April 2012

Louisiana Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

3388 Brentwood Drive • Baton Rouge, LA 70809-1700 • *www.pharmacy.la.gov*

Board Member Appointments (12-04-405)

Louisiana Board of Pharmacy member appointments are made in accordance with La. R.S. 37:1175, which provides that whenever a vacancy occurs among the members representing one of the eight districts, the pharmacists who are bona fide residents of the district in which the vacancy occurs shall nominate, from among their number, a representative to the Board. Whenever the vacancy will occur by reason of an expiring term, the nominations shall be made by mail at least 60 days in advance of the expiration date of the term.

The Board's secretary is responsible for mailing a ballot, by United States First Class Mail, to each pharmacist holding an active license and residing in the district in which the vacancy will occur, at the last known address as indicated in the Board's records. The ballot, or another enclosed communication, will state the date, time, and place for counting ballots. At a gathering open to the public, the secretary and one or more persons designated by him or her will open and count the ballots. The secretary will then certify to the governor the names of the three nominees in each district receiving the highest number of votes. For each district in which the vacancy will occur, the governor may appoint one of those three nominees to the Board.

The terms of six current Board members will expire on September 15, 2012. The ballots with the necessary information will be mailed to pharmacists in the respective districts on or about June 1, 2012. The ballots will be opened and counted on July 10-11, 2012; information about the exact time and place will be included with the ballot.

Board member terms that will expire on September 15, 2012, and their districts, are as follows:

- **Joseph L. Adams, Mandeville, LA** (District 1, composed of the parishes of Jefferson and St Tammany).
- **Blake P. Pitre, Houma, LA** (District 3, composed of the parishes of Ascension, Assumption, Iberia, Iberville, Lafourche, St Charles, St James, St John the Baptist, St Martin, St Mary, Terrebonne, and West Baton Rouge).
- **Lois R. Anderson, Shreveport, LA** (District 4, composed of the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster).
- **T. Morris Rabb, Monroe, LA** (District 5, composed of the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll, and Winn).
- **Chris B. Melancon, Carencro, LA** (District 7, composed of the parishes of Acadia, Calcasieu, Cameron, Jefferson Davis, Lafayette, and Vermilion).
- **Brian A. Bond, Jena, LA** (District 8, composed of the parishes of Allen, Avoyelles, Beauregard, Catahoula, Concordia, Evangeline, Grant, LaSalle, Pointe Coupee, Rapides, St Landry, and Vernon).

Should any pharmacist need a list of pharmacists in his or her own district for purposes related to this nomination election, the Board office will supply one complimentary list upon written request by the pharmacist.

New Continuing Education Procedures for Pharmacists and Technicians (12-04-406)

Have you had enough of managing all of those paper statements of credit documenting your continuing pharmacy education (CPE) activities? Good news – the end of the "paper chase" is near.

CPE Monitor™ is a collaborative service from the the National Association of Boards of Pharmacy® (NABP®), the Accreditation Council for Pharmacy Education (ACPE), and ACPE providers. The service will allow pharmacists and technicians to track their ACPE-accredited CPE activities electronically through the use of an e-Profile maintained by NABP. How does it work? When you register for an ACPE-accredited CPE activity, the provider will request your NABP e-Profile ID number, along with the month and day of your birth (MMDD). Following the CPE activity, the provider will electronically transmit the participation data to ACPE. Following verification of the data, ACPE will electronically transmit the CPE data to NABP.

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DEA Provides Information Regarding Carisoprodol Prescriptions

A Drug Enforcement Administration (DEA) announcement provides information regarding the scheduling of carisoprodol, effective as of January 11, 2012. The DEA Final Rule making the drug a Schedule IV controlled substance was published December 12, 2011, and states that effective January 11, 2012, all prescriptions for drugs containing carisoprodol shall comply with DEA regulations. Specifically, a pharmacy may only fill or refill a prescription for a drug containing carisoprodol if all of the following requirements are met:

- the prescription was issued for a legitimate medical purpose by a DEA-registered practitioner acting in the usual course of professional practice (21 CFR §1306.04);
- the prescription contains all the information required by 21 CFR §1306.05; and
- the number of refills authorized by the prescribing practitioner is five or less (21 USC §829(b)).

