

## **Meeting Notice**

### **Missouri Board of Pharmacy Hospital Advisory Committee**

**October 21, 2016, 10:00 a.m.  
Missouri Council of School Administrators  
3550 Amazonas Drive  
Jefferson City, MO 65109**

Notice is hereby given of the above open session meeting. Except to the extent disclosure is otherwise required by law, the Missouri Board of Pharmacy's Hospital Advisory Committee is authorized to close meetings, records and votes pursuant to Section 610.021(1).

The Committee 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 meeting, s/he should be present at the Missouri Council of School Administrators Conference Center, 3550 Amazonas Drive Jefferson City, MO 65109 at 10:00 a.m. on October 21, 2016.

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.

Please see attached tentative agenda for this meeting.

**TENTATIVE AGENDA**  
**October 21, 2016**  
**10:00 a.m.**

**Missouri Board of Pharmacy**  
**Hospital Advisory Committee**  
**Meeting**

**Missouri Council of School Administrators**  
**3550 Amazonas Drive**  
**Jefferson City, MO 65109**

1. Welcome & Introductions
2. Approval of Minutes
3. Board Updates
4. Department of Health Updates
5. Discussion of Proposed Class-B Pharmacy Rule
6. Review of Applicability of Board's Medication Therapy Services Rules to Hospital/Class-B Pharmacies
7. Use of Automated Dispensing Cabinets/Systems in Class-B Hospitals
8. Review of Joint Board/DHSS Rule Requirements
9. Potential Hospital Guidance Document
10. Long-Term Care Facility Distribution Issues
11. Selection/Discussion of Future Agenda Topics
12. Future Agenda Meeting/Schedules
13. Public Questions/Comments

**OPEN MINUTES**  
**Missouri Board of Pharmacy**  
**Hospital Advisory Committee Meeting Conference Call**

**July 15, 2016**

The Missouri Hospital Advisory Committee met in open session via conference call during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed.

**Committee Members Present**

Bert McClary, R.Ph., Chairman  
Daniel Good, R.Ph.  
James Gray, R.Ph.  
Kevin Kinkade, R.Ph.  
Neil Schmidt, R.Ph.  
Greg Teale, R.Ph.

**Committee Members Absent**

Colby Grove, R.Ph.

**Staff Present**

Kimberly Grinston, Executive Director  
Katie DeBold, Inspector

**Others Present**

Christian Tadrus, R.Ph., Board Member

Chairman McClary opened the meeting at 2:02 p.m. and roll-call was taken.

**Agenda Item # 1:** Bert McClary asked for any Board/DHSS updates; No specific updates noted.

**Agenda Item # 2:** Bert McClary opened discussion on potential questions for the proposed Board/DHSS hospital webinar. The following discussion was held:

- Bert McClary asked if clarification was needed on nursing access to a pharmacy to prepare or draw doses when pharmacy services are not available. Committee discussion was held. Kimberly Grinston reported she would consult with the Board/legal staff to determine what additional guidance could be given. Mr. McClary suggested access should be limited unless pharmacy services are not readily available and noted CMS requires that hospitals have a limited stock of medication available when the pharmacy is closed, as governed by the hospital's policies and procedures. Committee consensus to research further.
- Greg Teale indicated he has been asked if a Class-B pharmacy must be physically separated from a hospital pharmacy under DHSS' jurisdiction or can

the pharmacies share space/drug inventory. Mr. Teale also reported questions have been raised regarding the use of automated cabinets outside of the Class-B permit area. Mr. Teale asked if monitoring/stocking these automated cabinets/systems can be done under a Class-B license. Committee discussion was held. Bert McClary indicated this issue may only be a concern if the entity dispensing the medication is not part of the hospital license. Greg Teale asked if automated cabinets could be treated like emergency kits in long-term care facilities and noted the medication will be used for direct dispensing to a nurse for patient administration and not for end user dispensing. Committee consensus to discuss at the August meeting and to consult with Tom Glenski, Chief Inspector.

