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Louisiana Board of Pharmacy News

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The Board is Moving! (11-04-376)

The Louisiana Board of Pharmacy has recently purchased an office building in Baton Rouge, LA, for the purpose of housing its operations. Some renovations are necessary before the Board can occupy the building. The Board's current goal is to be operational in its new location on May 1, 2011. At press time, the Board did not have confirmation as to whether its telephone and facsimile numbers will change or remain the same. The Board encourages you to monitor the Board Web site at *www.pharmacy.la.gov* for updated information as it becomes available. The Board will publish the new address in the July issue of its *Newsletter*.

Renewal of Pharmacy Technician Certificates (11-04-377)

The renewal cycle for pharmacy technicians will open on May 1, and conclude on June 30. The Board no longer mails renewal application forms; instead, the Board will mail a reminder mailer (not a postcard) just prior to May 1. If you do not receive your reminder mailer by May 15, it becomes your responsibility to obtain an application form or renew your credential online. The mailer will remind you of the three options to renew your credential:

1. Visit the Board's Web site at *www.pharmacy.la.gov* and renew your credential online using a credit card;
2. Visit the same Web site to download and print an application form, then complete and mail the application form with the appropriate fee using a check or money order; or
3. Send a written notice to the Board office (mail, fax, or e-mail) with your name, credential number, and mailing address, requesting the Board to mail an application form to you.

Certificates renewed online will be mailed within one or two business days; certificates renewed using paper application forms will be mailed within two to four weeks, depending on the volume of paper application forms received.

The online renewal function of the Web site is automatically timed to activate at 12:01 AM on May 1, and to deactivate at midnight on June 30. While the Board makes every effort to maintain the online convenience during the renewal period, the Board's service provider may experience weather-related or other unforeseen technical difficulties from time to time. You have 60 days to renew your certificate, and it is your choice as to when you complete that duty. If you choose to wait until the last day and the Web site is not available, then you will be responsible for the consequences of your failure to renew your certificate in a timely manner.

All technician certificates shall expire on June 30, regardless of the date of issue. You may not practice with an expired certificate. The renewal of an expired certificate will incur an additional $25 penalty, as well as an additional $200 reinstatement fee. Applications bearing a postmark of July 1, or later, must be accompanied by the additional fees, or the package will be returned to the sender unprocessed. If it is important for you to know when the Board receives your paper application, the Board suggests you use the mail tracking service of your choice.

Disciplinary Actions (11-04-378)

Although every effort is made to ensure this information is correct, you should contact the Board office at 225/925-6496 to verify the accuracy of any listing before making any decision based on this information.

During its February 16-17, 2011 meeting and hearing, the Board took final action in the following matters:

David Collins Evans (PST.014181): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective January 6, 2011.

Justin Matthew Scalfano (PST.018787): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective January 19, 2011.

Stephen Brent Dearmon (PST.015266): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective February 15, 2011.

Jennifer Elizabeth Koruna (PST.016255): Granted request for reinstatement of the previously suspended license, suspended it for five years with execution thereof stayed, and then placed the license on probation for five years, effective May 1, 2011, subject to certain terms as enumerated in the consent agreement.

Brett Joseph Bertrand (PST.016794): Granted request for reinstatement of the previously suspended license, suspended it for five years with execution thereof stayed, and then placed on probation for five years, effective April 15, 2011, subject to certain terms as enumerated in the consent agreement.

Ronald Allen Barrett (PST.011925): Granted request for reinstatement of the previously suspended license, suspended it for 10 years with execution thereof stayed, and then placed the license on probation for 10 years, effective February 16, 2011, subject to certain terms as enumerated in the consent agreement.

Leslie Eileen Rodgers (PST.016948): Suspended license for five years and stayed execution thereof, and then placed license on probation for five years, effective May 1, 2011, subject to certain terms as enumerated in the consent agreement.

Jarrell Raymond Sigmon (PST.010992): Granted request for reinstatement of the previously suspended license without restriction.

