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Louisiana Board of Pharmacy News

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New Board Member (13-10-439)

Governor Bobby Jindal has appointed a new pharmacist member to the Louisiana Board of Pharmacy. Ms Diane G. Milano, from Metairie, LA, is one of the owners of Chateau Drugs in Metairie. She was appointed to a six-year term that will expire on June 30, 2019. She replaced Mr Joseph L. Adams from Mandeville, LA, who completed 13 years of service to the Board. The Board welcomes Ms Milano to the Board, and it thanks Mr Adams for his service.

Status Report on Rulemaking Activities (13-10-440)

The Board continues to promulgate new rules as well as revisions to existing rules. For clients who have given the Board their e-mail addresses, the Board sends electronic *Notices of Rulemaking Activity* about these activities.

- *Regulatory Project 2013-1 ~ Compounding for Prescriber Use.* The Board voted on January 29, 2013, to issue an emergency rule that places limits on the amount of compounding for prescriber use a pharmacy may prepare without a patient-specific prescription. Since that time, the Board has been working through the process to develop a permanent rule. The Board reissued the same emergency rule on May 29 and September 29, to give the Board more time to complete the rulemaking process. During its August 14 meeting, the Board considered the comments and testimony received during the May 30 public hearing; as a result, the Board returned the proposed rule to its Regulation Revision Committee for further consideration and development.
- *Regulatory Project 2013-3 ~ Pharmacy Technician Training Programs.* The Board completed the rulemaking process to amend portions of *Chapter 9 – Pharmacy Technicians* of its rules and published the final rule on July 20, 2013. Effective that day, the Board no longer approves pharmacy technician training programs, and further, an applicant for a pharmacy technician candidate registration no longer needs to demonstrate enrollment in a training program, and further, an applicant for a pharmacy technician certificate no longer needs to demonstrate completion of a training program. The new rule contains a new requirement that will become effective on January 1, 2016. Beginning that day, an applicant for a pharmacy technician certificate will need to demonstrate successful completion of a nationally accredited and Board-approved pharmacy technician training program. The delay until 2016 is intended to give training programs time to achieve national accreditation.
- *Regulatory Project 2013-4 ~ Preferential Licensing for Military Personnel.* This proposal amends *Chapter 5 – Pharmacists* and *Chapter 9 – Pharmacy Technicians* of the Board's rules to establish procedures for the preferential licensing of certain military personnel, as required by Act 276 of the 2012 legislature. The Board published its Notice of Intent on July 20, and conducted a public hearing on August 27. The Board will consider those comments and testimony during its November 6 meeting.
- *Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management.* This proposal amends *Chapter 5 – Pharmacists* of the Board's rules and is intended to streamline the administrative burden placed on physicians and pharmacists engaging in collaborative drug therapy management. The Louisiana State Board of Medical Examiners is currently engaged in the rulemaking process to make similar adjustments to its rules on collaborative drug therapy management. The Board of Pharmacy published its Notice of Intent on July 20, and conducted a public hearing on August 27. The Board will consider those comments and testimony during its November 6 meeting.
- *Regulatory Project 2013-6 ~ Penal Pharmacy Permit Revision.* This proposal amends *Chapter 18 – Penal Pharmacy* of the Board's rules, to clarify that the requirement for this special type of pharmacy permit is limited to those pharmacies serving offenders in the custody of the Louisiana Department of Public Safety & Corrections, and is not a requirement for those pharmacies serving offenders in other facilities, eg, parish prisons. The Board published its Notice of Intent on July 20, and conducted a public hearing on August 27. The Board will consider those comments and testimony during its November 6 meeting.

