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Pharmacist License, Pharmacy Permit, and CDS License Renewals for 2012 (11-10-388)

The renewal cycle for pharmacists, pharmacies, and controlled dangerous substance (CDS) licenses for pharmacies will open on November 1, 2011. Just prior to that date, you should receive a reminder mailer from the Louisiana Board of Pharmacy 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 14, 2011, will not be reflected on your reminder mailer. In the event the postal service fails to deliver your reminder mailer by November 15, 2011, 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 on the Board's Web site is timed to automatically activate at 12:01 AM on November 1, 2011, and to automatically deactivate at midnight on December 31, 2011. While the Board makes every effort to maintain the online convenience during the renewal cycle, the Board's service provider may experience weather-related or other unforeseen technical difficulties from time to time; it has already happened more than once in the few years the Board has been offering the online option. 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. The Board does not waive late fees in that situation. Why take a chance? Please do not wait until the last minute of the last day.

Pharmacist License Renewal

- Current pharmacist licenses expire at midnight on December 31, 2011. 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, 2011. Please do not forget to sign and date the application form and respond to all questions on the form. If the form is incomplete, or if there is no supporting documentation when required, 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 USPS. This year, the Board anticipates the renewal of approximately 7,000 pharmacist licenses. Due to the volume of mail during the renewal cycle, the Board may not be able to respond in a timely manner to requests for delivery confirmation.
- The fee for the timely renewal of a pharmacist license is $100. The renewal of an expired license will incur a 50% penalty fee as well as a lapsed license reinstatement fee, resulting in a total charge of $350.

Pharmacy Permit and CDS License Renewal

- Please remember the pharmacy permit and CDS license are now separate credentials and must be renewed on separate application forms. There is no change in the fee

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2011-2012 Influenza Vaccines Approved by FDA

Food and Drug Administration (FDA) announced that it has approved the 2011-2012 influenza vaccine formulation for all six manufacturers licensed to produce and distribute influenza vaccine for the United States. The vaccine formulation protects against the three virus strains that surveillance indicates will be most common during the upcoming season and includes the same virus strains used for the 2010-2011 influenza season. The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months of age and older receive an annual influenza vaccination. Details about the new vaccines are available in an FDA news release at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm263319.htm,* and information about the ACIP recommendations are available on the CDC Web site at *www.cdc.gov/media/pressrel/2010/r100224.htm.*

Another TEAspoon – mL Mix-Up

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 an 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.*

A few weeks ago ISMP heard from a mother whose child was accidentally given an overdose of an antibiotic. A pharmacist accidentally provided instructions on the prescription label for her child to receive 3.5 **TEA**spoonfuls of a liquid antibiotic for 10 days instead of 3.5 **mL.** The medication was dispensed in a 60 mL bottle. The child was given 3.5 **TEA**spoonfuls each day for three days. By the fourth day only one **TEA**spoonful (5 mL) was left in the bottle, so the mother called the pharmacy and learned that the dosage amount on the label was incorrect. The child experienced bouts of diarrhea and a yeast and fungal infection in the vaginal area.

Mix-ups between teaspoons and mL are common and have been happening for many years. ISMP first mentioned the problem in its June 28, 2000 newsletter article, "Oral liquid medications may be more vulnerable to errors than previously recognized" *(www.ismp.org/Newsletters/acutecare/articles/20000628_2.asp).* ISMP has received more than 50 similar errors in recent years, most resulting in patient harm. It is time to standardize to a single way of measuring liquid medications, using the metric system with volumes expressed in mL. If we all used the metric measurement when prescribing, dispensing, and administering medications, these types of mix-ups would no longer happen.

In response to ongoing errors, in June 2009, ISMP called for elimination of **TEA**spoonful and other non-metric measurements to prevent errors *(www.ismp.org/pressroom/PR20090603.pdf).* In May 2011, FDA published a guidance suggesting ways for manufacturers to improve the labeling of over-the-counter (OTC) liquid drug products to minimize the risk of accidental overdoses *(www.fda.gov/Drugs/DrugSafety/MedicationErrors/ucm253715.htm).* Unfortunately, the guidance still mentions both **TEA**spoon and **TABLE**spoon. The Consumer Healthcare Products Association has also published guidelines *(www.chpa-info.org/scienceregulatory/Voluntary_Codes.aspx#volumetricmeasure)* to improve the format for volume measures within the dosing directions for OTC products. The abbreviation "mL" is recommended for use on accompanying dosing devices that measure OTC oral liquid drug products so they match the dosing directions in labeling for children. The group has also told companies to avoid directions that mention tablespoon, cubic centimeters (cc), dram, fluid ounce (Fl Oz), and dropper(ful), and to use mL as the sole unit of measure in the dosing directions or, alternatively, mL **and** the **"TEA**spoonful" equivalent (eg, 5 mL (1 **TEA**spoon)).

