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New State Laws (15-10-495)

The 2015 Louisiana State Legislature adopted a number of new laws affecting pharmacy practice. The Louisiana Board of Pharmacy sent a bulletin on July 10 to all of its pharmacy licensees who have provided email addresses to the Board. If you have misplaced your copy, you can access *Bulletin No. 15-02* in the Public Library section of the Board's website. The following is a summary of those new laws.

- **Act 22,** effective August 1, 2015 – Amended the prescription monitoring program (PMP) law to harmonize the civil discovery protection language in our state with those of other states. Since Louisiana's authority to share PMP data with other states requires consistency in the protection from civil discovery in the other state, this action will allow Louisiana to share data with more states than previously.
- **Act 189,** effective June 23, 2015 – Amended the state list of controlled substances (CS) to place hydrocodone combination products in Schedule II and tramadol in Schedule IV, consistent with the federal scheduling actions from last year. This bill also amended legislation passed in 2014 that placed limitations on the dispensing of prescriptions for certain medications when written by prescribers not licensed in this state. As a reminder (because the Board has heard from many patients that some pharmacists have an incorrect understanding of this law), the limitation only applies to prescriptions for opioid derivatives in Schedules II or III when they are written by prescribers not licensed by the state of Louisiana. For those prescriptions, the pharmacist shall (1) dispense no more than a 10-day supply, (2) notify the prescriber of the cancellation of the remainder of the prescription, including any refills, and (3) shall not dispense any more of that medication to that patient when prescribed by that prescriber for 60 days after the initial dispensing. The 2015 legislation continued those same limitations; however, the bill added a provision that the limitation shall not apply whenever the PMP information for the state where the prescriber is located is available to the dispensing pharmacist. As a reminder, when pharmacists access the PMP database, the other states with whom Louisiana is able to share prescription data are identified.
- **Act 192,** effective August 1, 2015 – Amended legislation adopted last year that allows prescribers to issue prescriptions for naloxone to first responders so they can obtain the product and have it ready for immediate administration to any patient in need of that product. The amendment expands the eligible recipients of such prescriptions to caregivers of patients at risk of experiencing an opioid-related drug overdose. Pharmacists should recognize these prescriptions for naloxone as valid prescriptions even though the recipient is not the intended patient and there is no valid physician-patient relationship; further, the law requires pharmacists to dispense such prescriptions.
- **Act 261,** effective June 29, 2015 – Amended the state's existing CS law that permits the prescribing of marijuana for therapeutic purposes by directing the state's Department of Agriculture & Forestry to develop rules for the growth and harvesting of the plant, as well as the production of pharmaceutical-grade products. Further, the law directs the state's Board of Medical Examiners to develop rules for the prescribing of marijuana by physicians, as well as the production of an annual report to the legislature recommending additional medical conditions for which marijuana may be prescribed; the law also directs the Board of Pharmacy to develop rules for the licensing of special pharmacies for the dispensing of marijuana products produced in the state.
- **Act 298,** effective August 1, 2015 – Amended the Pharmacy Practice Act to establish a new pharmacy education support fee and set the fee at $100, and further, the law requires the Board to assess the new fee on the renewal of every pharmacist license and pharmacy permit issued by the Board in addition to the usual renewal fee. The Board is required to collect the pharmacy education support fees obtained during the renewal cycle and then transmit those funds to all publicly supported colleges of pharmacy in the state. At this time, there is only one such institution: University of Louisiana at Monroe School of Pharmacy in Monroe, LA. The Board is also required to provide an option whereby the applicant may choose not to pay the pharmacy education support fee and only pay the renewal fee to renew the credential.
- **Act 391,** effective August 1, 2015 – Amended the Pharmacy Practice Act to provide for the dispensing of interchangeable biological products. No less than five days after dispensing a biosimilar biological product, the dispensing pharmacist or designee shall communicate to the prescriber the specific product given to the patient, including the name of the product and its manufacturer. However, no communication is required if (1) there is no interchangeable or therapeutically equivalent product approved by Food and Drug Administration, (2) if the product dispensed is a refill not changed from the product dispensed on the prior filling of the prescription, or (3) if the prescriber indicates "dispense as written" on the prescription.
- **Act 409,** effective August 1, 2015 – Amended the Pharmacy Practice Act to provide two additional types of prohibited activities for which the Board may take disciplinary action against a pharmacy permit, more specifically when the pharmacy:
  - ◊ "Has used an independent contractor to provide marketing services for the pharmacy to any practitioner, authorized

