



Louisiana Board of Pharmacy

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Authorization for Emergency Dispensing (17-07-548)

As we approach the beginning of the hurricane season in Louisiana, the Louisiana Board of Pharmacy would like to remind pharmacists of §519 of the Board's rules. That rule is activated whenever the governor of Louisiana issues or renews a "state of emergency" for the state or any portion thereof. The rule authorizes a pharmacist to dispense an emergency prescription of up to a 30-day supply if: (1) in the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy; **and** (2) the pharmacist makes a good faith effort to reduce the information to a written prescription marked "Emergency Prescription," then file and maintain the prescription as required by law.

Disciplinary Actions (17-07-549)

During its May 10-11, 2017 meeting and administrative hearing, the Board took final action in the following matters:

Walgreen Louisiana Co, Inc, dba Walgreen Pharmacy No. 15067 (Metairie, LA) (PHY.006406): For its failure to report a civil malpractice case during the renewal of its permit for 2017 despite specific questioning, the Board assessed a fine of \$5,000 plus administrative costs.

Alvin Watts III, dba Doc-Your-Dose Pharmacy (Grosse Tete, LA) (PHY.005969): For its continued operation for nine years after a change of ownership sufficient to require a new pharmacy permit, the Board revoked the permit, effective April 4; and further, permanently prohibited the future acceptance of any application for the reinstatement of the permit.

Alvin Watts III (PST.018168): For his failure to obtain a new pharmacy permit following a change of ownership sufficient to require a new pharmacy permit, and for his continued operation of the pharmacy for nine years thereafter, the Board revoked his license, effective April 7; and further, issued a lifetime restriction on any ownership of any pharmacy licensed by the Board; and further, assessed a fine of \$45,000 plus administrative and investigative costs.

Reeves Apothecary, Inc, dba New Arcadia Drug Store (Arcadia, LA) (PHY.000814): For allowing a pharmacy technician candidate to practice with an expired registration for approximately five months, the Board assessed a fine of \$1,000 plus administrative and investigative costs.

Jesse Eugene Reeves III (PST.010221): As the owner and pharmacist-in-charge (PIC) of New Arcadia Drug Store, for allowing a pharmacy technician candidate to practice with an expired registration for approximately five months, the Board assessed a fine of \$1,000 plus administrative costs.

Matthew Ian Johnson (CPT.013661): For his continued practice with an expired registration for approximately five months at New Arcadia Drug Store, the Board assessed a fine of \$250 plus administrative costs.

Ricky Lamar Zeigler (PST.017855): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective January 30, 2017.

Executive Pharmacy, LLC, dba Executive Pharmacy (Sunrise, FL) (PHY.007214): For dispensing approximately 66 prescriptions into Louisiana from March 1, 2015, until it acquired a permit on September 25, 2015, and for its denial of that activity despite specific questioning thereof on the application for the permit, the Board assessed a fine of \$20,000 plus administrative and investigative costs.

Trinity Medical Pharmacy, LLC, dba Trinity Medical Pharmacy (New Port Richey, FL) (PHY.007182): For its failure to designate a replacement PIC in a timely manner, and for its continued operation of the pharmacy for approximately five months without a PIC, the Board assessed a fine of \$10,000 plus administrative and investigative costs.

Eric Christopher Ament (PST.020768): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective March 31, 2017.

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WHO Launches Global Patient Safety Challenge on Medication Safety

To reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years, the World Health Organization (WHO) has launched a worldwide initiative, the Global Patient Safety Challenge on Medication Safety. Medication errors cause at least one death every day and injure approximately 1.3 million people every year in the United States. In addition, low- and middle-income countries are estimated to have similar rates of medication-related adverse events as high-income countries.

The Global Patient Safety Challenge on Medication Safety aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring, and use. WHO intends to provide guidance and develop strategies, in addition to plans and tools to ensure that the medication process has the safety of patients at its core in all health care facilities.

Previous WHO Global Safety Challenges have included the Clean Care is Safer Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008. Additional information is available in the WHO press release available at <http://who.int/mediacentre/news/releases/2017/medication-related-errors/en>.

Continuous Quality Improvement and Patient Safety Organizations

 *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.*

Data from the ISMP Medication Errors Reporting Program reveals that medication-related problems are repetitive in nature. An incident of misuse in one setting is likely to repeat itself in another. Most importantly, the system changes that are necessary to prevent errors are similar, and a growing body of literature is available to guide these efforts. Tragically, too many organizations and individual providers do not believe similar incidents could happen to them. They fail to use information about errors occurring elsewhere as a roadmap for improvement in their own organization or practice. It is not until a serious error hits home that aggressive prevention efforts are implemented. With so much evidence-based information about error prevention at hand, there is little excuse for reacting to errors after they happen instead of preventing them.

