



Louisiana Board of Pharmacy

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Board Elects Officers for Calendar Year 2021 (21-01-655)

During the November 18, 2020 meeting, the Louisiana Board of Pharmacy members conducted their annual election of officers, with the following results:

- ◆ President – Carl W. Aron, from Monroe, LA, in District 5
- ◆ First Vice President – Marty R. McKay, from Woodworth, LA, in District 8
- ◆ Second Vice President – Jacqueline L. Hall, from New Orleans, LA, in District 2
- ◆ Third Vice President – Rhonny K. Valentine, from Natchitoches, LA, in District 4
- ◆ Secretary – Richard M. Indovina, Jr, from River Ridge, LA, in District 1

Board Meeting Dates for Calendar Year 2021 (21-01-656)

The Board has announced the following tentative meeting dates for calendar year 2021: February 23-25, May 25-27, August 17-19, and November 16-18. Based on conditions at the time due to the coronavirus disease 2019 (COVID-19), the meetings may be physical or virtual.

New Board Members (21-01-657)

Governor John Bel Edwards appointed three new members to the Board in 2020:

- ◆ Pharmacist **David A. Darce**, who resides in Broussard, LA, and shares in the ownership of a community pharmacy in St Martinville, LA, was appointed on June 1, 2020, to a six-year term ending June 30, 2026. He replaces Mr Richard A. Soileau, who completed 12 years of service to the Board.
- ◆ Pharmacist **Anthony G. Mercante**, who resides in Ponchatoula, LA, and shares in the ownership of a community pharmacy in the same town, was appointed on June 1, 2020, to a six-year term ending June 30, 2026. He replaces Mr Ronald E. Moore, who completed 12 years of service to the Board.

- ◆ Pharmacist **J. Troy Menard**, who resides in Covington, LA, and practices in a supervisory capacity for a chain pharmacy, was appointed on October 2, 2020, to serve the remainder of an unexpired term scheduled to expire on June 30, 2025. He replaces Dr Sajal K. Roy, who served from November 2019 to June 2020.

The Board appreciates the years of dedicated service from the previous members, and looks forward to working with the new members.

Multiple Declarations of Emergency in Effect (21-01-658)

Governor Edwards issued his initial declaration of emergency for the COVID-19 public health emergency on March 11, 2020; it has been renewed continuously and remains in effect at press time. The Board has issued multiple guidance documents, which have included multiple waivers and exemptions from certain rules. The Board has established a COVID-19 web page available on the Board's website now located under the [State of Emergency](#) tab in the upper left corner of the home page.

Governor Edwards issued his initial declaration for the severe weather associated with Hurricane Laura on August 21, 2020; it remains in effect until January 17. The Board established a Hurricane Laura web page located under the State of Emergency tab. The posted guidance documents and other resources include information on dispensing of emergency prescriptions, assessment of medication integrity in storm-damaged pharmacies, disposal of contaminated medical waste and hazardous waste, and reporting of theft or loss of controlled substances (CS).

Decisions From November 2020 Board Meeting (21-01-659)

During the November 18, 2020 meeting, the members made several decisions affecting pharmacy practice, including:

- ◆ The members reviewed all 26 of the interim policies and waivers issued during the public health

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National Pharmacy Compliance News

January 2021



NABPF
National Association of Boards
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

DEA Publishes New Version of Pharmacist's Manual

The latest version of the *Pharmacist's Manual: An Informational Outline of the Controlled Substances Act* has been released by Drug Enforcement Administration's (DEA's) Diversion Control Division. The guide is provided to assist pharmacists in understanding the Federal Controlled Substances Act and its regulations as they pertain to the pharmacy profession. This edition has been updated to include information on the Secure and Responsible Drug Disposal Act of 2010, the Comprehensive Addiction and Recovery Act of 2016, and the SUPPORT for Patients and Communities Act of 2018, and replaces all versions of the guidance previously issued by the agency. The new *Pharmacist's Manual* can be accessed by visiting the DEA [website](#).

