



Legislation and Regulation Committee

Shirley Wheat, Chair, Public Member
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LEGISLATION AND REGULATION COMMITTEE

The Legislation and Regulation Committee did not meet during the last quarter.

PART I: REGULATION REPORT

a. Board Adopted Regulations – Approved by the Office of Administrative Law

1. Amend 16 CCR Section 1702 and Add 16 CCR Section 1707.6 Regarding Duty to Consult and Notice to Consumers

Attachment 1

On January 17, 2012, the Office of Administrative Law approved the board's proposal to amend Section 1707.2 and to Adopt Section 1707.6 of Title 16 of the California Code of Regulations. The regulation becomes effective on February 16, 2012.

Board staff completed the rulemaking file and, following review and approval from the administration, the board filed the action with the Office of Administrative Law (OAL) for review on November 17, 2011. During OAL's review, the board was notified that a required signature from the Department of Finance (DOF) was missing from the Fiscal and Economic Impact Statement (Std. 399). The board did not receive DOF's approval by OAL's review deadline, so the board had to withdraw the file from OAL on January 4, 2012. The board received the DOF approval on January 6, and staff re-filed the rulemaking with OAL on January 9, 2012.

The Adopted Text filed with the Secretary of State on January 17, 2012, is provided in **Attachment 1**.

b. Board Approved Regulations – Undergoing Review (Update Only)

1. Amend Title 16 CCR Section 1732.2 – Board Accredited Continuing Education

This rulemaking is currently being reviewed by the Office of Administrative Law (OAL). The rulemaking was submitted to OAL on December 28, 2011, and OAL has until February 10, 2012 to complete its review.

This rulemaking would amend Section 1732.2 to specify additional methods of obtaining board-accredited continuing education and make a clarifying change to terminology used in the

regulation. Pursuant to the Administrative Procedures Act, the board has made available on its web site various documents associated with the rulemaking, to include the Final Statement of Reasons and the Adopted Text.

2. Add Title 16 Section 1727.2 – Requirements for Pharmacist Interns – To Require Applicants to Submit a Self-Query from the National Practitioner Data Bank – Healthcare Integrity & Protection Data Bank (NPDB-HIPDB)
3. Amend Title 16 Section 1728 – Requirements for Pharmacist Examination – Amend to Require Applicants to Submit a Self-Query from the National Practitioner Data Bank – Healthcare Integrity & Protection Data Bank (NPDB-HIPDB)

On May 6, 2011, the board initiated a rulemaking to add Title 16 CCR § 1727.2 and to amend Title 16 CCR § 1728. The proposal would require a Pharmacist Intern applicant to submit with his or her application a Self-Query Report from the National Practitioner Data Bank – Healthcare Integrity & Protection Data Bank (NPDB-HIPDB). This proposal would also require an applicant seeking board authority to take the pharmacist licensure examination to submit with his or her application a Self-Query Report from the NPDB-HIPDB. The board determined that the requirement(s) to submit a Self-Query Report, as specified in the proposal, is necessary and pertinent to the board’s investigation of an applicant and will allow the board to determine if an applicant has been the subject of discipline in another state prior to making a decision on an application. This is the same type of Self-Query Report that was recently approved for Pharmacy Technician applicants.

The board did not receive any comments during the 45-day comment period and in July 2011 the board directed staff to complete the rulemaking process. The Executive Officer adopted the text as proposed in the Notice for the 45-day public comment period. Staff compiled the final rulemaking file and submitted it to the Department of Consumer Affairs for administrative review on November 10, 2011. Board staff has been advised that the DCA and the State and Consumer Services Agency have completed their review; the file is now at the Department of Finance awaiting approval. Once all administrative approvals are received, the board will make available on its web site additional documents associated with the rulemaking and file the completed file with the Office of Administrative Law for final review.

c. Board Approved – Undergoing 45-Day Comment Period

1. Proposed Amendments to § 1746 – Emergency Contraception Protocol

Attachment 2

The board has noticed for a 45-day public comment period, proposed amendments to 16 CCR § 1746 related to update the board’s Emergency Contraception protocol. The proposed amendments were approved by the Medical Board of California at its July 2011 board meeting.