While these are excellent moves to improve safety, ISMP would like to see the complete elimination of **TEA**spoonful amounts and the abbreviation "tsp." Doses expressed using mL alone would be the best way to eliminate the risk of mix-ups. The ISMP board fully supports this initiative and is currently in the process of approving a formal ISMP position on this issue. ISMP hopes the health care industry will also support this initiative.

'Know Your Dose' Campaign Aims to Prevent Acetaminophen Overdose

The Acetaminophen Awareness Coalition, has launched *www.KnowYourDose.org,* a Web site aimed to educate consumers about the dangers of acetaminophen overdose and how to ensure that the correct, safe dosage is administered. "Know Your Dose" stresses to patients the importance of checking the labels of both prescription and over-the-counter medications for the amount of acetaminophen contained in order to ensure that they do not exceed recommended maximum dosage levels. Health care providers may order a free Know Your Dose kit that includes materials to help educate patients about safely using medications containing acetaminophen. The kit includes posters, information cards for patients, and a display holder for use in distributing the cards. Members of the Acetaminophen Awareness Coalition include Alliance for Aging Research, American Academy of Nurse Practitioners, American Academy of Physician Assistants, American Pain Foundation, American Pharmacists Association, CHPA Educational Foundation, National Association of Boards of Pharmacy® (NABP®), National Association of Chain Drug Stores, National Community Pharmacists Association, National Consumers League, and the National Council on Patient Information and Education. The campaign was developed under advisement from the American Academy of Pediatrics, CDC, and FDA.

Methylene Blue and Linezolid May Interact With Certain Psychiatric Medications

FDA has issued two safety communications regarding adverse drug reactions in patients taking certain psychiatric medications, and also given methylene blue or linezolid (Zyvox®). Specifically, FDA has received reports of serious central nervous system reactions in patients taking serotonergic psychiatric medications who are also given methylene blue, a product commonly used in diagnostic procedures. FDA explains that "[a]lthough the exact mechanism of this drug interaction is unknown, methylene blue inhibits the action of monoamine oxidase A – an enzyme responsible for breaking down serotonin in the brain. It is believed that when methylene blue is given to patients taking seroto-

nergic psychiatric medications, high levels of serotonin can build up in the brain, causing toxicity. This is referred to as Serotonin Syndrome. Signs and symptoms of Serotonin Syndrome include mental changes (confusion, hyperactivity, memory problems), muscle twitching, excessive sweating, shivering or shaking, diarrhea, trouble with coordination, and/or fever." FDA has published a list of the serotonergic psychiatric medications that can interact with methylene blue, available at *www.fda.gov/Drugs/DrugSafety/ucm263190.htm#table,* and advises that "Methylene blue should generally not be given to patients taking serotonergic drugs." Exceptions and more information for health care providers and patients are available in an FDA Drug Safety Communication available at *www.fda.gov/Drugs/DrugSafety/ucm263190.htm.*

Similar reports of interactions between certain serotonergic psychiatric medications and the antibacterial drug, linezolid (Zyvox) have also been reported to FDA. FDA has published a list of the serotonergic psychiatric medications that can interact with linezolid, available at *www.fda.gov/Drugs/DrugSafety/ucm265305.htm#table,* and advises that "Linezolid should generally not be given to patients taking serotonergic drugs." Exceptions and more information about the linezolid interaction for health care providers and for patients are available in an FDA Drug Safety Communication available at *www.fda.gov/Drugs/DrugSafety/ucm265305.htm.*

NABP Looking For Item Writers to Develop New Questions for NAPLEX, MPJE, FPGEE, and PCOA

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), and the Pharmacy Curriculum Outcomes Assessment® (PCOA®).

Pharmacists in all areas of practice and faculty from schools and colleges of pharmacy are encouraged to apply. To be considered as an item writer for the NAPLEX and MPJE, pharmacists must have at least two years of pharmacy practice experience.

Item writers will be selected based on the specific needs of the programs. Those who are chosen will be asked to attend a workshop at NABP Headquarters with travel, lodging, and ancillary expenses paid by NABP.

