

# Louisiana Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

## **Hurricane Katrina (05-10-225)**

The southeastern section of our state (as well as the Gulf Coast of our neighbor, Mississippi) suffered a grievous blow on August 29, 2005, and the days that followed wreaked havoc in the lives of so many of our families, friends, and neighbors. As this is written, we have only just begun to tally the losses. The images we witnessed have indelibly marked our memories, saddened our hearts, and seared our souls. But as we view our newly exposed core, we also see our fundamental survival instinct. It will take some time, and maybe even a long time, but we will rebuild our lives, our towns, and our state. Louisiana will return.

In just the first few days after the storm, we received an unbelievable outpouring of offers of volunteers, commodities, and hospitality. To our friends and colleagues around the country – indeed, around the world: your overwhelming generosity is both humbling and inspirational, and we shall be eternally grateful for all of your kindnesses.

Finally, to our licensees: we will endeavor to communicate with you concerning any changes by bulletins and other communications that may be rapidly distributed by industry and provider partner groups. In addition, we will also be utilizing our Web site for additional information.

## **License and Permit Renewals for 2005 (05-10-226)**

The Louisiana Board of Pharmacy office will begin printing pharmacist license and permit renewal applications on October 17, 2005. Any address changes submitted to the office after October 14, 2005, will not be reflected on your renewal applications. We will mail renewal applications during the week of October 24. If you do not receive your renewal application by November 15, 2005, it is **your** responsibility to obtain a renewal application. You may retrieve a blank renewal application form from the Board's Web site at [www.labp.com](http://www.labp.com).

The option for online renewal of a pharmacist license will be available again this year. Last year, approximately 25% of pharmacists renewed their licenses online. While there is a \$3 convenience fee attached to the transaction, the benefit is a one- to two-day turnaround. We are currently working

on the online renewal option for pharmacy permits, and we hope to have that ready for this year. When we mail the permit renewal applications, we will notify you if that option is available at that time.

The 2005 Louisiana Legislature authorized an adjustment of several fees for Board services. The pharmacist license renewal fee, which has been \$75 since 1980, has been changed to \$100. The late renewal penalty was changed from 100% to 50%. The pharmacy permit renewal fee, which has been \$100 since 1983, has been changed to \$125. The late renewal penalty remains 50%. Similar to the \$200 reinstatement fee for an expired pharmacist license renewal, there is now a \$200 reinstatement fee for an expired pharmacy permit renewal.

### **Pharmacist License Renewal**

- ◆ Licenses expire December 31, 2005; there is no grace period, and a pharmacist shall not practice with an expired license.
- ◆ If you need a current renewal on or before January 1, 2005, we suggest you submit your completed application and \$100 fee to the Board office on or before December 1, 2005. Do not forget to answer the additional question concerning prior legal history in any jurisdiction – if it is not answered, or if there is no supporting information with a positive response, the application will be returned to you as an incomplete application.
- ◆ 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.
- ◆ If it is important for you to know when your application is received at the Board office, we suggest you use a mailing service with tracking options (United States Post Office, United Parcel Service, Federal Express, etc).

### **Pharmacy Permit Renewal**

- ◆ Pharmacy permits expire December 31, 2005; there is no grace period, and a pharmacy shall not operate with an expired permit.
- ◆ The renewal of an expired pharmacy permit will incur a 50% penalty fee as well as a lapsed permit reinstatement fee, resulting in a total charge of \$387.50.

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## **FDA Releases Update on Combating Counterfeit Drugs**

Food and Drug Administration (FDA) recently released "Combating Counterfeit Drugs: A Report of the Food and Drug Administration Annual Update (Update)." This Update follows up on the agency's initial February 18, 2004 report addressing counterfeit drugs. Since the 2004 report, which identified measures that can be taken to better protect Americans from counterfeit drugs, FDA has worked with manufacturers, wholesale distributors, pharmacies, consumer groups, technology specialists, standard setting bodies, State and Federal agencies, international governmental entities, and others to advance the measures outlined in the 2004 report such as the development and implementation of electronic product codes and radio frequency identification. In its 2005 Update, FDA notes that significant progress is being made in securing drug products and packaging, securing the movement of the product, enhancing regulatory oversight, increasing penalties for counterfeiters, heightened vigilance and awareness of counterfeits, and increasing international collaboration. However, more work needs to be done to further secure the United States' drug supply.

