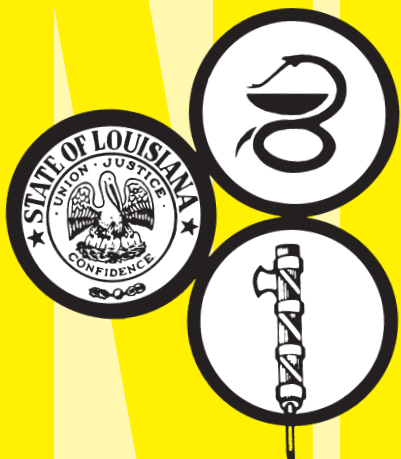


April 2009



# Louisiana Board of Pharmacy

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[www.labp.com](http://www.labp.com)

Published to promote voluntary compliance of pharmacy and drug law.

## ***New Board Member (09-04-317)***

Governor Bobby Jindal has appointed John O. LeTard to complete the remainder of the unexpired term on the Louisiana Board of Pharmacy originally held by Ms Patricia Angelle. Mr LeTard resides in Zachary and owns Medical Pharmacy. Mr LeTard's term will expire August 24, 2010.

## ***Renewal of Pharmacy Technician Certificates – New Procedures (09-04-318)***

The office will no longer automatically mail renewal applications; instead, the office will send a reminder postcard to all technicians just prior to May 1. The postcard will remind you of the three options you have to renew your certificate:

1. visit the Board Web site at [www.labp.com](http://www.labp.com) and renew the certificate online using a credit card;
2. visit the Board Web site and print a renewal application, then complete and mail it with the appropriate fee to the office; or
3. send a written notice to the office (mail, fax, or e-mail) with your name, address, and certificate number requesting that the Board mail an application to you.

For those certificates renewed online, we will mail those renewals within one or two business days; for those certificates renewed with paper applications, we will mail those renewals within two to four weeks, depending on the volume of paper applications received.

Any address changes submitted to the office after April 10, 2009, may not be reflected on your reminder postcard. If you do not receive your reminder postcard by May 15, 2009, it becomes your responsibility to obtain a renewal application or renew your certificate online.

The online renewal feature will be available from 12:01 AM on May 1 through midnight on June 30. While the Board makes every effort to maintain the online convenience during the renewal period, our service provider may

experience weather-related or other unforeseen technical difficulties from time to time. You have 60 days to renew your certificate. If you choose to wait until the last day and the Web site is unavailable, then you will be responsible for the consequences of your failure to renew your certificate in a timely manner. Why take a chance? Please do not wait until the last minute.

All technician certificates will expire on June 30, 2009, regardless of the date of issue. You may not practice with an expired certificate. The renewal of an expired certificate will incur an additional \$25 penalty, as well as an additional \$200 reinstatement fee. Applications bearing a postmark from the mail service of July 1 or later must be accompanied by the additional fees, or the package will be returned to the sender unprocessed. If it is important to you to know when the Board receives your renewal application, we suggest you use the mail tracking service of your choice.

## ***Generic Substitution Procedures – Are You Sure You Know the Law? (09-04-319)***

We continue to receive a number of complaints against pharmacists alleging improper generic substitution. In particular, some of these complaints involve documented patient injury attributed to improper substitution of narrow therapeutic index drugs, specifically drugs used to treat epilepsy or other seizure disorders.

When a prescriber initiates a prescription order for a multi-source product and the prescriber prohibits generic substitution by marking the box labeled "Dispense as Written" (or "DAW"), then the pharmacist may only dispense the product prescribed. Certain third-party payors, including Medicaid, may have more stringent rules about the method of instruction to the pharmacist, eg, handwritten words. Pharmacists dispensing prescriptions reimbursable by third parties should comply with those more stringent

*Continued on page 4*



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

requirements. When a prescriber has properly prohibited generic substitution, then the pharmacist shall not dispense any other product – if the patient wishes to obtain a generic product, then the pharmacist shall contact the prescriber and obtain a new order that permits generic substitution.

