverse events and to include additional instructions for dosing when the drug is prescribed for approved uses.

In 2014, FDA reviewed 22 case reports of serious adverse reactions, including deaths, in infants and young children who were either given lidocaine for treatment of mouth pain, or who accidentally ingested the medication.

More information is available in the safety announcement on [FDA's website](#).

## FDA lowers recommended starting dose for Lunesta due to risk of morning impairment

**F**DA has lowered the recommended starting dose of the sleep drug Lunesta® (eszopiclone) from 2 mg to 1 mg. Patients who are currently taking 2 mg and 3 mg doses of eszopiclone should contact their health care provider to ask for instructions on how to continue to take their medication safely at a dose that is best for them, FDA advises.

The dose change came after findings from a study of 91 healthy adults found that the medication was associated with impairment to driving skills, memory, and coordination for as long as 11 hours after the drug is taken, FDA notes.

More information is available in an [FDA news release](#).

## CPE credit offered for FDA course on misleading prescription drug promotion

**T**o raise awareness about the risks associated with false or misleading prescription medication marketing, FDA, in partnership with Medscape, is offering an online, one-hour continuing education course through its Bad Ad Program.

Pharmacists may receive continuing pharmacy education (CPE) credit by taking this course. Learning objectives, faculty information, and other information is available on the course's website at [www.sigmatech.com/BadAd](http://www.sigmatech.com/BadAd). There is no registration fee for the course. Upon completion, pharmacists will receive one Accreditation Council for Pharmacy Education-accredited CPE hour (0.1 continuing education unit).

**INSIDE** Patient safety survey  
2014 Practice Guide

Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
2014 law book released

Rules & consumer tools  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





# DEA publishes final rules on drug classifications

## DEA reschedules hydrocodone combination products as Schedule II

**D**rug Enforcement Administration (DEA) has published its final rule rescheduling hydrocodone combination products from Schedule III to Schedule II in the Federal Register. The change imposes Schedule II regulatory controls and sanctions on anyone handling hydrocodone combination products, effective October 6, 2014.

DEA first published the proposed rules in March 2014 in response to a Food and Drug Administration (FDA) recommendation. DEA received almost 600 public comments regarding the proposed rules after they were published, with a small majority of the commenters supporting the change, DEA notes in a [press release](#).

The announcement is available on the [Federal Register website](#).

The announcement is available on the [Federal Register website](#).



## DEA classifies tramadol a controlled substance

**U**nder a final rule published in the Federal Register, the pain reliever tramadol is now classified as a Schedule IV controlled substance.

As of August 18, 2014, DEA requires manufacturers to print the “C-IV” designation on all labels that contain 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl) cyclohexanol (tramadol), including its salts, isomers, and salts of isomers. The agency notes that every “DEA registrant who possesses any quantity of tramadol on the effective date of this final rule must take an inventory of all stocks of tramadol on hand as of August 18, 2014, pursuant to 21 U.S.C. 827 and 958, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11 (a) and (d).”

In addition, all “prescriptions for tramadol or products containing tramadol must comply with 21 U.S.C. 829, and be issued in accordance with 21 CFR part 1306 and subpart C of 21 CFR part 1311 as of August 18, 2014.”

The announcement is available on the [Federal Register website](#).

# JCPP releases new patient-care document to promote consistency

**T**he Joint Commission of Pharmacy Practitioners (JCPP) has released a resource document aimed at promoting consistency in the pharmacists’ process of patient care service delivery.

“Pharmacists’ Patient Care Process” was developed by examining key source documents on pharmaceutical care and medication therapy management. The document describes the process in five parts: collect, assess, plan, implement, and follow-up.

JCPP brings together the chief executive officers and elected officers of national pharmacy associations, including the National Association of Boards of Pharmacy®, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice.

The document can be downloaded online.



**INSIDE** Patient safety survey  
2014 Practice Guide

Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
2014 law book released

Rules & consumer tools  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





Statute cites are for Missouri Revised Statutes unless otherwise indicated.

## PHARMACISTS

### Ala Al-Lozi

License No. 2008027645  
St. Louis

Suspension for 30 days followed by probation for five years.

Diversion of controlled substances from employer without a valid prescription. Section 338.055.2(5), (13), (15), and (17).

