California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308

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

Revised – See Corrected Date

NOTICE OF MEETING and AGENDA
Communication and Public Education Committee

Contact Person: Virginia Herold
(916) 445-5014 X 4005

Time: 9:30 – 11 a.m.
Date: October 14, 2005
Place: Department of Consumer Affairs
400 R Street, Suite 4080, Sacramento, CA 95814

This committee meeting is open to the public and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Candy Place at (916) 445-5014, at least five working days before the meeting. Candy Place can also provide further information prior to the meeting and can be contacted at the telephone number and address set forth above. This notice is posted at *www.pharmacy.ca.gov*.

Opportunities are provided for public comment on each agenda item.

MEETING AGENDA

A. Call to Order 9:30 a.m.

B. Update on the Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

C. Update on the Activities of the California Health Communication Partnerships

D. Labeling Requirements for Prescription Containers

E. Article on Prescription Errors for American Journal of Health-System Pharmacy

F. Update Report of *The Script*

G. Update Report of *Health Notes*

H. FDA's Useful Written Consumer Medication Information

I. UCSD's Proposed Study on Nonprescription Syringe Sales

J. Miscellaneous Consumer Issues/Articles in the Media

K. Update on the Board's Public Outreach Activities

L. Adjournment 11 a.m.

Meeting materials will be on the board's Web site by October 7, 2005

Agenda Item B

State of California

Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: October 7, 2005**

From: **Board of Pharmacy – Virginia Herold**

Subject: **Development of Fact Sheet Series for Consumers**

One year ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care.

By January 2005, the program had been initiated. By July, four fact sheets were developed, and a fifth was undergoing work by the board. The first fact sheets prepared are -- "Generic Drugs – High Quality, Low Cost," "Cut Your Drug Costs," "Antibiotics – A National Treasure," and "Is Your Medicine in the News?" The fact sheets contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

Beginning this fall, Dr. Soller of the UCSF Center for Consumer Self Care has 11 students who have recently agreed to develop at least three fact sheets each over the year. Three drafts fact sheets have been provided to the board so far, the unedited versions are provided in Attachment 1 (your comments are invited):

- Lower Your Drug Costs (revision to earlier fact sheet)
- Have You Ever Missed a Dose of Medication
- Don't Flush Your Medication Down the Toilet!

According to Dr. Soller, there are additional fact sheets being developed that are not ready to share with the board.

On a related topic, at the July Board Meeting, the board agreed to establish a joint Web site with the Center for Consumer Self Care to house the many fact sheets that should soon be developed through this collaboration. The Center for Consumer Self Care will develop and maintain the Web site. The board will appear as cohost.

The committee plans to evaluate the project after one year. As such, this review will take place at the December committee meeting.

Agenda Item C

State of California

Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: October 7, 2005**

From: **Board of Pharmacy – Virginia Herold**

Subject: **California Health Communication Partnership Meeting Update**

Last year, the board voted to become a founding member of California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. Bill Soller, PhD, is the director of the Center for Consumer Self Care.

The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members.

There have been no meetings of the partnership since the July Board Meeting. However, the group has become a smaller working group principally comprised of the Center for Consumer Self Care, the FDA, the Medical Board and our board.

The partnership's first integrated project was an education campaign for practitioners and patients on antibiotic use, misuse and overuse. Between November 2004 and February 2005, the partnership agencies promoted these materials in their quarterly newsletters to licensees and on their Web sites. Consumer materials were distributed at public education fairs, and could be distributed by practitioners in their offices or pharmacies (via download of material from the Internet). Both the Medical Board and our board published the announcement in our winter newsletters.

The next integrated campaign was May 2005, which was seniors' month. Generic drugs were the focus of this effort. In this regard, various materials from the FDA and the board's new consumer fact sheet were among the materials promoted to the public at outreach fairs that the board attended. As part of this campaign, an FDA CE course for pharmacists on generic drugs is being announced in the board's October 2005 newsletter.

Currently, the partnership is promoting the need for early detection tests for cancer (October and November 2005). The Center for Consumer Self Care received a grant to help promote these tests, and these materials are provided in Attachment 2.

The next campaign will again focus on generics. Dr. Soller will be working with the board's staff to develop this module.

Agenda Item D

State of California

Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee**

Date: October 7, 2005

From: **Board of Pharmacy – Virginia Herold**

Subject: **Description of Medication Must Be Added to Labels**

Beginning January 1, 2006, a new requirement begins that mandates all prescription container labels for patients to contain a physical description of the medication. This is an important consumer protection element which among other things should help prevent prescription errors.

A newsletter article in our October newsletter will remind pharmacists of this requirement. The board believes that pharmacies are ready to implement this statutory requirement that was passed over one year ago.

The actual requirement is provided in Attachment 3.

Agenda Item E

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee Members

Date: October 7, 2005

From: Virginia Herold

Subject: Article on Prescription Errors for the American Journal of Health-System Pharmacy

Dr. Schell has been asked to submit a paper to appear in the *American Journal of Health–System Pharmacy*. Dr. Schell has asked that this matter be discussed at this meeting.

The request was specifically for:

> "the perspective of state boards of pharmacy with regard to responsibility for medication errors. How, for example, does the current philosophy of identifying faults in mediation systems jibe with the more traditional practice of assigning responsibility for errors to individual practitioners? When a board of pharmacy learns of a pharmacist who has made one or more serious medication errors, how does it determine their underlying cause? At what point does a board consider a pharmacist (rather than a system) to be primarily at fault, and what determines whether disciplinary actions are taken? To what extent are boards concerned about disciplining pharmacists for medication errors rather than, say, for legal violations? We would hope that such a paper would go beyond describing the purview and responsibility of a state board and expand into some more philosophical discussion.
>
> We are looking for one or more papers on this topic from various authors. We imagine than an appropriate length would be 3-6 double-spaced pages, with a deadline within the next 6 months."

The board has been asked to determine whether this idea has merit or is an issue in California. If so, the editor would appreciate the board's viewpoint in this article.

Agenda Item F

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: October 7, 2005

From: Virginia Herold

Subject: Update on *The Script*

The next issue of the board's newsletter, *The Script,* is currently being printed and should be distributed next week to pharmacies and drug wholesalers. I believe I will have copies available to distribute during our October 14 meeting.

Articles in this October issue will promote the new recognition program for pharmacists who have been licensed for 50 years, as well as the Subcommittee on Medicare Drug Benefit Plans formed by the board. The bulk of the newsletter's articles will provide amplifications of Pharmacy Law, and the requirements of the board's new omnibus regulations (that take effect today).

I am also pleased to announce that the Pharmacy Foundation of California will again print and mail this issue to California pharmacists.

The board is initiating work on the next issue, a January 2006 issue, that will focus on new pharmacy law.

Agenda Item G

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: October 7, 2005

From: Virginia Herold

Subject: Update on *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because the board produces *Health Notes*, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996. Regrettably, no issues have been published in the last two years due to lack of staff resources to commit to this project.

Under development are two issues:

1. Pain Management Issue:
2. Pharmacy Emergency Response to Patients in a Declared Disaster Area

Neither publication is yet ready for publication, but articles for both have been written.

The articles for pain management have been written and edited; however, referral back to the authors for confirmation remains to be completed. Likely publication date may be late spring or summer 2006.

According to RoseAnn Jankowski, PharmD., most of the articles for emergency response have been written. These articles will still need to be edited by technical experts and by the board. Again, the likely publication date may be late spring or summer 2006.

Once all articles have been written, edited and confirmed for these issues, funding for publication costs will be sought from outside sources.

Agenda Item H

State of California

Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee**

Date: October 7, 2005

From: **Board of Pharmacy – Virginia Herold**

Subject: **FDA Useful Written Consumer Medication Information**

As an information item only:

After the July committee meeting and almost concurrent with the July board meeting, the board received information from the NABP about the opportunity to respond to an item in the Federal Register about FDA's "Useful Written Consumer Medication Information" guideline. This guide was intended to provide general information and recommendations on the content of useful consumer information that consumers receive with their prescription medication. A copy of this notice is provided in Attachment 5.

The purpose of this FDA notice was to seek comments on written information that is developed for consumers and provided to them with their prescriptions. Comments were required to be submitted by July 25, 2005.

According to the NABP, which conducted a national study in 2001 under contract with the FDA, an average of 89 percent of patients surveyed received some form of written medication information with their prescription medication; however, the average usefulness of the information was only about 50 percent."

The NABP submitted comments in response to the Federal Register notice that appear on page 2 of their July 20, 2005, letter. This letter references a 2004 NABP resolution that:

> NABP work with interested stakeholders, including manufacturers who develop the digital images ad/or written descriptions, to develop, promote and encourage that all prescription labels contain a pictorial representation and/or written description of the medication.

California has already taken steps to require this information on prescription labels (Agenda Item D).

Copies of referenced documents are in Attachment 5.

Agenda Item I

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee Members

Date: October 7, 2005

From: Virginia Herold

Subject: UCSD Study on Legalizing Nonprescription Syringe Sales

The board has been asked to assist in a study being conducted by UCSD researcher Richard Garfein, PhD, MPH.

The study is being proposed to be conducted in conjunction with the Department of Health Services' Office of AIDS, to evaluate Senate Bill 1159 (Vasconcellos, Chapter 608, Statutes of 2004) that allows local health jurisdictions to authorize nonprescription syringe sales by pharmacies to prevent HIV and Hepatitis.

Dr. Garfein has requested the board's assistance in several areas. Executive Officer Harris agreed to provide this assistance in an August 3, 2005, letter (Attachment 6).

- The board agreed to share a mailing list of pharmacies and pharmacists for the survey that will be planned for mid-2006.
- A copy of a survey document used previously in New York will be modified for this study. The board will have an opportunity to review the survey document before it is released.
- The board will also draft a letter supporting participation in the survey as part of the survey packet.

Agenda Item J

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: October 7, 2005

From: Virginia Herold

Subject: Miscellaneous Consumer Issues and Articles in the News

October is Talk About Prescriptions Month. I am enclosing in Attachment 7 information about Talk About Prescriptions Month by the National Council on Patient Information and Education (or NCPIE). NCPIE was an originator of Talk About Prescription Month.

I am also including in this attachment several articles of consumer interest that are not under review by one of the board's other strategic committees. During this meeting, the committee can review and discuss these items in the event it wishes to propose future action at the next committee meeting.

Also, please feel free to submit items to me that you wish to have included in future Communication and Public Education Committee packets.

At the last meeting of this committee, a recommendation was made to highlight these articles in some way. Following our meeting, a special area of the Web site will be so designated.

Agenda Item K

State of California

Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee Members

Date: October 7, 2005

From: Virginia Herold

Subject: Public Outreach Activities

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, which usually are well-received by the individuals present.

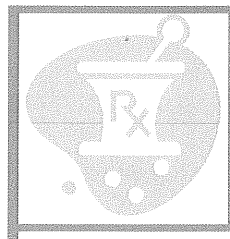
Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. We have presented this information via telephone conference call to large numbers of individuals. Since April, the board has had a dramatic decline in requests for this presentation, perhaps signaling that the prescribers and dispensers in this state are knowledgeable about the new laws for controlled substances.

Public and licensee outreach activities performed since the last report to the board that have been reported to me are:

- Supervising Inspector Nurse presented information about the board and how it investigates cases to a group of United States Attorneys on July 20.
- Supervising Inspector Nurse participated in a training module for federal investigators who will be monitoring fraud in the Medicare Prescription Drug Plan programs in San Diego on September 20.
- The board staffed a public information booth the City of Sacramento Public Safety Public Fair on September 24.
- The board will staff a public information booth on October 15 at the UCD Healthy Aging Fair.
- Supervising Inspector Ratcliff will present information on pharmacy law changes at a UFCW-Orange County Pharmacist Association continuing education conference on October 16.

- The board will staff an information booth at CSHP Seminar on October 21 and 22. Several board members will present information at this association meeting.
- Supervising Inspector Ming will present information about pharmacy law to a group of UCSD pharmacy students in mid-November
- Assistant Executive Officer Herold will present information about the board to a group of UCSD pharmacy students on November 28.
- Supervising Inspector Ming will present information about sterile compounding to a group of pharmacy technician students at Santa Ana College on November 30.
- Board Member Jones will present information about pharmacy technology at the NABP Fall Conference in December.

Attachment 1



Lower Your Drug Costs

To Help You Keep On Taking Your Medicines

It makes sense. Take your medicine just as your doctor says and for as long as your doctor says. But ...

Drug costs are high. Everyone knows this, but it is especially hard on those of us living on fixed incomes, such as Seniors.

A study showed that 18% of people with chronic diseases like heart disease or diabetes cannot buy at least one of their prescriptions drugs within the last year.

Here are some hints on how to cut your drug costs.

1. Ask your pharmacist for help. Your pharmacist can work with your doctor to safely cut your drug costs.
2. With your pharmacist, get the answers to these questions:
   - Can I get my medicine in generic form?
   - Is there a less costly drug in the same class that I can safely use for my condition
   - Does the pharmacy have special discount programs?
   - What government or private (drug manufacturer or insurance) programs offer drug discounts?
   - Does my pharmacy offer mail order, so I can get a lower cost 90-day supply of my medicine?
   - Will my doctor prescribe a higher dosage, so I can use a pill cutter to cut the pill in half?
   - Do I really need the medicine? Do NOT decide this by yourself. Check with your doctor and pharmacist.
3. Shop around. Different pharmacies can offer very different prices on the same drug.
4. Try going to a community health center. Community health centers may provide some help in lowering drug cost.
   - Call 1-888-275-4722 to find a center.

University of California
San Francisco
UCSF
School of Pharmacy

California Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014
UCSF Center for Consumer Self Care
3333 California Street, San Francisco, CA 94143-0613

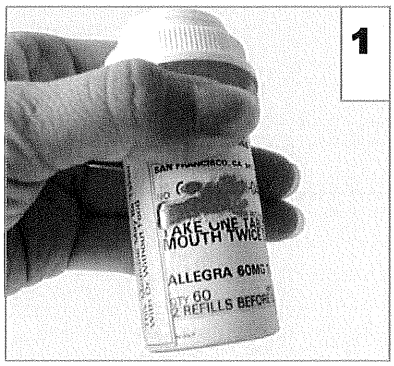
Ask Your Pharmacist

Don't Flush Your Medicines Down the Toilet!

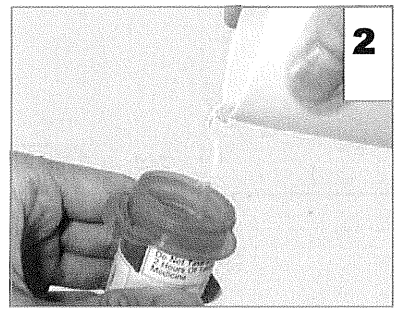
- Recent study shows, 80% of streams contain human medicines.
- Sewage systems cannot remove drugs before releasing wastewater into lakes, rivers and oceans.
- Fish and other aquatic animals have shown adverse effects from medicines in the water.
- And, even small amounts of medicine have been found in drinking water.

How to dispose medications at home

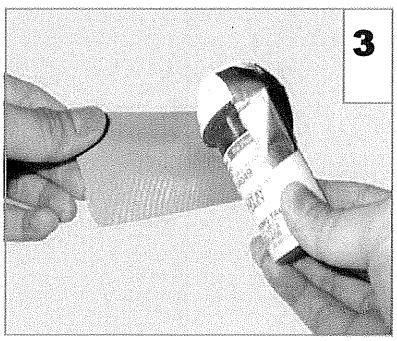
Follow these steps to protect your privacy and reduce unintended drug use, while saving the environment.



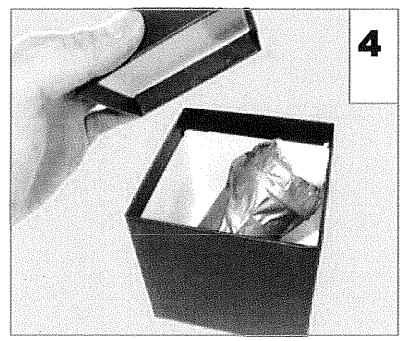
- Keep medicine in original child-resistant container.
- Scratch or mark out patient's information.



- Place some water into solid medications.
- Add something nontoxic and unpalatable such as sawdust, kitty litter, charcoal, Comet® or powdered spice (cayenne pepper).



- Close and seal container lids tightly with packing or duct tape.
- Wrap blister packs in multiple layers of duct tape.



- Place medicine containers in durable packaging that does not show what's inside (e.g., cardboard box).

- Remember to keep medicines away from children and pets.
- Place in the trash close to garbage pickup time.

5 →

Other ways to properly dispose medications

- Pharmacy Take-Back Program: Ask your local pharmacist if this is available to you.
- Household Hazardous Waste Collection: Find the phone number of your local HHW collection site in the government section of your local white pages.

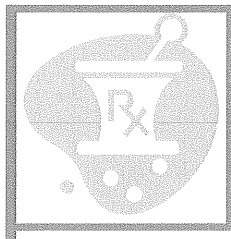
Help reduce drug waste

- If you're not sure if you can tolerate a new prescription, ask your doctor about a 10 day trial.
- Take all of your medications as directed.

University of California
San Francisco
UCSF
School of Pharmacy

California Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014
UCSF Center for Consumer Self Care
3333 California Street, San Francisco, CA 94143-0613

Ask Your Pharmacist



Have You Ever Missed A Dose of Your Medicine?

FACT: Experts say, many people will miss one or more doses of their medications.

FACT: There is a good chance you will think you can make up for the missed doses by doubling up on your medicines.

FACT: Not knowing the brand and generic names of medicines can also lead to doubling up on your medication.

FACT: Doubling up on your medication can cause serious, life threatening side effects.

*Something Like This Could Happen to You...**

Mrs. Chase has been taking the same medicine for the last 3 months. Recently she has been very busy with work and other pressures, and she accidentally missed a dose of her medication. She realized that she had skipped her regular dose, so she took two capsules to "make up for it," she said. A few hours later Mrs. Chase startled her coworkers...her eyes were moving back-and-forth, her speech was slurred. She staggered and stumbled when she tried to walk, became drowsy, vomited, had involuntary muscle twitches and then became unconscious. She was rushed to ER.

