



MARCH 2018

THE SCRIPT

BE AWARE & TAKE CARE: Talk to your pharmacist!

Contents

- New Pharmacy Laws for 2018.....1
- CS II Drugs Must Be Counted.....1
- President’s Message.....2
- AB 401 Allows Telepharmacies.....3
- Suspicious Wholesale Orders.....3
- Law Aids Hospital Flexibility.....5
- Security Features for Rx Forms.....5
- Partial Fills for CS II Prescriptions...6
- Correction6
- Patient Consultation Lawsuit.....7
- