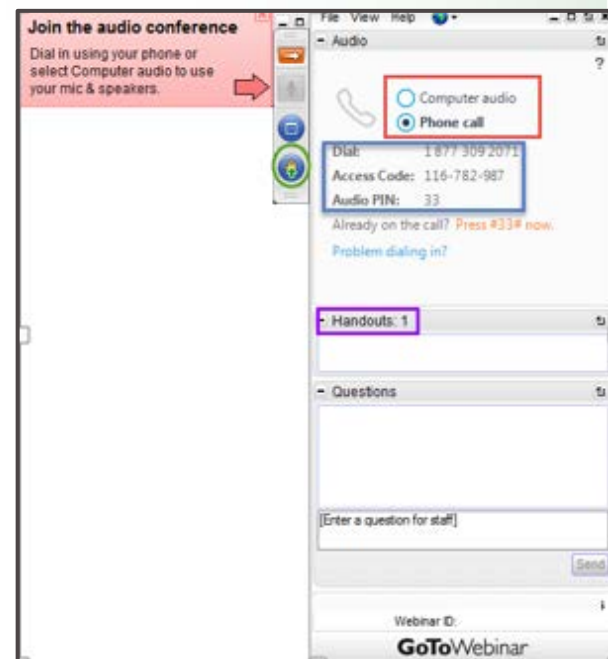


Welcome to the webinar.

The presentation will begin shortly.

- You may listen via phone or via computer audio if your computer has speakers.
- This webinar will be in a “listen only” mode with opportunity to ask questions at the end of the presentation as time allows.
- All lines have been muted. Please enter any questions via the question feature in your control panel.
- If you wish to communicate via phone during the question session please use the “raise your hand” feature in the control panel and your individual line will be unmuted. You must enter the audio PIN for the line to be unmuted.
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- Slides will be placed on the MHA website following the webinar.
- Thank you for your participation!





Missouri Board Of Pharmacy

Today's webinar topics

- **2018 Legislative changes**
- **Regulation updates**
- **Q & A**



DISCLAIMER

*****This presentation summarizes key legislation and does not include all legislation that may impact licensees. This presentation is provided for informational purposes only and does not constitute legal advice or a binding rule/opinion. In the event of a conflict, statutory language will control. Licensees should review the legislation referenced in their entirety to ensure compliance*****



2018

Legislative
Changes

Major Changes

- **Immunization Age (338.010)**
- **ShowMeVax Reporting (338.010.13)**
- **Two-Line Rx Format (338.056)**
- **Generic Substitution (338.056)**



Major Changes

- **Opioid Supply Limit (195.010, 195.080)**
- **Buprenorphine Prescribing (334.037, .104 &.747)**
- **Drug Take-Back (195.265)**



Immunization Age

- **Lowered to 7 years old or CDC rec, whichever is higher (338.010)**
- **Check protocol to make sure lower age is allowed**



ShowMeVax Reporting

- **ShowMeVax is Missouri's statewide immunization registry operated by the Department of Health and Senior Services**
- **SB 826- All vaccines must be reported to ShowMeVax unless the patient opts out of reporting.**



ShowMeVax Reporting

- What if the patient **opts-out**?
 - ❑ Written notification to PCP w/in 14-days, if PCP information provided
 - ❑ Notification elements in sec. 338.010.13

ShowMeVax Reporting

DHSS contact information:

showmevaxsupport@health.mo.gov

Bureau of Immunizations

(877) 813-0933

The Bd. cannot answer ShowMeVax questions

TWO-LINE Rx Format (338.056)

- **No longer required in Missouri**
- **Can still fill a 2-line Rx**
- **Out of state prescriptions have to comply with the applicable state law**

TWO-LINE Rx Format (338.056)

- **Generic substitution allowed unless:**
 1. The **patient requests** a brand name or biological product;
 2. The prescriber indicates substitution is prohibited in some manner (*DAW*, “do not substitute”, “brand medically necessary” or similar language)
 3. Must be **less expensive**.