The full text of the notice is available on the DEA Web site at *www.deadiversion.usdoj.gov/drugs_concern/carisoprodol/index.html.*

Pfizer Recalls Several Lots of Two Oral Contraceptive Products

Pfizer Inc recalled 14 lots of Lo/Ovral®-28 (norgestrel and ethinyl estradiol) tablets and 14 lots of norgestrel and ethinyl estradiol tablets (generic) due to potential for inexact count and out-of-sequence tablets. A Pfizer investigation found that some blister packs of the affected products may contain an inexact count of inert or active ingredient tablets and that the tablets may be out of sequence. As a result of this packaging error, the daily regimen for these oral contraceptives may be incorrect and could leave women without adequate contraception, and at risk for unintended pregnancy. Food and Drug Administration (FDA) advises that patients who have the affected product should notify their physician and return the product to the pharmacy. A Pfizer press release includes a list of the affected products with the National Drug Code (NDC) number, lot number, and expiration date for each, and is available at *www.fda.gov/Safety/Recalls/ucm289770.htm.*

Changes in Medication Appearance Should Prompt Investigation by Pharmacists and Patients

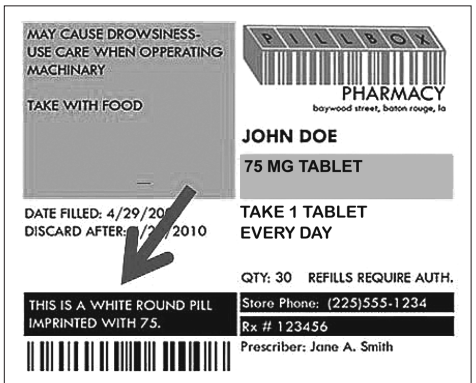
This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies 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.*

As the numbers of generic products continue to increase, it seems that both patients and practitioners have become desensitized to changes in medication appearance. So much so that patients may not question a change or, when they do, practitioners may simply reassure them that it was due to a change in manufacturer without actively investigating the reason. It is not uncommon for ISMP to receive reports from both practitioners and consumers where a change in medication appearance was not fully investigated and subsequently contributed to an error.

In one case, a man shared an account of what his 86-year-old father experienced over the course of nine days after his prescription for minoxidil was mistakenly refilled with another medication. He had been taking minoxidil 2.5 mg for years at a dose of 5 mg (2 tablets) twice daily. Due to failing vision, he did not realize that his minoxidil tablets looked different. His daughter noticed the change, but was unconcerned since the tablets had previously changed appearance. The pharmacy was contacted about the change and a staff member explained that it was a different generic for minoxidil, and that the pills could be exchanged for those that he usually received. There was no mention of a mistake being made when the medication was exchanged. He was taken to the hospital the following day, when he could barely walk.

After this incident was explained to hospital staff, they contacted the pharmacy. It was then revealed that he was given methotrexate by mistake because the bottles were stored next to each other. By this time, the man had taken 36 methotrexate 2.5 mg tablets, his white blood cell and platelet counts were extremely low, and he was in critical condition. We later learned that he passed away during that hospital visit.

Your pharmacy may be providing an important patient safety tool on the prescription label that may be overlooked by patients and their caregivers: a description of the shape, color, and imprint code of the medication that should be inside. This information can help ensure accuracy since it's based on the NDC number. Teach patients to look for this description and question any differences. In addition, the patient needs to know if the medication name on the pharmacy generated label is the medication he or she was expecting to receive. Even if the generic manufacturer is different each time the prescription is renewed, the description on the label should match the NDC number and thus the product inside.



With so much information on prescription labels such as patient and doctor name, drug name, instructions, and warnings – this added information can easily be missed. But it's important, so look for it and put it to use!

FDA Reminder: Purchasing Unapproved Injectable Cancer Medications Threatens Patient Safety

FDA is reminding health care providers to obtain and use only FDA-approved injectable cancer medications purchased directly from the manufacturer or from wholesale distributors licensed in the United States. FDA explains that "current shortages of injectable cancer medications may present an opportunity for unscrupulous individuals to introduce non-FDA approved products into the drug supply, which could result in

serious harm to patients." FDA reports that the agency is aware of promotions and sales of unapproved injectable cancer medications directly to clinics in the US and that the medications were likely administered to patients. Examples of products include unapproved versions of FDA-approved medications such as Faslodex® (fulvestrant), Neupogen® (filgrastim), Rituxan® (rituximab), and Herceptin® (trastuzumab). FDA stresses the risks to patients when such unapproved medications are used. The agency outlines several steps health care providers should take to ensure patient safety:

1. Obtain and use only FDA-approved injectable cancer medications purchased directly from the manufacturer or from wholesale distributors licensed in the US. An FDA Web page, *www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm,* provides the online resource for each state for verifying that a wholesale distributor is appropriately licensed.
2. Determine if the medication you have received is FDA-approved by checking the Orange Book or searching the Drugs@FDA database.
3. Question whether a price sounds too good to be true. Deep discounts may be offered because the product is stolen, counterfeit, or unapproved.
4. Carefully inspect the product and packaging and be alert for signs that the product is not FDA approved, such as if the packaging looks different or the dosing recommendations are unfamiliar.

