



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 3, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 1 -- 2009 Report of the Research Advisory Panel of California

At the last meeting of this committee, the committee asked that a representative of the Research Advisory Panel of California come to a future meeting to explain the role and activities of this group. The executive officer of the panel was invited to attend this meeting; however, after release of the agenda for the meeting, I learned that she is unable to attend. She will be invited to a future meeting of this committee.



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GOVERNOR EDMUND G. BROWN JR.

Date: January 3, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 2 – Public Education Campaign for Patient-Centered Labels

At the July meeting of this committee, the board reviewed a public education campaign for patient-centered labels.

At this meeting, Kim Brown of the department's Press Office will assist this committee in refining the public outreach campaign. A copy of the public outreach proposal follows this page.

A good time for promotion of our labels would be in March 2011 as part of National Consumers Week. The promotion would include press releases, availability of speakers, and hopefully a consumer video.

Ms. Brown will bring a modified plan and a sample press release to the meeting.

Communication Strategies for Patient Centered Labels

Patient Centered Labels: a Consumer Protection

Labels on prescription bottles provide critical information for the patient/caregiver on the identity of the medication, strength, dosage, and directions for taking the medication. New labeling regulations requiring pharmacists to use larger type font will help reduce the number of errors that arise when patients/caregivers cannot clearly read the text.

Objective

The goal of the communications campaign is to raise awareness among consumers about the new labeling requirements and the advantages to the consumer.

Strategies

1. Produce press release and send to news outlets statewide, explaining the new regulations, when the regulations take effect and the value of the new labels to consumers.
2. Hold media event the day before regulations go into effect.
3. Repurpose press release as article to be sent to target websites/publications, such as
 - a. Seniors publications, high-traffic blogs on senior issues
 - b. pharmacy associations' websites/publications
 - c. medical associations' websites/publications
4. Video
Create a brief (under 2 minutes) video for the TakeCharge consumer education video series – highlighting the advantages of the label.
5. Tip Card
Produce tip card (using TakeCharge tip card format) for consumers, listing advantages of the new label.
 - a. Outreach Unit will distribute tip card at DCA outreach events.
6. Create poster that notifies consumer of new labeling for display in pharmacies.



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GOVERNOR EDMUND G. BROWN JR.

Date: January 3, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 3 -- Development of Consumer Education Videos

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.

Since then, the board's staff has expressed an interest with the Department of Consumer Affairs in developing additional videos. Meanwhile, the DCA hired video staff of its own, and thus could produce the video in-house.

Since late last spring, under development as a board/DCA collaboration is development of a new video on the dangers of buying drugs from the Internet. A script and a draft video were produced in the fall, but the board's staff agreed with the department that a new approach for this video be pursued.

Consequently, a new manuscript has been developed, which is provided on the following pages. During this meeting, the committee will have an opportunity to comment on the manuscript.

DCA Office of Public Affairs Consumer Education Videos:

Buying Prescription Drugs Online: What You Need to Know

Script, version 11-08-2010

Spokesperson stands adjacent to a PC screen and keyboard.

PC screen shows an online pharmacy site. (We have a dummy site that has a generic online pharmacy look.)

The video – in its final, edited form- will move between the spokesperson, the PC screen, and cutaways, as needed to punctuate the message conveyed by the spokesperson.

Spokesperson:

Buying prescription drugs online is appealing ...

especially for those of us who want to buy our medications in the privacy of our home and have them delivered to our doorstep.

So what could be bad about buying your medications this way?

Plenty – if you don't know what to watch out for.

Tap water instead of eye drops? Wheat flour, the active ingredient in a contraceptive?

How about turmeric as a replacement for your antibiotic?

These are some of the ingredients that have been found in counterfeit prescription drugs that were purchased online ...

by unsuspecting consumers.

The problem is that anyone can build a website that looks like a real pharmacy site.

In fact, 95% of all online pharmacy sites are not operating within the law .

And are not licensed by the state.

Don't trust your health **or** your credit card information to an illegal pharmacy site.

An unlicensed pharmacy can't buy drugs from a legitimate manufacturer, so there is no way of telling WHAT'S in those pills they're selling ...

or where or how the drugs were made.

People have gotten sick, even died from taking counterfeit medications.

But there is something you can do to make sure you're using a safe pharmacy site ...

First, check for the VIPPS seal.

VIPPS stands for Verified Internet Pharmacy Practice Site –

It's the seal of approval from the National Association of State Boards of Pharmacy.

The state boards are the ones that regulate and license pharmacies – even those on the internet.

Second, make sure the pharmacy you choose is licensed by the California State Board of Pharmacy.

You can look up the name of the pharmacy on our license look-up page.

Buying your prescription drugs online can be fast, easy and comfortable.

Just make sure you're buying from a safe, licensed pharmacy site.

If you have any doubts about the legitimacy of a pharmacy site you are using, call our toll free number. 800-952-5210.

[Pharmacy Board and DCA logos at end of video]



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GOVERNOR EDMUND G. BROWN JR.

Date: January 3, 2011

To: Communication and Public Education Committee

Subject: Update and Discussion on Consumer Fact Sheets

Several years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from the production of the materials.

Initially the project was initiated with UCSF and their Center for Consumer Self-Care. Over the course of several years, approximately nine fact sheets were developed; however, funding issues prevented UCSF from continuing to do the project without a stipend from the board.

Next, the board decided to invigorate this program by offering other schools of pharmacy the opportunity to have their students develop one-page fact sheets on various topics, and then have the developed fact sheets reviewed by an expert.

Over a period of some months, representatives from other California pharmacy schools expressed interest in this project for their students. The board then directed staff to proceed with the committee's recommendation for development of a template for future fact sheets, and work with the schools of pharmacy to initiate this intern project.

Five schools confirmed their participation, but materials from two schools were submitted to the board. Unedited copies of the materials sent to the board follow this page.

I am also attaching one copy of a finished fact sheet and the template for the fact sheets.

The committee needs to determine how it wishes to proceed with this project.



Thinking of Herbals?

Check Carefully Before You Take Them With Medicines

FACT: More than 40 percent of Americans take dietary supplements

FACT: Some dietary supplements are known to interact in dangerous ways with medicines.

FACT: Mixing herbal supplements with your medicines may put you at risk.

Check It Out! The following list shows some (not all!) potential drug-herbal interactions for 10 popular herbs. Many are potentially dangerous interactions, such as the case of a 78 year-old woman on a blood thinner who reportedly on her own took ginkgo biloba for 2 months before having a serious brain hemorrhage. Some herbals may add to the effects of drugs (noted by + in list below). But these additive effects generally have not been well studied. **So think carefully!** Ask your doctor or pharmacists before mixing herbals with your drug therapy.

- Black Cohosh:** Baneberry, bug-wort, Squawroot, Rattleroot (*Cimicifuga racemosa*)
- Estrogens
 - Hormone Replacement Therapies
 - Lipid lowering drugs +
 - cisplatin, doxorubicin, docetaxel

- Cayenne** - Capsicum (*Capsicum frutescens*, *C. annum*)
- Monoamine oxidase inhibitors
 - Antiplatelet agents

- Echinacea** (*Echinacea angustifolia*, *E. pallida*, *E. purpurea*)
- Chemotherapy
 - Cisplatin
 - Cyclophosphamide
 - Docetaxel
 - Econazole +
 - Fluorouracil
 - Methotrexate
 - Paclitaxel

- Ginseng** (Asian ginseng, *Panax ginseng*, *P. quinquefolium*)
- Corticosteroids
 - Digoxin
 - Drugs which cause gynecomastia (calcium channel blockers, cardiac glycosides, methyl-dopa, phenothiazines, spiro-nolactone)
 - Estrogens
 - Hypoglycemic drugs
 - Furosemide
 - Influenza Virus Vaccine +

- Garlic** (*Allium sativum*)
- Aspirin
 - Chlorzoxazone
 - Dipyridamole +
 - Heparin (Hepalean)
 - Hyoglycemic agents
 - Ticlopidine
 - Warfarin (Coumadin)

- Ginkgo** (*Ginkgo biloba*)
- Aspirin
 - Anticonvulsants
 - Citalopram +
 - Clopidogrel
 - Cyclosporine +
 - Dipyridamole
 - Fluoxetine +
 - Fluvoxamine +
 - Glimepride
 - Glipizide
 - Glyburide
 - Haloperidol +
 - Heparin (Hepalean)
 - Metformin
 - Paroxetine +
 - Repaglinide
 - Sertaline +
 - Thiazide diuretics
 - Ticlopidine
 - Trazodone
 - Tricyclic Antidepressants
 - Warfarin

- Saw Palmetto** *Serenoa repens*
- Oral and patch contraceptives
 - Hormone-replacement therapies

- St. John's wort** (*Hypericum perforatum*)
- Atazanavir
 - Benzodiazepines
 - Carbamazepine
 - Chemotherapy
 - Cyclosporin
 - Digoxin
 - Fexofendadine
 - Fluvoamine
 - Fosamprenavir
 - Indinavir
 - Nefazodine
 - Omprezole
 - Oral Contraceptives
 - Paroxetine
 - Phenezine
 - Reserpine
 - Sertraline
 - Theophylline/Aminophylline
 - Trazodone
 - Tricyclic Antidepressants
 - Venlafaxine
 - Warfarin

- Milk Thistle:** Silymarin (*Silybum marianum*),
- No know adverse interactions with drugs. Efficacy to limit drug-induced liver damage has not been shown in rigorous studies.

Caution: This is not a complete list. Consult your doctor or pharmacist before taking drugs and herbals.

+ May add to the effects of other medicines
** Drug and herbal bottle labels often do not list potential interactions.

