



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
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[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Board Meeting

August 6, 2014

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**NOTE:** Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.



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**NOTICE IS HEREBY GIVEN** that a meeting of the Board has been ordered and called for 9:00 a.m. on Wednesday, August 6, 2014 at the Board office, for the purpose to wit:

## AGENDA

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

**Revised 08-04-2014**

1. Call to Order
2. Invocation & Pledge of Allegiance
3. Quorum Call
4. Call for Additional Agenda Items & Adoption of Agenda
5. Consideration of Minutes
6. Report on Action Items
7. Confirmation of Acts
8. Opportunity for Public Comment
- \* Special Order of the Day – Presentation of Pharmacist Gold Certificates
  - PST.008850 – Irby R. Bourque
  - PST.008889 – Lyle Joseph Bulger, Sr.
  - PST.008898 – Ronald Joseph Rome
  - PST.008925 – Thomas Joseph “Pete” Chambliss
9. Committee Reports
  - A. Finance – Mr. Pitre & Mr. Russell Champagne, CPA
    - Consideration of Final Report for Fiscal Year 2013-2014
    - Consideration of Budget Amendment No. 1 for Fiscal Year 2014-2015
  - B. Application Review – Mr. Soileau
    - Consideration of Committee Recommendations re Applications
  - C. Reciprocity – Ms. Hall
  - D. Violations – Mr. Bond
    - Consideration of Proposed Voluntary Consent Agreements
  - E. Impairment – Mr. Rabb
    - Consideration of Committee Recommendations re Applications
  - F. Reinstatement – Ms. Melancon
    - Consideration of Committee Recommendations re Applications
  - G. Tripartite – Mr. Burch
  - H. Regulation Revision – Mr. McKay
    - Consideration of Comments & Testimony from Public Hearing re Regulatory Project 2014-5 ~ Prescriptions
    - Consideration of Regulatory Proposal 2014-C ~ Compounding (Draft #4)
    - Consideration of Declaration of Emergency – Pharmacy Compounding
    - Consideration of Regulatory Proposal 2014-D ~ Special Event Pharmacy Permit (Draft #1)
    - Consideration of Pilot Project ~ Remote Processing of Medical Orders in Small Hospitals
  - I. Executive – Mr. Aron

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10. Staff Reports
  - J. Assistant Executive Director – Mr. Fontenot
    - Consideration of Requests for PMP Reporting Waivers
  - K. General Counsel – Mr. Finalet
    - Consideration of Proposed Voluntary Consent Agreements
  - L. Executive Director – Mr. Broussard
    - Consideration of 2014 Annual Report
    - Consideration of Louisiana Compliance Questionnaire for 2014
    - Consideration of Roster of Colleges & Schools of Pharmacy
    - Consideration of Final Brief of 2014 Legislature
    - Consideration of Louisiana Emergency Department Opioid Prescribing Recommendations
11. Petition for Advisory Opinion or Declaratory Statement – Ms. Angelle Huff & The Wellness Corner
12. Request for Approval of Life Safety Program – Emergency University
13. Announcements
14. Recess

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## MEMORANDUM

To: Board Members & Staff  
From: Malcolm Broussard  
Date: August 4, 2014  
Re: Board Meeting Schedule & Arrangements

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The next quarterly meeting of the Board and certain of its committees will be held at the Board office on August 5-7, 2014. The schedule of events is as follows:

### **Tuesday, August 5, 2014**

0800	Finance Committee	<i>Boardroom</i>
1000	Reinstatement Committee	<i>Boardroom</i>
1200	Committee Luncheon	<i>Boardroom</i>
1300	Impairment Committee	<i>Boardroom</i>
1700 (est.)	Executive Committee	<i>Boardroom</i>

### **Wednesday, August 6, 2014**

<b>0900</b>	Board Meeting	<i>Boardroom</i>
1200	Board Luncheon	<i>Boardroom</i>

### **Thursday, August 7, 2014**

0830	Administrative Hearing	<i>Boardroom</i>
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You should have already received your hotel reservation confirmations from Ms. Kelley Villeneuve via email. If you have any questions about those arrangements, please contact her directly at [kvilleneuve@pharmacy.la.gov](mailto:kvilleneuve@pharmacy.la.gov) or 225.925.6498.

Most of your meeting materials have been posted in the *Boardroom Library*. You may enter the library by visiting our website at [www.pharmacy.la.gov](http://www.pharmacy.la.gov), selecting the *Login* link at the end of the horizontal menu bar, and entering your log-in and password information. At the *Boardroom Library Lobby*, select the link for the *Main Reading Room*, and then the 08-06-2014 link for the board meeting. For those of you with committee meetings that week, your meeting materials have been posted in the applicable committee reading room, also accessible from the *Boardroom Library Lobby*. As we update the files in the reading rooms, we will advise you accordingly.

Please take notice of the unusual start time for the Board meeting. We anticipate three formal hearings (one contested) on Thursday, all coming through the Violations Committee.

In the event you experience any difficulty accessing this material, please let me know so that we can arrange delivery of these documents to you by some other means. The public version of the meeting binder will be posted on our website the day before the meeting.

## Acronyms

AACP	American Association of Colleges of Pharmacy
AAPS	American Association of Pharmaceutical Scientists
AAPT	American Association of Pharmacy Technicians
ACA	American College of Apothecaries
ACCME	Accreditation Council for Continuing Medical Education
ACCP	American College of Clinical Pharmacy
ACE	Advisory Committee on Examinations (NABP)
ACPE	Accreditation Council for Pharmacy Education
ADA	American Dental Association
ADC	automated dispensing cabinet
ADS	automated dispensing system
AFDO	Association of Food & Drug Officials
AFPE	American Foundation for Pharmaceutical Education
AIHP	American Institute of the History of Pharmacy
AMA	American Medical Association
AMCP	Academy of Managed Care Pharmacy
AMS	automated medication system
APEC	Australian Pharmacy Examining Council
APhA	American Pharmacists Association
APPE	advanced pharmacy practice experience
ASAE	American Society of Association Executives
ASAP	American Society for Automation in Pharmacy
ASCP	American Society of Consultant Pharmacists
ASHP	American Society of Health-System Pharmacists
ASPL	American Society for Pharmacy Law
AVMA	American Veterinary Medical Association
AWARxE	NABP consumer protection program
BNDD	Bureau of Narcotics and Dangerous Drugs
BPS	Board of Pharmacy Specialties
CAC	Citizen Advocacy Center
CCAPP	Canadian Council for Accreditation of Pharmacy Programs
CCGP	Commission for Certification in Geriatric Pharmacy
CDC	Centers for Disease Control and Prevention
CDER	Center for Drug Evaluation and Research
CDTM	collaborative drug therapy management
CDS	controlled dangerous substances
CE	continuing education
CFR	Code of Federal Regulations
CHPA	Consumer Healthcare Products Association
CLEAR	Council on Licensure, Enforcement and Regulation
CMI	consumer medication information
CMS	Centers for Medicare and Medicaid Services
CPD	continuing professional development
CPhA	Canadian Pharmacists Association
CPPA	Center for Pharmacy Practice Accreditation
CPSC	Consumer Product Safety Commission
DEA	Drug Enforcement Administration
DEQ	La. Department of Environmental Quality
DHH	La. Department of Health and Hospitals

DME	durable medical equipment
DMEPOS	durable medical equipment, prosthetics, orthotics, and supplies
DNV	Det Norske Veritas (Norwegian accreditation organization)
DSM	disease state management
EDK	emergency drug kit
ELTP	Electronic Licensure Transfer Program (NABP)
EPA	Federal Environmental Protection Agency
EPCS	Electronic Prescribing of Controlled Substances (DEA)
ETS	Educational Testing Service
EU	European Union
ExCPT	Examination for the Certification of Pharmacy Technicians
FARB	Federation of Associations of Regulatory Boards
FBI	Federal Bureau of Investigation
FD&C	Federal Food, Drug & Cosmetic Act
FDA	Federal Food & Drug Administration
FIP	Federation Internationale Pharmaceutique
FMI	Food Marketing Institute
FPGEC	Foreign Pharmacy Graduate Examination Committee (NABP)
FPGEE	Foreign Pharmacy Graduate Equivalency Examination (NABP)
FSBPT	Federation of State Boards of Physical Therapy
FSMB	Federation of State Medical Boards
FRC	Foreign Pharmacy Graduate Equivalency Examination Review Committee (NABP)
FTC	Federal Trade Commission
GPhA	Generic Pharmaceutical Association
GPO	US Government Printing Office
gTLD	generic top level domain (Internet addresses)
HCFA	Health Care Financing Administration
HDMA	Healthcare Distribution Management Association
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	health maintenance organization
IACP	International Academy of Compounding Pharmacists
ICANN	Internet Corporation for Assigned Numbers and Names
ICPT	Institute for the Certification of Pharmacy Technicians
IDOI	Internet Drug Outlet Identification (NABP)
INEOA	International Narcotic Enforcement Officers Association
IOM	Institute of Medicine
IPPE	introductory pharmacy practice experience
ISMP	Institute for Safe Medication Practices
JCPP	Joint Commission of Pharmacy Practitioners
LAMP	Louisiana Academy of Medical Psychologists
LANP	Louisiana Association of Nurse Practitioners
LAPA	Louisiana Academy of Physician Assistants
LBP	Louisiana Board of Pharmacy
LDA	Louisiana Dental Association
LIPA	Louisiana Independent Pharmacies Association
LPA	Louisiana Pharmacists Association
LPTA	Louisiana Physical Therapy Association
LPTB	Louisiana Physical Therapy Board
LSBD	Louisiana State Board of Dentistry
LSBME	Louisiana State Board of Medical Examiners

LSBN	Louisiana State Board of Nursing
LSBOE	Louisiana State Board of Optometry Examiners
LSBPNE	Louisiana State Board of Practical Nurse Examiners
LSBVM	Louisiana State Board of Veterinary Medicine
LSBWDD	Louisiana State Board of Wholesale Drug Distributors
LSHP	Louisiana Society of Health-System Pharmacists
LSMS	Louisiana State Medical Society
LSNA	Louisiana State Nurses Association
LTC	long term care
LTCF	long term care facility
LVMA	Louisiana Veterinary Medical Association
MPJE	Multistate Pharmacy Jurisprudence Examination (NABP)
MRC	MPJE Review Committee (NABP)
NABP	National Association of Boards of Pharmacy
NABP-F	National Association of Boards of Pharmacy Foundation
NABPLAW	National Association of Boards of Pharmacy – Law Database
NACDS	National Association of Chain Drug Stores
NAMSDL	National Alliance for Model State Drug Laws
NAPLEX	North American Pharmacist Licensure Examination (NABP)
NAPRA	National Association of Pharmacy Regulatory Authorities (Canada)
NASCSA	National Association of State Controlled Substance Authorities
NASPA	National Alliance of State Pharmacy Associations
NASPER	National All Schedules Prescription Electronic Reporting Act
NCC MERP	National Coordinating Council for Medication Error Reporting and Prevention
NCPA	National Community Pharmacists Association
NCPDP	National Council for Prescription Drug Programs
NCPIE	National Council on Patient Information and Education
NCPO	National Conference of Pharmaceutical Organizations
NCSBN	National Council of State Boards of Nursing
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NDMA	Nonprescription Drug Manufacturing Association
NIPCO	National Institute for Pharmacist Care Outcomes
NISPC	National Institute for Standards in Pharmacist Credentialing
NOCA	National Organization for Competency Assurance
NPA	National Pharmacy Association
NPC	National Pharmaceutical Council
NPDB	National Practitioner Data Bank
NPTA	National Pharmacy Technician Association
NRC	NAPLEX Review Committee (NABP) Federal Nuclear Regulatory Commission
OAL	Optometry Association of Louisiana
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ONDD	Office of Narcotics and Dangerous Drugs
OSHA	Occupational Safety and Health Administration
PARE	Pharmacy Assessment, Remediation and Evaluation (NABP)
PBM	pharmacy benefit management
PCAB	Pharmacy Compounding Accreditation Board
PCCA	Professional Compounding Centers of America

PCMA	Pharmaceutical Care Management Association
PCOA	Pharmacy Curriculum Outcomes Assessment (NABP)
PDMA	Prescription Drug Marketing Act
PEBC	Pharmacy Examining Board of Canada
PhRMA	Pharmaceutical Research and Manufacturers of America
PMP	Prescription Monitoring Program
PMP-i	Prescription Monitoring Program Interconnect (NABP)
PTCB	Pharmacy Technician Certification Board
PTCE	Pharmacy Technician Certification Examination
PTEC	Pharmacy Technician Educators Council
RFID/EPC	Radio Frequency Identification / Electronic Product Code
SAMSHA	Federal Substance Abuse & Mental Health Services Administration
TJC	The Joint Commission
TOEFL	Test of English as a Foreign Language
TOEFL iBT	Test of English as a Foreign Language Internet-based Test
TSE	Test of Spoken English
URAC	Utilization Review Accreditation Commission
USP	United States Pharmacopeia / United States Pharmacopeial Convention
USP DI	US Pharmacopeia Dispensing Information
USP-NF	US Pharmacopeia – National Formulary
VAWD	Verified-Accredited Wholesale Distributors (NABP)
Vet-VIPPS	Veterinary-Verified Internet Pharmacy Practice Sites (NABP)
VIPPS	Verified Internet Pharmacy Practice Sites (NABP)
VPP	Verified Pharmacy Practice (NABP)
WHO	World Health Organization
WHPA	World Health Professions Alliance



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## Minutes

**Regular Meeting**

Wednesday, May 7, 2014 at 10:00 a.m.

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700

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A regular meeting of the Louisiana Board of Pharmacy was held on Wednesday, May 7, 2014 in the Boardroom of the Board's office, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The meeting was held pursuant to public notice, each member received notice, and notice was properly posted.

*1. Call to Order*

Mr. Carl Aron, President, called the meeting to order at 10:05 a.m.

*2. Invocation & Pledge*

Mr. Aron called upon Mr. Brian Bond, and he delivered the invocation. Mr. Richard Soileau then led the group in the recitation of the Pledge of Allegiance.

*3. Quorum Call*

Mr. Aron then called upon the Secretary, Mr. Bond, to call the roll.

**Members Present:**

Mr. Carl W. Aron  
Mr. Brian A. Bond  
Mr. Clovis S. Burch  
Mr. Ryan M. Dartez  
Ms. Jacqueline L. Hall  
Mr. Richard M. Indovina  
Mr. Marty R. McKay  
Ms. Chris B. Melancon  
Ms. Diane G. Milano  
Mr. Ronald E. Moore  
Mr. Blake P. Pitre  
Mr. T. Morris Rabb  
Ms. Pamela G. Reed  
Mr. Don L. Resweber *(late arrival)*  
Dr. Deborah H. Simonson  
Mr. Richard A. Soileau  
Mr. Rhonny K. Valentine

**Staff Present:**

Mr. Malcolm J. Broussard, Executive Director  
Mr. Carlos M. Finalet, III, General Counsel  
Mr. M. Joseph Fontenot, Assistant Executive Director  
Mr. Huey J. Savoie, Pharmacist Compliance Officer

**Guests:**

Mr. Joseph L. Adams – National Association of Boards of Pharmacy  
Mr. Jeff Gaude – Walgreen Pharmacies  
Mr. Rob Braley – Walgreen Pharmacies  
Mr. Richard Palombo – Express Scripts  
Ms. Rosalind Oglesbee – CVS Pharmacies  
Mr. Kevin LaGrange – Professional Arts Pharmacy

Ms. Mary Staples – National Association of Chain Drug Stores  
Mr. Mike Hudak – Fred’s Pharmacies  
Mr. Brad Reed – Wal-Mart Pharmacies  
Dr. Camtu Ho – Cubist Pharmaceuticals  
Ms. Angelle Huff – The Wellness Corner  
Ms. Alison Williams – Wal-Mart Pharmacies  
Mr. John Voliva – Professional Compounding Centers of America  
Mr. Max Huff – The Wellness Corner  
Mr. Bill Chaney – Cenla Professional Pharmacy Services  
Mr. Korey Patty – La. Independent Pharmacies Association  
Sen. Ronnie Johns – Louisiana Senate  
Ms. Crystal Carter – La. Pharmacists Association  
Dr. Cecilia Mouton – La. State Board of Medical Examiners  
Mr. Ralph Wall – Adams & Reese  
Ms. Patsy Angelle – Prescription Compounds  
Mr. Bryan Jones – LifePoint Hospitals  
Mr. Ward Blackwell – La. Dental Association  
Dr. Maria Burmaster – La. Dental Association  
Mr. Karl Koch – Koch & Messer

Mr. Bond certified 16 of the 17 members were present, constituting a quorum for the conduct of official business.

*4. Call for Additional Agenda Items*

Mr. Aron asked if there were any additional agenda items, but none were offered. With no requests for any additions, and without objection, the Board adopted the posted agenda for that meeting. Mr. Aron then requested authority from the Board to reorder the agenda as necessary for the purpose of adjusting the sequence of various reports or guests. There were no objections to that request.

*5. Consideration of Minutes*

Mr. Aron reminded the members they had received the draft minutes from the Regular Board Meeting on February 12, 2014 and the Administrative Hearing on February 13, 2014, both of which were held in Baton Rouge, Louisiana. With no objections, he waived the reading thereof. Hearing no requests for amendment or any objection to their approval, Mr. Aron declared the minutes were approved as presented. Mr. Bond reminded the members to sign the Minute Book.

Mr. Moore then moved,

**Resolved**, to *Amend Minutes Previously Adopted*, more specifically, to amend the Minutes from the Board’s Regular Meeting on May 29, 2013, by inserting a record of the Board’s Opinion rendered at that meeting titled *I.A.17 ~ Temporary Central Distribution System for Louisiana AIDS Drug Assistance Program (ADAP) [Office of Public Health at the Louisiana Department of Health and Hospitals]*.

The motion was adopted after a unanimous vote in the affirmative.

## 6. *Report on Action Items*

Mr. Broussard reminded the members of their approval of two regulatory proposals and two legislative proposals as well as several contracts and agreements during their last meeting. He reported on the progress of each of those initiatives as well as the re-publication of the emergency rule relative to compounding.

## 7. *Confirmation of Acts*

Pursuant to Mr. Aron's declaration that the officers, committees, and executive director had attended to the business of the Board since the last meeting in accordance with policies and procedures previously approved by the Board, Mr. McKay moved,

**Resolved**, that the actions taken and decisions made by the Board officers, Board committees, and Executive Director in the general conduct and transactions of Board business since February 13, 2014 are approved, adopted, and ratified by the entire Board.

The motion was adopted after a unanimous vote in the affirmative.

## 8. *Opportunity for Public Comment*

Mr. Aron reminded the members and guests the Open Meetings Law requires all public bodies to provide an opportunity for public comment at all meetings and for each agenda item upon which a vote is to be taken. He solicited general comments on non-agenda items from the guests present, and no comments were offered.

### *Statement of Purpose*

Mr. Aron reminded the members of the purpose and mission of the Board of Pharmacy by reciting the relevant portion of the Louisiana Pharmacy Practice Act. He urged the members to keep their mission in mind as they considered all the matters before them.

### *\* Special Order of the Day – Presentation of Distinguished Service Award*

Mr. Aron informed the members and guests the Board's secretary, Ms. Judy Dinicola, had given notice of her decision to retire from state service and that this would be her final meeting. In recognition of her 12 years of faithful and distinguished service to the Board, he presented her the Distinguished Service Award plaque. The members and guests congratulated her with a standing ovation.

Before moving to the committee reports, Mr. Aron exercised personal privilege and recognized two guests in the audience. Mr. Joseph Adams is a former member of the Board and was currently serving as President-Elect of the National Association of Boards of Pharmacy (NABP). Mr. Aron noted his installation as President was scheduled for the following week during the association's annual meeting in Phoenix, AZ. Mr. Aron also recognized Mr. Richard Palombo, currently affiliated with Express Scripts, as a Past President of NABP.

## 9. *Committee Reports*

### *A. Finance Committee*

Mr. Aron called upon Mr. Pitre for the committee report. Mr. Pitre directed the members to the interim financial report in their meeting binders. He reviewed the report which included data for the third quarter ending March

31, 2014. He responded to questions from the members and tendered the report for information only.

Finally, Mr. Pitre expressed his appreciation to the other members of the committee for their ongoing efforts.

*B. Application Review Committee.*

Mr. Aron called upon Mr. Soileau for the committee report. Mr. Soileau reported the committee met on February 25, 2014 to consider ten referrals from staff and then again on April 16, 2014 to consider five referrals from staff. Following the committee's interviews and deliberations, they authorized the issuance of several credentials without restriction. He then reported the following files to the members for their consideration.

**JoAnn Harris (Applicant for PTC Registration)** Mr. Soileau moved to deny the application and refuse to issue the registration. The motion was adopted after a unanimous vote in the affirmative. The Board denied the application and refused to issue the registration.

**Breanna Michelle Williamson (Applicant for PTC Registration)** Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the application, authorized the issuance of the registration, suspended the newly-issued registration for two years and stayed the execution of the suspension, then placed the registration on probation for two years, effective May 7, 2014, subject to certain terms enumerated in the consent agreement.

**Ashley Kristen Simon (Applicant for PTC Registration)** Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the application, authorized the issuance of the registration, suspended the newly-issued registration for one year and stayed the execution of the suspension, then placed the registration on probation for one year, effective May 7, 2014, subject to certain terms enumerated in the consent agreement.

**Tiffanie Lakayma Lebby (Applicant for PTC Registration)** Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the application, authorized the issuance of the registration, suspended the newly-issued registration for two years and stayed the execution of the suspension, then placed the registration on probation for two years, effective May 7, 2014, subject to certain terms enumerated in the consent agreement.

Finally, Mr. Soileau expressed his appreciation to the other members of the committee for their ongoing efforts.

C. *Reciprocity Committee*

Mr. Aron called upon Ms. Hall for the committee report. She reported the committee had not met since the last Board meeting because none of the reciprocity applications had any issues requiring committee-level review.

D. *Violations Committee*

Mr. Aron called upon Mr. Bond for the committee report. Mr. Bond reported the committee held an informal conference on March 12-13 to consider their posted agenda which included 20 cases: 8 pharmacists, 2 pharmacy technicians, 8 pharmacy permits, one DME permit, and one applicant for a pharmacy permit. Following their interviews and deliberations, the committee took no action on 9 of the cases. He then presented the following proposed voluntary consent agreements for their consideration.

**Orthofix, Inc. d/b/a Orthofix (DME.000217)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the permit for a period of time ending December 14, 2017 and stayed the execution of the suspension, then placed the permit on probation for a period of time ending December 14, 2017, subject to certain terms enumerated in the consent agreement, and further, assessed a fine of \$5,000 plus administrative costs.

**Sentry Drugs of Louisiana, Inc. d/b/a Sentry Drugs (PHY.001670)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of \$15,000 plus administrative and investigative costs.

**Vicki Leigh Allen (PST.015346)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed administrative costs.

**Robert Blake Vidrine d/b/a Blake's Family Pharmacy (PHY.000077 & CDS.038544)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the previously-imposed probation, suspended both credentials for ten years and stayed the execution of the suspension, then placed both credentials on probation for ten years, effective May 7, 2014, subject to certain terms enumerated in the consent agreement, and further, assessed a fine of \$10,000 plus administrative and investigative costs.

**Loye's Pharmacy, Inc. d/b/a Loye's Pharmacy (PHY.000683)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning, and further, assessed administrative and investigative costs.

**Louisiana CVS Pharmacy, LLC d/b/a CVS Pharmacy No. 5327**

**(PHY.005835)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board added two additional years to the previously-imposed term of probation, effective July 1, 2014, and further, assessed a fine of \$25,000 plus administrative and investigative costs.

**Jewella Avenue Pharmacy, LLC d/b/a Jewella Avenue Pharmacy**

**(PHY.006603)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the permit.

**Kawanda McCarty Williams (PST.017842)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a lifetime restriction on the holding any ownership interest in any pharmacy licensed by the Board, and further, assessed a fine of \$1,000 plus administrative and investigative costs.

**Donald Kermit Fellows, Jr. d/b/a Central Rexall Drugs (PHY.000151)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of \$5,000 plus administrative and investigative costs.

**Starns Pharmacy, LLC d/b/a Starns Pharmacy (PHY.006581)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the permit for five years and stayed the execution of the suspension, then placed the permit on probation for five years, effective May 7, 2014, subject to certain terms enumerated in the consent agreement, and further, assessed administrative and investigative costs.

**Karl Lindell Starns, III (PST.011259)** Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the license for five years and stayed the execution of the suspension, then placed the license on probation for five years, effective May 7, 2014, subject to certain terms enumerated in the consent agreement, and further, assessed a fine of \$2,000 plus administrative costs.

Mr. Bond reported the committee will meet on June 4 to consider that docket, which includes 3 pharmacists, 4 pharmacy technicians, one pharmacy technician candidate, and 4 pharmacy permits.

Finally, Mr. Bond concluded his report with appreciation to the other committee members for their ongoing efforts.

*E. Impairment Committee*

Mr. Aron called upon Mr. Rabb for the committee report. Mr. Rabb reported the committee met the previous day to consider five referrals from staff. Mr. Rabb then presented the following files for Board action.

**Donald Wayne Crawley (PST.010199)** Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in active suspension of the license for an indefinite period of time effective March 31, 2014.

**Tiffany Cathleen Luse Upshaw (PST.018936)** Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in active suspension of the license for an indefinite period of time effective April 21, 2014.

**Kasey Leah Hart (CPT.011051)** Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in active suspension of the certificate for an indefinite period of time effective May 1, 2014.

**Randy Wayne Owers (PST.018354)** Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's 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 May 7, 2014, subject to certain terms enumerated in the consent agreement.

**Scott Nolan Gewin (PST.017104)** Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's 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 May 7, 2014, subject to certain terms enumerated in the consent agreement.

**Jeremy Christopher Powell (PST.016108)** Mr. Rabb moved to grant respondent's request for termination of all probationary restrictions. The motion was adopted after a unanimous vote in the affirmative. The Board removed all probationary restrictions and restored the license to active and unrestricted status.

Mr. Rabb reported the committee had reviewed its current roster of approved addiction medicine specialists and was satisfied with all of the current participants. The committee voted to recommend the continuing approval of that roster for the next fiscal year. Mr. Rabb then moved,

**Resolved**, that the Board continue its approval of the Roster of Approved Addictionists for Fiscal Year 2014-2015.

The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Rabb closed his report with appreciation to his fellow committee members for their work the previous day and for the ongoing staff support.

At this point, Mr. Aron recognized a member of the audience. State Senator Ronnie Johns had taken advantage of a break in the legislative session to visit the Board. He reported on the Board's legislation making its way through the legislature. Mr. Aron expressed the Board's appreciation for the Senator's support in the legislature.

At this point, Mr. Aron declared a brief recess. It was noted the Board recessed at 11:00 and then reconvened in open session at 11:15 am.

#### *F. Reinstatement Committee*

Mr. Aron called upon Ms. Melancon for the committee report. She reported the committee had met earlier that day to consider one referral from the staff. She then presented the following files for Board action.

**Kriste Lynne Bass (CPT.005681)** Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the previously lapsed certificate, contingent upon the satisfaction of certain conditions identified in the consent agreement.

Ms. Melancon closed her report with appreciation to the other committee members for their work the previous day.

#### *G. Tripartite Committee*

Mr. Aron noted the committee had not met since the last Board meeting.

#### *H. Regulation Revision Committee*

Mr. Aron called upon Mr. McKay for the committee report. He reported the committee met in February and April and that the committee had voted to recommend a new regulatory proposal relative to prescriptions. He noted the proposal had been posted in the Boardroom Library as well as the Board's Public Library. He then moved,

**Resolved**, that the Board approve Regulatory Proposal 2013-F ~ Prescriptions (Draft #3), and further, to authorize the Executive Director to promulgate the proposed rule amendments upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary

during the promulgation process.

The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then reminded the members of the April 29 public hearing on three regulatory proposals previously approved by the Board. He referred the members to the compilation of comments and testimony from the public hearing that was prepared by staff and found within their meeting binder.

With respect to Regulatory Project 2014-1 ~ Prescription Monitoring Program Delegates, the Board received no comments or testimony on the original proposal as published in the state register. He then moved,

**Resolved**, in the absence of any public comments or testimony, and in the absence of any need for revision of Regulatory Project 2014-1 ~ Prescription Monitoring Program Delegates as originally published, to authorize the Executive Director to prepare and submit the required report for the legislative oversight committee upon the instruction of the President, and in the absence of any further intervention, to publish the original proposal as a Final Rule.

The motion was adopted after a unanimous vote in the affirmative.

With respect to Regulatory Project 2014-2 ~ Veterinarian Exclusion from Prescription Monitoring Program, the Board received no comments or testimony on the original proposal as published in the state register. He then moved,

**Resolved**, in the absence of any public comment or testimony, and in the absence of any need for revision of Regulatory Project 2014-2 ~ Veterinarian Exclusion from Prescription Monitoring Program as originally published, to authorize the Executive Director to prepare and submit the required report for the legislative oversight committee upon the instruction of the President, and in the absence of any further intervention, to publish the original proposal as a Final Rule.

The motion was adopted after a unanimous vote in the affirmative.

With respect to Regulatory Project 2014-3 ~ Pharmacy Records, Mr. McKay referred the members to the questions posed by the commentators. Following extensive discussion, Mr. Indovina moved,

**Resolved**, to amend §1124.B.3.d.iv of Regulatory Project 2014-3 ~ Pharmacy Records by deleting the word “positive.”

The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

**Resolved**, to amend §1124.B.3.c.vii AND §1509.A.3.c.vii of Regulatory Project 2014-3 ~ Pharmacy Records by deleting the word “positive” in each of the referenced clauses.

The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

**Resolved**, on consideration of the public comments and testimony, the Board approves the amendment of Regulatory Project 2014-3 ~ Pharmacy Records by deleting the word “positive” in §1124.B.3.d.iv, §1124.B.3.c.vii, and §1509.A.3.c.vii, and further, to authorize the Executive Director to respond to the public

commentators as directed by the Board, and further, to submit the proposed revisions to the original proposal for publication in the state register, and further, to schedule a public hearing on these proposed revisions.

The motion was adopted after a unanimous vote in the affirmative. With respect to the commentator's question of whether the proposed rule addressed the electronic storage of faxed prescriptions received by pharmacies serving patients in long term care facilities, Mr. McKay moved, **Resolved**, the Board interprets its rules such that the provisions of §1123.J allow pharmacies serving patients in long term care facilities that receive written prescriptions by facsimile to preserve those prescriptions using an electronic imaging system in compliance with the specifications enumerated within §1123.J.

The motion was adopted after a unanimous vote in the affirmative. With respect to the commentator's question of whether the proposed rule superseded any of the recordkeeping provisions found in §1143.A.1 of the Board's rules, the Board agreed that with respect to the pharmacies engaged in remote processing of medical orders or prescription drug orders, the provisions of §1143.A.1 require the pharmacies to record their respective recordkeeping requirements in the contract or agreement for remote processing services.

Finally, Mr. McKay concluded his report with appreciation to the other members for their ongoing efforts as well as for the staff support.

*I. Executive Committee*

Mr. Aron informed the members the committee had met the previous day to consider the matters on their posted agenda. He indicated the staff had completed their annual review of the Board's Policy & Procedure Manual as well as the Loss Prevention Manual. He reported staff had requested a minor amendment to the policy relative to annual and sick leave. He indicated the committee had voted to recommend the approval of that minor policy adjustment as well as continuing approval of both manuals for the next fiscal year. He noted Mr. Rabb was prepared to offer the necessary individual motions and that staff was prepared to answer any questions about any proposal. He directed the members to the materials in their meeting binder. Mr. Rabb then moved,

**Resolved**, that the Board approve the proposed amendment to Policy No. II.D.2 ~ Annual & Sick Leave in the Board's Policy & Procedure Manual.

The motion was adopted after a unanimous vote in the affirmative. Mr. Rabb then moved,

**Resolved**, that the Board renew its approval of the updated Policy & Procedure Manual for Fiscal Year 2014-2015.

The motion was adopted after a unanimous vote in the affirmative. Mr. Rabb then moved,

**Resolved**, that the Board renew its approval of the May 2013 edition of the Loss Prevention Manual for Fiscal Year 2014-2015.

The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Aron completed his report with appreciation to his fellow officers for their ongoing efforts.

At this point, Mr. Aron declared a luncheon recess. It was noted the Board recessed at 12:10 p.m. and then reconvened in open session at 1:00 p.m. He re-ordered the agenda to Item No. 11.

*11. Petition for Advisory Opinion or Declaratory Statement – Ms. Angelle Huff & The Wellness Corner*

Mr. Aron recognized Mr. Koch and Ms. Huff and invited them to make their presentation to the Board. Following their presentation, Ms. Huff and Mr. Koch responded to several questions from the members. Mr. Koch offered a proposed declaratory statement for consideration by the Board. Mr. Aron then recognized Dr. Cecilia Mouton, Executive Director of the La. State Board of Medical Examiners, who was accompanied by Mr. Ralph Wall, an attorney hired by that Board for their pending litigation against Ms. Huff and The Wellness Corner. Following their presentation, Dr. Mouton and Mr. Wall responded to several questions from the members. Mr. Aron then recognized Ms. Huff and Mr. Koch to offer any rebuttals they wished to make. Following those comments, they responded to several questions from the members.

It was noted Mr. Soileau departed the meeting at approximately 2:30 p.m.

Mr. Aron then offered an opportunity for public comments. Ms. Patsy Angelle encouraged the Board to endorse the principles of medication therapy management as endorsed by several national pharmacist membership organizations.

It was noted Mr. Resweber arrived at the meeting at approximately 3:05 p.m.

At the conclusion of the presentations and public discussions, Mr. McKay suggested the staff prepare a proposed statement relying on the proposed declaratory statement offered by Mr. Koch as well as a September 4, 2005 letter from the Board to a pharmacist who had sought guidance on certain aspects of medication therapy management. Mr. Aron noted the Board's policy on advisory opinions and declaratory statements permitted the Chair to either request an immediate ruling or in the alternative take the matter under advisement. He indicated his belief the matter was too complex to be fully resolved that day and would direct staff to prepare a proposed statement for the Board's consideration at its next meeting in August 2014. However, a number of members expressed dissatisfaction with that approach. Mr. Burch then moved for the Board to adopt the proposed declaratory statement offered by Mr. Koch. Following some discussion, Mr. Moore offered a substitute motion, to wit:

**Resolved**, to direct staff to prepare a draft document responsive to the petition, relying on interim guidance from the Board's Executive Committee, for presentation and consideration at the Board's next meeting.

The motion was adopted after a majority roll call vote in the affirmative; Mr. Burch objected. Mr. Aron expressed his appreciation to the petitioners as well as the representatives from the La. State Board of Medical Examiners for their information and participation.

At this point, Mr. Aron declared a brief recess. It was noted the Board recessed at 3:25

p.m. and then reconvened at 3:40 p.m.

12. *Request for New Rule for Special Event Pharmacy Permit – Louisiana Dental Association*

Mr. Aron recognized Mr. Ward Blackwell, Executive Director of the Louisiana Dental Association. Mr. Blackwell introduced Dr. Maria Burmaster, a dental practitioner from Marrero who also serves as the association's project manager for their "Mission of Mercy" event. The association representatives described the two-day event planned for February 2015 which will enlist about 1,000 volunteers to provide free and comprehensive dental care to approximately 2,000 indigent and low-income patients. Similar to other events held around the country, the organizers would prefer their dentist volunteers not be required to dispense prescription medications but instead allow pharmacists to provide such services under the authority of a special event permit. Mr. Blackwell related their difficulty with the event held the previous year and requested the Board initiate the rulemaking process now so that they would be able to have pharmacists participating in the February 2015 event.

The representatives responded to questions from the members. They also pointed to similar rules existing in some of the other states. Following a short discussion, Mr. Aron referred the request to the Board's Regulation Revision Committee for their development and recommendation of a regulatory proposal to the Board.

13. *Request for Waiver from Requirements for Remote Order Entry – LifePoint Hospitals*

Mr. Aron recognized Mr. Bryan Jones and invited him to make his presentation. Mr. Jones requested the Board consider allowing his firm to engage pharmacists to process medical orders remotely from home as opposed to requiring them to be located within pharmacies. Mr. McKay informed Mr. Jones that topic was currently under consideration by the Board's Regulation Revision Committee. Mr. Aron relayed the Board's historical position against issuing waivers to individual pharmacies while rules were under development. Mr. Jones offered his assistance to the committee and then withdrew his request for the waiver.

14. *Request for Approvals of Life Safety Programs – American Red Cross and ProTrainings, LLC*

In the absence of any representatives at the meeting, Mr. Aron called upon Mr. Broussard, who directed the members to the materials in their meeting binders. He provided the historical information relevant to the requests and noted the staff recommendations. Mr. McKay then moved,

**Resolved**, that the Board approve the life safety program Basic Life Support as offered by the American Red Cross.

The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

**Resolved**, that the Board approve the life safety program ProCPR as offered by ProTraining, LLC.

The motion was adopted after a unanimous vote in the affirmative. Mr. Aron directed Mr. Broussard to notify the respective organizations of the approvals and to modify the Board's relevant forms as appropriate.

At this point, Mr. Aron re-ordered the agenda to return to the staff reports.

10. *Staff Reports*

J. *Prescription Monitoring Program*

Mr. Aron called upon Mr. Fontenot for the report. He described the activities underway to transition the operation of the program from the previous vendor (Health Information Designs) to the new vendor (Optimum Technology).

He reminded the members about the 2009 change in the PMP law that authorized the Board to issue waivers to the duty to report data to the program. He then directed the members to a list of 33 pharmacies requesting such a waiver. Mr. McKay moved,

**Resolved**, to authorize the issuance of PMP reporting waivers to:

- > PHY.005859-NR – AllergyChoices Pharmacy (WI);
- > PHY.006041-NR – Animal Rx Pharmacy (KS);
- > PHY.004578-CH – Calcasieu Community Clinic Pharmacy (LA);
- > PHY.006766-NR – Cardinal Health Pharmacy Services (TX);
- > PHY.005460-HOS – Christus Coughatta Health Care Center Pharmacy (LA);
- > PHY.005175-NR – CME Pharmacy (MS);
- > PHY.006840-NR – Complete Medical Homecare (KS);
- > PHY.006698-NR – Crescent Healthcare (FL);
- > PHY.006584-IR – CTU Pharmacy (LA);
- > PHY.004670-NR – CVS Pharmacy No. 6570 (IN);
- > PHY.002479-NU – GE Healthcare (LA);
- > PHY.006803-NR – Greer Pharmacy (NC);
- > PHY.006801-HOS – Institutional Pharmacy Solutions (LA);
- > PHY.004193-HOS – Lake Area Medical Center (LA);
- > PHY.000642-HOX – Lallie Kemp Regional Medical Center (LA);
- > PHY.006787-HOS – LifeCare Hospitals of Shreveport (LA);
- > PHY.006789-HOS – LifeCare Hospitals of Shreveport (LA);
- > PHY.006781-HOS – LifeCare Specialty Hospital of North Louisiana (LA);
- > PHY.001477-IRX – LSU Veterinary Teaching Hospital Pharmacy (LA);
- > PHY.006247-IR – Medic Specialty Pharmacy (LA);
- > PHY.006820-NR – OncoMed (NY);
- > PHY.006394-HOS – Our Lady of Lourdes Regional Medical Center Pharmacy (LA);
- > PHY.006639-HOS – Our Lady of the Lake Livingston Hospital Pharmacy (LA);
- > PHY.006856-HOS – Our Lady of the Lake Outpatient Oncology Pharmacy (LA);
- > PHY.006810-NR – PharmaCare Remote Resources (TX);
- > PHY.000894-HOX – Pinecrest Supports & Services Center (LA);
- > PHY.006771-IR – QoL Meds – Marrero (LA);

- > PHY.004328-NR – Reliant Pharmacy Service (MS);
  - > PHY.002045-HOS – Shriners' Hospital for Children Pharmacy (LA);
  - > PHY.006321-HOS – Specialty Hospital Pharmacy (LA);
  - > PHY.001063-HOS – St. Tammany Parish Hospital Pharmacy (LA);
  - > PHY.006813-NR – Transition Pharmacy (PA); and
  - > PHY.006792-HOS – University Hospital & Clinics (LA)
- once they have executed the standard consent agreement for that purpose.

The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Fontenot indicated the completion of his report.

*K. Report of General Counsel*

Mr. Aron called upon Mr. Finalet for the report. He then presented the following files to the members for their consideration.

**Leehar Distributors, Inc. d/b/a LDI Pharmacy (PHY.006208)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit owner, and further, assessed a fine of \$5,000 plus administrative costs.

**Failla's Vital Care, Inc. d/b/a Failla's Vital Care (Applicant for PHY Permit)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board approved the issuance of a pharmacy permit, then issued a Letter of Warning to the permit owner, and further, assessed a fine of \$5,000 plus administrative costs.

**Cynthia Marie Pedone (PST.013650)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning, and further, assessed a fine of \$1,000 plus administrative costs.

**Clinical Solutions, LLC d/b/a Clinical Solutions (PHY.005543)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit owner, and further, assessed a fine of \$5,000 plus administrative costs.

**Wanda Jean Tamplin (CPT.002283)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective April 4, 2014, and further, prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board..

**Alexandra Nicole McCrory (PTC.020116)** Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the registration effective February 20, 2014, and further, prohibited the acceptance of any future application for the reinstatement of the registration or for any other credential issued by the Board.

**Saundra Avis Zeringue (CPT.003936)** Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective April 7, 2014, and further, prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board.

**MinuRx, LLC d/b/a Memorial Compounding Pharmacy (PHY.006201)** Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit owners, and further, assessed a fine of \$5,000 plus administrative costs.

**Jessica Rose Murnane (CPT.010353)** Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective April 21, 2014, and further, prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board.

**Sharissa Ann Taylor (CDS.035537-APN)** Mr. Rabb moved to suspend the credential for an indefinite period of time based on the suspension of her nursing license by the La. State Board of Nursing. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time effective January 15, 2014.

**Paul Arthur Jackson, Jr. (CDS.035537-MD)** Mr. Rabb moved to suspend the credential for an indefinite period of time based on the suspension of his medical license by the La. State Board of Medical Examiners. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time effective January 24, 2014.

**James Thomas Nichols, III (CDS.041173-MD)** Mr. Rabb moved to suspend the credential for an indefinite period of time based on the suspension of his medical license by the La. State Board of Medical Examiners. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time effective March 5, 2014.

**Chidiadi Alozie Dike (CDS.027414-MD)** Mr. Rabb moved to suspend the credential for an indefinite period of time based on the suspension of his medical license by the La. State Board of Medical Examiners. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time effective March 17, 2014.

**Walter Wright Ellis (CDS.028530-MD)** Mr. Rabb moved suspend the credential for an indefinite period of time based on the voluntary surrender of his federal DEA registration. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time effective April 22, 2014.

Finally, Mr. Finalet indicated the conclusion of his report.

*L. Report of Executive Director*

Mr. Aron called upon Mr. Broussard for the report. Mr. Broussard directed the members to his report which was posted in the Boardroom Library prior to the meeting; it was also included in the meeting binder. He reviewed the following topics:

- Meeting Activity
  - Reports
    - Census Reports – Credentials & Compliance Divisions
    - Production Reports – Credentials Division
    - Exceptions Report
  - Examinations
    - MPJE
    - NAPLEX
    - PARE
    - PTCB
  - Operations
    - Credentials Division
    - Compliance Division
    - Administrative Division
  - State Activities
    - 2014 Legislature
    - Board of Nursing
  - National Activities
    - National Association of Boards of Pharmacy (NABP)
    - NABP-AACP District 6 Annual Meeting
    - MALTAGON
    - National Council for Prescription Drug Plans (NCPDP)
- Mr. McKay moved,  
**Resolved**, that the Board endorse the *NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container*

Labels of Oral Liquid Medications, and further, communicate the recommendations to all pharmacies and encourage their adoption in their practice sites.

The motion was adopted after a unanimous vote in the affirmative. At Dr. Simonson's suggestion, Mr. Aron indicated he would investigate submitting that topic for consideration by District 6 during its meeting in September.

- International Activities
  - International Pharmaceutical Federation (FIP)
  - World Health Professions Alliance (WHPA)

At this point, Mr. Aron returned to the sequence of the posted agenda.

*15. Announcements*

Mr. Aron directed the members to the announcements in their meeting binder. In addition, Mr. Broussard reminded the members of the end of the fiscal year ending on June 30. He requested the submission of all outstanding expense reports to the Board's office no later than June 15 to allow adequate time for their processing and the required report compilation in a timely manner.

*16. Adjourn*

Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron adjourned the meeting at 4:40 p.m.

Respectfully submitted,

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Brian A. Bond  
Secretary



# Louisiana Board of Pharmacy

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## Finance Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



# Louisiana Board of Pharmacy

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## Finance Committee

Final Report for Fiscal Year 2013-2014

August 6, 2014

Blake P. Pitre  
Chair

Louisiana Board of Pharmacy  
Finance Committee

Final Report for Fiscal Year 2013-2014

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Louisiana Board of Pharmacy  
 FY 2013-2014  
 Statement of Assets, Liabilities, Equity

FY 12-13  
 Q4 06/30/2013

FY 13-14  
 Q4 06/30/2014

**ASSETS**

> Current Assets

\* Cash

General Operations

Whitney Bank	147,965	160,352
Iberia Bank	906,642	829,409

PMP Operations

Whitney Bank	12,167	0
Iberia Bank	484,309	0

Hurricane Relief Fund - Whitney Bank

83,054	83,137
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Reserve Funds

General Account	1,467,662	1,504,183
OPEB Account	<u>0</u>	<u>985,716</u>

* <i>Total Cash</i>	3,101,799	3,562,797
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* Prepaid Expenses	<u>18,695</u>	<u>0</u>
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* <i>Total Prepaid Expenses</i>	18,695	0
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* Accounts Receivable	<u>4,685</u>	0
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* <i>Total Accounts Receivable</i>	4,685	0
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<i>Total Current Assets</i>	3,125,179	3,562,797
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> Fixed Assets

Land: Lot 5-A, Towne Center Business Park	709,080	709,080
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Land: Lot 1-A-2, Leonard Place Subdivision	295,860	295,860
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Office Building - 3388 Brentwood Drive	1,049,655	1,052,255
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Office Equipment	190,669	195,598
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Furniture	144,510	152,750
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Software: Licensure & Website	408,560	408,560
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Accumulated Depreciation	<u>(533,294)</u>	<u>(675,066)</u>
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<i>Total Fixed Assets</i>	2,265,040	2,139,037
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<b><u>TOTAL ASSETS</u></b>	<b><u>5,390,219</u></b>	<b><u>5,701,834</u></b>
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**LIABILITIES**

> Current Liabilities

Accrued salaries and benefits	67,036	72,047
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Unemployment taxes payable	57	26
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State taxes withheld	3,423	3,098
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State retirement withheld	0	0
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Insurance premiums withheld	0	0
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Accounts payable	4,319	3,536
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Interest payable	5,555	5,338
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Compensated absences (ST)	51,306	56,065
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Building Loan @ Iberia Bank (ST)	<u>71,150</u>	<u>75,795</u>
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<i>Total Current Liabilities</i>	202,846	215,905
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Louisiana Board of Pharmacy  
 FY 2013-2014  
 Statement of Assets, Liabilities, Equity

	FY 12-13 Q4 06/30/2013	FY 13-14 Q3 06/30/2014
> Long Term Liabilities		
Compensated absences (LT)	75,562	63,228
Building Loan @ Iberia Bank (LT)	961,058	885,109
Other Post Employment Benefits (OPEB) Payable	<u>925,404</u>	<u>1,016,868</u>
<i>Total Long Term Liabilities</i>	<i>1,962,024</i>	<i>1,965,205</i>
 <i>TOTAL LIABILITIES</i>	 <i>2,164,870</i>	 <i>2,181,110</i>
 <b><u>EQUITY</u></b>		
Fund Balance at End of Prior Fiscal Year	1,525,135	1,872,264
Fund Balance - designated	178,905	174,954
Invested in Fixed Assets	1,232,833	1,178,132
Net Income/Loss	<u>288,476</u>	<u>295,374</u>
<i>TOTAL EQUITY</i>	<i>3,225,349</i>	<i>3,520,724</i>
 <b><u>TOTAL LIABILITIES &amp; EQUITY</u></b>	 <b><u>5,390,219</u></b>	 <b><u>5,701,834</u></b>

Louisiana Board of Pharmacy  
FY 2013-2014  
Statement of Revenue, Expenses, and Budget Performance  
**Revenue**

	FY 12-13 Q4 06/30/2013	FY 13-14 Q4 06/30/2014	FY 13-14 Budget (A#1)	Notes
<i>Licenses &amp; Permits</i>				
Pharmacist Renewals	737,100	755,775	737,000	1
New Pharmacist Licensing Fee	140,100	164,400	140,100	2
Technician Renewals	295,950	312,350	296,000	3
Technician Candidate Registrations	33,275	37,375	35,000	4
Lapsed Credential Fees	43,200	57,000	42,000	5
Student Registrations	2,560	3,070	3,000	6
Permits - Pharmacies	251,500	264,200	250,000	7
Permits - CDS	426,980	437,860	430,000	8
Permits - Emergency Drug Kits	12,500	12,525	12,500	9
Permits - Automated Medication Systems	13,500	17,700	13,500	10
Permits - Durable Medical Equipment	25,500	68,975	25,500	11
<i>Examinations</i>				
Reciprocity	40,650	47,700	40,000	12
Technicians	63,000	61,300	63,000	13
<i>Penalties</i>				
Licenses and Certificates	7,630	8,187	7,500	14
Permits	11,482	11,473	11,000	15
<i>Administrative Fees</i>				
Documents: Copies and Certification Fees	3,712	8,820	3,500	16
Duplicate Credentials	4,205	3,665	4,000	17
Silver Certificates	400	400	500	18
Original Certificates	8,700	9,750	10,000	19
NSF Fees	475	425	500	20
Handling & Mailing Fees	83	170	150	21
<i>Sale of Goods &amp; Services</i>				
Law Books	5,960	5,095	6,000	22
Official Lists of Licensees	6,150	6,750	6,000	23
USCPSC Inspection Fee	2,250	1,650	2,250	24
<i>Enforcement Actions</i>				
Hearing Fees	22,250	22,000	24,000	25
Fines	160,081	215,000	160,000	26
Investigative Costs	44,133	39,198	45,000	27
<i>Prescription Monitoring Program</i>				
Assessments	447,650	462,825	448,000	28
Grants	40,035	0	0	
<i>Miscellaneous</i>				
	918	820	1,000	29
<b>TOTAL REVENUE</b>	<b>2,851,929</b>	<b>3,036,458</b>	<b>2,817,000</b>	<b>30</b>

Louisiana Board of Pharmacy  
FY 2013-2014  
Statement of Revenue, Expenses, and Budget Performance  
**Expenses**

		FY 12-13	FY 13-14	FY 13-14	
		Q4 06/30/2013	Q4 06/30/2014	Budget (A#1)	Notes
<i>Operations</i>	Rentals - Office & Equipment	5,509	2,952	18,000	31
	Equipment Maintenance	2,873	2,681	4,000	32
	Telephone	14,952	15,629	15,000	33
	Printing	50,742	56,235	47,500	34
	Postage	43,007	51,628	40,000	35
	Civil Service Assessment	3,748	4,236	4,000	36
	Office Insurance (ORM)	8,927	6,272	9,000	37
	Dues & Subscriptions	28,417	20,354	20,000	38
	Office Supply Expenses	18,417	17,630	20,000	39
	Financial Service Charges	42,460	52,466	50,000	40
	Depreciation of Fixed Assets	136,782	141,772	135,000	41
	Interest Payments on Building Loan	68,025	63,000	68,000	42
	Office Meeting Expenses	863	47	1,000	43
	Utilities	9,563	10,655	10,000	44
	Miscellaneous	14	0	0	
<i>Acquisitions</i>		13,187	345	2,500	45
<i>Personal Services</i>					
	Salaries	975,927	1,193,177	1,096,000	46
	Payroll Taxes (FICA + FUTA)	18,552	21,330	22,500	47
	Retirement Contributions	279,473	371,283	341,000	48
	Health Insurance (SEGBP)	112,525	119,974	126,000	49
	Other Post Employment Benefits (OPEB)	80,502	91,464	85,000	50
	Board Member Per Diem	30,975	27,900	31,000	51
<i>Professional Services</i>	Accounting	21,086	23,961	22,000	52
	Legal	24,593	35,908	25,000	53
	Information Systems	89,684	97,303	98,000	54
	Property Management	18,496	16,375	35,000	55
	Temp. Labor	16,015	20,354	20,000	56
	Prescription Monitoring Program	323,814	195,791	360,500	57
<i>Staff Expenses</i>	ED - Travel	4,145	1,178	0	58
	GC - Travel	5,495	12	0	59
	AED - Travel	0	1,964	0	60
	CO - Travel	6,600	3,912	7,000	61
	CO - Rental Cars & Fuel	6,307	15,522	10,000	62
	CO - Education	7,039	7,079	6,000	63
	House Staff - Travel	50	0	0	
	Mileage	29,501	15,491	25,000	64
<i>Board Expenses</i>					
	Meeting Expenses	15,207	13,637	15,000	65
	Committee Expenses	8,282	6,460	8,000	66
	Conventions	15,950	14,829	15,000	67
	Mileage	15,443	12,268	15,000	68
	President's Expenses	<u>7,626</u>	<u>10,946</u>	<u>10,000</u>	69
<b>TOTAL EXPENSES</b>		<b>2,560,773</b>	<b>2,764,020</b>	<b>2,817,000</b>	70

Louisiana Board of Pharmacy  
 FY 2013-2014  
 Summary of Income Fund Balance Changes

**Summary**

	FY 12-13 Q4 06/30/2013	FY 13-14 Q4 06/30/2014	FY 13-14 Budget (A#1)	<i>Notes</i>
<b>Income Statement</b>				
Total Revenue	2,851,929	3,036,458	2,817,000	71
Total Expenses	2,560,773	2,764,020	2,817,000	72
Net Ordinary Income	291,156	272,438	0	
Other Income & Expenses				
Investment	(2,726)	22,936	0	73
Disposl of assets	46	0	0	
Net Income	288,476	295,374	0	

	FY 12-13 Q4 06/30/2013	FY 13-14 Q4 06/30/2014	FY 13-14 Budget (A#1)
<b>Fund Balance</b>			
Beginning Fund Balance	2,936,874	3,225,350	3,225,350
Total Income	2,849,249	3,059,394	2,817,000
Total Expenses	2,560,773	2,764,020	2,817,000
Ending Fund Balance	3,225,350	3,520,724	3,225,350
Reservations of Fund Balance	750,000	2,162,000	2,162,000
Unreserved Fund Balance	2,475,350	1,358,724	1,063,350

*Notes on Reservation of Fund Balance*

FY 12-13	Continuing Payroll Obligation	150,000
	Homeland Maintenance	100,000
	Debt Service	<u>500,000</u>
	<i>TOTAL</i>	<i>750,000</i>

FY 13-14	Other Post Employment Benefits Payable	929,700
	Debt Service Payable	1,032,300
	Continuing Payroll Obligations	150,000
	Homeland Maintenance	<u>50,000</u>
	<i>TOTAL</i>	<i>2,162,000</i>

Louisiana Board of Pharmacy  
 FY 2013-2014  
 Budget Variance Report

<u>Notes</u>	<u>Acct. No.</u>	<u>Account Name</u>	<u>% Variance</u>	<u>Comment</u>
<b>Revenue</b>				
1	4201	Pharmacist Renewals	2.55	Underestimated by 188 pharmacists
2	4206	New Pharmacist Licensing Fee	17.34	Underestimated by 81 applicants
3	4204	Technician Renewals	5.49	Underestimated by 325 technicians
4	4208	Tech Candidate Registrations	6.79	Underestimated by 95 applicants
5	4205	Lapsed Credential Fees	35.71	Underestimated reinstatements
6	4350	Student Registrations	2.33	Underestimated by 7 interns
7	4301	Permits - Pharmacies	5.68	Underestimated by 114 permits
8	4302	Permits - CDS	1.83	Underestimated renewals
9	4303	Permits - EDK	0.2	Underestimated by 1 permit
10	4304	Permits - AMS	31.11	Underestimated by 28 permits
11	4306	Permits - DME	370.49	Underestimated by 348 permits
12	4153	Exams - Reciprocity	19.25	Underestimated by 51 applicants
13	4152	Exams - Technicians	-2.69	Overestimated by 17 applicants
14	4252	Penalties - Licenses	9.16	Underestimated reinstatements
15	4251	Penalties - Permits	4.3	Underestimated reinstatements
16	4460+62	Documents: Copies + Certified	152	Underestimated demand
17	4452	Duplicate credentials	-8.38	Overestimated demand
18	4453	Pharmacist Silver Certificates	-20	Overestimated demand by 1 certificate
19	4459	Pharmacist Original Certificates	-2.5	Overestimated demand by 3 certificates
20	4454	NSF Fees	-15	Overestimated incidence
21	4463	Handling & Mailing Fees	13.33	Underestimated demand
22	4402	Law Books	-15.08	Overestimated demand for supplements
23	4461	Lists of Licensees	12.5	Underestimated demand by 5 lists
24	4458	Inspection Fees	-26.67	Reduced demand from US CPSC
25	4102	Administrative Hearing Fees	-8.3	Overestimated caseload by 8 cases
26	4501	Fines	56.25	Underestimated amount of sanctions
27	4502	Investigative Costs	-12.89	Overestimated cost recoveries
28	4660	PMP Assessments	3.31	Underestimated by 593 accounts
29	4455	Miscellaneous	-18	Close estimate
30		Total Revenue	7.79	Exceeded budget by almost 8%

Louisiana Board of Pharmacy  
FY 2013-2014  
Budget Variance Report

<u>Notes</u>	<u>Acct. No.</u>	<u>Account Name</u>	<u>% Variance</u>	<u>Comment</u>
<b>Expenses</b>				
31	5321	Rentals - Office & Equipment	-83.6	Used prepaid expenses from prior FY
32	5330	Equipment Maintenance	-32.98	Overestimated need for some + timing issue
33	5370	Telephone	4.19	Underestimated demand
34	5305	Printing	18.39	Underestimated demand + board elections
35	5300	Postage	29.07	Underestimated demand + board elections
36	5125	Civil Service Assessment	5.9	Annual fee, based in part on size of staff
37	5230	Office Insurance (ORM)	-30.31	Annual fee, based in part on size of staff
38	5190	Dues & Subscriptions	1.77	Modest price increases
39	5280	Office Supply Expenses	-11.85	Overestimated demand
40	5381	Financial Service Charges	4.93	Underestimated usage of credit cards
41	5180	Depreciation	5.02	Underestimated depreciation schedule
42	5385	Interest Payments on Bldg Loan	-7.35	Overestimated + timing issue of payments
43	5260	Office Meetings	-95.3	Overestimated demand + coding issue
44	5390	Utilities	6.55	Underestimated demand
45	5115	Acquisitions	-86.2	Deliberate deferrals
46	5350	Salaries	8.87	Includes some of PMP salaries
47	5290	Payroll Taxes (FICA + FUTA)	-5.2	Close estimate
48	5340	Retirement Contributions	8.88	Rate change from the state
49	5220	Health Insurance (SEGBP)	-4.78	Some employees have opted out
50	2400	OPEB	7.6	Premium increased by state
51	5152	Board Member Per Diem	-10	Underestimated meeting activity
52	5110	Accounting Services	8.91	Planned increase from auditor contract
53	5250	Legal Services	43.63	Underestimated demand for services
54	5295	Information Systems	-0.71	Close estimate
55	5297	Property Management	-53.21	Deferred roof and A/C replacement
56	5296	Temporary Labor	1.77	Close estimate
57	5600	Prescription Monitoring Program	-45.69	Integrating PMP expenses to operations
58	5361	Staff Travel - Executive Director	*	MPJE item review workshop
59	5365	Staff Travel - General Counsel	*	Sanctioned travel
60	5373	Staff Travel - Asst Exec Dir	*	MPJE item review workshop + PMP meeting
61	5363	Staff Travel - Compliance Offcrrs	-44.11	Improved travel management
62	5371-72	Staff Travel - Rental Cars & Fuel	55.22	Underestimated demand
63	5368	Staff Educ - Compliance Officers	17.98	Limited to USP-797 inspection training
64	62+64+67	Mileage - entire staff	-38.04	Increased use of rental cars
65	5153	Board - Meeting Expenses	-9.09	Overestimated meeting travel
66	5155	Board - Committee Expenses	-19.25	Overestimated meeting travel
67	5154	Board - Convention Expenses	-1.14	Close estimate
68	5151	Board - Mileage	-18.21	Overestimated meeting travel
69	86+87+88	Board - President's Expenses	9.46	Close estimate
70		Total Expenses	-1.88	Under budget by almost 2%
<b>Summary</b>				
71		Total Revenue	6.47	Increase from prior fiscal year
72		Total Expenses	7.94	Increase from prior fiscal year
73	6003	Investments	*	37% from dividends; 63% from market value

Louisiana Board of Pharmacy  
FY 2013-2014  
Schedule A - Prescription Monitoring Program

**Revenue**

		FY 12-13 Q4 06/30/2013	FY 13-14 Q4 06/30/2014	FY 13-14 Budget (A#1)
4620	Grants	40,035	0	
4640	Appropriations, State Government	0	0	
4660	Assessments	447,650	462,825	448,000
4680	Miscellaneous Revenue	0	0	
4600	<b>TOTAL REVENUE</b>	<b>487,685</b>	<b>462,825</b>	<b>448,000</b>

Louisiana Board of Pharmacy  
FY 2013-2014  
Schedule A - Prescription Monitoring Program  
**Expenses**

		FY 12-13 Q4 06/30/2013	FY 13-14 Q4 06/30/2014	FY 13-14 Budget (A#1)
5610	Operations			
5611	Office rent	10,000	12,500	10,000
5612	Equipment rent	0	0	0
5613	Equipment maintenance	0	0	0
5614	Telephone	1,827	689	3,000
5615	Internet access fees	2,500	3,125	2,500
5616	Printing	230	0	1,000
5617	Postage	2,010	414	4,000
5618	Office supplies	1,267	0	2,000
5619	Office meeting expenses	0	0	0
5620	Dues and subscriptions	6,490	750	7,000
5621	Financial service fees	0	0	0
5622	Utilities	0	500	2,000
5623	Miscellaneous	122	0	0
5630	Acquisitions			
5632	Furniture	2,063	0	0
5634	Equipment	195	0	0
5640	Personal Services			
5641	Salaries	139,023	45,261	147,100
5642	Payroll Taxes	2,812	656	3,000
5643	Retirement contributions	36,490	13,918	45,800
5644	Health insurance premiums	6,373	1,621	17,000
5650	Professional Services			
5652	Software Maintenance / Support	33,063	28,292	33,100
	Software Enhancements	0	0	0
	Educational Program Develop.	0	0	0
5654	Data collection	49,332	53,888	49,500
5656	Hosting fees	28,104	32,737	28,000
	PMP Interconnect	0	0	0
5660	Staff Expenses			
5661	Manager travel	1,863	1,427	5,000
5662	Manager mileage	50	13	500
5663	Staff travel	0	0	0
5664	Staff mileage	0	0	0
5670	Advisory Council Expenses	0	0	0
5680	Miscellaneous Expenses	0	0	0
5600	<b>TOTAL EXPENSES</b>	<b>323,814</b>	<b>195,791</b>	<b>360,500</b>
	<i>Net Profit/Loss</i>	<i>163,871</i>	<i>267,034</i>	<i>87,500</i>

Louisiana Board of Pharmacy  
FY 2013-2014  
Schedule B - Hurricane Katrina/Rita Pharmacy Relief Fund

<b>Statement of Assets, Liabilities &amp; Equity</b>	<b>FY 12-13</b> <b>Q4 06/30/2013</b>	<b>FY 13-14</b> <b>Q4 06/30/2014</b>
<b>ASSETS</b>		
Current Assets		
Whitney Bank - Checking Account	<u>83,054</u>	<u>83,137</u>
<b><u>TOTAL ASSETS</u></b>	<b><u>83,054</u></b>	<b><u>83,137</u></b>
<b>LIABILITIES</b>		
Current Liabilities	0	0
<b>EQUITY</b>		
Retained Earnings	82,970	83,054
Net Income	<u>84</u>	<u>83</u>
<b><u>TOTAL LIABILITIES &amp; EQUITY</u></b>	<b><u>83,054</u></b>	<b><u>83,137</u></b>
<b>Statement of Revenues &amp; Expenses</b>		
	<b>FY 12-13</b> <b>Q4 06/30/2013</b>	<b>FY 13-14</b> <b>Q4 06/30/2014</b>
<b>Revenues</b>		
FEMA - Funds for payment of claims	8,920,812	8,920,812
FEMA - Administrative allowance	81,103	81,103
Pharmacies - reversal of claims	430,138	430,138
Interest income	<u>21,979</u>	<u>22,062</u>
<b><u>Total Revenues</u></b>	<b><u>9,454,032</u></b>	<b><u>9,454,115</u></b>
<b>Expenses</b>		
Claims paid to pharmacies	8,920,812	8,920,812
Reversed claim funds returned	430,138	430,138
Reversed administrative allowance returned	7,338	7,338
Interest earned on reversed admin. allowance returned	<u>12,690</u>	<u>12,690</u>
<b><u>Total Expenses</u></b>	<b><u>9,370,978</u></b>	<b><u>9,370,978</u></b>
 <b>FUND BALANCE</b>	 <b><u>83,054</u></b>	 <b><u>83,137</u></b>

*Note:* These funds are held in an account separate and apart from the Board's operating funds. Further, all recordkeeping is kept separate from the Board's general fund records. At the conclusion of the audit exposure period, any funds remaining will be transferred to the Board's operating account.