Attendees will receive detailed instructions and training materials describing the item-writing process and content-related requirements for their designated examination. Item writers will then be asked to develop new test items that will be considered for inclusion in NABP licensure and certification and assessment examination programs.

The NAPLEX is an examination consisting of 185 selected-response and constructed-response test questions, the majority of which are asked in a scenario-based format, that covers important information about the knowledge, judgment, and skills an entry-level pharmacist is expected to demonstrate. The three competency areas of the examination are:

- Assess pharmacotherapy to ensure safe and effective therapeutic outcomes
- Assess safe and accurate preparation and dispensing of medications
- Assess, recommend, and provide health care information that promotes public health

The MPJE is a computer-based examination that consists of 90 select-response items. It combines federal and state-specific questions that test the pharmacy jurisprudence knowledge of prospective pharmacists on the following areas:

- Legal aspects of pharmacy practice, including responsibilities with regard to the distribution and dispensing of pharmaceuticals and for the care of patients
- Licensure, registration, certification, and operational requirements
- Regulatory structure and terms of the laws and rules that regulate or affect pharmacists, pharmacies, manufacturers, and distributors

The FPGEE is a comprehensive examination consisting of 250 multiple-choice questions that measures four major pharmacy content areas:

- Basic biomedical sciences
- Pharmaceutical sciences
- Social/behavioral/administrative pharmacy sciences
- Clinical sciences

The PCOA is a 220-question, multiple-choice assessment that is administered to pharmacy students in all four professional years. The assessment follows a blueprint that reflects actual curriculum hours established through a national sample of PharmD programs in the US and is broken down into the following four areas:

- Basic biomedical sciences
- Pharmaceutical sciences
- Social, behavioral, and administrative pharmacy sciences
- Clinical sciences

Interested individuals should mail or fax a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a resume or curriculum vitae via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056; via e-mail at exec-office@nabp.net; or via fax at 847/391-4502.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net.

Clarification Regarding Pradaxa Storage and Handling Requirements

An FDA alert released in March 2011 details important storage and handling guidelines for Pradaxa® (dabigatran etexilate mesylate) capsules, as reported in the third quarter NABP *National Pharmacy Compliance News.* As a point of clarification, the FDA-approved Pradaxa label states that once opened, the product must be used within 30 days. FDA is currently reviewing data that indicate no significant loss of potency up to 60 days after the bottle is opened as long as Pradaxa is stored in the original bottle and the handling requirements are met. An FDA Drug Safety Communication available at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm249005.htm* provides more details, and the manufacturer's Pradaxa safety information is available at *www.pradaxa.com* by clicking on the link for "Important Storage & Handling Information" at the top of the page.

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and you may write one check for both credentials, but the application forms are separate.

- Current pharmacy permits and CDS licenses shall expire at midnight on December 31, 2011. There is no grace period, and a pharmacy shall not operate with an expired pharmacy permit or CDS license. Recent history reveals the usual fine for this violation is $5,000.
- Should you elect to use paper application forms, the Board suggests you submit your completed application forms and fees to the Board office no later than December 1, 2011. Please do not forget to sign and date the application forms and answer all the questions on the forms. If the forms are incomplete, or if there is no supporting documentation when required, then the application form(s) will be returned to you as incomplete, resulting in a delay in the renewal of your pharmacy permit and/or CDS license.
- If it is important for you to know when your paper application forms are received at the Board office, the Board suggests you use a mailing service with tracking options, eg, DHL, FedEx, UPS, or USPS. This year, the Board anticipates the renewal of approximately 1,500 pharmacy permits and 1,500 CDS licenses. Due to the volume of mail during the renewal cycle, the Board may not be able to respond in a timely manner to requests for delivery confirmation.
- The fee for the timely renewal of a pharmacy permit is $150. 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 $412.50.
- The fee for the timely renewal of a CDS license is $25. The renewal of an expired CDS license will incur a 50% penalty fee as well as a lapsed license reinstatement fee, resulting in a total charge of $237.50.

Pharmacist Responsibility (11-10-389)

If you are a pharmacist-in-charge of a pharmacy, it is your responsibility to 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 resulting 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 for aiding and abetting the unlicensed practice of pharmacy.