Time to End VinCRISTine Syringe Administration



This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate. Have you experienced a medication

error or close call? Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and Food and Drug Administration (FDA). To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert![®] newsletters at www.ismp.org.

At the request of FDA, Pfizer has revised the prescribing information and product packaging for vinCRISTine sulfate injection. Importantly, they have removed wording from the vinCRISTine package insert that described direct intravenous (IV) injection of vinCRISTine via a syringe. FDA recommended this revision at the request of ISMP, the National Comprehensive Cancer Network, and The Joint Commission.

The WARNINGS section of the package insert now states, "To reduce the potential for fatal medication errors due to incorrect route of administration, vinCRISTine sulfate injection should be diluted in a flexible plastic container and prominently labeled as indicated 'FOR INTRAVENOUS USE ONLY—FATAL IF GIVEN BY OTHER ROUTES.'" More than 140 deaths are known to have occurred in the United States and globally due to accidental intrathecal injection of the drug via syringe, often when it was mixed up with, or wrongly assumed it was supposed to be given with, another drug meant for intrathecal administration, such as methotrexate. No such cases have been reported with dilution of vinCRISTine in a minibag, due to physical differences in the packaging and the need for an administration set.

Unfortunately, some practice sites are still using syringes to administer IV vinCRISTine. Based on data collected in response to the *ISMP Medication Safety Self Assessment for High Alert Medications* between September 2017 and March 2018 from 442 US hospitals, nearly 20% of respondents still used syringes at least part of the time, including 13% who always used syringes to administer IV vinCRISTine. Thus, the risk of accidental intrathecal injection still exists in the US and globally.

Dispensing vinCRISTine and other vinca alkaloids in a minibag of compatible solution, and not in a syringe, was among the very first *ISMP Targeted Medication Safety Best Practices for Hospitals*, which were launched in 2014¹. Then, in March 2019, ISMP called on the FDA to eliminate all mention of syringe administration from official vinCRISTine labeling.²

ISMP has frequently referred to wrong route administration of vinCRISTine and vinca alkaloids as the "most serious of all medication errors." Patients experience tremendous pain and are often aware of their impending death, which typically occurs within days or weeks. There is no effective reversal once the mistake is made. Even with the labeling change, there is nothing to stop health care practitioners from administering vinCRISTine via syringe (except if they can only get the drug dispensed in a minibag). We hope that every hospital and health system will investigate exactly how vinCRISTine is being administered at any site that uses the drug. It is time to end the practice of syringe administration by making it a requirement for all vinCRISTine doses to be diluted in a minibag.

References

1. www.ismp.org/guidelines/best-practices-hospitals
2. www.ismp.org/resources/ismp-calls-fda-no-more-syringes-vinca-alkaloids

What Pharmacists Need to Know About Biosimilar and Interchangeable Biological Products



This column was prepared by FDA, an agency within the US Department of Health and Human Services, that protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines, and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Biological products are a diverse category of products and are generally large, complex molecules. These products may be produced through biotechnology in a living system, such as a microorganism, plant cell, or animal cell, and are often more difficult to characterize than small molecule drugs. There are many types of biological products approved for use in the US, including therapeutic proteins (eg, filgrastim), monoclonal

antibodies (eg, adalimumab), and vaccines (eg, influenza and tetanus).

Section 351(k) of the Public Health Service Act (PHS Act) provides an abbreviated licensure pathway for biological products shown to be biosimilar to or interchangeable with an FDA-licensed reference product, which can help provide more affordable treatment options for patients. For example, on [March 23, 2020](#), FDA-approved insulin products were transitioned to regulation as biological products under the PHS Act, which means that transitioned insulin products are open to competition from future biosimilars, including interchangeable biosimilars.

Key Terms for Biosimilar and Interchangeable Products

- ◆ **Biosimilar Product:** A biosimilar is a biological product that is highly similar to and has no clinically meaningful differences from an FDA-approved reference product.
- ◆ **Interchangeable Product:** An interchangeable product is a biosimilar that meets additional approval requirements and may be substituted for the reference product without the intervention of the prescribing health care provider.
- ◆ **Reference Product:** A reference product is the single biological product, already approved by FDA, against which a proposed biosimilar or interchangeable product is compared.