In the process of selecting a generic substitute, please remember that not all generic drugs are approved for substitution. If you wish to substitute a generic drug for another drug prescribed, you may only do so if the federal Food and Drug Administration (FDA) has rated the proposed generic substitute as therapeutically equivalent to the product prescribed. Where do you find the information about the equivalency ratings for generic substitutes? FDA publishes the *Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book)* in both paper and electronic formats. You may order the annual paper edition from the US Government Printing Office (<http://bookstore.gpo.gov>; toll free at 866/512-1800). You may perform online queries – free of charge – at [www.fda.gov/cder/ob/default.htm](http://www.fda.gov/cder/ob/default.htm). If the product intended as a substitute is not rated by FDA as equivalent to the product prescribed, then the pharmacist shall not dispense that product as a substitute to the product prescribed.

When a prescriber initiates a prescription order for a multi-source product and the prescriber has not prohibited generic substitution, then the pharmacist may select a generic substitute, but only if the patient is aware of – and consents to – the proposed cost-saving substitution. There should never be a “surprise” at the prescription counter or beyond. If the patient does not consent to the proposed cost-saving substitution, then the pharmacist shall not dispense a substitute for the product prescribed. Based on the complaints we are receiving, it appears that some pharmacists are not informing patients or obtaining their consent prior to dispensing a substitute medication.

The Board has instructed the office to collaborate with prescriber organizations to ensure their understanding of the correct way to prohibit generic substitution. In addition, we will collaborate with consumer organizations to inform patients of the generic substitution laws as well as how to file complaints against pharmacists. Our compliance officers are mandated to investigate consumer complaints and to enforce the generic substitution law.

Improper generic substitution is a violation of the Louisiana Pharmacy Practice Act. As a reminder, the Board has several options to discipline a pharmacist’s license. They may issue a Letter of Warning or a Letter of Reprimand. For more severe infractions, the Board may place a license on probation (for any length of time) or suspension (for any length of time). The Board may also revoke a license. In addition, the Board may levy a fine. The amount of the fine is purely within the discretion of the Board but may not exceed \$5,000 – per violation, per day. Finally, the Board is authorized to recover all of its administrative and investigative costs.

## **Prescription Monitoring Program (09-04-320)**

Pharmacies have been reporting all of their controlled substance prescription transactions dating back to June 1, 2008. The program opened the database to queries from authorized users on January 1, 2009. The Board thought you might like to know some data from the program. Pharmacies have reported 7.4 million transactions, representing that number of prescriptions for controlled substances dispensed to Louisiana residents since June 1, 2008. The number of authorized direct access users, ie, prescribers and dispensers able to make queries through the program’s Web portal, now numbers 840. Of that number, practitioners constitute 60% and dispensers 40%. These authorized direct access users have made approximately 28,000 queries since January 1. Of that number, practitioners generated 75% of the queries, and pharmacists approximately 25%. In addition to the direct access users, law enforcement agencies have indirect access, meaning they must submit subpoenas, warrants, or other judicial documents to the program to obtain information. To date, we have processed approximately 100 such queries.

One of the most frequent questions we are receiving from pharmacists is what to do with prescription monitoring information they discover about their patients. Typically, the encounter begins with a prescription being presented by a patient, and the pharmacist discovers information in the database about that patient, which causes a potential concern. At that point, the pharmacist should contact the prescriber for that prescription to discuss the information about that patient. If the prescriber indicates the latest prescription to not be valid, the pharmacist should inform the patient of the cancellation of the prescription by the prescriber and refer the patient back to the prescriber.

If the pharmacist suspects a patient is “doctor shopping” based upon a review of the patient’s prescription monitoring information, the pharmacist should contact a local law enforcement agency. If the pharmacist suspects a patient may be exhibiting behaviors associated with addiction, the pharmacist may refer the patient to a local addiction medicine clinic.