The development and implementation of continuous quality improvement (CQI) efforts should be the highest priority in all pharmacies. Such efforts must be aimed specifically at preventing

well-known and repetitive dispensing errors. Pharmacies should seek out medication safety information and use it proactively to prevent medication errors. At the same time, safety issues recognized internally and/or reported by patients should be documented and analyzed, with a process to determine the best strategies to prevent future problems and methods to ensure implementation. An annual survey to assess consumer perceptions of the quality of pharmaceutical products and professional services could supply additional information upon which to base improvement strategies. For more information on CQI programs, visit Section 7 of Model Rules for the Practice of Pharmacy in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*.

Informational tools like the *ISMP Medication Safety Alert!* publication, or ISMP's *Quarterly Action Agenda*, which is a readily available list of medication problems compiled from the nation's reporting programs, can be a backbone of any CQI effort. The very purpose of the ISMP Medication Errors Reporting Program – indeed the purpose of any type of safety reporting program and the expert recommendations that stem from it – is to guide the implementation of quality improvement initiatives by practitioners and organizations.

It is important that certain information from the CQI proceedings and records of review be protected from discovery. Patient safety organizations (PSO) are organizations that share the goal of improving the quality and safety of health care delivery. Patient Safety Work Product (PSWP) is the information protected by the privilege and confidentiality protections of the Patient Safety Act and Patient Safety Rule. PSOs serve as independent, external experts who can collect, analyze, and aggregate PSWP locally, regionally, and nationally to develop insights into the underlying causes of patient safety events, thus improving quality by identifying and reducing the risks and hazards associated with patient care. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of patient safety events.

For more information on PSOs, visit <https://www.pso.ahrq.gov/faq>.

NCPDP Releases Guide to Ensure Patients Get Their Medications During a Disaster

The National Council for Prescription Drug Programs (NCPDP) released the *NCPDP Emergency Preparedness Information* guide to assist pharmacists and other health care providers during a declared emergency. Prepared by the NCPDP Emergency Preparedness Committee, the guide provides resource information for eligibility and claims processing affecting displaced individuals. The guide is available at www.ncdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation_v1_4.pdf. Additional information for pharmacists about emergency preparedness is available on the NCPDP website at www.ncdp.org/Resources/Emergency-Preparedness.

FDA Warns of Illnesses and Deaths in Pets Exposed to Fluorouracil

Food and Drug Administration (FDA) is alerting pharmacists that patients' pets are at risk of illness and death when exposed to the topical cancer medication fluorouracil cream USP 5% (5-FU) that is intended for use in people. Fluorouracil may also be marketed under the brand names Carac®, Efudex®, and

News to a particular state or jurisdiction can only be ascertained
such state or jurisdiction.

Fluoroplex®. Very small amounts could be dangerous to household pets; thus, patients should use care when applying and storing the medication. FDA has received reports of five dogs that became ill and died after accidentally ingesting the topical cream, notes a Center for Veterinary Medicine Update available at www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm537434.htm.

Although FDA has not received any reports involving cats to date, cats are also expected to be extremely sensitive to fluorouracil cream. For instance, if an owner applies fluorouracil cream to an afflicted area and touches his or her cat, the cat may accidentally ingest the medication when grooming itself and suffer adverse events.

FDA advises that pharmacists who fill these prescriptions should advise patients with pets to prevent exposing their pet to the medication. Adverse events may be reported to FDA using the Form FDA 1932a, which may be obtained at www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm055305.htm.

FDA Revises Final Guidance Documents on Bulk Drug Substances Used in Compounding

In January 2017, FDA issued revised versions of two final guidance documents regarding the use of bulk drug substances in compounding.

- ◆ Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act
- ◆ Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act

FDA clarified that the policies described in the guidances do not apply to inactive ingredients. Inactive ingredients are not included in the definition of a “bulk drug substance” and can be used in compounding without appearing on the bulk drug substances lists developed under sections 503A or 503B of the Federal Food, Drug, and Cosmetic Act, if all applicable conditions are met.

As indicated on its website at www.fda.gov/Drugs/DrugSafety/ucm502075.htm, FDA will also provide regular updates to the categories of bulk drug substances described in the guidances. FDA previously stated that it would not evaluate new nominations for placement in one of the three categories until after it completed its review of substances already nominated with adequate supporting information.