Louisiana Board of Pharmacy  
FY 2013-2014  
Summary of Board Actions

<b>Date</b>	<b>Action</b>
12/11/2012	Original Budget - Finance Committee Approval
12/12/2012	Original Budget - Board Approval
8/13/2013	Budget Amendment #1 - Finance Committee Approval
8/14/2013	Budget Amendment #1 - Board Approval
	Budget Amendment #2 - Finance Committee Approval
	Budget Amendment #2 - Board Approval
8/6/2014	Acceptance of Final Report



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Portfolio Snapshot  
**Louisiana Board of Pharmacy Portfolio**  
April 01, 2014 through June 30, 2014

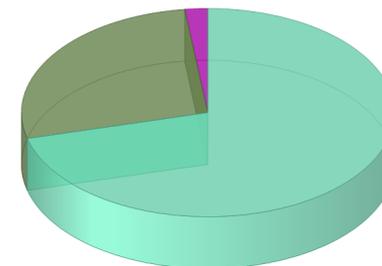
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### Accounts and Holdings

### Portfolio by Holding Type

	Shares/Units	NAV/Price	Value	% of Portfolio
<b>Non-Qualified Accounts</b>				
H5E049797, Pershing Louisiana Board of Pharmacy Nonprofit Organization		<b>General Reserve Fund</b>	\$1,504,026.93	100.00 %
Pershing General Money Market Fund cl B Money Market (GMMB)	406,554.100	\$1.00	\$406,554.10	27.03 %
HSBC BK USA N A MC LEAN VA CTF DEP ACT/365 INCOME OPPTY Fixed Income - CDs (40434AHV4)	250,000.000	\$99.12	\$247,800.00	16.48 %
BMO HARRIS BK NATL ASSN CHICAGO ILL CTF DEP ACT/365 ANNUAL Fixed Income - CDs (05573JVN1)	250,000.000	\$97.86	\$244,650.00	16.27 %
JPMORGAN CHASE BK NA COLUMBUS OH CTF DEP CTF DEP LKD J P Fixed Income - CDs (48125TDG7)	125,000.000	\$96.48	\$120,600.00	8.02 %
UNION BK N A SAN FRANCISCO CALIF CTF DEP ACT/365 Fixed Income - CDs (90521AHP6)	88,000.000	\$117.31	\$103,232.80	6.86 %
UNION BK N A SAN FRANCISCO CALIF CTF DEP ACT/365 Fixed Income - CDs (90521AHS0)	88,000.000	\$108.74	\$95,691.20	6.36 %
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 ANNUALLY Fixed Income - CDs (06740AA41)	85,000.000	\$101.96	\$86,666.00	5.76 %
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY Fixed Income - CDs (06426XCL2)	89,000.000	\$96.95	\$86,287.28	5.74 %
UNION BK N A SAN FRANCISCO CALIF CTF DEP ACT/365 Fixed Income - CDs (90521AQG6)	74,000.000	\$97.63	\$72,246.20	4.80 %
UNITED STATES TREAS NTS INFLATION INDEXED NOTES TIPS Fixed Income - Govt (912828NM8)	25,000.000	\$109.59	\$29,778.35	1.98 %
IBERIABANK LAFAYETTE LA CTF DEP ACT/365 0.000% 05/31/16 B/E Fixed Income - CDs (45083AAV4)	10,000.000	\$105.21	\$10,521.00	0.70 %
			<b>\$1,504,026.93</b>	<b>100.00 %</b>
<b>Total Portfolio Value</b>			<b>\$1,504,026.93</b>	<b>100.00 %</b>

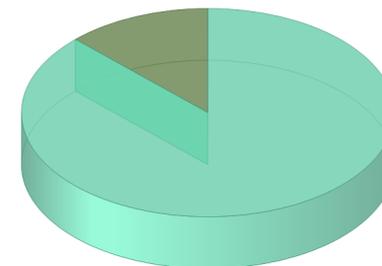


	Value	Value
Fixed Income - CDs	\$1,067,694.48	70.99 %
Money Market	\$406,554.10	27.03 %
Fixed Income - Govt	\$29,778.35	1.98 %

### Accounts and Holdings

### Portfolio by Holding Type

	Shares/Units	NAV/Price	Value	% of Portfolio
<b>Non-Qualified Accounts</b>				
H5E077160, Pershing Louisiana Board of Pharmacy Nonprofit Organization	<b>OPEB Fund</b>		\$985,209.74	100.00 %
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 Fixed Income - CDs (06740AYS2)	160,000.000	\$93.05	\$148,880.00	15.11 %
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY Fixed Income - CDs (06426XGL8)	155,000.000	\$95.60	\$148,173.80	15.04 %
FCR Money Market (FCR)	123,733.240	\$1.00	\$123,733.24	12.56 %
JPMORGAN CHASE BK NA COLUMBUS OHIO CTF DEP DTD 07/31/2013 Fixed Income - CDs (48124JS41)	125,000.000	\$97.62	\$122,025.00	12.39 %
GOLDMAN SACHS BK USA NEW YORK CTF DEP ACT/365 Fixed Income - CDs (38143ASV8)	120,000.000	\$101.69	\$122,024.40	12.39 %
DISCOVER BK GREENWOOD DEL CTF DEP ACT/365 Fixed Income - CDs (254671BG4)	120,000.000	\$101.18	\$121,420.80	12.32 %
ALLY BANK MIDVALE UTAH CTF DEP ACT/365 1.000% 05/26/15 B/E Fixed Income - CDs (02005QF57)	120,000.000	\$100.54	\$120,642.00	12.25 %
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 ZERO CPN LKD Fixed Income - CDs (06740ATS8)	83,000.000	\$94.35	\$78,310.50	7.95 %
			<b>\$985,209.74</b>	<b>100.00 %</b>
<b>Total Portfolio Value</b>			<b>\$985,209.74</b>	<b>100.00 %</b>



	Value	Value
Fixed Income - CDs	\$861,476.50	87.44 %
Money Market	\$123,733.24	12.56 %

Louisiana Board of Pharmacy  
Cumulative Fund Balance Reports

	FY 98-99 <u>Actual</u>	FY 99-00 <u>Actual</u>	FY 00-01 <u>Actual</u>	FY 01-02 <u>Actual</u>	FY 02-03 <u>Actual</u>	FY 03-04 <u>Actual</u>	FY 04-05 <u>Actual</u>	FY 05-06 <u>Actual</u>	FY 06-07 <u>Actual</u>	FY 07-08 <u>Actual</u>
<b>Beginning Fund Balance</b>	<b>910,394</b>	<b>1,127,239</b>	<b>1,267,076</b>	<b>1,351,191</b>	<b>1,521,807</b>	<b>1,588,141</b>	<b>1,478,412</b>	<b>1,587,349</b>	<b>1,677,669</b>	<b>2,077,236</b>
Total Income	984,414	1,030,423	1,168,798	1,200,575	1,223,872	1,274,804	1,524,411	1,627,306	2,228,918	2,657,168
Total Expenses	767,569	890,586	1,084,683	1,029,959	1,170,252	1,384,533	1,415,474	1,536,986	1,829,351	2,184,076
<b>Ending Fund Balance</b>	<b>1,127,239</b>	<b>1,267,076</b>	<b>1,351,191</b>	<b>1,521,807</b>	<b>1,588,141</b>	<b>1,478,412</b>	<b>1,587,349</b>	<b>1,677,669</b>	<b>2,077,236</b>	<b>2,550,328</b>
Reservations of Fund Balance	48,884	102,368	476,000	524,000	1,210,000	1,245,000	1,300,000	1,300,000	1,400,000	2,050,000
Unreserved Fund Balance	1,078,355	1,164,708	763,515	997,807	378,141	233,412	287,349	377,669	677,236	500,328

	FY 08-09 <u>Actual</u>	FY 09-10 <u>Actual</u>	FY 10-11 <u>Actual</u>	FY 11-12 <u>Actual</u>	FY 12-13 <u>Actual</u>	FY 13-14 <u>Actual</u>	FY 14-15 <u>Actual</u>	FY 15-16 <u>Actual</u>	FY 16-17 <u>Actual</u>	FY 17-18 <u>Actual</u>
<b>Beginning Fund Balance</b>	<b>2,550,328</b>	<b>2,607,575</b>	<b>2,715,185</b>	<b>2,810,463</b>	<b>2,936,874</b>	<b>3,225,350</b>	<b>3,520,724</b>			
Total Income	2,570,282	2,706,829	2,808,468	2,775,418	2,849,249	3,059,394				
Total Expenses	2,513,035	2,599,219	2,713,190	2,649,007	2,560,773	2,764,020				
<b>Ending Fund Balance</b>	<b>2,607,575</b>	<b>2,715,185</b>	<b>2,810,463</b>	<b>2,936,874</b>	<b>3,225,350</b>	<b>3,520,724</b>				
Reservations of Fund Balance	1,900,000	1,650,000	1,650,000	500,000	750,000	2,162,000				
Unreserved Fund Balance	707,575	1,065,185	1,160,463	2,436,874	2,475,350	1,358,724				



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## Finance Committee

### Proposed Budget Amendment No. 1 Fiscal Year 2014-2015

August 5, 2014

Blake P. Pitre  
Chair

Louisiana Board of Pharmacy  
FY 2014-2015 Budget

		<b>Revenue</b>		
<u>Acct. No.</u>		<u>FY 14-15 Original</u>	<u>FY 14-15 Amend. #1</u>	<u>Notes</u>
	<b>Licenses &amp; Permits</b>			
4201	Pharmacist Renewals	750,000	755,000	1
4206	New Pharmacist Licensing Fee	141,000	161,000	2
4204	Technician Renewals	300,000	312,000	3
4208	Tech Candidate Registrations	35,000	35,000	
4205	Lapsed Credential Fees	43,000	50,000	4
4350	Student Registrations	2,500	3,000	5
4301	Permits - Pharmacies	250,000	260,000	6
4302	Permits - CDS	430,000	440,000	7
4303	Permits - Emergency Drug Kits	12,500	12,500	8
4304	Permits - Automated Medication Systems	15,000	18,000	9
4306	Permits - Durable Medical Equipment	50,000	70,000	10
	<b>Examinations</b>			
4153	Reciprocity	40,000	45,000	11
4152	Technicians	63,000	63,000	
	<b>Penalties</b>			
4252	Licenses and Certificates	15,000	8,000	12
4251	Permits	11,000	11,000	
	<b>Administrative Fees</b>			
4460+4462	Documents: Copies and Certification Fees	3,000	7,500	13
4452	Duplicate Credentials	4,000	4,000	
4453	Pharmacist Silver Certificates	500	500	
4459	Pharmacist Original Certificates	10,000	10,000	
4454	NSF Fees	500	500	
4463	Handling & Mailing Fees	0	0	
	<b>Sale of Goods &amp; Services</b>			
4402	Law Books	6,000	6,000	
4461	Official Lists of Licensees	6,000	6,000	
4458	USCPSC Inspection Fee	2,000	2,000	
	<b>Enforcement Actions</b>			
4102	Hearing Fees	24,000	24,000	
4501	Fines	160,000	250,000	14
4502	Investigative Cost Recoveries	45,000	40,000	15
	<b>Prescription Monitoring Program</b>			
4660	Assessments	448,000	465,000	16
4455	Miscellaneous	0	1,000	
	<b>TOTAL REVENUE</b>	<b>2,867,000</b>	<b>3,060,000</b>	<b>17</b>

Louisiana Board of Pharmacy  
FY 2014-2015 Budget

		<b>Expenses</b>		
<u>Acct. No.</u>		FY 14-15 <u>Original</u>	FY 14-15 <u>Amend. #1</u>	<u>Notes</u>
5321	<i>Operations</i> Rentals - Equipment	18,000	18,000	
5330	Equipment Maintenance	4,000	4,000	
5370	Telephone	15,000	15,000	
5305	Printing	20,000	25,000	18
5300	Postage	40,000	45,000	19
5125	Civil Service Assessment	5,000	6,100	20
5230	Office Insurance (ORM)	9,000	7,500	21
5190	Dues & Subscriptions	23,000	23,000	
5280	Office Supply Expenses	20,000	20,000	
	Financial Service Charges	45,000	50,000	22
5180	Depreciation of Fixed Assets	140,000	141,000	23
5385	Interest Payments on Building Loan	68,000	63,000	24
5260	Office Meeting Expenses	500	500	
5390	Utilities	10,000	10,000	
5105	<i>Acquisitions</i>	35,000	52,500	25
5350	<i>Personal Services</i>			
5350	Salaries	1,293,000	1,334,100	26
5290	Payroll Taxes (FICA + FUTA)	26,000	27,100	27
5340	Retirement Contributions	405,000	494,000	28
5220	Health Insurance (SEGBP)	149,000	160,200	29
5400	Other Post Employment Benefits (OPEB)	85,000	91,500	30
5152	Board Member Per Diem	31,000	31,000	
	<i>Professional Services</i>			
5110	Accounting	22,000	25,000	31
5250	Legal	25,000	30,000	32
5295	Information Systems	98,000	98,000	
5297	Property Management	35,000	35,000	
5296	Temp. Labor	20,000	20,000	
5600	Prescription Monitoring Program	103,000	80,000	33
	<i>Staff Expenses</i>			
5361	Travel - Executive Director	2,500	10,000	34
5365	Travel - General Counsel	2,250	10,000	35
5373	Travel - Assistant Executive Director	2,250	10,000	36
5363	Travel - Compliance Officers	7,000	7,000	
5371+72	Travel - Compliance Officers - Rental & Fuel	10,000	17,500	37
5368	Education - Compliance Officers	5,000	15,000	38
5366	Travel & Education - Office Staff	500	1,000	39
5362-5364-5367	Mileage - entire staff	30,000	20,000	40
5153	<i>Board Expenses</i> Meeting Expenses	15,000	15,000	
5155	Committee Expenses	8,000	8,000	
5154	Conventions	15,000	15,000	
5151	Mileage	15,000	15,000	
5286-5287-5288	President's Expenses	10,000	10,000	
	<b>TOTAL EXPENSES</b>	<b>2,867,000</b>	<b>3,060,000</b>	41

Louisiana Board of Pharmacy  
FY 2014-2015 Budget

**Summary**

<u>Acct. No.</u>	<u>FY 14-15 Original</u>	<u>FY 14-15 Amend. #1</u>
<b>Income Statement</b>		
Total Revenue	2,817,000	3,060,000
Total Expenses	2,817,000	3,060,000
Net Ordinary Income	0	0
Other Income & Expenses		
6003 Investments	0	0
Disposal of Assets	0	0
Net Income	0	0

	<u>FY 13-14 Actual</u>	<u>FY 14-15 Budget</u>	<u>FY 14-15 Amend #1</u>
<b>Fund Balance</b>			
Beginning Fund Balance	3,225,350	3,225,061	3,520,724
Total Income	3,059,394	2,817,000	3,060,000
Total Expenses	2,764,020	2,817,000	3,060,000
Ending Fund Balance	3,520,724	3,225,061	3,520,724
Reservations of Fund Balance	2,162,000	2,214,700	2,102,000
Unreserved Fund Balance	1,358,724	1,010,361	1,418,724

*Notes on Reservation of Fund Balance*

Other Post Employment Benefits Payable	929,700	1,014,700	1,017,000
Debt Service Payable	1,032,300	1,000,000	885,000
Continuing Payroll Obligations	150,000	150,000	150,000
Land & Building Maintenance	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>
<i>Total</i>	2,162,000	2,214,700	2,102,000

Louisiana Board of Pharmacy  
FY 2014-2015 Budget

**Notes**

**Revenue**

- 1 Using historical data, estimate 7,550 pharmacists renewing @ \$100 each
- 2 Using historical data, estimate 536 new pharmacists @ \$300 each
- 3 Using historical data, estimate 6,240 technicians renewing @ \$50 each
- 4 Using historical data, on a conservative note
- 5 Using historical data, estimate 300 new interns @ \$10 each
- 6 Using historical data, estimate 2,080 permits renewing @ \$125 each
- 7 Using historical data
- 8 Using historical data, estimate 500 permits renewing @ \$25 each
- 9 Using historical data, estimate 120 registrations renewing @ \$150 each
- 10 Using historical data, estimate 560 permits renewing @ \$125 each
- 11 Using historical data, estimate 300 applicants @ \$150 each
- 12 Using historical data
- 13 Using historical data
- 14 Using historical data + 16% increase from previous year
- 15 Using historical data
- 16 Using historical data
- 17 Reflects 0.8% increase from FY 14 actual revenue

**Expenses**

- 18 Reduction from previous year includes conversion of newsletter to electronic edition
- 19 Reduction from previous year includes avoidance of nomination elections
- 20 Using historical data
- 21 Using historical data
- 22 Using historical data, on a conservative note
- 23 Using historical data
- 24 Using historical data
- 25 Replacement of data servers + printer replacements + additional cabinetry
- 26 Includes two new staff positions + 4% performance adjustments
- 27 Calculated value: 2% of salaries + temp labor
- 28 Calculated value: 37% of salaries
- 29 Calculated value: 11% of salaries
- 30 Using historical data
- 31 Using historical data
- 32 Using historical data
- 33 Contracted cost of program vendor
- 34 Restoration of historical budget allowance pre-NABP service
- 35 Restoration of historical budget allowance
- 36 New account, with consistent allowance for administrative officer
- 37 Using historical data
- 38 Completion of 797 training for one officer + restoration of education travel allowance
- 39 Restoration of historical budget allowance for staff education
- 40 Using historical data
- 41 Reflects 10.7% increase from FY actual expenses



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## Application Review Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Reciprocity Committee

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## Violations Committee

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## Impairment Committee

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## Reinstatement Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Tripartite Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Regulation Revision Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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Summary of Testimony & Public Comments  
re  
Regulatory Project 2014-5 ~ Prescriptions  
at  
July 28, 2014 Public Hearing

During the comment period identified in the Notice of Intent – June 20 through 12 noon on July 28 – the Board received no comments via mail, fax, or email. Further, no one appeared during the public hearing; therefore, no testimony was offered in response to the Board's public notice. Approximately two hours after the deadline, we received one comment letter via email. Although it was received after the deadline, the letter is included here for your consideration.

1. Mary Staples, on behalf of the National Association of Chain Drug Stores (NACDS)

With respect to §2511.C.4 [beginning on Line 42], the commentator requested consideration of permitting electronic signatures on written prescription forms.

With respect to §2511.E.2 [beginning on Line 91], the commentator requested consideration of alternative language for the instruction to prohibit generic interchange on electronic prescriptions.



July 28, 2014

Mr. Malcolm J. Broussard  
Executive Director  
Louisiana Board of Pharmacy  
Department of Health & Hospitals  
P. O. Box 91030  
Baton Rouge, LA 70821

**RE: Regulatory Project 2014-5-Prescriptions**

Dear Mr. Broussard:

On behalf of the 16 chain companies operating in the state of Louisiana, the National Association of Chain Drug Stores (NACDS) is writing to submit comments on the Board of Pharmacy’s (“the Board”) proposed changes to Section 2511 of Title 46 of the Louisiana Administrative Code. These proposed changes would update the requirements for prescription forms and codify practice standards for the minimum data that is required on each prescription.

Specifically, NACDS and its members have concerns with the proposed changes to the following sections:

**Section 2511(C)(4)-Rx Signatures**

As written, the proposed changes would require prescriptions to be manually signed by the practitioner on the date that the prescription was issued. Currently, computer generated signatures are acceptable for faxed and other electronically transmitted prescriptions. In addition, under federal law, a prescriber’s electronic signature or other authorized secure method of validation can be provided with prescriptions that are transmitted electronically and can serve as a valid signature on such prescriptions. In an effort to align state rules with federally accepted requirements we urge the Board to make the following changes to the proposed language:

*(C)(4) The prescription shall be written with ink or indelible pencil, typewritten, or printed on a computer and shall be signed by the practitioner on the date issued and in the same manner as he would sign a check or legal document (e.g., J. H. Smith or John H. Smith). In the event of an electronic prescription, a prescriber’s electronic signature or other authorized secure method of validation shall be provided and shall serve as a valid signature. Examples of invalid signatures include rubber stamps; and signatures of anyone other than the prescriber-~~and computer generated signatures.~~*

**Section 2511(E)(2)-Electronic Prescriptions**

While the Board is not proposing any changes to this section we would like to take this opportunity to point out some areas of concern, as well as make some suggested changes for review. The current language states that “pharmacists shall not select an equivalent drug

product when the prescriber indicates in the check box labeled “Dispense as Written” or “DAW” or both, and electronically transmits his signature on the formatted single signature line.” When electronic prescriptions are generated there is no DAW checkbox or formatted signature line that can be used. Instead, in instances where the prescribing physician requires that a branded product is use the electronic prescription will include verbiage that states “Dispense as Written” or “Brand Medically Necessary”. Being that this is the case, we ask the board to review the current language and consider the following suggestion:

*(E)(2) The pharmacist shall not select an equivalent drug product when the prescriber indicates ~~in the check box labeled~~ “Dispense as Written” or ~~“DAW”~~ “Brand Medically Necessary” or both, and ~~electronically~~ transmits his electronic signature or other authorized secure method of validation ~~on the formatted single signature line~~. Otherwise, the pharmacist may select an equivalent drug product, provided the patient has been informed of, and consents to, the proposed cost saving interchange.*

We appreciate the opportunity to submit comments on these issues and we look forward to working with the Board as they finalize and implement these changes.

Sincerely,

A handwritten signature in black ink that reads "Mary Staples". The signature is written in a cursive, flowing style.

Mary Staples  
Director, Government Affairs

cc: Nick Cahanin, The Picard Group

1 Louisiana Administrative Code

2  
3 Title 46 – Professional and Occupational Standards

4  
5 Part LIII: Pharmacists

6  
7 Chapter 25. Prescriptions, Drugs, and Devices

8  
9 ...  
10  
11 Subchapter B. Prescriptions

12  
13 §2511. Prescriptions

14 A. ...

15 B. Requirements. A prescription shall contain the following data elements:

- 16 1. Prescriber's name, licensure designation, address, telephone number, and if for a controlled  
17 substance, the Drug Enforcement Administration (DEA) registration number;  
18 2. Patient's name, and if for a controlled substance, address;  
19 3. Date prescription issued by the prescriber;  
20 4. Name of drug or device, and if applicable, strength, and quantity to be dispensed;  
21 5. Directions for use;  
22 6. Signature of prescriber; and  
23 7. Refill instructions, if any. In the absence of refill instructions on the original prescription, the  
24 prescription shall not be refilled.

25 ~~B~~ C Written Prescriptions. A written prescription shall conform to the following format:

- 26 1. The prescription form shall be of a size not ~~be~~ less than four inches by five inches, and shall  
27 bear a single printed signature line.  
28 2. The prescription form shall clearly indicate the authorized prescriber's name, licensure  
29 designation, address, telephone number, and, if ~~applicable~~ for a controlled substance, the Drug  
30 Enforcement Administration (DEA) registration number. In the event that multiple  
31 practitioners are identified on the prescription form, the authorizing prescriber's specific  
32 identity shall be clear and unambiguous. This identification may be indicated by any means,  
33 including but not limited to, a marked check box next to, or circling the authorizing  
34 prescriber's printed name.  
35 3. ~~If the authorized prescriber is a non-physician, the prescription form shall clearly indicate the~~  
36 ~~authorized prescriber's practice affiliation. The affiliated physician's name, address, and~~  
37 ~~telephone number shall appear on the prescription form.~~  
38 4 ~~3~~ No prescription form shall contain more than four prescription drug orders. Each prescription  
39 drug order recorded on the form shall provide the following:  
40 a. Check box labeled "Dispense as Written", or "DAW", or both; and  
41 b. The number of refills, if any.  
42 4. The prescription shall be written with ink or indelible pencil, typewriter, or printed on a  
43 computer printer and shall be manually signed by the practitioner on the date issued and in

44 the same manner as he would sign a check or legal document (e.g., J. H. Smith or John H.  
45 Smith. Examples of invalid signatures include rubber stamps, signatures of anyone other than  
46 the prescriber, and computer generated signatures.

47 5. Facsimile Prescription.

- 48 a. The receiving facsimile machine of a prescription transmitted by facsimile shall be  
49 located within the pharmacy department.  
50 b. The prescription transmitted by facsimile shall be on a non-fading legible medium.  
51 c. All requirements applicable to written prescriptions in this Subsection shall apply to  
52 facsimile prescriptions, except Subsection (B)(7)(c).

53 5.6 Forms used by pharmacists to record telephoned or transferred prescriptions are exempt from  
54 the format requirements listed above.

55 6.7 Equivalent Drug Product Interchange

- 56 a. The pharmacist shall not select an equivalent drug product when the prescriber  
57 handwrites a mark in the check box labeled “Dispense as Written”, or “DAW”, or  
58 both, and personally handwrites his signature on a printed single signature line.  
59 Otherwise, the pharmacist may select an equivalent drug product provided the  
60 patient has been informed of, and has consented to, the proposed cost saving  
61 interchange.
- 62 b. In the event an authorized prescriber has indicated that an equivalent drug product  
63 interchange is prohibited by handwriting a mark in the check box labeled  
64 “Dispense as Written” or “DAW” or both, then a non-licensed, non-certified, or  
65 non-registered agent of the pharmacy shall not inquire as to a patient’s desire for an  
66 equivalent drug product interchange.
- 67 c. For prescriptions reimbursable by Medicaid ~~or Medicare~~, the authorized prescriber  
68 may only prohibit equivalent drug product interchange by handwriting the words  
69 “brand necessary” or “brand medically necessary” on the face of the prescription  
70 order or on a sheet attached to the prescription order.

71 6.D Oral Prescriptions

- 72 1. Upon receipt of an oral prescription from an authorized prescriber, the pharmacist or  
73 pharmacy intern or pharmacy technician shall reduce the order to a written form prior to  
74 dispensing the medication. As an alternative to recording such prescriptions on paper forms,  
75 a pharmacist may enter the prescription information directly into the pharmacy’s dispensing  
76 information system. In the event a pharmacy intern or pharmacy technicians transcribes such  
77 a prescription, the supervising pharmacist shall initial or countersign the prescription form  
78 prior to processing the prescription.
- 79 2. The pharmacist shall not select an equivalent drug product when the authorized prescriber or  
80 his agent has verbally indicated a specific brand name drug or product is ordered.

- 81 3. The pharmacist may select an equivalent drug product if the authorized prescriber or his agent  
82 has given his approval to the equivalent drug product interchange. The patient shall be  
83 informed of, and consent to, the proposed cost saving interchange.

84 ~~D~~ E Electronic Prescriptions

- 85 1. The prescription shall clearly indicate the authorized prescriber's name, licensure designation,  
86 address, telephone number, and if applicable for a controlled substance, DEA registration  
87 number.

- 88 ~~2. If the authorized prescriber is a non-physician, the prescription form shall clearly indicate the~~  
89 ~~authorized prescriber's practice affiliation. The affiliated physician's name, address, and~~  
90 ~~telephone number shall appear on the prescription form.~~

- 91 ~~3~~ 2 The pharmacist shall not select an equivalent drug product when the prescriber indicates in the  
92 check box labeled "Dispense as Written" or "DAW" or both, and electronically transmits his  
93 signature on the formatted single signature line. Otherwise, the pharmacist may select an  
94 equivalent drug product, provided the patient has been informed of, and consents to, the  
95 proposed cost saving interchange.

96 ~~4. Facsimile Prescription.~~

- 97 ~~d. The receiving facsimile machine of a prescription transmitted by facsimile shall be~~  
98 ~~located within the pharmacy department.~~

- 99 ~~e. The prescription transmitted by facsimile shall be on a non-fading legible medium.~~

- 100 ~~f. All requirements applicable to written prescriptions in Subsection (B) shall apply to~~  
101 ~~facsimile prescriptions, except Subsection (B)(6)(c).~~

102 ~~E~~ F Exclusion. The provisions of this Section shall not apply to medical orders written for patients in  
103 facilities licensed by the Department of Health and Hospitals or its successor.

104  
105 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

106 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708  
107 (October 1988), amended LR 29:2102 (October 2003), effective January 1, 2004, amended LR 40:

108

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 25. Prescriptions, Drugs, and Devices

Subchapter C. Compounding of Drugs

§2531. Purpose and Scope

- A. Purpose. The rules of this Subchapter describe the requirements of minimum current good compounding practices for the preparation of drug products formulations by Louisiana-licensed pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates for dispensing and/or administration to patients.
B. Scope. These requirements are intended to apply to all compounded products preparations and pharmacy-generated drugs, sterile and non-sterile, regardless of the location of the patient, e.g., home, hospital, nursing home, hospice, or physician's practitioner's office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2105 (October 2003), effective January 1, 2004, amended LR

§2533. Definitions

- A. As used in this Subchapter, the following terms shall have the meaning ascribed to them in this Section:

...

Manufacturing—means the production, preparation, propagation, conversion, or processing of a drug or device, either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical or biological synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, and the promotion and marketing of such drugs or devices. Manufacturing also includes the preparation and promotion of commercially available products from bulk compounds for resale by pharmacies, practitioners, or other persons.

Pharmacy-generated Drug—a drug made by a pharmacy.

Practitioner Administered Compounds—products compounded by a licensed pharmacist, upon the medical order of a licensed prescriber for administration by a prescriber for diagnostic or therapeutic purposes.

Preparation – a compounded drug dosage form or dietary supplement or a device to which a compounder has introduced a drug. This term will be used to describe compounded formulations; the term product will be used to describe manufactured pharmaceutical dosage forms.

...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2105 (October 2003), effective January 1, 2004, amended LR

§2535. General Standards

- A. Compounding Practices. Compounded medications may be prepared using prescription medications,

53 over-the-counter medications, chemicals, compounds, or other components.

- 54 1. A pharmacy shall have written procedures as necessary for the compounding of drug ~~products~~  
55 preparations and the making of pharmacy-generated drugs to assure that the finished  
56 preparations and products have the identity, strength, quality, and purity they are represented  
57 to possess.
- 58 2. All compounding drug preparation activities shall be accomplished utilizing accepted  
59 pharmacy techniques, practices, and equipment, as well as the Federal Food, Drug &  
60 Cosmetic Act (FDCA), Title 21 of the Code of Federal Regulations (CFR), and all relevant  
61 chapters of the United States Pharmacopeia (USP).
- 62 a. The compounding of sterile preparations pursuant to the receipt of a patient-  
63 specific prescription shall comply with the provisions of Section 503A of the  
64 FDCA and USP Chapter 797.
- 65 b. The compounding of non-sterile preparations pursuant to the receipt of a patient-  
66 specific prescription shall comply with the provisions of Section 503A of the  
67 FDCA and USP Chapter 795.
- 68 ~~c. Subject to the allowance provided in Paragraph D of this Section, the making of~~  
69 ~~pharmacy-generated drugs pursuant to the receipt of a non-patient-specific~~  
70 ~~practitioner's order shall comply with the provisions of the Current Good~~  
71 ~~Manufacturing Practices, as published in 21 CFR 211 or its successor.~~
- 72 c. The compounding of preparations for veterinary use shall comply with the  
73 provisions of 21 CFR 530.
- 74 d. The compounding of positron emission tomography (PET) drugs shall comply  
75 with the provisions of 21 CFR 212.
- 76 3. Products or duplicates of products removed from the market for the purposes of safety shall  
77 not be used to compound prescriptions for human use.

- 78 B. ~~Beyond Use Date. Compounded All medications compounded or generated by a pharmacy shall be~~  
79 ~~labeled with a beyond use date of no more than one hundred eighty (180) days, unless documentation~~  
80 ~~on file supports a longer beyond use date.~~

81 Board Notification. An applicant or pharmacy permit holder who wishes to engage in the practice of  
82 compounding of sterile preparations or generating sterile products drugs shall notify the board prior to  
83 beginning that practice, and shall receive approval from the board prior to beginning that practice.

- 84 C. ~~Records and Reports. Any procedures or other records required to comply with this section shall be~~  
85 ~~maintained for a minimum of two years.~~

86 Training and Education. All individuals compounding and preparing sterile preparations and  
87 generating sterile products drugs shall:

- 88 1. Obtain practical and/or academic training in the compounding and dispensing preparation of  
89 sterile products drugs preparations;
- 90 2. Complete a minimum of one hour of American Council on Pharmaceutical Education  
91 Accreditation Council for Pharmacy Education (ACPE) accredited or board-approved  
92 continuing education, on an annual basis, related to sterile product drug preparation  
93 compounding, dispensing, and utilization;
- 94 3. Use proper aseptic technique in all sterile product preparation compounding compounding of  
95 all sterile preparations, as defined by the pharmacy practice site's policy and procedure  
96 manual;
- 97 4. Qualify through an appropriate combination of specific training and experience to operate or  
98 manipulate any item of equipment, apparatus, or device to which such persons will be  
99 assigned to use to compound make and dispense sterile preparations and products; and
- 100 5. Maintain in the pharmacy practice site a written record of initial and subsequent training and  
101 competency evaluations. The record shall contain the following minimum information:
- 102 a. name of the individual receiving the training/evaluation;
- 103 b. date of the training/evaluation;
- 104 c. general description of the topics covered;
- 105 d. signature of the individual receiving the training/evaluation; and
- 106 e. name and signature of the individual providing the training/evaluation.

- 107 D.—~~Compounding for Prescriber’s Use Pharmacy generated Drug.~~ Pharmacists may prepare practitioner  
 108 administered compounds ~~pharmacy generated drugs~~ for a prescriber’s ~~practitioner’s~~ use with the  
 109 following requirements:
- 110 1.—~~an order by the prescriber from the practitioner indicating the formula and quantity ordered to~~  
 111 ~~be compounded made by the pharmacist pharmacy;~~
  - 112 2.—~~the product is to be administered by the prescriber practitioner and not dispensed to the~~  
 113 ~~patient;~~
  - 114 3.—~~the pharmacist shall generate a label and sequential identification number for the compounded~~  
 115 ~~drug for the product which complies with the requirements of Paragraph G of this Section;~~  
 116 ~~and~~
  - 117 4.—~~a pharmacy may prepare such products drugs in compliance with the compounding standards~~  
 118 ~~in USP Chapter 795 for non-sterile preparations or USP Chapter 797 for sterile preparations;~~  
 119 ~~provided such drugs made according to these standards shall not to exceed ten percent of the~~  
 120 ~~total number of drug dosage units prescriptions dispensed and orders distributed by the~~  
 121 ~~pharmacy on an annual basis.~~
    - 122 a.—~~The purpose of this limitation is to ensure at least ninety percent of the total~~  
 123 ~~number of prescriptions and orders released from the pharmacy on an annual basis~~  
 124 ~~shall be dispensed pursuant to patient specific prescriptions, and further, no more~~  
 125 ~~than ten percent shall be distributed pursuant to non-patient specific orders from a~~  
 126 ~~practitioner.~~
    - 127 b.—~~With respect to Louisiana licensed non-resident pharmacies, the ten percent~~  
 128 ~~limitation shall be calculated from the total number of prescriptions and orders~~  
 129 ~~sent to Louisiana residents and/or clients.~~
    - 130 c.—~~No pharmacy shall distribute any pharmacy generated drug products to a state~~  
 131 ~~other than the state within which the pharmacy is located.~~
  - 132 5.—~~The pharmacy shall label any pharmacy generated drug product held in the pharmacy so as to~~  
 133 ~~reference it to the formula used and the assigned lot number and estimated beyond use date~~  
 134 ~~based on the pharmacist’s professional judgment and/or other appropriate testing or published~~  
 135 ~~data.~~
  - 136 6.—~~The pharmacy shall establish and maintain a record of practitioners receiving pharmacy~~  
 137 ~~generated drugs. Such records shall contain, at a minimum, the name of the practitioner, the~~  
 138 ~~name of the drug, the lot number of the drug, and the date of formulation of the drug.~~
- 139 E. Anticipated Use ~~Products Preparations.~~ The pharmacist shall label any excess compounded ~~product~~  
 140 ~~preparation~~ so as to reference it to the formula used and the assigned lot number and estimated beyond  
 141 use date based on the pharmacist’s professional judgment and/or other appropriate testing or published  
 142 data.
- 143 F. Compounding Commercial Products Not Available
- 144 A pharmacy may prepare a copy of a commercial product when that product is not available as  
 145 evidenced by either of the following:
- 146 1. Products appearing on a website maintained by the federal Food and Drug Administration  
 147 (FDA) and/or the American Society of Health-System Pharmacists (ASHP).
  - 148 2. Products temporarily unavailable from ~~distributors~~ manufacturers, as documented by invoice  
 149 or other communication from the distributor or manufacturer.
- 150 G. Labeling of Compounded ~~Products Preparations~~ and Pharmacy generated Drugs.
- 151 1. ~~For patient-specific compounded products preparations.~~ The labeling requirements of R.S.  
 152 37:1225, or its successor, as well as this Chapter, shall apply.
  - 153 2.—~~All practitioner administered compounds pharmacy generated drugs shall be packaged in a~~  
 154 ~~suitable container with a label containing, at a minimum, the following information:~~
    - 155 a.—~~pharmacy’s name, address, and telephone number;~~
    - 156 b.—~~practitioner’s name;~~
    - 157 c.—~~name of preparation;~~
    - 158 d.—~~strength and concentration;~~
    - 159 e.—~~lot number;~~
    - 160 f.—~~beyond use date;~~

- 161 g.—special storage requirements, if applicable;  
 162 h.—assigned identification number; and  
 163 i.—pharmacist's name or initials.  
 164

165 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

166 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708  
 167 (October 1988), effective January 1, 1989, amended LR 23:1316 (October 1997), amended LR 29:2105 (October  
 168 2003), effective January 1, 2004, amended LR 39: 236 (Emergency Rule effective January 31, 2013), amended LR  
 169

## 170 **§2537. Requirements for Compounding and Generating of Sterile Preparations and** 171 **Products**

172 ~~A. Board Notification. An applicant or pharmacy permit holder who wishes to engage in the practice of~~  
 173 ~~compounding of sterile preparations or generating sterile products compounding shall notify the board~~  
 174 ~~prior to beginning that practice, and shall receive approval from the board prior to beginning that~~  
 175 ~~practice.~~

176 ~~B. Personnel.~~

177 ~~1. The pharmacist in charge shall be responsible for the following:~~

- 178 ~~a. procurement, storage, compounding, generating, labeling, dispensing, and~~  
 179 ~~distribution of all prescription drugs, devices, and related materials necessary in~~  
 180 ~~compounding and dispensing the preparation of sterile products drugs;~~  
 181 ~~b. establishment of policies and procedures for the compounding of sterile~~  
 182 ~~preparations and generating and dispensing of sterile products. The policy and~~  
 183 ~~procedure manual shall be current, accessible to all staff, and available for~~  
 184 ~~inspection by the board upon request. The policy and procedure manual shall, at a~~  
 185 ~~minimum, include:~~  
 186 ~~i. policies and procedures for the compounding and dispensing of sterile~~  
 187 ~~products preparations as well as the generation and distribution of~~  
 188 ~~sterile products;~~  
 189 ~~ii. a quality assurance program for the purpose of monitoring patient care,~~  
 190 ~~adverse drug reactions, personnel qualifications, training and~~  
 191 ~~performance, product integrity, equipment, record keeping, facilities,~~  
 192 ~~infection control;~~  
 193 ~~iii. guidelines regarding patient education; and~~  
 194 ~~iv. procedures for the handling and disposal of cytotoxic agents, waste,~~  
 195 ~~and spills.~~

196 ~~e. documentation of competency in aseptic techniques. The aseptic technique of~~  
 197 ~~each individual compounding sterile preparations and dispensing generating sterile~~  
 198 ~~products shall be observed and evaluated as satisfactory during orientation and~~  
 199 ~~training, and at least on an annual basis thereafter.~~

200 ~~2. Training and Education. All individuals compounding and preparing sterile preparations and~~  
 201 ~~generating sterile products shall:~~

- 202 ~~a. obtain practical and/or academic training in the compounding and dispensing~~  
 203 ~~preparation of sterile products drugs;~~  
 204 ~~b. complete a minimum of one hour of American Council on Pharmaceutical~~  
 205 ~~Education Accreditation Council for Pharmacy Education (ACPE) or board-~~  
 206 ~~approved continuing education, on an annual basis, related to sterile product drug~~  
 207 ~~preparation compounding, dispensing, and utilization;~~  
 208 ~~e. use proper aseptic technique in all sterile product preparation compounding as~~  
 209 ~~defined by the pharmacy practice site's policy and procedure manual;~~  
 210 ~~d. qualify through an appropriate combination of specific training and experience to~~  
 211 ~~operate or manipulate any item of equipment, apparatus, or device to which such~~  
 212 ~~persons will be assigned to use to compound make and dispense sterile~~  
 213 ~~preparations and products; and~~

- 214 ~~e. maintain in the pharmacy practice site a written record of initial and subsequent~~  
 215 ~~training and competency evaluations. The record shall contain the following~~  
 216 ~~minimum information:~~  
 217 ~~i. name of the individual receiving the training/evaluation;~~  
 218 ~~ii. date of the training/evaluation;~~  
 219 ~~iii. general description of the topics covered;~~  
 220 ~~iv. signature of the individual receiving the training/evaluation; and~~  
 221 ~~v. name and signature of the individual providing the training/evaluation.~~

222 ~~C. Physical Requirements:~~

- 223 ~~1. The pharmacy shall have a designated area with entry restricted to designated personnel for~~  
 224 ~~preparing compounding sterile products preparations and generating sterile products, and the~~  
 225 ~~designated area shall be:~~  
 226 ~~a. structurally isolated from other areas with restricted entry or access and shall be~~  
 227 ~~configured in such a manner so as to avoid unnecessary traffic and airflow~~  
 228 ~~disturbances from activity within the controlled facility;~~  
 229 ~~b. used only for the preparation of these sterile products drugs; and~~  
 230 ~~c. sufficient in size to accommodate a laminar air flow hood or other device capable~~  
 231 ~~of providing a sterile compounding environment and to provide for the proper~~  
 232 ~~storage of drugs and supplies under appropriate conditions of temperature, light,~~  
 233 ~~moisture, sanitation, ventilation, and security.~~  
 234 ~~2. The pharmacy where sterile preparations and products are prepared made shall have:~~  
 235 ~~a. a sink with hot and cold running water that shall be located in, or adjacent to, the~~  
 236 ~~area where sterile preparations and products are compounded made;~~  
 237 ~~b. appropriate environmental control devices capable of maintaining at least Class~~  
 238 ~~100 environment in the workplace where critical objects are exposed and critical~~  
 239 ~~operations are performed. These devices, e.g., laminar air flow hoods, and other~~  
 240 ~~zonal laminar flow hoods utilizing High Efficiency Particulate Air (HEPA) filters,~~  
 241 ~~shall be capable of maintaining Class 100 conditions during normal activity;~~  
 242 ~~c. appropriate refrigeration for storing supplies and as well as sterile preparations and~~  
 243 ~~products requiring refrigeration subsequent to their preparation and prior to their~~  
 244 ~~dispensing, distribution, or administration to patients. The pharmacy shall~~  
 245 ~~maintain documentation of refrigeration integrity, in accordance with its policies~~  
 246 ~~and procedures.~~  
 247 ~~d. appropriate disposal containers for used needles, syringes, and other sharps, and if~~  
 248 ~~applicable, for cytotoxic waste from the preparation of chemotherapy agents and~~  
 249 ~~infectious wastes from patients' homes; and~~  
 250 ~~e. temperature controlled delivery containers, when required.~~  
 251 ~~3. The pharmacy shall maintain supplies adequate to ensure an environment suitable for the~~  
 252 ~~aseptic preparation of sterile preparations and products. Within the sterile compounding area,~~  
 253 ~~prescription drugs, devices, and related materials shall not be stored in shipping containers~~  
 254 ~~constructed of corrugated cardboard or other high particulate producing materials.~~  
 255 ~~4. The pharmacy shall maintain current reference materials related to sterile preparations and~~  
 256 ~~products accessible to all personnel.~~

257 ~~D. Drug Handling. Any sterile compounded preparation or product shall be shipped or delivered to a~~  
 258 ~~patient in appropriate temperature controlled delivery containers as defined by USP standards and~~  
 259 ~~appropriately stored.~~

260 ~~E. Cytotoxic Drugs. In addition to the minimum standards for a pharmacy established by the board, the~~  
 261 ~~following requirements are established for pharmacies that prepare cytotoxic drugs, to insure the~~  
 262 ~~protection of the personnel involved.~~

- 263 ~~1. All cytotoxic drugs shall be compounded in a vertical flow, Class II Biological Safety~~  
 264 ~~Cabinet. Other products shall not be compounded in this cabinet.~~  
 265 ~~2. Personnel compounding cytotoxic drugs shall wear protective apparel, including disposable~~  
 266 ~~masks, gloves, and gowns with tight cuffs.~~

- 267 ~~3. Personnel compounding cytotoxic drugs shall use appropriate safety and containment~~  
268 ~~techniques.~~  
269 ~~4. Prepared doses of cytotoxic drugs shall:~~  
270 ~~a. be dispensed and labeled with proper precautions on the inner and outer containers~~  
271 ~~or other device capable of providing a sterile environment; and~~  
272 ~~b. be shipped in a manner to minimize the risk of accidental rupture of the primary~~  
273 ~~container.~~  
274 ~~5. Disposal of cytotoxic waste shall comply with all applicable federal, state, and local~~  
275 ~~requirements.~~  
276 ~~6. A "Chemo Spill Kit" shall be readily available in the work area, and shall consist of~~  
277 ~~appropriate materials needed to clean up spills of hazardous drugs. Personnel shall be trained~~  
278 ~~in its appropriate use for handling both minor and major spills of cytotoxic agents.~~

279 ~~F. Quality Control.~~

- 280 ~~1. An ongoing quality control program shall be maintained and documented that monitors~~  
281 ~~personnel performance, equipment, and facilities. Appropriate samples of finished products~~  
282 ~~shall be examined to assure that the pharmacy is capable of consistently preparing sterile~~  
283 ~~preparations and products meeting specifications.~~  
284 ~~a. All clean rooms and laminar flow hoods shall be certified by an independent~~  
285 ~~contractor according to federal standards for operational efficiency at least every~~  
286 ~~six months. Appropriate certification records shall be maintained.~~  
287 ~~b. Written procedures shall be developed requiring sampling if/when microbial~~  
288 ~~contamination is suspected.~~  
289 ~~c. When bulk compounding of sterile solutions is performed using non-sterile~~  
290 ~~chemicals, extensive end-product testing shall be documented prior to the release~~  
291 ~~of the product from quarantine. This process shall include appropriate tests for~~  
292 ~~particulate matter and testing for pyrogens.~~  
293 ~~d. Written justification shall be maintained of the chosen "beyond use" dates for~~  
294 ~~compounded products.~~  
295 ~~e. Documentation shall be maintained of quality control audits at regular, planned~~  
296 ~~intervals, including infection control and sterile technique audits.~~

297 ~~G. Labeling.~~

- 298 ~~1. All practitioner administered sterile compounds shall be packaged in a suitable container, and~~  
299 ~~shall bear a label with the following minimum information:~~  
300 ~~a. pharmacy's name, address, and telephone number;~~  
301 ~~b. preparation name;~~  
302 ~~c. strength and concentration;~~  
303 ~~d. lot number;~~  
304 ~~e. beyond use date;~~  
305 ~~f. practitioner's name;~~  
306 ~~g. assigned identification number;~~  
307 ~~h. special storage requirements, if applicable; and~~  
308 ~~i. pharmacist's name or initials.~~  
309 ~~2. The labeling for all other sterile compounds shall be in accordance with the prescription~~  
310 ~~labeling requirements in §2527 of this Chapter.~~

311 Repealed.

312  
313 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

314 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708  
315 (October 1988), effective January 1, 1989, amended LR 29:2106 (October 2003), effective January 1, 2004,  
316 amended repealed LR

317

**Louisiana Administrative Code**

**Title 46 – Professional and Occupational Standards**

**Part LIII: Pharmacists**

**Chapter 25. Prescriptions, Drugs, and Devices**

...

**Subchapter C. Compounding of Drugs**

**§2531. Purpose and Scope**

- A. Purpose. The rules of this Subchapter describe the requirements of minimum current good compounding practices for the preparation of drug formulations by Louisiana-licensed pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates for dispensing and/or administration to patients.
- B. Scope. These requirements are intended to apply to all compounded preparations, sterile and non-sterile, regardless of the location of the patient, e.g., home, hospital, nursing home, hospice, or practitioner’s office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2105 (October 2003), effective January 1, 2004, amended LR

**§2533. Definitions**

- A. As used in this Subchapter, the following terms shall have the meaning ascribed to them in this Section:
  - ...
    - Preparation* – a compounded drug dosage form or dietary supplement or a device to which a compounder has introduced a drug. This term will be used to describe compounded formulations.
    - ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2105 (October 2003), effective January 1, 2004, amended LR

**§2535. General Standards**

- A. Compounding Practices. Compounded medications may be prepared using prescription medications, over-the-counter medications, chemicals, compounds, or other components.
  - 1. A pharmacy shall have written procedures as necessary for the compounding of drug preparations to assure that the finished preparations have the identity, strength, quality, and purity they are represented to possess.
  - 2. All compounding activities shall be accomplished utilizing accepted pharmacy techniques, practices, and equipment, as well as the Federal Food, Drug & Cosmetic Act (FDCA), Title 21 of the Code of Federal Regulations (CFR), and all relevant chapters of the United States Pharmacopeia (USP).
    - a. The compounding of sterile preparations pursuant to the receipt of a patient-specific prescription shall comply with the provisions of Section 503A of the FDCA and USP Chapter 797.

- 53 b. The compounding of non-sterile preparations pursuant to the receipt of a patient-  
54 specific prescription shall comply with the provisions of Section 503A of the  
55 FDCA and USP Chapter 795.  
56 c. The compounding of preparations for veterinary use shall comply with the  
57 provisions of 21 CFR 530.  
58 d. The compounding of positron emission tomography (PET) drugs shall comply  
59 with the provisions of 21 CFR 212.  
60 3. Products or duplicates of products removed from the market for the purposes of safety shall  
61 not be used to compound prescriptions for human use.  
62 B. Board Notification. An applicant or pharmacy permit holder who wishes to engage in the  
63 compounding of sterile preparations shall notify the board and shall receive approval from the board  
64 prior to beginning that practice.  
65 C. Training and Education. All individuals compounding sterile preparations shall:  
66 1. Obtain practical and/or academic training in the compounding and dispensing of sterile  
67 preparations;  
68 2. Complete a minimum of one hour of Accreditation Council for Pharmacy Education (ACPE)  
69 accredited or board-approved continuing education, on an annual basis, related to sterile drug  
70 preparation, dispensing, and utilization;  
71 3. Use proper aseptic technique in compounding of all sterile preparations, as defined by the  
72 pharmacy practice site's policy and procedure manual;  
73 4. Qualify through an appropriate combination of specific training and experience to operate or  
74 manipulate any item of equipment, apparatus, or device to which such persons will be  
75 assigned to use to make and dispense sterile preparations; and  
76 5. Maintain in the pharmacy practice site a written record of initial and subsequent training and  
77 competency evaluations. The record shall contain the following minimum information:  
78 a. name of the individual receiving the training/evaluation;  
79 b. date of the training/evaluation;  
80 c. general description of the topics covered;  
81 d. signature of the individual receiving the training/evaluation; and  
82 e. name and signature of the individual providing the training/evaluation.  
83 D. Anticipated Use Preparations. The pharmacist shall label any excess compounded preparation so as to  
84 reference it to the formula used and the assigned lot number and estimated beyond use date based on  
85 the pharmacist's professional judgment and/or other appropriate testing or published data.  
86 E. Compounding Commercial Products Not Available  
87 A pharmacy may prepare a copy of a commercial product when that product is not available as  
88 evidenced by either of the following:  
89 a. Products appearing on a website maintained by the federal Food and Drug Administration  
90 (FDA) and/or the American Society of Health-System Pharmacists (ASHP).  
91 b. Products temporarily unavailable from manufacturers, as documented by invoice or other  
92 communication from the distributor or manufacturer.  
93 F. Labeling of Compounded Preparations.  
94 a. The labeling requirements of R.S. 37:1225, or its successor, as well as this Chapter, shall  
95 apply.  
96

97 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

98 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708  
99 (October 1988), effective January 1, 1989, amended LR 23:1316 (October 1997), amended LR 29:2105 (October  
100 2003), effective January 1, 2004, amended LR

## 102 **§2537. Requirements for Compounding Sterile Products**

103 Repealed.

104  
105 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

106 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708  
107 (October 1988), effective January 1, 1989, amended LR 29:2106 (October 2003), effective January 1, 2004, repealed  
108 LR  
109

1 **DECLARATION OF EMERGENCY**

2  
3 Department of Health and Hospitals  
4 Board of Pharmacy

5  
6 Pharmacy Compounding – LAC 46:LIII.Chapter 25  
7

8 The Louisiana Board of Pharmacy is exercising the emergency provisions of the  
9 Administrative Procedure Act, specifically at R.S. 49:953.B, to amend its rules governing the  
10 compounding of drugs by pharmacies, especially certain portions of that rule permitting  
11 pharmacists to compound medications intended for administration by practitioners without the  
12 necessity of a patient-specific prescription.

13 The U.S. Congress passed the Drug Quality & Security Act (DQSA) in November 2013.  
14 The first portion of that law amended several portions of the federal Food, Drug and Cosmetic  
15 Act. Subsequent to the effective date of that new law on November 27, 2013, the federal Food  
16 and Drug Administration (FDA) issued preliminary and final guidance to compounding  
17 pharmacies. Within the final guidance issued by the FDA on July 1, 2014, there are a number of  
18 requirements that compounding pharmacies must comply with in order to be eligible for an  
19 exemption to all of the other provisions applicable to the manufacturing of drugs. Among other  
20 provisions, the new law established a clear definition of compounding that requires the necessity  
21 of a patient-specific prescription. There is no authority for the compounding of medications in  
22 the absence of a patient-specific prescription.

23 New language in the DQSA includes the creation of a new category of provider known as  
24 outsourcing facilities. These facilities are registered and regulated by the federal FDA, and they  
25 are permitted to prepare products for practitioners without a patient-specific prescription, using  
26 quality guidelines that are more stringent than the quality guidelines used by pharmacies for their  
27 compounding activities.

28 The preparation of compounds in the absence of a patient-specific prescription is now  
29 construed as manufacturing as opposed to compounding. Compounding by pharmacies is  
30 regulated by the Board. Manufacturing is regulated by the federal FDA. In an abundance of  
31 caution for the health, safety and welfare of Louisiana citizens, the Board seeks to repeal the  
32 current rule which allows the compounding of preparations without the necessity of a patient-  
33 specific prescription.

34 The Board has determined this emergency rule is necessary to prevent imminent peril to  
35 the public health, safety, and welfare. The declaration of emergency is effective August 8, 2014  
36 and shall remain in effect for the maximum time period allowed under the Administrative  
37 Procedure Act or until adoption of the final rule, whichever shall first occur.  
38

39  
40 Malcolm J Broussard  
41 Executive Director  
42 Louisiana Board of Pharmacy

**Louisiana Administrative Code**

**Title 46 – Professional and Occupational Standards**

**Part LIII: Pharmacists**

**Chapter 24. Limited Service Providers**

**Subchapter A. Durable Medical Equipment**

...

**§2409. (Reserved)**

**Subchapter B. Special Event Pharmacy Permit**

**§2411. Special Event Pharmacy Permit**

- A. For good cause shown, the board may issue a special event pharmacy permit when the scope, degree, or type of pharmacy practice or service to be provided is of a special, limited, or unusual nature as compared to a regular pharmacy service. The permit to be issued shall be based on special conditions as requested by the applicant and imposed by the board in cases where certain requirements or standards of practice may be waived.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1223.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

**§2413. General Requirements**

- A. Authority & Limitation
  - 1. A special event pharmacy permit shall authorize the permit holder to procure and possess prescription and non-prescription drugs and devices, and hold such items for immediate administration directly to a patient and/or dispense such items to a patient for later use upon the order of a practitioner with prescriptive authority.
  - 2. In the absence of a Louisiana Controlled Dangerous Substance (CDS) License, the holder of a special event pharmacy permit shall not procure or possess any controlled dangerous substances

## 35 B. Licensing Procedure

- 36 1. A person or other entity desiring to obtain a special event pharmacy permit shall complete the  
37 application form supplied by the board and submit it with any required attachments and the  
38 application fee to the board.
- 39 2. The applicant shall provide a complete physical address reflecting the location where the applicant  
40 will hold the drugs and devices and engage in the activity for which the permit is acquired. The  
41 board shall not issue more than one permit for the same physical space.
- 42 3. The board shall not process applications received by facsimile, or that are incomplete, or  
43 submitted with the incorrect fee.
- 44 4. A person or other entity who knowingly or intentionally submits a false or fraudulent application  
45 shall be deemed to have violated R.S. 37:1241(A)(2).
- 46 5. Once issued, the special event permit shall expire thirty days thereafter. No person or other entity  
47 shall operate a special event pharmacy with an expired permit; the continued operation of a special  
48 event pharmacy with an expired permit shall constitute a violation of R.S. 37:1241(A)(12). Upon  
49 written request to the board, and with the concurrence of the board's president and executive  
50 director, the expiration date of the special event pharmacy permit may be extended up to an  
51 additional thirty days. No special event pharmacy permit shall be valid for more than sixty days.

## 52 C. Maintenance of Permit

- 53 1. A special event pharmacy permit shall be valid only for the person or other entity to whom it is  
54 issued and shall not be subject to sale, assignment or other transfer, voluntary or involuntary, nor  
55 shall a special event pharmacy permit be valid for any premises other than the physical location  
56 for which it is issued.
- 57 2. A duplicate or replacement permit shall be issued upon the written request of the permit holder  
58 and payment of the required fee. A duplicate or replacement permit shall not serve or be used as  
59 an additional or second permit.

## 60 D. Closure of Permit

- 61           1. At the conclusion of the special event, the permit holder shall terminate the dispensing and/or  
62           distribution of drugs and/or devices from the pharmacy.
- 63           2. Disposition of Inventory
- 64           a. Controlled Dangerous Substances Listed in Schedule II. These drugs shall be either returned  
65           to the supplier or transferred to an authorized registrant, accompanied by an executed DEA  
66           Form 222, or its successor. Alternatively, these drugs shall be inventoried on the DEA Form  
67           41 (Registrant's Inventory of Drugs Surrendered), or its successor, and then either returned to  
68           the regional DEA office or destroyed, but only pursuant to permission from the DEA or agent  
69           of the board. The permit holder shall retain triplicate copies of returns, transfers, and/or  
70           destructions.
- 71           b. Controlled Dangerous Substances Listed in Schedules III, IV, or V. These drugs shall be  
72           either returned to the supplier or transferred to an authorized registrant, accompanied by  
73           appropriate inventory records. Alternatively, these drugs shall be inventoried on the DEA  
74           Form 41, or its successor, and then either returned to the regional DEA office, or destroyed  
75           pursuant to permission from the DEA or agent of the board.
- 76           c. All Other Prescription and Non-prescription Drugs and/or Devices. These items shall be  
77           returned to the supplier, transferred to an authorized registrant, or destroyed.
- 78           3. Surrender of Credentials & Board Notice
- 79           a. When all drugs, devices, prescription records and other pharmacy records have been removed  
80           from the premises, the permit holder shall prepare and render a final closure notice to the  
81           Board. The notice shall contain the following:
- 82                   i. Disposition and destination of all drugs and/or devices held by the pharmacy;
- 83                   ii. Disposition and destination of all prescriptions and medical orders dispensed or  
84                   administered to patients;
- 85                   iii. Disposition and destination of all other pharmacy records, including acquisition,  
86                   inventory, and disposition records for all drugs and/or devices;

- 87                           iv. The commitment to store such records for no less than two years following the  
88                           closure of the pharmacy, and further, to make any and all such records available  
89                           for inspection by the board no later than 72 hours following a request from the  
90                           board;
- 91                           v. The certification that all signage indicating the presence of a pharmacy has been  
92                           removed from the premises;
- 93                           vi. The confirmation of the surrender of any federal DEA registration held by the  
94                           pharmacy to the regional DEA office; and
- 95                           vii. The original and all duplicate copies of the special event pharmacy, and if  
96                           applicable, Louisiana CDS license.
- 97                   b. The pharmacist-in-charge of the special event pharmacy permit has the primary responsibility  
98                   for the proper closure of the pharmacy permit. However, in the event the pharmacist-in-  
99                   charge fails to complete the task, then the permit holder shall be responsible for the proper  
100                   closure of the pharmacy permit.

