

April 2021

News



Louisiana Board of Pharmacy

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Transition to Virtual Credentials (21-04-664)

Some of the Louisiana Board of Pharmacy's newer credentials (eg, medication administration registrations and collaborative drug therapy management registrations) have always been virtual in format, meaning no paper form exists. Because of continued increases in printing and postage costs, the Board has approved transitioning all Board credentials to a virtual format. The Board will deplete its paper credential supplies during this calendar year and is processing both renewals and new credentials in a virtual format. All credentials are verifiable on the Board's website at any time. Licensees in need of a printed copy of their credential status can print a screenshot of the credential web page using their own computer.

Renewal of Pharmacy Technician Certificates (21-04-665)

The renewal cycle for pharmacy technicians will open on May 1, 2021, and conclude on June 30, 2021. The Board will mail a renewal reminder mailer just prior to May 1. The renewal reminder will lay out the three options you have to renew your certificate:

1. Visit the Board's website at www.pharmacy.la.gov and renew your certificate online using a credit card.
2. Visit the same website to download and print an application form, then complete and mail the application form with the appropriate fee using a check or money order.
3. Send a written request to the Board office (mail, fax, or email) with your name, certificate number, and current mailing address, requesting the Board to mail a paper application form to you.

Any address changes received at the Board office after April 16, 2021, will not be reflected on your renewal reminder mailer. In the event the postal service fails to deliver your renewal reminder mailer by May 15, 2021, then it becomes your responsibility to obtain an application

form or renew your certificate online. 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 for processing.

The online renewal function of the website is programmed to activate at 12:01 AM on May 1, 2021, and to deactivate at midnight on June 30, 2021. While the Board makes every effort to maintain this online convenience during the renewal cycle, 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 to complete that duty. If you choose to wait until the last day and the website is not available, then you will be responsible for the consequences of your failure to renew your certificate in a timely manner. The Board does not waive late fees in that situation. Why take a chance? Please do not wait until the last minute of the last day.

All technician certificates expire on June 30, 2021, regardless of the date of issue. You may not practice with an expired certificate. The fee for the timely renewal of an active certificate is \$50. For the first 30 days past the expiration date, the renewal of an expired certificate will incur an additional \$25 penalty fee, for a total fee of \$75. Applications received in the Board office more than 30 days after the expiration date will incur an additional \$200 reinstatement fee, for a total fee of \$275. Applications bearing a postal service mark of July 1, 2021, or later must be accompanied by the additional fee(s) or the application package will be returned to the sender unprocessed. If it is important to you to know if or when the Board receives your paper application form, the Board suggests that you use the mail tracking service of your choice. With more than 7,000 pharmacy technician certificates to be renewed, the staff will not be able to respond to your request to confirm mail deliveries.

National Pharmacy Compliance News

April 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.

Guidelines, Materials Available to Health Care Providers for Safely Administering COVID-19 Vaccines

Guidelines and materials are available to support health care providers with safely administering the coronavirus disease 2019 (COVID-19) vaccine, including safe practice recommendations from the Institute for Safe Medication Practices (ISMP) and a United States Pharmacopeia (USP) toolkit.

After numerous reports of errors or hazards associated with the administration of COVID-19 vaccines, ISMP is sharing [safe practice recommendations](#).

A new USP toolkit is also available to facilitate operational efficiencies that can help accelerate delivery and support safe handling of COVID-19 vaccines while maintaining quality and ultimately the public's trust. Download the USP [toolkit](#).

FDA Issues Guidance to Protect Consumers From Methanol Poisoning

Food and Drug Administration (FDA) has issued guidance for industry, *Policy for Testing of Alcohol (Ethanol) and Isopropyl Alcohol for Methanol, Including During the Public Health Emergency (COVID-19)*. The guidance is intended to help pharmaceutical manufacturers and pharmacists who engage in drug compounding to avoid using pharmaceutical alcohol contaminated with or substituted with methanol in drug products. FDA noted that methanol is not an acceptable ingredient for any drug product and should not be used. The guidance is available on the FDA [website](#).

Standardize Concentrations for Oral Liquid Preparations

This column was prepared by 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 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.

Few would disagree that standardizing the concentrations of drugs has enormous potential for increasing safety, especially

in pediatric care. Standardization limits the risk of variation, especially when patients are transitioned from hospital to home or have prescriptions filled at different pharmacies. However, ISMP has learned of multiple instances in which unrecognized differences or changes in drug concentrations led to confusion and dosing errors.