In 2004, FDA's Office of Criminal Investigations initiated 58 counterfeit drug cases, a significant increase over the 30 cases in 2003; however, the agency notes that this is likely due to increased vigilance. FDA also states that most of the suspect counterfeits discovered in 2004 were found in smaller quantities than those found in 2003.

The Update reviews steps taken and future actions required for track-and-trace technology, authentication technology, regulatory oversight and enforcement (electronic pedigree), state efforts, secure business practices, heightened vigilance and awareness, counterfeit alert network, and education. The full Update can be accessed at [www.fda.gov/oc/initiatives/counterfeit/update2005.html](http://www.fda.gov/oc/initiatives/counterfeit/update2005.html).

## **FDA Warns Consumers About Counterfeit Drugs Purchased in Mexico**

FDA is warning consumers about the sale of counterfeit versions of Lipitor<sup>®</sup>, Viagra<sup>®</sup>, and an unapproved product promoted as "generic Evista<sup>®</sup>" to US consumers at pharmacies in Mexican border towns. The counterfeit Lipitor product purchased in Mexico was associated with several reports of high cholesterol in consumers who had used the product. Counterfeit Viagra that contains little or no active ingredient would be less effective than a legitimate product or altogether ineffective. Women who take the substandard generic Evista product that contains no active ingredient may be at risk for developing osteoporosis or for having their osteoporosis worsen.

FDA, in coordination with the National Association of Boards of Pharmacy<sup>®</sup>, analyzed the generic Evista and found it to contain no active ingredient. The counterfeit Lipitor and counterfeit Viagra were analyzed by Pfizer, Inc, and were also found to contain no active ingredient. The generic Evista product was purchased from Agua Prieta, Sonora, Mexico, and is labeled as "Raloxifeno, fenilox, 50 tabletas, 60 mg," made or distributed by Litorio and labeled as manufactured in Monterrey, Nuevo Leon, Mexico. The Label has red triangles across the top and bottom; photographs of the products can be viewed online at [www.fda.gov/bbs/topics/news/photos/border.html](http://www.fda.gov/bbs/topics/news/photos/border.html).

Counterfeit Lipitor and Viagra were purchased in the Mexican border towns of Juarez, Los Algodones, Nogales, and Tijuana. The counterfeit Lipitor and counterfeit Viagra products were labeled only in English, whereas legitimate Mexican pharmaceuticals are usually labeled in Spanish. In addition, the counterfeit Lipitor was provided in round white plastic bottles; however, authentic Lipitor in Mexico is sold only in boxes of blister packs. FDA and Mexican federal health officials are continuing to work together to address the issue of counterfeit human drug products, especially along our common border. Recently, health officials in Mexico's Federal Commission for the Protection from Sanitary Risks have undertaken several specific operations to target illegal drugs including counterfeit drugs, in Mexican drug stores. These operations, throughout Mexico including the areas that border on the US, have resulted in the suspension of 19 pharmacies and the confiscation and recall of over 105 tons of medicines.

Reports of suspected counterfeit drugs can be submitted to FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

## **"Fax noise" = Medication Errors in the Making**

*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (USP) and FDA in analyzing 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, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Rd, Suite 810, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*



**Problem:** Most health care practitioners would agree that fax machines have facilitated communication of prescriptions. But there are

# Compliance News

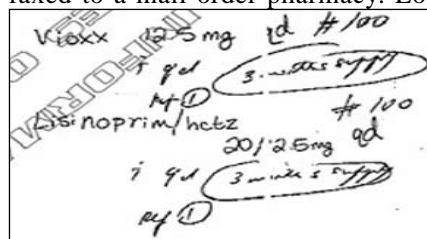
Compliance News to a particular state or jurisdiction should not be assumed. The law of such state or jurisdiction.)



inherent problems associated with this technology. In fact, an article in the *Journal of Managed Care Pharmacy* found that prescriptions received by fax required a greater number of clarification calls than those received by other methods of communication.<sup>1</sup> ISMP received a report from a long-term care facility about a patient who had been receiving **Neurontin**<sup>®</sup> (gabapentin) 600 mg TID [three times a day]. However, an order had been faxed to the pharmacy to change the Neurontin dose to “**300 mg** 1 tab QID [four times a day].” The change was made and the new dose was sent to the facility. Later, when the pharmacist received the original order from the long-term care facility and compared it with the faxed copy, he realized that the physician had actually requested a change to “**800 mg** 1 tab QID.” The left side of the order had been cut off during the fax transmission, making the “8” look like a “3.” Fortunately, since the pharmacist had been sent the original order for comparison, he quickly realized the mistake. Unfortunately, not all pharmacies receive the original prescription for comparison purposes.

