

## **Meeting Notice**

**Missouri Board of Pharmacy  
Conference Call  
March 23, 2016 3:00 p.m.  
Professional Registration  
3605 Missouri Blvd  
Jefferson City, MO 65109**

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Board of Pharmacy, P O Box 625, 3605 Missouri Blvd., Jefferson City, Missouri 65102, or by calling (573) 751-0091 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri Board of Pharmacy is authorized to go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting will be closed under Section 610.021(1), (5), (7), and (14), and under Section 324.001.8, RSMo.

The Board may go into closed session at any time during the meeting pursuant to § 610.021(1) for purposes of legal advice. If the meeting is closed the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

If any member of the public wishes to attend the open portion of the telephone conference call, s/he should be present at the Missouri Board of Pharmacy, 3605 Missouri Blvd., Jefferson City, Missouri, at 3:00 p.m. on March 23, 2016.

Please see attached tentative agenda for this meeting.

**TENTATIVE AGENDA**  
**March 23, 2016 3:00 p.m.**

**Missouri Board of Pharmacy**  
**Professional Registration**  
**3605 Missouri Blvd**  
**Jefferson City, MO 65109**  
**Conference Call**

**OPEN SESSION**

- 1 Call to Order
- 2 Roll Call
- 3 Applications for Intern Training Special Site/Non-Pharmacist Preceptor
- 4 STLCOP Site/Preceptor Lists
- 5 UMKC Preceptor Addition
- 6 Non-Resident Sterile Compounding Survey
- 7 20 CSR 2220-2.100 Collection of Non-Controlled Medication for Destruction
- 8 2016 Legislation
- 9 Approval of Minutes
- 10 The Board may go into closed session at any point during the meeting and all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting will be closed under Section 610.021(1), (5), (7), and (14) and under Section 324.001.8, RSMo. The Board will return to open session at the conclusion of discussion of closed session items.
- 11 Adjournment

**MISSOURI BOARD OF PHARMACY**  
**REVISED MARCH 23, 2016**  
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**SECTION A - OPEN**

#A1A Approval of Minutes

**SECTION B - OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**

**SECTION C -- OPEN**

#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor  
**#C1A Applications for Intern Training Special Site/Non-Pharmacist Preceptor**

#C2 STLCOP Site/Preceptor Lists

#C3 UMKC Preceptor Addition

**SECTION D -- OPEN**

#D1 Non-Resident Sterile Compounding Survey

#D2 20CSR 2220-2.100-Collection of Non-Controlled Medication for Destruction

#D3 2016 Legislation

**SECTION E -- OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION A – OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION B – OPEN HEARINGS**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION C – OPEN**

**#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor**

**ITEMS ENCLOSED:**

- CVS Caremark
- G.L.O. and Associates
- Harrison County Community Hospital
- Providence Family Medicine Clinic
- US Script



### Special Site or Non-Pharmacist Preceptor Application

## SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	<b>MAILING ADDRESS:</b> MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102  <b>OVERNIGHT ADDRESS:</b> 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	APPROVAL DATE	NO. HOURS
		DISAPPROVAL DATE	
		RECEIVED DATE <b>RECEIVED</b>  <b>MAR 14 2016</b>	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS  
 - QUESTIONS: E-MAIL: [intern@pr.mo.gov](mailto:intern@pr.mo.gov) or call (573) 751-0092

MISSOURI BOARD OF PHARMACY

INSTRUCTIONS
<ul style="list-style-type: none"> <li>✓ Use this form to request approval of:           <ul style="list-style-type: none"> <li>a. A preceptor that does <u>not</u> hold a pharmacist license issued by a U.S. state or territory, or;</li> <li>b. An intern training state that is <u>not</u> licensed as a pharmacy in the U.S. or a U.S. territory.</li> </ul> </li> <li>✓ After the special site/non-pharmacist preceptor has been approved by the Board, <b>interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application</b> before beginning their internship hours.</li> <li>✓ <b>Missouri Pharmacy School Students:</b> If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours <u>outside</u> of your school curriculum at a special site or with a non-pharmacist preceptor. <i>This allowance only applies to students attending a Missouri located pharmacy school/college.</i></li> </ul>

REQUEST TYPE
I AM REQUESTING APPROVAL OF:
<input type="checkbox"/> Special Site and Non-Pharmacist Preceptor <input checked="" type="checkbox"/> Special Site <input type="checkbox"/> Non-Pharmacist Preceptor

SITE APPROVAL
NAME OF SPECIAL SITE CVS/Caremark District Office
SITE ADDRESS (STREET)      (CITY)      (STATE)      (ZIP) 2429 Martin Luther King Jr. Drive      Atlanta      GA      30311
IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, NAME OF SCHOOL/COLLEGE: <u>St. Louis College of Pharmacy</u>
DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional Sheets if necessary)  Reviewing and impacting the financial performance of twenty (20) CVS pharmacies. Assuring compliance to all laws and regulations. Hiring and staffing for the district.



## Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES *(Attach additional sheets if necessary)*

Review of monthly Profit and Loss statement and understanding the impact that different events have on it.  
 Develop and implement a plan for growing prescription business.  
 Travel to different stores in the district and learn how different motivators apply to different individuals. Learn to use motivators to enhance performance.  
 Attend and do presentation at a district meeting.  
 Attend a regional meeting; meet other field managers and learn what their jobs encompass.  
 Attend and assist in a pharmacy inventory.  
 Attend a recruiting event geared either to pharmacy Interns or licensed pharmacists.

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN *(Attach additional sheets if necessary)*

The objective is to teach interns the 'business side' of the pharmacy profession. The intern will learn something about pharmacy outside of the dispensing side of pharmacy. This includes the knowledge and deepening understanding of leadership and the traits that make leaders for our company. The Intern will explore different management styles and learn to apply those traits to their pharmacy career.

### PRECEPTOR APPROVAL

**A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below.  
 Attach additional sheets if necessary.**

PRECEPTOR NAME Jessica B. Read, Pharm.D. (GA License RPH025132, Expires 12/31/16)	TITLE Pharmacy Supervisor District 2704
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP) 2429 Martin Luther King Jr. Drive Atlanta GA 30311	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

**PRECEPTOR QUALIFICATIONS:** To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the Intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

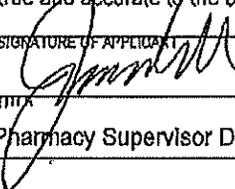
### INTERN INFORMATION *(List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)*

INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
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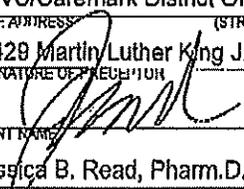
**Special Site or Non-Pharmacist Preceptor Application**

<b>CONTACT PERSON</b> <i>(Please provide a contact person for questions regarding this application)</i>			
CONTACT NAME Jessica B. Read, Pharm.D.		POSITION/TITLE Pharmacy Supervisor District 2704	
CONTACT MAILING ADDRESS (STREET) 2429 Martin Luther King Jr. Drive		(CITY) Atlanta	(STATE) (ZIP) GA 30311
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

<b>APPLICANT AFFIDAVIT</b> <i>(To be completed by person representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT 	PRINT NAME Jessica B. Read, Pharm.D.
TITLE Pharmacy Supervisor District 2704	DATE 3/8/2016



**Special Site or Non-Pharmacist Preceptor Application**

PRECEPTOR'S AFFIDAVIT			
A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.			
<p>I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.</p>			
<p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.</p>			
NAME OF SPECIAL SITE CVS/Caremark District Office			
SITE ADDRESS (STREET) 2428 Martin Luther King Jr. Drive		(CITY) Atlanta	(STATE) (ZIP) GA 30311
SIGNATURE OF PRECEPTOR 		DATE 3/8/2016	
PRINT NAME Jessica B. Read, Pharm.D.		TITLE Pharmacy Supervisor District 2704	

Licensee Information

<b>Name:</b>	Jessica Brooke Read
<b>Owner:</b>	
<b>Address:</b>	2861 Green Cove Way SE Smyrna GA 30080

Primary Source License Information

<b>Profession:</b>	Pharmacy	<b>License No:</b>	RPH025132	<b>License Status:</b>	Active
<b>License Type:</b>	Pharmacist	<b>Obtained By Method:</b>	Reciprocity	<b>License Subtype:</b>	
<b>Issue Date:</b>	9/8/2009	<b>Expiration Date:</b>	12/31/2016	<b>Last Renewal Date:</b>	12/2/2014

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.

Public Board Order means that there is a public document concerning the licensee.

The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

**Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.**

No scanned public board order documents exist.

Associated Licenses

<b>Relationship:</b>	Self Automatic
<b>Prerequisite Licensee:</b>	Read, Jessica Brooke
<b>Prerequisite License:</b>	PHI-012077
<b>Association Date:</b>	Expiration Date:

You may close this window to return to your search results

Data current as of: March 14, 2016 14:4:13

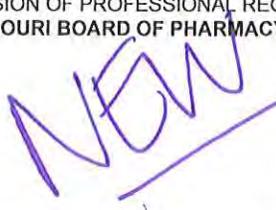
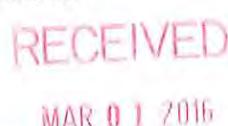
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.



# Special Site or Non-Pharmacist Preceptor Application

## SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

000015 MAR -1 2016

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  	<b>MAILING ADDRESS:</b> MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE _____ NO. HOURS _____
	<b>OVERNIGHT ADDRESS:</b> 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE _____
	RECEIVED DATE  	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS  
 - QUESTIONS: E-MAIL: [intern@pr.mo.gov](mailto:intern@pr.mo.gov) or call (573) 751-0092

**INSTRUCTIONS**

- ✓ Use this form to request approval of:
  - A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
  - An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

**REQUEST TYPE**

I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor     
  Special Site     
  Non-Pharmacist Preceptor

**SITE APPROVAL**

NAME OF SPECIAL SITE  
 G. L. O. and Associates

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)  
 3432 W. Truman Blvd., Suite 201 Jefferson City MO 65109

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM?     YES     NO

IF YES, NAME OF SCHOOL/COLLEGE: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)

See Attachment



## Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON <i>(Please provide a contact person for questions regarding this application)</i>			
CONTACT NAME George Oestreich		POSITION/TITLE Principal	
CONTACT MAILING ADDRESS (STREET) 3432 W. Truman Blvd, Suite 201		(CITY) Jefferson City	(STATE) (ZIP) MO 65109
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

APPLICANT AFFIDAVIT <i>(To be completed by person/representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT 	PRINT NAME George L. Oestreich
TITLE Principal	DATE 2/13/16



# Special Site or Non-Pharmacist Preceptor Application

## PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

*G.L.O. and Associates*

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

*3432 W. Truman Blvd., Suite 201*

*Jefferson City*

*MO*

*65109*

SIGNATURE OF PRECEPTOR

*Jennifer E Kemp-Cornelius*

DATE

*2-26-16*

PRINT NAME

*Jennifer Kemp-Cornelius*

TITLE

*Principal*

### Description of Business Activities

G.L.O. and Associates is a general healthcare consulting group. Our primary area of focus is public sector delivery of healthcare across all delivery silos. We have a wealth of expertise in Medicaid program design and management. Our areas of interest and expertise include the integration of information technology and the implementation of care management programs. We also have extensive experience in pharmacy related issues, both private and public sector. These span single silo issues such as prior authorization, long-term care support and maximum allowable costs programs to more complicated integration of care management issues and their pharmacy interface.

### The intern would:

- Attend and participate in ECHO programs assisting pharmacy experts on the panel
- Participate in reviewing legislation and proposed policy (state and federal) and assist in comments
- Research drug information issues as needed for publications and policy development
- Review population health analytics and summarize findings
- Assist in design of interventions to remediate drug non-adherence, inappropriate use, and adverse reactions
- Assist in developing drug best practice statements to support appropriate medication use

### Learning objectives

- Understand how drug policy is developed
- Participate in planning and interacting with the policy development process
- Understand how drug information may be relayed to improve patient drug regimen from a policy perspective
- Experience the review and use of population based analytics in improving drug therapy and patient outcomes



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  # 663076	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE <b>RECEIVED</b>  <b>FEB 08 2016</b>	MISSOURI BOARD OF PHARMACY

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS  
 - QUESTIONS: E-MAIL: [intern@pr.mo.gov](mailto:intern@pr.mo.gov) or call (573) 751-0092

**INSTRUCTIONS**

- ✓ Use this form to request approval of:
  - A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
  - An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

**REQUEST TYPE**  
 I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor     
  Special Site     
  Non-Pharmacist Preceptor

**SITE APPROVAL**  
 NAME OF SPECIAL SITE  
 HARRISON COUNTY COMM. HOSP      2600 MILLER, BETHANY, MO.      64424

SITE ADDRESS (STREET)      (CITY)      (STATE)      (ZIP)

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM?     YES       NO

IF YES, NAME OF SCHOOL/COLLEGE: UMKC PHARMACY SCHOOL

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)

INTERN TRAINING CERTIFICATE  
 SITE # 663076



# Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES (Attach additional sheets if necessary)

SEE ATTACHED DOCUMENTS

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN (Attach additional sheets if necessary)

SEE ATTACHED DOCUMENTS

24581  
8/21

## PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.

PRECEPTOR NAME WILLIAM LEHLEITNER RPH	2600 MILLER	BETHANY	TITLE DIRECTOR OF PHARM	64424
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)

PRECEPTOR NAME			TITLE	
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)

PRECEPTOR NAME			TITLE	
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)

PRECEPTOR NAME			TITLE	
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)

**PRECEPTOR QUALIFICATIONS:** To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

## INTERN INFORMATION (List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)

INTERN NAME (LAST)	CORNMAN	(FIRST)	KRISTYN	(MIDDLE)		INTERN LICENSE NUMBER
INTERN NAME (LAST)		(FIRST)		(MIDDLE)		INTERN LICENSE NUMBER
INTERN NAME (LAST)		(FIRST)		(MIDDLE)		INTERN LICENSE NUMBER
INTERN NAME (LAST)		(FIRST)		(MIDDLE)		INTERN LICENSE NUMBER
INTERN NAME (LAST)		(FIRST)		(MIDDLE)		INTERN LICENSE NUMBER
INTERN NAME (LAST)		(FIRST)		(MIDDLE)		INTERN LICENSE NUMBER



## Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON (Please provide a contact person for questions regarding this application)		
CONTACT NAME	POSITION/TITLE	
WILLIAM E LEHLEITNER 2600 MILLER ST BETHANY, MO	DIRECTOR OF PHARMACY 64424	
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)		
2600 MILLER ST, BETHANY MO 64424		
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

APPLICANT AFFIDAVIT (To be completed by person/representative of entity submitting this application)	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT	PRINT NAME
	WILLIAM E LEHLEITNER
TITLE	DATE
	2-5-16



## Special Site or Non-Pharmacist Preceptor Application

### PRECEPTOR'S AFFIDAVIT

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I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

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HARRISON COUNTY COMMUNITY HOSPITAL

NAME OF SPECIAL SITE

2600 MILLER ST BETHANY Mo. 64424

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

WILLIAM E LEHLEITNER RPH.