- Kimberly Grinston reported the office is working on a Class-B guidance document that will likely be presented to the Committee in August. Neil Schmidt commented a good comprehensive document is needed that will address Board regulation in a variety of Class-B settings, including, infusion clinics and other traditional retail pharmacies that may qualify for a Class-B permit.

**Agenda Item # 3 (MSHP/MHA Survey):** Greg Teale reported survey responses were provided to the Board office and noted the comments were in line with the questions included in the agenda material.

**Agenda Item # 4 (FDA Hospital Compounding Guidance):** Kimberly Grinston reported this item is on the July 2016 Board agenda and noted the FDA recently issued further guidance on 503(a) inspections. Bert McClary commented he has particular concerns about the 1-mile radius restriction for hospitals; Greg Teale stated it appears hospitals need to either meet the 1-mile requirement or register as drug outsourcers. Kimberly Grinston will provide any future updates.

**Agenda Item # 5 (Future Meeting Dates/Topics):** Committee consensus to meet via conference call on 9-22-2016 at 2:00 p.m. Bert McClary noted the Committee has been meeting for approximately a year and suggested conducting some form of strategic review to assess/reassess the Committee's purpose, goals and accomplishments.

Greg Teale commented there has been some discussion on duplicate medication entries in hospitals. Mr. Teale reported current institutional policies provide if a pain medication is discontinued then the new order set takes precedence. Mr. Teale commented a duplicate medication order prevention/review program is in use at the Cleveland Clinic that involves pharmacy staff and suggested exploring the issue in Missouri. Bert McClary expressed concerns with complying with federal controlled substance laws if the original order is being changed. Mr. McClary asked for further clarification on whether a pharmacist would be discontinuing the current order and actually initiating a new order. Committee discussion was held; Consensus to research further and discuss at a later meeting.

**ADJOURNMENT**

**By motion of Greg Teale, Chairman McClary adjourned the meeting by consensus at approximately 3:11 p.m.**

---

KIMBERLY A. GRINSTON  
EXECUTIVE DIRECTOR

Date Approved:

**OPEN MINUTES**  
**Missouri Board of Pharmacy**  
**Hospital Advisory Committee Meeting**

**August 26, 2016**

The Missouri Hospital Advisory Committee 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.

**Committee Members Present**

Bert McClary, R.Ph., Chairman  
Daniel Good, R.Ph., Member  
James Gray, R.Ph., Member  
Colby Grove, R.Ph., Member  
Kevin Kinkade, R.Ph.,  
Neil Schmidt, R.Ph., Member  
Greg Teale, R.Ph., Member (participating by phone)

**Staff Present**

Kimberly Grinston, Executive Director  
Tom Glenski, Chief Inspector  
Katie DeBold, Inspector

**Others Present**

Julie Creach, Missouri DHSS  
Sarah Wilson, Missouri Hospital Association  
David Wolfrath, MSHP

Chairman McClary opened the meeting at 10:01 a.m. and attendees were introduced.

**Agenda Item # 3 (Board Updates):** Kimberly Grinston, Executive Director, reported the Board's strategic planning meeting was held during the Board's July 2016 meeting. Ms. Grinston reported the Board asked the Committee to rank/identify the Committee's priority items.

**Agenda Item # 4 (Dept. of Health Updates):** Julie Creach reported Richard Grinstadt has been appointed the new Bureau Chief for hospital licensure. Ms. Creach reported Mr. Grinstadt is a nurse who has worked with the Department as a surveyor and manager and also has multiple years of long-term care experience.

**Agenda Item # 2 (Administration by Prescription Order Rule):** Bert McClary asked for additional changes/suggestions to the administration by medication order rule. Substantive rule changes/suggestions are incorporated in Attachment A.

