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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee Report

Ryan Brooks, Chair, Public Member
Shirley Wheat, Board Member
Ramon Castellblanch, PhD, Board Member
Debbie Veale, RPh, Board Member
Rosalyn Hackworth, Board Member

Note: There was no meeting of this committee during the first quarter of 2010-11.

a. FOR INFORMATION: Development of Consumer Education Videos for the Board of Pharmacy's Web Site

Background:

At the end of 2009, the Board of Pharmacy worked with the Department of Consumer Affairs and a private vendor to develop a three minute video for consumers about how patients can prevent receiving a medication error. This video is available from the board's Web site.

The board and department were pleased with this video.

After production of this video, the board's staff has expressed an interest to the Department of Consumer Affairs in developing additional videos. Meanwhile, the DCA has hired video staff of its own, and thus could produce future videos in-house.

Update:

Currently under development as a board/DCA collaboration is a new video on the dangers of buying drugs from the Internet, and how to do so wisely. At the July Board Meeting, the board had the opportunity to review the script.

Board staff reviewed a draft of the Internet video last week and have asked for modifications to strengthen the message. We hope to complete this video before the end of the year.

Meanwhile, staff will begin working on another video to highlight the new consumer-centered patient labels for release next year.

b. FOR INFORMATION: Update *on The Script*

Attachment 1

The August 2010 issue of *The Script* has been completed and released. It is available on the board's Web site. The issue has an update of various board activities, including an article on the new patient-centered regulations. Sample labels that conform with the board's proposed requirements are provided within the newsletter (sample labels are also available online at the board's Web site).

The August issue of *The Script* is the first to be published and released electronically, rather than in print. This conversion will allow the board to comply with budget restrictions, and save at least $25,000 annually. This redirection is possible since existing law requires that all licensed facilities join the board's email subscriber list; hence, we can readily contact licensed sites and interested individual licensees (as well as others) who are interested in receiving these notices.

Work has begun on the January 2011 edition. This issue will highlight new pharmacy law that takes effect on January 1.

c. FOR INFORMATION: Letter to Nonresident Pharmacies About Updates in California Pharmacy Law

Attachment 2

To ensure that all board nonresident pharmacies are aware of new requirements in California (e.g., registration with the subscriber alert system, the coming patient-centered labeling for prescription container labels), board staff recently mailed to non resident pharmacies a brief law update (provided in **Attachment 2**). To date, the result of this mailing has produced several contacts to the board from pharmacies that were not aware of these requirements.

Board staff will soon produce a similar letter for mailing to California-based licensed facilities so they are similarly aware of new developments. The announcements will also be placed online and noticed via a subscriber alert. The intent for these mailings will be to enclose them with renewal materials.

d. FOR INFORMATION: Update on Public Outreach Activities

Background:

Public and licensee outreach activities performed during the first quarter of Fiscal Year 10/11 include:

- July 7, 2010 -- Executive Officer Herold presented information about preventing medication errors, the Board of Pharmacy's mandate and ongoing projects at a DCA-hosted meeting of consumers in Sacramento. The FDA also provided information during event.
- July 20, 2010 – Executive Officer Herold provided information about the CIWMB's drug take back guidelines at a CalRecycle Hearing focusing on a draft report to the Legislature (the board also submitted written comments following this hearing).
- August 23, 2010 – Executive Officer Herold provided comments on a hospital repopulation policy developed by the California Hospital Association with the Department of Public Health via conference call. (This document was finalized in October.)
- August 28, 2010 – Executive Officer Herold provided information about the board's ongoing activities at the NACDs Technology Meeting in San Diego.
- September 1, 2010 -- Executive Officer Herold provided information about the board's Intern Fact Sheet Project to students at the University of the Pacific who are working on fact sheets for the board.
- September 20, 2010 – Board Vice President Kajioka provided information about the board's consumer materials to a group of 150 consumers at a consumer education event in Assemblymember Hayashi's district.
- September 22, 2010 – Executive Officer Herold attended an invitation only conference at UCSF on pharmacy leadership, which focused on inpatient facilities.
- September 25, 2010 – President Weisser and Board Member Veale hosted a board information booth at the Indian Pharmacist Annual Meeting in Orange County.
- October 4, 2010 – Executive Officer Herold provided a presentation to 300 attendees on California's e-pedigree requirements to pharmaceutical company compliance staff at the 2010 PDMA Sharing Conference in San Diego.
- October 5 and 6, 2010 – Executive Officer Herold participated as a member of the National Association of Pharmacy Board's Task Force on Recommended Revisions to the federal Controlled Substances Act. Participation was via telephone call because out of state travel would have been required to physically attend the meeting.
- October 11, 2010 – Executive Officer Herold and Licensing Manager Mitchell provided information about the board's Pharmacist Recovery Program to 90 students at California Northstate School of Pharmacy in Sacramento.
- October 13, 2010 – Executive Officer Herold and Board Liaison Joshua Room provided information about California's e-pedigree requirements at the GS1 workshop conference in San Francisco.
- October 16, 2010 – Supervising Inspector Dang provided information about the board's compounding requirements at the CPhA's Compounder's Day meeting in Southern California.

e. FOR INFORMATION: Proposal to Assess the Board's Public Outreach Materials

Background:

The board has not assessed its public education materials for some time. New board members, new interests and the periodic need to determine priorities for future activities warrant such review. Ultimately, the outcome of this evaluation needs to be blended into the board's strategic plan for the future.

The board's has one part-time staff person assigned to this function. Recently this part-time staffer has been reassigned to report disciplinary data to the Health Practitioner Data Bank. A retired annuitant develops the board's newsletter *The Script* twice annually. The executive officer and other staff prepare periodic reports to the department, administration, legislature and public (e.g., Addressing Drug and Device Recalls in Hospitals, SB 472's Implementation Report to the Legislature, Board-Sponsored Legislation Report, Annual Report).

At the July Communication and Public Education Committee, Chairperson Brooks designated Board Members Veale and Castellblanch to work with staff on an assessment of the board's public outreach materials and bring a report back to the committee for a thorough discussion.

There is no additional update for this October Board Meeting.

f. FOR INFORMATION: First Quarterly Report on Committee Goals for 2010/11
Attachment 3

Attachment 3 contains a copy of the first quarter's Committee Goals.

Attachment 1

BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY SEPTEMBER 2010

Board honors 2010 Remington Honor Medalist, Mary Anne Koda-Kimble, Pharm.D.

Mary Anne Koda-Kimble, Kenneth Schell, and Stanley Weisser, President, Board of Pharmacy

On March 13 of this year, Dr. Mary Anne Koda-Kimble was awarded the pharmacy profession's highest honor, the 2010 Remington Honor Medal, at the annual meeting of the American Pharmacists Association in Washington, DC. The award, named for eminent community pharmacist, manufacturer, and educator Joseph P. Remington, recognizes distinguished service and/or outstanding achievement on behalf of American pharmacy.

The 2006 Remington Medalist, Robert D. Gibson, nominated Koda-Kimble for the award for, "… not only the sheer quality and quantity of her accomplishments, but also her leadership, her steadfast dedication, and her sustained commitment to education, the public good, and the advancement of the profession that make her a more-than-deserving nominee." Another nomination letter described her as, "…a major force in shaping, advocating and expanding clinical pharmacy practice in the U.S. and around the world."

After graduating from UCSF in 1969, she joined the faculty in 1970 and was one of a small group who blazed the trail for what was to become known as clinical pharmacy—now an established discipline in which pharmacists directly care for patients in all settings to ensure optimal and safe use of medications.

Realizing that student pharmacists and practitioners needed a textbook uniquely designed for their emerging clinical roles, Dr. Koda-Kimble and colleague Lloyd Young, Pharm.D., led the 1975 publication of *Applied Therapeutics for Clinical Pharmacists*, the first textbook of its kind. The book, recognized as the standard at pharmacy schools here and abroad, has had eight additional editions and a change of title, *Applied Therapeutics: The Clinical Use of Drugs*. In between accepting incalculable awards and delivering more than 200 lectures, Koda-Kimble has published 36 articles, 16 books and contributed 31 book chapters. Few names in clinical pharmacy worldwide are as recognizable as hers.

At the July 2010 meeting, the Board of Pharmacy recognized Koda-Kimble's many, many accomplishments, and honored her as one of our own. In 1976, she was appointed to the Board, where she served almost eight years as a professional member and functioned as president for two years. Further, she served as chair of the Board's Competency Committee, participating in the development of pharmacy board examination questions for approximately 18 years.

Dr. Koda-Kimble's leadership, recognized locally, nationally, and beyond for advancing the profession as an integral part of the healthcare process, has been unparalleled. The Board hereby expresses its appreciation and gratitude for her tireless efforts that produced a positive and lasting impact worldwide in the education and training of pharmacists.

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President's Message

By Stanley C. Weisser, R.Ph.
President, Board of Pharmacy

In June 2010, I became the Board's President, succeeding the two-year term of prior president, Ken Schell. This is my first President's Message, and since the Board's paramount statutory mandate is consumer protection, I am pleased to report that we have a number of activities underway to expand the Board's consumer protection efforts. During the past year, the Board has partnered with other healing arts boards and the Department of Consumer Affairs to examine the current enforcement process and make improvements to reduce the investigation and resolution times of formal discipline (where the Board seeks to restrict or remove a license). These discussions produced the Consumer Protection Enforcement Initiative (CPEI), which resulted in a three-pronged solution to improve enforcement efforts: (1) A new computer system, (2) Additional enforcement staff, and (3) Statutory and regulatory changes.

Over the coming months, the Board will proceed with changes to strengthen its enforcement. One new change is a regulation (detailed in this newsletter on Page 3) that requires certain pharmacists to submit new fingerprints if they do not have electronic fingerprints on file with the California Department of Justice. All pharmacists will also need to certify at time of renewal that they have not been convicted of a crime. In the future, similar requirements will be pursued for pharmacy technicians and designated representatives.

Additionally, the Board has worked for the past two and one half years on requirements for a "patient-centered" prescription container label (see Page 4). These requirements should go into effect on January 1, 2011, and represent a major effort to highlight the information most important to patients (patient name, drug name and directions for use and purpose, if entered on the prescription) on their drug container's label. This is an important change to improve patient access to information on container labels. The requirements also specify that the services of an oral interpreter need to be provided for those with limited English skills.

The Board has also produced a three-minute video for consumers on how to help prevent receiving the wrong medication. See this video at ***www.pharmacy.ca.gov.***

I wish to remind all licensees that California law requires all Board-licensed facilities to become subscribers to the Board's e-mail notification system. Individuals who are licensed by the Board can also join, as can any interested party. By joining the subscriber alert, you will receive notices of new online newsletters—newsletters are no longer mailed—drug recalls, public meetings of the Board, and new laws and regulations. There is no charge to become a subscriber (see Page 7).

As president, I am looking forward to the coming year, recognizing the many challenges and opportunities we will have to address, such issues as the Health Care Reform Act, e-prescribing, e-prescribing of controlled substances, increasing reports of prescription drug abuse, drug take-back programs, all in a deficit economy.

Further, I encourage you to come to a Board or Committee Meeting and participate in the Board's deliberations on these and other issues. Information about the meetings is available online at ***www.pharmacy.ca.gov/about/meetings.shtml***. Agendas are posted at least 10 days before a meeting and meeting materials are posted about four days before a meeting.

Friday Furloughs Reinstated with Changes

Pursuant to Governor Schwarzenegger's Executive Order S-12-09, which was issued due to continuing budget restraints, employees of the Department of Consumer Affairs and other State government offices will now be closed on the second, third and fourth Friday of every month until the 2010/11 budget is in place.

Please be assured that Board employees will continue to be as responsive as possible to the needs of the public and the pharmacy profession.

New Refingerprinting Requirements for Some Pharmacist License Renewals

Two important changes related to pharmacist license renewals begin in December 2010. These changes are required by new regulation, section 1702, of the California Code of Regulations.

First: Pharmacists must disclose on the license renewal form whether they have been convicted of any violation of law in this or another state, omitting traffic infractions under $300 that do not involve alcohol, dangerous drugs, or controlled substances.

Second: Designated pharmacists **who were licensed before 2001** will be notified that they need to resubmit fingerprints to the Board before their license renewal date. This change is required to ensure that the Board receives timely notice of arrests and convictions.

There are 38,000 California-licensed pharmacists, of which more than 15,000 must be refingerprinted because their prints are not stored in the California Department of Justice (DOJ)'s electronic system. Of these pharmacists, those who reside in California must submit fingerprints via Live Scan. Those whose address of record is outside California must resubmit to the Board their fingerprints on cards that will be electronically entered into the DOJ's system. Detailed directions will be mailed to the affected pharmacists six weeks before expiration of their licenses.

Failure to comply with all the above requirements will result in the renewal application being considered incomplete, and prevent renewal of the license until the Board has confirmation of compliance.

In the future, pharmacy technicians and designated representatives also will be required to comply with the same requirements. However, the Board will phase in these requirements in the next two to three years.