California State Board of Pharmacy Consumer Fact Sheet Template/Guidelines

PURPOSE

To provide quick and summary information about relevant health topics in a consumer-friendly format. Fact sheets are distributed to the public at community outreach events throughout California, and posted on the Board of Pharmacy (BOP) public web site at www.pharmacy.ca.gov. The fact sheets encourage discussion between consumers and their pharmacists who serve as health care providers.

READING LEVEL AND SUGGESTED AUDIENCE

Health literacy and limited English proficiency of some consumers should be considered when drafting proposed language. Identify Flesch-Kincaid Grade Level to determine reading level of proposed wording by using Microsoft Word in “Tools, Options, Spelling & Grammar, and Show Readability Statistics.” Ideal Flesch-Kincaid Grade Level is 8th Grade, but should not exceed 10th Grade Reading Level.

TEMPLATE

Each proposed fact sheet must contain the following elements.

- Title
- General information on the health care topic
- Facts, or in some cases, common misunderstandings/myths about the topic
- Questions that consumers can discuss with their pharmacists about the topic
- Footnotes documenting origin of information referenced; applicable resource materials should be attached and references should be cited

MAXIMUM LENGTH

Word count should not exceed 350.

FORMAT

Submit draft wording in plain text format or Microsoft Word 12 point font. BOP will utilize a graphic designer to incorporate approved wording into applicable final format.

Potential Topics for Consumer Fact Sheets

1. Different dosage form of drugs – ability for patients to request a specific type of product (for example, liquid or capsule) that would best fit needs of patients.
2. Flu shots – who should get them; when/where to get them; new strains of flu
3. Teens and abuse of prescription medicines
4. Accidental drug overdoses – dangers and ways to prevent
5. Medication errors – prevention
6. Steroids – warnings, precautions
7. Driving while taking prescription medicines or over-the-counter (OTC) medicines
8. Headaches – danger of taking too many OTC pain relievers for headaches
9. Hormone replacement therapy – synthetic or bioidentical; questions to ask
10. Poison control issues
11. Asking for drug product information and labels in your native language – new requirements in California
12. Cough/cold medicines and addiction issues, specifically dextromethorphan
13. Cough/cold medicines for children – precautions, FDA warnings
14. Rx (prescription) medicine labels – reading and understanding
15. OTC medicine labels – reading and understanding
16. Dietary Supplement labels – reading and understanding
17. Consumer reporting of adverse drug events – based on FDA advisement, “Consumers can play an important public health role by reporting to FDA any adverse reactions or other problems with products the Agency regulates. When problems with FDA-regulated products occur, the Agency wants to know about them and has several ways for the public to make reports. Timely reporting by consumers, health professionals, and FDA-regulated companies allows the Agency to take prompt action. FDA evaluates the reports to determine how serious the problem is, and if necessary, may request additional information from the person who filed the report before taking action.”

18. Taking medicines as directed – tips on how to take medicines safely
19. Questions to ask about a condition or medicine – cardiovascular disease
20. Questions to ask about a condition or medicine – depression
21. Questions to ask about a condition or medicine – arthritis and pain
22. Preventing disease – regular checkups, screenings, what Medicare offers
23. Childhood illnesses and conditions – head lice
24. Childhood illnesses and conditions – fevers
25. Drug-drug Interactions
26. Medicare Part D Prescription Drug benefits
27. Medication Therapy Management – what is it, and how your pharmacist can help
28. Drinking alcohol and taking medicines – dangerous interactions
29. Credible sources on the Internet – learning more about your medicine
30. Asthma – safe use of inhalers
31. Checking your blood pressure
32. Tips for parents – read the label, proper doses (i.e., teaspoons vs. tablespoons), and more medicine is not necessarily better
33. Allergies to medicines – what to look for and what to do; reading labels before purchase re: inactive ingredient sections; consumer reports to FDA (MedWatch)
34. Immunization schedules (pediatric) – what schools require
35. Immunization schedules (adult)
36. Immunizations – information regarding pharmacies that provide immunization services

Tips for Safe Over-the-Counter Medication Use

By _____, University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences

Avoid being a victim of a medication error. Know exactly what medication you are taking and what it is meant for. Always read the Drug Facts label on the back of the medication box. Here are a few things to look out for when you buy your next over-the-counter (OTC) medication:

Active ingredient

This section lists the ingredients that are responsible for the medication's effect.

MYTH: Different brand name medications have different active ingredients.

FACT: You can accidentally overdose because different products CAN contain the same active ingredient.

- Always look at the active ingredients to make sure you're taking the right medication. Don't rely on the product's brand name.
- Make sure you are not taking another product with the same ingredient. For example, many prescription and OTC medications contain acetaminophen, also known as APAP.
- Choose a product with the fewest possible ingredients while still treating your condition.

Warnings

This section tells you what common side effects may occur. It also tells you what other medical conditions, medications, and situation to avoid when using this product.

MYTH: OTC medications do not cause any serious side effects.

FACT: Use of acetaminophen may cause severe liver damage [1].

- Always look at the warnings to make sure the medication is safe for you. For example, you may not be able to use products containing ibuprofen if you have a history of stomach ulcers.
- Also, taking acetaminophen while drinking alcohol may further increases your risk of liver damage [1].

Directions

This section tells you how much and how often you should take the medication.

MYTH: I can take more pills or take them longer than what is recommended.

FACT: During 2004-2005, an estimated 1,519 children aged <2 years were treated for adverse events, including overdoses, associated with cough and cold medications [2].

- Do not take less or more of the medication or take it longer than what is listed on the product. For example, taking a certain OTC medication used for heartburn for long periods of time may increase the chance of broken bones [3].

If you have any questions about OTC products, ask your pharmacist.

References:

[1] Kuehn, BM. FDA Focuses on Drugs and Liver Damage. JAMA 2009;302(4):369-71.

[2] Anonymous. Infant Deaths Associated with Cough and Cold Medication – two States, 2005. CDC Morbidity and Mortality Weekly Report. Jan 2007;56(1):1-4.

[3] Anonymous. High Dose, Long Term PPI Use Tied to Fractures, Pharmacy Practice News, Sept 2010;37:4.

Do you know what medications you are taking in the hospital?

Fact: The average patient is prescribed 11 new medications while in the hospital, but most hospital patients are unable to name more than 50% of their medications.ⁱ

Fact: Only 28% of patients ever see their medication list while in the hospital.¹

- Despite safety precautions, medication errors can occur.
- One way to protect yourself is by knowing what medications you are taking in the hospital.
- **Ask questions! Knowing about your medications can prevent drug-related problems.**

Why does this pill look different than the one I take at home?

- The hospital pharmacy may get the medication from a different manufacturer. Although the pill looks different, it is the same medication and will work in the same way.

OR

- The doctor may have ordered you a new medication. In this case the pill will look different AND will work differently.

What happens when I go home from the hospital?

- The hospital will often call your prescriptions into your local pharmacy where you can pick them up as usual.
- Some medications may be different than what you were taking in the hospital.
- Always have the pharmacist counsel you about your medications and ask questions!

Why are there pharmacists in the hospital?

Fact: Clinical pharmacists reduce drug related adverse events by 66%.ⁱⁱ

- Pharmacists:
 - ...are uniquely trained in the use of medications.
 - ...ensure that the correct drug and dosage have been ordered.
 - ...check for conflicts or interactions between different medications
 - ...work as part of the medical team to provide medication knowledge and improve patient safety.

What if I have other questions about the medications I am taking in the hospital?

- If you are concerned or confused, it is always okay to ask to speak to a pharmacist about any medication you are given.
- Remember that pharmacists are medication experts.

¹ Cumber, E., Wald, H. and Kutner, J., Lack of patient knowledge regarding hospital medications. *Journal of Hospital Medicine*, 2010, 5:83-86.

¹ Leape, L.L., Cullen, D.J., Clapp, M.D., et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA*, 1999, 282:267-270.

_____, PharmD Candidate, Class of 2012, University of the Pacific Thomas J. Long School of Pharmacy and Health Sciences

Drug Recalls: What a recall means and how to find out if you have a recalled drug product

Compiled by _____
PharmD Candidate 2012
University of the Pacific

Thomas J. Long School of Pharmacy and Health Sciences

What does a “drug recall” mean?

A recall is an action a company takes to remove a certain product such as a drug from the market. A recall can be done in different ways:

- The company voluntarily takes a product off of the market
- The company is asked by the Food and Drug Administration (FDA) to remove a product from the market
- The company is forced to remove a product from the market by law

There are different types of recalls and some are more serious than others. Here are the current FDA guidelines¹:

- **Class I recall:** The most serious type of recall. The FDA believes that there is high risk of serious permanent harm and possibly death if you are exposed to the product.
- **Class II recall:** A situation where the FDA believes that exposure to the product may cause some temporary harm to you.
- **Class III recall:** a situation where the FDA believes the product is not likely to do you any harm.

Why are certain drugs recalled?

- Drugs are most commonly recalled due to a manufacturing defect, safety issue, or contamination.

How do I know if one of the drugs in my house has been recalled?

- Visit www.FDA.gov/safety/recalls and sign up to receive Recall Safety Alerts via email
- Follow the FDA on Twitter @FDArecalls
- Download the “Product Recalls” app for your mobile phone at apps.usa.gov/product-recalls-2

I think my drug might be recalled but I have to find the “Lot number” and “Expiration Date”

- Companies make drugs in large batches called “Lots” and all “Lots” have an ID number



- The “Lot” number and expiration date can usually be found printed next to each other on all drug packages

I have a drug product that has been recalled. What do I do next?