2-5-16

PRINT NAME

TITLE

DIRECTOR OF PHARMACY

**Introductory Pharmacy Practice Experience (IPPE)  
Introduction to Health System Pharmacy Practice  
UMKC School of Pharmacy  
Office of Experiential Programs**

**COURSE PERFORMANCE COMPETENCIES**

The following Performance Competencies have been identified for the course. These competencies are derived from the 2007 ACPE Accreditation Standards and the 2007 Pharmacy Practice Supplemental Educational Outcomes based on CAPE 2004. They are structured to demonstrate achievement of the **Pre-Advanced Pharmacy Practice Experiences Performance Domains and Abilities** as described in **Appendix D of the ACPE Accreditation Standards version 2.0 adopted February, 2011 and Appendix A of the ACPE Guidance for Standards 2016, approved January 25, 2015**. Evidence of student achievement of abilities and competencies within these core domains reflect student readiness to enter APPEs. Even though sites develop these competencies through varying activities and responsibilities, overall student outcome remains the same. The preceptor may assign additional activities and responsibilities to further prepare a student for Advanced Pharmacy Practice Experiences.

**Patient Safety - Accurately Dispense Medications (order fulfillment):**

***Ability Statement:** Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing and distribution of prescriptions and medication orders.*

Performance Competencies

1. Accurately prepare and dispense medications and/or supervise the preparation of medications.
2. Accurately prepare, store, and assure quality of sterile dosage forms and/or supervise the preparation of medications prescribed or recommended as part of a patient care plan.
3. Participate in and understand drug delivery systems utilized at the site (e.g. cart fill and delivery, automated dispensing cabinets, use of robotics, etc.)
4. Understand policies and procedures of the site that regulate medication use policy development (e.g. P & T committee, formulary development), inventory control, medication safety, medication errors, and adverse drug reaction reporting.

**Basic Patient Assessment**

***Ability Statement:** Collect, record, and assess subjective and objective patient data to define health and medication-related problems. Patient information must be collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.*

Performance Competencies:

5. Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.

### **Identification and Assessment of Drug Related Problems**

**Ability Statement:** *Correlate drug related variables and patient related variables to identify and assess drug related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems*

#### **Performance Competency:**

6. Evaluate patient information and medication information that places a patient at risk for developing drug-related problems.

### **Mathematics Applied to Pharmaceutical Calculations, Compounded Medications, Dose Calculations, and Applications of Pharmacokinetic Calculations.**

**Ability Statement:** *Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.*

#### **Performance Competencies:**

7. Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice.

### **Medication Information**

**Ability Statement:** *Demonstrate knowledge, and accept responsibility for that knowledge, of commonly used medications, formulations and drug products.*

#### **Performance Competencies:**

8. Identify brand and generic names, dosage forms, usual dosing ranges, and mechanism of action for commonly used medications in the hospital setting.

### **General Communication Abilities**

**Ability Statement:** *Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.*

#### **Performance Competencies:**

9. Interact and communicate with pharmacy team members (pharmacists and technicians) to ensure the efficient and accurate delivery of pharmacy services and products.
10. Demonstrate effective communication skills using culturally competent and appropriate listening, verbal, nonverbal, and written communication.

## **Pharmacy 7409P: Health Systems (4 Credit Hours)**

The student will spend one month assigned to a health system site. Emphasis of study will be on the pharmacy systems of hospital/health systems, medication safety and quality, and professional practice. Clinical applications will be maintained throughout the rotation. Candidates will take part in department activities to enhance understanding of the integration of all aspects of patient-centered care within the department and other services in the facility/health system. Faculty preceptors may add site-specific objectives as indicated.

### Performance Competencies

#### **Patient Care**

- Analyze patient records for pertinent information before preparing and dispensing medications.
- Evaluate prescription orders for appropriate therapy, efficacy, safety, and compatibility with other medication, proper dose, dosage form, accuracy, and completeness
- For patients transitioning from one care setting to another, effectively reconcile his/her medications and make appropriate communications to involved pharmacy providers
- Retrieve, evaluate, manage, and apply clinical and scientific literature to develop patient care plans and provide accurate and appropriate drug information to patients, caregivers, and health care providers, and present the information successfully in both written and oral forms.
- Appropriately document patient care activity when interventions are made.

#### **Pharmacy Systems and Practice Management**

- Describe the medication use process in health systems, including how pharmacy impacts the safety of storage, prescribing, transcription, dispensing, administration and monitoring steps
- Describe the basic drug procurement process including drug selection, inventory management, backorders, recalls, drug waste, handling of drug shortages, and their relationship to safe, effective patient care
- Demonstrate a working knowledge of commonly used automated systems related to medication use (such as automated dispensing cabinets, computerized prescriber order entry systems, bar code medication administration systems, programmable infusion devices, and robotics), understanding their appropriate and safe use as well as unintended consequences
- Participate in the supervision of pharmacy technicians in their work in medication preparation and delivery
- Demonstrate aseptic technique and describe processes and facilities needed to provide sterile compounded parenteral solutions, including the basic requirements of USP 797
- Participate in the health system's quality improvement program, utilizing performance improvement techniques and how they are used to improve the medication use process
- Summarize current National Patient Safety Goals and articulate those goals that relate to medication use, patient care and pharmacy's role in each
- Describe how organizations such as the Joint Commission strive to ensure quality of healthcare through the accreditation process, giving examples of relevant standards related to safe and appropriate medication use
- Describe those national standards, guidelines, best practices, and established principles and process related to quality and safe medication use (e.g., storage of look-alike/sound-alike medications, high alert medications, storage of concentrated potassium in patient-care areas, dangerous

abbreviations, leading decimal points and trailing zeros, quality measure related to medications, etc.)

- Participate in the health system's Pharmacy and Therapeutics Committee by contributing to a medication-use policy, criteria, and maintenance of the formulary using an evidence-based approach to evaluation of the literature
- Discuss the management of investigational drug products, if applicable at the site.

#### **Communication**

- Communicate clearly and accurately with patients, caregivers, other health care professionals, and the public using culturally competent verbal and written communication skills at the appropriate level for the target audience.
- Effectively communicates patient care plan recommendations to the health care team.
- Ensure continuity of quality care by effectively communicating evidence-based care plans for patients during transitions of care.

#### **Professionalism**

- Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
- Demonstrate and maintain an appropriate level of professional behavior displaying habits, attitudes, and values consistent with a respected member of the pharmacy profession.
- Demonstrate and promote self-directed learning through a self-initiated, proactive, and evidence-based approach to clinical pharmacy practice.

#### **Required Assignments (additional activities may be assigned by the preceptor)**

- Drug Information Question written response
- Journal Club
- Systems Management Project
- Interprofessional Education Reflection



### Special Site or Non-Pharmacist Preceptor Application

## SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  <i>New</i>  - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: <a href="mailto:intern@pr.mo.gov">intern@pr.mo.gov</a> or call (573) 751-0092	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE _____ NO. HOURS _____
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE _____
	RECEIVED DATE  <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">MAR 15 2016</div>	

<b>INSTRUCTIONS</b>	MISSOURI BOARD OF PHARMACY
<ul style="list-style-type: none"> <li>✓ Use this form to request approval of:           <ul style="list-style-type: none"> <li>a. A preceptor that does <u>not</u> hold a pharmacist license issued by a U.S. state or territory, or;</li> <li>b. An intern training state that is <u>not</u> licensed as a pharmacy in the U.S. or a U.S. territory.</li> </ul> </li> <li>✓ After the special site/non-pharmacist preceptor has been approved by the Board, <b>interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application</b> before beginning their internship hours.</li> <li>✓ <b>Missouri Pharmacy School Students:</b> If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours <u>outside</u> of your school curriculum at a special site or with a non-pharmacist preceptor. <i>This allowance only applies to students attending a Missouri located pharmacy school/college.</i></li> </ul>	

<b>REQUEST TYPE</b>
TAM REQUESTING APPROVAL OF:
<input type="checkbox"/> Special Site and Non-Pharmacist Preceptor <input checked="" type="checkbox"/> Special Site <input type="checkbox"/> Non-Pharmacist Preceptor

<b>SITE APPROVAL</b>
NAME OF SPECIAL SITE Providence Family Medicine Clinic
SITE ADDRESS (STREET) (CITY) (STATE) (ZIP) 1201 3804 E. 36th Ave., Anchorage, AK 99508 AS
IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, NAME OF SCHOOL/COLLEGE: University of Missouri-Kansas City
DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)
The Providence Family Medicine Center provides complete medical treatment with open access for every member of the family offering a full range of primary care services. The Center is home to the Alaska Family Medicine Residency program which trains physicians to provide comprehensive care to the community as collaborating members of an interdisciplinary healthcare team.



## Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES *(Attach additional sheets if necessary)*

This ambulatory care family medicine rotation allows students to actively engage in direct patient care activities alongside the clinical pharmacist and other members of the health care team. Outcomes are achieved through participation in activities including but not limited to anticoagulation clinic, medication reconciliation/optimization, drug information consultations, quality improvement projects, patient and caregiver education, and interdisciplinary team meetings to discuss care plans for difficult patient cases.

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN *(Attach additional sheets if necessary)*

See attached

### PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below.  
Attach additional sheets if necessary.

PRECEPTOR NAME Craig Skinner, PharmD	TITLE Clinical Pharmacist
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP) 3801 E. 36th Street, Anchorage, AK 99508 - CTJ	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

**PRECEPTOR QUALIFICATIONS:** To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

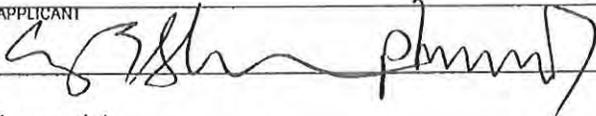
### INTERN INFORMATION *(List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)*

INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER



### Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON <i>(Please provide a contact person for questions regarding this application)</i>			
CONTACT NAME Craig Skinner, PharmD		POSITION/TITLE Clinical Pharmacist	
CONTACT MAILING ADDRESS (STREET) 1221 3804 E. 36th Ave, Anchorage, AK 99508 - CS		(CITY)	(STATE) (ZIP)
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER CS	

APPLICANT AFFIDAVIT <i>(To be completed by person/representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT 	PRINT NAME Craig Skinner, Pharm.D.
TITLE Clinical Pharmacist	DATE 3/11/16



## Special Site or Non-Pharmacist Preceptor Application

### PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Providence Family Medicine Center

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

3801 e. 36th Ave., Anchorage, AK 99508

SIGNATURE OF PRECEPTOR

DATE

3/11/16

PRINT NAME

Craig Skinner, Pharm.D.

TITLE

Clinical Pharmacist

## Division of Corporations, Business and Professional Licensing

### License Details

**License #:** PHAP2212

**Program:** Pharmacy

**Type:** Pharmacist

**Status:** Active

**Issue Date:** 11/16/2013

**Effective Date:** 6/25/2014

**Expiration Date:** 6/30/2016

**Mailing Address:** ANCHORAGE, AK, UNITED STATES

### Owners

Owner Name	Entity Status	Entity #
CRAIG T SKINNER		

### Relationships

No Relationships Found

### Designations

No Designations Found

### Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

## **Pharmacy 7410P: General Medicine III: Ambulatory Patient Care (4 Credit Hours)**

The student will spend one month actively participating in the delivery of direct patient care in an interprofessional ambulatory patient care practice setting where there is an ongoing program of clinical pharmacy services. Students will take part in rounds, conferences, consultations and other activities as directed by the faculty preceptor. Faculty preceptors may add site-specific objectives as indicated.

### Performance Competencies

#### **Patient Care**

- Obtain, record, and interpret patient-specific information from a variety of sources including the patient, caregiver, members of the health care team, patient profile or medical record
- Determine the presence of a disease, medical condition, evaluate drug therapy, identify and prioritize drug-related problem(s) and assess the need for treatment or referral
- Perform selected aspects of physical assessment, as appropriate.
- Assess patient adherence to previously prescribed medication regimens.
- Develop a complete medical and drug therapy problem list.
- Select and recommend appropriate drug and non-drug therapy with defined therapeutic goals and measurable outcomes
- Evaluate appropriateness of prescriptions/medication orders by correlating the order with patient-specific data, pharmaceutical calculations, pharmacokinetics, drug information, pharmacovigilance surveillance and potential drug-related problems
- Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions
- Review, analyze, and integrate clinical drug guidelines into decisions regarding patient care.
- Develop, evaluate, and communicate an optimized patient-specific care plan with members of the interprofessional health care team.
- Appropriately document patient care activity.

