Renewal of Pharmacy Technician Certificates (10-04-345)

The renewal cycle for pharmacy technicians will open on May 1, 2010. The Louisiana Board of Pharmacy no longer mails renewal applications to every technician; instead, the Board will send a reminder postcard just prior to May 1. The postcard will remind you of the following three options you have to renew your certificate:
1. visit the Board’s Web site at https://www.labp.com 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 with the appropriate fee using a check or money order; or
3. send a written request (mail, fax, or e-mail) to the Board office with your name, certificate number, and mailing address requesting the Board to mail an application form to you.

To provide more security for electronic transactions on our Web site, the Board moved its Web site to a secure server. In order to access secure Web servers, your Web browser software must be properly configured. The Board knows the current versions of browser software are already configured with the required security settings. If you receive a “page not available” message on your computer while trying to access the Board’s Web site, you must either follow the instructions on your computer to select the proper security settings or else upgrade your browser software to the current version, where the required security settings are preselected.

Certificates renewed online will be mailed within one or two business days; certificates renewed using paper application forms will be mailed within two to four weeks, depending on the volume of paper application forms received.

Any address changes received in the Board office after April 15 may not be reflected on your reminder postcard. If you do not receive your reminder postcard by May 15, it becomes your responsibility to obtain an application form or renew your credential online.

The online renewal function of the Web site is automatically timed to activate at 12:01 AM on May 1 and to deactivate at 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, and it is your choice as to when you complete that duty. If 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 certificate in a timely manner.

All technician certificates will expire on June 30, 2010, 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 for you to know when the Board receives your paper application, the Board suggests you use the mail tracking service of your choice.

Disciplinary Actions (10-04-346)

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 November 19, 2009 formal administrative hearing, the Board took final action in the following matter:

Lonnie George Davis, Jr (PTC Applicant): Formal hearing. Board denied the application and refused to issue the registration; and further, assessed $2,500 plus administrative and hearing costs.

During its February 3, 2010 meeting, the Board took final action in the following matters:

Amy Dawn King (PTC Applicant): Board denied the application and refused to issue the registration.

LaZandra LaShae Singleton (PTC Applicant): Board denied the application and refused to issue the registration.

Jamie Fontenot (PTC Applicant): Consent Order. Board approved the issuance of the registration, suspended it for one year and stayed the execution thereof, and then placed the registration and any subsequent credential on probation for one year, subject to certain terms enumerated in the order.

Norman Henry Pendergrass (PST.010491): Consent Order. Issued letter of reprimand, and further, assessed $2,500 plus costs, for participation in dispensing error resulting in overdose death of pet dog.

John Erick Myers, Jr (PST.018539): Consent Order. Issued letter of reprimand, and further, assessed $2,500 plus costs, and further, required to obtain eight hours of continuing education relative to dispensing errors, for participation in dispensing error resulting in overdose death of pet dog.

CVS Pharmacy No. 8309 (PHY.006026): Consent Order. Permit suspended for six months, effective January 1, 2010; the period of suspension was suspended, and permit placed on probation for six months; and further, assessed $10,000 plus costs, for allowing unlicensed personnel to perform professional functions in prescription department.

Lee Road Drugs (PHY.005193): Consent Order. Pharmacy ordered to close permanently, for failure to maintain security of controlled substances, as well as failure to maintain proper records of acquisition, inventory, or disposition of controlled substances.

Bellemade Discount Drugs (PHY.000065): Consent Order. Pharmacy ordered to close permanently; further, assessed $30,000 plus costs, for failure to maintain security of controlled substances, as

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JCPI ‘Future Vision’ Sets Course for Advancement of Pharmacy Practice

The Joint Commission of Pharmacy Practitioners (JCPI) brings together the chief executive and chief elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPI meets quarterly and forms workgroups that focus on priority projects. The JCPI has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years, and will continue to influence pharmacy practice through its vision articulated in “Future Vision of Pharmacy Practice.”

