Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov

Board Meeting

February 24, 2016

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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NOTICE IS HEREBY GIVEN that a meeting of the Board has been ordered and called for 10:00 a.m. on Wednesday, February 24, 2016 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 02-19-2016

1. Call to Order
2. Invocation & Pledge of Allegiance
3. Quorum Call
4. Call for Additional Agenda Items & Adoption of Agenda
5. Consideration of Minutes from Previous Meeting – November 18, 2015
6. Report on Action Items
7. Confirmation of Acts
8. Opportunity for Public Comment
9. Committee Reports
   - A. Finance – Mr. Pitre
     - Consideration of Interim Report for Fiscal Year 2015-2016
   - B. Application Review – Mr. Soileau
     - Consideration of Committee Recommendations re Applications
   - C. Reciprocity – Ms. Hall
   - D. Violations – Mr. Bond
     - Consideration of Proposed Voluntary Consent Agreements
   - E. Impairment – Mr. Rabb
     - Consideration of Committee Recommendations re Applications
   - F. Reinstatement – Ms. Melancon
     - Consideration of Committee Recommendations re Applications
   - G. Tripartite – Mr. Burch
   - H. Regulation Revision – Mr. McKay
     - Consideration of *Legislative Proposal 2016-A ~ CDS Schedule Update – Draft #1*
     - Consideration of *Legislative Proposal 2016-B ~ PMP Record Retention – Draft #1*
     - Consideration of *Legislative Proposal 2016-C ~ Marijuana Permit Application Fee – Draft #1*
     - Consideration of *Regulatory Proposal 2015-D ~ Compounding for Office Use for Veterinarians – Draft #3*
     - Consideration of *Regulatory Proposal 2016-C ~ CDS Prescriptions – Draft #1*
     - Consideration of *Regulatory Proposal 2016-E ~ PIC in Nonresident Pharmacies – Draft #1*
     - *Consideration of Regulatory Proposal 2016-F ~ Medication Synchronization – Draft #2*

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9. Committee Reports (cont.)
   I. Executive – Mr. Aron
      - Consideration of Committee Recommendations re Contracts & Agreements
      - Consideration of Committee Recommendation re Policy Proposal
10. Staff Reports
   J. Assistant Executive Director – Mr. Fontenot
      - Consideration of Requests for Waivers from PMP Reporting Requirement
   K. General Counsel – Mr. Finalet
      - Consideration of Proposed Voluntary Consent Agreements
   L. Executive Director – Mr. Broussard
11. Petition for Advisory Opinion and/or Declaratory Statement re Act 409 of 2015 Legislature [R.S. 37:1241(A)(23)] – Mr. Andrew Capitelli (Milling Benson Woodward, LLP on behalf of Fountain Park Pharmacy in Harvey, La.)
12. Request for Opinion re Dispensing of Investigational Drugs in Hospital Pharmacy – Dr. Jennifer Henry (Tulane Health System)
13. Announcements
14. Recess

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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M E M O R A N D U M

To: Board Members & Staff

From: Malcolm Broussard

Date: February 20, 2016

Re: Board Meeting Schedule & Arrangements

The next quarterly meeting of the Board and certain of its committees will be held at the Board office on February 23-25, 2016. The schedule of events is as follows:

Tuesday, February 23, 2016

0800	Reinstatement Committee	*Boardroom*
1200	Committee Luncheon	*Boardroom*
1300	Impairment Committee	*Boardroom*
1600	Executive Committee	*Boardroom*

Wednesday, February 24, 2016

1000	Board Meeting	*Boardroom*

Thursday, February 25, 2016

0830	Administrative Hearing	*Boardroom*

You should have already received your hotel reservation confirmations from Ms. Kelley Villeneuve via email. If you have any questions about those arrangements, please contact her directly at kvilleneuve@pharmacy.la.gov or 225.925.6498.

Most of your meeting materials have been posted in the *Boardroom Library*. You may enter the library by visiting our website at www.pharmacy.la.gov, selecting the *Login* link at the right-sided margin of the horizontal menu bar, and entering your log-in and password information. At the *Boardroom Library Lobby*, select the link for the *Main Reading Room*, and then the 02-24-2016 link for the board meeting. For those of you with committee meetings that week, all of those meeting materials have been posted in the applicable committee reading room, also accessible from the *Boardroom Library Lobby*. I anticipate completion of all the meeting materials by Sunday afternoon, and we will advise you when all of the materials have been posted.

Acronyms

AACP	American Association of Colleges of Pharmacy
AAPS	American Association of Pharmaceutical Scientists
AAPT	American Association of Pharmacy Technicians
ACA	American College of Apothecaries
ACCME	Accreditation Council for Continuing Medical Education
ACCP	American College of Clinical Pharmacy
ACE	Advisory Committee on Examinations (NABP)
ACPE	Accreditation Council for Pharmacy Education
ADA	American Dental Association
ADC	automated dispensing cabinet
ADS	automated dispensing system
AFDO	Association of Food & Drug Officials
AFPE	American Foundation for Pharmaceutical Education
AIHP	American Institute of the History of Pharmacy
AMA	American Medical Association
AMCP	Academy of Managed Care Pharmacy
AMS	automated medication system
APEC	Australian Pharmacy Examining Council
APhA	American Pharmacists Association
APPE	advanced pharmacy practice experience
ASAE	American Society of Association Executives
ASAP	American Society for Automation in Pharmacy
ASCP	American Society of Consultant Pharmacists
ASHP	American Society of Health-System Pharmacists
ASPL	American Society for Pharmacy Law
AVMA	American Veterinary Medical Association
AWARxE	NABP consumer protection program
BNDD	Bureau of Narcotics and Dangerous Drugs
BPS	Board of Pharmacy Specialties
CAC	Citizen Advocacy Center
CCAPP	Canadian Council for Accreditation of Pharmacy Programs
CCGP	Commission for Certification in Geriatric Pharmacy
CDC	Centers for Disease Control and Prevention
CDER	Center for Drug Evaluation and Research
CDTM	collaborative drug therapy management
CDS	controlled dangerous substances
CE	continuing education
CFR	Code of Federal Regulations
CHPA	Consumer Healthcare Products Association
CLEAR	Council on Licensure, Enforcement and Regulation
CMI	consumer medication Information
CMS	Centers for Medicare and Medicaid Services
CPD	continuing professional development
CPhA	Canadian Pharmacists Association
CPPA	Center for Pharmacy Practice Accreditation
CPSC	Consumer Product Safety Commission
DEA	Drug Enforcement Administration
DEQ	La. Department of Environmental Quality
DHH	La. Department of Health and Hospitals

DME	durable medical equipment
DMEPOS	durable medical equipment, prosthetics, orthotics, and supplies
DNV	Det Norske Veritas (Norwegian accreditation organization)
DSM	disease state management
EDK	emergency drug kit
ELTP	Electronic Licensure Transfer Program (NABP)
EPA	Federal Environmental Protection Agency
EPCS	Electronic Prescribing of Controlled Substances (DEA)
ETS	Educational Testing Service
EU	European Union
ExCPT	Examination for the Certification of Pharmacy Technicians
FARB	Federation of Associations of Regulatory Boards
FBI	Federal Bureau of Investigation
FD&C	Federal Food, Drug & Cosmetic Act
FDA	Federal Food & Drug Administration
FIP	Federation Internationale Pharmaceutique
FMI	Food Marketing Institute
FPGEC	Foreign Pharmacy Graduate Examination Committee (NABP)
FPGEE	Foreign Pharmacy Graduate Equivalency Examination (NABP)
FSBPT	Federation of State Boards of Physical Therapy
FSMB	Federation of State Medical Boards
FRC	Foreign Pharmacy Graduate Equivalency Examination Review Committee (NABP)
FTC	Federal Trade Commission
GPhA	Generic Pharmaceutical Association
GPO	US Government Printing Office
gTLD	generic top level domain (Internet addresses)
HCFA	Health Care Financing Administration
HDMA	Healthcare Distribution Management Association
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	health maintenance organization
IACP	International Academy of Compounding Pharmacists
ICANN	Internet Corporation for Assigned Numbers and Names
ICPT	Institute for the Certification of Pharmacy Technicians
IDOI	Internet Drug Outlet Identification (NABP)
INEOA	International Narcotic Enforcement Officers Association
IOM	Institute of Medicine
IPPE	introductory pharmacy practice experience
ISMP	Institute for Safe Medication Practices
JCPP	Joint Commission of Pharmacy Practitioners
LAMP	Louisiana Academy of Medical Psychologists
LANP	Louisiana Association of Nurse Practitioners
LAPA	Louisiana Academy of Physician Assistants
LBP	Louisiana Board of Pharmacy
LDA	Louisiana Dental Association
LIPA	Louisiana Independent Pharmacies Association
LPA	Louisiana Pharmacists Association
LPTA	Louisiana Physical Therapy Association
LPTB	Louisiana Physical Therapy Board
LSBD	Louisiana State Board of Dentistry
LSBME	Louisiana State Board of Medical Examiners

LSBN	Louisiana State Board of Nursing
LSBOE	Louisiana State Board of Optometry Examiners
LSBPNE	Louisiana State Board of Practical Nurse Examiners
LSBVM	Louisiana State Board of Veterinary Medicine
LSBWDD	Louisiana State Board of Wholesale Drug Distributors
LSHP	Louisiana Society of Health-System Pharmacists
LSMS	Louisiana State Medical Society
LSNA	Louisiana State Nurses Association
LTC	long term care
LTCF	long term care facility
LVMA	Louisiana Veterinary Medical Association
MPJE	Multistate Pharmacy Jurisprudence Examination (NABP)
MRC	MPJE Review Committee (NABP)
NABP	National Association of Boards of Pharmacy
NABP-F	National Association of Boards of Pharmacy Foundation
NABPLAW	National Association of Boards of Pharmacy – Law Database
NACDS	National Association of Chain Drug Stores
NAMSDL	National Alliance for Model State Drug Laws
NAPLEX	North American Pharmacist Licensure Examination (NABP)
NAPRA	National Association of Pharmacy Regulatory Authorities (Canada)
NASCSA	National Association of State Controlled Substance Authorities
NASPA	National Alliance of State Pharmacy Associations
NASPER	National All Schedules Prescription Electronic Reporting Act
NCC MERP	National Coordinating Council for Medication Error Reporting and Prevention
NCPA	National Community Pharmacists Association
NCPDP	National Council for Prescription Drug Programs
NCPIE	National Council on Patient Information and Education
NCPO	National Conference of Pharmaceutical Organizations
NCSBN	National Council of State Boards of Nursing
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NDMA	Nonprescription Drug Manufacturing Association
NIPCO	National Institute for Pharmacist Care Outcomes
NISPC	National Institute for Standards in Pharmacist Credentialing
NOCA	National Organization for Competency Assurance
NPA	National Pharmacy Association
NPC	National Pharmaceutical Council
NPDB	National Practitioner Data Bank
NPTA	National Pharmacy Technician Association
NRC	NAPLEX Review Committee (NABP) Federal Nuclear Regulatory Commission
OAL	Optometry Association of Louisiana
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ONDD	Office of Narcotics and Dangerous Drugs
OSHA	Occupational Safety and Health Administration
PARE	Pharmacy Assessment, Remediation and Evaluation (NABP)
PBM	pharmacy benefit management
PCAB	Pharmacy Compounding Accreditation Board
PCCA	Professional Compounding Centers of America

PCMA	Pharmaceutical Care Management Association
PCOA	Pharmacy Curriculum Outcomes Assessment (NABP)
PDMA	Prescription Drug Marketing Act
PEBC	Pharmacy Examining Board of Canada
PhRMA	Pharmaceutical Research and Manufacturers of America
PMP	Prescription Monitoring Program
PMP-i	Prescription Monitoring Program Interconnect (NABP)
PTCB	Pharmacy Technician Certification Board
PTCE	Pharmacy Technician Certification Examination
PTEC	Pharmacy Technician Educators Council
RFID/EPC	Radio Frequency Identification / Electronic Product Code
SAMSHA	Federal Substance Abuse & Mental Health Services Administration
TJC	The Joint Commission
TOEFL	Test of English as a Foreign Language
TOEFL iBT	Test of English as a Foreign Language Internet-based Test
TSE	Test of Spoken English
URAC	Utilization Review Accreditation Commission
USP	United States Pharmacopeia / United States Pharmacopeial Convention
USP DI	US Pharmacopeia Dispensing Information
USP-NF	US Pharmacopeia – National Formulary
VAWD	Verified-Accredited Wholesale Distributors (NABP)
Vet-VIPPS	Veterinary-Verified Internet Pharmacy Practice Sites (NABP)
VIPPS	Verified Internet Pharmacy Practice Sites (NABP)
VPP	Verified Pharmacy Practice (NABP)
WHO	World Health Organization
WHPA	World Health Professions Alliance

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Minutes

Regular Meeting	Wednesday, November 18, 2015 at 9:30 a.m.
Location:	Louisiana Board of Pharmacy 3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700

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A regular meeting of the Louisiana Board of Pharmacy was held on Wednesday, November 18, 2015 in the Boardroom of the Board's office, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The meeting was held pursuant to public notice, each member received notice, and notice was properly posted.

1. Call to Order
Mr. Carl Aron, President, called the meeting to order at 9:35 a.m.

2. Invocation & Pledge
Mr. Aron called upon Mr. Brian Bond, and he delivered the invocation. Dr. Deborah Simonson then led the group in the recitation of the Pledge of Allegiance.

3. Quorum Call
Mr. Aron called upon the Secretary, Mr. Bond, to call the roll to establish a quorum.

Members Present:
Mr. Carl W. Aron
Mr. Brian A. Bond
Mr. Clovis S. Burch
Mr. Ryan M. Dartez
Ms. Jacqueline L. Hall
Mr. Richard M. Indovina
Mr. Marty R. McKay
Ms. Chris B. Melancon
Ms. Diane G. Milano
Mr. Blake P. Pitre
Mr. T. Morris Rabb
Ms. Pamela G. Reed
Mr. Don L. Resweber
Dr. Deborah H. Simonson
Mr. Richard A. Soileau
Mr. Rhonny K. Valentine

Members Absent:
Mr. Ronald E. Moore

Staff Present:
Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. M. Joseph Fontenot, Assistant Executive Director

Guests:
Mr. Charles Trahan
Ms. Kathleen Gaudet
Mr. Al Gaudet
Ms. Maureen Vocke
Dr. Edward C. Vocke, III

Ms. Karen S. Vocke
Ms. Sarah Vocke
Mr. Michael Weber – Roadrunner Pharmacy
Mr. John Rocchio – CVS Health
Ms. Tammie Koelz – Walgreen Pharmacy
Dr. Kirk Ryan – La. Veterinary Medical Association
Dr. Trisha Marullo – La. Veterinary Medical Association
Mr. Nick Cahanin – NACDS
Mr. Tim Koch – Wal-Mart Stores
Mr. Jim Nickel – Walgreen Pharmacy
Mr. David Ruckman – Target Pharmacy
Mr. Russell Caffery – La. Independent Pharmacies Association
Ms. Lauren Landry – La. Veterinary Medical Association
Mr. Bland O'Connor – La. Veterinary Medical Association
Mr. Everett McAllister – Pharmacy Technician Certification Board
Mr. Ben J. Sims – Brookshire Grocery Co. Pharmacies
Mr. Matt Moreau – Moreau Medical
Mr. Geoffrey Gros – Wal-Mart Stores

Mr. Bond certified 16 of the 17 members were present, constituting a quorum for the conduct of official business.

4. Call for Additional Agenda Items & Adoption of Agenda
Mr. Aron asked if there were any additional agenda items, but none were offered. With no objection, the Board adopted the posted agenda dated November 16, 2015. Mr. Aron then requested authority from the Board to reorder the agenda as necessary for the purpose of accommodating certain guests. There were no objections to that request.

5. Consideration of Minutes
Mr. Aron reminded the members they had received the draft minutes from the Regular Board Meeting on August 12 and the Administrative Hearing on August 13, both of which were held in Baton Rouge, Louisiana. With no objections, he waived the reading thereof. With no requests for amendment or any objection to their approval, Mr. Aron declared the minutes were approved as presented. Mr. Bond reminded the members to sign the Minute Book.

6. Report on Action Items
Mr. Aron called on Mr. Broussard for the report. Mr. Broussard reviewed the rulemaking activities directed during the previous Board meeting, specifically in reference to the two emergency rules relative to Compounding for Office Use for Veterinarians and Electronic Signatures on Facsimile Prescriptions.

7. Confirmation of Acts
Pursuant to Mr. Aron's declaration that the officers, committees, and executive director had attended to the business of the Board since the last meeting in accordance with policies and procedures previously approved by the Board, Mr. Rabb moved,

Resolved, that the actions taken and decisions made by the Board officers, Board committees, and Executive Director in the general conduct and transactions of Board business since August 13, 2015 are approved, adopted, and ratified by the entire Board.

The motion was adopted after a unanimous vote in the affirmative.

8. Opportunity for Public Comment

Mr. Aron reminded the members and guests the Open Meetings Law requires all public bodies to provide an opportunity for public comment at all meetings and for each agenda item upon which a vote is to be taken. He solicited general comments on non-agenda items from the guests present, but none were offered.

** Statement of Purpose*

Mr. Aron reminded the members of the purpose and mission of the Board of Pharmacy by reciting the relevant portion of the Louisiana Pharmacy Practice Act. He urged the members to keep their mission in mind as they considered all the matters before them.

*** Special Order of the Day – Presentation of Pharmacist Gold Certificates.*

Mr. Aron informed the members present that 134 pharmacists received their initial license from the Louisiana Board in 1965, and of that number, 51 were still actively licensed and qualified for their gold certificate, and further, that three of that number were present to receive their gold certificates. He then presented those certificates to:

PST.008941 – Charles Davis Trahan
PST.009015 – Edward Charles Vocke, III
PST.009016 – Karen Schell Vocke

All of the members and guests congratulated each of the recipients with a round of generous applause.

9. Election of Board Officers

Mr. Aron reminded the members of their duty to elect officers for the Board during the final Board meeting of the calendar year. He then conducted the election, and the following members assumed their respective offices immediately:

- President – Carl W. Aron
- First Vice President – T. Morris Rabb
- Second Vice President – Marty R. McKay
- Third Vice President – Chris B. Melancon
- Secretary – Brian A. Bond

10. Committee Reports

A. Finance Committee

Mr. Aron called upon Mr. Pitre for the committee report. Mr. Pitre reported the committee had met the previous day to review two documents prepared by the staff. Mr. Pitre directed the members to the interim report for the current fiscal year, reviewed the highlights, and indicated the report was presented for information only and required no action by the Board. He then directed the members to the *Proposed Budget for Fiscal Year 2016-2017*. He indicated the committee members had reviewed the proposal, which

included performance adjustments for the staff in 2016, and voted to recommend the adoption of the proposed budget as presented. He then moved,

> **Resolved**, to approve and adopt the *Proposed Budget for Fiscal Year 2016-2017*.

The motion was adopted after a unanimous vote in the affirmative.

Finally, he expressed his appreciation to the other committee members for their efforts the previous day.

B. Application Review Committee

Mr. Aron called upon Mr. Soileau for the committee report. Mr. Soileau reported the committee met on September 22 to consider five referrals from the staff. Following their interviews of the applicants and subsequent deliberations, the committee authorized the issuance of a pharmacist license without restriction, and also deferred the consideration of one applicant for a PTC registration as well as one applicant for a CPT certificate, both pending resolution of previously existing legal matters. He then presented the following files to the Board for their consideration of the committee recommendations.

Larry Wade (Applicant for PTC Registration) Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of the PTC registration as well as any other credential for which he might qualify, then immediately suspended the registration (and any subsequent credential) for eighteen months and stayed the execution of the suspension, then placed the registration (and any subsequent credential) on probation for eighteen months, effective on the date of issuance, subject to certain terms enumerated in the consent agreement.

LaTashua Yvette Mitchell (Applicant for PTC Registration) Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of the PTC registration as well as any other credential for which she might qualify, then immediately suspended the registration (and any other subsequent credential) for eighteen months and stayed the execution of the suspension, then placed the registration (and any subsequent credential) on probation for eighteen months, effective on the date of issuance, subject to certain terms enumerated in the consent agreement.

Finally, Mr. Soileau expressed his appreciation to the other members of the committee for their ongoing efforts.

C. Reciprocity Committee

Mr. Aron called upon Ms. Hall for the committee report. She reported the staff had evaluated 66 applications for pharmacist licensure by reciprocity and that none of them contained information that warranted a committee-

level review. In conformance with policies and procedures previously approved by the Board, the staff approved the applications and issued the credentials.

Finally, she closed her report with appreciation to the other committee members for their ongoing efforts.

D. Violations Committee

Mr. Aron called upon Mr. Bond for the committee report. Mr. Bond reported the committee held an informal conference on September 2-3, 2015 to consider their posted agenda which included 25 cases: 9 pharmacists, 7 pharmacy technicians, 8 pharmacy permits, and one CDS license for a physician. After interviews and deliberations, the committee took no formal action against 9 of the cases. The committee directed the issuance of non-disciplinary Letters of Noncompliance to three of the respondents. In addition, the committee directed one respondent to submit to a medical evaluation and deferred further consideration of that matter pending receipt and review of the results of that evaluation. The committee offered proposed voluntary consent agreements to the remaining 12 respondents, and all but one accepted the proposal. The single respondent who did not accept the committee proposal was scheduled for a future administrative hearing. Mr. Bond then presented the following files to the members for their consideration.

Kollam, Inc. *d/b/a* Safe Pharmacy (PHY.006997) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $35,000 plus administrative and investigative costs.

Brandon Kyle Hendrickson (PST.020622) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the respondent a fine of $5,000 plus administrative costs.

Kerry Morris Andrade (CPT.008499) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed the respondent a fine of $250 plus administrative costs.

Park Irmat Drug, Inc. *d/b/a* Irmat Pharmacy (PHY.007007) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $30,000 plus administrative and investigative costs.

Majeste's St. Claude Pharmacy, Inc. *d/b/a* St. Claude Pharmacy (PHY.005760) Mr. Bond moved to approve the proposed voluntary consent

agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the permit.

Gregory Jon Wendling (PST.013246) Mr. Bond moved to approve the proposed voluntary consent agreement. During the discussion, Mr. Soileau moved to enter into executive session for the purpose of discussing the character and professional competence of the respondent. The motion for executive session was adopted after a unanimous roll call vote in the affirmative.

It was noted the Board entered into executive session at 10:15 a.m. and then returned to open session at 10:45 a.m.

Mr. Aron reminder the members the original motion was still pending. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the license for one year and stayed the execution of the suspension, then placed the license on probation for one year, effective November 18, 2015, subject to certain terms enumerated in the consent agreement; and further, assessed the respondent a fine of $25,000 plus administrative and investigative costs; and further, placed two permanent restrictions on the license: (1) he shall not have any ownership interest in any pharmacy licensed by the Board after December 31, 2015, and (2) he shall not serve as the pharmacist-in-charge of any pharmacy licensed by the Board after December 31, 2015.

William Paul Collins (PST.013528) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $5,000 plus administrative costs; and further, placed a restriction on the license by prohibiting him from serving as the pharmacist-in-charge of any pharmacy licensed by the Board.

Ashley Nicole Rausin (CPT.01112) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate, and further, permanently prohibited the acceptance of any application for the reinstatement of the certificate or for any other credential issued by the Board.

Northside Pharmacy, LLC *d/b/a* Global Pharmacy (PHY.007110) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $50,000 plus administrative and investigative costs.

Walgreen Louisiana Co., Inc. *d/b/a* Walgreen Pharmacy No. 7197 (PHY.004999) Mr. Bond moved to approve the proposed voluntary consent

agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $10,000 plus administrative and investigative costs.

Louisiana CVS Pharmacy, LLC *d/b/a* CVS Pharmacy No. 5296 (PHY.005851) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed the permit owner a fine of $50,000 plus administrative and investigative costs.

Mr. Bond reported the committee will meet on December 16 to consider that docket of 37 cases, which includes 14 pharmacists, 5 pharmacy technicians, 4 pharmacy technician candidates, and 14 pharmacy permits.

Finally, Mr. Bond concluded his report with appreciation to the other committee members for their ongoing efforts.

E. Impairment Committee

Mr. Aron called upon Mr. Rabb for the committee report. Mr. Rabb reported the committee met the previous day to consider 10 referrals from the staff. Following their interviews of the applicants and subsequent deliberations, the committee executed a no-practice agreement with one of the applicants and then deferred further consideration of that matter pending the receipt and review of additional information requested of the applicant. Mr. Rabb then presented the following files to the members for their consideration.

Charles Paul Guidry (PST.020067) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the license for an indefinite period of time, effective November 3, 2015.

Kelly Ann Smith (CPT.012498) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the certificate for an indefinite period of time, effective October 5, 2015.

Andrea Katherine Bourque (PST.019587) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the license for an indefinite period of time, effective October 13, 2015.

Hoa Thi Pham (PNT.046513) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the applicant's request for the

reinstatement of the previously suspended intern registration, contingent upon verification of her re-enrollment in a college of pharmacy; and further, upon said verification, the intern registration shall be automatically reinstated, then suspended for five years with execution of the suspension stayed, and then placed on probation for five years, effective on the date of reinstatement, subject to certain terms enumerated in the consent agreement.

Benji Joseph Juneau (PST.016348) Mr. Rabb moved to approve the applicant's request for termination of the probationary period scheduled to conclude on November 16, 2021. The motion was adopted after a unanimous vote in the affirmative. The Board removed all probationary terms and restored the license to active and unrestricted status.

Clay Devoe Jones (PST.015687) Mr. Rabb moved to approve the applicant's request for termination of the probationary period scheduled to conclude on February 21, 2018. The motion was adopted after a unanimous vote in the affirmative. The Board removed all probationary terms and restored the license to active and unrestricted status.

Tiffany Cathleen Luse Upshaw (PST.018936) Mr. Rabb moved to approve the applicant's request to modify the probationary terms by removing the restriction on the pharmacist-in-charge (PIC) privilege. The motion was adopted after a unanimous vote in the affirmative. The Board modified the probationary terms by restoring the PIC privilege to active status.

Amy Rebecca Douglas (Applicant for Pharmacist License by Reciprocity) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of the pharmacist license, then immediately suspended it for a period of time ending May 15, 2028 and stayed the execution of the suspension, then placed the license on probation for a period of time ending May 15, 2028, subject to certain terms enumerated in the consent agreement.

Stephen Leonard Collins (PST.011311) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the license for five years and stayed the execution of the suspension, then placed the license on probation for five years, effective November 18, 2015, subject to certain terms enumerated in the consent agreement.

Finally, Mr. Rabb closed his report with appreciation to his fellow committee members for their work the previous day and for the ongoing staff support.

F. Reinstatement Committee

Mr. Aron called upon Ms. Melancon for the committee report. Ms. Melancon reported the committee had met the previous day to consider the nine referrals from the staff. Following their interviews of the applicants and subsequent deliberations, the committee deferred consideration of one application pending receipt and review of additional information requested by the committee; and further, allowed one applicant to withdraw his application. She then reported the following files to the members for their consideration.

Physician Choice Pharmacy, LLC *d/b/a* Physician Choice Pharmacy (PHY.006739) Ms. Melancon moved to approve the application for reinstatement of the lapsed permit, contingent upon the completion of certain requirements. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the reinstatement of the permit, contingent upon the completion of certain requirements no later than December 15, 2015.

Shantelle Dionne Payton (CPT.010037) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the applicant's request for reinstatement of the previously suspended certificate by converting the duration of the suspension from an indefinite term to a term of three years and stayed the execution of the suspension, then placed the certificate on probation for three years, effective November 18, 2015, subject to certain terms enumerated in the consent agreement.

Jennifer LaCole Farmer (CPT.008812) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the applicant's request for reinstatement of the lapsed certificate, then immediately suspended the certificate for three years and stayed the execution of the suspension, then placed the certificate on probation for three years, effective November 18, 2015, subject to certain terms enumerated in the consent agreement.

Crystal Eva Terrebonne (CPT.006116) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the lapsed certificate, contingent upon the satisfaction of certain requirements no later then November 18, 2016.

Trang Phuong Nguyen (CPT.004717) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the lapsed certificate, contingent upon the satisfaction of certain requirements no later than November 18, 2016.

Delilah Burgess LaFitte (CPT.004491) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the lapsed certificate, contingent upon the satisfaction of certain requirements no later than November 18, 2016.

Bruce Leonard Wilson (CDS.045878-MD) Ms. Melancon moved to approve the reinstatement of the previously suspended license. The motion was adopted after a unanimous vote in the affirmative. The Board reinstated the CDS license to active and unrestricted status.

Ms. Melancon closed the report with appreciation to the other committee members for their work the previous day.

G. Tripartite Committee

Mr. Aron noted the committee had not met since the last Board meeting.

H. Regulation Revision Committee

Mr. Aron called upon Mr. McKay for the committee report. Mr. McKay noted the committee met on September 22 to review a first draft of a proposed set of rules for the marijuana pharmacy permit. He indicated the members suggested several revisions to that first draft and would review a second draft at their next meeting, and further, had no documents ready to submit to the Board for approval at this meeting. However, he noted the Board did need to review the comments and testimony offered during a public hearing on a previously approved regulatory proposal relative to compounding for office use for veterinarians. He directed the members to a summary of those comments in their electronic meeting binder.

During the discussion of the comments, Mr. Aron recognized Dr. Kirk Ryan and Dr. Trisha Marullo from the La. Veterinary Medical Association, who spoke in support of the current regulatory proposal. Mr. Aron reminded the members of a draft guidance document from the federal Food & Drug Administration relative to the use of bulk drugs when compounding veterinary prescriptions; this document was submitted during the public hearing. He indicated that guidance document verified the legal authority for pharmacists to compound veterinary preparations pursuant to a specific prescription, but also indicated there was no clear federal authority for pharmacists to compound veterinary preparations for office use. Following additional discussion, the members voiced concern about the potential promulgation of a rule that might ultimately be contradictory to federal laws or rules. Mr. McKay reminded the members of the marijuana pharmacy permit proposal still in committee, and indicated their proposal had a disclaimer and warning to the pharmacists as to the conflict between state and federal governing documents. Mr. Broussard directed the members to the marijuana pharmacy proposal in the electronic Boardroom Library so they could see that language. After additional discussion, Mr. Aron indicated he believed the members still wished to allow compounding for office use for veterinarians

but wished to develop disclaimer language to put pharmacists on notice about the apparent conflict in federal and state governing documents. He then referred the regulatory proposal back to the Regulation Revision Committee with a directive to develop disclaimer language for the Board's consideration at their next meeting in February 2016. Further, he directed Mr. Broussard to continue re-publishing the original Emergency Rule as necessary.

Finally, Mr. McKay expressed his appreciation to the other members of the committee for their ongoing efforts.

I. Executive Committee

Mr. Aron indicated the committee met the previous day to consider their posted agenda. He then directed the members to the two policy proposals in their electronic meeting binders. Mr. Rabb then moved,

> **Resolved**, that the Board approve the proposed revision of *PPM Policy No. II.A.6 ~ Flexible Special Entrance Rates for Salaries.*

The motion was adopted after a unanimous vote in the affirmative. Mr. Rabb then moved,

> **Resolved**, that the Board approve the new policy *LPM Policy No. I.P ~ Worker's Compensation Post-Accident Drug Testing.*

The motion was adopted after a unanimous vote in the affirmative. Mr. Aron then referred the members to the Final Report from the Legislative Auditor. He indicated the committee reviewed the auditor's findings and the executive director's reply, as well as the staff's plan for remediation going forward. He also briefly reviewed the current staffing changes.

Finally, Mr. Aron expressed his appreciation to the other committee members for their ongoing efforts.

At this point, Mr. Aron declared a luncheon recess. It was noted the members recessed at 11:50 a.m. and then reconvened in open session at 12:40 p.m. He re-ordered the agenda to address the topic for which most of the guests were present.

12. Request to Delay Implementation of Requirement for National Accreditation of Pharmacy Technician Training Programs – Mr. Timothy Koch, Wal-Mart Stores

Mr. Aron recognized Mr. Koch and invited him to the witness table. He was joined at the table by Mr. John Rocchio from CVS Health. At the outset of his presentation, Mr. Koch indicated he also wished to discuss the currently existing requirement of 600 hours of practical experience as one of the qualifications for a Louisiana pharmacy technician certificate. Mr. Aron indicated he would allow that additional discussion as part of this agenda item.

Mr. Koch reminded the members of their rule change in 2013, where they amended the existing pharmacy technician rule to begin requiring (in January 2016) the completion of a nationally-accredited pharmacy technician training program. He indicated Wal-Mart was preparing to apply for the accreditation of their program and then noted a recent change in the accreditation standards that was implemented after the Board's 2013 rule change. Wal-Mart and other chain pharmacies indicated their difficulty with complying with the new accreditation standards and initiated dialogue with

ACPE, ASHP, PTCB, NABP, as well as the newly-formed Pharmacy Technician Accreditation Commission (PTAC). In September of 2015, aware of the impending January 2016 implementation date of the Board's rule, Mr. Koch and several of the chain pharmacies, petitioned the Board to delay the implementation of the national accreditation requirement for pharmacy technician training programs. At the meeting, Mr. Koch suggested that 2020 would be an appropriate delay, since that was the date that PTCB had already announced would be a change in the eligibility for their examination, specifically requiring completion of a nationally-accredited training program in order to attempt that test. At that point in his presentation, he suggested it would be appropriate to hear additional information from PTCB.

Mr. Aron recognized Mr. Everett McAllister, CEO of PTCB, who then came to the witness table. He described that organization's recent decision to require completion of an accredited training program to establish eligibility to attempt the PTCB test, beginning in 2020. He also described their upcoming task analysis in 2016, an exercise they complete every five years, to ensure the validity of their examination test questions. He congratulated the Louisiana Board for taking a national leadership position in setting standards for the education and training of pharmacy technicians.

Mr. Aron then recognized Mr. John Rocchio from CVS Health who described their support for the stakeholder group expressing concern for the timing of the implementation of the national accreditation requirement. In addition, he also noted a concern for the placement of the requirement on the application for a pharmacy technician certificate as opposed to the pharmacy technician candidate registration. He indicated there could be implementation issues for technician candidates credentialed under one requirement and seeking a pharmacy technician certificate under a different requirement. He suggested the Board may wish to re-consider the placement of the requirement, in addition to a delay in the timing of the requirement.

Mr. Koch then addressed the current Board rule requiring 600 hours of practical experience. He indicated the accreditation standard required a minimum of 600 hours of education and training, and he suggested the addition of another 600 hours of practical experience was perhaps more than was necessary for a minimally competent pharmacy technician. He encouraged the Board to re-consider the 600 hour requirement, and following the prevailing trend for pharmacy students where all of their practical experience requirements were allocated to the professional experience program in a college of pharmacy, he suggested the Board yield all of their practical experience requirement to the accredited program curriculum.

With completion of the organized presentations, Mr. Aron opened the discussion by encouraging members to ask questions and indicate their concerns. Following extensive discussion, Mr. Aron requested a motion from the members to resolve the matter. After several motions and amendments, none of which were voted upon, Mr. McKay moved,

> **Resolved**, to amend LAC 46:LIII.905.A.3.b by changing the January 1, 2016 date to January 1, 2017; and further, to make that change effective on November 30, 2015 by Emergency Rule; and further, to authorize the Executive Director to re-publish that Emergency Rule as necessary to complete the promulgation process.

The motion was adopted after a majority vote in the affirmative; Dr. Simonson objected, stating her preference for a six-month delay. Mr. McKay then moved to adopt the

Declaration of Emergency describing the necessity for the Emergency Rule. That motion was adopted after a unanimous vote in the affirmative. Mr. Aron then referred Chapter 9 of the Board's rules to the Regulation Revision Committee, with an instruction to develop language for the Board's consideration that would change the placement of the requirement for national accreditation of the pharmacy technician training program from a requirement for the pharmacy technician certificate to a requirement for the pharmacy technician candidate registration, as well as elimination of the 600 hour practical experience requirement; further, he asked the committee to prioritize that project so the rule amendment could be promulgated before the end of the one year delay just adopted.

At this point, Mr. Aron declared a brief recess. It was noted the members recessed at 2:35 p.m. and then re-convened in open session at 2:50 p.m. Mr. Aron then resumed the sequence of the posted agenda. It was noted that Mr. Resweber departed the meeting during the recess, and further, Ms. Reed and Dr. Simonson had not yet returned to the meeting room when the meeting resumed.

11. Staff Reports

J. Report of Assistant Executive Director

Mr. Aron called upon Mr. Fontenot for his report. Mr. Fontenot then directed the members to a copy of the quarterly report on the Prescription Monitoring Program (PMP) report in their electronic meeting binder. He reviewed the report and all of the reporting parameters.

Mr. Fontenot then informed the members of an ongoing discussion with the PMP Advisory Council relative to record retention issues of the prescription transaction information. The council developed a recommendation that five years of data be readily available with the older data being archived for research purposes. Mr. Aron referred that matter to the Regulation Revision Committee for their development of proposed legislative language.

Mr. Fontenot then directed the members to the requests for exemption from the PMP reporting requirements. Mr. Rabb moved,

Resolved, to authorize the issuance of PMP reporting waivers to:
> PHY.000002-HOS – Abbeville Gen Hosp (LA);
> PHY.007153-NR – Barnes Precision Specialty (FL);
> PHY.007152-NR – BioCure (TX);
> PHY.007192-NR – Direct Success Pharmacy Dept (NJ);
> PHY.007173-NR – Liberty Medical Supply (FL);
> PHY.006683-HOS – LSU Health B.R. North Clinic (LA);
> PHY.006313-NR – Option Care (TX);
> PHY.006739-NR – Physician Choice Pharmacy (FL);
> PHY.007150-HOS – Promise Hosp of Miss-Lou (LA);
> PHY.007083-NR – Rxpress Pharmacy (TX);
> PHY.007143-HOS – University Med Ctr Inpatient Rx (LA);
> PHY.006727-IR – University Med Ctr Outpatient Rx (LA);
> PHY.007134-HOS – Promise Hosp of La. (LA); and
> PHY.007008-IR – AcariaHealth Pharmacy (LA)

once they have executed the standard consent agreement for that purpose.

