1. FOR DISCUSSION: Future Board Forum on Elements of Quality Patient Consultation and Instruction of Patient Consultation by California’s Schools of Pharmacy

Attachment 1

It was discussed at past committee meetings and at the last two board meetings that requirements for patient consultation, which were adopted by the board in the early 1990s, have not been revised since.

The importance of patient consultation by a pharmacist has been discussed by the board and committee and all agree that consultations are still not being conducted as they should be, despite studies that have shown there is better patient adherence when consultations are provided.

The committee members discussed that consultation should include items of importance that aren’t always on the label, such as storage requirements and number of refills left; and should never be just a recitation of what is already printed on the label. The committee felt pharmacists are in a position to dispel bad information that patients might find on the internet, and since pharmacists are health care providers, pharmacists need to engage their patients.

It has been noted that pharmacists are not always encouraged by their employers to conduct proper consultations because of time constraints, even though two chain pharmacies received large fines for their pharmacists failing to consult. Nonetheless, pharmacists are legally obligated to provide consultations and the board will continue to enforce these requirements.

Past discussions have also included the need to determine how pharmacy schools are training students to conduct proper consultations.
At the October 2014 Board Meeting, the board stated its intent to hold a forum on patient consultation, which may coincide with the April 2015 Board Meeting.

A copy of 16 California Code of Regulations Section 1707.2 is included in Attachment 1.

2. FOR DISCUSSION AND POSSIBLE ACTION: Approaches to Use of Social Media by the Board of Pharmacy

Attachment 2

The Board of Pharmacy has not utilized social media to provide public outreach to consumers, licensees and the media. Robert Schmidt, Agency Information Officer and Director, Department of Food and Agriculture, Executive Office OITS, with the State of California, will present information on social media and state guidelines for agencies that utilize social media.

Attachment 2 contains a copy of Mr. Schmidt’s presentation and his biography.

3. FOR DISCUSSION: Translation Surveys Conducted by Board Inspectors

Attachment 3

From November 2014 through January 2015, board inspectors conducted informal surveys on the use of non-English language translations provided at pharmacies. The surveys were gathered during routine inspections of 89 pharmacies.

Inspectors asked if the pharmacies used the standardized directions for use in English on prescription labels as listed in 1707.5(a)(4). Forty-nine respondents said they were using those directions for use, and 39 said they were not. One respondent provided no answer.

Of the 49 pharmacists who said their facility was using the standardized directions for use, most said they used them 76% to 100% of the time.

Respondents shared a number of challenges and barriers that prevent them from utilizing the standardized directions for use. Seventy-seven of the 89 respondents said they don’t deviate from the prescribers directions. A number of the pharmacists said the board directions don’t apply to all prescriptions; many said their software doesn’t include the board’s standardized directions for use and that the label is too small to capture all of the information. Two pharmacists admitted to not knowing about the board’s standardized directions for use.
Pharmacists were also asked the source of the phrasing for directions for use on labels that their pharmacy provides. Some relied only on software vendors, some on the prescriber and many relied on both.

Sixty-one pharmacies responded that they provide translated directions for use and 23 said they do not. Of those that provide translations, the following languages were identified: Spanish (49), French (3), Vietnamese (4), Farsi (2), and one each for Korean, Armenian and Russian. Four pharmacies said they could provide many different languages via a third-party service.

Attachment 3 contains the survey results.

4. FOR INFORMATION: Board’s Sponsored AB 1073 (Ting) To Promote the Use of Translations on Prescription Container Labels

Since the implementation of the board’s standardized directions for use, the committee and the board have discussed the issue of providing translated directions for use on prescription labels. In January 2015, the board voted to sponsor legislation which would require pharmacists to provide written translations available from the board website or from their own choice of translator for the directions for use on the label when it is requested by a patient.

Assembly member Phil Ting (D-San Francisco) has agreed to author this board-sponsored legislation.

Attachment 4 contains a copy of the bill language that has been approved by both the board and board legal counsel.

5. FOR INFORMATION: Update on a Proposed Regulation to Require Pharmacies to Develop Written Procedures for Providing Written Language Translations

The board’s requirements for patient-centered prescription labels went into effect on January 1, 2011. In accordance with the board’s self-imposed mandate to reevaluate the requirements of its regulation, the board began to reassess the regulation.

Currently, a pharmacy must have policies and procedures in place to help patients with limited or no English proficiency understand the information on their prescription label in the patient’s language. Providing written translations has been a topic of consideration during the reevaluation of the requirements.

In January 2015, the board voted to approve a committee recommendation to modify subdivision (d) of Title 16 CCR section 1707.5 to require that, in addition to having policies
and procedures for interpretive services, the pharmacy must also have policies and procedures to provide (written) translation services in the patient’s language. The modified language approved by the board is as follows:

**Subdivision (d) of Title 16 CCR section 1707.5(d)**

1707.5 (d) The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient’s language. The pharmacy’s policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive and translation services in the patient's language. The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter.

6. **FOR INFORMATION: Update on the Redesign of the Board’s Website in 2015**

   **Attachment 5**

   Staff is working to convert the board website to the newer format for state agencies. A basic template is available, but everything must be customized for the Board of Pharmacy. It is estimated that the redesign will take a minimum of four to six months of IT staff time to complete. Staff expects to be able to provide a demonstration of the new website at the July board meeting. Currently, staff is working on the home page and five categories have been identified as top categories to organize the page. They are Licensees, Applicants, Consumers, Online Services, and About Us. There will also be a list of quick hits on the home page for the most popular items. Currently, the top places visited on the board website are the pharmacy law book, board meetings and publications.

   **Attachment 5** contains a screenshot of the draft home page of the redesigned website.

7. **FOR INFORMATION: Update on “The Script”**

   **Attachment 6**

   The Winter 2015 issue of “The Script” newsletter was posted on the board website last week and a subscriber alert went out. Story topics include new laws for 2015, licensing for third-party logistics providers, Medical Board revised pain management guidelines, drug diversion in hospitals, new regulations and disciplinary actions.

   The Winter 2015 Script is included in **Attachment 6**.
8. FOR INFORMATION: Update on Media Activity

The board’s executive officer and public information officer participated in the following media interviews and requests for information.

- **Bakersfield Fox News**, January 13, 2015: Kyle Harvey, medication errors
- **Modesto Bee**, January 15, 2015: Erin Tracy, pharmacy technician arrested for diversion
- **Auburn Journal**, January 16, 2015: Deleste Magda, unlimited needles
- **Fresno Bulletin**, Jan. 29, 2015: Mark Pratter, hydrocodone
- **Sacramento Bee**, Feb. 19, 2015: Margie Lundstrom, Dabney Pharmacy
- **CBS San Francisco**, February 23, 2015: Julie Watts, medication errors
- **CBS Sacramento** Call Curtis, March 3, 2015: Curtis Ming, medication errors
- **East County Californian**, March 6, 2015: Albert Fulcher, pharmacy on probation
- **L.A. Times**, March 10, 2015: David Lazarus, high cost of prescription medications

9. FOR INFORMATION: Public Outreach Activities And Key Meeting Participation

- January 21, 2015: Executive Officer Virigina Herold and Public Information Officer Joyia Emard participated in a Prescription Opioid Misuse and Overdose Prevention Workgroup meeting
- February 2, 2015: Ms. Herold gave a presentation on the efforts of the state opioid workgroup and a pharmacist’s corresponding responsibility to Keck pharmacy school students
- February 12, 2015: Ms. Herold presented information on corresponding responsibility, along with the DEA, at a continuing education program in San Diego
- February 19, 2015: Ms. Emard attended and participated in an Interagency Prevention Advisory Council (IPAC) meeting on prescription drug abuse
- February 27, 2015: Board Inspector Antony Ngondara participated in an Interagency Data Meeting of the Opioid Safety and Overdose Prevention Workgroup
- March 10, 2015: Ms. Herold gave a presentation on corresponding responsibility to Touro University pharmacy students
- March 19, 2015: Dr. Ngondara presented information on prescription drug abuse and naloxone furnishing at the Orange County Rx Coalition meeting for professionals who deal with prescription drug abuse
- March 20, 2015: Ms. Emard participated in the Prescription Opioid Misuse and Overdose Prevention Workgroup meeting

Upcoming
- April 1, 2015: Board staff to address California State University, Sacramento public health class on opioid abuse, the Board of Pharmacy and pharmacy issues
- April 17, 2015: Ms. Herold to present at a DEA community program on prescription drug
Abuse, held at California State University, Sacramento

- April 30, 2015: Board staff to address Downtown Los Angeles pharmacists on corresponding responsibility. Program will be conducted jointly with the L.A. City Attorney’s Office, L.A. Police Department and DEA.

10. FOR INFORMATION: Articles on Issues of Interest

Attachment 7 contains articles on issues of interest to the committee including stories on topics such as the safety of mailed prescriptions, medication errors, the high cost of prescription medications, the “drugging” of California’s foster youth, and the sale of tobacco products in pharmacies and stores that contain pharmacies.

11. Public Comment for Items Not on the Agenda, Matters for Future Meetings*

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a))
ATTACHMENT
1
1707.2 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: of his or her right to request consultation; and 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.
ATTACHMENT

2
Robert Schmidt Biography

Robert Schmidt is Agency Chief Information Officer and Director of Executive Office/IT Services for the California Department of Food & Agriculture (CDFA). Known as @ambassadorCIO, Robert was named by the Huffington Post in January 2015 as being the #7 most social CIO in the world and is professionally active on Twitter, LinkedIn, and CDFA’s blogs.

As a proven leader over a 22-year state IT career, he influences technology-related decisions and change across internal and external stakeholders statewide including 31 state departments, boards, and commissions. In Mr. Schmidt’s prior roles at the California Teachers Association and Franchise Tax Board, he developed a reputation as the “go-to-guy” for execution of large-scale, complex projects and programs including the state's IT Consolidation Program. His academic achievements are a true blend of business and technology. He earned a Master of Business Administration from California State University, Sacramento and Bachelor Degree in Computer Science from California State University, Chico. He is currently studying innovation and entrepreneurship at Stanford University’s Graduate School of Business.
Social Media in Government

Robert Schmidt, Director
Executive Office OITS &
Agency Information Officer
Social Media Revolution

http://www.youtube.com/watch?v=DYedZth9ArM
1. Rules of the Road
2. CDFA Case Study
3. California Social Media Examples
Rules of the Road
SOCIAL MEDIA EVOLUTION

1. One way - Websites
2. One to One - email
3. One to Many - Blogs, Wikis
4. Many to Many - Twitter, Facebook, etc.
SOCIAL MEDIA EVOLUTION

Takeaway # 1

Social Media Many to Many interactions need to be managed.

During and incident or Issue
• Requires quick response
  – Fact vs. Assumption

*If the communication is not current, someone will make it up for you
SOCIAL MEDIA STATE POLICIES


- The Social Media Standard (SIMM 66B) can be found at: http://www.cio.ca.gov/Government/IT_Policy/pdf/SIMM_66B.pdf
SOCIAL MEDIA STATE POLICIES

During and incident or Issue
• Requires quick response
  – Fact vs. Assumption

*If the communication is not current, someone will make it up for you
SOCIAL MEDIA STATE POLICIES

POLICY

Agency heads shall:

- Maximize the use of the government sections of social media sites.
- Ensure that managers and users with access to social media sites are trained regarding their roles and responsibilities.
- Assign the responsibility for management and monitoring of social media sites to the individual or entity responsible and authorized for outward-facing communications for the agency.
- The responsible individual or entity shall ensure compliance with the agency management requirements and the Social Media Standards included in SIMM Section 66B.

New or expanded use of social media by state agencies shall immediately comply with this policy. Agencies that have already established the use of social media but do not meet the requirements of this ITPL are required to comply by July 1, 2010.
2.0 GENERAL AGENCY MANAGEMENT REQUIREMENTS

Prior to authorizing and enabling Internet access to Social Media web sites, agency management shall conduct a formal risk assessment of the proposed connections utilizing agency Risk Management processes. The assessment shall, at a minimum, include the analysis of the risks (including risk mitigation strategies) involved in providing Users access to Social Media web sites including:

1. Employee productivity;
2. Network bandwidth requirements and impacts;
3. Reputational risk to personnel, the agency, and the State;
4. Potential avenue for exposure or leakage of sensitive or protected information such as copyrighted material, intellectual property, personally identifying information, etc; and
5. Potential avenue for malware introduction into the organization’s IT environment.
6. The potential use of “other than government” sections of Social Media web sites.

State agencies shall document this risk analysis and retain it for a minimum of two years.
SOCIAL MEDIA STATE STANDARDS

Social Media Standard – SIMM 66B

Users shall not speak in Social Media web sites or other on-line forums on behalf of an agency, unless specifically authorized by the agency head or the agency’s Public Information Office. Users may not speak on behalf of the State unless specifically authorized by the Governor.

Users who are authorized to speak on behalf of the agency or State shall identify themselves by: 1) Full Name; 2) Title; 3) Agency; and 4) Contact Information, when posting or exchanging information on Social Media forums, and shall address issues only within the scope of their specific authorization.

Users who are not authorized to speak on behalf of the agency or State shall clarify that the information is being presented on their own behalf and that it does not represent the position of the State or an agency.
SOCIAL MEDIA STATE STANDARDS

Takeaway #2
✓ Views are mine.
✓ Don’t endorse.
✓ Speak only to what your area of authorization is.

Robert Schmidt
@ambassadorcio
CIO California Department of Food and Agriculture. Study innovation
@StanfordBIZ. Delivering unprecedented results. Views are mine.
RTs not endorsement
SOCIAL MEDIA STATE STANDARDS

• Encourages using this powerful tool
• Many MOST agencies already use social media
• Consider Risks
How do we implement

Takeaway #3: Start at $0.00 cost

• People: Identify by use cases and roles
• Process: Plan by contacting other successful Department’s
• Technology: Only buy tools when you are ready
Case Study
CDFA Workforce
Disruptive Technologies

Social  Mobile  Analytics  Sensors
CDFA Social Media

Recognizing the global agriculture community is connected and engaged.

Growing California video series: Delta Delicacy

Planting Seeds
Food & Farming News from CDFA

Detection Dogs profiled on NBC Bay Area

Time for a water technology revolution through both hi-tech and low-tech innovations. #startup #cadrought #drought #iee

Reply to @ambassadorcio

Steve Shop @Fight_Bushfires - Jan 18
@ambassadorcio New topology lowers $ of H2O-efficient Intelligent Irrigation. Works with all protocols. bit.ly/MLrJQq RT?

Details

Steve Shop @Fight_Bushfires - Jan 18
@ambassadorcio Digital Pumping Hose System deliver water after emergency. Big co build if customer. RT? bit.ly/SjItsC

Details

Kevin Riley @Le_Consultric - Jan 19
@ambassadorcio Any suggestions on sources of capital for truly innovative water technology that can provide comprehensive solutions?

Details

Information Technology Supports the Business
CDFA Social Media

Recognizing the global agriculture community is connected and engaged.

Growing California Ag Videos
• Series of 35 videos
• Almond Futures 22,620 Views

Planting Seeds Blog
• 808 Blogs since June 2011
• 377 Views per day
• $0.00 Cost
Department Examples
LIVE WEBCASTS: The Board of Behavioral Sciences, the Dental Board, and the CA Board of Psychology are meeting today, watch them live! #DCAwebcasts
https://thedcapage.wordpress.com/webcasts/
Don't let ticks spoil your time in nature. Ticks can carry diseases such as Lyme disease. Be sure to cover up with long sleeved shirts and pants to reduce the chance of being bitten by a tick. Wear light-colored clothing so ticks can be easily seen, stay in the middle of the trail, avoiding the trail margin, brush and grass, and inspect yourself frequently for ticks while in tick habitats.

Watch the following video to learn how CDPH biologists conduct tick surveillance in California.

The Western Blacklegged Tick Surveillance and Identification

This video, produced for the United States Forest Service, vector control districts, environmental and public health departments, and the general public.

http://www.youtube.com/watch?v=V3Q5QyJ6YI

Did you know that arthritis commonly co-occurs with heart disease? 52% of California adults with heart disease also have arthritis. Getting 30 minutes of physical activity a day is good for your heart and joints. Learn more about the benefits of physical activity for people with arthritis:

http://www.cdc.gov/Arthritis/
State of California Franchise Tax Board
Government Organization

PEOPLE

2,888 likes

Invite your friends to like this Page

ABOUT

📍 PO Box 1456
Sacramento, California
📞 (800) 862-5711
⏰ Open Today 8:00am - 5:00pm
💡 Ask for State of California Franchise Tax Board's price range
🌐 http://www.ftb.ca.gov
✔️ Suggest Edits

State of California Franchise Tax Board
1 hr

Do you know you can contribute to many different funds via your tax form? Like the American Red Cross?

American Red Cross, California Chapters Fund - Individual Voluntary Contributions | California Franc

Individual Voluntary Contributions

FTB.CA.GOV

Like - Comment - Share - 1

State of California Franchise Tax Board
February 24 at 10:27am

Our Public Affair's Director and a coworker just landed in Ontario. Here's a shot of the snow covered mountains around Big Bear they snapped as they're taxiing to the terminal.
Elections and Voter Information | California Secretary of State

The Elections Division oversees all federal and state elections within California. In every statewide election, California prepares voter information pamphlets in ten languages — English, Spanish, Chinese, Hindi, Japanese, Khmer, Korean, Tagalog, Thai and Vietnamese — for nearly 15 million registered...
1 million are in. Are you?

Covered California
Government Organization
California Health Benefit Exchange was merged with this page.

