



# Missouri Board of Pharmacy

PO Box 625, Jefferson City, MO 65102  
 Web site: <http://pr.mo.gov/pharmacists.asp>

Published to promote voluntary compliance of pharmacy and drug law.

## New Licensing Requirements for Pharmacies and Drug Distributors

Beginning January 1, 2009, Missouri law requires that any business entity that engages in retail sales or pays taxable wages to employees must provide a “no tax due letter” from the Missouri Department of Revenue to be issued a new or renewal license. *Section 114.083.4, RSMo*. A “no tax due letter” may not be required if the business does not conduct retail sales or pay taxable wages.

To verify compliance, all new and renewal applicants must file a Business Entity Sales Tax Compliance Form with the Board with their license application, along with a “no tax due letter” from the Department of Revenue, if applicable. A “no tax due letter” may be obtained electronically from the Department of Revenue at <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>, or by e-mailing [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov), or calling 573/751-9268. The Business Entity Sales Tax Compliance Form is available on the Board’s Web site at <http://pr.mo.gov/pharmacists-forms.asp>.

All pharmacies and drug distributors are encouraged to verify their tax status with the Department of Revenue prior to renewal. Additional information may be found at <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>.

## Important Message from the Missouri Secretary of State!

Due to a change in Missouri law, fictitious names filed with the Missouri Secretary of State now expire five years from the date they were filed. If you filed a fictitious name with the Missouri Secretary of State on or before August 28, 2004, you **must renew** your registration with the Secretary of State’s office **no later than August 28, 2009**, or **the registration will expire**. You may renew your fictitious name registration online or print a fictitious name renewal form for mailing at [www.sos.mo.gov](http://www.sos.mo.gov). Please note **you must renew** your fictitious name registration by the due date in order **to continue to legally do business in Missouri**. If the business is no longer in existence or if you wish to let your fictitious name registration expire, no action is required. All questions may be directed to the Missouri Secretary of State, Business Services Division, toll free at 866/223-6535.

## Compounded Drug Testing Report for Fiscal Year 2008

As part of a program initiated in 2003, the Board continues to test drug preparations compounded by pharmacies. Preparations are collected by inspectors and sent to certified laboratories for potency testing and if applicable, sterility/endotoxin testing. The following tables

summarize the dosage forms, number of tests performed on the various compounds, and failure rates. Complete fiscal year 2008 results can be found at <http://pr.mo.gov/pharmacists-compounding.asp>. Potency of compounds that failed testing ranged from 21.3% to 373.7%. An acceptable potency range is considered +/- 10% of the expected potency, unless a United States Pharmacopeia monograph states a different range for a specific preparation. Pharmacies with unsatisfactory results are asked to complete a quality assurance review detailing their compounding practices and to provide a corrective action plan.

Dosage Form	Tests Performed
Capsule	56
Injection	2
Inhalation solution	1
IV solution	12
Ophthalmic solution	1
Oral Solution	1
Oral suspension	87
Powder	7
Suppository	14
Transdermal	1
Troche	4

Test Results	Tests Performed	Percentage
Satisfactory	140	75.3
Unsatisfactory	46	24.7

## A Message from the Missouri Advisory Council on Pain and Symptom Management

Pain is the most common reason Americans seek medical attention. In 2005, three of every 10 Missourians reported that pain made it hard to do self-care, work, or recreation during the preceding month.

In 2003, the state legislature established the Missouri Advisory Council on Pain and Symptom Management within the Department of Health and Senior Services. The 19-member council, which includes a pharmacist appointed by the Missouri Board of Pharmacy, reviews guidelines; makes recommendations on acute and chronic pain treat-

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## **NABP Seeking Pharmacists in All Practice Areas to Take Survey**

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at [www.zoomerang.com/Survey/?p=WEB2297C9ZRC3F](http://www.zoomerang.com/Survey/?p=WEB2297C9ZRC3F), will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure. Questions may be directed to [custserv@nabp.net](mailto:custserv@nabp.net) or 847/391-4406.

## **Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend**

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

### **A Trend with Deadly Consequences**

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

### **Prescription Drugs of Choice for Teens**

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried mari-

juana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

### **Why Teens Choose Prescription Medications**

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

### **Stemming the Growth of Prescription Drug Abuse**

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104<sup>th</sup> Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104<sup>th</sup> Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%.” Similar to past drug prevention programs that



focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

More information and resources are available on the Partnership Web site at [www.drugfree.org](http://www.drugfree.org).

## Health Care Consumers: Essential Partners in Safe Medication Use



*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Edition by visiting [www.ismp.org](http://www.ismp.org). ISMP is a Federally Certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at [www.ismp.org](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

A study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time for speaking with patients and lack of appropriate written materials.

Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, [www.ismp.org](http://www.ismp.org), and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at [www.ConsumerMedSafety.org](http://www.ConsumerMedSafety.org). ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

## FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

ment that can be integrated into the customary practice of health care professionals; analyzes statutes, rules, and regulations; and examines the needs of targeted populations.

In 2004, a series of town hall meetings were held throughout the state to obtain input from persons experiencing severe or chronic pain and the health care providers who care for them. The majority of individuals identified the lack of health care provider knowledge regarding pain assessment as a primary barrier to proper pain care. Pain is one of the most universally experienced phenomena and yet health care providers practice with many misconceptions about pain. These include a lack of understanding that uncontrolled acute pain increases the risk for developing persistent debilitating pain, a fear of prescribing opioid pain medications despite available guidelines and policies, and a lack of appreciation of the need for interdisciplinary approaches to care.