#### **Pharmacy Systems and Practice Management**

- Identify and report adverse drug reactions, actual or potential drug interactions, and medication errors in accordance with site-specific procedures. If no ADRs or medication errors are identified, students should discuss the site-specific process for reporting them.
- Discuss practice management issues pertaining to the site e.g. formulary, collaborative practice agreements, medication therapy management services, access to medications, reimbursements, access to medications, transitions of care, etc.

#### **Communication**

- Communicate clearly and accurately with patients, caregivers, other health care professionals, and the public using culturally competent verbal and written communication skills at the appropriate level for the target audience to engender a team approach to patient care.
- Provide effective health and medication information to patients and/or caregivers and confirm patient and/or caregiver understanding of the information being provided
- Effectively communicate patient care plan recommendations to the health care team
- Ensure continuity of quality care by effectively communicating evidence-based care plans for patients during transitions of care.

**Professionalism**

- Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
- Demonstrate and maintain an appropriate level of professional behavior displaying habits, attitudes, and values consistent with a respected member of the pharmacy profession.
- Demonstrate and promote self-directed learning through a self-initiated, proactive, and evidence-based approach to clinical pharmacy practice.
- Discuss and participate in the development and analysis of evidence-based clinical drug guidelines.

**Required Assignments (additional activities may be assigned by the preceptor)**

- Drug Information Question written response
- Journal Club
- Treatment Guideline analysis and application to patient care
- Interprofessional Education Reflection



### Special Site or Non-Pharmacist Preceptor Application

## SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">           RECEIVED             MAR 1 2016         </div>	
- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: <a href="mailto:Intern@pr.mo.gov">Intern@pr.mo.gov</a> or call (573) 751-0092		

<b>INSTRUCTIONS</b>	MISSOURI BOARD OF PHARMACY
<ul style="list-style-type: none"> <li>✓ Use this form to request approval of:           <ul style="list-style-type: none"> <li>a. A preceptor that does <u>not</u> hold a pharmacist license issued by a U.S. state or territory, or;</li> <li>b. An intern training state that is <u>not</u> licensed as a pharmacy in the U.S. or a U.S. territory.</li> </ul> </li> <li>✓ After the special site/non-pharmacist preceptor has been approved by the Board, <b>interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application</b> before beginning their internship hours.</li> <li>✓ <b>Missouri Pharmacy School Students:</b> If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours <u>outside</u> of your school curriculum at a special site or with a non-pharmacist preceptor. <i>This allowance only applies to students attending a Missouri located pharmacy school/college.</i></li> </ul>	

<b>REQUEST TYPE</b>
I AM REQUESTING APPROVAL OF:  <input type="checkbox"/> Special Site and Non-Pharmacist Preceptor <input checked="" type="checkbox"/> Special Site <input type="checkbox"/> Non-Pharmacist Preceptor

<b>SITE APPROVAL</b>
NAME OF SPECIAL SITE US Script
SITE ADDRESS (STREET) (CITY) (STATE) (ZIP) 1099 N. Meridian Street, Suite 400 Indianapolis IN 46204
IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, NAME OF SCHOOL/COLLEGE: <u>St. Louis College of Pharmacy</u>
DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)  See attached



### Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES (Attach additional sheets if necessary)

See attached

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LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN (Attach additional sheets if necessary)

See attached

#### PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below.  
 Attach additional sheets if necessary.

PRECEPTOR NAME Kimberly Simmons, Pharm.D., MBA, BCACP (MO License 204403287, Expires 10/31/16)	TITLE Clinical Account Manager
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP) 1099 N. Meridian Street, Suite 400 Indianapolis IN 46204	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

**PRECEPTOR QUALIFICATIONS:** To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

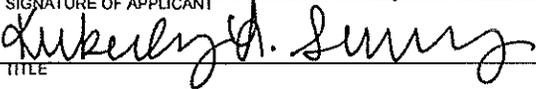
#### INTERN INFORMATION (List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)

INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER



## Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON (Please provide a contact person for questions regarding this application)			
CONTACT NAME Kimberly Simmons, Pharm.D., MBA, BCACP		POSITION/TITLE Clinical Account Manager	
CONTACT MAILING ADDRESS (STREET) 1099 Meridian Street, Suite 400		(CITY) Indianapolis	(STATE) (ZIP) IN 46204
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

APPLICANT AFFIDAVIT (To be completed by person/representative of entity submitting this application)	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT 	PRINT NAME Kimberly Simmons, Pharm.D., MBA, BCACP
TITLE Clinical Account Manager	DATE 2/29/16



## Special Site or Non-Pharmacist Preceptor Application

### PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

US Script

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

1099 N. Meridian Street, Suite 400

Indianapolis

IN

46204

SIGNATURE OF PRECEPTOR

*Kimberly A. Simmons*

DATE

2/29/16

PRINT NAME

Kimberly Simmons, Pharm.D., MBA, BCACP

TITLE

Clinical Account Manager

**US Script, Inc. (a subsidiary of Centene)  
Special Site Permit Application (Attachment)**

**Description of Business Activities:**

US Script, Inc., is a specialty company owned by Centene Corporation – a Fortune 500 company which provides a portfolio of services to government sponsored healthcare programs, focusing on under-insured and uninsured individuals. US Script is a pharmacy benefit manager (PBM) dedicated to providing better health outcomes at lower costs. The rapidly-growing team of diverse, knowledgeable and driven professionals are committed to providing fiscally-sound, high-touch, innovative and flexible solutions to all of our stakeholders.

**Provide a detailed description of the job duties/responsibilities of the intern:**

This rotation is intended to provide the Doctor of Pharmacy candidate with the understanding of the roles and responsibilities of a clinical pharmacist working for a Pharmacy Benefits Management (PBM) Corporation. Candidates will become proficient in skills essential to specialty pharmacy, managed care organizations, and a pharmacy benefits manager – as the clinical pharmacist in this role manages the relationship for this triad. The ultimate goal is progress towards becoming valued as a clinical expert on the health care team.

**Intern will:**

- Provide disease state presentations to internal stakeholders in support of Acaria clinical programs
- Support the maintenance or implementation of clinical programs to manage patient disease states and decrease drug expenditure.
- Prepare new biopharm updates for Centene Health Plans
- Monitor the FDA novel drug and biologic approval listing for new specialty drugs and utilize the ‘specialty drug definition calculator’ to identify specialty drugs to add to the PBM system and specialty drug list for Centene Health Plans.
- Review and recommend revisions to Centene Health Plan clinical edits and quantity limits for claim adjudication to enhance drug utilization.
- Provide Centene Health Plans with drug recall updates and member disruption analysis
- Provide Centene Health Plans with monthly drug utilization reviews per areas of high cost utilization and HEDIS measures.

**List the Learning Objective(s) for the Intern:**

At the completion of this rotation, the intern should be able to:

- Demonstrate the ability to evaluate and revise a formulary managed by the state.
- Understand the development and maintenance of clinical programs for patients disease states
- Evaluate plan benefits for patients
- Demonstrate a working knowledge of reimbursement services
- Conduct prospective, retrospective, and concurrent drug utilization review
- Demonstrate and understanding of the development and revision of policies and procedures within a Managed care setting
- Demonstrate a working knowledge of federal and state laws as they pertain to state managed Medicaid plans

**#C2 STLCOP Site/Preceptor List**

- STLCOP Site Listing
- STLCOP Preceptor Listing

## STLCOP Facility Listing

License # or Special Site #	State Licensed	Facility Name	Address	City	State	Zip	Discipline
<b>PLEASE NOTE: IF FACILITY IS LICENSED IN MULTIPLE STATES, INCLUDING MISSOURI, PLEASE LIST ONLY THE MISSOURI LICENSE</b>							
005872	MO	Hannibal Regional Healthcare System	6000 Hospital Dr.	Hannibal	MO	63401	No
004390	MO	Sam's Healthmart Pharmacy #3	300 North Church Street	Fayette	MO	65248	No
2010042682	MO	Sam's Healthmart Pharmacy #2	530 E. 24 Highway	Moberly	MO	65270	No
2014014683	MO	Steeleville Drug	503 W. Main st.	Steeleville	MO	65565	No
2008006564	MO	Mercy Rehabilitaton Hosiptal - St. Louis	14561 North Outer Forty Rd.	Chesterfield	MO	63017	No
2008011681	MO	Walgreens Pharmacy #11311	1053 Meyer Road	Wentzville	MO	63385	No
2011036221	MO	Express Scripts Spec. Dist. Services/UBC	4700 N. Hanley Avenue Suite A	St. Louis	MO	63134	No
004736	MO	Walgreens Pharmacy #09714	9978 Kennerly Road	St. Louis	MO	63128	No
2002009963	MO	Pleasant Hill Drug Store	1905 N. State Route 7	Pleasant Hill	MO	64080	No
<b>LICENSED OUTSIDE OF MISSOURI</b>							
150015	AL	Ascension Health/Providence Hospital	6801 Airport Blvd	Mobile	AL	36608	No
Y003640	AZ	CVS Pharmacy #3436	2809 Sossaman	Mesa	AZ	85212	No
925	IA	Great River Medical Center	1221 S. Gear Ave.	W. Burlington	IA	52655	No
054-017217	IL	Elmhurst Hospital	155 E. Brush Hill Rd.	Elmhurst	IL	60126	No
054-017196	IL	Riverside Medical Center	350 N. Walls Street	Kankakee	IL	60901	No
054-017088	IL	Memorial Hosp. (License = Randolph Mem.)	1900 State Street	Chester	IL	62233	No
054-017000	IL	Swedish Covenant Hosptial	5145 N. California Ave.	Chicago	IL	60625	No
054-016972	IL	Sage Cancer Center - Centegra Hlth Syst	4201 Medical Center Dr	McHenry	IL	60050	No
054-014131	IL	Hy-Vee Pharmacy #1525	1651 Midtown Road	Peru	IL	61354	No
054-017067	IL	Northwest Community Hospital	800 West Central Road	Arlington Heights	IL	60005	No
054-018043	IL	Carepoint Pharmacy	9 E. Commerce Dr.	Schamberg	IL	60173	No
054-017102	IL	St. Margaret's Health/St. Margaret's Hospital	600 E. First St.	Spring Valley	IL	61362	No
054-017092	IL	Advocate Medical Group- Evergreen Center	1357 W. 103rd St.	Chicago	IL	60643	No
60000923A	IN	Purdue Univ. Vet. Teaching Hosp. Phy	625 Harrison St. Lynn Hall Rm G361	West Lafayette	IN	47907	No
60006091A	IN	Kroger Pharmacy #424	10230 Chestnut Plaza Dr.	Fort Wayne	IN	46814	No
60006255A	IN	IU Health Physicians South	8820 S. Heridian St. Suite 200	Indianapolis	IN	46217	No
60000266A	IN	Memorial Hospital of South Bend	615 N. Michigan St.	South Bend	IN	46601	No
2-09948	KS	ARJ Infusion Services	10049 Lakeview Ave.	Lenexa	KS	66219	No
5301005761	MI	Kroger Pharmacy #888	6430 W. Saginaw Hwy	Lansing	MI	48917	No
200443	MN	Regions Hospital	640 Jackson St.	Saint Paul	MN	55101	No
RP-0001849	OR	Providence Newberg Medical Center	1001 Providence Drive	Newburg	OR	97132	No
12686	TX	Texas Children's Hospital - Pharmacy	6621 Fannin Street Suite WB 1-120	Houston	TX	77030	No
17046	TX	Kingwood Medical Center	22999 US Highway 59	Kingwood	TX	77359	No
25205	TX	CVS Pharmacy #0213	5526 S. Congress Ave.	Austin	TX	78745	No
22878	TX	US Bioservices	3200 Internet Blvd	Frisco	TX	75034	No
PHAR.CF.00000059	WA	Bartell Drugs #1	1628 5th Avenue	Seattle	WA	98101	No
2-13121	KS	Walgreens Pharmacy #05768	5505 E. Harry St.	Wichita	KS	67218	No

PH28554	FL	Lee Mem. Health System - Cape Coral Hosp.	636 Del Prado Blvd	Cape Coral	FL	33990	No
PH315	FL	Lee Memorial Health System	2776 Cleveland Avenue	Fort Myers	FL	33901	No
263798	MN	CVS Pharmacy #4658	7932 27th Ave.	New Hope	MN	55427	No
PHRF008521	GA	Walgreens Pharmacy #06373	5707 Veterans Parkway	Columbus	GA	31904	Unable to verify
054-016971	IL	Crawford Memorial Hospital	1000 N. Allen St.	Robinson	IL	62454	No
054-019145	IL	Walgreens Pharmacy #15283	101 W. University Ste 102	Champaign	IL	61820	No
11381	CA	Beemans Rx Pharmacy	355 E. 21st Street	San Bernidinco	CA	92404	No
39435	CA	Linh's Pharmacy #2	9500 Bolsa Avenue Suite N	Westminster	CA	92683	No
Apr-59	OK	Three Rivers Health Center	1001 S. 41st St. E	Muskogee	OK	74403	No
260528	MN	Cub Pharmacy #1616	1940 Cliff Lake Road	Eagan	MN	55122	No
<b>Special Site Permits</b>							
680175		National Institute of Health	9000 Rockville Pike	Bethesda	MD	20892	No
680179		California Pharmacists Association	4030 Lennane Dr.	Sacramento	CA	95834	No
680180		San Jacinto College	13735 Beamer Rd.	Houston	TX	77089	No
		CVS/Caremark District	2429 Martin Luther King Jr. Dr.	Atlanta	GA	30311	To be rv'd in March
		US Script	1099 N. Meridian Street Suite 400	Indianapolis	IN	46204	To be rv'd in March

