



**BE AWARE & TAKE CARE:
Talk to your pharmacist!**

The Script

CALIFORNIA BOARD OF PHARMACY NOVEMBER 2000

October Was Talk About Prescriptions Month

Recent studies, surveys and publicity underscore nationwide concerns about medication errors and patient therapy non-compliance. Many of these concerns were in response to the November 1999 Institute of Medicine report, *To Err is Human*. In an effort to reduce those concerns through aggressive patient consultation, the National Council on Patient Information and Education designated October as Talk About Prescriptions Month, the theme of which was "Educate before you medicate: Knowledge is the best medicine." TAP Month was the only observance designed to focus on improving communication between all health care professionals and their patients about the appropriate use of medicines. And even though we missed sharing our planned information at the appropriate time in October, it is too important to ignore.

As a pharmacist, take the few minutes required to ask or advise the patient on:

- What condition is being treated;
- What he or she was told to expect from the medication regarding possible side effects;
- Following up with the physician or the pharmacist if side effects do occur or if the patient's health fails to improve;
- What to do if a dose is missed;
- The importance of medication compliance;
- Whether food should be taken with the medication;
- The medicine's interaction with other drugs or alcohol;
- What other prescription medicines the patient may be using;
- Appropriate selection of non-prescription medicines;
- The use of herbal and dietary supplements.

These are a few of the elements of patient consultation, but certainly not all. The more information you solicit from the patient, the more additional helpful counseling tips will occur to you. Educate your patients before you medicate them because knowledge is the best medicine.

Governor Signs SB 1339 Requiring Pharmacy Quality Assurance Programs

On September 26, 2000, Governor Davis signed Senate Bill 1339 (Figueroa), requiring all pharmacies to establish quality assurance programs that evaluate medication errors and identify changes that can prevent those errors from recurring. Provisions in this Board-sponsored bill will take effect after the Board adopts regulations for pharmacy quality assurance programs, sometime later in 2001. Under the provisions of SB1339, all data placed into such programs are exempt from discovery in a civil lawsuit. Details of the bill and the authorizing statutes can be found at www.leginfo.ca.gov.

Editor's Note:

The Board is currently undergoing a long awaited and sorely needed office expansion. However, during the reconfiguration of our office, our staff and equipment have been moved to other locations throughout the building, resulting in some disruption of our daily operations. We hope to be in our new accommodations by December.

Consequently, due to circumstances beyond our control, the Board's October issue of *The Script* has become the November issue. Another casualty of our displacement was our ability to participate in celebrating October as Talk About Prescriptions Month, as we had intended. Part of that participation included the publication of articles on how to counsel patients with specific conditions. Because patient consultation is part of daily pharmacists' care, the Board plans to publish such articles on an ongoing basis. Our first article, "The Role of the Pharmacist as Menopause Educator and Provider of Pharmaceutical Care for Estrogen Replacement Therapy (ERT) and Hormonal Replacement Therapy (HRT) Patients" is on page 3.

We truly appreciate your patience during these trying times.

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President's Message

By Robert H. Elsner
President, Board of Pharmacy

At its July meeting, after lengthy discussion on the continuing and severe statewide (as well as national) shortage of pharmacists, the Board of Pharmacy reiterated its concern over this high priority problem. The Board's Licensing Committee has been directed to create a task force to work with representatives of the profession, pharmacies, and schools of pharmacy, to seek solutions to California's increasing manpower shortfall. The first meeting will be January 23, 2001—see page 4.

In July, a number of "horror" stories were heard, regarding an inability to hire pharmacists in many areas of the state, particularly in—but not solely limited to—rural and non-metropolitan area pharmacies, and in both chains and independent pharmacies. Among questions asked by those in the audience was what the Board of Pharmacy might do to ease the problem. Suggestions were made that the Board might consider giving more than two exams per year, administering the exam before graduation, and releasing the exam scores sooner.

The exam cannot be administered before graduation because graduation from a school of pharmacy is required for taking the exam. The licensing examination dates, now held each June and January, are set to occur shortly after graduation dates in California.

Others inquired about reciprocity with other states. California does not have a reciprocal arrangement with other states, and does not accept passage of the multiple-choice NAPLEX (North

American Pharmacist Licensure Examination) for licensure here. Even if the NAPLEX were accepted for reciprocity in California, applicants would still be required to pass an examination on state pharmacy law, and most likely an essay section as well. The Board reviews the NAPLEX and potential reciprocity periodically and will continue to explore this approach.

In response to concerns that the Board's subsequent licensing of the successful candidates has been delayed, I can report that the Board licensed more than 400 new pharmacists within the first nine days of releasing the scores in August. At this writing, a total of 525 (of the 606 who passed the June 2000 exam) have been licensed, and those remaining may have incomplete files that preclude immediate licensure. However, despite an infusion of the newly licensed pharmacists this summer, the shortage remains, with no immediate relief in site.

A recent article on the pharmacist shortage in a Southern California newspaper reported that some chain drug stores are offering new pharmacy graduates "as much as \$24,000 in cash signing bonuses, as they look to Canada and South Africa for new hires." The article stated that the problem is industrywide, adding: "Even with the temptation of cash bonuses and new cars, drugstore chains still can't fill pharmacist voids..." While such incentives may appear attractive, pharmacists perhaps base their choices more on better work environments than perks.

