New Year Brings Changes in Pharmacy Law

Gov. Edmund G. Brown Jr. has signed a variety of Senate and Assembly bills that change laws governing the practice of pharmacy in California. Unless specified otherwise, the new laws take effect on Jan. 1, 2017.

Many of the key changes are paraphrased or summarized below. For important information that is not included here, you can read the specific text of new laws on the Board of Pharmacy website here.

AB 1069 (Gordon) Prescription drugs: collection and distribution program
Chapter 316, Statutes of 2016
This law allows the repackaging and dispensing of a reasonable quantity of donated medications to eligible patients if the task is performed by a pharmacy that exists solely to repackage and dispense donated medications to its patient population. The dedicated pharmacy must have policies and procedures for identifying and recalling medications, and repackaged medicine must be labeled with the earliest expiration date.

AB 1386 (Low) Emergency medical care: epinephrine auto-injectors
Chapter 374, Statutes of 2016
This law authorizes a pharmacy to furnish epinephrine auto-injectors to an authorized entity, such as a restaurant that fulfills certain prerequisites, pursuant to a prescriber’s prescription.

AB 1748 (Mayes) Pupils: pupil health: opioid antagonist
Chapter 557, Statutes of 2016
This law authorizes a pharmacy to furnish naloxone hydrochloride or another opioid antagonist to a school district, county office of education, or charter school under certain conditions and pursuant to a prescriber’s prescription.

SB 482 (Lara) Controlled substances: CURES database
Chapter 708, Statutes of 2016
This law requires a health care practitioner authorized to prescribe, order, administer or furnish a controlled substance, unless an exemption applies, to consult the CURES database before prescribing a Schedule II, III or IV medication for the first time and at least once every four months afterward. The measure also limits the dispensing of a controlled substance in specified settings to a five- or seven-day supply. There are a number of exemptions. The requirements will take effect six months after CURES is certified by the California Department of Justice; there is no time frame for this certification. Pharmacists and veterinarians are exempt from the mandatory CURES consultation.

SB 952 (Anderson) Pharmacy technicians: licensure requirements
Chapter 150, Statutes of 2016
This law expands the pathway to licensure for pharmacy technicians by qualifying individuals for licensure who have been certified by programs that offer a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board of Pharmacy.

Board Is Ready to License Advanced Practice Pharmacists

The California State Board of Pharmacy announces a milestone in public access to health care with the creation of a new classification of professionals known as advanced practice pharmacists. The board is now accepting applications and ready to begin licensing these highly educated and trained pharmacists who will collaborate with providers to directly treat and improve care for patients in their communities.

Under a 2013 state law, pharmacists who receive an advanced practice pharmacist license after completing enhanced training are authorized to do the following:

See Advanced Practice Pharmacists Page 9
President’s Message
By Amy Gutierrez, PharmD
President, Board of Pharmacy

After several years of concentrated effort and work with public stakeholders, the board has finalized two major regulations that focus on ensuring safety and care access for the California public and change pharmacy practice within our state. Commencing in January 2017, the board will focus on implementation of these regulations to ensure maximum benefit as to the intended outcome – increased patient safety and access.

The newly revised state compounding regulations will go into effect on Jan. 1, 2017. These regulations originated as a result of the September 2012 New England Compounding Center sterile compounding failures, where more than 60 patients across multiple states died from receipt of a contaminated compounded medication. In addition to these deaths, more than 700 patients suffered from fungal meningitis and related infections after administration of the contaminated product.

Immediately after this event, the board initiated review of its compounding regulations and in 2014 strengthened its statutory licensing program for sterile compounding pharmacies.

The focus of the initial rulemaking originated with federal USP 797 guidance but added aspects of USP 800 after this federal guidance was final and approved. After extensive discussion, multiple hearings and an abundance of public input, pharmacy compounding regulations were approved and released, going into effect in January. The final version of the regulations is available [here](#).

Over the past months, board inspectors have been providing education and guidance regarding compliance to pharmacies during required annual sterile compounding inspections, all in an effort to assist in this transition. To aid pharmacies in fully implementing these requirements, the board encourages pharmacists to utilize the developed compounding self-assessment form that may be found [here](#). This self-assessment form is being promulgated as a regulation in time for the July 2017 self-assessment process for all pharmacies. The board also has also developed frequently asked questions (FAQs) and various educational documents to support pharmacies in implementing the new requirements, and these are available [here](#).

Included in the new compounding regulations is a specific section that allows pharmacies to request a waiver to allow for time to complete physical construction of pharmacy areas to ensure compliance. Recognizing that the construction process in hospitals and other pharmacies requires project planning, construction timelines and coordination with other state agencies, the board intends to work with stakeholders as part of this waiver process.

The board’s focus is on public protection, and ensuring that appropriate and safe access to care is provided by the state’s compounding pharmacies is critical during this transition. The board has already received multiple construction waiver requests and is in the review process for submitted waivers. It is important to note that the construction waiver process is to be requested on physical construction changes only, specifically regulation sections 1735.6(f) and 1751.4. There is no section of the waiver process permitted for non-construction related regulations, as these become effective Jan. 1.

The second major change is the licensure of a new category of pharmacists: the advanced practice pharmacist. On Dec. 13, the board received authorization from the State of California to implement this new licensing program. Advanced practice pharmacists will provide patients with collaborative medication management services, increasing patient access to care. The applications for the new advanced practice pharmacist are now available online [here](#), and the requirements for this additional license are detailed in this issue on pages __. The board is now actively accepting applications for this new license.

This is a major advancement for the pharmacy profession, and an even greater advancement for California patients. The board will provide updates in future newsletters as additional qualification routes for advanced practice pharmacist licensure are added.

2016 has been an exciting year for pharmacy within our state as these established regulations are leading the nation in multiple practice areas. We are fortunate to have board members that are deeply dedicated to public protection and staff that is supportive of our mission. We are also grateful for the involvement of the various pharmacy stakeholders that participated with us during this year.