The 45-day public comment period began on January 6, 2012 and will conclude on February 20, 2012. Documents associated with this rulemaking are available on the board’s web site.

A copy of the proposed text to amend 16 CCR § 1746 is provided in **Attachment 2**.

d. Possible Action – Update Building Standards References

California Building Standards Law requires agencies to submit proposed changes to the California Building Standards Code for consideration by the California Building Standards Commission (CBSC) in an adoption cycle. The board has been notified that the CBSC will accept change submittals for the 2012 Triennial Code Adoption Cycle during the month of June 2012.

Pharmacy regulations at 16 CCR § 1751 reference various Title 24 regulations related to building standards pharmacies that compound sterile injectable drug products.

Staff is working with the Building Standards Commission to identify all changes that should be made to Pharmacy regulations, and will bring possible amendments to the board at its meeting to be held in May 2012.

e. Board Approved – Under Development or Awaiting Notice (Update Only)

1. Proposed Amendments to § 1751.9. – Accreditation Agencies for Pharmacies that Compound Injectable Sterile Drug Products

Business and Professions Code section 4127.1 requires a separate license to compound sterile injectable drug products. Section 4127.1(d) provides exemptions to the licensing requirement for pharmacies that have current accreditation from the Joint Commission on Accreditation of Healthcare Organizations, or other private accreditation agencies approved by the board. The proposed regulation would specify the criteria the board will utilize to consider approval of accreditation agency requests. Staff is continuing to work with counsel to develop language for consideration at a future meeting.

2. Proposed Amendments to § 1780 – Update the USP Standards Reference Manual (Minimum Standards for Drug Wholesalers)

Section 1780 of the California Code of Regulations sets minimum standards for drug wholesalers. This regulation currently references the 1990 edition of the United States Pharmacopeia Standards (USP Standards) for temperature and humidity. USP Standards are updated and published annually. Section 1780(b) requires amendment to reflect the 2005 version of the USP Standards and to hold wholesalers accountable to the latest standards, if determined appropriate.

Because of stated concerns about whether referencing the 2005 USP Standards would be an unreasonable burden on wholesalers, at the October 2008 Board Meeting, the board voted to address the issue of updating the USP Standards reference materials within this section.

The board established a subcommittee for this purpose but, as a result of board vacancies, the subcommittee has not held any meetings and no action has been taken with respect to this regulation change.

3. Proposed Amendments to § 1785 – Self-Assessment of a Veterinary Food-Animal Drug Retailer

The requirements of § 1785 establish a self-assessment form for veterinary food-animal drug retailers and requires a designated representative-in-charge to complete this form to ensure compliance with pharmacy law. Self-assessment forms also aid licensees in complying with legal requirements of their operations and, therefore, increase public safety as a result of this compliance.

In 2007 the Enforcement Committee and the Board approved draft amendments to the regulation and related self-assessment form; subsequently, the licensing committee was advised of potential problems with the licensing requirements for designated representatives working at these facilities.

The Licensing Committee has not yet initiated a program review of the Veterinary Food-Animal Drug Retailer program. Staff does not anticipate proceeding with this regulation until such time that the Licensing Committee completes its review.

4. Proposed Addition of Section 1762 –Unprofessional Conduct

In October 2010, the board began discussions to add 16 CCR § 1762 to implement components of the DCA's Consumer Protection Enforcement Initiative relative to unprofessional conduct. In February 2011 the board addressed draft language and moved to initiate the rulemaking process to amend Section 1762 to specify that certain acts would constitute unprofessional conduct including: gag clauses in a civil suit settlement; failure to provide information as requested by the board; failure to comply with a court order or subpoena for records; and authorize the board to revoke a license or deny an application for an act requiring an individual to register as a sex offender

Staff is working to prepare a rulemaking package for a 45-day public comment period.

