MISSOURI BOARD OF PHARMACY

NEWSLETTER

DECEMBER 2025

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THANK YOU!

The Board extends its sincere gratitude and appreciation to Anita K. Parran who will be retiring from the Board after more than 25 years of outstanding service as the Board's Public Member! Ms. Parran was originally appointed to the Board in 2005 and has played a vital role in advancing the Board's mission of protecting Missouri citizens through her extensive expertise and experience.

Ms. Parran received her M.A. degree in Business Management from Webster University and a B.A. degree in Journalism from Stephens College, where she is a dedicated alumna. Ms. Parran is Principal for KK Charles Communications, LLC, a public and media relations company and previously held positions as the Associate State Director for Public Affairs for AARP Missouri, Communications Director for the Urban League of Greater Kansas City, Artspace Editor for the Ohio Arts Council, and Administrator for Rockwell International. Ms. Parran has also held leadership roles as Chair of the National Board of Directors for Women in Communications (AWC); President of the AWC Advancement Fund; Vice President, Urban League of Greater Kansas City; Secretary, Kansas City Association of Black Journalists (KCABJ); and Board of Trustees and Executive Committee for Stephens College. Ms. Parran also held memberships in the Public Relations Society of America (PRSA), Society of Professional Journalists (SPJ), National Association of Black Journalists(NABJ), Women of Color in Communications, American Association of University Women (AAUW), International Association of Women (IAW), Central Exchange, and Alpha Kappa Alpha Sorority, Inc.

The Board thanks Ms. Parran for her tireless commitment to Missouri and her unwavering voice for Missouri patients. Ms. Parran's meaningful and lasting impact on the Board and pharmacy practice will never be forgotten.

Thank you, Anita, for enduring the late meetings and voluminous agendas. Best wishes in retirement as you celebrate this exciting new chapter!

GOOD CUSTOMER SERVICE GOES A LONG WAY!

The Board Office regularly receives complaints from consumers/patients who are upset with customer service issues that could have been resolved at the pharmacy level, without the need for a Board investigation. Good customer service can go a long way! Here are a few tips for the busy holiday season that are good all year long:

- De-escalate Issues Internally: Train staff on conflict resolution and effective communication techniques to handle customer service problems. Make sure staff know when to ask a manager or co-worker for assistance.
- Utilize Breaks: Take a quick break to allow both you and the patient to calm down and approach the situation with a fresh perspective. The difference may avoid a complaint.
- Practice Active Listening: Acknowledge patients' frustrations and show empathy. Many times, patients simply want to feel heard, even if their specific request cannot be met. Avoid interrupting and listen to learn.
- Offer Alternatives: Don't just focus on what cannot be done. Provide patients with available options or explain how they may be able to help find a solution. Be realistic! Don't promise patients that a prescription will be ready in 30-minutes if you can't meet that goal.
- Maintain Professionalism: Patients interact with the pharmacy during some of their most vulnerable times. Don't take frustrations personally and make sure you maintain a professional tone and conversation at all times. Handle each interaction as if you're being recorded (because you just might be!)
- Prioritize Safety: No one deserves to be threatened or abused. Make sure you know your pharmacy's emergency response procedures and what to do if you feel unsafe or in the event of an emergency.

HIPAA REMINDER!

Pharmacy space is a premium and staff may not always have an enclosed space to answer patient questions or provide patient counseling. Maintaining patient privacy is a professional and legal requirement, regardless of physical space constraints.

Be mindful of your surroundings. Always check your environment to make sure that confidential or sensitive medical information cannot be overheard by other patients or customers. Be conscious of how loudly you are speaking. Yelling across the counter or loud discussions of private information are common causes for Board complaints.

The Board recommends using a private, enclosed counseling area, whenever possible. If an enclosed space isn't an option, use your discretion to prevent unauthorized disclosures and protect patient confidentiality

NEW LICENSE PHOTOS!