The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Fontenot indicated completion of his report.

It was noted Dr. Simonson returned to the meeting room at 3:10 p.m.

K. Report of General Counsel

Mr. Aron called upon Mr. Finalet for the report. Mr. Finalet then presented the following files to the Board for its consideration.

ZooPharm Corporation *d/b/a* ZooPharm (PHY.005096) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed the permit owner a fine of $10,000 plus administrative costs.

Randal J. Davis (PST.020051) Mr. Burch moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $1,000 plus administrative costs.

Sarah Gail Cunningham (PST.020607) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $1,000 plus administrative costs.

Carolyn Ann LaDart (PST.044244) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $1,000 plus administrative costs.

Bradley Donovan Woolridge (PST.020193) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $1,000 plus administrative costs.

Tameshia Deon Johnson (CPT.011342) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Kyle Christian Pagan (CPT.012064) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

It was noted Ms. Reed returned to the meeting room at 3:20 p.m.

Salisa Spinks FitzSimons (CPT.002190) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Tiffanie Ann Zaunbrecher (CPT.008061) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Joshua Joseph LeBlanc (CPT.011758) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Khaira Michelle Weber (CPT.009745) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Ashleigh Nechelle Chappuis (CPT.009096) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Barbara Ann Denais Smith (CDS.009959-MD) Mr. McKay moved to suspend the CDS license due to the voluntary surrender of her medical license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective July 20, 2015.

Kimberly Galland Robeau (CDS.040316-APN) Mr. McKay moved to suspend the CDS license due to the voluntary surrender of her nursing license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective April 14, 2015.

Darolyn Alesia Richard (CPT.010185) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

LaQuisha Marie Jackson (CPT.010000) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand,

and further, assessed a fine of $250 plus administrative costs.

Charles E. Brewer (CDS.014443-DDS) Mr. McKay moved to suspend the CDS license due to the voluntary surrender of his federal DEA registration. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective November 4, 2015.

Finally, Mr. Finalet indicated the completion of his report.

L. Report of Executive Director

Mr. Aron called upon Mr. Broussard for the report. Mr. Broussard directed the members to his report which was posted in the Boardroom Library prior to the meeting; it was also included in the meeting binder. He reviewed the following topics:

- Meeting Activity
- Reports
  - Census Reports – Credentials & Compliance Divisions
  - Production Reports – Credentials Division
  - Exceptions Report
- Examinations
  - MPJE
  - NAPLEX
  - PARE
  - PTCB
- Operations
  - Credentials Division
  - Compliance Division
  - Administrative Division
- State Activities
  - 2016 Regular Session of Louisiana Legislature
- National Activities
  - U.S. Environmental Protection Association (EPA)
  - United States Pharmacopeia (USP)
  - National Association of Boards of Pharmacy (NABP)
  - NABP-AACP District 6 Annual Meeting
  - MALTAGON
- International Activities
  - International Pharmaceutical Federation (FIP)
  - World Health Professions Alliance (WHPA)

Finally, Mr. Broussard indicated the completion of his report.

13. Announcements

Mr. Aron directed the members to the announcements in their meeting binder.

14. Adjourn

Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron adjourned the meeting at 3:35 p.m.

Respectfully submitted,

_____

Brian A. Bond
Secretary

Louisiana Board of Pharmacy

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Report on Action Items

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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February 24, 2016

Agenda Item 6: Report on Action Items

During the report from the Finance Committee at your last meeting on November 18, 2015, you adopted a proposed budget for Fiscal Year 2016-2017. As required, we submitted a copy of that budget on December 4, 2015 to the Legislative Auditor, the Legislative Fiscal Office, the Joint Legislative Committee on the Budget, as well as the House & Senate Committees on Health & Welfare. We also posted that information to the LaTrac website maintained by the Division of Administration.

During the report from the Regulation Revision Committee at your last meeting, you considered the comments and testimony offered at the public hearing on Regulatory Proposal 2015-D ~ *Compounding for Office Use for Veterinarians*. You referred that proposal back to the Regulation Revision Committee for their development of additional language for your consideration at this meeting. That additional language is your agenda for today's meeting and will be part of the Regulation Revision Committee's report. You also directed the re-publication of the original Emergency Rule as necessary. Since that Emergency Rule was scheduled to expire on January 19, 2016, we re-published the original Emergency Rule on January 15, 2016. That Emergency Rule will expire on May 14, 2016 unless extended or cancelled sooner. Since your rulemaking processes do not routinely take several months, I wanted to ensure your understanding of the sunset requirement in the Administrative Procedures Act. If you fail to complete the rulemaking process by the one-year anniversary of the publication of the Notice of Intent, you must start the process over. Your original Notice of Intent for this regulatory project was published on July 20, 2015.

Finally, you will recall you entertained a request from Wal-Mart Stores to delay the implementation of the national accreditation requirement for the pharmacy technician training programs. Following your deliberation of that request, you adopted an Emergency Rule that delayed the implementation for one year, until January 1, 2017, and further, you directed the Regulation Revision Committee to make specific changes to the rules for pharmacy technicians and pharmacy technician candidates. We published your Emergency Rule on November 30, 2015 with an immediate effective date. That Emergency Rule will expire on March 28, 2016 unless extended or cancelled sooner. The Regulation Revision Committee has this project on their priority agenda. They considered a first draft at their meeting last month and requested amendments and another draft for their next meeting.

Respectfully submitted,
Malcolm J Broussard
Executive Director

Louisiana Board of Pharmacy

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Finance Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Finance Committee

Interim Report
Fiscal Year 2015-2016

February 24, 2016

Blake P. Pitre
Chair

Louisiana Board of Pharmacy
FY 2015-2016
Statement of Assets, Liabilities, Equity

	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015
ASSETS		
> Current Assets		
* Cash		
General Operations		
Whitney Bank	160,513	160,594
Iberia Bank	928,695	1,051,993
Hurricane Relief Fund - Whitney Bank	83,221	83,263
Reserve Funds		
General Account	1,920,602	1,891,811
OPEB Account	1,047,038	1,089,146
* *Total Cash*	*4,140,069*	*4,276,807*
* *Prepaid Expenses*	*3,000*	*0*
Total Current Assets	*4,143,069*	*4,276,807*
> Fixed Assets		
Land: Lot 5-A, Towne Center Business Park	709,080	709,080
Land: Lot 1-A-2, Leonard Place Subdivision	295,860	295,860
Office Building - 3388 Brentwood Drive	1,057,861	1,057,861
Office Equipment	216,119	219,959
Furniture	154,198	156,785
Software: Licensure & Website	408,560	408,560
Accumulated Depreciation	(762,358)	(795,204)
Total Fixed Assets	*2,079,320*	*2,052,901*
TOTAL ASSETS	*6,222,389*	*6,329,708*
DEFERRED OUTFLOWS OF RESOURCES	644,896	644,896
TOTAL ASSETS & DEFERRED OUTFLOWS	***6,867,285***	***6,974,604***
LIABILITIES		
> Current Liabilites		
Accrued salaries and benefits	82,372	0
Unemployment taxes payable	57	62
State taxes withheld	3,365	4,418
State retirement withheld	0	0
Accounts payable	2,225	0
Interest payable	2,469	0
Compensated absences (ST)	64,373	64,373
Building Loan @ Iberia Bank (ST)	474,134	0
Total Current Liabilities	*628,995*	*68,853*

Louisiana Board of Pharmacy
FY 2015-2016
Statement of Assets, Liabilities, Equity

	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015
LIABILITIES (cont.)		
> Long Term Liabilities		
Compensated absences (LT)	53,962	53,962
Other Post Employment Benefits (OPEB) Payable	1,096,000	1,096,000
Net Pension Liability	4,117,091	4,117,091
Total Long Term Liabilities	*5,267,053*	*5,267,053*
TOTAL LIABILITIES	*5,896,048*	*5,335,906*
DEFERRED INFLOWS OF RESOURCES	607,441	607,441
EQUITY		
Fund Balance at End of Prior Fiscal Year	(2,408,224)	(1,424,342)
Fund Balance - designated	182,952	182,952
Invested in Fixed Assets	1,605,186	1,605,186
Net Income/Loss	983,882	667,461
TOTAL EQUITY	*363,796*	*1,031,257*
TOTAL LIABILITIES, DEFERRED INFLOWS, & EQUITY	***6,867,285***	***6,974,604***

Louisiana Board of Pharmacy
FY 2015-2016
Statement of Revenue, Expenses, and Budget Performance

Revenue

	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015	FY 15-16 Budget (A#1)
Licenses & Permits			
Pharmacist Renewals	782,525	772,150	770,000
New Pharmacist Licensing Fee	193,100	60,000	190,500
Technician Renewals	315,900	11,850	316,000
Technician Candidate Registrations	37,725	15,700	25,000
Lapsed Credential Fees	66,600	23,600	55,000
Student Registrations	3,050	2,230	3,000
Permits - Pharmacies	275,675	267,275	270,000
Permits - CDS	454,215	194,875	450,000
Permits - Emergency Drug Kits	13,400	675	12,500
Permits - Automated Medication Systems	23,250	1,650	20,000
Permits - Durable Medical Equipment	82,600	75,800	80,000
Examinations			
Reciprocity	54,600	25,500	50,000
Technicians	55,900	37,000	50,000
Penalties			
Licenses and Certificates	8,633	3,000	8,000
Permits	12,150	7,667	11,000
Administrative Fees			
Documents: Copies and Certification Fees	4,903	2,830	5,000
Duplicate Credentials	5,710	2,900	5,000
Silver Certificates	400	300	400
Original Certificates	8,700	5,260	7,500
NSF Fees	450	325	500
Handling & Mailing Fees	190	(194)	100
Pharmacy Education Support Fee	0	10,200	0
Sale of Goods & Services			
Law Books	5,125	1,225	6,000
Official Lists of Licensees	10,800	4,200	7,500
USCPSC Inspection Fee	4,800	0	2,000
Disposal of Assets	300	0	0
Enforcement Actions			
Hearing Fees	21,000	11,000	22,000
Fines	631,500	276,500	200,000
Investigative Costs	30,320	7,927	30,000
Prescription Monitoring Program			
Assessments	482,225	215,275	475,000
Grants	0	0	0
Miscellaneous	940	1,270	1,000
TOTAL REVENUE	**3,586,686**	**2,037,990**	**3,073,000**

Louisiana Board of Pharmacy
FY 2015-2016
Statement of Revenue, Expenses, and Budget Performance

Expenses

		FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015	FY 15-16 Budget (A#1)
Operations	Rentals - Office & Equipment	14,535	4,986	17,000
	Equipment Maintenance	2,579	4,066	3,000
	Telephone	19,634	9,016	20,000
	Printing	22,443	15,058	25,000
	Postage	48,112	32,909	52,000
	Civil Service Assessment	6,074	6,323	6,400
	Office Insurance (ORM)	7,112	8,931	8,400
	Dues & Subscriptions	10,613	3,399	20,000
	Office Supply Expenses	21,175	8,112	21,000
	Financial Service Charges	47,541	37,218	50,000
	Depreciation of Fixed Assets	99,091	32,846	64,000
	Interest Payments on Building Loan	44,882	11,296	15,000
	Office Meeting Expenses	538	663	500
	Utilities	10,614	4,269	11,000
	Miscellaneous	0	0	0
Acquisitions		3,662	0	75,000
Personal Services	Salaries	1,477,054	617,952	1,357,400
	Payroll Taxes (FICA + FUTA)	22,117	11,613	28,000
	Retirement Contributions	185,294	219,383	505,000
	Health Insurance (SEGBP)	119,813	62,101	135,800
	Other Post Employment Benefits (OPEB)	79,132	0	156,000
	Board Member Per Diem	29,400	14,400	31,000
Professional Services	Accounting	22,519	16,462	25,000
	Legal	8,189	641	30,000
	Information Systems	93,011	94,320	128,000
	Property Management	20,350	7,335	42,000
	Temp. Labor	15,507	5,290	20,000
	Prescription Monitoring Program	77,300	38,300	80,000
Staff Expenses	ED - Travel	4,264	7,324	10,000
	GC - Travel	10,212	6,349	10,000
	AED - Travel	1,956	4,237	10,000
	CO - Travel	3,774	2,536	5,000
	CO - Rental Cars & Fuel	15,886	7,541	17,500
	CO - Education	8,514	3,580	10,000
	House Staff - Travel	199	50	1,000
	Mileage	15,327	4,775	20,000
Board Expenses				
	Meeting Expenses	12,070	6,969	15,000
	Committee Expenses	5,315	3,000	8,000
	Conventions	22,668	11,076	15,000
	Mileage	12,483	5,502	15,000
	President's Expenses	10,192	4,338	10,000
TOTAL EXPENSES		**2,631,151**	**1,334,166**	**3,073,000**

Louisiana Board of Pharmacy
FY 2015-2016
Summary of Income Fund Balance Changes

Summary

	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015	FY 15-16 Budget (A#1)
Income Statement			
Total Revenue	3,586,686	2,037,990	3,073,000
Total Expenses	2,631,151	1,334,166	3,073,000
Net Ordinary Income	955,535	703,824	0
Other Income & Expenses			
Investment Income	28,347	(36,363)	0
Net Income	983,882	667,461	0

	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015	FY 15-16 Budget (A#1)
Fund Balance			
Beginning Fund Balance	(620,086)	363,796	363,796
Total Income	3,615,033	2,001,627	3,073,000
Total Expenses	2,631,151	1,334,166	3,073,000
Ending Fund Balance	363,796	1,031,257	363,796
Reservations of Fund Balance	1,272,000	1,237,000	1,237,000
Unreserved Fund Balance	(908,204)	(205,743)	(873,204)

Notes on Reservation of Fund Balance

FY 14-15	Other Post-Employment Benefits Payable	572,000
	Debt Service Payable	450,000
	Continuing Payroll Obligations	150,000
	Homeland Maintenance	100,000
	TOTAL	*1,272,000*

FY 15-16	Other Post Employment Benefits Payable	572,000
	Debt Service Payable	465,000
	Continuing Payroll Obligations	150,000
	Homeland Maintenance	50,000
	TOTAL	*1,237,000*

Louisiana Board of Pharmacy
FY 2015-2016
Schedule A - Hurricane Katrina/Rita Pharmacy Relief Fund

Statement of Assets, Liabilities & Equity	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015
ASSETS		
Current Assets		
Hancock Bank - Checking Account	83,221	83,263
TOTAL ASSETS	***83,221***	***83,263***
LIABILITIES		
Current Liabilites	0	0
EQUITY		
Retained Earnings	83,137	83,221
Net Income	84	42
TOTAL LIABILITIES & EQUITY	***83,221***	***83,263***

Statement of Receipts & Disbursements	FY 14-15 Q4 06/30/2015 (A)	FY 15-16 Q2 12/31/2015
RECEIPTS		
FEMA - Funds for payment of claims	8,920,812	8,920,812
FEMA - Administrative allowance	81,103	81,103
Pharmacies - reversal of claims	430,138	430,138
Interest income	22,146	22,188
TOTAL RECEIPTS	*9,454,199*	*9,454,241*
DISBURSEMENTS		
Claims paid to pharmacies	8,920,812	8,920,812
Reversed claim funds returned	430,138	430,138
Reversed administrative allowance returned	7,338	7,338
Interest earned on reversed admin. allowance returned	12,690	12,690
TOTAL DISBURSEMENTS	*9,370,978*	*9,370,978*
FUND BALANCE	***83,221***	***83,263***

Note: These funds are held in an account separate and apart from the Board's operating funds. Further, all recordkeeping is kept separate from the Board's general fund records. At the conclusion of the audit exposure period, any funds remaining will be transferred to the Board's operating account.

Louisiana Board of Pharmacy
FY 2014-2015
Summary of Board Actions

Date	Action
11/12/2014	Original Budget - Finance Committee Approval
11/13/2014	Original Budget - Board Approval
8/11/2015	Budget Amendment #1 - Finance Committee Approval
8/12/2015	Budget Amendment #1 - Board Approval
	Budget Amendment #2 - Finance Committee Approval
	Budget Amendment #2 - Board Approval
Aug-16	Acceptance of Final Report

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Portfolio Snapshot

Louisiana Board of Pharmacy Portfolio

October 01, 2015 through December 31, 2015

Prepared By

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ensinet.com

IBERIA FINANCIAL SERVICES, LLC

Portfolio Snapshot

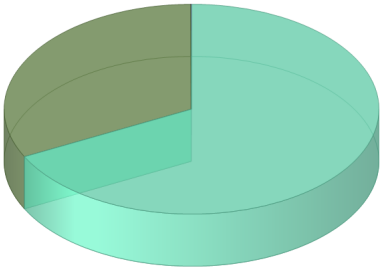
Louisiana Board of Pharmacy Portfolio

December 31, 2015

Accounts and Holdings

	Shares/Units	NAV/Price	Value	% of Portfolio
Non-Qualified Accounts				
H5E049797, Pershing **Louisiana Board of Pharmacy** **Nonprofit Organization** General Reserve Fund			$1,888,417.36	100.00 %
UNITED STATES TREAS NTS 1.375% 08/31/20 B/E Fixed Income - Govt (912828L32)	593,000.000	$98.40	$583,500.14	30.90 %
HSBC BK USA N A MC LEAN VA CTF DEP ACT/365 INCOME OPPTY Fixed Income - CDs (40434AHV4)	250,000.000	$96.08	$240,200.00	12.72 %
BMO HARRIS BK NATL ASSN CHICAGO ILL CTF DEP ACT/365 ANNUAL Fixed Income - CDs (05573JVN1)	250,000.000	$93.24	$233,097.50	12.34 %
BANK OF CHINA NEW YORK CITY BRH CTF DEP ACT/365 Fixed Income - CDs (06426THE2)	170,000.000	$99.96	$169,938.80	9.00 %
ALLY BK MIDVALE UTAH CTF DEP ACT/365 0.650% 12/12/16 B/E Fixed Income - CDs (02006LRH8)	170,000.000	$99.79	$169,636.20	8.98 %
CAPITAL ONE BK USA NATL ASSN GLEN ALLEN VA CTF DEP ACT/365 Fixed Income - CDs (140420RU6)	170,000.000	$99.79	$169,636.20	8.98 %
JPMORGAN CHASE BK NA COLUMBUS OH CTF DEP CTF DEP LKD J P Fixed Income - CDs (48125TDG7)	125,000.000	$95.41	$119,262.50	6.32 %
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY Fixed Income - CDs (06426XCL2)	89,000.000	$98.13	$87,337.48	4.62 %
UNION BK N A SAN FRANCISCO CALIF CTF DEP ACT/365 Fixed Income - CDs (90521AQG6)	74,000.000	$102.36	$75,746.40	4.01 %
UNITED STATES TREAS NTS INFLATION INDEXED NOTES TIPS Fixed Income - Govt (912828NM8)	25,000.000	$103.99	$28,352.89	1.50 %
IBERIABANK LAFAYETTE LA CTF DEP ACT/365 0.000% 05/31/16 B/E Fixed Income - CDs (45083AAV4)	10,000.000	$100.77	$10,076.70	0.53 %
Pershing General Money Market Fund cl B Money Market (GMMB)	1,632.550	$1.00	$1,632.55	0.09 %
			$1,888,417.36	**100.00 %**
Total Portfolio Value			**$1,888,417.36**	**100.00 %**

Portfolio by Holding Type



	Value	Value
Fixed Income - CDs	$1,274,931.78	67.51 %
Fixed Income - Govt	$611,853.03	32.40 %
Money Market	$1,632.55	0.09 %

IBERIA FINANCIAL SERVICES, LLC

Portfolio Snapshot

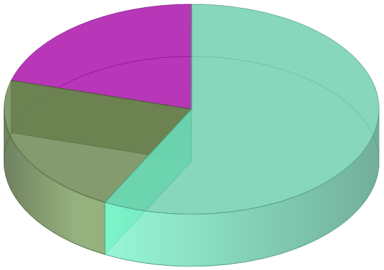
Louisiana Board of Pharmacy Portfolio

December 31, 2015

Accounts and Holdings

	Shares/Units	NAV/Price	Value	% of Portfolio
Non-Qualified Accounts				
H5E077160, Pershing **Louisiana Board of Pharmacy** **Nonprofit Organization** OPEB Account			$1,087,679.03	100.00 %
UNITED STATES TREAS NTS 1.375% 08/31/20 B/E Fixed Income - Govt (912828L32)	241,000.000	$98.40	$237,139.18	21.80 %
FCR Money Market (FCR)	223,777.950	$1.00	$223,777.95	20.57 %
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 Fixed Income - CDs (06740AYS2)	160,000.000	$94.35	$150,960.00	13.88 %
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY Fixed Income - CDs (06426XGL8)	155,000.000	$96.01	$148,810.85	13.68 %
BANK BARODA NEW YORK BRH CTF DEP ACT/365 Fixed Income - CDs (06062A3P2)	127,000.000	$99.97	$126,955.55	11.67 %
JPMORGAN CHASE BK NA COLUMBUS OHIO CTF DEP DTD 07/31/2013 Fixed Income - CDs (48124JS41)	125,000.000	$96.55	$120,687.50	11.10 %
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 ZERO CPN LKD Fixed Income - CDs (06740ATS8)	83,000.000	$95.60	$79,348.00	7.30 %
			$1,087,679.03	**100.00 %**
Total Portfolio Value			**$1,087,679.03**	**100.00 %**

Portfolio by Holding Type



	Value	Value
Fixed Income - CDs	$626,761.90	57.62 %
Fixed Income - Govt	$237,139.18	21.80 %
Money Market	$223,777.95	20.57 %

Louisiana Board of Pharmacy

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Application Review Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Reciprocity Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Violations Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Impairment Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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NOTICE IS HEREBY GIVEN that a meeting of the Impairment Committee has been ordered and called for 1:00 p.m. on Tuesday, February 23, 2016 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 02-18-2016

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Review of Docket
   - *A. For Acceptance of Voluntary Surrenders of Credentials*
     - i. Case No. 15-0380 ~ PST.010199 – Donald Wayne Crawley
     - ii. Case No. 15-0353 ~ CPT.012038 – Hope Michelle Chabaud
   - *B. Petitions For Reinstatement of Suspended Credentials*
     - i. Case No. 15-0366 ~ PST.010643 – William Coleman Honeycutt
     - ii. Case No. 16-0010 ~ PST.019587 – Andrea Katherine Bourque
     - iii. Case No. 16-0011 ~ PST.020382 – Ashley Elizabeth Reynolds
   - *C. Petitions for Modification of Previous Orders*
   - *D. Applications for a Credential*
     - i. Case No. 15-0234 ~ PTC.000000 – Sonya Darlene Coleman
     - ii. Case No. 15-0423 ~ CPT.000000 – Victor James Whitacre
   - *E. Appearances for Informal Conference*
     - i. Case No. 15-0428 ~ PST.013209 – Brigid Grace Himel
     - ii. Case No. 15-0367 ~ PST.014340 – Aurdie Kent Bellard
     - iii. Case No. 16-0038 ~ PST.018065 – Matthew Marston Lane
   - *F. Appearances for Guidance*

6. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17..*

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Reinstatement Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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NOTICE IS HEREBY GIVEN that a meeting of the Reinstatement Committee has been ordered and called for 8:00 a.m. on Tuesday, February 23, 2016 in the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 02-18-2016

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Consideration of Applications

   A. *Petitions for Reinstatement (suspended + lapsed > 5 years)*
      i. Case No. 15-0346 ~ PST.016442 – Marco Bisa Moran
      ii. Case No. 15-0347 ~ CPT.002562 – Ronald Vincent, Sr.
      iii. Case No. 15-0365 ~ PST.011857 – James Carroll Bruce, II
      iv. Case No. 15-0248 ~ PHY.006889 – NMB Generics, Inc. *d/b/a* NMB Generics
      v. Case No. 15-0314 ~ PHY.006739 – Physician Choice Pharmacy, LLC *d/b/a* Physician Choice Pharmacy

   B. *Petitions for Modification of Previous Orders*

   C. *Petitions for Return of Inactive Licenses to Active Status*

   [Note: Appearances are not required for the remaining applicants.]

   D. *Petitions for Reinstatement (suspended + lapsed > 5 years + chair's discretion)*
      i. CPT.002529 – Julie Fletcher Kupper
      ii. CPT.004592 – Benjamin K. Ryland

   E. *Applications for Reinstatement of CDS Licenses Lapsed > 5 years*
      i. CDS.021430.MD – Pamela Marie Conley
      ii. CDS.038324.MD – Khawaja Saad Jahangir
      iii. CDS.009748.DDS – Paul Collins Heilman
      iv. CDS.030927.MD – Maximo Chua Kiok
      v. CDS.024321.MD – Ron Ellis

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

vi. CDS.026305.DDS- Merja Anne-Maarit Schwarz
vii. CDS.023644.MD – Hal MacMurdo
viii. CDS.021139.MD – Pamela K. McPherson
ix. CDS.028877.DDS – Dant Ashley Sandras
x. CDS.030679.MD – Kiersta Kurtz-Burke
xi. CDS.018661.DDS – Pamela B. Daniel
xii. CDS.034920.PA – Jefferson K. Oberle
xiii. CDS.028479.MD – Kelvin B. Raybon
xiv. CDS.31053.APN – Leah Neidhardt Bowers

F. *Applications for Reinstatement of CDS Licenses Previously Suspended Secondary to Action by Another Agency*

G. *Discretionary Approvals by Committee Chair (lapsed > 1 year but < 5 years)*

i. CDS.036392.MD – Basima Abdul-Razak
ii. CDS.035061.MD – Brian Scott Falkner
iii. CDS.030740.MD – Ihab John Ibrahim
iv. CDS.042567.DVM – Zachary Edward Carroll
v. CDS.036797.MD – Nervin Hafez Fanous
vi. CDS.022280.DVM – James Rollie Norris
vii. CDS.037348.RES – Yong-Yu Liu
viii. CDS.023225.DVM – Marion Kizer Jackson
ix. CPT.017848 – Amanda Michelle Bubuc
x. CDS.042252.MD – Nishi Gupta
xi. CDS.041916.MD – Quynh-Anh Tran
xii. PST.015599 – Monique Clarice Mansfield
xiii. CPT.005079 – Susan Thompson Lasyone
xiv. CPT.009359 – Kalani Marie Smith
xv. CDS.009537.MD – Diane J. Finley
xvi. CDS.041466.MD – Aimee C. Robinson
xvii. CDS.38336.MD – Dukja Chun
xviii. CDS.043488.APN – Kathryn Monk Garner

H. *Staff Approvals by Board Policy (lapsed < 1 year)*

xix. CDS.030855.DVM – Scott M. Tate
xx. CDS.045493.MD – Lauren Adela Teverbaugh
xxi. CDS.029777.MD – Amrullah Khelghati
xxii. CDS.016563.DVM – Brett Allan Berryhill
xxiii. CDS.038210.DDS – Emile Thomas Geneux, II
xxiv. CDS.023036.DDS – James Michael Hayden
xxv. CDS.022153.MD – William Eaton
xxvi. CDS.038301.MD – Danita Chanel Anderson
xxvii. CDS.043644.APN – Pamela Ann Pourciau
xxviii. CDS.037369.MD – Nebu V. Koshy
xxix. CDS.028213.MD – James Patterson Jr.
xxx. CPT.011923 – Teresa Lynn Clifton
xxxi. CPT.009449 – Amanda Gayle Punchard
xxxii. CDS.033853.MD – Roy Edward Berkowitz
xxxiii. CDS.032726.MD – Luis Fernando Salcedo
xxxiv. CPT.010162 – Andrea Maria Bostick

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

xxxv. DME.000477 – Thrash Medical Supply, LLC
xxxvi. CDS.040945.RES – James Zadina
xxxvii. CDS.017277.MD – Michael M. Gutierrez
xxxviii. CDS.016344.DDS – Leonard C. Breda
xxxix. CDS.025795.DDS – Troy Michael Verges
xl. CDS.031777.APN – Mark Craig Collier
xli. CDS.045064.APN – Britney Raffial Patter-Davis
xlii. CDS.035950.DVM – Jude T. Bordelon
xliii. CDS.043747.PA – Jaime Reuter Knowlton
xliv. CDS.042375.MD – Chantel K.A. Burns
xlv. CDS.038370.MD – Jean Ann Mathis
xlvi. CDS.031865.DET – Brad Rogers
xlvii. CDS.036578.MD – Simone Therese Pitre
xlviii. CDS.045471.MD – David Hale Weems
xlix. CDS.037942.DDS – Lauren Dimes Morris
l. CDS.031803.DVM – Wendy Hancock
li. CDs.033873.MD – Asser M. Youssef
lii. CDS.044604.MD – Alban Walter Jan De Schutter
liii. CDS.037873.MD – Joaquin Crespo-Mejias
liv. CDS045495.MD – Velair Kelvina Walton
lv. CDS.005309.MD – Richard Gibson Carter
lvi. CDS.045291.MD – Eric Jacob Greenbery
lvii. CDS.015750.MD – Dwayne Anthony Thomas
lviii. CDS.028302.MD – Luis Camero
lix. CDS.039829.DVM – Amanda L. Perkins
lx. CDS.042268.DDS – Katherine Celeste Toups
lxi. CDS.040631.DDS – Joshua O'Steel Hafford
lxii. CDS.019283.DDS – Georgia K. McDonald
lxiii. CPT.012437 – Natalie Paige Louviere
lxiv. CDS.033900.DDS – Kimberley Castille Bott
lxv. CDS.017448.MD – Michael Keith Butler
lxvi. CDS.041071.DDS – Daniel D. Choi
lxvii. CDS.045665.APN – Khelsea Amosia-Joelle Conley
lxviii. CDS.045700.DVM – Erin Rebekah Daniels
lxix. CDS.045623.OD – Melissa Freyder Dugan
lxx. CDS.031682.DVM – Casey D. Forbes
lxxi. CDS.041698.MD – Paul A. R. Ikemire
lxxii. CDS.026005.MD – Kevin Eliot Juro
lxxiii. CDS.045696.DVM – Daniel R. Lagarde
lxxiv. CDS.043932.DVM – Alan Gregory Ralph
lxxv. CDS.042453.MD – Lydia B. Richards
lxxvi. CDS.040124.PHY – Thrifty Way Pharmacy of Basile
lxxvii. CDS.042263.DDS – Elise M. Trahant
lxxviii. CDS.045592.APN – Joi K. Washinton-Shy
lxxix. CDS.020015.MD – Michael Henry Williams
lxxx. CDS.045302.APN – Jason Thomas Williams
lxxxi. CDS.022218.DDS – Cynthia Marie Ramkelawan
lxxxii. CDS.018919.DDS – Victor Edward Babin, III
lxxxiii. CDS.040376.MD – Craig A. Cole
lxxxiv. CDS.043370.MD – Swapna Gayathri Kallu
lxxxv. CDS.044924.DVM – Brandy Centrell Watson

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lxxxvi. CDS.010158.MD – Karippelil E. Mathew
lxxxvii. CDS.022306.MD – Patrick S. Savoy
lxxxviii. CDS.042360.DVM – Jennifer M. Hamer
lxxxix. CDS.018840.MD – Mark Allen Sands
xc. DME.000687 – Medstrive, LLC
xci. CDS.042541.APRN – Kelly Smith Crawford
xcii. CDS.033953.DDS – William E. Ursick
xciii. CDS.041116.APRN – Steven J. Deville
xciv. CDS.045662.DDS – Lakica Renee Amos
xcv. CDS.032934.RES – Joseph Francis PhD
xcvi. CDS.013168.DDS – Miachael O'day Feavel
xcvii. CDS.021477.MD – Lincoln Pranikoff
xcviii. CDS.032956.OD – William O. Gordon
xcix. CDS.019844.MD – Milton Moore Slocum
c. CPT.008146 – Martine Louise Washington
ci. CDS.028750.MD – Michael Edward Hymbaugh
cii. CDS.045712.ETL – Sheila Ruth Fuller Brown
ciii. CDS.021544.MD – Victoria L. Snider
civ. CPT.011789 – Janet Duplantis Tauzin
cv. CPT.011219 – Brooke Nicole LaFleur
cvi. CDS.042508.APN – Stacy G. LeJeune
cvii. CDS.024955.DVM – Martin J. Sanchez
cviii. CDS.020869.MD – John P. Areno IV
cix. CDS.027557.DDS – Stephanie Ann Dimattia
cx. CDS.045826.APN – William Leopold Lemaire
cxi. CDS.042655.APN – Pamela Michelle Winston
cxii. CDS.024116.DDS – Jeff Snitzer
cxiii. CDS.020829.DVM – David E. Watts
cxiv. CDS.021392.DDS – Lalit Gopalji Thanki
cxv. CDS.033982.DDS – William D. Causey
cxvi. CDS.043953.DVM – Darren Beryl Schilling
cxvii. CDS.045322.APN – Alisha Shannon Boudreaux
cxviii. CDS.026665.MD – Tracy Leigh LeGros
cxix. CDS.041077.HOS – Kids First Westbank
cxx. CDS.016030.MD – Rosemary St.Clergy
cxxi. CDS.022314.MD – Karen Elizabeth Friday
cxxii. CDS.032892.HOS – Compass Behavioral Center of Crowley
cxxiii. CDS.037099.MD – Syeda S. Munir
cxxiv. CDS.039974.APN – Carlisa Carpenter Washington
cxxv. CDS.037321.RES – David E. Blask
cxxvi. CDS.042663.MD – Claire Alease Bradley
cxxvii. CDS.024141.MD – Regina Mollie Annie John
cxxviii. CDS.039965.PA – Ronald R. Torres
cxxix. CDS.044044.MD – Jessica Shane Thomas
cxxx. CDS.045683.MD – Danielle Boma Ibelema

6. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy

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Tripartite Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Regulation Revision Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

HLS 16-

Regular Session, 2016

House / Senate Bill No. _____

By Representative / Senator _____

CONTROLLED SUBSTANCES: Removes naloxegol and [^{123}I]ioflupane from Schedule II, and adds eluxadoline to Schedule IV.

AN ACT

To amend and reenact R.S. 40:964, relative to the composition of various schedules of controlled substances.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:964 is hereby amended and reenacted to read as follows:

§964. Composition of schedules

* * *

Schedule II

A. Substances of vegetable origin or chemical synthesis

Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, isomer, derivative, or preparation of opium or opiate, excluding apomorphine,

thebaine-derived Butorphanol, dextrorphan, nalbuphine, nalmefene, naloxegol, naloxone, and naltrexone, and their respective salts, but including the following:

* * *

(4) Coca leaves~~,~~ and any salt, compound, derivative or preparation of coca leaves (including cocaine~~,~~ and ecgonine and their salts, isomers, derivatives and salts of isomers and derivatives), ~~and any salt, isomer, compound, derivative or preparation of coca leaves, cocaine, or ecgonine,~~ and any salt, ~~isomer, salt of an isomer~~, compound, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include:

(i) Decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine, or

(ii) [^{123}I]ioflupane.

* * *

Schedule IV

* * *

E. Other Substances

* * *

(3) Eluxadoline (5-[[[(2S)-2-amino-3-[(4-aminocarbonyl)-2,6-dimehtylphenyl]-1-oxopropyl][(1S)-1-(4-phenyl-1H-imidazol-2-yl)theyl]amino]methyl]-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers.

HLS 16-

Regular Session, 2016

House / Senate Bill No. _____

By Representative / Senator _____

CONTROLLED SUBSTANCES: Provides for retention and archiving of records in the state prescription monitoring program.

AN ACT

To enact R.S. 40:1006.G, relative to retention and archiving of records in the state prescription monitoring program.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:1006.G is hereby enacted to read as follows:

§1006. Reporting of prescription monitoring information

…

G. The board shall establish by rule standards for the retention, archiving, and destruction of prescription monitoring information.

HLS 16-

Regular Session, 2016

House Bill No. _____

By Representative _____

BOARD OF PHARMACY: Provides for an application fee for a new marijuana pharmacy permit.

AN ACT

To amend and reenact R.S. 37:1184.1, relative to fees.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 37:1184 is hereby amended and reenacted to read as follows:

§1184. Fees

(1) – (3)(j) …

<u>(k) Application fee for new marijuana pharmacy permit $5,000.00</u>

(4) – (5) …

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December 23, 2015

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Electronic Mail – Delivery Receipt Requested

Gentlemen:

As directed by the provisions of the *Alison Neustrom Act* (Act 261 of the 2015 Legislature), more specifically, La. R.S. 40:1046(D), this letter presents the Board of Pharmacy's recommendation for fees necessary to implement the provisions of the act. The act directs the Board of Pharmacy to develop standards and procedures for the dispensing of marijuana for therapeutic purposes, and further, said dispensing shall occur within pharmacies licensed by the Board, and further, there shall be no more than ten (10) such pharmacies within the state.

All of the Board's fees have been set by the legislature; most are enumerated in R.S. 37:1184, but the fees for the Controlled Dangerous Substance (CDS) licenses are enumerated in R.S. 40:972. Finally, the fee for the operation of the state prescription monitoring program (PMP) is authorized in R.S. 40:1013.

The fee for the issuance of a new pharmacy permit is $150, and the fee for the annual renewal of that permit is $125. The fee for the issuance of a CDS license for a pharmacy is $25, and the fee for the annual renewal of that license is $25. The Board assesses every pharmacy permit a fee of $25 per year for the operation of the PMP. Thus, the total fee due to the Board for a new pharmacy permit is $200, and the renewal fees total $175 per year.