Other reasons for the pharmacist shortage in California might include housing costs. With median home prices as much as \$300,000 and higher in some areas, a young pharmacy graduate with possible college expense debt, may not be able to afford this state's housing. This is

also true for potential out-of-state pharmacists, who are stunned by the "sticker shock" of California housing.

Another factor is that some pharmacists (and their spouses/families) do not want to live in rural or non-metropolitan areas, particularly if they are accustomed to "big city" life. Even lower housing costs are not always enough incentive to lure and keep some people. The medical profession learned this some years ago with the severe "rural physician shortage." Communities were even underwriting the medical education of some medical students, in exchange for a multiple year commitment to practice in that community following graduation and licensure. Even then, it did not always work out, and many physicians "bought out" their commitments and left. For some, they simply could not adapt to the "small town" atmosphere. Others were pressured by spouses who missed cultural and entertainment opportunities that didn't exist where they were living. The medical profession learned, and studies verified, that the most likely physician to practice—and stay—in a small town or rural setting was the man or woman who had previously lived or grown up there.

There are no magic answers to why there is a pharmacist shortage and how to resolve it, but the Board is committed to working with the profession and others (including representatives of community pharmacies, chain drug stores, pharmacy schools, and other governmental agencies) toward resolving the pharmacist shortage. We welcome your comments.

Reminder: Meetings of the Board of Pharmacy are public, open meetings. They are held quarterly (and more often when necessary) in major population centers around the state. The meeting dates and locations are published in each of the Board's newsletters. For more specifics, refer to the Board's website: www.pharmacy.ca.gov. Pharmacists and other interested persons are welcome to attend and express their concerns and suggestions.

The Role of the Pharmacist as Menopause Educator and Provider of Pharmaceutical Care for Estrogen Replacement Therapy (ERT) and Hormonal Replacement Therapy (HRT) Patients



By
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The number of women in the U.S. over 55 years of age is expected to reach 31.2 million and by the year 2020, the size of the group is estimated to be 45.9 million. Because of the sheer number of perimenopausal and postmenopausal women with concerns about whether or not to take estrogen replacement therapy (ERT, estrogen alone) or hormonal replacement therapy (HRT, estrogen plus a progestin) with or without androgen replacement, the pharmacist's role as menopause educator and provider of pharmaceutical care is approaching paramount importance.

A primary goal as menopause educator and pharmaceutical care provider is to increase compliance and adherence to hormone therapies, so it is crucial for pharmacists to properly counsel patients on the use of ERT/HRT as well as managing side effects. When the patient presents her first ERT/HRT prescription, the pharmacist should counsel the patient on:

Benefits of Compliance

Reinforce the reasons for and benefits of faithful and regular compliance to the ERT/HRT therapy, unless otherwise indicated by patient's doctor:

- Short term (onset 2-3 weeks)—relief from hot flashes that can cause lack of sleep, vaginal dryness that can result in painful intercourse, mood changes, and possibly improvement of urinary control problems, depression and anxiety.
- Long term—prevention of osteoporosis, cardiovascular disease, and possibly Alzheimer's Disease, colon cancer, tooth loss, and macular degeneration.



and
Linh Vuong, Pharm.D.
Women's Health Specialty Resident
UCSF National Center of Excellence in
Women's Health

How to Take the Medication

ERT/HRT can be taken with or without food at any time of the day, but should always be taken at the same time every day to minimize spotting or breakthrough bleeding that is frequently seen in patients with an intact uterus.

Missed Dose

If the patient misses a dose, she does not need to "double up" the next day, as with the oral contraceptive pills. However, let the patient know that if she misses a pill, there will be an increased chance that she will experience spotting or breakthrough bleeding.

When patients report experiencing abnormal and/or prolonged cycle bleeding (these can be symptoms of uterine polyps, fibroids or cancer), it is important for the pharmacist to refer the patient to her physician.

Drug Interactions

In addition, the pharmacist should be aware of any drug interactions, such as CYP450 inducers, that would cause a decrease in ERT/HRT levels that can lead to bleeding.

Side Effects

Because estrogens have been known to increase clotting factors, the pharmacist should also counsel on the signs and symptoms of blood clots. These include severe abdominal pain, chest pain, headache, visual disturbances, severe leg pain (ACHES). Other side effects and ways to deal with them are listed in the table below. Reassure the patients that these side effects are temporary and usually last during only the first few cycles of hormone therapy.