Many of the individuals provided testimony at the town hall meetings that consumers also lack knowledge regarding optimal pain therapy, as well as a failure to understand the consequences of untreated pain. Patients and families need to be educated and empowered to take a more active role in their care.

The council sponsors speakers for conferences of health professionals and provides links to continuing education opportunities at the following Web site: [www.dhss.mo.gov/PainManagement/CEU.html](http://www.dhss.mo.gov/PainManagement/CEU.html). It has also developed a consumer brochure "Managing Pain Begins With You" that is available at no charge. The brochure may be downloaded or ordering instructions may be obtained from [www.dhss.mo.gov/PainManagement/EducationalResources.html](http://www.dhss.mo.gov/PainManagement/EducationalResources.html).

For additional information about pain and symptom management, the council, or to view guidelines, related links, or the complete town hall report, visit [www.dhss.mo.gov/PainManagement/](http://www.dhss.mo.gov/PainManagement/) or contact Tuck VanDyne, chair of the council, at 573/526-0445.

## **Licensing Action Report**

### **Pharmacists**

**Donald J. Basteau, #27046** – St Peters, MO – April 15, 2009. Probation for five (5) years. Disciplined under Section 338.055.2(5) and (13), RSMo for committing misconduct and violating a professional trust or confidence while practicing at a pharmacy.

**Dennis J. Berding, #28754** – Moberly, MO – February 1, 2009. Suspension for four (4) months, followed by probation for five (5) years. Unauthorized refills; legend and controlled substances dispensed without a valid prescription in quantities other than prescribed, and more frequently than authorized; changes made to prescriptions without audit trail of prescriber contact; Medicaid billed for more frequent refills than authorized; and as pharmacist-in-charge, failed to assure compliance with drug laws and rules. Section 338.055.2(5), (6), (13), and (15), RSMo 2000.

**Gary W. Burgess, #41818** – Liberty, MO – February 20, 2009. Probation for five (5) years. Falsified prescriptions and/or misappropriated medications for personal consumption. Section 338.055.2(5), (6), (13), (15), and (17), RSMo.

**Richard P. Butler, #43888** – Sunrise Beach, MO – January 29, 2009. Probation for three (3) years. Wrote and dispensed prescriptions for himself without prior physician authorization. Section 338.055.2(5), (6), (13), and (15), RSMo.

**Richard S. Johnson, #40723** – Ste Genevieve, MO – April 16, 2009. Probation for one (1) year. While pharmacist-in-charge, over a 14-month period technician diverted controlled substances from pharmacy, audit revealed controlled substances unaccounted for, failed to conduct annual audits to discover missing controlled substances. Section 338.055.2(5), (6), (13), and (15), RSMo 2000.

**Jack Q. Lehman, #29882** – California, MO – March 20, 2009. One (1) year suspension followed by five (5) years probation. As pharmacist-in-charge, diverted controlled substances from his pharmacy for personal consumption. Section 338.055.2(5), (6), (13), (15), and (17), RSMo.

**Kellie L. Rider, #43732** – Hillsboro, MO – March 11, 2009. Three (3) years probation. As pharmacist-in-charge, accepted returns of controlled substances from nursing homes, maintained an unlabeled vial of half-tablet methadone in the narcotic cabinet, allowed pharmacists and pharmacy technicians to fill nursing home prescription containers without wearing gloves, did not timely take a controlled substance inventory, allowed unlicensed individual to work as a pharmacy technician, allowed the diversion of controlled substances. Section 338.055.2(5), (6), (10), (13), and (15), RSMo.

**Mary Lynn Rostie, #28810** – Belton, MO – December 19, 2008. Revoked, cannot reapply for seven (7) years. Pled guilty to conspiracy to distribute controlled substances and to conspiracy to commit promotional and concealment money laundering. Section 338.065, RSMo.

**Santosh K. Reddy, #42629** – Olathe, KS – December 19, 2008. Revoked, cannot reapply for seven (7) years. Violation of previous discipline regarding failure to timely renew license and pay licensing fees, did not submit compliance report to Board, and did not take and pass law examination. Section 338.055.2(5), (6), and (13), RSMo.

**Travis Dean Scott, #2009006542** – Lees Summit, MO – March 17, 2009. Restricted license issued on probation for three (3) years. Disciplinary action in other states due to substance abuse. Section 338.055.2(1), (8), (15), and (17), RSMo.

**Mark E. Walz, #40952** – Belleville, IL – March 11, 2009. Probation for three (3) years. As pharmacist-in-charge, allowed unregistered individuals to practice pharmacy and could not account for controlled substance losses. Section 338.055.2(5), (6), (10), (13), and (15), RSMo.

### **Pharmacies**

**CVS Pharmacy 8543, #2006015555** – Kansas City, MO – April 18, 2009. Censure of permit. Missing controlled substances. Section 338.055.2(15), RSMo.

**Reddy Drugs, Inc. d/b/a Medicine Shoppe, #005742** – Blue Springs, MO – December 19, 2008. Revoked, cannot reapply for seven (7) years. Violation of previous discipline regarding failure to retain a pharmacy consultant, failure to use compendia grade ingredients, and failed to maintain a certificate of analysis, had repackaged and pre-packaged drugs not properly labeled in the pharmacy, expired drugs in inventory, failed to maintain log or invoice of receipt of active shelf stock from another pharmacy, failed to log compounded prescription, failed to properly receive controlled substances, failed to list active therapeutic ingredients on a patient's compounded prescription container, failed to take the required change of pharmacist-in-charge controlled substance inventory, compounded prescriptions returned to stock without assigning batch numbers and beyond use dates on the container and log. Section 338.055.2(5), (6), and (13), RSMo.