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FDA Issues Warning About Name Confusion for Brintellix and Brilinta

Due to similar brand names, there have been incidents where the antidepressant Brintellix® (vortioxetine) and the anti-blood clotting medication Brilinta® (ticagrelor) have been confused, resulting in prescribing and dispensing errors, warns Food and Drug Administration (FDA). The agency notes that no reports indicate that a patient has ingested the wrong medication; however, reports of prescribing and dispensing errors continue. FDA recommends that health care providers include the generic name of the medication in addition to the brand name, as well as the indication for use when prescribing these medications. Patients are advised to check their prescriptions to ensure that the correct medication was dispensed. More information is available in an FDA safety alert at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm456569.htm.*

Seven Persistent Safety Gaffes in Community/Ambulatory Settings That Need to Be Resolved!

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. *Email: ismpinfo@ismp.org.*

This is part two of a three-part series on seven persistent safety gaffes of 2014.

3) Vaccine Errors: Repetitive Errors Reported in the Last Decade

How often do DTaP (diphtheria and tetanus toxoids, and acellular pertussis) and Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis) vaccine mix-ups need to occur before regulatory action is taken to prevent confusion? Whatever the number, we can say that health care providers have probably met that threshold! Yet, vaccine errors like this continue to occur at an alarming rate (based on those reported to ISMP alone). Vaccine mix-ups occur often because of age-dependent formulations of the same vaccine, similar vaccine abbreviations, similar vaccine containers and labels, and storage near each other. Confusion between the diluent and vaccine has led to administration of the diluent alone or use of the wrong diluent. With an unfortunate rise in parents choosing not to vaccinate their children or themselves, health care providers cannot continue to make errors when vaccinating those who choose to be immunized; the impact on both individual and community immunity may be far-reaching.

4) Wrong Patient Errors: Not Opening the Bag at the Point of Sale

Community pharmacies are vulnerable to dispensing correctly filled prescriptions to the wrong patient at the point of sale, a risk that is well substantiated in the literature. This error is not influenced by the attributes of a specific medication; thus, dispensing any prescription medication to the wrong patient at the point of sale carries a similar level of risk. Based on an ISMP study, the error happens frequently at an estimated rate of 1.22 per 1,000 prescriptions. Among approximately 56,000 community pharmacies in the United States, this error rate suggests that 332,755 prescriptions will be dispensed to the wrong patient each month, or about six every month per pharmacy. One of the most effective ways to prevent this error is to open the bag of filled prescriptions at the point of sale to verify that the medications are for the correct patient. According to the ISMP study, this simple step reduces the risk of error by 56%, yet few pharmacies follow this practice.

5) Disrespectful Behavior: A History of Tolerance in Health Care

Bullying, incivility, and other forms of disrespectful behavior are still rampant in health care and allowed to exist. Health care providers tolerate the behavior, remain silent, or make excuses in an attempt to minimize the profound devastation that disrespectful behavior causes. An ISMP survey conducted in 2003 clearly demonstrated the scope of disrespectful behavior among many levels of interdisciplinary staff, and an ISMP survey conducted a decade later demonstrates little progress. Disrespect diminishes a person's ability to think clearly, make sound judgments, speak up regarding questions, or avoid at-risk behaviors. Disrespectful behaviors also underlie a resistance to collaborate with others, follow procedures that promote safe practices, or implement new safety practices. While a culture of disrespect is harmful on many levels, its effect on patient safety makes it a matter of national urgency.

FDA Advises Caution Against Codeine for Treating Colds in Young Patients

FDA is evaluating the safety of using medicines containing codeine to treat patients under 18 years old for coughs and colds because of the possibility of severe side effects. Codeine, an opioid, may cause slowed or difficult breathing in children, especially for those who already suffer from breathing problems, the agency notes. FDA recommends that health care providers use caution when prescribing or recommending codeine for patients under 18 years old, and that parents and caregivers be alert for signs of shallow or noisy breathing, confusion, or unusual sleepiness. FDA is also considering a European Medicines Agency recommendation made in April to not give children under 12 codeine for coughs and colds, and to not use codeine for patients 12 to 18 years old who have asthma or other chronic breathing problems. More information is provided in an FDA safety alert available at *www.fda.govSafety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm453379.htm.*

Daytrana Patch May Cause Permanent Skin Color Changes, FDA Warns

In June 2015, FDA warned health care providers and consumers that Daytrana®, a methylphenidate transdermal system prescribed for treating attention deficit hyperactivity disorder, may cause permanent loss of skin color in the affected area. FDA has added a new warning to the drug label to describe this skin condition, known as chemical leukoderma. Chemical leukoderma is a skin condition that causes the skin to lose color as a result of repeated exposure to specific chemical compounds, according to an FDA safety alert. The condition is not physically harmful, but it is disfiguring.