The Board's procedure for the issuance of new pharmacy permits requires staff review of completed application forms and supplemental documents and information. When the applicant demonstrates a successful application and there are no questions or concerns identified by the staff review, the Board's policies and procedures delegate the routine issuance of pharmacy permits to the staff. Where concerns are identified by staff, those applications are referred to the Board's Application Review Committee. That committee interviews the applicant and makes a recommendation to the full Board, which then makes a final determination whether or not to issue the permit, and if so, with any possible restrictions. Of note, we have never entertained 'competitive applications', meaning several applicants for the same permit.

Given the limitation on the maximum number of permits to be issued for this special classification, we do not believe any adjustment is necessary in the existing fee structure. However, since we envision the receipt of multiple competitive applications, as well as the referral of all applications for this special permit to the Application Review Committee and ultimately to the Board for their consideration, we believe a non-refundable application fee for this permit classification would be appropriate.

In reviewing our historical meeting costs for this committee as well as the Board, as well as the need for site visits to intended locations by our compliance officers, as well as additional time requirements for staff to vet the applicants' backgrounds, we propose an addition to our current list of fees at R.S. 37:1184(3)(k) for *"Application Fee for Marijuana Pharmacy Permit - $5,000."*

We will prepare a legislative instrument to amend the Board's list of fees for your consideration during the Regular Session of the 2016 Legislature. If you have any questions or need any additional information in the interim, please contact me directly at mbroussard@pharmacy.la.gov or 225.925.6481.

For the Board:

Malcolm Broussard

Malcolm J. Broussard
Executive Director

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 25. Prescriptions, Drugs, and Devices

…

Subchapter C. Compounding of Drugs

…

§2535. General Standards

A. Compounding Practices. Compounded medications may be prepared using prescription medications, over-the-counter medications, chemicals, compounds, or other components.

1. …
2. All compounding shall be accomplished utilizing accepted pharmacy techniques, practices, and equipment, as well as the Federal Food, Drug and Cosmetic Act of 1938 as subsequently amended, most recently in November 2013 (FDCA), the ~~2014~~ 2016 edition of Title 21 of the *Code of Federal Regulations (CFR)*, and all relevant chapters of the 2014 edition of the United States Pharmacopeia-National Formulary (USP 37 – NF 32).
    a. The compounding of sterile preparations pursuant to the receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 797.
    b. The compounding of non-sterile preparations pursuant to the receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 795.
    c. The compounding of preparations for veterinary use shall comply with the provisions of Section 530 of Title 21 of the CFR.
    d. The compounding of positron emission tomography (PET) drugs shall comply with the provisions of Section 212 of Title 21 of the CFR.
3. …

B. Board Notification. …

C. Training and Education. …

D. Anticipated Use Preparations. …

E. Veterinarian Administered Compounds, also referred to as Pharmacy-Generated Drugs

1. Upon receipt of a valid non-patient-specific medical order from a licensed veterinarian, the pharmacy may compound a preparation intended for administration to an animal patient by the veterinarian.
2. These preparations may not be distributed to any other third party by the pharmacy, nor may these preparations be further re-sold or distributed by the veterinarian ordering the preparation from the pharmacy.
3. This authorization is primarily intended to facilitate the preparation of medications needed for emergency use in a veterinary office practice. Given the limited application of this authorization, which allows these products to be prepared using less rigorous standards applicable to compounding as opposed to the more rigorous standards applicable to manufacturing processes, the compounding pharmacy preparing these products shall be limited in the amount of such products they can prepare.

a. No Louisiana-licensed pharmacy may distribute any amount of practitioner administered compounds in excess of five percent of the total amount of drug products dispensed and/or distributed from their pharmacy.

b. The five percent limitation shall be calculated on a monthly basis and shall reference the number of dosage units.

c. For those Louisiana-licensed pharmacies located outside Louisiana, the total amount distributed and/or dispensed shall reference the pharmacy's total business within the state of Louisiana.

4. The provisions of this Paragraph E notwithstanding, pharmacists intending to engage in the compounding of veterinary preparations pursuant to non-patient-specific medical orders from veterinarians should be aware that federal law or rule may not permit such activity by a licensed pharmacy, and further, such pharmacists should be aware that the board's rules cannot legitimize an activity that is not permitted under federal law or rule, and further, such pharmacists should be aware that while this activity is permitted by the board, pharmacists engaging in this activity remain subject to the full force and effect of federal law enforcement.

~~E.~~ F. Compounding Commercial Products not Available. …

~~F.~~ G. Labeling of Compounded Preparations.

1. For patient-specific compounded preparations, the labeling requirements of R.S. 37:1225, or its successor, as well as §2527 of this Chapter, or its successor shall apply.

2. For veterinarian administered compounds, the label shall contain, at a minimum, the following data elements:

a. pharmacy's name, address, and telephone number;

b. veterinarian's name;

c. name of preparation;

d. strength and concentration;

e. lot number;

f. beyond use date;

g. special storage requirements, if applicable;

h. identification number assigned by the pharmacy; and

i. name or initials of pharmacist responsible for final check of the preparation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 23:1316 (October 1997), amended LR 29:2105 (October 2003), effective January 1, 2004, amended LR 41:97 (January 2015), amended LR

…

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 25. Prescriptions, Drugs, and Devices

§2525. Prescription Expiration

A. …

B. A prescription for a controlled dangerous substance ~~listed in Schedule II, III, IV, or V~~ shall expire ~~six months after the date written.~~:

1. 90 days after the date of issue if the drug is listed in Schedule II; or
2. Six months after the date of issue if the drug is listed in Schedule III, IV, or V.

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2104 (October 2003), effective January 1, 2004, amended LR

…

Chapter 27. Controlled Dangerous Substances

§2745. Prescriptions

A. – A.1.c. …

d. a physician assistant ~~(but no substances listed in Schedule II, and only as permitted by supervising physician)~~,

e. an advanced practice registered nurse ~~(but only as permitted by collaborating physician)~~,

f. an optometrist ~~(but no substances listed in Schedule II)~~, or

A.1.g – C.7.a.ii. …

~~iii. In the event the authorized prescriber is an advanced practice registered nurse or a physician's assistant, the prescription form shall clearly indicate the prescriber's practice affiliation. The affiliated physician's name, address, and telephone number shall appear on the prescription form.~~

~~iv.~~ iii. The prescription form shall contain no more than four prescription drug or device orders. While nothing in these rules shall prohibit the pre-printing of any number of prescription drugs or devices on the prescription form, no prescription form issued by a prescriber shall identify more than four prescription drugs or devices to be dispensed.

~~v.~~ iv. For each prescription drug or device ordered on a prescription form, there shall be a pre-printed check box labeled "Dispense as Written", or "DAW", or both.

~~vi.~~ v. For each prescription drug or device ordered on a prescription form, there shall be a refill instruction, if any.

~~vii.~~ vi. The prescription form shall bear a single printed signature line, and the prescriber shall manually sign the prescription.

C.7.b.i. – G.3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:972.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 34:2149 (October 2008), amended LR 41:685 (April 2015), amended LR

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 23. ~~Out-of-State~~ Nonresident Pharmacy

…

§2303. ~~Out-of-State~~ Nonresident Pharmacy Requirements

…

§2305. ~~Out-of-State~~ Nonresident Permit Requirements

…

§2307. Pharmacist-in-Charge

~~A. Designation. A pharmacist licensed by the Louisiana Board of Pharmacy shall be named in the application as the pharmacy's pharmacist-in-charge for the Louisiana permit and shall be responsible for the pharmacy permit's compliance.~~

~~B. The pharmacist-in-charge shall have an active and current license in the state in which the pharmacy is located, and further, shall not have any restrictions that prohibit the position of pharmacist-in-charge.~~

A. The opportunity to accept an appointment as the pharmacist-in-charge (PIC) of a pharmacy is a professional privilege. The following requirements are attached to a PIC privilege:

1. The acquisition of the PIC privilege shall require:
   a. Possession of an active Louisiana pharmacist license;
   b. Possession of an active license in the state in which the pharmacy is located, and further, said license shall not have any restrictions which prohibit the position of pharmacist-in-charge;
   c. Active practice as a pharmacist for a minimum of two years under the jurisdiction of any board of pharmacy in the United States; and
   d. The completion of the *Affidavit of Responsibility and Duties* described below.
2. The PIC shall be present and practicing at the pharmacy for which he holds the PIC position no less than 20 hours per week during the pharmacy's ordinary course of business. In the event the pharmacy's normal hours of business are less than 20 hours per week, the PIC shall be present and practicing at least 50 percent of the normal business hours.

B. An initial and renewal pharmacy permit application shall designate and identify the licensed pharmacist-in-charge.

C – J. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 18:1381 (December 1992) effective January 1, 1993, amended LR 29:2100 (October 2003), effective January 1, 2004, amended LR 33:1133 (June 2007), amended LR

…

§2317. ~~Out-of-State~~ Nonresident Pharmacy Closure Procedures

…

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 25. Prescriptions, Drugs, and Devices

…

Subchapter B. Prescriptions

…

§2519. Prescription Refills; Medication Synchronization

A. Refill Authorization. Prescription refills may be dispensed only with the prescriber's authorization, as indicated on the original prescription order. In the absence of the authorized practitioner's instructions on the original prescription, the prescription shall be considered non-refillable. When all refills authorized on the original prescription have been dispensed, then authorization from the prescribing practitioner shall be obtained prior to dispensing; when such authorization has been received, a new prescription shall be prepared and it shall be issued a different prescription number.

B. Controlled Dangerous Substances.

1. The refilling of a prescription for a drug listed in Schedule II is prohibited.
2. A prescription for a drug listed in Schedule III, IV, or V may be refilled up to five times, if so indicated at the time issued.

C. Medication Synchronization. This term refers to a service which a pharmacist may perform for his patient, at the request of the patient, wherein he may proactively adjust the medication dispensing quantity and/or the refill schedule of a prescription in order to manage the patient's medication therapy, with the goal of improved medication adherence by the patient.

1. For the performance of this service, the pharmacist may adjust the dispensing quantity and/or refill schedule originally ordered by the prescriber; however, the pharmacist shall not exceed the total quantity prescribed [dispensing quantity multiplied by the total number of fills authorized (original plus refills)], or what is otherwise allowed by law.
2. With respect to prescriptions for controlled substances where refills have been authorized, pharmacists may utilize partial fills, as described in §2747.C.5 of the board's rules, but may not exceed the dispensing quantity noted on the original prescription.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2104 (October 2003), effective January 1, 2004, amended LR 33:1133 (June 2007), amended LR

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Executive Committee

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NOTICE IS HEREBY GIVEN that a meeting of the Executive Committee has been ordered and called for 4:00 p.m. on Tuesday, February 23, 2016 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 02-09-2016

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Review of Contracts & Agreements

   A. Consideration of Resolutions for Professional Legal Services
   B. Consideration of Contracts

6. Review of Proposed Policy: *LPM.I.Q – Transitional Return to Work*

7. Review of Administrative Operations

8. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov

RESOLUTION

The following Motion and Resolution was offered by Mr. Morris Rabb who moved for its adoption, and seconded by Mr. Marty McKay at the February 24, 2016 meeting of the Louisiana Board of Pharmacy (the "Board"):

WHEREAS, the Board has one attorney on staff and he supervises the Board's compliance officers' investigations, and further, the Board desires to avoid any appearance of impropriety that might arise should that attorney also attempt to serve as the Board's prosecutor, and further, there is a need for an attorney experienced in administrative law to provide prosecutorial services during its administrative hearings, and further, to provide additional representation when the Board's decisions are appealed to the judiciary, and further, to provide legal representation to the Board and its staff when sued in their official capacities in a court of law; and

WHEREAS, the Board has worked with **Celia R. Cangelosi** in the same capacity for over fifteen years, providing the experience as prosecuting attorney, with additional experience in representing the Board's interests in the 19th Judicial District Court, the First Circuit Court of Appeals; and the Louisiana Supreme Court; and

WHEREAS, the Board's proposed contract with **Celia R. Cangelosi** specifies an hourly rate of two hundred twenty five dollars ($225) per hour of service, and further, provides for reimbursement of certain expenses when submitted in compliance with the Division of Administration's regulations governing such, and further, provides the total compensation, including all fees and reimbursements, shall not exceed eighty thousand dollars ($80,000) for Fiscal Year 2016-2017; and

WHEREAS, there is no authority for payment of a contingency fee; and

WHEREAS, this resolution shall take effect on July 1, 2016.

THEREFORE BE IT RESOLVED that the Louisiana Board of Pharmacy, pursuant to La. R.S. 42:262, does hereby retain and employ **Celia R. Cangelosi** as special counsel; and

BE IT FURTHER RESOLVED, that this Resolution and proposed contract described herein be submitted to the Attorney General for the State of Louisiana for approval.

The resolution having been submitted to a vote, the vote thereon was as follows:

YEAS:	16
NAYS:	0
ABSENT:	(None)
NOT VOTING:	Carl W. Aron (Chair)

Whereupon the Resolution was declared adopted by the Louisiana Board of Pharmacy on the 24th day of February 2016.

I, Carl W. Aron, President of the Louisiana Board of Pharmacy, hereby certify the above and foregoing to be a true and exact copy of a resolution adopted by the Board at its meeting held February 24, 2016, at which a quorum was present, and the same has not been revoked, rescinded or altered in any manner, and is in full force and effect.

Witness my hand this 24th day of February, 2016.

_____

DRAFT

Louisiana Board of Pharmacy

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WHEREAS, the Board has one attorney on staff and he supervises the Board's compliance officers' investigations, and further, the Board desires to avoid any appearance of impropriety that might arise should that attorney also attempt to serve as an advisor to the Board's Hearing Officer, and further, there is a need for an attorney experienced in administrative law to provide advisory services to the Board's Hearing Officer during its administrative hearings, or to serve as the Hearing Officer; and further, to provide legal representation to the Board and its staff when sued in their official capacities in a court of law, as well as other professional legal services as may be requested by the Board from time to time; and

WHEREAS, the Board has worked with **Shows, Cali & Walsh, LLP** in the same capacity for over ten years, where they have provided advisory services to the Board's Hearing Officer as well as serving as the Hearing Officer from time to time; and further, they represented the Board and its staff during a suit against the Board during 2013; and

WHEREAS, the Board's proposed contract with **Shows, Cali & Walsh, LLP** specifies an hourly rate of two hundred twenty-five ($225) per hour of service, and further, provides for reimbursement of certain expenses when submitted in compliance with the Division of Administration's regulations governing such, and further, provides the total compensation, including all fees and reimbursements, shall not exceed forty thousand dollars ($40,000) for Fiscal Year 2016-2017; and

WHEREAS, there is no authority for payment of a contingency fee; and

WHEREAS, this resolution shall take effect on July 1, 2016.

THEREFORE BE IT RESOLVED that the Louisiana Board of Pharmacy, pursuant to La. R.S. 42:262, does hereby retain and employ **Shows, Cali & Walsh, LLP** as special counsel; and

BE IT FURTHER RESOLVED, that this Resolution and proposed contract described herein be submitted to the Attorney General for the State of Louisiana for approval.

The resolution having been submitted to a vote, the vote thereon was as follows:

YEAS:	16
NAYS:	0
ABSENT:	(None)
NOT VOTING:	Carl W. Aron (Chair)

Whereupon the Resolution was declared adopted by the Louisiana Board of Pharmacy on the 24th day of February, 2016.

I, Carl W. Aron, President of the Louisiana Board of Pharmacy, hereby certify the above and foregoing to be a true and exact copy of a resolution adopted by the Board at its meeting held February 24, 2016, at which a quorum was present, and the same has not been revoked, rescinded or altered in any manner, and is in full force and effect.

Witness my hand this 24th day of February, 2016.

_____

DRAFT

PROPOSED CONTRACTS / AGREEMENTS

Fiscal Year 2016-2017

Contractor	Service	2012/2013 Terms	2013/2014 Terms	2014/2015 Terms	2015/2016 Terms	2016/2017 Terms	Changes to prior FY	Contract Received
Celia Cangelosi	Legal	$195/hr maximum $80,000	$195/hr maximum $80,000	$195/hr maximum $80,000	$225/hr maximum $80,000	$225/hr maximum $80,000	No	
E. Wade Shows	Legal	$175/hr maximum $40,000	$175/hr maximum $40,000	$175/hr maximum $40,000	$225/hr maximum $40,000	$225/hr maximum $40,000	No	
Kolder, Champagne, Slaven	CPA	$65/hr - prepare bank reconciliations, journal entries, financial statements	$70/hr - prepare bank reconciliations, journal entries, financial statements	$75/hr - prepare bank reconciliations, journal entries, financial statements	$75/hr - prepare bank reconciliations, journal entries, financial statements	$75/hr - prepare bank reconciliations, journal entries, financial statements	No	
		$130/hr - review bank reconciliations, adjusting journal entries, and financial statements	$130/hr - review bank reconciliations, adjusting journal entries, and financial statements	$145/hr - review bank reconciliations, adjusting journal entries, and financial statements	$160/hr - review bank reconciliations, adjusting journal entries, and financial statements	$160/hr - review bank reconciliations, adjusting journal entries, and financial statements	No	
		$150/hr - oversight and final approval of accounting work	$180/hr - oversight and final approval of accounting work	$180/hr - oversight and final approval of accounting work	$180/hr - oversight and final approval of accounting work	$180/hr - oversight and final approval of accounting work	No	
						$40/hr - travel to annual meeting	Yes	
		maximum $22,500	maximum $22,500	maximum $22,500	maximum $22,500	maximum $22,500	No	
Appriss (05/18/15 - present) (07/01/10 - 02/28/14: HID) (03/01/14 - 05/17/15: Optimum)	PMP (Rx Hosting)	$110,500	To go through renewal process		$76,100	$74,900	Yes	
Essential Solutions	IT Support	$2,000/mo (July -Dec) $2,200/mo (Jan-June)	$2,500/mo (July -June)	$2,500/mo (July -June)	$2,500/mo (July -June)	$2,500/mo (July -June)	No	
MicroPact (CAVU/Iron Data)	Database	$52,951	$55,346 (includes 40 hrs of deployment services)\	$57,600 (plus additional for software upgrade)	$60,600 (plus additional for software upgrade)	$63,600 (plus additional for software upgrade)	Yes	

To be sent to DHH / Contracts & Procurement Department

New contract terms

Louisiana Board of Pharmacy **Loss Prevention**

Title: Transitional Duty Return to Work Plan Policy No. I.Q

Approved: Revised:

I. The statutory authority for the development of the plan is La. R.S. 39:1547.

II. The administrative oversight of this plan is provided through the Office of Risk Management (ORM) within the state's Division of Administration.

III. A transitional return to work is employment which allows injured workers to return to work at the agency where they were injured for up to one year, within the physical restrictions determined by their physician, until they are capable of returning to full duty.

IV. This transitional return to work plan applies only to those employees who are eligible to receive workers' compensation benefits under Title 23 through the ORM's self-insurance plan.

V. The Board's Transitional Return to Work (TRW) Team shall include the following persons:
   A. Manager, Administrative Division (who shall serve as the TRW coordinator);
   B. Manager, Compliance Division;
   C. Manager, Credentials Division;
   D. Assistant Executive Director;
   E. Claim Adjuster for the Third Party Administrator (TPA) for ORM;
   F. TRW Coordinator for ORM TPA; and
   G. Vocational Counselor for ORM TPA as needed.

VI. The TRW Team shall be responsible for the following activities:
   A. Complete transitional return to work plan;
   B. Review of job modifications;
   C. Job tasking;
   D. Task identification;
   E. Compliance with State's requirement for transitional return to work plan;
   F. Oversight of plans;
   G. Facilitate success of plans; and
   H. Report transitional return to work plan results.

VII. The TRW Coordinator is the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes, but is not limited to:
   A. Responsible for the overall coordination and day-to-day administration of the disability management plan;
   B. Develop, facilitate, and monitor TRW plan;
   C. Develop and facilitate accommodations;
   D. Work with the employee and the employer to facilitate TRW plans; and

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E. Monitor TRW plan and provide progress reports to appropriate individuals.

VIII. The TRW team shall meet when an employee is injured and/or there is a change in the injured employee's medical status. Team meetings shall not be required if there are no active lost time claims.

IX. General Requirements

A. A successful TRW plan shall be based on medical prognosis and recovery.

B. Transitional work shall be available until an employee is able to resume full duty employment based on the following Civil Service guidelines:

1. Agencies that choose to return employees to work following a Workers Compensation claim are allowed to return the employee to his own job in light duty status for six (6) months provided the agency maintains in the employee's file a copy of the *Physician's Modified Work Information Sheet*. A copy of this form is appended to this Board policy statement.
2. Requests for additional time beyond the initial six months may be made by the Board's Appointing Authority to the Director of State Civil Service.
3. Appointing authorities also have the option of using a Detail to Special Duty in which to return the employee to work.

C. Medical issues that can delay return to work shall be referred to ORM's third party administrator's (TPA) return to work coordinator.

D. The TRW plan shall be reviewed with all existing employees annually.

E. A review of the TRW plan shall be included in the new hire orientation.

F. Once an injury/illness is reported by an employee, the Board will:

1. Report work related injuries or illnesses immediately, or no later than 48 hours, using the TPA's online claims management system.
2. Provide the employee with a *Physician's Modified Work Information Sheet* to give to the treating physician.
3. Allow the injured employee to seek treatment with a physician of choice chosen from Occupational Medical Clinics in his geographical area. Employees still retain the right to seek medical treatment from a physician of choice for the work-related accident.

X. Pre-Accident Job Tasking & Accommodation Types

A. Job tasking is the process of detailing each specific job task performed in a position to ensure injured workers are returned to a safe work environment.

1. Job tasking should begin before the accident occurs or once an injury has occurred that leads to lost time.
2. Compile a master list of transitional tasks for each position.
3. Complete job tasking for each position or injury that results in lost time.
4. Consult with first-line supervisors to ensure employees will be worked outside of restrictions placed by the treating physician.

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5. Maintain a file of job tasks for each position for which a lost-time claim has occurred.
6. There is no need for repetition of job tasking with each new occurrence.

B. Accommodation Types

1. Modification of job tasks, equipment or schedules in accordance with Civil Service provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can return to full duty, whichever comes first.
2. Accommodations may include, but are not limited to:
   a. *Modified Work* – includes modification to the job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.
   b. *Alternate Work* – different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
   c. *Transitional Work* – a group of tasks or specific jobs that can be performed until the worker is capable of returning to full-pre-injury duties.

XI. The Return to Work Process

A transitional return to work plan should be completed with the supervisor of the injured employee and a representative from the TRW team to include:

1. Specific job tasks identified,
2. Hours to be worked,
3. Duty assignment,
4. Physical restrictions, with
5. Evidence of the plan's review and approval by each member of the team.

A. Eligibility for Return to Work

When reviewing an individual worker's eligibility for return to work options, the following criteria should be followed:

1. Assess the job task of the worker's pre-injury position.
2. Identify transitional tasks that can be performed with the employee's current physical restrictions.
3. Review other services or tasks that can be performed which would improve the overall function of the agency.
4. Review tasks that can be performed that would return an employee to gainful employment.
5. ORM's TPA will be available to identify transitional return to work tasks if needed.

B. Before the Return to Work

1. The agency will hold a return to work meeting with the employee to review the plan before the employee returns to work.
2. Once the meeting has taken place, an offer of transitional duty

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employment shall be made to the injured employee in writing.

3. If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

C. The Return to Work Offer

The offer of transitional return to work employment shall include the following:

1. Offer must be made in writing.
2. Offer must be sent by certified mail return receipt or electronic mail.
3. A specific return to work date and time.
4. Duty assignment.
5. Who to report to.
6. The employing agency shall provide transitional employment for up to one year utilizing Civil Services' Special Detail provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can medically return to full duty, whichever comes first.

D. Employee Responsibility

1. Return the *Physician's Modified Work Information Sheet* to the immediate supervisor within 24 hours of receipt of the signed form from the treating physician.
2. Accept the transitional return to work offer.
3. Report to work as requested in the return to work offer letter.
4. Work within the restrictions provided by the physician.
5. Comply with medical treatment and keep all scheduled medical appointments.
6. Advise the immediate supervisor and ORM's TPA and RTW coordinator if the transitional work is physically too difficult.

E. After the Employee has Returned to Work

The agency shall not require the employee to perform tasks that have been prohibited by the treating physician when the employee returns to work on a transitional return to work plan.

1. Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
2. ORM's TPA will be responsible for communications with medical personnel.

XII. Termination of Employment

The Board's TRW Coordinator shall notify the ORM's TPA if a person is at risk of termination due to exhaustion of sick leave.

XIII. Measure of Effectiveness

A. The Board's TRW Coordinator should:

1. Maintain documentation of failed transitional return to work employment;
2. Maintain documentation of efforts made to identify transitional return to

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work tasks;

3. Maintain documentation of barriers in identifying transitional return to work, including evidence that transitional return to work tasks could not be identified, if applicable; and
4. Notify the TRW Coordinator for ORM's TPA when an injured worker is removed from work or the accommodations are no longer available.

B. The *Transitional Return to Work Audit Form (DA WC4000)* shall be used to measure the effectiveness of the Board's transitional duty employment program. A copy of the form is appended to this policy and is also available on the ORM's website.

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PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

Employee Name:_____Injury/Illness date:_____

Doctor Name: _____Phone Number:_____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE _____

To All Employees:
Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

Attending Physician:
The State of Louisiana, Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions.

The following details the employee's current capabilities; (*please checkmark as appropriate)*

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
Sitting								
Standing								
Walking								

	YES	NO
Squatting		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		

List any other restrictions:_____

_____

Restrictions effective until (date) _____

Follow-Up Appointment date(s): _____

Signature of Attending Physician: _____

Date:_____

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TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Month of Report_____ Location code_____

Agency_____ Contact Person_____

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: _____
2. Number of employees returned to work on transitional duty: _____
3. Number of employees returned to work full duty: _____
4. Number of employees on workers' compensation at month's end: _____
5. Number of employees who are separated from the agency and still receiving workers' compensation: _____

- A job task list is on file for each workers' compensation claim this month: __yes __ no
- The RTW committee has met and reviewed all W/C ___yes ___ no

1. Employee _____ days missed _____ day pay rate _____
2. Employee _____ days missed _____ day pay rate _____
3. Employee _____ days missed _____ day pay rate _____
4. Employee _____ days missed _____ day pay rate _____
5. Employee _____ days missed _____ day pay rate _____
6. Employee_____ days missed _____ day pay rate_____
7. Employee_____ days missed _____ day pay rate_____
8. Employee _____ days missed _____ day pay rate_____
9. Employee _____ days missed _____ day pay rate_____
10. Employee _____ days missed _____ day pay rate_____
11. Employee _____ days missed _____ day pay rate_____
12. Employee _____ days missed _____ day pay rate_____

TOTAL _____ TOTAL _____

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Report of Assistant Executive Director

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Prescription Monitoring Program

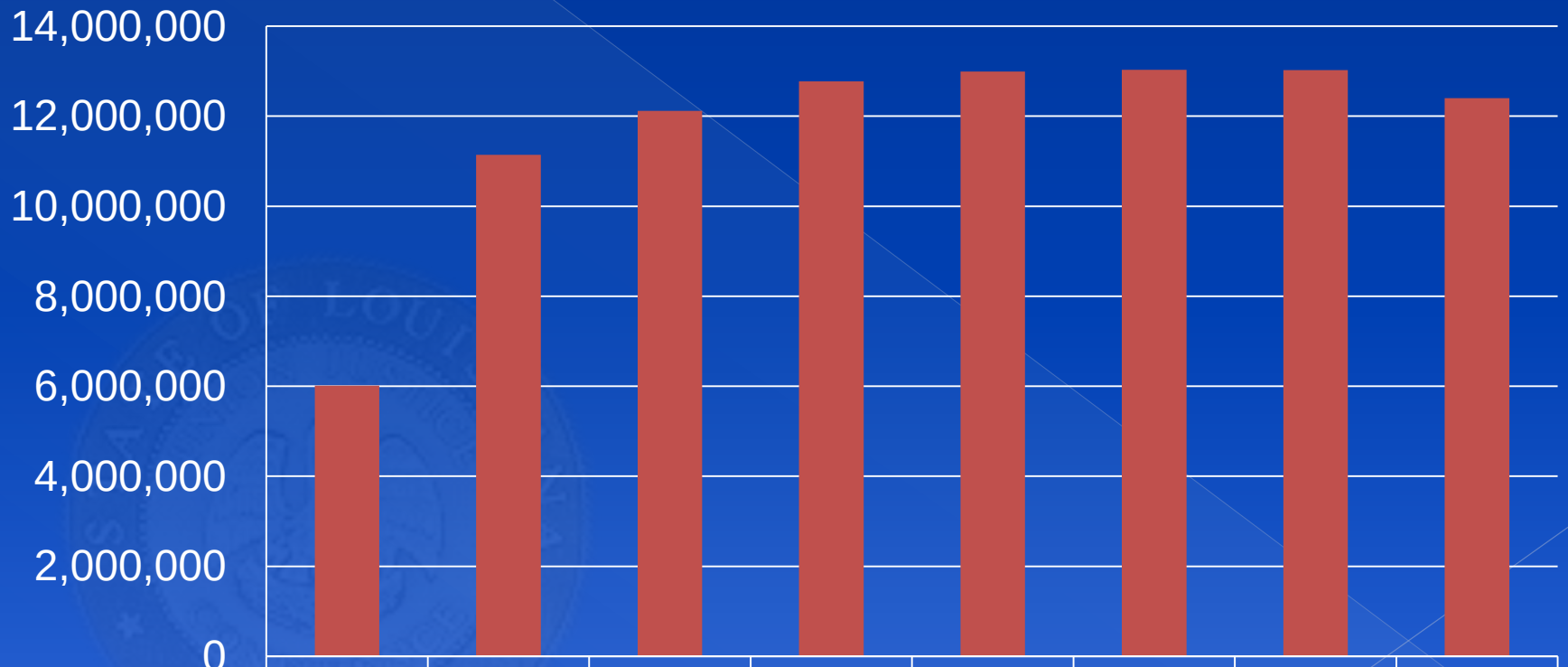
Board Meeting
February 24, 2016

Joe Fontenot, R.Ph. Assistant Executive Director
Danielle C. Meadors, Administrative Assistant

Number of Eligible Transactions Reported to the PMP

Total Reported as of December 31, 2015

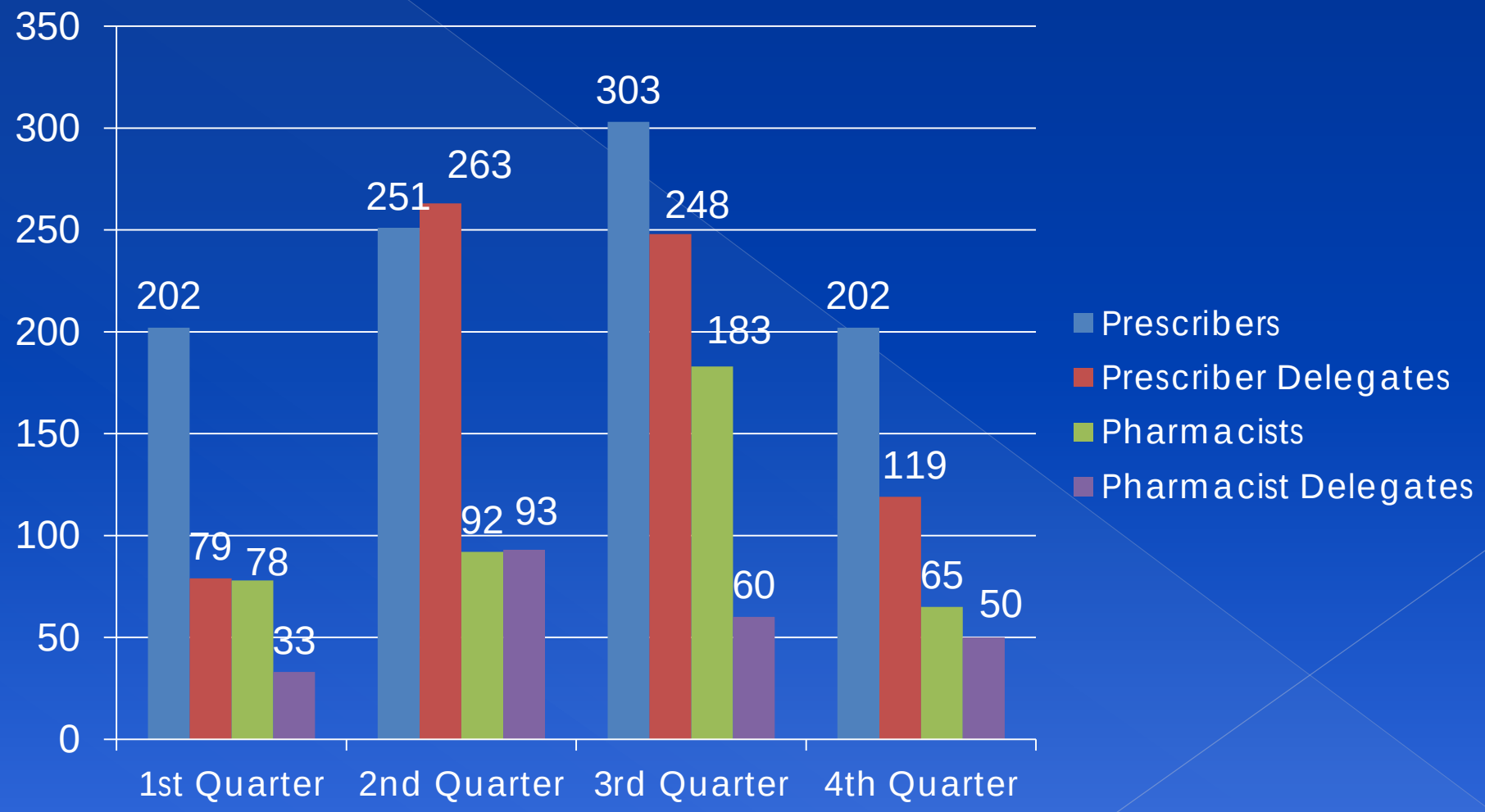
93,496,800



	2008	2009	2010	2011	2012	2013	2014	2015
RXs	6,015,089	11,143,865	12,116,982	12,775,344	12,989,950	13,032,083	13,020,364	12,403,123

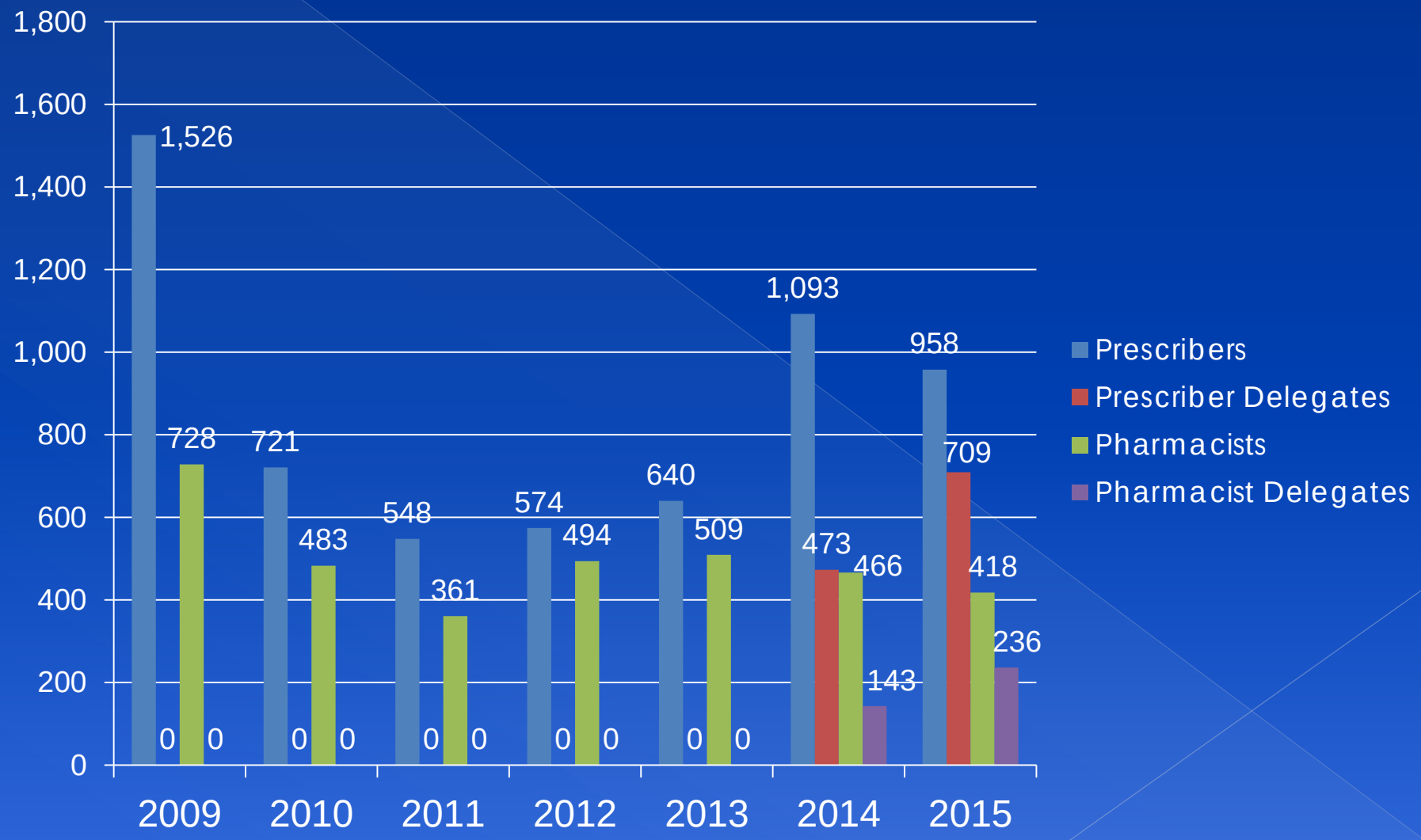
Prescribers, Pharmacists, & Delegates Applications Approved for Access - 2015