Randolph Eugene McEwen (PST.014282): Granted request for reinstatement of the previously suspended license, suspended license

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Obtain Your NABP e-Profile ID Online Now, ID Required for ACPE-Accredited CPE

The new National Association of Boards of Pharmacy® (NABP®) CPE Monitor service, a collaborative effort between NABP, the Accreditation Council for Pharmacy Education (ACPE), and their providers, will allow pharmacists and technicians to easily track their ACPE-accredited continuing pharmacy education (CPE) credits beginning in the latter part of 2011. In addition, the service will provide a streamlined reporting and compliance verification process for participating state boards of pharmacy. When pharmacists and technicians complete an ACPE-accredited CPE program, their participation data will be sent electronically from the provider to ACPE, then to NABP for recording into the matching NABP e-Profile. Then, if the board of pharmacy participates in CPE Monitor, the pharmacists' or technicians' CPE credits will be automatically transmitted to the board, saving pharmacists and technicians the trouble and expense of documenting and submitting compliance with state-mandated CPE requirements for license renewal. This eliminates paper forms and the overall need to submit paper copies of CPE statements of credit to the board of pharmacy for CPE activities from ACPE-accredited providers.

For convenience, the NABP e-Profile will be available 24/7 for viewing a comprehensive list of the CPE activities completed. All information will be maintained in a highly secure environment. NABP does not distribute any personal information for commercial purposes without consent.

To prepare for the new process, pharmacists and technicians are encouraged to obtain their NABP e-Profile identification to ensure their e-Profile is properly set up. Beginning in the latter part of 2011, all pharmacists and technicians will be able to provide their NABP e-Profile ID, plus their birthdate (mmdd) to receive credit for any accredited CPE activities from ACPE-accredited providers. Providers will ask CPE participants to provide the ID either when registering or when submitting participation data to the provider. Please note that CPE Monitor will not initially track CPE from non-ACPE-accredited providers. This feature will be added in Phase 2 of the CPE Monitor service, and, until then, pharmacists and technicians will need to submit non-ACPE-accredited CPE directly to their board of pharmacy when required to do so.

NABP and ACPE will work with CPE providers to ensure an adequate amount of time is allotted to implement this new service.

Pharmacists can obtain their ID by creating an NABP e-Profile using the portal in the Pharmacists section of the NABP Web site at *www.nabp.net/pharmacists*. Technicians can obtain their ID by creating an NABP e-Profile using the portal in the Technicians section of the NABP Web site at *www.nabp.net/technicians*. Visit *www.MyCPEmonitor.net* for more information.

FDA Asks Manufacturers to Limit Acetaminophen Strength

In the interest of patient safety, Food and Drug Administration (FDA) asked drug manufacturers to limit the strength of acetaminophen in prescription drug products – which are predominantly combinations of acetaminophen and opioids – to 325 mg per tablet, capsule, or other dosage unit. In addition, FDA reports that the labels of all prescription drug products that contain acetaminophen will now include a boxed warning that highlights the potential for severe liver injury and a warning that highlights the potential for allergic reactions. FDA has taken these actions to reduce the risk of severe liver injury and allergic reactions associated with acetaminophen. FDA notes that over-the-counter products containing acetaminophen are not affected by this action.

While the maximum amount of acetaminophen in a prescription tablet, capsule, or other dosage unit will be limited to 325 mg, the total number of tablets or capsules that may be prescribed and the time intervals at which they may be prescribed will not change as a result of the lower amount of acetaminophen. Additional information for health care providers and patients is included in an FDA Drug Safety Communication available on the FDA Web site at *www.fda.gov/Drugs/DrugSafety/ucm239821.htm.*

Looking for Risk

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. *ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at* www.ismp.org. *ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.*

Health care organizations focused on improving patient safety must first identify, ascertain the causes of, and employ strategies to reduce risk. Everyone on staff in an organization has responsibility for risk assessment and, therefore, risk management.

This includes involving patients in their care and seeking their help to identify risk in the system. Assessing risk in an organization is important to understanding and prioritizing areas of highest risk and for discovering which improvements will have the greatest overall impact on patient safety.