## **Sterile Compounding in Your Pharmacy? (09-04-321)**

The United States Pharmacopeia (USP) has recently updated the sterile compounding standards in USP Chapter 797. The original standards were effective in 2004, and the Board adopted a progressive educational, implementation, and enforcement plan at that time. Now that the 2008 standards are in place, the Board has instructed its compliance officers to enforce the 2004 standards now. For all existing pharmacy permits, the Board expects compliance with the 2004 standards at a minimum; however, for all new pharmacy permits, the Board expects compliance with the 2008 standards at the time the permit is issued. Finally,

the Board instructed the compliance officers to inform all existing pharmacies engaged in sterile compounding of the December 31, 2010 deadline to achieve compliance with the 2008 standards.

### **Disciplinary Actions (09-04-322)**

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

During its February 12, 2009 meeting, the Board took final action in the following matters:

**Michelle Sandra Hosek (Applicant for Candidate Registration):** Board denied the application and refused to issue the registration.

**JoAnn Harris (Applicant for Candidate Registration):** Board denied the application and refused to issue the registration.

**Charles Clinton McCartney, III (Pharmacist License No. 10565):** Board accepted voluntary surrender of the credential, resulting in the suspension of the license for an indefinite period of time, effective December 23, 2008.

**Kendra Ann Roberts (Technician Certificate No. 6629):** Consent Order: Board granted request for reinstatement of the previously suspended certificate.

**Sharron Renee Barnes Michael (Pharmacist License No. 17155):** Consent Order: Board granted request for reinstatement of the previously suspended license, then placed license on probation for five years, beginning February 11, 2009, subject to certain terms enumerated in the order.

**Kenneth Ray Richard (Pharmacist License No. 14439):** Consent Order: Board granted request for reinstatement of the previously suspended license, then placed the license on probation for five years, beginning February 11, 2009, subject to certain terms enumerated in the order.

**Megan Elizabeth LaGrange (Intern Registration No. 45109):** Consent Order: Board granted request for reinstatement of the previously suspended registration.

**Gilford Raymond Birch (Pharmacist License No. 9924):** Consent Order: Board granted request for reinstatement of the previously suspended license, then placed the license on probation for 10 years, beginning February 11, 2009, subject to certain terms enumerated in the order.

**Claude Albert Henderson, Jr (Pharmacist License No. 11775):** Board denied request for reinstatement of the suspended license.

**Laura Elizabeth Lyons (Technician Certificate No. 7340):** Consent Order: Board granted request for reinstatement of the previously suspended certificate, then placed the certificate on probation for five years,

beginning February 11, 2009, subject to certain terms enumerated in the order.

**James Claude McGee (Pharmacist License No. 16890):** Consent Order: Board granted request for reinstatement of previously suspended license, then placed license on probation for five years, beginning February 11, 2009, subject to certain terms enumerated in the order.

**Tiffanie Kaye Vice (Applicant for Candidate Registration):** Board denied the application and refused to issue the registration.

**Robert Trevor McClanahan (Pharmacist License No. 15630):** Consent Order: Board placed the license on probation for five years, beginning February 6, 2008, subject to certain terms enumerated in the order.

**Yvette Anita King (Pharmacist License No. 17635):** Consent Order: Board granted request for removal of all probationary terms and restored license to unrestricted status.

**Mock's Pharmacy (Pharmacy Permit No. 4434):** Consent Order: Permit revoked.

**Melinda Hill Jones (Pharmacist License No. 16189):** Consent Order: Board placed license on probation for five years, beginning December 15, 2008, subject to certain terms enumerated in the order; also assessed \$5,000 plus costs; lifetime prohibition on ownership of a pharmacy.

**Tiffany LeBlanc Richard (Pharmacist License No. 15766):** Consent Order: Board granted request for reinstatement of the previously suspended license.