Prescription Monitoring Program (11-10-390)

The Board knows that most pharmacies are diligent about reporting their dispensing transactions to the prescription monitoring program (PMP) database every week. PMP staff monitors that activity and sends gentle reminders when a report is overlooked or delayed. On rare occasions, the Board needs to provide a little firmer hand; examples can be seen later in this *Newsletter*. But the value of the program does not lie just in submitting transactions to the database. The best value of the program is achieved when pharmacists review the data prior to dispensing controlled substance prescriptions to their patients.

With respect to pharmacists registering to obtain access privileges to the PMP database, the Board knows that only 12% of the pharmacists have done so. There is no fee to register for PMP access privileges, nor is there a fee for accessing the database. The process to obtain PMP access privileges begins with a visit to the Board's Web site at *www.pharmacy.la.gov*, then selecting the PMP window in the lower left margin. From the PMP home page, select the link for the RxSentry® Orientation Course. This is a short Web-based presentation about the system. You can then complete the Access Request Form for Dispensers and send that document to the Board office. After verifying everything is in order, PMP staff sends authorization for your account and access to the program vendor. You are then authorized to make queries of the database for your patients.

On June 30, 2011, the PMP program finished the fiscal year with some excess revenues, and the Board authorized the investment of those funds in software enhancements for the program. One of the upgrades will be to the telecommunication standard for data coming from pharmacies. Currently, the program only accepts data in the older ASAP-1995 standard. The Board intends to upgrade its capability to accept data in the newer ASAP-2007 standard. One of the primary advantages of that newer standard is the ability to make error corrections on single transactions instead of requiring retransmission of entire batches. Another upgrade will prepare the program for the interstate sharing of PMP data. By the end of 2012, the Board anticipates providing data from multiple states in response to a single query. The Board will keep you posted on all of those new developments.

Disciplinary Actions (11-10-391)

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.

Notice of Correction – St. Mary Pharmacy (PHY.006396) in Morgan City, LA

Within the July 2011 edition of this *Newsletter,* the Board mistakenly reported the Board's May 4 decision relative to this pharmacy. While it is true the Board authorized the issuance of the pharmacy permit and CDS license contingent upon the pharmacy's compliance with certain restrictions for a period of time ending on April 1, 2015, it was not true that the Board placed the pharmacy permit on probation for that period of time. The Board regrets the error.

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During its May 4-5, 2011 meeting and hearing, the Board took final action in the following matters:

Deontralease Gabriel Henderson (CPT.009064): Formal Hearing – certificate revoked; and further, assessed a fine of $5,000 plus costs; for seven counts, including diversion of hydrocodone and carisoprodol from employer pharmacy.

Kristin Smith Quarrella (CPT.004711): Formal Hearing – certificate revoked, and further, assessed a fine of $5,000 plus costs; for five counts, including diversion of modafinil and other prescription drugs from employer pharmacy.

During its August 17 meeting, the Board took final action in the following matters:

Cassandra Denise Perkins (PTC.017833): Authorized issuance of the registration, then suspended it and any subsequent credential for five years and stayed the execution thereof, and then placed the registration and any subsequent credential on probation for five years, subject to certain terms enumerated in the consent agreement; for one count, failure to report complete criminal history record on application for registration.

Oretha Levette Lewis (CPT.008216): Certificate suspended for five years with execution thereof stayed, then placed on probation for five years, subject to certain terms enumerated in the consent agreement; further, assessed a fine of $500 plus costs; for five counts, including facilitating the dispensing of unauthorized prescriptions at employer pharmacy.

Our Lady of Guadalupe Pharmacy (PHY.005564): Pharmacy permit suspended for five years with execution thereof stayed, then placed on probation for five years, subject to certain terms enumerated in the consent agreement; further, assessed a fine of $5,000 plus costs; for eight counts, including consistent failure to report controlled substance dispensing transactions to state prescription monitoring program.

John Byron Lee (PST.011425): License suspended for one year with execution thereof stayed, then placed on probation for one year, subject to certain terms enumerated in the consent agreement; further, assessed a fine of $2,500 plus costs; for nine counts, including accountability as owner and pharmacist-in-charge of Our Lady of Guadalupe Pharmacy for consistent failure to report controlled substance dispensing transactions to state prescription monitoring program.

CVS Pharmacy No. 5327 (PHY.005835): Pharmacy permit suspended for three years with execution thereof stayed, then placed on probation for three years, subject to certain terms enumerated in the consent agreement; further, assessed a fine of $50,000 plus costs; for four counts, including repeated substantial unexplained losses of controlled substances.