Dealing With ERT/HRT Side Effects¹

Side Effect	Strategy
Bloating	Restrict salt intake, try an herbal diuretic or a mild prescription diuretic, lower the progesterone dose to a level that still protects the uterus, switch to another progestin or natural micronized progesterone (Prometrium)
Weight Gain	Modify diet, exercise to burn calories and fat as well as build up the body's metabolic rate
Breast Tenderness	Restrict salt intake, lower the estrogen dose, change to another progestin or progesterone, cut down on caffeine
Headaches	Restrict salt intake, reduce dose of oral estrogen, change to an everyday "continuous" dosage schedule, switch to an estrogen patch
Depression	Change from continuous to cyclic progestin, lower the progesterone dose, switch to another progestin, stop ERT/HRT to see if hormones are the cause
Nausea	Take estrogen tablets at bedtime or with meals, switch to an estrogen patch
Skin Irritation associated with the use of Transdermal Patch	Rotate patch sites with each new application, apply 1% hydrocortisone cream, if necessary

The pharmacist should stress the importance of annual mammograms, gynecologic check ups, proper weight management and exercise. Other issues that may come up with the peri- or postmenopausal patient may be vaginal dryness, decreased libido and alternative therapies. For vaginal dryness, the pharmacist may offer a variety of OTC lubricants. Management of libido may be done with the patient's provider and may include initiation of a combination of esterified estrogens and methyltestosterone (Estratest®), or application of a custom-prepared prescription product containing 1-2% of testosterone.

Alternative therapies include the use of phytoestrogens, naturally occurring compounds in certain plants, herbs, and seeds that are similar in chemical structure to estrogen and /or produce estrogen-like effects¹. Sources of phytoestrogens include soy foods like tofu, tempeh, soy milk, or roasted soy nuts, lignans in cereals and vegetables, coumestans found in sunflower seeds,

bean sprouts, and isoflavones found in legumes and soybeans. If the patient is unable to tolerate ERT/HRT, the pharmacist may recommend these products to help with hot flashes and other menopause effects.

For further information regarding menopause, the pharmacist may refer to the North American Menopause Society (NAMS)'s web page at www.menopause.org. In addition, NAMS is offering a certificate program in menopause counseling for pharmacists and other healthcare professionals.

Reference:

North American Menopause Society (NAMS). Menopause Guidebook, 1999

**Pharmacy Board meetings are open to the public**

In accordance with its strategic plan, the Board formed committees to address issues related to meeting the plan's objectives. To share the various committee goals, activities and accomplishments with the public, a portion of each Board meeting will be devoted to one of the committees and open for public comment. The Public Communication & Education Committee will present a report on its current and proposed activities at the January 2001 Board meeting. These meetings are open to the public.

The next two meetings will be held:

January 24–25, 2001

**Sheraton Gateway Hotel at LAX
Los Angeles**

Prior to the Board meeting, a task force seeking solutions to the pharmacist shortage, will hold its first meeting at the Sheraton Gateway Hotel on January 23, 2001. Members of the pharmacy profession, consumers and all interested parties are invited to participate. If you cannot present your comments in person, your written comments will be reviewed and considered if received at the Board office at least seven days prior to the meeting. Comments may also be mailed or faxed to the Board at (916) 327-6308.

April 25–26, 2001

**400 R Street, Room 1030
Sacramento**

Agendas are posted on our website (www.pharmacy.ca.gov and click on About the Board) prior to each meeting or you may call the Board at (916) 445-5014.



Rx for Good Practice

In day-to-day pharmacy practice, unusual situations sometimes occur, generating questions. So to help our licensees with questions whose answers may or may not be found in the pharmacy law book, "Rx for Good Practice" will be featured in each issue of *The Script*. If you have a question you would like to see answered in this column, please fax your question to "The Script" at (916) 327-6308 or e-mail it to the editor at hope_tamraz@dca.ca.gov.

CORRECTION

Our first order of business is to thank all of those who called and e-mailed the editor about the errors regarding Percocet prescriptions in this section of the July 2000 newsletter. In that article, Percocet was reported to contain hydrocodone, which is incorrect—the correct ingredient is oxycodone.

The article also contained the DEA policy statement listing changes a pharmacist may make on a Schedule II prescription. The case in point was Percocet prescriptions with no strength noted. (Because Percocet previously was manufactured in only one strength—there are now four—prescribers frequently fail to enter the proper strength on the prescription.) The statement stated that the pharmacist could enter the proper strength on the prescription after conferring with the prescriber. However, and most importantly, the article failed to advise that while federal regulations may allow such additions to a Schedule II prescription, California statutes do not—at least not until January 1, 2001.

Currently, section 11164 of the California Health & Safety Code requires Schedule II prescriptions to be "...wholly written in ink or indelible pencil in the handwriting of the prescriber..." and the only change a pharmacist may make to a Schedule II prescription is to add the patient's address. Since California law is the more restrictive, California law prevails.

However, AB 2018 (Thomson, Runner and Migden, Statutes of 2000) was just enacted and changes California's triplicate laws, effective January 1, 2001. This bill

amends section 11164 of the Health & Safety Code to permit a pharmacist to correct any error after conferring with the prescriber and receiving the prescriber's authorization. The prescriber must also fax or mail a corrected prescription to the pharmacy within seven days. Additionally, only the date and the physician's signature must, after January 1st, be in the handwriting of the prescriber in indelible pencil or ink; the rest of the prescription can be printed, typed, or written in someone else's hand. Details of the requirements and exact language of the statute will be published in the January 2001 *The Script*.

The editor regrets the confusion this article caused, but does note she was simply six months premature!

Q What is the difference between a faxed prescription and an electronic data transmission, and what about electronic data transmissions that come out of the pharmacy's fax machine?

