January 1999

Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8E, Baton Rouge, LA 70808 Published to promote voluntary compliance of pharmacy and drug law.

Happy New Year (99-01-30)

The Louisiana Board of Pharmacy extends to all a joyous and happy New Year. Have you noticed for some time now the incredible fixation upon the year 2000? Newspapers, magazines, books, and television programs have all focused on December 31, 1999, when we will enter not simply a new year but a new century and a new millennium. Let's look forward with anticipation to this year 1999! Let's not skip an entire year of our lives in this rush to get to a new century. We have a whole, beautiful, mysterious year ahead of us in which to live, and hopefully, to improve our lives and the lives of those around us.

In the year ahead, may we treat our friends with kindness and our enemies with generosity.

1999 Board of Pharmacy Officers (99-01-31)

The following Board members were elected by the Board at the November 4, 1998 meeting:

Carl W. Aron ..... **President**
Reuben R. Dixon ..... **Secretary**
Philip C. Aucoin ..... **1st Vice President**
Robert L. Eastin, Sr. ..... **2nd Vice President**
B. Belaire Bourg ..... **3rd Vice President**

Board Meeting Dates for 1999 (99-01-32)

The Louisiana Board of Pharmacy will meet on the following 1999 dates:

February 24-25	**August 18-19**
May 5-6	**November 17-18**

The Board meetings will be held in Baton Rouge at the Hilton Hotel.

Pharmacy Technician Testing Dates (99-01-33)

The Louisiana Board of Pharmacy announces scheduled testing dates for pharmacy technician candidates for 1999:

January 9
April 10
July 10

Pharmacy technician testing will be held in New Orleans at the University of New Orleans.

Disease State Management Examinations Administration (99-01-34)

The Louisiana Board of Pharmacy announces scheduled testing dates of the Disease State Management Examinations for this year:

February 24, 1999	
Asthma - 9 a.m.	Diabetes - 1 p.m.
February 25, 1999	
Dyslipidemia - 9 a.m.	Anticoagulation - 1 p.m.
June 2, 1999	
Asthma - 9 a.m.	Diabetes - 1 p.m.
June 3, 1999	
Dyslipidemia - 9 a.m.	Anticoagulation - 1 p.m.
September 8, 1999	
Asthma - 9 a.m.	Diabetes - 1 p.m.
September 9, 1999	
Dyslipidemia - 9 a.m.	Anticoagulation - 1 p.m.

The February testing session will be in Baton Rouge. The June and September sessions will be held in Monroe and New Orleans.

Pharmacist Inactive Status License (99-01-35)

The Louisiana Board of Pharmacy offers Louisiana-licensed pharmacists the option of applying for an inactive status license. A pharmacist who is not actively practicing pharmacy in Louisiana may request in writing an inactive status license from the Board. There has been confusion and misunderstanding of this inactive status license. A pharmacist is not allowed to practice pharmacy with this license. To return to active status, a pharmacist must:

1. write to the Board requesting to upgrade an inactive license to active status;
2. take the state's Multistate Pharmacy Jurisprudence Examination™ (MPJE™) which is the Louisiana Pharmacy Law Exam;
3. obtain a minimum 15 of American Council on Pharmaceutical Education (ACPE)-approved continuing pharmacy education hours;
4. pay a $250 administrative fee prior to meeting with the Reinstatement Committee; and
5. meet with the Reinstatement Committee.

The inactive license status has been misinterpreted by several pharmacists. Please review this form of license status and contact the Board office if you require additional information.

Technician Talk (99-01-36)

Question – Is a certified pharmacy technician allowed to accept refill authorization over the telephone from a physician, provided there is no change in therapy or directions?

Answer – No! Authority to refill from the physician must be given to the pharmacist. The pharmacy technician shall not accept

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NABP to Conduct Study on Dissemination of Drug Information to Patients

The Food and Drug Administration (FDA) has awarded the National Association of Boards of Pharmacy (NABP) a grant to determine whether pharmacists are disseminating prescription drug information to patients. The study is being conducted to monitor pharmacy's progress in meeting the goals of the FDA's "Prescription Drug Product Labeling; Medication Guide Requirements," commonly referred to as "MedGuide."

Published in the August 24, 1996 *Federal Register*, the MedGuide legislative proposal urged private sector initiatives to "meet the goal of distributing useful patient information to 75 percent of individuals receiving new prescriptions by the year 2000, and 95 percent of individuals receiving new prescriptions by the year 2006."

NABP will be working with Professor Bonnie Svarstad of the University of Wisconsin, Madison, School of Pharmacy, to implement the study, which will be completed by July 1999. In collaboration with the FDA, a sample of pharmacies in 10 representative states will be selected for participation in the study.

The objectives of NABP's study are to collect a sample of written materials currently being distributed to patients with the receipt of a new prescription for selected drugs, to evaluate the materials according to a protocol developed from the criteria outlined in the legislation's Action Plan, and to report the results to the FDA and the public. The Action Plan can be found in the *Federal Register* or viewed on the Internet at http://library.nyam.org/keystone/final.html.

