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Louisiana Board of Pharmacy News

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New Board Members (10-10-358)

Governor Bobby Jindal recently appointed five new pharmacist members to the Louisiana Board of Pharmacy, all of them for six-year terms beginning August 25, 2010, and terminating August 24, 2016.

- District 1 – **Richard Michael Indovina, Jr,** who practices at Walgreens pharmacies, replaced Michele P. Alderman, who completed six years of service.
- District 2 – **Deborah Hunt Simonson,** who practices at Ochsner Foundation Hospital Pharmacy in New Orleans, LA, replaced Reuben R. Dixon, who completed 22 years of service.
- District 4 – **Clovis Smith Burch,** who practices at Medic Specialty Pharmacy in Shreveport, LA, replaced J. Douglas Boudreaux, who completed six years of service.
- District 6 – **Pamela Geoghagan Reed,** who practices at Wal-Mart pharmacies, replaced John O. LeTard, who completed two years of service.
- District 7 – **Ryan Michael Dartez,** who practices at Teche Drugs in Lafayette, LA, replaced Allen W. Cassidy, Jr, who completed six years of service.

License and Permit Renewals for 2011 (10-10-359)

The renewal cycle for pharmacists and pharmacies will open on November 1, 2010. Just prior to that date, you should receive a reminder mailer from the Board office; the mailer will remind you of the three options you have to renew your credentials:

1. visit the Board's Web site at *www.pharmacy.la.gov* and renew your credential online using a credit card;
2. visit the same Web site to download and print an application form, then complete and mail the application form with the appropriate fee, using a check or money order; or
3. send a written notice to the Board office (mail, fax, or e-mail) with your name, credential number, and mailing address requesting the Board to mail an application form to you.

Any address changes received at the Board's office after October 8, 2010, will not be reflected on your remainder mailer. If the postal service fails to deliver your reminder mailer by November 15, 2010, then it becomes your responsibility to obtain an application form or renew your credential online.

Credentials renewed online will be mailed within one or two business days; credentials renewed with paper application forms will be mailed within two to four weeks, depending on the volume of paper applications received.

The online renewal module of the Web site is timed to automatically activate at 12:01 AM on November 1, 2010, and to deactivate at midnight on December 31, 2010. While the Board makes every effort to maintain the online convenience during the renewal period, the Board's service provider may experience weather-related or other unforeseen technical difficulties from time to time; it has already happened. You have 60 days to renew your credential, and it is your choice as to when you complete that duty. In the event you choose to wait until the last day and the Web site is not available, then you will be responsible for the consequences of your failure to renew your credential in a timely manner. Why take a chance? Please do not wait until the last minute of the last day.

Pharmacist License Renewal

- Current pharmacist licenses shall expire at midnight on December 31, 2010. There is no grace period, and a pharmacist shall not practice with an expired license.
- Should you elect to use a paper application form, the Board suggests you submit your completed application form and $100 fee to the Board office no later than December 1, 2010. Please do not forget to sign and date the application and answer the questions at the bottom of the form. If the form is incomplete, or if there is no supporting documentation with an affirmative response, then the application form will be returned to you as incomplete, resulting in a delay in the renewal of your license.
- If it is important for you to know when your paper application form is received at the Board office, then the Board suggests you use a mailing service with tracking options, eg, DHL, FedEx, UPS, or United States Postal Service. Due to the volume of mail during the renewal cycle, the Board

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FDA Alert Regarding Administration of Oral Nimodipine Capsules

Food and Drug Administration (FDA) reminds health care providers that oral nimodipine capsules should be given only by mouth or through a feeding or nasogastric tube and should never be given by intravenous administration. FDA continues to receive reports of intravenous nimodipine use, with serious, sometimes fatal, consequences. Intravenous injection of nimodipine can result in death, cardiac arrest, severe falls in blood pressure, and other heart-related complications.