- A recall notice will typically include at least one of the following
 - A telephone number for customer service
 - An email address that you can contact
 - Instructions
 - You may be asked to send the product back to the company yourself
 - You may be asked to return the product to the store where it was originally purchased
 - You may be given directions on how to properly dispose of the product

References

1. "Recalls, Market Withdrawals, & Safety Alert." FDA.gov. U.S. Food and Drug Administration, 6/24/2009 Web. Accessed 10/15/2010.
2. Lawrence, Oska. Original Photo, Stockton, CA 2010.

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Folic Acid: Why it is Good for You and Your Baby

By ----- PharmD Candidate, Class of 2012, University of the Pacific Thomas J. Long
School of Pharmacy and Health Sciences

Did You Know?

- Around 4,000 pregnancies in the United States are affected by neural tube defects each year [1]. Neural tube defects include spina bifida, which is a condition where the baby's spine does not close completely, and also anencephaly, a severe underdevelopment of the brain.
- These defects can occur during the first 28 days of pregnancy, even before the woman knows she is pregnant.
- Studies have shown that pregnant women who get 600 to 1000 mcg of folic acid per day can reduce the chance of neural tube defects by 70% [1].

What Can Folic Acid Do?

- Helps in the development of the neural tube.
- May prevent having babies with low birth weight or premature babies [2].
- Can prevent some anemias [2].
- May prevent cleft lip and palate in newborns [3].
- May prevent high blood pressure during pregnancy [4].

Where can I get folic acid from?

- In multivitamins and prenatal vitamins.
- In certain foods high in folate.
- Examples of foods high in folate are listed in the following table:

Leafy green vegetables – spinach, lettuce, kale	Bread
Certain fruits – orange, banana, grapefruit	Pasta
Dried beans	Cereal
Peas	Nuts

Should I Take Folic Acid if I'm Not Pregnant?

- Yes, you should still take a multivitamin or prenatal vitamin containing folic acid, even if you are not pregnant.

How Much Folic Acid Should I Take?

- Women of childbearing age (ages 15-44) should take at least 400 mcg of folic acid daily [1].
- Pregnant women should take at least 600 mcg of folic acid daily [5].
- You may need higher doses if you have already given birth to a baby with a neural tube defect [1].
- Even if you eat a diet high in folate, you should still take a multivitamin or prenatal vitamin.

If you are pregnant or trying to get pregnant, always consult a pharmacist or physician before taking a prenatal vitamin.

References:

- [1] CDC. Recommendations for the use of folic acid to reduce the number of cases of spina bifida and other neural tube defects. MMWR 1992;41:RR-14.
- [2] Anonymous. Dietary Supplement Fact Sheet: Folate. Available from ods.od.nih.gov. Accessed October 20, 2010.
- [3] Wilcox AJ, Lie RT, Solvoll K, Taylor J, McConaughy DR, Abyholm F, Vindenes H, Vollset SE, Drevon CA. Folic Acid Supplements and the risk of facial clefts: A National population-based control study. British Medical Journal, 2007.
- [4] Hernandez-Diaz S, Weler MM, Louik C, Mitchell AA. Risk of gestational hypertension in relation to folic acid supplementation during pregnancy. American Journal of Epidemiology, 2002;156(9):806-812.
- [5] Anonymous. Folic Acid. Available from www.marchofdimes.com. Accessed October 20, 2010.

Medication Poisoning: Protecting Your Children

Compiled by -----
PharmD Candidate 2012
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- Every year about 71,000 children are seen in the hospital for accidental medication poisoning¹.
- Children are twice as likely to visit the emergency department for medication poisoning vs. poisonings from other household products¹.
 - These children are most often under the age of six
 - The most common drug accidentally ingested by these children is acetaminophen. (Commonly referred to as APAP.)
- Over 80% of these children were not supervised and were able to find these medications around the household¹.



- Children are naturally curious and can mistake medicine for candy/food.



Sweet tarts²
Gummy Vitamins²

Maalox[®] Antacids²

Fruit punch (Left)

Gummy Candy²

Children's

Cough syrup (Right)²

- Here are some simple steps to make your home a "Medication Safe Zone"
 - Avoid leaving young children unsupervised at home
 - Keep all medications in a safe location out of the reach of children
 - Consider a locked cabinet or drawer
 - Don't take medications out of their original container
 - Be careful not to drop or spill medications
- If you suspect that a child has accidentally taken a medication in your home
 - Is the child awake and alert?
 - Call 1-800-222-1222 to reach the Poison Control Center
 - Is the child unresponsive or not breathing?
 - Call 911

- Have the following information ready:
 - Child's weight, age, any health problems
 - Name of medication(s) taken
 - How much was taken, if known
 - If the child has vomited
 - Where you are and how long it will take to reach the nearest hospital

References

1. Schillie SF, Shehab, N, Thomas, KE, Budnitz DS. Medication overdoses leading to emergency department visits among children. *Am J Prev Med* 2009;37:181-187
2. Lawrence, Oska. Original photo, Stockton, CA 2010.

Ear Drops in the Eye? Not so Fast!

Case Scenario:

Mrs. Smith's daughter, Jamie, woke up with an itchy, red and goopy eye. Mrs. Smith knows that she has some leftover antibiotic otic drops from Jamie's last ear infection. Mrs. Smith uses the drops in Jamie's eye. Jamie screams in pain!

What happened? Mrs. Smith accidentally gave her daughter a medication that should be used in the ears NOT the eyes.

Up to 25% of all medication errors are attributed to name confusion and 33 % to packaging and/or labeling confusionⁱⁱⁱ

- Errors occur because many drugs have names which look-alike or sound-alike. Otic and optic are examples of easily confused words. However, they mean very different things!
- Otic = Ear
- Optic = Eye.



Figure 1 & 2: Examples of Look-alike Sound-alike Medications at Regular Vision and Impaired Vision Viewpoint^{iv}

Fact: Medications to remove earwax are the most common medications mistakenly used in patients' eyes.^v

- Ear drops and eye drops are made differently.
- Ear drops are not as gentle as eye drops.
- Eye tissue is delicate and putting ear products in the eye dangerous and may cause pain, swelling and redness.

How can you prevent these errors?

- Learn the name and use of any medications in your home
 - Dispose of all expired medications
 - Ensure that you received the proper medication from the pharmacy
 - Store medications in original box since it usually has a picture of an 'eye' or 'ear'
 - Store optic (eye) medications *separate* from otic (ear) medications
 - Check the label on the bottle and box before each use
 - Ask your physician or pharmacist for advice before treating yourself or loved ones
-

+ Arthritis and You



+ Arthritis is an inflammation of the joints causing pain, swelling, stiffness, discomfort, and limited movement. The pain may be treated with over the counter medicines in most cases.

Prevention of flare-ups and maintenance of healthy joints is also possible with certain lifestyle behaviors. As we age, arthritis becomes quite common among the general population and is often recognizable. However, it is still recommended that you talk to your physician or local pharmacist about prevention, pain management, and medication.

Osteoarthritis is the most common:

The deterioration of the cartilage between bones, the area otherwise known as joints, generally caused by wear and tear over the years.

+ Remember, your pharmacist is right around the corner. They are there to help! Stop in, express your concerns and ask your questions today.

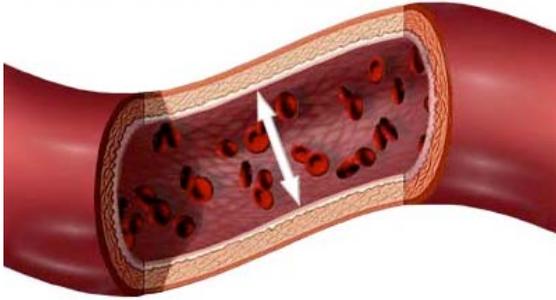
Questions your pharmacist can help you answer:

- + • What over the counter medication can I use for the pain?
- How can I prevent joint damage?
- Can diet play a role in my arthritis?
- What are chondroitin and glucosamine?
- Should I be exercising even though I have arthritis?
- What else can I do to manage the pain besides medication?
- When should I see a physician?

Make sure to visit these websites on osteoarthritis for more information:

- <http://www.nlm.nih.gov/medlineplus/osteoarthritis.html> (Articles and resources)
- <http://www.nlm.nih.gov/medlineplus/tutorials/osteoarthritis/htm/index.htm> (Visual and audio info)
- http://www.niams.nih.gov/Health_Info/Osteoarthritis/osteoarthritis_ff.asp (Description and FAQs)

What is Blood Pressure (BP)?



Every time your heart beats, blood is pushed into your arteries. The force against your artery walls causes blood pressure.

What Do My Readings Mean?



After you measure your BP, you get two numbers. The top number (larger one) represents systolic pressure, the force against blood vessels when the heart contracts. The lower number indicates diastolic pressure, the force against blood vessels when the heart relaxes.

How Can High BP Affect Me?

High BP can reduce the functioning integrity of your heart, brain, and eyes, leading to a lower quality of life.

Am I At Risk?

You may be among 74.5 million people in the United States who have high BP. One in three adults has high BP. Because the risk of developing high BP increases with age, it's important to monitor your BP regularly!

Other risk factors include:

- African American
- Overweight
- Family history of high BP
- Pre-hypertensive

How to Measure Blood Pressure

Before Measurement

1. Avoid caffeine, alcohol, or tobacco products 30 minutes prior.
2. Empty your bladder.
3. Rest for 3 to 5 minutes prior; limit talking.
4. Sit comfortably; keep back supported and avoid crossing your legs.
5. Rest testing arm at heart level.

During Measurement

1. Place cuff around arm an inch above the crease of your elbow and wrap with enough room for you to slip one fingertip underneath.
2. Turn on electronic monitor. The cuff may inflate automatically.
3. The display window will show your systolic and diastolic blood pressures.
4. If you wish to measure again, use your other arm or wait for 2 to 3 minutes before using the same arm.
5. Record and compare your results to the Blood Pressure Chart provided on the back of this brochure.