FDA advises patients and caregivers to watch for new areas of lighter skin, especially under the drug patch, and to immediately report any changes to their health care providers. Patients should not stop using the Daytrana patch without consulting a health care provider. FDA also recommends that providers for patients who experience these skin color changes consider alternative treatments. More details are included in the FDA safety alert available at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm452595.htm.*

FDA Expands NSAID Warning Labels Regarding Risks of Heart Attack, Stroke

The labels of certain non-steroidal anti-inflammatory drugs (NSAIDs) will soon contain more detailed information about the risk that the drugs may contribute to heart attack and stroke, reports FDA. Such warnings have been on prescription and over-the-counter NSAIDs since 2005, but the new requirements take into account new data showing that the risk of heart attack and stroke occurs even during the first few weeks of taking an NSAID. People who have cardiovascular and other heart problems are at even greater risk of adverse effects. An FDA alert available at *www.fda.gov/ForConsumers/ConsumerUpdates/ucm453610.htm* provides more details.

Baxter International, Inc, Recalls Three Lots of IV Solutions Due to Particulate Matter

In July 2015, Baxter International, Inc, voluntarily recalled two lots of intravenous (IV) solutions distributed to hospitals and other health offices because of the presence of particulate matter identified as an insect. The problem was identified before patient administration and no adverse health effects have been reported. The recall affects 0.9% sodium chloride injection, USP 50 mL and 100 mL, lot numbers P319921 and P327635, which were distributed to US customers between October 7, 2014, and July 14, 2015. Additional information is available in an FDA press release at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm455421.htm.*

Baxter also voluntarily recalled one lot of IV solution to the hospital/user level because of the potential for leaking containers, particulate matter, and missing port protectors. This recall affects 0.9% sodium chloride injection, USP (AUTO-C) with lot number C964601 (National Drug Code 0338-0049-03; expiration date: April 30, 2016). This recalled lot was distributed to customers and distributors nationwide between January 22, 2015, and February 12, 2015. Leaking containers, particulate matter, and missing port protectors could result in contamination of the solution and, if not detected, could lead to a bloodstream infection or other serious adverse health consequences, explains FDA. The agency notes further that "injecting a product containing particulate matter, in the absence of in-line filtration, may result in blockage of blood vessels, which can result in stroke, heart attack or damage to other organs such as the kidney or liver. There is also the possibility of allergic reactions, local irritation and inflammation in tissues and organs." More information about this recall is available in an FDA safety alert at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm456793.htm.*

FDA Warns Against Unapproved Prescription Ear Drops

FDA has ordered the manufacturers of certain prescription ear drops to stop making and distributing the products because they are not FDA-approved. The product labels do not disclose that they lack FDA approval, and health care providers may not be aware of the unapproved status, notes FDA. The agency took action against unapproved prescription otic drug products containing these ingredients:

- benzocaine;
- benzocaine and antipyrine;
- benzocaine, antipyrine, and zinc acetate;
- benzocaine, chloroxylenol, and hydrocortisone;
- chloroxylenol and pramoxine; and
- chloroxylenol, pramoxine, and hydrocortisone.

These drugs are frequently given to relieve ear swelling and pain in young children, and FDA took this action to protect patients from the risks of taking unapproved drugs with no proven safety or effectiveness information. Further, such drugs may be contaminated or manufactured incorrectly, notes the agency. More information is provided in an FDA news release available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm453348.htm.*

Acino Products in New Jersey Ordered to Stop Selling Rectacort-HC and GRx HiCort 25

Under the direction of FDA, a federal judge for the District of New Jersey has ordered Acino Products, LLC, of Hamilton, NJ, to stop selling and destroy certain unapproved and misbranded prescription drugs in its possession.