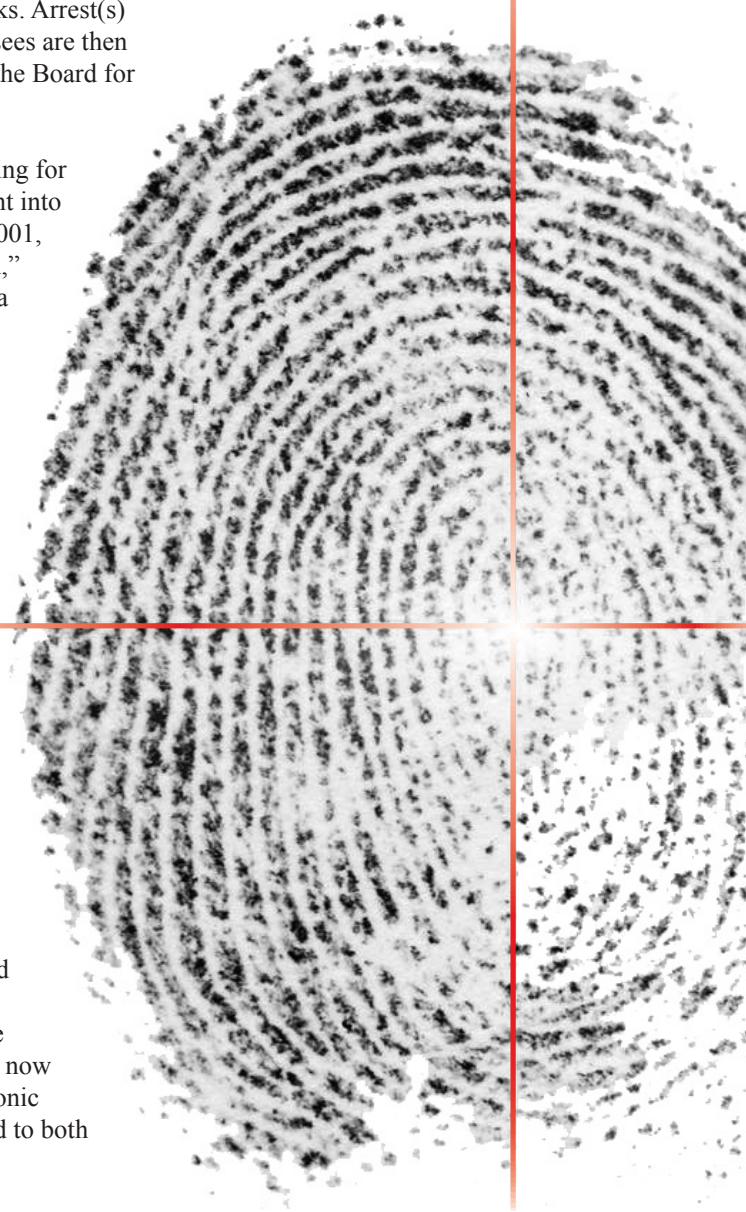
Background for the New Requirements

The Board of Pharmacy is mandated by Business and Professions Code section 4001.1 to protect the public from incompetent, unethical and unprofessional practitioners. To do this, it is necessary for the Board to be informed of past and current criminal convictions that are substantially related to the qualifications, functions or duties of the profession for which they are licensed. This information is acquired in part by submitting the licensee's fingerprints to both the DOJ and the Federal Bureau of Investigation (FBI) for criminal background checks. Arrest(s) and conviction(s) of licensees are then reported electronically to the Board for investigation and action.

Electronic fingerprinting for the Board's applicants went into effect around January 1, 2001, with the use of "Live Scan," a system used in California for submitting fingerprints electronically to the DOJ. Before that date, applicants submitted inked fingerprints on cards that were not entered into the DOJ electronic database. As a result, the Board does not receive timely notices of arrest and convictions of these licensees.

Additionally, prior to January 1, 2001, background checks for applicants were done by the DOJ, and applicants were not routinely required to submit fingerprints for a background check by the FBI. Since FBI checks are now required, Live Scan electronic fingerprints are transmitted to both the DOJ and the FBI.

The complete text of section 1707 can be viewed at ***www.pharmacy.ca.gov/laws_regs/1702_adopted.pdf***.



Improved prescription drug container labels coming in January

By January 2011, pharmacies and others dispensing medication to patients in California will be required to modify their prescription container labels to conform to regulations adopted by the California State Board of Pharmacy to produce a "patient-centered" label. The Board strongly encourages pharmacies to begin development of the regulation-conforming labels now, so that patients will receive the benefits of these new labels as soon as possible.

Note: The regulation is still being reviewed by the required Administration agencies and is not yet final. However, California Business and Professions Code section 4076.5 mandates the requirements to be in effect on or before January 2011. The Board will release periodic updates through its subscriber alert system (see Page 7) about the status of the regulation, and the implementation date.

A patient-centered label identifies, standardizes, clusters and makes most prominent on prescription drug container labels, information of greatest importance to patients (specifically and in this order: patient name, name of the drug and strength, directions for use, and purpose, if entered onto the prescription document by the prescriber). Fifty percent of the label must be dedicated solely to these elements, and they must be printed in at least 10 point sans serif font, and if requested by the patient, in 12-point sans serif font. All other information required to be on the label is to be placed in the remaining portion of the label. The ultimate goal is to make the labels easier for patients to read, easier for patients to locate key information, and to improve patient understanding of how to take their medicines.

Although not part of the label, the Board of Pharmacy has also adopted requirements that interpretive services in patient languages be available through pharmacies so that patients can learn how to take their medicines properly via an interpreter. The interpreter may be available on the phone or in-person.

The specific requirements for these labels are provided in section 1707.5 of the California Code of Regulations, the text of which is located on Page 6.

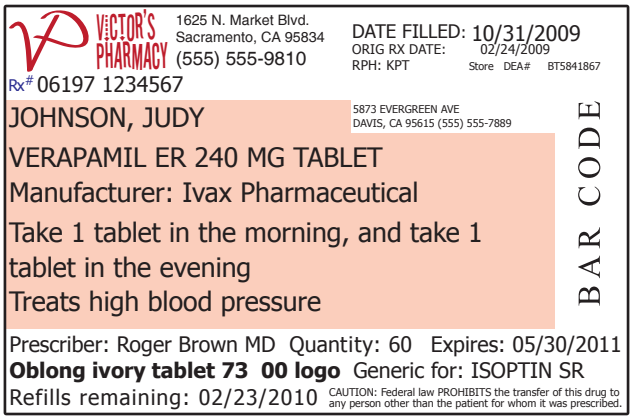
The changes are the result of a two-year effort by the California State Board of Pharmacy to establish state standards for a patient-centered prescription label called for under Senate Bill 472 (Corbett, Chapter 470, Statues of 2007), also known as the California Patient Medication Safety Act. A patient-centered label is designed to help reduce medication errors, which harm more than 1.5 million U.S. residents a year, according to the Institute of Medicine, who also reports that just under half of American adults cannot understand the label on their prescription medication.

The redesigned labels will emphasize consumer information first, and minimize all other required information, making the key consumer items about use of the medication easier to read. Highlighting in color, using bolder or larger type, enclosing in white box, and clustering of patient information in specific order are ways to make the key information easier to locate, no matter what pharmacy dispenses the medicine. See samples below.

Why emphasize certain items?

The goal is improved patient health. Patients can quickly distinguish their medicine from other family members if the name is prominently displayed. The name of the medicine and strength aids patients in remembering and identifying what medicine they are taking. The directions for use remind patients about how to take the medicine, and the purpose of the prescribed medicine helps patients to know what the medicine is for and helps them to prevent errors.

The Board of Pharmacy spent over two years studying ways to improve the labels, including conducting consumer surveys from patients about what does and does not work on prescription labels. They reviewed research results in the area of label design, and heard from experts and others about how labels can be improved for "readability." California is the first state to develop such standards for improved labels for patients, and because California dispenses about 10 percent of all prescription drugs in the U.S. each year, these requirements will likely be used in other states as well.



Patient information in 10 point typeface, Tahoma

See more sample labels and Title 16, California Code of Regulations on the following two pages.

*See **Improved Labels**, Page 5*

Improved labels

Continued from Page 4

VICTOR'S PHARMACY, SACRAMENTO, 95834

123 4567 W G 1234567000-00/00

JOHNSON, JUDITH

ACETAMINOPHEN TAB 325MG

MFG: IVAX PHARMACEUT

Tome 1 capsula 3 veces al dia segun se necesite para la nerviosidad.
Take 1 capsule 3 times a day as needed for nervousness

*Desechese despues de_____ *Discard after_____

Generic-TYLENOL QTY: 100

Prescriber: Roger Brown MD

white, round, scored, tablet imprinted 44 104

DATE FILLED 09/07/10 0 Refills ORIG RX DATE: 08/30/2010 RPH:

1625 N MARKET BLVD * Phone: (916) 574-7900 * KEEP OUT OF REACH OF CHILDREN

CAUTION: Federal law prohibits transfer of this drug to any person other than person for whom prescribed

Patient information in 12 point typeface, Myriad

Johnson, Judy

AMOXICILLIN
125/5ML
Sandoz

Take 1/2 teaspoon in the morning, 1/2 teaspoon at noon, and 1/2 teaspoon in the evening for 10 days to treat infection

Prescriber: Roger Brown MD
Pink liquid
Quantity: 80 Refills: 0
Dispensed: 03/08/07
NDC: 00789-1234-55

CAUTIONS

IMPORTANT: Finish All Of This Medicine Unless Otherwise Directed By Your Doctor.

Refridgerate. Shake Well Before Each Use.

Discared The Unused Portion Of This Medicine After _____.

(555) 555-9810 §1234567-06197

VICTOR'S PHARMACY
1625 N. Market Blvd.
Sacramento, CA 95834

Patient information in 12 point typeface, Tahoma

VICTOR'S PHARMACY 1625 N. Market Blvd. Sacramento, CA 95834 (555) 555-9810

Prescriber: Roger Brown MD
Oblong ivory tablet 73 00 logo
Refills remaining: 3 Quantity:
Expires: 05/30/2011

JOHNSON, JUDITH

1 AZOPT Ophth 1% Susp 10ml AL

Mfg: Alcon Laboratories

Instill 1 drop in each eye in the morning and 1 drop in each eye in the evening for glaucoma.
Do not use other eye drops for at least 10 minutes

Rx# 06197 1234567
DATE FILLED: 08/31/2010
ORIG RX DATE: 02/24/2010
RPH: KPT
Store DEA# BT5555555

Judith Johnson
5873 EVERGREEN AVE
DAVIS, CA 95615
(555) 555-7889

BAR CODE

CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.

Patient information in 10 point typeface, Franklin Gothic Book

JOHNSON, JUDITH

VERAPAMIL ER 240 MG tablet
Ivax Pharmaceutical

Take 1 tablet in the morning, and take 1 tablet in the evening

Treats high blood pressure

Prescriber: Roger Brown MD Quantity: 60
Oblong ivory tablet 73 00 logo
Refills remaining: 3 Expires: 05/30/2011

Rx# 06197 1234567
DATE FILLED: 08/31/2010
ORIG RX DATE: 02/24/2010
RPH: KPT
Store DEA# BT5555555

Judith Johnson
5873 EVERGREEN AVE
DAVIS, CA 95615
(555) 555-7889

CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.

BAR CODE

VICTOR'S PHARMACY
1625 N. Market Blvd., Sacramento, CA 95834
(555) 555-9810

Patient information in both 10 & 12 point typeface, Tahoma

JOHNSON, JUDITH

1 AZOPT Ophth 1% Susp 10ml AL

Manufacturer: Alcon Laboratories

Instill 1 drop in each eye in the morning and 1 drop in each eye in the evening for glaucoma.

Do not use other eye drops for at least 10 minutes

VICTOR'S PHARMACY 1625 N. Market Blvd. Sacramento, CA 95834 (555) 555-9810

Prescriber: Roger Brown MD
Oblong ivory tablet 73 00 logo
Refills remaining: 3 Quantity:
Expires: 05/30/2011

Rx# 06197 1234567
DATE FILLED: 08/31/2010
ORIG RX DATE: 02/24/2010
RPH: KPT
Store DEA# BT5555555

Judy Johnson
5873 EVERGREEN AVE
DAVIS, CA 95615
(555) 555-7889

CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.

BAR CODE

Patient information in 12 point typeface, Franklin Gothic Book

Title 16, California Code of Regulations

Section 1707.5. Patient-Centered Labels on Medication Containers

(a) Labels on drug containers dispensed to patients in California shall conform to the following format to ensure patient-centeredness.

(1) Each of the following items shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface, and listed in the following order:
  (A) Name of the patient
  (B) Name of the drug and strength of the drug. For the purposes of this section, "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer.
  (C) Directions for use.
  (D) Purpose or condition. If entered onto the prescription by the prescriber.

(2) For added emphasis, the label shall also highlight in bold typeface or color, or use blank space to set off the items listed in subdivision (a)(1).

(3) The remaining required elements for the label specified in section 4076 of the Business and Professions Code, as well as any other items of information appearing on the label or the container, shall be printed so as not to interfere with the legibility or emphasis of the primary elements specified in paragraph (1) or subdivision (a). These additional elements may appear in any style, font, and size typeface.

(4) When applicable, directions for use shall use one of the following phrases:
  (A) Take 1 [insert appropriate dosage form] at bedtime
  (B) Take 2 [insert appropriate dosage form] at bedtime
  (C) Take 3 [insert appropriate dosage form] at bedtime
  (D) Take 1 [insert appropriate dosage form] in the morning
  (E) Take 2 [insert appropriate dosage form] in the morning
  (F) Take 3 [insert appropriate dosage form] in the morning
  (G) Take 1 [insert appropriate dosage form] in the morning, and Take 1 [insert appropriate dosage form] at bedtime
  (H) Take 2 [insert appropriate dosage form] in the morning, and Take 2 [insert appropriate dosage form] at bedtime
  (I) Take 3 [insert appropriate dosage form] in the morning, and Take 3 [insert appropriate dosage form] at bedtime
  (J) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, and 1 [insert appropriate dosage form] in the evening
  (K) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, and 2 [insert appropriate dosage form] in the evening
  (L) Take 3 [insert appropriate dosage form] in the morning, 3 insert appropriate dosage form] at noon, and 3 [insert appropriate dosage form] in the evening
  (M) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, 1 [insert appropriate dosage form] in the evening, and 1 [insert appropriate dosage form] at bedtime
  (N) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, 2 [insert appropriate dosage form] in the evening, and 2 [insert appropriate dosage form] at bedtime
  (O) Take 3 [insert appropriate dosage form] in the morning, 3 [insert appropriate dosage form] at noon, 3 [insert appropriate dosage form] in the evening, and 3 [insert appropriate dosage form] at bedtime
  (P) If you have pain, take __ [insert appropriate dosage form] at a time. Wait at least __ hours before taking again. Do not take more than __ [appropriate dosage form] in one day

(b) By October 2011, and updated as necessary, the board shall publish on its Web site translation of the directions for use listed in subdivision (a)(4) into at least five languages other than English, to facilitate the use thereof by California pharmacies.

(c) Beginning in October 2011the board shall collect and publish on its Web site examples of labels conforming to these requirements, to aid pharmacies in label design and compliance.

(d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services in the patient's language. If interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.

(e) The board shall re-evaluate the requirements of this section by December 2013 to ensure optimal conformance with Business and Professions Code section 4076.5.