## STLCOP Preceptor Listing

License #	State Licensed	Last Name	First Name	Discipline
<b>LICENSED IN MISSOURI</b>				
2012041647	MO	Ahrens	Elizabeth B.	No
2010026494	MO	Bailey	Amber R.	No
2009023439	MO	Bast	Carolyn H.	No
042099	MO	Bowers	Jeffrey W.	No
044461	MO	Christensen	Eric	No
2012041412	MO	Curtis	Drew R.	No
2015020738	MO	DeMucci	Ellen D.	No
2014021085	MO	Dong	Ryan L.	No
2004035790	MO	Gilmore	Jessica L.	No
2009021419	MO	Gitman	Alex M.	No
2013026249	MO	Greaser	Stuart A.	No
2015024578	MO	Huang	April J.	No
2006009500	MO	Kleiss	John R.	No
2010025204	MO	Laubscher	Jessica M.	No
2014029956	MO	Malcom	Heather E.	No
2015004100	MO	Mays	Kyle R.	No
2008018173	MO	Millham	Jordan C.	No
2010026505	MO	Molinarolo	Timothy M.	No
2015020592	MO	Ng	Christina M.	No
042674	MO	Pace	Peggy E.	No
2013026241	MO	Sheehan	Colleen E.	No
2015020497	MO	Shiple	Kerri A.	No
2011033287	MO	Simmons	Kimberly L.	No
2015027229	MO	Smith	Melanie K.	No
2011023707	MO	Strodtman-Pettit	Cortney	No
2015027490	MO	Trivedi	Namrita R.	No
2011031740	MO	Weber	Brandi M.	No
2013026473	MO	Wilburn	Jera M.	No
042798	MO	Williams	Tracy L.	No
<b>LICENSED OUTSIDE MISSOURI</b>				
PD12660	AR	Bast	Carolyn H.	No
18151	AL	Bast	Carolyn H.	No
14411	AL	Satterwhite	Rebecca L.	No
S017174	AZ	McDonald	Alexander V.	No
45444	CA	Beeman	Robert E.	No
68521	CA	Conner	Michael S.	No
46466	CA	Nguyen	Thuy-Linh	No
PS49876	FL	Bast	Carolyn H.	No
PS35930	FL	Mitchelson	Susan B.	No
PS43733	FL	Previty	Shannon L.	No
RPH025132	GA	Read	Jessica B.	No
RPH024294	GA	Simmons	Kimberly L.	No
RPH027276	GA	Spencer	Amy E.	No
RPH022460	GA	Weaver	Sherman Jay	No

18262	IA	Thompson	Scott A.	No
PR385396	ID	Beeman	Robert E.	No
051-299140	IL	Van Hise	Nick	No
051-288600	IL	Adams	Ryan	No
051-297980	IL	Backhoff	Jacob	No
051-294692	IL	Desai	Mital	No
051-037663	IL	George	Charles T.	No
051-292997	IL	Kang	Hee Jung	No
051-293507	IL	Kang	Walter S.	No
051-040186	IL	Kloos	Amy L.	No
051-295831	IL	Landup	Dejan	No
051-288282	IL	Meeks	Kelly E.	No
051-296113	IL	Meyer	Andrew D.	No
051-294923	IL	Nowell	Jayne S.	No
051-033110	IL	Patel	Ramesh V.	No
051-039043	IL	Pleskovitch	Julie	No
051-295751	IL	Sinsheimer	Jessica L.	No
051-040018	IL	Thompson	Scott A.	No
26014909A	IN	Blauvelt	Richard A.	No
26014953A	IN	Gwin	Wilson E.	No
26024477A	IN	Priniski	Kaitlyn M.	No
26024187A	IN	Sinsheimer	Jessica L.	No
26014637A	IN	Weber	William S.	No
1-12445	kS	Burenheide	Kate	No
1-13375	KS	Pischke	Rebecca T.	No
1-16029	KS	Truong	Andrew C.	No
017677	ky	Sinsheimer	Jessica L.	No
PST.020978	LA	Bast	Carolyn H.	No
22793	MD	Bast	Carolyn H.	No
16697	MD	Potter	Andrew M.	No
5302042940	MI	Bast	Carolyn H.	No
5302027746	MI	Callaghan	Christina L.	No
119899	MN	Elmore	Sharon J.	No
120945	MN	Moen	Megan L.	No
115389	MN	Tranby	Wade M.	No
T-13607	MS	Bast	Carolyn H.	No
T-14015	MS	Sinsheimer	Jessica L.	No
14793	NE	Bast	Carolyn H.	No
14854	NE	Thompson	Scott A.	No
R-14888	OK	Lovell	Weston W.	No
RPH-0014600	OR	Bast	Carolyn H.	No
RPH-0010730	OR	Moretz	Deanna B.	No
RPH-0015018	OR	Sinsheimer	Jessica L.	No
38965	TN	Bast	Carolyn H.	No
43535	TX	Bork	Sara J.	No
50275	TX	Gessner-Wharton	Mallory	No
56072	TX	Gracey	Cassey N.	No

42116	TX	Okwonna	Alexander C.	No
52581	TX	Simmons	Kimberly L.	No
31187	TX	Smoot	Mischelle C.	No
51586	TX	Tan	Christina S.	No
22878	TX	Coats	Brittney	No
0202207963	VA	Desai	Mital	No
0202011192	VA	Figg	William D.	No
PH00072844	WA	Lensky	Michal	No
RP0008753	WV	Bast	Carolyn H.	No
2142	WY	Weber	William S.	No

**#C3 UMKC Preceptor Addition**

**ITEMS ENCLOSED:**

- Brownfield E-mail

## Luebbert, Jennifer

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**Subject:** FW: Preceptor Approval - March Rotation

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**From:** Grinston, Kimberly  
**Sent:** Thursday, March 10, 2016 8:07 AM  
**To:** Cundiff, Amber  
**Subject:** RE: Preceptor Approval - March Rotation

Please approve and place her on the next call. Can you reach out to Valerie?

*Kimberly Grinston, J.D.*  
*Executive Director,*  
*Missouri Board of Pharmacy*  
*3605 Missouri Boulevard*  
*Jefferson City, MO*  
*65102*

*(573) 751-0093*  
[\*kimberly.grinston@pr.mo.gov\*](mailto:kimberly.grinston@pr.mo.gov)

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**From:** Cundiff, Amber  
**Sent:** Thursday, March 10, 2016 8:06 AM  
**To:** Grinston, Kimberly  
**Subject:** RE: Preceptor Approval - March Rotation

Our records indicate no discipline for Anne Aubuchon, 043441.

*\*\*Please note\*\* 3M Cogent has moved, their new mailing address is: 3M Cogent Inc. 639 N Rosemead Blvd. Pasadena, CA 91107. We are working to update our applications as quickly as possible.*

Thank you,

*Amber S. Cundiff*  
Pharmacist/Intern Coordinator  
Missouri Board of Pharmacy  
P.O. Box 625  
3605 Missouri Boulevard  
Jefferson City, MO 65102  
573-751-0092  
[Amber.Cundiff@pr.mo.gov](mailto:Amber.Cundiff@pr.mo.gov)

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**From:** Brownfield, Angela [<mailto:brownfielda@umkc.edu>]  
**Sent:** Wednesday, March 09, 2016 8:07 PM

**To:** Glenski, Tom; Grinston, Kimberly  
**Cc:** Ruehter, Valerie L.  
**Subject:** Preceptor Approval - March Rotation  
**Importance:** High

Tom and Kim

One of our preceptors who was hosting our student on an APPE elective this month has been forced to take an emergency (maternity) leave. Her name is Stephanie Hanvey. I have corresponded with the current pharmacist at the site who is willing to take Stephanie's place as primary preceptor for the remainder of this rotation. To my knowledge, she is not currently registered as a preceptor in the state of Missouri. Her information is as follows:

*Anne Aubuchon BS*  
*Current pharmacy:*  
*Schnucks*  
*8800 Manchester Road*  
*Brentwood, MO 63144*  
*314-962-0323*  
*fax 314-962-6593*

*Email*

*License MO 043441*  
*Store license MO 004637*

**Would it be possible to gain preceptor approval for her so that the current student may finish the rotation at this site?** I appreciate your consideration of this timely matter. Please let me know if you need additional information or if I need to take further steps.

Thank you,

**Angela**

*Angela Brownfield, Pharm.D.*  
Assistant Director of Experiential Learning  
Assistant Clinical Professor  
UMKC School of Pharmacy at MU  
807 Lewis Hall  
Columbia MO 65211  
W (573) 884-9968  
F (573) 884-2166  
[brownfielda@umkc.edu](mailto:brownfielda@umkc.edu)



# **SECTION D – OPEN**

**#D1 Non-Resident Sterile Compounding Survey**

**ITEMS ENCLOSED:**

- Copy of Survey

Dear Missouri Pharmacy Permit Holder:

The Missouri Board of Pharmacy is conducting a survey of Missouri licensed non-resident pharmacies that currently hold a Class-H Sterile Compounding pharmacy permit. The purpose of this survey is to assess sterile compounding activity in this state.

The survey should be completed by the facility's pharmacist-in-charge and returned to the Board office on or before April XX, 2016. Completed surveys should be mailed to:

Missouri Board of Pharmacy  
3605 Missouri Boulevard  
Jefferson City, Missouri 65109

### SURVEY

PHARMACY NAME		PHARMACY PERMIT NO.	
PHARMACY ADDRESS	CITY	STATE	ZIP CODE
PHARMACY TELEPHONE NUMBER	E-MAIL ADDRESS		
PHARMACIST-IN-CHARGE	PHARMACIST-IN-CHARGE LICENSE NUMBER		

### GENERAL INFORMATION

- 1) Does the pharmacy compound sterile products for Missouri patients?
- Yes
  - No
  - Not currently but we choose to maintain the pharmacy's Class-H permit.

*(Skip to Question # 30, if the pharmacy does not distribute or dispense compounded sterile products into Missouri).*

- 2) If yes, what percentage of your pharmacy business is related to sterile compounding for Missouri patients?
- Less than 10%
  - 11% to 25%
  - 26% to 50%
  - 51% to 75%
  - Greater than 75%
- 3) What type of sterile products does the pharmacy compound for Missouri patients (*check all that apply*)?
- Risk Level 1

- Risk Level 2
  - Risk Level 3
- 4) Does the pharmacy compound **RISK LEVEL 3** products for Missouri patients?
- Yes
  - No
- 5) If yes, what percentage of your pharmacy business is related to compounding **RISK LEVEL 3** products for Missouri patients?
- Less than 10%
  - 11% to 25%
  - 26% to 50%
  - 51% to 75%
  - Greater than 75%
- 6) What types of **Risk Level 3** products does the pharmacy compound for Missouri patients (*check all that apply*)?
- Not Applicable
  - Implantable pellets
  - Injectables
  - Irrigation solutions
  - Ophthalmic preparations
  - Inhalation preparations
  - OTHER: \_\_\_\_\_
- 7) Does the pharmacy hold a Missouri Class-J Shared Services pharmacy permit? (If yes, provide a list of all Missouri pharmacies that the pharmacy operates with under a Class J shared services agreement).
- Yes
  - No
- 8) Do Missouri patients receive compounded sterile preparations that are made via a batch process (e.g., compounding multiple doses for more than one (1) patient)? (Please provide a list of all drugs that you routinely compound in a batch process) *See note on question @*
- Yes
  - No
- 9) If “yes”, what would be the pharmacy’s largest single batch in a typical week:
- 24 or less doses in a single batch

- 25 to 49 doses in a single batch
- 50 to 99 doses in a single batch
- 100 to 999 doses in a single batch
- Greater than 1,000 doses in a single batch

10) What drug(s) do you compound in a batch process? (Please provide a listing of each drug) **Should this request be limited to just a list of all sterile compounds the pharmacy routinely dispenses to Missouri patients?**

11) What risk level are your batch preparations?

- Risk Level 1
- Risk Level 2
- Risk Level 3

12) What percentage of your sterile compounded preparations prepared in a batch are high risk preparations (this would include non-sterile to sterile preparations)?

- Less than 10%
- 11% to 25%
- 26% to 50%
- 51% to 75%
- Greater than 75%

**Should we ask the detailed batch questions given that our rules don't really differentiate between batch and non-batch?**

13) Is a patient specific prescription required prior to distributing or dispensing a sterile compound into Missouri?

- Yes
- No

14) Are you registered with the FDA (U.S. Food and Drug Administration) as a 503(B) outsourcing facility?

- Yes
- No

15) If you are a registered 503(B) outsourcing facility, are you shipping or do you intend to ship non-patient specific compounds into Missouri?

- Yes
- No

\*\*\*Please note that a Missouri drug distributor license is required for 503(B) entities shipping non-patient specific compounds into Missouri\*\*\*

16) When was the pharmacy last inspected by your state regulatory authority? (Please provide a copy of your last state inspection)

- Less than six (6) months
- Within the last year
- Within the last eighteen (18) months
- Within the last two (2) years
- More than two (2) years ago

17) Was the inspector for your last state regulatory inspection an inspector of the state regulatory board for pharmacy or a contracted vendor?

- An inspector of my state regulatory board for pharmacy
- A contracted vendor

Would licensees know if an inspector was contracted or not?

18) Has your pharmacy been inspected by a state regulatory board of pharmacy other than the state board of pharmacy where the pharmacy is located (e.g., an inspection by a non-resident state board of pharmacy)?

- Yes (Please provide a copy of the inspection report/findings)
- No

19) Has the pharmacy been inspected by the Food and Drug Administration (FDA)?

- Yes
- No

20) If so, when was the pharmacy inspected by the FDA (month/date/year)?

21) Did the FDA issue a Form 483 as a result of the inspection?

- Yes (Please provide a copy of the Form 483)
- No

22) Has your pharmacy been inspected by a third-party vendor (e.g., VPP-NABP)? If so, on what date?