A A fax or facsimile is a picture of an actual prescription written on a prescriber's pad, and such faxed prescriptions for Schedule III, IV or V controlled substances are permitted under both state and federal law.

An electronic data transmission order, like an e-mailed message, is not permitted for a Schedule III, IV or V controlled substances. Electronic data transmission orders that are sent directly to the pharmacy and print out through the pharmacy's fax machine are not permitted—even though they appear to be faxed because federal regulations define a faxed order as a copy of the original, signed prescription. Nor does an electronic signature overcome that federal limitation.

Q Where is it stated in the regulations that a pharmacist may not accept dispensed drugs back from the consumer?

A There are no California regulations that address this question. Instead, we refer to the FDA's Compliance Policy Guideline 7132.09

that advises pharmacists not to return drug products to their stock once they have been out of the pharmacist's possession. It describes this action as a dangerous practice because the pharmacist would no longer have any assurance of the strength, quality, purity or identity of the products.

The pharmacist or doctor dispensing a drug is legally responsible for all hazards of contamination or adulteration that may arise, should they mix returned portions of drugs to their shelf stocks. There have been cases where drugs returned by patrons and subsequently resold by the pharmacist were responsible for injuries.

The pharmacist, depending on store policy, may accept the drug back from the consumer, but upon doing so must hold the drug for destruction, not resale.

Q How long is a prescription valid once the prescriber has died?

A Nothing in the Business & Professions Code addresses the length of time that a prescription is valid once the prescriber has died. The pharmacist, therefore, must use his or her professional judgment before dispensing such a prescription.

If the pharmacist is aware that the prescriber has died, and if the patient has seen a new physician, the pharmacist can contact the physician for a new prescription. If the patient does not have a new physician, the pharmacist may contact the physician who has assumed the practice of the deceased physician for a new prescription.

If presented with a refill prescription written by a physician who is known to be deceased, the pharmacist should follow the guidance of section 4064 of the Business and Professions Code and his or her professional judgment in refilling the prescription.



Dental Scope of Practice

The professional collaboration of the pharmacist and dentist is essential to the provision of good pharmaceutical care, but at times becomes strained as dentists use new methods of treatment, and pharmacists strive to satisfy their statutory obligation to dispense only those medications within the prescriber's scope of practice. Some dentists believe that possession of a dental license and a DEA permit entitles them to prescribe any and all drugs. However, section 1625 of the Business & Professions Code limits dental practice to the diagnosis and treatment of dental-related conditions. Dentists are permitted to prescribe and pharmacists are obligated to dispense only the drugs that are used within a dentist's scope of practice.

Dentists should not be prescribing for patients who are not under their treatment for a dental condition, and dentists may not, just because they are treating a patient for a dental condition, prescribe drugs to that patient for conditions unrelated to dentistry. Any time a pharmacist is presented with a prescription written by a dentist and which appears to be, or may be, outside the scope of practice of a dentist, the pharmacist must contact the prescriber to validate the prescription. Section 1761(a) of the Business & Professions Code states: "No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity, or alteration." The regulation goes on to direct the pharmacist to contact the prescriber on receipt of such a prescription.

The scope of practice under any prescriber's practice act must be interpreted in light of ever-changing knowledge, treatments and new drugs. Additionally, treatments rendered on or directly affecting one part, system or organ of the body may have a beneficial

impact on another part, system or organ of the body. The prescribing of antibiotics for dental infection is obviously within dentistry's scope of practice. Dental practice now includes the treatment of various neuralgias with drugs such as carbamazepine. A dentist's office emergency kit may contain drugs such as diazepam, nitroglycerin, or diphenhydramine. When general anesthesia is being administered, a full complement of emergency drugs is required. Anti-inflammatory drugs are often used to control pulpal inflammation after a filling, crown, or root canal. There are times when corticosteroids are used to control post-operative swelling. This list is not all inclusive, and it follows that pharmacies should support dentists by stocking the appropriate medications to provide quality dental treatment.

But the prescribing of diuretics, cholesterol-lowering agents, blood pressure medication, birth control pills, and many other pharmaceuticals is not commonly seen as related to the practice of dentistry. A pharmacist may understandably need additional information to verify, as required by law, whether the prescribed drug is intended to treat a dental-related condition.

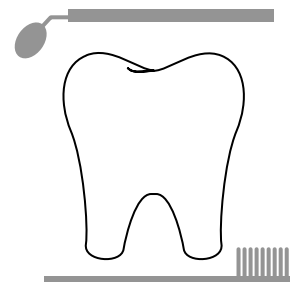
The primary rule to follow is that upon receiving a prescription from a dentist for a drug that is not usually related to dental practice, the pharmacist must contact the dentist and ask what its indicated use is. If the pharmacist, considering all the circumstances and exercising his or her professional judgment, is not satisfied the drug is intended for a dental condition, the pharmacist should decline to dispense the prescription.

In assessing the propriety of a prescription, pharmacists should also remember that dentists must not attempt to fill their own and their family's various

drug needs by writing prescriptions for controlled substances for themselves or their families for conditions that are unrelated to dental treatment. And self-medication with controlled substances, even for a dental condition, is prohibited by section 11170 of California's Health & Safety Code.