(f) As used in this section, "appropriate dosage form" includes pill, caplet, capsule or tablet.

Authority cited: Sections 4005 and 4076.5, Business and Professions Code. Reference: Sections 4005, 4076, and 4076.5, Business and Professions Code.

Reminder to All Board-Licensed Facilities to Join the Board's E-Mail Notification List–It's Mandatory

If your facility is not yet on the Board's e-mail notification list, this is a reminder that beginning July 1, 2010, Business and Professions Code section 4013 requires all Board-licensed facilities to join the Board's e-mail notification list. New facilities must join within 60 days of obtaining a license or at the time of license renewal. Facilities are also required to update their e-mail address with the Board within 30 days of any e-mail address change.

Additionally, the Board strongly encourages individual licensees to join the list, since it is now the primary means for disseminating important information from the Board.

To join the list:

- Go to the Board's Web site, ***www.pharmacy.ca.gov***;
- Click on "sign up to receive e-mail alerts" on the left side of the page;
- Click on the "Board of Pharmacy – E-mail Notification List" box;
- Scroll down the page and select "Subscribe;"
- Enter your e-mail address and we'll do the rest!

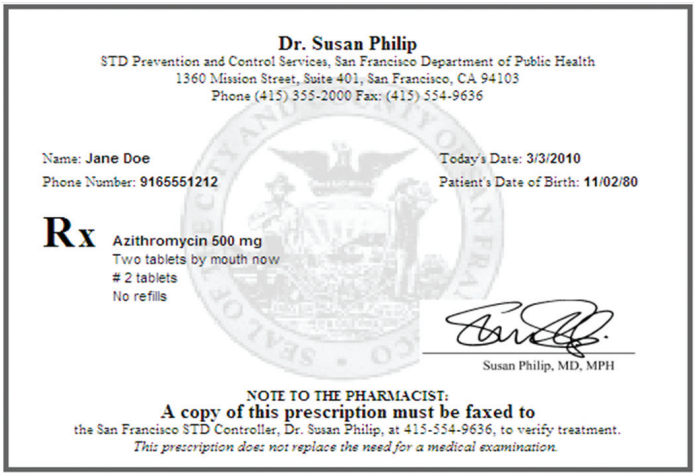
Note: If you or your facility joined the e-mail notification list prior to November 17, 2009, you will need to join again, due to the Board's upgrading of the software for collecting e-mail addresses.

Expedited Partner Therapy (EPT) Electronic Prescriptions

To reduce the spread of sexually transmitted diseases (STDs), the U.S. Centers for Disease Control and Prevention and the California Department of Public Health recommend expedited partner therapy (EPT) to treat partners (exposed contacts) of persons with chlamydia or gonorrhea without waiting for a clinical evaluation. Section 120582 of the Health and Safety Code allows physicians who diagnose STDs to "… prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of the patient's partner or partners."

An organization assisting in reducing the spread of STDs is the Internet Sexuality Information Services, Inc. (I.S.I.S., Inc.), a nonprofit organization dedicated to developing and using Internet technologies to prevent disease transmission and enhance the sexual well-being of individuals and communities. By going to ***www.inspot.org***, it is possible for an individual who is infected with chlamydia or gonorrhea to anonymously, or openly, e-mail any recent partner(s) and let them know that they may be infected and need clinical evaluation and therapy.

Individuals in many other cities in the U.S., and even worldwide, can use the InSpot notification capabilities. Additionally, under authorization of the San Francisco STD Controller at the San Francisco Department of Public Health, Dr. Susan Philip, San Francisco InSpot users can obtain an electronic prescription (example: two tablets of azithromycin 500 mg with no refills), for the treatment of chlamydia and gonorrhea.



Dr. Susan Philip
STD Prevention and Control Services, San Francisco Department of Public Health
1360 Mission Street, Suite 401, San Francisco, CA 94103
Phone (415) 355-2000 Fax: (415) 554-9636

Name: **Jane Doe** Today's Date: **3/3/2010**
Phone Number: **9165551212** Patient's Date of Birth: **11/02/80**

Rx **Azithromycin 500 mg**
Two tablets by mouth now
2 tablets
No refills

Susan Philip, MD, MPH

NOTE TO THE PHARMACIST:
A copy of this prescription must be faxed to
the San Francisco STD Controller, Dr. Susan Philip, at 415-554-9636, to verify treatment.
This prescription does not replace the need for a medical examination.

It is important for pharmacists to recognize such prescriptions, so please see the sample above. For further information, please contact:

Dr. Susan Philip
STD Prevention and Control Services
San Francisco, CA 94103
(415) 487-5509

Inactive and Retired Pharmacist License Differences

Holders of an "inactive" or a "retired" pharmacist license are prohibited from practicing pharmacy: Pharmacy law requires an "active" license for practicing. The similarities end there. The following information relates to the differences between how "inactive" licenses are obtained and the methods for restoring them to "active" status and for acquiring a "retired" license.

An **inactive license** is acquired in several ways, the most common being when a pharmacist requests the Board to change an active license to inactive because he or she wants to retain the license but no longer wishes to practice pharmacy. The inactive license can then be renewed every two years by paying the renewal fee but without fulfilling the continuing education (CE) requirement. However, no licensee whose license has been revoked, suspended, placed on probation, or otherwise punitively restricted by the Board can obtain an inactive license (Business and Professions Code [B&PC] section 701).

An inactive license can be restored to active status on the license renewal application by submitting the renewal fee, checking the Active box, and attaching copies of certificates reflecting completion of 30 hours of CE earned within the previous two years. If the pharmacist chooses to return to active status before the renewal period, he or she may send a written request to the Board and copies of certificates reflecting completion of 30 hours of CE earned within the previous two years. Additionally, pursuant to B&PC section 4231(c) of the Business and Professions Code (B&PC), conversion of an inactive pharmacist license to an active license requires the payment of a new renewal fee.

Inactive status is assigned to the license of a pharmacist who fails to sign the renewal application or certify completion of the required CE hours. The Board notifies the licensee of this deficiency, and if the deficiency is not corrected within 15 days of the date of the Board's notification letter, the license is placed on inactive status, and no license is issued. Pharmacists whose licenses are in this inactive status are prohibited from practicing pharmacy until the renewal application is corrected and an active license is issued.

Inactive status is also assigned to a pharmacist who is non-responsive to the Board's notification that a deficiency was noted during a CE audit by the Board (B&PC section 4231[d]).

A **retired license** is issued to a pharmacist who notifies the Board that he or she wishes to retire from the practice of pharmacy, voluntarily surrenders his or her license, and submits a fee of $35. However, to regain an active pharmacist license in the future, the retired pharmacist is required to fulfill all the requirements of a new application for licensure. This includes taking both the NAPLEX and the CPJE (B&PC section 4200.5).

A pharmacist who does not renew his or her license, whether active or inactive, within three years of the license expiration date will have the pharmacist license cancelled by operation of law (B&PC section 4402[a][b][1]).

Changes in the Board

New officers, whose terms began June 1, 2010, were elected at the April Board Meeting in Loma Linda:

President: Stanley C. Weisser, R.Ph.

Vice President: Randy B. Kajioka, Pharm.D. (Reelected)

Treasurer: Gregory N. Lippe, Public Member

Departing Member

Robert Swart, Pharm.D., left the Board on December 31, 2009. During his tenure on the Board, he served as chairperson of the Board's Enforcement Committee and served on the Legislation and Regulation Committee and the Communication and Public Education Committee. Dr. Swart also participated in the Public Forum on Medicare Part D Plans and the Senate Bill 472 Medication Label Subcommittee.

The Board recognizes and extends its appreciation to Dr. Swart for his contributions to California's pharmacy profession.

Issues and Trends Involving Controlled Substances

Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control of the US Drug Enforcement Administration Presentation at the Board of Pharmacy meeting, July 28, 2010

Nationwide there is growing concern about the high rates of prescription drug abuse and the diversion of prescription drugs, including controlled substances. On July 28, 2010, Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control of the US Drug Enforcement Administration provided a presentation at the Board's July public meeting about issues and trends involving controlled substances. The video of the presentation is available on the Board's Web site at ***www.pharmacy.ca.gov***. This presentation is riveting and the Board recommends its viewing.

www.pharmacy.ca.gov

Google requires VIPPS-Accreditation for Internet Pharmacy Advertisers

On February 9, 2010, Google announced that its company will accept advertisements only from Internet pharmacies in the U.S. that are accredited through the Verified Internet Pharmacy Practice Sites (VIPPS®) and pharmacies in Canada that are accredited by the Canadian International Pharmacy Association (CIPA).

Google will not accept ads from Internet pharmacies who pose as legitimate pharmacies and dispense dangerous prescription drugs to patients without a valid prescription or medical oversight. Additionally, the drugs dispensed are often unapproved for sale in the U.S. and are often substandard, contaminated, or counterfeit.

VIPPS-accredited pharmacies must successfully complete the National Association of Boards of Pharmacy accreditation process, which includes a thorough review of all policies and procedures regarding the practice of pharmacy and dispensing of medicine over the Internet, as well as an on-site inspection of all facilities used by the site to receive, review, and dispense medicine.

Ads for Internet drug outlets that are not accredited by VIPPS or CIPA will no longer appear in Google's sponsored search results.

Power of Attorney for Ordering Schedule I and II Controlled Substances

There is confusion among some hospital pharmacists as to whom and how a power of attorney (POA) may be granted for ordering Schedule I and II controlled substances and signing DEA 222 forms. A POA is granted to the DEA registrant of the hospital, usually the CEO or corporate officer who signed the application for DEA registration. Only the registrant can then assign (or revoke) the POA to another person to act on the registrant's behalf for ordering Schedule I and II drugs and signing DEA 222 forms. Pharmacists with assigned POA have mistakenly reassigned that POA to other pharmacists, resulting in Schedule II orders being placed that are based on invalid POAs.

The DEA encourages pharmacists to review the POA document, 21 CFR 1305.05, ***http://www.deadiversion.usdoj.gov/21cfr/cfr/1305/1305_05.htm*** and especially note the use of the word "registrant." Unless the pharmacist is the registrant on the DEA license, he or she cannot grant or revoke a POA for anyone else.

Reporting Controlled Substances Drug Theft and Loss to DEA

Section 1301.74(c) of the Code of Federal Regulations requires a Drug Enforcement Administration (DEA) registrant to …"*notify the Field Division Office of the Administration in his area, in writing, of any theft or significant loss of any controlled substances within one business day of discovery of such theft or loss. …Thefts and significant losses must be reported whether or not the controlled substances are subsequently recovered or the responsible parties are identified and action taken against them*." Additionally, section 1715.6 of Title 16 of the California Code of Regulations requires the owner to report to the Board of Pharmacy within thirty (30) days of discovery of any loss of controlled substances, including their amounts and strengths.

In a recent disciplinary case, a pharmacy employee had removed vials of hydrocodone from a patient's prescription bags, poured the contents into her pocket, destroyed the vials and threw the register receipts away. Further investigation disclosed that the employee also had taken drugs prescribed for other patients, and had made partial payments for some of them. She agreed to make restitution of approximately $250 to the pharmacy for the drugs, and her employment was terminated. Although the pharmacy reported the drug theft/loss to the Board of Pharmacy within 30 days, there was no

DEA Form 106 (Report of Theft or Loss of Controlled Substances) on file at the pharmacy.

Perhaps the pharmacy did not consider the monetary loss significant or consider that a theft had occurred and for those reasons failed to file the DEA form. However, whenever theft of a controlled substance occurs, it must be reported. In addition, "significant loss" does not necessarily refer to monetary loss. When determining whether a loss is significant, other factors should be considered, including the following:

- The actual quantity of controlled substances lost in relation to the type of business;
- The specific controlled substances lost;
- A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and if known,
- Whether the specific controlled substances are likely candidates for diversion.

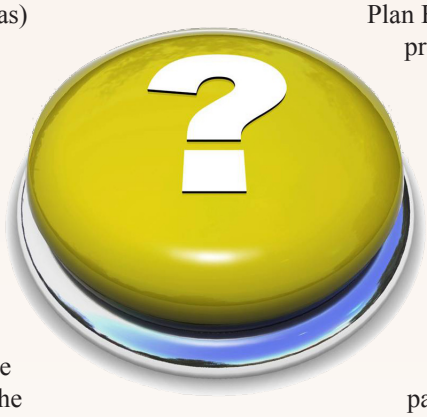
Whether the drug loss is accomplished through false prescriptions, removed by subterfuge or whatever other means, theft or loss of all controlled substances must be reported to the DEA. To report online, go to ***www.deadiversion.usdoj.gov*** and click on "DEA Form 106: Report of Theft or Loss of Controlled Substances."

Rx for Good Practice

Do you have a question that you would like to see addressed in the newsletter? If so, please e-mail them to ***Hope_Tamraz@dca.ca.gov***.

Q. I have heard that the Board will be inspecting sterile injectable compounding pharmacies regarding their accreditation. What does this mean?

A. The Business and Professions Code (B&PC) sections 4127.1(d) and 4127.2 require sterile injectable pharmacies to be licensed by either the Board or accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations) or other accreditation agencies approved by the Board—CHAP (Community Health Accreditation Program) and ACHC (Accreditation Commission for Health Care) have current approval by the Board until April 2011. DNV (Det Norske Veritas) was recently approved by the Board at its July board meeting. During Board inspections, attention will be given to whether accredited pharmacies are in compliance with the new compounding regulations at Title 16, Code of California Regulations (CCR) sections 1735 – 1735.8 and 1751 - 1751.8, that became effective July 6, 2010. A pharmacy that is accredited must be in compliance with the new compounding regulations, whether the pharmacies were accredited prior to or after July 6, 2010.



Q Are nonresident pharmacies (NRPs) required to report to CURES all Schedule II – IV prescriptions dispensed to patients in California?

A. Yes. An NRP functions under the same definition of "pharmacy" as a California pharmacy (B&PC section 4037). Section 11165(d) of the Health and Safety Code (H&SC) directs all pharmacies or clinics that dispense prescriptions for Schedule II - IV controlled substances to report that information to the Department of Justice (CURES) on a weekly basis. Further, because B&PC section 4112(e) requires all nonresident pharmacies to maintain records of controlled substances dispensed to patients **in this state** (emphasis added), it follows that the reporting procedures to CURES refers only to controlled substances dispensed to patients in California. For further reporting information, please contact ***http://www.4infinitesolutions.com/cures/***.