101

102   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

103   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

104

## 105   **§2415. Standards of Practice**

### 106       A. General Requirements

- 107           1. The special event pharmacy shall be of sufficient size and shall contain sufficient fixtures,  
108           equipment, and supplies commensurate with the scope of practice for that pharmacy, provided:
- 109               a. The pharmacy shall be of sufficient size to allow for the safe and proper storage of  
110               prescription drugs and, if applicable, controlled dangerous substances;
- 111               b. All areas where drugs and devices are stored shall be dry, well-lighted, well ventilated,  
112               and maintained at temperatures which will ensure the integrity of drugs prior to their

- 113 dispensing as stipulated by the United States Pharmacopeia (USP) and/or manufacturer's  
114 or distributor's product labeling unless otherwise indicated by the board;
- 115 c. The pharmacy shall be secured by either a physical barrier with suitable locks and/or an  
116 electronic barrier to detect entry at a time when the pharmacist is not present; and
- 117 d. Prescription and other patient healthcare information shall be maintained in a manner that  
118 protects the integrity and confidentiality of such information.
- 119 2. The pharmacist-in-charge of the special event pharmacy shall be responsible for all pharmacy  
120 operations including supervision of all pharmacy personnel.
- 121 3. The pharmacy shall have at least one licensed pharmacist on duty and physically present in the  
122 pharmacy at all times the pharmacy is open for the transaction of business.
- 123 4. The pharmacy shall have a sufficient number of pharmacists and/or other pharmacy personnel on  
124 duty to operate the pharmacy competently, safely, and adequately to meet the needs of the patients  
125 of the pharmacy.
- 126 5. When the pharmacy is closed or there is no pharmacist on duty, other individuals shall not have  
127 access to the pharmacy except for temporary absences as provided for in Chapter 11 of these rules.
- 128 6. The special event pharmacy shall comply with the recordkeeping requirements identified in  
129 Chapter 11 of these rules.
- 130 7. The compounding of preparations in a special event pharmacy shall be accomplished in  
131 compliance with the current federal standards applicable to such practices: USP Chapter 795, or its  
132 successor, for the compounding of non-sterile preparations and USP Chapter 797, or its successor,  
133 for the compounding of sterile preparations.

134

135 AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

136 HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

137

138



# Louisiana Board of Pharmacy

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## Proposal for Pilot Project

### Remote Processing of Medical Orders in Small Hospitals

#### **Background**

§1143 of the Board's rules describes the requirements for the remote processing of medical orders and prescription drug orders by pharmacies. The rule is applicable to all categories of pharmacy permits issued by the Board and contains three sections:

- Among the general requirements is the necessity for the on-site pharmacy and remote processor to have the same owner, or in the alternative, to execute a written agreement that outlines the services to be provided and the responsibilities and accountabilities of each pharmacy, and further, require the pharmacies to share a common electronic file, or in the alternative, to have the appropriate technology to allow access to sufficient information necessary or required to provide the requested services. This section also places the pharmacy on notice that an agreement for remote processing shall not relieve the on-site pharmacy from employing with a pharmacist to provide routine pharmacy services and that the remote processing services are to be supplemental in nature. This section also contains explicit requirements for hospital pharmacies soliciting remote processing services. In particular, when the hospital seeking such services has more than 100 occupied beds, there shall be at least one pharmacist on duty at the hospital at all times. That continuous staffing model is not required for those hospitals with less than 100 occupied beds and seeking remote processing services.
- The second section of the rule describes the required level of access to patient information, indicating that the remote pharmacist shall have secure electronic access to the pharmacy's patient information system.
- The third section of the rule requires the on-site pharmacy and the remote processing pharmacy to develop and maintain policies and procedures for the remote processing service, describes minimum content for those policies, and requires such policies to be available to the Board.

This section of rules was originally promulgated in June 2007 separately for community pharmacy permits and hospital pharmacy permits. In May 2012, the Board combined both of the separate sections into this one common section located within Chapter 11. The Board further amended this rule in February 2013 to remove the restriction that allowed remote processing to be done only when the on-site pharmacy was closed, and further, added the staffing requirement for certain hospital pharmacies seeking remote processing services.

There have been increasing numbers of requests for the Board to enable the remote processing of orders by pharmacists not located within pharmacies, e.g., staff pharmacists working from home, or in the alternative, from an office location sometimes referred to as a 'call center.' We have been informed some remote processing services have adopted aggressive pricing structures that place economic hardships on smaller critical access facilities. Finally, we have received anecdotal information of at least one small hospital receiving adverse scores during a recent survey relative to the absence of pharmacist review of all medication orders prior to the administration of the first dose (which is required by §1511 of the Board's rules). Several stakeholders from small hospitals (less than 100 occupied beds) and some members have suggested the utility of a pilot project that would allow their own staff pharmacists to remotely process medical orders received after the pharmacy closes and to do so from their homes.

# Pilot Project – Remote Processing of Medical Orders in Small Hospitals

## Proposal

During the period of time the pilot project is operational, the pharmacies identified herein will be authorized to enable the remote processing of medical orders originating from their own hospital after the pharmacy has closed and would authorize their own staff pharmacists to perform that remote processing from their own homes. The objective of the pilot project is to evaluate the feasibility and benefits to the public's health, safety and welfare of allowing such professional services to be rendered from locations other than licensed pharmacies. The results of the pilot project will be used by the Board in its rulemaking considerations.

## Eligibility

- The pharmacist-in-charge of the pharmacy shall have the capacity to establish secure electronic access at the homes of one or more of his own staff pharmacists.
- With guidance from the Board's Regulation Revision Committee, the following pharmacies have been confirmed by the Board's pharmacist compliance officers as eligible and willing participants in the pilot program:

PHY.000194-HOS	Riverland Medical Center Pharmacy
PHY.000511-HOS	Jackson Parish Hospital Pharmacy
PHY.000947-HOS	Richland Parish Hospital Pharmacy
PHY.001054-HOS	St. James Parish Hospital Pharmacy
PHY.001138-HOS	Reeves Memorial Medical Center Pharmacy
PHY.001198-HOS	West Feliciana Parish Hospital Pharmacy
PHY.001530-HOS	Citizens Medical Center Pharmacy
PHY.003996-HOS	Madison Parish Hospital Pharmacy
PHY.004674-HOS	Bunkie General Hospital Pharmacy
PHY.006473-HOS	Surgical Specialty Center of Baton Rouge

## Operations

- The hospital pharmacy shall develop policies and procedures for the provision of remote processing services from a pharmacist's home.
- The remote processing services shall only be performed when the pharmacy is closed.
- The pharmacist shall have a process by which he can clarify the medication order with the prescriber, and this necessarily includes a mechanism for timely follow-up on medication orders that pending clarification.
- The following performance measures shall be in effect:
  - > The turnaround time for remote processing of medication orders for immediate ("stat") administration shall not exceed 15 minutes.
  - > The turnaround time for remote processing of medication orders for routine administration shall not exceed 60 minutes.
- The pharmacy shall have a quality assurance program. The guidelines for recording medication errors shall comply with the current standards of practice including the accreditation standards from The Joint Commission (TJC). The medication error reporting system shall be able to identify adverse events related to the remote processing of medical orders, which shall be reportable to the Board upon request. Finally, the quality assurance program shall include indicators that measure important aspects of remote processing, including:
  - > Timeliness (i.e., elapsed time to receive and verify an order);
  - > System Performance (i.e., percentage of time information technology systems are not available for remote processing);
  - > Employee Satisfaction at both the hospital pharmacy and remote site; and
  - > Unanticipated Problems (i.e., privacy breaches and communication issues).

## Governance

- The pharmacy shall comply with all other laws and rules in effect pertaining to the practice of pharmacy.
- The pilot project shall be authorized for up to one year, and this time may be extended by the Board.



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## Executive Committee

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Report of Assistant Executive Director

---

**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.

## Requests for Exemption from PMP Reporting

### August 6, 2014

In accordance with LA.R.S:40.4.X-A.1006.C. The board may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver shall state the format and frequency with which the dispenser shall submit the required information. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

Permit	Permit Type	Name	Scope of Practice	DEA	City	State
6888	NR	AnovoRx Group		Yes	Memphis	TN
5646	NR	Bet Pharm	Veterinary Compounding Pharmacy	No	Lexington	KY
6901	NU	Cardianl Health 414	Nuclear Pharmacy	No	Lafayette	LA
5019	NRN	Cardinal Health - Flowood	Nuclear Pharmacy	No	Flowood	MS
5028	NU	Cardinal Health - New Orleans	Nuclear Pharmacy	No	New Orleans	LA
2789	NU	Cardinal Health - West Monroe	Nuclear Pharmacy	Yes	West Monroe	LA
6897	NU	Cardinal Health 414	Nuclear Pharmacy	No	Baton Rouge	LA
6895	NU	Cardinal Health 414	Nuclear Pharmacy	No	Shreveport	LA
6917	NU	Cardinal Health 414	Nuclear Pharmacy	No	Houma	LA
6696	NRN	Cardinal Health 414	Nuclear Pharmacy	No	Denver	CO
6866	NR	Community Healthcare Services	Specialty Pharmacy - Chronic Diseases	Yes	Loma Linda	CA
6333	HOS	Cypress Pointe Surgical Hospital Pharmacy	Inpatient Hospital Pharmacy	Yes	Hammond	LA
6710	NR	Goodlife Pharmacy	Retail Pharmacy - Diabetic Supplies	Yes	Boca Raton	FL
6887	NR	Hawkins Pharmacy	Diabetic Supplier	Yes	Olive Branch	MS
5169	IR	Institutional Pharmacies of Louisiana	Institutional Pharmacy	Yes	Scott	LA
624	HOS	Lafayette General Hospital Pharmacy	Inpatient Hospital Pharmacy	Yes	Lafayette	LA
647	HOS	Lane Regional Medical Center		Yes	Zachary	LA
6704	NR	Liberty Medical Supply, Inc.	Mail Order Pharmacy	Yes	Port St Lucie	FL
6788	HOS	LifeCare Hospitals of Shreveport	Inpatient Hospital Pharmacy	Yes	Shreveport	LA

6797	HOS	Longleaf Hospital Pharmacy	Inpatient Hospital Pharmacy	Yes	Alexandria	LA
6258	NR	Meds for Vets	Compound Veterinarian Pharmacy	No	Sandy	UT
6380	HOS	Northshore Specialty Hospital Pharmacy	Inpatient Hospital Pharmacy	Yes	Covington	LA
6912	HOS	Park Place Surgical Hospital	Inpatient Hospital Pharmacy	Yes	Lafayette	LA
6739	NR	Physician Choice Pharmacy	Mail Order Pharmacy - Diabetic Supplies	Yes	Sunrise	FL
6374	NU	Pioneer Pharmacy	Nuclear Pharmacy	No	Baton Rouge	LA
6716	HOS	Post Acute Specialty Hospital of Hammond Pharmacy	Inpatient Hospital Pharmacy	Yes	Hammond	LA
6753	HOS	Post Acute Specialty Hospital of Lafayette	Inpatient Hospital Pharmacy	Yes	Lafayette	LA
194	HOS	Riverland Medical Center Pharmacy	Inpatient Hospital Pharmacy	Yes	Ferriday	LA
6614	NR	Sinus Dynamics Pharmacy	Retal Pharmacy - Non-Sterile Compounding	Yes	Westlake Village	CA
6892	NR	SmartPractice Allergen Bank		Yes	Phoenix	AZ
6713	HOS	W.O. Moss Memorial Health Clinic	Inpatient Hospital Pharmacy	Yes	Lake Charles	LA

**Staff Recommendation**

Approve the proposed waivers conditioned upon execution of the standard Consent Agreement:

**WAIVER TO PRESCRIPTION MONITORING PROGRAM REPORTING REQUIREMENTS  
CONSENT AGREEMENT**

WHEREAS, in order to facilitate the pharmacy's request for a waiver to the reporting requirements to the Louisiana Board of Pharmacy's Prescription Monitoring Program (PMP) as required by law, the Pharmacy indicated below agrees to the following terms:

- (1) The Pharmacy shall not be authorized to dispense any controlled dangerous substances (CDS) or *drugs of concern*, with the exception of hospital inpatient dispensing, as identified by the Louisiana Board of Pharmacy (Board) by regulation.
- (2) Upon the first instance of receipt of evidence by the Board indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to the following sanction:  
***The Pharmacy agrees to pay a fine of \$5,000.00 and reimburse the Board \$250.00 in administrative hearing costs, with total payment due the Board of***

***\$5,250.00, due by certified check or money order within 30 days of notice of this prohibited activity.***

- (3) Upon the second instance of receipt of evidence indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to pay the above sanction, the termination of this waiver and the resumption of its reporting to the PMP.
- (4) The Pharmacy shall post a copy of this agreement adjacent or attached to its pharmacy permit.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

**PHY.006888-NR**  
**DEA - Yes**

**From:** Dora Garcia [<mailto:Dora.Garcia@anovorx.com>]  
**Sent:** Wednesday, May 14, 2014 2:39 PM  
**To:** info  
**Subject:** AnovoRx Group, LLC (Louisiana License #: PHY.006888-NR)

Dear Board,  
AnovoRx Group, LLC is in receipt of our Non-Resident Pharmacy License from the State of Louisiana. We also received an official notice to report eligible prescription transactions to the Louisiana PMP. We are formally requesting a no controlled substance waiver/exemption due to the fact that AnovoRx Group, LLC does not possess or dispense any controlled substances with the State of Louisiana or any other State. Does the State of Louisiana allow waivers/exemptions for no controlled substance dispensing?

Please find attached our DEA statement, stating the reasoning we had to acquire a DEA number signed by our Pharmacist in Charge.

Please let me know if you have any questions or require additional information. Thank you for your consideration.

Dora

*Dora Garcia*  
*901-201-5474 direct*  
*901-201-5465 fax*  
*855-811-7995 toll free*  
*[Dora.garcia@anovorx.com](mailto:Dora.garcia@anovorx.com)*  
*Office Manager*  
*AnovoRx*  
*1710 N. Shelby Oaks Drive*  
*Suite 2*  
*Memphis, TN 38134*

**anovoRx**<sup>TM</sup>



To: Board of Pharmacy

From: Renewal of Non-resident pharmacy license for AnovoRx Group, LLC; TN License 5129

Re: No Controlled Substance Dispensing; DEA registration

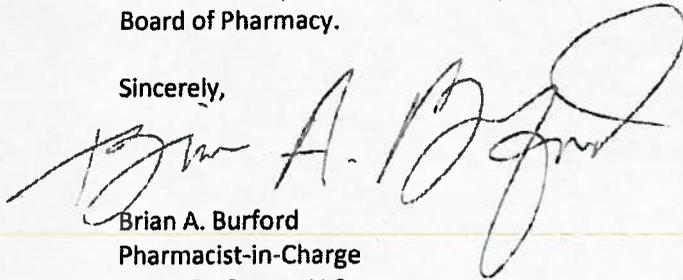
AnovoRx Group, LLC ("Anovo") respectfully informs you that subsequent to the initial issuance of a pharmacy license by your state, AnovoRx Group, LLC has acquired a DEA registration. AnovoRx acquired the DEA registration, a copy of which is enclosed, for the sole purpose of meeting state Medicaid provider participation requirements. Some state Medicaid programs require pharmacy providers to have a DEA registration, even if the pharmacy will not dispense controlled substances.

Despite having a DEA registration, AnovoRx continues to qualify for an exception from prescription drug monitoring program requirements. AnovoRx Group's pharmacist in charge hereby swears and attests in front of a notary that:

1. Anovo does not purchase or possess controlled substances or any drugs that are classified as restricted drugs by your state.
2. Anovo does not in the future intend to purchase or possess controlled substances or any drugs that are classified as restricted drugs by your state.
3. Anovo does not now, nor has it ever, nor does it intend in the future, to dispense, ship or deliver controlled substances or any drugs that are classified as restricted drugs by your state.
4. Anovo does not now, nor has it ever, nor does it intend in the future, to dispense, ship or deliver into your state controlled substances or any drugs that are classified as restricted drugs by your state.
5. Anovo is a specialty pharmacy that limits its inventory to specialty drugs and drugs to treat certain disease states, and its business model does not include providing controlled substances
6. Anovo will notify your Board of Pharmacy of any change in circumstance that should result in Anovo possibly dispensing a controlled substance into your state.

AnovoRx Group also encloses for your convenience a copy of its 2014 inspection report from the TN Board of Pharmacy.

Sincerely,



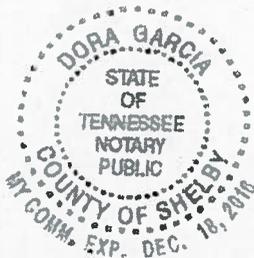
Brian A. Burford  
Pharmacist-in-Charge  
AnovoRx Group, LLC



STATE of TN  
COUNTY of SHELBY

Sworn before me on this 11th day of MARCH, 2014.

  
\_\_\_\_\_  
Notary Public





**www.betpharm.com**

**1501 Bull Lea Road**

**Suite 102 B**

**Lexington, KY 40511**

**Fax 859/ 273-2860**

**Phone 866/707-0998**

To Whom It May Concern:

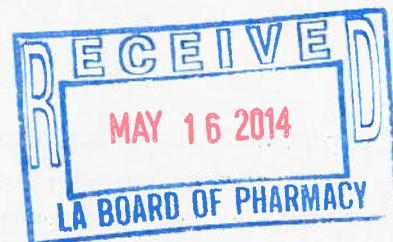
BET Pharm, LLC, a veterinary compounding pharmacy, holding Louisiana license number PHY.005646, and not holding a DEA number, does not handle or dispense any controlled substances, including Tramadol or SOMA, nor do we intend to do so in the foreseeable future. Therefore our current controlled substance inventory at this time is none. We kindly request an exemption from reporting. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Meena Shah", written in a cursive style.

Meena Shah

PIC for BET Pharm, LLC





July 1, 2014

[cardinalhealth.com](http://cardinalhealth.com)

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809

Attention: Louisiana Prescription Monitoring Program (PMP)

Dear Board,

We respectfully request exemption from the PMP reporting requirements for the attached Louisiana licensed Cardinal Health nuclear pharmacies. None of the facilities handle, store or dispense controlled substances or drugs of concern.

Please let me know of anything further that may be required in order to put the exemption into place.

Sincerely,

A handwritten signature in black ink that reads "Dawn Harmon".

Dawn Harmon, Licensing Administrator  
Cardinal Health 414, LLC  
7000 Cardinal Place  
Dublin, OH 43017  
Tel (614) 757-7570  
Fax (614) 652-4203  
[Dawn.harmon@cardinalhealth.com](mailto:Dawn.harmon@cardinalhealth.com)



Cardinal Health 414, LLC-location	Pharmacy address	Manager/PIC	Current License #
Baton Rouge-7151	2380 O'Neal Lane Suite D, Baton Rouge, LA 70816	Bevan Callicott	PHY.006897-NU
Lafayette-7152	101 Rue Bastille, Lafayette, LA 70508	Malvin Vincent	PHY.006901-NU
New Orleans-7052	9501 Airline Highway, New Orleans, LA 70118	Zeta Hayes	PHY.005028-NU
Shreveport-7173	425 Ashley Ridge Blvd, Suite 136, Shreveport, LA 71106	Stephen Norton	PHY.006895-NU
West Monroe-7154	207 Exchange Street, West Monroe, LA 71292	Catherine Whipple	PHY.002789-NU
Houma-7156	8065 Main St, #C, Houma, LA 70360	Chad Walker	PHY.006917-NU
Denver- 7219	10400 E. 48th Avenue, Denver, CO 80238	Ngoc Pham	PHY.006696-OSN
Jackson-7051	20 River Bend Place, Flowood, MS 39232	Robert Watts	PHY.005019-OSN





## Community Healthcare Services

A subsidiary of NCHS

Toll Free Phone: 877.616.1247

Local Phone: 909.796.2140

Toll Free Fax: 877.616.2247

Local Fax: 909.796.7942

Toll Free Referral Fax Line: 855.401.3022

June 18, 2014

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809

RE: Community Healthcare Services, Inc.      Lic PHY.006866-NR  
DEA FC1762790

Dear Louisiana Board of Pharmacy:  
Community Healthcare Services, Inc. would like to request a waiver from reporting to the Prescription Monitoring Program for the State of Louisiana.

Community Healthcare Services, Inc. is a specialty pharmacy that treats patients with chronic diseases such as Hemophilia, HIV, Immunodeficiency, and Hepatitis C.

It is not in our scope of practice to provide Controlled Substances to patients in the State of Louisiana. If our scope of practice changes, we will contact the Board of Pharmacy and begin reporting.

If you have any questions, please do not hesitate to contact us.

Thank you,

Allen F. Scorsatto, RPH  
Pharmacist-in-Charge  
Louisiana Pharmacist Lic. PST.020445



Cypress Pointe Surgical Hospital Pharmacy  
42570 S. Airport Road  
Hammond, LA 70403-0946  
May 19, 2014

Joe Fontenot  
Assistant Executive Director  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 700809-1700

Re: Request For Exemption From Reporting "Zero Activity" To P.M.P.

Dear Joe:

Cypress Pointe Surgical Hospital Pharmacy, 42570 S. Airport Road, Hammond, La. 70403-0946, Permit # PHY.006333-HOS, DEA #FC2335342, formally requests an exemption from reporting zero activity to the Prescription Monitoring Program for the reason(s) stated below.

The scope-of-services provided is as follows:

- a. Maintaining an adequate drug supply and current Drug Formulary.
- b. Safely preparing, labeling, and dispensing drugs, chemicals, and parenteral solutions accurately and in a timely manner.
- c. Participation in orientation and in-service education programs.
- d. Providing patient and family education as needed.
- e. Monitoring and evaluating drug therapy as part of a drug management program.
- f. Managing all drug storage and preparation areas within the pharmacy and throughout the facility to ensure drug security.
- g. Providing support to medical staff relative to drug information and cost-conscious rational drug therapeutics.
- h. Participating in hospital committees that are involved with medication management, including drug errors and ADRs. Maintaining appropriate records for receipt and dispensing of medications and ensuring that all controlled medications are stored and secured in accordance to the Controlled Substance Act of 1970.

**Reason for Request for Exemption:**

The pharmacy department does not currently, nor do we plan in the future to, dispense discharge nor out-patient prescriptions for any pharmaceutical item, including controlled substances or drugs of concern, to Louisiana residents as a part of the Scope-of Services provided.

We understand that if the Scope-of-Services provided is amended in the future to include the dispensing of discharge or out-patient prescriptions of controlled substances or drugs of concern that we would be expected to notify the Board of Pharmacy of this change, and be obligated to begin reporting to the P.M.P. at that time.

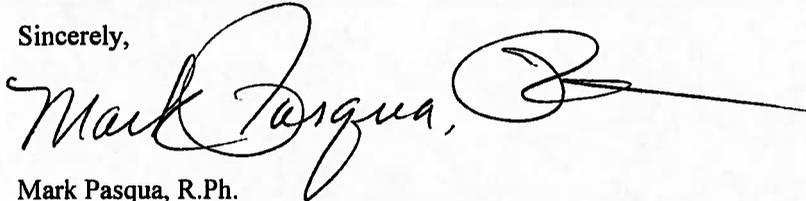
Please present this request to the Board of Pharmacy at the next scheduled meeting.



Joe Fontenot  
May 19, 2014  
Page 2

Thank you for your assistance. Please don't hesitate to contact me if you require anything further in this matter.

Sincerely,

A handwritten signature in black ink that reads "Mark Pasqua". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Mark Pasqua, R.Ph.  
Pharmacist-In-Charge



GOODLIFE

PHARMACY

8903 G13 Glades Road Boca Raton, FL 33434

Phone: (561)999-8855 Fax: (561) 948-0860

(888) 870-1485

To: Danielle Clausen Meadors

Goodlife Pharmacy does not/will not dispense to Louisiana residents any control substances. Goodlife Pharmacy is requesting a Prescription Monitoring Program Reporting Waiver.

Goodlife Pharmacy is an independent community retail pharmacy that specializes in dispensing medications for chronic conditions. We also specialize in diabetic testing supplies.

Goodlife Pharmacy's Louisiana license number: PHY.006710-NR

Goodlife Pharmacy's DEA number: FG3717963

Any questions or concerns, please contact Alicia P. 561-999-8855 ext. 109. Thanks.

Alicia P.

GoodLife Pharmacy 8903 G13 Glades Road Boca Raton, FL 33434  
Phone: (561)999-8855 Fax: (561) 948-0860



# Hawkins PHARMACY

To: Louisiana Board of Pharmacy

3388 Brentwood Drive

Baton Rouge , LA 70809-1700

*May 15, 2014 mg*

Re: Request for Exemption from Controlled Substances and Drugs of Concern Reporting

Dear Louisiana Board of Pharmacy,

I am the PIC of Hawkins Pharmacy, LLC and am requesting exemption from the reporting requirement. Hawkins's Pharmacy is a diabetic supplier and does not stock nor dispense any controlled substances not stock any drugs of concern. I am hereby requesting exemption from the PMP program.

Hawkins Pharmacy

6888 Goodman Road Ste 104

Olive Branch, MS 38654-8759

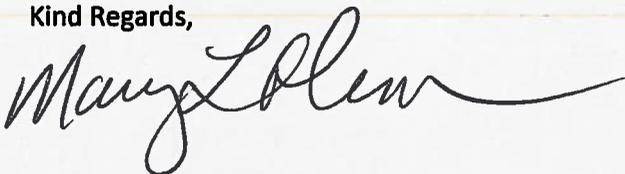
LA Permit # PHY.006887-NR

DEA Registration # FH3996494

Scope of Practice – Diabetic supply pharmacy only

Hawkins Pharmacy is a diabetic supplier and does not nor plan on ever dispensing any controlled substances or drugs of concern to Louisiana residents.

Kind Regards,



Mary L. Glenn, RPh

PIC Hawkins Pharmacy LLC

662.336.1025

[mglenn@hawkinspharmacy.com](mailto:mglenn@hawkinspharmacy.com)

LA License # PST.020454





May 14, 2014

Louisiana Board of Pharmacy  
Joe Fontenot, R.Ph

Request for exemption to reporting:

PHY.005169-IR  
Institutional Pharmacies of Louisiana  
106 Abigayle Row  
Scott, LA 70583-8909

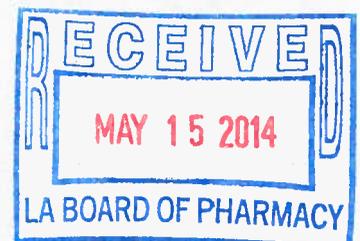
DEA Registration Number  
BI8547107

Institutional Pharmacies of Louisiana (IPL) is a closed-door pharmacy that services Long Term Acute Care (LTAC) hospitals, Rehabilitation Hospitals, and nursing homes. We are able to be 100% compliant with the law except in the cases of the LTAC's & Rehabs. In these cases we have Omnicell dispensing machines that contain the medications for these particular patients. IPL reviews the physician's orders and profiles the (controlled substances). The nurses at the facility are able to access the patient's profile and remove the medications as ordered. This is strictly an in-house process, no medications are removed from the sites. Our problem is that when Omnicell sends charge data our pharmacy software generates a new prescription number. We do not have access to the patients' social security numbers and this is the source of our problem. On rare occasions there may be a physician's order for a non-formulary medication. In these cases we do obtain the SS# and send the medication patient specific as a prescription. We are 100% compliant with these instances.

IPL does fill prescriptions for employees & families. In these cases again the SS# is used and compliance is 100%.

Thank you for your consideration

Thomas J. Walker, P.D.  
Pharmacist In Charge  
Institutional Pharmacies of Louisiana



**Lafayette General  
Health**

July 8, 2014

Lafayette General  
Medical Center  
University Hospital & Clinics  
Acadin General Hospital  
Lafayette General  
Surgical Hospital  
St. Martin Hospital  
Abrom Kaplan  
Memorial Hospital  
LGMD Physician Group  
Cancer Center of Acadiana  
CyberKnife Center Louisiana  
Lafayette Behavioral  
Health Unit  
Lafayette General  
Endoscopy Center  
Lafayette General Imaging  
Lafayette General  
Telemedicine Clinic

**Affiliates:**

Abbeville General Hospital  
Bunkie General Hospital  
Franklin Foundation  
Hospital  
Opelousas General  
Health System  
Savoy Medical Center

*Metabolic and Bariatric  
Surgery Accredited Center  
Advanced Certified Primary  
Stroke Center  
Neuroscience Center of  
Excellence*

*AAGL Center of Excellence in  
Minimally Invasive Gynecology*

*Disease-Specific Care  
Certification for Joint  
Replacement—Hip and Knee  
Commission on Cancer  
Accredited Program*

*Consumer Choice Award  
2009-'10, '10-'11, '11-'12,  
'12-'13 and '13-'14*

*America's Best 100 Hospitals  
for Patient Experience,  
Orthopedics and Obstetrics*

*Top Improver Award for  
Inpatient Satisfaction*

*Top Performer on Key  
Quality Measures*

LafayetteGeneral.com

Louisiana Board of Pharmacy  
Attention: Joe Fontenot, Assistant Executive Director  
3388 Brentwood Drive  
Baton Rouge, La 70809-1700

Re: Lafayette General Hospital Pharmacy  
1214 Coolidge Blvd  
Lafayette, La 70503-2621  
Permit # PHY.000624-HOS

Mr. Fontenot,

Lafayette General Hospital Pharmacy is an acute inpatient pharmacy that only dispenses medications to our inpatients and outpatients within the facility. We do not provide prescriptive services to patients being discharged from this facility using this permit. With this in mind, I would like to respectfully request an exemption from the zero activity reporting requirements for the Prescription Monitoring Program.



Shane Domingue, RPh

Director of Pharmacy

Lafayette General Medical Center





# Lane Regional Medical Center

*Changing and Growing With You*

Monday, July 14, 2014

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809

Dear Sir,

Lane Regional Medical Center does not fill any controlled substance prescriptions. We have uploaded a zero activity data since the inceptions of the Louisiana PMP. Therefore, I am requesting that Lane Regional Medical Center be exempted from continuing to upload the zero activity data to the Louisiana PMP. If any changes occur, i.e. processing controlled substances prescriptions, we will let the Board of Pharmacy know and begin uploading the proper data. Thank you in advance for your consideration.



---

6300 Main Street • Zachary, Louisiana 70791

PHONE (225) 658-4000 • WEB [www.lanermc.org](http://www.lanermc.org)

JCAHO Accredited Facility



July 31, 2014

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809

Dear Louisiana Board of Pharmacy,

Liberty Medical Supply, Inc is requesting a waiver for reporting to the prescription Monitoring Program. Liberty medical Supply does not dispense Schedule II or Schedule III-V controlled substances.

- Pharmacy Name: **Liberty Medical Supply, Inc**
- Pharmacy's Louisiana license number: **PHY.006704-OS**
- DEA number (if applicable): **BL6408531**
- The pharmacy's scope of practice: **Mail Order**
- Statement explaining that your pharmacy does not/will not dispense to Louisiana residents and you are requesting a Prescription Monitoring Program Reporting Waiver: **Liberty Medical Supply, Inc does not dispense control substances (including tramadol containing Products). Most recent inventory attached.**

Please feel free to contact me if additional information is required.

Sincerely,

Art Schneider, RPh.  
Managing Pharmacist  
Pharmacy Regulatory Compliance, Accreditations and Part B Meds  
Tel: 772-398-7214 ext: 27214  
Email: art.schneider@libertymedical.com



Liberty Medical Supply, Inc. 8881 Liberty Lane, Port St. Lucie, FL 34952 Phone: 1.772.398.5800 Fax: 1.772.398.2192

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7/01/2014

Ms Blakey,

I would like to request an exemption for PMP reporting:

**Pharmacy Name:** LifeCare Hospitals of Shreveport (North)

**Pharmacy Permit Number :** PHY.006788-HOS

**Pharmacy CDS Number:** CDS.043340-HOS

**Pharmacy DEA Number :** FL4281729

**Pharmacy Representative:** Susan E. Clark, Pharm.D., Pharmacist-in- Charge, and

Crystal James, RPH, Director of Pharmacy Services, LifeCare Hospitals  
Shreveport

**Pharmacy's Scope of Practice:** Long Term Acute Care Hospital Pharmacy

**History of dispensing drugs of concern:**

This hospital pharmacy only dispenses medication for use to our patients within our facility, and does not dispense any drugs of concern for outpatient use.

Thank you very much for help with this matter,

**Susan E Clark, Pharm.D.**

Pharmacist in Charge, LifeCare North Pharmacy

2550 Kings Hwy

Shreveport, La. 71103

[Susan.Clark@lifecare-hospitals.com](mailto:Susan.Clark@lifecare-hospitals.com)

Phone 318-212-6874

Fax 318-212-6875



## Danielle Clausen

---

**From:** Kim Craig <Kim.Craig@longleafhospital.com>  
**Sent:** Wednesday, May 14, 2014 2:21 PM  
**To:** Danielle Clausen  
**Subject:** PMP Waiver Request

Danielle,  
I want to request a PMP waver.

If so, I, Kim Craig RPh PIC, am requesting a PMP waiver to exempt:

Longleaf Hospital Pharmacy  
Permit:PHY.006797-HOS  
CDS.044069-HOS  
FL4316231  
Inpatient Pharmacy Only

We do not and will never dispensed control substances to any Louisiana resident other than to those inpatients that are admitted to our hospital.

Thank you for your consideration in this matter,

Kim Craig RPh  
Director of Pharmacy  
LongLeaf Hospital  
Email: [Kim.Craig@acadiahealthcare.com](mailto:Kim.Craig@acadiahealthcare.com)  
(318) 448-7308 (direct)  
(318) 445-5408 (fax)  
(318) 446-0707 (cell)

Confidentiality Notice: This e-mail, and any attachments, are intended only for the individual or company to which it is addressed and may contain proprietary information which is intended only for dissemination to its intended recipients. Further, this e-mail may also contain Protected Health Information and related materials whose usage & disclosure is further governed by HIPAA and other federal regulations. If you are not the intended recipient, be advised that any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the information contained herein is strictly prohibited. If you have received this e-mail and are not the intended recipient, you are instructed to notify the sender by reply e-mail and destroy all copies of the original message.



July 14, 2014

Meds for Vets

RE: Louisiana PDMP Program

License# PHY.006258-OS

We are a compound veterinarian pharmacy with no DEA license and do not dispense any controlled substances. Asking for a waiver to not do zero reporting.

At this time we do not plan to dispense any controlled substances or drugs of concern to Louisiana residents.

Thank you,



Ian Erickson

Pharmacist in Charge



July 9, 2014

Joseph Fontenot, RPh  
Assistant Executive Director  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, La. 70809-1700

Mr. Fontenot,

I am requesting an exemption from the reporting requirement of the Louisiana Prescription Monitoring Program. My hospital, Northshore Specialty Hospital of Covington is an inpatient LTAC facility. The pharmacy department does no outpatient dispensing now and there are no plans to start this in the future.

The following information is justification for my request:

- Northshore Specialty Hospital Pharmacy  
20050 Crestwood Blvd  
Covington, La. 70433-5207
- Louisiana Pharmacy Permit Number: PHY.006380-HOS
- Louisiana Hospital CDS Number: CDS.037767-HOS
- Louisiana Pharmacy CDS Number: CDS.040191-PHY
- DEA Number: FN2078194

As seen above, we do not have a retail permit and have no intention or plan to ever dispense medication to any outpatient. Our practice activities are inconsistent with the stated intent of the program.

Sincerely,



Frank M. McCloy, RPh Director of Pharmacy  
Northshore Specialty Hospital  
985-875-7291  
[fmccloy@warmsprings.org](mailto:fmccloy@warmsprings.org)



## Danielle Clausen

---

**From:** Christi Primeaux <cprimeaux@parkplacesurgery.com>  
**Sent:** Tuesday, July 01, 2014 1:02 PM  
**To:** Danielle Clausen  
**Subject:** Park Place Surgical Hospital PMP

Ms. Clausen,

Pharmacy : Park Place Surgical Hospital  
Pharmacy Permit Number : PHY.006912-HOS  
Pharmacy DEA Number : FP1223231

My pharmacy department services inpatients only. We do not dispense any outpatient or discharge medications. I am requesting a waiver for the PMP since we do not participate in outpatient dispensing and would always submit zero data.

Please let me know if this request is possible.

I appreciate your time and guidance on this matter!

Many Thanks,

Christi Primeaux, RPh  
Park Place Surgical Hospital  
4811 Ambassador Caffery Parkway Suite 100  
Lafayette, LA 70508  
337-237-8119 ext 1122



Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

To: Danielle

From: Joanne Hatton RPh,CPh,NPh

Physicians Choice Pharmacy

4529 N. Pine Island Road

Sunrise, Florida 33351

Date: June 18 2014

RE: Waiver from the Prescription Monitoring Program

Danille,

Thank you for returning my call this morning and answering my questions regarding the Prescription Monitoring Program.

Here is the information that you requested.

1-Physician Choice Pharmacy

2-4529 N. Pine Island Road

Sunrise, Florida

33351

3-Our scope of practice is a mail order pharmacy for diabetic supplies.

4-Our DEA number is FP3273769



5- I am requesting a waiver from the PMP program since we do not maintain any controls in our inventory, nor do we plan on doing so at this time.

I appreciate your time and consideration in this matter. If there is anything else that you need from me, please contact me.

Professionally,

Joanne J. HattonRPh, CPh, NPh

888-389-2014 x414





*"Serving You...Serving Patients"* June 12, 2014

**To: Louisiana Board of Pharmacy  
Prescription Monitoring Program  
225-925-6499**

**From: Corey Sorrel, R.Ph.  
Pioneer Pharmacy  
2223 Quail Run Drive Bldg. F  
Baton Rouge, LA 70808  
225-768-7454 (office)**

**RE: PMP Waiver Request**

**Dear Sir/Madam,**

Pioneer Pharmacy (6374-NU) is requesting a waiver from the reporting requirements of the Prescription Monitoring Program based on the fact that the pharmacy does not procure, store, or dispense controlled drugs nor does the pharmacy hold a CDS license for such activities. Therefore, it is not possible for Pioneer Pharmacy to ever possess any of these type substances. If you require any additional information or have any questions, please do not hesitate to contact me at the pharmacy.

Thank you for your consideration!

Sincerely,

Corey Sorrel, R.Ph.  
Pharmacy Manager





42074 Veterans Avenue  
Hammond, LA 70403  
Tel 985.902.8148  
Fax 985.902.9148

Joe Fontenot, R.Ph.  
Assistant Executive Director  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

June 26, 2014

Dear Mr. Fontenot,

I'm requesting exemption from the reporting requirement of the Louisiana Prescription Monitoring Program. I am Cecilia Bland, R.Ph, Director of Pharmacy at Post Acute Specialty Hospital of Hammond, which is an LTAC inpatient facility.

The following information is justification for our request:

- Louisiana Permit Number: PHY-006716-HOS
- Post Acute Specialty Hospital of Hammond  
425074 Veterans Avenue  
Hammond, LA 70403-1408
- DEA Registration: FP 3819488

Scope of Practice: Inpatient pharmacy serving inpatient population only.

Explanation for requesting an exemption- We do not have a retail permit and have no intention or plan to ever dispense any drugs to any outpatients. Our practice activities are inconsistent with the intent of the program.

Sincerely,

A handwritten signature in black ink that reads 'Cecilia L. Bland'.

Cecilia L. Bland R.Ph. Director of Pharmacy  
[cebland@PostAcuteHammond.com](mailto:cebland@PostAcuteHammond.com)  
985-902-8148 ext. 2148



Joe Fontenot, R.Ph.  
Assistant Executive Director  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

July 14, 2014

Dear Mr. Fontenot,

I'm requesting exemption from the reporting requirement of the Louisiana Prescription Monitoring Program. I am John Richard, R.Ph, Director of Pharmacy at Post Acute Specialty Hospital of Lafayette, which is an LTAC inpatient facility.

The following information is justification for our request:

- Louisiana Permit Number: PHY-006753-HOS
- Post Acute Specialty Hospital of Lafayette  
204 Energy Parkway  
Lafayette, LA 70508-3816
- DEA Registration: FP 4301002

Scope of Practice: Inpatient pharmacy serving inpatient population only.

Explanation for requesting an exemption- We do not have a retail permit and have no intention or plan to ever dispense any drugs to any outpatients. Our practice activities are inconsistent with the intent of the program.

Sincerely,



John Richard R.Ph. Director of Pharmacy  
[jrichard@PostAcutelafayette.com](mailto:jrichard@PostAcutelafayette.com)  
337-261-1750





1700 E.E. Wallace Blvd N (P.O. Box 111)  
Ferriday, Louisiana 71334  
(318) 757-6551

Mr. Joe Fontenot, R.Ph  
Assistant Executive Director

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA. 70809-1700  
(225-922-0094)

July 16, 2014

Mr. Fontenot,

This letter is to request an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. Riverland Medical Center does not dispense any controlled substances or drugs of concern to patients outside of the facility. Louisiana Pharmacy Permit Name, Address and number is:

Riverland Medical Center Pharmacy  
1700 E.E. Wallace Blvd. North  
Ferriday, LA 71334-2239  
PHY.000194-HOS

DEA Registration Number is:  
AC3418820

Riverland Medical Center Pharmacy is strictly an in-patient Hospital Pharmacy. The Hospital does not plan to dispense any out-patient prescriptions in the future.

Thank You,

Darla E. Dunbar, R.Ph.  
Pharmacy Director



Louisiana State Board of Pharmacy  
Prescription Drug Monitoring Program

Date: 7/28/14

**WAIVER/ EXEMPTION REQUEST**

Pharmacy Name:

Sinus Dynamics Pharmacy  
755 Lakefield Rd. Ste. D  
Westlake Village, CA 91361

Pharmacy's Louisiana License Number:

PHY.006614-OS

DEA Number:

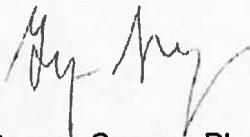
FS3031868

Pharmacy's Scope of Practice:

Non-Sterile Compounding/ Retail Pharmacy

We are requesting a waiver to report to the PDMP of Louisiana. Our pharmacy compounds Non-Sterile products. Our pharmacy also does not have any controlled substances nor intend to dispense controlled substances to residents of Louisiana. Our pharmacy has a DEA License for schedule V drugs, but has never purchased a single scheduled drug since pharmacy conception.

Thank you in advance for your consideration. If you need further clarification, please feel free to contact me.

 7-28-14

George Suarez, Pharm. D  
Pharmacist-in-charge  
Sinus Dynamics Pharmacy  
755 Lakefield Rd. Ste. D  
Westlake Village, CA 91361  
Ph# 877-447-4276 ext. 796  
Fax# 888-414-0666



**From:** Christine Coopman [<mailto:ccoopman@smarthealth.com>]  
**Sent:** Monday, May 12, 2014 12:22 PM  
**To:** info  
**Subject:** SmartPractice Allergen Bank LLC.

Hello,

As a newly licensed non-resident pharmacy, permit# PHY.006892-NR, I would like to request a waiver from reporting the the LA Prescription Drug Monitoring Program. SmartPractice Allergen Bank LLC. will not be dispensing controlled substances into the state of Louisiana. Thank you for your consideration of this request,

**Christine Coopman RPh**  
Pharmacist In Charge  
602-225-0595 Ext. 7130  
Fax 602-225-0245  
[ccoopman@smarthealth.com](mailto:ccoopman@smarthealth.com)

 **SmartPractice**  
3400 E. McDowell Rd.  
Phoenix, AZ 85008  
[www.smartpractice.com/dermatology](http://www.smartpractice.com/dermatology)



## Danielle Clausen

---

**From:** Joe Fontenot  
**Sent:** Monday, July 21, 2014 12:44 PM  
**To:** Danielle Clausen  
**Subject:** FW: Request for Exemption From Reporting to the Louisiana PMP

### Waiver Request

---

**From:** Hoffpaur, Karl [<mailto:kahoffpaur@lcmh.com>]  
**Sent:** Monday, July 21, 2014 12:18 PM  
**To:** Joe Fontenot  
**Subject:** Request for Exemption From Reporting to the Louisiana PMP

Dear Mr. Joe Fontenot and The Louisiana Board of Pharmacy,

As Pharmacist-In-Charge of:  
W.O. Moss Memorial Health Clinic  
1000 Walters Street  
Lake Charles, Louisiana 70607-4647  
Louisiana Pharmacy Permit: PHY.006713-HOS

I would like to request an exemption from the reporting requirement of the Louisiana Prescription Monitoring Program (PMP). Drug dispenses from our Hospital Permitted Pharmacy are provided for out-patient administration on-site only and no drug dispenses are for out-patient prescriptions.

Thank you and The Louisiana Board of Pharmacy for your consideration of my request.

Sincerely and Professionally,  
Alvin Karl Hoffpaur, R.Ph.  
PST.011231  
Pharmacist-In-Charge

Karl Hoffpaur, R.Ph.  
Director of Pharmacy  
Lake Charles Memorial Health System  
W. O. Moss Memorial Health Clinic  
1000 Walters Street, Lake Charles, LA 70607  
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# Louisiana Board of Pharmacy

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[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Report of General Counsel

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Report of Executive Director

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August 6, 2014

## Agenda Item 10-L: Report of Executive Director

1. Meeting Activity
2. Reports
3. Examinations
4. Operations
5. State Activities
6. National Activities
7. International Activities

### 1. **Meeting Activity**

In addition to Board and committee meetings, I have also participated in or attended the following meetings since the last Board meeting.

- |           |  |
|-----------|--|
| May 9     | ULM School of Pharmacy Senior Recognition Event – Monroe, LA     |
| May 17-18 | WHPA Conference on Regulation of Health Professions – Geneva, CH |
| May 19-20 | NABP Annual Meeting – Phoenix, AZ                                |
| May 22-24 | LSHP Annual Meeting – New Orleans, LA                            |
| July 22   | .Pharmacy Supporter Advisory Committee – Mount Prospect, IL      |

### 2. **Reports** (all in the Boardroom Library)

#### A. Census Reports

1. Compliance Division – Practitioner Recovery Program & Discipline
2. Credentials Division – CDS & Pharmacy Programs

#### B. Credentials Division Production Reports

1. Licensure Activity Report [new credentials in previous quarter]
2. Application Activity Report [pending applications count]

#### C. Exceptions Report

1. PIC in Multiple Locations
2. Resurrected Credentials / Special Work Permits

#### D. Annual Reports

1. Compliance Division Statistical Summary
2. Annual Report for the Board

The Pharmacy Practice Act requires the production of this report, its approval by the Board, and the submission of same to the Office of the Governor. I prepared this report for the prior fiscal year and tender it to the Board for its consideration. In the event you deem it appropriate, the following motion is suggested.

**Resolved**, to approve the 2014 Annual Report, and further, to authorize the Executive Director to send a copy to the Office of the Governor, and further, to post a copy on the Board's website.

### 3. **Examinations**

- A. MPJE – the results for the first trimester of 2014 are available.
- B. NAPLEX – the results for the first trimester of 2014 are available.
- C. PARE – we conducted one repeat examination on July 16 in the Board office.
- D. PTCB – the results for the first half of 2014 are not yet available.

### 4. **Operations**

#### A. Credentials Division

We conducted the renewal cycles for pharmacy technician certificates, emergency drug kit (EDK) permits, and automated medication system (AMS) registrations from May 1 through July 1.

- Of the 6,566 technicians who were noticed for renewal, 91% of them renewed timely, and of that number, 9% used paper forms.
- Of the 482 EDK permit holders who were noticed for renewal, 81% of them renewed timely.
- Of the 452 AMS registration holders who were noticed for renewal, 88% of them renewed timely.

We opened the renewal cycles for DME permit holders on July 1, mailing renewal reminder notices to 490 permits. They have until August 31 to renew their credentials without penalty. As of July 31, 63% had renewed, and of that number, 80% did so online.

With the recent federal pharmacy compounding legislation creating the new category of registered outsourcers, the question has been posed to our office as to whether the Louisiana Board of Pharmacy will require these federally-regulated and credentialed firms to also acquire a credential from the Louisiana Board. Since the legislation for outsourcers allows such firms to prepare products in response to both purchase orders and prescriptions, I have advised all inquirers that the Louisiana Board of Pharmacy will assert its jurisdiction over all such products dispensed to Louisiana residents pursuant to patient-specific prescriptions and require those firms to obtain a nonresident pharmacy permit prior to engaging in such activity. Those nonresident pharmacies also in possession of a DEA registration could include controlled substances in their product menu. We do not require nonresident pharmacies to obtain a state controlled substance license. However, we do require manufacturers and distributors located in other states that send controlled substances into this state to obtain a state controlled substance license. Therefore, we created a new category of state controlled substance license (CDS-ROF) for those federally-registered outsourcing facilities that intend to send controlled substances into this state pursuant to purchase orders.

#### B. Compliance Division

Our 5 pharmacist compliance officers are responsible for inspecting all the pharmacies and other facilities holding controlled substances (CDS). The census reports available for this meeting reflects 1,440 pharmacies within the state, as well as approximately 600 various types of facilities for CDS visits, including hospitals, distributors, ambulatory surgical centers, etc.

In addition to their routine site visits, the compliance officers are also responsible for investigating complaints filed with the Board. We began the fiscal year with 255 cases pending from the prior fiscal year. We entered 479 new cases and closed 482, leaving 252 cases pending at the beginning of this fiscal year. Of the cases closed during the prior fiscal year, 54% were disposed of through staff activities and the balance through committee and Board action.

#### C. Administrative Division

##### i. Annual Audit

As you know, we are subject to an annual audit of our financial and operational activities by the Office of the Legislative Auditor (OLA), or in the alternative, a private firm

operating under a contract with the OLA. As part of that audit, I am required to certify to you our compliance with a broad range of laws that govern state agencies financial and operational activities. In turn, the Board – through its President and Secretary – is required to certify the agency's compliance with those requirements. To facilitate that requirement, the OLA furnishes a document entitled the *Louisiana Compliance Questionnaire*.

I have completed the *Louisiana Compliance Questionnaire* for 2014 and tender it to the Board for its consideration. I posted an electronic copy in the Boardroom Library. In the event you believe it appropriate, the following motion is suggested:

**Resolved**, to approve the *Louisiana Compliance Questionnaire for 2014*, and further, to authorize the President and Secretary to execute the document for the Board.

ii. *Annual Review of Roster of Colleges & Schools of Pharmacy*

As you know, one of the requirements of pharmacist licensure is the successful completion of a board-approved college or school of pharmacy. While we do rely on accreditation of such schools by the Accreditation Council for Pharmacy Education (ACPE), such an accreditation does not result automatically in board approval. The board must affirmatively approve the colleges and schools of pharmacy it deems appropriate. Staff then uses that roster when evaluating applications for pharmacist licensure. I have reviewed the ACPE website and updated the roster you approved last year. In the event you deem it appropriate, the following motion is suggested:

**Resolved**, to approve the June 2014 *Roster of Colleges & Schools of Pharmacy* for Fiscal Year 2014-2015.

iii. *Document Depository Program*

As you may have noticed within the compliance questionnaire, one of the programs with which we are required to participate is the Document Depository Program of the Louisiana State Library. One of their requirements is the obligation for every agency to compile a roster of all publications available from the agency as well as an inventory of such publications. We recently compiled that document for the July 2014 reporting cycle, and a copy of that roster and inventory was posted in the Boardroom Library for your information. It requires no action on your part.

## 5. **State Activities**

### A. 2014 Louisiana Legislature

The legislature convened their regular session on March 10 and adjourned on June 2. Both of the Board's bills were adopted without opposition. There were other measures that will impact pharmacy practice as well as the Board's operations. A copy of the Final Legislative Report & Final Brief were posted in the Boardroom Library. As a result of the passage of certain bills, the following actions have been taken, or in some cases, are recommended for your consideration:

- *HB 55 (Act 145)* – updated the law relative to the expungement of criminal records. While the short list of agencies authorized to receive and use expunged records still includes the Board of Pharmacy, other provisions of the new law required us to make some minor adjustments in the wording of the instructions on our applications. We have updated our applications to comply with this new law.
- *HB 212 (Act 40)* – updated the list of controlled substances in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *HB 229 (Act 43)* – updated the list of controlled substances in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *HB 322 (Act 401)* – we already comply with the requirements of this law relative to the posting of rulemaking documents on our website, although you may notice some minor adjustments in the presentation of that information.
- *HB 461 (Act 512)* – updated the drug traffic loitering statute in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *HB 514 (Act 176)* – updated the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1. In

addition, we included a summary of this legislation in our Bulletin No. 14-04 sent to all of our pharmacy licensees on July 15.

- *HB 754 (Act 253)* – updated the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1. In addition, we included a summary of this legislation in our Bulletin No. 14-04 sent to all of our pharmacy licensees on July 15.
- *HB 1024 (Act 265)* – updated the drug-free zone language in the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *HB 1065 (Act 398)* – updated the *Prescribers with Authority for Controlled Substances* page in the Pharmacy Law Book. In addition, we included a summary of this legislation in our Bulletin No. 14-04 sent to all of our pharmacy licensees on July 15.
- *HB 1280 (Act 442)* – Section 2 of this bill created the Louisiana Telehealth Access Act. This law requires every professional licensing agency of healthcare providers (defined therein to include pharmacists) to promulgate rules to regulate the use of Telehealth for the delivery of healthcare services. The law establishes minimum standards for the rules. A referral to the Regulation Revision Committee is suggested.
- *HCR 99* – this resolution directs the La. State Board of Medical Examiners to study the over-prescribing of pain medication, and specifically instructs that board to solicit the input of the Board of Pharmacy relative to monitoring of controlled substances and drugs of concern prescribed and dispensed in the state. LSBME shall report its findings to the House & Senate Committees no later than 60 days prior to the opening of the 2015 Regular Session. We have received the initial inquiry from their office and have a preliminary staff meeting scheduled for later this month. If you have any directions for staff on this issue, now would be the appropriate time to make those comments.
- *HCR 170* – this resolution directs state agencies engaged in rulemaking activity to develop another type of impact statement – the provider impact statement, with provider being defined as an organization which provides services for individuals with developmental disabilities, which would presumably include pharmacies. The impact statement is required to address three specific concerns for every proposed rule. We have already begun including this impact statement in our regulatory projects.
- *SB 87 (Act 368)* – updated the criminal penalties for heroin possession in the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *SB 187 (Act 289)* – updated the drug-free zone language in the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *SB 496 (Act 865)* – updated the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1. In addition, we included a summary of this legislation in our Bulletin No. 14-03, which we sent on July 15 to all of our pharmacy licensees, as well as all of the prescribing practitioners and distributors with CDS licenses. You may wish to consider whether any revisions to your controlled substance rules might be in order; if so, a referral to the Regulation Revision Committee is suggested.
- *SB 502 (Act 714)* – updated the pain management clinic licensing law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1.
- *SB 556 (Act 472)* – updated the PMP Law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1. In addition, we included a summary of the legislation in our Bulletin No. 14-03, which we sent on July 15 to all of our pharmacy licensees, as well as all of the prescribing practitioners and distributors with CDS licenses. Since the reporting deadline is also specified in the Board's PMP rules in Chapter 29, a referral to the Regulation Revision Committee is suggested.
- *SB 600 (Act 769)* – updated the Pharmacy Practice Act in Title 37 of the

Pharmacy Law Book and posted the updated information on August 1. In addition, we also included a summary of this legislation in our Bulletin No. 14-04 sent on July 15 to all of our pharmacy licensees. You may wish to consider whether any revisions to any of the Board's rules may be appropriate, and if so, a referral to the Regulation Revision Committee is suggested.

- *SB 618 (Act 397)* – updated the controlled substance law in Title 40 of the Pharmacy Law Book and posted the updated information on August 1. In addition, we included a summary of this legislation in our Bulletin No. 14-03, which we sent on July 15 to all of our pharmacy licensees as well as all the prescribing practitioners and distributors with CDS licenses. You may wish to consider whether any revisions to your controlled substance rules may be in order, and if so, a referral to the Regulation Revision Committee is suggested.

B. Dept. of Health & Hospitals

The 2014 Legislature adopted SR 29 which directed the department to convene a working group and develop strategies to decrease primary care utilization in emergency rooms across the state. During Fiscal Year 2013, the state Medicaid program spent \$176 million for emergency room visits, and of that amount, \$73 million was for non-emergent care. The group shall report their findings and recommendations to the legislature prior to the 2015 regular session.

Although the Board of Pharmacy was not one of the five organizations named to the working group, DHH has requested the Board's participation. We have already begun working, and one of the first deliverables will be a opioid prescribing guideline document for all emergency rooms in the state. I have included a copy of the proposed document for your review and approval. As you can see, the state intends to encourage utilization of the Board's Prescription Monitoring Program.

In the event you deem it appropriate, the following motion would be suggested:

**Resolved**, that the Board endorse the Louisiana Emergency Department Opioid Prescribing Guideline published by the La. Dept. of Health and Hospitals.

6. **National Activities**

A. National Association of Boards of Pharmacy (NABP)

As you know, the 2014 annual meeting was held on May 17-20 in Phoenix, AZ. Since we provided you with draft copies of the resolutions to be considered at that meeting, I wanted to share the final drafts of the resolutions adopted at that meeting. That document was posted in the Boardroom Library. It requires no action on your part at this time, but one or more of the resolutions may serve as a stimulus for potential regulatory activity by this Board.

For your planning purposes, the 2015 meeting will be held May 16-19 in New Orleans, LA. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

B. NABP-AACP District 6 Annual Meeting

The 2014 conference will be a joint meeting of Districts 6, 7, and 8. The Montana Board of Pharmacy will host the meeting this year on September 21-24 at the Grouse Mountain Lodge in Whitefish, MT. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49. You should have already received conference materials.

C. MALTAGON

The 2014 conference will be hosted by the Florida Board of Pharmacy on October 26-29 in St. Pete Beach, FL. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49. You should have

already received the lodging registration materials; as soon as the conference registration materials are available, we will send those to you.

D. U. S. Food & Drug Administration (FDA)

Pursuant to the passage of the Drug Quality & Security Act of 2013 (DQSA) by the US Congress and its signing into law on November 27, 2013, the FDA published a draft guidance document *Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug & Cosmetic Act* on December 4, 2013 and requested comments. Following their analysis of the comments and testimony offered, the FDA published their final edition of that guidance document, which describes the provisions of the DQSA for compounding pharmacies and identifies the remaining subjects that require rulemaking by the FDA. I posted a copy of the final guidance document in the Boardroom Library. Additional information about this topic is available at the FDA website; the link the Compounding section is provided here: <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>.

E. U. S. Drug Enforcement Administration (DEA)

The DEA published their decision to place tramadol products in Schedule IV in the July 2, 2014 edition of the *Federal Register*. To provide additional time for certain registrants to adjust their procedures, the DEA provided 50% extra time over the usual 30-day period; therefore, the scheduling action has an effective date of August 18, 2014. Additional information is available at the DEA website; the link to the notice is provided here: [http://www.deadiversion.usdoj.gov/fed\\_regs/rules/2014/fr0702.htm](http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0702.htm).

We included this information in our [Bulletin No. 14-03](#), which was distributed on July 15 to all our pharmacy and CDS licensees.

**7. *International Activities***

A. International Pharmaceutical Federation (FIP)

The 2014 World Congress is scheduled for August 30 – September 4 in Bangkok, TH. The FIP Council (its governing body) has requested NABP present a formal report on its .Pharmacy gTLD Project. NABP has requested my assistance with that endeavor.