Best wishes for a joyous holiday season, and Happy New Year to each of you!
Comprehensive Changes to Regulations For Compounding Drugs Take Effect Jan. 1

Comprehensive new regulations governing the preparation of compounded drugs by pharmacies that produce or ship drug preparations for use by consumers in California take effect Jan. 1, 2017.

Recognizing that compliance may require physical construction, the new rules include provisions allowing pharmacies to seek a temporary waiver from compliance while making the necessary changes. See “Temporary Compliance Waivers” below.

The changes in compounding regulations include amendments to section 1735 and section 1751 et seq. in Article 4.5 and Article 7 of Title 16 of the California Code of Regulations (CCR). The new regulations were adopted by the Board of Pharmacy and approved by the Office of Administrative Law in 2016.

Additional amendments in Article 7 include an expanding of sterile compounding requirements to drug preparations that are produced for administration by inhalation or into the eyes as well as by injection. Specific sections set requirements for a wide range of topics, including recordkeeping; labeling; attire; training of staff, patients and caregivers; beyond-use dating; and single-dose and multi-dose containers.

The Board of Pharmacy website includes several sources of information about how to comply with the new compounding regulations. The full text of the regulations is available here. A guidance document to assist pharmacists in understanding the requirements is available here. In addition, articles about preparing a master formula document and about records that licensed sterile compounding pharmacies should have ready for board inspections were published in the Summer 2016 edition of The Script here.

Temporary Compliance Waivers for Construction

CCR sections 1735.6(f) and 1751.4(l) state that, where compliance with revised compounding regulations requires construction or alteration to a facility or physical environment, the board may grant a temporary waiver to permit the required changes to be done.

Waiver applications must:

- Be submitted in writing.
- Identify the regulation provisions that require construction or alteration for compliance.
- Provide a timeline for completion.

The board may grant a waiver for a specified period when, in its discretion, an applicant demonstrates good cause for delaying in compliance.

Information about seeking a waiver from compounding regulations and sample application forms for community pharmacies and hospital pharmacies are available from the Board of Pharmacy website.

Did You Know?

Beginning July 1, 2017, a new law will require all pharmacists, intern pharmacists, pharmacy technicians and designated representatives-3PL to register their email addresses with the Board of Pharmacy within 60 days of obtaining a license or at the time of license renewal.

The law also will require pharmacists, intern pharmacists, pharmacy technicians, designated representatives and designated representatives-3PL to update their email addresses within 30 days of a change of address.

The new requirements are authorized by SB 1193, which amended Business and Professions Code section 4013.

Email addresses will not be posted on the board’s online license verification system. The board plans to remind licensees of the email requirements with each renewal application.

Licensees may register their addresses by subscribing to the board’s email notification list here.

The specific text of section 4013 and other new laws for 2017 can be found at the board’s website here.
Board Authorized to License Outsourcing Facilities

SB 1193 (Hill, Chapter 484, Statutes of 2016) establishes a framework for the Board of Pharmacy to license and regulate outsourcing facilities that are registered as outsourcing facilities with the U.S. Food and Drug Administration under section 503B of the federal Food, Drug and Cosmetic Act and that do business within or into California.

The new law, which is effective Jan. 1, 2017, adds section 4034 to the Business and Professions Code (B&PC) and further defines outsourcing facilities as sites that are located within the United States at one address and that engage in compounding of sterile and nonsterile drugs. In addition, section 4303.1 is added to provide that if the FDA cancels, revokes or suspends an outsourcing facility’s registration, the license issued by the board is immediately canceled, revoked or suspended by operation of law.

SB 1193 also adds Article 7.7 to Chapter 9 of Division 2 of the B&PC with additional provisions for outsourcing facilities. Section 4129 forbids any facility licensed as a sterile compounding pharmacy from also being licensed as an outsourcing facility at the same location. Other sections require that outsourcing facilities compound products with current good manufacturing practices.

Before issuing or renewing a license, the board must inspect the premises; review policies and procedures for sterile and nonsterile compounding; and receive copies of all federal and state inspections and other specified reports for the previous 12 months. The board must also receive: copies of disciplinary or other actions taken by the FDA or another state within 10 days; notice of any recall within 24 hours; copies of clinically related complaints involving California within 72 hours; and notice of adverse effects reported or potentially attributed to products within 24 hours.

Section 4129.4 authorizes the board’s executive officer to issue a cease and desist order to an outsourcing facility for up to 30 days if the board determines that sterile or nonsterile drugs pose an immediate threat to public health or safety. The outsourcing facility owner may request a hearing before the board president within 15 days to contest the order. Failure to comply with a cease and desist order is deemed to be unprofessional conduct.

Under section 4129.8, the board may issue a temporary license to an outsourcing facility. Section 4129.9 establishes requirements for contacting a recipient pharmacy, prescriber or patient and the board when an outsourcing facility issues a recall notice for a sterile or nonsterile drug compounded by the facility.

Violations of any sections of the law or any regulations adopted pursuant to the law are subject to disciplinary sanctions or fines up to $5,000 per occurrence.

Information about applying for an outsourcing facility license will be posted on the board’s website. Pharmacies are encouraged to check that an outsourcing facility is licensed before buying compounded products from the facility.

The specific text of SB 1193 provisions on outsourcing facilities and other new laws is available at the Board of Pharmacy website here.

Automated Drug Delivery Systems Must Be Registered

Business and Professions Code section 4105.5, requires that automated drug delivery systems be registered with the Board of Pharmacy. The new law, which was added by SB 1193 (Hill, Chapter 484, Statutes of 2016), takes effect Jan. 1, 2017.