Q. Who can sell Plan B, the "morning-after pill?" Must it be sold only by a pharmacist?

A. Plan B and Plan B One-Step emergency contraceptives (EC) are sold over-the-counter to purchasers 17 years or older and can be sold by ANY pharmacy employee (pharmacist, intern pharmacist, pharmacy technician, clerk, or cashier). However, EC products are stored behind the pharmacy counter, so the products cannot be sold—by anyone—if the pharmacy area is closed. Purchasers under the age of 17 require a prescription, which can be issued and/or dispensed only by a pharmacist.

Q. Can Plan B be sold OTC to men?

A. Yes. The FDA specifies that both Plan B and Plan B One-Step can be sold to men or women who present proof that they are age 17 years or older.

Q. If a man can obtain Plan B products OTC for a female 17 years or older, can he also obtain a prescription for those products from the pharmacist for a female who is 16 years or younger but not present?

A. No. The prescription is written for the ultimate user of the product—the patient—and the protocol for dispensing emergency contraceptives requires the prescribing pharmacist to ask, "Are you allergic to any medication?" The required question to be asked and directions to be given by the pharmacist to the ultimate user indicate the patient is a woman. Also, the required actions represent a good-faith, face-to-face examination of the patient.

[Edit. Emergency contraception laws can be reviewed at B&PC section 4052.3 and CCR section 1746. The Protocol for Pharmacists Furnishing Emergency Contraception can be viewed at ***http://www.pharmacy.ca.gov/licensing/ec_protocol.pdf***.]

Q. Can a prescriber in a clinic dispense a 72-hour supply of Schedule II drugs?

A. No. The dispensing of Schedule II controlled substances in a clinic is prohibited by B&PC sections 4184 and 4194.

Q. A physician insisted that a pharmacy can refill Schedule II prescriptions. Is that true?

*See **Rx for Good Practice**, Page 12*

Rx for Good Practice

Continued from Page 11

A. No. No prescription for a Schedule II substance may be refilled (H&SC section 11200[c]).

Q. Can I fill a controlled substance prescription written by a prescriber in another state if it is written on a California security prescription form? Can I fill it if it is not written on a California security prescription form?

A. The answer to the first question is yes, but the answer to the second question is not so simple. If it is not written on a California security prescription form, H&SC section 11164.1 directs that the prescription must conform to the laws of the state where the prescription was written. California pharmacists may dispense Schedule III-V controlled substances pursuant to a prescription issued by a prescriber in another state, but prescriptions for Schedule II medications may be dispensed only for delivery to a patient in another state. In other words, the pharmacist cannot dispense a Schedule II controlled substance directly to the patient in California if the prescription is not on a California security prescription form.

Q. Can I fill a controlled substance prescription written by a prescriber on a military base in California if it is not written on a California security prescription form?

A. No. Again, the same answer applies to this question as the one given for the previous question.

Q. What expiration date do you put on a repackaged item that you pour from a manufacturer's container into a smaller container? I've heard two answers to this question, but which is correct, (1) the exact manufacturer's date or (2) up to one year of the dispensing date.

A. Actually, both answers are correct, as long as the one-year of the dispensing date does not exceed the manufacturer's expiration date. The United States Pharmacopeia, 24th Rev. and The National Formulary, 19th Ed. guidelines for beyond-use dates for multiple-unit containers are "not later than (a) the expiration date on the manufacturer's label or (b) one year from the date the drug is dispensed, whichever is earlier." [Edit. The Board's primary concern is that no drugs are dispensed with expiration dates beyond that on the manufacturer's label.]

Q. Pharmacists are supposed to sign for all drug deliveries to their pharmacy, but who signs for deliveries that arrive when the pharmacy is closed and there is no pharmacist present?

A. When there is no pharmacist present to sign for a drug delivery, B&PC section 4059.5(f) allows the delivery to be accepted if all the following requirements are met:

- The drugs are placed and locked in a secure storage area in the same building as the pharmacy;
- Only the PIC or a pharmacist designated by the PIC has access to the secure storage area where the delivered drugs are stored;
- The secure storage facility has a means of indicating whether it has been entered after dangerous drugs or devices have been delivered;
- The pharmacy maintains written policies and procedures for the delivery of dangerous drugs and devices to a secure storage facility [Edit. The policies and procedures would likely include information about who can accept and sign for secure storage when there is no pharmacist.]; and
- The delivering agent leaves documents indicating the name and amount of each dangerous drug or device delivered in the secure storage facility.

Q. Often, patients bring in hand-written prescriptions that have stamped/electronic signatures that look like they might have been made or created by the patients. Can written prescriptions have stamped prescriber signatures?

A. In describing a prescription, B&PC section 4040(a)(1)(F) states that if the prescription is in writing, it must be signed by the prescriber. [Edit. No signature stamp.] Electronic signatures are allowed on electronic prescriptions—computer-to-computer or computer-to-fax.

Q. Can physicians prescribe drugs, including controlled substances, for themselves or their family members?

A physician **cannot** write a controlled substance prescription for himself (H&SC 11170). He or she must refer to another physician for controlled substance or dangerous drug prescriptions. The prescribing physician would then be responsible for the prescription record keeping.

A physician can write prescriptions for family members **only** if there is a physician/patient relationship, if the prescriptions are for a legitimate medical purpose, if a good-faith examination is performed, and if appropriate records are kept.

However, in an emergency situation, a physician can prescribe a controlled substance for a family member, but the prescription should be for no more than just enough to last until the family member is able to see his or her regular physician for subsequent care.

Always refer to the Standard of Practice, and your own professional judgment.

*See **Rx for Good Practice**, Page 13*

Rx for Good Practice

Continued from Page 12

Q. On a prescription form for controlled substances, is it true that if the number of drugs (tablets, capsules, etc.) is not noted at the bottom, the prescription is void and invalid?

A. Yes. It even states on the bottom of prescription blanks for controlled substances (H&SC section 11162.1[a][8]) that the "Prescription is void if the number of drugs prescribed is not noted." If the prescriber has failed to check one of the drug quantity boxes, the pharmacist must contact the prescriber for the number of drugs to be dispensed.

Q. If a fax is received for a non-controlled substance, is an electronic signature of the prescriber sufficient, or must I call the prescriber for confirmation?

A. If the prescription was transmitted via computer from the prescriber to the pharmacy fax machine, it is considered an "electronic data prescription," and a digital signature may be used (B&PC section 4040[c]).

If the prescriber faxes a prescription to a pharmacy fax machine, it is considered to be an "electronic image prescription"—an originally written prescription—and pursuant to B&PC section 4040(a)(1)(F), the prescriber's written signature is required on the prescription to be faxed.

Q. Is a pharmacist allowed to dispense, pursuant to a verbal order from a physician who announces that the prescription is a "terminal code 11159.2," a Schedule II medication without a faxed or written back-up prescription?

A. No. A H&SC "11159.2 exemption" prescription can be dispensed pursuant only to an original written prescription, which does not have to be written on a tamper-proof, security prescription pad. It cannot be dispensed if the prescription is faxed or orally transmitted.

Q. If a patient, who is in a methadone treatment program as well, is being discharged from the hospital, can a pharmacist fill the doctor's prescription for a two-day supply of methadone to help the patient through the weekend while the methadone clinic is closed?

A. Yes, a prescription for methadone can be filled if the patient is being treated in the hospital for a non-addiction condition such as illness, surgery, or injury (B&PC section 2241[c][1] and H&SC section 11217.5). Professional judgment should dictate and consideration should be given to the consequences of forcing an addict who is suffering from a non-addiction illness or injury to endure two days of addiction while the methadone clinic is closed.

Correction: This column in the February 2010 issue of *The Script* omitted pertinent information related to the following question—***One of the items on the Hospital Pharmacy Self-Assessment form asks if "Patient package inserts [Edit. PPIs] are dispensed with all estrogen and progesterone medications (21 CFR 310.515). Are acute-care and long term care facilities required to distribute PPIs for such products?*** The response was yes, such PPIs are required, but the response failed to add that Title 21 Code of Federal Regulations Part 310.516, requiring patient labeling for progestational products information, has been revoked and deleted.

When the Hospital Pharmacy Self-Assessment form is next revised, the requirement to include progestational information on PPIs will be deleted.

Reporting Financial Settlements to the Board

The Board recently learned that there are licensees and insurance companies that are unaware of their responsibilities to report to the Board pursuant to sections 801 to 804 of the Business and Professions Code. These provisions require the following reporting, by professional liability insurers and by licensees without professional liability insurance:

- Any settlement or arbitration award over $3,000.00 of any claim or action for damages or death or personal injury caused by a licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services, shall be reported to the Board by the insurer within 30 days after the settlement agreement has been reduced to writing and signed by all parties or within 30 days after service of the arbitration award on the parties (section 801);

- Any settlement or arbitration award over $3,000.00 of any claim or action for damages or death or personal injury caused by a licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services, shall be reported to the Board by a licensee who does not possess professional liability insurance within 30 days after the settlement agreement has been reduced to writing and signed by all parties or within 30 days after service of the arbitration award on the parties (section 802);

In addition, section 803 requires that the clerk of a court that renders a judgment that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount over $30,000.00 caused by the licensee's negligence, error or omission in practice, or his or her rendering of unauthorized professional services, report that judgment to the Board within 10 days after the judgment is entered.

Lastly, any required report is complete only if it includes all of the following:

1. The name and last known business and residential addresses of every plaintiff or claimant involved in the matter;
2. The name and last known business and residential addresses of every provider who was claimed or alleged to have acted improperly, whether or not that person was a named defendant and whether or not any recovery or judgment was had against that person;
3. The name, address, and principal place of business of every insurer providing professional liability insurance to any of the providers identified in (2);
4. The name of the court in which the action or any part of the action was filed along with the date of filing and docket number of each action;
5. A brief description or summary of the facts upon which each claim, charge or judgment rested including the date of occurrence; (6) the names and last known business and residential addresses of every person who acted as counsel for any party in the litigation or negotiations, along with identification of the party whom said person represented;
6. The date and amount of final judgment and/or settlement; and
7. Any other information Board regulations may require (section 804). If any person named in the report is notified by the Board of this obligation within 60 days of the filing of the report, he or she must maintain any records he or she has as to the matter in question and shall make those available to the Board upon request.

The Board subsequently enters the reported information into a licensee's central file (section 800). That central file provides an individual historical record for each licensee. The contents of the file that are not public records are kept confidential. The licensee or his or her attorney or representative may inspect the file and have copies made except any materials disclosing the identity of an information source. The Board may also permit a law enforcement or regulatory agency to inspect and copy the file when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes.

Failure(s) to report such financial settlements may result in action by the Board.

Board honors pharmacists registered for at least 50 years

In an ongoing feature of *The Script*, the Board of Pharmacy pays tribute to those who have been registered California pharmacists on active status for at least 50 years. The Board recognizes these individuals and gratefully acknowledges their years of contribution to the pharmacy profession. These pharmacists may take great pride in being part of such an ancient and honorable profession for so long.

April 2010 Board Meeting Honoree

Donald J. Sabol

At the April 2010 meeting, Dr. Kajioka recognized Donald J. Sabol, R.Ph., a graduate of Drake University. Mr. Sabol spent five years in the U.S. Air Force and began his civilian pharmacy career at Horton and Converse. He later became the pharmacy director at Conejo Valley Hospital, subsequently opened three pharmacies, and is currently with CVS Pharmacy. Public Member Ryan Brooks presented Mr. Sabol with a pharmacy 50-year pin.

July 2010 Board Meeting Honorees

The July 2010 meeting welcomed at least eight 50-year honorees—the most honorees ever attending for recognition by the Board. All of the honorees were introduced by Board President Stanley Weisser and Dr. Kajioka presented them with 50-year pharmacist pins.

George W. MacMurphy

After graduating from University of the Pacific in 1959, Mr. George W. Mac Murphey operated independent pharmacies for nearly 30 years.

Don Rey Myers graduated from the University of Utah in 1960 and worked as a community pharmacist for 14 years, a hospital pharmacist for 25 years, and is still working in community pharmacy.

Don Rey Myers

Willard B. Henry and Mrs. Henry

The owner of three pharmacies during his career, Dr. Willard B. Henry graduated from UCSF in 1961.

Donald F. Lee owned his own pharmacy for 30 years and also became a hospital pharmacist. In 1980, he was recognized as the Orange County Pharmacist of the Year.

Donald F. Lee and Mrs. Lee

Howard L. Strause with family and Randy Kajioka, Vice President, Board of Pharmacy

Howard L. Strause, owner and operator of Neighborhood Pharmacy, also worked in assisted living and skilled nursing pharmacies, and is still practicing today.

Upon graduating from the University of Utah, Harvey K. Swenson worked in a variety of pharmacy settings that included retail, hospital, long term care, and the Department of Health.

Harvey K. Swenson

Charles A. Beazell and Mrs. Beazell

After graduating from the University of Colorado, Charles A. Beazell worked as a pharmacist at Thrifty Drug and Corner Drug in Woodland, California.

George H. Pennebaker was the first pharmacy consultant for the Medi-Cal program and served as president of the California Pharmacists Association. Pennebaker recognized fellow pharmacist and son, Tim Cutler.