The MOPRO online licensing system now prints the applicant's photo on all new pharmacy technician, intern pharmacist, and pharmacy technician licenses issued after 1/15/25. A 2" x 2", head and shoulders photo must be uploaded with all new applications. Accepted file types are "doc", "docx", "ppt", "pptx", "pdf", "bmp", "jpeg", "jpg", "png", "heic","webp" with up to 10 MB in size.

- A passport photo is recommended but other photos are acceptable, provided the picture is a 2" x 2" head and shoulders image of the applicant. Pictures can be uploaded from a phone or a mobile device if they are the required size and format.
- Make sure you're uploading the right photo! Uploads are automatic and Board staff may not be able to see/screen your photo until after your license is approved and printed. While we love your pets and vacation pics, you don't want those printed on your license! Do not upload a picture of your full driver's license as the full image will be printed on your license with your personal information.
- Need to upload or replace a photo? Login to MOPRO and click your Portal icon. Select "Upload Photo/File" to upload a new photo. The photo will be printed on your license when you renew. Want a new printed licensed before you renew? Log into your MOPRO account and select the option to request a duplicate license; A $25 duplicate license fee will apply for a reprint before renewals.

MOPRO TIP!

Scan the QR code printed on the Board license to verify that a license is legitimate or current and active. .

COMPLIANCE TIPS:

• Cold & flu season is among us! Remember, when dispensing a reconstituted product, a pharmacist is required to check the final mixed product after a technician or intern pharmacist performs the reconstitution. If dosing syringes/devices are provided, ensure staff is trained to provide the correct one. Remind patients to properly store reconstituted products to maintain medication integrity.

• Printing only a brand name on a dispensing label when a generic product is dispensed is misleading to the public and considered misbranding. Inspectors have observed prescriptions where the generic product is listed on the label with the statement "substituted for" followed by the brand name of the product. This is acceptable if the label is otherwise not misleading. However, Missouri law doesn't require that a label include the brand name when a substitution is made.

• Compounding Labels: The actual name of each active or therapeutic ingredient contained in a compound must be listed on the patient's prescription container or on an auxiliary label [20 CSR 2220-2.400(7)(F)]. Ingredient abbreviations are not sufficient. For example, "Melox, Topir, Tram, Lido, Prilo" should be listed as "Meloxicam, Topiramate, Tramadol, Lidocaine, Prilocaine" on the container. If the computer system's drug field has limited character space, an auxiliary label applied to the container may be the best option to allow for the full names.

Additionally, compounding labels must identify the actual ingredient used. As referenced above, a specific brand name product should not be listed if a generic was used in the compound (i.e., "Maalox" should not be listed if a generic version was used). Additionally, ingredient labeling should not be over generalized (e.g., "antacid" is ambiguous and does not identify which product was used). Board inspectors continue to observe a number of violations in this area.

GOLD CERTIFICATES

Congratulations to our newest "gold certificate" pharmacists who have maintained a Missouri pharmacist license for 50 years:

Robert G Epping
Richard C Bosworth
James D Bailey
Thomas A Cochran
John R Dillon
James S Erickson
John W Frick
Gary W Grove
Deborah A Lotspeich
Kenneth W Lawrence
Richard N Logan Jr
Nancy E Ogden
Tom Mammen
Dale E Smith
Dennis R Straub
Elizabeth J Susanka
Ernest W Tempel Jr
Keith A Shelton
Timothy L Beebe

RECENT DISCIPLINARY ACTIONS

DRUG DISTRIBUTOR:

Zoetis US LLC-Independence #2016002426– Independence, MO. Public Censure. Received legend veterinary drug products from unlicensed drug distributors. Section 338.055.2 (6) RSMo.

PHARMACISTS:

Al Halabi, Hiba, #2014041688–Town and Country, MO. Three (3) years probation. As a pharmacist, discipline in IL for inspection violations and MO discipline on the Pharmacy. 338.055.2 (6), (13), and (15) RSMo.

