

PHARMACIST QUALIFICATIONS

- ▶ Unrestricted license
- ▶ Notification of Intent filed with Board
- ▶ CPR Certificate
- ▶ Immunization Training Program Certificate
- ▶ Two (2) hours continuing education
- ▶ Maintain documentation of above

GENERAL ADMINISTRATION REQUIREMENTS

- ▶ No delegation except to qualified intern under direct supervision of a qualified pharmacy
- ▶ Vaccination must comply with guidelines and requirements of:
 - ✓ CDC
 - ✓ Manufacturer
 - ✓ Vaccine Information Statements
 - ✓ Informed Consent
- ▶ Patient must be asked to stay in the pharmacy a safe amount of time after administration to observe adverse reactions.

POLICIES & PROCEDURES

- ▶ In writing
- ▶ Reviewed annually
- ▶ Must include all aspects of administration, including, but not limited to:
 - ✓ Vaccines and drugs administered
 - ✓ Routes of administration
 - ✓ Screening Process
 - ✓ Administration Process
 - ✓ Post-administration Process
 - ✓ Vaccine Information statements
 - ✓ Handling adverse reactions and needle sticks
 - ✓ Notifying prescribers
 - ✓ Administration recordkeeping
 - ✓ Prescription requirements
 - ✓ Disposal of used/contaminated supplies

RECORDKEEPING REQUIREMENTS PRESCRIPTION

- ▶ Maintained for five (5) years and include:
 - ✓ Name of vaccine/drug and dose to be administered
 - ✓ Route of administration
 - ✓ Date or schedule, if any, of each subsequent administration
 - ✓ Statement that the vaccine/drug is to be administered by a pharmacist

ADMINISTRATION RECORD

- ▶ Maintained separate from prescription records
- ▶ Maintained two (2) years and include:
 - ✓ Patient name, address, and date of birth
 - ✓ Date of administration
 - ✓ Route and anatomic site of administration
 - ✓ Vaccine name, dose, manufacturer, lot number and expiration date
 - ✓ Patient's primary health care provider's name and address (if provided)
 - ✓ Administering pharmacist's name and initials
 - ✓ Nature of any adverse reaction and who was notified
 - ✓ Documentation prescriber notification was sent

NOTIFICATION REQUIREMENTS:

- ▶ Must notify prescriber within seventy-two (72) hours. Notification must include:
 - ✓ Identity of patient
 - ✓ Vaccine administered
 - ✓ Administration route
 - ✓ Anatomic site of administration
 - ✓ Dose administered
 - ✓ Date administered
- ▶ Must notify primary health care provider within fourteen (14) days after a vaccine is given (if different from prescriber). Notification must include same information required for prescriber.
- ▶ Adverse Reaction Notification to prescriber within twenty-four (24) hours.

Review of Pharmacist Administration Checklist



MISSOURI BOARD OF PHARMACY

Division of Professional Registration

3605 Missouri Boulevard
Jefferson City, MO 65109
Telephone: (573) 751-0091

VACCINES BY PROTOCOL

PHARMACIST QUALIFICATIONS

- ▶ Unrestricted license
- ▶ Notification of Intent filed with Board
- ▶ CPR Certificate
- ▶ Immunization Training Program Certificate
- ▶ Two (2) hours continuing education
- ▶ Protocol with a physician
- ▶ Maintain documentation of above

GENERAL IMMUNIZATION REQUIREMENTS

- ▶ No delegation except to qualified intern under direct supervision of a qualified pharmacy
- ▶ Vaccination must comply with guidelines and requirements of:
 - ✓ CDC
 - ✓ Manufacturer
 - ✓ Vaccine Information Statements
 - ✓ Informed Consent
- ▶ Patient must be asked to stay in the pharmacy a safe amount of time after administration to observe any adverse reactions.

LIMITATIONS

- ▶ Only viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis and meningitis (combinations allowed, i.e, Tdap)
- ▶ Twelve (12) years of age or older

PHYSICIAN REQUIREMENTS

- ▶ Missouri-licensed
- ▶ Actively engaged in practice in Missouri
- ▶ No farther than (50) miles by road

GENERAL PROTOCOL REQUIREMENTS

- ▶ In writing
- ▶ Signed/dated by pharmacist and physician
- ▶ Valid for no more than one (1) year
- ▶ Must be maintained by both parties for eight (8) years from termination of protocol
- ▶ Amendments must be in writing & signed/dated by both parties

SPECIFIC PROTOCOL REQUIREMENTS

- ▶ Time period covered
- ▶ Vaccines to be administered
- ▶ Administration routes and anatomic sites
- ▶ Patient or group of patients included
- ▶ Creation of prescription provision
- ▶ Emergency treatment provisions (i.e., handling adverse reactions/needle sticks)
- ▶ Length of time patient observed
- ▶ Disposal of used/contaminated supplies
- ▶ Street address of pharmacy or other locations where immunizations will occur
- ▶ Recordkeeping and Notification Requirements
- ▶ Termination by either party provision

RECORDKEEPING REQUIREMENTS

PRESCRIPTION

- ▶ Maintained for five (5) years
- ▶ Prescriber is the protocol physician
- ▶ On file within seventy-two (72) hours

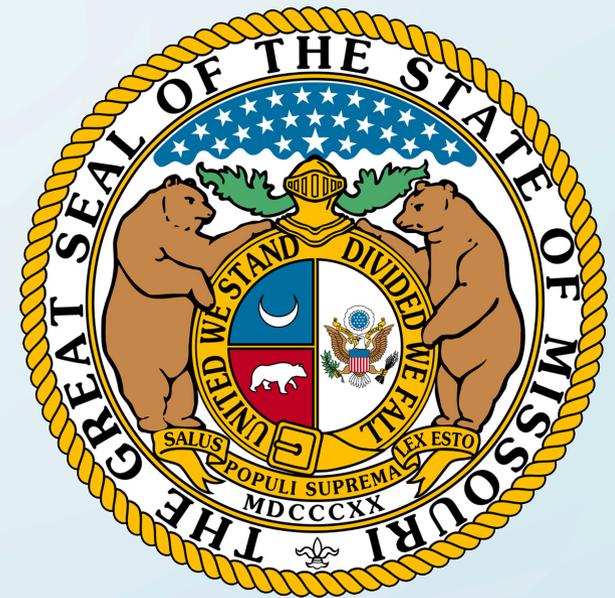
ADMINISTRATION RECORD

- ▶ Separate from prescription records
- ▶ Maintained for two (2) years and includes:
 - ✓ Patient name, address, and date of birth
 - ✓ Date of administration
 - ✓ Route and anatomic site of administration
 - ✓ Vaccine name, dose, manufacturer, lot number and expiration date
 - ✓ Patient's primary health care provider's name and address (if provided)
 - ✓ Administering pharmacist's name and initials
 - ✓ Nature of adverse reaction and who was notified
 - ✓ Documentation that notification was sent

NOTIFICATION REQUIREMENTS:

- ▶ Must notify protocol physician within seventy-two (72) hours. Notification must include:
 - ✓ Identity of patient
 - ✓ Vaccine administered
 - ✓ Administration route
 - ✓ Anatomic site of administration

- ✓ Dose administered
- ✓ Date administered
- ▶ Must notify primary health care provider within fourteen (14) days (if different from protocol physician). Notification must include same information required for protocol physician.
- ▶ Adverse Reaction Notification to protocol physician and primary health care provider, if different, within twenty-four (24) hours.



Board of Pharmacy Web Site:
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