Total approved for access in 2015 = **2,321**



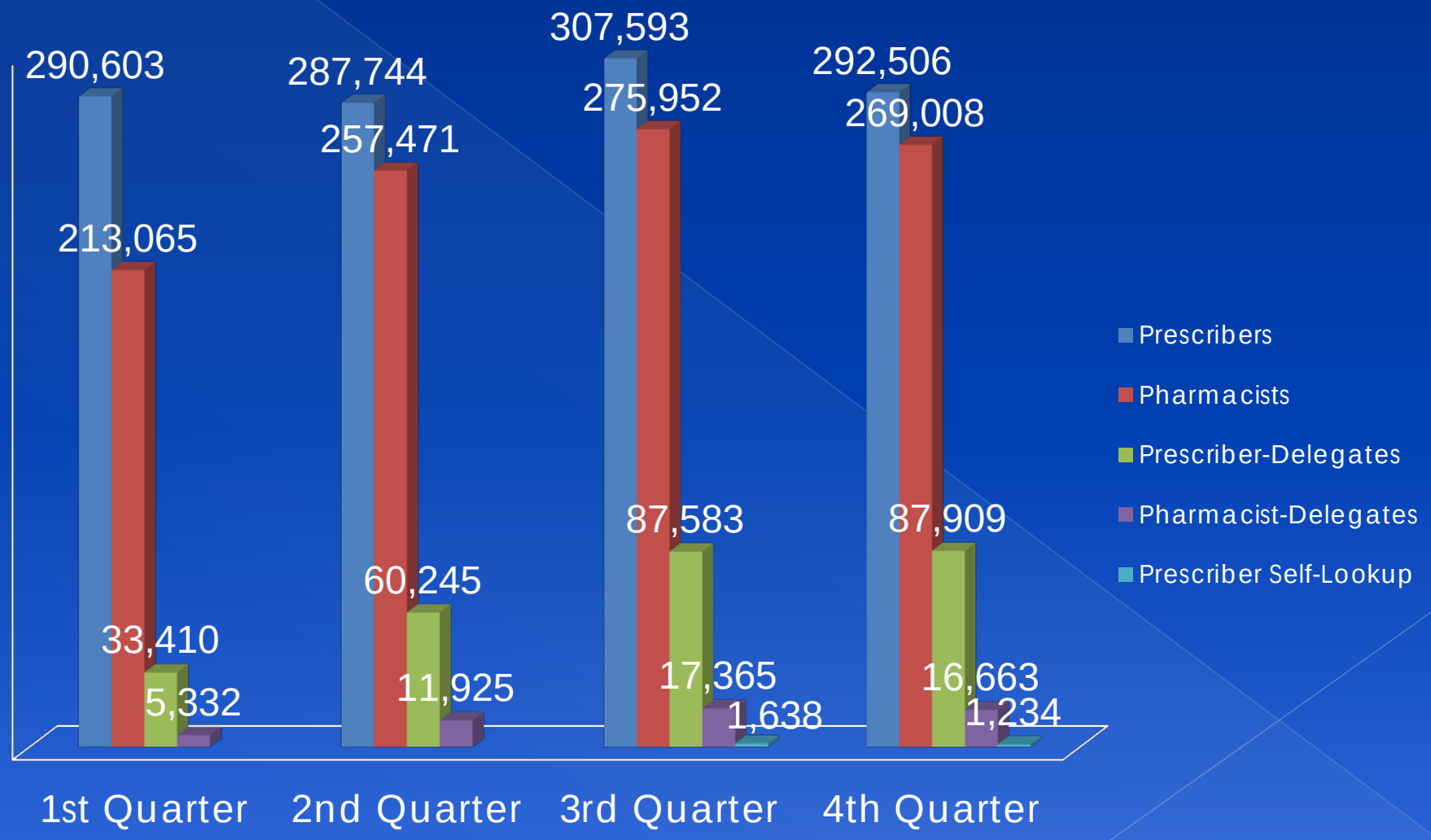
Prescribers, Pharmacists, & Delegates Applications Approved for Access

Total approved for access = **11,080**



Prescriber, Pharmacist, & Delegate Queries – 2015

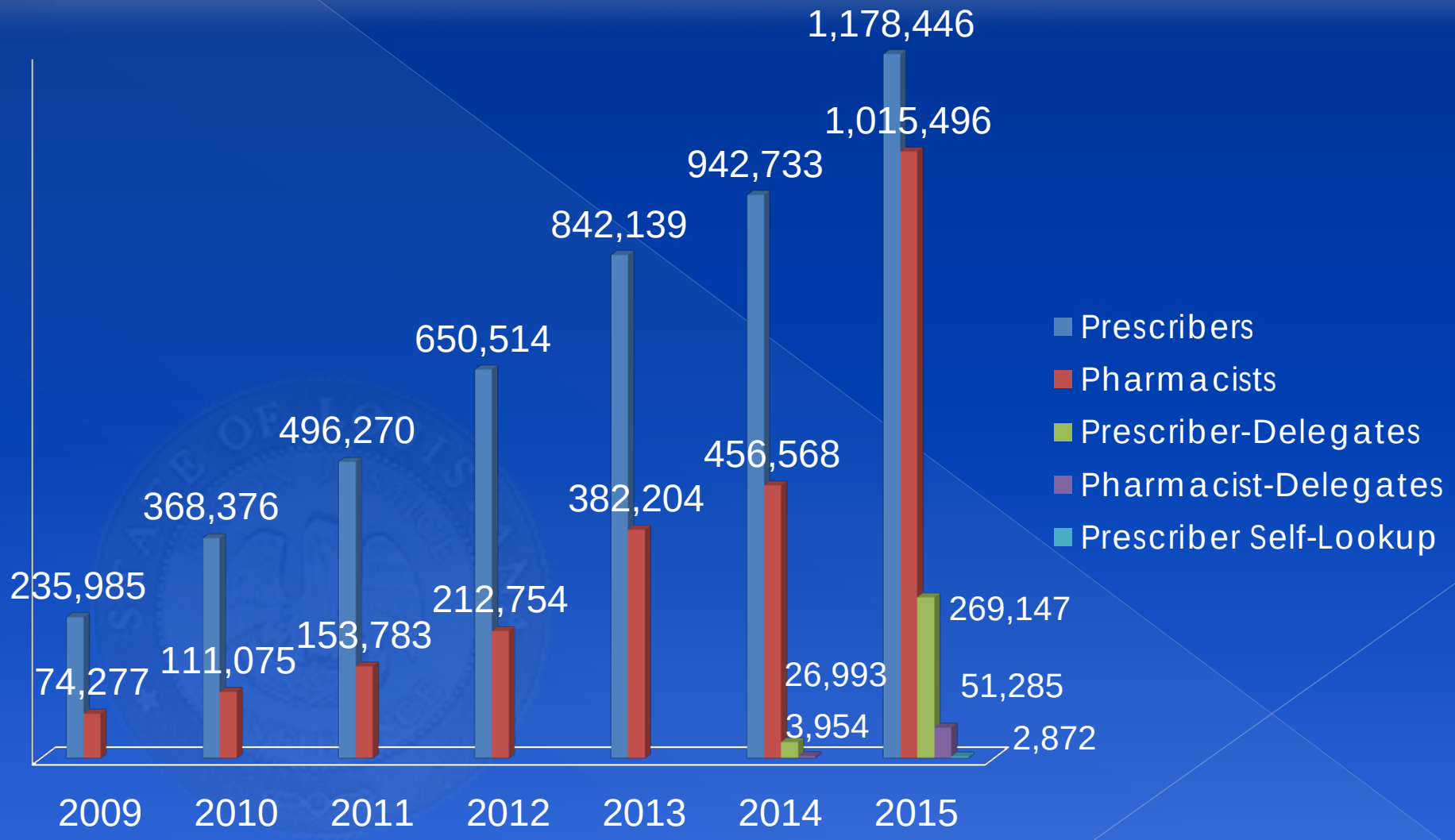
Overall Query total = 2,517,246



Prescriber, Pharmacist, & Delegate Queries

(01/01/2009 through 12/31/2015)

Overall Query total = 7,474,871



Board and Regulatory Agencies

Profile Views by Boards & Regulatory Agencies Total = **9,645**
(01/01/2009 through 09/30/2015)

Law Enforcement Access and Requests

Number of Law Enforcement Requests Processed = **7,029**

(01/01/2009 through 12/31/2015)

2009	2010	2011	2012	2013	2014	2015
680	889	1,230	845	1,150	1,224	1,011

Requests for Full Exemption from PMP Reporting
February 24, 2016

In accordance with LA.R.S:40.4.X-A.1006.C. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

Permit	Permit Type	Name	Scope of Practice	DEA	City	State
7237	NR	Complete Care Pharmacy		Yes	Springfield	IL
7257	HOS	Covington-AMG Specialty Hospital	Specialty Hospital	Yes	Covington	LA
6698	NR	Crescent Healthcare		Yes	Panama City	FL
7131	NR	Cystic Fibrosis Services, Inc.	Specialty Pharmacy	No	Bethesda	MD
7261	NR	Enclara Pharmacy		Yes	Philadelphia	PA
7195	NR	EntrustRx	Specialty Pharmacy	Yes	Columbus	MS
7190	NR	Fresenius Medical Care North America	Specialty Pharmacy	No	Maumelle	AR
7225	NR	McKesson Patient Care Solutions	Specialty Pharmacy	Yes	Moorestown	NJ
7129	NR	MMS Solutions		Yes	Nashville	TN
6924	HOX	New Orleans East Hospital	Inpatient Hospital Pharmacy	Yes	New Orleans	LA
7191	NR	NPS Pharmacy	Specialty Pharmacy	Yes	Nashville	TN
7216	HOS	Promise Hospital of Louisiana	Inpatient Hospital Pharmacy	Yes	Shreveport	LA
4563	HOS	Springhill Medical Center Pharmacy	Inpatient Hospital Pharmacy	Yes	Springhill	LA
4324	HOS	Tulane Univ. Healthcare Center Inpatient Pharmacy	Inpatient Hospital Pharmacy	Yes	New Orleans	LA
5554	HOS	Tulane-Lakeside Hospital Pharmacy	Inpatient Hospital Pharmacy	Yes	Metairie	LA

Staff Recommendation

Approve the proposed waivers conditioned upon execution of the standard Consent Agreement:

EXEMPTION TO PRESCRIPTION MONITORING PROGRAM REPORTING REQUIREMENTS CONSENT AGREEMENT

WHEREAS, in order to facilitate the pharmacy's request for an exemption to the reporting requirements to the Louisiana Board of Pharmacy's Prescription Monitoring Program (PMP) as required by law, the Pharmacy indicated below agrees to the following terms:

(1) The Pharmacy shall not be authorized to dispense any controlled dangerous substances (CDS) or *drugs of concern,* with the exception of a hospital pharmacy permit's inpatient dispensing, as identified by the Louisiana Board of Pharmacy (Board) by regulation.
(2) Upon the first instance of receipt of evidence by the Board indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to the following sanction: ***The Pharmacy agrees to pay a fine of $5,000.00 and reimburse the Board $250.00 in administrative hearing costs, with total payment due the Board of $5,250.00, due by certified check or money order within 30 days of notice of this prohibited activity.***

(3) Upon the second instance of receipt of evidence indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to pay the above sanction, the termination of this exemption and the resumption of its reporting to the PMP.
(4) The Pharmacy shall post a copy of this agreement adjacent or attached to its pharmacy permit.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

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Report of General Counsel

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Report of Executive Director

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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February 24, 2016

Agenda Item 10-L: Report of Executive Director

1. Meeting Activity
2. Reports
3. Examinations
4. Operations
5. State Activities
6. National Activities
7. International Activities

1. Meeting Activity

In addition to Board and committee meetings, I have also participated in or attended the following meetings since the last Board meeting.

Dec. 6-10	ASHP Midyear Clinical Meeting – New Orleans
Jan. 12-13	CriticalPoint Compounding Seminar – Ridgeland, MS
Jan. 28-31	FARB Regulatory Forum – Clearwater Beach, FL
Feb. 16	TALKOM Conference – Oklahoma City, OK

2. Reports (all in the Boardroom Library)

A. Census Reports
   1. Compliance Division – Practitioner Recovery Program & Discipline
   2. Credentials Division – CDS & Pharmacy Programs

B. Credentials Division Production Reports
   1. Licensure Activity Report [new credentials in previous quarter]
   2. Application Activity Report [pending applications count]

C. Exceptions Report
   1. PIC in Multiple Locations
   2. Resurrected Credentials / Special Work Permits

3. Examinations

A. MPJE – the results for the final trimester of 2015 are available.

Mr. Fontenot and I will be participating in the annual item writing workshop next month at the NABP office in Mount Prospect, IL. NABP's competency assessment staff will analyze our item pool to determine which of the blueprint competencies need more depth, and that will determine the priority assignment for our new items, in addition to the new laws and rules since you have adopted since last year's item writing conference.

B. NAPLEX – the results for the final trimester of 2015 are available.

C. PARE – our last administration of this test was in July 2014.

D. PTCB – the results for the final semester of 2015 are available.

4. Operations

A. Credentials Division

We opened the 60-day renewal cycle for pharmacists and pharmacies on November 1.

- *Pharmacists.* We prepared and mailed renewal reminder notices to 8,400 pharmacists. 7,995 renewed their licenses in a timely manner, and of that number, 90.99% did so online. Although more pharmacists renewed late, we mailed our license expiration notice on January 18 to 285 pharmacists. As of February 11, 89 pharmacists elected to pay the Pharmacy Education Support Fee.
- *Pharmacies.* We prepared renewal reminder notices for 2,003 pharmacies. We retained 30 of those notices [22 related to an expired inspection report (more than three years old) and 8 for the absence of a current PIC]. We mailed the remaining notices to 1,973 pharmacies. 2,013 pharmacies renewed their permits in a timely manner, and of that number, 87.38% did so online. Although more pharmacies renewed late, we mailed our permit expiration notice on January 18 to 39 pharmacies. As of February 11, 31 pharmacies elected to pay the Pharmacy Education Support Fee.

As required, we will mail all of the Pharmacy Education Support Fee funds to ULM School of Pharmacy on or before April 1. As of February 11, we had collected $12,000 from the renewal of pharmacist licenses and pharmacy permits.

We are preparing to upgrade our eLicense information system to a new version. That preparation requires user testing of all the different functions to ensure the configuration settings are still correct and that the features are performing as intended. The user testing requires our licensing staff to make all of their data entries twice – once in the testing system and then again in the production system. This particular time of the year is a little less busy than other times in terms of applications for credentials, but we appreciate your patience as we complete the required user testing so we can move to a newer and improved version of eLicense.

B. Compliance Division

As you may recall, one of our compliance officers retired in mid-November. We posted the position notice and followed the procedures required by the Dept. of State Civil Service. The successful applicant for the pharmacist compliance officer position is Mr. Daniel Dennis from Covington, La. and he will join the Board staff on March 1.

Our 5 pharmacist compliance officers are responsible for inspecting all the pharmacies and other facilities holding controlled substances (CDS). The census reports available for this meeting reflect 1,478 pharmacies within the state, as well as approximately 600 various types of facilities for CDS visits, including hospitals, rural health clinics, animal control shelters, researchers, etc.

In addition to their routine site visits, the compliance officers are also responsible for investigating complaints filed with the Board. We began the fiscal year with 214 cases pending from the prior fiscal year. We have entered 269 new cases and closed 233, leaving 250 cases currently open. Of the 233 cases closed this fiscal year, 52% were disposed of through staff activities and the balance through committee and Board action.

C. Administrative Division

We are beginning to research our next major project, which will be the scanning of all our licensure files. One of the smaller licensing boards completed their scanning project last year, so we will learn some lessons from them. We also need to work with the State Archives and the Div. of Administration. As we draw closer to the decision point, we will work with the Executive and Finance Committees before submitting a proposal for your consideration.

Now that we have completed the loan payment for the office building, we have developed a list of land and building maintenance projects. The most urgent of these was the need to repair the pothole in the driveway leading to the office building, which was repaired the weekend before this meeting. The current budget already contains some

contingency funds for building maintenance; if additional needs are identified before the end of the fiscal year, we will work through the Executive Committee and develop a proposal for your consideration.

5. State Activities

A. 2016 Louisiana Legislature

The Regular Session will convene on March 14 and shall adjourn no later than June 6, 2016. The initial report of pre-filed legislation was posted in the Boardroom Library.

6. National Activities

A. United States Pharmacopeia (USP)

USP published the final version of Chapter 800 on February 1; it will become official and enforceable on July 1, 2018. A copy of that document was posted in the Boardroom Library. We have asked our compliance officers to educate the pharmacists in their territories, following a similar process we followed with the sterile compounding standards – performance of a gap analysis and development of an action plan, with a timeline for enforcement beginning in July 2018.

B. National Association of Boards of Pharmacy (NABP)

For your planning purposes, the 2016 meeting will be held May 14-17 in San Diego, CA. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

Although the meeting registration is not yet open, you can make hotel reservations now at the Hilton San Diego Bayfront Hotel, by following this link https://aws.passkey.com/g/50868662 or by calling their national number at 1-800-HILTONS to receive the conference rate of $254 + tax per night. Current state travel procedures allow you to book conference lodging directly with the hotel.

If you are traveling to the conference, please remember that all air travel must be booked through the state-contracted travel agent, Short's Travel Service, either online at www.shortstravel.com/la or by calling 1-888-846-6810. Please use your personal credit card to pay for the ticket. For reimbursement purposes, we will need a copy of their invoice showing your payment as well as a copy of the boarding passes to indicate you actually used that ticket. **Tickets booked elsewhere are not eligible for reimbursement.**

C. NABP-AACP District 6 Annual Meeting

For your planning purposes, the 2016 meeting will be held Sep. 11-14 in Portland, OR. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

D. MALTAGON

For your planning purposes, the 2016 meeting will be held Oct. 9-12 in Austin, TX. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

7. International Activities

A. International Pharmaceutical Federation (FIP)

Buenos Aires, Argentina will host the 76th World Congress of Pharmacy & Pharmaceutical Sciences on Aug. 28 to Sep. 1. The theme for this year's conference is *"Rising to the Challenge – Reducing the Global Burden of Disease."*

B. World Health Professional Alliance (WHPA)

The alliance will host its 5th International Conference on the Regulation of Health Professions in Geneva, CH on May 21-22, 2016, immediately preceding the World Health Organization's (WHO) World Health Assembly. Presentations will explore health professions and trade agreements in terms of protecting the public *vs* facilitating commerce, balancing regulation of individual health professions and health services, as well as discussing the implications for health regulation from the *WHO Global Strategy on Human Resources for Health: Workforce 2030*.

Respectfully submitted,
Malcolm J Broussard
Executive Director

Louisiana Board of Pharmacy

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Compliance Division Census Report

February 24, 2016

Practitioner Recovery Program

- Probation Completion Report

  (*none since last Board meeting*)

• Active Probation	47	Pharmacist
	1	Pharmacy intern
	1	Technician
• Active Suspension	44	Pharmacist
	2	Pharmacy intern
	16	Technician
	4	Technician candidate

Disciplinary Restrictions

- Probation Completion Report

12-03-2015	CDS.031589-MD	David Scott Burkett
01-01-2016	PST.011217	Marc Stephen Cappello
01-10-2016	CDS.025126-DIS	Medisca
02-12-2016	PST.011145	Louis Charles Gambina
02-16-2016	PST.014282	Randolph Eugene McEwen

• Active Probation	19	Pharmacist
	8	Technician
	6	Technician candidate
	11	Pharmacy permit
	3	CDS-PHY license
	1	DME permit
• Active Suspension	41	Pharmacist
	1	Pharmacy intern
	64	Technician
	15	Technician candidate
	13	Pharmacy permit
	67	CDS license for practitioners

Louisiana Board of Pharmacy
Credentials Division
Pharmacy Program

		06/30/07	06/30/08	06/30/09	06/30/10	06/30/11	06/30/12	06/30/13	06/30/14	06/30/15	02/11/16
PST.VI	LA	0	0	0	0	12	10	9	9	13	16
	NR	0	0	0	0	9	10	15	14	15	16
	Total	*0*	*0*	*0*	*0*	*21*	*20*	*24*	*23*	*28*	*32*
PST-GVI	LA	0	0	0	0	0	6	13	13	12	15
	NR	0	0	0	0	0	0	3	5	5	5
	Total	*0*	*0*	*0*	*0*	*0*	*6*	*16*	*18*	*17*	*20*
PST-M	LA	0	0	0	0	3	5	3	1	2	1
	NR	0	0	0	0	11	11	11	13	10	10
	Total					*14*	*16*	*14*	*14*	*12*	*11*
PST-G	LA	0	0	0	0	158	157	164	166	186	161
	NR	0	0	0	0	30	35	32	31	31	28
	Total	*0*	*0*	*0*	*0*	*188*	*192*	*196*	*197*	*217*	*189*
PST	LA	4,522	4,612	4,750	4,860	4,654	4,933	4,981	5,140	5,408	5,321
	NR	1,975	1,964	2,029	2,098	2,079	2,212	2,527	2,479	2,471	2,726
	Total	*6,497*	*6,576*	*6,779*	*6,958*	*6,733*	*7,145*	*7,508*	*7,619*	*7,879*	*8,047*
	PST	***6,497***	***6,576***	***6,779***	***6,958***	***6,935***	***7,353***	***7,758***	***7,871***	***8,108***	***8,299***
PNT	LA	1,079	1,074	1,035	965	907	938	942	948	952	995
	NR	117	67	84	153	137	128	128	127	143	145
	Total	*1,196*	*1,141*	*1,119*	*1,118*	*1,044*	*1,066*	*1,070*	*1,075*	*1,095*	*1,140*
PNT-FPG	Total	0	0	0	0	5	0	3	6	2	1
	PNT	***1,196***	***1,141***	***1,119***	***1,118***	***1,049***	***1,066***	***1,073***	***1,081***	***1,097***	***1,141***
CPT	LA	4,587	4,780	4,733	5,363	5,720	5,509	5,751	6,463	6,584	6,671
	NR	152	144	109	144	145	120	112	138	141	144
	Total	*4,739*	*4,924*	*4,842*	*5,507*	*5,865*	*5,629*	*5,863*	*6,601*	*6,725*	*6,815*
CPT-M	Total	0	0	0	0	1	0	1	2	1	2
	CPT	***4,739***	***4,924***	***4,842***	***5,507***	***5,866***	***5,629***	***5,864***	***6,603***	***6,726***	***6,817***
PTC	LA	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,870	1,929	1,720
	NR	32	23	32	35	35	39	37	37	52	45
	PTC	***1,421***	***1,469***	***1,542***	***1,714***	***1,609***	***1,704***	***1,695***	***1,907***	***1,981***	***1,765***
PHY	CH	12	11	12	14	12	12	12	12	12	12
	HOS	164	167	167	165	151	154	158	164	163	162
	HOX	0	0	0	0	19	18	14	11	8	7
	IN	36	37	37	27	14	10	12	12	11	11
	INX	0	0	0	0	11	14	13	11	10	10
	IR	620	588	592	587	570	568	558	583	588	574
	IRX	0	0	0	0	21	19	17	10	10	8
	NR	240	250	256	286	318	361	387	422	473	488
	NRN	0	0	0	0	0	0	0	9	9	8
	NRP	0	0	0	0	0	0	0	1	2	2
	NU	16	16	16	16	15	15	15	15	14	15
	PEN	0	0	0	0	0	0	0	0	0	0
	PEX	0	0	0	0	0	0	1	2	2	2
	SAT	0	0	0	0	0	0	0	1	3	4
	RC	491	534	545	562	576	587	597	619	649	673
	PHY	***1,579***	***1,603***	***1,625***	***1,657***	***1,707***	***1,758***	***1,784***	***1,872***	***1,954***	***1,976***
AMS	AMS	212	255	306	361	55	64	349	92	456	109
	AMS-X	0	0	0	0	301	302	289	359	356	362
	AMS	***212***	***255***	***306***	***361***	***356***	***366***	***638***	***451***	***812***	***471***
EDK	EDK	412	439	388	503	417	435	421	464	474	461
	EDK-X	0	0	0	0	13	13	10	10	10	10
	EDK	***412***	***439***	***388***	***503***	***430***	***448***	***431***	***474***	***484***	***471***
DME	LA						223	160	209	336	326
	NR							218	281	267	265
	DME							***378***	***490***	***603***	***591***
CDTM								41	41	52	58
MAR								1,617	2,037	2,383	2,593
SWP						58	78	126	38	54	43
TOTAL								**21,405**	**22,865**	**24,254**	**24,225**

Louisiana Board of Pharmacy
Credentials Division
CDS Program

	Classification	06/30/09	06/30/10	06/30/11	06/30/12	06/30/13	06/30/14	06/30/15	02/11/16
ACS	Animal Control Shelter	0	1	1	1	1	1	1	0
AMS	Automated Medication Sys	0	0	0	0	0	26	29	19
AMX	Automated Medication Sys - Exempt	0	0	0	0	0	2	1	0
APN	APRN	607	758	889	1,015	1,103	1,479	1,954	2,166
ASC	Ambulatory Surgical Ctr	106	113	90	88	85	89	87	47
CRX	Correctional Ctr - Exempt	0	0	7	6	5	6	4	3
DDS	Dentist	2,267	2,363	2,027	2,048	1,902	2,123	2,133	2,112
DET	Drug Detection / Canine	20	22	14	12	10	11	11	10
DEX	Drug Detection / Canine - Exempt						1	1	0
DIS	Distributor	363	400	279	288	273	324	319	300
DPM	Podiatrist	161	165	139	136	118	133	142	145
DVM	Veterinarian	1,000	1,065	922	901	852	1,002	1,045	1,059
DYS	Dialysis Ctr	63	63	6	4	3	4	0	0
EMC	Emergency Medical Ctr	17	18	14	16	17	22	26	16
EMS	Emergency Medical Service	63	66	54	50	45	50	49	33
ETC	Animal Euthanasia Tech - Cert	44	49	16	7	6	6	5	4
ETL	Animal Euthanasia Tech - Lead	0	0	12	20	21	23	23	23
HOS	Hospital	405	438	280	267	263	272	271	285
HOX	Hospital - Exempt	0	0	12	14	5	6	6	5
LAB	Laboratory	14	15	8	6	7	8	8	8
LAX	Laboratory - Exempt	0	0	4	5	5	5	5	4
MD	Physician	14,599	15,269	12,362	11,727	10,698	11,913	12,124	12,164
MDT	Physician on Telemedicine	0	0	0	0	0	2	1	0
MED	Medical Clinic	88	102	77	81	68	78	71	22
MEX	Medical Clinic - Exempt	0	0	3	5	14	11	10	3
MFR	Manufacturer	52	58	48	50	45	42	42	41
MIS	Miscellaneous	58	59	11	10	9	11	9	8
MIX	Miscellaneous - Exempt	0	0	9	4	3	2	2	2
MP	Medical Psychologist	50	58	65	67	69	78	82	81
OD	Optometrist	269	278	275	287	279	309	316	324
PA	Physician Assistant	232	272	294	326	344	449	487	539
PHX	Pharmacy - Exempt	0	0	50	47	41	30	24	22
PHY	Pharmacy	0	0	1,307	1,318	1,329	1,357	1,379	1,370
REP	Sales Representative	66	88	29	20	7	0	0	0
RES	Researcher	119	156	109	110	98	113	113	107
RHC	Rural Health Clinic	21	23	17	12	11	12	11	6
ROF	Registered Outsourcing Facility	0	0	0	0	0	0	8	12
SAC	Substance Abuse Clinic	14	17	7	9	9	9	9	9
SAX	Subst. Abuse Clinc - Exempt	0	0	0	0	0	0	1	1
	Total	20,698	21,916	19,437	18,957	17,745	20,009	20,809	20,950

Total Credentials Under Management

Pharmacy	16,601	17,818	18,260	18,625	21,405	22,865	24,254	24,225
CDS	20,698	21,916	19,437	18,957	17,745	20,009	20,809	20,950
Total	***37,299***	***39,734***	***37,697***	***37,582***	***39,150***	***42,874***	***45,063***	***45,175***

Louisiana Board of Pharmacy
Census Report

Type of Credential	3/17/1995	6/30/1996	3/19/1997	6/30/1998	6/30/1999	6/30/2000	6/30/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2005
Pharmacists											
In-state	3,642	3,660	4,143	4,247	4,269	4,830	3,887	4,386	4,435	4,486	4,532
Out-of-state	377	446	1,339	1,435	1,421	944	1,901	1,453	1,455	1,484	1,686
TOTAL	*4,019*	*4,106*	*5,482*	*5,682*	*5,690*	*5,774*	*5,788*	*5,839*	*5,890*	*5,970*	*6,218*
Pharmacy Interns											
In-state											
Out-of-state											
TOTAL							*957*	*976*	*929*	*995*	*1,154*
Pharmacy Technicians											
In-state											
Out-of-state											
TOTAL							*3,216*	*3,453*	*3,505*	*4,114*	*4,455*
Pharmacy Technician Candidates											
In-state											
Out-of-state											
TOTAL							*2,896*	*2,372*	*1,336*	*1,069*	*1,074*
Pharmacy Permits											
IR	651	634	636	609	621	585	584	576	573	633	729
RC	464	473	471	493	505	520	528	535	541	555	473
H	177	174	171	175	172	171	171	174	179	181	181
IN	46	45	38	39	19		17	18	19	27	36
NU	9	10	10	9	10		12	14	13	13	13
CH	4	4	4	7	4		8	9	11	12	12
PEN											
OS	122	152	168	175	216	223	262	313	353	339	200
PE	78	104	102	120	102			95	94	0	
CO	13	12	12	12	12		12	13	13	0	
TOTAL	*1,564*	*1,608*	*1,612*	*1,639*	*1,668*	*1,663*	*1,717*	*1,771*	*1,818*	*1,760*	*1,644*
Equipment Permits											
AMS							0	109	136	158	174
EDK							468	461	474	444	471

Louisiana Board of Pharmacy
Census Report

Type of Credential		6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	2/11/2016
Pharmacists												
In-state		4,460	4,522	4,612	4,750	4,860	5,000	5,095	5,170	5,329	5,596	5,514
Out-of-state		1,915	1,975	1,964	2,029	2,098	2,179	2,258	2,588	2,542	2,512	2,785
TOTAL		*6,375*	*6,497*	*6,576*	*6,779*	*6,958*	*7,179*	*7,353*	*7,758*	*7,871*	*8,108*	*8,299*
Pharmacy Interns												
In-state		980	1,079	1,074	1,035	965	917	938	945	950	953	996
Out-of-state		109	117	67	84	153	137	128	128	131	144	145
TOTAL		*1,089*	*1,196*	*1,141*	*1,119*	*1,118*	*1,054*	*1,066*	*1,073*	*1,081*	*1,097*	*1,141*
Pharmacy Technicians												
In-state		4,552	4,587	4,780	4,733	5,363	5,722	5,509	5,752	6,463	6,585	6,673
Out-of-state		163	152	144	109	144	145	120	112	138	141	144
TOTAL		*4,715*	*4,739*	*4,924*	*4,842*	*5,507*	*5,867*	*5,629*	*5,864*	*6,601*	*6,726*	*6,817*
Pharmacy Technician Candidates												
In-state		1,081	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,870	1,929	1,720
Out-of-state		32	32	23	32	35	35	39	31	37	52	45
TOTAL		*1,113*	*1,421*	*1,469*	*1,542*	*1,714*	*1,609*	*1,704*	*1,695*	*1,907*	*1,981*	*1,765*
Pharmacy Permits												
IR		681	620	588	592	587	591	587	575	583	598	582
RC		430	491	534	545	562	576	587	597	619	649	673
H		167	164	167	167	165	170	172	172	175	174	173
IN		35	36	37	37	27	25	24	25	23	21	21
NU		17	16	16	16	16	15	15	15	15	14	15
CH		12	12	11	12	14	12	12	12	12	12	12
PEN									1	2	2	2
NR		226	240	250	256	286	318	361	387	432	484	498
TOTAL		*1,568*	*1,579*	*1,603*	*1,625*	*1,657*	*1,707*	*1,758*	*1,784*	*1,861*	*1,954*	*1,976*
Equipment Permits												
AMS		173	212	255	306	361	356	366	638	451	812	471
EDK		428	412	439	388	503	430	448	431	474	484	471
DME								223	378	490	603	591
Special Activity	CDTM								41	41	52	58
	MAR								1,617	2,037	2,383	2,593
Special Work Permit							58	78	126	38	54	43

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	06/30/15	02/11/16
ACS	Animal Control Shelter	0	0	1	1	1	1	1	1	0
AMS	Automated Medication System	0	0	0	0	0	0	28	30	19
APN	Advanced Practice Registered Nurse	479	607	758	889	1,015	1,103	1,479	1,954	2,166
ASC	Ambulatory Surgical Center	101	106	113	90	88	85	89	87	47
CRX	Correctional Center	0	0	0	7	6	5	6	4	3
DDS	Dentist	2,177	2,267	2,363	2,027	2,048	1,902	2,123	2,133	2,112
DET	Drug Detection Canine	20	20	22	14	12	10	11	12	10
DIS	Distributor	322	363	400	279	288	273	324	319	300
DPM	Podiatrist	153	161	165	139	136	118	133	142	145
DVM	Veterinarian	936	1,000	1,065	922	901	852	1,002	1,045	1,059
DYS	Dialysis Center	63	63	63	6	4	3	4	0	0
EMC	Emergency Medical Center	17	17	18	14	16	17	22	26	16
EMS	Emergency Medical Service	58	63	66	54	50	45	50	49	33
ETC	Animal Euthanasia Tech - Cert	39	44	49	28	27	27	29	28	27
HOS	Hospital	387	405	438	292	281	268	278	277	290
LAB	Analytical Laboratory	14	14	15	12	11	12	13	13	12
MD	Physician	13,876	14,599	15,269	12,362	11,727	10,698	11,913	12,124	12,164
MDT	Physician on Telemedicine	0	0	0	0	0	0	2	1	0
MED	Medical Clinic	78	88	102	80	86	82	89	81	25
MFR	Manufacturer	43	52	58	48	50	45	42	42	41
MIS	Other	73	58	59	20	14	12	13	11	10
MP	Medical Psychologist	44	50	58	65	67	69	78	82	81
OD	Optometrist	253	269	278	275	287	279	309	316	324
PA	Physician's Assistant	194	232	272	294	326	344	449	487	539
PHY	Pharmacy	0	0	0	1357	1,365	1,370	1,387	1,403	1,392
REP	Sales Representative	65	66	88	29	20	7	0	0	0
RES	Researcher	110	119	156	109	110	98	113	113	107
RHC	Rural Health Clinic	20	21	23	17	12	11	12	11	6
ROF	Registered Outsourcing Facility	0	0	0	0	0	0	0	8	12
SAC	Substance Abuse Clinic	14	14	17	7	9	9	9	10	10
	TOTAL	*19,502*	*20,663*	*21,916*	*19,437*	*18,957*	17,745	*20,009*	*20,809*	*20,950*

Total Credentials Under Board Management

Pharmacy Program	16,407	16,601	17,818	18,260	18,625	21,405	22,865	24,254	24,225
CDS Program	19,536	20,698	21,916	19,437	18,957	17,745	20,009	20,809	20,950
TOTAL	***35,943***	***37,299***	***39,734***	**37,697**	**37,582**	**39,150**	**42,874**	**45,063**	**45,175**

Prefix	Subcategory	CredentialType	Total
AMS		Automated Medication System	3
AMS	X	Automated Medication System - Exempt	7
		Prefix Totals	10
CDS	APN	CDS License - APRN	85
CDS	DDS	CDS License - Dentist	10
CDS	DIS	CDS License - Distributor	10
CDS	DPM	CDS License - Podiatrist	2
CDS	DVM	CDS License - Veterinarian	11
CDS	ETL	CDS License - Animal Euthanasia Technician, Lead (AET-L)	3
CDS	HOS	CDS License - Hospital	7
CDS	MD	CDS License - Physician	129
CDS	MFR	CDS License - Manufacturer	2
CDS	MP	CDS License - Medical Psychologist	2
CDS	OD	CDS License - Optometrist	1
CDS	PA	CDS License - Physician Assistant	31
CDS	PHY	CDS License - Pharmacy	17
CDS	RES	CDS License - Researcher	2
CDS	ROF	CDS License - Registered Outsourcing Facility	1
		Prefix Totals	313
CPT		Certified Pharmacy Technician	190
DME		Durable Medical Equipment (DME) Provider	22
EDK		Emergency Drug Kit	2
LB		Law Book	3
MA		Medication Administration (V)	62
PHY	HOS	Pharmacy - Hospital Inpatient	3
PHY	IR	Pharmacy - Community ~ Independent	6
PHY	NR	Pharmacy - Nonresident	24
PHY	RC	Pharmacy - Community ~ Chain	10
		Prefix Totals	43
PIC		Pharmacist-in-Charge (V)	5
PMP	CDS	PMP - CDS Credential	202
PMP	PST	PMP - Pharmacist	43
		Prefix Totals	245
PNT		Pharmacy Intern	198
PST		Pharmacist	80
PTC		Pharmacy Technician Candidate	241
SWP		Special Work Permit	11
		Grand Totals	1425

Pending Applications

PHARMACY CREDENTIALS

Prefix	Subcat.	CredentialType	07/29/14	11/07/14	02/16/15	05/06/15	07/21/15	11/3/2015	02/12/16
AMS		Automated Medication System		1	3	4	2	3	2
CPT		Certified Pharmacy Technician	44	43	47	56	39	50	30
DME		Durable Medical Equipment	13	11	12	14	15	17	15
EDK		Emergency Drug Kit					1		
PHY	CH	Pharmacy - Charitable							
PHY	HOS	Pharmacy - Hospital Inpatient	6	3	6	7	4	5	3
PHY	IN	Pharmacy - Institutional							
PHY	IR	Pharmacy - Community ~ Independent	17	23	18	11	16	13	17
PHY	NR	Pharmacy - Nonresident	66	71	63	72	75	84	92
PHY	NRN	Pharmacy - Nonresident Nuclear		1					
PHY	NU	Pharmacy - Nuclear	1			1	1		
PHY	PEN	Pharmacy - Penal							
PHY	RC	Pharmacy - Community ~ Chain	5	22	3	4	11	13	13
PHY	SAT	Pharmacy - Hospital Off-Site Satellite	4	5	4	4	2	1	1
PIC		Pharmacist-in-Charge			1				1
PNT	FPG	Pharmacy Intern - Foreign Graduate	1	2	3	2	2		
PNT		Pharmacy Intern	70	71	42	50	74	90	31
PST		Pharmacist	378	290	276	389	431	281	257
PTC		Pharmacy Technician Candidate	371	348	410	394	377	352	358
		Subtotal	***976***	***891***	***888***	***1008***	***1050***	***909***	**820**

CDS CREDENTIALS

Prefix	Subcat.	CredentialType	07/29/14	11/07/14	02/16/15	05/06/15	07/21/15	11/3/2015	02/12/16
CDS	ACS	CDS - Animal Control Shelter		1				2	
CDS	AMS	CDS - Automated Medication System	1	1	1	1			
CDS	APN	CDS - APRN	21	18	17	16	19	11	13
CDS	DDS	CDS - Dentist					3	1	1
CDS	DET	CDS - Drug Detection / Canine	2	2	1	1	1	1	
CDS	DIS	CDS - Distributor	6	5	7	7	7	5	11
CDS	DPM	CDS - Podiatrist					1		
CDS	DVM	CDS - Veterinarian	2	2	2	2	2	1	3
CDS	ETC	CDS - Animal Euthanasia Tech, Certified							
CDS	ETL	CDS - Animal Euthanasia Tech, Lead						1	
CDS	MD	CDS - Physician	16	18	13	20	19	7	8
CDS	MFR	CDS - Manufacturer	1	2	1	1	1		
CDS	MP	CDS - Medical Psychologist							
CDS	OD	CDS - Optometrist	1						1
CDS	PA	CDS - Physician Assistant	3	4	8	7	6	8	8
CDS	PHY	CDS - Pharmacy	15	42	24	13	27	27	31
CDS	PHX	CDS - Pharmacy - Exempt	1						
CDS	REP	CDS - Sales Representative							
CDS	RES	CDS - Researcher	2	2	1	1	1	1	
CDS	ROF	CDS - Registered Outsourcing Facility				1			
CDS	SAC	CDS - Sunstance Abuse Clinic							1
		Subtotal	***71***	***97***	***75***	***70***	***87***	***65***	**77**

OTHER CREDENTIALS

Prefix	Subcat.	CredentialType	*07/29/14*	*07/29/14*	*02/16/15*	*05/06/15*	*07/21/15*	*07/21/15*	02/12/16
CDTM		Collaborative Drug Therapy Management							
LB		Law Book	1	1	3	6	6	6	6
MA		Medication Administration	20	11	7	7	7	2	3
PMP		PMP - CDS Credential	159	133	88	85	85	69	62
PMP		PMP - MIS Credential							
PMP		PMP - PST Credential	19	13	16	13	18	79	8
SWP		Special Work Permit	65	83	103	120	140	164	46
		Subtotal	***264***	***241***	***217***	***231***	***256***	***320***	**125**

TOTAL	**1311**	**1229**	**1180**	**1309**	**1393**	**1294**	**1022**

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February 24, 2016

Agenda Item 10-L: Report of Executive Director

Section 2.C – Exceptions Report

1. PIC at Multiple Pharmacies

Board Policy I.A.4 permits the Executive Director to approve requests from pharmacists wishing to serve as the Pharmacist-in-Charge (PIC) of more than one pharmacy at the same time. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On December 1, 2015, Mr. Aron and Mr. Fontenot concurred to grant a request from Robert Allen Ray (PST.011612) for dual PIC privileges at Ray's Pharmacy (PHY.001673-IR) in Ball, LA and Ray's Apothecary Pharmacy (PHY.004444-IR) in Alexandria for a limited period of time with the authority set to expire on January 29, 2016 which is 60 days from the date of the request.
- On February 1, 2016, Mr. Aron and Mr. Fontenot concurred to grant a request from Stella B. Borges (PST.013915) for permanent dual PIC privileges at Fairway Medical Surgical Hospital (PHY.006602-HOS) in Covington and Sterling Surgical Hospital (PHY.006451-HOS) in Slidell.