Bingham, Bradley R., #2016031418–Philadelphia, PA. Public Censure. As pharmacist, failed to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

Jacob, Justin J., #2018041600–O'Fallon, MO. Public Censure. As pharmacist, failed to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2 (3), (5) and (6), RSMo.

Mansour, Adam, #2011026597– Memphis, TN. Revoked and cannot reapply for seven (7) years. Filled or attempted to fill/refill controlled substance prescriptions in Missouri early and/or contrary to authorized prescribed timeframes for personal use. Section 338.055.2(5), (13), (15) and (17), RSMo.

Martin, Brian, #044440– DeSoto, MO. Three (3) years probation. As a pharmacist-in-charge, multiple inspection violations including sterile compounding violations. The Pharmacy was unsanitary (dusty shelves, cluttered area, expired medication). Improper garbing, training, and cleaning of the Pharmacy and sterile compounding areas.. Section 338.055.2(5), (6), (12), (13), and (15), RSMo.

Robison, Chase, #2009023457– Hannibal, MO. Surrendered. As pharmacist, admitted to being under the influence of alcohol while practicing. Pleaded guilty to driving while under the influence of a drug or drugs, leaving the scene of an accident, and failing to drive on the right half of the roadway resulting in an accident. Section 338.055.2 (1), (6), (13), and, (17), RSMo.

Smith, Janelle Lee., #2002027566– Shawnee Mission, KS – Voluntarily surrendered and cannot reapply for seven (7) years. Pharmacist's license disciplined in Kansas for impairment due to alcohol while on duty as a pharmacist. Section 338.055.2 (5), (8), and (13) RSMo.

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PHARMACIES:

Absolute Pharmacy, #2014038997, Lutz, FL. Surrender Class H and four (4) years probation. Disciplinary action in California for compounding drugs that lacked quality/were adulterated, failure to confirm sterility and failure to maintain complete compound logs. Section 338.055.2 (6), (8) (13,) and (15), RSMo.

Ozark LTC Rx LLC, #2014015500– Bonne Terre, MO. Probation for three (3) years. Multiple inspection violations including sterile compounding violations. The Pharmacy was unsanitary (dusty shelves, cluttered area, expired medication). Improper garbing, training, and cleaning of the pharmacy and sterile compounding areas. Section 338.055.2(5), (6), (12), (13), and (15), RSMo.

Walgreens #09376, #2022043536, Ottawa, KS. Public Censure. Operated for over one (1) year under the supervision of a PIC who had not been designated with the Board. 338.055.2 (6) RSMo.

Walgreens #10722, #2022044445, Liberal, KS. Public Censure. Operated for over one (1) year under the supervision of a PIC who had not been designated with the Board. 338.055.2 (6) RSMo.

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY® NATIONAL PHARMACY COMPLIANCE NEWS – FIRST QUARTER 2026

(The following information was provided by the National Association of Boards of Pharmacy and is reprinted with permission of NABP. This information is provided for informational purposes only and does not express or represent the views or opinions of the Missouri Board of Pharmacy.)

CDC ADOPTS 'INDIVIDUAL-BASED DECISION-MAKING' APPROACH FOR COVID-19 VACCINATION

The United States Centers for Disease Control and Prevention (CDC) has adopted "individual-based decision-making" for its adult and child immunization schedules for COVID-19 vaccinations. The individual-based decision-making approach means that CDC recommends patients consult a health care professional to discuss the risks and benefits of a COVID-19 vaccine before deciding if it is appropriate for the patient.

Additionally, CDC is advising that toddlers be immunized against chickenpox (varicella) separately, rather than as part of the measles, mumps, and rubella dose. According to CDC, the new recommendation of a stand-alone chickenpox vaccination for toddlers through age three follows evidence presented to the Advisory Committee on Immunization Practices by the CDC Immunization Safety Office, showing that healthy toddlers from 12-23 months old may have an increased risk of febrile seizure seven to 10 days after vaccination for the combined measles, mumps, rubella, and varicella vaccine compared to those given immunization for chickenpox separately. The Trump Administration's vaccine shift in the national immunization policy is discussed further in the November/December 2025 issue of Innovations®.