FDA also notes that if a health care provider receives multiple complaints about the same product, such as a new side effect or lack of therapeutic effect, these may signal a product quality issue.

FDA reminds health care providers that in certain circumstances the agency may authorize limited importation of medications that are in short supply. Such medications are imported from approved international sources and distributed in the US through a controlled network, and would not be sold in direct-to-clinic solicitations. If FDA has arranged for limited importation of the foreign version of a medication, information on obtaining that medication will be available in the Drug Shortages section of the FDA Web site, *www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm.*

Additional details are provided in an FDA Drug Safety Communication, available at *www.fda.gov/downloads/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/UCM287717.pdf.*

Insulin Pens Should Not Be Used for Multiple Patients, Stresses CDC

Centers for Disease Control and Prevention (CDC) issued a notice, reminding health care providers that insulin pens are intended for use by a single patient, and should never be used on more than one patient. CDC indicates that the agency has become "increasingly aware of reports of improper use of insulin pens, which places individuals at risk of infection with pathogens including hepatitis viruses and human immunodeficiency virus (HIV)." The notice explains that regurgitation of blood into the insulin cartridge can occur after injection, creating a risk of bloodborne pathogen transmission if the pen is used for more than one person, even when the needle is changed. CDC provides the following recommendations to help protect patient safety:

- Insulin pens containing multiple doses of insulin are meant for use on a single person only, and should never be used for more than one person, even when the needle is changed.
- Insulin pens should be clearly labeled with the person's name or other identifying information to ensure that the correct pen is used only on the correct individual.
- Hospitals and other facilities should review their policies and educate their staff regarding safe use of insulin pens and similar devices.
- If reuse is identified, exposed persons should be promptly notified and offered appropriate follow-up including bloodborne pathogen testing.

The notice may be downloaded from the CDC Web site at *www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf.*

US Public Health Service Report Supports Maximizing the Scope of the Pharmacist as Part of Health Care Team

Presenting an evidence-based discussion of the comprehensive patient care services that pharmacists currently provide, a new government report calls for expanded support for such pharmacist-delivered patient care models. The report, *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice,* prepared by the Office of the Chief Pharmacist, US Public Health Service (PHS), is organized into four focus points as follows:

- Focus point 1 discusses how pharmacists are integrated in many practice settings as health care providers, such as through collaborative practice agreements, and provides data showing interprofessional support for such models.
- Focus points 2 and 3 support recognition of pharmacists as health care providers and compensation models that will allow pharmacists to continue to improve patient and health care system outcomes.
- Focus point 4 presents a review of numerous peer-reviewed studies that demonstrate favorable outcomes from pharmacist-delivered care.

RADM Scott Giberson, chief professional officer, PHS Pharmacists, and the primary author of the report, stated that "one of the most evidence-based and cost-effective decisions we can make as a nation is to maximize the expertise and scope of pharmacists, and minimize expansion barriers to successful health care delivery models." The report may be downloaded from the US PHS Web site at *www.usphs.gov/corpslinks/pharmacy/comms/pdf/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf.*

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NABP will add the data for that activity to your e-Profile. Since the participation data is available electronically, there will be no further need for the provider to furnish paper statements of credit to the participants.

So what do pharmacists and technicians need to do? You need to register one time with NABP by visiting the Web site *www.MyCPEmonitor.net* to establish your e-Profile and obtain your NABP e-Profile ID number. You will need to enter some personal information during this one-time process in order to allow for verification of your license with the Board. The short and quick registration process will result in the assignment of an NABP e-Profile ID number, which should be used whenever you register for an ACPE-accredited CPE activity.

Please remember that current Board rules require pharmacists and technicians to maintain copies of their CPE statements of credit at their primary professional practice location for at least two years. Since we do not anticipate CPE providers providing any historical information to the NABP e-Profiles, you should continue to maintain the existing paper records for at least two years. When the e-Profiles have been in existence for two years, the Board anticipates changing the rules to reflect the electronic records instead of paper records.