### Joshua P. Horsman

License No. 2004034762  
St. Louis

Suspension for two weeks followed by probation for five years.

Purchased controlled substances without a valid prescription for personal consumption. Section 338.055.2(1), (13), (15), and (17).

### Jean M. Kozlowski

License No. 041747  
St. Louis

Probation for two years.

Dispensed a legend drug product without a valid, patient-specific prescription. Section 338.055.2(5), (13), and (15).

### Vince Lenzi

License No. 2006024030  
St. Louis

Public censure.

As pharmacist-in-charge, admitted misappropriation of drugs from pharmacy without proper payment. Section 338.055.2(5) and (13).

### Karen D. Schwoebel

License No. 043171  
Belleville, IL

Public censure.

Administered unauthorized vaccines. Section 338.055.2(6) and (15).

### Robert J. Shuey

License No. 041027  
Kansas City, MO

Public censure.

As pharmacist-in-charge of a Class C long-term care pharmacy, dispensed OTC and class V pseudoephedrine products for himself, family members and an employee; falsely recorded that the products had been prescribed by a physician; and dispensed other controlled substances to employees and employee family members without a Class A pharmacy permit. Section 338.055.2(5), (6), (13), and (15).

## PHARMACIES

### CVS Pharmacy No. 5724

Permit No. 2009008131  
Kansas City, MO

Public censure.

Theft of drugs, including controlled substances, by pharmacy technician. Section 338.055.2(6) and (15).

### Economy Drug

Permit No. 2000150222  
Berryville, AR

Probation for three years.

Pharmacy permit did not include Class H sterile compounding classification; distributed compounded drugs for other than individual patient by prescription; and failed to perform testing on risk level 3 products dispensed into Missouri. Section 338.055.2(6) and (13).

### Med Depot Pharmacy

Permit No. 2002020418  
Kirksville, MO

Public censure.

Technician diversion of controlled substances; failed to provide adequate security or effective controls/procedures to detect and prevent drug diversion; failed to maintain accurate controlled substances records. Section 338.055.2(5), (6), (13) and (15).

### Walgreens No. 04439

Permit No. 2000145220  
Liberty, MO

Public censure.

Pharmacists administered vaccines without signed/dated protocols and pharmacist failed to submit notification of intent to administer to the Board prior to administering vaccines. Section 338.055.2(6) and (15).

## DRUG DISTRIBUTORS

### Medisca Inc. (three locations)

Permit No. 900635  
Plattsburgh, NY

Permit No. 2010019242  
Las Vegas

Permit No. 2010034009  
Irving, TX

Probation for three years.

Disciplinary action in other states; entered plea agreement in US District Court that between 2005 and 2007 it obtained human growth hormone from a source in China, relabeled it, introduced it into interstate commerce, and purported it was approved by the FDA. Section 338.055.2(5), (8), and (13).

**INSIDE** Patient safety survey  
2014 Practice Guide

Board hearing  
Inspection tips

Recall steps  
Immunization update

Controlled substances  
2014 law book released

Rules & consumer tools  
Tips/updates/webinars

NABP Foundation news  
Disciplinary action





## Get pharmacy information online and subscribe to topics



### ABOUT THE NEWSLETTER

The Newsletter is published by the Missouri Board of Pharmacy to promote compliance with pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions or policies of the Board unless expressly so stated.

**Jay Nixon**, Governor

**John M. Huff**, DIFP Director

**Jane A. Rackers**, Division of Professional Registration Director

**Kimberly Grinston**, Newsletter Editor and Board of Pharmacy Executive Director

The Missouri Board of Pharmacy News is provided for informational purposes only. It does not constitute a comprehensive review of all governing law or controlled substance requirements. To ensure compliance, licensees should thoroughly review Chapter 338, RSMo, 20 CSR 2220 and all other applicable state and federal laws. The statements herein do not constitute a rule statement of general applicability or binding law. In the event of a conflict or inconsistency, duly promulgated or enacted state or federal law shall control. The Board of Pharmacy expressly reserves the right to revise the contents as deemed appropriate or necessary. Questions regarding this publication may be **emailed to the Board office**.

### CONTACT US

Missouri Board of Pharmacy PO Box 625 Jefferson City, MO 65109  
3605 Missouri Blvd.

573-751-0091

Email the Board of Pharmacy

**BACK TO  
PAGE 1**