**Based on a case series review on a commonly used prescription medication.*

If You Miss Your Regular Medicine Dose:

1. Do not just double up on your medicines.
2. Call your pharmacist or doctor for advice.
3. Work out a plan for your next dose with your pharmacist or doctor.
4. Talk with your pharmacist or doctor about any concerns you might have.

HINT: Keep the phone numbers of your pharmacist and doctor in your wallet.

University of California
San Francisco
UCSF
School of Pharmacy

California Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014
UCSF Center for Consumer Self Care
3333 California Street, San Francisco, CA 94143-0613

Attachment 2

Breast and Prostate Cancer Awareness Campaign Fall 2005

NAPS Results AUG 18, 2005:
Newspaper Article
Breast Cancer PSA
Prostate Cancer PSA

R. William Soller, PhD
Executive Director, Center for Consumer Self Care
UCSF School of Pharmacy
for
The California Health Communication Partnership

Newspaper Article

Breast Cancer Awareness

"Mammogram Saved My Life"
by
Candi Cohen

Women's Health

Mammogram Saved My Life

by Candis Cohen
Information Officer, Medical Board of California

(NAPSA)—Here's a story of how vital it can be to take medical tests.

Not long ago, a mammogram saved my life. I never thought I'd get breast cancer. I had no history of it in my family—no lump. I wasn't a smoker, didn't drink and watched what I ate.

It's your life: If you're a woman over 40, get an annual mammogram.

Thankfully, each year since I was 40, I got a mammogram (special x-rays of the breast that can detect cancer). At 51, my mammogram showed I had a problem. I had a needle biopsy to remove a little bit of tissue to test it for cancer. My doctors found a tiny, aggressive cancer in my breast—so small it was actually removed by the biopsy itself. Because I'd caught it so early, my doctors think I'll be fine.

If you're a woman over 40, please get an annual mammogram. If you can't afford one, call your state department of health or 1-800-4 CANCER.

Here's an added tip. Early screening is also good for men. It's worth asking the men in your life who are over 50 if they've been screened for prostate cancer.

** This message comes from the California Health Communication Partnership, which is supported by the Oliver and Jennie Donaldson Charitable Trust.*

Newspaper Coverage

- As of August 18, 2005, this newspaper release generated:
  - 64 newspaper articles in 2 different states (MN,MT) with a readership of 1,371,888.
- The cost of buying this space would have been $2,227.83

Radio PSA
Prostate Cancer Awareness

RADIO ROUNDUP
a collection of features, oddities, and helpful tips

NORTH AMERICAN PRECIS SYNDICATE, INC.
350 Fifth Avenue, 65th Fl.
New York, N.Y. 10118-0110

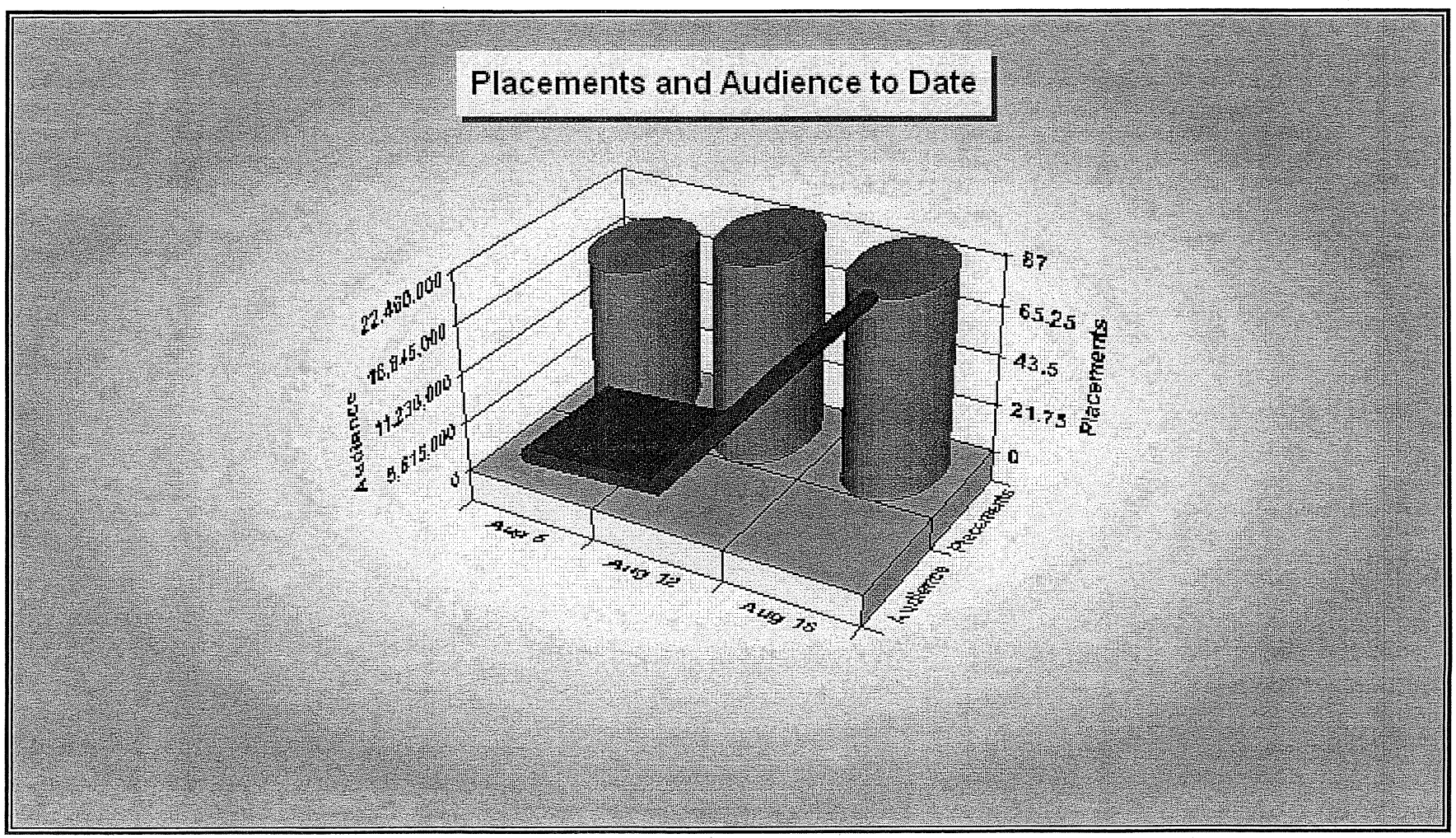
70 WORDS, 30 SECONDS

BEAT BREAST CANCER

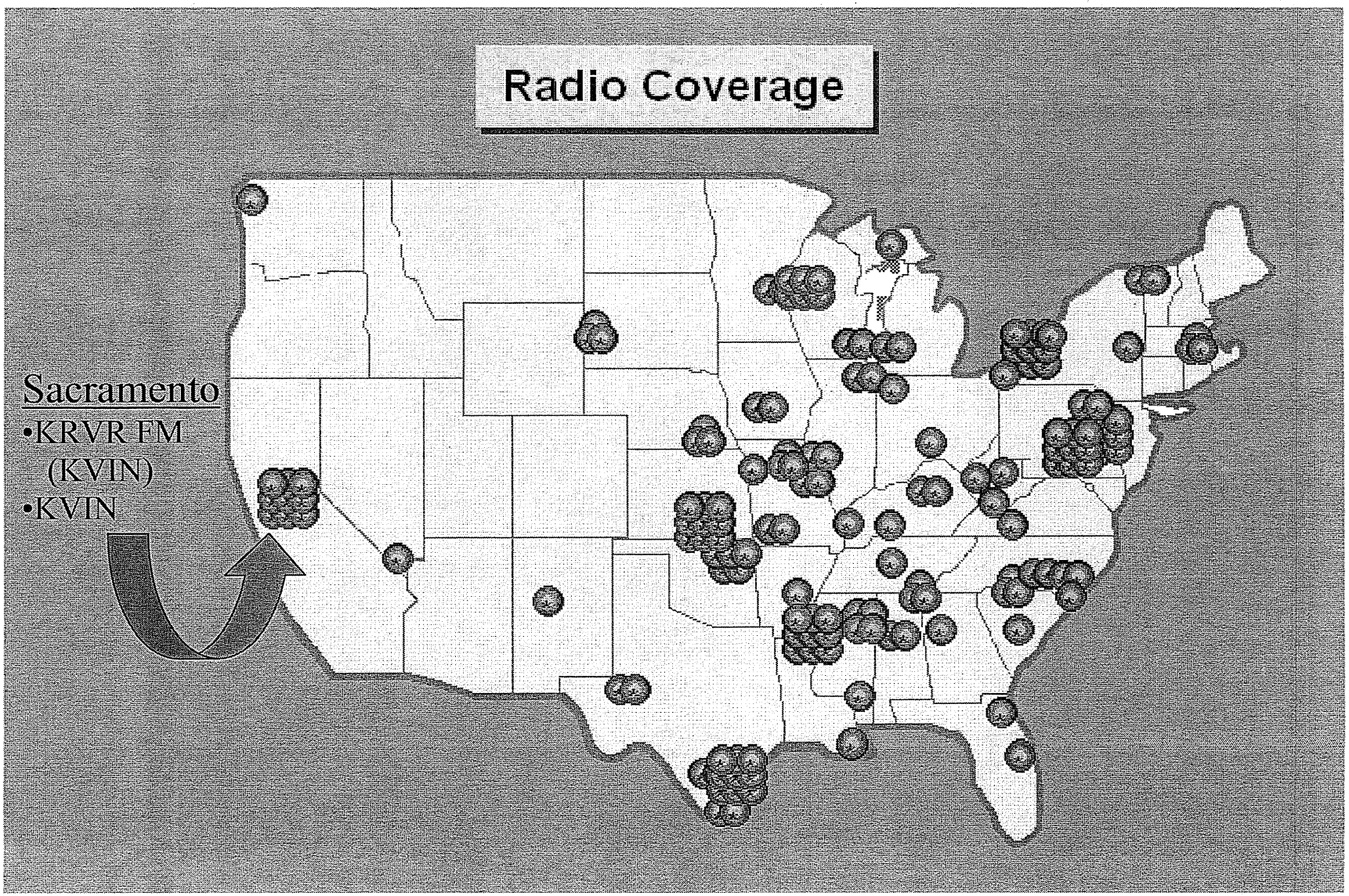
MAN: HEY, DID YOU SEE DOCTOR PHIL?
WOMAN: YES
MAN: AND, DID YOU SEE OPRAH?
WOMAN: OF COURSE.
MAN: DID YOU SEE YOUR DOCTOR ABOUT BREAST CANCER?
WOMAN: UMMM.
IT'S YOUR LIFE. IF YOU'RE A WOMAN OVER FORTY, IT MIGHT BE WISE TO ASK YOUR DOCTOR ABOUT GETTING SCREENED FOR BREAST CANCER, ADVISES THE CALIFORNIA HEALTH COMMUNICATION PARTNERSHIP, WHICH IS SUPPORTED BY A GRANT FROM THE OLIVER AND JENNIE DONALDSON CHARITABLE TRUST. FOR MORE INFORMATION, CALL 1--800--4--CANCER.