Respectfully submitted,  
Malcolm J Broussard  
Executive Director



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## Compliance Division Census Report

August 6, 2014

### Practitioner Recovery Program

- Probation Completion Report

05-14-2014	PST.015462 – Kevin Alan Broussard
06-05-2014	PST.014968 – David Thomas Boudreaux
06-24-2014	PST.019910 – Daniel Mark Hardin
08-05-2014	PST.014463 – Chris David Bonvillain
08-05-2014	PST.015233 – Christi Shantelle Williams

- Active Probation                    45     Pharmacist  
    1     Pharmacy intern  
    4     Technician
- Active Suspension                43     Pharmacist  
    3     Pharmacy intern  
    14    Technician  
    4     Technician candidate

### Disciplinary Restrictions

- Probation Completion Report

05-17-2014	PHY.006676 – Advantage Pharmacy
05-29-2014	CPT.001594 – Bryant Paul Pierce, Jr.
07-01-2014	PHY.006047 – Bocage Pharmacy Centre
07-01-2014	PST.013867 – Marla DeLouise Gibbens
07-30-2014	PST.006035 – Amos Lee Ardoin

- Active Probation                    28     Pharmacist  
    4     Technician  
    5     Technician candidate  
    11    Pharmacy permit (+ 2 on restriction, w/o probation)  
    6     CDS-PHY license  
    1     CDS-DIS license  
    1     DME permit
- Active Suspension                36     Pharmacist  
    1     Pharmacy intern  
    58    Technician  
    14    Technician candidate  
    13    Pharmacy permit  
    2     CDS-PHY license  
    36    CDS license for practitioners

Louisiana Board of Pharmacy  
 Credentials Division  
 Pharmacy Program

		06/30/05	06/30/06	06/30/07	06/30/08	06/30/09	06/30/10	06/30/11	06/30/12	06/30/13	06/30/14
PST-VI	LA	0	0	0	0	0	0	12	10	9	9
	NR	0	0	0	0	0	0	9	10	15	14
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>20</b>	<b>24</b>	<b>23</b>
PST-GVI	LA	0	0	0	0	0	0	0	6	13	13
	NR	0	0	0	0	0	0	0	0	3	5
	<b>Total</b>	<b>0</b>	<b>6</b>	<b>16</b>	<b>18</b>						
PST-M	LA	0	0	0	0	0	0	3	5	3	1
	NR	0	0	0	0	0	0	11	11	11	13
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>16</b>	<b>14</b>	<b>14</b>
PST-G	LA	0	0	0	0	0	0	158	157	164	166
	NR	0	0	0	0	0	0	30	35	32	31
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>188</b>	<b>192</b>	<b>196</b>	<b>197</b>
PST	LA	4,532	4,460	4,522	4,612	4,750	4,860	4,654	4,933	4,981	5,140
	NR	1,686	1,915	1,975	1,964	2,029	2,098	2,079	2,212	2,527	2,479
	<b>Total</b>	<b>6,218</b>	<b>6,375</b>	<b>6,497</b>	<b>6,576</b>	<b>6,779</b>	<b>6,958</b>	<b>6,733</b>	<b>7,145</b>	<b>7,508</b>	<b>7,619</b>
	<b>PST</b>	<b>6,218</b>	<b>6,375</b>	<b>6,497</b>	<b>6,576</b>	<b>6,779</b>	<b>6,958</b>	<b>6,935</b>	<b>7,353</b>	<b>7,758</b>	<b>7,871</b>
PNT	LA	1,154	980	1,079	1,074	1,035	965	907	938	942	948
	NR	0	109	117	67	84	153	137	128	128	127
	<b>Total</b>	<b>1,154</b>	<b>1,089</b>	<b>1,196</b>	<b>1,141</b>	<b>1,119</b>	<b>1,118</b>	<b>1,044</b>	<b>1,066</b>	<b>1,070</b>	<b>1,075</b>
PNT-FPG	Total	0	0	0	0	0	0	5	0	3	6
	<b>PNT</b>	<b>1,154</b>	<b>1,089</b>	<b>1,196</b>	<b>1,141</b>	<b>1,119</b>	<b>1,118</b>	<b>1,049</b>	<b>1,066</b>	<b>1,073</b>	<b>1,081</b>
CPT	LA	4,455	4,552	4,587	4,780	4,733	5,363	5,720	5,509	5,751	6,463
	NR	0	163	152	144	109	144	145	120	112	138
	<b>Total</b>	<b>4,455</b>	<b>4,715</b>	<b>4,739</b>	<b>4,924</b>	<b>4,842</b>	<b>5,507</b>	<b>5,865</b>	<b>5,629</b>	<b>5,863</b>	<b>6,601</b>
CPT-M	Total	0	0	0	0	0	0	1	0	1	2
	<b>CPT</b>	<b>4,455</b>	<b>4,715</b>	<b>4,739</b>	<b>4,924</b>	<b>4,842</b>	<b>5,507</b>	<b>5,866</b>	<b>5,629</b>	<b>5,864</b>	<b>6,603</b>
PTC	LA	1,074	1,081	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,870
	NR	0	32	32	23	32	35	35	39	37	37
	<b>PTC</b>	<b>1,074</b>	<b>1,113</b>	<b>1,421</b>	<b>1,469</b>	<b>1,542</b>	<b>1,714</b>	<b>1,609</b>	<b>1,704</b>	<b>1,695</b>	<b>1,907</b>
PHY	CH	12	12	12	11	12	14	12	12	12	12
	HOS	181	167	164	167	167	165	151	154	158	164
	HOX	0	0	0	0	0	0	19	18	14	11
	IN	36	35	36	37	37	27	14	10	12	12
	INX	0	0	0	0	0	0	11	14	13	11
	IR	729	681	620	588	592	587	570	568	558	583
	IRX	0	0	0	0	0	0	21	19	17	10
	NR	200	226	240	250	256	286	318	361	387	422
	NRN	0	0	0	0	0	0	0	0	0	9
	NRP	0	0	0	0	0	0	0	0	0	1
	NU	13	17	16	16	16	16	15	15	15	15
	PEN	0	0	0	0	0	0	0	0	0	0
	PEX	0	0	0	0	0	0	0	0	1	2
	SAT	0	0	0	0	0	0	0	0	0	1
	RC	473	430	491	534	545	562	576	587	597	619
<b>PHY</b>	<b>1,644</b>	<b>1,568</b>	<b>1,579</b>	<b>1,603</b>	<b>1,625</b>	<b>1,657</b>	<b>1,707</b>	<b>1,758</b>	<b>1,784</b>	<b>1,872</b>	
AMS	AMS	174	173	212	255	306	361	55	64	349	92
	AMS-X	0	0	0	0	0	0	301	302	289	359
	<b>AMS</b>	<b>174</b>	<b>173</b>	<b>212</b>	<b>255</b>	<b>306</b>	<b>361</b>	<b>356</b>	<b>366</b>	<b>638</b>	<b>451</b>
EDK	EDK	471	428	412	439	388	503	417	435	421	464
	EDK-X	0	0	0	0	0	0	13	13	10	10
	<b>EDK</b>	<b>471</b>	<b>428</b>	<b>412</b>	<b>439</b>	<b>388</b>	<b>503</b>	<b>430</b>	<b>448</b>	<b>431</b>	<b>474</b>
DME	LA							223		160	209
	NR									218	281
	<b>DME</b>									<b>378</b>	<b>490</b>
CDTM									41	41	
MAR									1,617	2,037	
SWP							58	78	126	38	
<b>TOTAL</b>										<b>21,405</b>	<b>22,865</b>

Louisiana Board of Pharmacy  
 Credentials Division  
 CDS Program

<i>Classification</i>	<u>06/30/07</u>	<u>06/30/08</u>	<u>06/30/09</u>	<u>06/30/10</u>	<u>06/30/11</u>	<u>06/30/12</u>	<u>06/30/13</u>	<u>06/30/14</u>
ACS Animal Control Shelter	0	0	0	1	1	1	1	1
AMS Automated Medication Sys	0	0	0	0	0	0	0	26
AMX Automated Medication Sys - Exempt	0	0	0	0	0	0	0	2
APN APRN	346	479	607	758	889	1,015	1,103	1,479
ASC Ambulatory Surgical Ctr	94	101	106	113	90	88	85	89
CRX Correctional Ctr - Exempt	0	0	0	0	7	6	5	6
DDS Dentist	2,090	2,177	2,267	2,363	2,027	2,048	1,902	2,123
DET Drug Detection / Canine	20	20	20	22	14	12	10	11
DEX Drug Detection / Canine - Exempt								1
DIS Distributor	285	322	363	400	279	288	273	324
DPM Podiatrist	147	153	161	165	139	136	118	133
DVM Veterinarian	870	936	1,000	1,065	922	901	852	1,002
DYS Dialysis Ctr	63	63	63	63	6	4	3	4
EMC Emergency Medical Ctr	17	17	17	18	14	16	17	22
EMS Emergency Medical Service	57	58	63	66	54	50	45	50
ETC Animal Euthanasia Tech - Cert	31	39	44	49	16	7	6	6
ETL Animal Euthanasia Tech - Lead	0	0	0	0	12	20	21	23
HOS Hospital	369	387	405	438	280	267	263	272
HOX Hospital - Exempt	0	0	0	0	12	14	5	6
LAB Laboratory	13	14	14	15	8	6	7	8
LAX Laboratory - Exempt	0	0	0	0	4	5	5	5
MD Physician	13,195	13,876	14,599	15,269	12,362	11,727	10,698	11,913
MDT Physician on Telemedicine	0	0	0	0	0	0	0	2
MED Medical Clinic	73	78	88	102	77	81	68	78
MEX Medical Clinic - Exempt	0	0	0	0	3	5	14	11
MFR Manufacturer	36	43	52	58	48	50	45	42
MIS Miscellaneous	74	73	58	59	11	10	9	11
MIX Miscellaneous - Exempt	0	0	0	0	9	4	3	2
MP Medical Psychologist	37	44	50	58	65	67	69	78
OD Optometrist	230	253	269	278	275	287	279	309
PA Physician Assistant	170	194	232	272	294	326	344	449
PHX Pharmacy - Exempt	0	0	0	0	50	47	41	30
PHY Pharmacy	0	0	0	0	1,307	1,318	1,329	1,357
REP Sales Representative	57	65	66	88	29	20	7	0
RES Researcher	100	110	119	156	109	110	98	113
RHC Rural Health Clinic	19	20	21	23	17	12	11	12
SAC Substance Abuse Clinic	14	14	14	17	7	9	9	9
SAX Subst. Abuse Clinc - Exempt	0	0	0	0	0	0	0	0
<b>Total</b>	<b>18,407</b>	<b>19,536</b>	<b>20,698</b>	<b>21,916</b>	<b>19,437</b>	<b>18,957</b>	<b>17,745</b>	<b>20,009</b>

Total Credentials Under Management

Pharmacy	16,056	16,407	16,601	17,818	18,260	18,625	21,405	22,865
CDS	<u>18,407</u>	<u>19,536</u>	<u>20,698</u>	<u>21,916</u>	<u>19,437</u>	<u>18,957</u>	<u>17,745</u>	<u>20,009</u>
<b>Total</b>	<b>34,463</b>	<b>35,943</b>	<b>37,299</b>	<b>39,734</b>	<b>37,697</b>	<b>37,582</b>	<b>39,150</b>	<b>42,874</b>

Louisiana Board of Pharmacy  
Census Report

<i>Type of Credential</i>	<u>3/17/1995</u>	<u>6/30/1996</u>	<u>3/19/1997</u>	<u>6/30/1998</u>	<u>6/30/1999</u>	<u>6/30/2000</u>	<u>6/30/2001</u>	<u>6/30/2002</u>	<u>6/30/2003</u>	<u>6/30/2004</u>	<u>6/30/2005</u>
Pharmacists											
In-state	3,642	3,660	4,143	4,247	4,269	4,830	3,887	4,386	4,435	4,486	4,532
Out-of-state	377	446	1,339	1,435	1,421	944	1,901	1,453	1,455	1,484	1,686
TOTAL	4,019	4,106	5,482	5,682	5,690	5,774	5,788	5,839	5,890	5,970	6,218
Pharmacy Interns											
In-state											
Out-of-state											
TOTAL							957	976	929	995	1,154
Pharmacy Technicians											
In-state											
Out-of-state											
TOTAL							3,216	3,453	3,505	4,114	4,455
Pharmacy Technician Candidates											
In-state											
Out-of-state											
TOTAL							2,896	2,372	1,336	1,069	1,074
Pharmacy Permits											
IR	651	634	636	609	621	585	584	576	573	633	729
RC	464	473	471	493	505	520	528	535	541	555	473
H	177	174	171	175	172	171	171	174	179	181	181
IN	46	45	38	39	19		17	18	19	27	36
NU	9	10	10	9	10		12	14	13	13	13
CH	4	4	4	7	4		8	9	11	12	12
PEN											
OS	122	152	168	175	216	223	262	313	353	339	200
PE	78	104	102	120	102			95	94	0	
CO	13	12	12	12	12		12	13	13	0	
TOTAL	1,564	1,608	1,612	1,639	1,668	1,663	1,717	1,771	1,818	1,760	1,644
Equipment Permits											
AMS							0	109	136	158	174
EDK							468	461	474	444	471

Louisiana Board of Pharmacy  
Census Report

<i>Type of Credential</i>	<u>6/30/2006</u>	<u>6/30/2007</u>	<u>6/30/2008</u>	<u>6/30/2009</u>	<u>6/30/2010</u>	<u>6/30/2011</u>	<u>6/30/2012</u>	<u>6/30/2013</u>	<u>6/30/2014</u>
Pharmacists									
In-state	4,460	4,522	4,612	4,750	4,860	5,000	5,095	5,170	5,329
Out-of-state	1,915	1,975	1,964	2,029	2,098	2,179	2,258	2,588	2,542
TOTAL	6,375	6,497	6,576	6,779	6,958	7,179	7,353	7,758	7,871
Pharmacy Interns									
In-state	980	1,079	1,074	1,035	965	917	938	945	950
Out-of-state	109	117	67	84	153	137	128	128	131
TOTAL	1,089	1,196	1,141	1,119	1,118	1,054	1,066	1,073	1,081
Pharmacy Technicians									
In-state	4,552	4,587	4,780	4,733	5,363	5,722	5,509	5,752	6,463
Out-of-state	163	152	144	109	144	145	120	112	138
TOTAL	4,715	4,739	4,924	4,842	5,507	5,867	5,629	5,864	6,601
Pharmacy Technician Candidates									
In-state	1,081	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,870
Out-of-state	32	32	23	32	35	35	39	31	37
TOTAL	1,113	1,421	1,469	1,542	1,714	1,609	1,704	1,695	1,907
Pharmacy Permits									
IR	681	620	588	592	587	591	587	575	583
RC	430	491	534	545	562	576	587	597	619
H	167	164	167	167	165	170	172	172	175
IN	35	36	37	37	27	25	24	25	23
NU	17	16	16	16	16	15	15	15	15
CH	12	12	11	12	14	12	12	12	12
PEN								1	2
NR	226	240	250	256	286	318	361	387	432
TOTAL	1,568	1,579	1,603	1,625	1,657	1,707	1,758	1,784	1,861
Equipment Permits									
AMS	173	212	255	306	361	356	366	638	451
EDK	428	412	439	388	503	430	448	431	474
DME							223	378	490
Special Activity								41	41
CDTM								41	41
MAR								1,617	2,037
Special Work Permit						58	78	126	38

Louisiana Board of Pharmacy  
CDS Program - Census Report

<i>Classification</i>	<u>8/1/2006</u>	<u>6/30/2007</u>	<u>6/30/2008</u>	<u>6/30/2009</u>	<u>6/30/2010</u>	<u>6/30/2011</u>	<u>6/30/2012</u>	<u>6/30/2013</u>	<u>6/30/2014</u>
ACS Animal Control Shelter	0	0	0	0	1	1	1	1	1
AMS Automated Medication System	0	0	0	0	0	0	0	0	28
APN Advanced Practice Registered Nurse	220	346	479	607	758	889	1,015	1,103	1,479
ASC Ambulatory Surgical Center	94	94	101	106	113	90	88	85	89
CRX Correctional Center	0	0	0	0	0	7	6	5	6
DDS Dentist	2,009	2,090	2,177	2,267	2,363	2,027	2,048	1,902	2,123
DET Drug Detection Canine	19	20	20	20	22	14	12	10	11
DIS Distributor	236	285	322	363	400	279	288	273	324
DPM Podiatrist	146	147	153	161	165	139	136	118	133
DVM Veterinarian	817	870	936	1,000	1,065	922	901	852	1,002
DYS Dialysis Center	58	63	63	63	63	6	4	3	4
EMC Emergency Medical Center	17	17	17	17	18	14	16	17	22
EMS Emergency Medical Service	56	57	58	63	66	54	50	45	50
ETC Animal Euthanasia Tech - Cert	29	31	39	44	49	28	27	27	29
HOS Hospital	350	369	387	405	438	292	281	268	278
LAB Analytical Laboratory	13	13	14	14	15	12	11	12	13
MD Physician	12,754	13,195	13,876	14,599	15,269	12,362	11,727	10,698	11,913
MDT Physician on Telemedicine	0	0	0	0	0	0	0	0	2
MED Medical Clinic	65	73	78	88	102	80	86	82	89
MFR Manufacturer	31	36	43	52	58	48	50	45	42
MIS Other	80	74	73	58	59	20	14	12	13
MP Medical Psychologist	30	37	44	50	58	65	67	69	78
OD Optometrist	196	230	253	269	278	275	287	279	309
PA Physician's Assistant	153	170	194	232	272	294	326	344	449
PHY Pharmacy	0	0	0	0	0	1357	1,365	1,370	1,387
REP Sales Representative	54	57	65	66	88	29	20	7	0
RES Researcher	91	100	110	119	156	109	110	98	113
RHC Rural Health Clinic	15	19	20	21	23	17	12	11	12
SAC Substance Abuse Clinic	14	14	14	14	17	7	9	9	9
<b>TOTAL</b>	<b>17,547</b>	<b>18,407</b>	<b>19,502</b>	<b>20,663</b>	<b>21,916</b>	<b>19,437</b>	<b>18,957</b>	<b>17,745</b>	<b>20,009</b>

Total Credentials Under Board Management

Pharmacy Program	15,461	16,056	16,407	16,601	17,818	18,260	18,625	21,405	22,865
CDS Program	<u>17,547</u>	<u>18,407</u>	<u>19,536</u>	<u>20,698</u>	<u>21,916</u>	<u>19,437</u>	<u>18,957</u>	<u>17,745</u>	<u>20,009</u>
<b>TOTAL</b>	<b>33,008</b>	<b>34,463</b>	<b>35,943</b>	<b>37,299</b>	<b>39,734</b>	<b>37,697</b>	<b>37,582</b>	<b>39,150</b>	<b>42,874</b>

**New Credentials Issued**  
**FYE 2014~ 4th Quarter**  
**April 1, 2014 - June 30, 2014**

Prefix	Subcategory	CredentialType	Total
AMS		Automated Medication System	6
AMS	X	Automated Medication System - Exempt	4
<b>Prefix Totals</b>			<b>10</b>
CDS	AMS	CDS License - Automated Medication System	4
CDS	APN	CDS License - APRN	114
CDS	CRX	CDS License - Correctional Center - Exempt	1
CDS	DDS	CDS License - Dentist	56
CDS	DET	CDS License - Drug Detection / Canine	1
CDS	DIS	CDS License - Distributor	6
CDS	DPM	CDS License - Podiatrist	3
CDS	DVM	CDS License - Veterinarian	20
CDS	EMC	CDS License - Emergency Medical Center	3
CDS	ETC	CDS License - Animal Euthanasia Technician, Certified (AET-C)	1
CDS	HOS	CDS License - Hospital	3
CDS	MD	CDS License - Physician	294
CDS	MDT	CDS License - Physician on Telemedicine	1
CDS	MED	CDS License - Medical Clinic	5
CDS	MIS	CDS License - Miscellaneous / Other	1
CDS	MP	CDS License - Medical Psychologist	2
CDS	PA	CDS License - Physician Assistant	13
CDS	PHY	CDS License - Pharmacy	23
CDS	RES	CDS License - Researcher	5
<b>Prefix Totals</b>			<b>556</b>
CPT		Certified Pharmacy Technician	80
DME		Durable Medical Equipment (DME) Provider	28
EDK		Emergency Drug Kit	8
MA		Medication Administration (V)	222
PHY	HOS	Pharmacy - Hospital Inpatient	1
PHY	IR	Pharmacy - Community ~ Independent	18
PHY	NR	Pharmacy - Nonresident	30
PHY	NU	Pharmacy - Nuclear	4
PHY	RC	Pharmacy - Community ~ Chain	4
PHY	SAT	Pharmacy - Hospital Off-Site Satellite	1
<b>Prefix Totals</b>			<b>58</b>
PIC		Pharmacist-in-Charge (V)	19
PMP	CDS	PMP - CDS Credential	289
PMP	PST	PMP - Pharmacist	137
<b>Prefix Totals</b>			<b>426</b>
PNT		Pharmacy Intern	28
PNT	FPG	Pharmacy Intern - Foreign Pharmacy Graduate	1
<b>Prefix Totals</b>			<b>29</b>
PST		Pharmacist	75
PTC		Pharmacy Technician Candidate	341
SWP		Special Work Permit	19
<b>Grand Totals</b>			<b>1871</b>

## Pending Applications

### PHARMACY CREDENTIALS

Prefix	Subcat.	CredentialType	02/26/13	05/02/13	08/02/13	10/14/13	02/05/14	05/07/14	07/29/14
AMS		Automated Medication System	1	2	4	5	3		
CPT		Certified Pharmacy Technician	83	62	69	49	55	40	44
DME		Durable Medical Equipment			4	11	14	12	13
EDK		Emergency Drug Kit	2	2	1	1			
PHY	CH	Pharmacy - Charitable							
PHY	HOS	Pharmacy - Hospital Inpatient	4	6	8	11	5	7	6
PHY	IN	Pharmacy - Institutional				1	1		
PHY	IR	Pharmacy - Community ~ Independent	19	15	13	18	18	15	17
PHY	NR	Pharmacy - Nonresident	47	45	39	41	59	64	66
PHY	NU	Pharmacy - Nuclear						5	1
PHY	PEN	Pharmacy - Penal	1	1	1	1			
PHY	RC	Pharmacy - Community ~ Chain	3	4	5	8	7	7	5
PHY	SAT	Pharmacy - Hospital Off-Site Satellite						1	4
PIC		Pharmacist-in-Charge	1		2	1	1	1	
PNT	FPG	Pharmacy Intern - Foreign Graduate			2	1	1	2	1
PNT		Pharmacy Intern	44	34	66	100	36	28	70
PST		Pharmacist	247	284	335	267	239	251	378
PTC		Pharmacy Technician Candidate	342	375	334	387	346	327	371
<b>Subtotal</b>			<b>794</b>	<b>830</b>	<b>883</b>	<b>902</b>	<b>785</b>	<b>760</b>	<b>976</b>

### CDS CREDENTIALS

Prefix	Subcat.	CredentialType	02/26/13	02/26/13	08/02/13	10/14/13	02/05/14	02/05/14	07/29/14
CDS	ACS	CDS - Animal Control Shelter							
CDS	AMS	CDS - Automated Medication System				2	1	1	1
CDS	APN	CDS - APRN	12	20	17	22	30	19	21
CDS	ASC	CDS - Ambulatory Surgical Center	1	2	3	2	1		1
CDS	CRX	CDS - Correctional Center							
CDS	DDS	CDS - Dentist		1	2	1	2	1	
CDS	DET	CDS - Drug Detection / Canine	2	2			3	3	2
CDS	DIS	CDS - Distributor	6	3	3	3	5	2	6
CDS	DPM	CDS - Podiatrist							
CDS	DVM	CDS - Veterinarian			1				2
CDS	DYS	CDS - Dialysis Center							
CDS	EMC	CDS - Emergency Medical Center	1	1					
CDS	EMS	CDS - Emergency Medical Service	1	1	2	3	3	2	1
CDS	ETC	CDS - Animal Euthanasia Tech, Certified	2	2	1			1	
CDS	ETL	CDS - Animal Euthanasia Tech, Lead				1			
CDS	HOS	CDS - Hospital	4	4	11	11	7	7	6
CDS	HOX	CDS - Hospital - Exempt						1	
CDS	LAB	CDS - Laboratory							
CDS	MD	CDS - Physician	12	13	15	14	16	14	16
CDS	MDT	CDS - Physician on Telemedicine							1
CDS	MED	CDS - Medical Clinic	4	2	2	4	5	3	2
CDS	MEX	CDS - Medical Clinic - Exempt		1	1	1			
CDS	MFR	CDS - Manufacturer					1	1	1
CDS	MIS	CDS - Miscellaneous / Other	1	2					
CDS	MP	CDS - Medical Psychologist							
CDS	OD	CDS - Optometrist	1	1		1	1	1	1
CDS	PA	CDS - Physician Assistant	3	3	7	7	5	2	3
CDS	PHY	CDS - Pharmacy	21	18	15	23	21	19	15
CDS	PHX	CDS - Pharmacy - Exempt							1
CDS	REP	CDS - Sales Representative							
CDS	RES	CDS - Researcher	3	2			1	1	2
CDS	RHC	CDS - Rural Health Clinic							1
CDS	SAC	CDS - Substance Abuse Clinic	2	2					
<b>Subtotal</b>			<b>76</b>	<b>80</b>	<b>80</b>	<b>95</b>	<b>102</b>	<b>78</b>	<b>83</b>

### OTHER CREDENTIALS

Prefix	Subcat.	CredentialType	02/26/13	02/26/13	08/02/13	10/14/13	02/05/14	02/05/14	07/29/14
CDTM		Collaborative Drug Therapy Management							
LB		Law Book					1	0	1
MA		Medication Administration	23	25	15	7	9	15	20
PMP		PMP - CDS Credential	272	289	182	226	307	165	159
PMP		PMP - MIS Credential				44			
PMP		PMP - PST Credential	66	53	42		50	20	19
SWP		Special Work Permit	58	58	35	34	48	65	65
<b>Subtotal</b>			<b>419</b>	<b>425</b>	<b>274</b>	<b>311</b>	<b>415</b>	<b>265</b>	<b>264</b>

**TOTAL**

**1289      1335      1237      1308      1302      1103      1323**



# Louisiana Board of Pharmacy

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August 6, 2014

## Agenda Item 10-L: Report of Executive Director

### Section 2.C – Exceptions Report

#### 1. **PIC at Multiple Pharmacies**

Board Policy I.A.4 permits the Executive Director to approve requests from pharmacists wishing to serve as the Pharmacist-in-Charge (PIC) of more than one pharmacy at the same time. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On May 16, 2014, Mr. Aron and Mr. Fontenot concurred to grant a request from Charles E. Maier (PST.015447) for dual PIC privileges at Colvin's Pharmacy of Ferriday (PHY.001842-IR) and Vital Care of Ferriday (PHY.006301-IR) temporarily for 30 days from the issuance of the pending application for change of ownership.
- On July 24, 2014, Mr. Aron and Mr. Fontenot concurred to grant a request from Randall D. Brooks (PST.013759) for dual PIC privileges at DRD New Orleans Medical Clinic (PHY.006183-IN) and Southern Isotopes of Shreveport (PHY.005016-NU) temporarily for 120 days from the date of signing-on as PIC of Southern Isotopes of Shreveport.

#### 2. **Special Work Permits for military-trained applicants and their spouses**

LAC Title 46: LIII §904 authorizes the Board to provide preferential licensing procedures for military-trained applicants and their spouses. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On May 5, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Brianna Antoinette Gonzalez. She has been issued SWP.00385 to earn hours for up to 120 days while her application to become a PTC is in process. The SWP will expire on August 5, 2014.

#### 3. **Special Work Permits**

Board Policy I.A.7 permits the Executive Director to issue Special Work Permits to document the resurrection of expired non-renewable credentials and for other purposes as authorized by the Board. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On May 12, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Ja'Nae Nicole Randall. She had previously obtained PTC.016166 which expired on September 29, 2011. She passed the PTCB and was issued a special work permit to earn 600 hours of practical experience by May 12, 2015.
- On May 14, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Brandy Nicole Stephenson. She had previously obtained PTC.015440 which expired on February 17, 2011. Should she pass the PTCB by January 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On May 15, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Jeffery Reynold Auguste. He had previously obtained PTC.012178 which expired on February 10, 2008. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by May 15, 2015.

- On May 15, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Deokonita Lashag Pearson. She had previously obtained PTC.012161 which expired on February 3, 2008. She is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by May 15, 2015.
- On May 16, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Janet LaTrice Wyatt. She had previously obtained PTC.011171 which expired on December 25, 2006. She is PTCB-certified and has been a technician in Texas and was issued a special work permit to earn 600 hours of practical experience by May 16, 2015.
- On May 29, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Amanda Marie Angell. She had previously obtained PTC.014222 which expired on February 10, 2010. She is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by May 29, 2015.
- On June 5, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of LaShonda LaMea Nelson. She had previously obtained PTC.019368 which expired on April 19, 2014. She is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by June 6, 2015.
- On June 5, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Desiree Ann Moore. She had previously obtained PTC.018207 which expired on May 15, 2013. Should she pass the PTCB by February 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On June 6, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Brian Sacthel Stallworth. He had previously obtained PTC.013712 which expired on August 17, 2009. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by June 6, 2015.
- On June 20, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Yolanda Dëshana Turner. She had previously obtained PTC.018612 which expired on September 19, 2013. Should she pass the PTCB by February 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On June 20, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Tracy McCullum Sibley. She had previously obtained PTC.008510 which expired on January 17, 2004. She is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by June 20, 2015.
- On June 23, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Linnetta Maria Autry. She had previously obtained PTC.016986 which expired on May 15, 2012. Should she pass the PTCB by February 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On June 25, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Cassidy Marie Sibley. She had previously obtained PTC.019471 which expired on June 3, 2004. She is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by June 25, 2015.
- On July 17, 2014, Mr. Aron and Mr. Broussard concurred to grant a request from Thea Shalanda Manard. She had previously obtained PNT.045825 in 2008. She graduated from Xavier in May 2013, passed her NAPLEX on 04-30-2014 and her MPJE on 07-12-2014. Her PNT (and hours of experience) expired on 05-10-2014. She will need to earn 1,500 hours of experience by 07-31-2015 to qualify for the PST license. In the event her exam scores expire prior to issuance of the license, she will need to repeat them.
- On July 21, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Eric Charles Vandersteen. He had previously obtained PTC.013940 which expired on November 12, 2009. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by July 21, 2015.
- On July 21, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Troy Malone Sibley. He had previously obtained PTC.009104 which expired on July 8, 2004. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by July 21, 2015.
- On July 22, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Donoval Torin Dixon. He had previously obtained PTC.010926 which expired on January 31, 2009. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by July 22, 2015.

- On June 23, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Summer Renee Gilmore. She had previously obtained PTC.016359 which expired on November 10, 2011. Should she pass the PTCB by March 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On July 23, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Darryl Wayne Geautreux. He had previously obtained PTC.009176 which expired on July 24, 2004. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by July 23, 2015.
- On June 24, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Kelly Lucille Courtney. She had previously obtained PTC.014067 which expired on December 29, 2009. Should she pass the PTCB by March 1, 2015, she is authorized to receive a special work permit to earn 600 hours of practical experience.
- On July 25, 2014, Mr. Aron and Mr. Finalet concurred to grant a request of Brandon James Hebert. He had previously obtained PTC.018950 which expired on December 12, 2013. He is PTCB-certified and was issued a special work permit to earn 600 hours of practical experience by July 25, 2015.

Louisiana Board of Pharmacy - Compliance Division  
 Statistical Summary for Fiscal Year 2013-2014

**Individual Performance Data**

	Inspections			Investigations		
	<u>CDS</u>	<u>Rx</u>	<u>Total</u>	<u>Cases Assigned</u>	<u>Audits Completed</u>	<u>Reports Submitted</u>
Aaron, Cary D.						
1st Qtr.	21	72	93	11	0	12
2nd Qtr.	7	59	66	9	0	7
3rd Qtr.	8	53	61	7	1	16
4th Qtr.	16	64	80	6	0	3
<i>Total</i>	<i>52/132</i>	<i>248/215</i>	<i>300/347</i>	<i>33</i>	<i>1</i>	<i>38</i>
Completion Rate:	39%	100%	86%			
Collins, Stephen L.						
1st Qtr	6	23	29	7	0	14
2nd Qtr	3	31	34	21	0	30
3rd Qtr	4	65	69	10	0	19
4th Qtr	6	77	83	8	0	5
<i>Total</i>	<i>19/126</i>	<i>196/332</i>	<i>215/458</i>	<i>46</i>	<i>0</i>	<i>68</i>
Completion Rate:	15%	59%	47%			
Savoie, Huey J.						
1st Qtr	7	42	49	13	0	6
2nd Qtr	7	51	58	9	0	13
3rd Qtr	5	37	42	13	0	14
4th Qtr	8	48	56	12	0	7
<i>Total</i>	<i>27/127</i>	<i>178/334</i>	<i>205/461</i>	<i>47</i>	<i>0</i>	<i>40</i>
Completion Rate:	21%	53%	44%			
Trisler, Rayland M.						
1st Qtr	25	55	80	8	0	5
2nd Qtr	4	39	43	10	0	7
3rd Qtr	3	43	46	4	0	6
4th Qtr	10	33	43	8	0	5
<i>Total</i>	<i>42/90</i>	<i>170/217</i>	<i>212/307</i>	<i>30</i>	<i>0</i>	<i>23</i>
Completion Rate:	47%	78%	69%			
Whaley, Benjamin S.						
1st Qtr	9	40	49	7	0	5
2nd Qtr	4	37	41	4	0	6
3rd Qtr	6	46	52	11	0	2
4th Qtr	0	41	41	27	0	9
<i>Total</i>	<i>19/161</i>	<i>164/315</i>	<i>183/476</i>	<i>49</i>	<i>0</i>	<i>22</i>
Completion Rate:	12%	52%	38%			
Fontenot, M. Joseph						
1st Qtr	0	0	0	4	0	0
2nd Qtr	0	0	0	4	0	6
3rd Qtr	0	0	0	1	0	2
4th Qtr	0	0	0	0	0	1
<i>Total</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>9</i>	<i>0</i>	<i>9</i>
Finalet, Carlos M.						
1st Qtr	0	0	0	95	0	82
2nd Qtr	0	0	0	43	0	65
3rd Qtr	0	0	0	60	0	47
4th Qtr	0	0	0	42	0	37
<i>Total</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>240</i>	<i>0</i>	<i>231</i>
Broussard, Malcolm J.						
1st Qtr	0	0	0	3	0	3
2nd Qtr	0	0	0	11	0	11
3rd Qtr	0	0	0	2	0	2
4th Qtr	0	0	0	9	0	5
<i>Total</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>25</i>	<i>0</i>	<i>21</i>
<b>Agency Summary</b>						
1st Qtr	68	232	300	148	0	127
2nd Qtr	25	217	242	111	0	145
3rd Qtr	26	244	270	108	1	108
4th Qtr	40	263	303	112	0	72
<b>TOTAL</b>	<b>159/636</b>	<b>956/1413</b>	<b>1115/2049</b>	<b>479</b>	<b>1</b>	<b>452</b>
<b>Completion Rate</b>	<b>25%</b>	<b>68%</b>	<b>54%</b>			

Louisiana Board of Pharmacy - Compliance Division  
 Statistical Summary for Fiscal Year 2013-2014

**Summary of Investigations and Adjudications**

Number of Cases Pending from Prior Fiscal Year(s)	255
Number of Complaints Received during Current Fiscal Year:	479
Number of Complaints Closed during Current Fiscal Year:	482
Number of Complaints Pending at End of Fiscal Year:	252

**Disposition of Closed Complaints:**

Withdrawn	13	
No violations found	86	
Administrative/Field corrections	107	
Referred to another agency	11	
Administrative sanction	15	
Termination of previously imposed probationary periods	27	
Referred to appropriate Board Committee	<u>223</u>	
	482	Total

**Committee Action on Referrals:**

41	Case dismissed
155	Voluntary Consent Agreement
18	Assessment
5	Denial / Refusal to Issue
13	Letter of Warning
7	Letter of Reprimand
25	Voluntary Surrender
31	Probation
6	Suspension
5	Revocation
45	Other decisions
27	Formal Hearing
3	Denial / Refusal to Issue
20	Suspension
4	Revocation

**Analysis of Adjudications by Type of Credential**

	<u>PST</u>	<u>PNT</u>	<u>CPT</u>	<u>PTC</u>	<u>PHY</u>	<u>CDS</u>	<u>TOTAL</u>
Denial / Refusal to Issue	1	0	0	4	0	0	<b>5</b>
Reinstatement	9	0	20	0	0	0	<b>29</b>
Modification of Previous Orders	10	0	9	0	0	0	<b>19</b>
Assessment	4	0	3	0	11	0	<b>18</b>
Letter of Warning	3	0	1	0	9	0	<b>13</b>
Letter of Reprimand	3	0	1	0	3	0	<b>7</b>
Voluntary Surrender	13	1	7	1	2	1	<b>25</b>
Probation	19	0	2	3	7	0	<b>31</b>
Suspension	2	0	1	0	3	20	<b>26</b>
Revocation	1	0	3	3	1	1	<b>9</b>
<b>TOTAL</b>	<b>65</b>	<b>1</b>	<b>47</b>	<b>11</b>	<b>36</b>	<b>22</b>	<b>182</b>

Louisiana Board of Pharmacy - Compliance Division  
Statistical Summary - Cumulative Data

	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12
<b>Summary of Complaint Investigations</b>										
Complaints Pending from Prior Year(s)	46	96	132	124	98	82	112	140	127	197
Complaints Received During Year	355	315	273	250	239	280	519	356	432	349
Complaints Closed During Year	305	279	281	276	255	250	491	369	362	389
Complaints Pending at Year End	96	132	124	98	82	112	140	127	197	157
<b>Disposition of Closed Complaints</b>										
Withdrawn	20	11	7	4	10	3	23	16	26	23
No violations found	36	46	31	36	30	39	49	41	58	51
Field/administrative corrections	25	34	47	70	40	73	65	76	54	83
Referred to another agency	1	1	3	7	11	2	6	7	5	6
Administrative sanction	89	78	73	37	34	38	255	72	42	46
Termination of probationary period										
Referred for Board action	<u>134</u>	<u>109</u>	<u>120</u>	<u>122</u>	<u>130</u>	<u>95</u>	<u>93</u>	<u>157</u>	<u>177</u>	<u>180</u>
<i>Total</i>	<b>305</b>	<b>279</b>	<b>281</b>	<b>276</b>	<b>255</b>	<b>250</b>	<b>491</b>	<b>369</b>	<b>362</b>	<b>389</b>
<b>Committee Action on Referrals</b>										
Cases Dismissed	43	17	16	25	20	19	38	24	39	20
Voluntary Consent Agreements	79	80	91	90	97	67	47	124	132	150
Assessment only	11	11	7	2	4	38	25	18	10	12
Denial / Refusal to Issue								1	9	1
Letter of Warning	20	14	12	26	18	7	3	5	6	3
Letter of Reprimand	13	5	19	12	18	13	13	30	35	17
Voluntary Surrender	9	10	23	25	17	6	8	34	23	21
Probation	9	17	10	13	16	20	5	17	21	31
Suspension	6	10	4	1	5	10	5	2	2	10
Revocation	11	13	16	11	19	9	4	17	11	28
Other decisions									15	27
Formal Hearings	12	12	13	7	13	9	8	9	6	10
Assessment only	0	0	0	0	1	3	0	0	0	0
Denial / Refusal to Issue	0	0	0	0	0	0	0	0	0	0
Letter of Warning	0	2	0	0	0	0	0	0	0	0
Letter of Reprimand	0	0	1	0	0	0	0	0	0	0
Probation	0	1	0	2	2	0	0	0	1	0
Suspension	4	2	2	0	3	3	0	3	2	2
Revocation	8	7	10	5	7	4	8	6	3	8
Interlocutory Hearings	0	2	3	0	1	0	0	0	0	0
Summary Suspension	0	0	2	0	1	0	0	0	0	0

Louisiana Board of Pharmacy - Compliance Division  
Statistical Summary - Cumulative Data

	FY <u>12-13</u>	FY <u>13-14</u>	<b><u>Totals</u></b>
<b>Summary of Complaint Investigations</b>			
Complaints Pending from Prior Year(s)	218	255	1627
Complaints Received During Year	392	479	4,239
Complaints Closed During Year	355	482	4,094
Complaints Pending at Year End	255	252	1,772
<b>Disposition of Closed Complaints</b>			
Withdrawn	25	13	181
No violations found	32	86	535
Field/administrative corrections	67	107	741
Referred to another agency	3	11	63
Administrative sanction	24	15	803
Termination of probationary period	24	27	24
Referred for Board action	<u>180</u>	<u>223</u>	<u>1720</u>
<i>Total</i>	<u>355</u>	<u>482</u>	<u>3,612</u>
<b>Committee Action on Referrals</b>			
Cases Dismissed	21	41	323
Voluntary Consent Agreements	157	155	1269
Assessment only	9	18	165
Denial / Refusal to Issue	5	5	1
Letter of Warning	3	13	130
Letter of Reprimand	19	7	201
Voluntary Surrender	21	25	222
Probation	29	31	219
Suspension	22	6	83
Revocation	19	5	163
Other decisions	30	46	15
Formal Hearings	2	27	128
Assessment only	0	0	4
Denial / Refusal to Issue	0	3	3
Letter of Warning	0	0	2
Letter of Reprimand	0	0	1
Probation	0	0	6
Suspension	1	20	42
Revocation	1	4	71
Interlocutory Hearings	0	0	6
Summary Suspension	0	0	3



# Louisiana Board of Pharmacy

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## Annual Report

Fiscal Year 2013-2014

July 1, 2014

## Mission

Created by the Louisiana Legislature in 1888, the mission of the Louisiana Board of Pharmacy remains unchanged over a century later: to regulate the practice of pharmacy in such a manner as to protect the public health, safety, and welfare of the citizens of Louisiana. Toward that goal, the Louisiana Pharmacy Practice Act specifically authorizes the Board to restrict the practice of pharmacy to qualified persons, as well as to control and regulate all persons and sites that sell drugs or devices or provide pharmacy care services to consumers in this state.

## Membership

The Board is composed of seventeen members: two pharmacists from each of eight districts and one public member at large. The district representatives are nominated by pharmacists, appointed by the governor, and serve six year terms. The public member is selected by, and serves at the pleasure of, the governor. The current members of the Board are:

District 1	Diane G. Milano, Richard M. Indovina, Jr.
District 2	Jacqueline L. Hall, Deborah H. Simonson
District 3	Blake P. Pitre, Richard A. Soileau
District 4	Clovis S. Burch, Rhonny K. Valentine
District 5	Carl W. Aron, T. Morris Rabb
District 6	Ronald E. Moore, Pamela G. Reed
District 7	Ryan M. Dartez, Chris B. Melancon
District 8	Brian A. Bond, Marty R. McKay
Public	Don L. Resweber

## Licensure

In order to facilitate the restriction of practice to qualified persons, the Board has established educational, experiential, and examination requirements for licensure. As authorized by the legislature, the Board has contracted its high-stakes examination procedures with professional testing services.

### A. *Examinations for Pharmacists*

The North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) are administered by the National Association of Boards of Pharmacy (NABP). These computer adaptive tests are administered in continuous window opportunities at multiple sites throughout the state. A minimum scaled score of 75 is required on each test to qualify for pharmacist licensure. The results for all Louisiana-based NAPLEX and MPJE candidates from ULM School of Pharmacy and Xavier University – College of Pharmacy in calendar year 2013 are summarized below:

### NAPLEX

	Jan – Apr		May – Aug		Sept – Dec	
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>
Total No. of Candidates	3	10	40	136	7	43
Mean Scaled Score – School	92	69	100	95	88	81
Mean Scaled Score – State	77	77	99	99	87	87
Mean Scaled Score – National	80	80	103	103	87	87
School Pass Rate [%]	100	40	90	86	100	65
State Pass Rate	56	56	93	93	82	82
National Pass Rate	61	61	95	95	76	76

MPJE

	Jan – Apr		May – Aug		Sept – Dec	
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>
Total No. of Candidates	11	6	40	95	2	46
Mean Scaled Score – School	81	78	83	79	81	77
Mean Scaled Score – State	81	81	81	81	80	80
Mean Scaled Score – National	81	81	83	83	81	81
School Pass Rate [%]	100	83	95	85	100	72
State Pass Rate	94	94	91	91	85	85
National Pass Rate	87	87	93	93	87	87

*B. Examinations for Technicians*

The Pharmacy Technician Certification Board (PTCB) administers a national certification examination; this computer adaptive test is administered in continuous window opportunities at multiple sites throughout the state. A minimum scaled score of 75 is required to successfully complete the examination. The Louisiana Board of Pharmacy accepts the PTCB examination score result as part of the licensure requirements for pharmacy technicians. The results for all Louisiana-based PTCB candidates for calendar year 2013 are summarized here:

No. of State Candidates	1,159
State Pass Rate [%]	66
No. of National Candidates	54,245
National Pass Rate [%]	76

*C. Census Data*

At the close of the fiscal year on June 30, 2014, a review of our records yielded the following census information:

	<u>2014</u>	<u>2013</u>	<u>2012</u>
• Pharmacy Program			
1. Pharmacists			
Number of active licenses	7,841	7,758	7,353
Number of licensees within the state	5,329	5,148	5,095
2. Pharmacy Interns			
Number of active registrations	1,081	1,073	1,066
3. Pharmacy technicians			
Number of active certificates	6,603	5,864	5,629
4. Pharmacy technician candidates			
Number of active registrations	1,907	1,695	1,704
5. Pharmacies			
Number of active permits	1,872	1,784	1,758
Independent retail	593	575	587
Retail chain	619	597	587
Hospital	176	172	172
Institutional	23	25	24
Nuclear	15	15	15
Charitable	12	12	12
Penal	2	1	0
Nonresident	432	387	361
6. Equipment Permits			
Emergency drug kit (EDK)	474	431	448
Automated medication systems (AMS)	451	638	366
Durable medical equipment (DME)	490	378	223
7. Special Activity Credentials			
CDTM Registration	41	41	
Medication Administration Registration	2,037	1,617	
Special Work Permits	38	126	78
<u>Subtotal of Credentials in Pharmacy Program</u>	<u>22,865</u>	<u>21,405</u>	<u>18,625</u>

	<u>2014</u>	<u>2013</u>	<u>2012</u>
• CDS Program			
1. Animal Control Shelter	1	1	1
2. Automated Medication System (AMS)	28	0	0
3. Advanced Practice Registered Nurse (APRN)	1,479	1,103	1,015
4. Ambulatory Surgical Center (ASC)	89	85	88
5. Correctional Center	6	5	6
6. Dentist	2,123	1,902	2,027
7. Drug Detection / Canine	12	10	12
8. Distributor	324	273	288
9. Podiatrist	133	118	136
10. Veterinarian	1,002	852	901
11. Dialysis Center	4	3	4
12. Emergency Medical Center	22	17	16
13. Emergency Medical Service	50	45	50
14. Animal Euthanasia Technician	29	27	27
15. Hospital	278	268	281
16. Laboratory	13	12	11
17. Physician	11,915	10,698	11,727
18. Medical Clinic	89	82	86
19. Manufacturer	42	45	50
20. Miscellaneous	13	12	14
21. Medical Psychologist	78	69	67
22. Optometrist	309	279	287
23. Pharmacies	1,387	1,370	1,365
24. Physician Assistant	449	344	326
25. Sales Representative	0	7	20
26. Researcher	113	98	110
27. Rural Health Clinic	12	11	12
28. Substance Abuse Clinic	9	9	9
<u>Subtotal of Credentials in CDS Program</u>	<u>20,009</u>	<u>17,745</u>	<u>18,957</u>
Total Credentials under Management	<b>42,874</b>	<b>39,150</b>	<b>37,582</b>

#### D. *New Credentials*

During the past fiscal year, the Board issued 5,016 new credentials in the Pharmacy Program and 1,593 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 426 new pharmacist licenses, 284 new pharmacy intern registrations, and 628 new pharmacy technician certificates during the past fiscal year. Of note within the CDS Program, we issued new CDS licenses to 747 physicians, 306 advanced practice registered nurses, and 109 dentists.

#### E. *License Transfer (Reciprocity)*

Persons already licensed as a pharmacist by any other state (except California) who wish to obtain a license in Louisiana must successfully complete the MPJE as well as the application and criminal background check. Of the 426 new pharmacist licenses issued this past fiscal year, 238 were issued subsequent to successful completion of the reciprocity process.

## Compliance

#### A. *Enforcement*

In order to control and regulate the practice of pharmacy in Louisiana, the Board employs five pharmacist compliance officers to perform routine inspections and special investigations throughout the year in all places under the Board's jurisdiction. Besides the routine inspections, site visits for permit changes, and other calls for assistance, the compliance officers completed 482 investigations during the last fiscal year: 13 of the original complaints were withdrawn, 27 resulted from termination of previously imposed probationary periods, 86 were determined to be

without violation, 11 cases were referred to other agencies, 107 resulted in field/administrative corrections, 15 resulted in administrative sanctions, and 223 cases were referred to the Board's committees. The committees took no action in 41 of their cases, issued approvals for 45 non-disciplinary petitions, and recommended voluntary consent agreements for 137 cases. Of that number, all but seven accepted the proposed discipline. The remaining seven respondents did not, and they were referred for formal administrative hearings.

Compliance officers coordinate other investigative activities with a wide range of agencies, including local police departments, parish sheriff departments, other state regulatory and law enforcement agencies, and federal agencies such as the Drug Enforcement Administration, the Food and Drug Administration, and the Consumer Product Safety Commission. Though the compliance officers utilize the educational approach as the fundamental mechanism to achieve compliance, certain circumstances warrant formal board action.

#### B. *Adjudications*

During the past fiscal year, the Board conducted three administrative hearings and levied formal disciplinary action against several credentials. A summary of that activity is presented here:

<i>Sanction</i>	<u>Pharmacist</u>	<u>Intern</u>	<u>Technician</u>	<u>Candidate</u>	<u>Permit</u>	<u>CDS License</u>
Assessment	4	0	3	0	11	0
Letter of Warning	3	0	1	0	9	0
Letter of Reprimand	3	0	1	0	3	0
Voluntary Surrender	13	1	7	1	2	1
Probation	19	0	2	3	7	0
Suspension	2	0	1	0	3	20
Revocation	1	0	3	3	1	1
Refused to Credential	1	0	0	4	0	0

#### C. *Practitioner Recovery Program*

The Board established its program in 1988 to assist practitioners obtain treatment for their impairment, maintain their recovery, and assist their re-entry into professional practice. As of July 1, 2014 there were 47 pharmacists, one pharmacy intern, and four pharmacy technicians actively engaged in the recovery program. They surrendered their credentials while in treatment; following treatment and upon favorable recommendation by board-certified addiction medicine specialists, they applied for the reinstatement of their credentials. The Board reinstated their credentials on probation, and the licensees practice under various restrictions designed to monitor their re-entry to professional practice. In addition, the credentials for 43 pharmacists, 3 interns, 14 technicians, and 4 technician candidates were still on active suspension for impairment reasons.

### **Board Activity**

#### A. *Regulatory*

The Board's Regulation Revision Committee is tasked with the continuous review of the Board's rules and their revision as appropriate. The committee initiated and the Board completed several regulatory projects in the previous fiscal year.

- Pharmacy Technician Training Programs, amending LAC 46:LIII.Chapter 9;
- Preferential Licensing for Military Personnel, amending LAC 46:LIII.Chapters 5 and 9;
- Collaborative Drug Therapy Management, amending LAC 46:LIII.Chapter 5;
- Penal Pharmacy Permit Revision, amending LAC 46:LIII.Chapter 18;
- Prescription Monitoring Program Delegates, amending LAC 46:LIII.Chapter 29; and
- Veterinarian Exclusion from Prescription Monitoring Program, amending LAC 46:LIII.Chapter 29.

The Board has three additional regulatory projects not yet completed; the progress of these projects may be monitored at the Board's website:

- Pharmacy Records, amending LAC 46:LIII.Chapters 11 and 15;
- Pharmacy Compounding, amending LAC 46:LIII.Chapter 25; and
- Prescriptions; amending LAC 46:LIII.Chapter 25.

*B. Legislative*

During the 2014 regular session, the Board sponsored two bills, both of which were successful. Act 40 amended the state list of controlled substances to add new prescription drugs added to the federal list of controlled substances since the last legislative session. Act 472 amended the prescription monitoring program law to change the deadline by which dispensers of controlled substance prescriptions are required to report their eligible prescription transactions to the program's database – from seven days following the date of dispensing to no later than the next business day following the date of dispensing.

*C. Operations*

We have also completed four years of service with our website's content management system and its mass communication capabilities. We have increased the frequency of communications to our licensees through the use of targeted email, alerts, and bulletins. Through avoided postage and labor costs of mass snail mail notices, we have already recouped the cost of our investment and will continue our savings going forward.

In an effort to further reduce the impact of escalating printing and postage costs, the Board has converted its quarterly newsletter to an electronic edition. We have also initiated the process of converting some credentials to virtual credentials; there are no printed documents and they can be verified at the Board's website.

Finally, the Board continued its operation of Louisiana's Prescription Monitoring Program (PMP). The monthly average of the number of prescription transactions reported to the program's database, as well as the average number of queries per day, continue to increase. The contract for the program vendor reached the end of its five year life, and the contract was released for public bid. The new vendor is Optimum Technology, Inc. based in Columbus, OH, an experienced state PMP program operator.

Since the program is required to file an annual report to the legislature, we have appended that report to this one to facilitate its separation.

*D. Physical Plant*

The Board moved to its current location in May 2011. We continue to make minor improvements to the building and grounds. The separate property initially purchased in 2007 has been listed for sale. The proceeds from that sale will be used to settle the loan obligation incurred for the purchase of the office building.

### **Board Office**

The Board currently employs 17 people on a full-time basis in a variety of professional, technical, and clerical roles; the Board also supports the local Cooperative Office Education (COE) program in Baton Rouge area high schools by hiring high school senior students on a temporary basis. The physical and mailing address of the board office is:

Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700  
Telephone (225) 925-6496  
Telecopier (225) 925-6499

The board's website address is [www.pharmacy.la.gov](http://www.pharmacy.la.gov) and general email is received at [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov).

### **Conclusion**

The board has had an active year on several fronts, and all of these activities have contributed to the overall mission of the board. The officers and members of the board, as well as the entire office staff, are committed to achieving our goal of protecting the public's health, safety and welfare through appropriate regulation of the practice of pharmacy in this state. We understand that public service is a privilege, and we endeavor to render that service honorably.

Prepared by:  
Malcolm J Broussard  
Executive Director

Prescription Monitoring Program  
Annual Report

Fiscal Year 2013-2014

July 1, 2014

## **Introduction**

Act 676 of the 2006 Louisiana Legislature authorized the development, implementation, operation, and evaluation of an electronic system for the monitoring of controlled substances and other drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

## **Implementation**

The Prescription Monitoring Program (PMP) was implemented in August 2008. We notified pharmacies of their requirement to report all eligible prescription transactions to the program, and further, required them to report all historical data retroactive to June 1, 2008 no later than December 31, 2008. In December 2008, the Board notified all prescribers and dispensers wishing to acquire direct access privileges of the requirement to complete the web-based orientation program prior to receiving their access privileges. The web portal to the program database was opened to queries on January 1, 2009, and the program remains fully functional.

## **Advisory Council**

The enabling legislation created the PMP Advisory Council to assist the Board in the development and operation of the program. The Board shall seek, and the advisory council shall provide, information and advice regarding: (1) which controlled substances should be monitored, (2) which drugs of concern demonstrate a potential for abuse and should be monitored, (3) design and implementation of educational courses required by the PMP law, (4) methodology to be used for analysis and interpretation of prescription monitoring information, (5) design and implementation of a program evaluation component, and (6) identification of potential additional members to the advisory council. The original legislation specifically identified the 25 organizations named to the council and further, named the leader of the organization but permitted the leader to name a designee to function in the absence of the appointee. The organizations represented on the council include the licensing agencies for the prescribers and dispensers, the professional membership organizations for the prescribers and dispensers, organizations representing federal, state, and local law enforcement agencies, as well as representatives from the legislature. The advisory council has elected its own leadership, adopted policies and procedures for its operations, and meets on a quarterly basis.

## **Program Metrics**

The data on the following page provides summary data for the operational aspects of the program – number of prescription transactions reported to the program database, number of prescribers and dispensers registered to access the program data, the number of queries performed by those authorized prescribers and dispensers as well as law enforcement agencies and regulatory agencies.

Louisiana Board of Pharmacy  
Prescription Monitoring Program

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>6/30/2014</u>	<u>Total</u>
<b><i>Prescription Database:</i></b>								
Transactions Reported	6,015,089	11,143,865	12,116,982	12,775,367	12,990,011	13,032,083	6,405,934	74,479,331
<b><i>Access to Program Data:</i></b>								
New prescribers registered		1,526	721	548	574	640	352	4,361
New dispensers registered		728	483	361	494	509	185	2,760
<b><i>Reports from Queries by Users:</i></b>								
Solicited by prescribers		235,985	368,376	496,270	650,514	842,139	402,984	2,996,268
Solicited by dispensers		74,277	111,075	153,783	212,754	382,204	133,502	1,067,595
Solicited by law enforcement		680	889	1,230	845	1,150	651	5,445
Solicited by regulatory agencies		833	1,401	1,612	1,584	1,364	851	7,645
Average queries per day		854	1,319	1,788	2,372	3,361	2,956	2,031

## **Legislative Mandates**

The 2014 Legislature adopted a number of measures which will serve to improve the program. Beginning August 1, 2014, pharmacies and other dispensers will be required to report their eligible prescription transactions to the program database no later than the next business day following the date of dispensing, instead of the previous seven day allowance. In addition, the Board has recently completed the rulemaking process authorized by the 2013 Legislature that will allow authorized prescribers and dispensers to appoint delegates for the purpose of retrieving data from the program's database.

The 2014 Legislature also adopted a measure that will require prescribers of certain controlled substances for the treatment of certain conditions to access the patient's history in the program database prior to initiating such treatment. The same measure will require pharmacists dispensing certain controlled substances to certain patients to access the patient's history in the program database prior to dispensing such medications.

## **Outlook for Next Fiscal Year**

The program continues to enroll new authorized users, and the daily average number of queries continues to increase. With assistance from the licensing agencies encouraging use of the program by their licensees, we hope to improve on the current 30% registration rate, as well as the daily query rate of approximately 3,000.

## **Conclusion**

The program has completed approximately six years of operation. Based on feedback from authorized users, it appears to represent an efficient and cost-effective use of resources. Data from the program suggests we have made some early contributions to the reduction of diversion of controlled substances. Our interstate collaborations have yielded high marks for our program design and operation. We look forward to fully developing the potential of our program to identify and inhibit the diversion of controlled substances in Louisiana.

We acknowledge the contributions from Ms. Danielle Meadors, our Administrative Coordinator, and Mr. Joseph Fontenot, Program Manager, for their operation of the program and the development of this report.

Prepared by:  
Malcolm J. Broussard  
Executive Director



# Louisiana Board of Pharmacy

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## Multistate Pharmacy Jurisprudence Examination (MPJE™)

January 1 – April 30, 2014

School Reports  
Interpretation of Scores  
Frequency Distribution of Scaled Scores  
Cumulative Record (since January 2000)

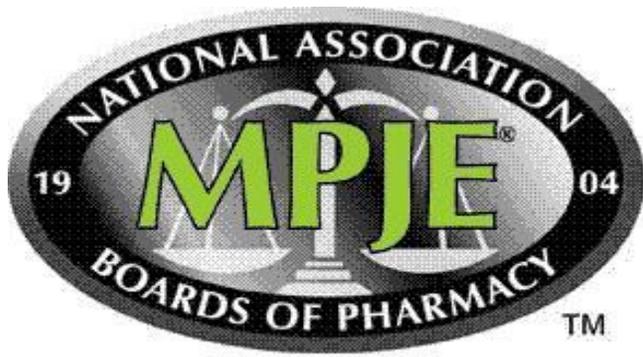
August 6, 2014

## **Multistate Pharmacy Jurisprudence Examination (MPJE™)**

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in federal and state laws relative to pharmacy practice and is therefore specific for a given state. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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Cumulative Report (since January 2000) for ULM School of Pharmacy	09
Current Trimester Report for Xavier College of Pharmacy	13
Cumulative Report (since January 2000) for Xavier College of Pharmacy	20



**Multistate Pharmacy Jurisprudence Examination® (MPJE) ®  
School Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

**School Name:** University Louisiana Monroe

This MPJE score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution. Tables 1 and 2 contain school-specific as well as national pass rate information.

**Table 1 First Time Test Takers**

School 1: Examinees testing in same state as respective college

School 2: Examinees testing in different states than respective college

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	5	100.00	79.40	3.65
School 2	24	91.67	82.29	5.43
State	85	85.88	81.05	5.19
National	3148	90.85	81.82	5.49

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

**Table 2 All Test Takers**

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	5	100.00	79.40	3.65
School 2	27	85.19	81.41	5.82
State	103	82.52	80.36	5.40
National	3950	87.62	81.04	5.67

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

**Multistate Pharmacy Jurisprudence Examination® (MPJE)®  
Candidate Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

	<b>Pass/Fail</b>	<b>Total Scaled Score</b>	<b>Test Date</b>	<b>Graduation Date</b>	<b>First Attempt</b>	<b>State</b>
1	Pass	76	02/27/2014	05/11/2013	Y	LA
2	Pass	78	02/11/2014	05/11/2013	Y	LA
3	Pass	80	04/24/2014	05/19/2012	Y	NC
4	Pass	88	03/03/2014	05/19/2012	Y	TX
5	Pass	85	01/22/2014	05/21/2011	Y	LA
6	Pass	81	03/17/2014	05/17/2008	Y	LA
7	Fail	74	04/24/2014	05/19/2007	Y	MS
8	Pass	84	03/29/2014	05/17/2004	Y	TX
9	Pass	77	03/10/2014	12/16/2000	Y	LA
10	Pass	79	02/10/2014	05/01/1998	Y	MS
11	Pass	79	01/09/2014	08/09/1997	Y	SC
12	Pass	81	01/27/2014	12/21/1996	Y	OK
13	Pass	81	02/20/2014	05/18/1996	Y	CO
14	Pass	82	03/08/2014	08/15/1992	Y	MS
15	Pass	88	01/07/2014	12/21/1991	Y	MO
16	Pass	81	02/08/2014	12/21/1990	Y	MS
17	Pass	81	04/17/2014	08/08/1988	Y	FL
18	Pass	78	03/20/2014	08/08/1988	Y	TX
19	Fail	72	04/30/2014	05/15/1988	N	TX
20	Fail	71	01/22/2014	05/15/1988	Y	TX
21	Pass	79	04/03/2014	05/15/1987	Y	FL
22	Pass	88	02/14/2014	12/20/1985	Y	CO
23	Fail	72	04/03/2014	05/14/1982	N	MT
24	Pass	79	03/17/2014	05/14/1982	N	OR
25	Pass	78	03/10/2014	05/15/1978	Y	KY
26	Pass	89	02/01/2014	12/21/1977	Y	TX
27	Pass	92	02/19/2014	12/17/1977	Y	OR
28	Pass	93	01/28/2014	12/17/1977	Y	MS
29	Pass	81	04/18/2014	06/17/1977	Y	AZ
30	Pass	88	03/14/2014	05/08/1976	Y	TX
31	Pass	79	03/24/2014	05/25/1975	Y	DE
32	Pass	81	02/05/2014	05/01/1970	Y	MS

**National Statistics for All Candidates**

**Mean Scaled Score: 81.04**  
**Standard Deviation: 5.67**  
**Range: 50 - 100**  
**Passing Rate (%): 87.62**

**National Statistics for First-Time Candidates**

**Mean Scaled Score: 81.82**  
**Standard Deviation: 5.49**  
**Range: 59 - 100**  
**Passing Rate (%): 90.85**

The following tables are scaled score frequency distributions for MPJE® candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

**National Frequency Distribution of Scaled Scores**

**Based on Total Tests Administered (N = 3950 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	1	0.0%
55 - 59	1	0.0%
60 - 64	9	0.0%
65 - 69	54	0.0%
70 - 74	304	0.1%
75 - 79	869	0.4%
80 - 84	1228	0.7%
85 - 89	783	0.9%
90 - 94	207	1.0%
95 - 100	39	1.0%

**National Frequency Distribution of Scaled Scores**  
**Based on First-Time Candidates from ACPE-Accredited Programs (N = 3148 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	0	0.0%
55 - 59	1	0.0%
60 - 64	5	0.0%
65 - 69	37	0.0%
70 - 74	243	0.1%
75 - 79	758	0.3%
80 - 84	1116	0.7%
85 - 89	747	0.9%
90 - 94	201	1.0%
95 - 100	38	1.0%

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**University of Louisiana at Monroe**

	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>	
	<u>Jan - Jun</u>	<u>Jul - Dec</u>						
<b>TOTAL CANDIDATE GROUP</b>								
No. of Candidates	125	82	100	57	59	123	77	119
School Average Score:	83.27	82.76	80.84	81.37	80.17	80.41	78.57	80.04
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	90.78	79.85	79.92	79.33
School Pass Rate:	94.40	91.46	90.00	91.23	88.14	88.62	77.92	88.24
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
<b>FIRST-TIME CANDIDATE GROUP</b>								
No. of Candidates	117	78	92	51	55	111	59	110
School Average Score:	83.67	83.14	80.89	81.78	80.22	80.58	79.31	80.22
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	96.58	93.59	90.22	90.20	89.09	88.29	81.36	88.18
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**University of Louisiana at Monroe**

	<b>2004</b>		<b>2005</b>		<b>2006</b>		<b>2007</b>	
	<u>Jan - Jun</u>	<u>Jul - Dec</u>						
<b>TOTAL CANDIDATE GROUP</b>								
No. of Candidates	62	110	59	146	68	111	50	151
School Average Score:	79.39	80.79	79.25	80.50	80.43	81.92	80.20	81.62
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	91.94	91.82	89.83	87.67	88.24	92.79	90.00	92.05
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
<b>FIRST-TIME CANDIDATE GROUP</b>								
No. of Candidates	52	104	55	132	60	102	43	140
School Average Score:	79.73	80.96	79.33	80.66	80.80	82.14	81.05	81.83
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	92.31	92.31	89.09	87.12	91.67	94.12	95.35	93.57
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

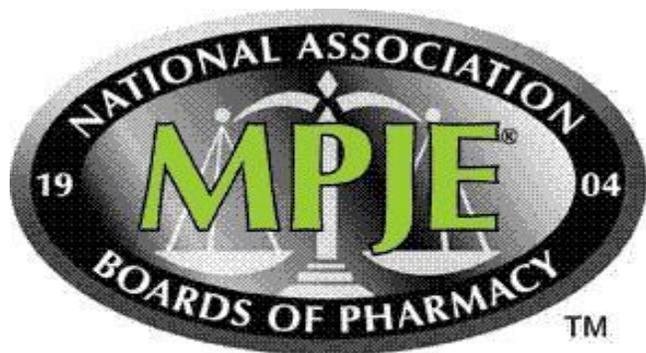
**University of Louisiana at Monroe**

	<b>2008</b>		<b>2009</b>			<b>2010</b>			<b>2011</b>		
	<u>Jan - Jun</u>	<u>Jul - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>											
No. of Candidates	61	137	42	120	36	38	104	35	5	71	12
Mean Scaled Score - School	81.26	81.99	80.95	82.58	80.75	81.47	82.14	81.89	82.60	82.73	83.83
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	96.72	91.97	88.10	95.00	86.11	94.74	90.38	91.43	100.00	97.18	100.00
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.09	94.83	89.35	86.43	92.17	86.24
<b>FIRST-TIME CANDIDATE GROUP</b>											
No. of Candidates	58	127	37	117	34	34	96	30	5	66	11
Mean Scaled Score - School	81.52	82.13	81.30	82.56	81.09	82.12	82.67	82.33	82.60	83.08	84.18
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	96.55	91.34	89.19	94.87	88.24	97.06	93.75	93.33	100.00	100.00	100.00
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.79	92.24	96.05	94.00

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**University of Louisiana at Monroe**

	<b>2012</b>			<b>2013</b>			<b>2014</b>			<b>2015</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	4	126	87	47	94	30	32					
<i>* testing in same/different state</i>		72 / 54	11 / 34	11 / 36	40 / 54	2 / 28	5 / 27					
Mean Scale Score - School *	82.25	82.44/82.70	80.09/79.85	81.45/84.03	82.50/82.59	80.50/82.79	79.40/81.41					
<i>* testing in same/different state</i>												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82	80.43	80.36					
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50	80.52	81.04					
School Pass Rate: *	100.00	97.22/90.74	90.91/85.29	100/97.22	95.00/98.15	100 / 92.86	100 / 85.19					
<i>* testing in same/different state</i>												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51	85.21	82.52					
National Pass Rate:	84.54	92.76	86.85	87.18	92.98	87.01	87.62					
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	4	124	70	44	93	28	29					
<i>* testing in same/different state</i>		72 / 52	10 / 29	10 / 34	39 / 54	1 / 27	5 / 24					
Mean Scaled Score - School *	82.25	82.44/83.02	80.62/79.90	81.80/84.26	82.77/82.59	82.00/83.19	79.40/82.29					
<i>* testing in same/different state</i>												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03	81.08	81.05					
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76	81.22	81.82					
School Pass Rate: *	100.00	97.22/92.31	89.66/90.00	100.00/97.06	97.44/98.15	100 / 96.30	100 / 91.67					
<i>* testing in same/different state</i>												
State Pass Rate:	93.22	91.03	85.71	97.22	91.88	87.29	85.88					
National Pass Rate:	89.13	93.94	89.60	91.08	93.95	90.04	90.85					



**Multistate Pharmacy Jurisprudence Examination® (MPJE) ®  
School Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

**School Name:** Xavier University of Louisiana

This MPJE score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution. Tables 1 and 2 contain school-specific as well as national pass rate information.