What are My Benefits of Monitoring at Home?

- Better control your blood pressure!
- Better understanding of how your medications, diets, and changes in life style can affect your BP.
- Easy and convenient way to help prevent health complications associated with high BP.

What are My Options for Choosing BP Monitors?

- Finger and wrist monitors are not recommended.
- Aneroid monitors are not recommended for self-care.
- Electronic monitors are convenient and easy to use.

What Should I Expect?

Document your readings and keep it to look for trends that you can use to help make decisions on lifestyle or medication adjustments.

Coordinate with your doctor and pharmacist periodically about your BP status and discuss plans to control your BP.

Be proactive in your health!

For more information, contact:

Skaggs School of Pharmacy and
Pharmaceutical Sciences
UC San Diego
Phone: (858) 822-4900
Fax: (858) 822-5591

Preventing Eye Disease: Age-related Macular Degeneration

What is Age-related Macular Degeneration (AMD)?

- AMD is caused by weakening of the macula of the eye, which functions in sending images from the eye to the brain.
- Macular degeneration does not cause total blindness, but causes blurring and blind spots.

-Two forms:

- Dry macular degeneration** - the most common form, which develops as the eye ages.
- Wet macular degeneration** - abnormal blood vessels grow and leak blood. This causes scarring of the macula.

Risk factors:

- Over 65 years old
- Family history of macular degeneration
- Race (Caucasian)
- Women
- Cigarette smoking
- Obesity
- Light-colored eyes
- Exposure to sunlight
- Low nutrient levels
- Cardiovascular diseases

How is it diagnosed?

If you are over 60 years old, it is very important to have annual eye exams to detect early stages of macular degeneration.

Treatment

- Wet AMD can be treated with laser surgery, light therapy, and injections into the eye.
- Preventative measures can delay dry AMD from progressing to the untreatable advanced stage.

How can I prepare for my appointment?

- Be aware of any pre-appointment restrictions.
- Write down any symptoms you are experiencing.
- Make a list of all medications,
- Ask a family member or friend to accompany you, if possible.

Prevention tips

- A healthy lifestyle may help reduce the risk of developing macular degeneration.
- Get annual eye exams.
- Avoid smoking.
- Exercise regularly.

- Maintain a healthy weight.
- Manage other health conditions.
- Protect eyes from sunlight.
- Eat a nutrient-rich diet, high in vitamins A, C, E, zinc and copper.
- Specially formulated supplements can provide additional vitamins and minerals.

References:

- About Macular Degeneration. Macular Degeneration Research.
<<http://www.ahaf.org/macular/about/>>
- Dry Macular Degeneration. MayoClinic.
<<http://www.mayoclinic.com/health/macular-degeneration/DS00284>>
- Facts about Macular Degeneration. National Eye Institute.
<http://www.nei.nih.gov/health/maculardegen/armd_facts.asp#>

Created by:

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Skaggs School of Pharmacy and Pharmaceutical Sciences

Other Ways to Control High Blood Pressure

- ♥ Know your blood pressure. Have it checked regularly.
- ♥ Know what your weight should be. Keep it stable or below that level.
- ♥ Avoid too much salt in cooking or at meals.
- ♥ Eat a diet rich in fruits, vegetables and whole-grain high-fiber foods.
- ♥ Limit alcohol intake. If you are a woman, limit yourself to one drink a day; two a day if you are a man.
- ♥ Take your medicine exactly as prescribed.
- ♥ Don't stop taking your pills even if you are feeling better.
- ♥ Always keep appointments with your doctor.
- ♥ With your doctor's permission, keep active for 30 minutes a day.
- ♥ Consult your pharmacist before taking any pain medications.



Snack Ideas: unsalted pretzels or nuts with raisins; graham crackers; low-fat and fat free yogurt and frozen yogurt; plain popcorn with no salt or butter; and raw vegetables

For More Information About Hypertension

Hypertension Facts
www.hypertension-facts.org

American Heart Association
www.americanheart.org

NHLBI Web site: www.nhlbi.nih.gov
Phone Number: 301-592-8573

DHHS Web site: www.healthfinder.gov

Nutrition
Dietary Guidelines for Americans 2005 and A Healthier You:
www.healthierus.gov/dietaryguidelines/

Weight
Aim for a Healthy Weight:
<http://healthyweight.nhlbi.nih.gov>

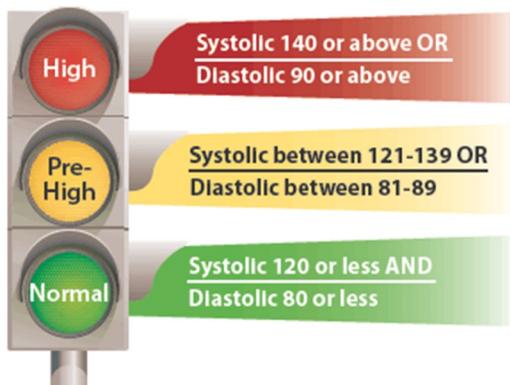
MANAGING HYPERTENSION



UNIVERSITY of CALIFORNIA, SAN DIEGO
SKAGGS SCHOOL of PHARMACY
and PHARMACEUTICAL SCIENCES

What is High Blood Pressure/Hypertension?

- Blood pressure is the force of blood against artery walls.
- Blood pressure measurements are read as two numbers. The higher number, called the systolic pressure, represents the pressure in the artery when the heart beats. The lower number, called the diastolic pressure, represents the pressure when the heart is at rest. Both numbers are important.



- Blood pressure rises and falls during the day. But when it stays elevated over time, then it's called high blood pressure or hypertension.
- High blood pressure is dangerous because it makes the heart work hard.
- The high force of the blood through the arteries may harm organs such as the heart, kidneys, brain, and eyes.



Lower your Blood Pressure by Eating Right

ADD VEGETABLES AND FRUITS TO YOUR DIET

- Eat 4-5 servings of fruits and vegetables per day.
- Eat dried fruits instead of pork rinds or chips.

DECREASE SODIUM (SALT) INTAKE

- The maximum recommended level of sodium intake is 2,300 mg per day. This is less than 1 teaspoon of table salt.
- Start reading package labels regularly to learn about the sodium content of prepared foods.
- Buy fresh, plain frozen, or canned vegetables* with no salt added*.
- Rinse canned foods, such as tuna and vegetables, to remove some sodium.
- Use fresh poultry, fish, and lean meat, rather than canned or processed types.
- Use herbs, spices, and salt-free seasoning blends in cooking and at the table.
- Cook rice, pasta, and hot cereal without salt. Cut back on instant or flavored rice, pasta, and cereal mixes, which usually have salt added.

REDUCE FAT INTAKE

- Use low-fat or fat-free condiments, especially mayonnaise.
- When using butter, take 1/2 of the amount that you would usually use and add chopped, fresh herbs such as sweet basil.
- Limit meats to 6 ounces a day.
- Choose low-fat and fat-free dairy products.
- Check food labels to compare fat content of packaged foods.
- Use lower-fat methods of preparing foods such as broiling, baking and grilling.
- Limit fast food consumption. They tend to be high in fat and sodium.

AVOID EXCESSIVE ALCOHOL

- Alcohol has been shown to raise blood pressure by interfering with the flow of blood to and from the heart.
- Limit your alcohol consumption to two drinks per day if you are a man and to one if you are a female.

REDUCE YOUR DAILY CALORIC INTAKE TO 1800

- Limit intake of foods with added sugar, such as pies, candy bars, ice cream, regular soft drinks and fruit drinks.
- Drink water or club soda.
- Bring cut-up vegetables to have with a sandwich at lunch instead of chips. You'll save about 120 calories.

REMEMBER:

What you eat affects your chances of getting high blood pressure. A healthy eating plan can both reduce the risk of developing high blood pressure and lower blood pressure that is already too high.





California State Board of Pharmacy

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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 5, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 5 – Balancing Providing Important Consumer Information Versus Consumer Indifference to Reading Extensive Important Warnings in Public Education Materials

Chairperson Brooks recently requested that this item be added to the committee's agenda for discussion.

Recently Chairperson Brooks forwarded the executive officer a short article which underscores the importance of carefully balancing consumer information with the human tendency to disregard too much information. Specifically:

[Legal Issues](#) by [Mike Masnick](#)

Fri, Oct 22nd 2010

Supreme Court Chief Justice Admits He Doesn't Read Online EULAs Or Other 'Fine Print'

We just recently wrote about how circuit court judge Richard Posner had admitted to [not reading the boilerplate legalese](#) on his mortgage agreement, and wondered why such things were then considered binding. Taking it up a notch, now Supreme Court Chief Justice John Roberts has [admitted that he doesn't read the fine print on websites or medicines](#) and that this "is a problem."

Answering a student question, Roberts admitted he doesn't usually read the computer jargon that is a condition of accessing websites, and gave another example of fine print: the literature that accompanies medications.... It has "the smallest type you can imagine and you unfold it like a map," he said. "It is a problem," he added, "because the legal system obviously is to blame for that." Providing too much information defeats the purpose of disclosure, since no one reads it, he said. "What the answer is," he said, "I don't know."

Well, that's comforting. Of course, I'm less interested in "the answer" to all that small type, and more interested in the answer to the question of how those things can be considered legally binding when even the Chief Justice of the Supreme Court doesn't read them...

This balance lies at the heart of effective consumer and licensee education – information needs to be conveyed, but too much information will have the opposite effect of educating and can cause the reader to disregard totally the message.

Obviously this is important for the board in creating effective informative materials for the public about medication safety – whether in the form of a label, a posted notice, a video, or any other form of communication.