Breast Cancer PSA: August 18, 2005

Results AS OF THIS RELEASE HAD BEEN BROADCAST 87 TIMES IN 34 DIFFERENT STATES WITH AN AUDIENCE OF 22,456,576. VALUE AT AD RATES FOR THIS RELEASE IS $ 142,599.

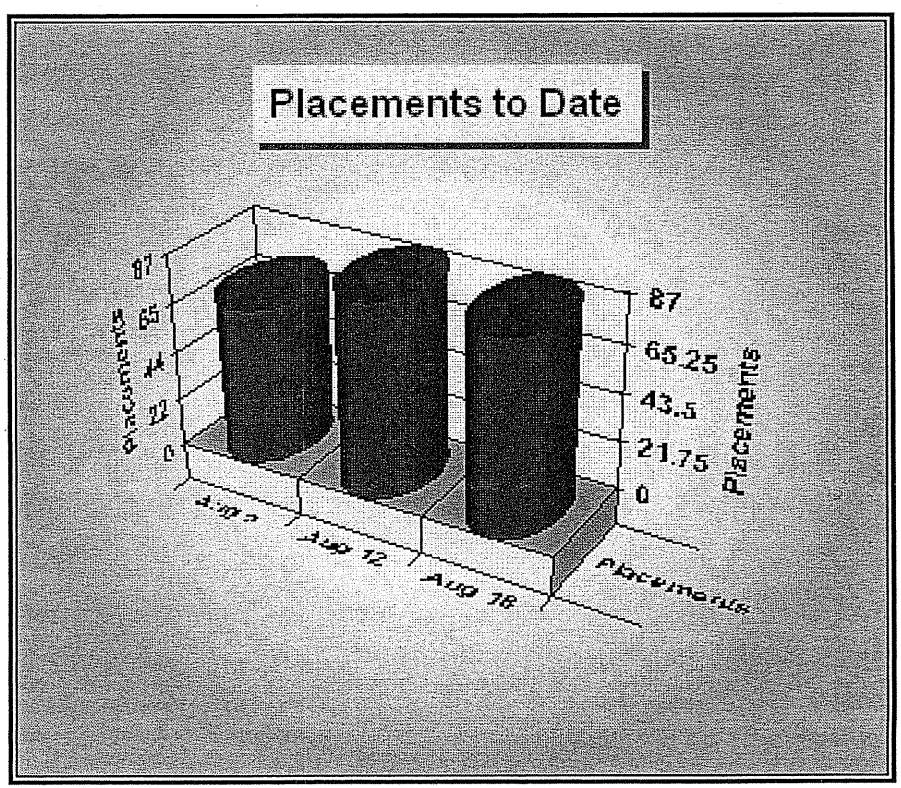


Radio PSA/Breast Cancer Awareness Aug 18, 2005



Breast Cancer PSA: August 18, 2005 Results

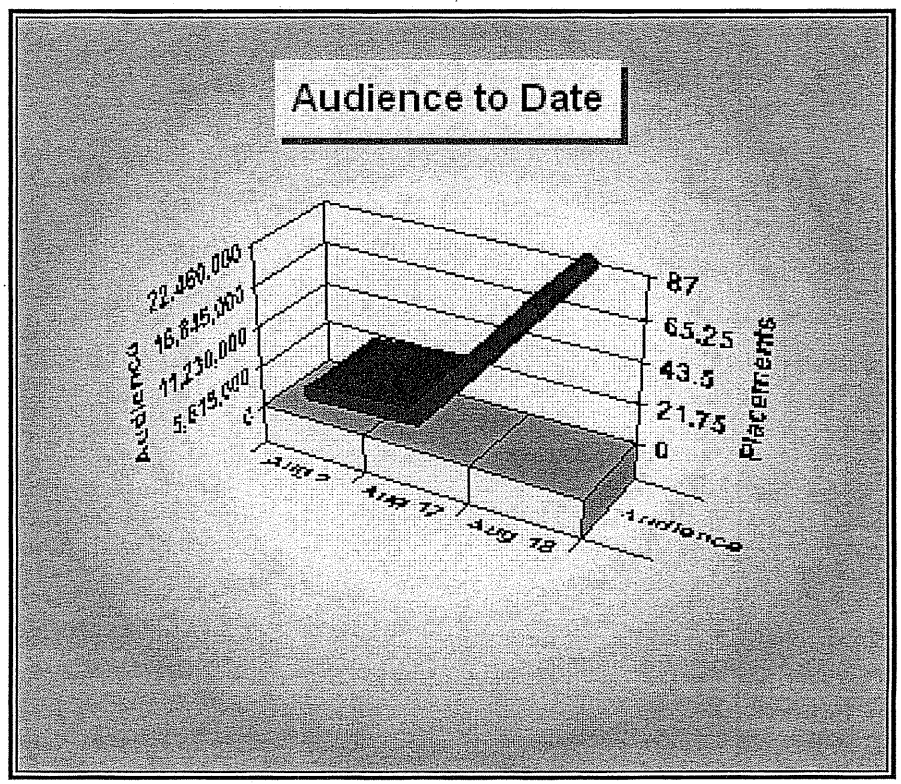
There were 70 placements recorded by 08/05/2005 ; 87 by 08/12/2005 ; 87 by 08/18/2005 . Other placements, appearing both before and after these dates, will be recorded and reported later.