Section 4105.5 requires pharmacies that own or provide drugs dispensed through automated drug delivery systems to register by providing the board in writing with the location of each device within 30 days of installation. A pharmacy must reaffirm the information upon annual license renewal and must notify the board within 30 days if the pharmacy discontinues operating the system.

An exemption from registration is allowed for an automated drug delivery system operated by a licensed hospital pharmacy for doses administered in a facility operated under a consolidated license under Health and Safety Code section 1250.8.

The law sets specific conditions for operating automated drug delivery systems:

- The use must be consistent with legal requirements. The new regulation does not expand conditions under which automated drug delivery systems may be used.
- The pharmacy must have policies and procedures for the device that include security measures and monitoring inventory to prevent theft and diversion.
- The pharmacy must report drug losses from the device to the board as required by law.
- The pharmacy license must be current and not subject to disciplinary conditions.

Section 4105.5 also authorizes the board to prohibit use of an automated drug delivery system if a pharmacy cannot meet the specified conditions for operating the device. A pharmacy may request an office conference to appeal a prohibition within 30 days of written notice, and the executive officer or a designee may affirm or overturn the prohibition.

The full text of section 4105.5 is available on the board’s website here.
Pharmacists Receive Broader Authority to Administer Vaccines; Immunizations Must Be Reported to CAIR

For years, California pharmacists have been authorized to provide vaccines to patients under written protocols developed with a prescriber. Now, a new regulation allows pharmacists with specified training to provide vaccines on their own authority.

The regulation requires pharmacists to complete an immunization training program before initiating or administering a vaccine under his or her own authority. A pharmacist also must complete one hour of continuing education focused on immunizations and vaccines every two years.

In addition, pharmacists must notify a patient’s primary care provider within 14 days of administering any vaccine; if the patient does not have a primary care provider or cannot provide contact information for a primary care provider, the pharmacist must advise the patient to consult an appropriate health care provider. The regulation also requires pharmacists to notify a pregnant patient’s prenatal care provider, if known, within 14 days of administering any vaccine.

Patients must receive a record of all vaccines administered by the pharmacist, and documentation of each vaccine administered must be maintained in records that are readily retrievable during the pharmacy’s normal operating hours. An example of an appropriate vaccine administration record is available on the Board of Pharmacy website here.

In addition, the new regulation requires pharmacists to report the administration of any vaccine — regardless of the authority under which it was prescribed — to an immunization registry within 14 days. The California Immunization Registry (CAIR) has created a “Pharmacies and CAIR” website with information on how to submit vaccination data to CAIR. The registry is operated by the California Department of Public Health.

Please note that pharmacies — not pharmacists — must be enrolled in CAIR to submit vaccination information. However, pharmacists are encouraged to enroll as individual users to be able to access patient immunization records.

There are two ways to submit data to CAIR:

- Electronically – The patient immunization data from your pharmacy management system (PMS) is extracted, reformatted and sent electronically to CAIR.
- Manually – Pharmacists enter immunization data directly into the CAIR interface.

Many large pharmacy chains are already submitting immunization data to CAIR electronically. Check with your organization to determine if it is already submitting data to CAIR.

Seven of the 10 CAIR regional registries are currently in the process of transitioning to a new registry system and software called CAIR2. This process should be completed by April 2017.

If a pharmacy operates within a region that is transitioning to CAIR2 and reports immunization data manually, the pharmacy will be allowed to defer reporting immunizations until its regional registry launches CAIR2. See the “CAIR Regions” webpage for counties in each region and the “CAIR2 Timeline” webpage for information on which regional registries are transitioning to CAIR2 and when they will transition.

The Board of Pharmacy, as discussed at its meeting on Oct. 26, 2016, agreed to use discretion in enforcing the 14-day reporting requirement against affected pharmacies during a registry transition to CAIR2.

QUESTIONS ABOUT USING CAIR: Pharmacists submitting data manually can contact the CAIR Help Desk at (800) 578-7889 or CAIRHelpDesk@cdph.ca.gov. Questions regarding electronic submissions can be directed to CAIR Data Exchange staff at CAIRDataExchange@cdph.ca.gov.

www.pharmacy.ca.gov
Store Vaccines Properly to Prevent Serious Errors

Few issues are more important than proper storage and handling of vaccines, because their ability to prevent disease is dependent on these factors.

To maintain stability, most vaccines must be stored in a refrigerator or freezer, and many also require protection from light. Excessive heat or cold – even a single exposure in some instances – can reduce vaccine potency. These temperature excursions are often due to improper refrigeration or freezer units, inadequate thermostat controls, and refrigeration/freezer units with inadequate space to allow good air circulation and even temperatures.

Improper and unsafe storage can also result in serious errors caused by selecting the wrong vaccines, diluents and other medications with look-alike names and/or labeling and packaging. Storing vaccines close to each other has led to dispensing and administering the wrong vaccine or wrong form of vaccine (e.g., adult versus pediatric).

Storing vaccines too close to non-biologic medications in a refrigerator or freezer has also led to serious adverse outcomes, particularly when the mix-up involved a vaccine and a high-alert medication. For example, vials of insulin have frequently been mistaken as influenza vaccine, and various neuromuscular blocking agents have been used to reconstitute vaccines or were mistaken as influenza or hepatitis B vaccines.

Store vaccines in their own dedicated refrigeration and freezer units. Regular temperature monitoring is necessary, and technology is available to assist with alarmed, continuous monitoring devices than can alert staff via email and pager if a unit is out of specified range.

Separate vaccine vials and syringes into bins or other containers according to vaccine type and formulation, keeping diluents with the appropriate vaccines. Never store different vaccines in the same containers.

Do not store vaccines with similar labels, names, abbreviations or overlapping components immediately next to each other or on the same shelf. Separate the storage areas of pediatric and adult formulations of vaccines. Label the specific locations where vaccines are stored to facilitate correct age-specific selection and to remind staff to combine the contents of vials.