**Agenda Item # 6-9:** *(These items were discussed together)* Bert McClary reported Board members expressed concerns regarding utilization of staff resources during the July 2016 meeting; Mr. McClary commented the Committee wants to be mindful of staff time but also noted there are several important hospital related issues that have not been addressed by the Board for a significant period of time and, in some instances, for decades. Kimberly Grinston reported staff can currently manage the Committee's workload but noted things are generally busier during Board meeting preparation months. Ms. Grinston also reported Board members asked the Committee to prioritize action items.

Mr. McClary commented a comprehensive review of hospital regulation in Missouri is probably needed. Mr. McClary remarked Missouri is one of few states where the Board does not have jurisdiction over hospital pharmacy practice. Mr. McClary suggested the Committee and regulators first clarify which rules are subject to joint consultation/review and then discuss the feasibility of giving the Board authority to review hospital pharmacy services. Mr. McClary noted DHSS does not currently have pharmacist expertise on staff but commented Board staff does not have strong hospital experience. While Mr. McClary noted the Board has recently hired a sterile compounding inspector with hospital experience, Mr. McClary commented a single inspector would not be able to cover the entire state.

Greg Teale commented a primary concern with Board regulation is changing from a fee for service model to another payment model. Mr. Teale also suggested it may be difficult to obtain hospital support of Board regulation in light of previous Board interactions; Mr. Teale commented this issue may be particularly hard to address with the C-Suite. Neil Schmidt commented hospital pharmacy practice has changed considerably over the years and agreed there would be value to discussing some level of Board oversight. James Gray suggested determining proper regulatory oversight may be beyond the Committee's statutory scope. Mr. McClary commented Missouri law should empower pharmacists to be actively engaged in medication use/storage in all hospital related settings.

Kimberly Grinston reported she e-mailed a draft Class-B guidance document to address agenda items # 6-9; the Committee subsequently reviewed and discussed the draft. Mr. McClary commented the draft is a strong start but recommended the Board also publish separate guidance to address other hospital related issues that may be unrelated to Class-B. The following additional discussion was held regarding the draft guidance document:

- Bert McClary suggested including additional information regarding SB 808 in the introductory section.
- Committee members expressed concerns that lines 62-66 of the draft guidance may be wrongly construed to imply that all outpatient activity is regulated by the Board. Committee members indicated this issue is critical and needs to be very clear. Mr. McClary noted a hospital may have "outpatient" areas within the licensed hospital premises that would not be regulated by the Board. Julie

Creach suggested modifying the language to clearly provide that the licensed premises may not be restricted to inpatient services only.

- Ms. Creach further commented the guidance document needs to clarify that DHSS must be notified of areas/buildings that should be included in the hospital's licensed premises. Ms. Creach commented DHSS does not have sufficient staff to inspect these areas but noted any area included within the hospital's premises would have to meet applicable construction/building code standards. Bert McClary suggested adding examples of types of areas/buildings that could be included in the hospital's premises.
- Greg Teale suggested notifying licensees that additional DEA distributor registration may be required if the amount of distributed controlled substances exceeds the 5% pharmacy allowance in federal law.
- Bert McClary suggested amending lines 110-114 to reference other instances where medication is allowed to be sent home with the patient under DHSS rules, such as emergency dispensing, certain multi-medication doses and medication given to the patient during a short absence from the hospital (e.g., patients who briefly leave the hospital for imaging or other services).
- Committee members suggested the guidance document clarify that hospital pharmacies have to comply with DHSS rules even though the pharmacy may share space with, or be licensed as, a Class-B pharmacy. Tom Glenski commented the Board would only inspect for compliance with Board rules and would not inspect for DHSS requirements.
- Bert McClary suggested the document reference a "protocol" and not a "standing order." Mr. McClary noted CMS has an approved concept of a standing order which would allow nurses or other personnel to initiate therapy in designated emergency conditions prior to actually receiving an order from an authorized prescriber. Committee consensus that protocol is more appropriate.
- Committee discussion was held regarding labeling for things like 5-FU pumps and commented the guidance document/Board should clearly address labeling for medication that may be started in the hospital but may go home with the patient to complete administration. Committee members suggested auxiliary care facilities may not have equipment to print a traditional patient label. Ms. Grinston indicated the Board discussed this in July but will likely make a final determination at the October 2016 meeting.
- Committee members suggested clarifying that a medication order may be used to authorize medication if the medication will be distributed, dispensed or administered onsite. Members commented the current draft does not clearly address dispensing without an actual prescription.
- Bert McClary asked about the use of a unique identifier in lieu of prescription numbering. Tom Glenski commented the hospital may use a unique identifier but the identifier needs to be able to retrieve the specific medication order. The Committee recommended clarifying this requirement.
- Bert McClary commented his past understanding was that technicians could only perform those activities specifically authorized by the Board and asked if the draft guidance document suggested that DHSS could establish different rules for