Breast Cancer PSA: August 18, 2005 Results

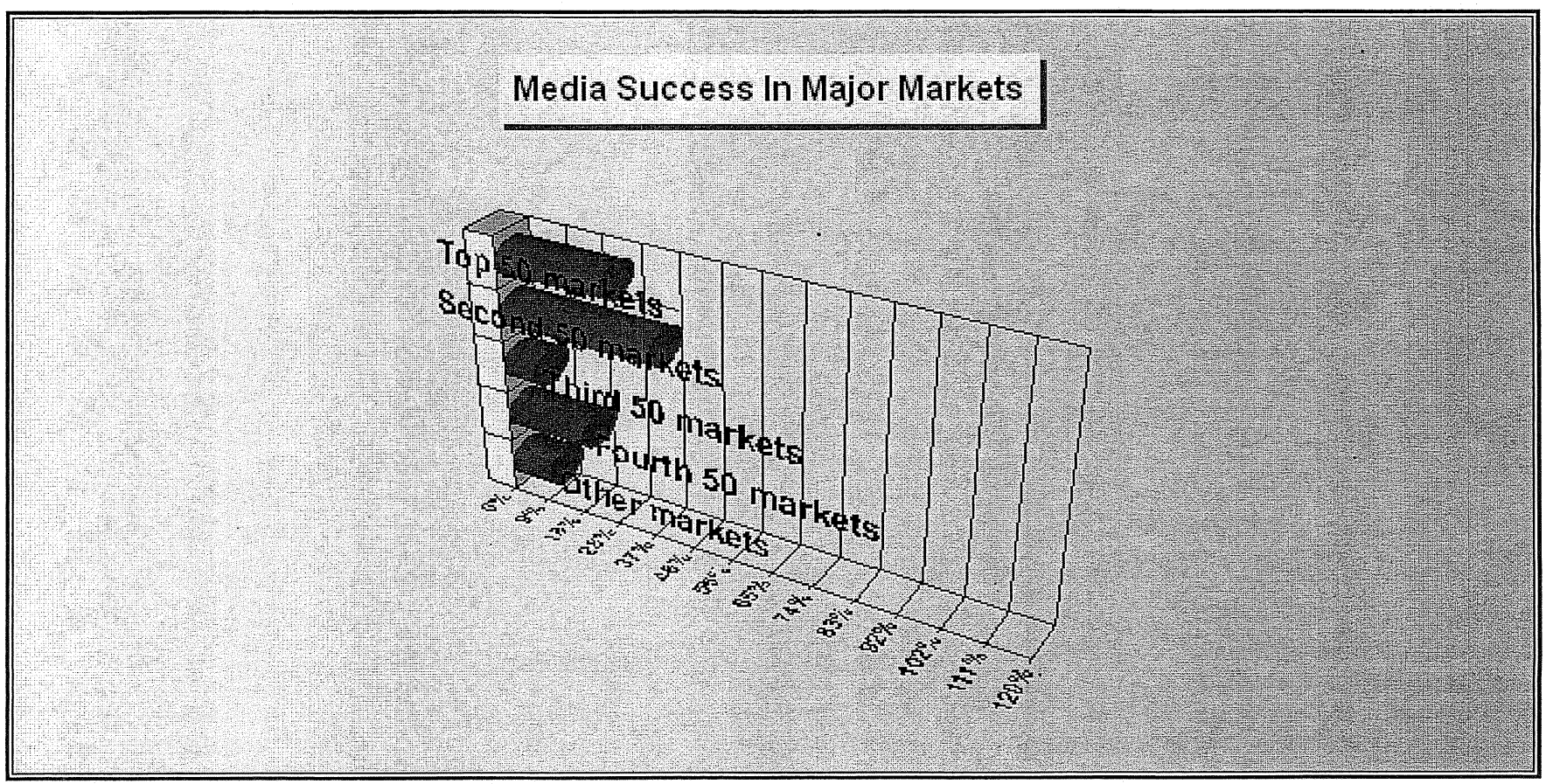
There was a cumulative audience of 3,949,480 recorded by 08/05/2005 ; 4,910,380 by 08/12/2005 ; 22,456,576 by 08/18/2005.

Additional audience, occurring both before and after these dates, will be recorded and reported later.

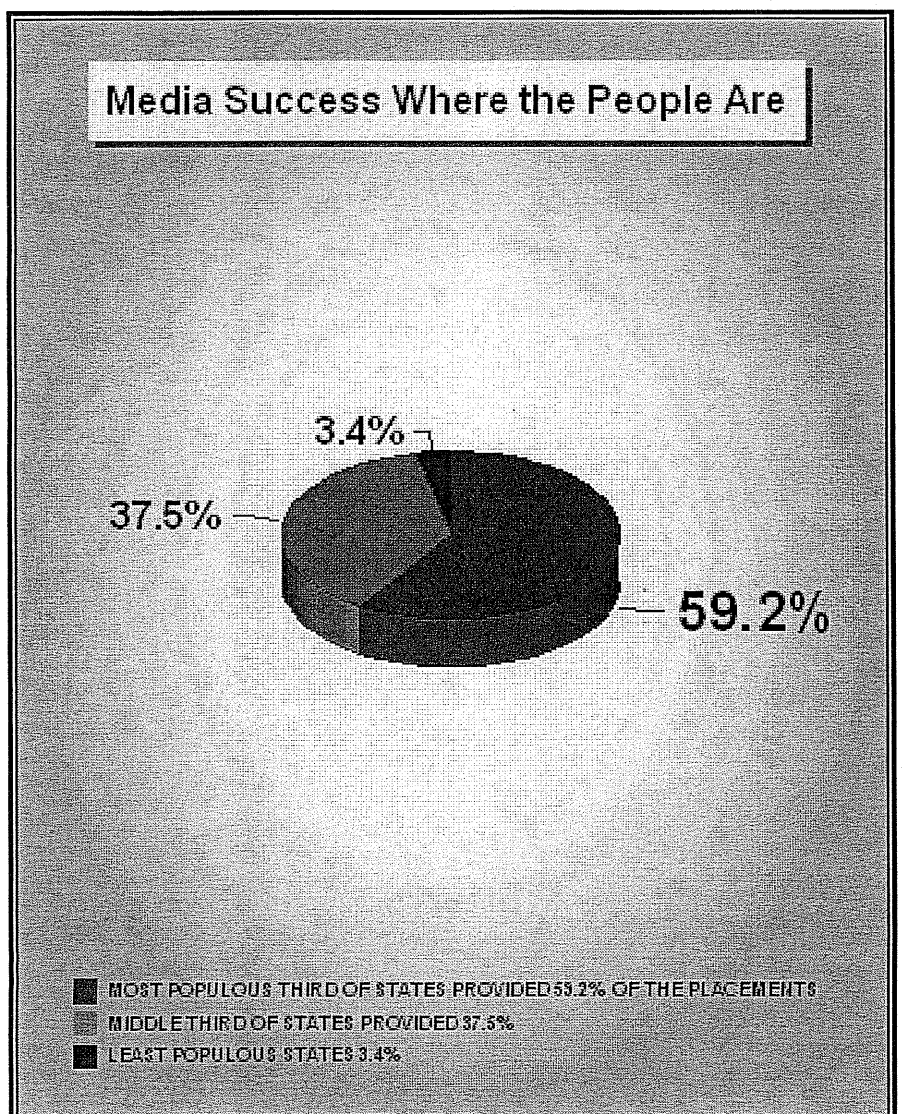


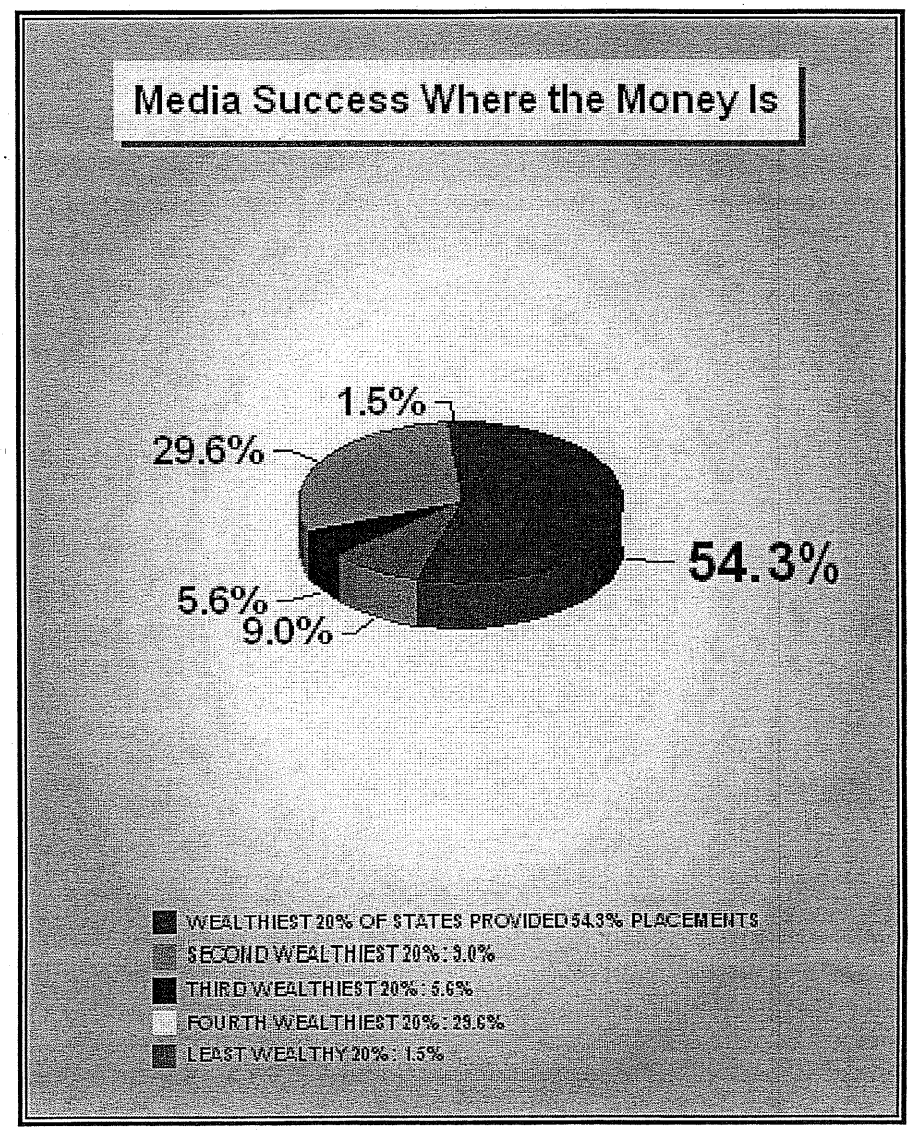
Breast Cancer PSA: August 18, 2005 Results

Approximately 26% of the placements are from the top 50 markets; 37% from the second 50 markets; 8% from the third 50 markets; 19% from the fourth 50 markets; 10% from other markets.



Breast Cancer PSA: August 18, 2005 Results





Breast Cancer PSA: August 18, 2005 Results

SUMMARY

As of Aug 18, 2005, the PSA for breast cancer awareness has appeared:

- **87 appearances**
- **99 radio stations**
- **22,456,576 listeners**
- **34 different states**

In the top 100 markets:

- **167 broadcasts**
- **16,659,776 listeners**

Value at ad rates for this radio feature release is $142,599.