The laws and professional standards governing the practice of dentistry and pharmacy give both dentists and pharmacists responsibility for proper prescribing and dispensing of drugs for dental patients. Dentists, of course, have the duty to diagnose and treat, including the use of pharmaceuticals, but pharmacists also have the obligation, when they receive an order, to be aware of possible anomalies. Is the prescription appropriately or correctly written? As to scope of practice of dentists and other practitioners with a limited scope of practice, is the prescriber acting within the scope of his or her practice? Pharmacists also have a corresponding responsibility to assure that prescriptions for controlled substances are dispensed for legitimate medical purposes within the prescriber's scope of practice (according to both section 1306.04 of Title 21 of the Code of Federal Regulations and section 11153(a) of the Health & Safety Code).

Communication between a prescribing dentist and the dispensing pharmacist, including discussions of the basis for unusual or innovative prescriptions, is vital and will help to facilitate and improve the care of patients and protect the health of the people of California.



Disciplinary Actions by the Board

Explanation of Disciplinary Language

1. *Revoked* means the license is canceled, voided, annulled, rescinded. The right to practice or operate a Board of Pharmacy-licensed business is ended.

2. *Revoked, stayed; 60 days' suspension; three years' probation*—“Stayed” means the revocation is postponed or put off. Professional practice or operation may continue so long as the licensee complies with specified probationary terms and conditions, which in this example includes 60 days' actual suspension from practice or operation. Violation of probation may result in the lifting of the stay and the implementation of the stayed revocation.

3. *Stipulation* indicates a form of negotiation where the case is settled prior to hearing (similar to an “out-of-court settlement” in civil court).

4. *Voluntary Surrender of License*—The licensee returns his or her license to the Board, subject to specific conditions of surrender and acceptance by the Board.

5. *Effective* indicates the date the disciplinary decision goes into operation.

6. *Statement of Issues* refers to the initial or accusatory pleading (filed by the Board) which initiates the administrative procedure for denial of licensure to an applicant.

7. *Letter of Reprimand (or Reproof)* is a public document reproofing a licensee for violations of Pharmacy Law.

PHARMACISTS/PHARMACIES

DEWANE C. McCONNELL, RPH 35655, Oroville, CA

Violation: Being convicted of a crime substantially related to the qualifications, functions or duties of a pharmacist; using alcoholic beverages in a manner which impaired his ability to conduct pharmacy practice safely.

Action: Revoked

Effective: November 4, 1999

BENJAMIN FRIEDMAN, RPH 32509, Agoura Hills, CA

Violation: For purposes of settlement only, respondent admitted to failing to keep records of acquisition on premises and available for inspection during business hours.

Action: Revoked, stayed; one year's probation; pass law exam; share with RPH Sid Chakravarti payment of \$6,297 in costs, plus probation monitoring costs.

Effective: January 5, 2000

SID CHAKRAVARTI, RPH 40811, Calabasas, CA

Violation: For purposes of settlement only, respondent admitted to failing to keep records of acquisition on the premises and available for inspection during business hours; failing to provide patient consultation; and failing to package prescription drugs in child-proof packaging.

Action: Revoked, stayed; three years' probation; pass law exam; share with RPH Friedman payment of \$6,297 in costs, plus probation monitoring costs.

Effective: January 5, 2000

CHAM-DOAN DUONG, RPH 31631, Fremont, CA, and LA ROSA PHARMACY, PHY 32421, San Jose, CA

Violation: Respondents contest the charges and allegations, but stipulate that if proved would be cause for discipline against the licenses.

Action: RPH—Revoked, stayed; 180 days' suspension; three years' probation; pass law exam; payment of \$3,865 in

costs, plus probation monitoring costs. PHY—Revoked, stayed 90 days to allow for sale of pharmacy.

Effective: January 5, 2000

MICHAEL MIN CHANG, RPH 32498, Monterey Park, CA and HALLIBURTON PROFESSIONAL PHARMACY, PHY 36283, Hacienda Heights, CA

Violation: For purposes of settlement only, respondents admitted to providing dangerous drugs without valid prescriptions; failing to maintain accurate records of dangerous drugs; failing to maintain the pharmacy in a clean and orderly fashion; failing to use education, training and experience as a pharmacist.

Action: RPH—Revoked, stayed; 60 days' suspension; three years' probation; payment of \$4,500 in costs, plus probation monitoring costs.

PHY—Revoked, stayed 90 days to allow for sale of pharmacy.

Effective: April 5, 2000

LAYNE KILPATRICK, RPH 42675, Paso Robles, CA and OLDE TOWNE DRUG, PHY 41082, Paso Robles, CA

Violation: For purposes of settlement only, respondents admitted to filling prescriptions with generics while billing for brand name drugs and failing to have invoices for purchases of a dangerous drug for a specific audit period.

Action: RPH—Revoked, stayed; 30 days' suspension; three years' probation; share with the PHY payment of \$5,327.50 in costs, plus probation monitoring costs.

PHY—Revoked, stayed; three years' probation; share with the RPH payment of \$5,327.50 in costs.