technicians. Tom Glenski commented the Board has historically told licenses that technicians in a DHSS regulated hospital pharmacy can perform activities allowed by DHSS, however, DHSS has always deferred to the Board's standards. Mr. Glenski and Ms. Grinston suggested allowed technician activities could possibly change if DHSS establishes different rules for technicians practicing in a DHSS regulated hospital pharmacy. Kevin Kinkade asked if this position was consistent with the statute that requires direct supervision; Mr. Kinkade suggested only the Board has jurisdiction to determine what proper supervision is required. Bert McClary suggested removing the current language pending future clarification; Committee consensus to remove as suggested.

- The Committee commented the proposed language regarding nurse access to Class-B pharmacies is not the primary issue of concern. Instead, Committee members suggested clarifying the Board's position on pharmacists maintaining/monitoring medication stored or used outside of the pharmacy. Committee members also suggested addressing the use of automated dispensing machines.
- Bert McClary commented the language should better identify when medication therapy services (MTS) fall under the Board's jurisdiction. Mr. McClary asked if Board jurisdiction would only be triggered if the pharmacist is modifying a drug order/prescription that will be dispensed outside of the hospital or if a new prescription is being written. Committee discussion held; Committee consensus to clarify the MTS language to the extent possible.
- Committee members suggested clarifying when a hospital protocol can be used to initiate MTS. James Gray questioned if the MTS rules/statute would allow a doctor to initiate the MTS protocol if the nurse is the person actually ordering the medication. Staff suggested reviewing this further with legal counsel.
- Committee members suggested amending the distribution chart to clarify that hospitals can dispense to a Class-B pharmacy, however, hospital related entities cannot distribute amongst themselves.
- Committee members commented the Board vs. DHSS jurisdiction chart is accurate but a chart demonstrating when an area is deemed part of the hospital licensed premises may be more beneficial to hospital legal staff.
- Staff indicated the Class-B draft would be revised and returned to the Committee for further review/comment.

**Agenda Item #13 (Future Meeting Dates/Topics):** Kimberly Grinston reported the Committee has previously discussed working on a draft Class-B pharmacy rule. Committee discussion was held; Committee consensus to discuss a draft rule at a future meeting. Ms. Grinston asked Committee members to help identify what exemptions/allowances would need to be addressed. Bert McClary encouraged committee members to think broadly and to consider allowances/exemptions that may be needed to allow proper medication distribution/monitoring in all of the hospital's related care centers/facilities. Neil Schmidt indicated he is particularly interested in authorized technician duties and suggested addressing this in the Class-B rule. Bert

McClary commented the Board's current Pharmacy Technician Working Group will likely look at this issue.

The Committee agreed to meet via conference call on September 22, 2016, and again in Jefferson City on October 21, 2016, beginning at 10:00 a.m.

