October 2014

# Louisiana Board of Pharmacy News

*Published to promote compliance of pharmacy and drug law*

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## Governor Appoints Five Pharmacists to Board (14-10-469)

Governor Bobby Jindal appointed five pharmacists to the Louisiana Board of Pharmacy on August 1, 2014. Each of them will serve a term of six years that terminates on June 30, 2020.

- **Jacqueline L. Hall** from New Orleans, LA, represents District 2. She is the pharmacist-in-charge (PIC) for a Walgreens pharmacy in New Orleans. She was reappointed to the Board for a third term.
- **Richard A. Soileau** from New Iberia, LA, represents District 3. He is the owner and PIC of Soileau's Pharmacy in New Iberia. He was reappointed to the Board for a second term.
- **Carl W. Aron** from Monroe, LA, represents District 5. He is the owner and PIC of Aron's Pharmacy in Monroe. He was reappointed to the Board for a ninth term.
- **Ronald E. Moore** from Baton Rouge, LA, represents District 6. He is a consultant pharmacist specializing in hospital pharmacy management. He was reappointed to the Board for a second term.
- **Marty R. McKay** from Woodworth, LA, represents District 8. He is the owner and PIC of Pearson Drugs No. 7 in Lecompte, LA. He was reappointed to the Board for a fourth term.

## New Federal Rules (14-10-470)

- The federal Drug Enforcement Administration (DEA) placed all tramadol drug products in Schedule IV of the federal list of controlled substances (CS), effective August 18, 2014. Therefore, all of the usual procedures applicable to Schedule IV CS are in effect for all licensees that procure, possess, prescribe, distribute, dispense, and/or conduct research with tramadol products. Previous to this change, tramadol products were classified as "drugs of concern" in Louisiana. The placement of tramadol products on the state list of CS will be accomplished by the state legislature in the spring of 2015. In the interim, since the federal requirement is more stringent than the state requirement, the Board is obliged to adhere to the federal requirement.
- DEA placed all hydrocodone combination products (HCPs) in Schedule II of the federal list of CS, effective October 6, 2014. Therefore, all of the usual procedures applicable to Schedule II CS are in effect for all licensees that procure, possess, prescribe, distribute, dispense, and/or conduct research with HCPs. Previous to this change, HCPs were listed in Schedule III of the federal and state lists of CS. The transfer of HCPs from Schedule III to Schedule II of the state list of CS will be accomplished by the state legislature in the spring of 2015. In the interim, since the federal requirement is more stringent than the state requirement, the Board is obliged to adhere to the federal requirement.

If you have misplaced the bulletins the Board sent via e-mail to all of its licensees giving them advance notice of these changes, you can access those documents in the Public Library section of the Board's website at *www.pharmacy.la.gov.*

## New State Laws (14-10-471)

The 2014 Louisiana State Legislature adopted a number of new laws affecting pharmacy practice. The Board sent bulletins to all of its licensees who have provided e-mail addresses to the Board on July 15. If you have misplaced your copy, you can access copies of bulletins 14-03 and 14-04 in the Public Library section of the Board's website. Below is a summary of those new laws, all of which became effective on August 1, 2014.

- **Act 397 (SB 618)** rescheduled carisoprodol products (with the exception of the combination product with codeine) from Schedule IV to Schedule II of the state list of CS. Please note that these products remain in Schedule IV on the federal list, but are now in Schedule II of the state list. The Board is obliged to adhere to the more stringent requirement; therefore, all of the usual procedures applicable to Schedule II are now in effect for those licensees that procure, possess, prescribe, distribute, dispense, and/or conduct research with carisoprodol products (with the exception of the combination product with codeine).
- **Act 865 (SB 496)** amended the state CS law to impose three new requirements:
  - ◊ A prescription for any CS listed in Schedule II shall expire 90 days after the date of issue, and no pharmacy shall dispense any medication for that expired prescription. Previous to this change, Louisiana had a rule that placed a six-month expiration date on such prescriptions. The Board will need to conduct formal rulemaking activities to amend that rule, but in the interim, the Board is obliged to adhere to the more stringent standard, which is the new 90-day expiration law.
  - ◊ Prior to initially prescribing any controlled dangerous substance (CDS) listed in Schedule II to a patient for the treatment of non-cancer related chronic or intractable pain, the prescriber shall access the patient's history in the Louisiana Prescription Monitoring Program (PMP).
  - ◊ With respect to prescriptions for any opioid derivatives listed in either Schedule II or Schedule III issued by any prescriber not licensed by the state of Louisiana:
    1. The pharmacist shall not dispense more than a 10-day supply of that prescription, the dosage of which shall not