ISMP’s March 26, 2015, newsletter contains additional strategies, as does a Vaccine Storage & Handling Toolkit available from CDC.

This article was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient-safety organization.

New Law Sets Stage for Obtaining Reimbursement For SB 493 Services Provided to Medi-Cal Patients

Pharmacists who provide services authorized by SB 493 – including administering vaccinations and furnishing nicotine replacement products – to Medi-Cal patients some day will be eligible for reimbursement under a new law signed in 2016.

AB 1114 (Eggman, Chapter 602, Statutes of 2016) authorizes the Department of Health Care Services to establish reimbursement for specified services that pharmacists provide to Medi-Cal patients, subject to approval by the federal Centers for Medicare and Medicaid Services. The measure, which adds section 14132.968 to the Welfare and Institutions Code, sets a rate of reimbursement for pharmacist services at 85 percent of the fee schedule for physician services under the Medi-Cal program.

The measure was adopted and signed by Gov. Edmund G. Brown Jr. as an urgency statute, allowing it to take effect immediately. However, the state first must obtain federal approval for reimbursements, which will be implemented only to the extent that federal participation is available.

The new law specifies covered pharmacist services that may be provided to Medi-Cal patients:

- Furnishing travel medications as authorized by Business and Professions Code (B&PC) section 4052 (a)(10)(A) (3).
- Furnishing naloxone hydrochloride as authorized by B&PC section 4052.01.
- Furnishing self-administered hormonal contraception as authorized by B&PC section 4052.3.
- Initiating and administering immunizations as authorized by B&PC section 4052.8.
- Providing tobacco cessation counseling and furnishing nicotine replacement therapy as authorized by B&PC section 4052.9.
Scholarships, Loan Repayment Assistance Available For Practitioners in Medically Underserved Areas

Money for scholarships and loan repayments is available for students and graduates of pharmacist and pharmacy technician educational programs who agree to work in medically underserved areas of California.

The financial assistance programs are administered by the Health Professions Education Foundation (HPEF), a nonprofit foundation created by statute in 1987 to encourage people from underrepresented communities to become health care professionals and increase access to health providers in underserved areas. Located in the Office of Statewide Health Planning and Development (OSHPD), the foundation has provided more than 12,882 awards totaling more than $146.7 million through June 2016.

Beginning Jan. 3, 2017, HPEF will accept scholarship applications for students in various health care and allied health professions, including pharmacist and pharmacy technician students.

Pharmacy students can apply for up to $50,000 for one year of school through the Advanced Practice Healthcare Scholarship Program (APHSP). Applicants who are awarded scholarships agree to practice full-time, direct-patient care at a qualified facility for 24 months.

Pharmacy technician students can apply for up to $8,000 for one year of school under the Allied Healthcare Scholarship Program (AHSP). Applicants who are awarded scholarships agree to practice full-time, direct patient care at a qualified facility for 12 months.

Qualified work sites are located in areas designated as medically underserved by the U.S. Department of Health and Human Services Health Resources Administration or California’s Shortage Designation Program. In addition, any state, county, veteran or correctional facility qualifies, as well as Indian Health Centers and Federally Qualified Health Centers.

Information about the HPEF scholarship programs – including eligibility criteria, locations of medically underserved areas, and how to apply online – is available for pharmacists at the APHSP webpage and for pharmacy technicians at the AHSP webpage. The deadline to apply for both programs is Feb. 28, 2017.

Later in 2017, HPEF will begin accepting applications for assistance in repaying student loans from pharmacists and pharmacy technicians who agree to work in medically underserved areas.

Pharmacists are eligible to apply for up to $50,000 through the Advanced Practice Healthcare Loan Repayment Program (APHLRP). In return, chosen applicants agree to continue providing full-time, direct-patient care at a qualified facility for 24 months.

Pharmacy technicians may apply for up to $8,000 through the Allied Healthcare Loan Repayment Program (AHLRP). Applicants selected to receive awards agree to provide full-time, direct-patient care at a qualified facility for 12 months.

Information about the loan repayment programs is available for pharmacists at the APHLRP webpage and for pharmacy technicians at the AHLRP webpage.

Scholarship and loan repayment programs administered by HPEF are funded by a variety of sources, including grants and private donations. Pharmacists and pharmacy technicians have the option of contributing to HPEF at the time of license renewal.

www.pharmacy.ca.gov
Changes in Pharmacy Law
Continued from Page 1

At the present time, this would mean the PTCB and the NHA programs.

SB 999 (Pavley) Health care coverage: contraceptives: annual supply
Chapter 499, Statutes of 2016

This law requires a pharmacist to dispense, at a patient’s request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptives pursuant to a valid prescription that specifies an initial quantity followed by periodic refills. The law also requires a health-care service plan or health insurance policy, on or after Jan. 1, 2017, to cover a 12-month supply of self-administered hormonal contraception dispensed at one time by a prescriber or dispenser.

SB 1039 (Hill) Professions and vocations
Chapter 799, Statutes of 2016

This law establishes a new fee structure, effective July 1, 2017, for pharmacy licensees and applicants.

SB 1193 (Hill) Healing arts
Chapter 484, Statutes of 2016

This is a comprehensive law that extends the operation of the Board of Pharmacy and the board’s authority to appoint an executive officer until Jan. 1, 2021 (B&PC sections 4001 and 4003). In addition, the measure covers a broad range of pharmacy activities and includes provisions that

- authorize the board to issue a cease and desist order for unlicensed activity violations;
- repeal obsolete provisions in the Health and Safety Code related to electronic data transmission prescriptions for controlled substances;
- broaden the definition of sterile compounding by removing the specificity of compounding products for inhalation, use in the eyes or injection;
- expand the legal definition of “person” in the Pharmacy Law to allow trusts to own licensed pharmacies; and
- make technical changes.