**ADJOURNMENT**

**Bert McClary adjourned the meeting by consensus at approximately 3:02 p.m.**

---

KIMBERLY A. GRINSTON  
EXECUTIVE DIRECTOR

Date Approved:

# ATTACHMENT A

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL  
INSTITUTIONS AND  
PROFESSIONAL REGISTRATION  
Division 2220—State Board of Pharmacy  
Chapter 6—Pharmaceutical Care  
Standards**

**20 CSR 2220-6.040 Administration by Medical Prescription Order**

*PURPOSE: This rule establishes procedures for pharmacists to administer drugs and devices, including ~~devices~~ vaccines, pursuant to medical prescription orders.*

(1) A pharmacist who complies with the provisions of this rule may administer drugs and devices, including vaccines, pursuant to a medical prescription order.

(2) Definitions. The following definitions shall apply for purposes of this rule:

(A) “Health Clinic or Facility”- A clinic or facility under the common control, management, or ownership of the same hospital or hospital system.

(B) “Hospital”- A hospital as defined in section 197.020.

(C) “Medical Prescription Order”- A lawful order for drugs or devices issued by an authorized practitioner within the scope of his/her professional practice which is to be dispensed or administered to the ultimate user or recipient.

~~(2)~~(3) The pharmacist may not delegate the administration to another person, except to an ~~pharmacist intern~~ intern pharmacist who has met the qualifications under subsections ~~(3)(B), (C), and (E)~~ (4)(B) - (D) and is working under the direct supervision of a pharmacist qualified to administer drugs pursuant to a medical prescription order. The pharmacist and pharmacist intern shall maintain proof of the intern’s compliance with this subsection.

~~(3)~~(4) Pharmacist Qualifications. A pharmacist who is administering drugs pursuant to a medical prescription order must first file a Notification of Intent to administer drugs by medical prescription order with the state Board of Pharmacy. To file a Notification of Intent, a pharmacist must—

(A) Hold a current, ~~unrestricted~~ license to practice pharmacy in this state;

(B) Hold a current ~~provider-level cardiopulmonary resuscitation (CPR)~~ Basic Life Support certification (BLS) issued by the American Heart Association, ~~or~~ the American Red Cross or an equivalent organization. The certificate program must include a live training component;

(C) Successfully complete a certificate program in the administration of drugs ~~accredited provided by: the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the State Board of Pharmacy~~ (1) a continuing education provider accredited by the Accreditation Council for Pharmacy Education (ACPE) or (2) a governmental entity, healthcare professional organization or educational institution approved by the Board. To obtain Board approval, the training program must [be taught by qualified instructors/a licensed healthcare professional and] provide instruction in: ~~.-The certificate program must cover a~~

1. Physiology and techniques for routes of administration which must include hands-on training in all routes of administration the pharmacist utilizes;
2. Drug storage and handling;
3. Informed consent requirements, if applicable;
4. Pre- and post- administration assessment and counseling;
5. Biohazard waste disposal; and
6. Identifying and treating adverse reactions, including, anaphylactic reactions and needle sticks.

~~(D) Complete a minimum of two (2) hours of continuing education per calendar year related to administration of drugs. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;~~

~~(E) Maintain documentation of the above requirements; and.~~

~~(F) On a yearly basis prior to administering drugs, notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered, and a statement that the pharmacist meets the requirements of subsections (A), (B), (C), and (D) of this section.~~ (E) If a pharmacist wishes to administer drugs by a route of administration not included in the original certification program, the pharmacist shall first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized

to administer medication. Documentation of the required training shall be maintained at the pharmacy and available to the Board upon request.

~~(4)~~ (5) General Requirements.

(A) A pharmacist shall administer ~~drugs~~ vaccines in accordance with current treatment guidelines and recommendations established by the Centers for Disease Control and Prevention (CDC) ~~or in accordance with manufacturer's guidelines.~~ In the event of a conflict between CDC and manufacturer guidelines, CDC recommendations shall control.