Now, the guidances state that FDA will determine after submissions are received whether new nominations, including renominations of substances with additional supporting information, have sufficient information for FDA to review them. After making that determination, FDA will place nominated substances in the appropriate category on FDA’s website. FDA intends to update the categories with any new nominations the first business day of each month. This revised policy will further minimize unnecessary disruptions to patient treatment while FDA develops the lists of bulk drug substances for use in compounding.

The guidances are available online at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf and www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469122.pdf.

APhA Resource Guide Applies JCPP Pharmacists’ Patient Care Process to Immunization Services

The American Pharmacists Association (APhA) published a resource guide that applies the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process to pharmacy-based immunization services. The components of the Pharmacists’ Patient Care Process to collect, assess, plan, implement, and follow-up should be implemented as routine practice along with the National Vaccine Advisory Committee Standards for Adult Immunization Practice, as noted in the resource guide, *Applying the Pharmacists’ Patient Care Process to Immunization Services*. “[P]harmacists and other vaccine providers need to strive to constantly improve collaboration, communication, and documentation,” indicates the APhA guide. For more information, visit the APhA Immunization Center at www.pharmacist.com/immunization-center.

CPE Training on Older Adult Fall Prevention Available Online

Developed in collaboration with the Centers for Disease Control and Prevention (CDC) and the APhA, the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is offering continuing pharmacy education (CPE) training for pharmacists to prevent falls in adults 65 and older. The training will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education. To participate in the free online training, “STEADI: The Pharmacist’s Role in Older Adult Fall Prevention,” visit the CDC website at www.cdc.gov/steadi/training.html for more information.

New FDA Drug Info Rounds Training Video Addresses the Combat Methamphetamine Epidemic Act

Drug Info Rounds, a series of online videos by FDA, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the latest Drug Info Rounds video, “Combat Methamphetamine Epidemic Act,” pharmacists discuss the legal requirements for the sale of over-the-counter drug products that contain pseudoephedrine. Drug Info Rounds was developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research (CDER), Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.

FDA Presents Series of CE Webinars for Students and Clinicians

FDA’s Division of Drug Information in the CDER presents a series of continuing education (CE) webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA’s role in medication error prevention and prescription drug labeling. The webinars and presentation slides can be accessed on FDA’s website at www.fda.gov/DDIWebinars.

Kevin Trenouth Kellow (PST.019095): The Board granted his 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 stayed the execution of the suspension, then placed the license on probation for five years, effective May 10, 2017, subject to certain terms enumerated in the consent agreement.

Ricky Thomas Guidry (PST.013683): The Board granted his request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of 10 years and stayed the execution of the suspension, then placed the license on probation for 10 years, effective May 10, 2017, subject to certain terms enumerated in the consent agreement.

Timothy Keith Freeman (PST.020918): The Board granted his 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 stayed the execution of the suspension, then placed the license on probation for five years, effective May 10, 2017, subject to certain terms enumerated in the consent agreement.

Justin Matthew Scalfano (PST.018787): The Board granted his request for modification of previously imposed probationary terms, then removed Article 2-e from his Probation Board Order, which had prohibited the acceptance of an appointment as the PIC of a pharmacy.

Andrea Katherine Bourque (PST.019587): The Board granted her request for modification of previously imposed probationary terms, then removed Article 2-e from her Probation Board Order, which had prohibited the acceptance of an appointment as the PIC of a pharmacy.

Matthew Marston Lane (PST.018065): The Board granted his request for modification of previously imposed probationary terms, then removed Article 2-e from his Probation Board Order, which had prohibited the acceptance of an appointment as the PIC of a pharmacy.

Doddi Vidrine Alexander (PST.016007): The Board granted her request for modification of previously imposed probationary terms, then removed Article 2-e from her Probation Board Order, which had prohibited the acceptance of an appointment as the PIC of a pharmacy, as well as Article 2-f, which had required her to practice under the direct and immediate supervision of another pharmacist at all times.

Victor James Whitacre (CPT.013240): The Board suspended the certificate for five years and stayed the execution of the suspension, then placed the certificate on probation for five years, effective May 10, 2017, subject to certain terms enumerated in the consent agreement.

Rebecca Thrasher Ricks (CPT.001817): The Board suspended the certificate for one year and stayed the execution of the suspension, then placed the certificate on probation for one year, effective May 10, 2017, subject to certain terms enumerated in the consent agreement.

Christine Adele Ackal (PST.015539): The Board granted her request for modification of previously imposed probationary terms, then removed all terms and conditions, and then restored the license to active and unrestricted status.