5. Proposed addition of Section 1769 – Application Review and Criteria for Rehabilitation

In July 2010, the board began discussions to implement part of the DCA's Consumer Protection Enforcement Initiative with regarding to 16 CCR § 1769 – a proposal that would authorize the board to request that an applicant for licensure undergo an examination, as specified, to determine if the applicant is safe to practice. The board directed that staff initiate the rulemaking process to amend 16 CCR § 1769, specifying that once it has been determined that an applicant is to be evaluated, the evaluation shall be completed within 60 days, and that within 60 days of the evaluation, the report be received by the board.

Staff is working to prepare a rulemaking package for a 45-day public comment period.

Order of Adoption
Board of Pharmacy
California Code of Regulations

Amend §1707.2 in Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.2. ~~Notice to Consumers and~~ Duty to Consult.

(a) A pharmacist shall provide oral consultation to his or her patient or the patient's agent in all care settings:

(1) upon request; or

(2) whenever the pharmacist deems it warranted in the exercise of his or her professional judgment.

(b)(1) In addition to the obligation to consult set forth in subsection (a), a pharmacist shall provide oral consultation to his or her patient or the patient's agent in any care setting in which the patient or agent is present:

(A) whenever the prescription drug has not previously been dispensed to a patient; or

(B) whenever a prescription drug not previously dispensed to a patient in the same dosage form, strength or with the same written directions, is dispensed by the pharmacy.

(2) When the patient or agent is not present (including but not limited to a prescription drug that was shipped by mail) a pharmacy shall ensure that the patient receives written notice:

(A) of his or her right to request consultation; and

(B) a telephone number from which the patient may obtain oral consultation from a pharmacist who has ready access to the patient's record.

(3) A pharmacist is not required by this subsection to provide oral consultation to an inpatient of a health care facility licensed pursuant to section 1250 of the Health and Safety Code, or to an inmate of an adult correctional facility or a juvenile detention facility, except upon the patient's discharge. A pharmacist is not obligated to consult about discharge medications if a health facility licensed pursuant to subdivision (a) or (b) of Health and Safety Code Section 1250 has implemented a written policy about discharge medications which meets the requirements of Business and Professions Code Section 4074.

(c) When oral consultation is provided, it shall include at least the following:

- (1) directions for use and storage and the importance of compliance with directions; and
- (2) precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered.

(d) Whenever a pharmacist deems it warranted in the exercise of his or her professional judgment, oral consultation shall also include:

- (1) the name and description of the medication;
- (2) the route of administration, dosage form, dosage, and duration of drug therapy;
- (3) any special directions for use and storage;
- (4) precautions for preparation and administration by the patient, including techniques for self-monitoring drug therapy;
- (5) prescription refill information;
- (6) therapeutic contraindications, avoidance of common severe side or adverse effects or known interactions, including serious potential interactions with known nonprescription

medications and therapeutic contraindications and the action required if such side or adverse effects or interactions or therapeutic contraindications are present or occur;

(7) action to be taken in the event of a missed dose.

(e) Notwithstanding the requirements set forth in subsection (a) and (b), a pharmacist is not required to provide oral consultation when a patient or the patient's agent refuses such consultation.

~~(f) In every pharmacy subject to the provisions of Business and Professions Code Section 4122, there shall be prominently posted in a place conspicuous to and readable by prescription drug consumers the following notice:~~

~~"NOTICE TO CONSUMERS"~~

~~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.~~

~~Before taking any prescription medicine, talk to your pharmacist; be sure you know:~~

~~What is the name of the medicine and what does it do?~~

~~How and when do I take it and for how long? What if I miss a dose?~~

~~What are the possible side effects and what should I do if they occur?~~

~~Will the new medicine work safely with other medicines and herbal supplements I am taking?~~

~~What foods, drinks or activities should I avoid while taking this medicine?~~

Ask your pharmacist if you have additional questions.

(g) In addition to the "NOTICE TO CONSUMERS" referred to in subdivision (f), every pharmacy subject to the provisions of Business and Professions Code §4122 shall prominently post in a place conspicuous to and readable by prescription drug consumers the following notice:

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 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!

Note: Authority cited: Sections 4005, 4076 and 4122, Business and Professions Code.

Reference: Sections ~~733~~, 4005, 4076 and 4122, Business and Professions Code.

Add § 1707.6. to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.6. Notice to Consumers.