2. Special Work Permits for military-trained applicants and their spouses

LAC Title 46: LIII §904 authorizes the Board to provide preferential licensing procedures for military-trained applicants and their spouses. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- *(None since last report.)*

3, Special Work Permits

Board Policy I.A.7 permits the Executive Director to issue Special Work Permits to document the resurrection of expired non-renewable credentials and for other purposes as authorized by the Board. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On November 12, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Jasmine Rana Pitre. She had previously obtained PTC.020353 which expired on February 13, 2015. Should she pass the PTCB examination no later than May 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On November 13, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Celeste Latoya Dancy. She had previously obtained PTC.020229 which expired on January 19, 2015. Should she pass the PTCB examination no later than May 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On November 25, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Raynekia Ceril. She had previously obtained PTC.017001 which expired on May 15, 2012. Should she pass the PTCB examination no later than May 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.

- On December 7, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Brenda Lee Faulk. She had previously obtained PTC.020833 which expired on June 23, 2015. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 7, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Monique Sylvester. She had previously obtained PTC.014728 which expired on June 20, 2010. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 8, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Candace Sommer Rojas. She had previously obtained PTC.013661 which expired on July 28, 2009. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 9, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Jessica Nicole Narcisse. She had previously obtained PTC.020547 which expired on April 1, 2015. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 18, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Jason Taylor. He was a pharmacy intern who required a permit to earn the required 1,500 hours towards licensure. He was issued a Special Work Permit for one year to earn those hours of practical experience.
- On December 23, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Valerie Anderson. She had previously obtained PTC.011418 which expired on April 23, 2007. She passed the PTCB examination in 2006 and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 28, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Yasmine Bre' Ann Michelle Ballom. She had previously obtained PTC.019111 which expired on February 1, 2014. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 29, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Heather Lynne Ortego. She had previously obtained PTC.020987 which expired on August 12, 2015. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 29, 2015, Mr. Aron and Mr. Finalet concurred to grant a request from Jessica Lynn Case. She had previously obtained PTC.019802 which expired on September 19, 2014. Should she pass the PTCB examination no later than June 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 6, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Deboni Andrea Rollins. She had previously obtained PTC.020071 which expired on November 29, 2014. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 7, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Maurice Jeane Guillory. He had previously obtained PTC.013476 which expired on May 19, 2009, 2014. He is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 12, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Lynnotta Ayenate Kennedy. She had previously obtained PTC.016131 which expired on September 14, 2011. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 14, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Natacia Maria Weber. She had previously obtained PTC.017661 which expired on December 21,

2012. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.

- On January 20, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Chenita Lashea' Dorsey. She had previously obtained PTC.018545 which expired on December 31, 2013. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 21, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Johnnica Monique Gilbert. She had previously obtained PTC.020683 which expired on May 13, 2015. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 21, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Haley Lynn Hebert. She had previously obtained PTC.021579 which expired on December 27, 2015. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 25, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Victoria Nicole Ward. She had previously obtained PTC.012327 which expired on April 3, 2008. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 25, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Chiquita Ann Franklin. She had previously obtained PTC.018873 which expired on November 25, 2013. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 25, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Adriane Nicole Pharr. She had previously obtained PTC.020896 which expired on July 14, 2015. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 26, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Leslie Tiffany Berry. She had previously obtained PTC.018725 which expired on October 10, 2013. Should she pass the PTCB examination no later than July 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 2, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Thomas Paul Dempster. He had previously obtained PTC.017491 which expired on October 12, 2012. He is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 2, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Brittany Antoinette Harris. She had previously obtained PTC.020889 which expired on July 14, 2015. Should she pass the PTCB examination no later than August 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 9, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Kamesha Symone Perry. She had previously obtained PTC.021132 which expired on September 10, 2015. Should she pass the PTCB examination no later than August 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 10, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Rachelle Jonee Battle Cyprian. She had previously obtained PTC.019193 which expired on February 24, 2014. Should she pass the PTCB examination no later than August 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 10, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from Samantha Gabriel Williston. She had previously obtained PTC.019996 which expired on November 9, 2014. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On February 12, 2016, Mr. Aron and Mr. Finalet concurred to grant a request from

Jeranice Jefferson. She had previously obtained PTC.020260 which expired on January 22, 2015. Should she pass the PTCB examination no later than August 1, 2016 she is authorized to receive a Special Work Permit for one year to earn 600 hours of practical experience.

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Multistate Pharmacy Jurisprudence Examination (MPJE™)

September 1 – December 31, 2015

School Reports
Interpretation of Scores
Frequency Distribution of Scaled Scores
Cumulative Record (since January 2000)

February 24, 2016

Multistate Pharmacy Jurisprudence Examination (MPJE™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in federal and state laws relative to pharmacy practice and is therefore specific for a given state. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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Multistate Pharmacy Jurisprudence Examination® (MPJE®) School Summary Report

University Louisiana Monroe

Test Window: September 1, 2015 - December 31, 2015

This MPJE score report provides summary information for first-time examinees from ACPE-accredited schools/colleges and for all examinees, regardless of repeater status and/or the educational institution. Tables 1 and 2 contain school, state, and national pass rate information as well as total score means.

MPJE in-state: Examinees taking the MPJE for the same jurisdiction as respective pharmacy program
MPJE out of state: Examinees testing in different jurisdiction than respective pharmacy program

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
In-state	7	85.71%	78.71	5.06
Out of state	42	95.24%	83.14	6.22
State	123	91.06%	80.81	4.83
National	5089	90.35%	81.60	5.53

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
In-state	13	84.62%	79.85	6.24
Out of state	43	95.35%	83.12	6.15
State	171	86.55%	80.05	5.30
National	6451	87.78%	80.91	5.61

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	59	100
All Candidates	59	100
Scaled Score Range	0	100

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

The following tables and graphs are scaled score frequency distributions for MPJE candidates who tested in-state. Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 4 & Graph 1 School Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 7

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	0	0%
[65,69]	0	0%
[70,74]	1	14%
[75,79]	3	57%
[80,84]	2	86%
[85,89]	1	100%
[90,94]	0	100%
[95,100]	0	100%

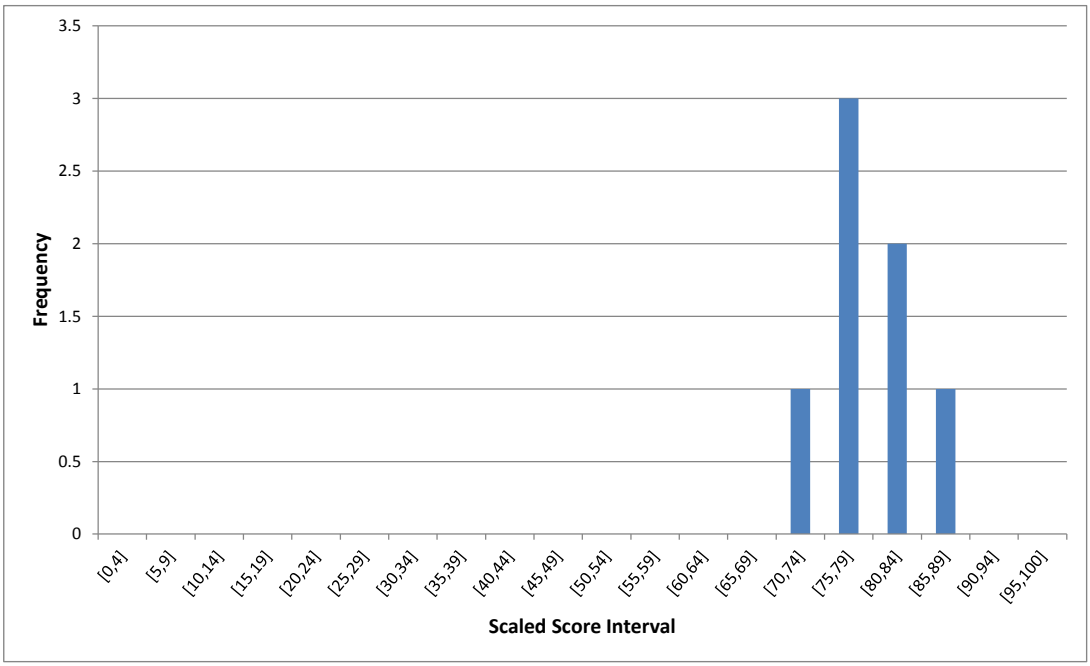
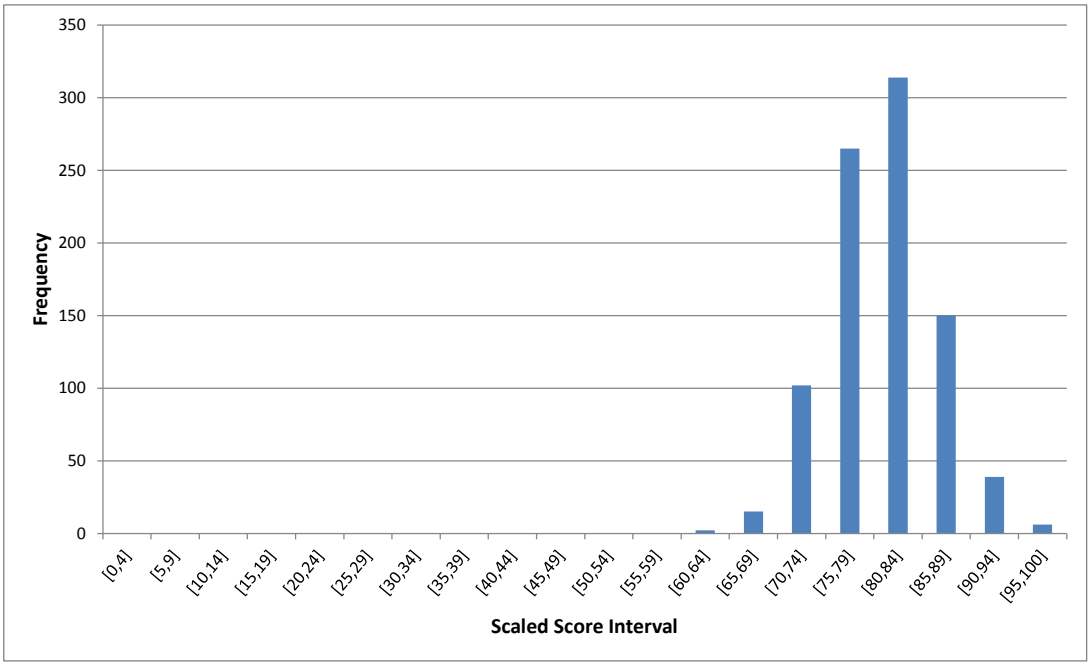


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 893

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	2	0%
[65,69]	15	2%
[70,74]	102	13%
[75,79]	265	43%
[80,84]	314	78%
[85,89]	150	95%
[90,94]	39	99%
[95,100]	6	100%



Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2012			***2013***			***2014***			***2015***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	4	126	87	47	94	30	32	122	39	42	122	56
** testing in same/different state*		72 / 54	11 / 34	11 / 36	40 / 54	2 / 28	5 / 27	62 / 60	6 / 33	13 / 29	68 / 54	13 / 43
Mean Scale Score - School *	82.25	82.44/82.70	80.09/79.85	81.45/84.03	82.50/82.59	80.50/82.79	79.40/81.41	81.44/83.32	78.50/81.42	76.85/81.90	81.44/84.13	79.85/83.12
** testing in same/different state*												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82	80.43	80.36	80.18	80.13	79.81	80.56	80.05
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50	80.52	81.04	82.52	81.08	81.32	82.40	80.91
School Pass Rate: *	100.00	97.22/90.74	90.91/85.29	100/97.22	95.00/98.15	100 / 92.86	100 / 85.19	95.16/96.67	83.33/87.88	76.92/93.10	94.12/98.15	84.62/95.35
** testing in same/different state*												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51	85.21	82.52	86.08	82.69	80.69	88.14	86.55
National Pass Rate:	84.54	92.76	86.85	87.18	92.98	87.01	87.62	93.28	88.50	88.20	93.04	87.78
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	4	124	70	44	93	28	29	119	33	38	120	49
** testing in same/different state*		72 / 52	10 / 29	10 / 34	39 / 54	1 / 27	5 / 24	62 / 57	3 / 30	11 / 27	68 / 52	7 / 42
Mean Scaled Score - School *	82.25	82.44/83.02	80.62/79.90	81.80/84.26	82.77/82.59	82.00/83.19	79.40/82.29	81.44/83.58	78.00/81.97	76.91/82.04	81.44/84.40	78.71/83.14
** testing in same/different state*												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03	81.08	81.05	80.62	81.13	80.63	80.62	80.81
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76	81.22	81.82	82.80	81.79	82.14	82.66	81.60
School Pass Rate: *	100.00	97.22/92.31	89.66/90.00	100.00/97.06	97.44/98.15	100 / 96.30	100 / 91.67	95.16/98.25	66.67/90.00	72.73/92.59	94.12/98.08	85.71/95.24
** testing in same/different state*												
State Pass Rate:	93.22	91.03	85.71	97..22	91.88	87.29	85.88	89.29	84.96	83.61	88.77	91.06
National Pass Rate:	89.13	93.94	89.60	91.08	93.95	90.04	90.85	94.34	90.87	91.72	93.97	90.35

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2000		***2001***		***2002***		***2003***	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	125	82	100	57	59	123	77	119
School Average Score:	83.27	82.76	80.84	81.37	80.17	80.41	78.57	80.04
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	90.78	79.85	79.92	79.33
School Pass Rate:	94.40	91.46	90.00	91.23	88.14	88.62	77.92	88.24
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	117	78	92	51	55	111	59	110
School Average Score:	83.67	83.14	80.89	81.78	80.22	80.58	79.31	80.22
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	96.58	93.59	90.22	90.20	89.09	88.29	81.36	88.18
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2004		***2005***		***2006***		***2007***	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	62	110	59	146	68	111	50	151
School Average Score:	79.39	80.79	79.25	80.50	80.43	81.92	80.20	81.62
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	91.94	91.82	89.83	87.67	88.24	92.79	90.00	92.05
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	52	104	55	132	60	102	43	140
School Average Score:	79.73	80.96	79.33	80.66	80.80	82.14	81.05	81.83
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	92.31	92.31	89.09	87.12	91.67	94.12	95.35	93.57
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2008		***2009***			***2010***			***2011***		
	Jan - Jun	Jul - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP											
No. of Candidates	61	137	42	120	36	38	104	35	5	71	12
Mean Scaled Score - School	81.26	81.99	80.95	82.58	80.75	81.47	82.14	81.89	82.60	82.73	83.83
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	96.72	91.97	88.10	95.00	86.11	94.74	90.38	91.43	100.00	97.18	100.00
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.09	94.83	89.35	86.43	92.17	86.24
FIRST-TIME CANDIDATE GROUP											
No. of Candidates	58	127	37	117	34	34	96	30	5	66	11
Mean Scaled Score - School	81.52	82.13	81.30	82.56	81.09	82.12	82.67	82.33	82.60	83.08	84.18
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	96.55	91.34	89.19	94.87	88.24	97.06	93.75	93.33	100.00	100.00	100.00
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.79	92.24	96.05	94.00

Multistate Pharmacy Jurisprudence Examination® (MPJE®) School Summary Report

Xavier University of Louisiana

Test Window: September 1, 2015 - December 31, 2015

This MPJE score report provides summary information for first-time examinees from ACPE-accredited schools/colleges and for all examinees, regardless of repeater status and/or the educational institution. Tables 1 and 2 contain school, state, and national pass rate information as well as total score means.

MPJE in-state: Examinees taking the MPJE for the same jurisdiction as respective pharmacy program
MPJE out of state: Examinees testing in different jurisdiction than respective pharmacy program

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
In-state	14	92.86%	79.00	4.56
Out of state	59	91.53%	81.47	5.65
State	123	91.06%	80.81	4.83
National	5089	90.35%	81.60	5.53

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
In-state	33	78.79%	78.36	5.22
Out of state	70	85.71%	80.64	6.03
State	171	86.55%	80.05	5.30
National	6451	87.78%	80.91	5.61

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	59	100
All Candidates	59	100
Scaled Score Range	0	100

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

The following tables and graphs are scaled score frequency distributions for MPJE candidates who tested in-state. Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 4 & Graph 1 School Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 14

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	0	0%
[65,69]	0	0%
[70,74]	1	7%
[75,79]	9	71%
[80,84]	2	86%
[85,89]	2	100%
[90,94]	0	100%
[95,100]	0	100%

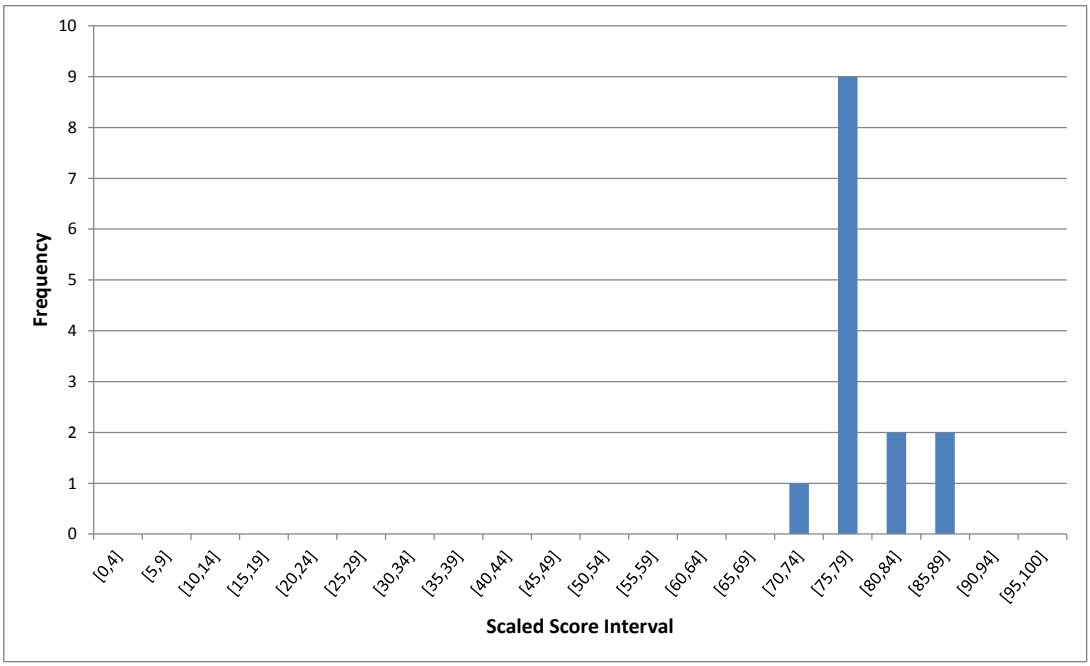
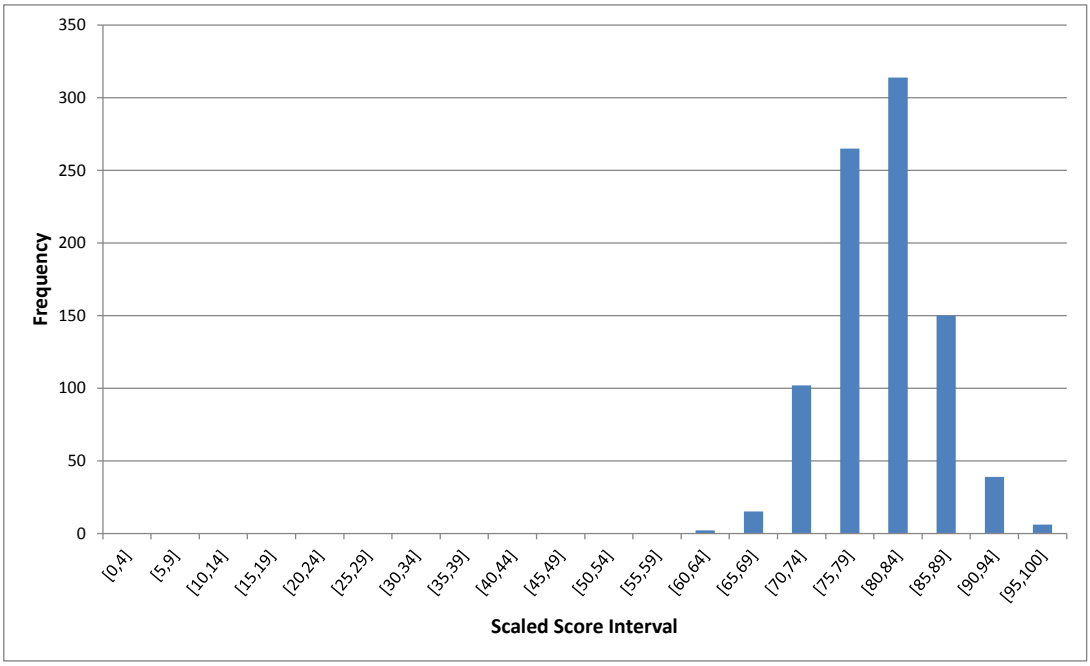


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 893

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	2	0%
[65,69]	15	2%
[70,74]	102	13%
[75,79]	265	43%
[80,84]	314	78%
[85,89]	150	95%
[90,94]	39	99%
[95,100]	6	100%



Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2012			***2013***			***2014***			***2015***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep -Doc
TOTAL CANDIDATE GROUP												
No. of Candidates	13	181	87	53	188	115	52	193	128	81	215	103
** testing in same/different state*		94 / 87	23 / 65	6 / 47	95 / 93	46 / 69	12 / 40	82 / 111	43 / 85	26 / 55	105 / 110	33 / 70
Mean Scaled Score - School *	79.69	79.27/78.48	76.96/79.95	78.17/79.09	79.46/79.55	77.33/78.72	76 / 79.28	78.35/79.98	77.05/80.62	75.27/79.70	79.39/80.75	78.36/80.64
** testing in same/different state*												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82	80.43	80.36	80.18	80.13	79.81	80.56	80.05
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50	80.52	81.04	82.52	81.08	81.32	82.40	80.91
School Pass Rate: *	84.62	84.04/81.61	60.87/86.15	83.33/76.60	85.26/81.72	71.74/76.81	50 / 82.50	76.83/90.09	65.12/90.59	50.00/72.73	81.90/89.09	78.79/85.71
** testing in same/different state*												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51	85.21	82.52	86.08	82.69	80.69	88.14	86.55
National Pass Rate:	84.54	92.76	86.85	87.18	92.98	87.01	87.62	93.28	88.50	88.20	93.04	87.78
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	9	163	70	43	171	86	43	176	98	65	193	73
** testing in same/different state*		87 / 76	11 / 54	3 / 40	89 / 82	31 / 55	8 / 35	76 / 100	24 / 74	14 / 51	94 / 99	14 / 59
Mean Scaled Score - School *	79.78	79.34/78.70	77.55/80.57	81.33/79.38	79.66/79.94	77.03/78.85	76.63/79.31	78.83/80.23	77.33/80.86	76.29/80.28	79.24/81.07	79.00/81.47
** testing in same/different state*												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03	81.08	81.05	80.62	81.13	80.63	80.62	80.81
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76	81.22	81.82	82.80	81.79	82.14	82.66	81.60
School Pass Rate: *	88.89	83.91/84.24	63.64/87.04	100 / 77.50	87.64/82.93	67.74/74.55	50 / 80	80.26/90.00	62.5 / 91.89	57.14/78.43	80.85/91.92	92.86/91.53
** testing in same/different state*												
State Pass Rate:	93.22	91.03	85.71	97.22	91.88	87.29	85.88	89.29	84.96	83.61	88.77	91.06
National Pass Rate:	89.13	93.94	89.60	91.08	93.95	90.04	90.85	94.34	90.87	91.72	93.97	90.35

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2000		***2001***		***2002***		***2003***	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	25	94	53	126	43	122	71	158
School Average Score:	78.92	78.90	77.43	79.86	79.12	78.18	76.75	77.99
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	81.72	79.85	79.92	79.33
School Pass Rate:	80.00	80.85	69.81	88.10	81.40	77.05	67.61	75.95
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	23	86	38	107	38	102	53	122
School Average Score:	79.04	79.01	77.58	79.92	79.58	78.18	77.04	78.48
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	78.26	80.23	71.05	86.92	86.84	78.43	71.70	78.69
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2004		***2005***		***2006***		***2007***	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	66	123	82	135	139	181	77	169
School Average Score:	77.36	78.64	78.06	78.96	79.04	79.82	78.47	79.76
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	78.79	80.49	76.83	82.22	87.77	86.19	77.92	87.57
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	56	101	63	121	121	156	62	154
School Average Score:	77.73	79.19	78.57	79.36	79.14	80.27	79.47	80.03
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	80.36	84.16	79.37	85.12	87.60	89.10	85.48	88.96
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2008		***2009***			***2010***			***2011***		
	Jan - Jun	Jul - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP											
No. of Candidates	55	208	63	162	68	42	160	83	10	77	44
Mean Scaled Score - School	78.25	79.49	78.03	80.20	78.10	78.93	79.89	78.17	76.50	79.32	78.93
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	80	83.17	74.60	88.27	77.94	80.95	88.75	78.31	70.00	81.82	81.82
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.08	94.83	89.35	86.43	92.17	86.24
FIRST-TIME CANDIDATE GROUP											
No. of Candidates	45	181	44	150	47	32	157	61	7	67	29
Mean Scaled Score - School	79.02	79.71	78.55	80.35	78.79	79.66	79.95	78.48	78.14	79.84	80.14
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	88.89	85.64	79.55	88.67	82.98	84.38	89.17	78.69	85.71	86.57	89.66
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.89	92.24	96.05	94.00

Louisiana Board of Pharmacy

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North American Pharmacist Licensure Examination (NAPLEX™)

September 1 – December 31, 2015

School Reports
Interpretation of Scores
Frequency Distribution of Scaled Scores
Cumulative Record (since January 2000)

February 24, 2016

North American Pharmacist Licensure Examination (NAPLEX™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in basic pharmacy practice and is recognized by pharmacy regulatory authorities in all of the states and territories within the USA. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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North American Pharmacist Licensure Examination® (NAPLEX) ®
School Summary Report

Test Window: September 1, 2015 - October 31, 2015

School Name: University Louisiana Monroe

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

Area 1 - Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
Area 2 - Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
Area 3 - Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	5	80.00	83.60	18.41	11.20	1.30	11.40	0.89	10.60	0.89
State	12	75.00	86.50	23.62	11.42	1.73	11.58	1.38	11.25	0.62
National	1280	81.88	91.24	18.71	11.87	1.27	11.68	1.43	12.11	1.82

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	9	77.78	83.89	15.46	11.22	0.97	11.44	1.01	10.89	1.27
State	25	76.00	85.60	18.76	11.44	1.29	11.36	1.32	11.36	1.22
National	1981	77.64	88.25	19.68	11.66	1.30	11.55	1.44	11.82	1.84

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2014). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

Reference Table 3 NAPLEX
Mean Area Score Summary (2014) by Quartiles

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.75	12.67	11.89	10.76
Mean Area 2 Scaled Score	13.80	12.74	11.97	10.80
Mean Area 3 Scaled Score	13.89	12.92	12.20	11.12
Mean Overall Scaled Score	118.80	106.64	95.26	74.28
Scaled Score Range	[112, 138]	[101, 112]	[88, 101]	[5, 88]
# Examinees per bin	3,968	3,968	3,968	3,968

.

Reference Table 4 NAPLEX
Mean Area Score Summary (2014) by Pass/Fail Status

	Pass	Fail
Mean Area 1 Scaled Score	12.49	10.13
Mean Area 2 Scaled Score	12.55	10.19
Mean Area 3 Scaled Score	12.75	10.48
Mean Overall Scaled Score	102.71	61.55
Scaled Score Range	[75, 138]	[5, 74]
# Examinees per bin	14,343	1,529

Table 5 Candidate Summary Report

Test Window: September 1, 2015 - October 31, 2015

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	80	11	11	12	10/20/2015	05/09/2015	N
2	Fail	67	11	10	9	10/17/2015	05/09/2015	N
3	Fail	53	9	10	11	10/07/2015	05/09/2015	Y
4	Pass	84	11	12	11	10/06/2015	05/09/2015	Y
5	Pass	97	12	13	11	10/01/2015	05/09/2015	N
6	Pass	93	11	12	13	09/25/2015	05/09/2015	N
7	Pass	99	12	12	11	09/22/2015	05/09/2015	Y
8	Pass	97	12	12	11	09/10/2015	05/09/2015	Y
9	Pass	85	12	11	9	10/09/2015	12/14/1995	Y

National Statistics for All NAPLEX Candidates

Mean Scaled Score:	**88.24**
Standard Deviation:	**19.70**
Range:	**6 - 131**
Passing Rate (%):	**77.63**

National Statistics for First-Time NAPLEX Candidates

Mean Scaled Score:	**91.24**
Standard Deviation:	**18.71**
Range:	**7 - 131**
Passing Rate (%):	**81.90**

The following tables are scaled score frequency distributions for NAPLEX candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 6 National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 1981)

Test Window: September 1, 2015 - October 31, 2015

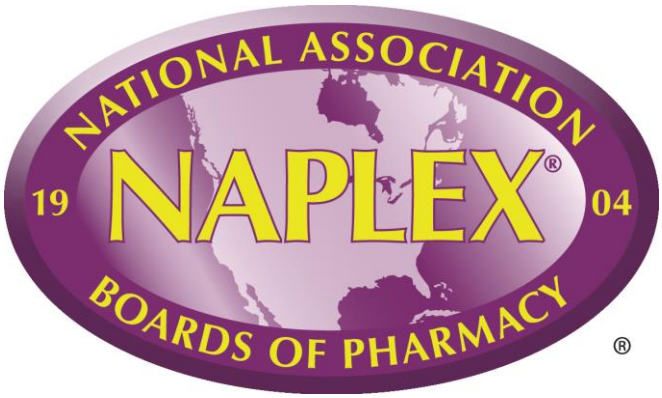
Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	1	0.1%
10 - 14	0	0.1%
15 - 19	0	0.1%
20 - 24	2	0.2%
25 - 29	1	0.2%
30 - 34	8	0.6%
35 - 39	12	1.2%
40 - 44	8	1.6%
45 - 49	27	3.0%
50 - 54	34	4.8%
55 - 59	41	6.9%
60 - 64	57	9.8%
65 - 69	107	15.3%
70 - 74	114	21.1%
75 - 79	151	28.9%
80 - 84	179	38.1%
85 - 89	201	48.4%
90 - 94	222	59.7%
95 - 99	212	70.6%
100 - 104	158	78.7%
105 - 109	154	86.6%
110 - 114	112	92.4%
115 - 119	78	96.4%
120 - 124	46	98.7%
125 - 129	24	99.9%
130 - 134	2	100.0%
135 - 139	0	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

Table 7 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 1280)

Test Window: September 1, 2015 - October 31, 2015

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	1	0.1%
10 - 14	0	0.1%
15 - 19	0	0.1%
20 - 24	2	0.2%
25 - 29	1	0.3%
30 - 34	5	0.7%
35 - 39	4	1.0%
40 - 44	5	1.4%
45 - 49	11	2.3%
50 - 54	22	4.0%
55 - 59	23	5.8%
60 - 64	30	8.2%
65 - 69	54	12.4%
70 - 74	68	17.8%
75 - 79	90	24.8%
80 - 84	101	32.8%
85 - 89	134	43.3%
90 - 94	139	54.2%
95 - 99	148	65.8%
100 - 104	111	74.5%
105 - 109	109	83.1%
110 - 114	94	90.5%
115 - 119	61	95.3%
120 - 124	38	98.3%
125 - 129	20	99.8%
130 - 134	2	100.0%
135 - 139	0	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%



North American Pharmacist Licensure Examination® (NAPLEX®) School Summary Report

University Louisiana Monroe

Test Window: November 1, 2015 - December 31, 2015

This NAPLEX score report consists of two levels of scores: aggregated school scores and individual candidate scores. Beginning November 1, 2015, individual (unidentified) scores are reported in the NAPLEX Roster excel file. Summary information is provided separately for first-time examinees from ACPE-accredited schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school, state, and national pass rate information as well as total score means and area score means for each of the two main NAPLEX content domains:

Area 1 - Ensure Safe and Effective Pharmacotherapy and Health Outcomes (67%)

Area 2 - Safe and Accurate Preparation, Compounding, Dispensing and Administration of Medications and Provision of Healthcare Products (33%)

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
School	-	-	-	-	-	-	-	-
State	3	33.33%	73.67	23.71	11.00	1.00	11.00	1.73
National	206	58.74%	81.00	20.17	11.66	1.29	11.55	1.48

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
School	3	100.00%	89.67	11.72	12.00	1.00	12.33	1.15
State	13	46.15%	73.62	16.74	11.08	0.95	11.00	1.35
National	724	46.27%	73.84	18.12	11.15	1.21	11.16	1.48

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	27	128
All Candidates	22	130
Scaled Score Range	0	150

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite score and area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into performances in each of the content area domains independent of one another.

There are a total of two area scores, one per main competency area. Area scores are reported on a scale of [6,18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the two content areas.