ISMP SAFETY BRIEFS: WRONG DRUG ERROR INVOLVING RETURN-TO-STOCK VIAL

This column was prepared by the Institute for Safe Medication Practices (ISMP), an Emergency Care Research Institute affiliate.

A pharmacy reported an incident in which a patient inadvertently received a mixture of two controlled substances (CS). The prescription was for HYDROcodone-acetaminophen, but during the filling process, a pharmacy technician mistakenly retrieved both a manufacturer's bottle of HYDROcodone-acetaminophen and a return-to-stock (RTS) bottle of oxyCODONE-acetaminophen. The technician poured the contents of the RTS bottle and the manufacturer's bottle onto an Eyecon counting machine. This machine uses a camera to visually count and identify incorrect solid oral dosage forms. However, according to the reporter, the tablets of both drugs look nearly identical, with very similar shapes, and thus the counting machine did not recognize that there were two different medications on the counting tray.

The technician completed the dispensing process and passed the prescription to the pharmacist for verification. Unfortunately, the pharmacist also did not recognize that the vial contained a mix of two different medications. The prescription was dispensed, and the patient began taking the medication.

The following day, the patient noticed the presence of different tablets in the vial and contacted the pharmacy. The pharmacy promptly corrected the error, provided the correct quantity of HYDROcodone-acetaminophen, and segregated the oxyCODONE-acetaminophen tablets to be returned with expired medications.

The pharmacy reported a number of factors that contributed to this event. First, the pharmacy dispensing system does not print an RTS label with a usable barcode. Instead, staff manually covers the patient's name with a privacy label when returning a prescription vial to stock. Only the correct manufacturer's bottle of HYDROcodone-acetaminophen tablets was scanned during the Eyecon process; the RTS vial was not. Breakdowns occurred in the manual verification process of the National Drug Code (NDC) of the RTS medication during both dispensing and verification. The pharmacy technician and pharmacist did not notice that the RTS bottle contained a different medication (and NDC). Also, it is thought that the RTS vial of oxyCODONE-acetaminophen was possibly stored on the wrong shelf with bottles of HYDROcodone-acetaminophen. Finally, the visual similarity between the two medications made it difficult to detect the error during counting and verification.

Due to the ongoing reports of RTS-related errors and the potential for patient harm, ISMP published its Best Practice 7, "Maximize the use of technology to prevent errors during the return-to-stock (RTS) process," in the ISMP Targeted Medication Safety Best Practices for Community Pharmacy. It is important for both pharmacy dispensing system vendors as well as pharmacies to implement the different elements of this Best Practice.

For example, pharmacy dispensing systems should generate

specific labels to apply to prescription bottles that require RTS. The RTS labels should include the drug name, dosage strength, expiration date, description (tablet shape, color, imprint code), and a barcode that can be used when filling a subsequent prescription. Utilize barcode verification throughout the RTS process to ensure the correct RTS label is placed on the correct RTS prescription, and during subsequent prescription fills. After affixing an RTS label to the prescription vial, place the RTS medications on pharmacy shelves and, as appropriate, use these to fill subsequent prescriptions. Develop functionality to automate and guide the use of available RTS medications to fill prescriptions before reverting to sending prescriptions to an automated dispensing system for filling.

The reporting pharmacy also identified opportunities to enhance their CS perpetual inventory process. At the time of the event, dispensed quantities were documented electronically only after dispensing. The pharmacy is now exploring ways to incorporate a pre-dispensing inventory check, especially for medications with RTS vials, to improve accuracy and accountability.

SUPPORT FOR PATIENTS AND COMMUNITIES REAUTHORIZATION ACT OF 2025 SIGNED INTO LAW

The SUPPORT for Patients and Communities Reauthorization Act of 2025 was signed into law. This legislation renews funding for programs that address the prevention of, treatment for, and recovery from substance use disorder and mental health conditions.

Additionally, the bill expands support resources for first responders and employment services for people in recovery, as well as temporarily permits a regional technician assistance center to help with the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support.