Past Impact

Recommendations resulting from JCPI conferences and quarterly meetings have been aimed to ensure public health and safety by optimizing the medication use process. Working collaboratively through the JCPI, leaders in the profession “acknowledged that the focus of pharmacy must move beyond the important but narrow aspect of ‘right drug to the right patient’ and encompass the responsibility for ensuring that appropriate outcomes are achieved when medications are part of a patient’s individual treatment plan.” This perception of the function and responsibility of pharmacy practice helped to facilitate changes such as the shift to a universal doctoral level of education, and practice and legal changes that have helped pharmacists to increase their scope of services.

Also as a result of JCPI collaborations, coalitions among pharmacy organizations and other stakeholders have been formed, and have helped to shape state and national legislation and regulations. For example, JCPI coalitions helped influence changes that resulted in Medicare’s prescription drug benefit requirement for medication therapy management services as of 2006.

Future Impact

Through the “Future Vision of Pharmacy Practice,” adopted by JCPI member organization executive officers in 2004, the JCPI will continue to influence positive change in the practice well into the next decade. The JCPI “Future Vision of Pharmacy Practice,” endorsed by each JCPI member organization’s board of directors, envisions what pharmacy practice should look like in 2015, as summarized in the document’s opening statement: “Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”

In his incoming speech at the NABP 105th Annual Meeting in May 2009, President Gary A. Schnabel, RN, RPh, endorsed the future vision outlined in the JCPI “Future Vision of Pharmacy Practice,” stating, “As boards of pharmacy, I feel that it is also imperative for us to embrace this future vision, and through our statutes and regulations define and advance that vision in the context of patient care and protection of the public health . . . If the boards of pharmacy can provide the regulatory environment that fosters the vision on behalf of the patient and the protection of the public health, then this collective vision of practitioners and regulators will serve as one of the pillars of a new foundation for the practice of pharmacy first proposed some 30 years ago and discussed ad nauseam every year since those words were first spoken and captured in the pharmacy journals.”

The 2015 future vision is detailed in the document in three sections: the foundations of pharmacy practice, how pharmacists will practice, and how pharmacy practice will benefit society. The first section outlines the foundations of pharmacy education that prepares pharmacists “to provide patient-centered and population-based care that optimizes medication therapy.” The second section explains that the pharmacist’s scope is to include managing medication therapy, accounting for patients’ therapeutic outcomes, and promoting patient wellness. The section also emphasizes that as they work with other health care professionals, pharmacists will be the most trusted source of medications and supplies, and the primary resource for advice regarding medication use. Finally, the last section stresses that, by realizing the expanded scope of their practice, pharmacists will achieve public recognition as practitioners who are essential to providing effective health care.

In January 2008, the JCPI released the final version of “An Action Plan for Implementation of the JCPI Future Vision of Pharmacy Practice,” which identifies three critical areas for initial focus as it works toward achieving the vision. JCPI anticipates more discussions to help align the action steps of the implementation plan and the policies of participating organizations. Thus, in keeping with the organization’s mission, JCPI continues to implement its initiatives, including the “Future Vision of Pharmacy Practice,” through the collaborative efforts it fosters.


ISMP Stresses Need to Remove Non-Metric Measurements on Prescriptions and on Patient Labels to Prevent Error

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.

ISMP is calling upon prescribers, pharmacists, and other health care professionals, as well as pharmacy computer system and e-prescribing system vendors, to remove or prevent the use of “teaspoonful” and other non-metric measurements in prescription directions in order to better protect patients.

In the past, mix-ups involving confusion between measuring medications in milliliters or teaspoonfuls and other non-metric measurements have resulted in the serious injury of children and adults.

These mistakes continue to happen. ISMP has received more than 30 reports of milliliter-teaspoonful mix-ups, including cases where injuries required treatment or hospitalization. In one case, a child who recently had surgery was seen in an emergency department and later was admitted with respiratory distress following an unintentional overdose of acetaminophen and codeine liquid. The pharmacy-generated label on the child’s medication bottle instructed the parents to give the child six
teaspoonfuls of liquid every four hours. The original prescriber stated the prescription was for 6 mL. The child received five doses before arriving at the emergency department.