Finally, the Board has one reminder about a frequent question concerning CPE. As you know, the Universal Activity Number assigned to each ACPE-accredited CPE activity contains a number of different designations, the terminal indicator of which will be either a "P" for pharmacists or a "T" for technicians. That indicator designates the intended audience for the CPE activity. While the provider is required to designate the intended audience for a CPE activity, there is no requirement to exclude technicians from participating in activities intended for pharmacists, nor is there a requirement to exclude pharmacists from participating in activities intended for technicians. The provider will issue participation credit for the activity upon successful completion of the requirements. So it is possible for a pharmacist to receive credit for a "T" designated activity, and for a technician to receive credit for a "P" designated activity. While both of those possibilities may or may not be valuable educational activities, the Board is obliged to remind you that such CPE credits are not valid for license renewal. The renewal of a pharmacist license requires at least 15 hours of ACPE-accredited pharmacist-specific CPE, of which at least three hours must be earned via live presentation as designated by ACPE – or in the alternative, at least 20 hours of ACPE-accredited pharmacist-specific CPE in alternative delivery methods. The renewal of a technician certificate requires at least 10 hours of ACPE-accredited technician-specific CPE.

Renewal of Pharmacy Technician Certificates (12-04-407)

The renewal cycle for pharmacy technicians will open on May 1 and conclude on June 30. The Board no longer mails renewal application forms; instead, the Board will mail a renewal reminder mailer (not a postcard) just prior to May 1. If you do not receive your renewal reminder mailer by May 15, it becomes **your** responsibility to obtain an application form or renew your certificate online. The renewal reminder mailer will remind you of the three options to renew your certificate:

1. Visit the Board's Web site at *www.pharmacy.la.gov* and renew your certificate 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, certificate number, and current mailing address, requesting the Board to mail a paper application form to you.

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.

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, the Board's 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 to 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 shall expire on June 30, 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 postal service postmark of July 1, or later must be accompanied by the additional fee, 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 form, the Board suggests you use the mail tracking service of your choice. Given the volume of renewal applications, the Board may not be able to respond timely to your request to confirm mail deliveries.

Gentle Reminders About Prescriptions (12-04-408)

- A prescription for a non-controlled substance shall expire one year after the date of issue – not the date of first dispensing – unless the number of originally authorized refills is exhausted sooner. The date of issue shall be recorded on the prescription form.
- A prescription for a controlled substance shall expire six months after the date of issue – not the date of first dispensing – unless the number of originally authorized refills is exhausted sooner. The date of issue shall be recorded on the prescription form.
- Once issued, no refills may be added to a prescription.
- In the absence of any refills authorized on the initial issuance of the prescription, that prescription may not be refilled.
- Upon the receipt of an oral prescription from an authorized prescriber, the pharmacist shall reduce the order to written form prior to dispensing the medication. (LAC

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46:LIII.2511.C.1). Some insurance auditors have attempted to interpret "written" form as handwritten. When the Board has required something to be "handwritten" it has specified that method of recording. Since the rule does not require the verbal translation of the prescription to be handwritten, it is permissible to use computer-generated labels applied to paper prescription forms to comply with the rule, provided all the required information is present on such labels.

- It is permissible for prescribers to designate agents to communicate prescription orders to pharmacies (except for emergency orders for controlled substances listed in Schedule II); however, it is not permissible for such designated agents to sign prescription orders. Practitioners authorized by law to prescribe shall sign their prescriptions; documents purporting to be prescriptions not signed by the prescriber are not valid prescriptions. The Board has received several inquiries recently about the use of faxed responses to requests for continuation of therapy. In these cases, the pharmacy sends a faxed request to the prescriber requesting authority to continue therapy when the number of originally authorized refills has been exhausted. When the prescriber elects to authorize that continuation of therapy, it is permissible for the prescriber to sign that authorization and fax it back to the pharmacy. Since the faxed document represents a new prescription it must be signed by the prescriber; it cannot be signed by the prescriber's agent.

Disciplinary Actions (12-04-409)

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

During its November 17, 2011 administrative hearing, the Board took final action in the following matters:

Latonya Greonia-Teshia Nelson (PTC.018460): Application approved; newly issued registration suspended for one year with execution thereof stayed, and registration placed on probation for one year, effective February 1, 2012, subject to certain terms enumerated in the consent agreement; for one count, failure to report complete criminal history record on application for registration.

Tammie Rochelle Wright (CPT.003620): Certificate revoked, and further, assessed a fine of $5,000 plus costs, and further, reinstatement application barred for at least 10 years; for six counts, including unauthorized purchases of controlled substances at employer pharmacy and the subsequent diversion thereof.

Rayneke Elizabeth Watts (PTC.016247): Registration revoked, and further, assessed a fine of $5,000 plus costs, and further, reinstatement application barred for at least 10 years; for four counts, including submitting a drug screen that tested positive for illegal drugs.

Kiante Monat Harrell (PTC.017422): Registration revoked, and further, assessed a fine of $5,000 plus costs, and further, reinstatement application barred for at least 10 years; for four counts, including theft of prescription drugs from employer pharmacy.