Note: For those stations which have a zero value for audience, the information is not available. The total audience is actually higher than what is reported because of the missing data for those states.

Radio PSA
Prostate Cancer Awareness

RADIO ROUNDUP
a collection of features, oddities, and helpful tips

NORTH AMERICAN PRECIS SYNDICATE, INC.
350 Fifth Avenue, 65th Fl.
New York, N.Y. 10118-0110

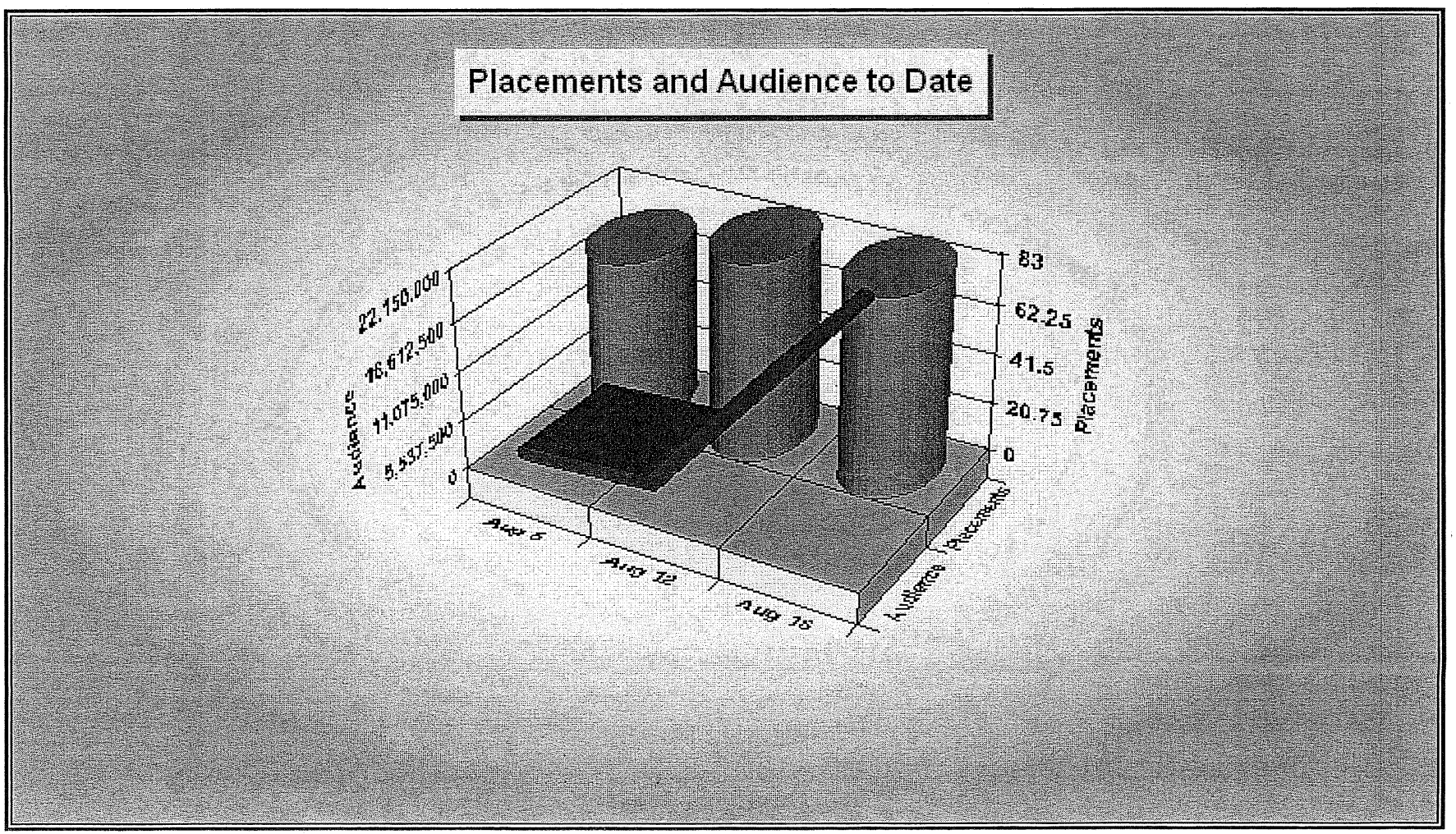
68 WORDS, 30 SECONDS

PREVENTING PROSTATE CANCER

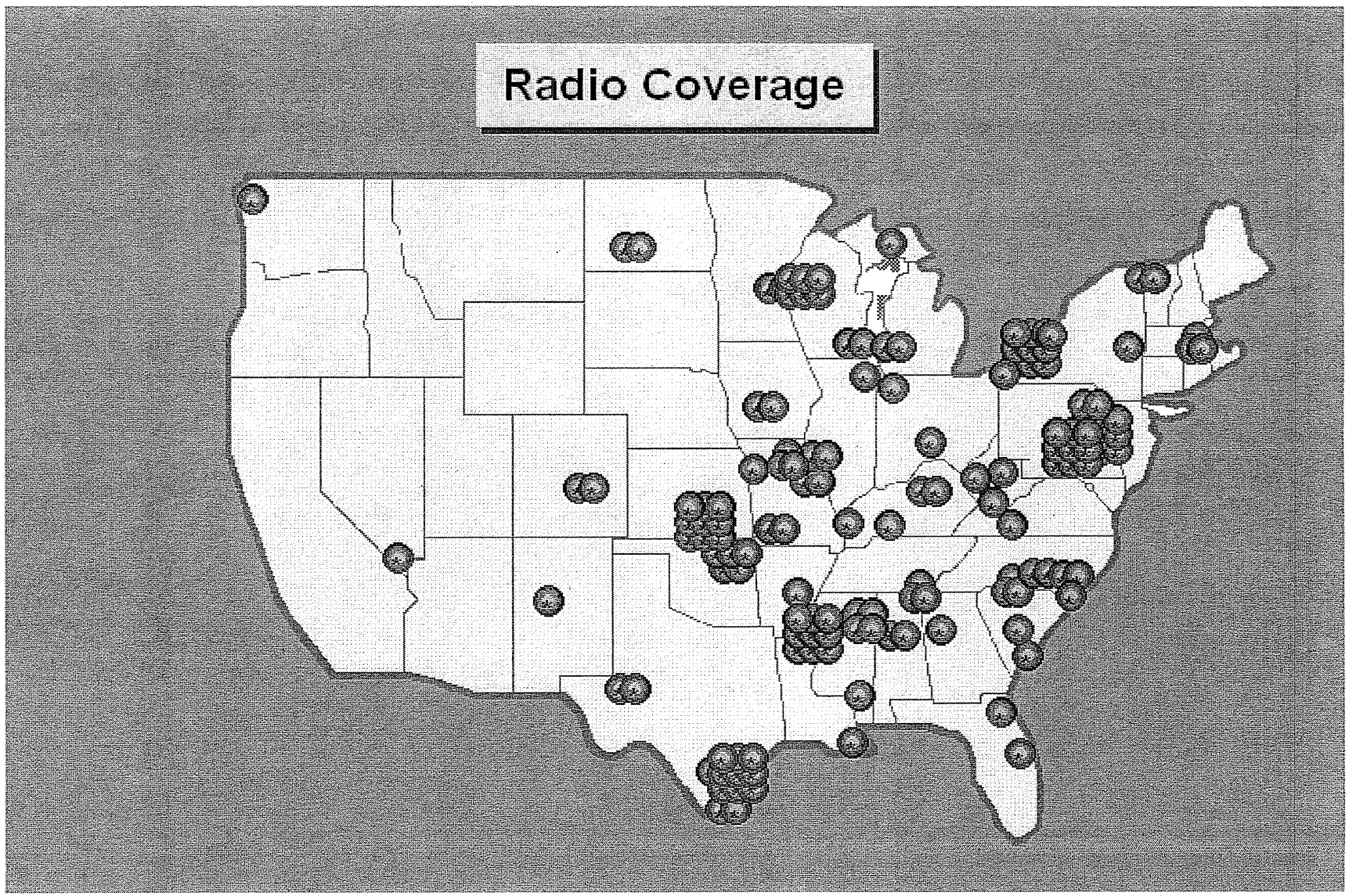
WOMAN: HEY, DID YOU REMEMBER THE TICKETS?
MAN: SURE.
WOMAN: AND THE UMBRELLA? DID YOU REMEMBER THE UMBRELLA?
MAN: YES.
WOMAN: DID YOU REMEMBER TO GET SCREENED FOR PROSTATE CANCER?
MAN: UHHH.
IT'S YOUR LIFE. IF YOU'RE A MAN OVER FIFTY, ASK YOUR DOCTOR ABOUT GETTING SCREENED FOR PROSTATE CANCER, ADVISES THE CALIFORNIA HEALTH COMMUNICATION PARTNERSHIP, WHICH IS SUPPORTED BY A GRANT FROM THE OLIVER AND JENNIE DONALDSON CHARITABLE TRUST. FOR MORE INFORMATION, CALL 1--800--4--CANCER.