SB 1229 (Jackson) Home-generated pharmaceutical waste: secure drug take-back bins
Chapter 238, Statutes of 2016

This law provides that a collector of home-generated pharmaceutical waste is not liable for civil damages or subject to criminal prosecution for injury or harm that results from maintaining a secure drug take-back bin on its premises if the collector acts in good faith to take specified steps to ensure the health and safety of consumers and employees and the proper disposal of home-generated pharmaceutical waste contained in the bins.

This law complements pending regulations by the board that would establish specific requirements for pharmacies providing drug take-back and mail-back services; for reverse distributors receiving collected drugs; and for keeping records of collected drugs. The board will issue an advisory to licensees detailing the additional requirements upon approval of the regulations.

Public Member
Greg Murphy Leaves Board

Gregory Murphy, a public board member since December 2013, stepped down from California State Board of Pharmacy at the end of August 2016.

Mr. Murphy was appointed to the board by Gov. Edmund G. Brown Jr. He served on the board’s Licensing Committee, Enforcement and Compounding Committee, and Prescription Drug Abuse Subcommittee.

The board thanks Mr. Murphy for his contributions and participation in the board’s activities.
Advanced Practice Pharmacist

Continued from Page 1

- Perform patient assessments.
- Order and interpret drug-therapy related tests needed to maximize treatment.
- Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
- Initiate, adjust or discontinue drug therapy for a patient, as long as the advanced practice pharmacist notifies the diagnosing prescriber.

Advanced practice pharmacists will expand the pool of health care providers available to offer advice, treatment and referrals. Working in collaborative practice with providers, advanced practice pharmacists will participate more directly in patient care and increase access to the citizens of California.

“Advanced practice pharmacists are drug therapy experts who will provide expanded access to care. Their training and skills will allow for a focus on optimizing medication therapy for the citizens of our state,” said Amy Gutierrez, president of the California State Board of Pharmacy. “Access to advanced practice pharmacists will lead to improvement of health outcomes, particularly in the area of chronic disease medication.”

To become an advanced practice pharmacist, an applicant must be a licensed pharmacist in good standing and meet any two of the following three criteria established in Business and Professions Code section 4210(a)(2):

- Earn a practice-based certification in a relevant area of practice from an organization recognized by the Accreditation Council for Pharmacy Education or the National Commission for Certifying Agencies.
- Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes providing direct patient care services with interdisciplinary health-care teams.
- Provide clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

Authorization for the advanced practice pharmacist license was established in 2013 by Senate Bill 493 (Hernandez). Since then, the Board of Pharmacy has worked to adopt regulations to implement SB 493 and to roll out a program that expands the traditional role of pharmacists as health care providers.

“I authored SB 493 so that the health care system can make better use of highly trained providers to improve the quality and delivery of health care for California patients,” said Sen. Ed Hernandez. “I am grateful to the board for their very thoughtful and deliberate work on its implementation and am certain that with the new advance practice licensure, pharmacists will bring greater education and access to services for patients.”

In August, the Office of Administrative Law (OAL) approved Title 16, California Code of Regulations (CCR) section 1730.2, which specifies requirements for certification programs for APP licensure. On Dec. 13, 2016, OAL approved rulemaking to add provisions regarding acceptable certification programs, application requirements for advanced practice pharmacist licensure, and fees for advanced practice pharmacist licenses and renewals.

“The approval of these new regulations allows for the State Board of Pharmacy to license advanced practice pharmacists in a variety of health care settings,” Gutierrez said.

Information and applications for advanced practice pharmacist licensure are posted on the board’s website. Click on the “Applicants” tab and go to the Apply for a Personal License page. Under “Applications and Examinations Information,” click on Advanced Practice Pharmacist.
CDC Offers Tools to Prevent Prescription Opioid Abuse, Overdose

The Centers for Disease Control and Prevention (CDC) has released a brochure for pharmacists with tips on collaborating with prescribers and communicating effectively with patients to prevent prescription opioid abuse and overdose.

The brochure “Pharmacists: On the Front Lines” notes that sales of prescription opioids in the United States nearly quadrupled from 1999 to 2014 – but the amount of pain reported by patients remained unchanged.

The CDC publication notes that pharmacists and prescribers share a common goal of ensuring safe and effective treatment for patients. The CDC urges pharmacists and prescribers to work collaboratively to optimize pain management while preventing opioid abuse and overdose.

The brochure also encourages pharmacists to educate patients receiving opioid prescriptions about proper use, side effects, medication fills, stockpiling medication, and safe storage and disposal. Besides tips on how to communicate with patients – including asking open-ended questions and being empathetic – the CDC offers specific questions pharmacists can ask patients to start the conversation. Suggestions include:

- What medications have you taken to manage pain and how did you respond?
- How well is your medication controlling your pain?
- In addition to medications, what other ways are you managing your pain?
- Do you know what medications you should avoid while taking opioids?

The CDC also has released a pocket guide for prescribers on tapering opioids. Besides advice on when to consider reducing or tapering and discontinuing opioid therapy, the guide provides general suggestions for physicians on how to develop individualized plans for patients that minimize withdrawal symptoms while maximizing pain management with nonpharmalogical therapies and nonopioid medications.

In addition to these publications, the CDC offers additional online clinical tools to assist providers in balancing pain management with the potential risks that prescription opioids pose. For information and resources, visit the CDC webpage on opioid overdose.

Plan to Attend Board, Committee Meetings in 2017

Information about all board and committee meetings – including dates, locations, agendas and packets of background information for agenda items – is available at the Board of Pharmacy website.

Agendas are posted at least 10 days before each meeting. Background material for agenda items is available to read and download about five days before each meeting.

For most board meetings, pharmacists and pharmacy technicians who attend one full day of a meeting in person may be awarded six CE hours. No reservation is needed, but signing in and out at the meeting is required. Attendees may earn a maximum of six CE hours per year.