**Table 1 First Time Test Takers**

School 1: Examinees testing in same state as respective college

School 2: Examinees testing in different states than respective college

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	8	50.00	76.63	3.74
School 2	35	80.00	79.31	4.95
State	85	85.88	81.05	5.19
National	3148	90.85	81.82	5.49

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

**Table 2 All Test Takers**

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	12	50.00	76.00	3.57
School 2	40	82.50	79.28	4.66
State	103	82.52	80.36	5.40
National	3950	87.62	81.04	5.67

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

**Multistate Pharmacy Jurisprudence Examination® (MPJE)®  
Candidate Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

	<b>Pass/Fail</b>	<b>Total Scaled Score</b>	<b>Test Date</b>	<b>Graduation Date</b>	<b>First Attempt</b>	<b>State</b>
1	Fail	73	04/01/2014	12/13/2013	Y	LA
2	Pass	81	02/18/2014	08/02/2013	Y	GA
3	Fail	73	03/20/2014	06/29/2013	Y	TX
4	Pass	78	01/14/2014	06/28/2013	N	LA
5	Pass	76	04/01/2014	05/13/2013	Y	TX
6	Fail	74	04/30/2014	05/11/2013	Y	LA
7	Pass	83	04/29/2014	05/11/2013	Y	LA
8	Fail	74	04/26/2014	05/11/2013	Y	LA
9	Pass	77	04/19/2014	05/11/2013	Y	LA
10	Pass	77	04/03/2014	05/11/2013	N	LA
11	Pass	76	04/03/2014	05/11/2013	Y	GA
12	Fail	70	03/27/2014	05/11/2013	Y	MS
13	Fail	73	03/25/2014	05/11/2013	N	LA
14	Pass	88	02/20/2014	05/11/2013	Y	TX
15	Fail	71	02/05/2014	05/11/2013	N	LA
16	Pass	76	01/31/2014	05/11/2013	N	GA
17	Pass	81	01/31/2014	05/11/2013	Y	TX
18	Pass	82	01/21/2014	05/11/2013	Y	MS
19	Pass	76	01/09/2014	08/04/2012	Y	TX
20	Pass	80	04/30/2014	05/12/2012	Y	TX
21	Fail	70	04/23/2014	05/12/2012	Y	TX
22	Pass	78	04/17/2014	05/12/2012	N	NY
23	Pass	86	03/20/2014	05/12/2012	Y	TX
24	Fail	73	03/04/2014	05/12/2012	Y	NY
25	Pass	77	04/08/2014	05/08/2010	Y	IL
26	Pass	79	03/08/2014	05/08/2010	Y	WI
27	Pass	81	04/14/2014	05/09/2009	Y	TN
28	Fail	73	03/29/2014	05/09/2009	Y	TX
29	Fail	73	03/17/2014	05/09/2009	Y	LA
30	Pass	79	01/31/2014	05/09/2009	Y	DC
31	Pass	82	01/11/2014	05/20/2008	Y	FL
32	Pass	84	03/24/2014	05/12/2007	Y	KS
33	Pass	85	04/18/2014	03/12/2007	Y	DC
34	Pass	78	04/03/2014	03/12/2007	Y	MD
35	Pass	80	04/10/2014	05/08/2004	N	MD
36	Pass	79	02/20/2014	05/08/2004	Y	LA
37	Pass	81	01/09/2014	05/01/2003	N	TX
38	Pass	84	01/08/2014	05/01/2001	Y	FL
39	Pass	76	04/01/2014	01/22/2001	Y	PA
40	Fail	72	03/28/2014	01/22/2001	Y	NY
41	Fail	73	03/29/2014	05/01/2000	Y	MS
42	Pass	89	02/25/2014	05/01/1999	Y	TX
43	Pass	80	01/13/2014	05/01/1999	Y	DC
44	Pass	80	02/19/2014	05/01/1998	N	WA

**Multistate Pharmacy Jurisprudence Examination® (MPJE)®  
Candidate Summary Report**

	<b>Pass/Fail</b>	<b>Total Scaled Score</b>	<b>Test Date</b>	<b>Graduation Date</b>	<b>First Attempt</b>	<b>State</b>
45	Pass	80	04/04/2014	05/10/1997	Y	LA
46	Pass	80	02/20/2014	05/10/1997	Y	FL
47	Pass	79	01/03/2014	05/10/1997	Y	PA
48	Pass	85	01/27/2014	05/12/1995	Y	NV
49	Pass	80	02/22/2014	05/07/1995	Y	OR
50	Pass	80	04/29/2014	05/10/1989	Y	MS
51	Pass	85	03/31/2014	05/10/1989	Y	MO
52	Pass	83	04/05/2014	05/10/1987	Y	DC

**National Statistics for All Candidates**

**Mean Scaled Score: 81.04**  
**Standard Deviation: 5.67**  
**Range: 50 - 100**  
**Passing Rate (%): 87.62**

**National Statistics for First-Time Candidates**

**Mean Scaled Score: 81.82**  
**Standard Deviation: 5.49**  
**Range: 59 - 100**  
**Passing Rate (%): 90.85**

The following tables are scaled score frequency distributions for MPJE® candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

**National Frequency Distribution of Scaled Scores**

**Based on Total Tests Administered (N = 3950 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	1	0.0%
55 - 59	1	0.0%
60 - 64	9	0.0%
65 - 69	54	0.0%
70 - 74	304	0.1%
75 - 79	869	0.4%
80 - 84	1228	0.7%
85 - 89	783	0.9%
90 - 94	207	1.0%
95 - 100	39	1.0%

**National Frequency Distribution of Scaled Scores**  
**Based on First-Time Candidates from ACPE-Accredited Programs (N = 3148 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	0	0.0%
55 - 59	1	0.0%
60 - 64	5	0.0%
65 - 69	37	0.0%
70 - 74	243	0.1%
75 - 79	758	0.3%
80 - 84	1116	0.7%
85 - 89	747	0.9%
90 - 94	201	1.0%
95 - 100	38	1.0%

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**Xavier College of Pharmacy**

	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>	
	<u>Jan - Jun</u>	<u>Jul - Dec</u>						
<b>TOTAL CANDIDATE GROUP</b>								
No. of Candidates	25	94	53	126	43	122	71	158
School Average Score:	78.92	78.90	77.43	79.86	79.12	78.18	76.75	77.99
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	81.72	79.85	79.92	79.33
School Pass Rate:	80.00	80.85	69.81	88.10	81.40	77.05	67.61	75.95
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
<b>FIRST-TIME CANDIDATE GROUP</b>								
No. of Candidates	23	86	38	107	38	102	53	122
School Average Score:	79.04	79.01	77.58	79.92	79.58	78.18	77.04	78.48
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	78.26	80.23	71.05	86.92	86.84	78.43	71.70	78.69
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**Xavier College of Pharmacy**

	<b>2004</b>		<b>2005</b>		<b>2006</b>		<b>2007</b>	
	<u>Jan - Jun</u>	<u>Jul - Dec</u>						
<b>TOTAL CANDIDATE GROUP</b>								
No. of Candidates	66	123	82	135	139	181	77	169
School Average Score:	77.36	78.64	78.06	78.96	79.04	79.82	78.47	79.76
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	78.79	80.49	76.83	82.22	87.77	86.19	77.92	87.57
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
<b>FIRST-TIME CANDIDATE GROUP</b>								
No. of Candidates	56	101	63	121	121	156	62	154
School Average Score:	77.73	79.19	78.57	79.36	79.14	80.27	79.47	80.03
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	80.36	84.16	79.37	85.12	87.60	89.10	85.48	88.96
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**Xavier College of Pharmacy**

	<b>2008</b>		<b>2009</b>			<b>2010</b>			<b>2011</b>		
	<u>Jan - Jun</u>	<u>Jul - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>											
No. of Candidates	55	208	63	162	68	42	160	83	10	77	44
Mean Scaled Score - School	78.25	79.49	78.03	80.20	78.10	78.93	79.89	78.17	76.50	79.32	78.93
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	80	83.17	74.60	88.27	77.94	80.95	88.75	78.31	70.00	81.82	81.82
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.08	94.83	89.35	86.43	92.17	86.24
<b>FIRST-TIME CANDIDATE GROUP</b>											
No. of Candidates	45	181	44	150	47	32	157	61	7	67	29
Mean Scaled Score - School	79.02	79.71	78.55	80.35	78.79	79.66	79.95	78.48	78.14	79.84	80.14
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	88.89	85.64	79.55	88.67	82.98	84.38	89.17	78.69	85.71	86.57	89.66
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.89	92.24	96.05	94.00

**Multistate Pharmacy Jurisprudence Examination (MPJE)**

**Xavier College of Pharmacy**

	<b>2012</b>			<b>2013</b>			<b>2014</b>			<b>2015</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sep - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	13	181	87	53	188	115	52					
<i>* testing in same/different state</i>		94 / 87	23 / 65	6 / 47	95 / 93	46 / 69	12 / 40					
Mean Scaled Score - School *	79.69	79.27/78.48	76.96/79.95	78.17/79.09	79.46/79.55	77.33/78.72	76 / 79.28					
<i>* testing in same/different state</i>												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82	80.43	80.36					
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50	80.52	81.04					
School Pass Rate: *	84.62	84.04/81.61	60.87/86.15	83.33/76.60	85.26/81.72	71.74/76.81	50 / 82.50					
<i>* testing in same/different state</i>												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51	85.21	82.52					
National Pass Rate:	84.54	92.76	86.85	87.18	92.98	87.01	87.62					
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	9	163	70	43	171	86	43					
<i>* testing in same/different state</i>		87 / 76	11 / 54	3 / 40	89 / 82	31 / 55	8 / 35					
Mean Scaled Score - School *	79.78	79.34/78.70	77.55/80.57	81.33/79.38	79.66/79.94	77.03/78.85	76.63/79.31					
<i>* testing in same/different state</i>												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03	81.08	81.05					
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76	81.22	81.82					
School Pass Rate: *	88.89	83.91/84.24	63.64/87.04	100 / 77.50	87.64/82.93	67.74/74.55	50 / 80					
<i>* testing in same/different state</i>												
State Pass Rate:	93.22	91.03	85.71	97.22	91.88	87.29	85.88					
National Pass Rate:	89.13	93.94	89.60	91.08	93.95	90.04	90.85					



# Louisiana Board of Pharmacy

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## North American Pharmacist Licensure Examination (NAPLEX™)

January 1 – April 30, 2014

School Reports  
Interpretation of Scores  
Frequency Distribution of Scaled Scores  
Cumulative Record (since January 2000)

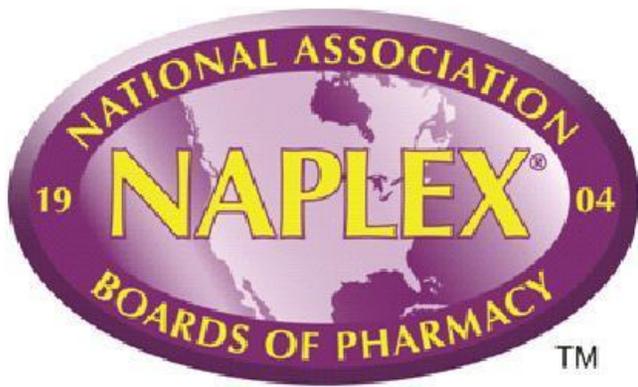
August 6, 2014

## **North American Pharmacist Licensure Examination (NAPLEX™)**

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in basic pharmacy practice and is recognized by pharmacy regulatory authorities in all of the states and territories within the USA. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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**North American Pharmacist Licensure Examination® (NAPLEX) ®  
School Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

**School Name:** University Louisiana Monroe

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

- Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
- Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
- Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

**Table 1 First-Time Candidates, ACPE-Accredited Programs Only**

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	1	100.00	101.00		12.00		13.00		13.00	
State	3	100.00	85.00	13.86	11.33	1.15	11.33	2.08	12.00	1.00
National	279	83.15	90.89	18.97	11.77	1.23	11.80	1.44	11.95	1.87

**Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.**

**Table 2 All Candidates**

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	1	100.00	101.00		12.00		13.00		13.00	
State	13	53.85	73.85	16.67	10.69	1.11	10.85	1.21	10.08	2.22
National	865	63.24	80.22	22.24	11.22	1.35	11.18	1.51	11.23	1.98

**Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.**

### Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2013). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labeled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

**Reference Table 3 NAPLEX  
Mean Area Score Summary (2013) by Quartiles**

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.96	12.96	12.24	11.24
Mean Area 2 Scaled Score	13.74	12.81	12.13	11.12
Mean Area 3 Scaled Score	14.02	13.12	12.47	11.53
Mean Overall Scaled Score	119.99	109.42	99.75	82.35
Scaled Score Range	[138, 115]	[114, 106]	[105, 95]	[94, 11]
# Examinees per bin	3,284	3,284	3,284	3,285

In the quartile table (above), the mean overall scaled score for the bottom quartile is 82.35 which is greater than the NAPLEX passing threshold of 75. Because the set of overall scaled scores is not normally distributed, the scores and subsequent interpretations should be evaluated carefully.

**Reference Table 4 NAPLEX  
Mean Area Score Summary (2013) by Pass/Fail Status**

	Pass	Fail
Mean Area 1 Scaled Score	12.70	10.36
Mean Area 2 Scaled Score	12.56	10.15
Mean Area 3 Scaled Score	12.88	10.65
Mean Overall Scaled Score	104.72	63.97
Scaled Score Range	[138, 75]	[74, 11]
# Examinees per bin	12,543	594

**Table 5 North American Pharmacist Licensure Examination® (NAPLEX)®  
Candidate Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	101	12	13	13	01/31/2014	05/11/2013	Y

**National Statistics for All NAPLEX Candidates**

**Mean Scaled Score: 80.22**  
**Standard Deviation: 22.24**  
**Range: 7 - 134**  
**Passing Rate (%): 63.24**

**National Statistics for First-Time NAPLEX Candidates**

**Mean Scaled Score: 90.89**  
**Standard Deviation: 18.97**  
**Range: 21 - 126**  
**Passing Rate (%): 83.15**

The following tables are scaled score frequency distributions for NAPLEX candidates.  
 Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

**National Frequency Distribution of Scaled Scores  
 Based on Total Tests Administered (N = 865 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	2	0.0%
10 - 14	2	0.0%
15 - 19	1	0.0%
20 - 24	13	0.0%
25 - 29	6	0.0%
30 - 34	7	0.0%
35 - 39	9	0.0%
40 - 44	15	0.1%
45 - 49	20	0.1%
50 - 54	26	0.1%
55 - 59	38	0.2%
60 - 64	46	0.2%
65 - 69	58	0.3%
70 - 74	69	0.4%
75 - 79	83	0.5%
80 - 84	91	0.6%
85 - 89	79	0.7%
90 - 94	77	0.7%
95 - 99	57	0.8%
100 - 104	47	0.9%
105 - 109	34	0.9%
110 - 114	27	0.9%
115 - 119	23	1.0%
120 - 124	21	1.0%
125 - 129	7	1.0%
130 - 134	1	1.0%
135 - 139	0	1.0%
140 - 144	0	1.0%
145 - 150	0	1.0%

**National Frequency Distribution of Scaled Scores**  
**Based on First-Time Candidates from ACPE-Accredited Programs (N = 279 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	1	0.0%
25 - 29	2	0.0%
30 - 34	1	0.0%
35 - 39	2	0.0%
40 - 44	1	0.0%
45 - 49	1	0.0%
50 - 54	1	0.0%
55 - 59	5	0.1%
60 - 64	5	0.1%
65 - 69	11	0.1%
70 - 74	10	0.2%
75 - 79	17	0.3%
80 - 84	23	0.4%
85 - 89	20	0.5%
90 - 94	25	0.6%
95 - 99	22	0.7%
100 - 104	20	0.8%
105 - 109	16	0.8%
110 - 114	15	0.9%
115 - 119	10	0.9%
120 - 124	10	1.0%
125 - 129	1	1.0%
130 - 134	0	1.0%
135 - 139	0	1.0%
140 - 144	0	1.0%
145 - 150	0	1.0%

**North American Pharmacist Licensure Examination (NAPLEX)**

**University of Louisiana at Monroe**

	<b>2000</b>			<b>2001</b>			<b>2002</b>			<b>2003</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	76	47	18	40	30	10	13	62	27	10	70	24
School Average Score:	96.51	91.62	88.61	88.93	87.30	87.00	82.85	100.24	89.56	78.40	101.44	92.50
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	90.50	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	96.05	82.98	88.89	85.00	90.00	90.00	84.62	85.48	77.78	60.00	95.71	87.50
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	71	33	9	37	20	6	13	61	20	2	64	16
School Average Score:	97.13	96.00	94.00	88.32	86.90	90.67	82.85	100.44	92.80	73.50	102.69	98.56
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	95.77	96.97	100.00	83.78	85.00	100.00	84.62	85.25	75.00	50.00	96.88	100.00
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

**North American Pharmacist Licensure Examination (NAPLEX)**

**University of Louisiana at Monroe**

	<b>2004</b>			<b>2005</b>			<b>2006</b>			<b>2007</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	3	64	18	9	72	17	2	60	10	3	90	23
School Average Score:	85.67	105.30	94.83	82.67	104.17	101.65	98.00	113.17	95.80	107.67	117.27	101.57
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	100.00	96.88	94.44	88.89	90.28	94.12	100.00	93.33	80.00	100.00	95.56	78.26
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	2	58	17	5	70	11	2	58	4	3	89	19
School Average Score:	87.00	107.34	93.47	81.40	105.09	110.09	98.00	114.59	125.00	107.67	117.66	103.05
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	100.00	100.00	94.12	80.00	91.43	100.00	100.00	94.83	100.00	100.00	95.51	78.95
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

**North American Pharmacist Licensure Examination (NAPLEX)**

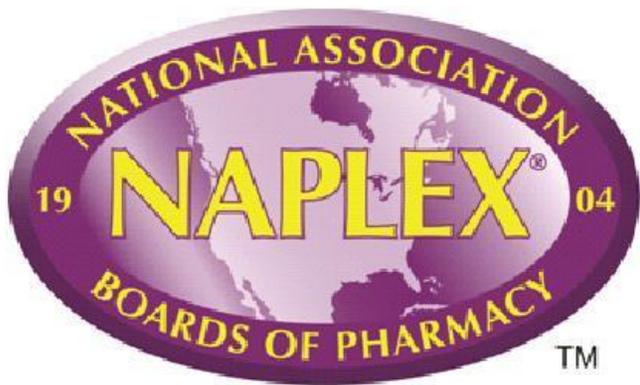
**University of Louisiana at Monroe**

	<b>2008</b>			<b>2009</b>			<b>2010</b>			<b>2011</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	11	98	12	6	91	8	3	67	6	2	91	9
Mean Scaled Score - School	94.73	106.39	93.83	97.83	113.84	77.25	98.00	99.97	93.17	67.50	97.40	87.22
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	90.91	92.86	83.33	83.33	95.60	50.00	100.00	95.52	100.00	0.00	89.01	77.78
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	3	97	5	3	88	3	0	67	2	1	87	3
Mean Scaled Score - School	110.33	106.76	95.80	93.00	115.34	78.33	0.00	99.97	97.00	62.00	99.39	84.67
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	100.00	93.81	80.00	66.67	96.59	33.33	0.00	95.52	100.00	0.00	93.10	66.67
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

**North American Pharmacist Licensure Examination (NAPLEX)**

**University of Louisiana at Monroe**

	<b>2012</b>			<b>2013</b>			<b>2014</b>			<b>2015</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	6	80	17	3	40	7				1		
Mean Scaled Score - School	75.33	97.14	85.41	92.00	100.45	88.43				101.00		
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66	86.88				73.85		
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78	87.03				80.22		
School Pass Rate:	83.33	92.50	82.35	100.00	90.00	100.00				100.00		
State Pass Rate:	68.75	93.82	76.19	55.56	92.95	81.82				53.85		
National Pass Rate:	68.33	95.21	77.86	61.07	94.65	75.91				63.24		
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	2	80	9	3	38	4				1		
Mean Scaled Score - School	49.50	97.14	87.11	92.00	101.68	92.00				101.00		
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30	88.33				85.00		
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02	92.69				90.89		
School Pass Rate:	50.00	92.50	77.78	100.00	92.11	100.00				100.00		
State Pass Rate:	75.00	95.35	72.73	75.00	94.08	83.33				100.00		
National Pass Rate:	87.69	97.19	90.14	85.14	96.57	84.46				83.15		



**North American Pharmacist Licensure Examination® (NAPLEX) ®  
School Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

**School Name:** Xavier University of Louisiana

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

- Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
- Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
- Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

**Table 1 First-Time Candidates, ACPE-Accredited Programs Only**

Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation	
School	3	66.67	61.00	27.71	10.33	1.53	10.00	1.73	10.33	2.08
State	3	100.00	85.00	13.86	11.33	1.15	11.33	2.08	12.00	1.00
National	279	83.15	90.89	18.97	11.77	1.23	11.80	1.44	11.95	1.87

**Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.**

**Table 2 All Candidates**

Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation	
School	18	50.00	70.72	16.84	10.89	1.08	10.33	0.84	10.00	1.81
State	13	53.85	73.85	16.67	10.69	1.11	10.85	1.21	10.08	2.22
National	865	63.24	80.22	22.24	11.22	1.35	11.18	1.51	11.23	1.98

**Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.**

### Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2013). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labeled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

**Reference Table 3 NAPLEX  
Mean Area Score Summary (2013) by Quartiles**

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.96	12.96	12.24	11.24
Mean Area 2 Scaled Score	13.74	12.81	12.13	11.12
Mean Area 3 Scaled Score	14.02	13.12	12.47	11.53
Mean Overall Scaled Score	119.99	109.42	99.75	82.35
Scaled Score Range	[138, 115]	[114, 106]	[105, 95]	[94, 11]
# Examinees per bin	3,284	3,284	3,284	3,285

In the quartile table (above), the mean overall scaled score for the bottom quartile is 82.35 which is greater than the NAPLEX passing threshold of 75. Because the set of overall scaled scores is not normally distributed, the scores and subsequent interpretations should be evaluated carefully.

**Reference Table 4 NAPLEX  
Mean Area Score Summary (2013) by Pass/Fail Status**

	Pass	Fail
Mean Area 1 Scaled Score	12.70	10.36
Mean Area 2 Scaled Score	12.56	10.15
Mean Area 3 Scaled Score	12.88	10.65
Mean Overall Scaled Score	104.72	63.97
Scaled Score Range	[138, 75]	[74, 11]
# Examinees per bin	12,543	594

**Table 5 North American Pharmacist Licensure Examination® (NAPLEX)®  
Candidate Summary Report**

**Test Window:** January 1, 2014 - April 30, 2014

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	77	10	12	11	03/25/2014	12/13/2013	Y
2	Pass	82	11	11	10	03/08/2014	06/29/2013	N
3	Pass	80	12	10	11	02/14/2014	06/29/2013	N
4	Pass	101	13	11	13	02/14/2014	06/29/2013	N
5	Pass	76	11	11	12	02/13/2014	06/28/2013	N
6	Fail	49	10	10	8	04/30/2014	05/11/2013	N
7	Fail	60	11	9	10	04/25/2014	05/11/2013	N
8	Fail	72	11	11	9	04/09/2014	05/11/2013	N
9	Pass	77	12	9	12	04/04/2014	05/11/2013	Y
10	Pass	81	12	10	11	03/17/2014	05/11/2013	N
11	Pass	89	12	11	10	02/04/2014	05/11/2013	N
12	Fail	74	11	10	10	01/31/2014	05/11/2013	N
13	Fail	51	9	10	10	01/15/2014	05/11/2013	N
14	Fail	56	10	11	6	01/13/2014	05/11/2013	N
15	Fail	63	10	10	7	01/07/2014	05/11/2013	N
16	Fail	74	11	10	11	01/07/2014	05/11/2013	N
17	Fail	29	9	9	8	02/01/2014	05/07/2011	Y
18	Pass	82	11	11	11	04/02/2014	12/18/2008	N

**National Statistics for All NAPLEX Candidates**

**Mean Scaled Score: 80.22**  
**Standard Deviation: 22.24**  
**Range: 7 - 134**  
**Passing Rate (%): 63.24**

**National Statistics for First-Time NAPLEX Candidates**

**Mean Scaled Score: 90.89**  
**Standard Deviation: 18.97**  
**Range: 21 - 126**  
**Passing Rate (%): 83.15**

The following tables are scaled score frequency distributions for NAPLEX candidates.  
 Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

**National Frequency Distribution of Scaled Scores  
 Based on Total Tests Administered (N = 865 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	2	0.0%
10 - 14	2	0.0%
15 - 19	1	0.0%
20 - 24	13	0.0%
25 - 29	6	0.0%
30 - 34	7	0.0%
35 - 39	9	0.0%
40 - 44	15	0.1%
45 - 49	20	0.1%
50 - 54	26	0.1%
55 - 59	38	0.2%
60 - 64	46	0.2%
65 - 69	58	0.3%
70 - 74	69	0.4%
75 - 79	83	0.5%
80 - 84	91	0.6%
85 - 89	79	0.7%
90 - 94	77	0.7%
95 - 99	57	0.8%
100 - 104	47	0.9%
105 - 109	34	0.9%
110 - 114	27	0.9%
115 - 119	23	1.0%
120 - 124	21	1.0%
125 - 129	7	1.0%
130 - 134	1	1.0%
135 - 139	0	1.0%
140 - 144	0	1.0%
145 - 150	0	1.0%

**National Frequency Distribution of Scaled Scores**  
**Based on First-Time Candidates from ACPE-Accredited Programs (N = 279 )**

**Test Window: January 1, 2014 - April 30, 2014**

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	1	0.0%
25 - 29	2	0.0%
30 - 34	1	0.0%
35 - 39	2	0.0%
40 - 44	1	0.0%
45 - 49	1	0.0%
50 - 54	1	0.0%
55 - 59	5	0.1%
60 - 64	5	0.1%
65 - 69	11	0.1%
70 - 74	10	0.2%
75 - 79	17	0.3%
80 - 84	23	0.4%
85 - 89	20	0.5%
90 - 94	25	0.6%
95 - 99	22	0.7%
100 - 104	20	0.8%
105 - 109	16	0.8%
110 - 114	15	0.9%
115 - 119	10	0.9%
120 - 124	10	1.0%
125 - 129	1	1.0%
130 - 134	0	1.0%
135 - 139	0	1.0%
140 - 144	0	1.0%
145 - 150	0	1.0%

**North American Pharmacist Licensure Examination (NAPLEX)**

**Xavier College of Pharmacy**

	<b>2000</b>			<b>2001</b>			<b>2002</b>			<b>2003</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	10	80	43	28	85	40	22	69	48	19	90	40
School Average Score:	77.60	87.99	81.67	76.50	93.14	85.15	76.00	93.23	86.98	79.42	94.46	84.33
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	83.69	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	60.00	77.50	62.79	57.14	85.88	82.50	54.55	79.71	85.42	68.42	90.00	75.00
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	1	77	23	10	74	29	8	63	40	8	83	26
School Average Score:	95.00	88.19	82.13	74.80	95.92	86.48	80.63	95.00	88.60	87.75	95.34	88.04
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	100.00	77.92	65.22	50.00	90.54	82.76	75.00	84.13	90.00	87.50	90.36	80.77
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

**North American Pharmacist Licensure Examination (NAPLEX)**

**Xavier College of Pharmacy**

	<b>2004</b>			<b>2005</b>			<b>2006</b>			<b>2007</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	10	82	19	6	95	30	20	94	48	17	81	56
School Average Score:	76.40	98.99	91.68	83.00	98.92	73.07	72.15	106.20	92.81	74.18	109.07	86.77
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	70.00	96.34	84.21	83.33	86.32	56.67	50.00	82.98	77.08	52.94	83.95	64.29
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	2	79	10	3	90	19	5	87	31	3	68	46
School Average Score:	72.50	100.06	98.80	85.00	101.34	79.79	69.40	109.32	93.10	94.67	114.60	90.50
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	50.00	98.73	100.00	66.67	88.89	68.42	40.00	86.21	77.42	100.00	92.65	71.74
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

**North American Pharmacist Licensure Examination (NAPLEX)**

**Xavier College of Pharmacy**

	<b>2008</b>			<b>2009</b>			<b>2010</b>			<b>2011</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	22	138	55	18	138	28	19	148	52	25	124	45
Mean Scaled Score - School	81.36	96.77	89.82	80.33	97.59	86.96	73.63	89.73	77.15	76.00	99.13	85.04
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	68.18	81.88	76.36	61.11	83.33	71.43	42.11	75.00	59.62	64.00	87.10	75.56
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	5	124	36	6	127	12	6	143	16	6	115	33
Mean Scaled Score - School	85.40	98.77	92.47	81.00	99.77	83.33	79.83	90.78	84.00	61.00	101.95	85.45
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	80.00	84.68	80.56	50.00	86.61	66.67	50.00	76.92	75.00	16.67	92.17	81.82
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

**North American Pharmacist Licensure Examination (NAPLEX)**

**Xavier College of Pharmacy**

	<b>2012</b>			<b>2013</b>			<b>2014</b>			<b>2015</b>		
	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>	<u>Jan - Apr</u>	<u>May - Aug</u>	<u>Sept - Dec</u>
<b>TOTAL CANDIDATE GROUP</b>												
No. of Candidates	13	120	21	10	136	43	18					
Mean Scaled Score - School	76.69	95.13	83.24	68.67	95.13	81.47	70.72					
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66	86.88	73.85					
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78	87.03	80.22					
School Pass Rate:	46.15	90.00	61.90	40.00	86.03	65.12	50.00					
State Pass Rate:	68.75	93.82	76.19	55.56	92.95	81.82	53.85					
National Pass Rate:	68.33	95.21	77.86	61.07	94.65	75.91	63.24					
<b>FIRST-TIME CANDIDATE GROUP</b>												
No. of Candidates	3	111	12	1	131	29	3					
Mean Scaled Score - School	84.67	97.71	95.58	47.00	96.65	82.76	61.00					
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30	88.33	85.00					
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02	92.69	90.89					
School Pass Rate:	66.67	93.69	91.67	0.00	89.31	68.97	66.67					
State Pass Rate:	75.00	95.35	72.73	75.00	94.08	83.33	100.00					
National Pass Rate:	87.69	97.19	90.14	85.14	96.57	84.46	83.15					

**LOUISIANA COMPLIANCE QUESTIONNAIRE**  
(For Audit Engagements of Government Entities)

August 6, 2014

Baxley & Associates, LLC  
PO Box 482  
Plaquemine, Louisiana 70765

In connection with your audit of our financial statements as of **June 30, 2014**, and for the **one year period including July 1, 2013 through June 30, 2014**, for the purpose of expressing an opinion as to the fair presentation of our financial statements in accordance with accounting principles generally accepted in the United States of America, to assess our system of internal control as a part of your audit, and to review our compliance with applicable laws and regulations, we confirm, to the best of our knowledge and belief, the following representations. These representations are based on the information available to us as of **July 1, 2014**.

**PART I. AGENCY PROFILE**

1. Name and address of the organization.  
Louisiana Board of Pharmacy  
3388 Brentwood Drive  
Baton Rouge, LA 70809-1700
  
2. List the population of the municipality or parish based upon the last official United States Census or most recent official census (municipalities and police juries only). Include the source of the information.  
State of Louisiana – 4,533,372 [2010 U. S. Census @ [www.louisiana.gov](http://www.louisiana.gov)]
  
3. List names, addresses, and telephone numbers of entity officials. [Include elected/appointed members of the governing board, chief executive and fiscal officer, and legal counsel.]  
See Appendix A.
  
4. Period of time covered by this questionnaire:  
July 1, 2013 through June 30, 2014
  
5. The entity has been organized under the following provisions of the Louisiana Revised Statutes (R.S.) and, if applicable, local resolutions/ordinances.  
R.S. 37:1161-1250
  
6. Briefly describe the public services provided:  
The Board of Pharmacy regulates the practice of pharmacy to the benefit of the public's health, safety, and welfare. It accomplishes that mission through the fulfillment of two objectives: the restriction of the practice to qualified persons as evidenced by its licensure processes, and the monitoring of practitioners for compliance with all relevant laws and rules as evidenced by its disciplinary processes. Further, the Board is responsible for the issuance of all controlled dangerous substance licenses to practitioners and facilities. The Board issues and renews those credentials, and further, assesses compliance with all relevant laws and rules through inspections of healthcare facilities.
  
7. Expiration date of current elected/appointed officials' terms.  
See Appendix A.

**PART II. PUBLIC BID LAW**

8. The provisions of the public bid law, R.S. Title 38:2211-2296, and, where applicable, the regulations of the Division of Administration, State Purchasing Office have been complied with.

A. All public works purchases exceeding \$150,000 have been publicly bid.

B. All material and supply purchases exceeding \$30,000 have been publicly bid.

Yes  No  N/A

**PART III. CODE OF ETHICS LAW FOR PUBLIC OFFICIALS AND PUBLIC EMPLOYEES**

9. It is true that no employees or officials have accepted anything of value, whether in the form of a service, loan, or promise, from anyone that would constitute a violation of R.S. 42:1101-1124.

Yes  No  N/A

10. It is true that no member of the immediate family of any member of the governing authority, or the chief executive of the governmental entity, has been employed by the governmental entity after April 1, 1980, under circumstances that would constitute a violation of R.S. 42:1119.

Yes  No  N/A

**PART IV. LAWS AFFECTING BUDGETING**

11. We have complied with the budgeting requirements of the Local Government Budget Act (R.S. 39:1301-15), R.S. 39:33, or R.S. 39:1331-1342, as applicable.

A. Local Budget Act

1. We have adopted a budget for the General Fund and all special revenue funds (R.S. 39:1305).
2. The chief executive officer, or equivalent, has prepared a proposed budget that included a budget message, a proposed budget for the General Fund and each special revenue fund, and a budget adoption instrument that specified the chief executive's authority to make budgetary amendments without approval of the governing authority. Furthermore, the proposed expenditures did not exceed estimated funds to be available during the period (R.S. 39:1305).
3. The proposed budget was submitted to the governing authority and made available for public inspection at least 15 days prior to the beginning of the budget year (R.S. 39:1306).
4. To the extent that proposed expenditures were greater than \$500,000, we have made the budget available for public inspection and have advertised its availability in our official journal. The advertisement included the date, time, and place of the public hearing on the budget. Notice has also been published certifying that all actions required by the Local Government Budget Act have been completed (R.S. 39:1307).
5. If required, the proposed budget was made available for public inspection at the location required by R.S. 39:1308.

6. All action necessary to adopt and finalize the budget was completed prior to the date required by state law. The adopted budget contained the same information as that required for the proposed budget (R.S. 39:1309).
7. After adoption, a certified copy of the budget has been retained by the chief executive officer or equivalent officer (R.S. 39:1309).
8. To the extent that proposed expenditures were greater than \$500,000, the chief executive officer or equivalent notified the governing authority in writing during the year when actual receipts plus projected revenue collections for the year failed to meet budgeted revenues by five percent or more, or when actual expenditures plus projected expenditures to year end exceeded budgeted expenditures by five percent or more (R.S. 39:1311).
9. The governing authority has amended its budget when notified, as provided by R.S. 39:1311. (Note, general and special revenue fund budgets should be amended, regardless of the amount of expenditures in the fund, when actual receipts plus projected revenue collections for the year fail to meet budgeted revenues by five percent or more; or when actual expenditures plus projected expenditures to year end exceed budgeted expenditures by five percent or more. State law exempts from the amendment requirements special revenue funds with anticipated expenditures of \$500,000 or less, and exempts special revenue funds whose revenues are expenditure-driven – primarily federal funds – from the requirement to amend revenues.)

Yes  No  N/A

**B. State Budget Requirements**

1. The state agency has complied with the budgetary requirements of R.S. 39:33.

Yes  No  N/A

**C. Licensing Boards**

1. The licensing board has complied with the budgetary requirements of R.S. 39:1331-1342.

Yes  No  N/A

**PART V. ACCOUNTING, AUDITING, AND FINANCIAL REPORTING LAWS**

12. We have maintained our accounting records in such a manner as to provide evidence of legal compliance and the preparation of annual financial statements to comply with R.S. 24:513 and 515, and/or 33:463.

Yes  No  N/A

13. All non-exempt governmental records are available as a public record and have been retained for at least three years, as required by R.S. 44:1, 44:7, 44:31, and 44:36.

Yes  No  N/A

14. We have filed our annual financial statements in accordance with R.S. 24:514, and 33:463 where applicable.

Yes  No  N/A

15. We have had our financial statements audited in a timely manner in accordance with R.S. 24:513.

Yes  No  N/A

**PART VI. MEETINGS**

16. We have complied with the provisions of the Open Meetings Law, provided in R.S. 42:11 through 42:28.

Yes  No  N/A

**PART VII. ASSET MANAGEMENT LAWS**

17. We have maintained records of our fixed assets and movable property records, as required by R.S. 24:515 and/or 39:321-332, as applicable.

Yes  No  N/A

**PART VIII. FISCAL AGENCY AND CASH MANAGEMENT LAWS**

18. We have complied with the fiscal agency and cash management requirements of R.S. 39:1211-45 and 49:301-327, as applicable.

Yes  No  N/A

**PART IX. DEBT RESTRICTION LAWS**

19. It is true we have not incurred any long-term indebtedness without the approval of the State Bond Commission, as provided by Article VII, Section 8 of the 1974 Louisiana Constitution, Article VI, Section 33 of the 1974 Louisiana Constitution, and R.S. 39:1410.60 – 1410.65.

Yes  No  N/A

20. We have complied with the debt limitation requirements of state law (R.S. 39:562).

Yes  No  N/A

21. We have complied with the reporting requirements relating to the Fiscal Review Committee of the State Bond Commission (R.S. 39:1410.62).

Yes  No  N/A

**PART X. REVENUE AND EXPENDITURE RESTRICTION LAWS**

22. We have restricted the collections and expenditures of revenues to those amounts authorized by Louisiana statutes, tax propositions, and budget ordinances.

Yes  No  N/A

23. It is true we have not advanced wages or salaries to employees or paid bonuses in violation of Article VII, Section 14 of the 1974 Louisiana Constitution, R.S. 14:138, and AG Opinion 79-729.

Yes  No  N/A

24. It is true that no property or things of value have been loaned, pledged, or granted to anyone in violation of Article VII, Section 14 of the 1974 Louisiana Constitution.

Yes  No  N/A

**PART XI. QUESTIONS FOR SPECIFIC GOVERNMENTAL UNITS**

*Parish Governments*

25. We have adopted a system of road administration that provides as follows:
- A. Approval of the governing authority of all expenditures, R.S. 48:755(A).
  - B. Development of a capital improvement program on a selective basis, R.S. 48:755.
  - C. Centralized purchasing of equipment and supplies, R.S. 48:755.
  - D. Centralized accounting, R.S. 48:755.
  - E. A construction program based on engineering plans and inspections, R.S. 48:755.
  - F. Selective maintenance program, R.S. 48:755.
  - G. Annual certification of compliance to the auditor, R.S. 48:758.
- Yes [ ] No [ ] N/A [x]

*School Boards*

26. We have complied with the general statutory, constitutional, and regulatory provisions of the Louisiana Department of Education, R.S. 17:51-401.
- Yes [ ] No [ ] N/A [x]
27. We have complied with the regulatory circulars issued by the Louisiana Department of Education that govern the Minimum Foundation Program.
- Yes [ ] No [ ] N/A [x]
28. We have, to the best of our knowledge, accurately compiled the performance measurement data contained in the following schedules and recognize that your agreed upon procedures will be applied to such schedules and performance measurement data: [Note: Parish school boards are required to report as part of their annual financial statements measures of performance. These performance indicators are found in the supplemental schedules.]
- Schedule 1 – General Fund Instructional and Support Expenditures and Certain Local Revenues Sources
  - Schedule 2 – Education Levels of Public School Staff
  - Schedule 3 – Number and Type of Public Schools
  - Schedule 4 – Experience of Public Principals, Assistant Principals, and Full-time Classroom Teachers
  - Schedule 5 – Public School Staff Data: Average Salaries
  - Schedule 6 – Class Size Characteristics
  - Schedule 7 – Louisiana Educational Assessment Program (LEAP)
  - Schedule 8 – Graduation Exit Examination (GEE)
  - Schedule 9 – The iLEAP Tests
- Yes [ ] No [ ] N/A [x]

*Tax Collectors*

29. We have complied with the general statutory requirements of R.S. 47.
- Yes [ ] No [ ] N/A [x]

*Sheriffs*

30. We have complied with the state supplemental pay regulations of R.S. 33:2218.8.  
Yes  No  N/A

31. We have complied with R.S. 33:1432 relating to the feeding and keeping of prisoners.  
Yes  No  N/A

*District Attorneys*

32. We have complied with the regulations of the DCFS that relate to the Title IV-D Program.  
Yes  No  N/A

*Assessors*

33. We have complied with the regulatory requirements found in R.S. Title 47.  
Yes  No  N/A

34. We have complied with the regulations of the Louisiana Tax Commission relating to the reassessment of property.  
Yes  No  N/A

*Clerks of Court*

35. We have complied with R.S. 13:751-917 and applicable sections of R.S. 11:1501-1562.  
Yes  No  N/A

*Libraries*

36. We have complied with the regulations of the Louisiana State Library.  
Yes  No  N/A

*Municipalities*

37. Minutes are taken at all meetings of the governing authority (R.S. 42:7.1).  
Yes  No  N/A

38. Minutes, ordinances, resolutions, budgets, and other official proceedings of the municipalities are published in the official journal (R.S. 43:141-146 and A.G. 86-528).  
Yes  No  N/A

39. All official action taken by the municipality is conducted at public meetings (R.S. 42:11 to 42:28).  
Yes  No  N/A

*Airports*

40. We have submitted our applications for funding airport construction or development to the

Department of Transportation and Development as required by R.S. 2:802.

Yes  No  N/A

41. We have adopted a system of administration that provides for approval by the department for any expenditures of funds appropriated from the Transportation Trust Fund, and no funds have been expended without department approval (R.S. 2:810).

Yes  No  N/A

42. All project funds have been expended on the project and for no other purpose (R.S. 2:810).

Yes  No  N/A

43. We have certified to the auditor, on an annual basis, that we have expended project funds in accordance with the standards established by law (R.S. 2:811).

Yes  No  N/A

#### *Ports*

44. We have submitted our applications for funding port construction or development to the Department of Transportation and Development as required by R.S. 34:3452.

Yes  No  N/A

45. We have adopted a system of administration that provides for approval by the department for any expenditures of funds made out of state and local matching funds, and no funds have been expended without departmental approval (R.S. 34:3460).

Yes  No  N/A

46. All project funds have been expended on the project and for no other purpose (R.S. 34:3460).

Yes  No  N/A

47. We have established a system of administration the provides for the development of a capital improvement program on a selective basis, centralized purchasing of equipment and supplies, centralized accounting, and the selective maintenance and construction of port facilities based upon engineering plans and inspections (R.S. 34:3460).

Yes  No  N/A

48. We have certified to the auditor, on an annual basis, that we have expended project funds in accordance with the standards established by law (R.S. 34:3461).

Yes  No  N/A

#### *Sewerage Districts*

49. We have complied with the statutory requirements of R.S. 33:3881-4159.10.

Yes  No  N/A

#### *Waterworks Districts*

50. We have complied with the statutory requirements of R.S. 33:3811-3837.

Yes  No  N/A

*Utility Districts*

51. We have complied with the statutory requirements of R.S. 33:4161-4546.21.

Yes  No  N/A

*Drainage and Irrigation Districts*

52. We have complied with the statutory requirements of R.S. 38:1601-1707 (Drainage Districts), R.S. 38:1751-1921 (Gravity Drainage Districts), R.S. 38:1991-2048 (Levee and Drainage Districts), or R.S. 38:2101-2123 (Irrigation Districts), as appropriate.

Yes  No  N/A

*Fire Protection Districts*

53. We have complied with the statutory requirements of R.S. 40:1491-1509.

Yes  No  N/A

*Other Special Districts*

54. We have complied with those specific statutory requirements of state law applicable to our district.

Yes  No  N/A

The previous responses have been made to the best of our belief and knowledge.

President: \_\_\_\_\_  
Carl W. Aron

\_\_\_\_\_  
Date

Secretary: \_\_\_\_\_  
Brian A. Bond

\_\_\_\_\_  
Date

**Roster of Board Members & Executive Staff**

Carl W. Aron  
1209 N. 18<sup>th</sup> Street  
Monroe, LA 71201-5495  
318.323.1232  
July 28, 2014

Brian A. Bond  
PO Box 1154  
Jena, LA 71342-1154  
318.992.2665  
June 30, 2018

Clovis S. Burch  
1849 Line Avenue  
Shreveport, LA 71101  
318.865.0234  
August 24, 2016

Ryan M. Dartez  
509 Jefferson Street  
Lafayette, LA 70501  
337.235.4578  
August 24, 2016

Jacqueline L. Hall  
5781 Eastover Drive  
New Orleans, LA 70128-2172  
504.861.5033  
July 28, 2014

Richard M. Indovina, Jr.  
1001 Moss Lane  
River Ridge, LA 70123  
504.473.3180  
August 24, 2016

Marty R. McKay  
9049 Hwy. 165 South  
Woodworth, LA 71485  
318.776.5649  
July 28, 2014

Chris B. Melancon  
550 Catholique Road  
Carencro, LA 70520  
337.896.8434  
June 30, 2018

Diane M. Milano  
3544 W. Esplanade Avenue  
Metairie, LA 70002-7130  
504.889.2300  
June 30, 2019

Ronald E. Moore  
13906 Hootsell Court  
Baton Rouge, LA 70816  
225.241.2993  
July 28, 2014

Blake P. Pitre  
301 Roberta Grove Blvd.  
Houma, LA 70363-5465  
985.693.7496  
June 30, 2018

T. Morris Rabb  
1531 Frenchman's Bend Road  
Monroe, LA 71203-8797  
318.329.4641  
June 30, 2018

Pamela G. Reed  
14133 Kimbleton Avenue  
Baton Rouge, LA 70817  
225.753.1061  
August 24, 2016

Donald L. Resweber  
1379 Burton Plantation Highway  
St. Martinville, LA 70582  
337.654.3900  
Pleasure of the Governor

Deborah H. Simonson  
1516 Jefferson Highway  
New Orleans, LA 70121  
504.842.2246  
August 24, 2016

Richard A. Soileau  
805 Center Street  
New Iberia, LA 70560-5505  
337.365.6721  
July 28, 2014

Rhonny K. Valentine  
116 Jefferson Street  
Mansfield, LA 71052  
318.872.5300  
June 30, 2018

Malcolm J. Broussard  
Executive Director  
3388 Brentwood Drive  
Baton Rouge, LA 70809  
225.925.6496  
Pleasure of the Board

Carlos M. Finalet, III  
General Counsel  
3388 Brentwood Drive  
Baton Rouge, LA 70809  
225.925.6496  
Pleasure of the Board

M. Joseph Fontenot  
Asst. Executive Director  
3388 Brentwood Drive  
Baton Rouge, LA 70809  
225.925.6496  
Pleasure of the Board

Kelley L. Villeneuve  
Office Manager  
3388 Brentwood Drive  
Baton Rouge, LA 70809  
225.925.6496  
Pleasure of the Board

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

Accreditation Status

**Precandidate** A new program that has no students enrolled but that meets the eligibility criteria for accreditation may be granted Precandidate accreditation status. The granting of Precandidate status indicates that a college or school's planning for the Doctor of Pharmacy program has taken into account ACPE standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate status. Granting of Precandidate status brings no rights or privileges of accreditation. Full public disclosure by the college or school of pharmacy of the terms and conditions of this accreditation status is required.

**Candidate** Once students have enrolled in a new program, but the program has not had a graduating class, the program may be granted Candidate status. The granting of Candidate status denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Reasonable assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated. Graduates of a class designated as having Candidate status have the same rights and privileges as graduates of an accredited program.

**Accredited** The professional degree program of a college or school of pharmacy is granted accreditation if it has been demonstrated to the satisfaction of ACPE that the program complies with accreditation standards, including the appropriateness of the program's mission and goals, the adequacy of resources and organization to meet the mission and goals, outcomes which indicate that the mission and goals are being met, and the reasonable assurance of the continued compliance with standards.

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
045	Albany College of Pharmacy	Albany	NY	<b>Accredited</b>
108	Appalachian College of Pharmacy <i>(formerly University of Appalachia)</i>	Oakwood	VA	<b>Accredited</b>
001	Auburn University - Harrison School of Pharmacy	Auburn	AL	<b>Accredited</b>
110	Belmont University - College of Pharmacy	Nashville	TN	<b>Accredited</b>
017	Butler University - College of Pharmacy	Indianapolis	IN	<b>Accredited</b>
N/A	California Health Sciences University - College of Pharmacy	Clovis	CA	<b>Precandidate</b>
094	California Northstate University - College of Pharmacy	Rancho Cordova	CA	<b>Accredited</b>

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
075	Campbell University - College of Pharmacy	Buies Creek	NC	<b>Accredited</b>
130	Cedarville University - School of Pharmacy	Cedarville	OH	<b>Candidate</b>
111	Chicago State University - College of Pharmacy	Chicago	IL	<b>Accredited</b>
119	Concordia University - School of Pharmacy	Mequon	WI	<b>Accredited</b>
036	Creighton University - School of Pharmacy	Omaha	NE	<b>Accredited</b>
019	Drake University - College of Pharmacy	Des Moines	IA	<b>Accredited</b>
055	Duquesne University - Mylan School of Pharmacy	Pittsburgh	PA	<b>Accredited</b>
120	D'Youville College - School of Pharmacy	Buffalo	NY	<b>Accredited</b>
105	East Tennessee State University - Bill Gatton College of Pharmacy	Johnson City	TN	<b>Accredited</b>
132	Fairleigh Dickinson University - School of Pharmacy	Florham Park	NJ	<b>Candidate</b>
028	Ferris State University - College of Pharmacy	Big Rapids	MI	<b>Accredited</b>
011	Florida A&M University - College of Pharmacy	Tallahassee	FL	<b>Accredited</b>
083	Hampton University - School of Pharmacy	Hampton	VA	<b>Accredited</b>
096	Harding University - College of Pharmacy	Searcy	AR	<b>Accredited</b>
010	Howard University - College of Pharmacy	Washington	DC	<b>Accredited</b>
116	Husson University - School of Pharmacy	Bangor	ME	<b>Accredited</b>
015	Idaho State University - College of Pharmacy	Pocatello	ID	<b>Accredited</b>
N/A	Keck Graduate Institute - School of Pharmacy	Claremont	CA	<b>Precandidate</b>
088	Lake Erie College of Osteopathic Medicine - School of Pharmacy	Erie	PA	<b>Accredited</b>
300	Lebanese American University - School of Pharmacy	Byblos	Lebanon	<b>Accredited</b>
112	Lipscomb University - College of Pharmacy	Nashville	TN	<b>Accredited</b>
089	Loma Linda University - School of Pharmacy	Loma Linda	CA	<b>Accredited</b>
042	Long Island University - Arnold & Marie Schwartz College of Pharmacy	Brooklyn	NY	<b>Accredited</b>
128	Manchester University - College of Pharmacy	Fort Wayne	IN	<b>Candidate</b>
133	Marshall University - School of Pharmacy	Huntington	WV	<b>Candidate</b>
026	MCPHS University - School of Pharmacy @ Boston <i>(formerly Massachusetts College of Pharmacy &amp; Health Sciences)</i>	Boston	MA	<b>Accredited</b>
085	MCPHS University - School of Pharmacy @ Worcester <i>(formerly Massachusetts College of Pharmacy &amp; Health Sciences)</i>	Worcester	MA	<b>Accredited</b>
013	Mercer University - College of Pharmacy	Atlanta	GA	<b>Accredited</b>
082	Midwestern University - College of Pharmacy @ Glendale	Glendale	AZ	<b>Accredited</b>
077	Midwestern University - College of Pharmacy @ Chicago	Chicago	IL	<b>Accredited</b>

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
047	North Dakota State University - College of Pharmacy	Fargo	ND	<b>Accredited</b>
101	Northeast Ohio Medical University - College of Pharmacy <i>(formerly Northeastern Ohio University Colleges of Medicine &amp; Pharmacy)</i>	Rootstown	OH	<b>Accredited</b>
027	Northeastern University - School of Pharmacy	Boston	MA	<b>Accredited</b>
115	Notre Dame of Maryland University - School of Pharmacy <i>(formerly College of Notre Dame of Maryland)</i>	Baltimore	MD	<b>Accredited</b>
076	Nova Southeastern University - College of Pharmacy	Fort Lauderdale	FL	<b>Accredited</b>
048	Ohio Northern University - College of Pharmacy	Ada	OH	<b>Accredited</b>
049	Ohio State University - College of Pharmacy	Columbus	OH	<b>Accredited</b>
054	Oregon State University - College of Pharmacy	Corvallis	OR	<b>Accredited</b>
103	Pacific University - School of Pharmacy	Hillsboro	OR	<b>Accredited</b>
086	Palm Beach Atlantic University - Lloyd L Gregory School of Pharmacy	West Palm Beach	FL	<b>Accredited</b>
123	Philadelphia College of Osteopathic Medicine - School of Pharmacy	Suwanee	GA	<b>Accredited</b>
121	Presbyterian College - School of Pharmacy	Clinton	SC	<b>Accredited</b>
018	Purdue University - College of Pharmacy	West Lafayette	IN	<b>Accredited</b>
117	Regis University - School of Pharmacy	Denver	CO	<b>Accredited</b>
126	Roosevelt University - College of Pharmacy	Schaumburg	IL	<b>Accredited</b>
127	Rosalind Franklin University - College of Pharmacy	North Chicago	IL	<b>Candidate</b>
087	Roseman University - College of Pharmacy <i>(formerly Univ of Southern Nevada - College of Pharmacy)</i>	Henderson	NV	<b>Accredited</b>
038	Rutgers, the State University of New Jersey - Ernest Mario School of Pharmacy	Piscataway	NJ	<b>Accredited</b>
002	Samford University - McWhorter School of Pharmacy	Birmingham	AL	<b>Accredited</b>
081	Shenandoah University - Bernard J Dunn School of Pharmacy	Winchester	VA	<b>Accredited</b>
104	South Carolina College of Pharmacy	Charleston	SC	<b>Accredited</b>
131	South College - School of Pharmacy	Knoxville	TN	<b>Candidate</b>
063	South Dakota State University - College of Pharmacy	Brookings	SD	<b>Accredited</b>
091	South University - School of Pharmacy	Savannah	GA	<b>Accredited</b>
099	Southern Illinois University - Edwardsville School of Pharmacy	Edwardsville	IL	<b>Accredited</b>
052	Southwestern Oklahoma State University - College of Pharmacy	Weatherford	OK	<b>Accredited</b>
100	St. John Fisher College - Wegmans School of Pharmacy	Rochester	NY	<b>Accredited</b>
043	St. John's University - College of Pharmacy	Jamaica	NY	<b>Accredited</b>
033	St. Louis College of Pharmacy	St. Louis	MO	<b>Accredited</b>

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
044	State University of New York (SUNY) at Buffalo - School of Pharmacy	Amherst	NY	Accredited
093	Sullivan University - College of Pharmacy	Louisville	KY	Accredited
057	Temple University - School of Pharmacy	Philadelphia	PA	Accredited
106	Texas A&M University - Irma Lerma Rangel College of Pharmacy	Kingsville	TX	Accredited
065	Texas Southern University - College of Pharmacy	Houston	TX	Accredited
078	Texas Tech University - School of Pharmacy	Amarillo	TX	Accredited
095	Thomas Jefferson University - School of Pharmacy	Philadelphia	PA	Accredited
113	Touro New York College of Pharmacy	New York City	NY	Accredited
097	Touro University - California College of Pharmacy	Vallejo	CA	Accredited
114	Union University - School of Pharmacy	Jackson	TN	Accredited
003	University of Arizona - College of Pharmacy	Tucson	AZ	Accredited
004	University of Arkansas for Medical Sciences - College of Pharmacy	Little Rock	AR	Accredited
090	University of California, San Diego -Skaggs School of Pharmacy	San Diego	CA	Accredited
005	University of California, San Francisco - School of Pharmacy	San Francisco	CA	Accredited
109	University of Charleston - School of Pharmacy	Charleston	WV	Probation
050	University of Cincinnati - James L Winkle College of Pharmacy	Cincinnati	OH	Accredited
008	University of Colorado - Skaggs School of Pharmacy	Aurora	CO	Accredited
009	University of Connecticut - School of Pharmacy	Storrs	CT	Accredited
102	University of Findlay - College of Pharmacy	Findlay	OH	Accredited
012	University of Florida - College of Pharmacy	Gainesville	FL	Accredited
014	University of Georgia - College of Pharmacy	Athens	GA	Accredited
098	University of Hawaii at Hilo - Daniel K Inouye College of Pharmacy	Hilo	HI	Accredited
066	University of Houston - College of Pharmacy	Houston	TX	Accredited
016	University of Illinois at Chicago - College of Pharmacy	Chicago	IL	Accredited
020	University of Iowa - College of Pharmacy	Iowa City	IA	Accredited
021	University of Kansas - School of Pharmacy	Lawrence	KS	Accredited
022	University of Kentucky - College of Pharmacy	Lexington	KY	Accredited
023	University of Louisiana at Monroe - School of Pharmacy	Monroe	LA	Accredited
025	University of Maryland - School of Pharmacy	Baltimore	MD	Accredited
122	University of Maryland - Eastern Shore School of Pharmacy	Princess Anne	MD	Accredited
029	University of Michigan - College of Pharmacy	Ann Arbor	MI	Accredited
031	University of Minnesota - College of Pharmacy	Minneapolis	MN	Accredited

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
032	University of Mississippi - School of Pharmacy	Oxford	MS	<b>Accredited</b>
034	University of Missouri at Kansas City - School of Pharmacy	Kansas City	MO	<b>Accredited</b>
035	University of Montana - Skaggs School of Pharmacy	Missoula	MT	<b>Accredited</b>
037	University of Nebraska - College of Pharmacy	Omaha	NE	<b>Accredited</b>
118	University of New England - College of Pharmacy	Portland	ME	<b>Accredited</b>
039	University of New Mexico - College of Pharmacy	Albuquerque	NM	<b>Accredited</b>
046	University of North Carolina - Eshelmann School of Pharmacy	Chapel Hill	NC	<b>Accredited</b>
134	University of North Texas - College of Pharmacy	Fort Worth	TX	<b>Candidate</b>
053	University of Oklahoma - College of Pharmacy	Oklahoma City	OK	<b>Accredited</b>
058	University of Pittsburgh - School of Pharmacy	Pittsburgh	PA	<b>Accredited</b>
059	University of Puerto Rico - School of Pharmacy	San Juan	PR	<b>Accredited</b>
060	University of Rhode Island - College of Pharmacy	Kingston	RI	<b>Accredited</b>
124	University of Saint Joseph - School of Pharmacy <i>(formerly St. Joseph College)</i>	Hartford	CT	<b>Accredited</b>
125	University of South Florida - School of Pharmacy	Tampa	FL	<b>Candidate</b>
007	University of Southern California - School of Pharmacy	Los Angeles	CA	<b>Accredited</b>
064	University of Tennessee - College of Pharmacy	Memphis	TN	<b>Accredited</b>
067	University of Texas at Austin - College of Pharmacy	Austin	TX	<b>Accredited</b>
107	University of the Incarnate Word - Feik School of Pharmacy	San Antonio	TX	<b>Accredited</b>
006	University of the Pacific - Thomas J Long School of Pharmacy	Stockton	CA	<b>Accredited</b>
056	University of the Sciences - Philadelphia College of Pharmacy	Philadelphia	PA	<b>Accredited</b>
051	University of Toledo - College of Pharmacy	Toledo	OH	<b>Accredited</b>
068	University of Utah - College of Pharmacy	Salt Lake City	UT	<b>Accredited</b>
070	University of Washington - School of Pharmacy	Seattle	WA	<b>Accredited</b>
073	University of Wisconsin at Madison - School of Pharmacy	Madison	WI	<b>Accredited</b>
074	University of Wyoming - School of Pharmacy	Laramie	WY	<b>Accredited</b>
069	Virginia Commonwealth University - School of Pharmacy	Richmond	VA	<b>Accredited</b>
071	Washington State University - College of Pharmacy	Pullman	WA	<b>Accredited</b>
030	Wayne State University - Eugene Applebaum College of Pharmacy	Detroit	MI	<b>Accredited</b>
N/A	West Coast University - School of Pharmacy	Los Angeles	CA	<b>Precandidate</b>
072	West Virginia University - School of Pharmacy	Morgantown	WV	<b>Accredited</b>
129	Western New England University - College of Pharmacy	Springfield	MA	<b>Candidate</b>

Roster of Colleges and Schools of Pharmacy  
Status of Accreditation by ACPE

<u>NABP #</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Status</u>
084	Western University of Health Sciences - College of Pharmacy	Pomona	CA	<b>Accredited</b>
080	Wilkes University - Nesbitt College of Pharmacy	Wilkes-Barre	PA	<b>Accredited</b>
092	Wingate University - School of Pharmacy	Wingate	NC	<b>Accredited</b>
024	Xavier University of Louisiana - College of Pharmacy	New Orleans	LA	<b>Accredited</b>

*Counts*

121	Accredited
9	Candidate
<u>3</u>	Precandidate
133	Total



# Louisiana Board of Pharmacy

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## Roster of Agency Publications

### Minutes of Board Meetings and Administrative Hearings

The board generally meets on a calendar quarter basis. The minutes for a board meeting are approved at the next regular meeting and then posted on the board's website. These documents exist in electronic form only; they are not commercially printed.