Are Biosimilars the Same as Generic Drugs?

Biosimilars and generic drugs are versions of brand name drugs and may offer more affordable treatment options to patients. Biosimilars and generics are approved through different abbreviated pathways that avoid duplicating costly clinical trials. But biosimilars are not generics, and there are important differences between them.

For example, the manufacturer of a generic drug must demonstrate, among other things, that the generic contains the same active ingredient as the brand name drug and that the generic is bioequivalent to the brand name drug. By contrast, biosimilar manufacturers must demonstrate that the biosimilar is highly similar to the reference product, except for minor differences in clinically inactive components, and that there are no clinically meaningful differences between the biosimilar and the reference product in terms of safety and effectiveness.

Unlike generics, biosimilars are generally prescribed by brand name by a health care provider, while interchangeables, like generics, may be substituted without the involvement of the prescribing health care provider, depending on state laws.

What is the Purple Book?

The [Purple Book](#) database contains information on FDA-licensed (approved) biological products regulated by the Center for Drug Evaluation and Research, including licensed biosimilar and interchangeable products, and their reference products. It also contains information about all FDA-licensed allergenic, cellular, and gene therapy, hematologic, and vaccine products regulated by the Center for Biologics Evaluation and Research.

The Purple Book has simple and advanced search capabilities and some information that you can find includes the proprietary (brand) name and nonproprietary (proper) name of biological products, applicant (company), dosage form, product presentation

(eg, autoinjector, vial), route of administration, and strength. The Purple Book also will display FDA-approved interchangeable products and note with which brand product each interchangeable product may be substituted.

Are Therapeutic Equivalence Codes Assigned to Biological Products?

FDA does not assign therapeutic equivalence codes to biological products listed in the Purple Book like it does for small molecule drugs listed in the “Orange Book.” The Purple Book provides information about whether a biological product has been determined by FDA to be biosimilar to or interchangeable with a reference product.

Can Interchangeable Products Be Substituted at the Pharmacy?

Many states have laws that address pharmacy-level substitution, including permitting substitution of interchangeable products, and the specific laws vary from state to state.

There are currently no FDA-approved interchangeable products. Once there are, interchangeables, by definition, can be expected to produce the same clinical result as the reference product in any given patient.

Biosimilar and interchangeable products meet FDA’s rigorous standards for approval, and patients and health care providers can be assured of the safety and effectiveness of these products, just as they would for the reference product.

Where Can I Find Additional Resources?

- ◆ [fda.gov/biosimilars](https://www.fda.gov/biosimilars)
- ◆ purplebooksearch.fda.gov
- ◆ [fda.gov/drugs/guidance-compliance-regulatory-information/deemed-be-license-provision-bpci-act](https://www.fda.gov/drugs/guidance-compliance-regulatory-information/deemed-be-license-provision-bpci-act)
- ◆ [fda.gov/media/135340/download](https://www.fda.gov/media/135340/download)

Final Insanitary Conditions at Compounding Facilities Guidance Released by FDA

Continuing efforts to protect patients from exposure to poor quality compounded drugs, FDA has published final guidance for compounding facilities regarding insanitary conditions. The final guidance, [Insanitary Conditions at Compounding Facilities Guidance for Industry](#), provides recent examples of insanitary conditions that FDA has observed at compounding facilities and details corrective actions that facilities should take when they identify these conditions. The guidance is intended to help compounders identify and prevent such issues at their facilities.

While some compounders work hard to meet quality standards, FDA says its investigators continue to observe poor conditions that impact drug quality and that have the potential to harm patients. These include the presence of dirt, mold, insects, trash, peeling paint, unclean exhaust vents, and dirty high-efficiency particulate air filters.

In response to the draft guidance, FDA states that it has also added recommendations for compounders to use risk management tools to develop appropriate controls to prevent insanitary conditions at facilities. The guidance also addresses the regulatory actions that FDA may take in response to these conditions.