In one example, a patient was prescribed hydroxyurea, an antineoplastic agent. The community pharmacy compounded a 50 mg/mL suspension for the patient with instructions to take 13 mL (650 mg) for each dose. When the patient was later admitted to the hospital, the inpatient pharmacy prepared their standard concentration of 100 mg/mL, but the same dose volume of 13 mL was ordered. As a result, the patient received doses of 1,300 mg for several days before the error was recognized. It is unclear why the community pharmacy prepared a 50 mg/mL concentration. Perhaps the prescriber ordered that concentration or that was the concentration with which the pharmacist was most familiar.

Similar concentration mix-ups have been reported in literature. In one case, the oral class 1c antiarrhythmic medication flecainide was involved. The parents of a nine-month-old infant were told to increase the child's dose volume of flecainide to 4 mL, assuming the concentration was 5 mg/mL as in the original prescription.¹ However, the parents refilled the prescription at a different pharmacy and received the drug in a 20 mg/mL concentration. The patient received 80 mg/4 mL, a fourfold overdose, resulting in wide complex tachycardia and QRS prolongation.

There have been efforts, including those by a collaborative led by the University of Michigan² and the American Society of Health-System Pharmacists (ASHP)³, to publish lists of consensus and literature-based standard concentrations. In fact, for the medications involved in the cases above, both the University of Michigan and ASHP standard recommendations are in alignment – hydroxyurea 100 mg/mL and flecainide 20 mg/mL. However, the outreach and communication of these standardization efforts do not appear to be reaching prescribers and pharmacists. Both inpatient and outpatient practitioners need to get on the same set of standard concentrations for compounded oral liquids. It is imperative that both medical and pharmacy professional organizations develop and implement effective strategies to reach and influence practitioners to use the published standard concentrations. ISMP urges prescribers and pharmacists to review the University of Michigan and

ASHP lists and consider adopting the proposed standard concentrations. Your efforts can help reduce the risk of medication errors.

It is also important for pharmacists to provide patients or caregivers with appropriately sized metric-only dosing devices (eg, oral syringes) to measure and administer doses. Label directions for patients and caregivers should include the dose in terms of mL (not teaspoonfuls), matching the dosing device. The community pharmacy label should also include the concentration next to the drug name. To be sure patients or caregivers are able to use the dosing device and measure the proper dose, use the teach-back method to demonstrate how to measure and administer prescribed amounts. This also gives pharmacists, patients, and caregivers an opportunity to catch an error.

References

1. Wang GS, Tham E, Maes J, et al. Flecainide toxicity in a pediatric patient due to differences in pharmacy compounding. *Int J Cardiol.* 2012;161(3):178-9.
2. www.mipedscompounds.org/
3. www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx

Opioid Use Disorder Educational Programs, Resources Available for Pharmacists

Through its Opioid Use Disorder (OUD) Education Program, the College of Psychiatric and Neurologic Pharmacists (CPNP) provides educational programs and resources that can help pharmacists during the ongoing opioid epidemic. These educational opportunities include Accreditation Council for Pharmacy Education-approved, on-demand programs covering subjects such as pharmacotherapy for OUD, comorbid disorders, and chronic pain and OUD. Toolkits and guides are available to assist pharmacists in the areas of intervention, medication management, and naloxone access.

These educational materials and resources can be accessed through the CPNP [website](#).

National Diabetes Prevention Program – How Pharmacists Can Get Involved

Pharmacists can play a key role in preventing type 2 diabetes by helping to expand the reach of the National Diabetes Prevention Program (National DPP) – a program led by the Centers for Disease Control and Prevention (CDC) that makes it easier for patients with prediabetes or who are at risk for type 2 diabetes to participate in evidence-based lifestyle changing programs to reduce their risk and improve overall health. CDC offers an action guide for community pharmacists that outlines ways pharmacies can raise awareness of prediabetes. The National

DPP is a partnership among private and public organizations to screen and test for prediabetes and refer people with prediabetes to a CDC-recognized lifestyle change program participating in the National DPP, and deliver the National DPP lifestyle change program. More information about how pharmacists can participate is available on the CDC [website](#).

Surgery Patients Receive More Opioids in the US Than in Other Countries

Patients in the US are prescribed a disproportionately higher number of opioids after surgeries compared to surgery patients in other countries, according to a new study. The study, published in the *Journal of the American College of Surgeons*, reviewed data from 2,024 surgery patients and found that 83% of US patients without pain were prescribed opioids, compared with 8.7% of non-US patients without pain. The authors concluded that US patients are prescribed more amounts of opioids at higher rates regardless of the severeness of their post-surgical pain. The authors recommend that more efforts are made toward ensuring that opioid prescriptions are tailored to patients' needs.