The committee may want to discuss this topic in conjunction with the board's public education materials.



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 5, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 6 – Suggestions from Pharmacists Planning Service on a Redesigned Notice to Consumers

Recently Pharmacists Planning Service (PPSI) sent the board examples of a notice to consumers they designed with the intent of placing one form in pharmacies and a second notice to post in prescribers' offices. These notices are attached.

While very effective in presenting information, the pharmacy notice does not provide all information required by statutory law in sections 4122 and 733(f) of the Business of Professions Code, both sections require the board to produce a "notice to consumers." (These sections are provided on the next page along with a copy of the current Notice to Consumers that displays the information mandated.)

More recently, the board has decided to develop two additional notices to consumers -- one dealing with patients' ability to request 12 point font on prescription labels if the label is printed in 10 point font, and the second to advise patients about the availability of interpretive services.

The board is currently working on the latter two messages during the Leg/Reg portion of the board meeting, and consolidating the four notices as much as possible so as to not overwhelm the patient with too much information.

Regarding the notice to be placed in prescribers office, there is no requirement that such a notice be posted in prescribers office.

These notices could be used effectively to educate the public – perhaps as billboards.



BEFORE YOU CHECK OUT CHECK WITH YOUR PHARMACIST:

You Should Know:



The names of your medications.



What each medication should be used for.



How and when should you take it.



If there are any side effects.



What other medications, foods, or herbals should not be taken.

Talk to Your Pharmacist . . .

it Can Save Your Life.



CALIFORNIA STATE BOARD OF PHARMACY

1625 NORTH MARKET BLVD, SUITE N219 SACRAMENTO, CA 95834

WWW.PHARMACY.CA.GOV 916.445.5014





BEFORE YOU CHECK OUT CHECK WITH YOUR HEALTH PROVIDER:

You Should Know:

- The names of your medications.
- What each medication should be used for.
- How and when should you take it.
- If there are any side effects.
- What other medications, foods, or herbals should not be taken.

*Talk to Your Health Provider or Pharmacist. . .
it Can Save Your Life.*



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WWW.PHARMACY.CA.GOV 916.445.5014

UCSF CENTER FOR CONSUMER SELF CARE
3333 CALIFORNIA ST. SAN FRANCISCO, CA 94143-0613



Consumer Notices Required by Statute

4122. Required Notice of Availability of Prescription Price Information, General Product Availability, Pharmacy Services; Providing Price Information; Limitations on Price Information Requests

(a) In every pharmacy there shall be prominently posted in a place conspicuous to, and readable by, prescription drug consumers a notice provided by the board concerning the availability of prescription price information, the possibility of generic drug product selection, the type of services provided by pharmacies, and a statement describing patients' rights relative to the requirements imposed on pharmacists pursuant to Section 733. The format and wording of the notice shall be adopted by the board by regulation. A written receipt that contains the required information on the notice may be provided to consumers as an alternative to posting the notice in the pharmacy.

(b) A pharmacist, or a pharmacist's employee, shall give the current retail price for any drug sold at the pharmacy upon request from a consumer, however that request is communicated to the pharmacist or employee.

(c) If a requester requests price information on more than five prescription drugs and does not have valid prescriptions for all of the drugs for which price information is requested, a pharmacist may require the requester to meet any or all of the following requirements:

(1) The request shall be in writing.

(2) The pharmacist shall respond to the written request within a reasonable period of time. A reasonable period of time is deemed to be 10 days, or the time period stated in the written request, whichever is later.

(3) A pharmacy may charge a reasonable fee for each price quotation, as long as the requester is informed that there will be a fee charged.

(4) No pharmacy shall be required to respond to more than three requests as described in this subdivision from any one person or entity in a six-month period.

(d) This section shall not apply to a pharmacy that is located in a licensed hospital and that is accessible only to hospital medical staff and personnel.

(e) Notwithstanding any other provision of this section, no pharmacy shall be required to do any of the following:

(1) Provide the price of any controlled substance in response to a telephone request.

(2) Respond to a request from a competitor.

(3) Respond to a request from an out-of-state requester.

733. Dispensing Prescription Drugs and Devices

(a) No licentiate shall obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency.

(b) Notwithstanding any other provision of law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of Section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exists:

(1) Based solely on the licentiate's professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition.

(2) The prescription drug or device is not in stock. If an order, other than an order described in Section 4019, or prescription cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:

(A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.

(B) Promptly transfer the prescription to another pharmacy known to stock the prescription drug or device that is near enough to the site from which the prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient. The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or prescription. A licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified his or her employer, in writing, of the drug or class of drugs to which he or she objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (1) of Section 12940 of the Government Code.

(c) For the purposes of this section, "prescription drug or device" has the same meaning as the definition in Section 4022.

(d) The provisions of this section shall apply to the drug therapy described in Section 4052.3.

(e) This section imposes no duty on a licentiate to dispense a drug or device pursuant to a prescription or order without payment for the drug or device, including payment directly by the patient or through a third-party payer accepted by the licentiate or payment of any required copayment by the patient.

(f) The notice to consumers required by Section 4122 shall include a statement that describes patients' rights relative to the requirements of this section.

NOTICE
TO CONSUMERS

WHAT ARE YOU TAKING?

BEFORE TAKING ANY PRESCRIPTION MEDICINE, TALK TO YOUR
PHARMACIST; BE SURE YOU KNOW THE FOLLOWING:

- 1 What is the name of the medicine and what does it do?
- 2 How and when do I take it—and for how long? What if I miss a dose?
- 3 What are the possible side effects and what should I do if they occur?
- 4 Will the new medicine work safely with other medicines and herbal supplements I am taking?
- 5 What foods, drinks or activities should I avoid while taking this medicine?

At your request, this pharmacy will provide its current retail price of any prescription without obligation. You may request price information in person or by telephone. Ask your pharmacist if a lower-cost generic drug is available to fill your prescription. Prescription prices for the same drug vary from pharmacy to pharmacy. One reason for differences in price is differences in services provided.



ASK YOUR PHARMACIST IF YOU HAVE ADDITIONAL QUESTIONS.



CALIFORNIA STATE BOARD OF PHARMACY
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NOTICE
TO CONSUMERS

KNOW YOUR RIGHTS

UNDER CALIFORNIA LAW CONCERNING MEDICINE
AND DEVICES PRESCRIBED TO YOU.

**YOU HAVE THE RIGHT TO RECEIVE
MEDICINE AND DEVICES LEGALLY
PRESCRIBED TO YOU, UNLESS:**

- 1 The medicine or device is not in stock in the pharmacy.
- 2 The pharmacist, based upon his or her professional judgment determines providing the item:

Is against the law, could cause a harmful drug interaction or could have a harmful effect on your health.



This pharmacist may decline to fill your prescription for ethical, moral or religious reasons, but the pharmacy is required to help you get the prescription filled at this or another nearby pharmacy timely. The pharmacy may decline to provide the medicine or device if it is not covered by your insurance or if you are unable to pay for the item or any copayment you owe.

If the pharmacy is unable to fill your prescription, you are entitled to have the prescription returned to you or transferred to another nearby pharmacy. Ask about our procedure to help you get an item that we don't have in stock.

ANY QUESTIONS? ASK THE PHARMACIST!



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 5, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 7 – Assessment of the Board’s Public Education Materials

At the July meeting of this committee, Chairperson Brooks asked that Board Members Debbie Veale and Ramon Castellblanch work as a subcommittee to assess the board’s public education materials. These members have just begun work on this project, and several items have been compiled by staff to aid them.

One component is a listing of what public education materials each state board of pharmacy has developed for the public. This list follows this page and demonstrates California’s dominance in this area as compared to all other boards of pharmacy.

One early suggestion of the subcommittee is a better designed listing of educational materials so the list could be more useful to the public. Our current is alphabetic by name of the publication. This would seem a good time to work on such a new presentation, as all state agencies were directed to redesign and organize their Web pages by January 1, 2011 (a soft deadline that was delayed for non-specified reasons, but made difficult for this board due to furloughs, a hiring freeze on vacancies, and lack of cohesive direction about the specifics of the new Web page). Nevertheless, a Web page redesign is coming and a list that is not alphabetical by name of the document, would be an improvement.

Board Members Veale and Castellblanch may have more to discuss during the meeting.

CONSUMER MATERIALS PROVIDED BY U.S. STATE BOARDS OF PHARMACY

(12/23/10)

State boards of pharmacy provide materials about licensure and disciplinary actions. Some boards also provide 'consumer education' information. Most material is not original content created by a board; it is medication-safety information provided through a direct link to another webpage, or a link to a PDF document created by another entity. In alphabetical order, this list indicates information from state boards, intended to educate/inform consumers. Consumer education is not limited to printed brochures and fact sheets. Relevant information is also provided in patient safety videos.