In another report received by ISMP, a faxed prescription was received at a pharmacy for what appeared to be **Monopril**<sup>®</sup> (fosinopril) **10 mg** #90 one tablet daily. Despite the fact that the fax machine created a definite vertical streak that ran between the drug name and the strength, the pharmacist felt confident in her interpretation of the prescription. Unfortunately, it was later discovered that the prescription was actually for **40 mg**. The streak had run through the “4” in 40 mg, making it look like 10 mg instead.

The following prescription (see image below) was faxed to a mail-order pharmacy. Look at the bottom order for “Lisinopril/hctz.” (Note: ISMP does not condone the use of the abbreviation “hctz.”)



The pharmacist interpreted this order as “20/25 mg.” But what the prescriber

had actually written was “20/12.5 mg.” A subtle vertical gap in the faxed copy (which can be seen “breaking” the circles around “3 months supply”) had obliterated the “1” in 12.5. In addition, the pharmacist reading the order had misinterpreted the decimal point as one of many stray marks on the faxed prescription.

**Safe Practice Recommendations:** “Fax noise” (the random marks and streaks on faxes) is an inherent problem with this form of communication, which may be more common in old or poorly maintained fax machines. Usually, fax noise is just an inconvenience. In the case of prescriptions, however, there is a very real chance that a patient could be harmed by misinterpretations caused by fax noise. To manage this risk, safeguards should be instilled into the fax process. Such safeguards include a careful review of all

prescriptions received by fax for fax noise. If the transmission has fax noise in the area of the order, the prescriber should be contacted to confirm the prescription. Whenever possible, compare the faxed order against the original prescription. Prescribers should consider giving a copy of the prescription to the patient to present at the pharmacy for verification. To prevent confusion or duplication of the prescription at a different pharmacy, the copy could be stamped with a statement such as “Verification Copy ONLY” to indicate that the prescription was already faxed to a particular pharmacy. Maintenance should be regularly scheduled for fax machines on both the sending and receiving end. If maintenance fails to improve fax quality, the machine should be replaced.

<sup>1</sup> Feifer RA et al. Mail-order prescriptions requiring clarification contact with the prescriber: prevalence, reasons, and implications. *JMCP* 2003;9:346-352.

## December 2005 FPGEE Date and Locations Announced

On December 3, 2005, NABP will again administer a paper-and-pencil Foreign Pharmacy Graduate Equivalency Examination<sup>®</sup> (FPGEE<sup>®</sup>). The examination is being offered at three United States locations: Northlake (Chicago area), IL; New York, NY; and San Francisco, CA. Candidates who have been accepted to sit for the December 3, 2005 administration were mailed their admission tickets in early fall.

To prepare for the December examination, candidates may take the Pre-FPGEE<sup>®</sup>, a Web-based practice examination for the FPGEE. The practice examination is accessible at [www.nabp.net](http://www.nabp.net) and [www.pre-fpgee.com](http://www.pre-fpgee.com).

For more information on the FPGEE, visit NABP’s Web site at [www.nabp.net](http://www.nabp.net).

## 2006 Survey of Pharmacy Law

NABP’s 2006 *Survey of Pharmacy Law* CD-ROM will be available in late November 2005. New topics include the number of wholesale drug distributors and laws and/or regulations concerning the sales of over-the-counter pseudoephedrine, and information concerning emergency contraception.

The *Survey* consists of four sections: organizational law, licensing law, drug law, and census data. Most charts specify terms that can be used when conducting searches on NABP’s NABPLAW<sup>®</sup> Online state pharmacy law and rules database. The *Survey* can be obtained for \$20 from NABP by downloading the publication order form from [www.nabp.net](http://www.nabp.net) and mailing in the form and a money order to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a grant from AstraZeneca Pharmaceuticals. If you do not have Web access or would like more information on the *Survey*, please contact NABP at 847/391-4406 or via e-mail at [custserv@nabp.net](mailto:custserv@nabp.net).

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- ◆ The renewal of an expired controlled dangerous substance (CDS) permit will incur a 50% penalty fee, resulting in a total charge of \$37.50.