Renewals for Pharmacist Licenses, Pharmacy Permits, and CDS Licenses (13-10-441)

The renewal cycle for pharmacist licenses, pharmacy permits, and controlled dangerous substance (CDS) licenses for pharmacies

Continued on page 4

Enteric-Coated Aspirin Recalled for Potential Acetaminophen Mix-Up

In June 2013, Advance Pharmaceutical Inc initiated a voluntary recall of Rugby Laboratories label enteric-coated aspirin tablets, 81 mg (Lot 13A026; expiration date: January 2015) due to a complaint that a bottle labeled with this product name actually contained acetaminophen 500 mg tablets. This over-the-counter (OTC) product is packaged in bottles of 120 tablets with National Drug Code 0536-3086-41 and Universal Product Code 3 0536-3086-41 9. The affected lot was distributed nationwide by Rugby Laboratories to wholesalers and retailers. The manufacturer warns that inadvertently taking acetaminophen, 500 mg, instead of enteric coated aspirin, 81 mg, according to the directions on the label, can lead to an acetaminophen overdose and potential severe liver damage. The manufacturer indicates that consumers who take the dosage as indicated on the defective product labeling may be ingesting up to 24,000 mg of acetaminophen, which is about six times the maximum recommended daily dose of acetaminophen (4,000 mg).

Consumers who have bottles from the affected lot should stop using the product and return it to the pharmacy or store where it was purchased and should contact a health care provider if they are experiencing any problems that may be related to using the product. Food and Drug Administration (FDA) notes that any adverse reactions related to the use of the product should be reported to FDA's MedWatch Program. More information about this recall is available on the FDA Web site at *www.fda.gov/Safety/Recalls/ucm357909*.

Barcoding Technology for Community Pharmacy

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.*

Barcoding technology is well-established in industries outside of the health care sector and is now being used within health care to enhance efficiency and safety, and in pharmaceutical wholesale operations to improve supply chain inventory and efficiency. Numerous studies prove the effectiveness and cost benefits of using barcoding technology during the drug dispensing process. About 75% of wrong drug or wrong dose errors are captured and corrected using barcode technology[1] and there is sufficient evidence that barcode scanning is becoming the standard of practice in pharmacies.

Although barcoding technology is mature with abundant evidence regarding its effectiveness, a 2006[2] study showed that only half (53.5%) of United States community pharmacies utilize a barcode scanner for verification/identification of medications. The study also revealed significantly lower adoption in independent pharmacies (11.5%) compared to chain pharmacies (62.6%).

According to a survey conducted by ISMP in 2009, the most frequently reported reasons for implementing barcode scanning for product verification included a desire to improve the accuracy and safety of the dispensing process, the ease with which the technology fits with pharmacy workflow, improvement of staff efficiency and inventory control, and a belief that the technology was necessary to stay in business. The most common reasons for **not** implementing barcode scanning for product verification, other than cost, included uncertainty regarding the "right" vendor product, satisfaction with the current system (without barcode product verification), and perceptions that the technology would reduce staff efficiency.

ISMP has developed a tool, Assessing Barcode Verification System Readiness in Community Pharmacies, to help address the reasons why barcode scanning has not been implemented and to facilitate the adoption of this technology in an estimated 27,327 community pharmacies that do not currently utilize it for product verification.

Given the resource commitment to purchase barcoding systems and the potential for technology to have a profound effect upon the work environment, this tool will help community pharmacy managers and owners better understand the issues related to barcode product verification systems. It will also help managers assess the pharmacy's readiness for the technology, prepare for the selection of a system, and implement the technology effectively.

Barcode scanning to verify prescription products prior to dispensing improves the safety and quality of pharmacy care provided to patients and increases efficiency during the provision of pharmacy services. Although technology should not be seen as a panacea, it can be a useful tool when used appropriately and combined with other patient safety strategies.[3] Does your pharmacy use barcode technology for product verification? If not, please access this free tool, at *www.ismp.org/AHRQ/Default.asp?link=sa.*

[1]*Cochran GL, Jones KJ, Brockman J, Skinner A, et al. "Errors prevented by and associated with barcode medication systems." Joint Comm J Qual Pt Safety. 2007;33(5):293-301.*

Ukens C. "New study sheds light on medication errors." Drug Topics. 2002;146(21):33.

[2]*Skrepnek GH, Armstrong EP, Malone DC, Abarca J, et al. "Workload and availability of technology in metropolitan community pharmacies." J Amer Pham Assoc. 2006; 46(2):154-160.*

[3]*American Hospital Association, Health Research and Educational Trust, Institute for Safe Medication Practices. "Pathways for medication safety: assessing bedside bar-coding readiness." 2002. Accessed on October 15, 2010 at:* www.ismp.org/selfassessments/PathwaySection3.pdf.