Timeline  About  Photos  Likes  More

PEOPLE

208,301 likes

Sabrina Higby Archuleta, Carly Anderson Rockefeller and Don Chaddock like this.

 Invite your friends to like this Page

ABOUT

Official Covered California™ Facebook Quality, reliable health insurance for millions of Californians. Spanish: https://www.facebook.com/CoveredCAEspanol

http://www.coveredca.com/

ASSISTANTS

Suggest Edits

PHOTOS

Commenting Policy
#ThrowbackThursday! Women in a printing class at Central California Women's Facility, November 1991.

CCWF continues to offer numerous rehabilitative and vocational programs, including a dental laboratory, garment making, silk screening, auto body repair, computer technology, cosmetology and Joint Venture electronics, a public-private partnership electronics manufacturing program.

Learn more: [http://goo.gl/rrp7fX](http://goo.gl/rrp7fX).
California Corrections allows comments and has a very interactive Facebook page. They also have 22,822 Likes on their page.
Jerry Brown

Politician

164,211 likes

I wish every Californian a happy, healthy and prosperous Lunar New Year. Gung Hay Fat Choy!

Jerry Brown
February 18 at 10:51am

California stands firmly with @WhiteHouse. Further delay will not fix our broken immigration system: bit.ly/1EiH010

Jerry Brown
February 17 at 12:51pm

Office of Governor Edmund G. Brown Jr. - Newsroom

Governor Brown Issues Statement on Order to Halt Presidents Immigration Reform Executive Actions

GOV.CA.GOV | BY OFFICE OF THE GOVERNOR

Jerry Brown
February 6 at 2:20pm
Veterinary Medical Board on Twitter
Twitter Post

CAL FIRE Riverside
@CALFIRERRU

Electricity makes our lives easier, but we must remain cautious and always keep safety in mind. #rupiosafetymsg

Electrical Safety

Plugging a light switch, plugging in a coffeemaker. Charging a laptop computer. These are second nature for most of us. Electricity makes our lives easier. However, we need to be cautious and keep safety in mind.

SAFETY TIPS

1. Have all electrical work done by a qualified electrician.
2. When you're buying or remodeling a home, have it inspected by a qualified electrician.
3. Only plug one heat-producing appliance (such as a coffee maker, toaster, space heater, etc.) into a receptacle outlet at a time.
4. Major appliances (refrigerators, dryers, washers, stoves, air conditioners, etc.) should be plugged directly into a wall receptacle outlet. Extension cords and plug strips should not be used.
5. Arc fault circuit interrupters (AFCIs) are a kind of circuit breaker that shuts off electricity when a dangerous condition occurs. Consider having them installed in your home. Use a qualified electrician.

IMPORTANT REMINDER

Call a qualified electrician or your landlord if you have:
• A burning or smoking wall outlet or switch
• A burning or smoking wall outlet or switch
• A burning or smoking wall outlet or switch
• A burning or smoking wall outlet or switch
• A burning or smoking wall outlet or switch
• Sparks or a click from an outlet.
Medical Board of CA
@MedBoardOfCA

Are you interested in serving on the Midwifery Advisory Council? mbc.ca.gov/News/2015/02/M...

A video tutorial for the Medical Board of California license application is here: youtube.com/watch?v=sjHEB...
CA Contractors Board @CSLB · Jan 28
The stability of the state while staying on the cutting edge of technology @CSLB needs a Staff Programmer Analyst goo.gl/5UgOxs

CA Contractors Board @CSLB · Jan 23
CSLB now offers a new C-22 Asbestos Abatement contractor license. A full description is on CSLB’s website goo.gl/QWtZrR.

CA Contractors Board @CSLB · Jan 13
Congrats to newly appointed CSLB Registrar Cindi Christenson! goo.gl/bGfcPj @CSLB @DCAnews @NCEES
Jerry Brown @JerryBrownGov

On Facebook at: facebook.com/jerrybrown

California · jerrybrown.org

Jerry Brown @JerryBrownGov · Feb 24
I welcome the next leader of the CA Senate Republican Caucus, @JeanFuller.
Looking forward to getting things done.

Details

Jerry Brown @JerryBrownGov · Feb 20
This costly port dispute has hurt many people. I’m glad it’s finally over.

Details
“‘If you’re not social now, the question is not if you’re going to be, but when. You have to make tech that meets the needs of the people.’
– 2015 CIO Academy Social Media Panel
Sources and Contacts:

• Sources:
  • CDFA Website: http://www.cdfa.ca.gov
  • Planting Seeds Blog: http://plantingseedsblog.cdfa.ca.gov
• Contact:
  • E-mail: robert.schmidt@cdfa.ca.gov
ATTACHMENT

3
Results
Survey of Pharmacies

Translation Services Available in Pharmacies

Number of surveys: 89

1. Does this pharmacy use the standardized directions for use in English on prescription labels listed in 1707.5(a)(4)?
   Yes: 49
   No: 39
   No answer: 1

2. Of those using, how often?
   Less than 25% of the time: 12
   26% - 50% of the time: 7
   51% - 75% of the time: 9
   76% - 100% of the time: 18
   No answer: 3

3. What challenges or barriers prevent you from using the standardized directions on the labels?
   Examples of responses:
   - Directions for use are indicated by the prescriber, won’t deviate from those: 77
     - Pharmacist would have to call the prescriber, which may delay treatment
     - Insurance audits may require prescriber’s exact language to be used
     - Prescribers directions are not standardized and vary
   - The directions don’t apply: 5
   - Software used doesn’t include them: 4
   - Space available/size of the label: 6
   - Pediatric directions
   - System does not calculate day supply if standardized directions are used
   - TCH doing majority of prescription typing
   - Software short codes are normally used, and the standardized directions for use do not conform to short codes
   - Doesn’t apply: closed door pharmacy, inpatient hospital pharmacy, closed door home infusion, fills for skilled nursing facility, veterinary prescriptions
   - Not Familiar with 1705: 2
4. **What is your source for the phrasing for directions for use on the labels?**
   - Software vendors: 56
   - Prescriber: 68
   - Other:
     - Customized by staff: 9
     - Board website: 1

5. **Do you provide translations of directions for use?**
   - Yes: 61
   - No: 23
   - N/A: 5

6. **If so, in what languages?**
   - Spanish: 49
   - Many: 4
   - French: 3
   - Vietnamese: 4
   - Farsi: 2
   - Korean: 1
   - Armenian: 1
   - Russian: 1

7. **How do you translate?**
   - Pharmacy Staff: 33
   - Online software: 52
   - Translated directions for use from the board website: 2
   - Telephone: 2
ATTACHMENT

4
Business and Professions Code Section 4076.55 - Standardized Directions for Use and Translations of Directions for Use on Labels

(a) For all dangerous drugs dispensed to patients in California, whenever possible when applicable, a dispenser shall use a standardized direction for use on the label of the prescription container from the list that appears in California Code of Regulations, Title 16, section 1707.5(a).

(b) The board shall make available translations of the standardized directions for use that are listed in California Code of Regulations, Title 16, section 1707.5(a) in at least the five languages other than English most frequently spoken non-English languages in California. These translations shall be approved by state-certified translators. These translated standardized directions for use shall be posted on the board’s website.

(c) Upon the request of a patient, a dispenser may select the appropriate translated standardized direction for use from those established in subdivision (b) and append it to the label on the patient’s prescription container or provide a supplemental document. Whenever a translated direction for use appears on a prescription container label, the English version of this direction must also appear on the label. The translated direction for use shall appear in the patient-centered area of the label pursuant to California Code of Regulations, Title 16, section 1707.5(a). The English version must appear in other areas of the label outside this patient-centered area.

(d) A dispenser shall not be liable for any error that results from a dispenser’s inability to understand the non-English language translation made available under subdivision (b), unless gross negligence has been committed by the dispenser. Move section (d) to the Civil Code.

(e) A dispenser may provide his or her own translated directions as an alternative to the process identified in this section. The translated directions for use shall appear in the patient-centered area of the label pursuant to California Code of Regulations, Title 16, section 1707.5(a) or a supplemental document. The English version must appear in other areas of the label outside this patient-centered area.

Civil Code Section 1714.20
(d) A dispenser who complies with Business and Professions Code Section 4076.55 shall not be liable for any error that results from a dispenser’s inability to understand the non-English language translation made available under subdivision (b), unless gross negligence has been committed by the dispenser.
ATTACHMENT

5

ATTACHMENT

6
Changes in Pharmacy Law

The Senate and Assembly bills listed in this article were enacted in 2014 and unless otherwise specified took effect on January 1, 2015. The new and amended Business and Professions Code (B&PC), Health and Safety Code (H&SC), and Civil Code laws are paraphrased or summarized below. For pertinent information that is not included in the summaries you are strongly urged to review the changes to the laws at http://www.pharmacy.ca.gov/laws_regs/new_laws.pdf.


Temporary Licensure For Military Spouses
AB 186 (Maienschein), Chapter 640, Statutes of 2014
B&PC Adds section 115.6 to establish a temporary licensure process for an applicant who holds a current, active, and unrestricted license in another jurisdiction, and who supplies satisfactory evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The temporary license would expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board.

Prescription Drug Collection and Distribution Program
AB 467 (Stone), Chapter 10, Statutes of 2014
B&PC Adds section 4046 and Article 11.5 to permit the board to annually license a surplus medication collection and distribution intermediary for the donation of medications to or transfer of medications between participating entities under the unused medication repository and distribution program established in the Health and Safety Code. The law prohibits the intermediary from taking possession, custody, or control of dangerous drugs and devices, but authorizes the intermediary to charge specified fees for the reasonable costs of the support and services provided. The law requires a surplus medication collection and distribution intermediary to keep and maintain for three years complete records for which the intermediary facilitated the donation of medications to or transfer of medications between participating entities. The law also exempts a surplus medication collection and distribution intermediary from criminal or civil liability for injury caused when facilitating the donation of medications to or transfer of medications in compliance with these provisions.

Naloxone
AB 1535, (Bloom), Chapter 326, Statutes of 2014
B&PC Adds section 4052.01 to authorize a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the Board of Pharmacy and the Medical Board of California. The law requires the pharmacist to provide a consultation to the patient’s primary care provider of drugs or devices furnished to the patient. The law prohibits a pharmacist furnishing naloxone hydrochloride from allowing the person to whom the drug is furnished to waive the consultation. The law requires a pharmacist to complete a training program on the use of opioid antagonists prior to performing this procedure. The Board of Pharmacy is directed to adopt emergency regulations to establish the standardized procedures or protocols immediately (upon filing with the Office of Administrative Law).

Incarceration
AB 1702 (Maienschein), Chapter 410, Statutes of 2014
B&PC Adds section 480.5 to provide that an individual who has satisfied any of the requirements needed to obtain a license while incarcerated, who applies for that license upon release from incarceration, and who is otherwise eligible for the license shall not be subject to a delay in processing the application or a denial of the license solely on the basis that some or all of the licensure requirements were completed while the individual was incarcerated.

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

Board Growth
Will Benefit Patient Care

New legislation that was enacted in 2013 and 2014 has spurred a period of tremendous growth for the Board of Pharmacy. This growth will benefit patient care.

One of the new laws expands requirements for sterile compounding licensure. The other will bring pharmacists to the forefront of serving patients with the creation of regulations for advanced practice pharmacist licensure and for pharmacists performing other patient care functions.

Implementation of these new laws has been a top priority for the board.

Sterile Compounding

Changes to sterile compounding licensure went into effect on July 1, 2014. The revised law requires board inspection for licensing or annual renewal of sterile compounding pharmacies. From January to June 2014, these inspections of hospital and community pharmacies that perform sterile compounding were conducted using only existing staff.

After July 1, the board was able to hire additional inspectors to handle ongoing, annual inspections of both in-state and out-of-state sterile compounding pharmacies. Support staff positions were also added.

Many sterile compounding facilities required re-inspections or required the inspection of multiple locations within a facility prior to licensure or renewal. In all, the board conducted approximately 1,394 sterile compounding inspections in 2014 and 851 sterile compounding licenses were issued or renewed.

The inspections resulted in 1,746 violations found in 690 facilities. The top violations included lack of completion of a compounding self-assessment, insufficient or nonexistent policies and procedures, substandard equipment and inadequate compounding attire. There were also issues with lack of training, quality assurance, facilities, general compounding quality assurance and process validations.

SB 493 Implementation

The SB 493 Implementation Committee met four times in 2014 and again on February 25, 2015, in Los Angeles.

The committee’s goal is to develop parameters for SB 493’s implementation. This included creating the first requirements for licensure for advanced practice pharmacists (APP) and protocols for furnishing hormonal contraception and nicotine replacement products. The committee also developed a protocol to implement AB 1535 (Bloom, Chapter 326, Statutes of 2014) authorizing pharmacists to provide naloxone hydrochloride to prevent opioid overdose deaths.

The first phase of APP registration qualifications was approved by the board at its January 2015 meeting. The board recognized accredited qualifying routes to APP licensure and a $300 licensing fee was approved. Board staff will soon be noticing this language for a 45-day public comment period to initiate the rulemaking process needed to adopt regulations.

In January 2015, the Board of Pharmacy and Medical Board approved three protocols developed by the committee for pharmacists furnishing nicotine replacement products, for pharmacists furnishing hormonal contraception and for pharmacists to provide naloxone.

The first two protocols will soon be noticed for public comment as part of the regulation adoption process. The naloxone protocol will be adopted as an emergency regulation in accordance with provisions in the enacting legislation. The protocol is expected to go into effect in March 2015 upon filing with the Office of Administrative Law and a subscriber alert will go out to notify pharmacists.

The board will then take the steps required to formally adopt the regulation through the normal adoption process. Emergency rulemaking allows for the immediate implementation of a regulation and provides a 180-day period to formally adopt the regulation.

The SB 493 Implementation Committee plans to meet at least every other month until the remaining work projects are completed, which is expected to be July 2015.

Prescription Drug Abuse Prevention

Prescription drug abuse has risen to epidemic proportions and become a public health crisis. The abuse of prescription opioids has also fueled a heroin epidemic as abusers turn to the much cheaper street drug.

In response, the California Department of Public Health created an inter-agency work group devoted to reducing opioid abuse, overdose and

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death. The Board of Pharmacy has two members who serve on the work group.

The work group’s purpose is to expand prevention strategies to decrease levels of opioid misuse, overdose and death. The secondary goal is to explore opportunities to improve collaboration and expand joint efforts among state agencies working to address this epidemic. Efforts center around providing education, collecting and sharing data and creating policy changes.

The work group has rallied around the Medical Board’s recently revised pain management guidelines with efforts to first inform stakeholders and then consumers. See related story on page 5.

Pharmacists play an important role in reducing prescription opioid abuse. They are the last line of defense in health care and must exercise corresponding responsibility in the dispensing of opioids. The board strongly encourages pharmacists to register in and access CURES for opioid prescriptions. Pharmacists should also heed the red flags that signal that a prescription could be for abuse. See related story on page 17.

Remember that all pharmacists must be licensed in CURES by January 1, 2016. See the story on page 8 on how to register in CURES.

The board has helped educate pharmacists by holding one-day programs throughout the state with other agencies, such as the DEA and Department of Justice. During the classes, attendees learn about the issue of opioid abuse and the role pharmacists have in preventing abuse and misuse. More presentations will be scheduled for 2015.

New Licenses Required For Third-Party Logistics Providers (3PLs)

Companies that do not own, but receive, store, select and ship prescription drugs and prescription devices into or within California need to obtain a third-party logistics provider (3PL) license immediately with the California State Board of Pharmacy.

Federal legislation enacted in November 2013 directed that 3PLs must be regulated as a separate class and not as a drug wholesaler.

Assembly Bill 2605 (Bonilla) establishes licensure requirements for 3PLs and became effective January 1, 2015. Third-party logistics providers that were previously licensed by the board as wholesalers need to reapply for licensure as 3PLs.

The primary difference between a 3PL and a wholesaler is that a 3PL does not own the products they acquire, store and select for shipment, while a wholesaler often does. However, the essential functions they provide – storage, receiving and shipping – are largely identical.

Some wholesalers may be required to have both licenses if they distribute products they own, as well as products owned by manufacturers.

AB 2605 established a licensure program for resident and non-resident 3PLs that contains provisions similar to those for drug wholesalers.

California’s new law:

- Creates a new licensure class of 3PLs and nonresident 3PLs for those businesses that do not own, but receive, store and ship prescription drugs and prescription devices;
- Creates a new licensure class of “designated representative-3PL” for individuals who work in the 3PLs and possess the knowledge and experience necessary to be responsible for the quality of stored and shipped prescription items on a 3PL premises; and
- Creates a new qualifying category of licensure for a responsible manager called “designated representative-3PL,” who acts as the facility manager and representative in charge of the 3PL.

Wholesalers who fit the requirements to be a 3PL need to work with the board to achieve compliance and become properly licensed.

To view the legislation, go to:
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml

For a 3PL application, go to: http://www.pharmacy.ca.gov/applicants/index.shtml

For more information, call the Board of Pharmacy at (916) 574-7900.
Private Pilots Killed in Crashes are Increasingly Using Over-The-Counter and Prescription Drugs

Pharmacists encouraged to counsel all patients, especially pilots, on the dangers of potentially impairing drugs

The National Transportation Safety Board (NTSB) announced there is a growing trend in private pilots using potentially impairing drugs that could contribute to crashes.

NTSB recently analyzed toxicology tests from 6,677 pilots who died in 6,597 aviation accidents from 1990 to 2012. The study found a significant increase in pilots’ use of all drugs, including over-the-counter, prescription and illicit drugs that could cause impairment.