George H. Pennebaker and son Tim Cutler

Pharmacists who recently received a certificate commemorating 50 years of service and were invited to attend future Board meetings to be publicly honored are:

Abbanat, Jerry — *Stephen Monterey, CA*
Abramson, Morton I. — *Williamsville, NY*

*See **Honored 50-year pharmacists**, Page 16*

Honored 50-year pharmacists

Continued from Page 15

Allsman, Ronald L.	*Bakersfield, CA*
Andrade, Richard F.	*Redding, CA*
Aubert, Richard L.	*St. Helena, CA*
Bailiss, Elton L.	*Culver City, CA*
Barnum, Karl R., Jr.	*Sequim, WA*
Baron, Frederick N.	*Garberville, CA*
Beazell, Charles A.	*Woodland, CA*
Blomquist, James S.	*Riverbank, CA*
Boring, Edwin K.	*San Clemente, CA*
Bunkin, Michael	*Thousand Oaks, CA*
Byrd, Monte D.	*Fresno, CA*
Calagna, Joseph V.	*Claremont, CA*
Chan, Wiley L.	*San Francisco, CA*
Christ, Alexander	*San Francisco, CA*
Churness, David A.	*San Pedro, CA*
Claydon, James T.	*Jackson, CA*
De Herrera, Joseph A.	*Santa Barbara, CA*
De Wilde, Jerald	*Los Angeles, CA*
Dreyfus, Gary A.	*Corona Del Mar, CA*
Earner, Kathleen A.	*Corona Del Mar, CA*
Etherton, Lawrence N.	*Gallup, NM*
Farris, Walton H.	*Rolling Hills Estates, CA*
Florman, Jerald J.	*Santa Ana, CA*
Frank, Clarence E.	*Red Bluff, CA*
Frankel, Lane	*Beverly Hills, CA*
Goodfriend, Boyd J.	*Denton, TX*
Henry, Willard B.	*Chester, CA*
Himelfarb, Jerrold	*Northridge, CA*
Holland, Sheldon D.	*Placerville, CA*
Howells, George F., Jr.	*Aptos, CA*
Johnson, Richard D.	*Kansas City, MO*
Kaufman, Leonard B.	*Glendale, CA*
Kawasaki, Kiyoshi	*Hollister, CA*
Kentera, Milosh K.	*San Jose, CA*
Kligman, Leonard	*Northridge, CA*
Koenig, Lawrence	*Cathedral City, CA*
Korn, Carl S.	*Charleston, SC*
Kramer, Dale L.	*Danville, CA*
Kramer, Howard K.	*Calabasas, CA*
Krinsky, Oscar J.	*Long Beach, CA*
Kruger, Louis H.	*Chico, CA*
La Mattino, Joseph	*Carlsbad, CA*
Latour, John Paul	*Roseville, CA*
Lea, Jed K.	*San Carlos, CA*
Lee, Donald F.	*Anaheim, CA*
Lehine, Alfred	*Arcadia, CA*
Lewis, Donald B.	*Soquel, CA*
Marcalus, Frederick C.	*Jewel, IA*
Marshall, Leonard A.	*Moraga, CA*
Marshall, Monte W.	*Delano, CA*
Mc Gown, Gary R.	*Modesto, CA*
Mc Gown, Joyce T.	*Modesto, CA*
Mc Intosh, Edward A.	*Belmont, CA*
Mendlovits, Alvin	*San Diego, CA*
Miyade, Akira	*Huntington Beach, CA*
Miyamoto, Michio	*Sanger, CA*
Mori, Richard T.	*Rancho Palos Verdes, CA*
Mortensen, Charles F.	*Concord, CA*
Moyer, Rodney G.	*Provo, UT*
Myers, Don Rey	*Lincoln, CA*
Nishi, Alice F.	*Huntington Beach, CA*
Nishkian, Vahan, Jr.	*El Granada, CA*
Norrby, Dennis G.	*Carmel Valley, CA*
Padlipsky, Joel	*Pasadena, CA*
Pennebaker, George H.	*Rancho Cordova, CA*
Pickens, W. Eugene	*Anaheim, CA*
Pierce, Thomas R.	*San Gabriel, CA*
Pierick, Thomas L.	*Canyon Lake, CA*
Poage, Jan	*Santa Cruz, CA*
Poerio, Vincent J.	*El Dorado Hills, CA*
Ravnik, Alex J.	*Hayward, CA*
Reavlin, Bernard Leon	*Bakersfield, CA*
Redlich, Lila J.	*Tustin, CA*
Reinhart, Richard E.	*Huntington Beach, CA*
Ricci, Louis F., Jr.	*San Rafael, CA*
Rohnow, Rollie E.	*Zephyr, NV*
Rosenbaum, Jerrold L.	*Long Beach, CA*
Ross, Kenneth W.	*North Hollywood, CA*
Roulette, Amos W.	*Palm Desert, CA*
Sanders, Phillip R.	*Carson City, NV*
Schick, John R.	*Garden Grove, CA*
Schroeder, Gail Ellen	*Calabasas, CA*
Scott, Phil G.	*Palm Desert, CA*
Siegel, Alan N.	*Simi Valley, CA*
Silicato, Carmen G.	*Tujunga, CA*
Smith, Roger D.	*Sequim, WA*
Sorenson L. Wayne	*Barstow, CA*
Spellman, Arnold	*Tarzana, CA*
Stephens, Alvin	*Riverside, CA*
Strause, Howard L.	*Lafayette, CA*
Sunshine, Gerald	*Panorama City, CA*
Swenson, Harvey K.	*Sacramento, CA*
Swire, John A.	*Santa Rosa, CA*
Talley, Gary M.	*San Diego, CA*
Tedeschi, Richard P.	*Granada Hills, CA*
Tonnemacher, Donald A.	*Red Bluff, CA*
Toso, Gilbert G.	*Modesto, CA*
Trachtman, Lawrence	*Manhasset, NY*
Tsutsui, Kenneth F.	*Fresno, CA*
Turiace, William P.	*Auburn, CA*
Uyeda, Chiyoko	*Arcadia, CA*
Van Le, Thuy Tien	*Los Angeles, CA*
Weyand, Garry L.	*Bakersfield, CA*
Whitney, B. H., Jr.	*Santa Ana, CA*
Wise, Robert A., Jr.	*Novato, CA*
Woo, Wilson B.	*Sunnyvale, CA*
Yamada, Minoru	*San Francisco, CA*

CE hours are awarded for attending one day of a Pharmacy Board or Committee meeting, for becoming a Certified Geriatric Pharmacist, or completing the PSAM

Continuing education (CE) hours are awarded to encourage pharmacists and pharmacy technicians to learn more about the issues and operation of the Board. These hours can be earned by:

- Attending one full day of a Board meeting per year (maximum of six hours of CE per year); or
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings—maximum of four hours per year); or
- Completing the Pharmacist Self-Assessment Mechanism (PSAM) program through the NABP (six hours of CE); or
- Upon becoming certified by the Commission for Certification in Geriatric Pharmacy (three hours of CE).

Note: It is the pharmacy technician's responsibility to determine from the Pharmacy Technician Certification Board how many, if any, of the above hours are acceptable for recertification with that board.

Board of Pharmacy meetings are held at least four times per year: typically January, April, July and October. There are four committees that usually hold public meetings prior to each Board meeting:

- Enforcement Committee—Makes recommendations to the Board regarding oversight of all regulatory and enforcement activities for the improvement of consumer protection.
- Licensing Committee—Makes recommendations to the Board regarding the development of standards for the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and recommends regulations that advance the vision and mission of the Board to improve the health and safety of Californians.
- Communication and Public Education Committee—Prepares relevant information for the improvement of consumer awareness and licensee knowledge.

Attendance at these meetings provides an opportunity to participate in the development of policies that will guide the Board in its decision-making. Frequently, both statutory and regulatory texts are formulated at such meetings, modifications to current programs are developed, and evidence-based decisions are made.

Board or committee meetings are held in various locations throughout California to give the public and licensees the opportunity to attend. No reservations are needed: You simply arrive at the meeting location at the start of the meeting. For Board meetings, only one day is designated as eligible for CE: This is specified on the agenda. To obtain CE credit for attending committee meetings, attendees must arrive at the designated start of the meeting and register on the CE sign-in sheet.

The remaining Board meeting date and location for 2010 are:

October 20-21	**University of California, San Diego** **School of Pharmacy** **Health Sciences Educational Auditorium** **9500 Gilman Dr.** **La Jolla, CA 92093-0657**

Additional information regarding the dates, locations, and agendas for Board and committee meetings will be posted on the Board's Web site, ***www.pharmacyy.ca.gov/about/meetings.htm***, at least 10 days prior to each meeting. Also, about five days before each meeting, you may download meeting information packets that contain background information and action items that will be discussed during the meeting.

Guidelines for Improving Procedures for Handling Recalled Drugs in Hospital

The July 2008 issue of *The Script* included an article that discussed the problems associated with recalled drugs being found in California hospitals. The article detailed the recall of specific heparin products that had been linked to more than 80 deaths in the U.S. and an oversized Digitek tablet that contained more than the required amount of the active ingredient.

Although five separate heparin recall notices were issued during early 2008 to pharmacies by specific manufacturers, and three "subscriber alerts" about the recall were e-mailed by the Board of Pharmacy, focused pharmacy inspections of hospitals found recalled heparin in 94 California hospitals. Additionally, recalled Digitek was found in pharmacies after the manufacturer's recall notice and after a notice mailed by the Board to 6,000 pharmacies, followed by a separate subscriber alert by the Board. Faced with these apparent failures in communication or proper response to drug recalls, the Board determined that it was important to convene the Subcommittee to Evaluate Drug Distribution in Hospitals to identify ways to improve the safety of drug distribution in hospitals and strengthen procedures for drug and device recalls.

Three subcommittee meetings were convened in 2009. During these meetings, information about how recalls are initiated and communicated was provided by the U. S. Department of Food and Drug, the Food and Drug Branch of California Department of Public Health (CDPH), and the Chief Pharmaceutical Consultant of the Licensing and Certification Unit of CDPH. Also participating in the meeting were more than 100 pharmacists, pharmacy administrators, wholesalers and others who described workplace issues that interfered with proper adherence to recall directives.

After information gathering and discussion, the subcommittee ultimately developed guidelines (not laws, statutes, or regulations) that include a list of possible actions to take to remove recalled drugs or devices from all patient care and in hospitals. These practices can be summarized as:

1. Pre-position the facility to receive notice of recalls from multiple sources;
2. Identify whether the facility has the recalled product;
3. If so, quickly remove the product from all patient care areas;
4. Identify, assess, notify and treat patients who may have received the product;
5. Identify alternative products to maintain therapy;
6. Return the quarantined product; and
7. Document and evaluate the process.

Pre-recall planning steps include the hospital pharmacy department's development and implementation of written policies and procedures for the effective removal of recalled products from all patient care areas (inpatient and outpatient) and storage areas. Representatives from nursing, medicine, pharmacy services, and administration should be involved in development of the policies and procedures.

The written procedures should also include information related to the identification of all locations where drugs are stored throughout the hospital, actions to take once a recall has been initiated, quality assurance and improvement processes, ways to improve recalls with drug wholesalers, and the use of technology-based solutions.

For more accurate and timely recall systems, hospitals also should have an effective recall notification system that originates in one place, listing the issue, what should be done, what steps to be taken, etc. Instituting a bar code system to better track drugs throughout the facility should also be considered.

The July 2008 issue of *The Script* (***www.pharmacy.ca.gov/publications/08_jul_script.pdf)*** contains a full description of the heparin and Digitek recall problems that were encountered.

Unlicensed Distribution of Dangerous Devices to Hospitals

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals. Such drugs or devices have cautionary statements advising that federal law prohibits dispensing without a prescription (Business & Professions Code section 4022). Further, section 4169 prohibits the purchase, trade, sale, or transfer of dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler or pharmacy.

Dangerous device manufacturers, who are not licensed as wholesalers, are not authorized to sell or broker sales of dangerous devices to hospitals or other authorized entities from locations that are not licensed as a manufacturing plant or as a wholesaler.

Explanation of Disciplinary Terms

Effective Date of Action—the date the disciplinary action goes into operation.

Revocation or Revoked—the license is revoked as a result of disciplinary action by the Board, and the licensee's right to practice or operate a Board-licensed entity is ended.

Revoked, Stayed—the license is revoked, but the revocation is postponed until the Board determines whether the licensee has failed to comply with specific probationary conditions, which may include suspension of the licensee's right to practice.

Stipulated Settlement—the board and a licensee mutually agree to settle a disciplinary case brought by the board by way of a settlement agreement.

Stayed—the revocation or suspension action is postponed, and the licensee is put on probation.

Probation—the licensee may continue to practice or operate a Board-licensed entity under specific terms and conditions for a specific period of time.

Voluntary Surrender—the licensee has agreed to surrender his or her license, and the right to practice or operate Board-licensed entity is ended. The board may agree to accept the surrender of a license through a "stipulation" or agreement.

Suspension—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time.

Suspension/Probation—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time, and the right to practice or operate is contingent upon meeting specific terms and conditions during the probationary period.

PC 23 Order Issued—the licensee is restricted from practicing or operating a Board-licensed entity by a court order that is issued under the provisions of Penal Code section 23.

Public Reprimand—resulting from a disciplinary action, the licensee is issued a letter of public reprimand.

Accusation Filed—an accusation is the document containing the charges and allegations filed when an agency is seeking to discipline a license.

Reinstatement of License—a previously revoked or suspended license is reinstated with specified terms and conditions.

Statement of Issues—a legal document that details the factual or legal bases for refusing to grant or issue a license.

Disciplinary Actions

From January 6 to May 25, 2010, the following licenses were disciplined through actions taken by the Board. To view details of the probation terms and conditions of each case, go to the Board's Web site, ***www.pharmacy.ca.gov***, and from the "Quick Hits" menu, select "Enforcement Actions."

Revoked Pharmacist Licenses
The following individuals are no longer licensed, and the right to practice has been terminated.

Falemi, Oladimeji, RPH 36945,
Carson, CA—Case 3158
By Default, license revoked.
Decision effective 01/06/2010

Lang, Johnny, RPH 50571,
Bakersfield, CA—Case 3242
Decision effective 04/21/2010

Mai, Michelle, RPH 58012,
Fountain Hills, AZ—Case 3234
Decision effective 01/28/2010

Moon, Michael, RPH 42325,
Santa Maria, CA—Case 3262
Decision effective 06/09/2010

Muraoka, Kris, RPH 38703,
Laguna Niguel, CA—Case 3374
Decision effective 04/21/2010

Nisonoff, Keith, RPH 43677,
Englewood, CO—Case 3209
By Stipulation, license revoked.
Decision effective 04/29/2010

Pharmacist Licenses Revoked, Stayed, Probation
The following licenses were revoked, revocations stayed, and placed on probation. If the terms and conditions of probation are not followed, the original revocations can be reinstated.