In a second case, a child received an overdose of the antifungal medication Diflucan® (fluconazole) suspension. The physician phoned a prescription for Diflucan 25 mg/day to a community pharmacy for a three-month-old child with thrush. The pharmacist dispensed Diflucan 10 mg/mL. The directions read “Give 2.5 teaspoons daily.” The directions should have read “Give 2.5 mL daily.” Prior to the error, the child had been ill for the previous three weeks with an upper respiratory infection, nausea, vomiting, and diarrhea. It is suspected that the child’s subsequent hospitalization was related to this error.

ISMP Safe Practice Recommendations

The health care industry – including practitioners and computer vendors – needs to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. Steps, like the following ISMP recommendations, must be taken to prevent errors:

♦ Cease use of patient instructions that use “teaspoonful” and other non-metric measurements, including any listed in pharmacy computer systems. This should include mnemonics, speed codes, or any defaults used to generate prescriptions and labels.

♦ Express doses for oral liquids using only metric weight or volume (eg, mg or mL) – never household measures, which also measure volume inaccurately.

♦ Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.

♦ Coach patients on how to use and clean measuring devices; use the “teach back” approach, and ask patients or caregivers to demonstrate their understanding.

The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy’s (Model Act) labeling provisions state that the directions of use language should be simplified, and when applicable, to use numeric instead of alphabetic characters such as 5 mL instead of five mL. The Model Act also provides for the pharmacist to personally initiate counseling for all new prescriptions, which can decrease patient injuries due to improper dosing.

Clarification on HIPAA Regulations and Claims Submission

NABP received questions about a statement that appeared in the article, “Concerns with Patients’ Use of More than One Pharmacy,” published in the 2009 fourth quarter National Pharmacy Compliance News which read, “Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient.”

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.501) establishes a foundation of federal protection for personal health information with which health care practitioners must comply. To avoid interfering with a patient’s access to, or the efficient payment of quality health care, the privacy rule permits a covered entity, such as a pharmacy, to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities. The rule includes the determination of eligibility or coverage and utilization review activities as examples of common payment activities, therefore allowing a pharmacist to submit cash claims. Additional information may be found at www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/usesanddisclosuresforptpo.html.

Pharmacists should, however, verify with their state boards of pharmacy as to whether there are existing state laws that prohibit this practice.

State Newsletter Program Celebrates 30 Years of News on Pharmacy Regulation

This year, the NABP State Newsletter Program celebrates its 30th anniversary of partnering with the boards of pharmacy to provide pharmacists with vital information about their state’s pharmacy laws and regulations.

The State Newsletter Program, which is part of the NABP Foundation, was developed to support the Association’s educational programs and research and development projects. Published on a quarterly basis, the program serves the state boards of pharmacy by communicating board information to pharmacists, pharmacy technicians, pharmacies, and others throughout the pharmacy profession.

The goal of the State Newsletter Program was, to improve communications with practitioners regarding federal and state law, this allowing them to comply with the law on a voluntary basis, demonstrating that an informed and responsible professional is one of the most effective means of protecting the public health.

In addition to the news provided by the boards of pharmacy, a copy of the National Pharmacy Compliance News is included in each issue. Published quarterly by NABP, National Pharmacy Compliance News provides important news and alerts from the federal Food and Drug Administration, Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, Consumer Product Safety Commission, and ISMP, as well as current national developments affecting pharmacy practice.

Using National Pharmacy Compliance News, merged with locally developed state news, a total of 16 states joined the program in its original summer 1979 publication, including 13 states that still participate today: Arizona, Arkansas, Delaware, Idaho, Kansas, Kentucky, Minnesota, North Carolina, Ohio, Oregon, South Carolina, and Washington.

Today, 31 states participate in the program. Of these, 18 state boards of pharmacy publish electronic newsletters rather than printed newsletters. The e-newsletter option was implemented in 2004, and has allowed boards with limited resources the opportunity to communicate important board information in a timely and cost-effective manner. State e-newsletters are posted on the NABP Web site rather than published by a printer; the board may also post the Newsletter to their Web site.

