



**MISSISSIPPI**  
*State Board of Pharmacy*

Street Address:

*6360 J- 55 North*

*Suite 400*

*Jackson, MS 39211*

*Phone: 601-899-8880 Fax: 601-899-8851*

**APPLICATION FOR INSTITUTIONAL EMERGENCY MEDICATION KIT  
(IEMK) PERMIT**

**January 1, 2017 - December 31, 2019**

Business Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

County: \_\_\_\_\_

**Permit Type:**  Manual IEMK \$100.00  Automated IEMK \$300.00

**Type of Organization**  Partnership  Corporation  Sole Proprietorship  Government

**Check One:**  Renewal  Original Permit  Change/ Location  Change/ Name  Change/Responsible Person

Partner(s) or Officer(s) or Facility Owner(s):

\_\_\_\_\_  
(Name) (Address) (E-mail)

\_\_\_\_\_  
(Name) (Address) (E-mail)

Principal Business Activity:  Inpatient Hospice  Long Term Care Facility  Other

Please describe services that you provide: \_\_\_\_\_

Supplying Pharmacy \_\_\_\_\_

Applicant's Name printed \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

PHARMACY PERMIT NUMBER: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

**MISSISSIPPI BOARD OF PHARMACY DRUG FORMULARY FOR INSTITUTIONAL  
EMERGENCY MEDICATION KITS**

**THE FOLLOWING DRUGS HAVE BEEN SELECTED FOR STORAGE IN OUR  
INSTITUTIONAL EMERGENCY MEDICATION KIT FOR OUR PATIENTS:**

<b>1.</b>	<b>21.</b>	<b>41.</b>
<b>2.</b>	<b>22.</b>	<b>42.</b>
<b>3.</b>	<b>23.</b>	<b>43.</b>
<b>4.</b>	<b>24.</b>	<b>44.</b>
<b>5.</b>	<b>25.</b>	<b>45.</b>
<b>6.</b>	<b>26.</b>	<b>46.</b>
<b>7.</b>	<b>27.</b>	<b>47.</b>
<b>8.</b>	<b>28.</b>	<b>48.</b>
<b>9.</b>	<b>29.</b>	<b>49.</b>
<b>10.</b>	<b>30.</b>	<b>50.</b>
<b>11.</b>	<b>31.</b>	<b>51.</b>
<b>12.</b>	<b>32.</b>	<b>52.</b>
<b>13.</b>	<b>33.</b>	<b>53.</b>
<b>14.</b>	<b>34.</b>	<b>54.</b>
<b>15.</b>	<b>35.</b>	<b>55.</b>
<b>16.</b>	<b>36.</b>	<b>56.</b>
<b>17.</b>	<b>37.</b>	<b>57.</b>
<b>18.</b>	<b>38.</b>	<b>58.</b>
<b>19.</b>	<b>39.</b>	<b>59.</b>
<b>20.</b>	<b>40.</b>	<b>60.</b>

**PROVIDER PHARMACY:** \_\_\_\_\_



# MISSISSIPPI

## State Board of Pharmacy

6360 J - 55 North  
Suite 400  
Jackson, MS 39211

Office: 601-899-8880 Fax: 601-899-8851

### APPLICATION FOR REGISTRATION TO HANDLE CONTROLLED SUBSTANCES

January 1, 2017 - December 31, 2017

FEE - \$50.00

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

County: \_\_\_\_\_

DEA #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

(If you do not have a DEA # Please submit your number once it is received).