ISMP Launches Medication Safety Alert! Newsletter Tailored for LTCFs

ISMP has launched a new *ISMP Medication Safety Alert!* publication, *Long-Term Care Advise-ERR,* as a means to provide medication error prevention information tailored to assist staff and providers in long-term care facilities (LTCFs).

With *ISMP Medication Safety Alert!* publications making a significant impact on preventing medication errors, ISMP is now providing this new resource tailored to LTCFs. ISMP notes that medication errors reported to ISMP Medication Errors Reporting Program include reports from LTCFs. More information and a link to subscribe to this new publication are available in the Newsletters section of the ISMP Web site at *www.ismp.org/newsletters/longtermcare.*

FDA Warns of Rare Skin Reactions in Patients Taking Acetaminophen

FDA has issued a consumer update that warns of rare but serious skin reactions that may occur in patients taking acetaminophen. These complications include three serious skin reactions: Stevens-Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN), and acute generalized exanthematous pustulosis (AGEP). SJS and TEN can both be fatal, and usually require hospitalization. Patients suffering from AGEP commonly recover within a few weeks after they stop taking the medication that caused the reaction.

Symptoms of these conditions include skin rashes, blisters, and widespread damage to the surface of the skin. Patients taking acetaminophen or other compounds that contain acetaminophen should be advised to stop taking the medication if they experience such symptoms and should consult their health care providers or seek an emergency department immediately.

FDA emphasizes that this information should be viewed within the context of millions of patients who, over generations, have used and benefited from acetaminophen and stresses that severe allergic skin reactions are an extremely rare condition. Further, the agency notes that many medications can cause allergic reactions, and skin allergy warnings have already been added to the drug labels of other categories of OTC analgesics including ibuprofen and naproxen. "This new information is not intended to worry consumers or health care professionals, nor is it meant to encourage them to use other medications," said Sharon Hertz, MD, deputy director of FDA's Division of Anesthesia, Analgesia, and Addiction Products. "However, it is extremely important that people recognize and react quickly to the initial symptoms of these rare but serious side effects, which are potentially fatal." The full consumer update is available on the FDA Web site at *www.fda.gov/ForConsumers/ConsumerUpdates/ucm363010.htm.*

Reminder to Purchase Drugs Only from Licensed Wholesalers, Including VAWD-Accredited Wholesale Distributors

To ensure that patients are receiving safe, FDA-approved medications, pharmacists and other health care providers should purchase prescription drugs either directly from the manufacturer or from wholesale drug distributors licensed in the US as advised by FDA. The agency provides a list of state agencies for assistance in verifying licensure at *www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm*.

Another way that pharmacies can be assured of the legitimacy of a wholesale distributor is to look for the National Association of Boards of Pharmacy® (NABP®) Verified-Accredited Wholesale Distributors® (VAWD®) Seal. Those wholesale distributors that achieve VAWD accreditation are in compliance with state and federal laws and NABP's VAWD criteria. NABP has recently revised the VAWD criteria to allow virtual manufacturers and virtual wholesale distributors – a growing segment of the pharmaceutical wholesale industry – to qualify for VAWD, as well as to implement other changes aimed to help to ensure that the drug supply chain remains secure.

The revised VAWD criteria responds to changing business models and helps safeguard drugs in distribution at a time when there is an increased risk of counterfeit and substandard drugs entering the legitimate US drug supply chain. In particular, the criteria have been revised to provide stronger assurance that drugs diverted from pharmacies and unlawful sources are prevented from entering into the supply chain.

For a listing of VAWD-accredited facilities, please visit *www.nabp.net/programs/accreditation/vawd.*

Voluntary Recall of Unexpired Sterile Products After Reports of Adverse Events

FDA has announced a voluntary recall of all lots of unexpired sterile products produced by Specialty Compounding, LLC, in Cedar Park, TX. FDA received reports of 15 adverse events at two hospitals (Corpus Christi Medical Center Doctors Regional and Corpus Christi Medical Center Bay Area) potentially related to the use of these sterile products. Affected patients received an intravenous infusion of calcium gluconate supplied by the company.