In 2006, the e-newsletter portion of the program was enhanced and NABP began offering the boards an e-mail alert service. The e-newsletter e-mail alert service, which consists of an e-mail notification that is sent through a state-specific e-mail database, is provided free of charge to participating state boards of pharmacy. Each alert notifies recipients that the e-newsletter is now available to download and provides a link to access the board’s newsletter. The Arizona State Board of Pharmacy was the first state to utilize this free service, and now the number of participating boards has grown to 12 states.

All NABP Foundation State Newsletters, including a copy of the National Pharmacy Compliance News, are available on the NABP Web site at www.nabp.net. Please note, years prior to 2000 are only available in hard copy form, and therefore, cannot be downloaded online. For more information about the NABP State Newsletter Program, contact custserv@nabp.net.
well as failure to maintain proper records for controlled substances, and responsibility for audit shortages thereof.

Joseph Carl Henry (PST.009598): Consent Order. License suspended for five years, effective December 31, 2009; the period of suspension was suspended, and license placed on probation for five years; further, assessed $10,000 plus costs, as owner and pharmacist-in-charge of Bellmeade Discount Drugs, responsible for audit shortages of controlled substances.

Wayne Adam Swinarski (PST.014392): Consent Order. Granted request for reinstatement of the previously suspended license, suspended it for five years and stayed the execution thereof, and then placed it on probation for five years, subject to certain terms as enumerated in the order.

Troy Renard Guilbeaux (PST.017854): Board denied the request for reinstatement of the previously suspended license.

Charissa Dawn Abshire (PST.015560): Consent Order. Granted request for reinstatement of the previously suspended license, suspended it for 15 years and stayed the execution thereof, and then placed it on probation for 15 years, subject to certain terms as enumerated in the order.

David Thomas Boudreaux (PST.014968): Consent Order. License was suspended for five years, effective June 5, 2009; the period of suspension was suspended, and the license placed on probation for five years, subject to certain terms as enumerated in the order.

James Carroll Bruce II (PST.011857): Board denied the request for reinstatement of the previously suspended license.

Ashley Nicole Jackson (CPT.008479): Consent Order. Certificate revoked, with permanent prohibition on reinstatement or any other credential, for diversion of controlled substances from employer pharmacy.

Alicia Collette Alexander (CPT.005632): Consent Order. Certificate revoked, with permanent prohibition on reinstatement or any other credential, for testing positive for an illegal controlled substance during random drug screen.

Erica Nicole Llorance (PTC.015242): Consent Order. Registration revoked, with permanent prohibition on reinstatement or any other credential, for prescription forgery.

Ravin Michelle Ellis (PST.016945): Consent Order. License suspended for two years, effective December 10, 2009; period of suspension was suspended, and license placed on probation for two years, subject to certain terms enumerated in the order, for improper drug utilization review for amitriptyline prescription associated with the death of a patient.

Casey Kendall Gisclair (PST.017305): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective November 24, 2009.

Dennis Anderson Casey III (CDS.006119.MD): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective November 30, 2009.

Kenneth Starling (CDS.025407.DDS): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective December 9, 2009.

Glendale Gray (CPT.003713): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective December 18, 2009.

Robert J. Barnes (CDS.031112.MD): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective December 28, 2009.

Salvatore Joseph Russo (PST.010667): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective January 7, 2010.

Gary Lynn Godair (PST.009106): Accepted voluntary surrender, resulting in active suspension for an indefinite period of time, effective January 19, 2010.

On this same date, the Board also issued letters of reprimand to two pharmacists and two technicians. In addition, they granted a request for the reinstatement of a lapsed license from one pharmacist.

Calendar Notes (10-04-347)

The next Board meeting and administrative hearing will be May 5-6, 2010, at the Board office. The office will be closed April 2 in observance of Good Friday, May 31 for Memorial Day, and July 5 for Independence Day.

Special Note (10-04-348)

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.