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## DEA Reschedules Hydrocodone Combination Products as Schedule II

Drug Enforcement Administration (DEA) has published its final rule rescheduling hydrocodone combination products from Schedule III to Schedule II in the *Federal Register.* The change imposes Schedule II regulatory controls and sanctions on anyone handling hydrocodone combination products, effective October 6, 2014. DEA first published the proposed rules in March 2014 in response to a Food and Drug Administration (FDA) recommendation. DEA received almost 600 public comments regarding the proposed rules after they were published, with a small majority of the commenters supporting the change, DEA notes in a press release, which is available at *www.justice.gov/dea/divisions/hq/2014/hq082114.shtml.*

The announcement is available on the *Federal Register* website at *https://federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule.*

## The mL-Only Standard for Liquid Dosing Gathers Steam

*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at* www.ismp.org. *E-mail: ismpinfo@ismp.org.*

ISMP first reported on the confusion of teaspoonfuls and milliliters (mL) in its newsletter in 2000, and in 2009, issued a call for practitioners to move to sole use of the metric system for measuring over-the-counter and prescription oral liquid doses, but mix-ups have continued to result in the serious injury of children and adults. Use of the metric system alone when prescribing, dispensing, and administering medications would prevent mix-ups because there would only be one method used to communicate and measure doses.

The health care industry is beginning to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. The National Council for Prescription Drug Programs (NCPDP) just released a white paper entitled *NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications,* which is available at *www.ismp.org/sc?id=337.* The white paper supports mL as the standard unit of liquid measure used on prescription container labels for oral liquid medications. It also calls for dosing devices with numeric graduations, and for units that correspond to the container labeling to be easily and universally available, such as including a device each time oral liquid prescription medications are dispensed. NCPDP also reiterates that dose amounts should always use leading zeroes before the decimal point for amounts less than one, and should not use trailing zeroes after a decimal point on labels for oral liquid medications.

The white paper comes as welcome news and is well-aligned with the *ISMP 2014-15 Targeted Medication Safety Best Practices for Hospitals,* Best Practice 5, which calls for organizations to use oral liquid dosing devices (oral syringes/cups/droppers) that only display the metric scale. The white paper also comes at a time when the Centers for Disease Control and Prevention, ISMP, the Consumer Healthcare Products Association, the United States FDA, the US Metric Association, and the American Academy of Pediatrics have initiatives in place that will help guide health care organizations to commit to metric measurements.

ISMP recommends the following actions to help prevent errors:

- Use only metric units, not teaspoon or other non-metric measurements, for all patient instructions, including those listed in prescribing and pharmacy computer systems. This should cover directions incorporated into computer system mnemonics, speed codes, or any defaults used to generate prescriptions and prescription labels.
- Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- Coach patients on how to use and clean measuring devices; use the "teach back" approach and ask patients or caregivers to demonstrate their understanding.

## DEA Classifies Tramadol a Controlled Substance

Under a final rule published in the *Federal Register*, the pain reliever tramadol is now classified as a Schedule IV controlled substance. As of August 18, 2014, DEA requires manufacturers to print the "C-IV" designation on all labels that contain 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl) cyclohexanol (tramadol), including its salts, isomers, and salts of isomers. The agency notes that every "DEA registrant who possesses any quantity of tramadol on the effective date of this final rule must take an inventory of all stocks of tramadol on hand as of August 18, 2014, pursuant to 21 U.S.C. 827 and 958, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11 (a) and (d)." In addition, all "prescriptions for tramadol

or products containing tramadol must comply with 21 U.S.C. 829, and be issued in accordance with 21 CFR part 1306 and subpart C of 21 CFR part 1311 as of August 18, 2014."

The announcement is available on the *Federal Register* website at *www.federalregister.gov/articles/2014/07/02/2014-15548/schedules-of-controlled-substances-placement-of-tramadol-into-schedule-iv*.