### **Pharmacists, Technicians, and Interns (05-10-227)**

If you are a pharmacist-in-charge (PIC), you must at all times ensure that all personnel allowed to perform professional functions in your prescription department are properly licensed, certified, or registered. If you are a staff pharmacist or relief pharmacist, it is your responsibility to ensure that the employees assisting you in the prescription dispensing process are properly credentialed to perform their duties during your shift. If an inspection or investigation occurs while you are on duty and unqualified persons are performing duties under your supervision, then you will be identified as the responsible person in the investigative report filed by the Board's compliance officer.

### **Legislative Update (05-10-228)**

During the recently completed legislative session, several bills were adopted that impact pharmacy practice.

- ◆ Act No. 6 (Senate Bill [SB] 265) expanded the prescriptive authority of optometrists to include controlled substances (CS) in Schedules III, IV, and V. Prescriptions for narcotic medications may not exceed a 48-hour supply; the optometrist may prescribe one additional 48-hour supply if warranted by a follow-up examination.
- ◆ Act No. 267 (House Bill [HB] 816) revised the fee structure for the Board of Pharmacy. The major changes include a \$25 increase in the renewal fee for pharmacist licenses, a \$25 increase in the renewal fee for pharmacy permit, and a new \$25 application fee for pharmacy technician candidates. The penalty for late renewal of a pharmacist license was reduced from 100% to 50%. There were other adjustments, all of which may be viewed in Section 37:1184 of the pharmacy law on our Web site.
- ◆ Act No. 387 (HB 753) granted the Board of Pharmacy to establish ratios for pharmacy technicians and pharmacy technician candidates by regulation. The Board is currently in the process of revising the technician regulation; we will advise you when the process is complete and in effect. The current rule and ratio may be found in Section 907 of the Board's rules.
- ◆ Act No. 488 (HB 749) requires the Department of Health and Hospitals (DHH) to regulate 'pain management clinics' through a licensing process. Among other requirements, the law requires DHH to write new regulations to restrict the quantity on all prescriptions written in such clinics to a 30-day supply, with no refills. When the DHH has completed that process, we will advise you of those new rules.
- ◆ Act No. 494 (SB 24) imposed new restrictions on the over-the-counter sale of ephedrine, pseudoephedrine, and phenylpropanolamine. The new law exempts all prescription sales of such products, as well as all pseudoephedrine products in liquid, liquid capsule, and gel capsule form where pseudoephedrine is not the only active ingredient.

No purchaser may receive more than three packages (or 9 grams) in a 30-day period. The law gives pharmacies the option of using a written or electronic log using photographic identification of purchasers, or in the alternative, a video surveillance system. Finally, the law imposes restrictions on the quantity of covered products that may be displayed in publicly accessible shelving. We have prepared a Compliance Policy Guide, which is accessible in the "Pharmacy" section of the Web site.

### **New Rules from US Drug Enforcement Administration [DEA] (05-10-229)**

DEA has issued a clarification of the requirement to notify that agency of the theft or significant loss of any CS.

The registrant shall notify the Field Division Office of the Administration in his [or her] area, in writing, of any theft or significant loss of any controlled substances within one business day of discovery of the theft or loss. The supplier is responsible for reporting all in-transit losses of controlled substances by the common or contract carrier within one business day of such theft or loss. The registrant shall also complete, and submit to the Field Division Office in his area, DEA Form 106 regarding the theft or loss.

The rule goes on to indicate that all thefts and significant losses must be reported, regardless of whether or not the drugs are recovered. Finally, the rule includes six factors to help registrants determine whether a loss is considered significant: (1) the actual quantity of CS lost in relation to the type of business; (2) the specific CS lost; (3) whether or not the loss of the CS can be associated with access to those CS by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the loss of CS; (4) a pattern of losses over a specific time period, whether or not the losses appear to be random, and the results of efforts taken to resolve the losses; and if known, (5) whether or not the specific CS are likely candidates for diversion; and (6) local trends and other indicators of the diversion potential of the missing CS. When considering these factors to make a determination as to whether or not to file a report, DEA encourages registrants to err on the side of caution. Please note that this rule does **not** require that you file DEA Form 106 within one business day – only a written notice (fax preferred) to the DEA regarding the theft or loss. DEA also provided guidance that if the investigation into the theft or loss is ongoing, then an update shall be provided to DEA within 60 days of the initial notice. Finally, please remember to send a copy of all such notices and reports to the Board office.