(a) In every pharmacy there shall be prominently posted, in a place conspicuous to and readable by a prescription drug consumer, a notice containing the text in subdivision (b). Each pharmacy shall use the standardized poster-sized notice provided or made available by the board, unless the pharmacy has received prior approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval. As an alternative to a printed notice, the pharmacy may also or instead display the notice on a video screen located in a place conspicuous to and readable by prescription drug consumers, so long as: (1) The video screen is at least 24 inches, measured diagonally; (2) The pharmacy utilizes the video image notice provided by the board; (3) The text of the notice remains on the screen for a minimum of 60 seconds; and (4) No more than five minutes elapses between displays of any notice on the screen, as measured between the time that a one-screen notice or the final screen of a multi-screen notice ceases to display and the time that the first or only page of that notice re-displays. The pharmacy may seek approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval.

(b) The notice shall contain the following text:

NOTICE TO CONSUMERS

California law requires a pharmacist to speak with you every time you get a new prescription.

You have the right to ask for and receive from any pharmacy prescription drug labels in 12-point font.

Interpreter services are available to you upon request at no cost.

Before taking your medicine, be sure you know: the name of the medicine and what it does; how and when to take it, for how long, and what to do if you miss a dose; possible side effects and what you should do if they occur; whether the new medicine will work safely with other medicines or supplements; and what foods, drinks, or activities should be avoided while taking the medicine. Ask the pharmacist if you have any questions.

This pharmacy must provide any medicine or device legally prescribed for you, unless it is not covered by your insurance; you are unable to pay the cost of a copayment; or the pharmacist determines doing so would be against the law or potentially harmful to health. If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.

You may ask this pharmacy for information on drug pricing and use of generic drugs.

(c) Every pharmacy, in a place conspicuous to and readable by a prescription drug consumer, at or adjacent to each counter in the pharmacy where dangerous drugs are dispensed or furnished, shall post or provide a notice containing the following text:

Point to your language. Interpreter services will be provided to you upon request at no cost.

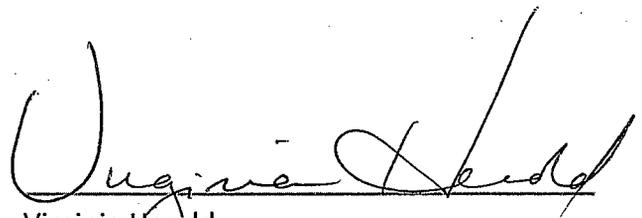
This text shall be repeated in at least the following languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese.

Each pharmacy shall use the standardized notice provided or made available by the board, unless the pharmacy has received prior approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval.

The pharmacy may post this notice in paper form or on a video screen if the posted notice or video screen is positioned so that a consumer can easily point to and touch the statement identifying the language in which he or she requests assistance. Otherwise, the notice shall be made available on a flyer or handout clearly visible from and kept within easy reach of each counter in the pharmacy where dangerous drugs are dispensed or furnished, available at all hours that the pharmacy is open. The flyer or handout shall be at least 8 1/2 inches by 11 inches.

Note: Authority cited: Sections 4005 and 4122, Business and Professions Code.

Reference: Sections 733, 4005, 4076.5 and 4122, Business and Professions Code.

A handwritten signature in black ink, appearing to read "Virginia Herold", written over a horizontal line.

Virginia Herold
Executive Officer
Board of Pharmacy

Title 16. Board of Pharmacy Proposed Language

To Amend § 1746 in Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1746. Emergency Contraception

(a) A pharmacist furnishing emergency contraception pursuant to Section ~~4052(a)(8)~~ 4052.3.(a)(2) 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.~~

(1) Authority: Section 4052.3(a)(2) of the California Business and Professions Code authorizes a pharmacist to furnish emergency contraception pursuant to a protocol approved by the California State Board of Pharmacy and the Medical Board of California. Use of the protocol specified in this section satisfies that requirement.

(2) Purpose: To provide timely 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~~ communicate 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~~ after unprotected intercourse. ~~EC effectiveness declines gradually over five days and EC use will not interfere with an established pregnancy.~~

EC use will not interfere with an established or implanted pregnancy.