### Newsletters

The board publishes a quarterly newsletter in a collaborative effort with the National Association of Boards of Pharmacy (NABP) Foundation. Both parties contribute content for the newsletter, which is published in January, April, July, and October. This newsletter exist in electronic form only and is posted on the websites for both NABP and the board.

### Bulletins

As the need arises, the board may publish a bulletin for all of its licensees or some portion thereof. These electronic documents are distributed by email and are also posted on the board's website.

### Guidance Documents

As the need arises, the board may publish compliance policy guidance documents on certain topics for its licensees. These electronic documents are distributed by email and are also posted on the board's website.

### Laws & Regulations

The board publishes a compilation of the laws and rules relevant to pharmacy practice in Louisiana. This publication exists in electronic form only and is posted on the board's website.

### Directory of Government Agencies & Private Organizations

As a service to its licensees, the board publishes a directory of government agencies and private organizations with some connection to the education, practice, and regulation of the pharmacy profession. The publication exists in electronic form only and is posted on the board's website.

### Annual Reports

The board publishes an annual report on its activities. The report exists in electronic form only and is posted on the board's website. The board also submits a comprehensive annual financial report to the legislative auditor.

### Commissioned Reports

From time to time, the legislature requests the board's assistance on certain pharmacy-related issues in public health and safety. When requested, the board will prepare commissioned reports for submission to the legislature. These documents exist in electronic form only and are posted on the board's website.

### Prescription Monitoring Program (PMP)

The PMP Advisory Council meets quarterly. The minutes for a meeting are approved at the subsequent meeting and then posted on the board's website.

## Inventory of Agency Publications

(Revised 07-28-2014)

### Minutes of Board Meetings & Administrative Hearings

2014 – Feb. 12-13, May 7.

2013 – Jan. 29, Mar. 6-7, Aug. 14-15, Nov. 6-7.

2012 – Feb. 1-2, May 2-3, Aug. 22-23, Dec. 12-13.

2011 – Feb. 16-17, May 4-5, Aug. 17, Nov. 16-17.

2010 – Feb. 3, May 5-6, Aug. 11-12, Nov. 9-10.

2009 – Feb. 11-12, May 6-7, Aug. 5-6, Nov. 18-19.

2008 – Feb. 21-22, May 7-8, Aug. 6-7, Nov. 13.

2007 – Mar. 6-7, May 9-10, Aug. 15-16, Nov. 14-15.

2006 – Feb. 15-16, May 17-18, Aug. 15-16, Oct. 5-6, Nov. 9, Dec. 6-7.

2005 – Feb. 17, May 11-12, Aug. 17-18, Nov. 9.

2004 – Feb. 11-12, May 5-6, July 29, Aug. 18-19, Nov. 17-18.

2003 – Feb. 11-12, Feb. 19-20, May 22-23, Aug. 20-21, Nov. 19-20.

2002 – Feb. 20-21, May 8-9, Aug. 21, Nov. 20-21.

2001 – Feb. 8, May 16-17, Aug. 15-16, Nov. 14-15.

2000 – Feb. 10, Apr. 26-27, Aug. 16-17, Nov. 28-29.

For meeting minutes prior to 2000, please contact the board office for assistance.

### Newsletters

This document is published in January, April, July, and October. Electronic copies for every year from 2000 forward are posted on the website. Editions from 1999 to 1982 are available in the board office.

### Bulletins

<i>Issue No.</i>	<i>Date of Issue</i>	<i>Title</i>
14-04	07-15-2014	New State Laws Affecting Pharmacy Practice
14-03	07-15-2014	New State & Federal Requirements for Certain Controlled Substances
14-02	01-15-2014	FDA Actions re Certain Drug Products
14-01	01-01-2014	Law Book Update No. 7 (total replacement of all printed pages)
13-03	08-15-2013	Nonresident Pharmacies
13-02	05-01-2013	Law Book Update No. 6 (total replacement of all printed pages)
13-01	01-07-2013	Notice of Emergency Rule & Delayed Publication of 2013 Law Book
12-01	01-01-2012	Law Book Update No. 5 (total replacement of all printed pages)
11-01	01-31-2011	Law Book Update No. 4 (total replacement of all printed pages)
10-01	08-15-2010	New Laws – New Rules – New Website – New Licensure System
09-03	09-15-2009	Immunization Information & Emergency Order
09-02	07-25-2009	New Laws – New Controlled Substances
09-01	04-15-2009	Expedited Partner Therapy
08-03	08-15-2008	PMP, New Laws, & New Rules
08-02	04-07-2008	Technician Renewal Process
08-01	03-10-2008	Board Member Elections and CDTM
07-01	08-15-2007	New Laws & Rules
06-04	11-20-2006	Notice of Regulatory Activity re Project 2006-3
06-03	09-01-2006	Repeal of Certified Pharmacist Preceptor Program
06-02	09-01-2006	Law Book Update No. 3 (total replacement of all printed pages)
06-01	01-30-2006	Notice of Regulatory Activity re §705 and 907 of Board Rules
05-04	08-15-2005	Recent Changes in Pharmacy and Related Laws
05-03	03-04-2005	Electronic Transmission of Prescriptions
05-02	01-31-2005	Prescriptive Authority for Physician Assistants & Medical Psychologists
05-01	01-01-2005	Law Book Update No. 2
04-03	12-15-2004	New Regulation and Other Important Information

04-02	09-15-2004	Law Book Update No. 1
04-01	09-04-2004	Recent Changes in Pharmacy Laws

### Guidance Documents

<i>Date of Issue</i>	<i>Title</i>
08-01-2012	Act 651 of 2012 Legislature – Pharmacist Immunizations in Health Professional Shortage Areas
08-01-2010	Act 287 Of 2010 Legislature & Pharmacist Immunization Recordkeeping
08-01-2010	Medication Disposal Programs
08-01-2010	Prescribers with Authority for Controlled Substances
05-01-2009	Buprenorphine in Treatment of Opiate Addiction
10-15-2008	Medication Guides (MedGuides®)

### Laws & Regulations

The current edition of this electronic reference was published January 1, 2014. The following previous editions are still available: 04-15-2013, 01-01-2012 and 01-01-2011.

### Directory of Government Agencies & Private Organizations

The current edition of this electronic reference is included within the Louisiana Pharmacy Law Book, and was last published January 1, 2014.

### Annual Reports

Once approved by the board, typically during their summer session, these electronic reports are posted on the board's website. The reports from 2001 forward are posted on the website. The comprehensive annual financial reports audited by the legislative auditor are available from the board office.

### Commissioned Reports

The following special reports were commissioned by the Louisiana Legislature, and are posted on the board's website:

<i>Date of Issue</i>	<i>Title</i>
02-01-2012	Administration of Immunizations in Louisiana, issued in response to Senate Resolution 122 of 2011 Legislature
02-01-2012	Legislative Workgroup on Electronic Prescribing, issued in response to House Resolution 108 and Senate Resolution 81 of 2011 Legislature
03-11-2009	Generic Substitution for Epilepsy Medication, issued in response to House Concurrent Resolution 198 of 2008 Legislature
07-14-2008	Prescription Monitoring Program Update, issued in response to Senate Concurrent Resolution 102 of 2008 Legislature
01-24-2006	Final Report of Prescription Monitoring Program Task Force, issued in response to House Concurrent Resolution 98 of 2005 Legislature
04-20-2005	Recycling of Unused Previously Dispensed Prescription Drugs, issued in response to House Concurrent Resolution 292 of 2004 Legislature

### Prescription Monitoring Program (PMP)

Minutes from the meetings of the PMP Advisory Council (and its predecessor PMP Task Force) are posted on the board's website:

2014 – Jan. 8, Apr. 9
2013 – Jan. 9, Apr. 10, Jul. 10, Oct. 9
2012 – Jan. 11, Apr. 11, Jul. 11, Oct. 10.
2011 – Jan. 12, Apr. 13, Jul. 13, Oct. 12.
2010 – Jan. 13, Apr. 14, Jul. 14, Oct. 13.
2009 – Jan. 7, Apr. 8, Jul. 8, Oct. 14.

2008 – Jan. 16, Apr. 16, Jul. 9, Oct. 29.

2007 – Jan. 10, Apr. 11.

2006 – Jan. 24.

2005 – Jan. 12, Mar. 16, May 18, Aug. 4, Oct. 26, Nov. 30.

The following PMP-related guidance documents are posted on the board's website:

*Date of Issue*

*Title*

02-17-2014      Dispenser's Implementation Guide



# Louisiana Board of Pharmacy

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## Final Legislative Report

2014-0806 @ 1000

Regular Session of the 2014 Louisiana Legislature  
Convened 2014-0310 @ 1200 – Adjourned 2014-0602 @ 1800

Last Items Reviewed										
HB	1,284	HR	226	HCR	222	HSR	5	HCSR	4	
SB	685	SR	209	SCR	181	SSR	5	SCSR	2	Acts 875
Total = 2,823								Items on Watch List = 84		

### House of Representatives

#### Bills

**HB 14**                      Badon    Administration of Criminal Justice  
Amends certain criminal penalties for possession of marijuana and prohibits the applicability of the Habitual Offender Law relative to possession of marijuana  
01-15-2014                      Prefiled and referred to committee.  
04-03-2014                      Voluntarily deferred.

*This measure seeks to amend the existing penalties for possession of marijuana and synthetic cannabinoids. The penalties for marijuana would be lessened but the penalties for synthetic cannabinoids would be maintained. Since we include the controlled substance law in the pharmacy law book, passage of this bill will require an update of the law book.*

**HB 19**                      Pearson    Administration of Criminal Justice  
Adds substances to Schedule I of the Uniform Controlled Dangerous Substances Law.  
01-15-2014                      Prefiled and referred to committee.

*This measure seeks to create a new category of substances within Schedule I, for those chemicals with multiple dose-related effects, and then places three substances – all related to mitragynine – therein. Since we include the controlled substances law in the pharmacy law book, passage of this bill will require an update of the law book.*

**HB 55**                      Lopinto    Administration of Criminal Justice  
Revises provisions of law regarding expungement.  
01-23-2014                      Prefiled and referred to committee.  
03-19-2014                      Amended, then reported favorably (13-0).  
03-20-2014                      Engrossed; passed to third reading.  
03-31-2014                      Amended, then passed House (99-0).  
04-02-2014                      Referred to Senate Committee on Judiciary-B.

04-15-2014	Reported favorably.
04-16-2014	Referred to Legislative Bureau.
04-21-2014	Reported without Legislative Bureau amendments; passed to third reading and final passage.
04-30-2014	Amended, then passed Senate (34-0).
05-05-2014	Pending House concurrence with Senate amendments.
05-12-2014	House concurred with Senate amendments (88-0).
05-14-2014	Enrolled; signed by House Speaker and Senate President.
05-15-2014	Sent to Governor for executive approval.
05-22-2014	Signed as <b>Act 145</b> ; effective 08-01-2014.

*In its final form, this measure moved all of the provisions of law relative to the expungement of criminal records out of the Revised Statutes and into the Code of Criminal Procedure. The eligibility criteria were standardized as were the legal forms and procedures used to deny or grant motions for expungement. While the list of agencies authorized to request, receive and use expunged records still includes the Board of Pharmacy, there is now a specific provision that a person with an expunged record shall not be required to disclose the expunged record to anyone except a law enforcement agency.*

*We will need to review how we request expunged records from the State Police, and further, we will need to modify the instructions relative to expunged records on our application forms.*

**HB 62** Pugh Health & Welfare  
Provides relative to pharmacy record audits.

01-23-2014	Prefiled and referred to committee.
03-12-2014	Amended, then reported favorably (18-0).
03-13-2014	Engrossed; passed to third reading.
03-18-2014	Passed House (92-0).
03-24-2014	Referred to Senate Committee on Health & Welfare.
05-21-2014	Reported favorably.
05-22-2014	Referred to Legislative Bureau.
05-26-2014	Returned with Legislative Bureau amendments; passed to third reading and final passage.
05-27-2014	Amended, then passed Senate (36-0).
05-29-2014	House concurred with Senate amendments (82-0).
05-30-2014	Enrolled; signed by House Speaker and Senate President.
06-02-2014	Sent to Governor for executive approval.
06-05-2014	Signed as <b>Act 502</b> ; effective 06-05-2014.

*In its final form, this measure amended the insurance law relative to audits of pharmacy records by third party payors or their subcontractors and provides limitations on the recoupment of claims.*

**HB 99** H. Burns Health & Welfare  
Authorizes certain entities to supply and administer epinephrine auto-injectors.

02-05-2014	Prefiled and referred to committee.
03-12-2014	Removed from agenda prior to meeting.
03-26-2014	Voluntarily deferred.

*This measure seeks to allow prescribers to issue prescriptions for epinephrine auto-injectors in the name of certain organizations and to allow dispensers to dispense such prescriptions to certain organizations and to allow certain individuals in those organizations to administer epinephrine auto-injectors to persons who appear to have need for the medication.*

*During its first committee hearing, a fiscal note suggesting some local governmental units might be required to purchase some unknown number of the products (at approximately \$300 per package) caused enough uncertainty to convince the author to voluntarily defer the bill.*

**HB 103** Foil Administration of Criminal Justice  
Increases penalties for distribution of narcotic Schedule I controlled substances.

02-05-2014	Prefiled and referred to committee.
03-26-2014	Voluntarily deferred.

*This measure seeks to amend the existing criminal penalties for unlawful distribution of narcotic drugs listed in Schedule I. Since we include the controlled substance law in the pharmacy law book, passage of this bill will require an update in the pharmacy law book.*

**HB 130**                      Honore    Administration of Criminal Justice  
Removes convictions for offenses involving marijuana, tetrahydrocannabinols or chemical derivatives thereof, or synthetic cannabinoids from the habitual offender law.  
02-07-2014                      Prefiled and referred to committee.  
04-03-2014                      Voluntarily deferred.

*This measure seeks to amend the Habitual Offender Law, but not the Controlled Substances Law. We will monitor to see if any amendments are made to affect the CDS law in Title 40.*

**HB 152**                      Harrison    House & Governmental Affairs  
Abolishes the Department of Health & Hospitals and the Department of Children & Family Services and creates the Department of Health & Social Services.  
02-13-2014                      Prefiled and referred to committee.  
04-07-2014                      Reported favorably by substitute bill (6-0).  
04-08-2014                      Became HB 1256.

*This measure seeks to reorganize two of the executive branch departments into a single department. We will monitor the legislation to ensure the Board of Pharmacy's continued presence under the surviving entity.*

**HB 212**                      LeBas    Administration of Criminal Justice  
Adds certain compounds to the Uniform Controlled Dangerous Substances Law.  
02-18-2014                      Prefiled and referred to committee.  
03-19-2014                      Amended, then reported favorably (13-0).  
03-20-2014                      Engrossed; passed to third reading.  
03-31-2014                      Amended, then passed House (96-0).  
04-02-2014                      Referred to Senate Committee on Judiciary-C.  
04-15-2014                      Reported favorably.  
04-16-2014                      Referred to Legislative Bureau.  
04-21-2014                      Reported without Legislative Bureau amendments; passed to third reading and final passage.  
04-30-2014                      Passed Senate (36-0).  
05-05-2014                      Enrolled; signed by House Speaker and Senate President.  
05-07-2014                      Sent to Governor for executive approval.  
05-16-2014                      Signed as **Act 40**; effective 08-01-2014.

*This measure was approved for filing by the Board and seeks to add a new precursor compound to Schedule II, and one new drug product each to Schedules III and IV. We offered an amendment in the House committee to add items newly-scheduled by the DEA.*

*In its final form, the bill adds the precursor to Schedule II, Perampanel and two anabolic steroids to Schedule III, as well as Alfaxalone and Lorcaserin to Schedule IV.*

**HB 229**                      Mack    Administration of Criminal Justice  
Adds substances to the listing of Schedule I controlled dangerous substances  
02-19-2014                      Prefiled and referred to committee.  
03-19-2014                      Reported favorably (13-0).  
03-20-2014                      Engrossed; passed to third reading.  
03-31-2014                      Amended, then passed House (96-0).  
04-02-2014                      Referred to Senate Committee on Judiciary-C.  
04-15-2014                      Reported favorably.  
04-16-2014                      Referred to Legislative Bureau.  
04-21-2014                      Reported without Legislative Bureau amendments; passed to third reading and final passage.  
04-30-2014                      Passed Senate (36-0).  
05-05-2014                      Enrolled; signed by House Speaker and Senate President.

05-07-2014	Sent to Governor for executive approval.
05-16-2014	Signed as <b>Act 43</b> ; effective on 05-16-2014.

*In its final form, this measure adds 15 new substances (one opiate and 14 synthetic cannabinoids) to the Schedule I listing of controlled dangerous substances.*

<b>HB 245</b>	Dixon	Health & Welfare
Amends provisions of the Dental Practice Act relative to penalties.		
	02-20-2014	Prefiled and referred to committee.

*This measure seeks to amend the Dental Practice Act to provide for the imposition and collection of legal interest on all monetary assessments remaining unpaid 30 days after the assessment.*

<b>HB 275</b>	Greene	Health & Welfare
Provides with respect to the subpoenaing of prescription monitoring information.		
	02-21-2014	Prefiled and referred to committee.
	05-06-2013	On agenda – not considered.
	05-13-2014	Amended, then involuntarily deferred.

*This measure seeks to amend the PMP Law to provide an exception to the current prohibition on the discovery of PMP information by subpoena and admissibility as evidence in any civil proceeding. The exception would permit discovery and admissibility of information for any person who is a party to a proceeding for custody or visitation of a child and the information has a substantial bearing on the fitness of that person for that purpose.*

*During its first committee hearing, this bill drew widespread opposition from members of the PMP Advisory Council. The committee voted to involuntarily defer the bill.*

<b>HB 322</b>	S. Jones	House & Governmental Affairs
Requires rulemaking agencies to publish on the Internet certain information concerning proposed rules and fees.		
	02-24-2014	Prefiled and referred to committee.
	04-03-2014	Amended, then reported favorably.
	04-07-2014	Engrossed; passed to third reading.
	04-14-2014	Passed House (97-0).
	04-15-2014	Referred to Senate Committee on Governmental Affairs.
	05-14-2014	Reported favorably.
	05-15-2014	Referred to Legislative Bureau.
	05-19-2014	Returned without Legislative Bureau amendment; passed to third reading and final passage.
	05-20-2014	Passed Senate (39-0).
	05-21-2014	Enrolled; signed by House Speaker and Senate President.
	05-22-2014	Sent to Governor for executive approval.
	05-30-2014	Signed as <b>Act 401</b> ; effective 01-01-2015.

*In its final form, this measure will require state agencies engaged in rulemaking activities to post all the notices and reports on the agency's website. We already comply with the proposed law, although we will probably make some minor adjustments in the presentation of the information on our website.*

<b>HB 328</b>	Lopinto	Administration of Criminal Justice
Provides for confidentiality of information relating to the execution of a death sentence.		
	02-24-2014	Prefiled and referred to committee.
	04-29-2014	Amended, then reported favorably (13-0).
	04-30-2014	Engrossed;
		Recommitted to Cmte. on House & Governmental Affairs
	05-13-2014	Amended, then reported favorably (5-0).
	05-14-2014	Re-engrossed; passed to third reading.
	05-20-2014	Passed House (94-2).
	05-21-2014	Referred to Senate Committee on Judiciary-B.
	05-27-2014	Amended, then reported favorably.

05-28-2014	Referred to Legislative Bureau.
05-29-2014	Returned with Legislative Bureau amendments; passed to third reading and final passage.
05-30-2014	Passed Senate (29-7).
06-02-2014	Pending House concurrence with Senate amendments.

*As originally filed, this measure sought to add electrocution as a second option to implement the death penalty when ordered by the court, in addition to that of lethal injection. House committee amendments were added to insure the confidentiality of any sources of materials used for execution, including pharmacies supplying drugs to be used. A Senate committee amendment was adopted to exempt any non-resident pharmacy supplying drugs for executions from being licensed by the Board of Pharmacy. However, when the Senate returned the amended bill to the House, the author was unable to get the required concurrence from the House before they session ended.*

<b>HB 332</b>	Lopinto	Administration of Criminal Justice
Amends criminal penalties for certain offenses involving certain Schedule I narcotic substances		
	02-24-2014	Prefiled and referred to committee.
	03-26-2014	Reported favorably (15-0).
	03-27-2014	Engrossed; passed to third reading.
	04-02-2014	Amended, then passed House (94-1).
	04-08-2014	Referred to Senate Committee on Judiciary-B.
	04-22-2014	Reported favorably.
	04-23-2014	Referred to Legislative Bureau.
	04-24-2014	Reported without Legislative Bureau amendments; passed to third reading and final passage.
	04-30-2014	Read by title; returned to calendar, subject to call.

*This measure seeks to amend the minimum mandatory sentence for violations of Schedule I narcotic controlled substances from 5 years to 10 years.*

<b>HB 406</b>	T. Burns	House & Governmental Affairs
Requires the consideration of certain provider impact issues and issuance of a provider impact statement prior to the adoption, amendment, or repeal of rules by a state agency.		
	02-26-2014	Prefiled and referred to committee.
	04-23-2014	Reported by substitute.
	04-24-2014	Became HB 1275.

*This measure seeks to add another impact statement to the list of impact statements required for the rulemaking process – provider impact statements, where providers are defined as nonprofit organization providing services to individuals with developmental disabilities.*

<b>HB 461</b>	Badon	Administration of Criminal Justice
Repeals drug traffic loitering statute.		
	02-26-2014	Prefiled and referred to committee.
	03-19-2014	Reported favorably (14-0).
	03-20-2014	Engrossed; passed to third reading.
	03-31-2014	Passed House (90-3).
	04-01-2014	Referred to Senate Committee on Judiciary-C.
	05-13-2014	Reported favorably.
	05-14-2014	Referred to Legislative Bureau.
	05-15-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
	05-21-2014	Passed Senate (36-0).
	05-22-2014	Enrolled; signed by House Speaker and Senate President.
	05-27-2014	Sent to Governor for executive approval.
	06-05-2014	Signed as <b>Act 512</b> ; effective 08-01-2014.

*In its final form, this measure repealed the current drug traffic loitering law, which has been declared unconstitutional.*

**HB 514** Henry Administration of Criminal Justice  
Restricts the sale of dextromethorphan.

02-27-2014	Prefiled and referred to committee.
03-26-2014	Amended, then reported favorably (13-0).
03-27-2014	Engrossed; passed to third reading.
04-03-2014	Amended, then passed House (96-1).
04-08-2014	Referred to Senate Committee on Judiciary-C.
04-29-2014	Reported favorably.
04-30-2014	Referred to Legislative Bureau.
05-01-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-08-2014	Passed Senate (32-0).
05-12-2014	Enrolled; signed by House Speaker and Senate President.
05-13-2014	Sent to Governor for executive approval.
05-22-2014	Signed as <b>Act 176</b> ; effective 08-01-2014.

*In its final form, this measure added a new section to the Uniform Controlled Substances Law relative to nonprescription products containing dextromethorphan (DMX). The new law prohibits the sale of OTC DMX to anyone under the age of 18 and establishes the amount of fines for violators. The new law prohibits the purchase or attempt to purchase OTC DMX by anyone under the age of 18 and establishes the amount of fines for violators. The law further requires any purchaser of OTC DMX to produce a valid photo ID that clearly establishes the age of at least 18 (expired ID not valid for this purpose). The law provides an exemption to sales of DMX on prescription. Finally, the law supersedes any local ordinances affecting OTC sales of DMX in order to establish consistency across the state.*

**HB 601** Abramson Insurance  
Prohibits a provider of healthcare services from refusing to submit a claim to a healthcare insurance issuer under certain circumstances.

02-27-2014	Prefiled and referred to committee.
04-02-2014	Amended, then reported favorably (13-0).
04-10-2014	Passed House (94-0).
04-15-2014	Referred to Senate Committee on Insurance.
04-30-2014	Amended, then reported favorably.
05-01-2014	Referred to Legislative Bureau.
05-05-2014	Returned with Legislative Bureau amendments; passed to third reading and final passage.
05-12-2014	Amended, then passed Senate (35-0).
05-20-2014	House concurred with Senate amendments (92-0).
05-22-2014	Enrolled; signed by House Speaker and Senate President.
05-27-2014	Sent to Governor for executive approval.
06-09-2014	Signed as <b>Act 555</b> ; effective 08-01-2014.

*In its final form, this measure amended the insurance law to prohibit a healthcare provider that accepts a patient's health insurance coverage from requiring the insured to consent to payment for the services as a condition for verification of health insurance coverage for the services.*

**HB 614** Abramson House & Governmental Affairs  
Provides relative to certain deadlines relative to meetings of public bodies.

02-27-2014	Prefiled and referred to committee.
04-16-2014	Reported favorably.
04-17-2014	Engrossed; passed to third reading.
04-23-2014	Passed House (98-0).
04-24-2014	Referred to Senate Committee on Governmental Affairs.
05-07-2014	Voluntarily deferred for one week.
05-14-2014	Amended, then reported favorably.
05-15-2014	Referred to Legislative Bureau.
05-19-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-20-2014	Passed Senate (37-0).

05-27-2014	House concurred with Senate amendments (90-0).
05-28-2014	Enrolled; signed by House Speaker and Senate President.
05-29-2014	Sent to Governor for executive approval.
06-12-2014	Signed as <b>Act 628</b> ; effective 08-01-2014.

*In its final form, this measure amended different sections of the Open Meetings Law to (1) require the prior notice to someone the Board may discuss his character, professional competence or physical or mental health during an executive session, and further, that such notice shall be provided no less than 24 hours (exclusive of Saturdays, Sundays, and legal holidays) prior to the time of the meeting; (2) require at least 24 hours (exclusive of Saturdays, Sundays, and legal holidays) notice of any meeting (including on the Board's website), and further, that the agenda for such meeting shall not be changed less than 24 hours (exclusive of Saturdays, Sundays, and legal holidays) prior to the time of the meeting; and (3) the minutes of the Board meeting shall be posted on the Board's website within a reasonable time and the Board shall maintain that posting for at least 3 months.*

**HB 616** Abramson House & Governmental Affairs  
Provides relative to public records requests.

02-27-2014	Prefiled and referred to committee.
04-16-2014	Amended, then reported favorably.
04-17-2014	Engrossed; passed to third reading.
04-23-2014	Amended, then passed House (90-0).
04-28-2014	Referred to Senate Committee on Governmental Affairs.
05-07-2014	Voluntarily deferred for one week.
05-14-2014	Reported favorably.
05-15-2014	Referred to Legislative Bureau.
05-19-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-21-2014	Passed Senate (38-0).
05-22-2014	Enrolled; signed by House Speaker and Senate President.
05-27-2014	Sent to Governor for executive approval.
06-12-2014	Signed as <b>Act 629</b> ; effective 08-01-2014.

*In its final form, this measure amended the Public Records Law to provide a legal remedy for the written request which is not fulfilled within five days.*

**HB 630** Anders Health & Welfare  
Provides relative to the practice of optometry and the regulation of such profession.  
02-27-2014 Prefiled and referred to committee.

*This measure seeks to amend the Optometry Practice Act to clarify the jurisdiction.*

**HB 633** Barrow Insurance  
Provides relative to coverage of HIV/AIDS medications by health insurers.  
02-27-2014 Prefiled and referred to committee.  
04-02-2014 Voluntarily deferred.

*This measure seeks to amend the insurance law to require healthcare insurers to accept premium payments made by a third party for health insurance policies purchased on behalf of individuals pursuant to grants made through the federal Ryan White HIV/AIDS program.*

**HB 649** N. Landry House & Governmental Affairs  
Provides relative to public comments at meetings of public bodies.  
02-27-2014 Prefiled and referred to committee.

*This measure seeks to amend the Open Meetings Law relative to the requirements to offer opportunities for public comments at all public meetings.*

**HB 650** N. Landry House & Governmental Affairs  
Provides relative to meetings of public bodies.

02-27-2014

Prefiled and referred to committee.

*This measure seeks to amend the Open Meetings Law to revise the procedures necessary to amend the agenda or enter into executive session.*

**HB 667** Simon Health & Welfare  
Reorganizes and recodifies the Miscellaneous Health Provisions chapter of Title 40 of the Louisiana Revised Statutes.

02-27-2014

Prefiled and referred to committee.

03-12-2014

Amended, then reported favorably.

03-13-2014

Engrossed; passed to third reading.

03-19-2014

Read by title; returned to calendar, subject to call.

*This measure seeks to restructure a large section of miscellaneous sections of health-related laws currently found in Title 40. Since we print some of these laws (e.g., expedited partner therapy and legend drugs) in the pharmacy law book, the adoption of this measure will require some restructuring of that reference.*

**HB 686** Barrow House & Governmental Affairs  
Provides relative to disclosure of information concerning certain boards and commissions.

02-28-2014

Prefiled and referred to committee.

04-16-2014

Voluntarily deferred.

*This measure seeks to add certain data elements (date term began, length of term, and number of terms served) to the existing website maintained by the state for all boards and commissions.*

**HB 720** Honore Health & Welfare  
Authorizes the use of medical marijuana in Louisiana.

02-28-2014

Prefiled and referred to committee.

04-16-2014

Removed from agenda prior to meeting.

*This measure amends the controlled substances law to establish a system for the licensure and regulation of the production, distribution, prescribing, and dispensing of marijuana for use in the treatment of certain qualifying medical conditions.*

**HB 724** Ivey Appropriations  
Requires state departments, agencies, boards, and commissions to accept credit cards, debit cards or electronic payments.

02-28-2014

Prefiled and referred to committee.

04-15-2014

Removed from agenda prior to meeting.

*This measure seeks to require all state agencies, boards and commissions to accept credit cards, debit cards, or electronic payments for all fees, fines, penalties, etc.*

**HB 736** James Health & Welfare  
Provides relative to the Louisiana Commission on HIV, AIDS, and Hepatitis C.

02-28-2014

Prefiled and referred to committee.

03-12-2014

Amended, then reported favorably (18-0).

03-13-2014

Engrossed; passed to third reading.

03-19-2014

Amended, then passed House (93-0).

03-25-2014

Referred to Senate Committee on Health & Welfare.

04-15-2014

Amended, then reported favorably.

04-16-2014

Referred to Legislative Bureau.

04-21-2014

Reported with Legislative Bureau amendments; passed to third reading and final passage.

04-30-2014

Amended, then passed Senate (34-0).

05-05-2014

Pending House concurrence with Senate amendments.

05-12-2014

House concurred with Senate amendments (97-0).

05-13-2014

Enrolled; signed by House Speaker and Senate President.

05-14-2014 Sent to Governor for executive approval.  
05-22-2014 Signed as **Act 192**; effective 08-01-2014.

*In its final form, this measure restructured the commission, reducing the number of members from 44 to 36. One of the positions deleted was assigned to the Board of Pharmacy; therefore, the Board no longer has a representative on that commission.*

**HB 754** Moreno Health & Welfare  
Authorizes first responders to carry naloxone.

02-28-2014	Prefiled and referred to committee.
04-02-2014	Reported favorably (14-0).
04-03-2014	Engrossed; passed to third reading.
04-10-2014	Read by title; returned to calendar, subject to call.
04-16-2014	Called from calendar; amended, then passed House (98-0).
04-22-2014	Referred to Senate Committee on Health & Welfare.
05-07-2014	Reported favorably.
05-08-2014	Referred to Legislative Bureau.
05-12-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-14-2014	Passed Senate (37-0).
05-15-2014	Enrolled; signed by House Speaker and Senate President.
05-20-2014	Sent to Governor for executive approval.
05-28-2014	Signed as <b>Act 253</b> ; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law to insert a provision allowing first responders (defined in the law as (a) peace officers, (b) firefighters, and (c) EMS practitioners) to obtain naloxone for the purpose of administering that drug to anyone they find undergoing an opioid-related drug overdose. The legislation requires the Dept. of Public Safety & Corrections to develop a training course for this particular purpose, and requires first responders to complete that training prior to obtaining the naloxone.*

*Two important points: (1) although this measure was placed in the controlled substance law, this measure did not declare naloxone a controlled substance, so it remains a regular prescription item in this state. (2) This will establish an exception to the premise that a prescription for a drug shall be for the patient taking the drug. It is possible a physician could issue a prescription for naloxone to a first responder, and the first responder could present that prescription to a pharmacy for dispensing. An alternative method exists for supplying the naloxone: the medical director of whatever agency the first responder practices with could issue a purchase order to the pharmacy, who could then distribute (as opposed to dispense) the drug to the first responder.*

**HB 755** Moreno Health & Welfare  
Authorizes the administration of naloxone by a third party.

02-28-2014	Prefiled and referred to committee.
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*This measure seeks to amend the controlled substance law to authorize a licensed medical practitioner to prescribe and/or dispense naloxone to a patient at risk for opioid-related drug overdose, or in the alternative, to a family member or friend capable of administering the naloxone to the at-risk patient.*

**HB 839** Honore Administration of Criminal Justice  
Changes the designation of marijuana from a Schedule I to a Schedule II controlled dangerous substance.

02-28-2014	Prefiled and referred to committee.
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*This measure seeks to amend the controlled substance law to move marijuana and tetrahydrocannabinols from Schedule I to Schedule II, along with the relevant penalties. Further, synthetic cannabinoids and their penalties would remain in Schedule I.*

**HB 903** Simon Health & Welfare  
Provides for the Louisiana Telehealth Access Act.

02-28-2014	Prefiled and referred to committee.
04-23-2014	Voluntarily deferred.

04-29-2014                      Reported favorably by substitute (12-0).  
04-30-2014                      Became HB 1280.

*This measure seeks to amend the medical practice act relative to telemedicine, but then goes further to create the Louisiana Commission on Telehealth Access, the composition of which includes a wide range of stakeholders and medical practitioners but no other types of health care providers.*

**HB 906**                      Woodruff                                      Administration of Criminal Justice  
Amends penalty provisions for possession of marijuana.  
02-28-2014                      Prefiled and referred to committee.  
04-23-2014                      Voluntarily deferred.

*This measure seeks to amend the controlled substances law to reduce the penalty for simple possession of less than 28 grams of marijuana, from \$50-100 for first offense to \$100-150 for second offense to \$150-200 for third and subsequent convictions. Penalties for larger amounts of marijuana as well as for synthetic cannabinoids would remain the same.*

**HB 911**                      Leger    Commerce  
Provides relative to provisional occupational licenses for ex-offenders.  
02-28-2014                      Prefiled and referred to committee.  
04-22-2014                      Reported favorably by substitute bill (10-0).  
04-23-2014                      Became HB 1273.

*This measure seeks to require licensing agencies to offer provisional occupational licenses to ex-offenders in certain circumstances.*

**HB 1013**                      Schexnayder                                      House & Governmental Affairs  
Provides relative to boards and commissions.  
02-28-2014                      Prefiled and referred to committee.  
04-03-2014                      Amended, then reported favorably.  
04-07-2014                      Engrossed; passed to third reading.  
04-14-2014                      Passed House (97-0).  
04-15-2014                      Referred to Senate Committee on Governmental Affairs.  
04-23-2014                      Amended, then reported favorably.  
04-24-2014                      Referred to Legislative Bureau.  
04-28-2014                      Reported without Legislative Bureau amendments;  
passed to third reading and final passage.  
05-06-2014                      Read by title; returned to calendar, subject to call.  
05-28-2014                      Amended, then passed Senate (33-2).  
06-01-2014                      House concurred with Senate amendments (85-1).  
06-04-2014                      Enrolled; signed by House Speaker and Senate President;  
06-05-2014                      Sent to Governor for executive approval.  
06-23-2014                      Signed as **Act 832**; effective 08-01-2014

*In its final form, the measure abolished a number of apparently inactive boards and commissions and restructured some others. The Board of Pharmacy was never part of the bill.*

**HB 1017**                      Edwards    House & Governmental Affairs  
Provides relative to certain eligibility requirements for certain public employees.  
02-28-2014                      Prefiled and referred to committee.  
04-02-2014                      Removed from agenda prior to meeting.

*This measure requires unclassified employees with an annual salary of \$100,000 who drive any vehicles on any state roads to maintain a Louisiana driver's license, and further, to register in Louisiana all vehicles registered to that employee.*

**HB 1024**                      K. Jackson  
Provides with respect to drug-free zones.  
03-10-2014                      Filed.

03-11-2014	Referred to committee.
04-02-2014	Reported favorably (14-0).
04-03-2014	Engrossed; passed to third reading.
04-10-2014	Passed House (93-0).
04-15-2014	Referred to Senate Committee on Judiciary-C.
05-06-2014	Reported favorably.
05-07-2014	Referred to Legislative Bureau.
05-08-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-15-2014	Passed Senate (34-1).
05-19-2014	Enrolled; signed by House Speaker and Senate President.
05-20-2014	Sent to Governor for executive approval.
05-28-2014	Signed as <b>Act 265</b> ; effective 08-01-2014.

*In its final form, this measure repealed the private residence exception for violations of the controlled substances law within drug-free zones.*

**HB 1065** Pope Health & Welfare  
Provides relative to the practice of optometry and the regulation of such profession.

03-26-2014	Filed and referred to committee.
04-29-2014	Amended, then reported favorably (10-9).
04-30-2014	Engrossed; passed to third reading.
05-07-2014	Passed House (66-30).
05-12-2014	Referred to Senate Committee on Health & Welfare.
05-14-2014	Reported favorably.
05-15-2014	Referred to Legislative Bureau.
05-19-2014	Returned without Legislative Bureau amendments; passed to third reading and final passage.
05-21-2014	Passed Senate (25-12).
05-27-2014	Enrolled; signed by House Speaker and Senate President.
05-29-2014	Sent to Governor for executive approval.
05-30-2014	Signed as <b>Act 398</b> ; effective 06-01-2014.

*In its final form, this measure primarily focused on the expansion of the scope of practice to include certain types of eye procedures; however, two changes were made relative to their prescriptive authority for medications: (1) they are no longer restricted to topical and oral dosage forms – they may prescribe any Rx or OTC drug in any dosage form for the diagnosis, prevention, treatment, or mitigation of abnormal conditions and pathology of the eye and its adnexa; (2) with respect to controlled substances, they still have no authority for Schedule I or II, however, the 48-hour limitation on narcotics was removed.*

**HB 1100** Hoffman Health & Welfare  
Provides relative to the composition of the La. State Board of Medical Examiners.

03-31-2014	Filed.
04-01-2014	Referred to committee.

*This measure seeks to add two new positions to the medical board, increasing from seven to nine, and further, the appointments shall be made by the governor from lists supplied by the chancellors at LSU Medical School and Tulane Medical School.*

**HB 1161** LeBas Health & Welfare  
Provides relative to vaccinations and immunizations.

04-01-2014	Filed.
04-02-2014	Referred to committee.
04-29-2014	Voluntarily deferred.

*This measure seeks to amend the Pharmacy Practice Act to permit pharmacists to administer any vaccination or immunization without a medical order or prescription.*

**HB 1171** W. Bishop Administration of Criminal Justice  
 Provides with respect to penalties for possession of marijuana and synthetic cannabinoids.  
 04-01-2014 Filed.  
 04-02-2014 Referred to committee.  
 05-06-2014 Voluntarily deferred.

*This measure seeks to reduce the current penalties for those crimes.*

**HB 1180** Hoffman Health & Welfare  
 Provides for a feasibility study concerning a pharmaceutical and therapeutics committee for Medicaid managed care.  
 04-01-2014 Filed.  
 04-02-2014 Referred to committee.

*This measure seeks to study the feasibility of replacing each of the P&T committees at the different Medicaid managed care providers with one P&T committee for Medicaid managed care.*

**HB 1215** Johnson Health & Welfare  
 Provides relative to collaborative practice agreements between advanced practice registered nurses and physicians.  
 04-01-2014 Filed.  
 04-02-2014 Referred to committee.  
 04-16-2014 Reported favorably (15-3).  
 04-17-2014 Engrossed; passed to third reading.  
 04-24-2014 Passed House (90-2).  
 04-29-2014 Referred to Senate Committee on Health & Welfare.  
 05-21-2014 On agenda – not considered.

*This measure seeks to amend the medical practice act to remove the authority of the medical board to limit the ability of any physician or APRN to enter into collaborative practice agreements.*

**HB 1256** Harrison  
 Transfers the Dept. of Children and Family Services as a state agency to the Dept. of Health & Hospitals.  
 04-08-2014 Read by title as substitute for HB 152 reported by House Committee on House & Governmental Affairs.  
 04-09-2014 Engrossed; passed to third reading.  
 04-15-2014 Amended, then passed House (69-28).  
 04-21-2014 Referred to Senate Committee on Health & Welfare.  
 05-21-2014 Involuntarily deferred.

*This measure will merge two major departments into a single agency.*

**HB 1273** Leger  
 Provides relative to provisional occupational licenses for ex-offenders in order to work in certain fields.  
 04-23-2014 Ready by title as substitute for HB 911 reported by House Committee on Commerce.  
 04-24-2014 Engrossed; passed to third reading.  
 04-29-2014 Amended, then passed House (92-0).  
 05-01-2014 Referred to Senate Committee on Commerce.  
 05-14-2014 Amended, then reported favorably.  
 05-15-2014 Referred to Legislative Bureau.  
 05-19-2014 Returned with Legislative Bureau amendments; passed to third reading and final passage.  
 05-21-2014 Amended, then passed Senate (38-0).  
 05-28-2014 House concurred with Senate amendments (92-0).  
 05-29-2014 Enrolled; signed by House Speaker and Senate President.  
 05-30-2014 Sent to Governor for executive approval.  
 06-19-2014 Signed as **Act 809**; effective 06-19-2014.

*In its final form, this measure amended Title 37 – Professions & Occupations to establish a mechanism for ex-offenders to obtain professional licenses when their criminal history would have previously prevented that. It requires a licensing agency, when all other requirements have been met, to disregard prior criminal history and issue the professional license. There are a number of licensing agencies which were exempted from this new law, and the Board of Pharmacy is one of them.*

**HB 1275** Burns

Provides specified procedures for notice, public hearings, and reports regarding permits from the office of conservation of the Dept. of Natural Resources for operations that involve hydraulic fracture stimulation in certain parishes.

04-24-2014	Read by title as substitute for HB 406 reported by House Committee on Governmental Affairs.
04-28-2014	Engrossed; passed to third reading.
05-05-2014	Read by title; returned to calendar, subject to call.
05-12-2014	Amended, then failed to pass House (19-73).

*This measure has been totally revised from the original HB 406, such that the new bill contains no provisions relative to the creation of a new type of impact statement. Classic hijack.*

**HB 1280** Simon

Provides for the Louisiana Telehealth Access Act.

04-30-2014	Read by title as substitute for HB 903 reported by House Committee on Health and Welfare.
05-05-2014	Engrossed; passed to third reading.
05-12-2014	Amended, then passed House (96-0).
05-13-2014	Referred to Senate Committee on Health and Welfare.
05-21-2014	Reported favorably.
05-22-2014	Referred to Legislative Bureau.
05-26-2014	Returned with Legislative Bureau amendments; passed to third reading and final passage.
05-27-2014	Passed Senate (38-0).
05-29-2014	House concurred with Senate amendments (92-0).
05-30-2014	Enrolled; signed by House Speaker and Senate President.
06-02-2014	Sent to Governor for executive approval.
06-04-2014	Signed as <b>Act 442</b> ; effective 08-01-2014.

*In its final form, Section 1 of this measure amends the Medical Practice Act relative to telemedicine. Section 2 of this measure creates the Louisiana Telehealth Access Act. This law requires each professional licensing agency of healthcare providers (defined herein to include pharmacists) to promulgate rules to regulate the use of telehealth for the delivery of healthcare services. The law establishes minimum standards for the rules (confidentiality of information, patient's rights, same standard of care, credentialing of nonresident providers, etc.)*

**Resolutions**

**Concurrent Resolutions**

**HCR 078** Barrow

House & Governmental Affairs

Requires certain information concerning boards and commissions to be included on the Internet website of the legislature.

04-10-2014	Filed.
04-14-2014	Referred to committee.
04-29-2014	Voluntarily deferred.

*Requires information about boards and commissions (legislation authorizing creation and their operations) as well as the members (names, contact information, terms, etc.) to be posted on the legislative website. We already provide this information to the LaTrac website.*

**HCR 088** Simon

Creates the Task Force on Telehealth Access.

04-16-2014	Filed.
04-21-2014	Referred to committee.
04-23-2014	On agenda – not considered.
04-29-2014	Amended, then reported favorably
04-30-2014	Engrossed; passed to third reading.
05-05-2014	Amended, then passed House (95-0).
05-07-2014	Referred to Senate Committee on Health and Welfare.
05-21-2014	Amended, then reported favorably.
05-22-2014	Read by title; returned to calendar, subject to call.
05-30-2014	Passed Senate (38-0).
06-02-2014	House concurred with Senate amendments (93-0); Enrolled; signed by House Speaker and Senate President; Sent to Secretary of State.

*This measure creates the 15-member named task force to advise the legislature and the Dept. of Health and Hospitals on matters related to telehealth and improving access to primary care. The representatives are primarily medical academia, state hospitals, organized medicine and nursing, and managed care organizations. The task force is obligated to convene prior to 09-01-2014, issue semi-annual reports beginning no later than 01-01-2015, and terminate on 09-01-2018.*

**HCR 099** Harrison

Requests a study and recommendations by the La. State Board of Medical Examiners concerning over-prescribing of pain medication.

04-21-2014	Filed; adopted by House.
04-22-2014	Referred to Senate Committee on Health & Welfare.
05-14-2014	Reported favorably.
05-15-2014	Passed Senate (37-0).
05-19-2014	Enrolled; signed by House Speaker and Senate President.
05-27-2014	Sent to Secretary of State.

*This resolution requests the LSBME to study the over-prescribing of prescription pain medication, and specifically directs the solicitation of input from the Board of Pharmacy relative to monitoring of controlled substances and drugs of concern prescribed and dispensed in the state. LSBME shall report its findings to the House and Senate Committees on Health & Welfare no later than 60 days prior to the opening of the 2015 Regular Session.*

**HCR 122** Cox

Memorializes the U.S. Congress to pass the Diabetic Testing Supply Access Act.

04-30-2014	Filed.
05-05-2014	Passed House; sent to Senate.
05-06-2014	Passed Senate (29-0).
05-07-2014	Enrolled; signed by House Speaker and Senate President.
05-19-2014	Sent to Secretary of State.

*This resolution urges the U.S. Congress to pass the Diabetic Testing Supply Access Act of 2014 (S. 1935).*

**HCR 170** T. Burns House & Governmental Affairs

Directs state agencies to consider certain provider impact issues and to issue certain provider impact statements prior to the adoption, amendment, or repeal of rules.

05-19-2014	Filed.
05-20-2014	Referred to committee.
05-21-2014	Reported favorably (5-0).
05-22-2014	Engrossed; passed to third reading.
05-27-2014	Passed House (84-0).

05-29-2014	Passed Senate (33-0).
05-30-2014	Enrolled; signed by House Speaker and Senate President.
06-02-2014	Sent to Secretary of State.

*This directs state agencies develop a new type of impact statement during their rulemaking activities – a provider impact statement. The resolution defines a provider as an organization which provides services for individuals with developmental disabilities, which would presumably include pharmacies. The impact statement requires the agency to evaluate every proposed rule for (1) the effect on the staffing level requirements or qualifications required to provide the same level of service, (2) the total direct and indirect effect on the cost to the provider to provide the same level of service, and (3) the overall effect on the ability of the provider to provide the same level of service.*

**HCR 178** M. Hunter Health & Welfare  
Requests the Department of Health and Hospitals to study the desirability of a prospective state policy on the practice of medicine by late-career practitioners.

05-19-2014	Filed.
05-20-2014	Referred to committee.
05-28-2014	Voluntarily deferred.

### Study Resolutions

### Concurrent Study Resolutions

## Senate

### Bills

**SB 9** Amedee Judiciary-C  
Increases penalties for manufacture, distribution, or possession with intent to distribute heroin.  
01-22-2014 Prefiled and referred to committee.

*This measure seeks to increase the period of incarceration for heroin convictions, from not less than 5 years nor more than 50 years, to a term of not less than 10 years nor more than 99 years. Since we include the controlled substance law in the pharmacy law book, passage of this bill will require an update of the law book.*

**SB 12** Gallot Judiciary-C  
Prohibits the sale of electronic cigarettes and vapor pens to persons under age 18.

01-22-2014	Prefiled and referred to committee.
03-18-2014	Amended, then reported favorably.
03-19-2014	Engrossed; passed to third reading.
03-24-2014	Amended, then passed Senate (37-0).
03-26-2014	Referred to House Committee on the Judiciary.
04-24-2014	Reported favorably.
04-28-2014	Referred to Legislative Bureau.
04-29-2014	Reported with Legislative Bureau amendments; passed to third reading and final passage.
05-13-2014	Passed House (94-0).
05-15-2014	Senate concurred with House amendments (34-0).
05-19-2014	Enrolled; signed by Senate President and House Speaker.
05-20-2014	Sent to Governor for executive approval.
05-28-2014	Signed as <b>Act 278</b> ; effective 05-28-2014.

*In its final form, this measure defined “alternative nicotine products” and “vapor products”, and then amended the criminal laws and business registration laws to prohibit the sale of such products to persons under the age of 18, as well as the purchase or possession of such products by persons under*

the age of 18, and provided certain exceptions (within private residences, in employment settings, etc.)

<b>SB 87</b>	Claitor	Judiciary-C
Increases the maximum term of imprisonment for possession or distribution of heroin to 99 years.		
	02-19-2014	Prefiled and referred to committee.
	04-01-2014	On agenda – not considered.
	04-08-2014	On agenda – not considered.
	04-15-2014	Reported favorably.
	04-16-2014	Engrossed; passed to third reading.
	04-21-2014	Passed Senate (34-2).
	04-22-2014	Referred to House Committee on Administration of Justice.
	04-29-2014	Amended, then reported favorably (9-3); referred to Legislative Bureau.
	04-30-2014	Reported without Legislative Bureau amendments.
	05-05-2014	Passed to third reading and final passage.
	05-15-2014	Amended, then passed House (54-33).
	05-20-2014	Senate concurred with House amendments (27-11).
	05-21-2014	Enrolled; signed by Senate President and House Speaker.
	05-22-2014	Sent to Governor for executive approval.
	05-30-2014	Signed as <b>Act 368</b> ; effective 05-30-2014.

*In its final form, this measure amended the controlled substances law to increase the minimum prison sentence for possession or distribution of any substance in Schedule I from 5 years to 10 years at hard labor without parole; the maximum sentence remains 50 years. With respect to heroin, the sentence for the first offense is the same as other substances in Schedule I; however, for the second offense with heroin, the maximum is increased from 50 to 99 years.*

<b>SB 187</b>	Kostelka	Judiciary-C
Allows enhanced sentencing for drug offenses committed in a private residence located in a drug-free zone.		
	02-25-2014	Prefiled and referred to committee.
	04-15-2014	Reported favorably.
	04-16-2014	Engrossed; passed to third reading.
	04-21-2014	Passed Senate (37-0).
	04-22-2014	Referred to House Committee on Administration of Justice.
	04-29-2014	Reported favorably (13-0); referred to Legislative Bureau.
	04-30-2014	Reported without Legislative Bureau amendments.
	05-05-2014	Passed to third reading and final passage.
	05-15-2014	Passed House (89-0).
	05-19-2014	Enrolled; signed by Senate President and House Speaker.
	05-20-2014	Sent to Governor for executive approval.
	05-28-2014	Signed as <b>Act 289</b> ; effective 05-28-2014.

*In its final form, this measure repealed the exception prohibiting enhanced penalties for controlled substance violations in private residences located within drug-free zones.*

<b>SB 256</b>	Mills	Judiciary-C
Provides relative to sentencing under the Uniform Controlled Dangerous Substance Law.		
	02-26-2014	Prefiled and referred to committee.

*This measure seeks to amend some of penalties associated with violations involving drugs listed in Schedule II of the Uniform Controlled Substances Law.*

<b>SB 257</b>	Mills	Judiciary-C
Provides relative to sentencing for certain activities related to the unlawful manufacture of controlled dangerous substances.		
	02-26-2014	Prefiled and referred to committee.

*This measure seeks to add a first-time offender penalty for violations of the clandestine laboratory*

law.

**SB 275** Mills Judiciary-C  
Repeals the crime of drug traffic loitering.  
02-26-2014 Prefiled and referred to committee.

*This measure seeks to repeal the current drug traffic loitering statute.*

**SB 323** Morrell Judiciary-C  
Reduces criminal penalties for marijuana possession and prohibits application of enhanced sentencing laws to second and subsequent offense of marijuana possession.  
02-27-2014 Prefiled and referred to committee.  
04-22-2014 Involuntarily deferred (4-3).

*This measure seeks to amend the controlled substance law by reducing the penalty for simple possession of marijuana (first and any other offense) to a maximum fine of \$100, six months jail time, or both.*

**SB 401** Mills Health & Welfare  
Provides for third party contracts with pharmacies.  
02-28-2014 Prefiled and referred to committee.  
04-08-2014 Amended, then reported favorably.  
04-09-2014 Engrossed; passed to third reading.  
04-14-2014 Amended, then passed Senate (37-0).  
04-16-2014 Referred to House Committee on Health & Welfare.  
05-14-2014 Amended, then reported favorably;  
referred to Legislative Bureau.  
05-15-2014 Returned without Legislative Bureau amendments.  
05-19-2014 Passed to third reading and final passage.  
05-28-2014 Passed House (95-0).  
05-29-2014 Senate concurred with House amendments (36-0)  
05-30-2014 Enrolled; signed by Senate President and House Speaker.  
06-01-2014 Sent to Governor for executive approval.  
06-05-2014 Signed as **Act 490**; effective 08-01-2014.

*In its final form, this measure amended the insurance law to require that any organization that negotiates with a pharmacy or pharmacies to provide a copy of such contract or agreement to the pharmacy.*

**SB 410** Mills Insurance  
Provides for the transparency of Maximum Allowable Cost Lists for prescription drugs.  
02-28-2014 Prefiled and referred to committee.  
04-02-2014 Amended, then reported favorably.  
04-03-2014 Engrossed; passed to third reading.  
04-07-2014 Amended, then passed Senate (37-0).  
04-09-2014 Referred to House Committee on Insurance.  
04-29-2014 Reported favorably (7-0); referred to Legislative Bureau.  
04-30-2014 Reported without Legislative Bureau amendments.  
05-05-2014 Passed to third reading and final passage.  
05-15-2014 Passed House (87-0).  
05-19-2014 Enrolled; signed by Senate President and House Speaker.  
05-20-2014 Sent to Governor for executive approval.  
05-30-2014 Signed as **Act 391**; effective 08-01-2014.

*In its final form, this measure amended the insurance law to regulate how pharmacy benefit managers use Maximum Allowable Cost lists of prescription drugs.*

**SB 427** Buffington Health & Welfare  
Provides relative to the Louisiana State Board of Medical Examiners.

02-28-2014	Prefiled and referred to committee.
04-16-2014	Recalled from committee and withdrawn from files of the Senate.

*This measure seeks to authorize the medical board to increase the annual fee charged to all physicians to fund their practitioner recovery program from \$25 to \$50.*

<b>SB 428</b>	Buffington	Health & Welfare
	Provides relative to the practice of optometry and the regulation of such profession.	
	02-28-2014	Prefiled and referred to committee.

*This measure seeks to amend the Optometry Practice Act to clarify the jurisdiction.*

<b>SB 470</b>	Martiny	Senate & Governmental Affairs
	Provides for time of reconfirmation for persons appointed to certain boards and commissions.	
	02-28-2014	Prefiled and referred to committee.
	04-30-2014	Amended, then reported favorably.
	05-01-2014	Engrossed; passed to third reading.
	05-05-2014	Amended, then passed Senate (38-0).
	05-07-2014	Referred to House Committee on Governmental Affairs.
	05-21-2014	Amended, then reported favorably (5-0); referred to Legislative Bureau.
	05-22-2014	Reported with Legislative Bureau amendments.
	05-26-2014	Passed to third reading and final passage.
	05-30-2014	Passed House (90-0).
	06-01-2014	Senate concurred with House amendments (34-0).
	06-02-2014	Enrolled; signed by Senate President and House Speaker; Sent to Governor for executive approval.
	06-19-2014	Signed as <b>Act 760</b> ; effective 06-19-2014.

*In its final form, this measure amended the law governing Senate confirmation of gubernatorial appointments to boards and commissions by adjusting the final date after which a member can serve past the termination date of their appointment, and further, by providing for nullification of any action taken by a board during which an ineligible member participated.*

<b>SB 494</b>	Heitmeier	Health & Welfare
	Provides for the scope of practice of certain health care professionals.	
	02-28-2014	Prefiled and referred to committee.

*This measure seeks to authorize the nursing board to include for the scope of practice of a nurse practitioner any procedure that is taught at a regionally accredited institution offering a professional nursing degree, and further, seeks to authorize the medical board to include for the scope of practice of a physician assistant any procedure that is taught at a regionally accredited institution offering a professional degree for physician assistants.*

<b>SB 496</b>	Heitmeier	Health & Welfare
	Provides for limits on certain prescriptions.	
	02-28-2014	Prefiled and referred to committee.
	03-18-2014	Voluntarily deferred for two weeks.
	04-02-2014	Removed from agenda prior to meeting.
	04-08-2014	Amended, then reported favorably.
	04-09-2014	Engrossed; passed to third reading.
	04-15-2014	Amended, then passed Senate (31-3).
	04-21-2014	Referred to House Committee on Health & Welfare.
	05-21-2014	Reported favorably (14-0); referred to Legislative Bureau.
	05-22-2014	Returned with Legislative Bureau amendments.
	05-26-2014	Passed to third reading and final passage.
	05-30-2014	Passed House (83-0).
	06-01-2014	Senate rejected House amendments (38-0); Representatives to Conference Committee appointed.

06-02-2014	Senate approved Conference Committee Report (35-0); House approved Conference Committee Report (86-0); Enrolled; signed by Senate President and House Speaker;
06-03-2014	Sent to the Governor for executive approval.
06-23-2014	Signed as <b>Act 865</b> ; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law relative to prescriptions to provide the following limitations:*

- (1) Prescriptions for drugs listed in Schedule II may not be filled more than 90 days after the date the prescription was issued, i.e., the prescription expires 90 days after the date of issue.
- (2) With respect to prescriptions for opioid derivatives in Schedules II or III issued by a prescriber who is not licensed by the State of Louisiana, the dispensing pharmacist shall limit the quantity dispensed to a 10-day supply at a dosage not to exceed the FDA-approved labeling for that product. Further, the dispensing pharmacist shall notify the prescriber of the supply dispensed and the cancellation of the remainder of the prescription. Further, that medication (when prescribed by someone not licensed by the State of Louisiana) shall not be dispensed again to that patient within the 60 days following the initial dispensing.
- (3) Prior to issuing the initial prescription for any Schedule II drug for the treatment of non-cancer related chronic or intractable pain, the prescriber shall access the Prescription Monitoring Program.

<b>SB 501</b>	Heitmeier	Health & Welfare
Provides for telemedicine.		
	02-28-2014	Prefiled and referred to committee.
	04-15-2014	Voluntarily deferred.

*This measure seeks to amend the telemedicine provisions in the medical practice act and requires further rulemaking by the medical board.*

<b>SB 502</b>	Heitmeier	Health & Welfare
Provides for the licensure of pain management clinics.		
	02-28-2014	Prefiled and referred to committee.
	03-18-2014	Reported favorably.
	03-19-2014	Engrossed; passed to third reading.
	03-24-2014	Passed Senate (36-0).
	03-26-2014	Referred to House Committee on Health & Welfare.
	05-21-2014	Reported favorably (14-0); referred to Legislative Bureau.
	05-22-2014	Returned without Legislative Bureau amendments.
	05-26-2014	Passed to third reading and final passage.
	05-30-2014	Passed House (90-0).
	06-01-2014	Enrolled; signed by Senate President and House Speaker.
	06-02-2014	Sent to Governor for executive approval.
	06-18-2014	Signed as <b>Act 714</b> ; effective 06-18-2014.

*In its final form, this measure amended the pain management clinic licensing law to limit the special exemptions for those clinics operating prior to 2005.*

<b>SB 505</b>	Heitmeier	Health & Welfare
Provides for an automatic suspension of a physician's license.		
	02-28-2014	Prefiled and referred to committee.
	04-02-2014	Reported favorably.
	04-03-2014	Engrossed; passed to third reading.
	04-07-2014	Read by title; returned to the calendar, subject to call.

*This measure seeks to amend the medical practice act to provide for the automatic suspension of a physician's medical license upon his conviction, or guilty plea, or nolo contendere plea to a felony that constitutes a crime of violence, or that arises from the practice of medicine, or arises from the billing of health care services.*

<b>SB 507</b>	Martiny	Commerce, Consumer Protection & International Affairs
	Provides relative to the practice of dentistry and the regulation of the profession.	
	02-28-2014	Prefiled and referred to committee.
	04-30-2014	Amended, then reported favorably.
	05-01-2014	Engrossed; passed to third reading.
	05-05-2014	Read by title; returned to calendar, subject to call.
	05-14-2014	Passed Senate (35-3).
	05-15-2014	Referred to House Committee on Health and Welfare.
	05-21-2014	Amended, then reported favorably (14-0); referred to Legislative Bureau.
	05-22-2014	Returned without Legislative Bureau amendments.
	05-26-2014	Passed to third reading and final passage.
	05-30-2014	Passed House (83-11).
	06-01-2014	Senate rejected House amendments (35-0); Representatives to Conference Committee appointed.
	06-02-2014	Senate approved Conference Committee Report (34-0); House approved Conference Committee Report (73-11); Enrolled; signed by Senate President and House Speaker; Sent to Governor for executive approval.
	06-23-2014	Signed as <b>Act 866</b> ; effective 06-23-2014 and 01-01-2017.

*In its final form, this measure amended the Dental Practice Act to (1) limits a person to a lifetime total of 10 years of service as a member of the Board but allows a current member to complete their term and (2) changes the venue for judicial review of their actions from the Civil District Court in Orleans Parish to the 19<sup>th</sup> Judicial District Court in East Baton Rouge Parish. These changes are effective immediately. Finally, the law changed the domicile of the Dental Board from the City of New Orleans to the Parish of East Baton Rouge, and that change becomes effective 01-01-2017.*

<b>SB 534</b>	Heitmeier	Health & Welfare
	Provides relative to Medicaid.	
	02-28-2014	Prefiled and referred to committee.