(B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(C) A pharmacist shall have a written policy and procedure covering all aspects of the administration of drugs by medical prescription order, ~~including the disposal of used and contaminated supplies and appropriate handling of acute adverse events.~~ The manual Policies and procedures shall be reviewed annually by the pharmacist-in-charge. Policies and procedures must be available for inspection by the State Board of Pharmacy or other authorized Board representative. Documentation of the annual review must be maintained in the pharmacy's records. At a minimum, the required policies and procedures must include provisions governing:

1. Drug administration procedures, including, authorized routes of administration,
2. Drug storage;
3. Pre- and post- administration assessment and counseling, including, providing vaccine information statements when applicable;
4. Biohazard waste disposal and disposal of used/contaminated supplies;
5. Identifying and handling acute adverse events or immunization reactions, including, anaphylactic reactions; and
6. Recordkeeping requirements, including, providing notification to the prescriber and primary health care providers, as required by law.

(D) Drugs must be stored within the manufacturer's labeled requirements at all times, including when performing administrations outside of a pharmacy. Vaccines shall be stored in accordance with CDC guidelines at all times.

(E) Pharmacists shall request that a patient remain in the pharmacy a safe amount of time after administering a vaccine to observe any adverse reactions, as required by section 338.010, RSMo.

~~(F) For pharmacists administering drugs in a, the policy and procedure review required by this subsection may be performed by the pharmacist in charge or by the clinical care committee, pharmacy and therapeutics committee or a reviewing body/committee of the responsible for reviewing clinical practices.~~

~~(5)~~ (6) Requirements of Medical Prescription Order. The medical prescription order from a ~~licensed prescriber~~ an authorized practitioner must contain at a minimum the following:

- (A) The name of the ~~licensed prescriber~~ authorized practitioner issuing the order;
- (B) The name of the patient to receive the drug;
- (C) The name of the drug and dose to be administered;
- (D) The route of administration;
- (E) The date of the original order; and
- (F) The date or schedule, if any, of each subsequent administration; ~~and~~
- ~~(G) A statement that the drug is to be administered by a pharmacist.~~

~~(6)~~ (7) Record Keeping.

(A) A pharmacist who administers a drug pursuant to a medical prescription order shall maintain the following records regarding each administration. These records must be separate from the prescription files of a pharmacy.

1. The name, address, and date of birth of the patient;
2. The date, route, and anatomic site of the administration;
3. The name, dose, manufacturer, ~~lot number,~~ and expiration date of the drug. The lot number shall be documented and recorded for vaccines and biologics;
4. For vaccines, ~~T~~the name and address of the patient's primary health care provider, as identified by the patient. The pharmacist shall document in the patient's immunization record if a patient's primary health care provider is unknown or not designated by the patient;
5. The ~~name or identifiable initials~~ identity of the administering pharmacist. If administered by an intern pharmacist, the identity of the intern and the supervising pharmacist; ~~and~~
6. The nature of an adverse reaction and who was notified, if applicable; ~~;~~
7. A patient's refusal or failure to remain in or return to the pharmacy as requested after vaccine administration to observe any adverse reactions; and
8. Written or electronic documentation that required notifications have been sent.

(B) All records required by this ~~regulation~~ rule shall be kept by the pharmacist at the pharmacy where the prescription order is maintained and must be available for two (2) years from the date of such record for inspecting and copying by the State Board of Pharmacy and/or its authorized representatives. Records may be securely stored offsite at a location designated by the pharmacy, provided records must be produced as provided in section (7)(C) of this rule.

(C) Production of Records. Records required by this rule shall be maintained either electronically or physically for two (2) years and shall be readily retrievable and subject to inspection by the board of pharmacy or its agents. At a minimum, records maintained at the pharmacy shall be physically or electronically produced immediately or within two (2) hours of a request from the Board or the Board's authorized designee. Records not maintained at a pharmacy shall be produced within three (3) business days after a request from the Board and/or its authorized designee.