FMEA

The Failure Mode and Effects Analysis (FMEA) process is a "systematic method of identifying and preventing product and process problems before they occur." FMEA is the tool that has the potential to be an integral part of any risk assessment and, therefore, the risk management process.

FMEAs focus on identifying and removing defects, enhancing safety, and increasing customer satisfaction.

AROC

Assessing Risk and Opportunities for Change (AROC) is designed to help community pharmacy personnel identify potential medication safety risks and prevent errors. Pharmacists can use these materials and tools to pinpoint specific areas of weakness in their medication delivery systems and to provide a starting point for successful organizational improvements.

Pharmacists' Role

Pharmacists are often assumed to be the "guardians" in ensuring that medication errors do not occur. This expectation is unrealistic, because avoiding error is a health care team effort. It has, however been suggested that pharmacists should assume a leadership role in implementing safe medication use efforts in their organization.

Objectives for the pharmacist and other pharmacy staff who participate in the assessment process:

- Explain the important processes and sub-processes of medication use from prescription through administration.
- Participate in identifying failure modes and risk throughout the entire medication process, especially in information that should be available to the prescriber and nurse, as well as describing the steps in the process that occur after the medication order is transferred to the pharmacy.
- Offer possible causes for medication errors because of breakdowns in the prescription to administration process.
- Identify effects, as well as their severity and probability, when a system failure occurs.
- Offer suggestions, along with all team members, for actions that should be taken to prevent medication errors.

Pharmacists are an integral part of any medication safety assessment process. They not only offer information – as do the other disciplines in the organization – they can also expand their knowledge through participating in these risk assessments. Pharmacy participation should include frontline staff, pharmacists, pharmacy technicians, and pharmacy support staff. It is important to have multilevel involvement so that all system enhancements are discussed and identified.

To learn more about assessing risk in acute care pharmacy visit *www.ismp.org/Tools/pathways.asp.*

To learn more about assessing risk in community pharmacy visit *www.ismp.org/communityRx/aroc/*.

NABP Launches New and Improved NAPLEX/ MPJE Application in March

In March 2011, NABP launched a new and improved application process for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). The online application was upgraded to be more user friendly, allowing candidates to perform more registration tasks and providing status information to examination candidates.

In addition to providing the basic features of registering for the NAPLEX, NAPLEX score transfer, and MPJE, the new application also allows candidates to make changes to, add to, or withdraw an application, eliminating the need for candidates to call NABP for this service. Changes that can be made to an application include registering for the MPJE in additional jurisdictions and adding NAPLEX score transfer requests until the time of the examination. Technological enhancements to the application allow for the elimination of the previous requirement that candidates submit score transfer requests five business days prior to sitting for the NAPLEX.

The new application also gives candidates who miss sitting for an examination or who do not cancel within two business days of their appointment the ability to submit resitting fees online rather than having to send a payment to NABP via mail. This expedites the receipt of the candidate's new Authorization to Test so that he or she may schedule another examination appointment more quickly.

An additional benefit to candidates is the ability to monitor the status of their profile. After submitting an application, candidates can log in to their profile and see if the application has been received; if eligibility has been requested, granted, denied, or expired; if Authorization to Test has been generated; if the application has been withdrawn or expired; and history of examinations taken.

The profiles of candidates who registered for the NAPLEX or MPJE before the new application was launched will need to create a user name and password through the new application so that they can view the historical data of their NAPLEX and MPJE registrations. Upon creating a new user account, the system will match the newly created account with applications previously submitted or currently in progress so that all the information will be viewable by the candidate.

The new application also allows users to update their profiles as needed and review past orders.

In addition, the score results for the NAPLEX and MPJE are also accessible when candidates log in to the application, provided that the board for which the candidate tested participates in the online score interface. Currently, 21 boards utilize this service.

Overall, candidates can expect a clearer and smoother registration process because both front and back-end functionality of the application has been streamlined and tightly integrated.