## FDA Lowers Recommended Starting Dose for Lunesta Due to Risk of Morning Impairment

FDA has lowered the recommended starting dose of the sleep drug Lunesta® (eszopiclone) from 2 mg to 1 mg. Patients who are currently taking 2 mg and 3 mg doses of eszopiclone should contact their health care provider to ask for instructions on how to continue to take their medication safely at a dose that is best for them, FDA advises. The dose change came after findings from a study of 91 healthy adults found that the medication was associated with impairment to driving skills, memory, and coordination for as long as 11 hours after the drug is taken, FDA notes.

More information is available in an FDA news release at *www.fda.gov/newsevents/newsroom/pressannouncements/ucm397453.htm*.

## Lidocaine Should Not Be Used to Treat Teething Pain in Children, FDA Warns

FDA is recommending that prescription oral viscous lidocaine 2% solution should not be used to treat infants and children with teething pain, and is now requiring a new boxed warning to be added to the drug label to highlight this information. Oral viscous lidocaine solution is not approved to treat teething pain, and use in infants and young children can cause serious harm, including death, indicates FDA in a June 2014 Safety Announcement. FDA advises health care providers not to prescribe or recommend this product for teething pain. FDA is also requiring the "Warnings" and "Dosage and Administration" sections of the drug label to describe the risk of severe adverse events and to include additional instructions for dosing when the drug is prescribed for approved uses.

In 2014, FDA reviewed 22 case reports of serious adverse reactions, including deaths, in infants and young children who were either given lidocaine for treatment of mouth pain, or who accidentally ingested the medication.

More information is available in the safety announcement on FDA's website at *www.fda.gov/Drugs/DrugSafety/ucm402240.htm*.

## FDA Reiterates Warning Against Using NuVision Pharmacy Products

Health care providers should not use or distribute compounded drugs marketed as sterile produced by Downing Labs, LLC, of Dallas, TX, also known as NuVision Pharmacy, warns FDA. Inspection results issued on July 16, 2014, indicate that FDA observed unsanitary conditions resulting in a lack of sterility assurance of sterile drug products produced by the company, which may put patients at risk, FDA notes in the safety announcement. "The inspection revealed sterility failures in 19 lots of drug products intended to be sterile, endotoxin failures in three lots of drug products, and inadequate or no investigation of these failures," states FDA in the announcement.

In 2013, the agency issued several similar warnings following NuVision's refusal to recall all sterile products. In April 2013, NuVision recalled methylcobalamin injection and lyophilized injection products, citing concerns about sterility in the wake of adverse event reports. Health care providers and consumers may report adverse events or quality problems associated with NuVision products to FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Additional information is available in the safety announcement, available on FDA's website at *www.fda.gov/Drugs/DrugSafety/ucm405940.htm*.

## JCPP Releases New Patient-Care Document to Promote Consistency

The Joint Commission of Pharmacy Practitioners (JCPP) has released a resource document aimed at promoting consistency in the pharmacists' process of patient care service delivery. "Pharmacists' Patient Care Process" was developed by examining key source documents on pharmaceutical care and medication therapy management. The document describes the process in five parts: collect, assess, plan, implement, and follow-up.

JCPP brings together the chief executive officers and elected officers of national pharmacy associations, including the National Association of Boards of Pharmacy®, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice.

The document can be downloaded online at *www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf*.

## CPE Credit Offered for FDA Course on Misleading Prescription Drug Promotion

To raise awareness about the risks associated with false or misleading prescription medication marketing, FDA, in partnership with Medscape, is offering an online, one-hour continuing education course through its Bad Ad Program. Pharmacists may receive continuing pharmacy education (CPE) credit by taking this course. Learning objectives, faculty information, and other information is available on the course's website at *www.sigmatech.com/BadAd*. There is no registration fee for the course. Upon completion, pharmacists will receive one Accreditation Council for Pharmacy Education-accredited CPE hour (0.1 continuing education unit).

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exceed the federal Food and Drug Administration-approved labeling for that product, and further, the pharmacist shall notify the prescriber of the supply dispensed and the cancellation of the remainder of the prescription; **and**

2. Within 60 days of the dispensing of the medication described above, a pharmacist shall not dispense that medication again for that patient when prescribed by a practitioner not licensed by the state of Louisiana.