Pharmacists and pharmacy technicians also may earn up to two hours of CE for each of two different committee meetings, up to a maximum of four hours per year. No reservation is needed, but attendees must arrive at the designated start of the meeting and sign in and out.

Currently, Board of Pharmacy meetings in 2017 are scheduled for Jan. 24-25, May 3-4, July 25-26 and Nov. 7-8. When feasible, board meetings are webcast and archived here.

Information about additional board meetings will be posted on the website as they are scheduled. The minutes of board meetings also are posted online.
Board Honors Pharmacists for 50 Years of Service

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 an honorable profession for so long.

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

Alexander, Richard D.  Anderson, CA
Behlman, Joan O.  Santa Cruz, CA
Bettencourt, Norman B.  Hughson, CA
Bryant, Dan  Benicia, CA
Calander, Stephen A.  Walnut Creek, CA
Behlman, Joan O.  La Quinta, CA
Bettencourt, Norman B. Santa Cruz, CA
Botto, Frances  San Jose, CA
Bray, Stephanie L.  Walnut Creek, CA
Bryant, Dan  Walnut Creek, CA
Calander, Stephen A.  Happy Camp, CA
Calgher, Paul F.  Paradise, CA
Calcher, Paul F.  San Jose, CA
Castle, George R.  Hacienda Heights, CA
Celayeta, Michael A.  Carlsbad, CA
Chee, Walter B.  Orsido, CA
Cherlin, Philip B.  Orosi, CA
Chu, Edwin  Redding, CA
Coats, George L.  Redlands, CA
Dawson, Douglas C.  Palo Cedro, CA
De Prima, Emil J.  Redlands, CA
Dennis, Robert S.  Redding, CA
Drake, Lynne E.  Redding, CA
Enochson, Karl L. Stockton, CA
Fehn, Gerald L.  San Mateo, CA
Feldman, Patricia C.  Palo Alto, CA
Fernandez, Arthur J.  San Mateo, CA
Ferris, Joseph J.  San Mateo, CA
Ferry, Daniel O.  Berkeley, CA
Flanagan, Michael R.  Berkeley, CA
Fleischer, Michael P.  Berkeley, CA
Floriddia, Donald G.  Berkeley, CA
Frederickson, Margaret P.  Berkeley, CA
Fruzza, Edward L.  Berkeley, CA
Fukuda, Hiroshi S.  Berkeley, CA
Garrett, J. William San Francisco, CA
Goose, Myrna E.  San Francisco, CA
Goldberg, Sara L.  San Francisco, CA
Gong, Norman D.  San Francisco, CA
Gorman, Jeffery L.  San Francisco, CA
Gould, Fred J.  San Francisco, CA
Hashimoto, Roy M.  San Francisco, CA
Hendrickson, Harlen W.  San Francisco, CA
Hsie, Victoria M.  San Francisco, CA
Jackson, Robert D.  San Francisco, CA
Johnson, Robert N.  San Francisco, CA
Johnson, Robert N.  San Francisco, CA
Johnsrud, Richard M.  San Francisco, CA
Jones, Wallace T.  San Francisco, CA
Krueger, Gary L.  San Francisco, CA
Laskoher, John P.  San Francisco, CA
Lazarre, Jack Huntington Beach, CA
Lee, George I. Fresno, CA
Lo, Shirley L.  Fresno, CA
Longoria, Louis E.  Fresno, CA
Matsuno, William Y.  Fresno, CA
McCloskey, Shirley A.  Fresno, CA
Mirigian, Richard G.  Fresno, CA
Monk, Anita E.  Fresno, CA
Newton, Reginald B.  Fresno, CA
Parker, Gregory L.  Fresno, CA
Penten, Howard D.  Fresno, CA
Rish, David C.  Fresno, CA
Rudzevics, Theresa J.  Fresno, CA
Rukasin, Lester  Fresno, CA
Rustigan, Jack. A.  Fresno, CA
Schrier, Allan L.  Fresno, CA
Schwartz, Wayne S.  Fresno, CA
Small, Robert M.  Fresno, CA
Snider, Stephen L.  Fresno, CA
Solomon, David  Fresno, CA
Steinburg, Leon I.  Fresno, CA
Sumi, Frank H.  Fresno, CA
Talmen, Roger S.  Fresno, CA
Toshiyuki, Ben Y.  Fresno, CA
Vanderwall, Dean R.  Fresno, CA
Venner, Pete J.  Fresno, CA
Vignolo, Raymond L.  Fresno, CA
Wachtler, Thomas W.  Fresno, CA
Wagner, Gerald  Fresno, CA
Walters, Kathleen D.  Fresno, CA
Weisler, Arnold  Fresno, CA
Yee, Arthur  Fresno, CA
Yoshioka, Roy  Fresno, CA

The following pharmacists were honored for being licensed for 50 years at a previous Board meeting:

Bruce Bettencourt
Dan Bryant
George Lee
Sara Conrad Goldberg
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

JULY 1, 2016 - SEPTEMBER 30, 2016
Personal Licenses

Designated Representative
Weind, Jamie Christina, EXC 21963, Administrative Case AC 5398
San Francisco, 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 8/22/2016.
View the decision

Pharmacy Technician
Ables, Jamar Akeem, TCH 129115, Administrative Case AC 5680
Clovis, 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 8/12/2016.
View the decision

Aquino, Leticia, TCH 44850, Administrative Case AC 5679
Santa Ana, CA
Through a hearing decision adopted by the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 7/29/2016.
View the decision

Avilez, Juan, Pharmacy Technician Applicant, Statement of Issues Case SI 5578.pdf
Riverside, CA
View the decision

Baumer, Diana Debbie, TCH 1484, Administrative Case AC 5548
Costa Mesa, 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 7/29/2016.
View the decision
Disciplinary Actions  
Continued from Page 12

Beebe, Anthony Raymond, TCH 89959,  
Administrative Case AC 5770  
Banning, 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 7/29/2016.  
View the decision