*This measure seeks to amend the Medicaid law to allow that agency to “develop certain practices with regard to prescription drugs that utilize public funding programs.”*

<b>SB 541</b>	Mills	Health & Welfare
	Provides for the use of marijuana for medicinal purposes.	
	02-28-2014	Prefiled and referred to committee.
	04-30-2014	Involuntarily deferred (6-2).

*This measure amends the controlled substances law to establish a system for the licensure and regulation of the production, distribution, prescribing, and dispensing of marijuana for use in the treatment of certain qualifying medical conditions.*

<b>SB 545</b>	Mills	Health & Welfare
	Provides relative to third party initiated medication substitutions.	
	02-28-2014	Prefiled and referred to committee.
	04-15-2014	Reported favorably.
	04-16-2014	Engrossed; passed to third reading.
	04-21-2014	Passed Senate (37-0).
	04-24-2014	Referred to House Committee on Insurance.
	04-29-2014	Amended, then reported favorably (7-0); referred to Legislative Bureau.
	04-30-2014	Reported without Legislative Bureau amendments.
	05-05-2014	Passed to third reading and final passage.
	05-15-2014	Passed House (92-0).
	05-20-2014	Senate concurred with House amendments (39-0).
	05-21-2014	Enrolled; signed by Senate President and House Speaker.
	05-22-2014	Sent to Governor for executive approval.

05-30-2014

Signed as **Act 396**; effective 01-01-2015.

*In its final form, this measure amended the insurance law to require any third party payor requesting or requiring a medication substitution to reimburse the health care provider that executes the requested or required change.*

**SB 556** Johns Health & Welfare  
Amends frequency of reporting prescription dispensing of certain substances to the state prescription monitoring board.

03-10-2014	Filed and referred to committee.
04-02-2014	Amended, then reported favorably.
04-03-2014	Engrossed; passed to third reading.
04-07-2014	Passed Senate (38-0).
04-09-2014	Referred to House Committee on Health & Welfare.
05-13-2014	Reported favorably; referred to Legislative Bureau.
05-14-2014	Returned without Legislative Bureau amendments.
05-15-2014	Passed to third reading and final passage.
05-28-2014	Passed House (92-0).
05-29-2014	Enrolled; signed by Senate President and House Speaker.
05-30-2014	Sent to Governor for executive approval.
06-04-2014	Signed as <b>Act 472</b> ; effective 08-01-2014.

*This measure was approved for filing by the Board and seeks to remove the specific language requiring reporting of all prescriptions by seven days, and leaving language requiring reporting according to a frequency specified by the Board. However, in its final form, the measure requires the reporting of eligible prescription transactions no later than the next business day after the date of dispensing.*

**SB 568** Nevers Health & Welfare  
Provides relative to the practice of optometry and regulation of such profession.

03-25-2014	Filed and referred to committee.
04-23-2014	Amended, then reported favorably (7-1).
04-24-2014	Engrossed; passed to third reading.
04-28-2014	Read by title; returned to calendar, subject to call.

*This measure is primarily focused on the expansion of the scope of practice to include certain types of eye procedures, but also makes changes to the types of dosage forms of certain drugs that may be prescribed; however, there is no change in the controlled substance privilege.*

**SB 600** Mills Health & Welfare  
Provides relative to immunizations.

03-31-2014	Filed.
04-01-2014	Referred to committee.
04-23-2014	On agenda – not considered.
04-30-2014	Amended, then reported favorably (5-3).
05-01-2014	Engrossed; passed to third reading.
05-05-2014	Amended, then passed Senate (23-13).
05-07-2014	Referred to House Committee on Health and Welfare.
05-14-2014	Amended, then reported favorably; referred to Legislative Bureau.
05-15-2014	Returned without Legislative Bureau amendments.
05-19-2014	Passed to third reading and final passage.
05-28-2014	Passed House (91-0).
05-30-2014	Senate concurred with House amendments (34-4).
06-01-2014	Enrolled; signed by Senate President and House Speaker.
06-02-2014	Sent to Governor for executive approval.
06-04-2014	Signed as <b>Act 769</b> ; effective 08-01-2014.

*In its final form, this measure amended the Pharmacy Practice Act to allow a properly credentialed pharmacist to administer any immunization or vaccine (except influenza) to any person 17 years of age or*

*older without a prescription or medical order if the product is administered in conformance with the most current immunization protocol from the U.S. Centers for Disease Control & Prevention's Advisory Committee on Immunization Practice. Further, when the pharmacist administers an immunization pursuant to this law, the pharmacist shall inform the patient the immunization shall not be construed in lieu of an annual checkup with the patient's primary care or family physician.*

<b>SB 618</b>	Heitmeier	Health & Welfare
Moves carisoprodol from Schedule IV to Schedule II.		
	03-31-2014	Filed.
	04-01-2014	Referred to committee.
	04-08-2014	Reported favorably.
	04-09-2014	Engrossed; passed to third reading.
	04-15-2014	Passed Senate (38-0).
	04-21-2014	Referred to House Committee on Administration of Justice.
	04-29-2014	Amended, then reported favorably (14-0); referred to Legislative Bureau.
	04-30-2014	Reported without Legislative Bureau amendments.
	05-05-2014	Passed to third reading and final passage.
	05-15-2014	Passed House (89-0).
	05-20-2014	Senate concurred with House amendments (37-0).
	05-21-2014	Enrolled; signed by Senate President and House Speaker.
	05-22-2014	Sent to Governor for executive approval.
	05-30-2014	Signed as <b>Act 397</b> ; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law to re-schedule carisoprodol from Schedule IV to Schedule II. The law also granted an exemption to distributors from the storage, record keeping, and physical security requirements ordinarily applicable to drugs listed in Schedule II but only with reference to carisoprodol.*

<b>SB 619</b>	Heitmeier	Health & Welfare
Transfers the powers, duties, and functions related to regulating pain management clinics from the Dept. of Health & Hospitals to the La. State Board of Medical Examiners.		
	03-31-2014	Filed.
	04-01-2014	Referred to committee.
	04-08-2014	Voluntarily deferred.
	04-15-2014	Voluntarily deferred.
	04-23-2014	On agenda – not considered.
	04-30-2014	Amended, then reported favorably.
	05-01-2014	Engrossed; passed to third reading.
	05-05-2014	Read by title; returned to calendar, subject to call.

*This measure will transfer the regulation from pain management clinics from DHH to the LSBME.*

<b>SB 649</b>	Mills	Senate & Governmental Affairs
Provides for the Louisiana State Health Care Professions Institute.		
	04-01-2014	Filed.
	04-02-2014	Referred to committee.
	04-15-2014	Amended, then reported favorably.
	04-16-2014	Engrossed; passed to third reading.
	04-21-2014	Amended, then passed Senate (35-2).
	04-28-2014	Referred to House Committee on Governmental Affairs.
	05-14-2014	Involuntarily deferred.

*This measure seeks to create the named institute and install a governing body composed of representatives from 27 organizations, including legislative and regulatory agencies. Among other purposes, the institute would be requested to study health care professions including their scopes of practice, and make recommendations to the legislature for the revision of various practice acts as deemed appropriate.*

## Resolutions

### Concurrent Resolutions

**SCR 39** Heitmeier Health & Welfare  
Requests the Dept. of Health & Hospitals to study the most effective means to ensure the proper utilization of Attention Deficit Hyperactivity Disorder medications in Louisiana and to report its findings to the legislature.

03-25-2014	Filed and referred to committee.
04-02-2014	Reported favorably.
04-03-2014	Engrossed; passed to third reading.
04-07-2014	Amended, then passed Senate (35-0).
04-09-2014	Referred to House Committee on Health & Welfare.
05-21-2014	Reported favorably (14-0).
05-22-2014	Passed to third reading and final passage.
05-27-2014	Passed House (97-0).
05-29-2014	Enrolled; signed by Senate President and House Speaker.
05-30-2014	Sent to Secretary of State.

*This measure cites the statistics on use of this class of medications by Louisiana residents and requests a study by the department. The resolution authorizes their collaboration with stakeholders but does not identify any specific organizations. The department is required to submit their report to the Joint Legislative Oversight Committee on Health and Welfare no later than 02-01-2015.*

### Study Resolutions

#### Concurrent Study Resolutions



# Louisiana Board of Pharmacy

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## Final Legislative Brief

Regular Session of the 2014 Louisiana Legislature  
Convened 2014-0310 @ 1200 – Adjourned 2014-0602 @ 1800

**HB 55** Lopinto Administration of Criminal Justice  
Revises provisions of law regarding expungement.  
05-22-2014 Signed as **Act 145**; effective 08-01-2014.

*In its final form, this measure moved all of the provisions of law relative to the expungement of criminal records out of the Revised Statutes and into the Code of Criminal Procedure. The eligibility criteria were standardized as were the legal forms and procedures used to deny or grant motions for expungement. While the list of agencies authorized to request, receive and use expunged records still includes the Board of Pharmacy, there is now a specific provision that a person with an expunged record shall not be required to disclose the expunged record to anyone except a law enforcement agency.*

*We will need to review how we request expunged records from the State Police, and further, we will need to modify the instructions relative to expunged records on our application forms.*

**HB 62** Pugh Health & Welfare  
Provides relative to pharmacy record audits.  
06-05-2014 Signed as **Act 502**; effective 06-05-2014.

*In its final form, this measure amended the insurance law relative to audits of pharmacy records by third party payors or their subcontractors and provides limitations on the recoupment of claims.*

**HB 212** LeBas Administration of Criminal Justice  
Adds certain compounds to the Uniform Controlled Dangerous Substances Law.  
05-16-2014 Signed as **Act 40**; effective 08-01-2014.

*This measure was approved for filing by the Board and sought to add a new precursor compound to Schedule II, and one new drug product each to Schedules III and IV. We offered an amendment in the House committee to add items newly-scheduled by the DEA.*

*In its final form, the bill adds the precursor to Schedule II, Perampanel and two anabolic steroids to Schedule III, as well as Alfaxalone and Lorcaserin to Schedule IV.*

**HB 229** Mack Administration of Criminal Justice  
Adds substances to the listing of Schedule I controlled dangerous substances  
05-16-2014 Signed as **Act 43**; effective on 05-16-2014.

*In its final form, this measure adds 15 new substances (one opiate and 14 synthetic cannabinoids) to the Schedule I listing of controlled dangerous substances.*

**HB 322** S. Jones House & Governmental Affairs  
Requires rulemaking agencies to publish on the Internet certain information concerning proposed rules and fees.  
05-30-2014 Signed as **Act 401**; effective 01-01-2015.

*In its final form, this measure will require state agencies engaged in rulemaking activities to post all the notices and reports on the agency's website. We already comply with the proposed law, although*

we will probably make some minor adjustments in the presentation of the information on our website.

**HB 461** Badon Administration of Criminal Justice  
Repeals drug traffic loitering statute.  
06-05-2014 Signed as **Act 512**; effective 08-01-2014.

*In its final form, this measure repealed the current drug traffic loitering law, which has been declared unconstitutional.*

**HB 514** Henry Administration of Criminal Justice  
Restricts the sale of dextromethorphan.  
05-22-2014 Signed as **Act 176**; effective 08-01-2014.

*In its final form, this measure added a new section to the Uniform Controlled Substances Law relative to nonprescription products containing dextromethorphan (DMX). The new law prohibits the sale of OTC DMX to anyone under the age of 18 and establishes the amount of fines for violators. The new law prohibits the purchase or attempt to purchase OTC DMX by anyone under the age of 18 and establishes the amount of fines for violators. The law further requires any purchaser of OTC DMX to produce a valid photo ID that clearly establishes the age of at least 18 (expired ID not valid for this purpose). The law provides an exemption to sales of DMX on prescription. Finally, the law supersedes any local ordinances affecting OTC sales of DMX in order to establish consistency across the state.*

**HB 601** Abramson Insurance  
Prohibits a provider of healthcare services from refusing to submit a claim to a healthcare insurance issuer under certain circumstances.  
06-09-2014 Signed as **Act 555**; effective 08-01-2014.

*In its final form, this measure amended the insurance law to prohibit a healthcare provider that accepts a patient's health insurance coverage from requiring the insured to consent to payment for the services as a condition for verification of health insurance coverage for the services.*

**HB 614** Abramson House & Governmental Affairs  
Provides relative to certain deadlines relative to meetings of public bodies.  
06-12-2014 Signed as **Act 628**; effective 08-01-2014.

*In its final form, this measure amended different sections of the Open Meetings Law to (1) require the prior notice to someone the Board may discuss his character, professional competence or physical or mental health during an executive session, and further, that such notice shall be provided no less than 24 hours (exclusive of Saturdays, Sundays, and legal holidays) prior to the time of the meeting; (2) require at least 24 hours (exclusive of Saturdays, Sundays, and legal holidays) notice of any meeting (including on the Board's website), and further, that the agenda for such meeting shall not be changed less than 24 hours (exclusive of Saturdays, Sundays, and legal holidays) prior to the time of the meeting; and (3) the minutes of the Board meeting shall be posted on the Board's website within a reasonable time and the Board shall maintain that posting for at least 3 months.*

**HB 616** Abramson House & Governmental Affairs  
Provides relative to public records requests.  
06-12-2014 Signed as **Act 629**; effective 08-01-2014.

*In its final form, this measure amended the Public Records Law to provide a legal remedy for the written request which is not fulfilled within five days.*

**HB 736** James Health & Welfare  
Provides relative to the Louisiana Commission on HIV, AIDS, and Hepatitis C.  
05-22-2014 Signed as **Act 192**; effective 08-01-2014.

*In its final form, this measure restructured the commission, reducing the number of members from 44 to 36. One of the positions deleted was assigned to the Board of Pharmacy; therefore, the Board no longer has a representative on that commission.*

**HB 754** Moreno Health & Welfare  
Authorizes first responders to carry naloxone.  
05-28-2014 Signed as **Act 253**; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law to insert a provision allowing first responders (defined in the law as (a) peace officers, (b) firefighters, and (c) EMS practitioners) to obtain naloxone for the purpose of administering that drug to anyone they find undergoing an opioid-related drug overdose. The legislation requires the Dept. of Public Safety & Corrections to develop a training course for this particular purpose, and requires first responders to complete that training prior to obtaining the naloxone.*

*Two important points: (1) although this measure was placed in the controlled substance law, this measure did not declare naloxone a controlled substance, so it remains a regular prescription item in this state. (2) This will establish an exception to the premise that a prescription for a drug shall be for the patient taking the drug. It is possible a physician could issue a prescription for naloxone to a first responder, and the first responder could present that prescription to a pharmacy for dispensing. An alternative method exists for supplying the naloxone: the medical director of whatever agency the first responder practices with could issue a purchase order to the pharmacy, who could then distribute (as opposed to dispense) the drug to the first responder.*

**HB 1013** Schexnayder House & Governmental Affairs  
Provides relative to boards and commissions.  
06-23-2014 Signed as **Act 832**; effective 08-01-2014

*In its final form, the measure abolished a number of apparently inactive boards and commissions and restructured some others. The Board of Pharmacy was never part of the bill.*

**HB 1024** K. Jackson  
Provides with respect to drug-free zones.  
05-28-2014 Signed as **Act 265**; effective 08-01-2014.

*In its final form, this measure repealed the private residence exception for violations of the controlled substances law within drug-free zones.*

**HB 1065** Pope Health & Welfare  
Provides relative to the practice of optometry and the regulation of such profession.  
05-30-2014 Signed as **Act 398**; effective 06-01-2014.

*In its final form, this measure primarily focused on the expansion of the scope of practice to include certain types of eye procedures; however, two changes were made relative to their prescriptive authority for medications: (1) they are no longer restricted to topical and oral dosage forms – they may prescribe any Rx or OTC drug in any dosage form for the diagnosis, prevention, treatment, or mitigation of abnormal conditions and pathology of the eye and its adnexa; (2) with respect to controlled substances, they still have no authority for Schedule I or II, however, the 48-hour limitation on narcotics was removed.*

**HB 1273** Leger  
Provides relative to provisional occupational licenses for ex-offenders in order to work in certain fields.  
06-19-2014 Signed as **Act 809**; effective 06-19-2014.

*In its final form, this measure amended Title 37 – Professions & Occupations to establish a mechanism for ex-offenders to obtain professional licenses when their criminal history would have previously prevented that. It requires a licensing agency, when all other requirements have been met, to disregard prior criminal history and issue the professional license. There are a number of licensing agencies which were exempted from this new law, and the Board of Pharmacy is one of them.*

**HB 1280** Simon  
Provides for the Louisiana Telehealth Access Act.  
06-04-2014 Signed as **Act 442**; effective 08-01-2014.

*In its final form, Section 1 of this measure amends the Medical Practice Act relative to*

telemedicine. Section 2 of this measure creates the Louisiana Telehealth Access Act. This law requires each professional licensing agency of healthcare providers (defined herein to include pharmacists) to promulgate rules to regulate the use of telehealth for the delivery of healthcare services. The law establishes minimum standards for the rules (confidentiality of information, patient's rights, same standard of care, credentialing of nonresident providers, etc.)

**HCR 088** Simon  
Creates the Task Force on Telehealth Access.  
06-02-2014 Sent to Secretary of State.

*This measure creates the 15-member named task force to advise the legislature and the Dept. of Health and Hospitals on matters related to telehealth and improving access to primary care. The representatives are primarily medical academia, state hospitals, organized medicine and nursing, and managed care organizations. The task force is obligated to convene prior to 09-01-2014, issue semi-annual reports beginning no later than 01-01-2015, and terminate on 09-01-2018.*

**HCR 099** Harrison  
Requests a study and recommendations by the La. State Board of Medical Examiners concerning over-prescribing of pain medication.  
05-27-2014 Sent to Secretary of State.

*This resolution requests the LSBME to study the over-prescribing of prescription pain medication, and specifically directs the solicitation of input from the Board of Pharmacy relative to monitoring of controlled substances and drugs of concern prescribed and dispensed in the state. LSBME shall report its findings to the House and Senate Committees on Health & Welfare no later than 60 days prior to the opening of the 2015 Regular Session.*

**HCR 122** Cox  
Memorializes the U.S. Congress to pass the Diabetic Testing Supply Access Act.  
05-19-2014 Sent to Secretary of State.

*This resolution urges the U.S. Congress to pass the Diabetic Testing Supply Access Act of 2014 (S. 1935).*

**HCR 170** T. Burns House & Governmental Affairs  
Directs state agencies to consider certain provider impact issues and to issue certain provider impact statements prior to the adoption, amendment, or repeal of rules.  
06-02-2014 Sent to Secretary of State.

*This directs state agencies develop a new type of impact statement during their rulemaking activities – a provider impact statement. The resolution defines a provider as an organization which provides services for individuals with developmental disabilities, which would presumably include pharmacies. The impact statement requires the agency to evaluate every proposed rule for (1) the effect on the staffing level requirements or qualifications required to provide the same level of service, (2) the total direct and indirect effect on the cost to the provider to provide the same level of service, and (3) the overall effect on the ability of the provider to provide the same level of service.*

**SB 12** Gallot Judiciary-C  
Prohibits the sale of electronic cigarettes and vapor pens to persons under age 18.  
05-28-2014 Signed as **Act 278**; effective 05-28-2014.

*In its final form, this measure defined “alternative nicotine products” and “vapor products”, and then amended the criminal laws and business registration laws to prohibit the sale of such products to persons under the age of 18, as well as the purchase or possession of such products by persons under the age of 18, and provided certain exceptions (within private residences, in employment settings, etc.)*

**SB 87** Claitor Judiciary-C  
Increases the maximum term of imprisonment for possession or distribution of heroin to 99 years.  
05-30-2014 Signed as **Act 368**; effective 05-30-2014.

*In its final form, this measure amended the controlled substances law to increase the minimum prison sentence for possession or distribution of any substance in Schedule I from 5 years to 10 years at hard labor without parole; the maximum sentence remains 50 years. With respect to heroin, the sentence for the first offense is the same as other substances in Schedule I; however, for the second offense with heroin, the maximum is increased from 50 to 99 years.*

**SB 187** Kostelka Judiciary-C  
Allows enhanced sentencing for drug offenses committed in a private residence located in a drug-free zone.  
05-28-2014 Signed as **Act 289**; effective 05-28-2014.

*In its final form, this measure repealed the exception prohibiting enhanced penalties for controlled substance violations in private residences located within drug-free zones.*

**SB 401** Mills Health & Welfare  
Provides for third party contracts with pharmacies.  
06-05-2014 Signed as **Act 490**; effective 08-01-2014.

*In its final form, this measure amended the insurance law to require that any organization that negotiates with a pharmacy or pharmacies to provide a copy of such contract or agreement to the pharmacy.*

**SB 410** Mills Insurance  
Provides for the transparency of Maximum Allowable Cost Lists for prescription drugs.  
05-30-2014 Signed as **Act 391**; effective 08-01-2014.

*In its final form, this measure amended the insurance law to regulate how pharmacy benefit managers use Maximum Allowable Cost lists of prescription drugs.*

**SB 470** Martiny Senate & Governmental Affairs  
Provides for time of reconfirmation for persons appointed to certain boards and commissions.  
06-19-2014 Signed as **Act 760**; effective 06-19-2014.

*In its final form, this measure amended the law governing Senate confirmation of gubernatorial appointments to boards and commissions by adjusting the final date after which a member can serve past the termination date of their appointment, and further, by providing for nullification of any action taken by a board during which an ineligible member participated.*

**SB 496** Heitmeier Health & Welfare  
Provides for limits on certain prescriptions.  
06-23-2014 Signed as **Act 865**; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law relative to prescriptions to provide the following limitations:*

*(1) Prescriptions for drugs listed in Schedule II may not be filled more than 90 days after the date the prescription was issued, i.e., the prescription expires 90 days after the date of issue.*

*(2) With respect to prescriptions for opioid derivatives in Schedules II or III issued by a prescriber who is not licensed by the State of Louisiana, the dispensing pharmacist shall limit the quantity dispensed to a 10-day supply at a dosage not to exceed the FDA-approved labeling for that product. Further, the dispensing pharmacist shall notify the prescriber of the supply dispensed and the cancellation of the remainder of the prescription. Further, that medication (when prescribed by someone not licensed by the State of Louisiana) shall not be dispensed again to that patient within the 60 days following the initial dispensing.*

*(3) Prior to issuing the initial prescription for any Schedule II drug for the treatment of non-cancer related chronic or intractable pain, the prescriber shall access the Prescription Monitoring Program.*

**SB 502** Heitmeier Health & Welfare  
Provides for the licensure of pain management clinics.

06-18-2014

Signed as **Act 714**; effective 06-18-2014.

*In its final form, this measure amended the pain management clinic licensing law to limit the special exemptions for those clinics operating prior to 2005.*

**SB 507** Martiny Commerce, Consumer Protection & International Affairs  
Provides relative to the practice of dentistry and the regulation of the profession.  
06-23-2014 Signed as **Act 866**; effective 06-23-2014 and 01-01-2017.

*In its final form, this measure amended the Dental Practice Act to (1) limits a person to a lifetime total of 10 years of service as a member of the Board but allows a current member to complete their term and (2) changes the venue for judicial review of their actions from the Civil District Court in Orleans Parish to the 19<sup>th</sup> Judicial District Court in East Baton Rouge Parish. These changes are effective immediately. Finally, the law changed the domicile of the Dental Board from the City of New Orleans to the Parish of East Baton Rouge, and that change becomes effective 01-01-2017.*

**SB 545** Mills Health & Welfare  
Provides relative to third party initiated medication substitutions.  
05-30-2014 Signed as **Act 396**; effective 01-01-2015.

*In its final form, this measure amended the insurance law to require any third party payor requesting or requiring a medication substitution to reimburse the health care provider that executes the requested or required change.*

**SB 556** Johns Health & Welfare  
Amends frequency of reporting prescription dispensing of certain substances to the state prescription monitoring board.  
06-04-2014 Signed as **Act 472**; effective 08-01-2014.

*This measure was approved for filing by the Board and seeks to remove the specific language requiring reporting of all prescriptions by seven days, and leaving language requiring reporting according to a frequency specified by the Board. However, in its final form, the measure requires the reporting of eligible prescription transactions no later than the next business day after the date of dispensing.*

**SB 600** Mills Health & Welfare  
Provides relative to immunizations.  
06-04-2014 Signed as **Act 769**; effective 08-01-2014.

*In its final form, this measure amended the Pharmacy Practice Act to allow a properly credentialed pharmacist to administer any immunization or vaccine (except influenza) to any person 17 years of age or older without a prescription or medical order if the product is administered in conformance with the most current immunization protocol from the U.S. Centers for Disease Control & Prevention's Advisory Committee on Immunization Practice. Further, when the pharmacist administers an immunization pursuant to this law, the pharmacist shall inform the patient the immunization shall not be construed in lieu of an annual checkup with the patient's primary care or family physician.*

**SB 618** Heitmeier Health & Welfare  
Moves carisoprodol from Schedule IV to Schedule II.  
05-30-2014 Signed as **Act 397**; effective 08-01-2014.

*In its final form, this measure amended the controlled substance law to re-schedule carisoprodol from Schedule IV to Schedule II. The law also granted an exemption to distributors from the storage, record keeping, and physical security requirements ordinarily applicable to drugs listed in Schedule II but only with reference to carisoprodol.*

**SCR 39** Heitmeier Health & Welfare  
Requests the Dept. of Health & Hospitals to study the most effective means to ensure the proper utilization of Attention Deficit Hyperactivity Disorder medications in Louisiana and to report its findings to the legislature.

05-30-2014

Sent to Secretary of State.

*This measure cites the statistics on use of this class of medications by Louisiana residents and requests a study by the department. The resolution authorizes their collaboration with stakeholders but does not identify any specific organizations. The department is required to submit their report to the Joint Legislative Oversight Committee on Health and Welfare no later than 02-01-2015.*

# LOUISIANA LOGOS HERE

## Louisiana Emergency Department(ED) Opioid Prescribing Recommendations

1. The administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain is discouraged.
2. Emergency medical providers should not provide replacement prescriptions for controlled substances that were lost, destroyed or stolen.
3. Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program.
4. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches, and methadone) should not be prescribed from the ED.
5. EDs are encouraged to coordinate the care of patients who frequently visit the ED seeking controlled substances.
6. EDs are encouraged to use an appropriate screening tool prior to prescribing opioid medication for acute pain. Patients whose behavior raises the provider's concern for addiction should be encouraged to seek detoxification assistance, and emergency department staff should provide information to assist in the process.
7. The administration of Demerol® (Meperidine) in the ED is discouraged.
8. For exacerbations of chronic pain, the emergency medical provider should access information from the Prescription Monitoring Program (PMP) and if necessary attempt to contact the patient's primary opioid prescriber or patient's pharmacy. Emergency medical providers should only prescribe enough pills to last until the office of the patient's primary opioid prescriber opens.
9. Prescriptions for opioid pain medication from the ED for acute injuries, such as fractured bones, in most cases should not exceed 30 pills.
10. *The Emergency physician is required by law to evaluate an ED patient who reports pain. The Emergency Physician should use their clinical judgment when treating pain with the understanding that such treatment does not require the use of opioids.*

### **Suggested language**

***Disclaimer: This document should not be used to establish any standard of care. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation from any part of this document as constituting a breach of professional conduct. These recommendations are only an educational tool. Clinicians should use their own clinical judgment and not base clinical decisions solely on this document. The recommendations are not founded in evidence-based research but are based on promising interventions and expert opinion. Additional research is needed to understand the impact of these interventions on decreasing unintentional drug poisoning and on health care costs. All of the following recommendations should be implemented in concert and collaboration with public health entities and other relevant stakeholders.***

# RECOMMENDATIONS FOR TREATING NON-CANCER RELATED PAIN

## BACKGROUND

The emergency department (ED) is the largest ambulatory source for opioid analgesics with 39% of all opioids prescribed, administered, or continued coming from emergency departments.<sup>1</sup> According to the Drug Abuse Warning Network (DAWN), the estimated number of ED visits for nonmedical use of opioid analgesics more than doubled from 2004 to 2008 (from 144,600 to 305,900 visits).<sup>2</sup> As the use of prescription opioids for chronic non-cancer pain has increased, so have unintended consequences related to opioids, such as unintentional poisoning deaths, poisoning hospitalizations involving prescription opioids and substance abuse treatment admissions.

These recommendations are intended to help EDs reduce the inappropriate use of opioid analgesics while preserving the vital role of the ED to treat patients with emergent medical conditions. These recommendations were developed by the ER Reform Workgroup of the Louisiana Department of Health and Hospitals (DHH). This work group is composed of members representing:

Louisiana Department of Health and Hospitals  
Louisiana Board of Pharmacy  
Louisiana Hospital Association  
American College of Emergency Physicians – Louisiana Chapter  
Louisiana Emergency Nurses Association  
Bayou Health Managed Care Organizations

*Disclaimer: This document should not be used to establish any standard of care. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation from any part of this document as constituting a breach of professional conduct. These recommendations are only an educational tool. Clinicians should use their own clinical judgment and not base clinical decisions solely on this document. The following recommendations are not founded in evidence-based research but are based on promising interventions and expert opinion. Additional research is needed to understand the impact of these interventions on decreasing unintentional drug poisoning and on health care costs. All of the following recommendations should be implemented in concert and collaboration with public health entities and other relevant stakeholders.*

**1. The administration of intravenous and intramuscular opioids in the ED for the relief of acute exacerbations of chronic pain is discouraged.** Parenteral opioids should be avoided for the treatment of chronic pain in the ED because of their short duration and potential for addictive euphoria. Generally, oral opioids are superior to parenteral opioids in duration of action and provide a gradual decrease in the level of pain control. When there is evidence or reasonable suspicion of an acute pathological process causing the acute exacerbation of chronic pain then parenteral opioids may be appropriate. Under special circumstances some patients may receive intravenous or intramuscular opioids in the ED when an ED care plan is coordinated with the patient's primary care provider.

**2. Emergency medical providers should not provide replacement prescriptions for controlled substances that were lost, destroyed or stolen.** Patients misusing controlled substances frequently report their prescriptions were lost or have been stolen. Pain specialists routinely stipulate in pain agreements with patients that lost or stolen controlled

substances will not be replaced. Most pain agreements between chronic pain patients and physician, including the HRSA toolkit sample pain agreement<sup>3</sup>, states that prescriptions will not be replaced. EDs should institute a policy not to replace prescriptions that are requested on the basis of being lost, stolen, or destroyed.

**3. Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program.**

Methadone should not be prescribed or administered as opioid substitution therapy from the ED. Methadone has a long half-life and patients who are part of a daily methadone treatment program that miss a single dose, will not go into opioid withdrawal for 48 hours. Opioid withdrawal is not an emergency medical condition. The emergency medical provider should consider the patient may have been discharged from a methadone treatment program for noncompliance or is not enrolled. The emergency medical provider or admitting physician should call the methadone treatment program if the patient is admitted to the hospital. The patient's status in the methadone treatment program should be verified and the patient's methadone dose should be documented for continued dosing while hospitalized.

**4. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches, and methadone) should not be prescribed from the ED.**

Long acting opioids should not be prescribed from the ED because this treatment requires monitoring which the emergency medical provider cannot provide. Methadone and oxycodone are involved in more unintentional opioid overdose deaths than any other prescription opioid.<sup>4</sup>

**5. EDs are encouraged to assist in the coordination of care of patients who frequently visit the ED seeking controlled substances by contacting the patient's health plan to refer the patients for case management.**

**6. EDs are encouraged to use an appropriate screening tool prior to prescribing opioid medication for acute pain. Patients whose behavior raises the provider's concern for addiction should be encouraged to seek detoxification assistance, and emergency department staff should provide information to assist in the process.**

Patients with a history of or current substance abuse are at increased risk of developing opioid addiction when prescribed opioids for acute pain.<sup>5,6</sup> Emergency medical providers should ask the patient about a history of or current substance abuse prior to prescribing opioid medication for the treatment of acute pain. A non-opioid regime should be offered to ED patients with acute pain and a history of or current substance abuse. A history of or current substance abuse should not exclude an ED patient from being prescribed opioids for acute pain but it should prompt a discussion with the patient about the potential for addiction. Consideration should be given to prescribing a smaller quantity of opioid medication, with follow up opioid monitoring in patients with a history of or current substance abuse.

With proper training, brief interventions can be delivered in the ED by nurses, case managers, crisis counselors, social workers, or a chemical dependency professional. The 2010 National Drug Control Strategy recommends expansion of brief interventions in health care settings.<sup>7</sup>

Patients often find themselves in the ED after their dependence or addiction has led them to a turning point in their life, such a traumatic event or hitting rock bottom. Without immediate intervention the patient can easily fall back into addiction. Patients will be referred to an appropriate treatment facility. [<http://nationalsubstanceabuseindex.org>]

**7. The administration of Demerol® (Meperidine) in the ED is discouraged.**

Demerol® use has been shown to induce seizures through the accumulation of a toxic metabolite with a long half-life that is excreted by the kidney. Demerol® has the lowest safety margin for inducing seizures of any opioid. Numerous reviews of meperidine's pharmacodynamic properties have failed to demonstrate any benefit to using meperidine in the treatment of common pain problems. The drug could be not readily available in the ED. Looking for reference from JCAHO about eliminating from facility.<sup>8,9</sup>

**8. For exacerbations of chronic pain, the emergency medical provider should access information from the Prescription Monitoring Program (PMP) and if necessary attempt to contact the patient's primary opioid prescriber or patient's pharmacy. Emergency medical providers should only prescribe enough pills to last until the office of the patient's primary opioid prescriber opens.**

Opioid prescriptions for exacerbations of chronic pain from the ED are discouraged. Chronic pain patients should obtain opioid prescriptions from a single opioid prescriber that monitors the patient's pain relief and functioning. Prescribing pain medicine from the ED for chronic pain is a form of unmonitored opioid therapy which is not safe. In exceptional circumstances, the emergency medical provider may prescribe opioid medication for acute exacerbations of chronic pain, when the following safeguards are followed:

- Only prescribe enough opioid pain medication to last until the patient can contact their primary prescriber, with a maximum of a 3-5 day supply of opioid (rather than a quantity sufficient to last until the patient's next scheduled appointment).
- The Prescription Monitoring Program should be utilized to identify all current controlled drug prescriptions.
- Then, if deemed necessary, the emergency medical provider should attempt to contact the primary opioid prescriber prior to prescribing any opioids. If the patient's primary opioid provider feels further opioid pain medicine is appropriate, it can be prescribed by that provider, during office hours.
- If the primary opioid provider cannot be reached, then the patient's pharmacy should be contacted. The pharmacy should verify recent prescriptions for pain medication from the primary opioid prescriber and not from multiple prescribers. The ED physician should confirm that recent opioid prescriptions reported by the pharmacy match what the patient reports. No opioids should be prescribed if the patient misrepresents the opioid prescriptions. Providing false information in an effort to obtain prescription opioids is an aberrant medication taking behavior that can signal an addiction problem-

Urine drug testing for illicit and prescribed substances requires a working knowledge of the potential for false positive and false negative results and the need for confirmatory testing. A discussion on the limitations of urine testing is beyond the scope of this guideline. Other chronic pain guidelines address urine drug testing in detail.<sup>10</sup> Urine drug testing has the potential to identify patients using illicit drugs or not taking medications they report being prescribed. Both of these situations are grounds for denying further opioid prescriptions. Clinicians knowledgeable at interpreting the results of the urine drug testing are encouraged to perform urine drug testing before prescribing opioids for exacerbations of chronic pain.

**9. Prescriptions for opioid pain medication from the ED for acute injuries, such as fractured bones, in most cases should not exceed 30 pills.**

Patients should receive only enough opioid medication prescribed from the ED to last them until they see a physician for follow-up. For acute injuries with objective findings such as fractured bones, the emergency medical provider should not prescribe more than 30 pills. Large prescriptions promote a longer period of time to elapse before the patient's pain control and function can be evaluated by a physician. Large prescriptions also increase the potential for diversion and abuse. Some fractures, such as fractured ribs or fractured clavicle, often heal within 30 days without further medical evaluation; the emergency provider is discouraged from prescribing more than 30 opioid pills. The patient should have a

medical evaluation if they require opioid therapy beyond 30 pills. Infrequently and in exceptional cases, it may be necessary to prescribe more than 30 opioid pills.

**Opioid medications should be used only after determining that alternative therapies do not deliver adequate pain relief. The lowest dose of opioids that is shown to be effective should be used. A trial of schedule III (e.g. hydrocodone) opioids should be prescribed before prescribing schedule II opioids.<sup>11</sup>**

**10.** *The Emergency physician is required by law to evaluate an ED patient who reports pain. The Emergency Physician should use their clinical judgment when treating pain with the understanding that such treatment does not require the use of opioids. Suggested language*

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<http://www.whitehousedrugpolicy.gov/strategy/>

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10 Agency Medical Director's Group, Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain, March 2007. Accessed on 10/16/09 at: <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>.

11 Unintentional Drug Poisoning in the United States, CDC Issue Brief, July 2010, accessed May 27, 2011 at <http://www.cdc.gov/HomeandRecreationalSafety/pdf/poison-issue-brief.pdf>



# Louisiana Board of Pharmacy

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## MEMORANDUM

To: Board Members & Staff  
From: Malcolm Broussard  
Date: August 6, 2014  
Re: Resolutions Adopted at 2014 NABP Annual Meeting

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NABP held its Annual Meeting on May 17-20, 2014 in Phoenix, AZ. During their business sessions, the delegates considered and adopted the following resolutions. The full text of each of these resolutions follows:

- Resolution No. 110-1-14 – Illegal Importation of Prescription Drugs
- Resolution No. 110-2-14 – Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts
- Resolution No. 110-3-14 – Policy Regarding Pharmacies Selling Tobacco Products
- Resolution No. 110-4-14 – Standards for the Use of PMP Data
- Resolution No. 110-5-14 – Veterinary Pharmacy Education
- Resolution No. 110-6-14 – Regulation of Electronic Cigarettes and Liquid Nicotine Products

**NABP Resolution No. 110-1-14 – Illegal Importation of Prescription Drugs**

WHEREAS, the legislature for the state of Maine enacted a law allowing residents to obtain prescription drugs from sources outside the United States (US); and

WHEREAS, drugs delivered from pharmacies located outside of the US are not Food and Drug Administration (FDA)-approved drugs and, therefore, the safety and efficacy of such drugs have not been reviewed by FDA; and

WHEREAS, pharmacies located within the US must be licensed by their resident state board of pharmacy and, if applicable, by the boards of pharmacy of the states into which they dispense prescription medications, and may only dispense FDA-approved drugs; and

WHEREAS, NABP's research indicates 97% of the Internet drug outlets appear to be operating in conflict with federal and state pharmacy laws and practice standards, and the World Health Organization estimates that medicines purchased over the Internet from outlets that conceal their actual physical address are counterfeit in over 50% of cases; and

WHEREAS, there is potential for imminent patient harm due to the lack of regulatory oversight;

THEREFORE BE IT RESOLVED that NABP contact the FDA commissioner and respectfully demand that the FDA exercise its enforcement authority and recognize the efforts of the state boards of pharmacy to halt the importation of non-FDA-approved prescription drugs; and

BE IT FURTHER RESOLVED that NABP continue its efforts to educate state policy makers and the public of the danger related to obtaining non-FDA-approved prescription drugs from sources outside of the US due to the lack of federal and state oversight.

**NABP Resolution No. 110-2-14 – *Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts***

WHEREAS, in recent years there has been an increase in the diversion of controlled substances through armed robberies and internal and external theft from pharmacies; and

WHEREAS, armed robberies have resulted in violent injury and death and continue to pose a significant threat of bodily harm to pharmacy personnel and the public; and

WHEREAS, the illicit use of the stolen controlled substances has resulted in injury and death and continues to pose a significant threat to the public; and

WHEREAS, the risk of armed robberies and thefts is likely to continue to increase due to the national epidemic of prescription drug abuse and current economic conditions; and

WHEREAS, the boards of pharmacy are responsible for establishing minimum criteria for controlling and safeguarding against diversion of drugs and protecting the public health and safety;

THEREFORE BE IT RESOLVED that NABP convene a task force to review actions taken by member boards to prevent the diversion of controlled substances by armed robberies and internal and external thefts and mitigate potential harm to pharmacy personnel and the public, by recommending amendments to the minimum security standards in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*, if necessary.

**NABP Resolution No. 110-3-14 – Policy Regarding Pharmacies Selling Tobacco Products**

WHEREAS, in the United States, according to Cancer Facts & Figures, tobacco use is responsible for nearly one in five deaths, equaling approximately 443,000 premature deaths annually; and

WHEREAS, state boards of pharmacy are charged with protecting the public health, safety, and welfare as related to services provided by pharmacies and pharmacists; and

WHEREAS, it is an inherent conflict of interest for pharmacies that dispense medications to treat heart disease, lung disease, and cancer to also sell tobacco products;

THEREFORE BE IT RESOLVED that NABP affirm its existing policy encouraging pharmacies to stop selling tobacco products and work toward a smoke-free society.

**NABP Resolution No. 110-4-14 – Standards for the Use of PMP Data**

WHEREAS, certain state legislatures have enacted laws requiring various forms of mandatory prescription monitoring program (PMP) review prior to the prescribing of controlled substances; and

WHEREAS, certain pharmacies have enacted policies that include mandatory PMP review prior to dispensing certain controlled substance prescriptions in order to satisfy the pharmacist's corresponding responsibility to determine that a prescription for a controlled substance has been issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice; and

WHEREAS, PMPs often contain a subset of controlled substance data that is missing from state health data exchanges; and

WHEREAS, a need to standardize PMP data, including across state lines exists; and

WHEREAS, the NABP PMP InterConnect provides prescribers and pharmacists with a state-based, national resource of relevant information that serves as a tool in determining the legitimacy of a controlled substance prescription;

THEREFORE BE IT RESOLVED that NABP convene a task force to develop standards to ensure regular, consistent, and appropriate use of PMP data, which will increase utilization beyond that encouraged through voluntary usage; and

BE IT FURTHER RESOLVED that NABP facilitate cooperation between state PMPs, NABP PMP InterConnect, state health data exchanges, and other health care entities.

**NABP Resolution No. 110-5-14 – Veterinary Pharmacy Education**

WHEREAS, pharmacists are recognized as the experts in pharmacology and appropriate drug therapy; and

WHEREAS, evolving pharmacist practice includes providing medication therapy for both human and veterinary patients; and

WHEREAS, a substantial opportunity exists for increasing veterinary pharmacist care and education in pharmacy practice;

THEREFORE BE IT RESOLVED that NABP encourage the development and availability of veterinary pharmacology education at colleges and schools of pharmacy in collaboration with schools of veterinary medicine; and

BE IT FURTHER RESOLVED that pharmacists dispensing medications for veterinary patients possess the competence and have access to resources necessary to appropriately dispense and provide care.

**NABP Resolution No. 110-6-14 – Regulation of Electronic Cigarettes and Liquid Nicotine Products**

WHEREAS, electronic cigarettes, liquid nicotine, and similar vapor-based products are gaining popularity; and

WHEREAS, the dangers posed by inhaling these products are unknown; and

WHEREAS, liquid nicotine products for electronic cigarettes are being imported and manufactured without appropriate FDA oversight;

THEREFORE BE IT RESOLVED that NABP support the FDA's efforts to regulate liquid nicotine products including, but not limited to, requiring proper labeling and child-resistant containers; and

BE IT FURTHER RESOLVED that NABP urge state boards of pharmacy to examine their state regulations and work with the appropriate state agencies to determine if the liquid nicotine products used in electronic cigarettes and vapor-based products should be regulated and categorized as poison.

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# Guidance

## Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)

July 2014  
Procedural

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# Guidance

## Pharmacy Compounding of Human Drug Products Under Section 503A of the Federal Food, Drug, and Cosmetic Act

*Additional copies are available from:*

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<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>

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**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**July 2014  
Procedural**

*Contains Nonbinding Recommendations*

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**Guidance<sup>1</sup>**  
**Pharmacy Compounding of Human Drug Products Under Section  
503A of the Federal Food, Drug, and Cosmetic Act**

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.

**I. INTRODUCTION**

This guidance announces FDA's intention with regard to enforcement of section 503A of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 353a) to regulate entities that compound drugs, now that section 503A has been amended by Congress to remove the advertising and solicitation provisions that were held unconstitutional by the U.S. Supreme Court in 2002 (see section II below). Several parts of section 503A require rulemaking and consultation with a Pharmacy Compounding Advisory Committee to implement. This guidance explains how the provisions will be applied pending those consultations and rulemaking. This guidance also describes some of the possible enforcement actions FDA can bring against individuals or firms that compound drugs in violation of the FD&C Act.

This guidance does not apply to registered *outsourcing facilities* under section 503B of the FD&C Act.<sup>2</sup> Guidance for outsourcing facilities will be issued separately.

FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

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<sup>1</sup> This guidance was prepared by the Office of Compliance, Center for Drug Evaluation and Research at the Food and Drug Administration.

<sup>2</sup> Title I of the Drug Quality and Security Act created a new section 503B of the FD&C Act, entitled "Outsourcing Facilities." See Pub. L. No. 113-54, § 102(a), 127 Stat. 587, 587-588 (2013).

## *Contains Nonbinding Recommendations*

### **II. BACKGROUND**

Section 503A was added to the FD&C Act by the Food and Drug Administration Modernization Act of 1997 (Public Law 105-115) (the Modernization Act). Section 503A describes the conditions that must be satisfied for drug products compounded by a licensed pharmacist or licensed physician to be exempt from the following three sections of the FD&C Act: (1) section 501(a)(2)(B) (concerning current good manufacturing practice); (2) section 502(f)(1) (concerning the labeling of drugs with adequate directions for use); and (3) section 505 (concerning the approval of drugs under new drug applications (NDAs) or abbreviated new drug applications (ANDAs)).<sup>3</sup>

Previously, the conditions of section 503A of the FD&C Act also included restrictions on the advertising or promotion of the compounding of any particular drug, class of drug, or type of drug and the solicitation of prescriptions for compounded drugs. These provisions were challenged in court and held unconstitutional by the U.S. Supreme Court in 2002.<sup>4</sup> Following that decision, in May 2002 FDA issued a compliance policy guide entitled *Pharmacy Compounding* (May 2002 CPG), which described how FDA intended “to address pharmacy compounding of human drugs in the immediate future” as a result of the Supreme Court decision.<sup>5</sup> In 2013, section 503A was amended by the Drug Quality and Security Act (DQSA)<sup>6</sup> to remove the advertising, promotion, and solicitation provisions. As a result, the May 2002 CPG is no longer relevant, and it is necessary to explain FDA’s current thinking with regard to section 503A.

The *Federal Register* notice announcing the availability of the draft version of this guidance withdrew the May 2002 CPG as well as the November 1998 guidance for industry entitled *Enforcement Policy During Implementation of Section 503A of the Federal Food, Drug, and Cosmetic Act*.<sup>7</sup>

### **III. POLICY**

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<sup>3</sup> Section 503A of the FD&C Act and this guidance do not apply to positron emission tomography (PET) drugs as defined in section 201(ii) of the FD&C Act or radiopharmaceuticals (see section 503A(e) of the FD&C Act). Section 503A(e) specifically states that section 503A does not apply to radiopharmaceuticals or to PET drugs as defined in section 201(ii). PET drugs are subject to the current good manufacturing practice requirements of 21 CFR part 212. Section 503A also does not apply to drugs intended for use in animals. The statutory and regulatory provisions governing the compounding of human drug products differ from those governing the compounding of animal drug products. All relevant statutory and regulatory requirements relating to the compounding of animal drug products remain in effect, subject to the requirements of section 512 of the FD&C Act (21 U.S.C. 360b) and 21 CFR part 530.

<sup>4</sup> See *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002).

<sup>5</sup> See 67 FR 39,409 (June 7, 2002).

<sup>6</sup> See Pub. L. No. 113-54 (2013).

<sup>7</sup> 78 FR 72,901 (Dec. 4, 2013).

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A drug product intended for use in humans that is compounded in compliance with section 503A and its associated regulations is exempt from the requirements in sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act. However, all other applicable provisions of the FD&C Act remain in effect for compounded drugs, even if the conditions of section 503A are met.

FDA expects state boards of pharmacy to continue their oversight and regulation of the practice of pharmacy, including pharmacy compounding. FDA also intends to continue to cooperate with state authorities to address pharmacy activities that may be violative of the FD&C Act, including section 503A. FDA's enforcement approach with respect to such violations is described in section IV.C., below.

### **A. Conditions of Section 503A**

Under section 503A of the FD&C Act, a compounded drug product is exempt from sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act if it meets the conditions of section 503A of the FD&C Act. Specifically, the compounded drug product qualifies for the exemptions if:

1. The drug product is compounded for an identified individual patient based on the receipt of a valid prescription order, or a notation, approved by the prescribing practitioner, on the prescription order that a compounded product is necessary for the identified patient (section 503A(a) of the FD&C Act).
2. The compounding of the drug product is performed:
  - By a licensed pharmacist in a state licensed pharmacy or a Federal facility, or by a licensed physician on the prescription order for an individual patient made by a licensed physician or other licensed practitioner authorized by state law to prescribe drugs; or
  - By a licensed pharmacist or licensed physician in limited quantities before the receipt of a valid prescription order for such individual patient and:
    - is based on a history of the licensed pharmacist or licensed physician receiving valid prescription orders for the compounding of the human drug product; and
    - those orders have been generated solely within an established relationship between the licensed pharmacist or licensed physician and either such patient for whom the prescription order will be provided or the physician or other licensed practitioner who will write such prescription order (sections 503A(a)(1) and (2) of the FD&C Act).
3. The drug product is compounded in compliance with the United States Pharmacopoeia (USP) chapters on pharmacy compounding<sup>8</sup> using bulk drug substances, as defined in 21 CFR 207.3(a)(4), that comply with the standards of an applicable USP or National Formulary (NF) monograph, if one exists.

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<sup>8</sup> After the Modernization Act was enacted in 1997, the USP moved its chapter on pharmacy compounding to chapter <795> and added chapter <797>, which specifically addresses sterile compounding and is referenced in chapter <795>.

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If such a monograph does not exist, the drug substance(s) must be a component of an FDA-approved human drug product. If a monograph does not exist and the drug substance is not a component of an FDA-approved human drug product, it must appear on a list of bulk drug substances for use in compounding developed by FDA through regulation (section 503A(b)(1)(A)(i) of the FD&C Act). See section III.B.2 below for the interim policy for this provision.

4. The drug product is compounded using bulk drug substances that are manufactured by an establishment that is registered under section 510 of the FD&C Act (including a foreign establishment that is registered under section 510(i) of the FD&C Act) (section 503A(b)(1)(A)(ii) of the FD&C Act).
5. The drug product is compounded using bulk drug substances that are accompanied by valid certificates of analysis for each bulk drug substance (section 503A(b)(1)(A)(iii) of the FD&C Act).
6. The drug product is compounded using ingredients (other than bulk drug substances) that comply with the standards of an applicable USP or NF monograph, if one exists, and the USP chapters on pharmacy compounding<sup>9</sup> (section 503A(b)(1)(B) of the FD&C Act).
7. The drug product does not appear on the list, published at 21 CFR 216.24, that includes drug products that have been withdrawn or removed from the market because such drug products or components of such drug products have been found to be unsafe or not effective (section 503A(b)(1)(C) of the FD&C Act). See section III.B.1 below.
8. The licensed pharmacist or licensed physician does not compound regularly or in inordinate amounts any drug products that are essentially copies of commercially available drug products (section 503A(b)(1)(D) of the FD&C Act).
9. The drug product is not a drug product identified by FDA by regulation as a drug product that presents demonstrable difficulties for compounding that reasonably demonstrate an adverse effect on the safety or effectiveness of that drug product (section 503A(b)(3)(A) of the FD&C Act). See section III.B.3 below.
10. The drug product is compounded in a state that has entered into a memorandum of understanding (MOU) with FDA that addresses the distribution of inordinate amounts of compounded drug products interstate and provides for appropriate investigation by a state agency of complaints relating to compounded drug products distributed outside such state; or, in states that have not entered into such an MOU with FDA, the licensed pharmacist, licensed pharmacy, or licensed physician does not distribute, or cause to be distributed, compounded drug products out of the state in which they are compounded, more than 5% of the total prescription orders dispensed or distributed by such pharmacy

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<sup>9</sup> *Id.*

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or physician (sections 503A(b)(3)(B)(i) & (ii) of the FD&C Act). See section III.B.4 below for the interim policy for this provision.

### **B. Provisions of Section 503A That Require Regulations or Other FDA Actions**

Specific provisions of section 503A of the FD&C Act require rulemaking or other action by FDA. FDA's policy related to these specific provisions is described below.

#### *1. Withdrawn or Removed List*

FDA promulgated a final rule, codified at 21 CFR 216.24, which lists drug products that cannot be compounded because they have been withdrawn or removed from the market because the drug products or components of the drug products have been found to be unsafe or not effective. ***FDA intends to update this list periodically, and expects compounders to comply with the list as it currently exists and with any final updates.***

#### *2. Bulk Drug Substances List*

Section 503A(b)(1)(A)(i)(III) of the FD&C Act provides that a drug product can be compounded using bulk drug substances that do not have an applicable USP or NF monograph (section 503A(b)(1)(A)(i)(I) of the FD&C Act) and are not components of FDA-approved drugs (section 503A(b)(1)(A)(i)(II) of the FD&C Act) if the bulk drug substances appear on a list developed by FDA and issued through regulation.

In the *Federal Register* of April 7, 1998 (63 FR 17,011), FDA invited all interested persons to nominate bulk drug substances for inclusion on the list. In the *Federal Register* of January 7, 1999 (64 FR 996), FDA published a proposed rule listing bulk drug substances that can be used in pharmacy compounding. In the *Federal Register* of December 4, 2013 (78 FR 72,841), FDA published a notice withdrawing the 1999 proposed rule and inviting all interested persons to nominate bulk drug substances for inclusion on a list of bulk drug substances that can be used for compounding under section 503A of the FD&C Act. Until a bulk drug substances list is published in the *Federal Register* as a final rule, human drug products should be compounded using only bulk drug substances that are components of drugs approved under section 505 of the FD&C Act, or are the subject of USP or NF monographs.

#### *3. "Demonstrable Difficulties" for Compounding*

Under section 503A(b)(3)(A) of the FD&C Act, a compounded drug product would not qualify for the exemptions provided in subsection (a) if it is identified by FDA through regulation as a drug product that presents demonstrable difficulties for compounding that reasonably demonstrate an adverse effect on the safety or effectiveness of the drug product. In the *Federal Register* of December 4, 2013 (78 FR 72,840), FDA published a notice inviting all interested persons to nominate drug products or categories of drug products for inclusion on a list of drug products that present demonstrable difficulties for compounding (difficult-to-compound list). This provision is not enforceable until FDA promulgates an implementing regulation.

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### *4. Memorandum of Understanding Between FDA and the States*

Section 503A(b)(3) of the FD&C Act states that FDA, in consultation with the National Association of Boards of Pharmacy (NABP) will develop a standard MOU for use between FDA and the states that will address the interstate distribution of inordinate amounts of compounded drug products and provide for appropriate investigation by a state agency of complaints relating to compounded drug products distributed outside that state. On January 21, 1999, FDA published a notice in the *Federal Register* announcing the availability of a draft standard MOU, developed in consultation with the NABP. This draft MOU was not finalized. FDA intends to publish a new draft MOU for comment that will replace the January 1999 draft.

Under section 503A(b)(3)(B)(ii), an individual or firm in a state that does not enter into an MOU with FDA that distributes, or causes to be distributed, compounded drug products out of the state in which they are compounded, can compound for interstate distribution outside the state only 5% of the total prescription orders dispensed or distributed by the individual or firm. FDA does not intend to enforce the 5% limit on interstate distribution until after FDA has finalized an MOU and made it available to the states for their consideration and signature. The *Federal Register* notice that will announce the availability of the draft MOU will specify a time period during which the MOU will be made available to the states to sign. After this time period expires, FDA intends to begin enforcing the 5% limit in states that have not signed the MOU.

## **IV. GUIDANCE ON REGULATORY ACTION**

### **A. Requirements Applicable to Drug Products that Meet the Conditions of Section 503A**

As stated above, a compounded drug product intended for use in humans that meets the conditions of section 503A of the FD&C Act and its associated regulations is exempt from the requirements under sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act.

However, individuals and firms may be subject to a warning letter, seizure of product, injunction, and/or criminal prosecution for violations of other requirements of the FD&C Act. Such violations may include, but are not limited to, the following:

1. The drug product must not consist in whole or in part of any filthy, putrid, or decomposed substance, or be prepared, packed, or held under insanitary conditions whereby it may have been contaminated with filth or whereby it may have been rendered injurious to health. (Sections 501(a)(1) and (a)(2)(A) of the FD&C Act)
2. If the drug product purports to be a drug that is recognized in an official compendium, its strength must not differ from, and its quality or purity must not fall below, the standards set forth in the compendium, unless the difference is plainly stated on its label. (Section 501(b) of the FD&C Act)

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3. For a drug product not subject to section 501(b) of the FD&C Act, the drug's strength must not differ from, and its quality or purity must not fall below, that which it purports to have. (Section 501(c) of the FD&C Act)
4. If the drug product purports to be a drug that is recognized in an official compendium, it must be packaged and labeled as prescribed in the compendium. (Section 502(g) of the FD&C Act)
5. The drug product's labeling, advertising, and promotion must not be false or misleading. (Sections 502(a), 502(bb),<sup>10</sup> and 201(n) of the FD&C Act)

#### **B. Enforcement Action When a Drug Does Not Meet the Conditions of Section 503A**

If FDA determines that an individual or firm compounds a drug product that does not meet the conditions of section 503A, then in addition to the violations listed above in section IV.A., the individual or firm that compounds the drug product may also be subject to a warning letter, seizure of product, injunction, and/or criminal prosecution for violations of sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act.<sup>11</sup> Such violations may include, but are not limited to, the following:

##### *1. Producing Adulterated Drugs*

In accordance with section 501(a)(2)(B) of the FD&C Act and 21 CFR parts 210 and 211, the methods used in, and the facilities and controls used for, the manufacture, processing, packing, and holding of a drug must conform with current good manufacturing practice (CGMP) requirements. If an individual or firm compounds any drug products that do not meet the conditions of section 503A of the FD&C Act, those drug products would be subject to CGMP requirements.

##### *2. Producing Unapproved New Drugs*

In accordance with section 505(a) of the FD&C Act, an individual or firm must not introduce or deliver for introduction into interstate commerce any new drug unless an approved NDA or ANDA is in effect for that drug product. If an individual or firm compounds any drug products that do not meet the conditions of section 503A of the FD&C Act, those drug products would be subject to the new drug approval requirements.

##### *3. Misbranded Drugs*

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<sup>10</sup> Section 502(bb) was added to the FD&C Act by section 103(b) of the DQSA.

<sup>11</sup> See *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383, 405 (5th Cir. 2008) (“compounded drugs are in fact ‘new drugs’ as defined by [21 U.S.C.] § 321(p) but are exempt from the requirements of [21 U.S.C.] §§ 351(a)(2)(B), 352(f)(1), and 355 if and only if they comply with the conditions set forth in [21 U.S.C.] § 353a.”).

### ***Contains Nonbinding Recommendations***

In accordance with section 502(f)(1) of the FD&C Act and 21 CFR part 201.5, drug products that are not labeled with adequate directions for use are misbranded. If an individual or firm compounds any drug products that do not meet the conditions of section 503A of the FD&C Act, those drug products would be subject to the requirements for adequate directions for use.

In addition to sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act, an individual or firm that compounds any drug products that do not meet the conditions of section 503A of the FD&C Act would be subject to the requirements listed in section IV.A, above, as well as other requirements of the FD&C Act and FDA regulations.

#### **C. Enforcement Approach**

Generally, FDA expects to employ a risk-based enforcement approach with respect to violative compounded drugs, giving the highest enforcement priority to compounded drugs and violations of the FD&C Act and FDA regulations that pose the greatest public health risks. However, FDA emphasizes that it need not identify a particular safety problem before pursuing enforcement action.



# Louisiana Board of Pharmacy

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## Request for Advisory Opinion or Declaratory Statement

(Angelle M. Huff & The Wellness Corner, LLC)

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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## Declaratory Statement

Medication Therapy Management in the Practice of Pharmacy

August 6, 2014

1 In response to multiple requests for opinions as to whether a variety of medication management  
2 activities are within the scope of practice of pharmacy, the Board now issues a Declaratory  
3 Statement relative to medication therapy management.  
4

5 The Louisiana Legislature has established a definition of the '*practice of pharmacy*' in the  
6 Louisiana Pharmacy Practice Act: it means and includes the compounding, filling, dispensing,  
7 exchanging, giving, offering for sale, or selling drugs, medicines, or poisons, pursuant to  
8 prescriptions or orders of physicians, dentists, veterinarians, or other licensed practitioners, or  
9 any other act, service operation or transaction incidental to or forming a part of any of the  
10 foregoing acts, requiring, involving or employing the science or art of any branch of the  
11 pharmacy profession, study, or training. [La. R.S. 37:1164(41)]  
12

13 A review of the definition above reveals intentionally broad language to provide the latitude  
14 necessary for the Board to interpret its law and regulations to include contemporary practice  
15 standards which benefit the public's health, safety and welfare.  
16

17 As the education and practice of pharmacy has evolved, the pharmacy profession sought  
18 consensus on a description of a collection of professional services that may or may not include  
19 the dispensing of a drug or device. The term ultimately selected was Medication Therapy  
20 Management (MTM). In July 2004, the Joint Commission of Pharmacy Practitioners issued  
21 Medication Therapy Management – Core Elements of an MTM Service Model. The commission  
22 issued its second version of that document in March 2008. Appendix A of that document  
23 contains a description and definition of MTM:  
24

25 *Medication Therapy Management is a distinct service or group of services that*  
26 *optimize therapeutic outcomes for individual patients. Medication Therapy Management*  
27 *services are independent of, but can occur in conjunction with, the provision of a*  
28 *medication product.*

29 *Medication Therapy Management encompasses a broad range of professional*  
30 *activities and responsibilities within the licensed pharmacist's scope of practice. These*  
31 *services include but are not limited to the following, according to the individual needs of*  
32 *the patient:*

- 33 a. *Performing or obtaining necessary assessments of the patient's health status*
- 34 b. *Formulating a medication treatment plan*
- 35 c. *Selecting, initiating, modifying, or administering medication therapy*
- 36 d. *Monitoring and evaluating the patient's response to therapy, including safety and*  
37 *effectiveness*
- 38 e. *Performing a comprehensive medication review to identify, resolve, and prevent*  
39 *medication-related problems, including adverse drug events*
- 40 f. *Documenting the care delivered and communicating essential information to the*  
41 *patient's other primary care providers*
- 42 g. *Providing verbal education and training designed to enhance patient*  
43 *understanding and appropriate use of his/her medications*
- 44 h. *Providing information, support services, and resources designed to enhance*  
45 *patient adherence with his/her therapeutic regimens*
- 46 i. *Coordinating and integrating medication therapy management services within the*  
47 *broader healthcare management services being provided to the patient*

48 It is important to note this service model is applicable in all sectors of pharmacy practice, and  
49 further, that such cognitive and non-dispensing services requires only a pharmacist license. No  
50 pharmacy permit is required. Evidence of this can be found in §525 of the Board's rules relative  
51 to cognitive services. Pharmacist office-based practices already exist in this state and  
52 elsewhere in the U.S. Of course, pharmacies may also offer these services in conjunction with  
53 medication dispensing services.  
54

55 “Cognitive Services” – those acts and operations related to a patient’s drug therapy that are  
56 judgmental in nature, based on knowledge, and derived from empirical factual information.