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emergency as well as the declaration of emergency for Hurricane Laura. The members noted that some of the temporary waivers had already been converted to permanent rules, some measures were no longer necessary, and some were still necessary. The Board terminated some policies and extended others. The status of all 26 interim policies may be verified under the State of Emergency tab on the Board's website. The Board also distributed this information by email to all pharmacy licensees in early December.

- ◆ The members recalled an earlier decision in 2019 to delay enforcement of the federal standards on the handling of hazardous drugs found in United States Pharmacopeia Chapter <800> until January 1, 2021. They considered that pharmacies attempting to comply with those standards have most likely been impacted by the current public health emergency. The members voted to further delay the enforcement of those standards to an undetermined date in the future beyond calendar year 2021. While the Board has opted to delay its enforcement, it is possible pharmacies may have relationships with other organizations that have not delayed their expectation of compliance with those standards.
- ◆ The members took note of a temporary conflict in the CS status of prescription cannabidiol. While the federal government has removed that drug from Schedule V of the federal list of CS, the Louisiana Legislature will not have the opportunity to make that same decision until its next regular session later this year. In the interim, the Board voted to exercise enforcement discretion and not take any disciplinary action against a pharmacy dispensing such prescriptions as non-CS. The *Statement on Dispensing Prescriptions for Cannabidiol* resides on the Board's website and was distributed by email to all pharmacy licensees in early December.
- ◆ Although some of the Board's credentials currently exist only in virtual format, the Board voted to expedite the transition of all of its credentials from paper format to a virtual format, meaning no paper form will exist. All credentials are verifiable on the Board's website. Anyone needing a paper document can print the credential verification screen, which includes a notation that the Board's website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board. Staff will begin transitioning credentials to virtual status. It is possible some new credentials may be issued in paper format with renewals converting to virtual format.

Disciplinary and Other Licensure Actions (21-01-660)

During its November 18, 2020 meeting, the Board took action on several items of business, including:

Tamara Lynn Bourg (CPT.004979): Board granted her request for reinstatement of the lapsed certificate, contingent upon satisfaction of the following requirements prior to November 18, 2022: (1) acquisition of at least 250 hours of updated practical experience under the authority of a special work permit to be requested from the Board office; (2) receipt of a letter of competency from the pharmacist supervising the updated practical experience; and (3) acquisition of at least 10 hours of Accreditation Council for Pharmacy Education (ACPE)-accredited technician-specific continuing pharmacy education (CPE).

Delana Rae Heltz (CPT.009588): Board granted her request for reinstatement of the lapsed certificate, contingent upon satisfaction of the following requirements prior to November 18, 2022: (1) acquisition of at least 250 hours of updated practical experience under the authority of a special work permit to be requested from the Board office; (2) receipt of a letter of competency from the pharmacist supervising the updated practical experience; and (3) acquisition of at least 10 hours of ACPE-accredited technician-specific CPE.

Jaime Lynn Blanchard (CPT.001387): Board granted her request for reinstatement of the lapsed certificate, contingent upon satisfaction of the following requirements prior to November 18, 2022: (1) acquisition of at least 250 hours of updated practical experience under the authority of a special work permit to be requested from the Board office; (2) receipt of a letter of competency from the pharmacist supervising the updated practical experience; (3) acquisition of at least 10 hours of ACPE-accredited technician-specific CPE; and (4) successful completion of a Board-approved pharmacy technician examination (Pharmacy Technician Certification Exam administered by Pharmacy Technician Certification Board or, in the alternative, Exam for the Certification of Pharmacy Technicians administered by National Healthcareer Association).

Louisiana CVS Pharmacy, LLC, dba CVS Pharmacy No. 4068 (Haughton, LA) (PHY.005771): For its failure to conduct a completed CS inventory following the discovery of a loss or theft of approximately 3,000 tablets of alprazolam 1 mg on December 17, 2018, and for its failure to conduct a complete CS inventory following the discovery of a loss or theft of approximately 1,000

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tablets of alprazolam 1 mg as well as approximately 250 tablets of alprazolam 2 mg on August 30, 2019, and for its failure to provide a copy of the Drug Enforcement Administration Form 106 report of that August 2019 loss to the Board office until November 6, 2019, the Board assessed a fine of \$10,000 plus administrative and investigative costs.