Bingham, Kristina Luree, TCH 108084,  
Administrative Case AC 5661  
Shasta Lake, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 7/28/2016.  
View the decision

Bryant, Jenifer M., TCH 103123,  
Administrative Case AC 5808  
Redding, CA  
Through a disciplinary action of the  
Board, the license is revoked and canceled  
and the right to practice or operate has  
ended.  
View the decision

Bui, Pascal Anh, TCH 124958,  
Administrative Case AC 5730  
San Jose, 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 8/8/2016.  
View the decision

Cabrera, Raquel, TCH 92497,  
Administrative Case AC 5681  
San Diego, 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 7/14/2016.  
View the decision

Camargo, Ignacio, TCH 79780,  
Administrative Case AC 5712  
San Bernardino, 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 8/5/2016.  
View the decision

Carroll, Jennifer Lynn, TCH 117184,  
Administrative Case AC 5474  
Redding, 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 07/01/2016.  
View the decision

Foster, Andrew Isaac, TCH 142423,  
Administrative Case AC 5628  
Corona, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 7/28/2016.  
View the decision

Foster, Justin Ehren, TCH 132870,  
Administrative Case AC 5317  
South Lake Tahoe, 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 9/19/2016.  
View the decision

Gamboa, Nilsa, TCH 11868,  
Administrative Case AC 5399  
Long Beach, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 7/8/2016.  
View the decision

Garcia, Ruben, TCH 136389,  
Administrative Case AC 5609  
Fresno, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 8/15/2016.  
View the decision

Gbenle, Olajid Olusola, TCH 75623,  
Administrative Case AC 5799  
Union City, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 7/8/2016.  
View the decision

Hall, Jeremy, TCH 141767,  
Administrative Case AC 5689  
Paramount, 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 07/08/2016.  
View the decision

Hernandez, Hector, TCH 133362,  
Administrative Case AC 5451  
Pacoima, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 9/09/2016.  
View the decision

Hernandez, Luis Manuel, TCH 78828,  
Administrative Case AC 5388  
Murrieta, 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 9/09/2016.  
View the decision

Hightower, Brandon, TCH 135312,  
Administrative Case AC 5651  
Helendale, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 7/8/2016.  
View the decision

Hilton, Jr., James M., TCH 29511,  
Administrative Case AC 5545  
Santa Rosa, CA  
Through a disciplinary action of the  
Board, the license is voluntarily  
surrendered.  
Decision effective 9/09/2016.  
View the decision
Disciplinary Actions
Continued from Page 13

Kim, David, TCH 145335, Administrative Case AC 5714
Montebello, 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 9/09/2016.
View the decision

Montebello, AC 5714

Kouloulas, Olga Elaine, TCH 91559, Administrative Case AC 5647
Suisun City, 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 8/12/2016.
View the decision

Leal, Brissa, TCH 120740, Administrative Case AC 5696
Visalia, 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 9/09/2016.
View the decision

Lee, Daisy L., TCH 28654, Administrative Case AC 5429
Anaheim, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 8/12/2016.
View the decision

Leva, Leanne, TCH 34356, Administrative Case AC 5274
Soquel, 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 8/12/2016.
View the decision

Lum, Michael, TCH 71131, Administrative Case AC 5633
Mountain View, 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 7/29/2016.
View the decision

Madrid, Alicia Maria, TCH 51670, Administrative Case AC 5447
Spring Valley, 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 7/29/2016.
View the decision

Meuangkhot, Manivanh, TCH 62846, Administrative Case AC 5700
San Diego, 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 9/09/2016.
View the decision

Morales-Acevedo, Juan Carlos, TCH 138598, Administrative Case AC 5678
Fresno, 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 9/09/2016.
View the decision

Murillo, Rebecca, TCH 3695, Administrative Case AC 5271
Sun City, 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 07/01/2016.
View the decision

Naoom, Zaid Falah, TCH 129883, Administrative Case AC 5692
Spring Valley, 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 7/28/2016.
View the decision

Onsurez, Paul Anthony, TCH 92948, Administrative Case AC 5509
Fontana, 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 9/09/2016.
View the decision

Pacheco, Jessica Maria, Applicant, Statement of Issues Case SI 5629
Angels Camp, CA
Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and respondent is placed on probation for 5 years subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

Parashchak, Taras, TCH 133006, Administrative Case AC 5675
Fair Oaks, 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 7/8/2016.
View the decision

Pedroza, Richard, TCH 29624, Administrative Case AC 5717
Long Beach, 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 9/09/2016.
View the decision
**Disciplinary Actions**

*Continued from Page 14*

**Preston, Robert James,** TCH 141009, Administrative Case AC 5829
Moreno Valley, 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 9/09/2016.
[View the decision](#)

**Reese, John H.** TCH 79305, Administrative Case AC 4871
Morgan Hill, CA
The accusation is withdrawn.
Decision effective 8/12/2016.
[View the decision](#)

**Sax, Kelly Marie,** TCH 47987, Administrative Case AC 5430
San Dimas, 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 07/01/2016.
[View the decision](#)

**Serrano, Andrew,** TCH 135744, Administrative Case AC 5423
Azusa, 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 07/08/2016.
[View the decision](#)

**Soria, Juan Joaquin,** Pharmacy Technician Applicant, Statement of Issues SI 5409
Gilroy, CA
By Board decision, the Application for Registration as a Pharmacy Technician is denied.
[View the decision](#)

**Summer, Heather Irene,** TCH 122094, Administrative Case AC 4988
Redding, 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 8/12/2016.
[View the decision](#)

**Vang, Khammee,** TCH 108621, Administrative Case AC 4898
Fresno, 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 8/12/2016.
[View the decision](#)

**Venegas, Catherine,** TCH 109197, Administrative Case AC 5446
Hawthorne, 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 7/8/2016.
[View the decision](#)