57 Such services may include, but are not necessarily limited to, the following:

- 58 a. Drug regimen review, drug use evaluation and drug information;
- 59 b. Provision of advice and counsel on drug, the selection and use thereof (...) regarding  
60 the appropriateness, use, storage, handling, administration and disposal of drugs  
61 (...);
- 62 c. Participation in the development of policies and procedures for drug therapy (...)   
63 including storage, handling, administration and disposing of drugs and devices;
- 64 d. Assuring the compliance with all applicable laws, rules, and regulations;
- 65 e. Provision of educational and drug information sources (...); and
- 66 f. Accepting responsibility for the implementation and performance of review of quality-  
67 related or sentinel events.

68 [LAC 46:LIII.525.A]

69  
70 It is also important to note that MTM services may be performed by a pharmacist without the  
71 necessity of a collaborative drug therapy management (CDTM) agreement with a physician;  
72 however, such an agreement may include MTM services and may actually facilitate or even  
73 improve the provision of such services.

74  
75 “Collaborative Drug Therapy Management” – that practice in which a pharmacist voluntarily  
76 agrees with a physician to manage the disease specific drug therapy of one or more patients  
77 of such physician, within a predetermined range of medication selected by the physician and  
78 set forth in a patient specific written order set. Drug therapy management shall be limited to:

- 79 a. Monitoring and modifying a disease specific drug therapy;
- 80 b. Collecting and reviewing patient history;
- 81 c. Obtaining and reviewing vital signs, including pulse, temperature, blood pressure,  
82 and respiration;
- 83 d. Ordering, evaluating, and applying the results of laboratory tests directly related to the  
84 disease specific drug therapy being managed under an order set, provided such tests  
85 do not require the pharmacist to interpret such testing or formulate a diagnosis; and
- 86 e. Providing disease or condition specific patient education and counseling.

87 [LAC 46:LIII.523.A]

88  
89 The performance of some MTM services may bring a pharmacist close to the line of  
90 demarcation that exists between the scopes of practice of medicine and pharmacy; indeed,  
91 those inquiries have prompted the issuance of this declaratory statement. In an effort to provide  
92 guidance to pharmacists and help them maintain compliance with the laws governing the  
93 practice of pharmacy, the following clarifications are offered.

- 94  
95 • The pharmacist may interview a patient or his caregiver to collect a broad range of  
96 relevant information, including:
  - 97 ➤ A current medication list and medication use history for prescription and  
98 nonprescription medications, herbal products, and other dietary supplements;
  - 99 ➤ Relevant health data that may include medical history, health and wellness  
100 information, biometric test results, and physical assessment findings; and
  - 101 ➤ Patient lifestyle habits, preferences and beliefs, health and functional goals, and  
102 socioeconomic factors that affect access to medications and other aspects of care.
- 103  
104 • With respect to the solicitation or ordering of laboratory testing, a pharmacist may offer  
105 general health screenings for blood glucose, cholesterol, or other assessments which  
106 bear a CLIA (Clinical Laboratory Improvement Amendments of 1988) designation of  
107 either waived or moderately complex. However, a pharmacist may not order an  
108 assessment bearing a CLIA designation of highly complex.

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- An exception to the restriction on the solicitation of highly complex laboratory testing could exist within a properly constructed CDTM agreement wherein a physician delegates his authority to the pharmacist to order highly complex laboratory assessments.
  - Another exception to the restriction on the solicitation of highly complex laboratory testing could exist in a practice setting of a hospital or other organized health care setting wherein the medical staff has approved policies and procedures authorizing pharmacists to order such tests.
  - With respect to the analysis or evaluation of results of laboratory testing, a pharmacist may perform such analysis and evaluation for the purpose of monitoring previously prescribed medication therapy; however, a pharmacist may not formally interpret such testing to establish a diagnosis.
    - An exception to the restriction on the interpretation of the results of laboratory testing could exist within a properly constructed CDTM agreement wherein a physician delegates his authority to the pharmacist to interpret laboratory test results.
    - Another exception to the restriction on the interpretation of laboratory test results could exist in a practice setting of a hospital or other organized health care setting wherein the medical staff has approved policies and procedures authorizing pharmacists to order such tests.
  - A pharmacist may develop a medication treatment plan and submit such plan to the patient's physician or other primary healthcare practitioner.

DRAFT



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## Request for Approval of Life Safety Program

(Emergency University)

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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August 6, 2014

## Agenda Item 12: Request for Approval of Life Safety Program – Emergency University

### Background

§521 of the Board's rules details the education and training requirements for those pharmacists and pharmacy interns who wish to engage in the practice of administering medications to their patients. Sub-paragraph D.2.a of that Section requires the licensee to maintain current certification in the American Heart Association's (AHA) Basic Cardiac Life Support for Healthcare Providers, its successor, or board-approved equivalent.

Since the initial promulgation of that rule in 2004, the Board has approved several programs from different vendors as equivalent to the standard cited in the rule, with the most recent action taken during your May 2014 meeting.

### Request from Emergency University

We have received a request from the petitioner seeking your approval of their life safety program for healthcare professionals. In support of their request, they have offered a comparative analysis of their program with the reference standards issued by the AHA, as well as a synopsis of their curriculum and skill performance checklist. All of these materials were posted to the Boardroom Library for your review.

### Staff Recommendation

In the event you deem it appropriate, we would suggest the equivalence in the training programs merits approval of the petitioner's request. In that event, the following motion would be in order:

**Resolved**, that the Board approve the life safety program for healthcare professionals (CPR Pro) as offered by Emergency University.

**From:** [Erin Massey](#)  
**To:** [Malcolm J. Broussard](#)  
**Subject:** RE: Review of Emergency University's CPR/AED Programs by the Board  
**Date:** Thursday, June 05, 2014 1:11:51 PM

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Hello Malcolm:

Thank you for your prompt response. We appreciate the Board's time and attention to this matter.

I look forward to hearing from you sometime in August after the Board Meeting.

Have a wonderful day ☺

Erin Massey, J.D.  
Regulatory Affairs - Associate Director  
(650) 365-3310 ext. 107  
Direct Line: (650) 763-9727  
[emassey@emergencyuniversity.com](mailto:emassey@emergencyuniversity.com)



---

**From:** Malcolm J. Broussard [mailto:[mbroussard@pharmacy.la.gov](mailto:mbroussard@pharmacy.la.gov)]  
**Sent:** Thursday, June 05, 2014 10:37 AM  
**To:** Erin Massey  
**Subject:** RE: Review of Emergency University's CPR/AED Programs by the Board

This will confirm the placement of your request for the Board's approval of your firm's life safety program on the agenda of the Board's next meeting, now scheduled for 10 am on Wednesday, August 6, 2014 here at the Board office. The agenda for that meeting will be posted on the Board's website approximately one week prior to the meeting. We will circulate the materials you submitted with your request to the Board members prior to the meeting; we do not anticipate the necessity of your presence at the meeting although you are certainly welcome to attend if you wish. The meeting is open to the public and public comments are routinely solicited. We will advise you of the Board's decision as soon as possible thereafter. If you have any questions or need additional information in the interim, please let me know.

Malcolm J Broussard  
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United States of America

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**From:** Erin Massey [<mailto:emassey@emergencyuniversity.com>]  
**Sent:** Friday, May 23, 2014 2:32 PM  
**To:** info  
**Subject:** Review of Emergency University's CPR/AED Programs by the Board

Hello Louisiana Board of Pharmacy:

### **Introduction**

Emergency University (EU) is a nationally recognized CPR/AED training program provider that has constituents in Louisiana who utilize our training programs and for whom we are seeking official approval.

Specifically, we would like our CPR/AED Training Programs for the healthcare professional reviewed and approved by the Louisiana Board of Pharmacy (Board) as satisfying the CPR certification requirements for pharmacists and pharmacy technicians as regulated by the Board.

We would like official approval that EU's CPR/AED Training Programs and certification card will be recognized by the Board.

### **EU's Training Programs are Nationally Approved and Recognized.**

EU's training programs have been approved and utilized by federal, state and local agencies. For example, the U.S. Department of Homeland Security and the U.S. Coast Guard have reviewed and approved EU's training programs:

“We have determined that the Adult CPR (EMERUN-11) course meets or exceeds the standards of the American Red Cross or American Heart Association CPR courses...We have determined that the Basic First Aid (EMERUN-59) course meets or exceeds the standards of the American Red Cross Standard First Aid Emergency Care or Multimedia Standard First Aid courses...We have reviewed your request for new curriculum and new AED material and approval is granted.” (See attached letter from USCG.)

EU also provides training and certification and our training programs have been approved by federal, state and local agencies such as the Federal Aviation Administration, U.S. Department of the Treasury, U.S. Department of Homeland Security, U.S. Army Child and Youth Services, U.S. Navy, and the U.S. Coast Guard. EU's training programs have also been approved and utilized by many Fortune 500 and international companies such as CSX Corporation, Norfolk Southern, Cisco Systems, and Zynga, Inc., Procter & Gamble, Con-Way Freight, Abbott Labs, Levi Strauss, Boise, Inc., and Juniper Networks.

## **EU's Training Programs Were Developed According to the AHA Guidelines.**

EU's training programs were developed according to the most recent guidelines published by AHA for use by training centers nationwide as demonstrated by the following attached documents:

1. *EU's Training Programs Were Developed According to the Recent AHA Guidelines.*

This document compares the AHA guidelines as published in *Circulation*. 2010;122:S639 and demonstrates where EU includes the AHA recommendation in its training curriculums. The published AHA recommendations appear on the left. The location where Emergency University's training curriculums incorporate the recommendations appears on the right. (See Emergency University 2010 AHA Guidelines Compliant Training Programs)

2. *EU's Curriculums Were Developed According to the Recent AHA Guidelines.*

Emergency University's curriculums and action plans are equivalent to the AHA's published curriculums and action plans. The attached action plans include a comparison of the Emergency University action plans and the AHA action plans. (See EU Curriculums)

3. *EU's Skills Checklists Were Developed According to the Recent AHA Guidelines.*

Emergency University's skills checklists are equivalent to the AHA's skills checklists. Students meet with a qualified instructor to practice and demonstrate their skills utilizing the attached skills checklists. (See EU Skills Checklists)

## **Conclusion**

Upon program review, Emergency University requests a letter from the Board that Emergency University's CPR/AED Training Programs for the healthcare professional are approved.

Please let me know if you require additional information.

Thank you in advance for your attention to this matter.

Erin Massey, J.D.

Regulatory Affairs - Associate Director

(650) 365-3310 ext. 107

Direct Line: (650) 763-9727

[emassey@emergencyuniversity.com](mailto:emassey@emergencyuniversity.com)

	A	B	C
1	<p><b>This document compares the AHA guidelines as published in Circulation. 2010;122:S639 and demonstrates where Emergency University includes the AHA recommendation in its training curriculums. The published AHA recommendations are in column B. The location where Emergency University's training curriculums incorporate the recommendations is in column C.</b></p>		
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
3	<b>#</b>	<b>Adult CPR - 2010 AHA Guidelines</b>	<b>Adult CPR - EU Training Program</b>
4	<b>1</b>	Lone lay Rescuers should start CPR if the victim is unresponsive and has absent or abnormal breathing. Circulation, 2010;122:S686	Adult CPR Training Frame 8, 14; Adult CPR Practice Scenario 1; Answer to Adult CPR Practice Scenario 2; Adult CPR Test Practice Question 3 and Question 4; Adult CPR Test Question 3 and Question 4
5	<b>2</b>	Bystanders can perform 3 of the 4 links in the Chain of Survival. Circulation, 2010;122:S686	Anatomy & Physiology Frame 10, Anatomy & Physiology Test Question 5
6	<b>3</b>	Once the rescuer has ensured that the scene is safe, the rescuer should check for response. Circulation, 2010;122:S686	Adult CPR Training Frame 9
7	<b>4</b>	If a lone rescuer finds an unresponsive adult (no movement or response to stimulation) or witnesses an adult who suddenly collapses, after ensuring that the scene is safe, the rescuer should check for a response by tapping the victim on the shoulder and shouting at the victim. Circulation, 2010;122:S686	Adult CPR Training Frames 9-10; Adult CPR Practice Scenario 2; Adult CPR Practice Test Question 1; Adult CPR Test Question 1.
8	<b>5</b>	If a lone rescuer finds an unresponsive adult (i.e., no movement or response to stimulation), the rescuer should activate the EMS system (phone 911), get an AED (if available), and return to the victim to provide CPR and defibrillation if needed. Circulation, 2010;122:S677-78	Anatomy and Physiology Frame 10; Anatomy and Physiology Test Question 5; Adult CPR Training Frames 10-14; Adult CPR Test Practice Question 2; Adult CPR Test Question 2.
9	<b>6</b>	While no published human or animal evidence demonstrates that starting CPR with 30 compressions rather than 2 ventilations leads to improved outcomes, beginning CPR with 30 compressions rather than 2 ventilations leads to a shorter delay to first compression. Circulation 2010;122:S688	Adult CPR Training Frame 14; Adult CPR Test Practice Question 4; Adult CPR Test Question 4.
10	<b>7</b>	The trained lay rescuer who feels confident that he or she can perform both compressions and ventilations should open the airway using a head tilt-chin lift maneuver. Circulation 2010;122:S691	Adult CPR Practice Scenario 6; Adult CPR Test Practice Question 5, Adult CPR Test Practice Question 8; Adult CPR Test Question 5; Adult CPR Test Question 8.
11	<b>8</b>	Rescuers should start CPR immediately if the adult victim is unresponsive and not breathing or not breathing normally (i.e., only gasping). The directive to "look, listen, and feel for breathing" to aid recognition is no longer recommended. Circulation, 2010;122:S678	Adult CPR Training Frames 14; Adult CPR Test Practice Question 3; Adult CPR Test Question 3
12	<b>9</b>	Give 2 rescue breaths, each over 1 second, with enough volume to produce visible chest rise. Circulation 2010;122:S688. Circulation 2010;122: S692	Adult CPR Training Frame 19, 20; Adult CPR Test Practice Question 6, 9; Adult CPR Test Question 6, 9.
13	<b>11</b>	Laypersons should be encouraged to provide chest compressions (either Hands-Only or conventional CPR, including rescue breaths) for anyone with a presumed cardiac arrest. Circulation 2010;122: S691	Adult CPR Training Frames 3, 9-22; Adult CPR Practice Scenario Question 1; Adult CPR Test Practice Question 3 and Question 4; Adult CPR Test Question 3 and Question 4
14	<b>12</b>	To maximize the effectiveness of compressions, the victim should lie supine on a hard surface. Circulation, 2010;122:S689	Adult CPR Training Frame 15

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
15	<b>13</b>	The rescuer should place the heel of one hand on the center (middle) of the victim's chest (which is the lower half of the sternum) and the heel of the other hand on top of the first so that the hands are overlapped and parallel. Circulation, 2010;122:S690	Adult CPR Training Frames 15, 16; Adult CPR Practice Scenario 7;
16	<b>14</b>	The adult sternum should be depressed at least 2 inches (5 cm)... It is reasonable for lay rescuers and healthcare providers to perform chest compressions for adults at a rate of at least 100 compressions per minute. Circulation, 2010;122:S690	Adult CPR Training Frame 15-17; Adult CPR Practice Scenarios 7

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
17	<b>15</b>	Chest compressions and chest recoil/relaxation times should be approximately equal. Allow the chest to completely recoil after each compression. Circulation, 2010;122:S690	Adult CPR Training Frame 17
18	<b>16</b>	When 2 or more rescuers are available it is reasonable to switch chest compressors approximately every 2 minutes (or after about 5 cycles of compressions and ventilations at a rate of 30:2) Circulation, 2010;122:S690	Adult CPR Training Frames 18, 21
19	<b>17</b>	Lay rescuers should continue CPR until an AED arrives, the victim wakes up, or EMS personnel take over CPR. Circulation, 2010;122:S691	Adult CPR Training Frame 22; Adult CPR Test Conclusion; Adult CPR Practice Test Conclusion.
20			

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
21	<b>#</b>	<b>Child/Infant CPR - 2010 AHA Guidelines</b>	<b>Child/Infant CPR - EU Training Program</b>
22	1	Gently tap the victim and ask loudly, "Are you OK?" Call the child's name if you know it. If the child is responsive, he or she will answer, move, or moan. Circulation, 2010;122:S863	Child CPR Training Frame 22
23	2	If the victim is unresponsive and not breathing (or only gasping), begin CPR. Circulation, 2010;122:S863	Child CPR Training Frame 17; Child CPR Training Frames 22-26
24	3	For the lone rescuer a compression-to-ventilation ratio of 30:2 is recommended. After the initial set of 30 compressions, open the airway and give 2 breaths. In an unresponsive infant or child, the tongue may obstruct the airway and interfere with ventilations. Open the airway using a head tilt-chin lift maneuver for both injured and non injured victims. After 2 minutes of CPR the lone rescuer activates the emergency response system and gets an AED if one is nearby. The lone rescuer should then return to the victim as soon as possible and use the AED (if available) or resume CPR, starting with chest compressions. Circulation, 2010;122:S864	Child CPR Training Frame 17
25	4	It is reasonable for healthcare providers to tailor the sequence of rescue actions to the most likely cause of arrest. For example, if the arrest is witnessed and sudden (e.g. sudden collapse in an adolescent or a child identified at high risk for arrhythmia or during an athletic event), the healthcare provider may assume that the victim has suffered a sudden VS-cardiac arrest and as soon as the rescuer verifies that the child is unresponsive and not breathing (or only gasping) the rescuer should immediately phone the emergency response system, get the AED and then begin CPR and use the AED. Circulation, 2010;122:S865.	Child CPR Training Frame 19
26	5	For best results, deliver chest compressions on a firm surface. Circulation, 2010;122:S864	Child CPR Training Frame 26
27	6	No change	Child CPR Training Frame 26
28	7	Open the airway using a head tilt-chin lift maneuver for both injured and non-injured victims. Circulation, 2010;122:S864	Child CPR Training Frame 29

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
29	8	Look to see if victim has regular breathing, or is not breathing or only gasping. Circulation, 2010;122:S863	Child CPR Training Frames 16, 24, 26
30	9	The CAB sequence for infants and children is recommended in order to simplify training with the hope that more victims of sudden cardiac arrest will receive bystander CPR. Circulation, 2010;122:S863	Child CPR Training Frames 24-32
31	10	To give breaths to an infant, use a mouth-to-mouth-and -nose technique; to give breaths to a child, use a mouth-to-mouth technique. Make sure the breaths are effective (i.e. the chest rises) Each breath should take about 1 second. If the chest does not rise, reposition the head, make a better seal, and try again. Circulation, 2010;122:S864	Child CPR Training Frame 30, 31
32	11	Lay rescuers are unable to reliably detect a pulse. Circulation, 2010;122:S865	
33	12	For a child, lay rescuers should compress the lower half of the sternum at least one third of the AP dimension of the chest or approximately 5 cm (2 inches) with the heel of 1 or 2 hands. Do not press on the xiphoid or the ribs. There is no data to determine if the 1 or 2 hand method produces better compressions and better outcome. For an infant, lone rescuers should compress the sternum with 2 fingers placed just below the intermammary line. do not compress over the xiphoid or ribs. Rescuers should compress at least 1/2 the depth of the chest, or about 4 cm. (1.5 inches) Circulation, 2010;122:S863,864	Child CPR Training Frame 27-28; Frame 33-34
34	13	Push fast: push at a rate of at least 100 compressions per minute. Push hard; push with sufficient force to depress at least on third the AP diameter of the chest or approximately 1 1/2 inches (4 cm) in infants and 2 inches (5 cm) in children. Allow complete chest recoil after each compression to allow the heart to refill with blood. Minimize interruptions of chest compressions. Avoid excessive ventilation. Circulation, 2010;122:S864	Child CPR Training Frames 28
35	14	If you are the only rescuer, perform cycles of 30 chest compressions (Class Indeterminate) followed by 2 effective ventilations with as short a pause in chest compressions as possible. Circulation 2005;112;IV-161	Child CPR Training Frame 35
36	15	If a rescuer is unwilling or unable to provide ventilations, chest compressions alone are better than no resuscitation at all. Circulation 2005;112;IV-161	Child CPR Training Frame 32
37			

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
38	#	<b>Obstructed Airway - 2010 Guidelines</b>	<b>Obstructed Airway - EU Training Program</b>
39	1	Although chest thrusts, back slaps, and abdominal thrusts are feasible and effective for relieving severe FBAO in conscious (responsive) adults and children > 1 year of age, for simplicity in training we recommend that the abdominal thrust be applied in rapid sequence until the obstruction is relieved. If abdominal thrusts are not effective, the rescuer may consider chest thrusts. Circulation, 2010;122:S696	Obstructed Airway Training Frames 4-7
40	2	If the adult victim of FBAO becomes unresponsive, the rescuer should carefully support the patient to the ground, immediately activate EMS and then begin CPR. Circulation, 2010;122:S696	Obstructed Airway Training Frame 7
41	3	In an obstructed airway victim who becomes unresponsive, and is receiving CPR, each time the airway is opened during CPR, the rescuer should look for an object in the victim's mouth, and if found, remove it. Circulation, 2010;122:S696	Obstructed Airway Training Frame 7
42	4	No change	Obstructed Airway Training Frames 8-11
43			

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
44	#	<b>Pro CPR/BLS - 2010 Guidelines</b>	<b>Pro CPR/BLS - EU Training Program</b>
45		<b>Adult CPR - PRO</b>	<b>Adult CPR - PRO</b>
46	1	Once the healthcare provider recognizes that the victim is unresponsive with no breathing, or no normal breathing (i.e. only gasping) the healthcare provider will activate the emergency response system. After activation, rescuers should immediately begin CPR. Circulation, 2010;122:S685	Adult CPR Training Frame 9-10
47	2	Healthcare providers in hospital care settings can perform 5 links in the chain of survival. Circulation, 2010;122:S685	Pro A&P Frame 10 Pro A&P Test Question 5
48	3	A lone rescuer should first ensure that the scene is safe. Circulation, 2010;122:S685	Adult CPR Frame 9
49	4	To check for responsiveness, the health care provider should check for no breathing or no normal breathing while checking for responsiveness. If there is no response and no normal breathing, the rescuer should assume the victim is in cardiac arrest and immediately activate the emergency response system. Circulation, 2010;122:S685,687	Adult CPR Frame 8-9; Adult CPR Practice Question 2; Adult CPR Test Question 1-2.
50	5	If a lone rescuer finds an unresponsive adult (i.e., no movement or response to stimulation), the rescuer should activate the EMS system (phone 911), get an AED (if available), and return to the victim to provide CPR and defibrillation if needed. Circulation 2005;112;IV-21	Adult CPR Frame 8-9; Adult CPR Practice Question 2; Adult CPR Test Question 1-2.
51	6	It is reasonable for healthcare providers to tailor the sequence of rescue actions to the most likely cause of arrest. If a lone healthcare provider aids an adult drowning victim or a victim of foreign body airway obstruction who becomes unconscious, the healthcare provider may give 5 cycles (approximately 2 minutes) of CPR before activating the emergency response system. Circulation, 2010;122:S688	Adult CPR Frame 11
52	7	Health care providers should use the head tilt-chin lift maneuver to open the airway of a victim with no evidence of head or neck trauma. If healthcare providers suspect a cervical spine injury, they should open the airway using a jaw thrust without head extension. If this is not possible, use the head tilt-chin lift maneuver. Circulation, 2010;122:S691-692.	Adult CPR Frame 19-20; Adult CPR Practice Test Question 6
53	8	Rescuers should start CPR immediately if the adult victim is unresponsive and not breathing or not breathing normally (i.e., only gasping). The directive to "look, listen, and feel for breathing" to aid recognition is no longer recommended. Circulation, 2010;122:S678	Adult CPR Frame 13
54	9	It is reasonable to give each breath within a 1-second inspiratory time to achieve chest rise. Circulation 2005; 112;III-7	Adult CPR Frame 16-18 Adult CPR Test Question 5
55	10	Following 30 chest compressions, provide 2 breaths. To provide mouth-to-mouth rescue breaths, open the victim's airway, pinch the victim's nose and create an airtight mouth to mouth seal. Give 1 breath over 1 second, take a regular (not a deep) breath, and give a second rescue breath over 1 second. Circulation, 2010;122:S692	Adult CPR Frame 21-23

	A	B	C
2		2010 AHA Guidelines	EU Training Program Location
56	11	Healthcare providers should interrupt chest compressions as infrequently as possible and try to limit interruptions to no longer than 10 seconds, except for specific interventions such as insertion of an advanced airway or use of a defibrillator. Because of difficulties with pulse assessments, interruptions in chest compressions for a pulse check should be minimized during the resuscitation, even to determine if ROSC has occurred. Circulation, 2010;122:S691	Adult CPR Frame 20 Adult CPR Test Question 6-7
57	12	If an adult victim with spontaneous circulation (i.e. strong and easily palpable pulses) requires support ventilation, the healthcare provider should give rescue breaths at a rate of about 1 breath every 5 to 6 seconds, or about 10-12 breaths per minute. Circulation, 2010;122:S692	Adult CPR Frame 15
58	13	Bag-mask ventilation is not the recommended method of ventilation for a lone rescuer during CPR. It is most effective when provided by 2 trained and experienced rescuers. One rescuer opens the airway and seals the mask to the face while the other squeezes the bag. The rescuer should deliver approximately 600 ml tidal volume to adults, which is usually sufficient to produce visible chest rise. As long as the patient does not have an advanced airway in place, rescuers should deliver cycles of 30 compressions and 2 breaths during pauses in compressions, each breath delivered over 1 second. Circulation, 2010;122:S693	Adult CPR Frame 24-25
59	14	During CPR with an advanced airway in place, continuous chest compressions are performed at a rate of 100 per minute without pauses for ventilation, and ventilations are delivered at the rate of 1 breath every 6-8 seconds, which will deliver approximately 8-10 breaths/minute. Circulation, 2010;122:S693	Adult CPR Frame 26
60	15	To maximize the effectiveness of chest compressions, place the victim on a firm surface when possible, in a supine position. Circulation, 2010;122:S689-690.	Adult CPR Frame 16
61	16	The rescuer should place the heel of one hand on the center (middle) of the victim's chest (which is the lower half of the sternum) and the heel of the other hand on top of the first so that hands are overlapped and parallel. Circulation, 2010;122:S690	Adult CPR Frame 16 Adult CPR Practice Test Question 7
62	17	It is reasonable for healthcare providers to compress the adult chest at a rate of at least 100 compressions per minute with a compression depth of at least 2 inches (5cm). Rescuers should allow complete recoil of the chest after each compression. Circulation, 2010;122:S688	Adult CPR Frame 17-18 Adult CPR Practice Question 9
63	19	When 2 or more rescuers are available it is reasonable to switch chest compressors approximately every 2 minutes (or after about 5 cycles of compressions and ventilations at a ratio of 30:2) to prevent decreases in the quality of compressions. Circulation, 2010;122:S690	Adult CPR Frame 25; Adult CPR Test Conclusion Frame
64	20	<b>Obstructed Airway - PRO</b>	<b>Obstructed Airway - PRO</b>

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
65	21	Although chest thrusts, back slaps, and abdominal thrusts are feasible and effective for relieving severe FBAO in conscious (responsive) adults and children > 1 year of age, for simplicity in training we recommend that the abdominal thrust be applied in rapid sequence until the obstruction is relieved. If abdominal thrusts are not effective, the rescuer may consider chest thrusts. Circulation, 2010;122:S696	Obstructed Airway Training Frames 4-6
66	22	If the adult victim of FBAO becomes unresponsive, the rescuer should carefully support the patient to the ground, immediately activate EMS and then begin CPR. Circulation, 2010;122:S696	Obstructed Airway Training Frame 7
67	23	In an obstructed airway victim who becomes unresponsive, and is receiving CPR, each time the airway is opened during CPR, the rescuer should look for an object in the victim's mouth, and if found, remove it. Circulation, 2010;122:S696	Obstructed Airway Training Frame 7
68	24	For an infant deliver 5 back blows (slaps) followed by 5 chest thrusts repeatedly until the object is expelled or the victim becomes unconscious. Circulation 2005; 112;IV-162	Obstructed Airway Training Frames 9-11
69	25	<b>Child/Infant CPR - PRO</b>	<b>Child/Infant CPR - PRO</b>
70	26	Gently tap the victim and ask loudly, "Are you OK?" Call the child's name if you know it. If the child is responsive, he or she will answer, move, or moan. Circulation, 2010;122:S863	Child CPR Training Frame 7 Child CPR Test Question 1
71	27	If the victim is unresponsive and not breathing (or only gasping), begin CPR. Circulation, 2010;122:S863	Child CPR Training Frame 4, 7 Child CPR Test Question 5
72	28	For the lone rescuer a compression-to-ventilation ratio of 30:2 is recommended. After the initial set of 30 compressions, open the airway and give 2 breaths. In an unresponsive infant or child, the tongue may obstruct the airway and interfere with ventilations. Open the airway using a head tilt-chin lift maneuver for both injured and non-injured victims. After 2 minutes of CPR the lone rescuer activates the emergency response system and gets an AED if one is nearby. The lone rescuer should then return to the victim as soon as possible and use the AED (if available) or resume CPR, starting with chest compressions. Circulation, 2010;122:S864	Child CPR Training Frame 4, 7

	A	B	C
2		2010 AHA Guidelines	EU Training Program Location
73	29	It is reasonable for healthcare providers to tailor the sequence of rescue actions to the most likely cause of arrest. For example, if the arrest is witnessed and sudden (e.g. sudden collapse in an adolescent or a child identified at high risk for arrhythmia or during an athletic event), the healthcare provider may assume that the victim has suffered a sudden VS-cardiac arrest and as soon as the rescuer verifies that the child is unresponsive and not breathing (or only gasping) the rescuer should immediately phone the emergency response system, get the AED and then begin CPR and use the AED. Circulation, 2010;122:S865.	Child/Infant CPR Pro Frame 5
74	30	For best results, deliver chest compressions on a firm surface. Circulation, 2010;122:S864	Child CPR Training Frame 12
75	31	Health care providers should use the head tilt-chin lift maneuver to open the airway of a victim with no evidence of head or neck trauma. If healthcare providers suspect a cervical spine injury, they should open the airway using a jaw thrust without head extension. If this is not possible, use the head tilt-chin lift maneuver. Circulation, 2010;122:S691-692.	Child CPR Training Frame 15
76	32	If an infant or child is unresponsive and not breathing, (gasps do not count as breathing) healthcare providers may take up to 10 seconds to attempt to feel for a pulse (brachial in an infant and carotid or femoral in a child.) If, within 10 seconds, you don't feel a pulse or are not sure if you feel a pulse, begin chest compressions.	Child CPR Training Frame 10-12; Child CPR Test Question 4
77	33	To give breaths to an infant, use a mouth-to-mouth-and -nose technique; to give breaths to a child, use a mouth-to-mouth technique. Make sure the breaths are effective (i.e. the chest rises) Each breath should take about 1 second. If the chest does not rise, reposition the head, make a better seal, and try again. Circulation, 2010;122:S864	Child CPR Training Frame 16, 19;
78	34	If an infant or child is unresponsive and not breathing, (gasps do not count as breathing) healthcare providers may take up to 10 seconds to attempt to feel for a pulse (brachial in an infant and carotid or femoral in a child. If, within 10 seconds, you don't feel a pulse or are not sure if you feel a pulse, begin chest compressions. Circulation, 2010;122:S865	Child CPR Training Frame 10-12
79	35	To give chest compressions, compress the lower half of the sternum but do not compress over the xiphoid. "The two finger technique is recommended for 1-rescuer infant CPR to facilitate rapid transition between compression and ventilation and to minimize interruptions in chest compressions. The two thumb encircling hands technique is recommended when CPR is provided by 2 rescuers." Circulation, 2010;122:S866	Child CPR Training Frames 23, 13 , 20;

	A	B	C
2		2010 AHA Guidelines	EU Training Program Location
80	36	Push fast: push at a rate of at least 100 compressions per minute. Push hard; push with sufficient force to depress at least one third the AP diameter of the chest or approximately 1 1/2 inches(4cm) in infants and 2 inches (5 cm) in children. Allow complete chest recoil after each compression to allow the heart to refill with blood. Minimize interruptions of chest compressions. Avoid excessive ventilation. Circulation, 2010;122:S864	Child CPR Training Frame 14
81	37	A lone rescuer uses a compression-to-ventilation ratio of 30:2. For 2 rescuer infant and child CPR. One provider should perform chest compressions while the other keeps the airway open and performs ventilations at a ratio of 15:2. Deliver ventilations with minimal interruptions in chest compressions. If an advanced airway is in place, cycles of compressions and ventilations are no longer delivered. Instead the compressing rescuer should deliver at least 100 compressions per minute continuously without pauses for ventilation. The ventilation rescuer delivers 8-10 breaths per minute. Circulation, 2010;122:S867.	Child CPR Training Frame 17-18
82	38	The two thumb encircling hands technique is recommended when CPR is provided by 2 health care providers. Circulation, 2010;122:S866	Child CPR Training Frame 23
83			

	A	B	C
2		<b>2010 AHA Guidelines</b>	<b>EU Training Program Location</b>
84	#	<b>AED - 2010 Guidelines</b>	<b>AED - EU Training Program</b>
85	1	Use of AED's by trained lay and professional responders is recommended to increase survival rates in patients with cardiac arrest. Circulation 2005;112;III-18	AED Training Frame 2
86	2	When any rescuer witnesses an out-of-hospital arrest and an AED is immediately available on-site, the rescuer should use the AED as soon as possible. Circulation, 2010;122:S706	AED Training Frame 6
87	3	For ease of placement and education, anterolateral is a reasonable default electrode placement. Circulation, 2010;122:S709	AED Training Frames 19-21; AED Practice Scenario 6; AED Test Question 7; AED Practice Test Question 7
88	4	Self adhesive defibrillation pads are safe and effective. Circulation 2005;112;III-19	AED Training Frame 18-20
89	5	The rescuer should deliver 1 shock and then immediately resume CPR, beginning with chest compressions. The rescuer should not delay resumption of chest compressions to recheck the rhythm or pulse. After 5 cycles (about 2 minutes) of CPR, the AED should then analyze the cardiac rhythm and deliver another shock if indicated. Circulation, 2010;122:S707	AED Training Frames 22-26; AED Practice Scenarios, Clinical Scenarios 1-3; AED Test Questions 8-11; AED Practice Test Questions 8-11

## **Attachment 2C**

### **CPR Pro Curriculum**

#### ***Anatomy and Physiology***

1. Introduction to Anatomy and Physiology
2. Leading Causes of Death
3. Anatomy and Physiology of the Cardiovascular System
4. Anatomy and Physiology of the Pulmonary System
5. Incidence of Cardiac Disease
6. Physiology of acute coronary syndrome
7. Signs and Symptoms of a Heart Attack
8. Physiology of Cardiac Arrest
  - a. Ventricular Fibrillation
9. Signs and Symptoms of Cardiac Arrest
10. Chain of Survival

#### ***Adult CPR Training for the Healthcare Provider***

1. Introduction to Adult CPR
2. Definition of CPR
3. Benefits of CPR for Cardiac Arrest Victims
4. Mechanisms of CPR
  - a. Compressions for circulation
  - b. Respirations for oxygenation
5. Physiology of Chest Compressions
  - a. Compression empties ventricles
  - b. Allow chest to expand fully to fill ventricles
6. Physiology of Rescue Breathing
7. CPR preserves brain function
8. Indications for CPR
  - a. Unconscious
  - b. No breathing or agonal respirations only
  - c. No pulse
9. Scene Safety
10. Checking for Unresponsiveness

11. When to call 911
  - a. If you are a lone rescuer, call 911 and retrieve the defibrillator immediately.
  - b. If you are not alone, send someone to call 911 and retrieve the AED and begin CPR.
  - c. If the event is a primary respiratory arrest such as drowning
    1. Provide 5 cycles of CPR prior to calling 911 or getting the AED.
12. Check for Normal Breathing
13. Checking for Pulse
  - a. Carotid Pulse
  - b. If no pulse felt in 10 seconds, start chest compressions
  - c. If pulse is present, but no respirations
    1. Open airway and provide 10-12 breaths/min
    2. Check for a pulse every two minutes
14. Providing Chest Compressions
  - a. Correct Hand Position
  - b. Correct Compression Depth
  - c. Position victim on hard surface
  - d. Push Hard: Compress chest at least 2 inches
  - e. Push Fast: Compress at a rate of 100 compressions per minute
15. Opening the Airway
  - a. Head tilt chin lift maneuver
  - b. If there is evidence of trauma
    1. Use jaw thrust without head extension maneuver
16. Providing Rescue Breaths
  - a. Give 2 breaths
  - b. Give each breath over 1 second
  - c. Take a fresh breath between each breath
17. Protective Barriers
  - a. Pocket Mask
  - b. Face Shields
  - c. Bag Valve mask
    1. One rescuer
    2. Two rescuers
18. Compression Ventilation Ratio
  - a. Alternate 30 Compressions with 2 breaths
  - b. Reopen airway before providing breaths
19. Two or more Experienced Professional Rescuers
  - a. One Rescuer provides compressions
  - b. Second Rescuer provides ventilations
  - c. Alternate frequently to prevent fatigue
  - d. Maintain ratio of 30 compressions to 2 breaths
20. When advanced airway is in place
  - a. Provide continuous compressions at a rate of 100/min.
  - b. Provide continuous ventilations at a rate of 8-10 per minute
  - c. Do not pause compressions during ventilation
21. When to discontinue CPR
  - a. When AED arrives and is ready to be attached
  - b. When emergency care professionals arrive and take over care of the victim

PRO CPR CURRICULUM GRIDS

**CPR ACTION PLAN (Pro)**

<b>American Heart Association</b>	<b>Emergency University</b>
<b>1 &amp; 2 Rescuer Adult CPR<sup>1</sup></b>	
Assess the victim: <ul style="list-style-type: none"> <li>• Check for unresponsiveness (this must precede starting compressions).</li> <li>• Check for no breathing or no normal breathing (only gasping).</li> </ul>	Adult CPR Training Frame 9-10; Adult CPR Frame 13;
Activates the emergency response system (assessment and activation must be completed within 10 seconds of arrival at scene): <ul style="list-style-type: none"> <li>• Shout for help/direct someone to call for help AND get AED/defibrillator.</li> </ul>	Adult CPR Training Frame 9-10; Adult CPR Practice Question 2; Adult CPR Test Question 1-2.
Check for pulse. <ul style="list-style-type: none"> <li>• Check carotid pulse.</li> <li>• This should take no more than 10 seconds.</li> </ul>	Adult CPR Training Frame 12, 14.
Deliver high quality CPR (initiate compressions within 10 seconds of indentifying cardiac arrest): <ul style="list-style-type: none"> <li>• Correct placement of hands/fingers in center of chest</li> <li>• Adult: lower half of breastbone</li> <li>• Adult: 2 handed (second hand on top of first or gripping the wrist of first hand)</li> <li>• Compression rate of at least 100/min</li> <li>• Deliver 30 compressions in 18 seconds or less</li> <li>• Adequate depth for age</li> <li>• Adult: at least 2 inches (5 cm)</li> <li>• Complete chest recoil after each compression</li> <li>• Minimize interruptions in compressions:</li> <li>• Less than 10 seconds between last compression of one cycle and first compression of next cycle</li> <li>• Compressions not interrupted until AED analyzing rhythm</li> <li>• Compressions resume immediately after shock/no shock indicated</li> </ul>	Adult CPR Frame 20 Adult CPR Test Question 6-7; Adult CPR Frame 17-18 Adult CPR Practice Question 9; Adult CPR Frame 16 Adult CPR Practice Test Question 7; Adult CPR Frame 16
Integrates prompt and proper use of AED with CPR: <ul style="list-style-type: none"> <li>• Turn AED on.</li> <li>• Place proper size pads for victim’s age in correct location.</li> <li>• Clear rescuers from victim for AED to analyze rhythm (push “analyze rhythm button” if required by device).</li> <li>• Clear victim and deliver shock.</li> <li>• Resume chest compressions immediately after shock delivery.</li> <li>• Do NOT turn off AED during CPR.</li> <li>• Provides safe environment for rescuers during</li> </ul>	Adult CPR Frame 25; Adult CPR Test Conclusion Frame

<sup>1</sup> American Heart Association: “BLS for Healthcare Providers.”, page 28. American Heart Association 2011

<p>shock delivery:</p> <ul style="list-style-type: none"> <li>• Communicates clearly to all rescuers to stop touching victim</li> <li>• Delivers shock to victim after all rescuers are clear of victim</li> <li>• Switch during analysis phase of AED</li> </ul>	
<p>Provides effective breaths:</p> <ul style="list-style-type: none"> <li>• Open airway adequately</li> <li>• Deliver each breath over 1 second</li> <li>• Deliver breaths that produce visible chest rise</li> <li>• Avoid excessive ventilation</li> </ul>	<p>Adult CPR Frame 19-20; Adult CPR Frame 21-23  Adult CPR Practice Test Question 6; Adult CPR Frame 16-18  Adult CPR Test Question 5; Adult CPR Frame 26</p>
<p><b>1 &amp; 2 Rescuer CPR for Child &amp; Infant<sup>2</sup></b></p>	
<p>Assess the victim:</p> <ul style="list-style-type: none"> <li>• Check for unresponsiveness (this must precede starting compressions).</li> <li>• Check for no breathing or no normal breathing (only gasping).</li> </ul>	<p>Child CPR Training Frame 7  Child CPR Test Question 1; Child CPR Training Frame 4, 7  Child CPR Test Question 5</p>
<p>Activates/send someone to activate the emergency response system (assessment and activation must be completed within 10 seconds of arrival at scene):</p> <ul style="list-style-type: none"> <li>• Shout for help/direct someone to call for help AND get AED/defibrillator.</li> <li>• If alone and collapse not witnessed, remains with infant to provide 2 minutes of CPR before activating emergency response system.</li> <li>• Note: If the child/infant collapsed suddenly and you are alone, leave the child to activate the emergency response system and get the AED; then return to the child.</li> </ul>	<p>Child CPR Training Frame 4, 7</p>
<p>Check for pulse.</p> <ul style="list-style-type: none"> <li>• Child: You may try to feel the child’s carotid or femoral pulse.</li> <li>• Child: If within 10 seconds you don’t definitely feel a pulse or if, despite adequate oxygenation and ventilation, the heart rate is &lt;60/min with signs of poor perfusion, perform cycles of compressions and breaths (30:2 ratio), starting with compressions.</li> <li>• Infant: Check brachial pulse.</li> <li>• Take at least 5 but no more than 10 seconds.</li> </ul>	<p>Child CPR Training Frame 10-12; Child CPR Test Question 4</p>
<p>Deliver high quality 1 or 2 rescuer CPR (initiate compressions within 10 seconds of identifying cardiac arrest):</p> <ul style="list-style-type: none"> <li>• Child: Correct placement of hands in center of chest; use 1 or 2 handed compressions</li> <li>• Infant 1 rescuer: Correct placement of 2 fingers just below the nipple line</li> <li>• Infant 2 rescuers: 2 thumb-encircling hands just below the nipple line</li> <li>• Compression rate of at least 100/min</li> <li>• 1 rescuer: Deliver 30 compressions in 18</li> </ul>	<p>Child CPR Training Frame 12; Child CPR Training Frames 23, 13, 20; Child CPR Training Frame 14; Child CPR Training Frame 17-18; Child CPR Training Frame 23</p>

<sup>2</sup> American Heart Association: “BLS for Healthcare Providers.”, page 30-33; 40-42. American Heart Association 2011

<p>seconds or less</p> <ul style="list-style-type: none"> <li>• 2 rescuers: Deliver 15 compressions in 9 seconds or less.</li> <li>• Adequate depth for age</li> <li>• Child: at least one third depth of chest (approximately 2 inches [5 cm])</li> <li>• Infant: at least one third the depth of the chest (approximately 1.5 inches [4 cm])</li> <li>• Complete chest recoil after each compression</li> <li>• Appropriate ratio for age and number of rescuers</li> <li>• 1 rescuer: 30 compressions to 2 breaths</li> <li>• 2 rescuer: 15 compressions to 2 breaths</li> <li>• Minimize interruptions in compressions:</li> <li>• Less than 10 seconds between last compression of one cycle and first compression of next cycle</li> </ul>	
<p>Provides effective breaths (with bag mask device during 2 rescuer CPR):</p> <ul style="list-style-type: none"> <li>• Open airway adequately</li> <li>• Deliver each breath over 1 second</li> <li>• Deliver breaths that produce visible chest rise</li> <li>• Avoid excessive ventilation</li> </ul>	<p>Child CPR Training Frame 15</p>
<p>After 5 cycles, if someone has not already done so, activate the emergency response system and get the AED (or defibrillator). Use the AED as soon as it is available.</p> <ul style="list-style-type: none"> <li>• Use age appropriate pads if available. If you do not have child or infant pads, use adult pads.</li> <li>• If using adult pads, place pads so they do not touch each other.</li> <li>• If the AED had a key or a switch that will deliver a child shock dose, turn the key or switch.</li> </ul>	<p>Child CPR Training Frame 4, 7; Child/Infant CPR Pro Frame 5</p>

**Action Plan for Choking Victim (> 1 year of age) (Pro)**

<b>American Heart Association<sup>3</sup></b>	<b>Emergency University</b>
Stand or kneel behind the victim and wrap your arms around the victim's waist.	Obstructed Airway Training Frame 4
Make a fist with one hand	Obstructed Airway Training Frame 4
Put the thumb side of your fist against the victim's abdomen, in the midline, slightly above the navel and well below the breastbone.	Obstructed Airway Training Frame 4
Grasp your fist with your other hand and press your fist into the victim's abdomen with a quick forceful upward thrust.	Obstructed Airway Training Frame 5
Repeat thrusts until the object is expelled from the airway, or the victim becomes unresponsive.	Obstructed Airway Training Frame 5
Give each new thrust with a separate, distinct movement to relieve the obstruction.	Obstructed Airway Training Frame 5
If the choking victim becomes unresponsive, activate the emergency response system.	Obstructed Airway Training Frame 7
Lower the victim to the ground and begin CPR immediately (do not check pulse).	Obstructed Airway Training Frame 7
Every time you open the airway to give breaths, open the victim's mouth wide and look for the object. If it can be easily removed, remove it with your fingers. If you do not see the object, keep doing CPR.	Obstructed Airway Training Frame 7
After about 5 cycles or 2 minutes of CPR, activate the emergency response system if someone has not already done so.	Obstructed Airway Training Frame 7

<sup>3</sup> American Heart Association: "BLS for Healthcare Providers.", page 52-53. American Heart Association 2011

**Infant Choking Action Plan (Pro)**

<b>American Heart Association<sup>4</sup></b>	<b>Emergency University</b>
Kneel or sit with the infant in your lap.	Obstructed Airway Training Frame 8
Hold the infant facedown with the head slightly lower than the chest, resting on your forearm. Support the infant's head and jaw with your hand. Take care to avoid compressing the soft tissues of the throat. Rest your forearm on your lap or thigh to support the infant.	Obstructed Airway Training Frame 8
Deliver up to 5 back slaps forcefully between the infant's shoulder blades, using the heel of your hand. Deliver each slap with sufficient force to attempt to dislodge the foreign body.	Obstructed Airway Training Frame 9
After delivering up to 5 back slaps, place your free hand on the infant's back, supporting the back of the infant's head with the palm of your hand. The infant will be adequately cradled between your 2 forearms, with the palm of one hand supporting the face and jaw while the palm of the other hand supports the back of the infant's head.	Obstructed Airway Training Frame 10
Turn the infant as a unit while carefully supporting the head and neck. Hold the infant face up with your forearm resting on your thigh. Keep the infant's head lower than the trunk.	Obstructed Airway Training Frame 10
Provide up to 5 quick downward chest thrusts in the middle of the chest over the lower half of the breastbone. Deliver chest thrusts at a rate of about 1 second, each with the intention of creating enough force to dislodge the foreign body.	Obstructed Airway Training Frame 10
Repeat the sequence of up to 5 back slaps and up to 5 chest thrusts until the object is removed or the infant becomes unresponsive.	Obstructed Airway Training Frame 11
If the infant becomes unresponsive, call for help. If someone responds, send that person to activate the emergency response system. Place the infant on a firm, flat surface.	Obstructed Airway Training Frame 7
Begin CPR (starting with compressions) with 1 extra step: each time you open the airway, look for the obstructing object in the back of the throat. If you see an object and can easily remove it, remove it.	Obstructed Airway Training Frame 7
After approximately 2 minutes of CPR (C-A-B sequence), activate the emergency response system (if no one has done so).	Obstructed Airway Training Frame 7

<sup>4</sup> American Heart Association: "BLS for Healthcare Providers.", page 55-56. American Heart Association 2011

# Emergency University

## AED Training Program Curriculum

Emergency University has a custom AED Training Program for each of the commonly U.S. manufactured AEDs. Each AED training program includes a custom “Virtual AED” that permits the student to hear the actual audio prompts, see the actual visual prompts and interact with the AED by turning it on, attaching pads and pressing the shock button when indicated. Each trainee can select the customized training for the AED they are most likely to operate.

1. Review AED effective and survival rates
2. Action Plan
  - a. Assess
  - b. Alert
  - c. Attend
3. Determining Unresponsiveness
  - a. Tap and shout
4. Calling for Help
  - a. Internal Emergency Response System
  - b. Calling 911
5. Assessing for
  - a. Responsiveness
  - b. Normal Breathing
6. Provide Chest Compressions
  - a. Position victim on hard surface
  - b. Establish correct hand position
  - c. Push Hard: Compress chest at least 2 inches
  - e. Push Fast: Compress at a rate of 100 compressions per minute
7. Opening the Airway
  - a. Head tilt chin lift maneuver
  - b. If there is evidence of trauma
    1. Use jaw thrust without head extension maneuver
8. Providing Rescue Breaths
  - a. Give 2 breaths
  - b. Give each breath over 1 second
  - c. Take a fresh breath between each breath
9. Protective Barriers
  - a. Pocket Mask
  - b. Face Shields
10. When to attach the defibrillator
  - a. Unresponsive
  - b. Not breathing
11. Physiology of Cardiac Arrest
  - a. Normal Rhythm
  - b. Ventricular Fibrillation

12. The defibrillator
  - a. Pads
  - b. Cables
  - c. Computer
  - d. Hazards and precautions related to use of the semi-automated external defibrillator
  - e. Maintenance, implementation, and data collection and records
  - f. Presence of abnormalities of the semi-automated external defibrillator
13. Activating the defibrillator
  - a. Turning power on
  - b. Voice prompts
  - c. Visual prompts
14. Attaching the defibrillator
  - a. Exposing the chest
  - b. Preparing the chest
15. Applying the electrode pads
  - a. Peel pads from protective backing
  - b. Place first pad on the right upper chest
  - c. Place second pads over left lower ribs
  - d. Understanding the pad placement diagram
16. Clearing bystanders away from the patient
  - a. Arm Sweep
  - b. Stand Clear command
17. Analyzing the heart rhythm
  - a. Voice prompts
18. Preparing to shock
  - a. Voice prompts
  - b. Charging audio
  - c. Clearing the patient
19. Delivering a shock
  - a. Automatic Defibrillator
    - i. Understanding voice prompts
    - ii. Clearing the patient
  - b. Semi-automatic Defibrillator
    - i. Understanding voice prompts
    - ii. Clearing the patient
    - iii. Pressing the shock button
20. Patient response to shocks
  - a. Body movements
  - b. Patient does not experience discomfort
21. After a shock is delivered
  - a. Understanding voice prompts
  - b. Chest Compressions
  - c. Compression Ventilation ratio 30:2
  - d. 2 minutes of CPR followed by being prompted for reanalysis
22. Defibrillator Analyzes every two minutes
  - a. Understanding voice prompts
  - b. Clear Patient

23. Second Shock advised
  - a. Automatic Defibrillator
    - i. Understanding voice prompts
    - ii. Clearing the patient
  - b. Semi-automatic Defibrillator
    - i. Understanding voice prompts
    - ii. Clearing the patient
    - iii. Pressing the shock button
24. After the second shock is delivered
  - a. Understanding voice prompts
  - b. Chest Compressions
  - c. Compression Ventilation ratio
  - d. 2 minutes of CPR
25. No shock indicated
  - a. Understanding voice prompts
  - b. Chest Compressions
  - c. Compression Ventilation ratio
  - d. 2 minutes of CPR
26. Stop CPR when patient becomes responsive.
  - a. Movement
  - b. Makes a sound
27. When patient becomes responsive
  - a. Stop compressions
  - b. Reopen the airway
  - c. Assess Breathing
  - d. Assist breathing if respiratory rate is <12 breaths per minutes
28. As consciousness returns
  - a. Keep victim calm
  - b. Keep victim warm
  - c. Apply oxygen if available

**AED Action Plan**

American Heart Association <sup>5</sup>	Emergency University
Turn the AED on. Follow the prompts you see and hear.	AED Training Frame 15
Attach pads. If the victim is a child, use the child pads or turn the child key or switch.	AED Training Frame 16-21
Follow the prompts you see and hear.	AED Training Frame 22-25

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<sup>5</sup> American Heart Association: "Heartsaver CPR AED Student Manual.", page 8, 24. American Heart Association 2011



## Adult CPR Skills Checklist for Healthcare Professionals

### Scene Safety

- Look for Hazard/Personal Danger
- Use appropriate personal protection equipment

### Assess the Victim

- Tap and shout to determine if victim is responsive
- Determine if the victim is breathing normally

### Activate the Emergency Response System

- If alone call 911, activate the onsite emergency response system and retrieve the AED if available
- If second rescuer is available, have them call 911, activate the onsite emergency response system and retrieve the AED

### Check for Pulse

- Check the victim for a pulse (for at least 5 seconds)
- If pulse is not detected within 10 seconds, begin chest compressions

### Provide high-quality compressions

- Locate the proper hand position on chest; remove clothing if necessary (Place the heel of one hand in the center of the chest between the nipples)
- Deliver 30 compressions: 
  - Push Hard (Compress chest at least 2 inches)
  - Push Fast (Approximately 100 compressions per minute)
- Allow complete chest recoil
- Minimize interruptions

### Open Airway

- Open airway using head tilt/chin lift
- Use jaw thrust if you suspect head or neck injury

### Breathing

- Apply face shield/mask
- Give 2 normal breaths over 1 second each
- Ensure chest rises with each breath



### Two Rescuer Adult CPR

- Rescuer One
  - Performs Chest Compressions
  - Counts Out Loud
  - Switches duties with Rescuer Two every 5 cycles or 2 minutes taking less than 5 seconds to switch
- Rescuer Two
  - Maintains an Open Airway
  - Gives Breaths Watching for Chest Rise
  - Encourages Rescuer One to perform compressions that are fast and deep and to allow full chest recoil between compressions
  - Switches duties with Rescuer One every 5 cycles or 2 minutes taking less than 5 seconds to switch

### Continue CPR until

- AED is on scene and ready to be applied
- Patient's breathing and circulation return
- You are relieved by qualified person
- Your own safety is in danger
- You are completely exhausted
- Alternate providing CPR if another provider is present



## Child CPR Skills Checklist for Healthcare Professionals

The victim is considered a child if he/she is more than one year old and does not demonstrate evidence of puberty (such as chest or underarm hair on males or breast development in females).

### Scene Safety

- Look for hazard/personal danger
- Use appropriate personal protection equipment

### Assess the victim

- Tap and shout child's name (if known) to determine if the child is responsive
- Determine if the victim is breathing normally

### Activate the Emergency Response System

- If alone and not witnessed, provide 5 cycles (about 2 minutes) of CPR prior to activating the emergency response system
- If alone and witnessed, call 911, activate the onsite emergency response system and retrieve the AED if available
- If second rescuer is available, have them call 911, activate the onsite emergency response system and retrieve the AED while first rescuer begins chest compressions.

### Check for Pulse

- Check the victim for a pulse (for at least 5 seconds) palpating a carotid or femoral pulse
- If pulse is not detected within 10 seconds, begin chest compressions

### Provide high-quality compressions

- Locate the proper hand position on chest; remove clothing if necessary (Place the heel of one hand in the center of the chest between the nipples)
- Use one or two handed chest compressions for very small children
- If alone, deliver 30 compressions alternating with 2 breaths: 
  - Push Hard (Compress chest approximately 2 inches – at least one-third the depth of the chest)
  - Push Fast (Approximately 100 compressions per minute)
- 2 Rescuer Child CPR utilize 15 compressions alternating with 2 breaths
- Allow complete chest recoil
- Minimize interruptions

### Open Airway

- Open airway using head tilt/chin lift
- Use jaw thrust if you suspect head or neck injury

### Breathing

- Apply face shield/mask
- Give 2 normal breaths over 1 second each
- Ensure chest rises with each breath



### Two Rescuer Infant CPR

- Rescuer One
  - Locate proper hand position on chest; remove clothing if necessary   
(Placing heel of one hand in the center of the chest between the nipples)
  - Maintains Compression Ventilation Ratio of 15:2
  - Switches duties with Rescuer Two every 5 cycles or 2 minutes   
taking less than 5 seconds to switch
- Rescuer Two
  - Maintains an Open Airway
  - Provides Breaths that make the Chest Rise
  - Maintains a Compression Ventilation Ratio of 15:2
  - Encourages Rescuer One to perform compressions that are   
fast and deep and to allow full chest recoil between compressions
  - Switches duties with Rescuer One every 5 cycles or 2 minutes   
taking less than 5 seconds to switch.

### Continue CPR until

- AED is on scene and ready to be applied
- Patient's breathing and circulation return
- You are relieved by qualified person
- Your own safety is in danger
- You are completely exhausted
- Alternate providing CPR if another provider is present



## Infant CPR Skills Checklist for Healthcare Professionals

An infant is less than one year old.

### Scene Safety

- Look for hazard/personal danger
- Use appropriate personal protection equipment

### Assess the victim

- Tap and shout child's name (if known) to determine if the child is responsive
- Determine if the victim is breathing normally

### Activate the Emergency Response System

- If alone and not witnessed, provide 5 cycles (about 2 minutes) of CPR prior to activating the emergency response system
- If alone and witnessed, call 911, activate the onsite emergency response system and retrieve the AED if available
- If second rescuer is available, have them call 911, activate the onsite emergency response system and retrieve the AED while first rescuer begins chest compressions.

### Check for Pulse

- Check the victim for a pulse (for at least 5 seconds) palpating the brachial artery
- If pulse is not detected within 10 seconds, begin chest compressions

### Provide high-quality compressions

- Locate the proper hand position on chest; remove clothing if necessary (Use two fingers if you are alone or two thumb-encircling hands technique for two rescuers)
- If alone, deliver 30 compressions alternating with 2 breaths:  
Push Hard (Compress chest approximately 1 1/2 inches – at least one-third the depth of the chest).   
Push Fast (Approximately 100 compressions per minute).
- 2 Rescuer Child CPR utilize 15 compressions alternating with 2 breaths.
- Allow complete chest recoil.
- Minimize interruptions.

### Open Airway

- Open airway using head tilt/chin lift.
- Use jaw thrust if you suspect head or neck injury.

### Breathing

- Apply face shield/mask.
- Give 2 normal breaths over 1 second each.
- Ensure chest rises with each breath.



### Two Rescuer Infant CPR

#### Rescuer One

- Locate proper hand position on chest; remove clothing if necessary   
(Use two fingers if you are alone or two thumb-encircling hands technique for two rescuers)
- Maintains Compression Ventilation Ratio of 15:2
- Switches duties with Rescuer Two every 5 cycles or 2 minutes taking less than 5 seconds to switch

#### Rescuer Two

- Maintains an Open Airway
- Provides Breaths that make the Chest Rise
- Maintains a Compression Ventilation Ratio of 15:2
- Encourages Rescuer One to perform compressions that are fast and deep and to allow full chest recoil between compressions
- Switches duties with Rescuer One every 5 cycles or 2 minutes taking less than 5 seconds to switch.

### Continue CPR until

- AED is on scene and ready to be applied
- Patient's breathing and circulation return
- You are relieved by qualified person
- Your own safety is in danger
- You are completely exhausted
- Alternate providing CPR if another provider is present



## Adult/Child Obstructed Airway Skills Checklist

### Assess Victim for Choking

- Ask victim “Are you choking”?
- Ask victim if you can assist(obtain consent)

### Deliver Abdominal Thrusts

- Rescuer stands or kneels behind victim and wraps arms around victim
- Rescuer makes a fist with one hand and places the thumb against victim’s abdomen below the breast bone and above the naval
- Rescuer grasps fist with other hand and applies pressure to abdomen giving quick upward thrusts
- Repeat separate distinct thrusts until object is expelled or victim becomes unresponsive.

### If victim (Adult or Child) becomes unresponsive

- Lower victim to the ground
- Activate the emergency response system
- Initiate CPR with chest compressions
- When opening airway to give breaths, look for the object. If the object is seen in the airway and can be easily removed, remove it with a finger sweep



## Infant Choking Skills Checklist

### Assess Victim for Choking

- Victim is unable to cry or make sounds
- Call for Help

### Deliver Back Slaps

- Hold infant face down on forearm supporting head and jaw in your hand
- Sit or kneel resting the arm supporting the infant on your lap or thigh
- Deliver 5 back slaps with the heel of your free hand between the Infant's shoulder blades

### Deliver Chest Thrusts

- Turn infant onto its back
- Place two fingers of your free hand on the infant's breast bone
- Provide 5 chest thrusts
- Continue alternating 5 chest thrusts with 5 back slaps

### If Infant Becomes Unconscious

- Call 911
- Lower the victim to the ground
- Begin CPR using the 2 thumb encircling hands technique (Alternate 30 compressions with 2 breaths)
- If object is seen in the airway and can be easily removed, perform a finger sweep to remove it



# Louisiana Board of Pharmacy

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## Announcements

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**NOTE:** Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.



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August 6, 2014

## Agenda Item 13: Announcements

- |                  |   |
|------------------|---|
| Aug. 15          | ULM School of Pharmacy – P-1 Orientation  |
| Aug. 19          | Xavier College of Pharmacy – P-1 Orientation  |
| Aug. 30 – Sep. 4 | FIP World Congress – Bangkok, TH  |
| Sep. 1           | Labor Day – <i>Board office closed</i>  |
| Sep. 4-5         | MPJE Item Review Conference – Mount Prospect, IL                                      |
| Sep. 10-11       | Violations Committee Informal Conference  |
| Sep. 21-24       | NABP-AACP District 6-7-8 Meeting – Whitefish, MT                                      |
| Oct. 8           | Louisiana Pharmacy Congress<br>Prescription Monitoring Program (PMP) Advisory Council |
| Oct. 14-15       | NABP Forum for Executive Officers – Mount Prospect, IL                                |
| Oct. 20          | ASPMP Annual Meeting – Savannah, GA   |
| Oct. 21-24       | NASCSA Annual Meeting – Savannah, GA  |
| Oct. 26-29       | MALTAGON Conference – St. Pete Beach, FL  |
| Nov. 11          | Veterans Day – <i>Board office closed</i>   |
| Nov. 12          | Finance, Reinstatement, & Impairment Committees                                       |
| Nov. 13          | Reciprocity Committee & Board Meeting   |
| Nov. 14          | Administrative Hearing  |
| Nov. 27          | Thanksgiving Day – <i>Board office closed</i>   |