As mandated in the MedGuide legislation, a review of private sector initiatives must be conducted by January 1, 2001, to determine their progress in meeting information distribution goals. If the initiatives do not meet the specified goals, the legislation states that "FDA would either: 1) implement a mandatory comprehensive Medication Guide program, or 2) seek public comment on whether the comprehensive program should be implemented, or whether and what other steps should be taken to meet patient information goals."

New Prescribed Uses Approved for Aspirin

In the October 23, 1998 *Federal Register*, the Food and Drug Administration (FDA) announced the approval of a new rule that broadens the recommended prescribed uses of aspirin for patients with cardiovascular, cerebrovascular, and rheumatologic conditions. The rule was enacted in response to multiple scientific studies that support the use of aspirin for these disease states.

Under the new rule, aspirin is recommended for use in both men and women for the treatment of transient ischemic attacks (TIA) or ischemic stroke. Cardiovascular indications of aspirin include unstable and chronic stable angina pectoris, acute myocardial infarction (MI), and recurrent MI. Additionally, patients who have undergone specific revascularization procedures, such as angioplasty and coronary bypass operations, **and** have a vascular condition for which aspirin is already indicated are included in the rule. The doses recommended for these cerebrovascular and cardiovascular conditions are lower (50-325mg) than those previously prescribed. Lastly, aspirin is recommended for rheumatologic diseases, such as rheumatoid arthritis, osteoarthritis, spondylarthropathies, and arthritis and pleurisy associated with systemic lupus erythmatosus.

The rule applies to over-the-counter aspirin, buffered aspirin, and aspirin/antacid combination products. The revised labeling will go into effect within a year and will be provided directly to licensed prescribers. Aspirin manufacturers will be required to use the specified labeling if they desire to distribute labeling regarding the professional uses of aspirin to physicians and health care professionals.

The FDA emphasizes that consumers should not self-medicate with aspirin for these serious conditions. Consumers need to make sure that aspirin is their best treatment. They should also be informed of important risks, such as bleeding, that can be incurred through the new uses of aspirin. According to the FDA, these expanded uses of aspirin can be lifesaving when used upon the recommendation and under the supervision of a physician.

For further information, contact Ida I. Yoder of the FDA at 301/827-2222, or log on to the Center for Drug Evaluation and Research's Web site at www.fda.gov/cder/new/aspirin/aspirin_QA.htm.

FDA Mandates Alcohol Warning on OTC Analgesics

The Food and Drug Administration (FDA) published a final rule in the October 23, 1998 *Federal Register* that would require alcohol warning labels for all over-the-counter (OTC) internal analgesic/antipyretic products that are labeled for adult use and contain aspirin, other salicylates, acetaminophen, ibuprofen, naproxen sodium, and ketoprofen. The rule is specifically targeted to advise people who drink three or more alcoholic drinks per day to consult their physicians before

using these drugs, due to the increased risk of gastric bleeding and/or liver damage.

"Consumers need to know that chronic use of alcohol while taking pain relievers or fever reducers can be hazardous to their health," said Dr. Michael A. Friedman, acting FDA commissioner. "FDA urges people with a history of alcohol use to seek a doctor's advice about their risk of side effects before taking these medications."

The final rule was issued based on recommendations provided by the Nonprescription Drugs Advisory Committee and the Arthritis Drugs Advisory Committee, which concluded that chronic alcohol ingestion and OTC analgesic/antipyretic use may lead to increased risk of liver damage or gastric bleeding.

The warnings mandated by the rule include:

- Acetaminophen: "Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take acetaminophen or other pain relievers/fever reducers. Acetaminophen may cause liver damage."
- Aspirin, carbaspirin calcium, choline salicylate, ibuprofen, ketoprofen , magnesium salicylate, naproxen sodium, and sodium salicylate: "Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take [ingredient] or other pain relievers/fever reducers. [Ingredient] may cause stomach bleeding."
- Combination of acetaminophen with other analgesic/antipyretic ingredients: "Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take [insert ingredients] or other pain relievers/fever reducers. [Insert ingredients] may cause liver damage or stomach bleeding."

Manufacturers have six months to add this warning to the labeling for OTC products and combination products that are intended for adult use and contain these analgesic/antipyretic agents.

For further information, contact Debbie L. Lumpkins, Center for Drug Evaluation and Research (HFD-560), FDA, 5600 Fishers Lane, Rockville, MD 20857; 301/827-2241.

Twenty-Four States Allow Collaborative Practice Agreements

A recent search of state pharmacy practice acts and board of pharmacy regulations conducted by the National Association of Boards of Pharmacy (NABP) revealed that six more U.S. jurisdictions have enacted legislation or promulgated regulations to provide pharmacists with some degree of collaborative practice and/or prescriptive authority. The number of jurisdictions granting such authority now totals 24, compared to 18 reported in this "National Pharmacy Compliance News" in late 1997.