The study found that 96 percent of the pilots were flying privately rather than for commercial purposes, 98 percent were male and their average age increased from 46 to 57 years during the study period. The proportion of pilot fatalities testing positive for at least one drug increased from 10 percent to 40 percent during the study period.

During the 2008-2012, more than 20 percent of the pilots killed in crashes tested positive for potentially impairing drugs and six percent were positive for more than one of those drugs.

Overall, the study showed the most common potentially impairing drug pilots used was diphenhydramine, a sedating antihistamine – the active ingredient in many Benadryl and Unisom products. During the latter five years of the study, eight percent of all pilots killed tested positive for controlled substances. Hydrocodone and diazepam together accounted for 40 percent of those positive findings.

The NTSB said the large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. While aviation is the only transportation mode that routinely conducts toxicology tests on fatally injured operators, NTSB said the study and the general increase in drug use among the general population indicates a similar trend of drug use among operators of all forms of transportation.

The proportion of pilot fatalities testing positive for at least one drug increased from 10 percent to 40 percent during the study period.

NTSB said the study results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients operate a vehicle in any mode of transportation.

As of July 1, 2014, pharmacists have been required to add a warning label to prescriptions to notify patients that a drug – when used by itself or when combined with alcohol – may impair a person’s ability to operate a vehicle or vessel, which would include an airplane.

AB 1136 amended B&PC section 4074 to require a pharmacist to exercise his/her professional judgment to make this determination and include a written ancillary label on the prescription container indicating that the drug may impair a person’s ability to operate a vehicle or vessel.

The list of drug classes that warrant this warning are in 16 California Code of Regulations, section 1744.

Additionally, the board expects that pharmacists will continue to exercise professional judgment to ensure appropriate patient counseling and notification for any drug that would pose such a risk.
Medical Board of California Revises Guidelines for Prescribing Controlled Substances for Pain

The Medical Board of California has adopted revised Guidelines for Prescribing Controlled Substances for Pain. These guidelines were approved by the Medical Board at its quarterly meeting in October 2014.

In updating its guidelines, the Medical Board states that it:

- Recognizes that the inappropriate prescribing of controlled substances, including opioids, is a consumer protection issue and the matter is taken very seriously.

- Is aware that some physicians do not appropriately prescribe controlled substances due to a lack of knowledge and available resources.

The revised guidelines will provide physicians with guidance, useful tools and links to beneficial information as they prescribe controlled substances for pain. The guidelines will also assist and educate physicians by helping them understand pain and the various treatment considerations for differing patient populations or scenarios. The Medical Board pain guidelines will help improve the outcomes of patient care and will help to prevent overdose deaths and injury due to opioid use.

The Medical Board notes that these guidelines are not intended to mandate the standard of care, but to assist and guide physicians by educating them and providing resources to assist them as they prescribe controlled substances for pain.

The revised guidelines are available on the Medical Board’s website at www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf

Include National Provider Identifier for Medicare or Medi-Cal Claims
Pharmacists should encourage providers not enrolled to submit an application

The Department of Health Care Services (DHCS) has reiterated its request that the Board of Pharmacy provide information to pharmacies on including a valid provider National Provider Identifier (NPI).

Following the implementation of the Affordable Care Act, licensed health care practitioners were required to enroll in Medicare or Medi-Cal for the sole purpose of ordering, referring, or prescribing medications, goods or services for Medi-Cal members.

Billing providers, such as pharmacies, must include a NPI for the provider who ordered, referred, or prescribed the goods or service when submitting a claim. There is currently a grace period in place to allow providers time to enroll. However, once this requirement is fully implemented, claims that do not include the NPI of an enrolled ordering, referring, or prescribing provider will be denied.

Pharmacy providers should be aware of this requirement and should encourage any provider not already enrolled with Medicare or Medi-Cal to submit an application for enrollment as soon as possible.

Below please find links to: information regarding this requirement, the enrollment application, provider bulletins and the application for an ordering, referring, prescribing (ORP) provider.

Links to Provider Bulletins:
http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_June2014_22666.pdf

Link to ORP Application:
Drug Diversion:
A Growing Patient Safety Risk in Hospitals

Health care facilities must take action to prevent and protect against it

Drug diversion by health care personnel is compromising patient safety, according to Dr. Joseph Perz, from the Division of Healthcare Quality Promotion at the Center for Disease Control and Prevention (CDCP). Dr. Perz spoke on the topic at a recent Board of Pharmacy meeting.

**Documented infection outbreaks**

Dr. Perz identified significant U.S. public health outbreaks caused by health care worker diversion. He said from 2003 to 2013 there were at least six documented outbreaks, two gram-negative bacteremia and four outbreaks of Hepatitis C transmitted by an HCV-infected health care worker. He said 25,000 patients were at risk of infection.

A Mayo Foundation for Medical Education and Research special article, stated that in these cases injectable opioids were stolen and resulted in bloodstream infections in innocent patients. According to the article, the gram-negative bacteremia outbreak caused sepsis in 34 patients and several of them died. The hepatitis C virus (HCV) infected 84 patients with the identical strain of the virus carried by the diverters.

Dr. Perz said health care worker diversion compromises patient safety because patients receive inadequate pain management and are exposed to substandard care from an impaired provider and are exposed to life-threatening infections.

He said health care personnel may divert using false documentation, such as a medication dose not actually administered to the patient and instead saved for use by the provider. It can also involve scavenging wasted medication such as the removal of residual medication from used syringes. The most dangerous method has been theft by tampering where the medication has been removed from the container or syringe and replaced with saline or other similarly appearing solution that is then administered to patients.

Dr. Perz said there must be an appropriate response by health care facilities when diversion is found. This includes assessment of patient harm; consultation with public health officials when tampering with injectable medication is suspected; and prompt reporting to law enforcement agencies and the Board of Pharmacy.

He said the CDCP believes that all health care facilities should have systems in place to deter diversion, promptly identify it and intervene. He said such systems require close cooperation between hospital departments.

He said all health care workers must be vigilant for signs of diversion and facilities must properly train their investigators. He said hospitals should have clear policies and procedures in place for dealing with investigations and for managing the possible outcomes of a confirmed diversion.

The Board of Pharmacy considers employee diversion a very serious matter and expects hospital pharmacies to work with their facility to ensure patient safety and prompt reporting of suspected diversion.

**Elements of a health care facility diversion program**

- Policies to prevent, detect, and properly report diversion
- A method of observing processes and auditing drug transaction data for diversion
- Prompt attention to suspicious audit results
- A collaborative relationship with public health and regulatory officials and
- Diversion education for all staff.

According to New, there are no reliable statistics about healthcare provider diversion because it is done covertly, and at many institutions cases go undetected or unreported. She said diversion happens at all institutions and because diversion can’t be stopped entirely, facilities must prevent it, identify cases quickly and respond appropriately.

**Diversion Detection**

According to Dr. Perz, diverted medications must be identified and if they were injectable then the method of diversion must be found to see if the theft involved substitutions or other tampering. The blood-borne pathogen status of the implicated health care worker must also be determined.

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Rite Aid Pharmacy Pays $500,000 for Failing to Consult with Patients

The California State Board of Pharmacy reached a settlement agreement with Rite Aid pharmacy chain for $498,250 in a consumer protection lawsuit for the failure of its pharmacists to consult with patients on new or changed prescriptions.

The judgment, rendered in San Diego Superior Court in June 2014, was a result of a joint action by the Board of Pharmacy, San Diego County District Attorney Consumer Protection Unit and Riverside and Alameda County District Attorney offices.

The civil complaint, filed under the state’s unfair competition laws, alleges that Rite Aid pharmacists throughout the state frequently failed to comply fully with state rules requiring personal pharmacist consultations when prescription drug patients receive new prescriptions or new dosages of existing prescriptions.

Stan Weisser, Board of Pharmacy president, said the patient consultation rules are in place to ensure patients optimally understand how to take their medications. He said consultation also serves as a double-check to ensure everything about the medication is correct for the patient.

Weisser said studies have found that 46 percent of patients misunderstand one or more instruction on prescription labels.

“It’s important that patients understand the proper use of their medications. A pharmacist obtains four years of post-graduate, specialized education in pharmacy and is the last health care professional a patient typically sees before initiating drug therapy. A consultation helps minimize or avoid medication errors, screens for drug interactions and ensures better compliance with therapy,” Weisser said.

California’s Pharmacy Law regulation 1707.2, enforced by the Board of Pharmacy, requires that a pharmacist must provide oral consultation on all new prescriptions not previously dispensed to a patient whenever the dosage, strength or written instructions change or upon request.

Defendant Thrifty Payless, Inc., a California corporation, is the wholly-owned subsidiary of Pennsylvania-based Rite Aid Corporation, a Delaware corporation. Thrifty Payless, Inc., owns and operates the 582 California Rite Aid-branded pharmacies on behalf of the Rite Aid Corporation.

The district attorney offices in San Diego, Alameda and Riverside counties worked with the Board of Pharmacy in undercover investigations of the consultation practices of a number of the major pharmacy chains in the state. The Rite Aid enforcement action is just one of several anticipated as a result of that investigation. In December 2013 as part of the same investigation, CVS Pharmacy chain was fined $658,500 for its failure to provide consultation.

The Board of Pharmacy provided the district attorneys with copies of 10 citations it had issued to Rite Aid between March 2008 and September 2012 showing an ongoing pattern of violations of the pharmacist consultation requirement.

Then, undercover investigations by the district attorneys in 2011 and 2012 in San Diego, Riverside and Alameda counties found in 28 undercover purchases a significant pattern of failures where pharmacies did not offer or provide the required consultations or improper personnel offered consultations.

In 2011, the Board of Pharmacy brought to the three District Attorneys’ Offices the problem of health risks to California pharmacy customers when pharmacists fail to properly provide needed personal consultation to prescription drug customers. Uninformed or improper use of prescription drugs harms an estimated 150,000 Californians each year and contributes to an estimated $1.7 billion in economic losses throughout the state.

Under the terms of the judgment, which was entered without admission of liability, Rite Aid is permanently enjoined to comply properly with California’s standards for patient consultations and must fully implement an internal compliance program. Prosecutors said Rite Aid and its counsel worked cooperatively to promptly resolve the matter and to implement the new compliance procedures.

In the stipulated final judgment, Rite Aid also agreed to pay agency investigative costs of $78,250 and civil penalties totaling $420,000.

Out of the judgment, the three district attorney offices each received $18,500 for the cost of the investigation, plus $147,000 each in civil penalties. The Board of Pharmacy received $18,500 for investigation costs and the Consumer Protection Prosecution Trust Fund received $4,250.

The stipulated final judgment was signed by San Diego Superior Court Judge Joel R. Wohlfeil on June 27, 2014.
Sign up for CURES
Board of Pharmacy now taking CURES registration materials

The California State Board of Pharmacy wants to help pharmacists register to access CURES and has created a procedure to do just that.

CURES is California’s prescription drug monitoring program for controlled substances and is operated under the California Department of Justice. Effective January 1, 2016, all California licensed pharmacists must be registered to access CURES (as required by section 209 of the California Business and Professions Code).

To aid pharmacists and the California Department of Justice in meeting this deadline, the board is offering to assist in the registration of pharmacists. The information below advises pharmacists on how to register in CURES in order to access patient activity reports.

There are now three ways for pharmacists to register for CURES.

1. **Via the Board of Pharmacy**

   **STEP 1. PREREGISTRATION:** To start the process, go to oag.ca.gov/cures-pdmp. Click on PDMP registration on the right hand side of the page.
   
   Select “pharmacist,” then:
   1. Complete the online application form
   2. Print out the completed form, then sign and date it
   3. Attach a copy of:
      - Your CA pharmacist license
      - DEA controlled substances registration (if you possess one)
      - Driver’s license or other photo government identification

   **STEP 2.** Personally hand the completed application package to a board inspector or personally bring the completed packet to the Board of Pharmacy office in Sacramento, at 1625 N. Market Blvd., Suite N-219.

   **STEP 3.** A CONFIRMATION from the DOJ takes the form of a link to the password establishment routine. Once registrants complete that step, they have access to the system.

2. **Pharmacists can go online to oag.ca.gov/cures-pdmp** and complete and mail to the DOJ a notarized packet. Instructions are online at this website.

3. **Group Registration by the Department of Justice**

   The DOJ CURES Program offers outreach registration to interested prescriber and pharmacist groups.

   If a site can present at least 20 prescribers or pharmacists who have completed registration applications in hand – including the completed, downloadable application form; pertinent California professional license; DEA Controlled Substance Certificate (if there is one); and a driver’s license or government photo identification – then CURES staff will personally attend and accept the application packages at the site in place of the mail-in process that requires a notary to authenticate the identity of the applicant and required documentation.

   Registration applications are available at oag.ca.gov/cures-pdmp.

   CURES outreach staff will also provide a short CURES briefing to the group.

   To arrange for a sign-up event, contact Mike Small at (916) 227-3324 or mike.small@doj.ca.gov; or Tina Farales (916) 227-3436 or tina.farales@doj.ca.gov.

**NOTE THE FOLLOWING**

If you do not have a pharmacy DEA number, you do not need to provide one. CURES passwords MUST BE renewed every six weeks.

Check your SPAM filter if you do not receive a confirmation after submitting your application form.

After receiving your confirmation email, you must reply within 72 hours.

If you forget your password, use the CAPTCHA function described at the end of the application. Some pharmacists simply renew their passwords on the first of each month. While you CAN use the same password every time, you need to re-fresh/re-new before the password expires.

Keep a copy (screenshot) of your original responses to the security questions before submission. If your password expires, it can be difficult to reset if you did not save all the questions you answered on the original application – which must be entered exactly as you initially entered them – including capitalization and spacing.
Clarifying what constitutes an “emergency” for Schedule II prescriptions

Following the October 2014 reclassification under federal law of hydrocodone combination products (HCPs) such as Vicodin and Norco from federal Schedule III to federal Schedule II, some dentists report pharmacies are refusing to fill emergency prescriptions telephoned in for HCPs, under circumstances where they may traditionally have been accepted. This article is intended to clarify the state of the law with regard to such HCPs.

Under both federal and California law, where applicable, the requirements for Schedule II drugs specify that prescribers may only telephone in prescriptions for Schedule II drugs in very limited emergency situations. To ensure a patient’s need for pain medication is met appropriately, dentists should understand the limitations on oral prescriptions for a Schedule II drug.

With their October reclassification, HCPs are now Schedule II drugs under federal law, subject to the requirements and limitations made applicable to Schedule II drugs by federal law. Among these are provisions applicable to emergency prescriptions, including 21 CFR § 290.10, and 21 CFR § 1306.11(d). HCPs remain Schedule III drugs under California law. However, because of the detailed requirements and limitations applicable to Schedule II drugs under federal law, for most intents and purposes federal Schedule II requirements subsume state law exceptions.

For instance, with regard to emergency prescriptions, 21 CFR § 290.10 limits its definition of an “emergency situation” authorizing the issuance of an oral prescription for a Schedule II, to those situations in which the prescriber determines

(a) that immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user,

(b) that no appropriate alternative treatment is available, including administration of a non-Schedule II drug, and

(c) that it is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the dispenser, prior to dispensing.

There are further limitations stated under 21 CFR § 1306.11(d), which permits a pharmacist to dispense a Schedule II drug based on an oral authorization from a prescriber only when

(1) the quantity prescribed and dispensed is limited to an amount adequate to treat the patient during the emergency period (any dispensing beyond the emergency period amount must be done pursuant to a paper or electronic prescription signed by the prescriber),

(2) the prescription is immediately reduced to writing by the pharmacist and contains all the information required by 21 CFR § 1306.05 (including date of issue, full name and address of the patient, drug name, strength, dosage form, quantity prescribed, directions for use, and name and address and registration number of the prescriber), except of course the signature of the prescriber,

(3) the prescriber is either already known to the pharmacist or the pharmacist makes a reasonable effort to determine that the oral authorization came from an authorized prescriber, which may include calling back the prescriber or other efforts to verify identity, and

(4) within 7 days after authorizing an emergency oral prescription, the prescriber delivers (or mails) a paper or electronic prescription for the emergency quantity prescribed to the dispensing pharmacist which, in addition to conforming to the requirements of 21 CFR § 1306.05, must have written on its face “Authorization for Emergency Dispensing” and the date of the oral order; the pharmacist must then attach the paper prescription to the oral emergency prescription that had earlier been reduced to writing or, if an electronic follow-up prescription, annotate the record of the electronic prescription with the original authorization and date of the oral order.

The pharmacist must notify the Drug Enforcement Administration (DEA) if the prescriber fails to timely deliver the paper or electronic prescription, and failure by the pharmacist to do so voids the authority to issue emergency oral prescriptions (that is, renders the prescription invalid).

In addition, central fill pharmacies are not permitted to dispense emergency oral prescriptions.

California law on emergency dispensing for those drugs that are Schedule II under state law (for instance, Oxycontin, but not HCPs, which remain Schedule III under California law) is similar to the federal requirements, and dentists should also be aware of the emergency dispensing limits that apply under state law.

For instance, California Health and Safety Code section 11167 defines an emergency justifying dispensing pursuant to an emergency oral prescription for a Schedule II drug only … “where failure to issue a prescription may result in loss of life or intense suffering, …”

With the increasing scrutiny on opioid abuse, the pharmacy profession, which is regulated by the California Board of Pharmacy, has been charged with enforcing its responsibility to reduce the use of addictive substances, and interprets narrowly the circumstances where “intense suffering” may require a Schedule II prescription; this has historically been primarily limited to patients in skilled nursing and long-term care facilities, and hospice care.

