



Pharmacy Change of Classification Application

PHARMACY CHANGE OF CLASSIFICATION APPLICATION

SUBMIT THIS COMPLETED APPLICATION TO: <u>MAILING ADDRESS</u> MISSOURI BOARD OF PHARMACY P.O. Box 625 JEFFERSON CITY, MO 65102 <u>OVERNIGHT ADDRESS</u> MISSOURI BOARD OF PHARMACY 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109 ✓ SEE CLASS DEFINITIONS FOR COMPLETION OF THIS FORM ✓ \$ 50.00 APPLICATION FEE. FEE IS NON-REFUNDABLE ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS	FOR OFFICE USE ONLY	
	PERMIT #	
	ISSUE DATE	
RECEIVED		

SECTION A: PHARMACY INFORMATION				
<i>If a pharmacy class is being added, the pharmacy may not begin providing pharmacy services authorized by the added class until a new permit has been issued by the Board reflecting the class requested.</i>				
PHARMACY NAME			PERMIT #	
PHARMACY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PHARMACY TELEPHONE #			E-MAIL ADDRESS	
PHARMACIST-IN-CHARGE			PIC MISSOURI PHARMACIST LICENSE #	

SECTION B: PHARMACY CLASSIFICATION	
<i>Select <u>ALL</u> classifications that you want listed on the pharmacy permit identified above. A new permit will be issued with only the classifications checked below. Include all classifications. DO NOT LIST ONLY THE CLASSES BEING ADDED OR DELETED. Your permit will only reflect the classifications checked below. See page 3 for classification definitions.</i>	
<input type="checkbox"/> Class A (Community/Ambulatory) <input type="checkbox"/> Class B (Hospital Pharmacy) <input type="checkbox"/> Class C (Long-Term Care) <input type="checkbox"/> Class D (Non-Sterile Compounding) <input type="checkbox"/> Class E (Radio Pharmaceutical) <input type="checkbox"/> Class F (Renal Dialysis) <input type="checkbox"/> Class G (Medical Gas) <input type="checkbox"/> Class H (Sterile Product Compounding)** <input type="checkbox"/> Class I (Consultant Services)	<input type="checkbox"/> Class J (Shared Services) **Class J Questionnaire must be completed & attached** <input type="checkbox"/> Class K (Internet) <input type="checkbox"/> Class L (Veterinary) <input type="checkbox"/> Class M (Specialty Bleeding Disorder) <input type="checkbox"/> Class N (Automated Dispensing System- Health Care Facility) <input type="checkbox"/> Class O (Automated Dispensing System- Ambulatory Care) <input type="checkbox"/> Class P (Practitioner Office/Clinic)
**Non-resident pharmacies adding a Class-H Sterile Compounding class must submit a copy of the pharmacy's most recent state inspection report.	



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SECTION C: APPLICANT AFFIDAVIT

This affidavit must be signed by the pharmacist-in-charge or a partner, corporate officer, or the sole proprietor named in the Board's records. Alternatively, the application may be signed by a person with a designated power of attorney authorizing the individual to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney form must be submitted with this application.

This application is hereby submitted on behalf of the pharmacy identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/pharmacy must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	TITLE
PRINT NAME	DATE

SECTION D: APPLICATION CONTACT PERSON

Please provide a contact person for questions from the Board office regarding this license application.

CONTACT NAME	POSITION/TITLE
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CONTACT TELEPHONE #	CONTACT FAX #
CONTACT E-MAIL ADDRESS	



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MISSOURI PHARMACY PERMIT CLASS DEFINITIONS

(The Board's rules & statutes are available at <http://pr.mo.gov/pharmacists-rules-statutes.asp>)

1. **Class A: Community/Ambulatory.** A pharmacy that provides services as defined in section 338.010, RSMo, to the general public (including veterinary).
2. **Class B: Hospital Pharmacy.** A hospital as defined in section 197.020 or a clinic or facility under common control, management, or ownership of the same hospital or hospital system. *See Section 338.165, RSMo.*
3. **Class C: Long-Term Care.** A pharmacy as defined in section 338.010, RSMo, that dispenses drugs and devices to patients residing in a long-term care facility. A long-term care facility means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients. *See 20 CSR 2220-2.140.*
4. **Class D: Non-Sterile Compounding.** A pharmacy that provides non-sterile compounded products as defined in 20 CSR 2220-2.400(1) made from any bulk active ingredient in a batch quantity as defined in 20 CSR 2220-2.400(3).
5. **Class E: Radiopharmaceutical.** A pharmacy that is not open to the general public and provides services as defined in section 338.010, RSMo, limited to the preparation and dispensing of radioactive drugs as defined by the food and drug administration (FDA) to health care providers for use in the treatment or diagnosis of disease and that maintains a qualified nuclear pharmacist as the pharmacist-in-charge. *See 20 CSR 2220-2.500.*
6. **Class F: Renal Dialysis:** A pharmacy that is not open to the general public whose services are limited to the dispensing of renal dialysis solutions and other drugs and devices associated with dialysis care. *See 20 CSR 2220-2.600*
7. **Class G: Medical Gas.** A pharmacy that provides services as defined in section 338.010, RSMo, through the provision of oxygen and other prescription gases for therapeutic uses.
8. **Class H: Sterile Product Compounding.** A pharmacy that compounds sterile pharmaceuticals as defined by 20 CSR 2220-2.200(F).
9. **Class I: Consultant.** A location where any activity defined in section 338.010, RSMo, is conducted, but which does not include the procurement, storage, possession or ownership of any drugs from the location.
10. **Class J: Shared Service.** A pharmacy engaged in, or that has an arrangement to provide, functions related to the practice of pharmacy for, or on behalf of, another pharmacy. *See 20 CSR 2220-2.650 (Class-J: Shared Services Pharmacy).*
11. **Class K: Internet.** A pharmacy that provides services as defined in section 338.010, RSMo, and is involved in the receipt, review, preparation, compounding, dispensing or offering for sale any drugs, chemicals, medicines or poisons for any new prescriptions originating from the internet for greater than ninety percent (90%) of the total new prescription volume on any day. A prescription must be provided by a practitioner licensed in the United States authorized by law to prescribe drugs and who has performed a sufficient medical examination and clinical assessment of the patient as required by law.
12. **Class L: Veterinary.** A pharmacy that dispenses, sells or provides legend drugs for animal use only. Not required if the pharmacy is applying for a Class A permit. *See 20 CSR 2220-2.675.*
13. **Class M: Specialty (Bleeding Disorder).** A pharmacy as defined in section 338.010, RSMo, that dispenses blood-clotting products to bleeding disorder patients or that offers or advertises to provide blood-clotting products specifically for bleeding disorder patients, as defined by 20 CSR 2220-6.100.
14. **Class N: Automated Dispensing System (Health Care Facility).** A pharmacy operating an automated dispensing system within a licensed health care facility. An automated dispensing system is defined to include, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collect, control, and maintain all transaction information. *See also 20 CSR 2220-2.900.*
15. **Class O: Automated Dispensing System (Ambulatory Care).** A pharmacy operating an automated dispensing system for ambulatory patients. Not required if the pharmacy is applying for a Class A permit. An automated dispensing system is defined to include, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collect, control, and maintain all transaction information. *See also 20 CSR 2220-2.900.*
16. **Class P: Practitioner/Office Clinic.** A pharmacy located in a healthcare practitioner's office or clinic. A pharmacy permit is not required for practitioner office dispensing to his/her own patients. *Final rules not promulgated.*