According to FDA, Acino has marketed unapproved hydrocortisone acetate 25 mg suppositories, under the brand names Rectacort-HC and GRx HiCort 25, for treatment of medical conditions including inflamed hemorrhoids, chronic ulcerative colitis, and other inflammatory conditions. The drugs have not been FDA-approved and also fail to carry adequate directions for use on their labels. Acino continued to market and sell the products despite several warnings from FDA investigators. The FDA news release is available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm453466.htm.*

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prescriber, or prospective customer in Louisiana in exchange for compensation unless the compensation paid is an amount set in advance, consistent with fair market value, and not calculated based on the volume or value of actual prescriptions filled by the pharmacy;" or

◊ "Has dispensed or distributed any drug or device to any patient pursuant to a prescription written by a practitioner or a member of the practitioner's group practice if the practitioner or an immediate family member of the practitioner has a direct or indirect financial relationship with the dispensing or distributing pharmacy, unless the financial relationship meets all of the requirements of [Louisiana] R.S. 37:1745." (Note: R.S. 37:1745 is a section of law relating to illegal payments and required disclosures, as also found in Chapter 31 of the Board's rules.)

♦ **Act 453,** effective July 1, 2015 – Amended the state medical practice act for physician assistants to expand their prescriptive authority for CS to now include all medications listed in Schedule II. This bill was amended during the legislative process to include optometrists so they also have the legal authority to prescribe any medication in Schedule II, but it must be within the scope of their practice of optometry. While the legislation provides the legal authority for physician assistants and optometrists to prescribe medications listed in Schedule II, pharmacists are cautioned to verify that the prescriber has updated his or her federal Drug Enforcement Administration (DEA) registration to include Schedule II before dispensing any such prescriptions. Pharmacists may verify any prescriber's DEA registration at the DEA website, *www.deadiversion.usdoj.gov.*

Status Report on Rulemaking Activities (15-10-496)

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

♦ *Regulatory Project 2015-3 ~ Electronic Product Verification:* The Board published its Notice of Intent in the May 20, 2015 edition of the *Louisiana Register.* As indicated in that notice, the Board conducted a public hearing on June 25. With no comments or testimony offered, the Board submitted the hearing record to the legislature on June 29. With no intervention, the final rule was published in the August 20, 2015 edition of the *Louisiana Register*, effective on the date of publication. This project amended Chapter 12 – Automated Medication Systems and Chapter 15 – Hospital Pharmacy of the Board's rules to allow pharmacies to use bar codes or other methods of electronic product verification in lieu of the previously required manual product checking by the pharmacist, but only in the absence of human intervention in the automated selection process and when certain quality assurance checks are performed on a quarterly basis by the pharmacist. When such checks are performed, the stocking and restocking of automated medication systems may be performed by pharmacy technicians without the necessity of direct pharmacist supervision. If you believe this new allowance may be useful in your practice, please consult §1217 of the Board's rules (hospital pharmacists should consult §1509); the revised language is available on the Laws & Rules page on the Board's website.

♦ *Regulatory Project 2015-4 ~ Compounding for Office Use for Veterinarians:* During the Board's May 27 meeting, the Board approved a proposal to amend its pharmacy compounding rules to allow pharmacies to compound medications for office use for veterinarians, but only on a very limited scale (five percent limit). At the request of the veterinarian community, the Board adopted a Declaration of Emergency, which declared the proposal an emergency rule and set the effective date as June 1. Further, the Board directed staff to republish the emergency rule as often as necessary while pursuing the rulemaking process resulting in the final rule. Toward that end, the Board published its Notice of Intent in the July 20, 2015 edition of the *Louisiana Register.* As indicated in that notice, the Board conducted a public hearing on August 26. There were comments and testimony offered during the public hearing, and the Board is scheduled to review those comments during its next meeting on November 18 to determine whether any changes to the original proposal are needed.

♦ *Regulatory Project 2015-5 ~ Electronic Signature on Facsimile Prescription:* During the Board's May 27 meeting, the Board approved a proposal to amend its recently revised rule on prescriptions. That rule, in part, limits the use of electronic signatures to electronic prescriptions, and further, requires prescriptions delivered by facsimile to a pharmacy to bear a manual signature, similar to all other prescriptions existing in written form. Pursuant to that rule, the Board heard from several physicians using several different types of prescription generating software; they believed that they were electronically prescribing and were not aware their vendor was converting the electronic prescription to a facsimile for delivery to the pharmacy.