If more than 72 hours have elapsed since unprotected intercourse, the use of ella™ (ulipristal) may be more effective than levonorgestrel. Other options for EC include consultation with your physician regarding insertion of an IUD.

(4) The pharmacist shall provide ~~the~~ a 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 required 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 ~~4052(b)(3)~~ 4052.3(e).

(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 containing estrogen. 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 medication record as required by law.

(10) Training: Prior to furnishing emergency contraception, pharmacists who participate in ~~the~~ 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.~~

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

Dedicated Emergency Contraception

Brand	Manufacturer	Tablets per Dose	Ethinyl Estradiol per Dose (mg)	Levonorgestrel per Dose (mg)**
One-Dose Regimen				
Plan-B	Women's Capital Corporation	2 tablets	0	1.5
Two-Dose Regimens				
Plan-B	Women's Capital Corporation	1 tablet per dose	0	0.75
Preven	Gynetics	2 tablets per dose	100	0.50
Oral Contraceptive Pills				
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

* The progestin in Ovral, Lo/Ovral, and Ovrette is norgestrel, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in each dose is twice the amount of levonorgestrel

(11) Medications Used for Emergency Contraception

<u>Dedicated Approved Products for Emergency Contraception</u>			
<u>Brand</u>	<u>Dose</u>	<u>Ethinyl Estradiol per dose (mcg)</u>	
<u>One Dose Regimen</u>			
<u>Plan B™ One-Step</u>	<u>1 tablet</u>	<u>0</u>	<u>1.5mg levonorgestrel</u>
<u>ella™</u>	<u>1 tablet</u>	<u>0</u>	<u>30mg ulipristal</u>
<u>Two Dose Regimen</u>			
<u>Next Choice™</u>	<u>1 tablet per dose</u>	<u>0</u>	<u>1.5mg levonorgestrel</u>
<u>Oral Contraceptive Pills</u>			
<u>Brand</u>	<u>Tablets per Dose (two doses 12 hours apart*)</u>	<u>Ethinyl Estradiol per dose (mcg)</u>	<u>Levonorgestrel per dose (mg)*</u>
<u>Allesse</u>	<u>5 pink tablets</u>	<u>100</u>	<u>0.50</u>
<u>Aviane</u>	<u>5 orange tablets</u>	<u>100</u>	<u>0.50</u>
<u>Levlen</u>	<u>4 light-orange tablets</u>	<u>120</u>	<u>0.60</u>
<u>Levlite</u>	<u>5 pink tablets</u>	<u>100</u>	<u>0.50</u>
<u>Levora</u>	<u>4 white tablets</u>	<u>120</u>	<u>0.60</u>
<u>Lo/Ovral</u>	<u>4 white tablets</u>	<u>120</u>	<u>0.50</u>
<u>Low-Ogestrel</u>	<u>4 white tablets</u>	<u>120</u>	<u>0.60</u>
<u>Nordette</u>	<u>4 light-orange tablets</u>	<u>120</u>	<u>0.60</u>
<u>Ogestrel</u>	<u>2 white tablets</u>	<u>100</u>	<u>0.50</u>
<u>Ovral</u>	<u>2 white tablets</u>	<u>100</u>	<u>0.50</u>
<u>Tri-Levlen</u>	<u>4 yellow tablets</u>	<u>100</u>	<u>0.50</u>
<u>Triphasil</u>	<u>4 yellow tablets</u>	<u>120</u>	<u>0.50</u>
<u>Trivora</u>	<u>4 pink tablets</u>	<u>120</u>	<u>0.50</u>
<u>Ovrette</u>	<u>20 yellow tablets</u>	<u>0</u>	<u>0.75</u>

*The progestin in Ovral, Lo/Ovral, and Ovrette is norgestrel, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in each dose is twice the amount of levonorgestrel.

In addition to the products specified in this paragraph, generic equivalent products may be furnished. Estrogen containing regimens are not preferred and should be used only when the other options are not available.

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

<u>Anti-Nausea Treatment Options For Use With Emergency Contraception</u>		
Drug	Dose	Timing of Administration
Non-prescription Drugs		
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 <u>EC</u> 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

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