The following tables and graphs are scaled score frequency distributions for NAPLEX candidates. Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 4 & Graph 1 School Frequency Distribution of Scaled Scores

Based on First-Time Candidates N = 0

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	-
[5,9]	0	-
[10,14]	0	-
[15,19]	0	-
[20,24]	0	-
[25,29]	0	-
[30,34]	0	-
[35,39]	0	-
[40,44]	0	-
[45,49]	0	-
[50,54]	0	-
[55,59]	0	-
[60,64]	0	-
[65,69]	0	-
[70,74]	0	-
[75,79]	0	-
[80,84]	0	-
[85,89]	0	-
[90,94]	0	-
[95,99]	0	-
[100,104]	0	-
[105,109]	0	-
[110,114]	0	-
[115,119]	0	-
[120,124]	0	-
[125,129]	0	-
[130,134]	0	-
[135,139]	0	-
[140,144]	0	-
[145,150]	0	-

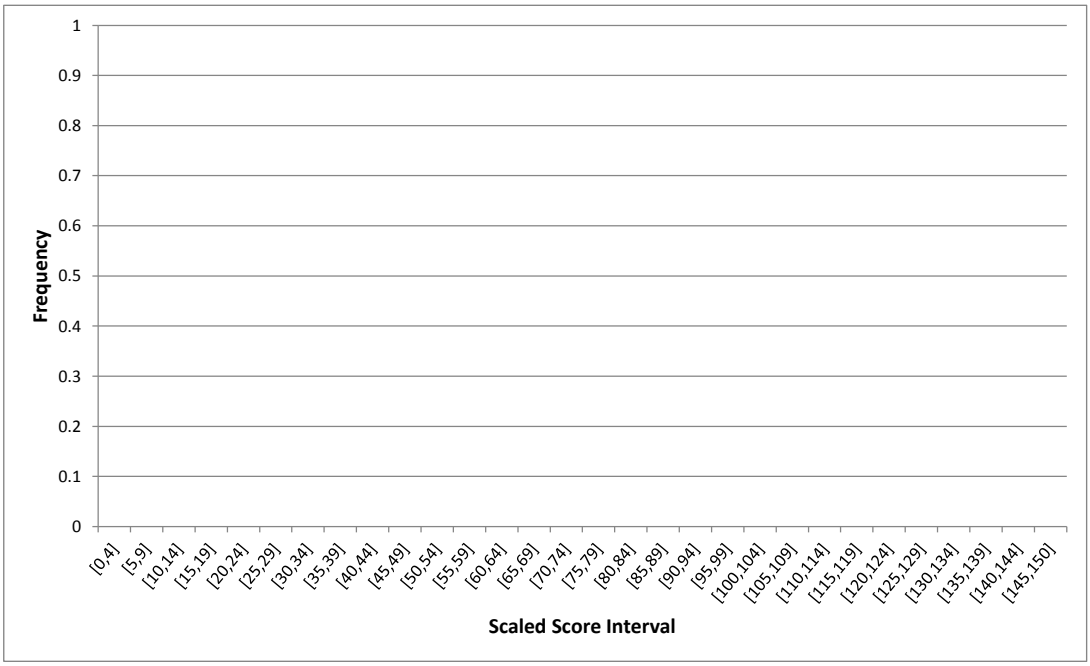
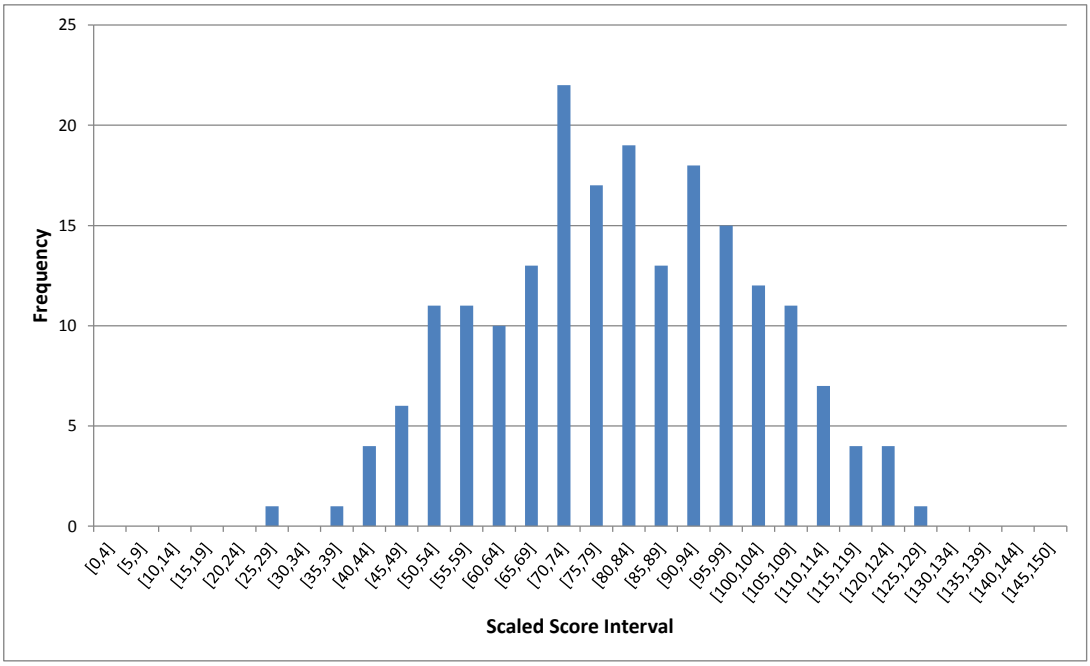


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 200

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	1	1%
[30,34]	0	1%
[35,39]	1	1%
[40,44]	4	3%
[45,49]	6	6%
[50,54]	11	12%
[55,59]	11	17%
[60,64]	10	22%
[65,69]	13	29%
[70,74]	22	40%
[75,79]	17	48%
[80,84]	19	58%
[85,89]	13	64%
[90,94]	18	73%
[95,99]	15	81%
[100,104]	12	87%
[105,109]	11	92%
[110,114]	7	96%
[115,119]	4	98%
[120,124]	4	100%
[125,129]	1	100%
[130,134]	0	100%
[135,139]	0	100%
[140,144]	0	100%
[145,150]	0	100%



North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2000			*2001*			*2002*			*2003*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	80	43	28	85	40	22	69	48	19	90	40
School Average Score:	77.60	87.99	81.67	76.50	93.14	85.15	76.00	93.23	86.98	79.42	94.46	84.33
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	83.69	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	60.00	77.50	62.79	57.14	85.88	82.50	54.55	79.71	85.42	68.42	90.00	75.00
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	1	77	23	10	74	29	8	63	40	8	83	26
School Average Score:	95.00	88.19	82.13	74.80	95.92	86.48	80.63	95.00	88.60	87.75	95.34	88.04
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	100.00	77.92	65.22	50.00	90.54	82.76	75.00	84.13	90.00	87.50	90.36	80.77
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2004			*2005*			*2006*			*2007*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	82	19	6	95	30	20	94	48	17	81	56
School Average Score:	76.40	98.99	91.68	83.00	98.92	73.07	72.15	106.20	92.81	74.18	109.07	86.77
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	70.00	96.34	84.21	83.33	86.32	56.67	50.00	82.98	77.08	52.94	83.95	64.29
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	79	10	3	90	19	5	87	31	3	68	46
School Average Score:	72.50	100.06	98.80	85.00	101.34	79.79	69.40	109.32	93.10	94.67	114.60	90.50
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	50.00	98.73	100.00	66.67	88.89	68.42	40.00	86.21	77.42	100.00	92.65	71.74
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2008			*2009*			*2010*			*2011*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	22	138	55	18	138	28	19	148	52	25	124	45
Mean Scaled Score - School	81.36	96.77	89.82	80.33	97.59	86.96	73.63	89.73	77.15	76.00	99.13	85.04
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	68.18	81.88	76.36	61.11	83.33	71.43	42.11	75.00	59.62	64.00	87.10	75.56
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	5	124	36	6	127	12	6	143	16	6	115	33
Mean Scaled Score - School	85.40	98.77	92.47	81.00	99.77	83.33	79.83	90.78	84.00	61.00	101.95	85.45
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	80.00	84.68	80.56	50.00	86.61	66.67	50.00	76.92	75.00	16.67	92.17	81.82
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2012			*2013*			*2014*			*2015*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
												S+O/N+D
TOTAL CANDIDATE GROUP												
No. of Candidates	13	120	21	10	136	43	18	138	27	15	141	22 / 9
Mean Scaled Score - School	76.69	95.13	83.24	68.67	95.13	81.47	70.72	96.29	80.41	72.13	96.03	86.73/59.78
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66	86.88	73.85	96.45	80.88	82.15	95.51	85.60/73.62
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78	87.03	80.22	101.71	89.22	83.84	100.46	88.25/73.84
School Pass Rate:	46.15	90.00	61.90	40.00	86.03	65.12	50.00	92.75	70.37	53.33	85.11	86.36/22.22
State Pass Rate:	68.75	93.82	76.19	55.56	92.95	81.82	53.85	90.75	70.59	69.23	88.24	76.00/46.15
National Pass Rate:	68.33	95.21	77.86	61.07	94.65	75.91	63.24	93.86	79.77	67.06	92.29	77.64/46.27
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	111	12	1	131	29	3	131	18	4	137	10 / 1
Mean Scaled Score - School	84.67	97.71	95.58	47.00	96.65	82.76	61.00	97.15	82.33	84.75	97.31	89.60/27.00
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30	88.33	85.00	96.96	83.84	77.00	96.08	86.50/73.67
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02	92.69	90.89	102.80	93.94	94.01	101.53	91.24/81.00
School Pass Rate:	66.67	93.69	91.67	0.00	89.31	68.97	66.67	93.89	72.22	75.00	87.59	80.00 / 0
State Pass Rate:	75.00	95.35	72.73	75.00	94.08	83.33	100.00	92.12	73.68	33.33	89.34	75.00/33.33
National Pass Rate:	87.69	97.19	90.14	85.14	96.57	84.46	83.15	95.61	85.36	84.96	93.86	81.88/58.74

North American Pharmacist Licensure Examination® (NAPLEX) ®
School Summary Report

Test Window: September 1, 2015 - October 31, 2015

School Name: Xavier University of Louisiana

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

Area 1 - Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
Area 2 - Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
Area 3 - Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	10	80.00	89.60	23.13	11.90	1.85	11.60	1.07	11.20	0.63
State	12	75.00	86.50	23.62	11.42	1.73	11.58	1.38	11.25	0.62
National	1280	81.88	91.24	18.71	11.87	1.27	11.68	1.43	12.11	1.82

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	22	86.36	86.73	18.42	11.64	1.47	11.18	1.05	11.36	1.09
State	25	76.00	85.60	18.76	11.44	1.29	11.36	1.32	11.36	1.22
National	1981	77.64	88.25	19.68	11.66	1.30	11.55	1.44	11.82	1.84

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2014). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

Reference Table 3 NAPLEX
Mean Area Score Summary (2014) by Quartiles

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.75	12.67	11.89	10.76
Mean Area 2 Scaled Score	13.80	12.74	11.97	10.80
Mean Area 3 Scaled Score	13.89	12.92	12.20	11.12
Mean Overall Scaled Score	118.80	106.64	95.26	74.28
Scaled Score Range	[112, 138]	[101, 112]	[88, 101]	[5, 88]
# Examinees per bin	3,968	3,968	3,968	3,968

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Reference Table 4 NAPLEX
Mean Area Score Summary (2014) by Pass/Fail Status

	Pass	Fail
Mean Area 1 Scaled Score	12.49	10.13
Mean Area 2 Scaled Score	12.55	10.19
Mean Area 3 Scaled Score	12.75	10.48
Mean Overall Scaled Score	102.71	61.55
Scaled Score Range	[75, 138]	[5, 74]
# Examinees per bin	14,343	1,529

Table 5 Candidate Summary Report

Test Window: September 1, 2015 - October 31, 2015

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	96	12	12	10	10/30/2015	06/27/2015	Y
2	Pass	84	12	10	10	10/29/2015	05/09/2015	N
3	Pass	108	13	13	12	10/29/2015	05/09/2015	N
4	Pass	81	11	10	14	10/29/2015	05/09/2015	N
5	Pass	89	11	12	12	10/26/2015	05/09/2015	N
6	Pass	86	12	10	11	10/19/2015	05/09/2015	N
7	Fail	72	10	12	11	10/09/2015	05/09/2015	Y
8	Pass	105	13	12	11	10/05/2015	05/09/2015	Y
9	Pass	107	13	13	11	09/29/2015	05/09/2015	Y
10	Pass	84	11	11	14	09/24/2015	05/09/2015	N
11	Pass	107	14	12	11	09/23/2015	05/09/2015	Y
12	Pass	114	14	12	12	09/22/2015	05/09/2015	Y
13	Pass	83	11	12	12	09/16/2015	05/09/2015	Y
14	Pass	89	12	11	11	09/11/2015	05/09/2015	Y
15	Pass	88	12	11	12	09/10/2015	05/09/2015	Y
16	Fail	35	8	9	11	09/03/2015	05/09/2015	Y
17	Pass	94	12	11	12	10/29/2015	03/09/2015	N
18	Pass	81	11	11	11	10/07/2015	05/10/2014	N
19	Pass	97	13	10	11	09/21/2015	05/10/2014	N
20	Pass	79	11	11	11	10/09/2015	05/11/2013	N
21	Pass	80	11	11	10	10/19/2015	05/07/2011	N
22	Fail	49	9	10	10	09/26/2015	05/08/2008	N

National Statistics for All NAPLEX Candidates

Mean Scaled Score:	**88.24**
Standard Deviation:	**19.70**
Range:	**6 - 131**
Passing Rate (%):	**77.63**

National Statistics for First-Time NAPLEX Candidates

Mean Scaled Score:	**91.24**
Standard Deviation:	**18.71**
Range:	**7 - 131**
Passing Rate (%):	**81.90**

The following tables are scaled score frequency distributions for NAPLEX candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 6 National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 1981)

Test Window: September 1, 2015 - October 31, 2015

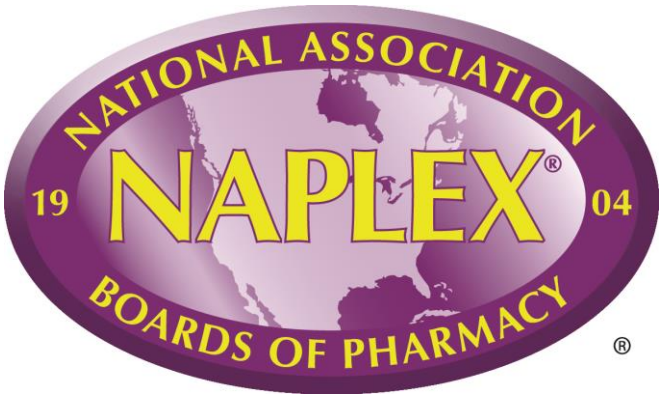
Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	1	0.1%
10 - 14	0	0.1%
15 - 19	0	0.1%
20 - 24	2	0.2%
25 - 29	1	0.2%
30 - 34	8	0.6%
35 - 39	12	1.2%
40 - 44	8	1.6%
45 - 49	27	3.0%
50 - 54	34	4.8%
55 - 59	41	6.9%
60 - 64	57	9.8%
65 - 69	107	15.3%
70 - 74	114	21.1%
75 - 79	151	28.9%
80 - 84	179	38.1%
85 - 89	201	48.4%
90 - 94	222	59.7%
95 - 99	212	70.6%
100 - 104	158	78.7%
105 - 109	154	86.6%
110 - 114	112	92.4%
115 - 119	78	96.4%
120 - 124	46	98.7%
125 - 129	24	99.9%
130 - 134	2	100.0%
135 - 139	0	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

Table 7 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 1280)

Test Window: September 1, 2015 - October 31, 2015

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	1	0.1%
10 - 14	0	0.1%
15 - 19	0	0.1%
20 - 24	2	0.2%
25 - 29	1	0.3%
30 - 34	5	0.7%
35 - 39	4	1.0%
40 - 44	5	1.4%
45 - 49	11	2.3%
50 - 54	22	4.0%
55 - 59	23	5.8%
60 - 64	30	8.2%
65 - 69	54	12.4%
70 - 74	68	17.8%
75 - 79	90	24.8%
80 - 84	101	32.8%
85 - 89	134	43.3%
90 - 94	139	54.2%
95 - 99	148	65.8%
100 - 104	111	74.5%
105 - 109	109	83.1%
110 - 114	94	90.5%
115 - 119	61	95.3%
120 - 124	38	98.3%
125 - 129	20	99.8%
130 - 134	2	100.0%
135 - 139	0	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%



North American Pharmacist Licensure Examination® (NAPLEX®) School Summary Report

Xavier University of Louisiana

Test Window: November 1, 2015 - December 31, 2015

This NAPLEX score report consists of two levels of scores: aggregated school scores and individual candidate scores. Beginning November 1, 2015, individual (unidentified) scores are reported in the NAPLEX Roster excel file. Summary information is provided separately for first-time examinees from ACPE-accredited schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school, state, and national pass rate information as well as total score means and area score means for each of the two main NAPLEX content domains:

Area 1 - Ensure Safe and Effective Pharmacotherapy and Health Outcomes (67%)

Area 2 - Safe and Accurate Preparation, Compounding, Dispensing and Administration of Medications and Provision of Healthcare Products (33%)

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
School	1	0.00%	27.00	-	10.00	-	9.00	-
State	3	33.33%	73.67	23.71	11.00	1.00	11.00	1.73
National	206	58.74%	81.00	20.17	11.66	1.29	11.55	1.48

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
School	9	22.22%	59.78	19.74	10.44	1.13	10.22	1.30
State	13	46.15%	73.62	16.74	11.08	0.95	11.00	1.35
National	724	46.27%	73.84	18.12	11.15	1.21	11.16	1.48

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	27	128
All Candidates	22	130
Scaled Score Range	0	150

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite score and area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into performances in each of the content area domains independent of one another.

There are a total of two area scores, one per main competency area. Area scores are reported on a scale of [6,18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the two content areas.

The following tables and graphs are scaled score frequency distributions for NAPLEX candidates. Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 4 & Graph 1 School Frequency Distribution of Scaled Scores

Based on First-Time Candidates N = 1

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	1	100%
[30,34]	0	100%
[35,39]	0	100%
[40,44]	0	100%
[45,49]	0	100%
[50,54]	0	100%
[55,59]	0	100%
[60,64]	0	100%
[65,69]	0	100%
[70,74]	0	100%
[75,79]	0	100%
[80,84]	0	100%
[85,89]	0	100%
[90,94]	0	100%
[95,99]	0	100%
[100,104]	0	100%
[105,109]	0	100%
[110,114]	0	100%
[115,119]	0	100%
[120,124]	0	100%
[125,129]	0	100%
[130,134]	0	100%
[135,139]	0	100%
[140,144]	0	100%
[145,150]	0	100%

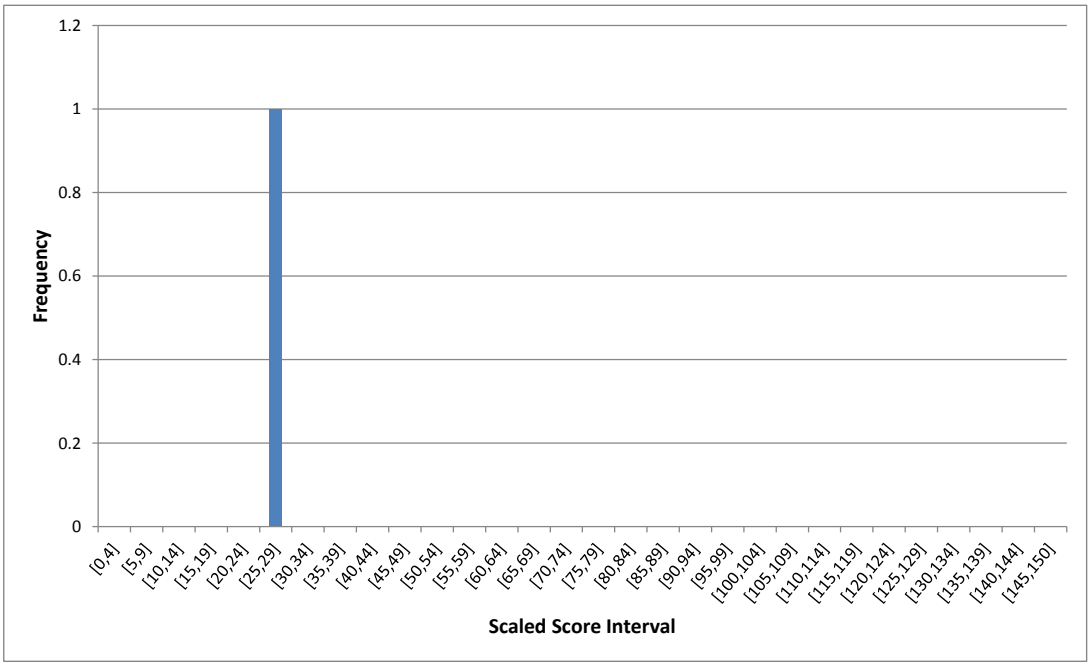
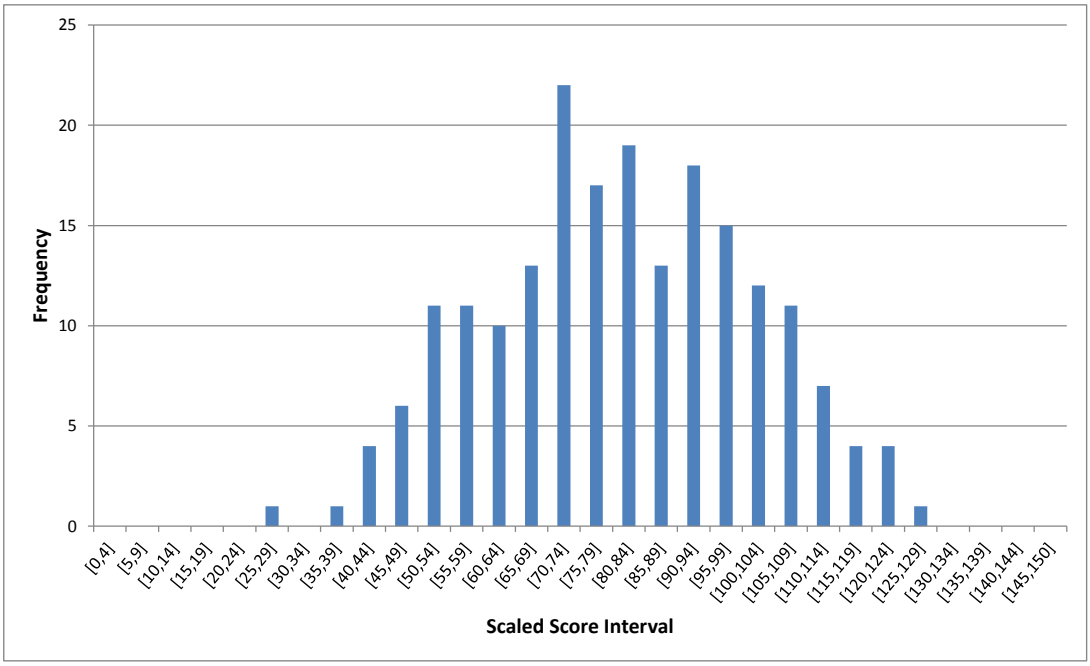


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs N = 200

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	1	1%
[30,34]	0	1%
[35,39]	1	1%
[40,44]	4	3%
[45,49]	6	6%
[50,54]	11	12%
[55,59]	11	17%
[60,64]	10	22%
[65,69]	13	29%
[70,74]	22	40%
[75,79]	17	48%
[80,84]	19	58%
[85,89]	13	64%
[90,94]	18	73%
[95,99]	15	81%
[100,104]	12	87%
[105,109]	11	92%
[110,114]	7	96%
[115,119]	4	98%
[120,124]	4	100%
[125,129]	1	100%
[130,134]	0	100%
[135,139]	0	100%
[140,144]	0	100%
[145,150]	0	100%



North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2000			*2001*			*2002*			*2003*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	80	43	28	85	40	22	69	48	19	90	40
School Average Score:	77.60	87.99	81.67	76.50	93.14	85.15	76.00	93.23	86.98	79.42	94.46	84.33
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	83.69	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	60.00	77.50	62.79	57.14	85.88	82.50	54.55	79.71	85.42	68.42	90.00	75.00
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	1	77	23	10	74	29	8	63	40	8	83	26
School Average Score:	95.00	88.19	82.13	74.80	95.92	86.48	80.63	95.00	88.60	87.75	95.34	88.04
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	100.00	77.92	65.22	50.00	90.54	82.76	75.00	84.13	90.00	87.50	90.36	80.77
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2004			*2005*			*2006*			*2007*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	82	19	6	95	30	20	94	48	17	81	56
School Average Score:	76.40	98.99	91.68	83.00	98.92	73.07	72.15	106.20	92.81	74.18	109.07	86.77
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	70.00	96.34	84.21	83.33	86.32	56.67	50.00	82.98	77.08	52.94	83.95	64.29
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	79	10	3	90	19	5	87	31	3	68	46
School Average Score:	72.50	100.06	98.80	85.00	101.34	79.79	69.40	109.32	93.10	94.67	114.60	90.50
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	50.00	98.73	100.00	66.67	88.89	68.42	40.00	86.21	77.42	100.00	92.65	71.74
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2008			*2009*			*2010*			*2011*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	22	138	55	18	138	28	19	148	52	25	124	45
Mean Scaled Score - School	81.36	96.77	89.82	80.33	97.59	86.96	73.63	89.73	77.15	76.00	99.13	85.04
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	68.18	81.88	76.36	61.11	83.33	71.43	42.11	75.00	59.62	64.00	87.10	75.56
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	5	124	36	6	127	12	6	143	16	6	115	33
Mean Scaled Score - School	85.40	98.77	92.47	81.00	99.77	83.33	79.83	90.78	84.00	61.00	101.95	85.45
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	80.00	84.68	80.56	50.00	86.61	66.67	50.00	76.92	75.00	16.67	92.17	81.82
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2012			*2013*			*2014*			*2015*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
												S+O/N+D
TOTAL CANDIDATE GROUP												
No. of Candidates	13	120	21	10	136	43	18	138	27	15	141	22 / 9
Mean Scaled Score - School	76.69	95.13	83.24	68.67	95.13	81.47	70.72	96.29	80.41	72.13	96.03	86.73/59.78
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66	86.88	73.85	96.45	80.88	82.15	95.51	85.60/73.62
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78	87.03	80.22	101.71	89.22	83.84	100.46	88.25/73.84
School Pass Rate:	46.15	90.00	61.90	40.00	86.03	65.12	50.00	92.75	70.37	53.33	85.11	86.36/22.22
State Pass Rate:	68.75	93.82	76.19	55.56	92.95	81.82	53.85	90.75	70.59	69.23	88.24	76.00/46.15
National Pass Rate:	68.33	95.21	77.86	61.07	94.65	75.91	63.24	93.86	79.77	67.06	92.29	77.64/46.27
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	111	12	1	131	29	3	131	18	4	137	10 / 1
Mean Scaled Score - School	84.67	97.71	95.58	47.00	96.65	82.76	61.00	97.15	82.33	84.75	97.31	89.60/27.00
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30	88.33	85.00	96.96	83.84	77.00	96.08	86.50/73.67
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02	92.69	90.89	102.80	93.94	94.01	101.53	91.24/81.00
School Pass Rate:	66.67	93.69	91.67	0.00	89.31	68.97	66.67	93.89	72.22	75.00	87.59	80.00 / 0
State Pass Rate:	75.00	95.35	72.73	75.00	94.08	83.33	100.00	92.12	73.68	33.33	89.34	75.00/33.33
National Pass Rate:	87.69	97.19	90.14	85.14	96.57	84.46	83.15	95.61	85.36	84.96	93.86	81.88/58.74

Louisiana Board of Pharmacy

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Pharmacy Technician Certification Examination (PTCE™)

July 1 – December 31, 2015

Cumulative Record (since January 2000)

February 24, 2016

Pharmacy Technician Certification Examination (PTCE™)

This computer adaptive competency assessment is administered by the Pharmacy Technician Certification Board (PTCB). The examination blueprint is designed to assess the applicant's competency in basic pharmacy practice and is recognized by pharmacy regulatory authorities in most of the states and territories within the USA. The examination is administered via an open window process; applicants may schedule the examination at a designated testing center at any time following approval by PTCB and receipt of an Authorization to Test (ATT) document from PTCB. Individual scores are available to applicants immediately after the test; certificates are mailed to the applicant within 30 days following the examination. Summary reports are provided to the state boards on a semi-annual basis.

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Cumulative Report (since January 2000) 03

Louisiana Board of Pharmacy

Pharmacy Technician Certification Board (PTCB) Examination

National Data	1995-1999 Data	3/25/2000	7/22/2000	11/18/2000	3/10/2001	7/14/2001	11/10/2001	3/16/2002	7/27/2002	11/16/2002
No. of Candidates Attempting	58,382	8,101	12,317	12,941	8,442	12,057	10,608	8,874	13,399	11,521
No. of Candidates Passing	47,973	6,206	10,006	9,520	6,116	9,799	8,354	7,072	10,681	9,164
Passing Score										
Average Score										
Pass Rate	82%	77%	81%	74%	72%	81%	79%	80%	80%	80%
Louisiana Data										
No. of Candidates Attempting	514	141	346	327	187	310	324	269	383	308
No. of Candidates Passing	390	92	271	221	125	227	228	184	269	213
Average Score										
Pass Rate	76%	65%	78%	68%	67%	73%	70%	68%	70%	69%

National Data	2000-2002 Data	3/29/2003	7/26/2003	11/15/2003	3/20/2004	7/17/2004	11/13/2004	3/19/2005	7/23/2005	11/19/2005
No. of Candidates Attempting	98,260	12,147	14,162	13,401	11,508	15,942	13,795	13,673	18,250	14,068
No. of Candidates Passing	76,918	9,506	11,720	11,006	9,100	12,196	10,818	11,009	14,246	10,583
Passing Score										650
Average Score										702
Pass Rate	78%	78%	83%	82%	79%	77%	78%	81%	78%	75%
Louisiana Data										
No. of Candidates Attempting	2,595	385	384	351	285	382	290	337	488	216
No. of Candidates Passing	1,830	294	286	271	211	281	214	274	351	167
Average Score										688
Pass Rate	71%	76%	74%	77%	74%	74%	74%	81%	72%	77%

Louisiana Board of Pharmacy

Pharmacy Technician Certification Board (PTCB) Examination

National Data	2000-2005 Data	3/11/2006	7/22/2006	9/9/2006	11/18/2006	2000-2006 Data	2/5/2007 3/9/2007	4/24/2007 5/25/2007	8/27/2007 9/28/2007	11/26/2007 12/31/2007
No. of Candidates Attempting	225,206	12,383	18,992	3,029	15,285	274,895	8,768	10,730	14,666	10,881
No. of Candidates Passing	177,102	8,559	12,609	2,006	9,145	209,421	6,034	7,487	10,497	7,472
Passing Score		650	650	650	650	650	650	650	650	650
Average Score		688	683	683	668					
Pass Rate	79%	69%	66%	66%	60%	76%	69%	70%	72%	69%
Louisiana Data										
No. of Candidates Attempting	5,713	288	420	59	312	6,792	216	306	266	207
No. of Candidates Passing	4,179	181	239	37	137	4,773	133	196	177	121
Average Score		673	664	685	641					
Pass Rate	73%	63%	57%	63%	44%	70%	62%	64%	67%	58%

National Data	2000-2007 Data	2/4/2008 3/14/2008	4/28/2008 6/20/2008	8/18/2008 10/10/2008	11/10/2008 12/19/2008	2000-2008 Data	1/1/2009 3/31/2009	4/1/2009 6/30/2009	7/1/2009 9/30/2009	10/1/2009 12/31/2009
No. of Candidates Attempting	319,940	7,547	14,291	16,385	11,792	369,955	13,087	8,424	13,735	10,674
No. of Candidates Passing	240,911	5,165	10,155	11,781	7,770	275,782	9,141	6,363	10,067	7,682
Passing Score	650	650	650	650	650	650	650	650	650	650
Average Score										
Pass Rate	75%	68%	72%	72%	66%	75%	70%	76%	73%	72%
Louisiana Data										
No. of Candidates Attempting	7,787	128	392	304	215	8,826	301	260	238	218
No. of Candidates Passing	5,400	72	233	182	118	6,005	184	196	166	137
Average Score										
Pass Rate	69%	56%	59%	60%	55%	68%	61%	75%	70%	63%

Louisiana Board of Pharmacy

Pharmacy Technician Certification Board (PTCB) Examination

National Data	2000-2009 Data	1/1/2010 3/31/2010	4/1/2010 6/30/2010	7/1/2010 9/30/2010	10/1/2010 12/31/2010	2000-2010 Data	1/1/2011 3/31/2011	4/1/2011 6/30/2011	7/1/2011 9/30/2011	10/1/2011 12/31/2011
No. of Candidates Attempting	415,875	11,611	15,033	16,025	12,774	471,318	11,219	14,026	12,356	14,031
No. of Candidates Passing	309,035	8,521	11,216	12,349	9,275	350,396	8,366	10,472	9,565	10,826
Passing Score	650	650	650	650	650	650	650	650	650	650
Average Score										
Pass Rate	74%	73%	75%	77%	73%	74%	75%	75%	77%	77%
Louisiana Data										
No. of Candidates Attempting	9,843	217	421	320	268	11,069	247	437	268	257
No. of Candidates Passing	6,688	121	287	219	166	7,481	161	306	182	168
Average Score										
Pass Rate	68%	56%	68%	68%	62%	68%	65%	70%	68%	65%

National Data	2000-2011 Data	1/1/2012 3/31/2012	4/1/2012 6/30/2012	7/1/2012 9/30/2012	10/1/2012 12/31/2012	2000-2012 Data	Changed to semi-annual reports 1/1/2013 to 6/30/2013	7/1/2013 to 12/31/2013
No. of Candidates Attempting	522,950	11,851	14,356	14,375	11,180	574,712	25,448	28,797
No. of Candidates Passing	389,625	9,232	11,044	10,982	8,471	429,354	19,581	21,745
Passing Score	650	650	650	650	650	650	650	650
Average Score								
Pass Rate	75%	78%	77%	76%	76%	75%	77%	76%
Louisiana Data								
No. of Candidates Attempting	12,278	246	368	329	239	13,460	622	537
No. of Candidates Passing	8,298	158	269	226	168	9,119	412	351
Average Score								
Pass Rate	68%	64%	73%	69%	70%	68%	66%	65%

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Pharmacy Technician Certification Board (PTCB) Examination

National Data	2000-2013 Data	1/1/2014 to 6/30/2014	7/1/2014 to 12/31/2014	2000-2014 Data	1/1/2015 to 06/30/2015	7/1/2015 to 12/31/2015
No. of Candidates Attempting	628,957	26,423	27,085	682,465	22,197	36,167
No. of Candidates Passing	470,680	15,233	15,125	501,038	13,280	21,643
Passing Score	650	650	650	650	650	650
Average Score						
Pass Rate	75%	58%	56%	73%	60%	60%
Louisiana Data						
No. of Candidates Attempting	11,002	630	568	12,200	480	632
No. of Candidates Passing	7,451	287	265	8,003	255	304
Average Score						
Pass Rate	68%	46%	47%	66%	53%	48%

National Data	2000-2015 Data	1/1/2016 to 6/30/2016	7/1/2016 to 12/31/2016	2000-2016 Data	1/1/2017 to 6/30/2017	7/1/20147 to 12/31/2017
No. of Candidates Attempting	740,829					
No. of Candidates Passing	535,961					
Passing Score	650					
Average Score						
Pass Rate	72%					
Louisiana Data						
No. of Candidates Attempting	13,314					
No. of Candidates Passing	8,562					
Average Score						
Pass Rate	64%					

Louisiana Board of Pharmacy

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Initial Legislative Report

2016-0220 @ 1800

Regular Session of the 2016 Louisiana Legislature
Convenes 2016-0314 @ 1200 – Adjourns 2016-0606 @ 1800

Last Items Reviewed

HB	130	HR	0	HCR	0	HSR	0	HCSR	0		
SB	20	SR	0	SCR	0	SSR	0	SCSR	0	Acts	0

Total = 150 Items on Watch List = 2

House of Representatives

Bills

HB 74 Richard Appropriations
Provides for a 15% reduction of all state professional, personal, and consulting service contracts.
02-08-2016 Prefiled and referred to committee.

This measure could have an adverse impact on the contracts we have to operate our programs and services. We will monitor its progress.

HB 81 Broadwater House & Governmental Affairs
Requires public bodies to provide certain information concerning the custodian of records publicly available.
02-10-2016 Prefiled and referred to committee

This appears to be duplicative from a previous year. In any event, we have a link to this information on the home page of our website.

Resolutions

Concurrent Resolutions

Study Resolutions

Concurrent Study Resolutions

Senate

Bills

Resolutions

Concurrent Resolutions

Study Resolutions

Concurrent Study Resolutions

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12. Immerse the pH sensor in the verification buffer at a temperature within the range of *Table 2*.
13. If automatic temperature measurement and compensation are not included in the measuring system, manually enter the temperature of the buffer and pH value of the buffer solution at that temperature into the instrument.
14. The pH reading shall be within ±0.05 pH of the value in *Table 2* at the buffer solution temperature.

Change to read:

OPERATION

All test samples should be prepared using *Purified Water*, unless otherwise specified in the monograph. All test measurements should use manual or automated Nernst temperature compensation.

1. Prepare the test material according to requirements in the monograph or according to specific procedures. If the pH of the test sample is sensitive to ambient carbon dioxide, then use *Purified Water* that has been recently boiled, and subsequently stored in a container designed to minimize ingress of carbon dioxide.
2. Rinse the pH sensor with water, then with a few portions of the test material.
3. Immerse the pH sensor into the test material and ▪record▪1S (USP39) the pH value and temperature.