Cumulative Placements
Radio PSA/Prostate Cancer Awareness

AS OF AUG 18 2005, THIS RELEASE HAD BEEN BROADCAST 83 TIMES
IN 33 DIFFERENT STATES WITH AN AUDIENCE OF 22,141,576.
VALUE AT AD RATES FOR THIS RELEASE IS $ 140,599.

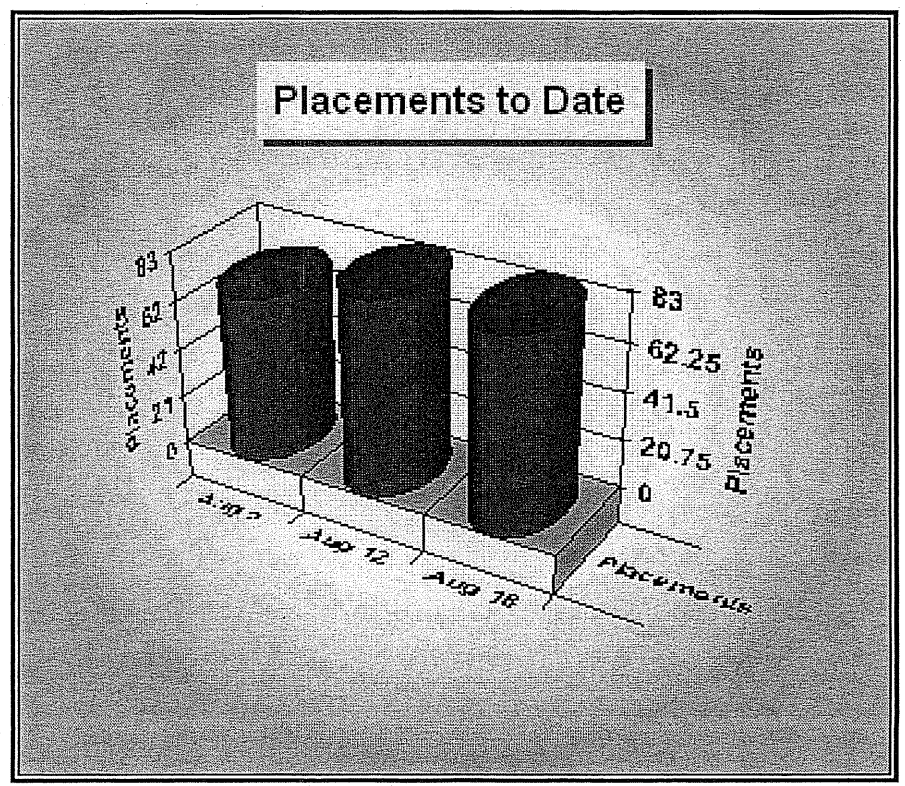


Radio PSA/Prostate Cancer Awareness Aug 18, 2005



Prostate Cancer PSA: August 18, 2005 Results

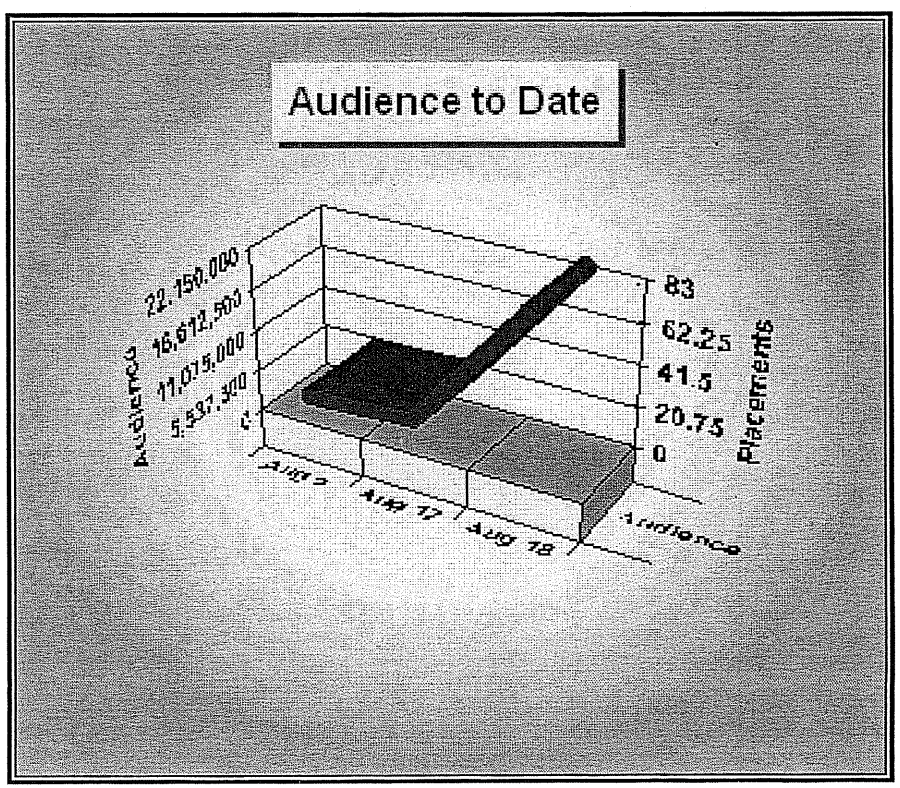
There were 70 placements recorded by 08/05/2005 ; 83 by 08/12/2005 ; 83 by 08/18/2005. Other placements, appearing both before and after these dates, will be recorded and reported later.



Prostate Cancer PSA: August 18, 2005 Results

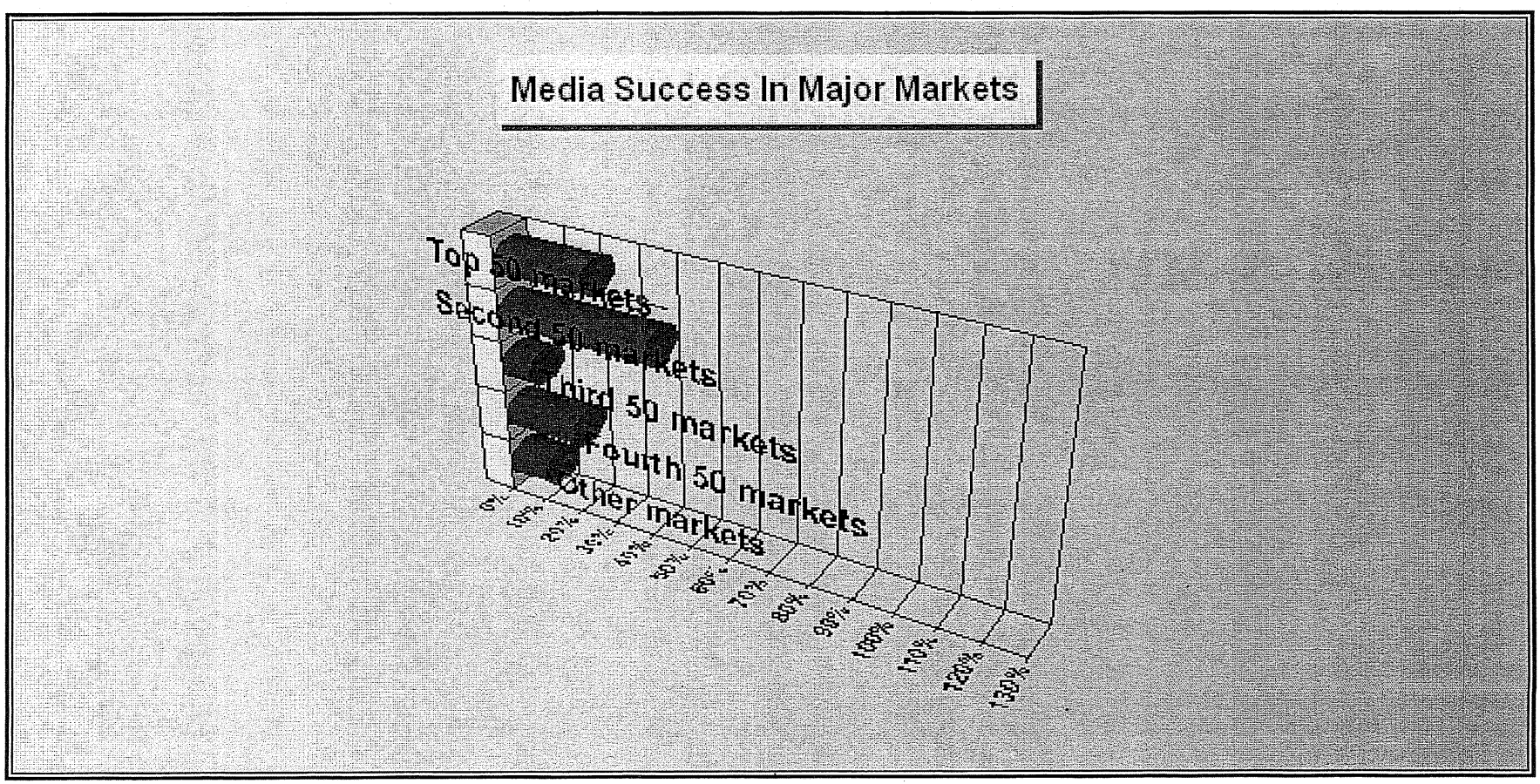
There was a cumulative audience of 3,949,480 recorded by 08/05/2005; 4,888,380 by 08/12/2005 ; 22,141,576 by 08/18/2005.