Effective: April 5, 2000

KAISER FOUNDATION HOSPITAL PHARMACY NO. 251, HSP 39643, Panorama City, CA

Violation: For purposes of settlement only, respondent admitted to having a pharmacist at Kaiser who stole controlled substances for personal use to such an extent that it impaired the ability to practice pharmacy.

Disciplinary Actions

Continued from Page 7

Action: Revoked, stayed; one year's probation; share with RPH Tanaka payment of \$9,700 in costs, plus probation monitoring costs.

Effective: June 1, 2000

GERALD TANAKA, RPH 28954, Northridge, CA

Violation: For purposes of settlement only, respondent admitted to stealing controlled substances for personal use to such an extent that it impaired his ability to practice pharmacy; possessing controlled substances unlawfully.

Action: Revoked, stayed; three years' probation; share with HSP Kaiser payment of \$9,700 in costs, plus probation monitoring costs.

Effective: June 1, 2000

VIJAY KUMAR KHANNA, RPH 29946, Poway, CA

Violation: Stealing dangerous drugs.

Action: Revoked, stayed; three years' probation; payment of \$2,000 in costs, plus probation monitoring costs.

Effective: June 1, 2000

MERILYN DUNN ROSS, RPH 36937, Scotia, CA

Violation: Respondent, through stipulation, admitted that cause for discipline exists for using controlled substances and dangerous drugs in a manner to the extent that the use impaired her ability to conduct with safety the practice of pharmacy.

Action: Revoked, stayed; three years' probation; payment of \$1,500 in costs, plus probation monitoring costs.

Effective: June 1, 2000

ROBERT BALDISERRI, RPH 26360, Novato, CA

Violation: For purposes of settlement only, respondent admitted to using alcohol to the extent or manner as to be dangerous or injurious to himself or others.

Action: Revoked, stayed; five years' probation; suspended until Board receives recommendation from PRP; payment of \$1,125 in costs, plus probation monitoring costs.

Effective: June 1, 2000

NAOMI GENEVA OLSEN, RPH 47749, RPH 47749, Yreka, CA

Violation: Committing multiple acts of dishonesty, deceit and general corruption of ordinary business practices before, during and after the period of time while employed as a pharmacist and business manager.

Writ of Mandate: Filed in Sacramento Superior Court.

Action: Revoked; payment of \$2,613.50 in costs.

Effective: June 3, 2000

HUNG PHI PHAN, RPH 45283, San Jose, CA

Violation: For purposes of settlement only, respondent contests the allegation and charges, but stipulates that if proven would be cause for discipline.

Action: Revoked, stayed; 45 days' suspension, three years' probation; payment of \$4,000 in costs, plus probation monitoring costs.

Effective: June 8, 2000

PHIEU LAM, RPH 39309, Sacramento, CA and LOTUS PHARMACY, PHY, 42189, Sacramento, CA

Violation: For purposes of settlement only, respondents admitted to reselling drugs acquired at preferentially low prices and failing to insure the pharmacy's compliance with state laws pertaining to the practice of pharmacy.

Action: RPH—Revoked, stayed; three years' probation; pass law exam; share payment of \$4,800 in costs with Lotus Pharmacy, plus probation monitoring costs. PHY—Revoked, stayed; three years' probation; share payment of \$4,800 in costs with Lam, plus probation monitoring costs.

Effective: June 11, 2000

ROBERT CARLTON FORTNER, RPH 47622, Long Beach, CA

Violation: For purposes of settlement only, respondent admitted to being convicted of a crime substantially related to the practice of pharmacy; obtaining prescriptions which were neither authorized nor issued by a doctor or any of the doctor's staff.

Action: Revoked; payment of \$2,444.50

in costs upon petition for reinstatement or application for any other Board license.

Effective: June 11, 2000

SAMIR YOUSSEF, RPH 30740, Pasadena, CA and PACIFIC PLAZA PHARMACY, PHY 22280, Long Beach, CA

Violation: Being convicted of a crime substantially related to the practice of pharmacy and failing to comply with the terms and conditions required in a prior administrative case.

Writ of Mandate: Filed July 5, 2000, in Los Angeles Superior Court; stay denied July 12, 2000.

Action: Both licenses revoked.

Effective: July 6, 2000

ANTHONY JOSEPH VALTIERRA, RPH 28176, Manteca, CA

Violation: Being convicted of a crime substantially related to the duties of a pharmacist and providing unauthorized prescription drugs.

Action: Revoked; payment of \$4,685.75 in costs

Effective: July 6, 2000

GOLD COAST MEDICAL SERVICES, PHY 42086, Eureka, CA

Violation: Respondent contested the charges and allegations but stipulated that if proven would be cause for discipline.

Action: Revoked, stayed; three years' probation; payment of \$2,000 in costs, plus probation monitoring costs.

Effective: July 21, 2000

ELIZABETH SLAGLE, RPH 43052, Arcata, CA

Violation: For purposes of settlement only, respondent admitted to operating as a wholesaler without a license; failing to maintain a current inventory; failing to maintain patient records in a confidential manner.

Action: Revoked, stayed; 30 days' suspension; pass law exam; payment of \$500 in costs, plus probation monitoring costs.