In all pH measurements, allow sufficient time for stabilization of the temperature and pH measurement.

Diagnostic functions such as glass or reference electrode resistance measurement may be available to determine equipment deficiencies. Refer to the electrode supplier for diagnostic tools to assure proper electrode function.

Where approximate pH values suffice, indicators and test papers (see Indicators and Indicator and Test Papers) may be suitable.

For a discussion of buffers, and for the composition of standard buffer solutions called for in compendial tests and assays, see Buffer Solutions in the section *Solutions*. This referenced section is not intended to replace the use of the pH calibration buffers in *Table 2*.

Add the following:

▪⟨800⟩ HAZARDOUS DRUGS—HANDLING IN HEALTHCARE SETTINGS

(Chapter to become official July 1, 2018.)

1. INTRODUCTION AND SCOPE

This chapter describes practice and quality standards for handling hazardous drugs (HDs) to promote patient safety, worker safety, and environmental protection. Handling HDs includes, but is not limited to, the receipt, storage, compounding, dispensing, administration, and disposal of sterile and nonsterile products and preparations.

This chapter applies to all healthcare personnel who handle HD preparations and all entities that store, prepare, transport, or administer HDs (e.g., pharmacies, hospitals and other healthcare institutions, patient treatment clinics, physicians' practice facilities, or veterinarians' offices). Personnel who may potentially be exposed to HDs include, but are not limited to: pharmacists, pharmacy technicians, nurses, physicians, physician assistants, home healthcare workers, veterinarians, and veterinary technicians.

Entities that handle HDs must incorporate the standards in this chapter into their occupational safety plan. The entity's health and safety management system must, at a minimum, include:

- A list of HDs
- Facility and engineering controls
- Competent personnel
- Safe work practices
- Proper use of appropriate Personal Protective Equipment (PPE)
- Policies for HD waste segregation and disposal

The chapter is organized into the following main sections:

1. Introduction and Scope
2. List of Hazardous Drugs
3. Types of Exposure
4. Responsibilities of Personnel Handling Hazardous Drugs
5. Facilities and Engineering Controls
6. Environmental Quality and Control
7. Personal Protective Equipment
8. Hazard Communication Program

9. Personnel Training
10. Receiving
11. Labeling, Packaging, Transport, and Disposal
12. Dispensing Final Dosage Forms
13. Compounding
14. Administering
15. Deactivating, Decontaminating, Cleaning, and Disinfecting
16. Spill Control
17. Documentation and Standard Operating Procedures
18. Medical Surveillance
Glossary
Appendices
Appendix 1: Acronyms
Appendix 2: Examples of Designs for Hazardous Drug Compounding Areas
Appendix 3: Types of Biological Safety Cabinets
References

2. LIST OF HAZARDOUS DRUGS

The National Institute for Occupational Safety and Health (NIOSH) maintains a list of antineoplastic and other HDs used in healthcare. An entity must maintain a list of HDs, which must include any items on the current NIOSH list that the entity handles. The entity's list must be reviewed at least every 12 months. Whenever a new agent or dosage form is used, it should be reviewed against the entity's list.

The NIOSH list of antineoplastic and other HDs provides the criteria used to identify HDs. These criteria must be used to identify HDs that enter the market after the most recent version of the NIOSH list, or that the entity handles as an investigational drug. If the information available on a drug is deemed insufficient to make an informed decision, consider the drug hazardous until more information is available.

Box 1: Containment Requirements

- Drugs on the NIOSH list that must follow the requirements in this chapter include:
  - — Any HD API
  - — Any antineoplastic requiring HD manipulation
- Drugs on the NIOSH list that do not have to follow all the containment requirements of this chapter if an assessment of risk is performed and implemented include:
  - — Final dosage forms of compounded HD preparations and conventionally manufactured HD products, including antineoplastic dosage forms that do not require any further manipulation other than counting or repackaging (unless required by the manufacturer)
- For dosage forms of other HDs on the NIOSH list, the entity may perform an assessment of risk to determine alternative containment strategies and/work practices

Some dosage forms of drugs defined as hazardous may not pose a significant risk of direct occupational exposure because of their dosage formulation (e.g., tablets or capsules—solid, intact medications that are administered to patients without modifying the formulation). However, dust from tablets and capsules may present a risk of exposure by skin contact and/or inhalation. An assessment of risk may be performed for these dosage forms to determine alternative containment strategies and/or work practices. If an assessment of risk is not performed, all HDs must be handled with all containment strategies defined in this chapter.

The assessment of risk must, at a minimum, consider the following:

- Type of HD (e.g., antineoplastic, non-antineoplastic, reproductive risk only)
- Dosage form
- Risk of exposure
- Packaging
- Manipulation

If an assessment of risk approach is taken, the entity must document what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. If used, the assessment of risk must be reviewed at least every 12 months and the review documented.

3. TYPES OF EXPOSURE

Routes of unintentional entry of HDs into the body include dermal and mucosal absorption, inhalation, injection, and ingestion (e.g., contaminated foodstuffs, spills, or mouth contact with contaminated hands). Containers of HDs have been shown to be contaminated upon receipt. Both clinical and nonclinical personnel may be exposed to HDs when they handle HDs or touch contaminated surfaces. *Table 1* lists examples of potential routes of exposure based on activity.

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Table 1. Examples of Potential Opportunities of Exposure Based on Activity

Activity	Potential Opportunity of Exposure
Receipt	• Contacting HD residues present on drug containers, individual dosage units, outer containers, work surfaces, or floors
Dispensing	• Counting or repackaging tablets and capsules
Compounding and other manipulations	• Crushing or splitting tablets or opening capsules • Pouring oral or topical liquids from one container to another • Weighing or mixing components • Constituting or reconstituting powdered or lyophilized HDs • Withdrawing or diluting injectable HDs from parenteral containers • Expelling air or HDs from syringes • Contacting HD residue present on PPE or other garments • Deactivating, decontaminating, cleaning, and disinfecting areas contaminated with or suspected to be contaminated with HDs • Maintenance activities for potentially contaminated equipment and devices
Administration	• Generating aerosols during administration of HDs by various routes (e.g., injection, irrigation, oral, inhalation, or topical application) • Performing certain specialized procedures (e.g., intraoperative intraperitoneal injection or bladder instillation) • Priming an IV administration set
Patient-care activities	• Handling body fluids (e.g., urine, feces, sweat, or vomit) or body-fluid-contaminated clothing, dressings, linens, and other materials
Spills	• Spill generation, management, and disposal
Transport	• Moving HDs within a healthcare setting
Waste	• Collection and disposal of hazardous waste and trace contaminated waste

4. RESPONSIBILITIES OF PERSONNEL HANDLING HAZARDOUS DRUGS

Each entity must have a designated person who is qualified and trained to be responsible for developing and implementing appropriate procedures; overseeing entity compliance with this chapter and other applicable laws, regulations, and standards; ensuring competency of personnel; and ensuring environmental control of the storage and compounding areas. The designated person must thoroughly understand the rationale for risk-prevention policies, risks to themselves and others, risks of noncompliance that may compromise safety, and the responsibility to report potentially hazardous situations to the management team. The designated person must also be responsible for the oversight of monitoring the facility and maintaining reports of testing/sampling performed in facilities, and acting on the results.

All personnel who handle HDs are responsible for understanding the fundamental practices and precautions and for continually evaluating these procedures and the quality of final HDs to prevent harm to patients, minimize exposure to personnel, and minimize contamination of the work and patient-care environment.

5. FACILITIES AND ENGINEERING CONTROLS

HDs must be handled under conditions that promote patient safety, worker safety, and environmental protection. Signs designating the hazard must be prominently displayed before the entrance to the HD handling areas. Access to areas where HDs are handled must be restricted to authorized personnel to protect persons not involved in HD handling. HD handling areas must be located away from breakrooms and refreshment areas for personnel, patients, or visitors to reduce risk of exposure.

Designated areas must be available for:

- Receipt and unpacking
- Storage of HDs
- Nonsterile HD compounding (if performed by the entity)
- Sterile HD compounding (if performed by the entity)

Certain areas are required to have negative pressure from surrounding areas to contain HDs and minimize risk of exposure. Consideration should be given to uninterrupted power sources (UPS) for the ventilation systems to maintain negative pressure in the event of power loss.

5.1 Receipt

Antineoplastic HDs and all HD APIs must be unpacked (i.e., removal from external shipping containers) in an area that is neutral/normal or negative pressure relative to the surrounding areas. HDs must not be unpacked from their external shipping containers in sterile compounding areas or in positive pressure areas.

5.2 Storage

HDs must be stored in a manner that prevents spillage or breakage if the container falls. Do not store HDs on the floor. In areas prone to specific types of natural disasters (e.g., earthquakes) the manner of storage must meet applicable safety precautions, such as secure shelves with raised front lips.

Antineoplastic HDs requiring manipulation other than counting or repackaging of final dosage forms and any HD API must be stored separately from non-HDs in a manner that prevents contamination and personnel exposure. These HDs must be stored in an externally ventilated, negative-pressure room with at least 12 air changes per hour (ACPH). Non-antineoplastic, reproductive risk only, and final dosage forms of antineoplastic HDs may be stored with other inventory if permitted by entity policy.

Sterile and nonsterile HDs may be stored together, but HDs used for nonsterile compounding should not be stored in areas designated for sterile compounding to minimize traffic into the sterile compounding area.

Refrigerated antineoplastic HDs must be stored in a dedicated refrigerator in a negative pressure area with at least 12 ACPH [e.g., storage room, buffer room, or containment segregated compounding area (C-SCA)]. If a refrigerator is placed in a negative pressure buffer room, an exhaust located adjacent to the refrigerator's compressor and behind the refrigerator should be considered.

5.3 Compounding

Engineering controls are required to protect the preparation from cross-contamination and microbial contamination (if preparation is intended to be sterile) during all phases of the compounding process. Engineering controls for containment are divided into three categories representing primary, secondary, and supplementary levels of control. A containment primary engineering control (C-PEC) is a ventilated device designed to minimize worker and environmental HD exposure when directly handling HDs. The containment secondary engineering control (C-SEC) is the room in which the C-PEC is placed. Supplemental engineering controls [e.g., closed-system drug-transfer device (CSTD)] are adjunct controls to offer additional levels of protection. *Appendix 2* provides examples for designs of HD compounding areas.

Sterile and nonsterile HDs must be compounded within a C-PEC located in a C-SEC. The C-SEC used for sterile and nonsterile compounding must:

- Be externally vented through high-efficiency particulate air (HEPA) filtration
- Be physically separated (i.e., a different room from other preparation areas)
- Have an appropriate air exchange (e.g., ACPH)
- Have a negative pressure between 0.01 and 0.03 inches of water column relative to all adjacent areas

The C-PEC must operate continuously if it supplies some or all of the negative pressure in the C-SEC or if it is used for sterile compounding. If there is any loss of power to the C-PEC, or if repair or moving occurs, all activities occurring in the C-PEC must be suspended immediately. If necessary, protect the unit by covering it appropriately per the manufacturer's recommendations. Once the C-PEC can be powered on, decontaminate, clean, and disinfect (if used for sterile compounding) all surfaces and wait the manufacturer-specified recovery time before resuming compounding.

A sink must be available for hand washing. An eyewash station and/or other emergency or safety precautions that meet applicable laws and regulations must be readily available. Care must be taken to locate water sources and drains in areas where their presence will not interfere with required ISO classifications. Water sources and drains must be located at least 1 meter away from the C-PEC.

For entities that compound both nonsterile and sterile HDs, the respective C-PECs must be placed in separate rooms, unless those C-PECs used for nonsterile compounding are sufficiently effective that the room can continuously maintain ISO 7 classification throughout the nonsterile compounding activity. If the C-PECs used for sterile and nonsterile compounding are placed in the same room, they must be placed at least 1 meter apart and particle-generating activity must not be performed when sterile compounding is in process.

5.3.1 NONSTERILE COMPOUNDING

In addition to this chapter, nonsterile compounding must follow standards in *Pharmaceutical Compounding—Nonsterile Preparations ⟨795⟩*. A C-PEC is not required if manipulations are limited to handling of final dosage forms (e.g., counting or repackaging of tablets and capsules) that do not produce particles, aerosols, or gasses.

The C-PECs used for manipulation of nonsterile HDs must be either externally vented (preferred) or have redundant–HEPA filters in series. Nonsterile HD compounding must be performed in a C-PEC that provides personnel and environmental protection, such as a Class I Biological Safety Cabinet (BSC) or Containment Ventilated Enclosure (CVE). A Class II BSC or a compounding aseptic containment isolator (CACI) may also be used. For occasional nonsterile HD compounding, a C-PEC used for sterile compounding (e.g., Class II BSC or CACI) may be used but must be decontaminated, cleaned, and disinfected before resuming sterile compounding in that C-PEC. A C-PEC used only for nonsterile compounding does not require unidirectional airflow because the critical environment does not need to be ISO classified.

The C-PEC must be placed in a C-SEC that has at least 12 ACPH. *Table 2* summarizes the engineering controls required for nonsterile HD compounding.

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Due to the difficulty of cleaning HD contamination, surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the nonsterile compounding area must be smooth, impervious, free from cracks and crevices, and non-shedding.

Table 2. Engineering Controls for Nonsterile HD Compounding

C-PEC	C-SEC Requirements
• Externally vented (preferred) or redundant–HEPA filtered in series • Examples: CVE, Class I or II BSC, CACI	• Externally vented • 12 ACPH • Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas

5.3.2 STERILE COMPOUNDING

In addition to this chapter, sterile compounding must follow standards in ⟨797⟩.

All C-PECs used for manipulation of sterile HDs must be externally vented. Sterile HD compounding must be performed in a C-PEC that provides an ISO Class 5 or better air quality, such as a Class II or III BSC or CACI. Class II BSC types A2, B1, or B2 are acceptable. For most known HDs, type A2 cabinets offer a simple and reliable integration with the ventilation and pressurization requirements of the C-SEC. Class II type B2 BSCs are typically reserved for use with volatile components. *Appendix 3* describes the different types of BSCs.

A laminar airflow workbench (LAFW) or compounding aseptic isolator (CAI) must not be used for the compounding of an antineoplastic HD. A BSC or CACI used for the preparation of HDs must not be used for the preparation of a non-HD unless the non-HD preparation is placed into a protective outer wrapper during removal from the C-PEC and is labeled to require PPE handling precautions.

The C-PEC must be located in a C-SEC, which may either be an ISO Class 7 buffer room with an ISO Class 7 ante-room (preferred) or an unclassified containment segregated compounding area (C-SCA). If the C-PEC is placed in a C-SCA, the beyond-use date (BUD) of all compounded sterile preparations (CSPs) prepared must be limited as described in ⟨797⟩ for CSPs prepared in a segregated compounding area. *Table 3* summarizes the engineering controls required for sterile HD compounding.

Table 3. Engineering Controls for Sterile HD Compounding

Configuration	C-PEC	C-SEC	Maximum BUD
ISO Class 7 buffer room with an ISO Class 7 ante-room	• Externally vented • Examples: Class II BSC or CACI	• Externally vented • 30 ACPH • Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas	As described in ⟨797⟩
Unclassified C-SCA	• Externally vented • Examples: Class II BSC or CACI	• Externally vented • 12 ACPH • Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas	As described in ⟨797⟩ for CSPs prepared in a segregated compounding area

ISO Class 7 buffer room with an ISO class 7 ante-room: The C-PEC is placed in an ISO Class 7 buffer room that has fixed walls, HEPA-filtered supply air, a negative pressure between 0.01 and 0.03 inches of water column relative to all adjacent areas and a minimum of 30 ACPH.

The buffer room must be externally vented. Because the room through which entry into the HD buffer room (e.g., ante-room or non-HD buffer room) plays an important role in terms of total contamination control, the following is required:

- Minimum of 30 ACPH of HEPA-filtered supply air
- Maintain a positive pressure of at least 0.02 inches of water column relative to all adjacent unclassified areas
- Maintain an air quality of ISO Class 7 or better

An ISO Class 7 ante-room with fixed walls is necessary to provide inward air migration of equal cleanliness classified air into the negative pressure buffer room to contain any airborne HD. A hand-washing sink must be placed in the ante-room at least 1 meter from the entrance to the HD buffer room to avoid contamination migration into the negative pressure HD buffer room.

Although not a recommended facility design, if the negative-pressure HD buffer room is entered though the positive-pressure non-HD buffer room, the following is also required:

- A line of demarcation must be defined within the negative-pressure buffer room for donning and doffing PPE
- A method to transport HDs, HD CSPs, and HD waste into and out of the negative pressure buffer room to minimize the spread of HD contamination. This may be accomplished by use of a pass-through chamber between the negative-pressure buffer area and adjacent space. The pass-through chamber must be included in the facility's certification to ensure that particles are not compromising the air quality of the negative-pressure buffer room. A refrigerator pass-through must not be used. Other methods of containment (such as sealed containers) may be used.

HD CSPs prepared in an ISO Class 7 buffer room with an ISO Class 7 ante-room may use the BUDs described in ⟨797⟩, based on the categories of CSP, sterility testing, and storage temperature.

Containment segregated compounding area (C-SCA): The C-PEC is placed in an unclassified C-SCA that has fixed walls, a negative pressure between 0.01 and 0.03 inches of water column relative to all adjacent areas, and a minimum of 12 ACPH. The C-SCA must be externally vented. A hand-washing sink must be placed at least 1 meter from C-PEC and may be either inside the C-SCA or directly outside the C-SCA.

Only low- and medium-risk HD CSPs may be prepared in a C-SCA. HD CSPs prepared in the C-SCA must not exceed the BUDs described in ⟨797⟩ for CSPs prepared in a segregated compounding area.

5.4 Containment Supplemental Engineering Controls

Containment supplemental engineering controls, such as CSTDs, provide adjunct controls to offer an additional level of protection during compounding or administration. Some CSTDs have been shown to limit the potential of generating aerosols during compounding. However, there is no certainty that all CSTDs will perform adequately. Until a published universal performance standard for evaluation of CSTD containment is available, users should carefully evaluate the performance claims associated with available CSTDs based on independent, peer-reviewed studies and demonstrated containment reduction.

A CSTD must not be used as a substitute for a C-PEC when compounding. CSTDs should be used when compounding HDs when the dosage form allows. CSTDs must be used when administering antineoplastic HDs when the dosage form allows. CSTDs known to be physically or chemically incompatible with a specific HD must not be used for that HD.

6. ENVIRONMENTAL QUALITY AND CONTROL

Environmental wipe sampling for HD surface residue should be performed routinely (e.g., initially as a benchmark and at least every 6 months, or more often as needed, to verify containment). Surface wipe sampling should include:

- Interior of the C-PEC and equipment contained in it
- Pass-through chambers
- Surfaces in staging or work areas near the C-PEC
- Areas adjacent to C-PECs (e.g., floors directly under C-PEC, staging, and dispensing area)
- Areas immediately outside the HD buffer room or the C-SCA
- Patient administration areas

There are currently no studies demonstrating the effectiveness of a specific number or size of wipe samples in determining levels of HD contamination. Wipe sampling kits should be verified before use to ensure the method and reagent used have been tested to recover a specific percentage of known marker drugs from various surface types found in the sampled area. There are currently no certifying agencies for vendors of wipe sample kits.

There is currently no standard for acceptable limits for HD surface contamination. Common marker HDs that can be assayed include cyclophosphamide, ifosfamide, methotrexate, fluorouracil, and platinum-containing drugs. An example of measurable contamination would be cyclophosphamide levels >1.00 ng/cm^2, which were shown in some studies to result in uptake of the drug in exposed workers. If any measurable contamination is found, the designated person must identify, document, and contain the cause of contamination. Such action may include reevaluating work practices, re-training personnel, performing thorough deactivation, decontamination, cleaning, and improving engineering controls. Repeat the wipe sampling to validate that the deactivation/decontamination and cleaning steps have been effective.

7. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) provides worker protection to reduce exposure to HD aerosols and residues. Additional PPE may be required to handle the HDs outside of a C-PEC, such as treating a patient or cleaning a spill. The NIOSH list of antineoplastic and other HDs provides general guidance on PPE for possible scenarios that may be encountered in healthcare settings. Disposable PPE must not be re-used. Reusable PPE must be decontaminated and cleaned after use.

Gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are required for compounding sterile and nonsterile HDs. Two pairs of chemotherapy gloves are required for administering antineoplastic HDs. Gowns shown to resist permeability by HDs are required when administering injectable antineoplastic HDs. For all other activities, the entity's SOP must describe the appropriate PPE to be worn based on its occupational safety plan and assessment of risk (if used). The entity must develop SOPs for PPE based on the risk of exposure (see *Types of Exposure*) and activities performed.

Appropriate PPE must be worn when handling HDs including during:

- Receipt
- Storage
- Transport
- Compounding (sterile and nonsterile)
- Administration
- Deactivation/decontamination, cleaning, and disinfecting

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- Spill control
- Waste disposal

7.1 Gloves

When chemotherapy gloves are required, they must meet American Society for Testing and Materials (ASTM) standard D6978 (or its successor). Chemotherapy gloves should be worn for handling all HDs including non-antineoplastics and for reproductive risk only HDs. Chemotherapy gloves must be powder-free because powder can contaminate the work area and can adsorb and retain HDs. Gloves must be inspected for physical defects before use. Do not use gloves with pin holes or weak spots.

When used for sterile compounding, the outer chemotherapy gloves must be sterile. Chemotherapy gloves should be changed every 30 minutes unless otherwise recommended by the manufacturer's documentation and must be changed when torn, punctured, or contaminated. Hands must be washed with soap and water after removing gloves.

7.2 Gowns

When gowns are required, they must be disposable and shown to resist permeability by HDs. Gowns must be selected based on the HDs handled. Disposable gowns made of polyethylene-coated polypropylene or other laminate materials offer better protection than those made of uncoated materials. Gowns must close in the back (i.e., no open front), be long sleeved, and have closed cuffs that are elastic or knit. Gowns must not have seams or closures that could allow HDs to pass through.

Cloth laboratory coats, surgical scrubs, isolation gowns, or other absorbent materials are not appropriate protective outerwear when handling HDs because they permit the permeation of HDs and can hold spilled drugs against the skin, thereby increasing exposure. Clothing may also retain HD residue from contact, and may transfer to other healthcare workers or various surfaces. Washing of non-disposable clothing contaminated with HD residue should only be done according to facility policy as drug residue may be transferred to other clothing. Potentially contaminated clothing must not be taken home under any circumstances.

Gowns must be changed per the manufacturer's information for permeation of the gown. If no permeation information is available for the gowns used, change them every 2–3 hours or immediately after a spill or splash. Gowns worn in HD handling areas must not be worn to other areas in order to avoid spreading HD contamination and exposing other healthcare workers.

7.3 Head, Hair, Shoe, and Sleeve Covers

Head and hair covers (including beard and moustache, if applicable), shoe covers, and sleeve covers provide protection from contact with HD residue. When compounding HDs, a second pair of shoe covers must be donned before entering the C-SEC and doffed when exiting the C-SEC. Shoe covers worn in HD handling areas must not be worn to other areas to avoid spreading HD contamination and exposing other healthcare workers.

Disposable sleeve covers may be used to protect areas of the arm that may come in contact with HDs. Disposable sleeve covers made of polyethylene-coated polypropylene or other laminate materials offer better protection than those made of uncoated materials.

7.4 Eye and Face Protection

Many HDs are irritating to the eyes and mucous membranes. Appropriate eye and face protection must be worn when there is a risk for spills or splashes of HDs or HD waste materials when working outside of a C-PEC (e.g., administration in the surgical suite, working at or above eye level, or cleaning a spill). A full-facepiece respirator provides eye and face protection. Goggles must be used when eye protection is needed. Eye glasses alone or safety glasses with side shields do not protect the eyes adequately from splashes. Face shields in combination with goggles provide a full range of protection against splashes to the face and eyes. Face shields alone do not provide full eye and face protection.

7.5 Respiratory Protection

Personnel who are unpacking HDs that are not contained in plastic should wear an elastomeric half-mask with a multi-gas cartridge and P100-filter until assessment of the packaging integrity can be made to ensure no breakage or spillage occurred during transport. If the type of drug can be better defined, a more targeted cartridge can be used.

Surgical masks do not provide respiratory protection from drug exposure and must not be used when respiratory protection from HD exposure is required. A surgical N95 respirator provides the respiratory protection of an N95 respirator, and like a surgical mask, provides a barrier to splashes, droplets, and sprays around the nose and mouth.

For most activities requiring respiratory protection, a fit-tested NIOSH-certified N95 or more protective respirator is sufficient to protect against airborne particles. However, N95 respirators offer no protection against gases and vapors and little protec-

tion against direct liquid splashes (see the Centers for Disease Control and Prevention's (CDC's) Respirator Trusted-Source Information).

Fit test the respirator and train workers to use respiratory protection. Follow all requirements in the Occupational Safety and Health Administration (OSHA) respiratory protection standard (29 CFR 1910.134). An appropriate full-facepiece, chemical cartridge-type respirator or powered air-purifying respirator (PAPR) should be worn when there is a risk of respiratory exposure to HDs, including when:

- Attending to HD spills larger than what can be contained with a spill kit
- Deactivating, decontaminating, and cleaning underneath the work surface of a C-PEC
- There is a known or suspected airborne exposure to powders or vapors

7.6 Disposal of Used Personal Protective Equipment

Consider all PPE worn when handling HDs to be contaminated with, at minimum, trace quantities of HDs. PPE must be placed in an appropriate waste container and further disposed of per local, state, and federal regulations. PPE worn during compounding should be disposed of in the proper waste container before leaving the C-SEC. Chemotherapy gloves and sleeve covers (if used) worn during compounding must be carefully removed and discarded immediately into a waste container approved for trace contaminated waste inside the C-PEC or contained in a sealable bag for discarding outside the C-PEC.

8. HAZARD COMMUNICATION PROGRAM

Entities are required to establish policies and procedures that ensure worker safety during all aspects of HD handling. The entity must develop SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of the HDs and use of Safety Data Sheets (SDS), based on the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

Elements of the hazard communication program plan must include:

- A written plan that describes how the standard will be implemented
- All containers of hazardous chemicals must be labeled, tagged, or marked with the identity of the material and appropriate hazard warnings
- Entities must have an SDS for each hazardous chemical they use (29 CFR 1910.1200)
- Entities must ensure that the SDSs for each hazardous chemical used are readily accessible to personnel during each work shift and when they are in their work areas
- Personnel who may be exposed to hazardous chemicals when working must be provided information and training before the initial assignment to work with a hazardous chemical, and also whenever the hazard changes
- Personnel of reproductive capability must confirm in writing that they understand the risks of handling HDs

9. PERSONNEL TRAINING

All personnel who handle HDs must be trained based on their job functions (e.g., in the receipt, storage, compounding, repackaging, dispensing, administrating, and disposing of HDs). Training must occur before the employee independently handles HDs. The effectiveness of training for HD handling competencies must be demonstrated by each employee. Personnel competency must be reassessed at least every 12 months. Personnel must be trained prior to the introduction of a new HD or new equipment and prior to a new or significant change in process or SOP. All training and competency assessment must be documented.

The training must include at least the following:

- Overview of entity's list of HDs and their risks
- Review of the entity's SOPs related to handling of HDs
- Proper use of PPE
- Proper use of equipment and devices (e.g., engineering controls)
- Response to known or suspected HD exposure
- Spill management
- Proper disposal of HDs and trace-contaminated materials

10. RECEIVING

The entity must establish SOPs for receiving HDs. HDs should be received from the supplier in impervious plastic to segregate them from other drugs and to allow for safety in the receiving and internal transfer process. HDs must be delivered to the HD storage area immediately after unpacking.

PPE, including chemotherapy gloves, must be worn when unpacking HDs (see *Personal Protective Equipment*). A spill kit must be accessible in the receiving area.

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The entity must enforce policies that include a tiered approach, starting with visual examination of the shipping container for signs of damage or breakage (e.g., visible stains from leakage, sounds of broken glass). *Table 4* summarizes the steps for receiving and handling of damaged shipping containers.

Table 4. Summary of Requirements for Receiving and Handling Damaged HD Shipping Containers

If the shipping container appears damaged	• Seal container without opening and contact the supplier • If the unopened package is to be returned to the supplier, enclose the package in an impervious container and label the outer container "Hazardous" • If the supplier declines return, dispose of as hazardous waste
If a damaged shipping container must be opened	• Seal the container in plastic or an impervious container • Transport it to a C-PEC and place on a plastic-backed preparation mat • Open the package and remove undamaged items • Wipe the outside of the undamaged items with a disposable wipe • Enclose the damaged item(s) in an impervious container and label the outer container "Hazardous" • If the supplier declines return, dispose of as hazardous waste • Deactivate, decontaminate, and clean the C-PEC (see *Deactivating, Decontaminating, Cleaning, and Disinfecting*) and discard the mat and cleaning disposables as hazardous waste

When opening damaged shipping containers, they should preferably be transported to a C-PEC designated for nonsterile compounding. If a C-PEC designated for sterile compounding is the only one available, it must be disinfected after the decontamination, deactivation, and cleaning step before returning to any sterile compounding activity.

Damaged packages or shipping cartons must be considered spills that must be reported to the designated person and managed according to the entity's SOPs. Segregate HDs waiting to be returned to the supplier in a designated negative pressure area. Clean-up must comply with established SOPs.

11. LABELING, PACKAGING, TRANSPORT AND DISPOSAL

The entity must establish SOPs for the labeling, packaging, transport, and disposal of HDs. The SOPs must address prevention of accidental exposures or spills, personnel training on response to exposure, and use of a spill kit. Examples of special exposure-reducing strategies include small-bore connectors (such as Luer Lock) and syringes, syringe caps, CSTDs, the capping of container ports, sealed impervious plastic bags, impact-resistant and/or water-tight containers, and cautionary labeling.

11.1 Labeling

HDs identified by the entity as requiring special HD handling precautions must be clearly labeled at all times during their transport. Personnel must ensure that the labeling processes for compounded preparations do not introduce contamination into the non-HD handling areas.

11.2 Packaging

Personnel must select and use packaging containers and materials that will maintain physical integrity, stability, and sterility (if needed) of the HDs during transport. Packaging materials must protect the HD from damage, leakage, contamination, and degradation, while protecting healthcare workers who transport HDs. The entity must have written SOPs to describe appropriate shipping containers and insulating materials, based on information from product specifications, vendors, and mode of transport.

11.3 Transport

HDs that need to be transported must be labeled, stored, and handled in accordance with applicable federal, state, and local regulations. HDs must be transported in containers that minimize the risk of breakage or leakage. Pneumatic tubes must not be used to transport any liquid HDs or any antineoplastic HDs because of the potential for breakage and contamination.

When shipping HDs to locations outside the entity, the entity must consult the Transport Information on the SDS. The entity must ensure that labels and accessory labeling for the HDs include storage instructions, disposal instructions, and HD category information in a format that is consistent with the carrier's policies.

11.4 Disposal

All personnel who perform routine custodial waste removal and cleaning activities in HD handling areas must be trained in appropriate procedures to protect themselves and the environment to prevent HD contamination. Disposal of all HD waste, including, but not limited to, unused HDs and trace-contaminated PPE and other materials, must comply with all applicable federal, state, and local regulations.

12. DISPENSING FINAL DOSAGE FORMS

HDs that do not require any further manipulation, other than counting or repackaging of final dosage forms, may be prepared for dispensing without any further requirements for containment unless required by the manufacturer or if visual indicators of HD exposure hazards are present (e.g., HD dust or leakage).

Counting or repackaging of HDs must be done carefully. Clean equipment should be dedicated for use with HDs and should be decontaminated after every use. Tablet and capsule forms of antineoplastic HDs must not be placed in automated counting or packaging machines, which subject them to stress and may create powdered contaminants.

13. COMPOUNDING

Entities and personnel involved in compounding HDs must be compliant with the appropriate USP standards for compounding including ⟨795⟩ and ⟨797⟩. Compounding must be done in proper engineering controls as described in *Compounding*. When compounding HD preparations in a C-PEC, a plastic-backed preparation mat should be placed on the work surface of the C-PEC. The mat should be changed immediately if a spill occurs and regularly during use, and should be discarded at the end of the daily compounding activity. Disposable or clean equipment for compounding (such as mortars and pestles, and spatulas) must be dedicated for use with HDs.

Bulk containers of liquid and API HD must be handled carefully to avoid spills. If used, APIs or other powdered HDs must be handled in a C-PEC to protect against occupational exposure, especially during particle-generating activities (such as crushing tablets, opening capsules, and weighing powder).

14. ADMINISTERING

HDs must be administered safely using protective medical devices and techniques. Examples of protective medical devices include needleless and closed systems. Examples of protective techniques include spiking or priming of IV tubing with a non-HD solution in a C-PEC and crushing tablets in a plastic pouch.

Appropriate PPE must be worn when administering HDs. After use, PPE must be removed and disposed of in a waste container approved for trace-contaminated HD waste at the site of drug administration. Equipment (such as tubing and needles) and packaging materials must be disposed of properly, such as in HD waste containers, after administration.

CSTDs must be used for administration of antineoplastic HDs when the dosage form allows. Techniques and ancillary devices that minimize the risk posed by open systems must be used when administering HDs through certain routes. Administration into certain organs or body cavities (e.g., the bladder, eye, peritoneal cavity, or chest cavity) often requires equipment for which locking connections may not be readily available or possible.

Healthcare personnel should avoid manipulating HDs such as crushing tablets or opening capsules if possible. Liquid formulations are preferred if solid oral dosage forms are not appropriate for the patient. If HD dosage forms do require manipulation such as crushing tablet(s) or opening capsule(s) for a single dose, personnel must don appropriate PPE and use a plastic pouch to contain any dust or particles generated.

15. DEACTIVATING, DECONTAMINATING, CLEANING, AND DISINFECTING

All areas where HDs are handled and all reusable equipment and devices must be deactivated, decontaminated, and cleaned. Additionally, sterile compounding areas and devices must be subsequently disinfected.

The entity must establish written procedures for decontamination, deactivation, and cleaning, and for sterile compounding areas disinfection. Additionally, cleaning of nonsterile compounding areas must comply with ⟨795⟩ and cleaning of sterile compounding areas must comply with ⟨797⟩. Written procedures for cleaning must include procedures, agents used, dilutions (if used), frequency, and documentation requirements.

All personnel who perform deactivation, decontamination, cleaning, and disinfection activities in HD handling areas must be trained in appropriate procedures to protect themselves and the environment from contamination. All personnel performing these activities must wear appropriate PPE resistant to the cleaning agents used, including two pairs of chemotherapy gloves and impermeable disposable gowns (see *Personal Protective Equipment*). Additionally, eye protection and face shields must be used if splashing is likely. If warranted by the activity, respiratory protection must be used.

The deactivating, decontaminating, cleaning, and disinfecting agents selected must be appropriate for the type of HD contaminant(s), location, and surface materials. The products used must be compatible with the surface material. Consult manufacturer or supplier information for compatibility with cleaning agents used. Agents used for deactivation, decontamination, and cleaning should be applied through the use of wipes wetted with appropriate solution and not delivered by a spray bottle to avoid spreading HD residue. All disposable materials must be discarded to meet EPA regulations and the entity's policies. Perform cleaning in areas that are sufficiently ventilated. *Table 5* summarizes the purpose and example agents for each step.

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Table 5. Cleaning Steps

Cleaning Step	Purpose	Example Agents
Deactivation	Render compound inert or inactive	As listed in the HD labeling or other agents which may incorporate Environmental Protection Agency (EPA)-registered oxidizers (e.g., peroxide formulations, sodium hypochlorite, etc.)
Decontamination	Remove HD residue	Materials that have been validated to be effective for HD decontamination, or through other materials proven to be effective through testing, which may include alcohol, water, peroxide, or sodium hypochlorite
Cleaning	Remove organic and inorganic material	Germicidal detergent
Disinfection (for sterile manipulations)	Destroy microorganisms	EPA-registered disinfectant and/or sterile alcohol as appropriate for use

15.1 Deactivation

Deactivation renders a compound inert or inactive. Residue from deactivation must be removed by decontaminating the surface.

There is no one proven method for deactivating all compounds. The ultimate goal should be complete surface decontamination. Products that have known deactivation properties (EPA-registered oxidizing agents that are appropriate for the intended use) should be used when possible. Care should be taken when selecting materials for deactivation due to potential adverse effects (hazardous byproducts, respiratory effects, and caustic damage to surfaces). Damage to surfaces is exhibited by corrosion to stainless steel surfaces caused by sodium hypochlorite if left untreated. To prevent corrosion, sodium hypochlorite must be neutralized with sodium thiosulfate or by following with an agent to remove the sodium hypochlorite (e.g., sterile alcohol, sterile water, germicidal detergent, or sporicidal agent).

15.2 Decontamination

Decontamination occurs by inactivating, neutralizing, or physically removing HD residue from non-disposable surfaces and transferring it to absorbent, disposable materials (e.g., wipes, pads, or towels) appropriate to the area being cleaned. When choosing among various products available for decontaminating HDs, consideration should be given to surface compatibility and facility requirements. It is imperative to adhere to manufacturer's use instructions. Because of the growing number of assays available for HDs, additional surface wipe sampling is now possible and should be done to document the effectiveness of any agent used for decontamination of HD residue from work surfaces (see *Environmental Quality and Control*).

The amount of HD contamination introduced into the C-PEC may be reduced by wiping down HD containers. The solution used for wiping HD packaging must not alter the product label. The work surface of the C-PEC must be decontaminated between compounding of different HDs. The C-PEC must be decontaminated at least daily (when used), any time a spill occurs, before and after certification, any time voluntary interruption occurs, and if the ventilation tool is moved.

C-PECs may have areas under the work tray where contamination can build up. These areas must be deactivated, decontaminated, and cleaned at least monthly to reduce the contamination level in the C-PEC. Accessing this area may be difficult. Deactivate, decontaminate, and clean as much as possible of the C-PEC surfaces before accessing the area under the work tray. When deactivating, decontaminating, and cleaning the area under the work tray of a C-PEC, the containment airflows are compromised by opening the cabinets. To provide protection to the worker performing this task, respiratory protection may be required.