**Weind, Jamie Christina,** TCH 96608, Administrative Case AC 5398
San Francisco, 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 8/22/2016.
[View the decision](#)

**Wiljenkin, Ira Gary,** TCH 99162, Administrative Case AC 5812
Orange, 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 8/15/2016.
[View the decision](#)

**Intern Pharmacist**

**Lim, Joanne Hyoeun,** INT 28768, Administrative Case AC 4812
Fullerton, 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 8/19/2016.
[View the decision](#)

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**Blanzy, Katherine Mai Tram,** RPH 68317, Administrative Case AC 5428
Royal Oak, MI
Through a disciplinary action of the board, the license is subject to a Public Reproval.
Decision effective 7/14/2016.
[View the decision](#)

**Boyer, Steven Arthur,** RPH 29367, Administrative Case AC 4983
La Crescenta, CA
Through a disciplinary action of the board, the license is subject to a public reproval.
Decision effective 9/9/2016.
[View the decision](#)

**Camacho, Deborah Ann,** RPH 41441, Administrative Case AC 5419
Hanford, 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 270-day suspension.
Decision effective 9/09/2016.
[View the decision](#)

**Ching, Sam C.H.** RPH 20273, Administrative Case AC 5406
San Francisco, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 7/1/2016.
[View the decision](#)

**Dapaah, Christian William,** RPH 54207, Administrative Case AC 4880
Sacramento, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 7/8/2016.
[View the decision](#)

**Hooten, Robert Paul,** RPH 33459, Administrative Case AC 5772
Huntsville, UT
[View the decision](#)
Disciplinary Actions
Continued from Page 15

Huynh, David Lee, RPH 52876,
Administrative Case AC 5780
Woodland Hills, 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 9/09/2016.
View the decision

Lipp, Robert, RPH 32284,
Administrative Case AC 5377
Through a disciplinary action of the Board, the license is subject to a letter of public reprimand.
Tujunga, CA
View the decision

Liu, Yow Wen, RPH 43206,
Administrative Case AC 5502
San Francisco, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 2.5 years and is subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

McKinley, Michael, RPH 41071,
Administrative Case AC 4756
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 5 years and is subject to the terms and conditions in the decision.
View the decision

Moll, David G., RPH 44488,
Administrative Case AC 5352
Portland, OR
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 9/09/2016.
View the decision

Morris, Laura Cody, RPH 46609,
Administrative Case AC 5324
Corona, CA

Schapiro, David Joseph, RPH 26704,
Administrative Case AC 4628
Irvine, 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 9/09/2016.
View the decision

Shin, Boo Nam, RPH 42592,
Administrative Case AC 5526
Hacienda Heights, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 7/8/2016.
View the decision

Tran, Thuy Ngoc Nguyen, RPH 68523,
Administrative Case AC 5382
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the licensee is placed on probation for three years, and is subject to the terms and conditions in the decision.
Decision effective 8/19/2016.
View the decision

Velazquez, Rafael, RPH 40303,
Administrative Case AC 5606
Merced, CA
Through a disciplinary action of the Board, the license is revoked, the revocation stayed, and the licensee is placed on probation for 3 years and is subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

Walker, Charles A., RPH 32316,
Administrative Case AC 5801
Lemon Grove, CA
Through a disciplinary action of the Board, the license is revoked, revocation stayed, and probation is extended for one additional year subject to the terms and conditions in the decision.
Decision effective 8/19/2016.
View the decision

See Disciplinary Actions, Page 17
Disciplinary Actions  
Continued from Page 16

Whittemore, Jerry, RPH 21221, Administrative Case AC 5378
Los Angeles, CA
Through a disciplinary action of the Board, the license is subject to a letter of public reprimand.
View the decision

Facility Licenses

111 Pharmacy, PHY 41023, Administrative Case AC 5526
Montebello, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 7/8/2016.
View the decision

BlueRose Pharmacy, PHY 47605, Administrative Case AC 4983
Buena Park, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 9/9/2016.
View the decision

California Pharmacy and Compounding Center, PHY 49828 & LSC 99542, Administrative Case AC 4628
Newport 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 5 years and is subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

Costco Corp. dba Costco Pharmacy #454, PHY 41247, Administrative Case AC 5324
Irvine, 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.
View the decision

Golden Gate Pharmacy, PHY 38113, Administrative Case AC 5502
San Francisco, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 2.5 years and is subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

Green’s Pharmaceuticals, WLS 4481, Administrative Case AC 4866
Long 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 2 years and is subject to the terms and conditions in the decision.
Decision effective 9/09/2016.
View the decision

Kenneth Road Pharmacy, Inc., PHY 50214, Administrative Case AC 5377
Glendale, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
View the decision

Merced Drug, PHY 43562, Administrative Case AC 5606
Merced, 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 9/09/2016.
View the decision

Park West Pharmacy, Inc., PHY 46623, Administrative Case AC 5378
West Hills, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
View the decision

Reliable Drug, PHY 46431, Administrative Case AC 5406
San Francisco, CA
Through a disciplinary action of the board, the license is voluntarily surrendered.
Decision effective 7/1/2016.
View the decision

Santa Clara Drug “The Compounding Shop”, PHY 51229, Administrative Case AC 5380
San Jose, CA
Through a hearing decision adopted by the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 7/29/2016.
View the decision

Westside Plaza Pharmacy, PHY 45161, Administrative Case AC 5355
Modesto, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
View the decision

View the decision

Revocation, Stayed, Probation

Gray, Gary dba ComPlex, Community Pharmacy Permit and Sterile Compounding Pharmacy License Applicant, Statement of Issues Case SI 5320
Visalia, CA
View the decision

California Pharmacy and Compounding Center, PHY 49828 & LSC 99542, Administrative Case AC 4628
Newport Beach, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Glendale, CA
View the decision