See Clarifying “Emergency”. Page 17
Changes in Pharmacy Law
Continued from Page 1

Hypodermic Needles and Syringes
AB 1743 (Ting), Chapter 331, Statutes of 2014
B&P C amends sections 4144.5, 4145.5, and 4148.5; and repeals sections 4144, 4145, 4148, and 4149.5. Health and Safety Code amends section 11364; and repeals section 11364.1 to authorize a pharmacist or physician to provide an unlimited number of hypodermic needles and syringes, which are acquired from an authorized source, to a person 18 years of age or older solely for his or her personal use. Until January 1, 2021.

Dismissed Criminal Convictions
AB 2396 (Bonta), Chapter 737, Statutes of 2014
B&P C amends section 480 to prohibit a pharmacist or physician to provide an unlimited number of hypodermic needles and syringes, which are acquired from an authorized source, to a person 18 years of age or older solely for his or her personal use.

Third Party Logistics Providers
AB 2605 (Bonilla), Chapter 507, Statutes of 2014
B&P C Amends section 4081 to require a third-party logistics provider to possess controlled substances as do other licensees.

BP&C Amends section 4081 to require 3PL providers during business hours to maintain all records of manufacture, sale, acquisition, receipt, shipment and disposition of dangerous drugs or dangerous devices ready for inspection by authorized law officers. These records shall be kept for three years.

BP&C Amends section 4053.1 to allow the board to issue a license to a qualified individual as a designated representative-3PL to supervise a 3PL provider’s place of business.

BP&C Amends section 4060 to allow a 3PL provider to possess controlled substances as do other licensees.

BP&C Amends section 4061 to require 3PL providers during business hours to maintain all records of manufacture, sale, acquisition, receipt, shipment and disposition of dangerous drugs or dangerous devices ready for inspection by authorized law officers. These records shall be kept for three years.

BP&C Amends section 4101 to allow a designated representative-3PL to act as a responsible manager of a 3PL provider after board approval.

BP&C Amends sections 4160 and 4161 to require a separate, annual license for each business owned or operated by a wholesaler or 3PL provider, and to require that at least one designated representative for a wholesaler, or one designated representative-3PL for a 3PL provider, be present during business hours for each licensed place of business. Resident and nonresident wholesalers and 3PLs may be licensed in the same place of business as long as each maintains separate records; dangerous drugs and dangerous devices are not co-mingled; each has its own designated representative-in-charge or responsible manager; and the 3PL provider does not handle the prescription drugs or devices owned by a prescriber, nor act as a reverse 3PL logistics provider, and the wholesaler does not act as a reverse distributor.

BP&C Adds section 4166 to require a 3PL provider to have written policies and procedures to provide verification that the 3PL has required the carrier to provide for the security and integrity of any dangerous drugs or dangerous devices until time of delivery to the purchaser.

Effective: July 1, 2014

Repeals E-Pedigree
SB 600 (Lieu), Chapter 492, Statutes of 2014
B&P C Amends sections 4033 and 4045; Repeals sections 4034, 4034.1, 4163.1, 4163.2, 4163.3, 4163.4, and 4163.5, and Repeals and Adds section 4163; and H&SC Amends section 111825 and Adds section 111397 to repeal the inoperable requirements for California’s E-pedigree, which was pre-empted by a national track and trace law in November 2013.

The Health and Safety Code provisions provide that any foreign dangerous drug is misbranded if it is not approved by the FDA or was obtained outside of the licensed supply chain regulated by the FDA, California Board of Pharmacy or State Department of Public Health.

Additionally, any person who purchases or sells a foreign dangerous drug, medical device or an illegitimate product or suspect product that is not approved or authorized by the FDA or that is obtained outside of the licensed supply chain regulated by the FDA, California Board of Pharmacy or State Department of Public Health is guilty of a misdemeanor and subject to imprisonment for not more than one year in a county jail, a fine of not
Changes in Pharmacy Law
Continued from Page 10

more than $10,000 per occurrence, or both
the imprisonment and fine.

Letters of Admonishment
SB 960 (Morrell), Chapter 247, Statutes of 2014
BP&C Amends section 4315 to authorize
the executive officer of the California
State Board of Pharmacy to issue a
letter of admonishment to an applicant
for licensure who has committed any
violation of law that the board deems does
not merit the denial of a license or require
probationary license status. The bill would
authorize a letter of admonishment that is
issued to an applicant for licensure to be
issued concurrently with a license.

Pharmacy Technicians and Interns;
Repackaging of Bulk Cleaning Products
SB 1039 (Hernandez), Chapter 319, Statutes of 2014
B&PC Amends section 4115, Adds
sections 4119.6 and 4119.7 and H&SC
Amends sections 11150 and 11210
and Adds section 1250.06 to authorize
a pharmacy technician to perform
packaging, manipulative, repetitive,
or other nondiscretionary tasks while
assisting and while under the direct
supervision and control of a pharmacist.

The law authorizes a pharmacy
technician’s duties in a licensed general
acute care hospital to include sealing
emergency containers for use in the
hospital.

The law authorizes an intern pharmacist,
under the direct supervision and control
of a pharmacist, to stock, replenish,
and inspect the drugs maintained in the
emergency pharmaceutical supplies
container and the emergency medical
system supplies of a licensed general
acute care hospital, and authorizes an
intern pharmacist to inspect the drugs
maintained in a licensed general acute
care hospital at least once per month
pursuant to policies and procedures of the
hospital.

The law authorizes a hospital pharmacy
serving a licensed general acute care
hospital to furnish a dangerous drug or
dangerous device pursuant to preprinted
or electronic standing orders, order sets,
and protocols of the hospital.

The law modifies the list of practitioners
to include a pharmacist initiating or
adjusting the drug regimen of a patient as
authorized under existing law.

The law requires a licensed, general acute
care hospital or acute psychiatric hospital
to adopt policies and procedures regarding
the responsibility for ensuring proper
methods of repackaging and labeling of
bulk cleaning agents, solvents, chemicals
and nondrug hazardous substances used
throughout the hospital and would specify
that the hospital is not required to consult
a pharmacist regarding the repackaging
and labeling of those substances except
for areas where sterile compounding is
performed.

Individual Tax Identification Number;
Licensure Denial Based on Citizenship
SB 1159 (Lara), Chapter 752, Statutes of 2014
BP&C Amends sections 30, 2103, 2111,
2112, 2113, 2115, 3624, and 6533 and
Adds section 135.5 and Amends section
17520 of the Family Code, and Amends
section 19528 of the Revenue and
Taxation Code to require all DCA boards
to require an applicant to provide either
an individual tax identification number
or social security number if the applicant
is an individual. Licensing bodies must
report to the Franchise Tax Board, and
subject a licensee to a penalty, for failure
to provide that information. The law
prohibits any DCA agency from denying
licensure to an applicant based on his or
her citizenship status or immigration
status by January 1, 2016.

Expedited Licensing for Veterans
SB 1226 (Correa), Chapter 657, Statutes of 2014
BP&C Adds section 115.4 to require
Department of Consumer Affairs agencies
to expedite or assist the initial licensure
process for an applicant who supplies
satisfactory evidence that he or she has
served as an active duty member of the
U.S. Armed Forces and was honorably
discharged, and authorizes submission of
Verification of Military Experience and
Training (VMET) records showing the
person has completed equivalent military
training in lieu of completing a course of
training in security officer skills; which
would be determined by the agency.

Effective: On or before July 1, 2015
Standardized Milliliter Recommended for Liquid Medication Dosing
Young children and infants especially at risk from liquid dosing errors

A patient safety white paper recently issued by the National Council for Prescription Drug Programs (NCPDP) recommends using milliliter (mL) instead of teaspoon or tablespoon for dosing of liquid medications to prevent dosing errors.

Especially at risk are young children and infants, who are most susceptible to suffering harm from dosing errors and are most often prescribed liquid medications.

The NCPDP notes that such errors have been “a source of concern for many years.”

The paper also recommends that proper dosing devices be included with all liquid medications. The devices should have numeric graduations and units corresponding to the container label.

Additionally, the white paper states dose amounts should always use leading zeros before decimal points for amounts less than one and should not use trailing zeros after a decimal point.

California Pharmacy Board President Stan Weisser stated that pharmacists can use mandatory patient consultation on new and revised prescriptions as an opportunity to educate patients about the importance of using the proper measuring device when administering liquid medications.

“Patients trust their pharmacists to communicate and counsel them on how to properly take their medications and this is especially important when it comes to liquid medications,” Weisser said.

Stephen C. Mullenix, RPh, senior vice president of NCPDP Public Policy and Industry Relations, recently told the American Pharmacists Association, “Communicating with and counseling patients and caregivers on the milliliter dosing and use of a proper dosing devices will reduce medication errors and the potential for patient harm.”

Mullenix said using mL measurements “will make it easier for pharmacists and patients to focus on a single measurement type, while redoubling efforts to ensure patients understand what those dosing measurements mean and how to administer the dose appropriately to optimize compliance and health outcomes.”

The NCPDP said the white paper was developed following a meeting with stakeholders representing 27 participants. In addition to its general recommendations, the white paper also issued calls to action for relevant stakeholders, including government agencies, standards organizations, pharmacists and pharmacy technicians, pharmacy leadership and health care associations.


Board of Pharmacy Recommends Eliminating Cigarette and Tobacco Sales in Pharmacies

The California Board of Pharmacy has adopted a policy statement to recommend that pharmacies and stores that contain pharmacies no longer sell cigarettes and tobacco products.

At the October 29, 2014 Board Meeting, the board adopted a recommendation for the elimination of tobacco product sales in pharmacies.

The statement reads:

“The California State Board of Pharmacy recognizes that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore the board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause cancer, heart disease, lung disease and other health problems.”

“The Board of Pharmacy’s paramount mandate is to protect consumers. This recommendation sends a clear and consistent message that combining tobacco sales and a pharmacy within the same business is not in the best interests of public health,” Board President Stan Weisser said after the board’s action.

The board noted that adopting the tobacco product recommendation coincides with the board’s development of regulations which will allow a pharmacist to furnish nicotine replacement products to assist with smoking cessation.
New Regulations

Patient-Centered Portion of Label to be in 12-Point Font

Beginning April 1, 2015, in-state and out-of-state pharmacies providing prescription medications to Californians must print the patient-centered items on a prescription label in a minimum size of 12-point sans serif font.

The items to be in the larger font size, which are clustered on 50 percent of the label, include the patient’s name, name and strength of the drug, directions for use and purpose or condition if it was indicated on the prescription. No other items shall appear in that area.

Previously, 10-point font was the minimum size requirement and 12-point font was to be used if requested by the patient.

The Office of Administrative Law approved this rulemaking to amend Title 16 California Code of Regulations Section 1707.5 in January 2015.

Partial Filling of Schedule II Prescriptions, Unprofessional Conduct Defined and Rehabilitation

The board’s rulemaking to amend Sections 1745 and 1769 and to add Section 1762 went into effect on April 1, 2014. These relate to partial filling of a schedule II prescriptions, criteria for rehabilitation and defining unprofessional conduct.

Section 1745 allows the partial filling of schedule II prescriptions for an inpatient in a skilled nursing facility and for a terminally ill patient, as long as specific requirements are met.

Section 1762 defines unprofessional conduct in regards to including provisions in a civil dispute settlement relating to the professional license; failure or refusal to comply with any court order issued in the enforcement of a subpoena, mandating the release of records to the board; and committing an act that requires a licensee to be registered as a sex offender.

Section 1769 allows the board to require an applicant to be examined by one or more physicians and surgeons or psychologists designated by the board if it appears that the applicant may be unable to safely practice due to mental illness or physical illness affecting competency. An applicant’s failure to comply with the examination requirement would render his or her application incomplete. It also establishes criteria to determine rehabilitation for purposes of licensure.

To view the regulation, go to: http://www.pharmacy.ca.gov/laws_regs/1745_adopted.pdf.

NABP to Begin Sunrise Trademark Registration Period for .pharmacy Websites

The National Association of Boards of Pharmacy (NABP) has launched the .pharmacy Top-Level Domain (TLD) to provide consumers around the world with a means for identifying safe, legal and ethical online pharmacies and related resources.

This will provide a new way for the public to determine whether an internet pharmacy website, located anywhere in the world, operates legally. It is believed that 97% of more than 10,000 pharmacy websites NABP has evaluated do not operate legally.

NABP is now accepting applications for pharmacy domain names from trademark holders who are registered in the Internet Corporation for Assigned Names and Numbers (ICANN) Trademark Clearinghouse (TMCH).

During the initial application and registration phase, eligible trademark holders who have logged their brand names in the ICANN TMCH may apply to NABP for approval to register .pharmacy domain names that exactly match their trademark names.

Once approved, these organizations will be able to register the domain with an approved registrar. The initial application phase will begin immediately following a special members-only registration period for NABP’s member boards of pharmacy.

Following the initial application and registration phase, registration for .pharmacy domain names will be open to pharmacy websites that are accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPSS®) and Veterinary-Verified Internet Pharmacy Practice SitesCM (Vet-VIPPS®) programs, as well as for pharmacy websites that have received approval through the NABP e-Advertiser ApprovalCM Program.

Applications from other dispensing pharmacies will be accepted beginning in mid-2015. General availability will begin in June 2015, at which time all entities providing pharmacy-related products, services or information that meet .pharmacy eligibility standards will be able to apply to register for the domain.

The .pharmacy domain application is now available at www.dotpharmacy.net. Additional information about the .Pharmacy TLD Program, as well as NABP’s most recent research on rogue online drug sellers is also available on the site.
CE hours are awarded for attending one day of a Pharmacy Board or Board Committee meeting

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

- Attending one full day of a Board meeting per year (maximum of six hours of CE per year); or
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings—maximum of four hours per year).

**Note:** It is the pharmacy technician’s responsibility to determine from the Pharmacy Technician Certification Board how many, if any, of the above hours are acceptable for recertification with that board. Recertification is NOT a requirement of the California State Board of Pharmacy for pharmacy technician license renewal.

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

- Enforcement and Compounding Committee—Makes recommendations to the Board regarding oversight of all regulatory and enforcement activities to strengthen consumer protection.
- Licensing Committee—Makes recommendations to the Board regarding the development of standards for the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and recommends regulations that advance the vision and mission of the Board to improve the health and safety of Californians.
- Communication and Public Education Committee—Prepares information to improve consumer awareness and licensee knowledge.
- SB 493 Implementation Committee—Works on components to implement additional authorized pharmacist services and to create new licensure of advanced practice pharmacist.

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

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

Future Board meeting dates are:

- April 21-22, 2015
- July 28-29, 2015
- October 28-29, 2015

Additional information regarding the dates, locations, and agendas for Board and committee meetings will be posted on the Board’s Web site, http://www.pharmacy.ca.gov/about/meetings.shtml, at least 10 days prior to each meeting. Also, about five days before each meeting, you may download meeting information packets that contain background information and action items that will be discussed during the meeting.
Board Honors Pharmacists Registered for at Least 50 Years

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Adams, Richard L.</td>
<td>Templeton, CA</td>
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<td>Anderson, Keith E.</td>
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<td>Behmoiras, Samuel</td>
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<td>Fein, Robert L.</td>
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<td>Geisler, Evelyn B.</td>
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<td>Hess, George C.</td>
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<td>Kalman, Thomasine</td>
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<td>Mac Cuish, Neil F.</td>
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Honored 50-year pharmacists

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Mowry, Arthur J.
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Pratt, Arden D.
Quatro, Frank R.
Reichelderfer, Gerald B.
Salvotti, Emil P.
Saroyan, Ralph L.
Schrader, Dale F.
Sellas, Reginald E.
Simpson, Charles M.
Bryce, Joyce L.
Stern, Michael I.
Watson, Thomas A.
White, Garrett E.
Wildfeuer, Arnold
Wong, Howard T.
Yackamouih, Sten E.
Yamagata, Kay
Yep, Frank
Repowitz, Seymou
Lowe, Stanton
Bubman, Bernard M.
Elm, Claude D.
Evans, William J.
Gaston, Denny A.
Greenbarg, Gerson M.
Kamian, Franklin D.
Lee, Benjamin K.
Rodriguez, Robert L.
Vieria, Lawrence L.
Der, Nelson
Ferguson, Richard Wayne
Wagner, Jens E.
Rubin, Daryl M.

Rancho Murieta, CA
Stockton, CA
Lincoln, CA
Benicia, CA
Point Richmond, CA
Visalia, CA
Turlock, CA
Millbrae, CA
Huntington Beach, CA
Tulare, CA
Hayfork, CA
Placerville, CA
Stockton, CA
Orangevale, CA
Highland, CA
Lodi, CA
La Habra, CA
Los Angeles, CA
Sierra Madre, CA
San Diego, CA
Carmichael, CA
San Francisco, CA
Crescent City, CA
El Cerrito, CA
Bonita, CA
Indio, CA
San Francisco, CA
Los Angeles, CA
Lafayette, CO
Tehachapi, CA
Ventura, CA
Boca Raton, FL
Aptos, CA
San Francisco, CA
Fremont, CA
Ceres, CA
Rancho Palos Verdes, CA
Morro Bay, CA
Arroyo Grande, CA
Long Beach, CA
becoming a registered pharmacist, raising a family, etc., etc., my life as a pharmacist has been blessed. I’ve met many wonderful people, reaped more rewards from patients than I could have ever imagined, garnered admiration from family, friends, and colleagues, all the while enjoying a truly wonderful profession. It’s not you thanking me for 50 years of service, but me thanking the Lord for allowing me to be a pharmacist. Thank you for the honor.”

R.Ph. Ficke is a 1959 graduate of Albany College of Pharmacy and became a registered pharmacist in 1960. He was licensed in the state of New York and Washington, and in 1964 was licensed in California.