15.3 Cleaning

Cleaning is a process that results in the removal of contaminants (e.g., soil, microbial contamination, HD residue) from objects and surfaces using water, detergents, surfactants, solvents, and/or other chemicals. Cleaning agents used on compounding equipment should not introduce microbial contamination. No cleaning step may be performed when compounding activities are occurring.

15.4 Disinfection

Disinfection is a process of inhibiting or destroying microorganisms. Before disinfection can be adequately performed, surfaces must be cleaned. Disinfection must be done for areas intended to be sterile, including the sterile compounding areas.

16. SPILL CONTROL

All personnel who may be required to clean up a spill of HDs must receive proper training in spill management and the use of PPE and NIOSH-certified respirators (see *Personal Protective Equipment*). Spills must be contained and cleaned immediately only by qualified personnel with appropriate PPE. Qualified personnel must be available at all times while HDs are being handled. Signs must be available for restricting access to the spill area. Spill kits containing all of the materials needed to clean HD spills must be readily available in all areas where HDs are routinely handled. If HDs are being prepared or administered in a non-routine healthcare area, a spill kit and respirator must be available. All spill materials must be disposed of as hazardous waste.

The circumstances and management of spills must be documented. Personnel who are potentially exposed during the spill or spill clean up or who have direct skin or eye contact with HDs require immediate evaluation. Non-employees exposed to an HD spill should follow entity policy, which may include reporting to the designated emergency service for initial evaluation and completion of an incident report or exposure form.

SOPs must be developed to prevent spills and to direct the clean up of HD spills. SOPs must address the size and scope of the spill and specify who is responsible for spill management and the type of PPE required. The management of the spill (e.g., decontamination, deactivation, and cleaning) may be dependent on the size and type of spill. The SOP must address the location of spill kits and clean-up materials as well as the capacity of the spill kit. Written procedures should address use of appropriate full-facepiece, chemical cartridge-type respirators if the capacity of the spill kit is exceeded or if there is known or suspected airborne exposure to vapors or gases.

17. DOCUMENTATION AND STANDARD OPERATING PROCEDURES

The entity must maintain SOPs for the safe handling of HDs for all situations in which these HDs are used throughout a facility. The SOPs must be reviewed at least every 12 months by the designated person, and the review must be documented. Revisions in forms or records must be made as needed and communicated to all personnel handling HDs.

The SOPs for handling of HDs should include:

- Hazard communication program
- Occupational safety program
- Designation of HD areas
- Receipt
- Storage
- Compounding
- Use and maintenance of proper engineering controls (e.g., C-PECs, C-SECs, and CSTDs)
- Hand hygiene and use of PPE based on activity (e.g., receipt, transport, compounding, administration, spill, and disposal)
- Deactivation, decontamination, cleaning, and disinfection
- Dispensing
- Transport
- Administering
- Environmental monitoring (e.g., wipe sampling)
- Disposal
- Spill control
- Medical surveillance

Personnel who transport, compound, or administer HDs must document their training according to OSHA standards (see OSHA Standard 1910.120 Hazardous Waste Operations and Emergency Response) and other applicable laws and regulations.

18. MEDICAL SURVEILLANCE

Medical surveillance is part of a comprehensive exposure control program complementing engineering controls, safe work processes, and use of PPE. Healthcare workers who handle HDs as a regular part of their job assignment should be enrolled in a medical surveillance program. The general purpose of surveillance is to minimize adverse health effects in personnel potentially exposed to HDs. Medical surveillance programs involve assessment and documentation of symptom complaints, physical findings, and laboratory values (such as a blood count) to determine whether there is a deviation from the expected norms.

Medical surveillance can also be viewed as a secondary prevention tool that may provide a means of early detection if a health problem develops. Tracking personnel through medical surveillance allows the comparison of health variables over time in individual workers, which may facilitate early detection of a change in a laboratory value or health condition. Medical surveillance programs also look for trends in populations of workers. Examining grouped data compared with data from unexposed workers may reveal a small alteration or increase in the frequency of a health effect that would be obscured if individual workers' results alone were considered.

Medical surveillance evaluates the protection afforded by engineering controls, other administrative controls, safe work processes, PPE, and worker education about the hazards of the materials they work with in the course of their duties. The data-

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gathering elements of a medical surveillance program are used to establish a baseline of workers' health and then to monitor their future health for any changes that may result from exposure to HDs.

Elements of a medical surveillance program should be consistent with the entity's Human Resource policies and should include:

- Development of an organized approach to identify workers who are potentially exposed to HDs on the basis of their job duties
- Use of an entity-based or contracted employee health service to perform the medical surveillance while protecting the confidentiality of the employees' personal medical information
- Initial baseline assessment (pre-placement) of a worker's health status and medical history. Data elements collected include a medical (including reproductive) history and work history to assess exposure to HDs, physical examination, and laboratory testing. Methods used to assess exposure history include a review of:
  - Records of HDs handled, with quantities and dosage forms
  - Estimated number of HDs handled per week
  - Estimates of hours spent handling HDs per week and/or per month
  - Performance of a physical assessment and laboratory studies linked to target organs of commonly used HDs, such as a baseline complete blood count. Biological monitoring to determine blood or urine levels of specific HDs is not currently recommended in surveillance protocols, but may have a role in the follow-up of acute spills with a specific agent.
- Medical records of surveillance should be maintained according to OSHA regulation concerning access to employee exposure and medical records
- Monitoring workers' health prospectively through periodic surveillance using the elements of data gathering described above (updated health and exposure history, physical assessment, and laboratory measures, if appropriate)
- Monitoring of the data to identify prevention failure leading to health effects; this monitoring may occur in collaboration with the employee health service
- Development of a follow-up plan for workers who have shown health changes suggesting toxicity or who have experienced an acute exposure. This follow-up should include evaluation of current engineering and administrative controls and equipment to ensure that all systems are appropriately and accurately implemented (see *Follow-Up Plan*)
- Completion of an exit examination when a worker's employment at the entity ends, to document the information on the employee's medical, reproductive, and exposure histories. Examination and laboratory evaluation should be guided by the individual's history of exposures and follow the outline of the periodic evaluation

18.1 Follow-Up Plan

The occurrence of exposure-related health changes should prompt immediate re-evaluation of primary preventive measures (e.g., administrative and engineering controls, PPE, and others). In this manner, medical surveillance acts as a check on the effectiveness of controls already in use.

The entity should take the following actions:

- Perform a post-exposure examination tailored to the type of exposure (e.g., spills or needle sticks from syringes containing HDs). An assessment of the extent of exposure should be conducted and included in a confidential database and in an incident report. The physical examination should focus on the involved area as well as other organ systems commonly affected (i.e., the skin and mucous membranes for direct contact or inhalation; the pulmonary system for aerosolized HDs). Treatment and laboratory studies will follow as indicated and be guided by emergency protocols
- Compare performance of controls with recommended standards; conduct environmental sampling when analytical methods are available
- Verify and document that all engineering controls are in proper operating condition
- Verify and document that the worker complied with existing policies. Review policies for the use of PPE and employee compliance with PPE use and policies. Review availability of appropriate PPE (see *Personal Protective Equipment*)
- Develop and document a plan of action that will prevent additional exposure of workers
- Ensure confidential, two-way communication between the worker and the employee health unit(s) regarding notification, discussions about a change in health condition, or detection of an adverse health effect
- Provide and document a follow-up medical survey to demonstrate that the plan implemented is effective

- Ensure that any exposed worker receives confidential notification of any adverse health effect. Offer alternative duty or temporary reassignment
- Provide ongoing medical surveillance of all workers at risk for exposure to HDs to determine whether the plan implemented is effective

GLOSSARY

Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a drug preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.
Alternative duty: Performance of other tasks that do not include the direct handling of HDs.
Ante-room: An ISO Class 7 or cleaner room where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels are performed. The ante-room is the transition room between the unclassified area of the facility and the buffer room.
Assessment of risk: Evaluation of risk to determine alternative containment strategies and/or work practices.
Beyond-use date (BUD): The date or time beyond which a compounded preparation cannot not be used and must be discarded (see ⟨795⟩ and ⟨797⟩). The date or time is determined from the date or time when the preparation was compounded.
Biological safety cabinet (BSC): A ventilated cabinet often used for preparation of hazardous drugs. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, and Type B2). See *Appendix 3* for details.
Buffer room: A type of C-SEC under negative pressure that meets ISO Class 7 or better air quality where the C-PEC that generates and maintains an ISO Class 5 environment is physically located. Activities that occur in this area are limited to the preparation and staging of components and supplies used when compounding HDs.
Chemotherapy glove: A medical glove that meets the ASTM Standard Practice for Assessment of Resistance of Medical Gloves to Permeation by Chemotherapy Drugs (D6978) or its successor.
Classified space: An area that maintains an air cleanliness classification based on the International Organization for Standardization (ISO).
Cleaning: The process of removing soil (e.g., organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Closed-system drug-transfer device (CSTD): A drug-transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of HD or vapor concentrations outside the system.
Compounded preparation: A nonsterile or sterile drug or nutrient preparation that is compounded in a licensed pharmacy or other healthcare-related facility in response to or anticipation of a prescription or a medication order from a licensed prescriber.
Compounding aseptic containment isolator (CACI): A specific type of CAI that is designed for the compounding of sterile HDs. The CACI is designed to provide worker protection from exposure to undesirable levels of airborne drugs throughout the compounding and material transfer processes and to provide an aseptic environment with unidirectional airflow for compounding sterile preparations.
Compounding aseptic isolator (CAI): An isolator specifically designed for compounding sterile, non-hazardous pharmaceutical ingredients or preparations. The CAI is designed to maintain an aseptic compounding environment throughout the compounding and material transfer processes.
Compounding personnel: Individuals who participate in the compounding process.
Compounding supervisor: Individual(s) responsible for developing and implementing appropriate procedures; overseeing facility compliance with this chapter and other applicable laws, regulations, and standards; ensuring the competency of personnel; and maintaining environmental control of the compounding areas.
Containment primary engineering control (C-PEC): A ventilated device designed and operated to minimize worker and environmental exposures to HDs by controlling emissions of airborne contaminants through the following:

- The full or partial enclosure of a potential contaminant source
- The use of airflow capture velocities to trap and remove airborne contaminants near their point of generation
- The use of air pressure relationships that define the direction of airflow into the cabinet
- The use of HEPA filtration on all potentially contaminated exhaust streams

Containment secondary engineering control (C-SEC): The room with fixed walls in which the C-PEC is placed. It incorporates specific design and operational parameters required to contain the potential hazard within the compounding room.
Containment segregated compounding area (C-SCA): A type of C-SEC with nominal requirements for airflow and room pressurization as they pertain to HD compounding.
Containment ventilated enclosure (CVE): A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.

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Deactivation: Treatment of an HD contaminant on surfaces with a chemical, heat, ultraviolet light, or another agent to transform the HD into a less hazardous agent.
Decontamination: Inactivation, neutralization, or removal of HD contaminants on surfaces, usually by chemical means.
Doff: To remove PPE.
Don: To put on PPE.
Disinfection: The process of inhibiting or destroying microorganisms.
Engineering control: Primary, secondary, and supplemental devices designed to eliminate or reduce worker exposure to HDs.
EPA-registered disinfectant: Antimicrobial products registered with the Environmental Protection Agency (EPA) for healthcare use against pathogens specified in the product labeling.
Externally vented: Exhausted to the outside
Final dosage form: Any form of a medication that requires no further manipulation before administration.
Globally Harmonized System of Classification and Labeling of Chemicals (GHS): A system for standardizing and harmonizing the classification and labeling of chemicals.
Goggles: Tight-fitting eye protection that completely covers the eyes, eye sockets, and facial area that immediately surrounds the eyes. Goggles provide protection from impact, dust, and splashes. Some goggles fit over corrective lenses.
Hazardous drug (HD): Any drug identified by at least one of the following criteria:

- Carcinogenicity, teratogenicity, or developmental toxicity
- Reproductive toxicity in humans
- Organ toxicity at low dose in humans or animals
- Genotoxicity or new drugs that mimic existing HDs in structure or toxicity

High-efficiency particulate air (HEPA) filtration: An extended-medium, dry-type filter in a rigid frame, having a minimum particle collection efficiency of 99.97% for particles with a mass median diameter of 0.3 μm when tested at a rated airflow in accordance with MIL STD 282 using IEST Recommended Standard RP-CC001.5.
Negative-pressure room: A room that is maintained at a lower pressure than the adjacent areas; therefore the net flow of air is into the room.
Pass-through: An enclosure with interlocking doors that is positioned between two spaces for the purpose of reducing particulate transfer while moving materials from one space to another. A pass-through serving negative-pressure rooms needs to be equipped with sealed doors.
Personal protective equipment (PPE): Items such as gloves, gowns, respirators, goggles, faceshields, and others that protect individual workers from hazardous physical or chemical exposures.
Positive-pressure room: A room that is maintained at a higher pressure than the adjacent areas; therefore, the net flow of air is out of the room.
Repackaging: The act of removing a product from its original primary container and placing it into another primary container, usually of smaller size.
Safety data sheet (SDS): An informational document that provides written or printed material concerning a hazardous chemical. The SDS is prepared in accordance with the HCS [previously known as a Material Safety Data Sheet (MSDS)].
Spill kit: A container of supplies, warning signage, and related materials used to contain the spill of an HD.
Standard operating procedure (SOP): Written procedures describing operations, testing, sampling, interpretation of results, and corrective actions that relate to the operations that are taking place.
Supplemental engineering control: An adjunct control (e.g., CSTD) that may be used concurrently with primary and secondary engineering controls. Supplemental engineering controls offer additional levels of protection and may facilitate enhanced occupational protection, especially when handling HDs outside of primary and secondary engineering controls (e.g., during administering).
Unclassified space: A space not required to meet any air cleanliness classification based on the International Organization for Standardization (ISO).

APPENDICES

Appendix 1: Acronyms

ACPH	Air changes per hour
API	Active pharmaceutical ingredient
ASTM	American Society for Testing and Materials
BSC	Biological safety cabinet
BUD	Beyond-use date
CACI	Compounding aseptic containment isolator
CAI	Compounding aseptic isolator
CDC	Centers for Disease Control and Prevention
C-PEC	Containment primary engineering control
C-SCA	Containment segregated compounding area
C-SEC	Containment secondary engineering control
CSP	Compounded sterile preparation
CSTD	Closed-system drug-transfer device
CVE	Containment ventilated enclosure
EPA	Environmental Protection Agency
GHS	Globally Harmonized System of Classification and Labeling of Chemicals
HCS	Hazard Communication Standard
HD	Hazardous drug
HEPA	High-efficiency particulate air
IV	Intravenous
LAFW	Laminar airflow workbench
NIOSH	National Institute for Occupational Safety and Health
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
PAPR	Powered air-purified respirator
PPE	Personal protective equipment
SDS	Safety Data Sheet
SOP	Standard operating procedure
ULPA	Ultra-low particulate air
UPS	Uninterrupted power source

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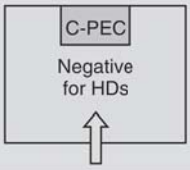
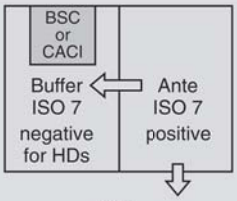
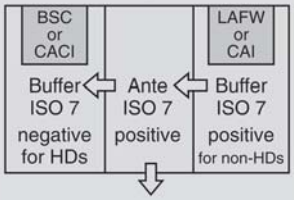
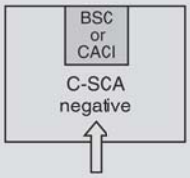
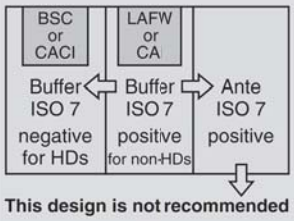
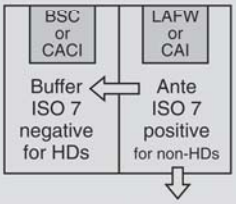
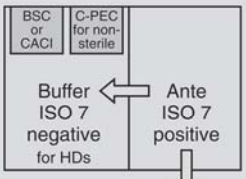
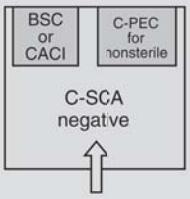
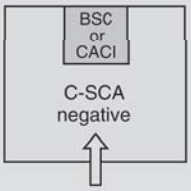
Appendix 2: Examples of Designs for Hazardous Drug Compounding Areas[a]

Use	Optimal Primary and Secondary Control	Minimum ACPH	Limitations Primary and Secondary Control	Minimum ACPH	Notes for limitations
Nonsterile HD compounding		12			
Sterile HD compounding	 OR 	30	 OR  **This design is not recommended** OR  Typically used in oncology clinic settings.	12 30 30	Maximum BUD as described in <797> for segregated compounding area. If this design is in place, measures must be taken to avoid contamination of the positive-pressure buffer room. Maximum BUD as described in <797>.
Both sterile HD and nonsterile HD compounding	A separate room for sterile and nonsterile compounding is recommended		 OR  OR 	30 12 12	For rooms used for both sterile and nonsterile compounding, particle-generating activity must not be performed when sterile compounding is in process. C-PECs must be at least 1 meter apart. Maximum BUD as described in <797> for segregated compounding area. Maximum BUD as described in <797> for segregated compounding area.

[a] The arrows indicate direction of airflow.

Appendix 3: Types of Biological Safety Cabinets

Class I: A BSC that protects personnel and the environment but does not protect the product/preparation. A minimum velocity of 75 linear feet/minute of unfiltered room air is drawn through the front opening and across the work surface, providing personnel protection. The air is then passed through a HEPA/ULPA (ultra-low particulate air) filter, either into the room or to the outside in the exhaust plenum, providing environmental protection.

Class II: Class II (Types A1, A2, B1, and B2) BSCs are partial barrier systems that rely on the movement of air to provide personnel, environmental, and product/preparation protection. Personnel and product/preparation protection are provided by the combination of inward and downward airflow captured by the front grille of the cabinet. Side-to-side cross-contamination of products/preparations is minimized by the internal downward flow of HEPA/ULPA filtered air moving toward the work surface and then drawn into the front and rear intake grilles. Environmental protection is provided when the cabinet exhaust air is passed through a HEPA/ULPA filter.

Type A1 (formerly, Type A): These Class II BSCs maintain a minimum inflow velocity of 75 feet/minute; have HEPA-filtered, down-flow air that is a portion of the mixed down-flow and inflow air from a common plenum; may exhaust HEPA-filtered air back into the laboratory or to the environment through an exhaust canopy; and may have positive-pressure contaminated ducts and plenums that are not surrounded by negative-pressure plenums. Type A1 BSCs are not suitable for use with volatile toxic chemicals and volatile radionucleotides.

Type A2 (formerly, Type B3): These Class II BSCs maintain a minimum inflow velocity of 100 feet/minute; have HEPA-filtered, down-flow air that is a portion of the mixed down-flow and inflow air from a common exhaust plenum; may exhaust HEPA-filtered air back into the laboratory or to the environment through an exhaust canopy; and have all contaminated ducts and plenums under negative pressure or surrounded by negative-pressure ducts and plenums. If these cabinets are used for minute quantities of volatile toxic chemicals and trace amounts of radionucleotides, they must be exhausted through properly functioning exhaust canopies.

Type B1: These Class II BSCs maintain a minimum inflow velocity of 100 feet/minute; have HEPA-filtered, down-flow air composed largely of uncontaminated, recirculated inflow air; exhaust most of the contaminated down-flow air through a dedicated duct exhausted to the atmosphere after passing it through a HEPA filter; and have all contaminated ducts and plenums under negative pressure or surrounded by negative-pressure ducts and plenums. If these cabinets are used for work involving minute quantities of volatile toxic chemicals and trace amounts of radionucleotides, the work must be done in the directly exhausted portion of the cabinet.

Type B2 (total exhaust): These Class II BSCs maintain a minimum inflow velocity of 100 feet/minute; have HEPA-filtered, down-flow air drawn from the laboratory or the outside; exhaust all inflow and down-flow air to the atmosphere after filtration through a HEPA filter without recirculation inside the cabinet or return to the laboratory; and have all contaminated ducts and plenums under negative pressure or surrounded by directly exhausted negative-pressure ducts and plenums. These cabinets may be used with volatile toxic chemicals and radionucleotides.

Class III: The Class III BSC is designed for work with highly infectious microbiological agents and other hazardous operations. It provides maximum protection for the environment and the worker. It is a gas-tight enclosure with a viewing window that is secured with locks and/or requires the use of tools to open. Both supply and exhaust air are HEPA/ULPA filtered. Exhaust air must pass through two HEPA/ULPA filters in series before discharge to the outdoors.

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■1S (*USP39*)

⟨811⟩ POWDER FINENESS

The particle size distribution should be estimated by *Particle Size Distribution Estimation by Analytical Sieving* ⟨786⟩ or by application of other methods where practical. A simple descriptive classification of powder fineness is provided in this chapter. For practical reasons, sieves are commonly used to measure powder fineness. Sieving is most suitable where a majority of the particles are larger than about 75 μm, although it can be used for some powders having smaller particle sizes where the method can be validated. Light diffraction is also a widely used technique for measuring the size of a wide range of particles.

CLASSIFICATION OF POWDER FINENESS

Where the cumulative distribution has been determined by analytical sieving or by application of other methods, powder fineness may be classified in the following manner:

x_{90} = particle dimension corresponding to 90% of the cumulative undersize distribution
x_{50} = median particle dimension (i.e., 50% of the particles are smaller and 50% of the particles are larger)
x_{10} = particle dimension corresponding to 10% of the cumulative undersize distribution

It is recognized that the symbol *d* is also widely used to designate these values. Therefore, the symbols d_{90}, d_{50}, and d_{10} may be used.

The following parameters may be defined based on the cumulative distribution. $Q_R(x)$ = cumulative distribution of particles with a dimension less than or equal to *x* where the subscript *R* reflects the distribution type.

R	**Distribution Type**
0	Number
1	Length
2	Area
3	Volume

Therefore, by definition:

1. $Q_R(x) = 0.90$ when $x = x_{90}$
2. $Q_R(x) = 0.50$ when $x = x_{50}$
3. $Q_R(x) = 0.10$ when $x = x_{10}$

An alternative but less informative method of classifying powder fineness is by use of the terms in the following table.

Classification of Powders by Fineness

Descriptive Term	**X_{50} (μm)**	**Cumulative Distribution by Volume Basis, $Q_3(x)$**
Coarse	>355	$Q_3(355) < 0.50$
Moderately Fine	180–355	$Q_3(180) < 0.50$ and $Q_3(355) \geq 0.50$
Fine	125–180	$Q_3(125) < 0.50$ and $Q_3(180) \geq 0.50$
Very Fine	≤125	$Q_3(125) \geq 0.50$

Louisiana Board of Pharmacy

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Request for Advisory Opinion and/or Declaratory Statement re Act 409 of 2015 Legislature [R.S. 37:1241(A)(23)]

Mr. Andrew Capitelli, Milling Benson Woodward, LLP
on behalf of
Fountain Park Pharmacy in Harvey, La.

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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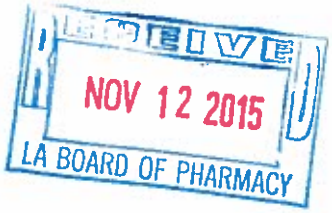
November 6, 2015



VIA U.S. MAIL AND FACSIMILE --(225) 925-6499
Louisiana Board of Pharmacy
ATTN: Carlos M. Finalet, III.
3388 Brentwood Drive
Baton Rouge, Louisiana 70809

RE: Petition for Advisory Opinion and Declaratory Statement

Dear Mr. Finalet,

On behalf of our client, Fountain Park Pharmacy, Inc. ("FPP"), a Louisiana licensed pharmacy located at 1901 Manhattan Boulevard, Building F, Suite 104, Harvey, Louisiana 70058, we hereby request an Advisory Opinion and/or Declaratory Statement from the Louisiana Board of Pharmacy regarding the interpretation and application of Act 409 of the 2015 Regular Session of the Louisiana State Legislature. A copy of Act 409 is enclosed for your reference. FPP requests this Advisory Opinion and/or Declaratory Statement pursuant to LAC 46:LIII.359, and further requests that the Pharmacy Board issue its decision to FPP and to undersigned counsel.

Effective August 1, 2015, Act 409 amended Louisiana Revised Statute § 37:1241 to provide, in part, as follows:

> A. The board may, after due notice and hearing, assess a fine not to exceed the sum of five thousand dollars for each offense, refuse to license, register, certify, or permit any applicant, refuse to renew the license or permit of any person, or may revoke, summarily suspend, suspend, place on probation, reprimand, issue a warning against the person who was issued the license, registration, certificate, permit, or any other designation deemed necessary to engage in the practice of pharmacy upon proof that the person:
>
> . . .
>
> (23) Has used an independent contractor to provide marketing services for the pharmacy to any practitioner, authorized prescriber, or prospective customer in Louisiana in exchange for compensation unless the compensation paid is an amount set in advance, consistent with fair market value, and not calculated based on the volume or value of actual prescriptions filled by the pharmacy.

FPP seeks clarification regarding whether Act 409 prohibits a pharmacy located in Louisiana from retaining or using an independent contractor to provide marketing services for the pharmacy to a practitioner, authorized prescriber, or prospective customer that is not located in Louisiana when payment under the contract is based on the volume or value of prescriptions filled by the pharmacy. Specifically, assuming it is not prohibited by the laws or regulations of another state, FPP seeks clarification on whether Act 409 would prevent a Louisiana-based pharmacy from entering into agreements with independent contractors to market the pharmacy's services to practitioners, prescribers and customers that are not located in Louisiana and to pay such independent contractors based on the volume or value of prescriptions filled by the pharmacy. FPP notes that payments made based on the volume or value of prescriptions filled by the pharmacy would not include any form of payment or remuneration for any prescription paid, in full or in part, by and Federal or State payer.

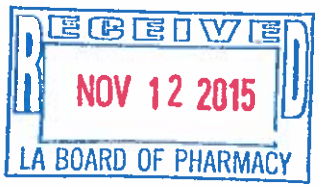
It appears that Act 409 may be limited to marketing services provided to a practitioner, prescriber or patient that is located in Louisiana, and that Act 409 does not apply to marketing services for a practitioner, prescriber or patient that is located outside Louisiana; however, FPP seeks clarification from the Pharmacy Board on its interpretation of Act 409. FPP notes that it is uncertain of the effects of Act 409, and, accordingly, it seeks an Advisory Opinion or Declaratory Statement from the Pharmacy Board on this issue. FPP also notes that it does not request an oral hearing on this issue, unless such hearing would be of a benefit to the Pharmacy Board. FPP understands that this matter will likely be reviewed at the Pharmacy Board meeting scheduled for February of 2016, but FPP requests expedited consideration at the December 2015 Pharmacy Board meeting, if possible.

Thank you in advance for your consideration of this matter and please do not hesitate to contact us with any questions, or if additional information is needed for the issuance of an Advisory Opinion or Declaratory Statement on this issue. With kindest regards, I remain,

Sincerely,

Andrew R. Capitelli

Enclosure
ARC/mtf
88795/433369



ENROLLED

2015 Regular Session

ACT No. 409

HOUSE BILL NO. 568

BY REPRESENTATIVES THIERRY, BARROW, WESLEY BISHOP, CHANEY, COX, GUINN, HALL, HOFFMANN, HUNTER, JACKSON, JAMES, TERRY LANDRY, MIGUEZ, MONTOUCET, ORTEGO, ROBIDEAUX, SMITH, ST. GERMAIN, ALFRED WILLIAMS, PATRICK WILLIAMS, AND WILLMOTT

AN ACT

To amend and reenact R.S. 37:1241(B) through (F) and to enact R.S. 37:1241(A)(23) and (24) and (G), relative to the disciplinary powers of the Louisiana Board of Pharmacy; to provide for prohibited acts; to require the production of information necessary for the investigation of certain violations; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 37:1241(B) through (F) are hereby amended and reenacted and R.S. 37:1241(A)(23) and (24) and (G) are hereby enacted to read as follows:

§1241. Refusal, restriction, suspension, or revocation of license

A. The board may, after due notice and hearing, assess a fine not to exceed the sum of five thousand dollars for each offense, refuse to license, register, certify, or permit any applicant, refuse to renew the license or permit of any person, or may revoke, summarily suspend, suspend, place on probation, reprimand, issue a warning against the person who was issued the license, registration, certificate, permit, or any other designation deemed necessary to engage in the practice of pharmacy upon proof that the person:

* * *

<u>(23) Has used an independent contractor to provide marketing services for the pharmacy to any practitioner, authorized prescriber, or prospective customer in Louisiana in exchange for compensation unless the compensation paid is an amount set in advance, consistent with fair market value, and not calculated based on the volume or value of actual prescriptions filled by the pharmacy.</u>

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(24) Has dispensed or distributed any drug or device to any patient pursuant to a prescription written by a practitioner or a member of the practitioner's group practice if the practitioner or an immediate family member of the practitioner has a direct or indirect financial relationship with the dispensing or distributing pharmacy, unless the financial relationship meets all of the requirements of R.S. 37:1745. Nothing in this Paragraph shall prohibit a practitioner or an immediate family member of the practitioner from having an ownership interest in a pharmacy.

B. The board may require a pharmacy to produce any information the board deems reasonably necessary to investigate alleged violations of and otherwise enforce Paragraphs (A)(23) and (A)(24) of this Section.

~~B.~~ C. In addition to the disciplinary action or fine assessed by the board, the board may assess all costs incurred in connection with the proceedings, including but not limited to investigator, stenographer, and attorney fees.

~~C.~~ D. Each day on which a violation occurs is a separate violation for the purposes of this Part.

~~D.~~ E. The board may, by regulation, defer action with regard to an impaired licensed, registered, or certified person who voluntarily signs an agreement, in a form satisfactory to the board, agreeing not to practice pharmacy and to enter an approved treatment and monitoring program in accordance with this Section, provided that this Section should not apply to a licensee who has been convicted of, pleads guilty to, or enters a plea of nolo contendere to a felonious act or a conviction relating to a controlled substance in a court of law of the United States or any state, territory, or country.

~~E.~~ F. The board retains jurisdiction over all such unlicensed, uncertified, or unpermitted persons relative to violations of and enforcement of the provisions of this Chapter. However, nothing contained in this Chapter shall prevent any licensed practitioner of medicine, dentistry, or veterinary medicine from compounding, dispensing, administering to, or supplying his patients with the necessary drugs and medicines for their use.

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~~F.~~ G. Any individual who, after a hearing, shall be found by the board to have unlawfully engaged in the practice of pharmacy shall be subject to a fine not to exceed the sum of five thousand dollars to be imposed by the board. Each such violation of this Chapter or the regulations promulgated hereunder pertaining to unlawfully engaging in the practice of pharmacy shall also constitute a misdemeanor punishable upon conviction by a fine of no more than five hundred dollars or by imprisonment for no more than six months, or both.

_____
SPEAKER OF THE HOUSE OF REPRESENTATIVES

_____
PRESIDENT OF THE SENATE

_____
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

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Louisiana Board of Pharmacy
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Request for Opinion
re
Dispensing of Investigational Drugs in Hospital Pharmacy

Jennifer Henry, PharmD, Tulane Health System
New Orleans, La.

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

From: Jennifer.Henry@hcahealthcare.com
To: Malcolm J. Broussard
Cc: Donna.Torsney@HCAhealthcare.com; rmcduffi@tulane.edu; vknight@sullivanstolier.com
Subject: RE: [EXTERNAL] RE: RE: Request for Tulane Health System to be added to BOP Feb 24 meeting agenda
Date: Tuesday, January 26, 2016 11:41:39 AM

Good morning Mr. Broussard,
Thank you so much for adding our request to the docket. I will be at the Board Meeting at 10 AM and understand completely that I may be called upon anytime during the day so will make myself available to the Board all day. Thank you so much for all of your assistance with this matter.
Sincerely,
Jennifer Henry

From: Malcolm J. Broussard [mailto:mbroussard@pharmacy.la.gov]
Sent: Monday, January 25, 2016 11:10 AM
To: Henry Jennifer <Jennifer.Henry@hcahealthcare.com>
Cc: Torsney Donna <Donna.Torsney@HCAhealthcare.com>; rmcduffi@tulane.edu
Subject: [EXTERNAL] RE: RE: Request for Tulane Health System to be added to BOP Feb 23rd agenda

Dr. Henry,

This will confirm the docketing of your pharmacy's request on the agenda for the board's next meeting, scheduled for Wednesday, February 24, 2016 at the Board office. The Board President is scheduled to convene that meeting at 10 am, and board meetings typically last 4-6 hours. Although special requests are routinely sequenced following committee and staff reports on the board's printed agendas, it is not uncommon the president to re-order the sequence of the agenda to accommodate certain guests. Therefore, I cannot provide an estimate of precisely when your request will be considered.

In the event you wish to provide any materials for the board members to consider, I would ask that you direct those materials to me at least 7 days prior to the meeting, so we can distribute those materials to the members in their advance copy of the meeting binder. In the event you require any equipment to make a presentation to the members during the meeting, we would appreciate your advance notice at least 7 days prior to the meeting, so that we can ensure we have on hand what you need.

Malcolm J Broussard
Executive Director
Louisiana Board of Pharmacy
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Baton Rouge, LA 70809-1700
United States of America
Telephone +1.225.925.6481
Telecopier +1.225.923.5669
mbroussard@pharmacy.la.gov

From: Jennifer.Henry@hcahealthcare.com [mailto:Jennifer.Henry@hcahealthcare.com]
Sent: Friday, January 22, 2016 8:37 PM
To: Malcolm J. Broussard
Subject: RE: RE: Request for Tulane Health System to be added to BOP Feb 23rd agenda

Good evening Mr. Broussard,
Thank you so much for responding back to me so quickly. You are correct in your interpretation of our request. I appreciate your help in getting this added to the docket.
Sincerely,
Jennifer

From: Malcolm J. Broussard [mailto:mbroussard@pharmacy.la.gov]
Sent: Friday, January 22, 2016 11:20 AM
To: Henry Jennifer <Jennifer.Henry@hcahealthcare.com>; Joe Fontenot <jfontenot@pharmacy.la.gov>
Cc: Torsney Donna <Donna.Torsney@HCAhealthcare.com>; rmcduffi@tulane.edu
Subject: [EXTERNAL] RE: Request for Tulane Health System to be added to BOP Feb 23rd agenda

Dr. Henry,

This will confirm receipt of your request for the addition of Tulane Health System Pharmacy to the agenda for the Board's next meeting on February 24, 2016. As I appreciate the intended outcome, it will center on whether or not the hospital pharmacy may continue to dispense investigational medications as it has been doing for some period of time, or in the alternative, whether the health system should acquire a separate pharmacy permit for that activity. If I have misunderstood the endpoint to be addressed by the Board, please let me know. I first need to get the board president's permission to docket the request, and I want to be sure our understanding of your request is accurate.

Thank you.

Malcolm J Broussard
Executive Director
Louisiana Board of Pharmacy
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From: Jennifer.Henry@hcahealthcare.com [mailto:Jennifer.Henry@hcahealthcare.com]
Sent: Friday, January 22, 2016 10:43 AM
To: Malcolm J. Broussard; Joe Fontenot
Cc: Donna.Torsney@HCAhealthcare.com; rmcduffi@tulane.edu
Subject: Request for Tulane Health System to be added to BOP Feb 23rd agenda

Good morning Mr. Broussard,

I would like to start by thanking Joe Fontenot for all of his assistance in this matter. He has been extremely patient and helpful with all of our questions. It is the intent of Tulane Health System and the Tulane Medical School to be in full compliance with both federal and state regulations. As I mentioned to Mr. Fontenot on the call the question of the Health System not having an outpatient license came up several years ago prior to my tenure here. The hospital legal team reviewed the issue at that time and it was determined that the Health System was compliant under Louisiana law. This question has now come up again and I would like to add a request to have Tulane Health System added to the Board of Pharmacy February 23rd Meeting Agenda to review our legal argument on the outpatient license issue that will be presented. Within the legal argument we will also have detailed information as requested detailing the role of the Pharmacist in handling, storage, distribution, etc. of the investigational medications so the Board will have all of the pertinent facts they will need to reach a decision. I have included Donna Torsney our corporate legal counsel on this email in the event you have any legal questions regarding this matter prior to the February 23rd meeting.

Sincerely,

Jennifer Henry, Pharm.D
Director of Pharmacy
Tulane Health System

Tulane Medical Center
1415 Tulane Ave
New Orleans, LA 70112-2600

Tulane Lakeside Hospital for Women and Children
4700 South I-10 Service Rd W
Metairie, LA 70001

Office 504-988-5028
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Announcements

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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February 24, 2016

Agenda Item 13: Announcements

Mar. 4-7	APhA Annual Meeting – Baltimore, MD
Mar. 9-10	Violation Committee – Informal Conference
Mar. 14	Regular Session of 2016 Legislature convenes
Mar. 15-16	MPJE Item Writing Conference – Mount Prospect, IL
Mar. 25	Good Friday – *Board office closed*
Mar. 30	Tripartite Committee Meeting
Apr. 13	Louisiana Pharmacy Congress PMP Advisory Council
May 3	Reinstatement, Impairment, & Executive Committees
May 4	Reciprocity Committee & Board Meeting
May 5	Administrative Hearing
May 13	Mail ballots for board member nomination election
May 14-17	NABP Annual Meeting – San Diego, CA
May 21-22	WHPA Conference on Regulation – Geneva, CH
May 26-28	LSHP Annual Meeting – New Orleans, LA
May 30	Memorial Day – *Board office closed*