~~(7)~~ (8) Notification Requirements.

(A) A pharmacist administering ~~drugs~~ a vaccine pursuant to a medical prescription order shall notify the ~~prescriber within seventy-two (72) hours~~ patient's primary health care provider, if provided by the patient, within fourteen (14) days after administration of the following:

1. The identity of the patient;
2. The identity of the ~~drug~~ vaccine administered;
3. The route of administration;
4. The anatomic site of the administration;
5. The dose administered; and
6. The date of administration.

(B) In the event of any adverse event or reaction experienced by the patient following administration of a drug, the pharmacist shall notify the prescriber within twenty-four (24) hours after learning of the adverse event or reaction. The prescriber may not opt out of adverse event notification requirements.

(C) A pharmacist administering drugs pursuant to a medical prescription order shall report the administration to all entities as required by state or federal law.

(D) Documentation that the required notifications have been sent must be kept at the pharmacy or other authorized location where the prescription order is maintained.

(9) Notification of Intent Refiling. A Notification of Intent to administer drugs by medical prescription order shall be refiled with the state board of pharmacy biennially along with the pharmacist's Missouri pharmacist license. To refile, a pharmacist must:

(A) Hold a current Basic Life Support certification issued by the American Heart Association or the American Red Cross or an equivalent organization. The certification program must include a live training component; and

(B) Have successfully completed four (4) hours of continuing education (0.4 CEU) related to drugs administration. The required continuing education (CE) shall be governed by the rules of the state Board of Pharmacy governing pharmacist CE and may be used to satisfy the pharmacist's biennial pharmacist renewal CE requirements. The initial training program required by subsection (4) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within twelve (12) months prior to refiling the pharmacist's Notification of Intent.

(10) Administration in a Hospital or a Health Clinic or Facility- Pharmacists administering medication under the jurisdiction of the Board on behalf of a hospital or a health clinic or facility shall comply with the requirements of this rule with the following exceptions:

(A) A pharmacist shall be deemed in compliance with the requirements of sections (7) and (8) of this rule if the pharmacist administers drugs for or on behalf of a hospital or a hospital clinic or facility in compliance with this section and the administration is lawfully recorded in a patient medical record that is required to be maintained by the hospital or the hospital clinic or facility pursuant to state or federal law.

(B) In lieu of completing a certificate program in the administration of drugs as required by section (4) of this rule, pharmacists administering in a hospital or a hospital clinic or facility shall be trained in administration and meet all competency, training and evaluation requirements required by the hospital or hospital clinic or facility and the Missouri Department of Health and Senior Services (DHSS). At a minimum, pharmacist administration training must be similar to or include the training components identified in section (4)(C).

(C) A pharmacist shall administer vaccines in accordance with current treatment guidelines and recommendations established by the Centers for Disease Control and Prevention

(CDC). In the event of a conflict between CDC and manufacturer guidelines, CDC recommendations shall control.

(E) The policy and procedure review required by section (5) may be performed by the clinical care committee, pharmacy and therapeutics committee or a reviewing body/committee of the hospital responsible for reviewing clinical practices. Required policies and procedures may be maintained in or included with the governing hospital's approved policies, procedures or protocols.

(F) This section is only applicable to pharmacy services under the jurisdiction of the Board and is not applicable to hospital pharmacy services or pharmacist medication administration under the jurisdiction of the Department of Health and Senior Services.

*AUTHORITY: sections 338.140 and 338.280, RSMo 2000 and section 338.010.1, RSMo Supp. 2007.\* Emergency rule filed May 1, 2008, effective May 11, 2008, expired Feb. 18, 2009. Original rule filed May 1, 2008, effective Nov. 30, 2008.*

*\*Original authority: 338.010, RSMo 1939, amended 1951, 1989, 1990, 2007; 338.140, RSMo 1939, amended 1981, 1989, 1997; and 338.280, RSMo 1951, amended 1971, 1981.*