- **Act 472 (SB 556)** amended the PMP law to change the deadline by which pharmacies are required to report their eligible prescription transactions to the PMP database. Previous to this change, pharmacies were required to report such transactions no later than seven days after the date of dispensing. Now pharmacies are required to report their transactions no later than the end of the next business day after the date of dispensing.
- **Act 176 (HB 514)** places a restriction on the sale and purchase of nonprescription products containing any quantity of dextromethorphan. In particular, no person under the age of 18 may purchase or attempt to purchase such products, and further, no pharmacy may sell any such products to any person under the age of 18. The law further describes the criminal penalties for persons convicted of such crimes.
- **Act 353 (HB 754)** authorizes certain first responders to obtain naloxone on prescription and administer it to any person they find experiencing an opioid-related drug overdose without the necessity of obtaining a prescription or medical order for that patient in distress.
- **Act 398 (HB 1065)** primarily focused on an expansion of the scope of practice for optometrists; however, it also removed two previously existing limitations on their prescriptive authority:
  - ◊ Optometrists were previously limited to oral and topical dosage forms of drug products they prescribed for the diagnosis, prevention, treatment, or mitigation of abnormal conditions and pathology of the human eye and its adnexa. They may now prescribe any nonprescription or prescription drug product, delivered by any route of administration, for that same purpose.
  - ◊ Optometrists may prescribe any CS listed in Schedules III, IV, or V for their scope of practice. Previously, they were limited to prescribing one 48-hour supply of a narcotic with an allowance of one additional follow-up 48-hour supply. That restriction on the quantity or days supply has been removed.
- **Act 769 (SB 600)** amended the Pharmacy Practice Act relative to immunizations that can be administered without a prescription or medical order. The pre-existing authority to administer an influenza immunization to any person seven years of age or older has not changed. Prior to this bill, pharmacists located in certain health professional shortage areas could administer pneumococcal vaccines to any person 18 years of age or older, as well as zoster vaccines to any person 50 years of age or older. The new law removed the limitation on health professional shortage areas and it also removed the limitation listing the two specific vaccines. In summary, any pharmacist located in any part of the state who is in possession of a valid and current Medication Administration Registration issued by the Board may administer any immunization or vaccine without a prescription or medical order to any person 17 years of age or older (except for influenza to any person seven years of age or older) as long as certain requirements are met:
  - ◊ The administration of all immunizations shall be in conformance with the most current immunization protocols issued by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices;
  - ◊ The pharmacist shall report each immunization to the Louisiana Immunization Network for Kids Statewide registry at the time of the immunization or as soon as reasonably practicable thereafter;
  - ◊ The pharmacist shall report all adverse events he or she observes, or those that are reported to him or her, to the Vaccine Adverse Event Reporting System, and further, shall refer that patient to appropriate medical care;
  - ◊ The pharmacist shall request the name of the patient's primary care provider prior to administering the immunization, and then he or she shall notify that provider by written or electronic means as soon as reasonably practicable after the immunization was administered; and
  - ◊ The pharmacist shall inform the patient that the immunization shall not be construed as a substitute for an annual check-up with the patient's primary care or family physician.

## *Status Report on Rulemaking Activities (14-10-472)*

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

- *Regulatory Project 2014-1 ~ PMP Delegates.* This rule will allow prescribers and dispensers who have access privileges to appoint delegates to assist them in the retrieval of information from the PMP database. The appointment process can be accomplished directly by the authorized user without intervention by PMP staff. Authorized users are reminded that they are accountable for the actions of their delegates. In the event an authorized user needs to terminate the access of his or her delegate, he or she can accomplish that process without intervention by PMP staff. The Board published the final rule on June 20, 2014, and it became effective that same day.
- *Regulatory Project 2014-2 ~ Exclusion of Veterinarians from PMP.* As instructed by Act 27 of the 2013 Legislature, the Board amended the PMP rules to exclude veterinarians from any participation in the program, with no duty to report any of their dispensing transactions, no duty to pay any fee, and no access to the PMP database. The Board published the final rule on June 20, 2014, and it became effective that same day.
- *Regulatory Project 2014-3 ~ Pharmacy Records.* The Board published its Notice of Intent to substantially revise its rules for pharmacy record keeping on March 20, 2014. As indicated in that notice, the Board conducted a public hearing on April 29, to receive comments and testimony. During its subsequent May 7 meeting, the Board agreed with some of the comments suggesting a revision of portions of the original proposal. The Board published its Potpourri Notice to revise its original proposal on August 20. As indicated in that notice, the Board conducted a public hearing on September 30, to receive comments and testimony on those proposed revisions. The Board is scheduled to evaluate those comments and testimony during its next meeting on November 13.
- *Regulatory Project 2014-4 ~ Pharmacy Compounding.* As you know, the Board adopted an emergency rule in January 2013, limiting pharmacies that compound preparations for practitioner administration (sometimes known as "office use") to no more than 10% of their total distribution and dispensing activity, as measured on an annual basis. The Board continued to republish that emergency rule as needed to give the Board's Regulation Revision Committee time to develop and promulgate a permanent rule. During the Board's August 6, 2014 meeting, the Board received a recommendation from its Regulation Revision Committee taking note of the recently enacted federal legislation (Drug Quality and Security Act of 2013) that limits state-licensed pharmacies to compounding activities in response to patient-specific prescriptions, with no authority for compounding preparations in response to purchase orders from practitioners. The Board voted to allow the previous emergency rule to expire on August 4, and further, voted to issue a new emergency rule