Peter M. Ghiorso was also honored at a previous Board meeting for being licensed for 50 years:

Pharmacist Honored For Rescuing Patient

A Ramona pharmacist was honored by the California State Board of Pharmacy after he went above and beyond the call of duty to rescue a patient who had collapsed in his home.

John Robertson, PharmD, was honored in May at a board committee meeting in San Diego. Board President Stan Weisser presented Dr. Robertson with a commendation and board pin to recognize his care and concern for his patient.

Dr. Robertson is a pharmacist at Sav-On pharmacy, located inside Ramona’s Albertsons supermarket, and he rescued a patient by going to the patient’s home to check on him when the man failed to pick up his prescription medication and didn’t answer his phone.

With the aid of sheriff’s deputies, Dr. Robertson found the man collapsed inside his home where he had fallen two to three days earlier and was unable to get up. The man was hospitalized and later died, but his family was grateful to be able to be with him during his final days.

President Weisser said Dr. Robertson is a shining example of the difference a caring pharmacist can make in the lives of patients.
Corresponding Responsibility: Every Pharmacist Must Exercise It

The brochure explains the board’s precedential decision on the license revocation of both a pharmacy and its pharmacist for failure to exercise corresponding responsibility. It also explains what corresponding responsibility means and lists red flags that may alert a pharmacist that a prescription may not be for legitimate purposes.

Also available on the board’s website is a link to the red flags video on corresponding responsibility produced by the National Association of Boards of Pharmacy. This video includes an introduction by Board of Pharmacy Executive Officer Virginia Herold. It is available at https://www.youtube.com/watch?v=jdeQ0GeJjAM.

New Board Member Ricardo Sanchez

Ricardo Sanchez, of Hollister, was appointed to the California State Board of Pharmacy by Governor Edmund G. Brown Jr. Mr. Sanchez has been an investigator at the California Department of Motor Vehicles since 1989 and was an officer for the California State Police from 1988 to 1989. He is a member of the San Benito Masonic Lodge. Sanchez is a Democrat.

Clarifying “emergency”

Continued from Page 9

This may result in the pharmacist who receives a call from a dentist for an emergency Schedule II prescription counseling the prescriber on other options for pain relief that are not Schedule II.

When an emergency prescription is accepted by the pharmacist, it is similarly subject to several stringent requirements under California law, including that the pharmacy reduces any oral order to hard copy form prior to dispensing the controlled substance and that the prescriber provides a written prescription on a controlled substance prescription form that meets state requirements, by the seventh day following the oral order.

Prescribers should be aware that California Health and Safety Code section 11167, subdivision (d), also requires the pharmacy to notify the Department of Justice in writing within 144 hours of a prescriber’s failure to supply the required follow-up written prescription.

As a last result, if a dentist must telephone in a prescription for a Schedule II drug, the prescriber should provide only the number of pills required to address the emergency, be prepared to explain to the pharmacist how the failure to provide a patient with the drug is medically necessary and/or may result in intense suffering, and why a written prescription is not possible, and assure the pharmacist that a written prescription on the required California security form will follow within seven days.

A dentist should also consider the effectiveness of prescribing a Schedule III drug instead and is encouraged to talk with pharmacist colleagues about any new contemporary pain relief medications that may fit the patient’s circumstance.

CDA continues to discuss the situation with the California Board of Pharmacy and California Pharmacists Association.
Explanation of Disciplinary Terms

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

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

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

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

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

**Stayed**—the revocation or suspension action is postponed, and operation or practice may continue so long as the licensee fully complies with any specified terms and conditions.

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

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

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

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

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

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

**Reinstatement of License**—a previously revoked or suspended license is reinstated with or without specified terms and conditions.

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

Disciplinary Actions

**January 1, 2014 – September 30, 2014**

**Individual Licenses**

**Pharmacy Technicians**

Adamo, Sergio, Applicant, Statement of Issues Case SI 4296
Redding, CA
Through a disciplinary action of the board, the license is issued, immediately revoked, the revocation is stayed, and the license is placed on probation for three years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 01/31/2014.
View the decision

Aguilar, Rebecca, TCH 126898, Administrative Case AC 4932
Riverside, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/28/2014.
View the decision

Alami, Adli, TCH 73355, Administrative Case AC 4804
Murrieta, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/28/2014.
View the decision

Ahrenhotlz, James, TCH 99246, Administrative Case AC 4374
Modesto, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 1/27/2014.
View the decision

Allen, Tutankha, TCH 58569, Administrative Case AC 4869
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/20/2014.
View the decision

See Disciplinary Actions, Page 19
Disciplinary Actions
Continued from Page 18

Antognazzi, Brittany, TCH 83750, Administrative Case AC 4777
Desert Hot Springs, CA
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproof.
Decision effective 07/11/2014.
View the decision

Arreola, Angelica, TCH 100768, Administrative Case AC 4314
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, which is subject to the terms and conditions in the attached decision.
Decision effective 04/04/2014.
View the decision

Ash, Jamie, TCH 133117, Statement of Issues Case SI 5001
Colusa, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, which is subject to the terms and conditions in the decision.
Decision effective 07/30/2014.
View the decision

Austin, Christine, TCH 116122, Administrative Case AC 4787
Menifee, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/28/2014.
View the decision

Ayer, Michelle, TCH 80235, Administrative Case AC 4656
San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/09/2014.
View the decision

Bain, Nicholas, TCH 80186, Administrative Case AC 4250
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/06/2014.
View the decision

Banuelos, Armando, TCH 98676, Administrative Case AC 4035
Ontario, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/23/2014.
View the decision

Barocio, Jr., Jose Luis, TCH 50023, Administrative Case AC 4611
Hollister, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/04/2014.
View the decision

Barr II, Esteven, TCH 78583, Administrative Case AC 5020
Moreno Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/05/2014.
View the decision

Barragan, Arnulfo, TCH 101481, Administrative Case AC 4319
San Bernardino, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/10/2014.
View the decision

Barret Sparrow, Ranson, Applicant, Statement of Issues Case SI 4293
Fontana, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 02/24/2014.
View the decision

Binnie, Brian, TCH 43562, Administrative Case AC 4549
Running Springs, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/28/2014.
View the decision

Bobier, Kenneth, TCH 121402, Administrative Case AC 4714
Redding, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/27/2014.
View the decision

Boitano, Joseph, Applicant, Statement of Issues Case SI 4373
Rancho Cordova, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 02/18/2014.
View the decision

Bray, Vegas, TCH 114232, Administrative Case AC 4856
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/18/2014.
View the decision

See Disciplinary Actions, Page 20
Disciplinary Actions
Continued from Page 19

Bui, Yen, TCH 55428, Administrative Case AC 4813
Fountain Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Bujan, Tina, TCH 12181, Administrative Case AC 4554
Huntington Beach, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/17/2014.
View the decision

Bullock, Seth, TCH 90455, Administrative Case AC 5021
Paradise, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/26/2014.
View the decision

Bumgardner, Alexandra, TCH 94914, Administrative Case AC 4881
Orangevale, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/14/2014.
View the decision

Bumgardner, Alexandra, TCH 94914, Administrative Case AC 4881
Orangevale, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/12/2014.
View the decision

Carlson, Lindsey, TCH 94160, Administrative Case AC 4410
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Castillo, Nadine, TCH 76096, Administrative Case AC 4351
Santa Maria, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 06/2/2014.
View the decision

Castro, Melinda, Applicant, Statement of Issues Case SI 4508
Oxnard, CA
The Application for a Pharmacy Technician Registration is denied.
Decision effective 08/20/2014.
View the decision

Chau, Mike Duc, TCH 89969, Administrative Case AC 4541
Alhambra, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/04/2014.
View the decision

Christensen, Austin, Applicant, Statement of Issues Case SI 4425
San Luis Obispo, CA
The Application for Registration as a Pharmacy Technician is granted; however, upon satisfaction of all statutory and regulatory requirements, the registration will be issued and immediately revoked, the revocation stayed, and placed on probation for three years subject to the terms and conditions in the attached decision.
Decision effective 04/28/2014.
View the decision

Conley, Leanne, TCH 36081, Administrative Case AC 4864
Fresno, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/12/2014.
View the decision

Cooper, Wanda, TCH 106015, Administrative Case AC 4059
Jurupa Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/21/2014.
View the decision

Corey, Rodney, Applicant, Statement of Issues Case SI 5002
Eureka, CA
Through a disciplinary action of the Board, the Application for a Pharmacy Technician License is denied.
Decision effective 09/18/2014.
View the decision

Corral Marquez, Jesus, TCH 110571, Administrative Case AC 4798
Orange, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 06/2/2014.
View the decision

See Disciplinary Actions, Page 21
Disciplinary Actions
Continued from Page 20

Coulter, Sir Lance, TCH 77612,
Administrative Case AC 4991
San Francisco, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Crossman, Natalie, TCH 87607,
Administrative Case AC 4939
San Diego, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 03/06/2014.
View the decision

Cruz, Sacarias, TCH 111111,
Administrative Case AC 4778
Salinas, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Cunningham, Lacey, TCH 91885,
Administrative Case AC 4580
Elk Grove, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 03/06/2014.
View the decision

Cuxim, Lilly, TCH 107490,
Administrative Case AC 4978
San Jose, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Cruz, Sacarias, TCH 111111,
Administrative Case AC 4778
San Diego, CA
Petition to
Revoke Probation Case AC 5012
San Diego, CA
Through a disciplinary action of the
Board, the license is voluntarily
surrendered.
Decision effective 05/12/2014.
View the decision

Cristina Bolivar, Monica, TCH 85021,
Administrative Case AC 4354
Chino, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/15/2014.
View the decision

Dhaliwal, Monica, TCH 95904,
Administrative Case AC 4348
Chino, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 01/13/2014.
View the decision

Digiovanna, Marcus, TCH 48991,
Administrative Case AC 4782
Lancaster, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 03/10/2014.
View the decision

Do, Cindy, TCH 113347, Administrative
Case AC 4888
Mira Loma, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 06/20/2014.
View the decision

Dobin, Brenda, TCH 99068,
Administrative Case AC 4390
Simi Valley, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Du Pont, Angela, TCH 16360,
Administrative Case AC 4685
Simi Valley, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/07/2014.
View the decision

Durden, Jason, TCH 97362,
Administrative Case AC 4321
Los Angeles, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 09/12/2014.
View the decision

Eatezadi, Seyed Masoud, TCH 102428,
Administrative Case AC 4267
Tarzana, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 01/2/2014.
View the decision

Eberle, Lisa, TCH 34600, Administrative
Case AC 4736
Nampa, ID
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Ebrahim, Ken, TCH 83513,
Administrative Case AC 4766
Oceanside, CA
Through a disciplinary action of the
Board, the license is voluntarily
surrendered.
Decision effective 07/28/2014.
View the decision

Edwards, Tychicus, TCH 131068,
Statement of Issues Case SI 4897
Moreno Valley, CA
Through a disciplinary action of the
Board, the license is granted, immediately
revoked, the revocation is stayed, and the
licensee is placed on probation for 3 years,
and is subject to the terms and conditions
in the decision.
Decision effective 07/30/2014.
View the decision

See Disciplinary Actions, Page 22
Disciplinary Actions
Continued from Page 21

Engman, Elizabeth, TCH 112823, Administrative Case AC 4974
Northridge, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/30/2014.
View the decision

Espinoza, Lena Lenee, Applicant, Statement of Issues Case SI 4831
Anaheim, CA
The Statement of Issues is withdrawn without prejudice. Decision effective 2/25/2014.
View the decision

Estrada, Ana, TCH 59881, Administrative Case AC 4765
Fresno, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 03/27/2014.
View the decision

Federico, Julie, TCH 95243, Administrative Case AC 4404
Altadena, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/18/2014.
View the decision

Flewellen, Courtney, TCH 66227, Administrative Case AC 4958
Moreno Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 08/15/2014.
View the decision

Flores, Lilian, TCH 87080, Administrative Case AC 4558
Santa Clarita, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 03/27/2014.
View the decision

Flores, Sonja, TCH 58002, Administrative Case AC 4436
Rancho Cucamonga, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/18/2014.
View the decision

Gamboa, Kimberly, TCH 32909, Administrative Case AC 4815
San Francisco, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 06/20/2014.
View the decision

Garcia, Cristina, Applicant, Statement of Issues Case SI 4101
San Pedro, CA
The Application for Registration as a Pharmacy Technician is denied. Decision effective 04/14/2014.
View the decision

Garcia, Judith, TCH 112357, Administrative Case AC 4609
Oxnard, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 02/24/2014.
View the decision

Garcia, Luis, Applicant, Statement of Issues Case SI 4676
San Leandro, CA
The Statement of Issues is withdrawn without prejudice. Decision effective 04/04/2014.
View the decision

Garcia, Marc, TCH 67497, Administrative Case AC 4709
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 07/11/2014.
View the decision

Garcia, Nicole, TCH 107019, Administrative Case AC 5133
Fresno, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 09/04/2014.
View the decision

See Disciplinary Actions, Page 23
Disciplinary Actions
Continued from Page 22

Gebremichael, Simon, Applicant, Statement of Issues Case SI 4354 Fresno, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 02/18/2014.
View the decision

Geraci, Jordan, TCH 134873, Statement of Issues Case 5090 Santa Clara, CA
Through a disciplinary action of the Board, the license is granted, immediately revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.
Decision effective 07/23/2014.
View the decision

Gilmore, Anthony, TCH 128070, Statement of Issues Case SI 4597 El Cerrito, CA
Through a disciplinary action of the board, the license is issued, and immediately revoked, the revocation is stayed and the license is placed on probation for two years. The terms and conditions of probation include passing the pharmacy technician certification exam.
Decision effective 1/13/2014.
View the decision

Godbold, Gara, TCH 61514, Administrative Case AC 4640 Pacifica, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/26/2014.
View the decision

Goonan, John, TCH 69280, Administrative Case AC 4949 Visalia, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Graham, Carmen, TCH 112960, Administrative Case AC 4952 San Bernardino, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Greer, Laura, TCH 118641, Administrative Case AC 5073 Livermore, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Guerrero, Jessica, TCH 95640, Administrative Case AC 4521 Baldwin Park, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/26/2014.
View the decision

Guillen, Richard, TCH 58328, Administrative Case AC 4952 El Centro, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Brandi, TCH 81632, Administrative Case AC 4376 San Bernardino, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Frank, TCH 64204, Petition to Revoke Probation Case AC 4544 Madera, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Jr., Mike, TCH 67717, Administrative Case AC 4731 San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Rosanna, TCH 100088, Administrative Case AC 4740 Ontario, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Guillen, Richard, TCH 58328, Administrative Case AC 4952 El Centro, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Brandi, TCH 81632, Administrative Case AC 4376 San Bernardino, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/10/2014.
View the decision

Gutierrez, Frank, TCH 64204, Petition to Revoke Probation Case AC 4544 Madera, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/22/2014.
View the decision

Gutierrez, Jr., Mike, TCH 67717, Administrative Case AC 4731 San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Rosanna, TCH 100088, Administrative Case AC 4740 Ontario, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Gutierrez, Steven, TCH 43751, Petition to Revoke Probation Case AC 5068 Fairfield, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/27/2014.
View the decision

See Disciplinary Actions, Page 24
Disciplinary Actions
Continued from Page 23

Hanna, Mina, Applicant, Statement of Issues Case SI 4487
Alta Loma, CA
Through a disciplinary action of the Board, the application for Registration as a Pharmacy Technician is denied.
Decision effective 03/10/2014.
View the decision

Hart, Michael, TCH 86374, Administrative Case AC 4660
San Diego, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/15/14.
View the decision

Hathaway, Suzanne, TCH 85560, Administrative Case AC 4912
Anderson, CA
Through a disciplinary action of the board, the license is voluntarily surrendered.
Decision effective 6/2/2014.
View the decision

Hatch, Breanne, Applicant, Statement of Issues Case SI 4833
Riverside, CA
Through a disciplinary action of the Board, the Application for a Pharmacy Technician Registration is granted. Upon satisfaction of all statutory and regulatory requirements, the registration is issued, immediately revoked, the revocation stayed, and placed on probation for 5 years and is subject to the terms and conditions in the attached decision.
Decision effective 09/16/2014.
View the decision

Herrera, Edward, TCH 101524, Administrative Case AC 4613
Culver City, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/06/2014.
View the decision

Ho, Michael, TCH 20393, Administrative Case AC 4659
San Jose, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.