The Board also heard from several pharmacies that were not yet prepared to accept electronic prescriptions. Some of the vendors pointed to the pharmacies' inability to accept electronic prescriptions as the reason for the automatic conversion to facsimile in order to facilitate delivery to the pharmacy. However, the vendors were not able to explain why they did not alert the prescriber of that conversion, which is a federal requirement for the electronic prescribing of CS. The Board's intent for the rule adopted in January 2015 was to harmonize federal and state requirements for all medications whether or not they are CS. Since several types of stakeholders do not yet appear ready for that goal, the Board has suggested a delay in the implementation of that particular requirement. The proposed amendment will acknowledge that the use of an electronic signature on a facsimile prescription for a medication not listed as a CS shall be construed as a validly formatted prescription – but only for a limited period of time – until December 31, 2016.

In addition to approving the proposal, the Board adopted a Declaration of Emergency, which declared the proposal an emergency rule and set the effective date as June 1. Further, the Board directed staff to republish the emergency rule as often as necessary while pursuing the rulemaking process resulting in the final rule. Toward that end, the Board published its Notice of Intent in the July 20, 2015 edition of the *Louisiana Register.* As indicated in that notice, the Board conducted a public hearing on August 26. With only one comment in support of the proposal as published, the Board submitted the hearing record to the legislature on September 8. While that report is pending, the Board anticipated republishing the emergency rule near the end of September. In the absence of any intervention, the Board anticipates publishing the final rule in the October 20, 2015 edition of the *Louisiana Register*, effective on the date of publication. When the final rule becomes effective, the emergency rule will expire.

♦ *Regulatory Project 2015-6 ~ Telepharmacy Services Permit:* This proposal will establish a new type of pharmacy permit that will allow a community pharmacy to establish a satellite pharmacy in an area of the state that is underserved by pharmacies. The telepharmacy will be connected to its central pharmacy by audio and video technology, allowing pharmacists at the central pharmacy to supervise the pharmacy technicians at the telepharmacy. Prescriptions can be presented to the telepharmacy and then processed by the technicians there with audio and video technology; pharmacists may use that same technology to provide counseling to the patients at the telepharmacy. The Board published its Notice of Intent in the July 20, 2015 edition of the *Louisiana Register.* As indicated in that notice, the Board conducted a public hearing on August 26. With only

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one comment in support of the proposal as published, the Board submitted the hearing record to the legislature on September 8. In the absence of any intervention, the Board anticipates publishing the final rule in the October 20, 2015 edition of the *Louisiana Register*, effective on the date of publication.

- *Regulatory Project 2015-7 ~ Remote Processor Permit:* This proposal will establish a new type of pharmacy permit that will allow a pharmacy to hold no drugs for dispensing purposes but to engage in the remote processing of prescriptions and medical orders for other pharmacies. Pharmacies in Louisiana currently seeking such services have been required to partner with pharmacies in other states due to the absence of any pharmacy permits in this state. This proposal will enable the establishment of such pharmacies in this state. The Board published its Notice of Intent in the July 20, 2015 edition of the *Louisiana Register*. As indicated in that notice, the Board conducted a public hearing on August 26. With only one comment in support of the proposal as published, the Board submitted the hearing record to the legislature on September 8. In the absence of any intervention, the Board anticipates publishing the final rule in the October 20, 2015 edition of the *Louisiana Register*, effective on the date of publication.
- *Regulatory Project 2015-8 ~ Remote Access to Medical Orders:* This proposal will amend the hospital pharmacy rules to allow pharmacies to enable their pharmacists to remotely access medical orders from outside the pharmacy for the purpose of approving such orders prior to the administration of the first dose to the patient. The Board published its Notice of Intent in the July 20, 2015 edition of the *Louisiana Register*. As indicated in that notice, the Board conducted a public hearing on August 26. With only one comment in support of the proposal as published, the Board submitted the hearing record to the legislature on September 8. In the absence of any intervention, the Board anticipates publishing the final rule in the October 20, 2015 edition of the *Louisiana Register*, effective on the date of publication.
- *Regulatory Proposal 2016-A ~ Therapeutic Use of Marijuana:* As required by Act 261 of the 2015 legislature, the Board has begun its work to develop rules for the dispensing of marijuana for therapeutic purposes. The Board's Regulation Revision Committee considered a first draft of rules during its meeting on September 22. You can follow the progress of this effort by following the Regulatory Proposals page in the Public Notices section of the Public Library on the Board's website. The Board will continue to issue electronic *Notices of Rulemaking Activity* for this topic.

Renewal Time for Pharmacists and Pharmacies (15-10-497)

The renewal cycle for pharmacist licenses, pharmacy permits, and controlled dangerous substance (CDS) licenses for pharmacies will open on November 1, 2015. 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 email) 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 16, 2015, will not be reflected on your reminder mailer. In the event the postal service fails to deliver your reminder mailer by November 15, 2015, then it becomes your responsibility to retrieve an application form on the Board's website 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, 2015, and to automatically deactivate at midnight on December 31, 2015. 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, 2015. 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 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, 2015. 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, 2015. 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.