Chu, Peter, RPH 48836,
Irvine, CA—Case 3431
Three years' probation; cannot supervise any intern pharmacist and cannot act as preceptor or PIC.
Decision effective 04/21/2010

Eng, Ken, RPH 35351,
Canyon Country, CA—Case 3222
Five years' probation; cannot supervise any intern pharmacist and cannot act as preceptor or PIC.
Decision effective 04/21/2010

Fujitaki, Wayne, RPH 31483,
Marina Del Rey, CA—Case 3161
By Stipulation, five years' probation, license suspended for 120 days, no ownership of Board-licensed entity, cannot act as preceptor or PIC.
Decision effective 05/26/2010

Gibson, Marvin, RPH 27732,
Folsom, CA—Case 3291
Five years' probation; cannot

*See **Disciplinary Actions**, Page 20*

Disciplinary Actions

Continued from Page 19

supervise any intern pharmacist; cannot act as preceptor or PIC; and no ownership of Board-licensed entity.
Decision effective 04/21/2010

Kim, Gene, RPH 43406,
La Canada, CA—Case 3161
By Stipulation, three years' probation, must complete an approved ethics course, cannot act as preceptor or PIC; and no ownership of Board-licensed entity.
Decision effective 05/26/2010

Koerpel, Philip, RPH 39167,
San Francisco, CA—Case 3367
Five years' probation; cannot supervise any intern pharmacist; and cannot act as PIC.
Decision effective 02/18/2010

Lee, Brian, RPH 51443,
Bakersfield, CA—Case 3243
Three years' probation; cannot supervise any intern pharmacist; cannot act as preceptor or PIC; and no ownership of Board-licensed entity.
Decision effective 04/21/10

Lok, Terence, RPH 48193,
Thousand Oaks, CA—Case 3139
Three years' probation; cannot supervise any intern pharmacist; cannot act as PIC; and no ownership of Board-licensed entity.
Decision effective 01/06/2010

Park, Jae Young, RPH 44773,
Diamond Bar, CA—Case 3084
By Stipulation, after one year's suspension, five years' probation; practice must be supervised; cannot act as preceptor or PIC; no ownership of Board-licensed entity; and must successfully pass an approved ethics course.
Decision effective 05/26/2010

Patterson, Annette, RPH 42732,
Ventura, CA—Case 3185
By Stipulation, three years' probation; practice must be supervised; cannot act as preceptor or PIC; and no ownership of Board-licensed entity.
Decision effective 05/26/2010

Rosenzweig, Judith, RPH 47399,
San Diego, CA—Case 3343
Three years' probation; cannot supervise any intern pharmacist; and cannot act as PIC.
Decision effective 01/08/2010

Weaver, Shauna, RPH 49557,
Pebble Beach, CA—Case 3225
By Stipulation, five years' probation; cannot supervise any intern pharmacist; cannot act as PIC; and no ownership of Board-licensed entity.
Decision effective 04/21/2010

Revoked Pharmacy Technician and Exemptee Licenses

The following individuals are no longer licensed, and the right to practice has been terminated.

Ali, Rihaad, TCH 38102,
San Jose, CA—Case 3221
By Default, license revoked.
Decision effective 04/08/2010

Balian, Andre, TCH 35894,
Pasadena, CA—Case 3232
By Default, license revoked.
Decision effective 04/29/2010

Barton-Tylij, Carolyn, TCH 33671,
Tracy, CA—Case 3382
By Default, license revoked.
Decision effective 05/26/2010

Beavers, Christopher, TCH 40420,
Ridgecrest, CA—Case 3273
By Default, license revoked.
Decision effective 04/29/2010

Boyd, Mindy, TCH 34012,
Santa Cruz, CA—Case 3346
Decision effective 02/10/2010

Calderon, John, TCH 63110,
Santa Ana, CA—Case 3396
By Default, license revoked.
Decision effective 04/08/2010

Castaneda, Robert, TCH 74030,
Woodlake, CA—Case 3520
By Default, license revoked
Decision effective 05/26/2010

Chantry, Christy, TCH 50438,
Moreno Valley, CA—Case 3340
By Default, license revoked.
Decision effective 04/08/2010

Cooper, Wendy, TCH 8392,
Alta Loma, CA—Case 3272
By Default, license revoked.
Decision effective 02/18/2010

Dague, Luke, TCH 53510,
Ontario, CA—Case 3287
Decision effective 01/28/2010

Dixon, Flora, TCH 64779,
Los Angeles, CA—Case 3207
Decision effective 04/04/2010

Dyer, Tanya, TCH 25254,
Chico, CA—Case 3339
By Default, license revoked.
Decision effective 04/08/2010

Edge, Jaime, TCH 78753,
Huntington Beach, CA—Case 3323
Decision effective 04/03/2010

Elreda, Mohamad, TCH 68570,
Bell, CA—Case 3322
Decision effective 01/28/2010

Freitas, Michael, TCH 59123,
Newark, CA—Case 3381
By Default, license revoked.
Decision effective 04/29/2010

Gamboa, Nancy, TCH 82115,
San Diego, CA—Case 3403
By Default, license revoked
Decision effective 05/26/2030

Garcia (AKA Hernandez), Sara,
TCH 46353, Colton, CA—Case 3276
By Stipulation, license revoked.
Decision effective 04/29/10

Garay, Raquel, TCH 53038,
Van Nuys, CA—Case 3164
Decision effective 01/06/2010

Garlipp, Caleb, TCH 74999,
Berkeley, CA—Case 3252
By Default, license revoked.
Decision effective 02/18/2010

Gill, Jennifer, TCH 36591,
El Cajon, CA—Case 3398
By Default, license revoked.
Decision effective 04/08/2010

Gonzalez, Joseph, TCH 55572,
Anaheim, CA—Case 3320
Decision effective 01/28/2010

Guy, Mary Jane, TCH 44416,
Oceanside, CA—Case 3458
By Default, license revoked.
Decision effective 05/28/2010

Habig, Frances, TCH 45006,
Modesto, CA—Case 3373
By Default, license revoked.
Decision effective 02/18/2010

Harness, Anthony, TCH 16136,
Palm Springs, CA—Case 3235
By Default, license revoked.
Decision effective 02/18/2010

Hart, Kimberly, TCH 76431,
Valley Springs, CA—Case 3313
By Default, license revoked.
Decision effective 02/24/2010

Hegeman, Kimberly, TCH 69009,
Montclair, CA—Case 3307

*See **Disciplinary Actions**, Page 21*

Disciplinary Actions

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By Default, license revoked.
Decision effective 02/18/2010

Hernandez (AKA Garcia), Sara, TCH 46353, Colton, CA—Case 3276
Decision effective 04/29/10

Holloway, Joanna, TCH 39797, Redding, CA—Case 3361
By Default, license revoked.
Decision effective 02/24/2010

Hussein, Shreen, TCH 50453, Mt. Eden, CA—Case 3395
By Default, license revoked.
Decision effective 04/08/2010

Ibarra, Angelina, TCH 18088, East Palo Alto, CA—Case 3333
By Default, license revoked.
Decision effective 05/26/2010

James, Arlitha, TCH 35116, Los Angeles, CA—Case 3326
Decision effective 01/29/2010

Jimenez, Thelma, TCH 50178, Sun City, CA—Case 3350
Decision effective 02/10/2010

Lawrence, Jessica, TCH 49013, Upland, CA—Case 3319
By default, license revoked.
Decision effective 04/29/2010

Madruga, Jr., Jerry, TCH 19498, Hanford, CA—Case 3315
Decision effective 01/06/2010

Manto, Jayna, TCH 73450, Richmond, CA—Case 3357
Decision effective 02/10/2010

Paguirigan, Melinda, TCH 51809, Antioch, CA—Case 3348
By Default, license revoked.
Decision effective 04/08/2010

Palomera, Alejandra, TCH 61961, Sylmar, CA—Case 3227
By Default, license revoked.

Parks, Jennifer, TCH 57498, Walnut Creek, CA—Case 3409
Decision effective 02/10/2010

Parret, Britton, TCH 61069, Nipoma, CA—Case 3569
By Default, license revoked.
Decision effective 05/26/2010

Pasache, Waldo, TCH 79340, San Francisco, CA—Case 3345
Decision effective 02/10/2010

Phan, Taylor, TCH 62860, Pomona, CA—Case 3281
By Default, license revoked.
Decision effective 04/29/2010

Pitts, Priscilla, TCH 77544, Anaheim, CA—Case 3250
By Default, license revoked.
Decision effective 02/18/2010

Plascencia, Benito, TCH 13530, Whittier, CA—Case 3229
Decision effective 01/29/2010

Rafael, Claudia, TCH 46934, Los Angeles, CA—Case 3267
By Default, license revoked.
Decision effective 05/26/2010

Renderos, Juan, EXC 16578, Santa Ana, CA—Case 3208
Decision effective 04/03/2010

Riaski, Aimee, TCH 41180, Hollister, CA—Case 3499
By Default, license revoked.
Decision effective 04/29/2010

Romero, Emmanuel, TCH 51614, Riverside, CA—Case 3295
By Default, license revoked.
Decision effective 04/08/2010

Salas, Joseph, TCH 41759, Fontana, CA—Case 3325
By Default, license revoked.
Decision effective 04/08/2010

Simmons, Angela, TCH 59251, Carlsbad, CA—Case 3461
By Default, license revoked.
Decision effective 04/29/2010

Storms, Tracy Lynn, TCH 76085, Pebble Beach, CA—Case 3302
By Default, license revoked.
Decision effective 05/26/2010

Tolosa, Tristan, TCH 50743, Foster City, CA—Case 3280
Decision effective 02/10/2010

Vanderwiel, Chelsea, TCH 25777, Sonora, CA—Case 3245
By Default, license revoked.
Decision effective 03/02/2010

Vargas, Christopher, TCH 31717, Chula Vista, CA—Case 3359
Decision effective 02/10/2010

Williford, Cortney, TCH 63070, Woodside, CA—Case 3311
By Default, license revoked.
Decision effective 02/24/2010

Wood, Earl, TCH 6721, Pomona, CA—Case 3220
Decision effective 01/29/2010

Pharmacy Technician Licenses Revoked, Stayed, Probation

The following licenses were revoked, revocations stayed, and placed on probation. If the terms and conditions of probation are not followed, the original revocations can be reinstated.

Crist, Cynthia, TCH 20695, Suisun, CA—Case 3304
Four years' probation; suspended from working as a pharmacy technician until certified by the Pharmacy Technician Certification Board; and no ownership of any Board-licensed entity.
Decision effective 01/28/2010

Komirenko, Tatyana, TCH 65494, Cupertino, CA—Case 3389
By Stipulation, three years' probation; must pass the Pharmacy Technician Certification Exam; must have worksite monitor; and no ownership of any Board-licensed entity.
Decision effective 05/26/2010

Krull, Amanda, TCH 60171, Palm Desert, CA—Case 3240
Two years' probation; suspended from working as a pharmacy technician until certified by the Pharmacy Technician Certification Board; and no ownership of any Board-licensed entity.
Decision effective 01/28/2010

Pereda, Genoveva, TCH 30005, Sun City, CA—Case 3309
By Stipulation, five years' probation; no ownership of any Board-licensed entity; and no tech-check-tech.
Decision effective 04/29/2010

Saucedo, Margarie, TCH 40762, Buena Park, CA—Case 3265
Three years' probation and must have worksite monitor.
Decision effective 02/18/2010

Revoked Pharmacy License

The following pharmacy is no longer licensed and the right to operate a pharmacy has been terminated.

*See **Disciplinary Actions**, Page 22*

Disciplinary Actions

Continued from Page 21

City of Angels Medical Center Pharmacy, HSP 43766,
Rosemead, CA—Case 3139
Decision effective 01/06/2010
Forum Drug, PHY 44525,
Diamond Bar, CA—Case 3084
By Stipulation, license revoked.
Decision effective 05/26/2010

Pharmacy License Revoked, Stayed, Probation

The following license was revoked, revocation stayed, and placed on probation. If the terms and conditions of probation are not followed, the original revocation can be reinstated.

Bluepoint Pharmacy, PHY 43188,
Stockton, CA—Case 3219
Three years' probation and pharmacy must post a notice of probation.
Decision effective 02/10/2010

Voluntarily Surrendered Individual Licenses

Through disciplinary actions of the Board, the following licenses were voluntarily surrendered.

Abad, Jennifer, TCH 39013,
Winnetka, CA—Case 3170
By Stipulation, license surrendered.
Decision effective 02/18/2010
Buu, Que, RPH 45364,
Westminster, CA—Case 3221
By Stipulation, license surrendered.
Decision effective 04/08/2010
Chin, Darryl, RPH 28889,
San Leandro, CA—Case 3289
By Stipulation, license surrendered.
Decision effective 04/08/2010
Costere, Randy, TCH 44904,
Aptos, CA—Case 3228
Decision effective 01/28/2010
Cummings, Vanessa, TCH 34068,
Fontana, CA—Case 3471
By Stipulation, license surrendered.
Decision effective 05/26/2010
Fernandez, Patricia, TCH 79276,
East Palo Alto, CA—Case 3407
Decision effective 01/28/2010
Fornoles, Elias, TCH 79276,
Mission Viejo, CA—Case 3300
By Stipulation, license surrendered
Decision effective 02/18/2010
Gurrola, Ramon, TCH 63846,
Fillmore, CA—Case 3256
By Stipulation, license surrendered.
Decision effective 04/08/2010
Husak, Thomas, RPH 23267,
Auburn, CA—Case 3282
By Stipulation, license surrendered.
Decision effective 04/29/2010
Laguna, Ramon, TCH 44921,
Irvine, CA—Case 3224
Decision effective 01/28/2010
Lopez, Robert M., RPH 37861,
Los Banos, CA—Case 3199
By Stipulation, license surrendered.
Decision effective 04/08/2010
Lum, Sherman, RPH 21342.
San Francisco, CA—Case 3297
By Stipulation, license surrendered.
Decision effective 04/08/2010
Michmali, Michael, TCH 61671,
Ceres, CA—Case 3144
Decision effective 01/28/2010
Nasser, Reem, TCH 69031,
La Jolla, CA—Case 3312
By Stipulation, license surrendered.
Decision effective 04/29/2010
Relingo, Romy, TCH 46262,
Daly City, CA—Case 3238
By Stipulation, license surrendered.
Decision effective 04/08/2010
Salazar, Brandee, TCH 28683,
Modesto, CA—Case 3347
By Stipulation, license surrendered.
Decision effective 04/08/2010
Sawyer, Sylvia, TCH 27671,
Huntington Beach, CA—Case 3275
By Stipulation, license surrendered.
Decision effective 04/08/2010
Sherman, Jr., Joseph, EXC 16823,
Atascadero, CA—Case 3271
Decision effective 01/28/2010
Simmons, Angela, TCH 59251,
Carlsbad, CA—Case 3461
By Default, license surrendered
Decision effective 04/29/2010
Soares, Brittney, TCH 80292,
Hanford, CA—Case 3406
By Stipulation, license surrendered.
Decision effective 04/29/2010
Yuen, Patrick, RPH 33210,
Fremont, CA—Case 3388
Decision 01/28/2010

Voluntarily Surrendered Pharmacy Licenses

Through disciplinary actions of the Board, the following license was voluntarily surrendered.