In an effort to prevent the accumulation of surplus CS at long-term care facilities, DEA has published a final rule that will allow a provider pharmacy to place CS in an automated medication system (AMS) in a nursing home or other long-term care facility. In order to place a CS in the long-term care facility, the provider pharmacy may apply to DEA for a separate registration at the facility. DEA has indicated it would not charge the provider pharmacy for such additional DEA registrations at long-term care facilities. Please remember that the use of an AMS in any location requires an AMS permit from the Board

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of Pharmacy. If your pharmacy would like to stock CS in a long-term care facility, please contact the DEA at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) for further information and application materials; you may obtain the application for an AMS permit at [www.labp.com](http://www.labp.com). The regulations for the use of AMS may be found in Chapter 12 of the *Louisiana Pharmacy Law Book*.

### **Disciplinary Actions (05-10-230)**

Although every effort is made to ensure the information is correct, you should call 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 12, 2005, administrative hearing, the Board took final action in the following matters:

**Victoria Grabert Mickail (Pharmacist License No. 15335)**, Hearing: Revoked license assessed \$5,000 plus administrative and hearing costs, and prohibited any future reinstatement application for five years. Charges: (1) committed repeated occasions of negligence or incompetence in practice of pharmacy, (2) unlawful possession of Schedule III CS, (3) unlawful possession of Schedule IV CS, (4) failure to comply with responsibilities as PIC, and (5) failure to maintain proper records in prescription department.

**Rebecca Lynn Darby (Technician Certificate No. 4130)**, Hearing: Revoked certificate, and assessed \$1,000 plus administrative and hearing costs. Charge: (1) assisted in the practice of pharmacy with an expired certificate.

**Kristen Elizabeth Coleman (Technician Certificate No. 3781)**, Hearing: Suspended certificate for an indefinite period of time, assessed \$500 plus administrative and hearing costs, and conditioned the acceptance of any future reinstatement application upon the settlement of all financial obligations. Charges: (1) obtained a certificate by fraud or misrepresentation, and (2) failure to comply with continuing education requirements for two successive audits.

**Tyler Drugs (Pharmacy Permit No. 1117)**, Hearing: Revoked permit, assessed \$10,000 plus administrative and hearing costs, and conditioned the acceptance of any future reinstatement application upon the settlement of all financial obligations. Charges: (1) departed from or failed to conform to minimal standards of acceptable and prevailing pharmacy practice, (2) evaded, or assisted another person to evade, any local, state, or federal laws or regulations pertaining to the practice of pharmacy, (3) failure to adequately secure the prescription department, (4) failure to properly store prescription drugs, and (5) accountable for discrepancies in audit of CS.

During its August 18, 2005 administrative hearing, the Board took final action in the following matters:

**William Andrew Fletcher (Technician Candidate Applicant)**, Voluntary Consent Agreement: First credential to be issued suspended for five years, with execution stayed, then probated for five years; also assessed \$1,000 plus administrative costs. Charge: (1) assisted in the practice of pharmacy without necessary credential.

**Gerald Edward Sargent (Pharmacist License No. 15503)**, Voluntary Consent Agreement: Suspended license for one year, with execution stayed, then probated license for one

year, subject to certain terms; also assessed \$2,000 plus administrative costs. Charges: (1) aided and abetted another person to engage in the practice of pharmacy without the necessary credential, (2) assisted another person to evade state laws pertaining to the practice of pharmacy, and (3) failure to comply with responsibilities as PIC.

**CVS Pharmacy No. 5396 (Pharmacy Permit No. 5400)**, Voluntary Consent Agreement: Suspended permit for three years, with execution stayed, then probated permit for three years, subject to certain terms; also assessed \$5,000 plus administrative and investigative costs. Charges: (1) engaged a person to assist in the practice of pharmacy without the necessary credential, (2) evaded, and assisted another person to evade, state laws pertaining to the practice of pharmacy, (3) failure to furnish information to the Board as requested by the Board, and (4) failure to timely notify the Board concerning a change in PIC.

**Heather Rene Pilgreen (Technician Certificate No. 1600)**, Voluntary Consent Agreement: Revoked certificate, and prohibited any future application for any credential. Charges: (1) departed from or failed to conform to minimal standards of acceptable and prevailing pharmacy practice, and (2) failure to furnish information to the Board as requested by the Board.