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that became effective on August 8. That emergency rule seeks to harmonize the Board's rule with the recently enacted federal legislation. The Board intends to republish that emergency rule as necessary while pursuing the promulgation of a permanent rule. Toward that end, the Board published its Notice of Intent to amend its pharmacy compounding rules on September 30. As indicated in that notice, the Board will conduct a public hearing on October 30, to receive comments and testimony of the proposed rule changes. The Board is scheduled to evaluate those comments and testimony during its next meeting on November 13.

- *Regulatory Project 2014-5 ~ Prescriptions.* The Board published its Notice of Intent to update its requirements for written and electronic prescriptions on June 20, 2014. As indicated in the notice, the Board conducted a public hearing on July 28, to receive comments and testimony. During its subsequent August 6 meeting, the Board agreed with one of the comments suggesting a revision of a portion of the original proposal. The Board published its Potpourri Notice to revise its original proposal on September 20. As indicated in that notice, the Board will conduct a public hearing on October 30, to receive comments and testimony on those proposed revisions. The Board is scheduled to evaluate those comments and testimony during its next meeting on November 13.
- *Regulatory Project 2014-6 ~ Special Event Pharmacy Permit.* The Board published its Notice of Intent on September 20, 2014, to develop a new classification of pharmacy permit intended for use by certain organizations, eg, medical missions, for limited periods of time. As indicated in the notice, the Board will conduct a public hearing on October 30, to receive comments and testimony on the proposed new rule. The Board is scheduled to evaluate those comments and testimony during its next meeting on November 13.

## *Renewals for Pharmacist Licenses, Pharmacy Permits, and CDS Licenses (14-10-473)*

The renewal cycle for pharmacist licenses, pharmacy permits, and CDS licenses for pharmacies will open on November 1, 2014. 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 website at *www.pharmacy.la.gov* and renew your credential online using a credit card;
2. Visit the same website 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 17, 2014, will not be reflected on your reminder mailer. In the event the postal service fails to deliver your reminder mailer by November 15, 2014, 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 website is timed to automatically activate at 12:01 AM on November 1, 2014, and to automatically deactivate at midnight on December 31, 2014. 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 website 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, 2014. 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 US Postal Service. This year, the Board anticipates the renewal of approximately 11,000 credentials in this two-month renewal cycle. Due to the volume of mail during the renewal cycle, Board 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, 2014. 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 that 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. If renewing online, those credentials have separate application forms and are available for access at the same time. Both must be completed in order to renew both credentials. You can elect to renew and pay for them in separate transactions, or in the alternative, you may place both applications on the same invoice prior to payment.
- Current pharmacy permits and CDS licenses expire at midnight on December 31, 2014. 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 (14-10-474)*

If you are the 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

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you can verify the status of any credential the Board issues at the Board's website.

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.

## *Disciplinary Actions (14-10-475)*

During its August 2014 meeting, the Board took final action in the following matters.

**Walgreen Louisiana Co, Inc, dba Walgreens Pharmacy No. 07083 (PHY.005320):** For its failure to designate a replacement PIC for over four months, the Board assessed a fine of $10,000 plus administrative and investigative costs.

**Community Pharmacy #1, Inc, dba Community Pharmacy #1 (PHY.002908):** For the guilty plea by its sole owner, Mona Patrice Carter, to one count of health care fraud in a federal criminal court, within which she was alleged to have accepted drug returns from nursing homes and mental health care facilities and then redispensed those drugs and then billed Medicare for those redispensed drugs, the Board revoked the pharmacy permit.