TWO-LINE Rx Format (338.056)

- **Pharmacist may not substitute with a drug that has been rated by the FDA as inequivalent or a biological that has not been rated by the FDA as interchangeable without prescriber approval.**

TWO-LINE Rx Format (338.056)

- **How does this apply to hospital pharmacy?**
 - **Class-B Pharmacies can dispense by Rx or by medication order.**
 - **Generic substitution authorized unless otherwise restricted by the prescriber (protocol/standing order)**

Opioid Supply Limit (Chapter 195)

- **“Initial Prescription”** A Rx for an opioid:
 - * Issued to a patient who **has never** been issued a prescription for the drug or its pharmacy equivalent; or
 - * Issued to a patient who **has not** used or been prescribed or administered the medication **within the five (5) months prior to the current prescription being issued.**

Opioid Supply Limit (Chapter 195)

➤ “Acute Pain” 195.010(1):

- * Pain, whether resulting from disease, accidental or intentional trauma, or other causes, that the practitioner reasonably expects to last only a short period of time. "Acute pain" shall not include **chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or medication-assisted treatment for substance use disorders;**

Opioid Supply Limit (Chapter 195)

➤ Exemptions:

- * Patients currently undergoing cancer treatment
- * Patients receiving palliative care
- * Patients receiving hospice care from a hospice certified under Chapter 197, RSMo;
- * Residents of a long-term care facility licensed under Chapter 198, RSMo; and
- * Patients receiving treatment for substance abuse or opioid dependence.
- * Prescriber deems higher supply medically necessary

Opioid Supply Limit (Chapter 195)

➤ Example 1:

- * A patient presents a tramadol prescription issued for acute pain on September 1st for a 30-day supply. The patient indicates she hates taking medication and hasn't used or been prescribed anything in over a year. Absent further information, the prescription would be considered an "initial prescription" and the 7-day supply limit **would apply** because the patient has not used or been prescribed/administered tramadol within the 5 months prior to the current prescription being issued.

Opioid Supply Limit (Chapter 195)

➤ Example 2:

- * A patient presents a hydrocodone prescription issued for acute pain on September 1st for a 30-day supply. The patient is asked and says she had a tramadol prescription filled at another pharmacy in July but has never been prescribed or used hydrocodone. Absent further information, the prescription would be considered an “initial prescription” and the 7-day supply limit **would apply** because the patient has not used or been prescribed/administered *hydrocodone* within the 5 months prior to the current prescription being issued.

Opioid Supply Limit (Chapter 195)

➤ Example 3:

- * A patient presents an oxycodone prescription issued on September 1st for a 30-day supply. The patient is undergoing treatment for colon cancer. Absent further information, the prescription would not be considered an “initial prescription” and the 7-day supply limit **would not apply** because the patient is currently undergoing **cancer treatment**.

Opioid Supply Limit (Chapter 195)

➤ Example 4:

- * A patient presents a Norco[®] prescription issued on September 1st for a 30-day supply. The patient is a regular customer and has a 30-day supply of Lortab[®] filled at the pharmacy every month. The prescription would not be considered an “initial prescription” and the 7-day supply limit **would not apply** because the patient has been prescribed hydrocodone within the five (5) months prior to the current prescription being issued.

Opioid Supply Limit (Chapter 195)

➤ Example 5:

- * A patient is prescribed hydrocodone to treat chronic pain from a back injury. The prescription would not be considered an “initial prescription” and the 7-day supply limit would not apply because the patient is being treated for chronic pain and not acute pain.

Opioid Supply Limit (Chapter 195)

- **How will I know if an Rx is an “initial prescription” or for “acute pain”?**
 - * **Corresponding responsibility**
 - * **Good-faith effort**
 - * **Ask the customer/Contact the prescriber**
 - * **Ck. your records**
 - * **Document efforts**

Buprenorphine

- **APRNs, Physician Assistants and Assistant Physicians can now prescribe up to a 30-day supply of buprenorphine:**
 - Only for patients receiving medication-assisted treatment for a substance use disorder.**
 - Collaborative practice/supervisory agreement**
 - Have an “X” DEA registration # and complete required training**

Drug Take-Back

- **Chapter 195 now allows drug take back**
- **Update registration with BNDD/DEA**
- **Comply with federal requirements**
- **BNDD Emergency Rule filed.**

USP Upcoming Chapters

➤ **USP Chapter 797**

➤ **USP Chapter 800**

DHSS Hospital Draft Proposed Pharmacy Rules

Sarah Willson, VP Clinical and Regulatory Affairs, Missouri Hospital Association

Pharmacy Services and Medication Management

- * Highlights 19 CSR 30-20.100:
 - * Medications provided by hospital pharmacy
 - * Medications in multi-dose containers
 - * Role of Pharmacy Technician
- * Hospital Premises
 - * [197.052](#). Adjacent property, **hospital** may revise **premises** of campus for licensure purposes. — An applicant for or holder of a **hospital** license may define or revise the **premises** of a **hospital** campus to include tracts of property which are adjacent but for a common street, single intersection, or highway, as such terms are defined in section [300.010](#), and its accompanying public right-of-way.