Louisiana CVS Pharmacy, LLC, dba CVS Pharmacy No. 16801 (Monroe) (PHY.007241): For its failure to accurately record the name of the prescriber on prescriptions for CS as well as the corresponding prescription labels, the Board assessed a fine of \$2,500 plus administrative and investigative costs.

Louisiana CVS Pharmacy, LLC, dba CVS Pharmacy No. 5521 (West Monroe, LA) (PHY.005777): For its repeated failure to accurately record the name of the prescriber on prescriptions for CS as well as the corresponding prescription labels, the Board assessed a fine of \$2,500 plus administrative and investigative costs.

Walgreen Louisiana Co, Inc, dba Walgreen Pharmacy No. 6190 (Hammond, LA) (PHY.004710): For its role in allowing a pharmacy technician candidate to practice with an expired registration for 14 days during February 2020, the Board assessed a fine of \$2,500 plus administrative and investigative costs.

Hajira Ebady (PST.020956): For her failure to disclose the December 2019 action against her Kentucky pharmacist license by the Kentucky Board of Pharmacy on her December 2019 application for the renewal of her Louisiana pharmacist license despite specific questioning for such information, the Louisiana Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Institutional Pharmacies of Louisiana, LLC, dba Institutional Pharmacies of Louisiana (Scott, LA) (PHY.005169): For its failure to apply for a new pharmacy permit in 2011 when the ownership of its permit changed by more than 50% after the original permit was issued, and for continuing to operate a pharmacy without a valid permit since 2011, the Board assessed a fine of \$45,000 plus administrative and investigative costs.

Barry John Dupre (PST.014468): For his diversion of approximately 85 tablets of alprazolam from his employer pharmacy, the Board suspended his license for one year and stayed the execution of the suspension, then placed the license on probation for one year, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement; and further, assessed administrative costs.

Johana Berenice Doucet (CPT.011781): Board granted her request for reinstatement of the previously lapsed certificate, suspended the certificate for five years and stayed the execution of the suspension, then placed the certificate on probation for five years, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement.

Kimiko Tiesha Austin (CPT.005676): Board granted her request for reinstatement of the previously lapsed certificate, suspended the certificate for five years and stayed the execution of the suspension, then placed the certificate on probation for five years, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement.

Lisa Kay Moreau (PST.014955): Board granted her request for release from a previously executed no-practice agreement, suspended the license for five years and stayed the execution of the suspension, then placed the license on probation for five years, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement.

Amber Mone Loup (PST.018248): Board granted her request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and stayed the execution of the suspension, then placed the license on probation for five years, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement.

Catherine Rose Freeman (PST.020613): Board granted her request for modification of previous orders, removed all probationary terms, terminated the probationary period originally scheduled to conclude on March 21, 2023, and then restored the license to active and unrestricted status.

Nancy Lynn Odom (PST.014796): Board granted her request for modification of previous orders, then removed Article 3-f from her November 2018 Probation Board Order, which had prevented her from accepting an appointment as the pharmacist-in-charge of a pharmacy; and further, reiterated all other probationary terms shall remain in effect for the remainder of the probationary period.

Amanda Schubert Balli (PST.019454): Board granted her request for modification of previous orders, removed all probationary terms, terminated the probationary period originally scheduled to conclude on November 15, 2022, and then restored the license to active and unrestricted status.

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Brigid Grace Himel (PST.013209): Board suspended the license for two years and stayed the execution of the suspension, then placed the license on probation for two years, effective November 18, 2020, subject to certain terms enumerated within the voluntary consent agreement.