Alabama State Board of Pharmacy - <http://www.albop.com>

- filing a complaint against a licensee
- Medication-related patient safety videos created by FDA and ISMP (42 videos)
- Internet Crime Complaint Center
- DEA Diversion Control Program
- MEDLINE PLUS
- AHRQ - Patient Safety Network
- Poison Control
- CDC Emergency Preparedness
- Drug Enforcement Agency
- Orange Book - Approved Drug Products w/Therapeutic Equivalence Evaluations
- FDA MEDWATCH

Alaska Board of Pharmacy - <http://www.commerce.state.ak.us/occ/ppha.htm>

- filing a complaint against a licensee
- U.S. Department of Justice letter relating to buying drugs on the Internet

Arizona State Board of Pharmacy - <http://www.azpharmacy.gov>

- filing a complaint against a licensee
- Patient Medication Forms used to facilitate medication reconciliation
- Proper Disposal of Prescription Drugs (Office of National Drug Control Policy)
- Disposal By Flushing of Certain Unused Medicines (FDA)
- Instructional video - Disposing of medication (whitehousedrugpolicy.gov)
- Patient Immunization Fact Sheet
- Flu.gov – What To Do About The Flu (U.S. Dept. of Health & Human Services)

Arkansas State Board of Pharmacy - <http://www.arkansas.gov/asbp>

- filing a complaint against a licensee

California State Board of Pharmacy - <http://www.pharmacy.ca.gov>

- filing a complaint against a licensee
- Informational video - Avoiding Medication Errors
- Bringing prescription drugs into the U.S. from foreign countries
- Counterfeit Drugs
- Diabetes - Engage Your Health Team
- Did You Know? Good Oral Health Means Good Overall Health
- Do you understand the directions on your Rx medicine label?
- Drug discount programs
- Ever Miss a Dose of Your Medicine?
- Generic Drugs
- Is Your Medicine in the News?
- Lower Your Drug Costs
- Measuring Liquid Medicine
- Pill Splitting
- Thinking of Herbals?
- Traveling Medicine Chest
- Vaccinations and Travel Outside the U.S.
- What's the Deal with Double Dosing? Too Much Acetaminophen, That's What!
- Consumer Reports - Best Buy Drugs
- Antibiotics - A National Treasure
- DEA Heads First-ever Nationwide Prescription Drug Take-back Day
- Emergency Contraception Information
- FDA Recalls, Market Withdrawals, and Safety Alerts
- Drugs@FDA, (database with detailed information FDA-approved drugs)
- FDA Safety Information and Adverse Event Reporting Program
- Health Notes - Pain Management
- Health Notes - Alternative Medicines
- Health Notes - Women's Health
- Health Notes - Quality Assurance
- Health Notes - Pharmacist Involvement in Anticoagulant Therapy
- Health Notes - Care of Children & Adults with Developmental Disabilities
- Health Notes - Drug Therapy Considerations in Older Adults
- Medicare Drug Pricing Inquiry
- Medicare Part D Information
- Medication Safety and Drug Interaction Checker Web Sites
- Drug Facts Label - NCPIE
- Patient Consultation information
- Patients' Bill of Rights
- Pill-Splitting Pros - Pill-Splitting Cons
- Prescription Price Assistance Program
- Take Charge of Your Medication Use!
- Tips to Save You Money When Buying Prescription Drugs
- Children and Their Medicines
- How to Take Your Pain Medications Effectively and Safely
- Get the Answers! Talk to a Pharmacist

Colorado State Board of Pharmacy - <http://www.dora.state.co.us/pharmacy>

- filing a complaint against a licensee
- Checklist relating to buying drugs on the Internet

Connecticut Commission of Pharmacy - <http://www.ct.gov/dcp/site/default.asp>

- filing a complaint against a licensee
- Some Medications and Driving Don't Mix
- What You Should Know about Prescription Drug Advertisements
- Oxycodone: Protect Your Teens
- Prescription Drug Abuse Among Teens
- Buying Prescription Medication On-line
- Medication Safety: Who's at Risk & What You Can Do
- Safe Storage and Disposal of Prescription Medication
- Opioids: What You Need to Know
- Protecting Yourself from Prescription Errors

Delaware State Board of Pharmacy – <http://www.dpr.delaware.gov/boards/pharmacy/index.shtml>

- filing a complaint against a licensee
- FDA guidelines for drug disposal

District of Columbia Board of Pharmacy -

<http://hpla.doh.dc.gov/hpla/cwp/view,A,1195,Q,488414,hplaNav,%7C30661%7C,.asp>

- filing a complaint against a licensee
- Dangers of buying drugs on the Internet (NABP)

Florida Board of Pharmacy - <http://www.doh.state.fl.us/mqa/pharmacy/>

- filing a complaint against a licensee
- Florida Discount Drug Card
- Information about dietary supplements for sexual enhancement (FDA)

Georgia State Board of Pharmacy – <http://sos.georgia.gov/plb/pharmacy/>

No consumer education materials shown, except for a link to their poison control center.

Hawaii State Board of Pharmacy - <http://www.hawaii.gov/dcca/areas/pvl/boards/pharmacy>

- filing a complaint against a licensee

Idaho State Board of Pharmacy - <http://www.idaho.gov/bop>

- filing a complaint against a licensee
- List of 'no-questions-asked' medication disposal sites

Illinois State Board of Pharmacy – <http://www.idfpr.com/dpr/WHO/phar.asp>

- filing a complaint against a licensee

Indiana Board of Pharmacy - <http://www.in.gov/pla/pharmacy.htm>

- filing a complaint against a licensee
- www.Indianaconsumer.com (information for low-income residents to pay for medication)

Iowa Board of Pharmacy - <http://www.state.ia.us/ibpe>

- filing a complaint against a licensee

Kansas State Board of Pharmacy - <http://www.kansas.gov/pharmacy>

- filing a complaint against a licensee
- Kansas Senior Pharmacy Assistance Program, and other Medicare discount cards

Kentucky Board of Pharmacy - <http://pharmacy.ky.gov/>

- filing a complaint against a licensee

Louisiana Board of Pharmacy - <http://www.pharmacy.la.gov>

- filing a complaint against a licensee

Maine Board of Pharmacy –
<http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/index.htm>

- filing a complaint against a licensee
- fact sheet for patients/caretakers regarding the use of Tamiflu

Maryland Board of Pharmacy - <http://www.dhmh.state.md.us/pharmacyboard/>

- filing a complaint against a licensee
- Where to get a flu shot

- Maryland Senior Prescription Drug Assistance Drug Program
- Swine Flu information from the CDC
- Consumer Reports Guidance for Consumers on Prescription Medications
- Overview brochure for consumers about the Maryland Board of Pharmacy
- Maryland Poison Center
- Acetaminophen information sheet
- FDA information about buying drugs on the Internet
- Educate Before You Medicate (NCPIE)
- Medication Safety brochure (2004) from the Maryland Board of Pharmacy
- The Senior Citizens League (rights and freedoms of senior citizens)
- MAC (Maintaining Active Citizens) – promoting well-being full participation in society
- Medicare information - hospital and medical insurance for people 65 and older
- Senior Med (residents living in assisted living, specialty care, independent communities)
- Buying Drugs from Foreign Countries - Importation
- What is Bioterrorism?
- Should I be Vaccinated for Smallpox?
- What is Botulism?
- What is Plague?
- What is Smallpox?
- What is Anthrax?

Massachusetts Board of Registration in Pharmacy - <http://www.mass.gov/reg/boards/ph>

- filing a complaint against a licensee
- Talk to Your Pharmacist
- Before Taking Any Medication
- Patient Counseling
- Getting Your Prescription Filled Online (NABP)
- Getting Your Prescription Filled Abroad (FDA)
- Importation of Prescriptions (FDA)
- What should patients look for when receiving a prescription medication?
- What should patients do if they think there has been an error in their medication?
- MassMedLine (prescription medication assistance program)

Michigan Board of Pharmacy - http://www.michigan.gov/mdch/0,1607,7-132-27417_27529_27548-59186--,00.html

- filing a complaint against a licensee
- medical marijuana
- pain and symptom management
- Patient Safety in a Hospital Setting
- Patient Safety in an Office Setting
- Patient Safety in a Nursing Home
- Patient Safety in a Home Health Setting
- State/Federal Regulatory Authorities Combat Rogue Internet Drug Distributors (NABP)

- Herbal-Drug Interactions (McGuire VA Medical Center)
- Buying Medicines and Medical Products Online (FDA)
- Everything to know about antibiotics (Council for Affordable Quality Health Care)
- Safe Medication Use (Massachusetts Coalition for Prevention of Medical Errors)
- Think it Through – Benefits & Risks of Medicines (Partnership for Safe Medication Use)
- Institute for Safe Medication Practices (ISMP)
- My Medication Record (AARP)
- Over-the-counter Safety Tips (AARP)
- SafeMedications.com
- Rex - the Talking Prescription Bottle

Minnesota Board of Pharmacy - <http://www.pharmacy.state.mn.us/>

- filing a complaint against a licensee

Mississippi Board of Pharmacy - <http://www.mbp.state.ms.us>

No consumer information found on Mississippi's website.

Missouri Board of Pharmacy - <http://www.pr.mo.gov/pharmacists.asp>

- filing a complaint against a licensee
- FDA Consumer Updates
- Disposing of unused medication (Office of National Drug Control Policy)
- Missouri Bureau of Narcotics and Dangerous Drugs (BNDD)
- Disposal by Flushing of Certain Unused Medicines (FDA)
- How to Dispose of Unused Medicine (FDA)
- SMARxT Disposal (materials and video)
- Flu.gov – What to Do About the Flu (U.S. Dept. of Health & Human Services)
- Reporting suspicious internet drug sales (DEA)
- MO Healthnet (Missouri Medicaid)
- Medicare.gov

Montana Board of Pharmacy - http://mt.gov/dli/bsd/license/bsd_boards/pha_board/board_page.asp

- filing a complaint against a licensee
- Prescription Drug Disposal (Office of National Drug Control Policy)
- A Remedy for Residential Drug Disposal (Michigan state agency document)
- Prescription Drug Disposal (Arizona state agency document)

Nebraska Board of Pharmacy – <http://www.dhhs.ne.gov/crl/medical/pharm/pharmlic/procedures.htm>

- filing a complaint against a licensee

Nevada State Board of Pharmacy - <http://bop.nv.gov>

- filing a complaint against a licensee
- VIPPS (Verified Internet Pharmacy Practice Sites)

New Hampshire Board of Pharmacy - <http://www.nh.gov/pharmacy>

- filing a complaint against a licensee
- Emergency Contraception
- Safe Medication Disposal
- Talking With Your Teen About Buying Drugs on the Internet
- Syringe Access Initiative