Pacific Pharmacy, PHY40567,
Westminster, CA—Case 3101
By Stipulation, license surrendered.
Decision effective 04/08/2010
Skyridge Pharmacy, PHY 21812,
Auburn, CA—Case 3282
By Stipulation, license surrendered.
Decision effective 04/29/2010

Statement of Issues

Through disciplinary action of the Board, applications for license granted, licenses issued, revoked, stayed and placed on probation.

Crosby, Anthony, TCH 80457,
Richmond, CA—Case SI 3383
License issued; four years' probation; and may not work as Pharmacy Technician until certified by the Pharmacy Technician Certification Board.
Decision effective 04/21/2010
Miller, Justin, TCH 86960,
Sacramento, CA—Case SI 3285
License issued; no probation.
Decision effective 04/21/2010
Nguyen, Mimi, INT 25738,
Elk Grove, CA—Case SI 3369
By Stipulation, license issued; five years' probation.
Decision effective 04/19/2010

Accusation Dismissed

By hearing decision, the actions against these licenses were dismissed.

Adibi, Afshin, RPH 44301,
San Mateo, CA—Case 2347
Decision effective 12/26/2008
International Pharmaceutical Services, WLS 2955,
San Francisco, CA—Case 2347
Decision effective 12/26/2008

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Attachment 2

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STATE AND CONSUMER SERVICES AGENCY
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ARNOLD SCHWARZENEGGER, GOVERNOR

California Law Update for Nonresident Pharmacies

September 2010

Please note that all future California Board of Pharmacy newsletters or informational notices such as this one will be available only online at the Board's Web site: *www.pharmacy.ca.gov.*

1. **Nonresident Pharmacies Must Report to CURES, All Schedule II, III, and IV Prescriptions Dispensed to Patients in California**

   California-licensed pharmacies, including nonresident pharmacies, are required to report, on a weekly basis, all Schedule II, III, and IV prescriptions dispensed to patients in California, to the California Department of Justice via the Controlled Substance Utilization Review and Evaluation System (CURES). [Authority: California Business and Professions Code sections 4037(a) and 4112(e); California Health and Safety Code section 11165(d)].

   Please access ***www.4infinitesolutions.com/cures/*** for further reporting information. Questions may be directed to the California Department of Justice at (916) 319-9062.

2. **Effective July 1, 2010, all California-licensed facilities, including nonresident pharmacies, must join the Board's E-Mail Notification List** (Business and Professions Code section 4013). Facilities also are required to update their e-mail address with the Board within 30 days of any e-mail address change.

   The Board strongly encourages Board-licensed or interested individuals to join the e-mail subscriber list, since it is now the Board's primary means for disseminating important information.

   To join the notification list:
   - Go to the Board's Web site;
   - Select "Subscribe to Our E-Mail Notification List" from the Quick Hits menu on the left side of the page;
   - Check the box at "Board of Pharmacy – E-mail Notification List:"
   - Scroll down the page and select "Subscribe;"
   - Enter your e-mail address, and we'll do the rest!

   Note: If you or your facility joined the e-mail notification list prior to November 17, 2009, you will need to join again, due to the Board's upgrading of the software for collecting e-mail addresses.

3. **The Board has proposed, and is currently finalizing, the adoption of a regulation (Title 16, California Code of Regulations section 1707.5) that would require all California pharmacies and nonresident pharmacies that dispense medication to patients in California, to use containers that are labeled according to this regulation**. The regulation establishes requirements for "patient-centered" prescription drug container labels that emphasize certain items on the label. (Samples of the proposed patient-centered prescription container labels can be viewed at the Board's Web site.) The Board expects the new regulation to become effective on January 1, 2011, or upon approval by the Office of Administrative Law, whichever is later. The text of the regulation undergoing final review follows:

Title 16, California Code of Regulations

Section 1707.5. Patient-Centered Labels on Medication Containers

(a) Labels on drug containers dispensed to patients in California shall conform to the following format to ensure patient-centeredness.

(1) Each of the following items shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface, and listed in the following order:
   (A) Name of the patient
   (B) Name of the drug and strength of the drug. For the purposes of this section, "name of the drug" means either the manufacturer's trade name, or the generic name and the name of the manufacturer.
   (C) Directions for use.
   (D) Purpose or condition. If entered onto the prescription by the prescriber.

(2) For added emphasis, the label shall also highlight in bold typeface or color, or use blank space to set off the items listed in subdivision (a)(1).

(3) The remaining required elements for the label specified in section 4076 of the Business and Professions Code, as well as any other items of information appearing on the label or the container, shall be printed so as not to interfere with the legibility or emphasis of the primary elements specified in paragraph (1) or subdivision (a). These additional elements may appear in any style, font, and size typeface.

(4) When applicable, directions for use shall use one of the following phrases:
   (A) Take 1 [insert appropriate dosage form] at bedtime
   (B) Take 2 [insert appropriate dosage form] at bedtime
   (C) Take 3 [insert appropriate dosage form] at bedtime
   (D) Take 1 [insert appropriate dosage form] in the morning
   (E) Take 2 [insert appropriate dosage form] in the morning
   (F) Take 3 [insert appropriate dosage form] in the morning
   (G) Take 1 [insert appropriate dosage form] in the morning, and Take 1 [insert appropriate dosage form] at bedtime
   (H) Take 2 [insert appropriate dosage form] in the morning, and Take 2 [insert appropriate dosage form] at bedtime

(I) Take 3 [insert appropriate dosage form] in the morning, and Take 3 [insert appropriate dosage form] at bedtime

(J) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, and 1 [insert appropriate dosage form] in the evening

(K) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, and 2 [insert appropriate dosage form] in the evening

(L) Take 3 [insert appropriate dosage form] in the morning, 3 insert appropriate dosage form] at noon, and 3 [insert appropriate dosage form] in the evening

(M) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, 1 [insert appropriate dosage form] in the evening, and 1 [insert appropriate dosage form] at bedtime

(N) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, 2 [insert appropriate dosage form] in the evening, and 2 [insert appropriate dosage form] at bedtime

(O) Take 3 [insert appropriate dosage form] in the morning, 3 [insert appropriate dosage form] at noon, 3 [insert appropriate dosage form] in the evening, and 3 [insert appropriate dosage form] at bedtime

(P) If you have pain, take __ [insert appropriate dosage form] at a time. Wait at least __ hours before taking again. Do not take more than __ [appropriate dosage form] in one day

(b) By October 2011, and updated as necessary, the board shall publish on its Web site translation of the directions for use listed in subdivision (a)(4) into at least five languages other than English, to facilitate the use thereof by California pharmacies.

(c) Beginning in October 2011the board shall collect and publish on its Web site examples of labels conforming to these requirements, to aid pharmacies in label design and compliance.

(d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services in the patient's language. If interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.

(e) The board shall re-evaluate the requirements of this section by December 2013 to ensure optimal conformance with Business and Professions Code section 4076.5.

(f) As used in this section, "appropriate dosage form" includes pill, caplet, capsule or tablet.

Authority cited: Sections 4005 and 4076.5, Business and Professions Code. Reference: Sections 4005, 4076, and 4076.5, Business and Professions Code.

Attachment 3

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1	Develop a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public.
Tasks:	1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. *2006-2007:* *Staff conducts assessment of the board's consumer outreach written materials. Material is identified for revision and update, future development, or evaluation for continued need.* *2007-2008:* *Board publishes new board brochure and complaint brochure, and redesigns several board brochures into new single-page, format.* 2. Restructure the board's website to make it more user friendly. *2006-2007:* *Website modified to contain lists of disciplinary actions finalized each quarter and permit online access to public documents regarding board disciplinary actions taken against a licensee.* *Links added to obtain various information regarding medication safety, and drug interactions, and information from FDA regarding Medications and Medical Devices.* *Work Initiated on new website design to meet new state design standards.* *2007-2008:* *New website design completed in November 2007.* *Web page created consolidating all information on e-pedigree into one place.* *1st Qtr 09/10:* *Regulation section of the board's Web site updated to improve presentation and readability.* *Status of board licensees on probation changed from "active" to "disciplined".* *3rd Qtr 09/10:* *Updated website template to conform with new directive from Governor.* 3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. *2006-2007:* *Committee continues collaboration with the partnership whose fall campaign is screening for prostate and breast cancer. Plans underway to work to promote generic drugs in the future.* *No additional meetings scheduled after January 2007.*

4. Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics.

2006-2007: *Nine previously developed fact sheets are sent to a translation service to develop Spanish, Chinese, and Vietnamese versions of these materials. Four new fact sheets developed and undergoing review by the board.*

2007-2008: *The committee determines that the board will expand the project beyond the Center for Consumer Self Care to include students from other Schools of Pharmacy.*
Meanwhile discussion with UCSF lead to request for funding to continue project.
Meanwhile board seeks to establish intern projects with other schools of pharmacy.

1st Qtr 08/09: *Letter to Deans of California's pharmacy schools mailed.*

1st Qtr 09/10: *Staff prepare to initiate program using intern coordinators at school of pharmacy campuses in California.*

4th Qtr 09/10: *UCSD submits fact sheets for board consideration.*
Western, USC and California North State all anticipate programs beginning in fall 2010.

5. Develop a Notice to Consumers to comply with requirements of AB 2583 (Nation, Chapter 487, Statutes of 2006) on patients' rights to secure legitimately prescribed medication from pharmacies.

2006-2007: *Governor signs AB 2583.*
Committee advances draft regulation text for comment at the October Board Meeting. Board votes to create a second Notice to Consumers poster vs. adding additional language to current poster.
Committee refines language to be advanced to the board. Board reviews, modifies, and sets for regulation notice the proposed language for a second Notice to Consumers poster.

2007-2008: *New "Notice to Consumers" approved by board and later by the Office of Administrative Law.*
New design and layout for two new Notice to Consumer posters are selected.

1st Qtr 08/09: *New posters are mailed to California pharmacies.*

2nd Qtr 08/09: *Posters are translated into several languages and made available on the board's website.*

6. Evaluate the practice of pill splitting as a consumer protection issue.

2006-2007: *Board holds discussion of pill splitting issues during January and April 2007 Board Meetings.*

2007-2008: *The Script newsletter contains an article for pharmacists on pill splitting and a Fact Sheet for consumers is completed.*

7. Evaluate the SCR 49 Medication Errors Report for implementation.

2006-2007: *Communication and Public Education Committee reviews SCR 49 report and board has presentation of the SCR 49 report.*

2007-2008: *SB 472 enacted to require the board to standardize container labels into a patient friendly format by 2011.*

Feb. 2009: *SB 470 introduced to add "purpose" to the prescription container's label.*

Sept. 2009: *SB 470 is enrolled and sent to the Governor.*

8. Develop patient-centered standardized prescription container labels by 2011 pursuant to SB 472 (Corbett, Chapter 470, Statutes of 2007).

Oct. 2007: *Board president appoints members to subcommittee.*

Jan. 2008: *Board readies plans for six public hearings statewide during 2008*

April 2008: *First meeting in Fremont on April 12. Approximately 40 people attend.*

Apr. - Jul. 08: *Board attends health fairs and interviews patients for information on how to improve prescription labels. Survey available on board's website. 123 surveys completed.*

July 2008: *Board Inspector Bayley and Associate Analysts Durst and Abbe staff a resource table at the Lotus Festival in Los Angeles and interview attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.*

Aug. 2008: *Associate Analysts Durst and Abbe and Assistant Executive Officer Sodergren staff the department's booth at the State Fair and distribute brochures, respond to public questions and elicit suggestions to improve the labeling on prescription labels.*

Oct. 2008: *Board Member Powers provides information and conducted labeling surveys of those attending CARA's annual meeting.*
Publications Coordinator Abbe attends Celebrando Nuestra Salud to conduct labeling surveys of those in attendance.