- Yes (Provide a copy of the inspection report)
- No

Q: Should this question be more specific or targeted? Would this include non-pharmacy related vendors? Do we need to define what a third party vendor is? Would it be easier to simply ask if the pharmacy's been inspected by NABP?

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23) How often does the pharmacy require or provide aseptic technique training for pharmacists?

- Never
- At least monthly
- At least every six (6) months
- At least annually
- At least every two (2) years

24) How often does the pharmacy require or provide aseptic technique training for technicians?

- Never
- At least monthly
- At least every six (6) months
- At least annually
- At least every two (2) years

25) Does the pharmacy perform process validation using growth medium to validate aseptic technique?

- Yes
- No

26) If yes, how often?

- Never
- At least monthly
- At least every six (6) months
- At least annually
- At least every two (2) years

27) Is process validation performed for all risk level activities?

- Yes
- No

28) Does the pharmacy perform glove-fingertip sampling?

- Yes
- No

29) If yes, how often?

- Never
- At least monthly

- At least every six (6) months
- At least annually
- At least every two (2) years

30) Has your state adopted USP 797?

- Yes
- Yes, but with modifications
- No

### **DOCUMENT REQUEST**

- Please provide a list of all sterile compounding preparations dispensed into Missouri between January 1, 2015 and December 31, 2015.

Doug asked if we should request the Rx #, risk level, # of dosage units dispensed and whether it was prepared from a batch?

Completed surveys should be mailed to:

Missouri Board of Pharmacy  
3605 Missouri Boulevard  
Jefferson City, Missouri 65109

**Deleted:** You may complete this survey online at [www.mo.pr.gov](http://www.mo.pr.gov) or by returning this paper survey

Surveys should be returned by **April XX, 2016**. Thank you for participating.

**#D2 20CSR 2220-2.100-Collection of Non-Controlled Medication for Destruction**

- Draft Rule

**DISCUSSION REQUESTED:** The draft rule will be returned to the Board in April. Are there any additional changes/suggestions that the Board would like to see included in the April discussion draft?

**(DISCUSSION DRAFT ONLY)**

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL  
INSTITUTIONS AND  
PROFESSIONAL REGISTRATION  
Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**PROPOSED RULE**

**20 CSR 2220-2.100-- Collection of Non-Controlled Medication for Destruction**

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- (1) The provisions of this rule shall apply to the collection of non-controlled medication from the public for destruction. Pharmacies may accept controlled substances for return or destruction in compliance with all applicable state and federal laws and regulations. Participation in a medication return or destruction program is voluntary. This rule shall not be construed to require that a licensee or permitholder participate in or establish a return/destruction program.
- (2) Definitions. The following definitions shall apply for purposes of this rule:
- (A) “Mail”- Mail shall include mailing via the United States postal service or shipping via a common carrier.
  - (B) “Nonretrievable”- For the purposes of destruction, a condition or state to which medication is rendered after undergoing a process that permanently alters the medication’s physical condition or state through irreversible means and thereby renders the medication unavailable and unusable for all practical purposes.
- (3) Pharmacies may maintain a collection receptacle or establish an authorized mail-back program to collect non-controlled medication from the public for destruction. Collected medication shall not be resold or reused.
- (A) Pharmacies collecting medication for destruction shall develop and implement written policies and procedures for collecting medication which shall include, but not be limited to, authorized destruction procedures and methods.
  - (B) This rule does not preempt or modify returns/reuse of medication as authorized by 20 CSR 2220-3.040, the provisions of Chapter 196, RSMo, governing the Prescription Drug Repository Program or any provision of state or federal law governing controlled substances or the destruction, handling or transporting of medical or pharmaceutical waste. Collection of returned controlled substances must comply with all applicable state and federal law.
  - (C) Pharmacies shall make a reasonable effort to notify the public prior to terminating or discontinuing a medication return program.

**(DISCUSSION DRAFT ONLY)**

- 41 (4) Collection Receptacles. Pharmacies that maintain a collection receptacle to collect non-  
42 controlled medication for destruction shall comply with the following:
- 43 (A) Collection receptacles shall be securely placed and maintained inside the physical  
44 building of the pharmacy in a manner that prevents medication theft or diversion.  
45 The receptacle must be under the direct visual observation of pharmacy staff at all  
46 times the receptacle is available for use. For Class B hospital pharmacies, the  
47 collection receptacle shall not be located in any area where patient care is provided.
  - 48 (B) Collections receptacles must be securely fastened to a permanent structure to prevent  
49 unauthorized removal. The receptacle must be a securely locked, substantially  
50 constructed container with a permanent outer container and contain an inner liner that  
51 complies with this rule.
  - 52 (C) A sign shall be prominently displayed on the outer container of the receptacle  
53 indicating that only non-controlled substances may be deposited into the receptacle.  
54 If the receptacle is also used to collect controlled substances, the required sign shall  
55 comply with state and federal controlled substance laws.
  - 56 (D) The outer container of the receptacle shall include a small opening that allows  
57 medication to be added to the inner liner but prevents removal of the inner liner's  
58 contents. The opening shall be locked or made otherwise inaccessible to the public  
59 when the pharmacy is closed for business.
  - 60 (E) Inner liners shall comply with the following:
    - 61 1. Inner liners must be removable, waterproof, tamper-evident and tear resistant;
    - 62 2. The contents of the inner liner shall not be viewable from the outside when  
63 sealed;
    - 64 3. The size of the inner liner shall be clearly marked on the outside of the liner  
65 (e.g., 5-gallon, 10-gallon, etc.);
    - 66 4. The inner liner shall bear a permanent, unique identification number or  
67 identifier that enables the inner liner to be tracked;
    - 68 5. Access to the inner liner shall be restricted to Board licensees or registrants;
    - 69 6. Inner liners shall only be installed or removed from a collection receptacle by  
70 or under the supervision of at least two Board licensees or registrants acting  
71 on behalf of the pharmacy. The inner liner shall be sealed by two Board  
72 licensees or registrants technicians immediately upon removal from the  
73 permanent outer container and the sealed inner liner shall not be opened, x-  
74 rayed, analyzed or otherwise penetrated; and
    - 75 7. Inner liners shall be stored in a securely locked, substantially constructed  
76 cabinet or a securely locked room with controlled access.
- 77
- 78 (5) Mail-Back Programs. Pharmacies may provide mail-back packages to the public or to a  
79 local, state or federal law enforcement agency for the purpose of mailing non-controlled  
80 medication to the pharmacy for destruction. Packages may be provided by the pharmacy or

**(DISCUSSION DRAFT ONLY)**

81 the pharmacy's authorized designee. Pharmacies may only accept medication for destruction  
82 that is mailed or shipped to the pharmacy in an authorized mail-back package that complies  
83 with this rule.

- 84 (A) Mail-back packages shall be stored in a securely locked, substantially constructed  
85 cabinet or a securely locked room with controlled access.
- 86 (B) Mail-back packages must be nondescript and shall not include any markings or other  
87 information that might indicate that the package contains medication. Packages must  
88 be water-proof, spill-proof, tamper-evident, tear-resistant and sealable.
- 89 (C) Mail-back packages must be preaddressed with and delivered to the pharmacy's  
90 physical address or preaddressed with and delivered to the address of an entity  
91 designated by the pharmacy responsible for destroying or arranging for the  
92 destruction of the medication on the pharmacy's behalf. The cost of shipping the  
93 package shall be postage or otherwise prepaid;
- 94 (D) The package must have a unique identification number or other unique identifier that  
95 enables the package to be tracked;
- 96 (E) The package must include instructions indicating the process for mailing back or  
97 returning the package, notice that only noncontrolled medication can be returned to  
98 the pharmacy, notice that packages may only be mailed from within the 50 United  
99 States or U.S. territories and notice that only packages provided by or on behalf of the  
100 pharmacy will be accepted for destruction.
- 101 (F) Senders shall not be required to provide any personally identifiable information when  
102 mailing back medication to the pharmacy or the pharmacy's designee.
- 103 (G) Only pharmacy employees shall handle packages received through an authorized mail  
104 back program. Mail back packages shall not be opened, x-rayed, analyzed or  
105 otherwise penetrated by the pharmacy.
- 106 (H) Medication returned via a mail-back program shall be destroyed as provided in  
107 section (7) of this rule.

108  
109 (6) Long-Term Care Facilities: Pharmacies may provide and maintain a collection receptacle at  
110 a long-term care facility to collect medication for destruction. Collection receptacles shall  
111 comply with section (4) of this rule. Medication collected for return and reuse as authorized by  
112 and in compliance with 20 CSR 2220-3.040 shall be exempt from the provisions of this rule.

113 (A) Collection receptacles shall be securely placed and maintained inside the long-term  
114 care facility in a manner that prevents theft or diversion. The receptacle must be under the direct  
115 visual observation of the facility's staff at all times the receptacle is available for use or must be  
116 stored in a securely locked room or area with controlled access that is restricted to facility  
117 staff/personnel until transfer to the pharmacy.

118 (B) The pharmacy shall be responsible for installing, managing and maintaining the  
119 receptacle and for the removal, sealing, transfer and storage of inner liners and receptacle

**(DISCUSSION DRAFT ONLY)**

120 contents. Inner liners shall be stored in a securely locked, substantially constructed cabinet or a  
121 securely locked room with controlled access.

122 (C) The installation, removal, transfer and storage of inner liners shall be performed  
123 either: (1) by or under the supervision of two Board licensees or registrants acting on behalf of  
124 the pharmacy or (2) by or under the supervision of a Board licensee or registrant and one  
125 employee of the long term care facility designated by the pharmacy (e.g., a supervisory charge  
126 nurse).

127 (C) After removal, sealed inner liners may be stored at the long-term care facility for no  
128 more than three (3) business days in a securely locked, substantially constructed cabinet or in a  
129 securely locked room or area with controlled access until transfer to the pharmacy.

130 (D) Medication shall be disposed of in accordance with section (7).

131  
132 (7) Destruction Methods. Medication collected for destruction shall be destroyed in compliance  
133 with all applicable federal, state and local laws and shall be rendered nonretrievable in order to  
134 prevent diversion and to protect the public health and safety. Medication shall be destroyed in  
135 one of the following ways:

136 (A) On-site Destruction: Medication may be destroyed on the physical premises of  
137 the pharmacy, provided two (2) Board licensees or registrants must personally witness the  
138 destruction of the medication and handle or observe the handling of the medication until the  
139 substance is rendered non-retrievable.

140 (B) Transfer to an Authorized Entity: Collected medication may be mailed, shipped  
141 or transferred to an authorized destruction entity to destroy the medication offsite. Two (2)  
142 Board licensees or registrants acting on behalf of the pharmacy shall witness or observe the  
143 mailing, shipping or transfer to the authorized entity. If the medication is transported to an  
144 offsite location for destruction, two (2) Board licensees or registrants must accompany the  
145 medication to the destruction site. The medication must be constantly moving towards its final  
146 location. Unnecessary and unrelated stops and stops of an extended duration shall not occur.  
147 The required two (2) licensees/registrants shall observe the handling of the medication until the  
148 medication is destroyed and rendered nonretrievable.

149  
150 (8) Records. Except as otherwise provided herein, pharmacies shall maintain a complete and  
151 accurate record of the following for two (2) years:

152 (A) Inventories. Pharmacies collecting non-controlled medication shall conduct an  
153 inventory every twelve (12) months of mail-back packages and inner-liners that are present at the  
154 pharmacy or at a long-term care facility that are unused or awaiting destruction. The inventory  
155 shall be documented in writing and must include:

- 156 1. The date of the inventory;
- 157 2. The number of mail-back packages and inner liners present on the date of the  
158 inventory and the size of any inner liners (e.g., five 10-gallon liners, etc.);

**(DISCUSSION DRAFT ONLY)**

159                   3. The unique identification number/identifier of each mail-back package or inner  
160 liner, whether unused or awaiting destruction.

161                   (B) Inner Liners. The pharmacy shall maintain the following written records for inner  
162 liners:

163                   1. The date each unused inner liner is acquired, the unique identification  
164 number/identifier and the size of each unused inner liner (e.g., 5-gallon, 10-gallon, etc.).

165                   2. The date each inner liner is installed, the address of the location where each liner  
166 is installed, the unique identification number/identifier and size of each installed inner liner and  
167 the names and signatures of the two required witnesses for each installation.

168                   3. The date each inner liner is removed and sealed, the address of the location where  
169 each liner is removed, the unique identification number/identifier and size of each removed inner  
170 liner and the names and signatures of the two required witnesses for each removal.

171                   4. The date each inner liner is transferred to storage, the unique identification  
172 number/identifier and size of each inner liner stored and the names and signatures of the two  
173 required witnesses that transferred each sealed inner liner to storage.

174                   (C) Destruction. The pharmacy shall maintain the following written record for each  
175 destruction of collected medication:

176                   1. For mail-back packages or inner liners destroyed on-site of the pharmacy, the date  
177 and method of destruction, the number of sealed inner liners and mail-back packages destroyed,  
178 the unique identification number/identifier of each mail-back package and inner liner destroyed  
179 and the names and signatures of the two required witnesses of the destruction.

180                   2. For mail-back packages or inner liners destroyed off-site, the date each inner liner is  
181 transferred for destruction, the name and address of each entity to whom each sealed inner liner  
182 was transferred for destruction and the unique identification number/identifier of each inner liner  
183 transferred for destruction.

184                   (D) Mail-Back Packages. The pharmacy must maintain the following records:

185                   1. The date and unique identification number/identifier of each mail-back package  
186 provided to the public;

187                   2. For mail-back packages received by the pharmacy, the date of receipt and the  
188 unique identification number/identifier of each package;

189                   3. For mail-back packages destroyed on-site of the pharmacy, the number of mail-  
190 back packages destroyed, the date and method of destruction, the unique identification  
191 number/identifier of each package destroyed and the name and signature of two Board  
192 licensees/registrants who witnessed the destruction; and

193                   4. For unused mail-back packages provided to a third party entity to make available  
194 to the public, the name of the third party and physical address of the location receiving the  
195 unused packages, the date sent, the number of unused packages sent and the unique identification  
196 number/identifier for each package.