Patients who were administered the injectable drug products are at risk of life-threatening infections. The recall applies to all unexpired sterile compounded medications dispensed by the company, including all strengths and dosage forms. Recalled products were distributed directly to hospitals and physicians' offices in Texas, and to patients located nationwide (with the exception of North Carolina). No calcium gluconate was shipped outside the state of Texas. Health care providers and patients should stop using all recalled products and return them to Specialty Compounding.

Veterinarians Not Eligible for NPIs, CMS Clarifies

Centers for Medicare and Medicaid Services (CMS) has become aware of cases in which veterinarians are told, incorrectly, that they must provide a National Provider Identifier (NPI) number for prescriptions they have written to be dispensed. The agency has issued a clarification, stressing that veterinarians do not meet the regulatory definition of "health care provider," and thus may not obtain NPI numbers. The clarification also states that "Any entity that insists veterinarians obtain an NPI [is] attempting to require veterinarians to obtain NPIs fraudulently." CMS also notes that "if a veterinarian fulfills the definition of 'health care provider' in a profession other than furnishing veterinary services," such as if they are also a nurse practitioner, "the veterinarian would be eligible for an NPI but would select a Nurse Practitioner code (not a Veterinarian code) from the Healthcare Provider Taxonomy Code Set when applying for an NPI."

Continued from page 1

will open on November 1, 2013. Just prior to that date you should receive a reminder mailer from the Board 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, to the Board office; or
3. Send a written request 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 office after October 18, 2013, will not be reflected on your reminder mailer. In the event the postal service fails to deliver your reminder mailer by November 15, 2013, 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, 2013, and to automatically deactivate at midnight on December 31, 2013. 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 to 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.

In the event 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, 2013. Please do not forget to sign and date the application form and answer all the questions on the forms. If the forms are incomplete, or if there is no supporting documentation when required, then the Board may return your application form to you, resulting in a delay in the renewal of your credentials.

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, FedEx, UPS, or United States Postal Service. This year, the Board anticipates the renewal of approximately 10,000 credentials. Due to the volume of mail during the renewal cycle, its staff may not be able to respond in a timely manner to requests for delivery confirmation.

Pharmacist License Renewal

- Current pharmacist licenses expire at midnight on December 31, 2013. There is no grace period, and a pharmacist shall not practice with an expired license.
- The fee for a 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 separate credentials and must be renewed on separate application forms. There is no change in the fee and you may write one check for one or more credentials, but the application forms are separate. In the event you send multiple applications with one check and there is a problem with one of the applications, then all the applications paid for with that check will be delayed until all of the applications covered by that one check can be processed.
- Current pharmacy permits and CDS licenses expire at midnight on December 31, 2013. There is no grace period, and a pharmacy shall not operate with an expired permit or CDS license. Recent history reveals the usual fine for this violation is $5,000.
- The fee for a timely renewal of a pharmacy permit is $150. The renewal of an expired pharmacy permit shall incur a 50% penalty fee as well as a lapsed permit reinstatement fee, resulting in a total charge of $412.50.
- The fee for a timely renewal of a CDS license for a pharmacy is $25. The renewal of an expired CDS license for a pharmacy shall incur a 50% penalty fee as well as a lapsed license reinstatement fee, resulting in a total charge of $237.50.

Pharmacist Responsibility (13-10-442)

If you are the pharmacist-in-charge (PIC) 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. Remember that you can verify the status of any credential the Board issues at the Board's Web site.

In the event a compliance officer discovers anyone performing professional functions without the necessary credentials, then all pharmacists present, including the PIC, 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.