Nov. 2008: *Board sponsors public forum on health literacy and designing patient-centered labels. National experts provide information.*

Dec. 2008: *Board Executive Officer participates on National Association of Boards of Pharmacy task force to develop national standards for patient-centered labels. Board and CPhA develop joint survey for administration via listeners of radio stations on patient medication labels.*

Jan. 2009: *Over 600 consumer surveys submitted; SB 472 Subcommittee meets to begin developing regulations. Radio surveys add 1,800 additional survey responses. Subcommittee holds afternoon meeting in San Diego.*

March 2009: *Evening meeting held on SB 472 task force draws a few more public attendees. Ongoing surveys from consumers continues.*

July 2009: *Draft regulation language discussed by board.*

Aug. 2009: *Draft regulation language discussed by board.*

2nd Qtr 09/10: *Board holds informational hearing, finalizes language and releases regulation for 45-day comment period.*

Dec. 2009: *Board submits required report to Legislature on implementation to date of SB 472's provisions.*

Jan. 2010: *Board holds regulation hearing and make text changes to be released for 15-day comment period.*

Feb. 2010: *Board meets and deliberates on proposed modified text. Text released for 15-day comment period after meeting from February 22 - March 10, 2010.*

April 2010: *Board meets and discusses the more than 1,200 comments received.*

June 2010: *Board adopts regulation as noticed on February 22, 2010.*

	9. Address and promote licensee and public education on minimizing prescription errors. *July 2008:* *Forum on medication errors held as part of board meeting. Michael Cohen, Institute of Safe Medical Practices, John Keats, California Patient Action Coalition, and Lorian deMartini, California Department of Public Health, talk about activities of their organizations to prevent errors.* *Board Inspector Orlandella represented the board on a panel to a group of seniors in Roseville, California.* *Jan. 2009:* *Board publishes medication errors segment in its newsletter, The Script, describing several medication errors investigated by the board.* *June 2009:* *Enforcement Committee hears presentation on board investigations of medication errors during 2008/2009.* *June 2010:* *Executive Officer attends meeting, convened by the California Pharmacy Foundation, discussing ways to reduce medication errors in pharmacies.* 10. Educate consumers about steps they can take to prevent receiving a medication error. *2nd Qtr 09/10:* *Develops and distributes 3-minute video tape on how patients can prevent receiving a medication error.* *Video placed on the board's Website.*

Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees.
Tasks:	1. Publish *The Script* two times annually. *Jul. 2008:* *The Script published, placed online and mailed to pharmacies and wholesalers.* *Apr. 2009:* *"February" issue of The Script published, placed online and mailed to pharmacies and wholesalers.* *Jul. 2009:* *"July" issue of The Script written and undergoing review.* *Jan. 2010:* *"July" issue of The Script, now finalized.* *March 2010:* *Titled as "February 2010" board newsletter published and released. Future issues will be released online.* 2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California. *2006-2007:* *The board's members, supervising inspector and executive officer provide 22 CE and licensee educational seminars during the year.* *2007-2008:* *The board's members, supervising inspector and executive officer provide at least 10 CE and licensee educational seminars during the year.* *1st Qtr 08/09:* *Board Member Goldenberg provides information about pharmacy law to medical staff at the Jewish Home Hospital in Los Angeles.* *President Schell speaks on requirements regarding conscience provisions in California law at Loma Linda University.* *2nd Qtr 08/09:* *Executive Officer Herold speaks to the CSHP's Board of Directors about the board's heparin inspections.* *Executive Officer Herold speaks to CSHP's Seminar on Board legislative and regulation activities.* *Assistant Executive Officer Sodergren and Supervising Inspector Ratcliff staff an informational booth at CSHP's Seminar.* *Executive Officer Herold speaks to CSHP's Seminar on the heparin inspections conducted with the California Department of Public Health in California Hospitals.* *Executive Officer Herold speaks to CSHP's Seminar on California's e-pedigree requirements.*

	3rd Qtr 08/09:	*Executive Officer Herold and Board President Schell provide three presentations at the California Pharmacists Association's Outlook on the Board of Pharmacy, major issues before the board and medication errors.* *Supervising Inspector Ratcliff provides a presentation about pharmacy law to 70 students at Loma Linda's School of Pharmacy.* *President Schell provides a presentation on Board of Pharmacy issues to the San Diego CPhA meeting.* *Supervising Inspector Ratcliff presents information on "How to Survive a Board Inspection" to 80 pharmacists at a Vietnamese Pharmacist Association.* *Board President Schell provides a presentation to UCSF School of Pharmacy on ethics and integrity in pharmacy.* *Executive Officer Herold and President Schell present a 1.5 hour CE lecture on the Board of Pharmacy at that CPhA's annual meeting.* *Supervising Inspector Ratcliff and Assistant Executive Officer Sodergren staff a booth at the CPhA's annual meeting answering pharmacy law and licensing questions.* *Executive Officer Herold and President Schell discuss the role of a regulatory agency in investigating and preventing medication errors as CPhA's annual meeting.* *Executive Officer Herold provides presentation to UCSF and UCSD students in a first year pharmacy school law class.* *President Schell provides a presentation to students at the USC School of Pharmacy.*
	4th Qtr 08/09:	*Executive Officer Herold presented information about the Board of Pharmacy and ongoing projects at a California Society of Health-System Pharmacists Town hall meeting at Loma Linda for 80 pharmacists.* *Executive Officer Herold presented information about the Board of Pharmacy and ongoing projects at a CSHP Town hall meeting at UOP for 60 pharmacists.*
	1st Qtr 09/10:	*Executive Officer Herold presented at CSHP Board of Directors Meeting.* *Supervising Inspector Nurse presented at CPhA's Long Term Care Board Meeting.* *Executive Officer Herold presented at CSHP Sacramento Valley Chapter Meeting.*
	3rd Qtr 09/10:	*Board inspectors provided five continuing education sessions on pharmacy law or inspections. Additionally the board staffed an information booth at CPhA's annual meeting. Executive Officer Herold provided an update on 2010 pharmacy law changes, and Executive Officer Herold and President Schell provided an update on Board of Pharmacy activities underway and during 2009.*
	4thQtr 09/10:	*Executive Officer Herold and Supervising Inspector Ratcliff presented information about the Board of Pharmacy and answered questions about pharmacy law to 60 Costco Northern California pharmacy managers.*

	3.	Maintain important and timely licensee information on website.
	2006-2007:	*Added 50-year pharmacist recognition pages as a special feature.* *Updated license totals.* *Added enforcement actions for effective dates between April 1 and June 30, 2005.* *Changed definitions on license lookup to clarify license status.* *Sent out more than 50 subscriber alert notifications to the board's e-mail notification list.* *Unveiled new website of the board, and created new web links.* *Revised and added new fax and contact information to speed communication with appropriate enforcement and licensing staff.* *Added frequently asked questions on emerging contraception.* *Updated the board's online lawbook.* *Created a page dedicated to drug alerts and recalls.* *Sent out three disaster response subscriber alerts regarding the Southern California wildfires to the board's e-mail notification list.* *Created a page dedicated to e-pedigree information and laws.* *Updated the 2008 lawbook.* *Added two sets of comments submitted to the FDA in support of a unique identifier and on promising technologies for prescription drug identification, validation, track and trace or authentication to e-pedigree page.* *Added survey of patients for prescription container labels.* *Added page for subscription to board mailing list.*
	1st Qtr 08/09:	*Updated information regarding release of exam results.* *Added enforcement actions for the effective dates between July 1 and September 30, 2008.* *Added two recall notifications to FDA recall page.* *Posted board and committee meeting agendas and materials.* *Sent out 24 subscriber alert notifications to the board's email notification list.*
	2nd Qtr 08/09:	*Updated online renewal forms for individual licenses.* *Created information on CURES page.* *Created a survey page for public opinion on how to improve prescription labels (SB 472) in English and Spanish.* *Added three recall notifications to FDA recall page.* *Posted board and committee meeting agendas and materials.* *Sent out 20 subscriber alert notifications to the board's email notification list.*
	3rd Qtr 08/09:	*Began process of making all PDFs on board's website accessible for the visually impaired.* *Added four recall notifications to FDA recall page.* *Posted board and committee meeting agendas and materials.* *Sent out 27 subscriber alert notifications to the board's email notification list.* *Posted latest edition of The Script.* *Board mails letter pursuant to SJR 19 (Ridley-Thomas, Statutes of 2008) regarding prohibition of healing arts licensees not to engage in torture.*

	4th Qtr 08/09: *Continued making all PDFs on board's website accessible for the visually impaired.* *Updated lawbook to 2009 edition.* *Added four recall notifications to FDA recall page.* *Posted board and committee meeting agendas and materials.* *Sent out 26 subscriber alert notifications to the board's email notification list.* *1st Qtr 09/10:* *Updated information regarding release of exam results.* *Added enforcement actions and accusations for the effective dates between July 1 and September 30, 2009.* *Made Pending Regulations page more user friendly.* *Posted board and committee meeting agendas and materials.* *Sent out 16 subscriber alert notifications to the board's email notification list.* *2nd Qtr 09/10:* *Added enforcement actions and accusations for the effective dates between Oct 1 through Dec 31, 2009.* *Posted board and committee agendas and materials.* *Sent out 28 subscriber alert notifications to the Board's email subscriber list.* *Migrated subscriber list to new software program and created an additional subscriber list for emergency compounding.* *3rd Qtr 09/10:* *Added enforcement actions and accusations for the effective dates between Jan 1 through March 31, 2010.* *Updated lawbook to 2009 edition.* *Posted board and committee agendas and materials.* *Sent out 17 subscriber alert notifications to the Board's email subscriber list.* *Created online Change of Address form.* *4th Qtr 09/10:* *Added enforcement actions and accusations for the effective dates between April 1 through June 30, 2010.* *Posted board and committee agendas and materials.* *Sent out 16 subscriber alert notifications to the Board's email subscriber list.* *1st Qtr 10/11:* *Added enforcement actions and accusations for the effective dates between July 1 and September 30, 2010.* *Updated information regarding release of exam results.* *Continued making all PDFs on board's website accessible for the visually impaired.* *Updated lawbook to 2010 edition.* *Added 2 recall notifications to FDA recall page.* *Posted board and committee meeting agendas and materials.* *Sent out 24 subscriber alert notifications to the board's email notification list.* *Posted latest edition of The Script.*

Objective 4.3	Develop communication venues for other health care professionals (e.g., physicians, nurses).
Measure:	Number of communication venues developed to other health care professionals.
Tasks:	

Objective 4.4 Measure:	Participate in 12 forums, conferences and public education events annually. Number of forums participated.
Tasks:	1. Participate in forums, conferences and educational fairs. *1st Qtr 09/10:* *Board President Schell volunteers in "Standdown" an event for homeless veterans in San Diego and dispensed prescriptions and counseled patient's regarding their medications.* *Executive Officer Herold makes a presentation on patient-centered medication labels during a "Women in Government Conference" in San Diego. The group was comprised of female legislators representing the western United States.* *Board President Schell makes a presentation to the Indian Pharmacist Association about board activities.* *Supervising Inspector Nurse makes a presentation to the California Pharmacists Associations Long Term Care Board regarding DEA and CURES compliance issues.* *Executive Officer Herold makes a presentation on California e-pedigree requirements to Logipharma to a group of manufacturers.* *Executive Officer Herold makes a presentation on California e-pedigree requirements to Specialty Pharma to a group of contract drug manufacturers.* *2nd Qtr 09/10:* *Executive Officer Herold presents information on e-pedigree requirements to Healthcare Distributors Management Association's Track and Trace Conference.* *Executive Officer Herold provides CE presentation on medication errors as part of a day long conference at California Northstate College of Pharmacy.* *Executive Officer Herold provides a presentation on "take back" drugs to 20 rural California County Governments.* *Executive Officer Herold provides CE presentation on activities of the board the Sacramento Valley Society of Health Systems Pharmacists.* *Supervising Inspector Dang provides a CE presentation to a group of pharmacists in Orange County.* *Executive Officer Herold provides information about the board's patient-centered label requirements to CPhA's Long Term Care Committee.* *Executive Officer Herold and President Schell attended California Hospital Association's Hospital Drug Distribution Meeting in Sacramento.*

	3rd Qtr 09/10:	*Executive Officer Herold did a Webinar on California's e-pedigree requirements hosted by IBS.* *Executive Officer Herold and Assistant Executive Officer Sodergren did a presentation to 200 California NorthState School of Pharmacy students on the board's enforcement program.* *Supervising Inspector Nurse provided information to 50 consumers about medication discount plans, Internet purchase of drugs, counterfeit drugs and obtaining medication safety.* *President Schell provided information at UCSF about pharmacy at Career Day.* *Supervising Inspector Nurse provided a presentation on pharmacy law to Loma Linda students.* *President Schell provided a presentation on the future of pharmacy to 200 students at CAL.*
	4th Qtr 09/10:	*Executive Officer Herold presented information about the Board of Pharmacy and ongoing projects at a California Society of Health-System Pharmacists Board of Directors Meeting in Sacramento.* *Executive Officer Herold and Supervising Inspector Ratcliff presented information about the Board of Pharmacy and answered questions about pharmacy law to 60 Costco Northern California pharmacy managers.* *Board Member Kajioka provided presentations to students at the University of the Pacific about new pharmacy law and projects at the Board of Pharmacy.* *Supervising Inspector Nurse made a presentation about drug thefts and robberies from pharmacies at a day-long San Diego Pharmacy Conference hosted by the federal Drug Enforcement Administration. Over 100 pharmacy representatives attended.* *Board President Schell and Executive Officer Herold hosted a booth at the annual National Association of Boards of Pharmacy Meeting in Orange County.* *Inspector Toevs provided a presentation about lowering drug costs at a community meeting hosted by Senator Liu in Los Angeles* *Executive Officer Herold presented information about the board's compounding requirements and other key board issues to a meeting of the Bay Area Pharmacy Directors at Stanford.* *Executive Officer Herold attended a conference hosted by the California Endowment on Building Quality and Equitable Health Care Systems in Los Angeles.* *Board Member Schell and Executive Officer Herold participated in a High Risk Drug Task Force Meeting, hosted by the California Hospital Association.* *Executive Officer Herold attended a Medication Safe Alliance Conference in San Francisco hosted by the Pharmacy Foundation of California.* *Executive Officer Herold presented information on the role of the executive officer at the Department of Consumer Affairs Board Member Orientation in Sacramento.*

	1st Qtr 10/11:	*Executive Officer Herold presented information about preventing medication errors, the Board of Pharmacy's mandate and ongoing projects at a DCA-hosted meeting of consumers in Sacramento. The FDA also provided information during event.* *Executive Officer Herold provided information about the CIWMB's drug take back guidelines at a CalRecycle Hearing focusing on a draft report to the Legislature (the board also submitted written comments following this hearing).* *Executive Officer Herold provided comments on a hospital repopulation policy developed by the California Hospital Association with the Department of Public Health via conference call. (This document was finalized in October.)* *Executive Officer Herold provided information about the board's ongoing activities at the NACDs Technology Meeting in San Diego.* *Executive Officer Herold attended an invitation only conference at UCSF on pharmacy leadership, which focused on inpatient facilities.* *President Weisser and Board Member Veale hosted a board information booth at the Indian Pharmacist Annual Meeting in Orange County.* *Executive Officer Herold provided a presentation to 300 attendees on California's e-pedigree requirements to pharmaceutical company compliance staff at the 2010 PDMA Sharing Conference in San Diego.* *Executive Officer Herold participated as a member of the National Association of Pharmacy Board's Task Force on Recommended Revisions to the federal Controlled Substances Act. Participation was via telephone call because out of state travel would have been required to physically attend the meeting.* *Executive Officer Herold and Board Liaison Joshua Room provided information about California's e-pedigree requirements at the GS1 workshop conference in San Francisco.*