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- 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 (15-10-498)

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 a 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 at the Board's website.

In the event a compliance officer discovers anyone performing professional functions without the necessary credentials, then all of the pharmacists present, as well as 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 (15-10-499)

During its August 2015 meeting, the Board took final action in the following matters.

Town of Homer, dba Homer Memorial Hospital Pharmacy (PHY.000469): For its failure to designate a replacement PIC in a timely manner, and for the continued operation of a pharmacy without a PIC for over 40 days, the Board assessed a fine of $5,000 plus administrative and investigative costs.

Commcare Pharmacy-FTL (PHY.006335): For its dispensing of over 1,300 prescriptions into Louisiana for over six years prior to the acquisition of a Louisiana nonresident pharmacy permit, the Board assessed a fine of $50,000 plus administrative and investigative costs.

Ginger Allen Teekell (PST.016606): Pursuant to her alleged violation of her previously imposed probationary terms, the Board accepted the voluntary surrender of the credential, resulting in the active suspension of her license for an indefinite period of time, effective June 19, 2015.

William Coleman Honeycutt (PST.010643): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective June 19, 2015.

Kimberly Cox Vines (PST.015475): The Board granted her request for the reinstatement of the previously suspended license, conditioned upon the satisfaction of certain requirements (acquisition of 1,000 hours of updated practical experience under the authority of a special work permit, acquisition of 45 hours of Accreditation Council for Pharmacy Education-accredited continuing education, and successful completion of the Multistate Pharmacy Jurisprudence Examination® for Louisiana), and further, converted the duration of the suspensive period from an indefinite term to a term of 15 years and stayed the execution of the suspension, then placed the special work permit and subsequently reinstated license on probation for 15 years, effective on the date of issuance and terminating on August 12, 2030, subject to certain terms enumerated in the consent agreement.

Elizabeth Farrell Heard (PST.020284): The Board granted her request for modification of previously imposed probationary terms by removing all requirements, and further, restored the license to active and unrestricted status.

John Alan Smith (PST.016824): The Board granted his request for the reinstatement of the previously suspended license, and then restored the license to active and unrestricted status.

Taddese Tewelde (PST.011262): The Board denied his request for the reinstatement of the previously suspended license.

Aaron Wayne Nash (PST.010983): The Board granted his request for the reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of two years and stayed the execution of the suspension, then placed the license on probation for two years, effective August 12, 2015, subject to certain terms enumerated in the consent agreement.

Danielle Joy Raines (CPT.011269): For her diversion of approximately 10 tablets of alprazolam from her employer pharmacy, the Board revoked the certificate, and further, permanently prohibited the acceptance of any future application for the reinstatement of the certificate or any other application for any credential issued by the Board.

Custom Meds, Inc, dba Custom Meds (PHY.006141): The Board suspended the permit for two years and stayed the execution of the suspension, then placed the permit on probation for two years, ending on January 8, 2017, as a result of the pharmacy's resident pharmacy permit being placed on probation by the Florida Board of Pharmacy for dispensing 360 dosage units of domperidone, and further, the Board assessed administrative costs.

Jeremy John McCauley (CPT.012645): For his diversion of approximately 90 capsules of dronabinol from his employer pharmacy, the Board revoked the certificate, and further, permanently prohibited the acceptance of any future application for the reinstatement of the certificate or any other application for any credential issued by the Board.

Corsica Waynieca Northern (PTC.023156): The Board approved her application for a pharmacy technician candidate registration, authorized the issuance thereof, then suspended the registration for one year and stayed the execution of the suspension, then placed the registration on probation for one year, effective August 24, subject to certain terms enumerated in the order.

During the same meeting, the Board issued a letter of reprimand to one pharmacy permit, and further, suspended the CDS license for one physician and one dentist who had surrendered their federal DEA registrations, as well as for one physician whose medical license had been summarily suspended by the Louisiana State Board of Medical Examiners.

Calendar Notes (15-10-500)

The Board office will be closed on November 11, in observance of Veterans Day; November 26, for Thanksgiving Day; November 27, for Acadian Day; December 25, for Christmas Day; and January 1, for New Year's Day.

Special Note (15-10-501)

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. Electronic copies dating back to 2000 are posted on the Board's website.

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