Effective: July 21, 2000

PAUL EUGENE MILLER, RPH 20151, Santa Cruz, CA

Violation: Respondent contested the

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Disciplinary Actions

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charges and allegations but stipulated that if proven would be cause for discipline.

Action: Revoked, stayed; three years' probation; payment of \$1,500 in costs, plus probation monitoring costs.

Effective: July 21, 2000

COSTCO PHARMACY No. 133, PHY 40375, Redding, CA

Violation: By stipulation, accusation was withdrawn.

Action: Payment of \$3,000 in costs.

Effective: July 25, 2000

ENG-HSU WU, RPH 33170, Arcadia, CA, and VALLEY SQUARE PHARMACY, PHY 30876, Alhambra, CA

Violation: For purposes of settlement only, respondents admitted to breaching the corresponding responsibility to dispense controlled substances pursuant only to prescriptions issued for a legitimate medical purpose; dispensing prescriptions containing omissions, irregularities and/or uncertainty; failing to inventory Schedule III-V controlled substances at least every five years.

Action: RPH—Revoked, stayed; 90 days' suspension; three years' probation; pass law exam; share payment of \$4,284.25 in costs with Valley Square Pharmacy, plus probation monitoring costs.

PHY—Revoked, stayed; four days' suspension; three years' probation; share payment of \$4,284.25 in costs with Wu, plus probation monitoring costs.

Effective: July 25, 2000

JOSEPH CLARENCE WOO, RPH 31108, Sacramento, CA

Violation: For purposes of settlement only, respondent admitted to falsifying telephone order prescriptions; obtaining and furnishing medications to himself and his wife.

Action: Revoked, stayed; 60 days' suspension; three years' probation; payment of \$4,000 in costs, plus probation monitoring costs.

Effective: July 29, 2000

CHARLENE ANN KONO, RPH 37551, Sacramento, CA

Violation: For purposes of settlement only, respondent admitted to aiding and abetting the violation of pharmacy laws by having her husband obtain and furnish numerous dangerous drugs and controlled substances without lawful prescriptions or authorization; possessing these medications without lawful prescriptions. Writ of Mandate: Filed August 11, 2000, in Sacramento Superior Court; temporary stay ordered on August 15, 2000, for two of the terms and conditions of the disciplinary action.

Action: Revoked, stayed; three years' probation; pass pharmacist licensure exam; payment of \$4,000 in costs, plus probation monitoring costs.

Effective: July 29, 2000

TECHNICIANS

IMELDA BANUELOS, TCH 13276, Chula Vista, CA

Violation: For purposes of settlement only, respondent admitted to being convicted of a crime substantially related to the practice of a pharmacy technician.

Action: Revoked, stayed; three years' probation; pass pharmacy technician certification exam; payment of \$2,025 in costs.

Effective: April 5, 2000

EMAD MOHAMED, TCH 6082, Sacramento, CA

Violation: Respondent admitted to being convicted of a crime substantially related to the practice of a pharmacy technician.

Action: Revoked; payment of \$2,000 in costs upon petition for reinstatement or application for any other Board license.

Effective: June 1, 2000

CARLOS FERNANDO MATA, TCH 7059, Reseda, CA

Violation: For purposes of settlement only, respondent admitted to driving while under the influence and possessing a controlled substance.

Action: Revoked, stayed; three years' probation; suspended until passing the Pharmacy Technician Certification Board (PTCB) examination; payment of \$3,000

in costs, plus probation monitoring costs.

Effective: June 11, 2000

JOHNNY A. GALVAN, TCH 18133, San Francisco, CA

Violation: Unlawful conduct substantially related to the qualifications, duties and responsibilities of a pharmacy technician.

Action: Revoked, stayed; suspended until passing the PTCB examination; five years' probation; payment of \$1,128, plus probation monitoring costs.

Effective: July 6, 2000

MELISSA JEAN DOWNS, TCH 19713, San Diego, CA

Violation: Being under the influence of and in unlawful possession of a controlled substance.

Action: Revoked

Effective: July 29, 2000

CHIP JOHNSON, TCH 24301, Sonoma, CA

Violation: Taking controlled substances from his employer for self-administration; possessing such controlled substances without a prescription.

Action: Revoked

Effective: July 29, 2000

KELLY JEAN WOLFE, TCH 23754, EI Cajon, CA

Violation: Convicted of a crime substantially related to the practice, duties and qualifications of a pharmacy technician.

Action: Revoked

Effective: July 29, 2000

WHOLESALEERS/EXEMPTES

INTER PHARMA, WLS 2530, San Diego, CA and INTER PHARMACY, WLS3097, Chula Vista, CA

Violation: Purchasing, storing and selling dangerous drugs without proper licensure; failing to provide, when requested, all acquisition records related to dangerous drugs; exporting drugs without proper FDA licensure; providing false information to the Board.

Action: Both licenses revoked.

Effective: June 11, 2000

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Disciplinary Actions

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HECTOR TORRES, EXC 11496, San Diego, CA and HECTOR TORRES, EXC 13058, Chula Vista, CA

Violation: Purchasing, storing and selling dangerous drugs without proper licensure; failing to provide, when requested, all acquisition records related to dangerous drugs; exporting drugs without proper FDA licensure; providing false information to the Board.