**CVS Pharmacy No. 5607 (Pharmacy Permit No. 5370)**, Voluntary Consent Agreement: Suspended permit for five years, with execution stayed, then probated permit for five years, subject to certain terms; also assessed \$25,000 plus administrative and investigative costs. Charges: (1) violation of probationary terms, (2) engaged a person to assist in the practice of pharmacy without the necessary credential, (3) evaded, and assisted another person to evade, state laws pertaining to the practice of pharmacy, and (4) failure to furnish information to the Board as requested by the Board.

**Joyce Louise Smallwood (Technician Candidate Registration No. 10773)**, Voluntary Consent Agreement: Revoked registration and prohibited any future application for any credential. Charge: (1) assisted in the practice of pharmacy without the necessary credential.

**Denise Ann Preston (Pharmacist License No. 11805)**, Voluntary Consent Agreement: Suspended license for one year, stayed execution of all but 15 days active suspension, to be served on the first 15 days of September 2005, and then probated license for remainder of suspension period, subject to certain terms; also assessed \$500 plus administrative and investigative costs. Charges: (1) obtained a license by fraud or misrepresentation, (2) failure to furnish information to the Board as requested by the Board, and (3) failure to comply with two successive continuing education audits.

**Pulmonary Homecare Pharmacy (Pharmacy Permit No. 4733)**, Voluntary Consent Agreement: Assessed permit \$2,500 plus administrative and investigative costs. Charges: (1) relocated a pharmacy prior to the necessary inspection and (2) operated a pharmacy without the necessary credential.

**Jared Keith Daigle (Technician Certificate No. 5025)**, Voluntary Consent Agreement: Revoked certificate, and pro-

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hibited any future application for any credential. Charges: (1) unlawful acquisition of a CS by fraud, forgery, or deception, and (2) unlawful possession of a Schedule III CS.

**Trudy Ann Brown (Technician Certificate No. 3940)**, Voluntary Consent Agreement: Revoked certificate and prohibited any future application for any credential. Charge: (1) unlawful acquisition of a CS by fraud, forgery, or deception.

**Suzanne Fay Talbot (Technician Certificate No. 4447)**, Voluntary Consent Agreement: Revoked certificate, and prohibited any future application for any credential. Charges: (1) departed from or failed to conform to the minimal standards of acceptable and prevailing pharmacy practice, and (2) unlawful dispensing of a prescription drug.

**Teresa Miller Doucet (Technician Certificate No. 5509)**, Voluntary Consent Agreement: Revoked certificate, and prohibited any future application for any credential. Charges: (1) unlawful acquisition of a CS by fraud, forgery, or deception, (2) unlawful possession of a Schedule III CS, and (3) unlawful dispensing of a prescription drug.

**Segmund Jermaine Freeman (Technician Candidate Registration No. 11069)**, Voluntary Consent Agreement: Registration suspended for two years, with execution stayed, then registration probated for two years, subject to certain terms. Basis: contents of application.

**Batiste Drugs (Pharmacy Permit No. 2134)**, Board accepted the voluntary surrender of the permit, resulting in the indefinite suspension of the permit, effective August 4, 2005.

**Roland Thaddeus Watts (Pharmacist License No. 11267)**, Board accepted the voluntary surrender of the license, resulting in the indefinite suspension of the license, effective August 4, 2005.

**Thomas J Pharmacy (Pharmacy CDS Permit No. C-004212)**, Board accepted the voluntary surrender of the permit, effective July 18, 2005.

**Mary Ellen Stutts (Technician Certificate No. 3556)**, Board accepted the voluntary surrender of the certificate,

resulting in the indefinite suspension of the certificate, effective August 2, 2005.

The Board also issued Letters of Warning to three pharmacists, one pharmacy technician, and six pharmacy permits; they also issued Letters of Reprimand to two pharmacists and one pharmacy permit. With respect to the reinstatement of lapsed licenses, the Board granted requests from one pharmacist and one pharmacy technician, subject to the completion of certain prerequisites. With respect to impaired practitioners, the Board accepted the voluntary surrender of license from two pharmacists, granted requests for reinstatement from four pharmacists and one pharmacy intern, granted requests for probation modification from two pharmacists, and denied a request for probation modification from one pharmacist.

### **Calendar Notes (05-10-231)**

Please note the change in date for the next Board meeting. The meeting will be held November 9-10, 2005, at the Board office in Baton Rouge. The office will be closed on November 24 for Thanksgiving Day, November 25 for Acadiana Day, and December 26 for a belated observance of Christmas Day.

### **Special Note (05-10-232)**

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.

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