New FDA Drug Info Rounds Training Video

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, pharmacists discuss the role of FDA in responding to and mitigating drug shortages. Drug Info Rounds is developed with contributions from pharmacists in the FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information. FDA Drug Info Rounds training videos may be accessed on the FDA Web site at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.*

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for five years with execution thereof stayed, and then placed license on probation for five years, effective February 16, 2011, subject to certain terms as enumerated in the consent agreement.

CVS Pharmacy No. 5617 (PHY.005825) [Case No. 10-115]: Assessed a fine of $5,000 plus costs; for five counts, including employment of pharmacy technician candidate with expired registration for more than one year.

Gina Renee Dimattia (PST.018306): Issued a letter of reprimand; and further, assessed a fine of $250 plus costs; for six counts, including supervision of pharmacy technician candidate with expired registration for more than one year, while serving as pharmacist-in-charge of CVS Pharmacy No. 5617.

CVS Pharmacy No. 5617 (PHY.005825) [Case No. 10-118]: Assessed a fine of $500 plus costs; for nine counts, including failure to counsel patient causing a prescription dispensing error resulting in patient's hospital admission for adverse side effects.

CVS Pharmacy No. 8309 (PHY.006026): Assessed a fine of $2,500 plus costs; for seven counts, including accountability for diversion of controlled substances by technician employee.

CVS Pharmacy No. 5528 (PHY.005940): Assessed a fine of $2,500 plus costs; for seven counts, including accountability for diversion of controlled substances by technician employee.

Cheryl Gueret Vicknair (CPT.002966): Accepted voluntary revocation of certificate; for diversion of controlled substances from CVS Pharmacy No. 5528.

Anthony L. Crain (PST.014318): Suspended license for an indefinite period of time, effective December 31, 2010; and further, may not apply for reinstatement until July 1, 2012; and further, assessed a fine of $10,000 plus costs; for four counts, including failure to report arrests for drug-related charges on license renewal applications.

Santantra Yvette Hall (CPT.007948): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective December 8, 2010.

Allison Campo Hargrave (CDS.028765-MD): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective November 22, 2010.

Marc Stephen Capello (PST.011217): Suspended license for five years and stayed execution thereof, then placed license on probation for five years, effective January 1, 2011, subject to certain terms as enumerated in the consent agreement; and further, assessed a fine of $500 plus costs; for 13 counts, including prescription forgery and the establishment of fraudulent records.

Laura Graham LeBlanc (PST.014306): Suspended license for three years and stayed execution thereof, then placed license on probation for three years, effective August 31, 2010, to run concurrently with the period of probation mandated in the Oregon State Board of Pharmacy Order issued August 31, 2010, in its Case No. 2010-0210; and further, assessed costs; for three counts, including sustaining disciplinary action in another jurisdiction for actions that constitute a basis for disciplinary sanction in this jurisdiction.

Sarah Louise Irwin (CPT.008407): Accepted voluntary surrender, resulting in suspension of the certificate for an indefinite period of time, effective November 30, 2010.

Jack's Discount Pharmacy (CDS.039138-PHY): Accepted voluntary surrender, resulting in suspension of the license for an indefinite period of time, effective February 11, 2011.

At the same meeting in February, the Board also issued letters of reprimand to three pharmacists and eight pharmacies, as well as a letter of warning to one pharmacy; and further, the Board granted one request for probation modification and denied one request for early termination of probation; and further, the Board granted one request to modify a prior conditional reinstatement order, and finally, granted one request for the reinstatement of a previously lapsed technician certificate, contingent upon the completion of certain tasks.

Calendar Notes (11-04-379)

The next Board meeting and administrative hearing will be May 4-5, 2011, at a location not yet determined. Please monitor the Board's Web site for updated information as it becomes available. The office will be closed April 22, in observance of Good Friday, May 30, in observance of Memorial Day, and July 4, in observance of Independence Day.

Special Note (11-04-380)

The *Louisiana Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates credentialed by the Board. **These *Newsletters* will be used in administrative hearings as proof of notification.** Please read them carefully. The Board encourages you to keep them in the back of the *Louisiana Pharmacy Law Book* for future reference.

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 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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