**Mona Patrice Carter (PST.014953):** For her guilty plea to one count of health care fraud in a federal criminal court (see above), the Board accepted the voluntary surrender of her license, resulting in the active suspension of the license for an indefinite period of time, effective June 4, 2014, and further, imposed a lifetime restriction on holding any ownership interest in any pharmacy licensed by the Board.

**Shantelle Dionne Payton (CPT.010037):** For her alleged diversion of hydrocodone products from her employer pharmacy, as well as for her failure to disclose a drug-related arrest on her renewal application, the Board accepted the voluntary surrender of her certificate, resulting in the active suspension of the certificate for an indefinite period of time, effective June 4, 2014.

**Beverly Ann West (PST.016651):** Board accepted the voluntary surrender, resulting in the suspension of the license for an indefinite period of time, effective May 12, 2014.

**Matthew Marston Lane (PST.018065):** Board denied request for reinstatement of the previously suspended license, and further, conditioned the acceptance of any future reinstatement application upon the satisfaction of certain requirements identified in the consent agreement.

**Sharron Renee Barnes Michael (PST.017155):** Board granted request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of 15 years and suspended the execution of the suspension, then placed the license on probation for 15 years, effective August 6, 2014, subject to certain terms enumerated in the consent agreement.

**Donald Wayne Crawley (PST.010199):** Board granted request for reinstatement of the previously suspended license, converted the duration of 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 6, 2014, subject to certain terms enumerated in the consent agreement.

**Jason Conrad Dove (PST.015811):** Board granted request for reinstatement of the previously suspended license, contingent upon the successful completion of certain requirements identified in the consent agreement, and further, once the license is reinstated, the Board ordered the suspension of the license for a period of time ending on August 6, 2029, and suspended the execution of the suspension, then ordered the reinstated license to be placed on probation for a period of time ending on August 6, 2029, subject to certain terms enumerated in the consent agreement.

**Ginger Allen Teekell (PST.016606):** For her violation of certain terms of the previously imposed probation, the Board ordered the active suspension of the license for a 15-day period beginning on September 1, 2014, and further, upon the completion of the active suspension, the license shall be automatically reinstated on probation for the remainder of the original term of probation, scheduled to conclude on February 1, 2017.

**Lana Geannie Ford Savell (CPT.010235):** Board accepted the voluntary surrender, resulting in the active suspension of the certificate for an indefinite period of time, effective August 5, 2014.

**Robert Blake Vidrine dba Blake's Family Pharmacy (PHY.000077):** Pursuant to a formal administrative hearing, for its failure to designate a replacement PIC for over five months, in violation of a previously imposed Probation Board Order, the Board revoked the pharmacy permit and corresponding CDS license, effective August 7, 2014, and further, assessed a fine of $10,000 plus administrative, hearing, and investigative costs.

**Theresa Renee Cosby (CPT.011485):** Pursuant to a formal administrative hearing, for her admission to the theft of hydrocodone products from her employer pharmacy, the Board revoked the technician certificate, effective August 7, 2014, and further, assessed a fine of $5,000 plus administrative, hearing, and investigative costs.

**Kaelynn Michael Williams (CPT.009769):** Pursuant to a formal administrate hearing, for her failure to disclose a drug-related arrest on her renewal application, the Board suspended the technician certificate for an indefinite period of time, effective August 7, 2014, and further, assessed administrative, hearing, and investigative costs.

During the same meeting, the Board granted conditional approval for the reinstatement of an expired certificate for two pharmacists and two technicians, pending satisfaction of certain terms enumerated in their consent agreements. The Board also issued a letter of warning and a fine to the owners of two pharmacy permits. Finally, the Board suspended the CDS licenses for three physicians who had surrendered their federal DEA registration, for another physician whose medical license was suspended by the Louisiana State Board of Medical Examiners, and for another physician whose medical license was revoked by the Board of Medical Examiners.

## *Calendar Notes (14-10-476)*

The next Board meeting and administrative hearing will be held on November 13-14, 2014, at the Board office. The office will be closed November 11, in observance of Veterans Day; November 27, for Thanksgiving Day; December 25, for Christmas Day; and January 1, 2015, for New Year's Day.

## *Special Note (14-10-477)*

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.



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