New Jersey Board of Pharmacy – <http://www.state.nj.us/lps/ca/pharm/>

- filing a complaint against a licensee
- New Jersey Prescription Drug Price Registry (consumers compare retail prices)
- New Jersey Board of Pharmacy Consumer Brief
- U.S. DOJ – DEA Office of Diversion Control
- Institute For Safe Medication Practices (ISMP)

New Mexico Board of Pharmacy - <http://www.rld.state.nm.us/Pharmacy/>

- filing a complaint against a licensee
- medical marijuana
- drug disposal information
- drug assistance programs

New York State Board of Pharmacy – <http://www.op.nysed.gov/prof/pharm/>

- What You Should Know About Pharmacists and Their Services
- New York's Professional Misconduct Enforcement System (complaints)

North Carolina Board of Pharmacy - <http://www.ncbop.org>

- Consumer FAQs - one question and answer each on these topics:
 - Air Travel with Medications
 - Brand Name Prescriptions vs. Generic Prescriptions
 - Drug Disposal
 - Drug Safety
 - Emergency Contraception (EC)
 - Expiration Dates
 - Filing a Complaint
 - Flu Vaccine

- FluMist®
- Free Prescriptions
- Generic Labels
- Medication Safety
- Medications - What can I take with me on flights?
- Methamphetamine Act
- Outdated Drugs
- Patient-Assistance Programs
- "Plan B" (Emergency Contraception)
- Prescription Records
- Prescription Return Policy
- Privacy Protection
- Pseudoephedrine Products
- Quinine Sulfate
- Sharing Prescriptions
- Transferring Prescriptions

North Dakota State Board of Pharmacy - <http://www.nodakpharmacy.com>

- filing a complaint against a licensee
- Drug Disposal
- Questions To Ask Your Pharmacist
- Pharmacy Patients Bill of Rights

Ohio State Board of Pharmacy - <http://www.pharmacy.ohio.gov>

- Consumer guide (overview of state board, and limited information re complaints)

Oklahoma State Board of Pharmacy - <http://www.pharmacy.ok.gov>

- Video - Road to Nowhere, Prescription Drug Abuse (Oklahoma Pharmacists Association)
- filing a complaint against a licensee
- Charitable pharmacies in Oklahoma (assistance with prescription drug costs)
- Disposemyeds.org

Oregon State Board of Pharmacy - <http://www.pharmacy.state.or.us>

- filing a complaint against a licensee
- Flu information (Oregon Public Health)
- Oregon Patient Safety Commission
- AARP Personal Guide to Prescription Drugs
- Institute of Medicine Fact Sheet: What you can do to avoid medication errors
- Safe Medication.com
- The Just Culture Community
- Compendium of Best Solutions by National Patient Safety Foundation

- Reducing Medical Errors & Improving Patient Safety (National Coalition on Healthcare)
- CDER - Medication Errors site
- Patient Safety Network (AHRQ)

Pennsylvania State Board of Pharmacy - <http://www.dos.state.pa.us/pharm>

- filing a complaint against a licensee

Rhode Island Board of Pharmacy - <http://www.health.ri.gov/hsr/professions/pharmacy.php>

- filing a complaint against a licensee

South Carolina Board of Pharmacy - <http://www.llr.state.sc.us/pol/pharmacy>

- filing a complaint against a licensee

South Dakota State Board of Pharmacy - <http://www.pharmacy.sd.gov>

- filing a complaint against a licensee
- How to Dispose of Unused Medication (FDA)
- What Questions Should I Ask My Pharmacist About My Medications?

Tennessee Board of Pharmacy - <http://health.state.tn.us/Boards/Pharmacy/index.shtml>

- filing a complaint against a licensee
- Why Should You Talk to Your Pharmacist?
- What Should You Tell Your Pharmacist?
- What Does the State Board of Pharmacy Do?
- Did You Know?
- Patient Bill of Rights

Texas State Board of Pharmacy - <http://www.tsbp.state.tx.us>

- filing a complaint against a licensee
- Facts About Prescription Medicines, Pharmacists and Pharmacies
- Texas Medicare Prescription Information
- Proper Disposal of Prescription Drugs (Office of National Drug Control Policy)
- Consumer Alerts:
 - Internet Sites Operating in Conflict with Patient Safety Standards
 - Buying Foreign Drugs
 - FDA Warning - Avoid Rx Drugs from Certain Websites
 - Counterfeit Drugs
 - Fraudulent Drug Reselling Licenses

Utah Board of Pharmacy - <http://www.dopl.utah.gov/>

- filing a complaint against a licensee

Vermont Board of Pharmacy – <http://vtprofessionals.org/opr1/pharmacists/>

No consumer education materials found.

Virginia Board of Pharmacy - <http://www.dhp.virginia.gov/pharmacy>

- filing a complaint against a licensee
- Pharmacies registered as collection sites for donated drugs
- How to Report Problems With Products Regulated by the FDA
- Disposing of Unwanted Prescription Drugs (Office of National Drug Control Policy)
- Dispensing and Purchasing Controlled Substances Over the Internet (DEA)
- Consumer Safety Alert - Drugs that Should Not Be Purchased On the Internet (FDA)
- Frequently Asked Questions - Verified Internet Pharmacy Practice Sites (VIPPS, NABP)
- Importing Medications - Looks Can be Deceiving (FDA)
- Medicines and You: A Guide for Older Adults (FDA)
- A Guide to Managing the Benefits and Risks of Medicines (FDA)
- FDA Statement Regarding the Anti-Depressant Paxil for Pediatric Population
- Drugs@FDA - approved brand name and generic drugs
- The best way to take your over-the-counter pain reliever (FDA)
- Prescription Drug Assistance Programs Available in Virginia (Department for the Aging)
- FAMIS (Family Access to Medical Insurance Security)

Washington State Board of Pharmacy -
<http://www.doh.wa.gov/hsqa/Professions/Pharmacy/default.htm>

- filing a complaint against a licensee

West Virginia Board of Pharmacy - <http://www.wvbop.com/>

- filing a complaint against a licensee

Wisconsin Pharmacy Examining Board –
http://www.drl.state.wi.us/board_detail.asp?boardid=46&locid=0

- filing a complaint against a licensee

Wyoming State Board of Pharmacy - <http://pharmacyboard.state.wy.us/>

- filing a complaint against a licensee



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 6, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 8 – Public Education Materials Under Development for the Future

Publications under development, review or revision are:

- Sometime this spring, we hope to release some of the new fact sheets developed by California interns.

- For board licensees, we have the following items being developed:
 - Questions and answers on the board's compounding regulations, following a discussion held at the June 2010 Enforcement Committee, and an ongoing number of questions being asked of the board regarding the compounding regulations. A subcommittee of Board Members Schell and Kajioka worked with board senior staff to refine the responses and will bring back to the board as part of the Enforcement Committee report during the February Board Meeting.
 - Development of separate fact sheets from two articles written by the board and published in the CPhA and CSHP in their newsletters -- on "The Pharmacists Recovery Program" and "Becoming a Licensed Pharmacist in California."
 - Revised self-assessment forms for community pharmacies, hospital pharmacies and wholesalers (being updated by staff and promulgated as regulations).



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 6, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 9 – Update on *The Script*

Work on the January/February 2011 issue of *The Script* is nearing completion by staff and the text will be submitted for legal review in one week.

The issue will focus on new pharmacy law and regulations for 2011. This issue will include an update to licensees about the requirements for patient-centered prescription container labels. There will also be an article on medication errors reported to the board during 2009-10, and the board's citation and fines issued for these errors.

Work will soon begin on the July 2011 edition. This issue will highlight questions and answers regarding pharmacy law.



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 6, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 10 – Emergency Contraception Protocol and Consumer Fact Sheet

The Board of Pharmacy needs to update the emergency contraception protocol authorized by California Business and Professions Code section 4052.3 and 16 California Code of Regulations section 1746 (both sections follow this page). These sections authorize a pharmacist to initiate emergency contraception pursuant to a state protocol developed by the Medical Board of California and the Board of Pharmacy, and with the assistance of the American College of Obstetricians and Gynecologists, the California Pharmacist Association and other entities.

The current state protocol was developed in 2004 and adopted by this board as a regulation. Since the time of adoption, there have been changes in the availability of emergency contraception medicine, the manufacturers who produce the medication, and there is a typo that needs correction (mcg instead of mg).

Since the last board meeting, the executive officer has met with the Medical Board's executive officer, spoken with the women's health specialist pharmacist, and a representative of the American College of Obstetricians and Gynecologists. An updated manuscript will be prepared, and will be shared with all entities and brought to the board at the May meeting.

Thereafter once both boards have an opportunity to review and approve the protocol, the Board of Pharmacy will need to adopt the protocol as a revision to regulation section 1746.

As part of the rulemaking, this board will need to develop a patient information fact sheet, which is a required to be provided to patients by the pharmacists using the protocol to dispense emergency contraception. A copy of the current fact sheet is also provided as part of this packet segment.

4052.3. Emergency Contraception Drug Therapy; Requirements and Limitations

(a) Notwithstanding any other provision of law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:

(1) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.

(2) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American College of Obstetricians and Gynecologists, the California Pharmacist Association, and other appropriate entities. Both the board and the Medical Board of California shall have authority to ensure compliance with this clause, and both boards are specifically charged with the enforcement of this provision with respect to their respective licensees. Nothing in this clause shall be construed to expand the authority of a pharmacist to prescribe any prescription medication.