Idaho, Louisiana, Nebraska, Ohio, and Tennessee, as well as the U.S. territory of Guam, join the growing number of jurisdictions that permit their pharmacists to develop collaborative practice agreements with prescribers. Such agreements generally allow pharmacists to initiate and/or modify patients' medication regimens pursuant to an approved protocol.

The chart below provides an updated listing of U.S. jurisdictions that currently permit pharmacists collaborative practice or prescriptive authority.

States with Enacted Provisions Allowing Pharmacist Collaborative Practice and/or Prescriptive Authority

Arkansas	Mississippi
California	Nebraska
Florida	Nevada
Guam	New Mexico
Hawaii	North Dakota
Idaho	Ohio
Indiana	Oregon
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Texas
Louisiana	Vermont
Michigan	Washington

Continuing Education Articles Included with State Board Newsletters

Continuing a collaborative effort that produced two successful series of continuing education (CE) articles on patient counseling and medication errors, the National Association of Boards of Pharmacy (NABP) Foundation, *U.S. Pharmacist*, and Glaxo Wellcome Inc. have again joined forces to develop and distribute a CE article series through your state board of pharmacy newsletters. This new series will address various topics of interest to pharmacy practitioners, beginning with the article in this issue that discusses pain management and controlled substances.

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refill authorization over the telephone from a physician or the physician's representative. The pharmacy technician is allowed to initiate contact with the physician. The pharmacist, exclusively, shall accept the oral original prescription.

Q – I am a certified pharmacy technician in Louisiana. Will the Board of Pharmacy allow me to use the designation "CPT"?

A – Nothing in the Board of Pharmacy's laws or regulations prohibit such designation.

Disciplinary Actions (99-01-37)

The Louisiana Board of Pharmacy held a regularly scheduled meeting on June 14, 1998, at Northeast Louisiana University School of Pharmacy, Room 351, Sugar Hall, Monroe, Louisiana, and acted on the following:

W. Clifford LaFrance, #8685; Voluntary Consent Agreement: License continued on probation with additional conditions of probation and an assessment of $1,500. *Charges:* Dispensing legend drugs without a valid prescription, unprofessional conduct, conduct endangering the public, and probation violation.

The Board accepted the voluntary surrender of license of three pharmacists and reinstated two pharmacists in the Board's impairment program.

The Board reinstated three pharmacists, removed all probation conditions for one pharmacist, and denied reinstatement for two pharmacists in the Board's impairment program.

The Louisiana Board of Pharmacy held a regularly scheduled meeting on September 14, 1998, at the Baton Rouge Hilton Hotel, Azalea Room, 5500 Hilton Ave., Baton Rouge, Louisiana, and acted on the following:

Phillip A. Hughes, #10610; Reinstatement modification request; The Board extended until May 1, 1999, meeting requirements for reinstatement.

Alice M. Williby, #13074; Reinstatement request denied.

Richard Stringer, #9009; Voluntary surrender of license accepted. *Charges:* Dispensing legend and controlled drugs without a valid prescription, audit shortages, unprofessional conduct, and conduct endangering the public.

Cynthia Willis, #14177; Voluntary surrender of license accepted. *Charges:* Dispensing legend and controlled drugs without a valid prescription, unprofessional conduct, and conduct endangering the public.

Moreauville Drug Store, #0798; Voluntary Consent Agreement: Reimburse Board for investigative costs and an assessment of $500. *Charges:* Violating or attempting to violate pharmacy laws and allowing an individual to perform pharmacy technician duties without a valid certificate or work permit.

The Board reinstated 10 pharmacists, accepted the voluntary surrender of license of four pharmacists, and modified probation requirements for one pharmacist in the Board's impairment program.

Although every effort is made to ensure that the disciplinary action information is correct, you should check with the Board of Pharmacy (504/925-6496) to verify the accuracy of the listing before making any decision based on this information.

DEA Toll-Free Phone Numbers! (99-01-38)

The Drug Enforcement Administration (DEA) has installed two 888 toll-free numbers at the New Orleans office for incoming registration telephone calls. The telephone number for Gwen Robinson is: 1-888/514-7302 and the telephone number for Peggy Petty is: 1-888/514-8015.

Board Conducts Public Comment Hearing (99-01-39)

On November 19, 1998, the Board of Pharmacy conducted a public comment hearing in Baton Rouge, regarding a proposed draft of Title 37. The comments from the participants will help shape future legislation this year. A special thanks to all in attendance.

Special Note (99-01-40)

The *Louisiana Board of Pharmacy News* is considered an official method of notification to pharmacists licensed by the Louisiana Board of Pharmacy. **These newsletters will be used in hearings as proof of notification.** Please read them carefully and keep them for future reference.

The *Louisiana Board of Pharmacy News* is published by the Louisiana Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc., to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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