The full text of the study can be accessed by visiting [www.journalacs.org/article/S1072-7515\(20\)32336-X/fulltext](http://www.journalacs.org/article/S1072-7515(20)32336-X/fulltext).

Study Finds 94% Drop in Symptomatic COVID-19 Cases With Pfizer's Vaccine

A study by Israel's largest health care provider, health maintenance organization Clalit, reported that there is a 94% drop in symptomatic COVID-19 cases with the Pfizer vaccine. The study represents 600,000 people who received two doses of the Pfizer COVID-19 vaccine in Israel. Clalit, which covers more than half of all Israelis, noted the same group who received the COVID-19 vaccine doses was also 92% less likely to develop serious illness from the virus. The study compared the vaccine recipient group to another group of the same size and medical history who had not received the vaccines. Read the full study [here](#).

NABP Executive Director/Secretary Addresses Pharmacists' Involvement in COVID-19 Vaccination During FIP Webinar

NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, presented during the International Pharmaceutical Federation's (FIP's) Regulators' Forum on pharmacists' involvement with COVID-19 vaccination on February 4, 2021. The webinar addressed a new regulatory vaccination preparedness self-assessment tool and risk assessment, the expanded roles for pharmacists, and data FIP has collected on vaccinations by pharmacists. View the webinar [here](#).

Automated Medication System Registrations (21-04-666)

The Board revised its chapter of rules for automated medication systems (AMS) in February 2021. As part of that rule revision process, the requirement for a pharmacy hosting an AMS device located within the building housing that pharmacy to obtain an AMS registration was removed. Although pharmacies hosting an AMS device located within the building housing that pharmacy are now exempt from the registration requirement, they are still obliged to comply with the operational standards in that chapter of rules (Chapter 12). In the event the pharmacy supplies medications to an AMS device located outside the building housing the pharmacy, then AMS registrations for those locations are still required.

Renewal of Other Credentials (21-04-667)

In addition to the pharmacy technician cycle, the Board will also be renewing other credentials this spring and summer. Of these credentials, approximately:

- ◆ 450 AMS registrations expire June 30;
- ◆ 425 emergency drug kit (EDK) permits expire June 30;
- ◆ 9,000 controlled dangerous substances (CDS) licenses for facilities and practitioners expire between May 1 and July 31; and
- ◆ 650 durable medical equipment (DME) permits expire August 31.

The AMS and EDK credentials must be renewed using paper application forms. The Board will mail those pre-printed application forms just prior to May 1, 2021, and timely renewals must be accomplished on or before the expiration date; penalties will apply to the renewal of expired credentials.

The CDS credentials may be renewed either online or using paper application forms. The Board will mail the renewal reminder mailer in late April, and timely renewals must be accomplished on or before the expiration date; penalties will apply to the renewal of expired credentials.

The DME permits may be renewed either online or using paper application forms. The Board will mail the renewal reminder mailer just prior to July 1, 2021, and timely renewals must be accomplished on or before August 31, 2021; penalties will apply to the renewal of expired credentials.

Decisions From February 2021 Board Meeting (21-04-668)

During its February 24, 2021 meeting, the Board approved a number of policy documents as well as legislative and regulatory proposals. Board members voted to:

- ◆ Further extend the temporary expiration date for medication administration (MA) registrations from February 28, 2021, to December 31, 2021, for those pharmacists who have not yet renewed their CPR cards.
- ◆ Allow the use of virtual competency demonstrations for certification in basic CPR, but only when such programs are accredited by the Accreditation Council for Pharmacy Education (ACPE), the Accreditation Council for Continuing Medical Education, or the American Nurses Credentialing Center. With an allowance for the use of online certification for CPR card renewals, the Board encourages all pharmacists holding an MA registration with an expired CPR card to renew their CPR cards as soon as possible. With this online resource available, the members indicated they were not inclined to further extend the temporary expiration dates of MA registrations beyond December 31, 2021.
- ◆ Further extend the expiration date of the interim policy relative to flexible staffing ratios from February 28, 2021, to December 31, 2021. This interim policy permits one pharmacist to supervise as many as four pharmacy personnel, whether they are interns, technicians, or technician candidates. The standard ratios for each credential category are temporarily suspended, and the pharmacist may supervise a maximum of four pharmacy personnel of any credential type.
- ◆ Further extend the interim policy for continuing pharmacy education (CPE) requirements for renewal of pharmacist licenses. Last year, the Board adopted an interim policy for the renewal of pharmacist licenses for calendar year 2021; the interim policy suspended the requirement for live CPE, requiring only 15 hours of ACPE-accredited CPE. The Board voted to extend that policy for the renewal of pharmacist licenses for calendar year 2022. The requirement for live CPE is suspended for that year, and only 15 hours of ACPE-accredited CPE are required to renew a pharmacist license for calendar year 2022.
- ◆ Approve a guidance document for the Board's licensees relative to the Public Readiness and Emergency Preparedness Act (PREP Act) Declaration by the United States Department of Health and Human Services. The guidance document summarizes the requirements for those pharmacy personnel who elect to practice under the authority of the PREP Act declaration.
- ◆ Allow some other interim policies to expire on February 28, 2021, including a suspension of criminal