Ackal's Community Pharmacy, Inc, dba Ackal's Community Pharmacy (Youngsville, LA) (PHY.005948): The Board granted its request for modification of previously imposed probationary terms, then removed all terms and conditions, and then restored the permit to active and unrestricted status.

Parrish Wendell Posey, Jr (PTC.023548): For his diversion of controlled substances (CS) from his employer pharmacy, the Board revoked the registration, effective March 28, 2017; and further, permanently prohibited the acceptance of any future application for reinstatement of the registration, or any application for any other credential issued by the Board.

Marian Respiratory Care, Inc, dba Marian Respiratory Care (Daphne, AL) (PHY.006762): In recognition of the disciplinary action taken by the Alabama State Board of Pharmacy, wherein its resident pharmacy permit was placed on probation for conduct that constitutes a basis for disciplinary action in this state, the Louisiana Board suspended the Louisiana permit for one year, seven months, and 21 days and stayed the execution of the suspension, then placed the Louisiana permit on probation for one year, seven months, and 21 days, effective May 10, 2017, and terminating on December 31, 2018 (to run concurrently with the probationary period imposed by the Alabama Board), subject to certain terms enumerated in the consent agreement.

Cammie Michelle Seago (CPT.013255): For her diversion of CS from her employer pharmacy, the Board revoked the certificate, effective April 27, 2017; and further, permanently prohibited the acceptance of any future application for reinstatement of the certificate, or any application for any other credential issued by the Board.

DeLynn Eubanks (PST.015490): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective February 23, 2017.

Jason Van Johnson (PTC.024586): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the registration for an indefinite period of time, effective February 24, 2017.

Mykia Shavon Hemphill (CPT.013040): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the certificate for an indefinite period of time, effective March 17, 2017.

Francis Renee Vercher (CPT.013765): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the certificate for an indefinite period of time, effective March 22, 2017.

Wilkinson Family Pharmacy, LLC, dba Wilkinson Family Pharmacy (Chalmette, LA) (PHY.006645 and CDS.042758-PHY): The Board accepted the voluntary surrenders of the credentials, resulting in the active suspension of the permit and controlled dangerous substances license for an indefinite period of time, effective April 24, 2017.

Keith Daniel Wilkinson (PST.017070): The Board accepted the voluntary surrender of the credential, resulting

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in the active suspension of the license for an indefinite period of time, effective April 24, 2017.

James Edward Helou (PST.019129): The Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective May 4, 2017.

Chandrika Te'Nea Woods (CPT.011432): *Formal Hearing:* For her acquisition of a technician certificate renewal by fraud or misrepresentation through her failure to report a prior arrest despite specific questioning, and for her subsequent failure to provide information legally requested by the Board, the Board suspended her certificate for an indefinite period of time, effective May 10, 2017; and further, assessed a fine of \$250 plus administrative, investigative, and hearing costs; and further, conditioned the acceptance of any future application for the reinstatement of the certificate upon the satisfaction of certain requirements identified in the hearing order.

Candace Cecile Navarra (CPT.009209): *Formal Hearing:* For her acquisition of a technician certificate renewal by fraud or misrepresentation through her failure to report a prior arrest despite specific questioning, and for her subsequent failure to provide information legally requested by the Board, the Board suspended her certificate for an indefinite period of time, effective May 10, 2017; and further, assessed a fine of \$500 plus administrative, investigative, and hearing costs; and further, conditioned the acceptance of any future application for the reinstatement of the certificate upon the satisfaction of certain requirements identified in the hearing order.

Reliable Pharmacy, LLC, dba Reliable Pharmacy (Marco Island, FL) (PHY.007309): *Formal Hearing:* For its failure to designate a replacement PIC in a timely manner, and for the continued operation of the pharmacy for approximately five months without a PIC, the Board suspended the permit for an indefinite period of time; and further, assessed a fine of \$5,000 plus administrative, investigative, and hearing costs; and further, conditioned the acceptance of any future application for the reinstatement of the permit upon the satisfaction of certain requirements identified in the hearing order.

During the same meeting, the Board issued letters of warning to two pharmacies, and letters of reprimand to 11 pharmacists, one pharmacy technician, and three pharmacies. In addition, the Board granted requests for reinstatement of lapsed credentials from two pharmacy technicians, contingent upon their satisfaction of certain requirements identified in their consent agreements.

Calendar Notes (17-07-550)

The Board office will be closed on September 4 in observance of Labor Day.

Special Note (17-07-551)

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.

Louisiana Lagniappe (17-07-552)

“Make yourself indispensable and you'll be moved up. Act as if you're indispensable and you'll be moved out.” – Anonymous

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