DeShontae Sharae Mouton (CPT.013508): For her failure to disclose her March 3, 2020 arrest on her May 7, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

LaDonna Denise Wellman (CPT.010980): For her failure to disclose her April 27, 2020 arrest on her May 22, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Faljaray Tiara Lewis (CPT.012886): For her failure to disclose her September 25, 2019 arrest on her June 2, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Cheryl Tough Alexander (CPT.015010): For her failure to disclose her November 27, 2019 arrest on her June 25, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Laquita Nicole Garner (CPT.014004): For her failure to disclose her September 4, 2019 arrest on her July 31, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Raveen Symone Williams (CPT.010288): For her failure to disclose her May 11, 2020 arrest on her July 31, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

AMSR, LLC, dba American Medical Sales & Rentals (Centennial, CO) (DME.000956): For dispensing durable medical equipment (DME) into Louisiana after

its DME permit expired on August 31, 2019, the Board issued a letter of reprimand; and further, assessed a fine of \$2,500 plus administrative and investigative costs.

Bet Pharm, LLC, dba Bet Pharm (Lexington, KY) (PHY.005646): In recognition of the probationary period imposed on its resident state pharmacy permit by the Kentucky Board of Pharmacy for violations of that state's sterile compounding standards, which conduct constitutes a basis for action against its Louisiana pharmacy permit, the Louisiana Board suspended its pharmacy permit for four years plus eight months, 18 days, and stayed the execution of the suspension. The Board then placed the permit on probation for four years plus eight months, 18 days, effective November 18, 2020, and terminating August 5, 2025, subject to certain terms enumerated within the voluntary consent agreement, noting the probationary period is to run concurrently with the probationary period imposed by the Kentucky Board of Pharmacy; and further, assessed administrative costs.

Seth Herbert DePasquale (PST.020915): In recognition of the probationary period imposed on his Kentucky pharmacist license by the Kentucky Board of Pharmacy for violations of that state's sterile compounding standards, which conduct constitutes a basis for action against his Louisiana pharmacist license, the Louisiana Board suspended his pharmacist license for four years plus eight months, 18 days, and stayed the execution of the suspension. The Board then placed the license on probation for four years plus eight months, 18 days, effective November 18, 2020, and terminating August 5, 2025, subject to certain terms enumerated within the voluntary consent agreement, noting the probationary period is to run concurrently with the probationary period imposed by the Kentucky Board of Pharmacy; and further, assessed administrative costs.

Pensacola Apothecary, Inc, dba Everwell Specialty Pharmacy (Pensacola, FL) (PHY.007114): In recognition of the probationary period imposed on its resident state permit by the Florida Board of Pharmacy for dispensing compounded preparations in the absence of a prescription, which conduct constitutes a basis for action against its Louisiana pharmacy permit, the Louisiana Board suspended its pharmacy permit for seven months plus 20 days and stayed the execution of the suspension. The Board then placed the permit on probation for seven months plus 20 days, effective November 18, 2020, and terminating July 8, 2021, subject to certain terms enumerated within the voluntary consent agreement, noting the probationary period is to run concurrently with the probationary

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period imposed by the Florida Board of Pharmacy; and further, assessed administrative costs.

Danna Jaye Durham (CPT.015154): For her diversion of CS from her employer pharmacy, the Board revoked her certificate, effective October 2, 2020; and further, permanently prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board.

Jackie Renee Brisken (CPT.015149): For her failure to disclose her February 13, 2020 arrest on her June 10, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Janet Duplantis Tausin (CPT.011789): For her failure to disclose her November 22, 2019 arrest on her June 27, 2020 application for the renewal of her pharmacy technician certificate despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$250 plus administrative costs.

Calendar Notes (21-01-661)

The Board office will be closed on January 18 for Martin Luther King, Jr Day, February 16 for Mardi Gras Day, and April 2 for Good Friday.

Special Note (21-01-662)

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. Electronic copies dating back to 1998 are posted on the Board's website.

Louisiana Lagniappe (21-01-663)

"A prescription on a board of pharmacy lab exam called for preparing six capsules. A student turned in all paperwork, procedures, and labeled bottle with two capsules, along with a note explaining the customer only had enough money for two capsules." – Lester E. Hosto, in *Humor PRN (as needed)*.

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