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background check requirements, special provisions for the restocking of AMS, and special work permit requirements for non-licensed pharmacists. An updated summary of all interim policies, with expiration dates of current and expired policies, is available on the [State of Emergency](#) page of the Board's website.

- ◆ Approve the execution of the Memorandum of Understanding Addressing Certain Distributions of Compounded Human Drug Products with US Food and Drug Administration.
- ◆ Approve a regulatory proposal that will require a marijuana pharmacy to transfer an unexpired recommendation for therapeutic marijuana to another marijuana pharmacy when requested by the patient or caregiver.
- ◆ Approve a regulatory proposal that would amend the existing rules for collaborative drug therapy management (CDTM) by pharmacists. Under the current pharmacy law, the Board must work jointly with the medical board to change CDTM rules. Board staff has already begun that process.
- ◆ Approve several legislative proposals to:
 - ◇ amend the current pharmacy law to allow pharmacists to perform CDTM services with other practitioners with prescriptive authority, in addition to physicians;
 - ◇ provide authority for pharmacists to test, screen, and initiate treatment for certain health conditions pursuant to statewide protocols to be developed by a multidisciplinary advisory committee with representatives from medicine, nursing, and pharmacy, with such protocols to be approved by the Board;
 - ◇ amend the prescription monitoring program (PMP) law to allow designated representatives of Louisiana Medicaid to audit their recipients' PMP records to ensure that a Medicaid provider checked each recipient's PMP records before issuing any prescriptions for controlled substances (CS) to the recipient;
 - ◇ change the renewal fees for pharmacies, pharmacists, pharmacy technicians, and pharmacy interns; and
 - ◇ update the state schedule of CS with recent changes to the federal schedule of CS.

Copies of all the policy documents as well as the regulatory and legislative proposals are available on the Board's website. Staff will begin the work to promulgate the regulatory proposals upon the instruction of the Board's leadership. Staff will also submit the legislative proposals for consideration during the 2021 legislative session; that

session will convene on April 12, 2021, and must adjourn no later than June 10, 2021.

Disciplinary and Other Licensure Actions (21-04-669)

During its February 24, 2021 meeting, the Board took action on several items of business, including:

Angela Waldron Allums (PST.014219): For her failure to conduct a complete inventory of all CS following two separate losses/thefts of alprazolam tablets while serving as the pharmacist-in-charge (PIC) of the pharmacy, the Board restricted her license such that she may not accept an appointment as the PIC of any pharmacy nor serve in any supervisory capacity at any pharmacy other than as staff pharmacist; and further, assessed administrative costs.

LP1 Pharm, LLC, dba Landry's Pharmacy (Gonzales, LA) (PHY.007878): For its failure to follow proper closure procedures, the Board assessed the permit holder a fine of \$5,000 plus administrative and investigative costs; and further, held the owner, Darvis Keon Harvey, liable with the permit holder for all assessments.

RD Pharma, LLC, dba Ralph's Drugstores (Gonzales) (PHY.007731): For its failure to follow proper closure procedures, the Board assessed the permit holder a fine of \$5,000 plus administrative and investigative costs; and further, held the owner, Darvis Keon Harvey, liable with the permit holder for all assessments.

Darvis Keon Harvey (PST.018760): For his failure as the owner of Landry's Pharmacy and Ralph's Drugstores, both located in Gonzales, to follow proper closure procedures, which failures resulted in patient confusion and interference with their care, the Board issued a letter of reprimand, assessed administrative costs; and further, conditioned the acceptance of any future application for a pharmacy permit reflecting his ownership interest upon his appearance before the Board or a committee thereof.

Sofie, Co, dba Sofie (Dallas, TX) (PHY.006506): For its failure to designate a replacement PIC in a timely manner, and for the continued operation of the pharmacy without a PIC for approximately two months, the Board assessed a fine of \$10,000 plus administrative and investigative costs.