**Principle Business Owner(s) or officers if Corporation: (Attach list if necessary)**

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

**Please check proper blank:**

Pharmacy     Nursing Home     Wholesaler     Other (specify) \_\_\_\_\_

**Drug Schedules Which Will Be Handled: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Schedule II Narcotic  | <input type="checkbox"/> Schedule II Non-Narcotic  |
| <input type="checkbox"/> Schedule III Narcotic | <input type="checkbox"/> Schedule III Non-Narcotic |
| <input type="checkbox"/> Schedule IV (all)     | <input type="checkbox"/> Schedule V (all)          |

Applicant's signature: \_\_\_\_\_

Name typed or printed: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### OFFICE USE ONLY

REGISTRATION NO.: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

## ARTICLE XXXV INSTITUTIONAL EMERGENCY MEDICATION KIT PERMITS

1. Institutions, excluding hospitals, that desire to maintain a stock of prescription drugs for emergency use by patients who are confined to the institution, shall obtain an Institutional Emergency Medication Kit (IEMK) permit from the Mississippi Board of Pharmacy. Emergency use is the procurement of non-patient assigned medications from a stock supply for the purpose of initiating medication therapy or supplying non-routine medications to provide for optimal patient care.
  - A. Permit. The IEMK permit shall be classified as either a Manual IEMK or an Automated IEMK. The manual IEMK permit is required if the dispensing method is such that the release of each individual dose is not electronically integrated to the documentation required for each such release. An Automated IEMK permit shall be required if the dispensing method is such that the release of each individual dose is electronically integrated to the documentation required for each such releases. Only one (1) permit, either Manual or Automated, shall be issued per facility.
  - B. Application for an IEMK permit shall be on a form supplied by the Board. The Application for a Manual IEMK permit shall be accompanied by a fee of One Hundred Dollars (\$100.00) and the Application for an Automated IEMK permit shall be accompanied by a fee of Three Hundred Dollars (\$300.00). A separate permit shall be required for each IEMK and shall be renewed biennially. The Administrator (if a nursing home or other long term care facility) or business manager of the institution shall make application for the IEMK permit. In the event of a change of the administrator or business manager, a new permit must be obtained. Any IEMK permit renewal application postmarked after December 31 of the renewal period shall be returned and a Fifty Dollar (\$50.00) late renewal fee shall be assessed prior to renewal.
  - C. IEMK Inventory and Accountability
    - (1) The contents of the IEMK are supplied by a pharmacy permitted by the Board. Each IEMK shall be supplied by only one pharmacy;
    - (2) The contents of the IEMK are jointly determined by the consultant pharmacist, medical director, director of nurses and the pharmacist supplying the IEMK;
    - (3) The IEMK shall have a “par value” for each prepackaged product that is stored in the IEMK;
    - (4) A copy of the inventory of the IEMK is on file in the institution and at the provider pharmacy;
    - (5) A Manual IEMK permit authorizes an inventory up to sixty (60) medication items with a limit on the quantity (or par value) to no more than fifteen (15) units each of the sixty (60) medication items. A facility may choose to increase six (6) of the medication items to a maximum of thirty (30) units for those six (6) items. A maximum of then (10) medication items may be controlled substances with a maximum limit of then (10) units each. An Automated IEMK permit shall not have any limits on the quantity of the inventory, but reasonable caution should be used when determining the quantity of medications to be stocked in the kit;
    - (6) An IEMK withdrawal log shall be maintained at the institution and all withdrawals of medications from the IEMK shall be documented as follows:
      - (a) name and room number of resident/patient;
      - (b) drug name, strength, and number of units withdrawn;
      - (c) date and time of withdrawal; and  
name of person withdrawing the medication.

2. Use. Emergency kit medications shall be administered to patients only for emergencies and when medications are otherwise unavailable pursuant to a valid medication order or prescription.
3. Storage and Security. The IEMK shall be maintained in a securely locked room or cabinet at the institution. Access to the contents of the IEMK shall be limited to those licensed personnel designated by the director of nurses and the provider pharmacist.
4. Controlled Substances. An IEMK that contains controlled substances (Schedule II, III, IV and V) shall be subject to the following:
  - A. The institution has been issued a controlled substance registration by the Mississippi Board of Pharmacy;
  - B. Controlled substances are stored in a separate locked container; and
  - C. The withdrawal of controlled substances shall comply with the Mississippi Pharmacy Practice Regulations and the Drug Enforcement Administration Regulations.