Nimodipine is a medication intended to be given in a critical care setting to treat neurologic complications from subarachnoid hemorrhage and is only available as a capsule. Prescribing information warns against intravenous use of nimodipine and also provides clear instructions on how to remove the liquid contents from the capsules for nasogastric tube administration in patients who are unable to swallow. The instructions recommend that the syringe used for withdrawal of capsule contents be labeled with "Not for IV Use." FDA will continue working with the manufacturers of nimodipine and with outside groups to evaluate and implement additional ways to prevent medication errors with this product.

An FDA Drug Safety Communication providing additional information for health care providers and patients is available at *www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm220386.htm.*

FDA Approves Vaccines for the 2010-2011 Influenza Season

FDA approved vaccines for the 2010-2011 influenza season in the United States on July 30, 2010, and some manufacturers began shipping as early as mid-August. The seasonal influenza vaccine protects against three strains of influenza, including the 2009 H1N1 influenza virus, which caused the 2009 pandemic. Last year, two separate vaccines were needed to protect against seasonal flu and the 2009 H1N1 pandemic flu virus because the 2009 H1N1 virus emerged after production began on the seasonal vaccine, but this year, only one vaccine is necessary. The Centers for Disease Control and Prevention has published recommendations for annual influenza vaccination to include all people aged six months and older. The expanded recommendation is to take effect in the 2010-2011 influenza season. More information on the approved vaccine is available in an FDA news release available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm220718.htm.*

FDA Alert Regarding Adverse Effects in Children After Unintentional Exposure to Evamist

FDA advises patients and health care providers of reports regarding adverse effects from Evamist® in children who may have been unintentionally exposed to the drug through skin contact with women using this product. Evamist contains estradiol, an estrogen hormone, and is a topical product, sprayed on the skin on the inside of the forearm between the elbow and the wrist. Children unintentionally exposed to Evamist may experience premature puberty. FDA is currently reviewing these reported adverse events and is working with the company to identify any factors that may contribute to unintended exposure and to evaluate ways to minimize the risk. FDA advises that patients should make sure that children are not exposed to Evamist and that children do not come into contact with any skin area where the drug was applied, and for those who cannot avoid contact with children to wear a garment with long sleeves to cover the application site. Additional information for patients is provided in an FDA Drug Safety Communication available at *www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm220185.htm.*

Safeguards to Implement with 'High Alert' Medications

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

While most medications have a large margin of safety, a small number of drugs have a high risk of causing injury when they are misused. ISMP calls these "high-alert medications" to draw attention to this characteristic so that all involved in their use will treat them with the care and respect that they require. Errors may or may not be more common with these drugs than with the use of any others; however, the consequences of the errors are more devastating. For this reason, special considerations are required. These medications often need to be packaged differently, stored differently, prescribed differently, and administered differently than others. Examples of high-alert medications in community pharmacy include warfarin, insulin, methotrexate, and fentanyl patches. Whenever possible, "forcing functions" – methods that make it impossible for the drug to be given in a potentially lethal manner – should be developed and instituted. Forcing functions are procedures that create a "hard stop" during a process to help ensure that important information is provided before proceeding. For example, a pharmacy computer system that prevents overriding selected high-alert messages without a notation (eg, patient-specific indication must be entered if high-alert medication selected) is a forcing function.

An independent double-check of a high-alert medication is a procedure in which two pharmacists, alone and apart from each other, separately check each component of dispensing and verifying the high-alert medication, then compare results before giving it to the patient to self-administer. While technological solutions such as bar coding systems have great potential to detect human error, manual redundancies such as independent double checks still play an important role in error detection. Studies show that manual redundancies detect about 95% of errors. Independent double checks serve two purposes: to prevent a serious error from reaching a patient; and just as important, to bring attention to the systems that allow the introduction of human error. In retail pharmacies, with only one pharmacist per shift, the independent double check can be performed via a "will call" bag

check or by another pharmacist at the beginning of the next shift. If the medication has been dispensed, serious harm can be avoided or mitigated if the error is discovered within one or two doses.