Holloway, Rex, Applicant, Statement of Issues Case SI 4285
Patterson, CA
The Application for Registration as a Pharmacy Technician is denied.
Decision effective 05/30/2014.
View the decision

Hudson, Brian, TCH 115444, Administrative Case AC 4700
Escondido, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Jacob, Melise, TCH 119864, Administrative Case AC 4491
San Leandro, CA
Through a disciplinary action of the board, the license is revoked and the right to practice or operate has ended.
Decision effective 1/27/2014.
View the decision

Johnson, Eddie, TCH 39901, Administrative Case AC 4734
Lemon Grove, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Johnsrud, Krystinna, TCH 69407, Administrative Case AC 4662
Roseville, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 05/12/2014.
View the decision

Johnstone, Crystal, TCH 104667, Administrative Case AC 4902
Paradise, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/06/2014.
View the decision

Kennedy, Kelly, TCH 33678, Administrative Case AC 5016
Santa Rosa, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/18/2014.
View the decision

King, Tracy, TCH 79399, Administrative Case AC 4627
Yucaipa, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Kochanowski, William, TCH 117676, Administrative Case AC 4927
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Kolomiyets, Lyuba, Applicant, Statement of Issues SI 4291
Rio Linda, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 04/07/2014.
View the decision

Kolomiyets, Lyuba, Applicant, Statement of Issues SI 4291
Rio Linda, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 04/07/2014.
View the decision

Le, Tony, Applicant, Statement of Issues Case SI 4446
Lakeside, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 04/07/2014.
View the decision

Lee, Chong, TCH 111957, Administrative Case AC 4825
Fresno, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/18/2014.
View the decision

See Disciplinary Actions, Page 25
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Leeper, Jason, Applicant, Statement of Issues Case SI 4377
Orangevale, CA
The Application for Registration as a Pharmacy Technician is granted. Upon satisfaction of all statutory and regulatory requirements, the registration is issued, immediately revoked, the revocation stayed, and placed on probation for 2 years and is subject to the terms and conditions in the attached decision. Decision effective 05/14/2014. View the decision

Lewis, James, Applicant, Statement of Issues Case SI 4894
Richmond, CA
Through a hearing decision adopted by the Board, the Application for a Pharmacy Technician License is denied. Decision effective 09/10/2014. View the decision

Linares, Shauna, TCH 23782, Administrative Case AC 4772
Whittier, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 04/28/2014. View the decision

Lockwood, Joshua, TCH 116106, Administrative Case AC 5034
Bellflower, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 07/07/2014. View the decision

Louangmath, Phonepaseut Tommy, Applicant, Statement of Issues Case SI 4678
Sacramento, CA
The Application for Registration as a Pharmacy Technician is denied. Decision effective 05/26/2014. View the decision

Loya, Mary, TCH 27782, Administrative Case AC 4910
Pacoima, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 07/09/2014. View the decision

Loya, Nelson, Applicant, Statement of Issues Case SI 4486
San Jose, CA
The Application for Registration as a Pharmacy Technician is denied. Decision effective 04/28/2014. View the decision

Lukses, Sandra, TCH 26727, Administrative Case AC 4635
Ontario, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 09/10/2014. View the decision

Macias, Marcos, TCH 123101, Administrative Case AC 4702
Azusa, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 06/30/2014. View the decision

Madrid, Antonio, TCH 79877, Administrative Case AC 4400
Redlands, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision. Decision effective 08/11/2014. View the decision

Maes, Jennifer, Applicant, Statement of Issues Case SI 4180
Bakersfield, CA
The application for Registration as a Pharmacy Technician is denied. Decision effective 02/18/2014. View the decision

Mahabali, Bhavana, TCH 25967, Administrative Case AC 4710
Hayward, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 04/04/2014. View the decision

Mann, Robert, TCH 63886, Administrative Case AC 4715
Santa Rosa, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, which is subject to the terms and conditions in the attached decision. Decision effective 04/04/2014. View the decision

McDaniels, Bruce, Applicant, Statement of Issues Case SI 4830
Fresno, CA
The Application for a Pharmacy Technician License is denied. Decision effective 05/12/2014. View the decision

McDonald, Kelley, TCH 16419, Administrative Case AC 4557
Redlands, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 08/11/2014. View the decision

McEntee, April, TCH 89515, Administrative Case AC 4179
Inglewood, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/12/2014. View the decision

McKie, Jessie, TCH 58289, Administrative Case AC 3976
Simi Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 04/07/2014. View the decision

Medina, Karen, TCH 48564, Administrative Case AC 4465
San Diego, CA
Through a disciplinary action of the board, the license is revoked and the right to practice or operate has ended. Decision effective 01/2/2014. View the decision

See Disciplinary Actions, Page 26
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Mellor-Davis, Jessica, TCH 66885, Administrative Case AC 4994
National City, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/30/2014.
View the decision

Menchaca, Richard, TCH 97927, Administrative Case AC 4900
South Gate, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 08/07/2014.
View the decision

Mendoza, Cesar, TCH 62162, Administrative Case AC 4336
North Hollywood, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 04/07/2014.
View the decision

Mesunas, Janice, TCH 111771, Administrative Case AC 4754
Sacramento, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 06/06/2014.
View the decision

Michael, Sheradain, TCH 105752, Administrative Case AC 4615
Hemet, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/19/2014.
View the decision

Miramontes, Renee, TCH 25714, Administrative Case AC 4965
Del Rey Oaks, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/19/2014.
View the decision

Mobley, Krystle, TCH 69734, Administrative Case AC 4741
Escalon, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/30/2014.
View the decision

Montano, Hugo, Applicant, Statement of Issues Case SI 4044
Pacoima, CA
Through a disciplinary action adopted by the Board, the Application for Registration as a Pharmacy Technician is denied. Decision effective 09/04/2014.
View the decision

Mora, Damian, TCH 67104, Administrative Case AC 4977
El Centro, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended. Decision effective 07/09/2014.
View the decision

Mora, Danny, TCH 104745, Administrative Case AC 4602
Huntington Park, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 07/11/2014.
View the decision

Morales, Archer, TCH 104744, Administrative Case AC 4854
La Mirada, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 03/10/2014.
View the decision

Moreno, Daniel, TCH 90486, Administrative Case AC 4610
Vista, CA
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproval. Decision effective 05/19/2014.
View the decision

Moreno, Danny, TCH 104745, Administrative Case AC 4602
Huntington Park, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 07/11/2014.
View the decision

Morris, Maura, TCH 62966, Administrative Case AC 4716
Yucaipa, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/30/2014.
View the decision

Nava, Ramiro, TCH 37457, Administrative Case AC 4924
Brentwood, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision. Decision effective 05/28/2014.
View the decision

Needham, Keely, TCH 83252, Administrative Case AC 4697
Soulbyville, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/18/2014.
View the decision

Nguyen, Hoai-bao Nguyen, TCH 105756, Administrative Case AC 4324
Rancho Cucamonga, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 07/21/2014.
View the decision

Nguyen, Kevin, TCH 42171, Administrative Case AC 4561
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 1/13/2014.
View the decision

Nguyen, Long, TCH 111139, Administrative Case AC 4961
San Diego, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 04/09/2014.
View the decision

Nixon, Dehrayl, Applicant, Statement of Issues Case SI 4216
Los Angeles, CA
Through a disciplinary action of the Board, the application is denied. Decision effective 03/06/2014.
View the decision

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Disciplinary Actions

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O’Connor, Kelly, TCH 37039, Administrative Case AC 4283 Palmdale, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 05/26/2014. View the decision

Olivas, Ciara, TCH 102999, Administrative Case AC 4582 Arroyo Grande, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 09/10/2014. View the decision

Orellana, Angel, TCH 59395, Administrative Case AC 4500 San Francisco, CA Through a disciplinary action of the Board, the license is revoked, revocation stayed, and placed on three years probation subject to the terms and conditions in the attached decision. Decision Effective 4/14/2014. View the decision

Orozco, Christina, TCH 73277, Administrative Case AC 4920 Inglewood, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 09/10/2014. View the decision

Ownes, Jerrica, TCH 91552, Administrative Case AC 4633 Lake Forest, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 01/17/2014. View the decision

Pacheco, Jose, TCH 72785, Administrative Case AC 3874 Bellflower, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/10/2014. View the decision

Padilla, Tonya, TCH 114094, Administrative Case AC 5141 Riverside, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 09/26/2014. View the decision

Palmer, Jayme, TCH 102463, Administrative Case AC 4858 Pittsburg, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 1/27/2014. View the decision

Patacsil, Aaron, TCH 104252, Administrative Case AC 3984 Lakewood, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 03/10/2014. View the decision

Patel, Pareshkumar, TCH 58874, Administrative Case AC 4437 Inglewood, CA Through a hearing decision adopted by the Board, the accusation is dismissed. Decision effective 04/18/2014. View the decision

Peckerman, Charles, Applicant, Statement of Issues Case SI 4420 Medford, OR The Application for Registration as a Pharmacy Technician is denied. Decision effective 5/5/2014. View the decision

Perkins, Courtney, TCH 109414, Administrative Case AC 4262 Fillmore, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 01/17/2014. View the decision

Peters, Nicole, TCH 77539, Administrative Case AC 4105 Ventura, CA Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 05/19/2014. View the decision

Petrosian, Jora, TCH 94104, Administrative Case AC 3974 Glendale, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 04/07/2014. View the decision

Pham, Kleist, TCH 61136, Administrative Case AC 4800 Garden Grove, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 06/20/2014. View the decision

Posadas, Daisy, TCH 76489, Administrative Case AC 4849 Long Beach, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 08/11/2014. View the decision

Quinton, Erika, Applicant, Statement of Issues Case SI 4840 Union City, CA The application for Registration as a Pharmacy Technician is denied. Decision effective 02/18/2014. View the decision

Quiroz, Jr., Daniel, TCH 109101, Administrative Case AC 4776 San Diego, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 02/28/2014. View the decision

Ramirez, Jolynn, TCH 84739, Administrative Case AC 3862 Bloomington, CA Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended. Decision effective 03/10/2014. View the decision

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Rand, Gregory, Applicant, Statement of Issues Case SI 4289
Sacramento, CA
Through a disciplinary action of the Board, the application for Registration as a Pharmacy Technician is denied.
Decision effective 03/10/2014.
View the decision

Rangel, Neiva, TCH 99226, Administrative Case AC 4601
Corona, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/27/2014.
View the decision

Reber, Michael, TCH 118184, Administrative Case AC 4882
Whittier, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/28/2014.
View the decision

Reese, Penelope, Applicant, Statement of Issues Case SI 4878
San Mateo, CA
The Application for Registration as a Pharmacy Technician is denied.
Decision effective 05/30/2014.
View the decision

Rendon, Lizette, TCH 110862, Administrative Case AC 4536
Sultana, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Reyes, Lydia, TCH 72680, Administrative Case AC 4758
Riverside, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/12/2014.
View the decision

Rich, Edwin, TCH 4902, Administrative Case AC 4703
Pomona, CA

Robinson, Dominik, TCH 64982, Administrative Case AC 4631
Petaluma, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the attached decision, including suspension from practice for 15 business days.
Decision effective 04/28/2014.
View the decision

Rodriguez, Angel, TCH 110551, Administrative Case AC 4612
West Sacramento, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/09/2014.
View the decision

Rodriguez, Efrain, TCH 94671, Administrative Case AC 4617
San Jose, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/27/2014.
View the decision

Romero, Jessica, TCH 116513, Administrative Case AC 4563
San Bernardino, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, subject to the terms and conditions in the decision.
Decision effective 05/19/2014.
View the decision

Rosal, Jason, TCH 37691, Administrative Case AC 4333
Manteca, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/30/2014.
View the decision

Rubio, Francisco, TCH 90579, Administrative Case AC 4764
Imperial, CA

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Sanchez, Eber, TCH 56286, Administrative Case AC 4535
Long Beach, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/06/2014.
View the decision

Sanchez, Jorge, TCH 100708, Administrative Case AC 4951
Downey, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Sanders, Amond, TCH 41584, Administrative Case AC 4717
Vallejo, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/20/2014.
View the decision

Sandoval, Jesse, TCH 32059, Administrative Case AC 4403
Sylmar, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Santamaria, Ulises, Applicant, Statement of Issues Case SI 3773
Palmdale, CA
The application for Registration as a Pharmacy Technician is denied.
Decision effective 02/18/2014.
View the decision

Santos, Maria, TCH 25616, Administrative Case AC 4113
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/18/2014.
View the decision

Schmidt, Drahnier, TCH 122982, Administrative Case AC 4720
Arleta, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/24/2014.
View the decision

Schmeringer, Rebecca, TCH 96891, Administrative Case AC 4774
Simi Valley, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/10/2014.
View the decision

Scott, Jerrell, TCH 95574, Petition to Revoke Probation Case AC 4542
Desert Hot Springs, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 04/28/2014.
View the decision

Seddiqi, Frozan, TCH 17509, Administrative Case AC 4762
Fremont, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/22/2014.
View the decision

Serrano, Karina, TCH 107961, Administrative Case AC 5013
Shafer, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/23/2014.
View the decision

Shewbart, Jennifer, TCH 109977, Administrative Case AC 4555
Modesto, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/27/2014.
View the decision

Shubin, Kathleen, TCH 35276, Administrative Case AC 4847
Santa Ana, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/11/2014.
View the decision

Silva, Debra, TCH 2475, Administrative Case AC 4770
Delhi, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Silva, Elizabeth, TCH 60348, Administrative Case AC 4302
Joshua Tree, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/15/2014.
View the decision

Singh, Amal Ageet, TCH 80336, Administrative Case AC 4968
Seaside, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/01/2014.
View the decision

Smith, Rina, TCH 107236, Administrative Case AC 4129
Torrance, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/25/2014.
View the decision

Snyder, Morgan, TCH 53949, Administrative Case AC 4759
El Centro, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 08/01/2014.
View the decision

Sofi Haji, Kawa Mohammad, TCH 103482, Administrative Case AC 4899
El Cajon, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/28/2014.
View the decision

See Disciplinary Actions, Page 30
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Solano, Carlos, Applicant, Statement of
Issues Case SI 4527
Rosemead, CA
The application for Registration as a
Pharmacy Technician is denied.
Decision effective 01/17/2014.
View the decision

Solorio, Samuel, TCH 122782,
Administrative Case AC 5011
Los Angeles, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/11/2014.
View the decision

Steele, Jennifer, TCH 99713,
Administrative Case AC 4747
Redding, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 02/18/2014.
View the decision

Stephens, Amy, Applicant, Statement of
Issues Case SI 4163
Apple Valley, CA
The application for Registration as a
Pharmacy Technician is denied.
Decision effective 02/18/2014.
View the decision

Swink, Jessica, TCH 98767,
Administrative Case AC 4270
Hollywood, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/22/2014.
View the decision

Tadevosyan, Karine, TCH 24103,
Administrative Case AC 4058
Glendale, CA
Through a disciplinary action of the
Board, the license is revoked and subject
to the terms and conditions indicated in
the attached decision.
Decision effective 02/18/2014.
View the decision

Talmadge, Gabrielle, TCH 94269,
Administrative Case AC 4650
North Highlands, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.

Tang, Nora, TCH 90152, Administrative
Case AC 4208
Alhambra, CA
Through a disciplinary action of the
Board, the license is voluntarily
surrendered.
Decision effective 05/01/2014.
View the decision

Tango, Chauntay, TCH 10213,
Administrative Case AC 4607
Lancaster, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 06/26/2014.
View the decision

Taylor, Altheia, Applicant, Statement of
Issues Case SI 4424
San Bernardino, CA 92413
The application for Registration as a
Pharmacy Technician is denied.
Decision effective 08/01/2014.
View the decision

Ter Matevosyan, Arutyun, TCH 27516,
Administrative Case AC 4338
Glendale, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/22/2014.
View the decision

Thao, Souvanh, TCH 46227,
Administrative Case AC 4565
Sacramento, CA
Through a disciplinary action of the
Board, the license is revoked, the
revocation stayed, and the license is
placed on probation for 3 years and is
subject to the terms and conditions in the
decision, including a 90-day suspension.
Decision effective 06/20/2014.
View the decision

Tomooka, Lindsay, TCH 53580,
Administrative Case AC 4748
Bakersfield, CA
Through a disciplinary action of the
Board, the license is revoked.
Decision effective 07/11/2014.
View the decision

Tran, Thucuc, TCH 109598,
Administrative Case AC 4727
Richmond, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 03/01/2014.
View the decision

Trujillo, Audrey, TCH 98651,
Administrative Case AC 5039
Fullerton, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 03/10/2014.
View the decision

Vail, Jamie, TCH 70591, Administrative
Case AC 4316
Sonora, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 08/01/2014.
View the decision

Vasquez, Alex, TCH 93066,
Administrative Case AC 5045
Garden Grove, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 07/11/2014.
View the decision

Vasquez, Napolion Jr., TCH 29906,
Administrative Case AC 4708
Porterville, CA
Through a disciplinary action of the
Board, the license is revoked and the right
to practice or operate has ended.
Decision effective 07/11/2014.
View the decision

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Vergara, Crystal, TCH 108318, Administrative Case AC 4811 Ramona, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/18/2014.
View the decision

Villalva, Denise, TCH 104569, Administrative Case AC 4368 Inglewood, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/29/2014.
View the decision

Villanueva, Victor, TCH 8106, Administrative Case AC 4605 Orangevale, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/05/2014.
View the decision

Vinson, Satin, TCH 108986, Administrative Case AC 4497 Colton, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/27/2014.
View the decision

Vongsikhay, Nataya, TCH 97480, Administrative Case AC 4456 Banning, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for three years, which is subject to the terms and conditions in the attached decision.
Decision effective 04/04/2014.
View the decision

Walton, Latrice, TCH 76453, Administrative Case AC 4648 Banning, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for five years, which is subject to the terms and conditions in the attached decision.
Decision effective 04/04/2014.
View the decision

White, David, TCH 11147, Administrative Case AC 4985 San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 08/01/2014.
View the decision

Wickliffe, Dianna, TCH 38215, Administrative Case AC 4986 Somerset, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/27/2014.
View the decision

Wilcox, Wendy, TCH 18877, Administrative Case AC 4575 Riverside, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 02/10/2014.
View the decision

Williams, Ruby, TCH 99379, Administrative Case AC 4547 Victorville, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/26/2014.
View the decision

Willis, Laverne, TCH 39707, Administrative Case AC 4323 Rialto, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/27/2014.
View the decision

Winters, Amy, TCH 120569, Administrative Case AC 4915 Merced, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/18/2014.
View the decision

Yabut Viray, Jeremiah, TCH 100473, Administrative Case AC 4146 Chino Hills, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Zadran, Tahmina, TCH 79450, Administrative Case AC 4753 Newark, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for five years, which is subject to the terms and conditions in the attached decision.
Decision effective 04/04/2014.
View the decision