The act also requires the US Department of Health and Human Services to strengthen the National Suicide Prevention Lifeline program against cybersecurity threats, institute a Federal Interagency Work Group on Fentanyl Contamination of Illegal Drugs, and review the scheduling of approved products that contain buprenorphine and naloxone.

FDA PROPOSES STREAMLINING BIOSIMILAR RESEARCH AND ADVANCING INTERCHANGEABILITY

Food and Drug Administration (FDA) has proposed streamlining its biosimilar products research process. The agency is also planning to advance interchangeability to allow biosimilars to be interchangeable with brand-name biologics. FDA argues that comparative efficacy studies may not be necessary for supporting a demonstration of biosimilarity and instead recommends developers consider conducting a comparative analytical assessment to test the differences between the biosimilar and its reference product.

NEW USP RESOURCES TO AID IN IMPURITY PROFILING OF GLP-1 AGONISTS FOR MANUFACTURERS

United States Pharmacopeia (USP) has published resources to support product quality for glucagon-like peptide-1 (GLP-1) agonists. The new resources include a set of reference standards and analytical reference materials for exenatide, liraglutide, and semaglutide to be used by pharmaceutical manufacturers. Additionally, USP has also prepared information sheets for testing the purity of products and an infographic detailing the workflow of synthetic peptide drug substances and drug products.

FDA ISSUES LABELING CHANGES TO TRANEXAMIC ACID INJECTION

Food and Drug Administration (FDA) is requiring changes to the prescribing labels for tranexamic acid injections after receiving medication error reports of the acid administered intrathecally or as an epidural injection. Tranexamic acid injection is intended for short-term use to reduce or prevent hemorrhage in patients with hemophilia and should only be administered intravenously. The changes to prescribing labels include a boxed warning that informs about the risks of neuraxial administration of the tranexamic acid injection, a statement that it should not be administered neuraxially, and an update to the dosage and administration section outlining instructions for preparing and delivering the diluted solution.

ABC'S NIGHTLINE EPISODE INVESTIGATES THE DANGERS OF ILLICIT GLP-1 MEDICATIONS SOLD ONLINE

In an October 2025 episode of *Nightline*, ABC News investigated fake glucagon-like peptide-1 (GLP-1) drugs sold online. According to its research, online sellers are misspelling the brand names of GLP-1 products in order to skirt authorities and peddle counterfeit versions of the weight loss drug. These sellers often highlight that the product does not require a prescription, and they will only accept payments through Bitcoin or cash apps – two signals that the products are not legitimate medications.

Nightline encourages viewers to verify before they buy using the Safe Site Search Tool on the NABP Safe Pharmacy website.

This website from NABP provides educational information that helps consumers understand why they should only buy from verified, legitimate websites that comply with NABP patient safety and pharmacy practice standards or applicable laws,

including requiring prescriptions for prescription medications.

WHO REPORT OUTLINES STRATEGIES FOR IMPROVING ACCESS TO BLOOD PRESSURE MEDICATIONS

In 2024, 1.4 billion people lived with hypertension, but only about one in five were able to manage it with medications or by addressing certain health risks, according to World Health Organization's (WHO's) recent report. Limited access to blood pressure treatments, along with inconsistent protocols and insufficient training for health care teams, is among the challenges many countries face. The report outlined strategies for strengthening procurement and supply chains and improving prescribing and dispensing processes.

NABP SHARES TOOLS TO HELP BUSINESSES PREPARE FOR AN INSPECTION OR ACCREDITATION SURVEY

In a recent article published in Drug Topics, NABP shares tools and resources to prepare for an inspection or accreditation on-site survey. NABP's accreditation programs are intended to verify the quality and safety of pharmacy and wholesale distributor operations. Businesses can prepare for an on-site inspection, accreditation, or review by evaluating policies and procedures, conducting ongoing reviews to assess areas for improvement, preparing necessary documents for the on-site visit, and organizing a mock inspection or survey.