(b) Prior to performing a procedure authorized under this paragraph, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(c) A pharmacist, pharmacist's employer, or pharmacist's agent may not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this paragraph, but may charge an administrative fee not to exceed ten dollars (\$10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this subparagraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. The provisions of this subparagraph shall cease to be operative for dedicated emergency contraception drugs when these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(d) A pharmacist may not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this section.

(e) For each emergency contraception drug therapy initiated pursuant to this section, the pharmacist shall provide the recipient of the emergency contraception drugs with a standardized factsheet that includes, but is not limited to, the indications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American College of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. The provisions of this section do not preclude the use of existing publications developed by nationally recognized medical organizations.

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(1) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.

(2) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American College of Obstetricians and Gynecologists, the California Pharmacist Association, and other appropriate entities. Both the board and the Medical Board of California shall have authority to ensure compliance with this clause, and both boards are specifically

charged with the enforcement of this provision with respect to their respective licensees. Nothing in this clause shall be construed to expand the authority of a pharmacist to prescribe any prescription medication.

(b) Prior to performing a procedure authorized under this paragraph, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(c) A pharmacist, pharmacist's employer, or pharmacist's agent may not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this paragraph, but may charge an administrative fee not to exceed ten dollars (\$10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this subparagraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. The provisions of this subparagraph shall cease to be operative for dedicated emergency contraception drugs when these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(d) A pharmacist may not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this section.

(e) For each emergency contraception drug therapy initiated pursuant to this section, the pharmacist shall provide the recipient of the emergency contraception drugs with a standardized factsheet that includes, but is not limited to, the indications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American College of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. The provisions of this section do not preclude the use of existing publications developed by nationally recognized medical organizations.

§1746. Emergency Contraception.

(a) A pharmacist furnishing emergency contraception pursuant to Section 4052 (a)(8)(~~ii~~) of the Business and Professions Code shall follow the protocol specified in subdivision (b) of this section.

(b) Protocol for Pharmacists Furnishing Emergency Contraception (EC).

(1) Authority: Section 4052 of the California Business and Professions Code authorizes a pharmacist to furnish emergency contraception pursuant to the protocols specified in Business and Professions Code section 4052.3. Use of the following protocol satisfies that requirement.

(2) Purpose: To provide access to emergency contraceptive medication within required limits and ensure that the patient receives adequate information to successfully complete therapy.

(3) Procedure: When a patient requests emergency contraception the pharmacist will ask and state the following:

- Are you allergic to any medications?
- Timing is an essential element of the product’s effectiveness. EC should be taken as soon as possible after unprotected intercourse. Treatment may be initiated up to five days (120 hours) of unprotected intercourse. EC effectiveness declines gradually over five days and EC use will not interfere with an established pregnancy.

(4) The pharmacist shall provide the fact sheet and review any questions the patient may have regarding EC. In addition, the pharmacist shall collect the information required for a patient medication record by Section 1707.1 of Title 16 of the California Code of Regulations.

Fact Sheet: The pharmacist will provide the patient with a copy of the current EC fact sheet approved by the Board of Pharmacy as required by Business and Professions Code section 4052b(3).

(5) Referrals and Supplies: If emergency contraception services are not immediately available at the pharmacy or the pharmacist declines to furnish pursuant to conscience clause, the pharmacist will refer the patient to another emergency contraception provider. The pharmacist shall comply with all state mandatory reporting laws, including sexual abuse laws.

(6) The pharmacist may provide up to 12 non-spermicidal condoms to each Medi-Cal and Family PACT client who obtains emergency contraception.

(7) Advanced provision: The pharmacist may dispense emergency contraception medication for a patient in advance of the need for emergency contraception.

(8) EC Product Selection: The pharmacist will provide emergency contraception medication compatible with product information from the list of products specified in this protocol. This list must be kept current and maintained in the pharmacy. Along with emergency contraception products, the list will include adjunctive medications indicated for nausea and vomiting associated with taking EC. Patients will be provided information concerning dosing and potential adverse effects.

(9) Documentation: Each prescription authorized by a pharmacist will be documented in a patient profile as required by law.

(10) Training: Prior to furnishing emergency contraception, pharmacists who participate in this protocol must have completed a minimum of one hour of continuing education specific to emergency contraception.

(11) Brands and Doses of Oral Contraceptive Tablets Used for Emergency Contraception

<i>Dedicated Emergency Contraception</i>				
Brand	Manufacturer	Tablets per Dose	EthinylEstradiol per Dose (mg)	Levonorgestrel per Dose (mg)**
One Dose Regimen				
Plan B	Duramed	2 tablets	0	1.5
Two Dose Regimens				
Plan B	Duramed	1 tablet per dose	0	0.75

Preven	Duramed	2 tablets per dose	100	0.50
<i>Oral Contraceptive Pills</i>				
Brand	Manufacturer	Tablets per Dose (two doses 12 hours apart *)	Ethinyl Estradiol per Dose (mg)	Levonorgestrel per Dose (mg)*
Levora	Watson	4 white tablets	120	0.60
Ovral	Wyeth	2 white tablets	100	0.50
Ogestrel	Watson	2 white tablets	100	0.50
Nordette	Wyeth	4 light-orange tablets	120	0.60
Tri-Levlen	Berlex	4 yellow tablets	100	0.50
Alesse	Wyeth	5 pink tablets	100	0.50
Aviane	Duramed	5 orange tablets	100	0.50
Triphasil	Wyeth	4 yellow tablets	120	0.50
Levlen	Berlex	4 light-orange tablets	120	0.60
Trivora	Watson	4 pink tablets	120	0.50
Levlite	Berlex	5 pink tablets	100	0.50
Lo/Ovral	Wyeth	4 white tablets	120	0.60
Low-Ogestrel	Watson	4 white tablets	120	0.60
Ovrette	Wyeth	20 yellow tablets	0	0.75

(12) Anti-nausea Treatment Options for use with Emergency Contraception

Drug	Dose	Timing of Administration
<i>Non-prescription Drugs</i>		
Meclizine hydrochloride (Dramamine II, Bonine)	One or two 25 mg tablets	1 hour before first EC dose; repeat if needed in 24 hours
Diphenhydramine hydrochloride (Benadryl)	One or two 25 mg tablets or capsules.	1 hour before first EC dose; repeat as needed every 4-6 hours
Dimenhydrinate (Dramamine)	One or two 50 mg tablets or 4-8 teaspoons liquid	30 minutes to 1 hour before first ECP dose; repeat as needed every 4-6 hours
Cyclizine hydrochloride (Marezine)	One 50 mg tablet	30 minutes before first EC dose; repeat as needed every 4-6 hours

Authority cited: Section 4005, Business and Professions Code. Reference: Section 4052 and 4052.3, Business and Professions Code.

Key Facts About Emergency Contraception

Emergency Contraception (EC) is a safe and effective way to prevent pregnancy after sex.

Consider using Emergency Contraception if:

- You didn't use a contraceptive during sex, or
- You think your contraceptive didn't work.

What are Emergency Contraceptive pills?

Emergency Contraceptive pills contain the same medication as regular birth control pills, and help to prevent pregnancy. There are two basic types of Emergency Contraceptive pills:

- Plan B™ progestin-only pills
- High doses of regular oral contraceptive pills.

Don't wait! Take EC as soon as possible.

- It is best to take EC within three days of unprotected sex.
- The sooner you take EC the more effective it is.
- For more information talk to your pharmacist or doctor.

EC is safe and effective.

- Progestin-only pills reduce the risk of pregnancy by 89 percent.*
- Combined estrogen/progestin pills reduce the risk of pregnancy by 75 percent.*
- For regular, long-term use, other contraceptive methods are more effective than EC.
- Emergency Contraceptive pills do not protect against sexually transmitted infections, including HIV/AIDS.

* Pregnancy risk reduction based on one-time use.

EC won't cause an abortion.

- Emergency Contraceptive pills are NOT the same as RU-486 (the abortion pill).
- Emergency Contraceptive pills are not effective after pregnancy has occurred and cannot interrupt it.

EC won't harm a developing fetus.

- If Emergency Contraceptive pills are taken mistakenly during pregnancy, they will not harm the developing fetus.
- Using Emergency Contraceptive pills will not affect a woman's ability to become pregnant in the future.

Women can keep pills at home in case of an emergency.

- Many women find it convenient to have Emergency Contraceptive pills on hand in case of an emergency.
- Medical providers or your pharmacist can provide Emergency Contraceptive pills before they are needed.

Medical follow-up after taking Emergency Contraceptive pills

- If you don't get a normal period within three weeks, take a pregnancy test.
- It is important to visit your doctor or clinic if you need a regular birth control method or information about preventing sexually transmitted infections, such as HIV/AIDS.

In California all women and men with eligible incomes may receive free family planning services through Family PACT.

If you don't have a doctor or clinic, call 1-800-942-1054 to find a Family PACT provider near you.



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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Date: January 6, 2011

To: Communication and Public Education Committee

Subject: Agenda Item 11 – Outreach Activities

Public and licensee outreach activities performed during the second quarter of Fiscal Year 2010/11 include:

September 27, 2010 – Inspector Wong provided information about Board of Pharmacy enforcement to students at California Northstate School of Pharmacy.

October 22, 2010 -- Executive Officer Herold presented information about the 2010 legislative year at Seminar 2010, the annual meeting of the California Society of Health System Pharmacists in San Francisco.

October 22 and 23, 2010 -- Executive Officer Herold and Inspector Hokana staff the board's public information booth at CSHP's Seminar 2010.

November 9, 2010 – Executive Officer Herold presented information on e-prescribing and e-prescribing of controlled drugs to attendees of a CalERx Conference in Oakland.

December 15, 2010 – Executive Officer Herold provided a presentation on the CA's patient-centered prescription container label requirements at a quarterly meeting of the California Hospital Association's Medication Safety Committee