**Cynthia Ann Maxey (Pharmacist License No. 15613):** Consent Order: Board suspended license for an indefinite period of time; acceptance of reinstatement application conditioned upon service of at least two years active suspension and payment of \$20,000 fine.

**Paragon Drug Store (Pharmacy Permit No. 3275):** Consent Order: Board fined permit holder \$500 plus costs, for operating pharmacy without pharmacist-in-charge for five months.

**Walgreen Pharmacy No. 110-03047 (Pharmacy Permit No. 3245):** Consent Order: Board fined permit holder \$2,500 plus costs, for allowing unlicensed pharmacist to practice.

**Walgreen Pharmacy No. 07083 (Pharmacy Permit No. 5320):** Consent Order: Board fined permit holder \$2,500 plus costs, for allowing unlicensed pharmacist to practice.

**Walgreen Pharmacy No. 32-3558 (Pharmacy Permit No. 3305):** Consent Order: Board fined permit holder \$2,500 plus costs, for allowing unlicensed technician to practice.

**Walgreen Pharmacy No. 09690 (Pharmacy Permit No. 5705):** Consent Order: Board fined permit holder \$2,500 plus costs, for allowing technician to practice with expired certificate.

**Cardinal Health d/b/a DeSoto Regional Health System (Pharmacy Permit No. 3890):** Consent Order: Permanent closure of permit; also assessed costs.

**Erika Lynne LaCoste (Candidate Registration No. 13567):** Consent Order: Board revoked registration, with permanent prohibition on reinstatement.

**Christa Agathe Coates (Technician Certificate No. 3059):** Board accepted voluntary surrender of the credential, resulting in the suspension of the certificate for an indefinite period of time, effective December 8, 2008.

**Theodore Michael Dryden (Technician Certificate No. 6012):** Board accepted voluntary surrender of the credential, resulting in the suspension of the certificate for an indefinite period of time, effective October 6, 2008.

**Mason Lee Burch (Technician Certificate No. 8091):** Board accepted voluntary surrender of the credential, resulting in the suspension of the certificate for an indefinite period of time, effective December 12, 2008.

**Erikesia Dionne Henry (Candidate Registration No. 12817):** Board accepted voluntary surrender of the credential, resulting in the suspension of the registration for an indefinite period of time, effective December 19, 2008.

**James Ralph Bush, DDS (CDS License No. 15166):** Board accepted voluntary surrender of the credential, resulting in the suspension of the license for an indefinite period of time, effective February 7, 2009.

**Robert Andrew Launey (Pharmacist License No. 11335):** Board accepted voluntary surrender of the credential, resulting in the suspension of the license for an indefinite period of time, effective February 11, 2009.

**Kenneth Ralph Foster (Pharmacist License No. 9938):** Board accepted voluntary surrender of the credential, resulting in the suspension of the license for an indefinite period of time, effective February 11, 2009.

During the same meeting, the Board also issued a Letter of Warning to one pharmacy permit owner and Letters of Reprimand to one pharmacy permit owner and five pharmacists. In addition, they granted requests for the reinstatement of lapsed credentials from three pharmacists and one technician, and they denied a similar request from one pharmacist.

### **Calendar Notes (09-04-323)**

The next Board meeting and administrative hearing will be May 6-7, 2009, at the Board office. The office will be closed April 10 in observance of Good Friday and May 25 in observance of Memorial Day.

### **Special Note (09-04-324)**

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. We encourage you to keep them in the back of the *Louisiana Pharmacy Law Book* for future reference.

### **Lagniappe (09-04-325)**

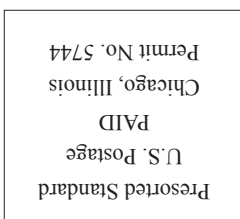
Even when there is no law, there is conscience. [*Publilius Syrus, 1<sup>st</sup> Century, BC*]

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Page 6 – April 2009

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