Kristian Raymond Hahn (PST.016625): Board granted his request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of 10 years and stayed the execution of the suspension, then placed his license on probation for 10 years, subject to certain terms enumerated within the voluntary consent

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agreement; and further, maintained the previously imposed lifetime restriction against engaging in or supervising any practice involving the compounding of sterile or nonsterile preparations; and further, assessed administrative costs.

Central Drug Store, Inc, dba Central Pharmacy (Baton Rouge, LA) (PHY.007596): For its accountability for substantial losses of CS, including 27,000 tablets of oxycodone 30 mg; 24,000 tablets of oxycodone 15 mg; 23,000 tablets of oxycodone/APAP 10/325 mg; 17,000 mL of promethazine/codeine; 5,900 tablets of amphetamine 30 mg; 5,200 tablets of alprazolam 2 mg; 4,700 tablets of hydrocodone/APAP 10/325 mg; 3,700 tablets of methadone 10 mg; and 1,100 tablets of alprazolam 1 mg; the Board assessed a fine of \$25,000 plus administrative and investigative costs.

John Michael Anding (PST.010511): For his accountability for substantial losses of CS at Central Pharmacy in Baton Rouge during his tenure as the PIC of that pharmacy, the Board issued a letter of warning, assessed administrative costs, and further, restricted his license such that he may not accept an appointment as the PIC of any pharmacy; and further, he may apply for the removal of that restriction any time after February 25, 2023.

Markella Ann Wyre (CPT.011002): For her failure to disclose her December 2018 arrest on her July 2019 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.

Mula Family Pharmacy, LLC, dba Mula's Family Pharmacy and Gifts (Abbeville, LA) (PHY.007065): For its failure to obtain a new pharmacy permit after the ownership of the pharmacy changed by more than 50% in December 2015, and for its continued operation of the pharmacy with an invalid pharmacy permit and state CS license for the four succeeding years, the Board assessed a fine of \$20,000 plus administrative costs.

Gerlando Joseph Messina (PST.013345): For his failure to disclose his January 2020 arrest on his December 2020 application for the renewal of his pharmacist license despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Enrique Javier Hernandez (PST.018873): For his failure to disclose the February 2020 action taken against his Florida pharmacist license by the Florida Board of Pharmacy on his December 2020 application for the renewal of his Louisiana pharmacist license despite

specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Douglas Charles Klein (PST.022036): In recognition of the probationary restrictions imposed on his Alabama pharmacist license by the Alabama State Board of Pharmacy for conduct which constitutes a basis for action against his Louisiana pharmacist license, the Louisiana Board suspended his Louisiana pharmacist license until December 31, 2022, stayed the execution of the suspension, then placed the license on probation until December 31, 2022, subject to certain terms enumerated within the voluntary consent agreement; and further, assessed administrative costs.

Clarke Allan Kuelzo (PST.021473): For his failure to disclose the October 2020 action taken against his Kentucky pharmacist license by the Kentucky Board of Pharmacy on his December 2020 application for the renewal of his Louisiana pharmacist license despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Alicia Mary Fields-Carr (CPT.013169): For her failure to disclose her May 2019 arrest on her June 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.

Raschunda Shimeka Roshell (CPT.008207): For her failure to disclose the March 2020 action taken by the Texas State Board of Pharmacy against her Texas pharmacy technician certificate on her June 2020 application for the renewal of her Louisiana 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.

Margaret Diane Henderson (PST.019049): For her failure to disclose the October 2020 action taken against her Kentucky pharmacist license by the Kentucky Board of Pharmacy on her December 2020 application for the renewal of her Louisiana pharmacist license despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Rachael Jordan Flores (PST.021687): In lieu of immediate administrative proceedings, the Board accepted the voluntary surrender of the credential, resulting in the active suspension of the license for an indefinite period of time, effective February 5, 2021.

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Austin Ryder Lucht (PST.022486): For his failure to disclose the July 2020 action taken by the Kansas State Board of Pharmacy against his Kansas pharmacist license on his December 2020 application for the renewal of his Louisiana pharmacist license despite specific questioning for such information, the Board issued a letter of reprimand; and further, assessed a fine of \$1,000 plus administrative costs.

Christopher Rainard Tomlin (PTC.029215): In lieu of immediate administrative proceedings for his alleged diversion of CS from his employer pharmacy, the Board accepted the voluntary surrender of the credential, resulting in the active suspension of the registration for an indefinite period of time, effective February 11, 2021.

Calendar Notes (21-04-670)

The Board office will be closed on April 2 in observance of Good Friday and May 31 for Memorial Day.

Special Note (21-04-671)

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 (21-04-672)

"Everyone gets their rough day. No one gets a free ride. Today so far, I had a good day. I got a dial tone." – Rodney Dangerfield

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