The following information must be verified during the double-check process:

Comparison to prescriber's order:

- Is this the prescribed drug?
- Is this the prescribed dose/strength/rate and route of administration?
- Is this the right patient (use two patient identifiers)?
- Is this the prescribed frequency?

Additional cognitive checks:

- Does the drug's indication correspond to the patient's diagnosis?
- Is this the right drug formulation?
- Are dose calculations correct?
- Is the dosing formula (eg, mg/kg) used to derive the final dose correct?
- Is the prescribed dose/frequency/timing appropriate for this patient?
- Is the route of administration safe and proper for this patient?
- Has patient been educated on appropriate monitoring?

ASCO/FDA Program Provides Information on Expanded Access for IND Applications

Developed in partnership with FDA, the American Society of Clinical Oncology (ASCO) offers an online interactive educational program to help providers understand FDA regulations regarding expanded access programs for individual-patient investigational new drug (IND) applications. The program provides an introduction from the viewpoint of various involved stakeholders, including physicians, FDA, industry, and patients and may assist pharmacists in providing patient counsel regarding expanded access.

This interactive module consists of:

- A thorough explanation of all expanded access programs available
- Links to key references and resources that are relevant to the slide content
- Selected virtual meeting presentations from ASCO Annual Meetings
- Helpful resources to use with patients

The program is available at *http://university.asco.org/Expanded Access* and participants may earn a certificate of participation or completion.

Rise in Prescription Pain Pill Abuse Documented in Latest SAMHSA Data

Abuse of prescription pain medications continues to rise, according to the latest data from the Substance Abuse and Mental Health Services Administration (SAMHSA). The agency's Treatment Episode Data Set showed that the proportion of substance abuse treatment admissions for individuals aged 12 and older rose 400% from 1998 to 2008. SAMHSA data also showed an increase in emergency room visits involving the non-medical use of a prescription narcotic pain reliever, which have tripled in proportion since 1998. SAMHSA Administrator Pamela S. Hyde, JD, stressed that the non-medical use of prescription pain relievers is now the second most prevalent form of illicit drug use. Hyde emphasized the importance of raising awareness about this public health threat and educating the public on the "critical importance of properly using, storing, and disposing of these powerful drugs" as reported in a SAMHSA press release available at *www.samhsa.gov/newsroom/advisories/1007140544.aspx*.

USP Recommends Patient-Centered Standards for Prescription Labels

To address the problem of patient misinterpretation of medication instructions, the United States Pharmacopeial Convention (USP) Health Literacy and Prescription Container Labeling Advisory Panel developed and recently released recommendations for standardizing the format, appearance, content, and language of prescription labels. The panel, on which the National Association of Boards of Pharmacy® (NABP®) participated, developed the patient-centered recommendations in response to a call for such standards from the Institute of Medicine. More details about the panel's recommendations are available in a USP press release at *http://vocuspr.vocus.com/vocuspr30/ViewAttachment.aspx?EID=2WSh2u7neSpIu2bXW1HJ5VQ48HGFAOGH1NdNBeuPwJE%3d*.

Seven Pharmacy Organizations Respond to AMA Scope of Pharmacy Practice Document

Seven national pharmacy organizations, including NABP, collaborated on the analysis and responded to the AMA Scope of Practice Data Series: Pharmacists, a document published by the American Medical Association (AMA) that describes the scope of the practice of pharmacy as viewed by the AMA authors. The pharmacy organizations identified significant opportunities for enhanced understanding by the AMA of contemporary pharmacy practice and urged the AMA to correct the identified issues noted in the document. AMA responded that meaningful dialogue will be pursued to examine ways pharmacists and physicians can collaboratively address the health care needs of patients. Collaborating on the pharmacy organizations' review and response were the American Pharmacists Association (APhA), American Association of Colleges of Pharmacy, American College of Clinical Pharmacy, Accreditation Council for Pharmacy Education, American Society of Consultant Pharmacists, National Alliance of State Pharmacy Associations, and NABP. The letter and materials sent to AMA are available at the following links from the APhA Web site:

- Recommendations: AMA Scope of Practice Data Series: Pharmacists, *www.pharmacist.com/AM/Template.cfm?Section=Home2&CONTENTID=23148&TEMPLATE=/CM/ContentDisplay.cfm*.
- Response Letter: AMA Scope of Practice Data Series: Pharmacists, *www.pharmacist.com/AM/Template.cfm?Section=Home2&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=23149*.
- Scope of Contemporary Pharmacy Practice, *www.pharmacist.com/AM/Template.cfm?Section=Home2&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=23150*.

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is unable to respond to telephone requests for delivery confirmation.

- The renewal of an expired license will incur a 50% penalty as well as a lapsed license reinstatement fee, resulting in a total charge of $350.

Pharmacy Permit Renewal

- Current pharmacy permits shall expire at midnight on December 31, 2010. There is no grace period, and a pharmacy shall not operate with an expired permit. Recent history reveals the usual fine for this violation is $5,000.
- Should you elect to use a paper application form, the Board suggests you submit your completed application form and $150 fee to the Board office no later than December 1, 2010. Please do not forget to sign and date the application and answer the questions at the bottom of the form. If the form is incomplete, or if there is no supporting documentation with an affirmative response, then the application form will be returned to you as incomplete, resulting in a delay in the renewal of your permit.
- If it is important for you to know when your paper application form is received at the Board office, then the Board suggests you use a mailing service with tracking options, eg, DHL, FedEx, UPS, or US Postal Service. Due to the volume of mail during the renewal cycle, the Board is unable to respond to telephone requests for delivery confirmation.
- The renewal of an expired permit will incur a 50% penalty as well as a lapsed permit reinstatement fee, resulting in a total charge of $412.50.
- The renewal of an expired controlled dangerous substance license will incur a 50% penalty as well as a lapsed license reinstatement fee, resulting in a total charge of $237.50.

Pharmacist Responsibility (10-10-360)

If you are a pharmacist-in-charge, you shall ensure that all personnel you allow to perform professional functions in your prescription department are properly credentialed with an active and current credential. If you are a staff pharmacist or relief pharmacist, it is your responsibility to ensure that all personnel you allow to assist you in the prescription department are properly credentialed with an active and current credential.

In the event a compliance officer discovers anyone performing professional functions without the necessary credentials, then all pharmacists present, as well as the pharmacist-in-charge, will be identified in the investigative report filed by the compliance officer. Further, in the event of a formal inquiry by the Board, all of those pharmacists so identified will bear the risk of potential disciplinary action.

Corresponding Responsibility (10-10-361)

> A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of the Controlled Substances Act, and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances. [21 CFR 1306.04]

The foregoing paragraph is abstracted from US Drug Enforcement Administration (DEA) regulations. In addition, Board regulations require a pharmacist to verify the authenticity and legitimacy of every prescription he or she elects to dispense. While the Board does not specify the actions a pharmacist must employ in the verification process, the Board does expect a pharmacist to exercise sound professional judgment in making such determinations. There is nothing that requires a pharmacist to dispense a prescription of doubtful origin; in fact, a pharmacist who dispenses such prescriptions when he or she knew, or should have known, those prescriptions were doubtful may be prosecuted.

As part of our professional education, pharmacists learn the signs and circumstances that suggest a prescription may not be authentic or legitimate, including patient behaviors and practitioner prescribing patterns. Just because a prescriber wrote something on a piece of paper does not make it authentic. Several courts have held that "deliberate ignorance" – sometimes called the "ostrich syndrome" – is not a valid defense for pharmacists. The Board encourages you to exercise sound professional judgment and refrain from dispensing prescriptions that are not authentic or legitimate.