197

**(DISCUSSION DRAFT ONLY)**

198 (9) Law Enforcement Return Programs. Licensees/permitholders shall be exempt from  
199 compliance with this rule when participating in medication collection programs conducted by  
200 local, state or federal law enforcement agencies provided:

201 (A) Collected medication is placed into a collection container or area that is under the  
202 supervision of law enforcement personnel at all times;

203 (B) Law enforcement personnel are present whenever drugs are collected or on site; and

204 (C) The licensee/permitholder does not take possession of the collected medications.

205 Collected medications must remain under the control of, and must be removed by, law  
206 enforcement.

**#D3 2016 Legislation**

# **SECTION E – OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION A – OPEN**

**#A1A Approval of Minutes**

- December 16, 2015 Conference Call
- January 13, 2016 Meeting
- February 24, 2016 Conference Call

**OPEN MINUTES**  
**Missouri Board of Pharmacy**  
**Telephone Conference Call**  
**December 16, 2015**

The Missouri Board of Pharmacy met via telephone conference call in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed at the meeting. The meeting was called to order by President Christina Lindsay at 3:02 p.m. on December 16, 2015.

**Board Members Present**

Christina Lindsay, PharmD, President  
Christian Tadrus, PharmD, Vice-President  
Barbara Bilek, PharmD, Member  
Douglas Lang, R.Ph., Member  
Pamela Marshall, R.Ph., Member  
Anita Parran, Public Member

**Staff Present**

Kimberly Grinston, Executive Director  
Tom Glenski, Chief Inspector  
Tammy Siebert, Administrative Coordinator

**Others Present**

Curtis Thompson, Legal Counsel

**MOTION TO CLOSE 3:03 P.M.**

**At 3:03 p.m., Barbara Bilek made a motion, seconded by Pam Marshall, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (5), (7), and (14), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:**

<b>Barbara Bilek – yes</b>	<b>Pam Marshall – yes</b>	<b>Anita Parran – yes</b>
<b>Doug Lang - yes</b>	<b>Christian Tadrus - yes</b>	

**ANITA PARRAN LEFT THE CONFERENCE CALL AT 5:20PM**

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 6:13 p.m.

**#C1 Special Sites/Non-Pharmacist Preceptors**

- Med Assets
- Washington University-Infectious Diseases Clinic

Tom Glenski reported. **Motion was made by Doug Lang, seconded by Barbara Bilek, to approve the special site/non-pharmacist preceptor applications listed for 500 hours each. Motion passed 4:0:0:1 with roll call vote as follows:**

**Barbara Bilek – yes                      Pam Marshall – yes                      Anita Parran – absent**  
**Doug Lang - yes                      Christian Tadrus - yes**

Pam Marshall commented the April 2016 Board meeting dates conflict with the Center for Patient Safety conference on April 7, 2016. Discussion was held about postponing the strategic planning portion of the April meeting to a different date. Tammy Siebert will contact Hilton Garden Inn to see if they can accommodate the Board for a different date. Curt Thompson reported he has a meeting conflict on April 24-26, 2016.

**MOTION TO ADJOURN**

**At approximately 6:21 p.m., upon motion made by Pamela Marshall, seconded by Barbara Bilek, the December 16, 2015, open session conference call meeting was adjourned. Motion passed 4:0:0:1 with roll call vote as follows:**

**Barbara Bilek – yes                      Pam Marshall – yes                      Anita Parran – absent**  
**Doug Lang - yes                      Christian Tadrus - yes**

NOTE: DUE TO TIME CONSTRAINTS, ITEMS #A1, #A2, #D1 AND #D2 WERE TABLED TO THE JANUARY MEETING.

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KIMBERLY A. GRINSTON  
EXECUTIVE DIRECTOR

Date Approved:

**OPEN MINUTES**  
**Missouri Board of Pharmacy**

**January 13-14, 2016**  
**Hilton Garden Inn**  
**3300 Vandiver Lane**  
**Columbia, MO**

The Missouri Board of Pharmacy met in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed at the meeting. The regular meeting was called to order by President Christina Lindsay at approximately 8:01 a.m. on January 13, 2016, at Hilton Garden Inn, Columbia, Missouri.

**Board Members Present**

Christina Lindsay, PharmD., President  
Christian Tadrus, R.Ph., Vice-President  
Barbara Bilek, PharmD., Member  
Douglas Lang, R.Ph., Member  
Pamela Marshall, R.Ph., Member  
Anita Parran, Public Member

**Staff Present**

Kimberly Grinston, Executive Director  
Tom Glenski, R.Ph., Chief Inspector  
Joe Dino, R.Ph., Inspector  
Jennifer Luebbert, Compliance Coordinator  
Andi Miller, PharmD, Inspector  
Tammy Siebert, Administrative Coordinator  
Lisa Thompson, R.Ph., Inspector  
Dan Vandersand, R.Ph., Inspector  
Elaina Wolzak, R.Ph., Inspector  
Barbara Wood, R.Ph., Inspector

**Staff Absent**

Bennie Dean, R.Ph., Inspector  
Katie DeBold, PharmD, Inspector

**Others Present**

Curtis Thompson, Legal Counsel

**MOTION TO CLOSE 8:02 A.M.**

At 8:02 a.m., Barbara Bilek made a motion, seconded by Pam Marshall, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14) and (17), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:

Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes  
Anita Parran – yes                      Christian Tadrus- yes

**RETURN TO OPEN**

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 8:42 a.m.

PRESIDENT LINDSAY CALLED THE OPEN SESSION MEETING TO ORDER AT APPROXIMATELY 8:42 A.M. MEMBERS OF THE PUBLIC ENTERED THE MEETING ROOM.

President Lindsay welcomed Elaina Wolzak as one of our new inspectors.

**#A1 Agenda Additions/Corrections**

Kimberly Grinston reported Patient Safety Working Group information is in the Board's addendum, and the Shawn Borman felony hearing has been continued.

**#B3 Shawn Borman, #2002027612, #2014-005336**

- Notice of Felony Disciplinary Hearing
- Felony Conviction Complaint

**#A2 Board Member Report** - Nothing reported.

**#A3 General Administration Report**

- New Licensing System - Kimberly Grinston reported the Division's new licensing system's vendor is still working on changes to suit the boards, the Office of Administration has hired an outside evaluator to determine if the changes are within or outside the original proposal. Ms. Grinston reported technician renewals will be processed as usual, but pharmacists may be able to renew with the new system in the fall. The Board's final payment for the system has not yet been paid.
- Rule Updates - Kimberly Grinston reported the Board's emergency amendment to 20 CSR 2220-2.020 was approved yesterday by the Governor's office for filing; it should be effective in approximately two weeks. The Board of Healing Arts has organized a task force on telemedicine/telehealth; a tentative agenda has not been released. Barbara Bilek, Christian Tadrus and Doug Lang volunteered to participate in the Healing Arts task force.

- Fund Reduction - Kimberly Grinston reported the Board's proposed partnership with the Department of Health and Senior Services regarding patient safety initiatives was approved yesterday. A legislative proposal will need to be written, which will be reviewed on a conference call.
- NABP Annual Meeting - Kimberly Grinston reported NABP's Annual Meeting will be held in San Diego in May. Anita Parran, Christina Lindsay and Barbara Bilek asked to attend on behalf of the Board; Doug Lang and Pam Marshall will attend with their employers.
- Strategic Planning Meeting - Kimberly Grinston reported the Center for Patient Safety meeting is scheduled for April 7<sup>th</sup>, which conflicts with the Board's original plan to hold its strategic planning meeting in April. Discussion was held about postponing strategic planning to the July meeting; preference was given for July 19<sup>th</sup> in conjunction with the July 20-21 Board meeting. It was the consensus that a facilitator be engaged to lead the meeting.
- Webinar Update - Kimberly Grinston reported approximately 324 participated in the Lunch With The Chief webinar held yesterday at noon. The Board's new inspection checklist process has been implemented, and a new Inspection Document Request form has been posted to the Board's website to facilitate the inspection process. Ms. Grinston asked for future webinar topics.
- MPJE Program Updates - Kimberly Grinston reported NABP will be shutting down MPJE registration for approximately two weeks in April to implement recent changes.
- New Inspectors - Kimberly Grinston reported Elaina Wolzak has already been introduced as one of our new inspectors. Katie DeBold has been hired as our sterile compounding inspector, and is in Mississippi this week for training.
- FY15 Financial Summary - Kimberly Grinston reported the final FY15 financial summary is in the agenda. The full report is available if anyone wants to review specific expenditures. The Board experienced a drop in revenue in FY15 due to previous fee decreases, which was anticipated.

#### #A4 Approval of Minutes

July 14-15, 2015 Regular Meeting - **Motion was made by Barbara Bilek, seconded by Pam Marshall, to approve the July 14-15, 2015 open session minutes as printed. Motion passed 3:0:2:0 with roll call vote as follows:**

Barbara Bilek – yes	Pam Marshall – yes	Anita Parran – abstain
Doug Lang - abstain	Christian Tadrus - yes	

July 26, 2015 Conference Call - **Motion was made by Pam Marshall, seconded by Doug Lang, to approve the July 26, 2015 open session conference call minutes as printed. Motion passed 4:0:1:0 with roll call vote as follows:**

Barbara Bilek – yes	Pam Marshall – yes	Anita Parran – abstain
Doug Lang - yes	Christian Tadrus - yes	

October 14-15, 2015 Regular Meeting - **Motion was made by Doug Lang, seconded by Barbara Bilek, to approve the October 14-15, 2015 open session minutes as printed. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Pam Marshall – yes                      Anita Parran – yes**  
**Doug Lang - yes                      Christian Tadrus - yes**

November 10, 2015 Conference Call - **Motion was made by Doug Lang, seconded by Anita Parran, to approve the November 10, 2015 open session conference call minutes as printed. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Pam Marshall – yes                      Anita Parran – yes**  
**Doug Lang - yes                      Christian Tadrus - yes**

**#D1 Update from NABP Compliance Officers' Meeting**

Andi Miller reported she attended this meeting on behalf of the Board. She reported there is still no consensus among the Boards about how to handle 503B/3PL entities, NABP has a strong push for their unified inspection form, diversion is on the rise nationwide, and ways were discussed on how inspectors and pharmacies can remain safe.

JENNIFER LUEBBERT AND AMBER CUNDIFF ENTERED THE MEETING ROOM.

**#D2 Annual Report**

Kimberly Grinston reported the FY15 Annual Report is ready for approval. Ms. Grinston reported the cost of the new licensure system on page 7 should be \$73,900 instead of \$73,200, which also increased the total expenditures for the fiscal year. Ms. Grinston reported a change to the disciplinary actions section is provided in the Board member handout folders. Barbara Bilek suggested discussions be held regarding why only 28% of inspections had no violations; Tom Glenski reported FY14 was also 28%. Kimberly Grinston reported the new licensing system and the new inspection checklist process will allow us to track data where major violations are occurring. Barbara Bilek expressed an interest in knowing what violations were cited. Kimberly Grinston indicated additional information could be provided. Christian Tadrus inquired why technician registrations leveled out over recent years. Ms. Grinston reported staff changes could be the reason for the drop in newly registered technicians. **A motion was made by Pamela Marshall, seconded by Doug Lang, to approve the FY15 Annual Report with the changes noted. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes**  
**Anita Parran – yes                      Christian Tadrus- yes**

**#D3 Invitation to Sign Revised FDA Information Sharing Agreement**

- Kehoe E-mail
- Proposed agreement
- Compounding Domestic Inspection Information and Sharing Chart

During the October 2015 meeting, the Board voted to table to January after the FDA meeting in Washington DC

Kimberly Grinston reported this matter was not discussed at the FDA meeting in November, and that legal issues were discussed with legal counsel in closed session. The Board's original concern was that information could not be shared with Board members, but that issue has been addressed. **A motion was made by Barbara Bilek, seconded by Anita Parran, to sign the FDA Information Sharing Agreement. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes**  
**Anita Parran – yes                      Christian Tadrus- yes**

**#D5 Pharmacy Activities During a Short Term Absence of a Pharmacist**

Kimberly Grinston reported the Board recently received an inquiry about a nursing mother, who is also a pharmacist, asking if they can leave the pharmacy for a short period of time to pump. Other reasons for similar absences were discussed in closed session with legal counsel. Barbara Bilek suggested this be added as a discussion topic for the strategic planning meeting. Members of the public provided additional reasons for absence from the pharmacy are administering immunizations, patient counseling, and Sam Leveritt commented pharmacy policies should be in place to allow for such absences. President Lindsay requested office staff to gather other states' regulations and provide it during the strategic planning meeting for further discussion.

**#D6 Pharmacy Technician Working Group**

- Technician Working Group Roster

**DISCUSSION:**

The Board voted to reconvene the Pharmacy Technician Working Group at the October meeting and asked to review the previous membership roster. This item was postponed from the December meeting.

Kimberly Grinston reported Tim Koch of Wal-Mart wants to continue to serve on the Working Group, but the other individuals have not yet been verified. It was Board consensus that continuity in the membership will be beneficial. Discussion was held and the following participants were suggested: Everett McAllister of the Pharmacy Technician Certification Board, three independents should be maintained, Doug Lang commented either he or a different mail order representative should participate, school representatives previously provided valuable input, an ACPE representative, and practicing technicians from each practice type--independent, chain, hospital, mail order nuclear, long term care. Board members should submit names of individuals interested in serving by February 1<sup>st</sup>. It was Board consensus that all members of the Working Group be voting members. The Group's time commitment was discussed. Bert McClary suggested expanded scope of practice be included in the Group's discussion topics, PTCB's 2020 initiative could be used as a guide for discussions, plus pharmacist/technician ratio, and a definition of "technician" should be discussed. Christian Tadrus suggested a pros/cons list for expanded scope of

practice be created. It was also suggested the scope of the Group's goals and a revised list of participants be provided to the Board at the February conference call.