Village Pharmacy of West Monroe (PHY.006263): Pharmacy permit revoked; for 15 counts, including failure to report controlled substance dispensing transactions to state prescription monitoring program as well as failure to properly close pharmacy permit.

Sharron Renee Barnes Michael Provost (PST.017155): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective May 11, 2011.

Steve John Soteropulos (PST.011704): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective May 26, 2011.

Candice LeAnn Abbott (CPT.006954): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective May 26, 2011.

Benji Joseph Juneau (PST.016348): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective June 29, 2011.

Justin Matthew Scalfano (PST.018787): Granted request for reinstatement of previously suspended license, suspended license for five years and stayed execution thereof, then placed license on probation for five years, subject to certain terms enumerated in the consent agreement.

Drema Montz Millet (PST.009963): Issued Letter of Reprimand; and further, assessed a fine of $250 plus costs; for four counts, including second failure of audit of continuing education records as well as acquisition of license by fraud or misrepresentation.

Britany Rae Boutin (PTC.016641): Registration revoked, with permanent bar on any future reinstatement application; for four counts, including diversion of controlled substances from employer pharmacy.

Alena Ruth Rashall Fontenot (CPT.009215): Certificate revoked, with permanent bar on any future reinstatement application; for four counts, including forgery of prescriptions for controlled substances at employer pharmacy.

Alaina Marie Portier (CPT.010076): Certificate revoked, with permanent bar on any future reinstatement application; for four counts, including diversion of controlled substances at employer pharmacy.

Shawn Adrienne Mouton (PTC.016780): Accepted voluntary surrender, resulting in suspension of the registration for an indefinite period of time, effective June 8, 2011.

Suresh Kumar Donepudi (CDS.017933-MD): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective August 17, 2011.

LaShunda Renee Williams (CPT.006933): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective August 9, 2011.

At the same meeting in August, the Board also issued letters of reprimand to three pharmacists, as well as letters of warning to two pharmacies; and further, the Board granted three requests for probation modification; and further, the Board granted two requests for the reinstatement of previously lapsed credentials – one to a pharmacist, contingent upon the completion of certain tasks, and another to a technician, with no further requirements.

Calendar Notes (11-10-392)

The next Board meeting and administrative hearing will be November 16-17, 2011, at the Board office. The office will be closed November 11, in observance of Veterans Day, November 24, in observance of Thanksgiving Day, and December 26, in observance of Christmas Day.

Special Note (11-10-393)

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.

Census Data (11-10-394)

At the close of the fiscal year on June 30, 2011, a review of records yielded the following census information regarding the Board's pharmacy program:

- **Pharmacists –** 7,158 active licenses (4,988 within the state)
- **Pharmacy Interns –** 1,054 active registrations
- **Pharmacy Technicians –** 5,867 active certificates
- **Pharmacy Technician Candidates –** 1,609 active registrations
- **Pharmacies –** 1,707 active permits *(breakdown by type of permit:* independent retail – 591, retail chain – 576, hospital – 170, institutional – 25, nuclear – 15, charitable – 12, out-of-state – 318)
- **Equipment Permits –** 430 emergency drug kit permits and 356 automated medication system permits

In addition to the pharmacy program's 18,260 credentials (detailed above) the Board also operates the CDS program, which manages 19,437 credentials bringing the total number of credentials under the management of the Board to 37,697.

Compliance – Enforcement Summary (11-10-395)

In order to control and regulate the practice of pharmacy in Louisiana, the Board employs six pharmacist compliance officers to perform routine inspections and special investigations throughout the year in all places under the Board's jurisdiction. Besides the routine inspections, site visits for permit changes and other calls for assistance, the compliance officers completed 362 investigations during the last fiscal year: 26 of the original complaints were withdrawn, 58 were determined to be without violation, five cases were referred to another agency, 54 resulted in field/administrative corrections, 42 resulted in administrative sanctions, and 177 cases were referred to the Board's Violations Committee for formal action. The Violations Committee dismissed 39 of its cases and recommended 138 voluntary consent agreements. Of that number, 132 respondents accepted the proposed discipline. The remaining six respondents did not, and they were referred for formal administrative hearings.

Compliance officers coordinate other investigative activities with a wide range of agencies, including local police departments, parish sheriff departments, other state regulatory and law enforcement agencies, and federal agencies such as Drug Enforcement Administration, Food and Drug Administration, and the Consumer Product Safety Commission. Though the compliance officers utilize the educational approach as the fundamental mechanism to achieve compliance, certain circumstances warrant formal Board action.

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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