Zaragoza, Concha, TCH 66515, Administrative Case AC 4246 Corona, CA
By Hearing Decision, Accusation dismissed.
Decision effective 01/17/2014.
View the decision

Zuniga, Brittney, TCH 126842, Administrative Case AC 4620 Norco, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Designated Representative-in-Charge

Butler, Joyce, EXC 20146, Administrative Case AC 4928 Polk City, FL
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reprimand.
Decision Effective 5/5/2014.
View the decision

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Pharmacists

Agyeman, Kwaku, Applicant, Statement of Issues Case SI 5104
Loma Linda, CA
The Application for a Pharmacist License is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and placed on probation for the remaining term of the probation ordered in Case No. 3342 and is subject to the terms and conditions in the attached decision.
Decision effective 05/14/2014.
View the decision

Austin, Douglas, RPH 40244, Administrative Case AC 4614
Diamond Bar, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license is placed on probation for five years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 03/04/2014.
View the decision

Bartee, Gary Allen, RPH 43085, Administrative Case AC 3882
Albany, OR
Through a disciplinary action of the Board, the license is subject to a letter of public reprimand.
Decision effective 4/18/2014.
View the decision

Basurto, Leena, RPH 61580, Administrative Case AC 4443
Madera, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 05/26/2014.
View the decision

Bazarganfard, Edwin, Applicant, Statement of Issues Case SI 4485
Woodland Hills, CA
Through a disciplinary action of the Board, the license is issued, immediately revoked, the revocation is stayed, and the license is placed on probation for three years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 01/31/2014.
View the decision

Berger, Arthur Howard, RPH 30997, Administrative Case AC 4545
Greenlawn, NY
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 6/2/2014.
View the decision

Brown, Amy, RPH 43131, Administrative Case AC 4818
Huntington Beach, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for five years, and is subject to the terms and conditions in the decision.
Decision effective 07/23/2014.
View the decision

Chambers, Brian, RPH 44303, Administrative Case AC 4817
Boise, ID
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/11/2014.
View the decision

Clark, Emily A., RPH 63443, Administrative Case AC 5179
Visalia, CA
By court order, Emily Clark is not to engage in any employment where pharmaceuticals are the chief item of sale.
Effective April 4, 2014
View the decision

Dabbs, John N., RPH 28419, Administrative Case AC 5155
Vista, CA
Interim Suspension Order issued on 4/11/2014. John Dabbs is temporarily suspended and prohibited from engaging in the practice of pharmacy. This Interim Suspension Order shall remain in effect pending further order of the Office of Administrative Hearings.
Effective April 8, 2014
View the decision

Dabbs III, John, RPH 28419, Administrative Case AC 4570
Vista, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/11/2014.
View the decision

Daher, Albert F., RPH 39189, Administrative Case AC 3482
Glendale, CA
Through a disciplinary action of the Board, the license is revoked.
Decision effective 1/27/2014.
View the decision

Dean, Carl, RPH 37053, Administrative Case AC 4793
Wyndmoor, PA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 05/30/2014.
View the decision

Dollins, Lee, RPH 23505, Administrative Case AC 4340
Northridge, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 1/15/2014.
View the decision

Governski, Robert, RPH 47933, Administrative Case AC 4725
Telluride, CO
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 08/11/2014.
View the decision

Helgren, Patricia, RPH 42842, Administrative Case AC 3769
Bakersfield, CA
Through a disciplinary action of the Board, the license is subject to public reproval and subject to the terms and conditions as indicated in the attached decision.
Decision effective 02/11/2014.
View the decision
Disciplinary Actions

Continued from Page 32

Hibbs, Terry, RPH 41315, Administrative Case AC 4616
Escondido, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the license is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 45-day suspension with 45 days credit for suspension already served.
Decision effective 07/09/2014.
View the decision

Hill, Ronnie, RPH 40967, Administrative Case AC 4653
Lebanon, OR
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 05/12/2014.
View the decision

Husbands, Lillian, RPH 44568, Administrative Case AC 4699
Roseville, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/28/2014.
View the decision

Jay, Michael, RPH 36457, Administrative Case AC 4559
Anaheim, CA
Through a stipulated decision, the license is revoked, the revocation stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the attached decision, including a 180-day suspension.
Decision effective 04/17/2014.
View the decision

Johnson, Fredrick, RPH 61283, Administrative Case AC 4552
Oakland, CA
Through a disciplinary action of the board, the license is revoked, the revocation is stayed, and the license is placed on probation for three years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 01/31/2014.
View the decision

Karpachinski, Nick, RPH 33217, Administrative Case AC 4783
Chula Vista, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 01/17/2014.
View the decision

Kelly, Brendan, Applicant, Statement of Issues Case SI 5083
Vallejo, CA
The Application for a Pharmacist Intern License is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and placed on probation for 2 years and is subject to the terms and conditions in the attached decision.
Decision effective 05/14/2014.
View the decision

Lasell, Peter, RPH 32116, Administrative Case AC 4652
Belmont, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 09/04/2014.
View the decision

Lieu, Sebastian, RPH 54687, Administrative Case AC 4489
Fountain Valley, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 03/10/2014.
View the decision

Markarian, Serj Soukaz, RPH 54284, Administrative Case AC 4645
Burbank, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision, including a 30-day suspension.
Decision effective 06/18/2014.
View the decision

Mezentsev, Leon, RPH 67178, Administrative Case AC 4848
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 03/10/2014.
View the decision

Mulala-Simpson, Liseli, RPH 54290, Administrative Case AC 4649
San Francisco, CA
Through a disciplinary action of the board, the license is subject to a letter of public reprimand.
Decision effective 4/23/2014.
View the decision

Nabhan, Ahmad S., RPH 41754, Administrative Case AC 4572
La Jolla, CA
Through a stipulated decision, the license is revoked, the revocation stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the attached decision, including a 14-day suspension.
Decision effective 04/17/2014.
View the decision

Nabhan, Ahmad S., RPH 41754, Administrative Case AC 3482
La Crescenta, CA
Through a disciplinary action of the board, the license is revoked.
Decision effective 1/27/2014.
View the decision

Mitsuoka, J. Chris, RPH 28914, Administrative Case AC 4335
Morro Bay, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the license is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 30-day suspension.
Decision effective 06/18/2014.
View the decision

See Disciplinary Actions, Page 34
**Disciplinary Actions**

*Continued from Page 33*

Naygas, Irene, RPH 58720, Administrative Case AC 4432
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years with a 90 day suspension and subject to the terms and conditions as indicated in the attached decision.
Decision effective 03/04/2014.
View the decision

Nourani, Lilit, RPH 53686, Administrative Case AC 4186
Westlake, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/16/2014.
View the decision

Okimoto, Thomas, RPH 24559, Administrative Case AC 3428
North Highlands, CA
Through a disciplinary action of the board, the license is voluntarily surrendered.
Decision effective 05/07/2014.
View the decision

Opatz, Daniel, RPH 37645, Administrative Case AC 4788
Buena Park, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 30 months, which is subject to the terms and conditions in the attached decision.
Decision effective 07/09/2014.
View the decision

Oxford, Sherri, RPH 40226, Administrative Case AC 4816
Glendale, AZ
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/27/2014.
View the decision

Palm Springs, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/28/2014.
View the decision

Patel, Jignesh, RPH 59344, Administrative Case AC 4752
San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/16/2014.
View the decision

Pendley, Sean, RPH 56229, Administrative Case AC 4470
Silver Springs, NV
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 60-day suspension.
Decision effective 05/21/2014.
View the decision

Pirrello, Rosene, RPH 36880, Administrative Case AC 4461
San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.
Decision effective 07/09/2014.
View the decision

Romanolo, Lisa, RPH 37131, Administrative Case AC 4827
Prunedale, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 06/27/2014.
View the decision

Sabistina, Gary, RPH 36143, Administrative Case AC 5130
Tahoe City, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/29/2014.
View the decision

Sedrak, Nancy, RPH 52375, Administrative Case AC 4591
Rossmoor, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the license is placed on probation for 7 years and is subject to the terms and conditions in the decision, including a 180-day suspension with credit for 90 days suspension already served.
Decision effective 07/09/2014.
View the decision

Short, Debra, RPH 50183, Administrative Case AC 4905
Stockton, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 60-day suspension. Respondent shall be given credit for suspension time already served.
Decision effective 08/18/2014.
View the decision

Skye, Natalya, RPH 55396, Administrative Case AC 3824
Sherman Oaks, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the license is placed on probation for five years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 02/14/2014.
View the decision

See Disciplinary Actions, Page 35
Disciplinary Actions
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Slifka, Patrick, RPH 37647,
Administrative Case AC 4622
Cresco, IA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Vu, Chu Huu, RPH 39728, Administrative
View the decision

Zaky, Ashraf, RPH 48538, Administrative
Case AC 4186
Northridge, CA
Through a disciplinary action of the Board, the license is revoked. the revocation is stayed, the license is placed on probation for 4 years, which is subject to the terms and conditions in the attached decision.
Decision effective 05/07/2014.
View the decision

View the decision

San Diego, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Pharmacy

Wells, Sonya, RPH 41039, Administrative
Case AC 4936
Roseville, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/16/2014.
View the decision

Tura, Mimy, RPH 45251, Administrative
Case AC 4026
Reseda, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/09/2014.
View the decision

San Carlos, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/09/2014.
View the decision

Tsolakis, Frank, RPH 49416,
Administrative Case AC 4248
San Carlos, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/09/2014.
View the decision

Slifka, Patrick, RPH 37647,
Administrative Case AC 4622
Cresco, IA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 04/07/2014.
View the decision

Stavnezer, Morris, RPH 27527,
Administrative Case AC 4657
San Gabriel, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/09/2014.
View the decision

San Carlos, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/09/2014.
View the decision

Tura, Mimy, RPH 45251, Administrative
Case AC 4026
Reseda, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Tsolakis, Frank, RPH 49416,
Administrative Case AC 4248
San Carlos, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/18/2014.
View the decision

Wilson, James, RPH 23617,
Administrative Case AC 4389
San Clemente, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/18/2014.
View the decision

Wong, Louis Chun-Hong, RPH 41176,
Administrative Case AC 4809
Bellvue, WA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Yamasaki, Jun, RPH 19983,
Administrative Case AC 3482
Altadena, CA
Through a disciplinary action of the Board, the license is revoked.
Decision effective 01/31/2014.
View the decision

Yuen, Kan Wang, RPH 30545,
Administrative Case AC 4976
Alturas, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/15/2014.
View the decision

Vandersloot, Nicholas, RPH 66743,
Administrative Case AC 3986
Altadena, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, which is subject to the terms and conditions as indicated in the attached decision.
Decision effective 03/10/2014.
View the decision

Vanderstoel, Michael's Pharmacy, PHY 45319,
Administrative Case AC 4191
Altadena, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license is placed on probation for five years and subject to the terms and conditions as indicated in the attached decision.
Decision effective 01/31/2014.
View the decision

Vurn, Chu Huu, RPH 39728, Administrative
Case AC 3986

View the decision

Wong, Louis Chun-Hong, RPH 41176,
Administrative Case AC 4809
Bellvue, WA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Wilson, James, RPH 23617,
Administrative Case AC 4389
San Clemente, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 09/18/2014.
View the decision

Wong, Louis Chun-Hong, RPH 41176,
Administrative Case AC 4809
Bellvue, WA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Wong, Louis Chun-Hong, RPH 41176,
Administrative Case AC 4809
Bellvue, WA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Wong, Louis Chun-Hong, RPH 41176,
Administrative Case AC 4809
Bellvue, WA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/16/2014.
View the decision

Yamasaki, Jun, RPH 19983,
Administrative Case AC 3482
Altadena, CA
Through a disciplinary action of the Board, the license is revoked.
Decision effective 01/31/2014.
View the decision

Yuen, Kan Wang, RPH 30545,
Administrative Case AC 4976
Alturas, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 07/15/2014.
View the decision

View the decision

View the decision

View the decision

See Disciplinary Actions, Page 36
Disciplinary Actions
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Mimi Pharmacy, PHY 46271, Administrative Case AC 4026
Reseda, CA
Through a disciplinary action of the board
the license is revoked and the right to
practice or operate has ended.
Decision effective 01/31/2014.
View the decision

North Highlands Pharmacy, PHY 39917, Administrative Case AC 3428
North Highlands, CA
Through a disciplinary action of the board,
the license is voluntarily surrendered.
Decision effective 1/13/2014.
View the decision

Precision Pharmacy, LSC 99351, Administrative Case AC 3769
Bakersfield, CA
Through a disciplinary action of the Board,
the licenses are revoked, the revocation is stayed, and the licensee is
placed on probation for three years and subject to the terms and conditions as
indicated in the attached decision.
Decision effective 02/11/2014.
View the decision

Cardinal Health, OSD 4820, Administrative Case AC 4928
Lakeland, FL
Through a disciplinary action of the Board, the license is subject to a Letter of
Public Reprimand.
Decision effective 5/5/2014.
View the decision

Dana Drugs, PHY 47547, Administrative Case AC 4186
Burbank, CA
Through a disciplinary action of the Board, the license is revoked, the
revocation is stayed, and the licensee is
placed on probation for 4 years, which is
subject to the terms and conditions in the
attached decision.
Decision effective 05/07/2014.
View the decision

Greenfield Pharmacy, PHY 37480, Administrative Case AC 5155
Vista, CA
Interim Suspension Order issued on
4/11/2014. Greenfield Pharmacy is
temporarily suspended and prohibited
from engaging in the practice of pharmacy. This Interim Suspension Order shall
remain in effect pending further order of the Office of Administrative Hearings.
Effective April 8, 2014
View the decision

Indio Medical Pharmacy, PHY 21267, Administrative Case AC 4569
Indio, CA
Through a disciplinary action of the Board, the license is revoked, the
revocation stayed, and the license is placed on probation for five years and is
subject to the terms and conditions in the
attached decision.
Decision effective 5/1/2014.
View the decision

La Jolla Discount Pharmacy, LSC 99245, Administrative Case AC 4572
La Jolla, CA
Through a stipulated decision, the license is revoked, the revocation stayed, and the license is
placed on probation for five years and is subject to the terms and conditions in the
attached decision.
Decision effective 04/17/2014.
View the decision

Medisca, Inc., OSD 3220, Administrative Case AC 4926
Plattsburgh, NY
Through a disciplinary action of the Board, the license is publicly reproved.
Decision effective 04/16/2014.
View the decision

San Diego Hospice Pharmacy, HSP 37157, Administrative Case AC 4461
San Diego, CA
Through a stipulated decision, the license is revoked, the revocation stayed, and the license is
placed on probation for 1 year, and is subject to the terms and conditions in the
decision.
Decision effective 06/04/2014.
View the decision

See Disciplinary Actions, Page 37
Disciplinary Actions
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San Diego Hospice Pharmacy, LSC 99299, Administrative Case AC 4461
San Diego, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 04/15/2014.
View the decision

Alvarado Discount Pharmacy, PHY 49031, Administrative Case AC 4223
Los Angeles, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/28/2014.
View the decision

Carepoint Pharmacy, Applicant, Statement of Issues Case SI 4892
Schaumburg, IL
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproval.
Decision effective 08/22/2014.
View the decision

Grandpa’s Compounding Pharmacy, LSC 99109, Administrative Case AC 4929
Placerville, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/28/2014.
View the decision

Greenfield Pharmacy, PHY 37480, Administrative Case AC 4570
Vista, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/01/2014.
View the decision

Greenfield Pharmacy, PHY 37480, Administrative Case AC 5155
Vista, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 07/01/2014.
View the decision

Mills Square Pharmacy, PHY 46847, Administrative Case AC 4248
San Mateo, CA
Through a disciplinary action of the Board, the license is revoked and the right to practice or operate has ended.
Decision effective 07/09/2014.
View the decision

Rite Care Pharmacy, PHY 44192, Administrative Case AC 4689
Encino, CA
Citation and Fine imposed and Accusation Withdrawn.
View the decision

Six Twelve Pharmacy, PHY 36222, Administrative Case AC 4389
Arcadia, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 09/16/2014.
View the decision

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Call Kurtis: Pharmacists Concerned
Employer Pressure Leads to Prescription Errors

http://sacramento.cbslocal.com/2015/03/03/call-kurtis-pharmacists-concerned-pressure-leads-to-prescription-errors/

SACRAMENTO (CBS13) — Anyone who has waited in a drug store for a prescription knows a pharmacy counter can be a busy place.

“It’s a high-pace, high-stress environment,” a former CVS pharmacy technician told CBS Boston Station WBZ-TV.

She did not want to be identified, but she believes that stress leads to mistakes.

“Somebody gets the wrong strength of medication, somebody gets the wrong number of pills,” she said.

CBS13 has learned the California Board of Pharmacy has fined pharmacies a thousand times in the past two years for prescription errors.

Types of mistakes that happen include an allergy drug being given to a patient instead of a high blood pressure medication. In another case, a patient got something for acid reflux instead of an anti-depressant, and an arthritis drug was given to someone who needed a medicine for seizures.

The pharmacy technician believes a growing trend in pharmacies is behind all that stress and the errors. It is called performance metrics, a system used to measure how many prescriptions a pharmacist fills and how fast. It also counts flu shots and phone calls pharmacists make to patients urging them to fill prescriptions. If the pharmacist falls behind, she says, they’ll hear about. “You didn’t make all of your 50 phone calls. I want you to write an action plan to tell me how tomorrow you are going to get all of your prescriptions filled, get your phone calls made plus give out x number of flu shots,” she said describing what pharmacists she worked with were told.

CVS says if metrics contributed to mistakes they would change the system. They insist it does not.