Planned Reduction of Printing Costs (13-10-443)

During its August meeting, the Board reviewed the financial results of the 2012-2013 fiscal year completed on June 30, 2013. Although the results were favorable, the members took note of increased operational costs without supporting revenue. The members directed staff to prepare a proposal to reduce operating costs by focusing on a reduction of printing costs and postage. In particular, the members will consider converting its quarterly *Newsletter* to an electronic version. Instead of mailing a printed *Newsletter,* the office could send an e-mail alert indicating the *Newsletter* is available for review and/or download at the Board's Web site. Past copies of the Board's *Newsletter* dating back to 2000 already reside on the Web site. Another way to trim printing and postage costs is to convert some or all of the Board's credentials to electronic format. Instead of printing and mailing credentials, the office could send an e-mail alert indicating the credential has been issued and can be verified on the Board's Web site. Clients

Continued on page 5

Continued from page 4

in need of printed documentation could print the Web site verification at their leisure. In the event the Board makes a decision to change its printed *Newsletter* or credential format, it will give as much prior notice as it can.

Potpourri of Gentle Reminders (13-10-444)

- Louisiana is an "Orange Book" state, which means that only those drug products that have been appropriately rated by the federal Food and Drug Administration in its *Approved Drug Products with Therapeutic Equivalence Evaluations* may be dispensed by pharmacists as generic equivalents. Not every generic product offered for sale is appropriately rated. Please verify your pharmacy's master drug list and inventory stock.
- Are you dispensing prescriptions written for animals by veterinarians? If you are new to this area of practice, please ensure you have acquired the appropriate knowledge and training to dispense such prescriptions properly. The Board has received several complaints of pharmacists altering dosage instructions inappropriately and without contacting the prescribing veterinarian, in some cases with tragic results. There are significant differences in human and veterinary pharmacology; human dosages are not necessarily analogous to veterinary dosages. If something does not look right, please consult the prescribing veterinarian.
- Is your pharmacy purchasing its drug stock from manufacturers and distributors licensed to do business in Louisiana? You can check their credentials with the Lousiana State Board of Wholesale Drug Distributors at *www.lsbwdd .org.* The incidence of counterfeit drugs in the US has risen to approximately 1%. The risk of placing counterfeit drugs on your pharmacy shelves increases when you do business with unlicensed distributors. If the price of the drug product in short supply listed in the weekly special that was faxed to your pharmacy seems too good to be true, maybe you should do a little extra due diligence before making that purchase.
- Now that the Board's prescription monitoring program (PMP) database is receiving approximately 3,500 queries per day, the Board knows that more people – prescribers, dispensers, as well as law enforcement and regulatory agency personnel – are reviewing prescriptions dispensed for controlled substances (CS) and drugs of concern more closely. Please make sure you enter the correct prescriber's name and Drug Enforcement Administration (DEA) registration number in the electronic record. Many pharmacy information systems default the prescriber entry to the prescriber of the last prescription for that patient. The Board still receives complaints about frequent errors in this data field, as well as complaints about pharmacies not responding in a timely manner to requests to correct those errors. Please remember your requirement to maintain accurate prescription records.
- Pharmacies reporting data to the PMP – please make sure your pharmacy software is able to transmit that data in the format established by the American Society for Automation in Pharmacy Telecommunications Format for Prescription Monitoring Programs Standard 4.2.
- Pharmacists and Technicians – do you have your e-Profile ID number yet? You will need to provide that number to your Accreditation Council for Pharmacy Education-accredited continuing education (CE) provider in order to receive credit for your CE activities. You can get that number free of charge by visiting the CPE Monitor® section of the National Association of Boards of Pharmacy® Web site at *www.MyCPEmonitor.net.*
- Please remember the 10-day reporting rule for changes in (1) mailing address and (2) pharmacy employment. For pharmacies, remember it is not permissible to operate a pharmacy for longer than 10 days without a PIC made known to the Board.
- The Board has e-mail addresses for about 97% of its pharmacists and about 97% of its pharmacies. Although not a requirement, the Board strongly encourages you to provide an e-mail address for your credential file. The Board continues to increase its use of electronic mail and notices, and decrease its use of printing and postage.

Disciplinary Actions (13-10-445)

During its March 2013 meeting, the Board took final action in the following matters:

Lauren Elise Arceneaux (PTC.015614): *Formal Hearing* – Revoked the registration, and further, assessed a fine of $5,000 plus administrative, investigative, and hearing costs; for five counts, including practicing with an expired registration for four months despite specific advice to the contrary.