Action: Both licenses revoked.

Effective: June 11, 2000

CARLOS ORTIZ, EXC 13059, Chula Vista, CA

Violation: Exporting drugs without proper FDA licensure.

Action: Revoked.

Effective: June 11, 2000

STATEMENT OF ISSUES

FARAMARZ GANJIAN, PHARMACIST LICENSURE EXAM APPLICANT, East Hills, NY

Violation: For purposes of settlement only, respondent admitted to committing acts of unprofessional conduct by holding and offering for sale misbranded and repacked drugs; purchasing drugs outside the proper channels of distribution of prescription-required drugs.

Action: Application approved; upon issuance, the license will be revoked, stayed; placed on three years' probation; payment of probation monitoring costs.

Effective: March 28, 2000

ROBERT B. MCGEE, PHARMACIST LICENSURE EXAM APPLICANT, Long Beach, CA

Violation: For purposes of settlement only, respondent admitted to engaging in the practice of pharmacy without a license.

Action: Application approved; upon issuance, the license will be revoked, stayed; two years' probation; payment of probation monitoring costs.

Effective: April 5, 2000

MIKA ALVIN ROSS, PHARMACY TECHNICIAN REGISTRATION

APPLICANT, Redding, CA

Violation: Convicted of a crime substantially related to the practice of a pharmacy technician.

Action: Application denied.

Effective: April 5, 2000

RHONDA L. PALMER, PHARMACY TECHNICIAN REGISTRATION

APPLICANT, Oakland, CA

Violation: Being convicted of a felony crime, which was substantially related to the duties, qualifications and functions of a pharmacy technician.

Action: Pharmacy technician registration denied.

Effective: May 6, 2000

KIEONNE DAWSON, PHARMACY TECHNICIAN REGISTRATION APPLICANT, Fairfield, CA

Violation: Being convicted of crimes, which were substantially related to the duties, qualification and functions of a pharmacy technician.

Action: Pharmacy technician registration denied, stayed; three years' probation.

Effective: May 6, 2000

VISTA DEL MAR HOSPITAL PHARMACY, HOSPITAL PHARMACY APPLICANT, Ventura, CA

Violation: For purposes of settlement only, respondent admitted to ordering and obtaining dangerous drugs and controlled substances without legal authority to obtain, possess or distribute; at no time did the application have a currently licensed pharmacy or pharmacist.

Action: Hospital permit granted; revoked, stayed; three years' probation; payment of \$2,500 in costs, \$2,500 in civil penalty and probation monitoring costs.

Effective: May 17, 2000

JAMES NARDELLO, PHARMACY TECHNICIAN REGISTRATION APPLICANT, Sonora, CA

Violation: Being convicted of a crime substantially related to the duties of a pharmacy technician.

Action: Registration denied, stayed; three years' probation; payment of probation monitoring costs.

Effective: JULY 6, 2000

VOLUNTARY SURRENDER OF LICENSES

YOUNG MI JUNG, RPH 41568, Cupertino, CA

Violation: No violation—respondent stipulated to surrender of license.

Effective: November 5, 1999

BARGAIN DRUGS, PHY 35209, Los Angeles, CA

Violation: For purposes of settlement only, respondent admitted to failing to provide patient consultation; failing to package prescription drugs for oral administration in a special package designed to be significantly difficult for a child under five to open; and failing to correctly label containers.

Effective: January 5, 2000

PAUL WAH KWAI YUNG, RPH 29386, San Diego, CA

Violation: For purposes of settlement only, respondent admitted to failing to comply with certain terms and conditions of his probation in administrative case 1845.

Action: Upon relicensure, payment of \$3,100 cost recovery balance from AC 1845.

Effective: January 5, 2000

PETER CHAU HOANG MAI, RPH 40408, Huntington Beach, CA and M.N. PHARMACY, PHY 36296, Long Beach, CA

Violation: For purposes of settlement only, respondents admitted to being convicted of a crime substantially related to the practice of pharmacy; failing to maintain records and a current inventory; illegally distributing drug samples.

Writ of Mandate: Filed in Los Angeles Superior Court on June 27, 2000; denied September 22, 2000.

Effective: June 9, 2000

DGL DISTRIBUTORS, WLS 2884, Eureka, CA, LARRY WADSWORTH, EXC 12559, Eureka, CA, and DAVID WADSWORTH, EXC 12611, Eureka, CA

Violation: Respondents contest the charges and allegations but stipulate that if proven would be cause for discipline.

Effective: July 21, 2000

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Or mail to the California State Board of Pharmacy at the above address.

Please Print Clearly

Licensee Name:	
License, Permit, or Registration Number (Please include prefix - RPH, INT, TCH)	
Present address of record: _____ _____	
Please change my address of record to: (May be post office box, personal mail box, business address, etc.). This address is accessible to the public via written request. All Board mailings—license renewal applications, license renewals, newsletters, notices, etc.—will go to this address. _____ _____	
Confidential residence street address (must be listed if the address of record is not your residence address): _____ _____	
Social Security Number (for purposes of identification only)	Telephone number:
Signature of licensee:	Date:

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