### ADMINISTRATION BY MEDICAL PRESCRIPTION ORDER

#### PHARMACIST QUALIFICATIONS
- Healthcare provider CPR or BLS certificate
- Administration training program certificate
- For route not covered in original training program, training by licensed health care practitioner
- Maintain documentation of above
- File Notification of Intent with the Board (valid until next pharmacist license renewal)

#### NOTIFICATION OF INTENT RENEWAL
- At time of biennial pharmacist license renewal
- Requirement: Healthcare provider CPR or BLS certificate

#### GENERAL ADMINISTRATION REQUIREMENTS
- No delegation except to qualified intern under direct supervision of a qualified Pharmacist (maintain documentation of intern’s qualifications)
- Proper storage of vaccine in and outside of pharmacy
- Vaccinations must comply with:
  - Either CDC or manufacturer guidelines
  - Vaccine information statements requirements
  - Informed consent requirements
  - Patient must be asked to stay in the pharmacy a safe amount of time after administration to observe for adverse reactions

#### PRESCRIPTION REQUIREMENTS
- Maintained for five (5) years and include:
  - Issue date
  - Prescriber name
  - Patient name
  - Drug and dose
  - Route of administration
  - Date or schedule of subsequent administrations, if any

#### POLICIES AND PROCEDURES
- In writing, current and accurate
- Separate document than an immunization protocol
- Must include all aspects of administration, but not limited to:
  - Drug administration procedures
  - Authorized routes of administration
  - Drug storage

- Pre- and post- administration assessment/counseling
- Biohazard waste disposal and disposal of used/contaminated supplies
- Identifying and handling acute adverse events or reactions
- Recordkeeping and notification procedures/requirements

### ADMINISTRATION RECORD REQUIREMENTS
- Separate from prescription record
- Maintained for two (2) years and include:
  - Patient name, address, date of birth
  - Date, route, and anatomic site of administration
  - Drug/vaccine name and dose
  - Identity of administering pharmacist/intern
  - If intern, identity of supervising pharmacist
  - Nature of any adverse reaction and who was notified
  - Additional information for vaccines
    - Manufacturer, expiration date, lot number
    - Name/address of patient’s primary health care provider (PCP), if not provided by patient, indication of such

#### NOTIFICATION REQUIREMENTS
- Vaccines
  - ShowMeVax submission
  - Signed patient acknowledgement
  - If patient opts-out of ShowMeVax
  - Notify patient’s PCP, if provided within fourteen (14) days
    - Identity of patient
    - Vaccine administered
    - Route of administration
    - Anatomic site of administration
    - Dose administered
    - Date of administration
  - Identity of patient
  - Vaccine administered
  - Route of administration
  - Anatomic site of administration
  - Dose administered
  - Date of administration
  - Document notification

- Adverse reaction notification to prescriber within twenty-four (24) hours, document notification
**PHARMACIST QUALIFICATIONS**
- Healthcare provider CPR or BLS certificate
- Administration training program certificate
- Protocol with a physician
- Maintain documentation above
- File Notification of Intent with Board (valid until next pharmacist license renewal)

**NOTIFICATION OF INTENT RENEWAL**
- At time of biennial pharmacist license renewal
- Requirements
  - Two (2) hours of continuing education related to administering vaccines or CDC immunization guidelines
  - Healthcare provider CPR or BLS certificate

**GENERAL IMMUNIZATION REQUIREMENTS**
- No delegation except to qualified intern under direct supervision of a qualified Pharmacist (maintain documentation of intern’s qualifications)
- Proper storage of vaccine in and outside of pharmacy
- Vaccinations must comply with:
  - CDC guidelines
  - Vaccine Information Statements requirements
  - Informed consent requirements
  - Patient must be asked to stay in the pharmacy a safe amount of time after administration to observe for adverse reactions
- Vaccines allowed: viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis and meningitis (combinations allowed, i.e., Tdap)
- Minimum patient age: Seven years or CDC recommendation, whichever is greater, as permitted by immunization protocol
- May occur at any Missouri-licensed pharmacy

**PHYSICIAN REQUIREMENTS**
- Missouri-licensed
- Actively engage in practice in Missouri

**PRESCRIPTION REQUIREMENT**
- Maintain for five (5) years
- Prescriber is the protocol physician
- On file within seventy-two (72) hours

**GENERAL PROTOCOL REQUIREMENTS**
- In writing
- Signed/dated by pharmacist and physician
- Valid for no more than one (1) year
- Maintained by both parties for eight (8) years from termination of protocol
- Amendments must be in writing and signed/dated by both parties prior to becoming effective
- Amendments solely to add new location need signed/dated by physician only

**SPECIFIC PROTOCOL REQUIREMENTS**
- Identity and signature of pharmacist and physician, dated at time of signature
- Time period covered
- Authorized vaccines, routes, and anatomic sites
- Patient or group of patients included
- Creation of prescription provision
- Emergency treatment provisions (adverse reactions, needle sticks)
- Length of time patient observed
- Disposal of used/contaminated supplies
- Street address of non-pharmacy locations where immunizations may occur
- Recordkeeping and notification requirements
- Termination by either party provision

**ADMINISTRATION RECORD REQUIREMENTS**
- Separate from prescription record
- Maintained for two (2) years and include:
  - Patient name, address, date of birth
  - Date, route, and anatomic site of administration
  - Vaccine name, dose, manufacturer, expiration date, lot number
  - Name/address of patient’s primary health care provider (PCP), if not provided by patient, indication of such
  - Identity of administering pharmacist/intern
  - If intern, identity of supervising pharmacist

**GENERAL IMMUNIZATION REQUIREMENTS**
- Nature of any adverse reaction and who was notified

**NOTIFICATION REQUIREMENTS**
- ShowMeVax submissions
- Signed patient acknowledgment
- If patient opts-out of ShowMeVax
  - Notify patient’s PCP, if provided within fourteen (14) days
    - Identity of patient
    - Vaccine administered
    - Route of administration
    - Anatomic site of administration
    - Date of administration
    - Document notification
- Protocol physician as dictated by protocol
- Adverse reactions
  - Notification to protocol physician and PCP within twenty-four (24) hours
  - Notification to Vaccine Adverse Event Reporting System (VAERS) within thirty (30) days
  - Document notifications

**ADMINISTRATION OF VACCINES BY PROTOCOL**
- Nature of any adverse reaction and who was notified

**NOTIFICATION REQUIREMENTS**
- ShowMeVax submissions
- Signed patient acknowledgment
- If patient opts-out of ShowMeVax
  - Notify patient’s PCP, if provided within fourteen (14) days
    - Identity of patient
    - Vaccine administered
    - Route of administration
    - Anatomic site of administration
    - Date of administration
    - Document notification
- Protocol physician as dictated by protocol
- Adverse reactions
  - Notification to protocol physician and PCP within twenty-four (24) hours
  - Notification to Vaccine Adverse Event Reporting System (VAERS) within thirty (30) days
  - Document notifications