Additional audience, occurring both before and after these dates, will be recorded and reported later.

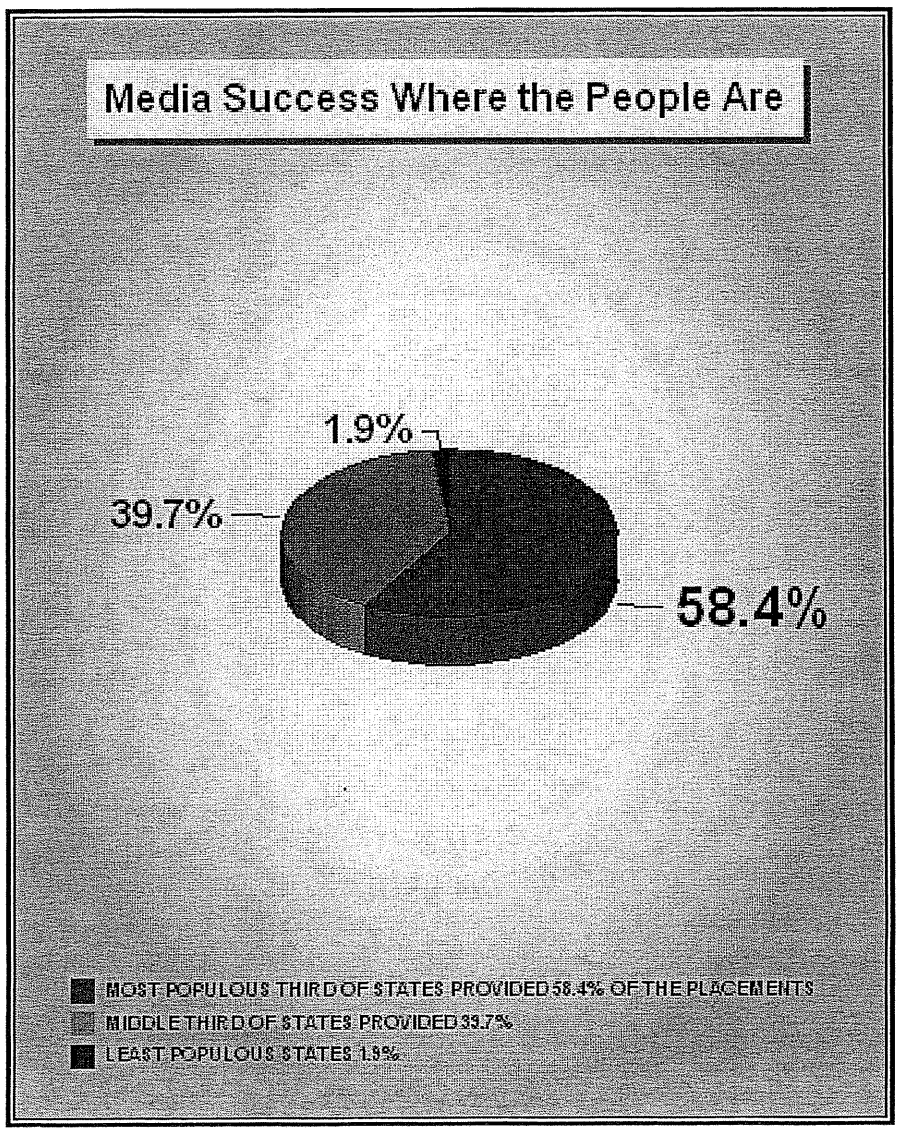


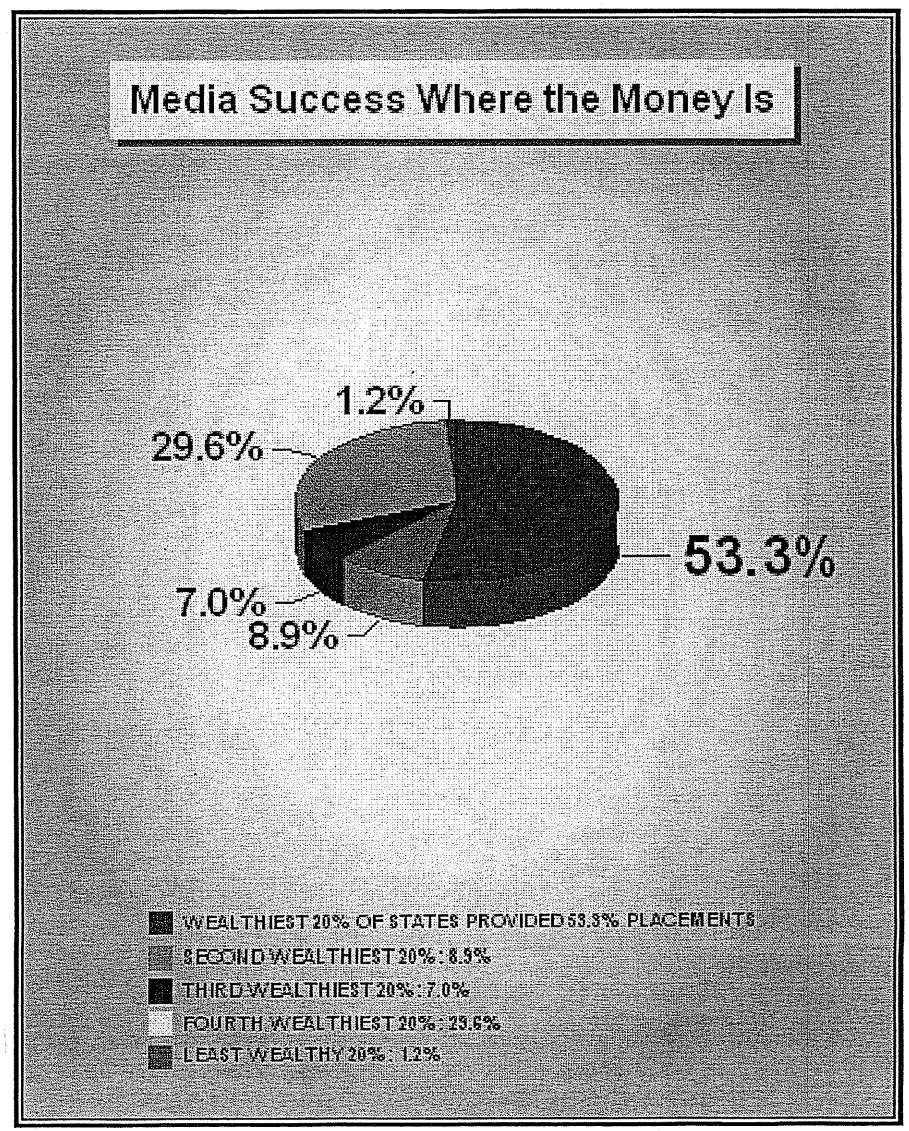
Prostate Cancer PSA: August 18, 2005 Results

August 18, 2005: Approximately 23% of the placements are from the top 50 markets; 39% from the second 50 markets; 8% from the third 50 markets; 19% from the fourth 50 markets; 11% from other markets.



Prostate Cancer PSA: August 18, 2005 Results





Prostate Cancer PSA: August 18, 2005 Results

SUMMARY

As of Aug 18, 2005, the PSA for prostate cancer awareness has appeared:

- **83 appearances**
- **95 radio stations**
- **22,141,576 listeners**
- **33 different states**

In the top 100 markets:

- **161 broadcasts**
- **16,331,776 listeners**

Value at ad rates for this radio feature release is $140,599.

Note: For those stations which have a zero value for audience, the information is not available. The total audience is actually higher than what is reported because of the missing data for those states.

Overall Summary

As of Aug 18, 2005, PSAs for Prostate & Breast Cancer Awareness:

Appearances	87	83	170
Radio stations	99	95	194
Listeners	22,456,576	22,141,576	
Different states	34	33	35

In the top 100 markets:

Broadcasts	167	161	328
Listeners	16,659,776	16,331,776	

Value at ad rates for this radio PSA feature release:

$142,599	$140,599	$283,198

As of Aug 18, 2005, News Article for Breast Cancer Awareness:

64 newspaper articles	64	
States	2	(MN,MT)
Readership	1,371,888	
Cost to buy space would have been	$2,227.83	

Attachment 3

California Business & Professions Code

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:
(1) Except where the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.
(2) The directions for the use of the drug.
(3) The name of the patient or patients.
(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section
3502.1, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.
(5) The date of issue.
(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.
(7) The strength of the drug or drugs dispensed.
(8) The quantity of the drug or drugs dispensed.
(9) The expiration date of the effectiveness of the drug dispensed.
(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription.
(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:
(i) Prescriptions dispensed by a veterinarian.
(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the
drug is on the market and for the 90 days during which the national reference file has no description on file.
(iii) Dispensed medications for which no physical description exists in any commercially available database.
(B) This paragraph applies to outpatient pharmacies only.
(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.
(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.
(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section
will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.
(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose
containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, the physician assistant who functions pursuant to Section 3502.1, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to either subparagraph (D) of paragraph (4) of, or clause (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.
(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the

prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.