Are You Sure You Entered the Right Prescriber on That Prescription Record? (10-10-362)

Some of the beneficiaries of the Board's Prescription Monitoring Program (PMP) include the various practitioner licensing agencies such as the Board of Medical Examiners. Those agencies review the data submitted by pharmacies dispensing controlled substance prescriptions to ensure their prescribers are complying with certain restrictions placed on their prescriptive authority. Some of their recent findings include the following:

- The prescriber recorded by the dispensing pharmacy passed away some time ago.
- The prescriber recorded by the dispensing pharmacy lost his or her DEA registration some time ago.
- The prescriber recorded by the dispensing pharmacy lost his or her personal DEA registration, but wrote the prescription properly using a facility DEA registration and suffix; however, the pharmacy entered the incorrect DEA registration number on the prescription record.

The Board suspects many of the errors are attributable to accepting the default prescriber on a specific patient record when entering a prescription. Who is responsible for main-

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taining your information system prescriber database? Do they inactivate prescribers when you learn of their passing? Do they adjust the parameters to reflect their prescribing privileges for certain schedules or certain drugs? Does your information system permit you to enter a suffix for a DEA registration number? The Board does not regulate information systems used by pharmacies – although that might be an interesting discussion to consider. Currently, §1105 of the Board's rules holds the pharmacist-in-charge accountable for the proper maintenance of all prescription records. Moreover, §1103 requires the pharmacy to utilize an electronic record-keeping system, which shall be a complete and accurate record. In the event your pharmacy's information system does not enable or assist you to maintain accurate prescription records in compliance with federal and state rules, you may wish to reconsider your selection. Both DEA and the Board are permitted to discipline pharmacies for inaccurate or improper record keeping for controlled substance prescriptions.

The 2010 Louisiana Legislature amended the PMP law to authorize prescribers to access all prescription records attributed to them, to enable them to verify the accuracy of prescription records submitted by pharmacies, and then direct them to contact pharmacies for record correction as necessary. In the event your pharmacy is contacted by a prescriber or prescriber licensing agency with concerns about the accuracy of records in your system, the Board trusts you will be responsive and take the appropriate steps to maintain accurate records.

Electronic Notification to Pharmacies (10-10-363)

Did you know there are lists of the physicians, podiatrists, and physician assistants disciplined by the Board of Medical Examiners on the Board of Pharmacy's Web site? If you have not seen them, check it out: *www.pharmacy.la.gov → Library → Guidance Documents → Rosters of Practitioners Disciplined by Licensing Agency.* The listings are alphabetical by surname of the practitioner and reflect actions dating back to 1998.

As part of the new communication capabilities with the Board's new Web site, the Board is currently configuring a process to send electronic notifications to pharmacies about a range of topics, including alerts for practitioners with new restrictions on their prescriptive authority as well as stolen prescription pads. If you have not already done so, the Board encourages you to ensure the Board has an e-mail address for your pharmacy so that your pharmacy can be included in those notifications.

Disciplinary Actions (10-10-364)

Although every effort is made to ensure this information is correct, you should contact the Board office at 225/925-6496 to verify the accuracy of any listing before making any decision based on this information.

During its May 6, 2010 formal administrative hearing, the Board took final action in the following matters:

Laura Bird Leaber (CPT.003421): Certificate revoked; and further, assessed a fine of $5,000 plus investigative and hearing costs.

Angela Lavette Armstrong (PTC.014858): Registration revoked; and further, assessed a fine of $5,000 plus investigative and hearing costs.

Doctors' Hospital of Shreveport (CDS.036866.HOS): License revoked; and further, assessed a fine of $5,000 plus investigative and hearing costs.

During its August 11-12, 2010 meeting and hearing, the Board took final action in the following matters:

College Pharmacy (PHY.006286): Authorized issuance of the new permit pursuant to a change of ownership, suspended the new permit and stayed the execution thereof, and then placed the new permit on probation for a period of time terminating on April 16, 2016, to coincide with the terms of an order from the Colorado State Board of Pharmacy.

Barlow Bertrand Miller III (PST.010236): Granted request for reinstatement of the previously suspended license, suspended the license for five years and stayed the execution thereof, and then placed the license on probation for five years, terminating November 14, 2012, subject to certain terms enumerated in the consent agreement.