In a written statement the company said: “The health and safety of our customers is our number one priority and we have comprehensive policies and procedures in place to ensure prescription safety.”
A survey of nearly 700 pharmacists conducted by the institute for safe medication practices found that more than 83 percent believed performance metrics contributed to dispensing errors.

Pharmacists are starting to speak out against metrics. Susan Holden is the president of the Massachusetts Association of Pharmacists. She worked under a metrics system at a different drug store chain. “It was very nerve-wracking, very stressful, sometimes tearful,” she recalled.

Holden now works as a hospital pharmacist and she says metrics puts too much stress on pharmacists. “Ultimately, I was afraid of harming a patient,” she said.

“We’re concerned anytime pharmacists can be put in a position where the public could be jeopardized,” said Virginia Herold with the California Board of Pharmacy.

Her agency regulates pharmacists. She doesn’t think it’s her agency’s place to get in between employers and employees on how many prescriptions are filled.

“We advise don’t go faster than it’s safe to do so,” Herold said.

Susan Holden believes if something doesn’t change, the problem could get worse. “The worst case scenario, it could be a very dangerous prescription error. I think anybody could draw a conclusion about what could happen,” she said.

The National Association of Boards of Pharmacy is urging states to restrict the use of metrics that are proven to compromise safety. Herold says the issue will be discussed at an upcoming meeting.
Are Prescription Drugs Provided by Mail Order Distributors Safe?

http://www.forbes.com/sites/stevebanker/2015/03/12/are-prescription-drugs-provided-by-mail-order-distributors-safe/

If you watch the news, you know we have experienced extreme cold weather conditions in addition to lots of snow in the Northeast. A colleague of mine told me that a few weeks ago, she came home after work to receive frozen medication in her mailbox. Prescription medication has temperature limits. If the medication is designed to be shipped chilled, consumers understand that if it gets too warm, the drug will lose potency.

However, the reverse probably is not as obvious to everyone. If a drug is designed to be used at ambient temperatures, and it gets cold during the shipping process, it can also lose potency.

My colleague is smarter than I am. She suspected this was the case. I don’t think I would have.

She had received a package containing Atorvastin and Lexoxyl from a mail order supplier – Express Scripts ESRX +2.11% – that was shipped using the US Postal Service in packaging that did not contain temperature sensors or sufficient packaging to protect against the cold. She called the mail order supplier – Express EXPR -0.48% Scripts – to find out what the temperature limits are and determine the effect of the frigid weather on the medication.

Upon calling, she was referred to a pharmacist who stated that “the manufacturer did not specify temperature limits” for the medications she was prescribed; further, she said that cold temperatures were not generally a factor unless it was a diabetes drug. My colleague was surprised, and asked “don’t all prescription drugs have upper and lower temperature limits.” She was emphatically told that there were not any limits specified by the manufacturer for these drugs and that because it was cold – it was most likely okay.

After thinking about this for a while, she decided it was better to be safe than sorry. She called the US Federal Drug Agency and was told that for the drugs she had ordered, the storage temperature limits were 68 to 77 degrees for Atorvastin and between 59 and 86 degrees for Lexoxyl.

Clearly, having these drugs sit in a mailbox all day when the temperature was subzero would have driven these drugs outside their proper temperature ranges. And yes, according to the helpful FDA lady, these drugs’ potency would be affected as a result of this. The FDA representative also said that the mail order supplier could have enclosed a temperature indicator in the packaging so that she could have seen the temperature profile in the packaging and insure that it was within the proper limits.

Just as clearly, Express Scripts violated FDA regulations. Here is the legalese: “The regulation governing state licensing of wholesale prescription drug distributors (21 CFR 205.50 (c)) states that all prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements… The regulation also states that if no storage requirements are established for a prescription drug, the drug may be held at [controlled room temperature … to help ensure that its identity, strength, quality and purity are not adversely affected.”

It may be that this was a onetime failure by Express Scripts. That seems unlikely.
A $2,500 tube of cold-sore cream? Now that stings

David Lazarus

Jim Makichuk bought a 5-gram tube of Zovirax, a prescription cold-sore cream, a few years ago in Canada for $34.65. That was the over-the-counter price; no insurance involved.

He recently purchased a fresh 5-gram tube from a Kaiser Permanente pharmacy in Los Angeles. It cost him $95, or nearly three times as much as the Canadian price — with insurance.

But that's not what raised Makichuk's eyebrows.

What surprised him was a report Kaiser sent him on prescriptions he filled in January. There was the tube of Zovirax, and there was the $95 payment Makichuk made.

And beside that was a listing for what Kaiser paid for the cream: $2,532.80.

"I don't get it," Makichuk, 68, of Sherman Oaks, told me. "How could they possibly pay that much?"

The answer to that question leads down the rabbit hole of U.S. healthcare costs and the frequently inexplicable prices of prescription drugs.

It also highlights the fact that Americans pay more for meds than citizens of most other developed countries, which regulate drug prices to prevent price gouging.

Makichuk said he contacted Kaiser to see if a mistake had been made about the total price tag.

"I talked to a couple of people," he recalled. "They said that's just how much it costs."

It isn't. I found a Canadian site called Universal Drugstore selling acyclovir, the generic equivalent of Zovirax, for $21.

I found another site, Canada Drugs, selling a 6-gram tube of acyclovir for $47.88. Six grams of name-brand Zovirax could be had for $44.94.

The manufacturer of Zovirax, Britain's GlaxoSmithKline, says the major markets for the drug are Europe, Russia and Australia. Along with cold sores, Zovirax is a leading treatment for genital herpes.

Glaxo sold the U.S. and Canadian rights for Zovirax in 2011 to Canadian company Valeant Pharmaceuticals for $300 million.
In 2012, the U.S. Food and Drug Administration said Valeant was making unsubstantiated claims about Zovirax on its website. It said the company was overstating the effectiveness of the drug and ordered it to stop.

A year later, Valeant agreed to supply what it called an "authorized" generic version of Zovirax to Irish drug company Actavis, which would have the exclusive right to market and distribute it in the United States.

Now, I need to clarify a key point. Actavis and two other generic-drug makers, Mylan and Amneal Pharmaceuticals, market a generic version of Zovirax ointment. There's no generic version of the Zovirax cream prescribed for Makichuk.

What's the difference?

"There really isn't any," said Dr. Boris Zaks, a Beverly Hills dermatologist. "Creams are more cosmetically elegant because you rub them in. Ointments can leave some residue. They can be a little greasier."

American government, the dumbest and most conniving underhanded criminals on the planet. But, apparently this is ok with the public, because they DONT DO SH%t ABOUT IT!!!!

Technically speaking, an ointment is 80% oil and 20% water. A cream is 50% oil and 50% water. Both Zovirax cream and Zovirax ointment have the same amount of the same active ingredient, acyclovir.

"An ointment can be more soothing," said Dr. Dale Westrom, a dermatologist in Santa Rosa, Calif. "People with sensitive skin do better with ointments."

Both Westrom and Zaks said they prefer the pill version of generic acyclovir for their patients. It works better, they said, and is cheaper than the cream or the ointment.

Makichuk said neither the Kaiser doctor nor the pharmacist balked at providing him with 5 grams of cold-sore cream costing more than $2,500. Also, neither mentioned the far cheaper ointment, he said.

John Nelson, a Kaiser spokesman, declined to discuss specifics of Makichuk's experience for privacy reasons.

He said only that there's no generic available for Zovirax cream and that "the price we have is very similar to others in the market."

That's true, as a search for Zovirax cream on the price-comparison website GoodRx will show. But it doesn't remove the stench from all this.

Why is name-brand Zovirax cream priced at such a ridiculously high level? I put that to Valeant Pharmaceuticals.

Laurie Little, a Valeant spokeswoman, said the cost of the cream "takes into account many factors, the cost of the active and inactive ingredients, the manufacturing process, the packaging and its related process, as well as the distribution and a myriad of other expenses."
So there.

As for why the Zovirax cream available in Canada is so cheap, that's simple: It's manufactured in Britain, not the U.S., and British law requires that drug prices be reasonable. So does Canadian law.

If there's a take-away from Makichuk's story, it's that America's healthcare system is designed to maximize cash flow for its corporate players and that there are few safeguards to keep costs down.

Not coincidentally, according to the financial-advice website NerdWallet, healthcare bills are the No. 1 cause of personal bankruptcy in this country.

And no amount of skin cream will make that sting go away.

David Lazarus' column runs Tuesdays and Fridays. He also can be seen daily on KTLA-TV Channel 5 and followed on Twitter @Davidlaz. Send your tips or feedback to david.lazarus@latimes.com.
Monterey County Collaborates congratulates Board of Pharmacy

The Coalition for a Tobacco-Free Monterey County, Monterey County Traffic Safety Coalition and Sunrise House Prevention recently merged to create Monterey County Collaborates. Monterey County Collaborates envisions a Monterey County where youth are safe and become leaders that facilitate healthy choices. Monterey County Collaborates congratulates the California State Board of Pharmacy members on the adoption of a policy statement regarding tobacco sales at pharmacies. The statement reads:

“The California State Board of Pharmacy recognizes that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore the board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause cancer, heart disease, lung disease and other health problems.”

Board President Stan Weisser said board members could not justify the sale of tobacco products, which have been proven to contribute to patient health issues and death, in the public health setting of a pharmacy, or even in a store that contains a pharmacy. “The Board of Pharmacy’s paramount mandate is to protect consumers. This recommendation sends a clear and consistent message that combining tobacco sales and a pharmacy within the same business is not in the best interests of public health,” Weisser said.

Weisser said the tobacco product recommendation coincides with the board’s development of regulations which will allow a pharmacist to furnish nicotine replacement products to assist with smoking cessation. “In the near future, California pharmacists will play a greater role in providing health care and tobacco products have no place in that,” he said.

Monterey County Collaborates is committed to protecting the health and well-being of the residents of Monterey County through evidence-based policies.
Raley’s curbs tobacco sales, citing health concerns


Raley’s recent announcement that it will no longer sell tobacco products at most of its supermarkets may signal a trend toward a greater health focus among retail outlets. But a grocery industry consultant and smokers in Sacramento said the move is not necessarily a surprise: Most smokers already buy cheaper cigarettes at convenience stores and gas stations, anyway. A Raley’s spokeswoman said the grocery chain will stop selling tobacco items by the end of this month at 128 Raley’s, Bel Air Markets and Nob Hill Foods stores in Northern California and Nevada.

The company will continue to sell tobacco products at its Food Source supermarkets, which are managed independently of the other supermarkets, spokeswoman Chelsea Minor said. There are five in the Sacramento area. The grocer also will continue to sell tobacco products at its Aisle1 convenience stores, including six in the Sacramento region, as a convenience for their customers, Minor said.

The family-owned grocer said it already has stopped purchasing tobacco products for the affected markets.

Related
Bill by Sen. Mark Leno would put major restrictions on e-cigs
Bill would raise California smoking age to 21

Company officials called the decision “our next big step in ongoing efforts to provide healthier options and to raise awareness about health and wellness.”

“This is not a decision that we’ve taken lightly,” Raley’s said Friday in a news release. “There is a very strong correlation between tobacco use and many serious health issues ... At this time, the evidence against tobacco usage is simply too strong to ignore.”

The company made a point in its press statement that although alcohol and sugar-based products, which it sells, “can also have adverse effects with high consumption, there is far less evidence at this time to indicate that consumption of sugary snacks and alcohol in moderation poses a significant health threat to healthy adults.”

The Raley’s decision comes after the CVS drugstore chain announced last year that it no longer would sell tobacco products. The Rite Aid pharmacy chain also recently reduced tobacco sales and placed smoking cessation products in more prominent locations in stores. Rite Aid officials could not be reached for comment on Saturday.

Supermarket industry consultant Robert Reynolds of Reynolds Economics in the Bay Area said tobacco sales, once a huge revenue source for grocery chains, have been on the decline, percentage-wise, for decades as convenience stores and gas stations gain greater market control.
The product is subject to high theft rates, often prompting stores to lock it up, he said. Also, tobacco companies ask grocers to conduct promotional campaigns and put up signage, Reynolds said.

“It is unlikely given the size of a firm like Raley’s that they will miss it a whole lot, Reynolds said. “It is not a big, big deal.”

But, Reynolds said, the move is good for the grocer’s public relations image. “They also can hang up a sign and say, we care for you, we’re doing a favor for the community,” he said. “It’s a pretty good PR sort of thing.”

Raley’s shoppers on Freeport Boulevard said that they approved of the decision.

“I think tobacco products in general have proven to be very addictive and very harmful to health, so if they want to take that stand, I support them,” said shopper Janette Lischeske of Land Park.

Several smokers interviewed by The Sacramento Bee said Raley’s decision won’t affect them because they already buy their cigarettes at gas stations, convenience stores and tobacco shops.

“Markets like (Raley’s), typically, their cigarettes are a little older and stale anyway, so I always buy from a tobacco shop or a gas station,” said William Bonnevier of Elk Grove.

Amy Johnson of south Sacramento bought cigarettes Saturday at a gas station a few blocks from a Raley’s. She said she approves of Raley’s decision, but doesn’t think it will matter to smokers.

“Nine out of 10 smokers you ask where they buy their cigarettes, it will not be from a Raley’s or a Bel Air because of their prices,” she said. Johnson, who has cut back and switched to a brand she says is healthier, applauded Raley’s move, however. “I think removing cigarettes off shelves would save a lot of respiratory problems in the future.”

Johnson said she senses a trend. “First CVS, now Raley’s. Who’s next?”
Senate panel examines why California foster care system 'addicted' to psychiatric drugs


By Karen de Sá

California's foster care system "has grown more addicted to mind-altering medication," the chair of a powerful Senate committee told a packed public hearing in the state Capitol on Tuesday, adding that "here in California, we've done little to act on this alarming issue."

Vowing change on the eve of a new legislative season, state Sen. Mike McGuire said past failures to act are now "simply unacceptable," resulting in thousands of California foster youth who "have fallen victim to inaction, and at times politics."

Iris Hoffman, 18, a member of the California Youth Connection, testifies on Feb. 24, 2015, in a hearing in the state Capitol in Sacramento, Calif., to address the misuse of psychotropic medication in the child welfare system. (Dai Sugano/Bay Area News Group) (Dai Sugano)

Tuesday's four-hour hearing before the Human Services Committee highlighted a package of bills being introduced this month, following this newspaper's investigation "Drugging Our Kids," which revealed nearly one in four foster care teens take psychiatric drugs -- often to control behavior, not to treat mental illnesses. Most are prescribed antipsychotics, a powerful class of psychiatric drugs with the most harmful side effects.

Will Lightbourne, director of the state's Department of Social Services, acknowledged "there's a very deep concern about the volume" of psychotropic drugs prescribed to foster youth. "Yes, we do want to bring that number down," he said.

Lightbourne said two state-sponsored panels have spent years working to develop guidelines that would protect foster children from the excessive use of psych medications and to house fewer kids at residential group homes, where drugs are most frequently prescribed. Foster children deserve "nonmedical treatments whenever possible," Lightbourne said.

But McGuire, D-Healdsburg, pressed state officials to explain why so little has changed since state lawmakers held a hearing nearly a decade ago on the very same issue. On Tuesday, former foster youth, child psychiatrists, a leading juvenile court judge and the director of a powerful lobby of child welfare directors said solutions are long overdue. They are urging state lawmakers to pass a series of bills that, among other issues, would step up court oversight of medical prescriptions, expand the role of public health nurses to better monitor medicated children, and train caregivers to defuse disruptive or self-destructive behaviors without the use of sedating drugs.
"We need to shift our thinking away from the primacy of psychiatric medications toward relationships," testified George Stewart, a Berkeley child psychiatrist who has spent much of his career tapering severely traumatized children safely off high-risk drug cocktails. "We are going to look back on this era of great enthusiasm for psychiatric medications and either scratch our heads or hang our heads. We will look back in 20 years and say, 'What were we doing?'"

Iris Hoffman, 18, of Sonoma County, spoke to senators on behalf of youth in the child welfare system who are scared to refuse medications because they will be punished in residential group homes. "It's really hard to trust someone who's forcing you to take pills that you don't feel (are) right for you to be taking," said Hoffman, a member of the advocacy group California Youth Connection. "Seroquel, Abilify, Ativan -- all of the things I was prescribed before I was 16 -- they never helped me heal from the trauma I suffered."

On the local level, some counties are already looking at alternatives.

Toni DeMarco oversees a program for San Mateo County foster youth that includes drumming, yoga, and swimming -- "the kinds of interventions," she said, "that make the need for psychotropic medications go away."

Lori Medina, director of Santa Clara County's Department of Family and Children's Services agreed. "The symptoms around these children's trauma cannot just be remediated with medication. There has to be other approaches," Medina said. "Social workers are trained to ask questions, but there has to be more of that."

Senators also said they were alarmed by the newspaper's analysis that showed how pharmaceutical companies lavish the state's foster care prescribers with millions of dollars for meals, gifts, travel, speaking engagements and research grants -- a practice Lightbourne called "deeply troubling." The newspaper found the doctors who prescribed the most, typically were rewarded the most.

State Sen. Bill Monning, D-Carmel, expressed outrage that drug companies promote prescribing of powerful psychiatric drugs that have not been approved for use on children.

"How do we avoid there being a monetary incentive for prescribing these drugs?" he asked.

At Tuesday's hearing, senators McGuire and Monning discussed whether new regulations to outlaw conflicts of interest that could be harming foster youth are now needed. The head of social services responsible for California's roughly 63,000 foster youth agreed.

"To the extent that we can as a state restrict that," Lightbourne said, "I think that's ultimately very good."