During its February 1-2, 2012 Board meeting and administrative hearing, the Board took action in the following matters:

Sharron Renee Barnes Michael (PST.017155): Granted request for reinstatement of the previously suspended license, converted the suspensive period from an indefinite term to one of 10 years and stayed the execution of the suspension, and then placed the license on probation for 10 years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Kristi Layne Cupples Vial (PST.015607): Granted request for reinstatement of the previously suspended license, converted the suspensive period from an indefinite term to one of five years and stayed the execution of the suspension, and then placed the license on probation for five years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Wade Randall Veillon (PST.011709): Denied his request for early termination of probation.

Ginger Allen Teekell (PST.016606): Suspended license for five years and stayed the execution thereof, and then placed the license on probation for five years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Cynthia Perkins Little (PTC.018464): Application approved; newly issued registration suspended for five years with execution of the suspension stayed, and then placed on probation for five years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Magan Lynn Trahan (CPT.008312): Suspended certificate for one year and stayed the execution thereof, and then placed the certificate on probation for one year, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Cecil Ervin Price III (PST.019726): Application for licensure by reciprocity approved; newly issued license suspended for five years with execution of the suspension stayed, and then placed on probation for five years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Valarie Fitzpatrick Nelson (PST.015138): Suspended license for five years and stayed the execution thereof, and then placed license on probation for five years, effective February 1, 2012, subject to certain terms enumerated in the consent agreement.

Motilall Soodeen (PST.010721): Denied his request for reinstatement of the previously revoked license, and further, prohibited any future reinstatement application until July 1, 2013.

James Charles Hill (PST.011155): Denied his request for early termination of probation.

Scallan's Pharmacy (PHY.000981 and CDS.038721): Assessed a fine of $3,000 plus costs; for six counts, including habitual failure to report controlled substance prescription transactions to state prescription monitoring program.

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McGee's Pharmacy (PHY.004706): Permit revoked; for 14 counts, including improper closure of pharmacy and failure to transfer prescription records to another pharmacy.

Robert Mark McGee (PST.015107): Assessed a fine of $1,000 plus costs, and further, a lifetime prohibition on the acceptance of an appointment as the pharmacist-in-charge of any pharmacy permitted by the Board; for 16 counts, including as owner and pharmacist-in-charge of McGee's pharmacy, the improper permanent closure of the pharmacy and failure to transfer prescription records to another pharmacy.

CVS Pharmacy No. 5360 (PHY.005774): Assessed a fine of $5,000 plus costs; for six counts, including allowing a pharmacy technician with an expired certificate to continue to work in the prescription department.

Southwest Medical Center (PHY.003089): Assessed a fine of $10,000 plus costs; for six counts, including accountability for the diversion of 398 pints of promethazine with codeine syrup over a two-year period.

Intrathecal Compounding Specialists (PHY.005856): Assessed a fine of $10,000 plus costs; for six counts, including accountability for the diversion of 220 pints of promethazine with codeine syrup and over 16,000 tablets of hydrocodone/acetaminophen 10/500 over a six-month period of time.

Catherine Joette Pearson (CPT.007615): Suspended certificate for two years and stayed the execution thereof, and then placed the certificate on probation for two years, effective January 1, 2012, subject to certain terms enumerated in the consent agreement; for seven counts, including forgery of prescriptions for phentermine and the subsequent processing thereof.

Mary Rush Schultz (PTC.017371): Revoked registration, with permanent prohibition on any future application for reinstatement; for four counts, including the diversion of controlled substances from her employer pharmacy.

Paul Thomas DelFavero (CPT.010194): Revoked certificate, with permanent prohibition on any future application for reinstatement; for five counts, including the diversion of controlled substances from his employer pharmacy.

Cathy Lynn Mitchell (CPT.001195): Revoked certificate, with permanent prohibition on any future application for reinstatement; for five counts, including the diversion of controlled substances from her employer pharmacy.

Laura Jean Fairbanks (CDS.029124-MD): Accepted voluntary surrender of the credential, resulting in suspension of the license for an indefinite period of time, effective January 11, 2012.

At the same meeting in February, the Board also issued letters of reprimand to two pharmacies and two pharmacists; and further, granted a request from one pharmacist to modify previously imposed probationary terms.

Calendar Notes (12-04-410)

The next Board meeting and administrative hearing will be May 2-3, 2012, at the Board office. The office will be closed April 6, in observance of Good Friday.

Special Note (12-04-411)

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.

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.

Malcolm J. Broussard, RPh - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Larissa Doucette - Communications Manager

LOUISIANA BOARD OF PHARMACY

National Association of Boards of Pharmacy Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

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