Casey Kendall Gisclair (PST.017305): Granted request for reinstatement of the previously suspended license, suspended the license for five years and stayed the execution thereof, and then placed the license on probation for five years, terminating August 11, 2015, subject to certain terms as enumerated in the consent agreement.

Lincare, Inc, dba United Medical (PHY.004647): Granted request for reinstatement of the previously suspended permit.

Gary Charles Richardson (PST.010910): Denied request for reinstatement of the previously suspended license.

Abita Pharmacy (PHY.004842): Issued a Letter of Reprimand, and assessed a fine of $500 plus administrative and investigative costs for transferring prescription drug inventory to Northlake Pharmacy prior to the issuance of a pharmacy permit to that facility.

John Scott Soileau (PST.014858): Suspended the license for an indefinite period of time, and assessed a fine of $50,000 plus administrative and investigative costs; and further, prohibited the acceptance of any future reinstatement application for at least 18 months for dispensing over 400 prescriptions not authorized by the alleged prescriber.

Thrift Clinic Pharmacy (PHY.004400): Revoked the permit, with permanent prohibition on any future reinstatement application for dispensing over 400 prescriptions not authorized by the alleged prescriber.

Jamie Leigh Douglas (CPT.009472): Revoked the certificate, with permanent prohibition on any future reinstatement application for the alleged theft of controlled substances from her employer pharmacy.

Ryshita Nicole Reed (CPT.007922): Revoked the certificate, with permanent prohibition on any future reinstatement application for the alleged theft of controlled substances from her employer pharmacy.

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Tonya Natasha Dixon (CPT.004305): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective June 3, 2010.

Ashley Elizabeth Reynolds (CPT.001775): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective June 4, 2010.

Jason Lance Cassagne (PST.016173): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective June 22, 2010.

Melinda Patrice Simon (CPT.007033): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective June 9, 2010.

Darby Shae Noland (CPT.009152): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective July 19, 2010.

Randia Jeree Nicole Derousselle (CPT.009365): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective July 28, 2010.

Bernard Luke Manale (CDS.007014.MD): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective July 30, 2010.

Sharon Denise Moore (CPT.008643): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective July 19, 2010.

C'Shontee Kinyetta Webb (PTC.015869): Accepted voluntary surrender, resulting in suspension of the registration for an indefinite period of time, effective July 19, 2010.

During the August 11-12 meeting, the Board also granted one request for modification of a previously entered conditional reinstatement order; and further, issued letters of reprimand to three pharmacists, one intern, three technician candidates, and two pharmacies; and further, issued letters of warning to one pharmacist, one technician, and one pharmacy.

Correction to Previous Entry

Alicia Collette Alexander (CPT.005632): Consent Order. Certificate revoked, and further, issued permanent prohibition on the acceptance of any future application for reinstatement; for prescription forgery by altering the quantity prescribed and for adding refills without authorization from the prescriber. The Board regrets the error in the previous entry.

Calendar Notes (10-10-365)

The next Board meeting and administrative hearing will be November 9-10, 2010, at the Board office. The office will be closed November 2 in observance of Election Day, November 11 in observance of Veterans Day, November 25 in observance of Thanksgiving Day, November 26 in observance of Acadian Day, December 24 in observance of Christmas Day, and December 31 in observance of New Year's Day.

Special Note (10-10-366)

The *Louisiana Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates credentialed by the Board. **These *Newsletters* will be used in administrative hearings as proof of notification.** Please read them carefully. The Board encourages you to keep them in the back of the *Louisiana Pharmacy Law Book* for future reference.

Lagniappe (10-10-367)

"Destiny is not a matter of chance, it is a matter of choice; it is not a thing to be waited for, it is a thing to be achieved," *William Jennings Bryan, 1860-1925.*

The *Louisiana Board of Pharmacy News* is published by the Louisiana Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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