Nicole Danielle Dorame (CPT.009386): *Formal Hearing* – Suspended the certificate for an indefinite period of time, effective March 7, 2013, and further, assessed a fine of $500 plus administrative, investigative, and hearing costs; for three counts, including failure to notify the Board on change of pharmacy employment and failure to provide information to the Board when requested to do so.

During its August 2013 meeting, the Board took final action in the following matters:

Albert John Bauer III (CPT.010826): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective August 14, 2013.

Brian Gregory Bazajou (PST.016814): Granted request for reinstatement of the previously suspended license, converted the suspensive period from an indefinite term to a term of five years and suspended the execution of the suspension, then placed the license on probation for five years, effective August 14, 2013, subject to certain terms enumerated in the consent agreement.

Broderick Drell Matthews (PTC Applicant): Denied the application and refused to issue the registration; for failure to disclose complete prior history on application.

Christian Allen Reuter, Jr (PST.014543): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective July 15, 2013.

Custom Pharmacy Solutions (PHY.006113): Suspended permit for an indefinite period of time, effective June 25, 2013, and further, assessed a fine of $250 plus administrative costs, and further, conditioned the acceptance of any future application for reinstatement of the permit upon the satisfaction of certain requirements identified in the consent agreement; for two counts, including failure to report data and/or pay required fees to the Louisiana Medical Assistance Trust Fund.

Cynthia Perkins Little (PTC.018464): Accepted voluntary surrender, resulting in suspension of the registration for an indefinite period of time, effective July 24, 2013.

David Collins Evans (PST.014181): Denied request for removal of the restriction that prohibits his acceptance of an appointment as the PIC of a pharmacy.

Continued on page 6

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Continued from page 5

Elizabeth Farrell Heard (PST.020284): Approved application for pharmacist licensure by reciprocity, suspended the newly issued license for a period of time ending February 5, 2018, and suspended the execution of the suspension, then placed the newly issued license on probation for a period of time ending February 5, 2018, subject to certain terms enumerated in the consent agreement.

Karen Odom Howington (PST.014835): Granted request for termination of probation, and restored license to active and unrestricted status, effective August 14, 2013.

Lanny Joseph Richard (PST.011807): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective June 18, 2013.

LaShanda Toural Miles (CPT.008886): Suspended the certificate for two years and suspended the execution of the suspension, then placed the certificate on probation for two years, effective August 15, 2013, subject to certain terms enumerated in the consent agreement, and further, assessed administrative and investigative costs; for eight counts, including alleged complicity with the submission of fraudulent prescriptions for CS at her employer pharmacy.

Louis Charles Gambina (PST.011145): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective August 12, 2013.

Matthew Marston Lane (PST.018065): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective August 7, 2013.

Paul Ryan Lemaire (PST.018503): Granted request for reinstatement of the previously suspended license, converted the suspensive period from an indefinite term to a term of five years and suspended the execution of the suspension, then placed the license on probation for five years, effective August 14, 2013, subject to certain terms enumerated in the consent agreement.

Wellcare Pharmacy & Medical Supply (PHY.006168): Suspended permit for an indefinite period of time, effective July 15, 2013, and further, assessed a fine of $250 plus administrative costs, and further, conditioned the acceptance of any future application for reinstatement of the permit upon the satisfaction of certain requirements identified in the consent agreement; for two counts, including failure to report data and/or pay required fees to the Louisiana Medical Assistance Trust Fund.

William Francis McCarthy, Jr (PST.013008): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective August 1, 2013.

During the same meeting, the Board granted approval for the reinstatement of expired certificates for two technicians, as well as conditional approval for the reinstatement of expired licenses for three pharmacists, pending satisfaction of certain terms enumerated in their consent agreements. The Board also issued letters of warning to the owners of three pharmacy permits as well as one pharmacist and one technician, and further, suspended the CDS licenses for five physicians whose medical licenses were suspended by the Louisiana State Board of Medical Examiners and for one dentist who had surrendered his DEA registration.

Calendar Notes (13-10-446)

The next Board meeting and administrative hearing will be November 6-7, 2013, at the Board office. The office will be closed November 28, in observance of Thanksgiving Day and December 25, in observance of Christmas Day.

Special Note (13-10-447)

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.

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