**#D7 Non-Resident Sterile Compounding Survey**

- Survey Draft

Kimberly Grinston reported about sending the Non-Resident Sterile Compounding survey again to get the most recent data. It was Board consensus to allow for online survey submissions this time. Changes to the survey questions should be submitted to Kimberly Grinston. Ms. Grinston reported she anticipates releasing the new survey in early 2016, and the revised questions will be provided to the Board during the February conference call.

**Wednesday January 13, 2016**

**10:30 AM Annual Meeting with the Schools**

**#C2 STLCOP and UMKC College of Pharmacy**

- UMKC Site Listing
- UMKC Preceptor Listing
- Email from Grice

**#C2A STLCOP and UMKC College of Pharmacy**

- STLCOP Site Listing
- STLCOP Preceptor Listing

- UMKC - Dean Russell Melcher, Valerie Reuther and Angela Brownfield were present for UMKC. Dean Melcher presented to the Board regarding UMKC's recent accreditation process, which included the Kansas City, Springfield and Columbia locations. Numerous positive comments were made and the facilities were non-compliant in none of the 30 standards. Dean Melcher reported recruitment for five faculty vacancies will be pursued, and salaries increased. Barbara Bilek asked about the number of unsubstantiated complaints, and also suggested the physical assessment curriculum be improved. President Lindsay asked about the standards for working with the Board of Pharmacy. Barbara Bilek commented UMKC students are better prepared for the APPE programs, and thanked Valerie Reuther for her work. Kimberly Grinston asked if the PCOA has been implemented at UMKC. Dean Melcher replied the Pre-NAPLEX has been required, but will be replaced with the PCOA in April 2016. Doug Lang inquired about the faculty positions and recruitment issues; Dean Melcher reported they received 12 applications for 2 positions on the Springfield campus. Doug Lang asked how cultural competency is being addressed; Valerie Reuther reported concerning development of inter-professional activities for students. Ms. Reuther also reported that a new urinalysis policy has been implemented for P2 and P3 students.

- STLCOP - Gloria Grice, Nicole Gattas, Allison Stevens and Brenda Gleason were present for STLCOP. Nicole Gattas presented to the Board regarding the school's construction project, curriculum and international programs. Two of the three construction projects have been completed as of August 2015; anticipated completion of

phase three is early 2017 and will consist of a recreation/student center, dorms and a cafeteria. STLCOP changed from a 6- to a 7-year program, with the first students entering in 2014; 150 students are expected for the P1 program this fall. Inter-professional education will be addressed and expanded, and dual degrees are now offered to students. Several international initiatives have been implemented--three faculty members from the Nelson Mandela University in South Africa visited STLCOP's campus, an MOU has been signed with the Trinity School in Dublin, Ireland, and a MOU has been signed with Saudi Arabia to allow 7-10 Saudi students to enroll at STLCOP. Kimberly Grinston asked if STLCOP has implemented the PCOA. It was reported that P2 students will take the PCOA in April this year. The exam is not designated as a high stakes exam, but students will receive an individual report of their performance on the PCOA. Barbara Bilek thanked Ms. Gattas for holding the meeting between DEA and students. Christian Tadrus inquired about what standards are being taught regarding sterile compounding, and Tom Glenski asked if the school has an ante room in their sterile compounding location. It was reported USP 797 is used as a training guide, and they do have an ante room, but do not have an isolator in the building. Christian Tadrus asked about a posting on the STLCOP website regarding collaborative agreements. Ms. Gattas reported only a few faculty are doing MTS, but mostly because recordkeeping requirements are cumbersome. Students are exposed to MTS and programs are initiated annually on how to develop protocols/collaborative practice agreements. Upon graduation, students are prepared to perform MTS. Gloria Grice reported the new curriculum has resulted in changes for the APPE/IPPE office. Ms. Grice introduced Allison Stevens who has been hired to oversee hospital/health system rotations, Nicole Gaddis will take over community/ambulatory care, and a third person will handle specialty/electives. Ms. Grice reported STLCOP will no longer sign student affidavits for intern licenses during pre-pharmacy college years, but will only sign for students in the P3 academic year.

**#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor**

- Jordan Valley Community Health
- Lafayette Regional Health Center
- MedSocket
- National Institutes of Health (NIH)
- Novo Nordisk
- St. Louis VA Health Care System – North County Community Based Outpatient Clinic (CBOC)
- St. Louis VA Health Care System – St. Charles Community Based Outpatient Clinic (CBOC)
- Trinity College Dublin, The School of Pharmacy and Pharmaceutical Sciences

Tom Glenski reported. **A motion was made by Pamela Marshall, seconded by Barbara Bilek, to approve all special sites/non-pharmacist preceptors for 500 hours each. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes**  
**Anita Parran – yes                      Christian Tadrus- yes**

Tom Glenski reported STLCOP asked that Christian Tadrus be removed from their preceptor list. **A motion was made by Christian Tadrus, seconded by Doug Lang, to approve the revised UMKC and STLCOP site/preceptor lists. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes**  
**Anita Parran – yes                      Christian Tadrus- yes**

BARBARA WOOD, ELAINA WOLZAK AND AMBER CUNDIFF LEFT THE MEETING AT 11:43AM.

**#D8    Outsourcing Information**

- Catizone Memo
- Outsourcing Survey Memo (sent via e-mail)

Kimberly Grinston reported this information is here for information purposes only.

**#D9    2016 Legislation**

- HB 1892 (PDMP)
- HB 1922 (Drug Abuse Registry)
- HB 1366 (Biosimilars)
- HB 1839 (Cultural Competency Training)
- SB 768 (PDMP)
- HB 1679 (RPh Contraceptive Prescribing)
- HB 1568 (Naloxone Dispensing)

Kimberly Grinston reported a few specific legislative proposals are included for Board information, and that additional bills are being reviewed and monitored. Doug Lang asked what the goal of the drug abuse registry is; Ms. Grinston commented it's a smaller/targeted version of the prescription drug monitoring program bill. Ron Fitzwater reported the bill does not have a lot of support at this time.

- HB 1568 (Naloxone Dispensing) - Kimberly Grinston asked for a Board position on this bill, and reported she has requested independent rulemaking authority for this legislation. It was Board consensus to not take a formal position on this legislative proposal.

- HB 1679 (RPh Contraceptive Prescribing) - Kimberly Grinston asked for a Board position on this bill. It was Board consensus to remain neutral with regard to this legislation. Ron Fitzwater reported the osteopaths are supporting this bill. Barbara Bilek inquired about pharmacists providing contraceptives.

- HB 1366 (Biosimilars) - Kimberly Grinston changes have been requested to this proposal, and asked that any other revisions be submitted to her. Doug Lang commented the Orange Book is now the Purple Book and should be changed in the language. Doug Lang also questioned if the 2-line format needs to be eliminated.

**#D10 2019 Rule Review**

- Memo from Grinston

Kimberly Grinston reported all state agencies are required to review all of their regulations and file a report of their impact on small business. The Board's rules have been categorized in an effort to facilitate the Board's review process. Amendments are not required to each of the rules, but a report must be filed with the Joint Commission on Administrative Rules and is open for public comment. Ms. Grinston asked the Board if they want a sub-committee to participate in the rule review; Pam Marshall suggested the categories are a good start for portions to be reviewed at each Board meeting. Christian Tadrus suggested a survey be used to get public input, which would not require a specific response to each comment. It was suggested the surveys be provided on the Board's website, with e-alert notifications to make individuals aware of the surveys, and the Missouri Pharmacy Association will be asked to publish to their members. Christian Tadrus asked if a license is required to complete the survey; Ms. Grinston replied that it could be optional. It was also suggested that practice settings be surveyed. It was suggested to launch each review at in-person Board meetings with follow up during conference call meetings. It was Board consensus to begin the rule review process at the April meeting.

**MOTION TO CLOSE 12:11 P.M.**

**At 12:11 p.m., Barbara Bilek made a motion, seconded by Doug Lang, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14) and (17), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Douglas Lang – yes                      Pamela Marshall – yes  
Anita Parran – yes                      Christian Tadrus- yes**

MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM.

**RETURN TO OPEN**

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 1:29 p.m.

THE COURT REPORTER AND MEMBERS OF THE PUBLIC ENTERED THE MEETING ROOM. ATTORNEY DONNA WHITE WAS ALSO PRESENT.

VICE-PRESIDENT CHRISTIAN TADRUS ASSUMED CHAIR OF THE MEETING.

**#B1 Joseph Floyd, #2001018151, #2012-002486**

- Notice of Disciplinary Hearing
- Complaint
- Administrative Hearing Commission Default Decision

The Board convened a disciplinary hearing at 1:40 p.m. Joshua Hill was present as counsel for the Board. Joseph Floyd was not present and was not represented by counsel. Vice-President Christian Tadrus convened the hearing; Board introductions were made. Mr. Hill provided an opening statement. Exhibits and a witness were presented. Mr. Hill provided a closing statement. The hearing adjourned at 1:51 p.m. A transcript of the hearing is available in the Board's records.

PRESIDENT LINDSAY RESUMED CHAIR OF THE MEETING AT 1:52PM

**#B2 Amanda Radtke, #2009011857, #2012-005409**

- Notice of Disciplinary Hearing
- Complaint
- Administrative Hearing Commission Default Decision

The Board convened a disciplinary hearing at 1:54 p.m. Joshua Hill was present as counsel for the Board. Amanda Radtke was not present and was not represented by counsel. President Christina Lindsay convened the hearing; Board introductions were made. Mr. Hill provided an opening statement. Mr. Hill requested sub-sections (2) and (17), RSMo, be withdrawn from consideration as reasons for discipline. Doug Lang asked why (2) was being withdrawn; Mr. Hill responded there is no evidence to support conviction in the Complaint. He requested the Board only consider (5), (13) and (15) as reasons for discipline. Exhibits and a witness were presented. Mr. Hill provided a closing statement. The hearing adjourned at 2:03 p.m. A transcript of the hearing is available in the Board's records.

**#D4 REMOVED FROM AGENDA**

**#D11 Hospital Advisory Committee Update (Bert McClary)**

Bert McClary presented to the Board about the work and future plans of the Hospital Advisory Committee that he chairs. The Committee has met three times in Jefferson City and two times by conference call.

**#D13 Review of Draft DHSS Hospital Pharmacy Rules (19 CSR 30-20.100)**

- Proposed Amendment

Bert McClary reported and welcomed any questions regarding the rule draft. Kimberly Grinston reported the Hospital Advisory Committee reviewed the draft on Monday, January 11<sup>th</sup>, and the Committee's revised draft is in Board member handout folders. The role of the Committee is to review and report to the Board and then the Board will decide what recommendations to send to the Department of Health and Senior Services for consideration in their rulemaking process. Discussion was held. Doug Lang questioned if page 2, section (3) should indicate that technicians need to be registered with the Board. Bert McClary commented the definitions section defines "technician," so it does not need to be added here. Doug Lang commented section (13) on page 4 should be added "and if required notification to regulatory authorities within the required timeframe". Mr. McClary commented this is addressed in a different section. Doug Lang asked if (16) on page 5 will

address hazardous waste; this subsection does not specifically address Chapter 800. Doug Lang further questioned if (18) on page 5 should include language for medication reconciliation. Discussion was held about reconciliations.

#### BARBARA WOOD RETURNED TO THE MEETING AT 2:34PM

Doug Lang asked if there's a definition of "non-pharmacist" in (A)1. Barbara Bilek commented the word "record" should be added on page 6, line 238, after the word medication. Doug Lang asked how medication can be delivered to a pharmacy where there is no record for it in (F)1. and 2. on page 7. Bert McClary reported this regulation is for inpatient services not medication from a community pharmacy delivered to the nurses' station. The goal is for the prescription to come to the pharmacy first for validation before it is dispensed to the patient in the hospital. James Gray commented this is a way to prevent the hospital from dispensing another pharmacy's error. The intent of (G) was also discussed. Christian Tadrus inquired if authorization is needed for discharge medications from an outside source; Mr. McClary will research the question but believes the medication is part of the patient's personal property.

Doug Lang suggested for line 313 that drugs with a beyond use date must be quarantined, documented and disposed of; discussion was held, and it is noted again in (D), page 13, line 584. Doug Lang inquired if (25) on page 8, line 328, should list a specific regulation. Bert McClary clarified that the reference is correct and was intended to mean the whole chapter of 20 CSR 2220.

Bert McClary reported a prior Committee member didn't want to give the Board authority to inspect in hospitals, thus the Committee was swayed, but the Department of Health and Senior Services is happy to have the Board's input on its regulation and help in enforcing. Mr. McClary further reported DHSS has not yet been able to find a pharmacist to take a half-time position at a state employee's salary, and also requested Katie DeBold's experience be utilized for DHSS sterile compounding inspections. Kimberly Grinston reported Katie DeBold and Tom Glenski will be involved in training DHSS surveyors/staff.

The Board's discussion and suggested changes will be incorporated into the draft and provided to the Board during the February conference call for final review.

#### **#D12 20CSR 2220-2.100-Collection of Non-Controlled Medication for Destruction**

- Draft Rule

Kimberly Grinston reported this rule draft is not ready for finalization, but she is asking for Board direction. Barbara Bilek commented this is a good service if the pharmacy wants to take on the expense. Doug Lang asked how long records should be kept. It was Board consensus to keep records for two (2) years. Andi Miller reported it was discussed at the NABP Compliance Officers' Training about how pharmacy owners are entering pharmacies after hours and diverting from this type of drop box. Sam Leveritt asked if (3)(B), about the program being voluntary, should be moved to (1). Page 3, lines 98-100,

should be changed to 50 United States and territories. Doug Lang commented that if the pharmacy is selling a box for the patient to use, no records need to be kept in the pharmacy--see Page 5(D). Tom Glenski commented this section was written for mail back boxes that go back to the pharmacy rather than back to a waste disposal company. Kimberly Grinston asked if a record should be kept at lines 184-187. It was Board consensus that mail backs to the pharmacy should require records to be kept. The rule will be revised and provided back to the Board during the February conference call.

#### **#D14 Road Runner Pharmacy**

- Guidance for Industry Compounding Animal Drugs from Bulk Drug Substances – Draft Guidance
- Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act – Draft Guidance
- Veterinary Adverse Drug Reaction, Lack of Effectiveness, or Product Defect Report
- *Eaton Letter*
- *AVMA Response*
- *Congressman Kurt Schrader and Congressman Matt Salmon Letter*

At the November meeting the Board voted to table until the December meeting, after the FDA meeting. At the December meeting the Board voted to table until the January meeting. How would the Board like to proceed?

Kimberly Grinston reported this agenda item is here because letters were addressed to all Board members, and is for information purposes only. No specific action is required.

#### **#D15 Sterile Compounding Rule Update**

At the October 2015 meeting, the Board voted to ask the Board rule review sub-committee to review the draft along with the proposed USP Chapter 797 changes and to make a recommendation to the full Board on suggested next steps.

Christian Tadrus reported the Sterile Compounding Rule Review Committee met yesterday, outside resources were invited to meet with the Committee, a CETA representative talked to the Committee about costs. USP Chapter 800 is expected in February and will be reviewed by the Committee. The Board's current rule proposal is tracking along USP 797.

#### **#D16 FDA 50-State Intergovernmental Meeting**

- Meeting Agenda

Kimberly Grinston reported she and Doug Lang attended the FDA 50-State Intergovernmental meeting in November in Washington. Doug Lang reported FDA had one of their scientists do a presentation on sterility, and commented FDA was going to send an electronic copy but has not yet been received. Mr. Lang reported FDA nearly begged for participation and input from the states, which gave the states an opportunity to ask FDA if they had considered particular issues. Kimberly Grinston commented FDA was

listening to the states. It was determined the current Memorandum of Understanding will not work, another draft will be distributed to the states. It was reported the cGMP presentation was probably the strongest at the meeting. There is no consistency among the states concerning how to handle 503B facilities.

#### **#D17A Patient Safety Working Group Recommendations**

- Final Summary

Kimberly Grinston and Pam Marshall reported that the Group's focus was on technician training and pharmacist/technician ratios. Ms. Marshall suggested the Group's report be included in strategic planning in order to do a specific review of the sections.

THE FOLLOWING ITEMS WERE REVIEWED IN SECTION E, WHICH REQUIRED NO ACTION OR DISCUSSION.

#### **#E1 Licensees Presently Under Discipline**

- Pharmacists
- Pharmacies
- Drug Distributors
- Pharmacy Technicians – Conditional Registration
- Pharmacy Technicians – Employment Disqualification List

#### **#E2 Board Licensee Statistics**

#### **#E3 Animal Drug Compounding**

- Letter from Mathews

#### **#E4 ASHP and ACPE Update Pharmacy Technician Accreditation Standards**

- Email from ASHP

#### **#E5 CriticalPoint, LLC's Proposed Development of a Comprehensive Pharmacy Sterile Compounding Certification Program**

- Memo from Catizone
- CriticalPoint's Proposed Roadmap for the Development of a Comprehensive Pharmacy Sterile Compounding Certification Program

#### **#E6 Revised Hospital Guidance for Pharmaceutical Services and Expanded Guidance Related to Compounding of Medications**

- CMS Memo

#### **#E7 Approval of Sterile Compounding Group Minutes**

- August 26, 2015 Sterile Compounding Minutes
- September 23, 2015 Sterile Compounding Minutes

**Note: These only need to be approved by Christian Tadrus and Doug Lang.**

#### **#E8A Hospital Advisory Group Minutes**

- September 25, 2015

**MOTION TO CLOSE 4:08 P.M.**

At 4:08 p.m., Barbara Bilek made a motion, seconded by Christian Tadrus, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14) and (17), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:

Barbara Bilek – yes            Douglas Lang – yes            Pamela Marshall – yes  
Anita Parran – yes            Christian Tadrus- yes

MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM AT 4:08PM

**THURSDAY, JANUARY 14, 2016**

**RETURN TO OPEN**

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 6:57 p.m. on January 14, 2016.

**MOTION TO ADJOURN 6:58 P.M.**

At approximately 6:58 p.m., a motion was made by Doug Lang, seconded by Barbara Bilek, to adjourn the January 13-14, 2016 meeting. Motion passed 4:0:0:1 with roll call vote as follows:

Barbara Bilek – yes            Douglas Lang – yes            Pamela Marshall – yes  
Anita Parran – absent            Christian Tadrus- yes

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KIMBERLY A. GRINSTON  
EXECUTIVE DIRECTOR

DATE APPROVED:

**OPEN MINUTES**  
**Missouri Board of Pharmacy**  
**Telephone Conference Call**  
**February 24, 2016**

The Missouri Board of Pharmacy met via telephone conference call in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed at the meeting. The meeting was called to order by President Christina Lindsay at 3:00 p.m. on February 24, 2016.

**Board Members Present**

Christina Lindsay, PharmD, President  
Christian Tadrus, PharmD, Vice-President  
Barbara Bilek, PharmD, Member  
Douglas Lang, R.Ph., Member  
Pamela Marshall, R.Ph., Member  
Anita Parran, Public Member

**Staff Present**

Kimberly Grinston, Executive Director  
Tom Glenski, Chief Inspector  
Tammy Siebert, Administrative Coordinator  
Jennifer Luebbert, Compliance Coordinator

**Others Present**

Curtis Thompson, Legal Counsel

**#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor**

- California Pharmacists Association
- Cox Health Center Steeplechase
- Phoenix Indian Medical Center
- Quentin N. Burdick Memorial Health Care Facility
- San Jacinto College

Tom Glenski reported. **Motion was made by Pam Marshall, seconded by Barbara Bilek, to approve the special site/non-pharmacist preceptor applications listed for 500 hours each. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes                      Pam Marshall – yes                      Anita Parran – yes**  
**Doug Lang - yes                      Christian Tadrus - yes**

**#C2 STLCOP Preceptor Addition**

- Grice E-mail

**Motion was made by Christian Tadrus, seconded by Barbara Bilek, to approve the preceptor listed. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes**

**Pam Marshall – yes**

**Anita Parran – yes**

**Doug Lang - yes**

**Christian Tadrus - yes**

**#D1 2016 Legislation**

- HB 1366 & 1878 (Biosimilars)
- SB 677 (Emergency administration of epinephrine by auto-injector)
- SB 875 (Biosimilars)
- SB 973 (Dispensing Maintenance Med.)

**#D1A 2016 Legislation**

- Fund Proposal

Kimberly Grinston reported the biosimilar bills are moving, and the Board's bills are moving except for one. Ms. Grinston reported Senator Wasson has indicated he will not sponsor the Board's fund proposal bill, but has agreed to meet with her to discuss the proposal.

**#D2 2017 Legislation**

**DISCUSSION:**

To prepare for legislative deadlines, please submit any proposed legislative ideas for 2017 before the April meeting. This will allow sufficient time for Board review and approval before the fall.

Kimberly Grinston reported this year's election may change 2017 legislation proposal deadlines, and she asked Board members submit 2017 legislation proposals to her for inclusion in the April Board meeting agenda.

**#D4 Prescription Drug Abuse Working Group Meeting Update**

**#D8A Proposed St. Louis County Prescription Drug Monitoring Program**

- County Ordinance

Kimberly Grinston reported; discussion was held. Pam Marshall inquired about the status of the Department of Health and Senior Services' working group. Ms. Grinston reported the group has met but is struggling to establish direction and goals.

**#D5 Review of Proposed DHSS Hospital Pharmacy Rule (19 CSR 30-20.100)**

**DISCUSSION:**

The Board reviewed the changes from the January 2016 meeting.

Kimberly Grinston reported; discussion was held. **Motion was made by Barbara Bilek, seconded by Doug Lang, to approve the proposed changes to 19 CSR 30-20.100 as printed. Motion passed 5:0:0:0 with roll call vote as follows:**

**Barbara Bilek – yes**

**Pam Marshall – yes**

**Anita Parran – yes**

**Doug Lang - yes**

**Christian Tadrus - yes**

**#D6 Telemedicine- Implementation of Emergency Amendment**

- Website Posting of Emergency Rule

Kimberly Grinston reported; discussion was held. It was Board consensus to table this matter for further discussion in closed session with legal counsel.

**#D7A 2016 Patient Safety Meeting**

Kimberly Grinston reported and requested if the Board wants to participate in the Division’s Joint Regulatory Patient Safety Conference this year. It was Board consensus that the joint regulatory meeting is beneficial and our Board should be part of the meeting.

**MOTION TO CLOSE 3:16 P.M.**

At 3:16 p.m., Christian Tadrus made a motion, seconded by Barbara Bilek, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (5), (7), and (14), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:

Barbara Bilek – yes	Pam Marshall – yes	Anita Parran – yes
Doug Lang - yes	Christian Tadrus - yes	

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 3:43 p.m.

**#D6 Telemedicine- Implementation of Emergency Amendment**

Kimberly Grinston reported the Missouri Register publication is in the agenda for informational purposes only. Doug Lang commented that based on office staff’s discussions with the Board of Healing Arts’ staff, and prior discussions in closed session, our Board should officially submit a request to be added to the Board of Healing Arts’ April 14-15, 2016, meeting agenda. It was Board consensus to request to be added to the Board of Healing Arts’ April 14-15 meeting agenda.

**MOTION TO CLOSE 3:46 P.M.**

At 3:46 p.m., Christian Tadrus made a motion, seconded by Doug Lang, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (5), (7), and (14), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:

Barbara Bilek – yes	Pam Marshall – yes	Anita Parran – yes
Doug Lang - yes	Christian Tadrus - yes	

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 5:11 p.m.

**MOTION TO ADJOURN**

**At approximately 5:12 p.m., upon motion made by Christian Tadrus, seconded by Pam Marshall, the February 24, 2016, open session conference call meeting was adjourned. Motion passed 4:0:0:1 with roll call vote as follows:**

**Barbara Bilek – yes  
Doug Lang - absent**

**Pam Marshall – yes  
Christian Tadrus - yes**

**Anita Parran – yes**

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**KIMBERLY A. GRINSTON  
EXECUTIVE DIRECTOR**

Date Approved:

# **SECTION B – OPEN HEARINGS**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION C – OPEN**

**#C1A Applications for Intern Training Special Site/Non-Pharmacist Preceptor**

**ITEMS ENCLOSED:**

- UMKC School of Pharmacy @ Missouri State Univ.



### Special Site or Non-Pharmacist Preceptor Application

000607 MAR 21 12

## SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  <i>NEW</i>	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102  OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	APPROVAL DATE	NO. HOURS
		DISAPPROVAL DATE	
		RECEIVED DATE <b>RECEIVED</b> <b>MAR 21 2016</b> <b>MISSOURI BOARD OF PHARMACY</b>	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS  
 - QUESTIONS: E-MAIL: [intern@pr.mo.gov](mailto:intern@pr.mo.gov) or call (573) 751-0092

### INSTRUCTIONS

- ✓ Use this form to request approval of:
  - a. A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
  - b. An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

### REQUEST TYPE

I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor     
  Special Site     
  Non-Pharmacist Preceptor

### SITE APPROVAL

NAME OF SPECIAL SITE  
 UMKC School of Pharmacy @ Missouri State University

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)  
 327 W. Mill St, 4th Floor Springfield MO 65806

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM?  YES  NO

IF YES, NAME OF SCHOOL/COLLEGE: UMKC

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)  
 School of Pharmacy training Pharm D Students

## Additional Learning Objectives for UMKC SOP @ MSU Academic Elective APPE

Comply with FERPA guidelines.

Discuss practice management and site formation/development.

Comply with HIPAA guidelines.

Assist with the development and completion of a Quality Assessment project.

Observe faculty meetings such as committees meetings and administrative meetings such as division meetings, executive committee meetings, leadership meetings, etc. The student will discuss and review annual charges prior to meeting attendance.

Discuss and participate in the logistics of delivering the Doctor of Pharmacy program (e.g. curriculum, student organizations, student activities, faculty development) at a distant site.

Assist with a clinical clerkship site visit and assess the overall effectiveness and ability of the site to meet the ACPE Accreditation Standards for an Advanced Pharmacy Practice Experience.

Discuss and understand the processes involved in recruiting and maintaining clerkship preceptors and sites.



### Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON <i>(Please provide a contact person for questions regarding this application)</i>			
CONTACT NAME Diane McClaskey		POSITION/TITLE Clinical Assistant Professor	
CONTACT MAILING ADDRESS (STREET) UMKC SOP@MSU 327 W. Mill St, Rm 428		(CITY) Springfield	(STATE) (ZIP) MO 65806
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

APPLICANT AFFIDAVIT <i>(To be completed by person/representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT Diane M McClaskey, RPh, BCPS	PRINT NAME Diane M McClaskey
TITLE Clinical Assistant Professor I	DATE 3-16-16

Asst. Director of Experiential Education



## Special Site or Non-Pharmacist Preceptor Application

### PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

VMKC SOP @ Missouri State University

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

327 W. Mill St. 4th Floor Springfield MO 65806

SIGNATURE OF PRECEPTOR

*Paul O. Gubins*

DATE

3/16/16

PRINT NAME

PAUL O. GUBINS

TITLE

Associate Dean.

# **SECTION D – OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**

# **SECTION E – OPEN**

**THERE ARE NO ITEMS FOR THIS SECTION**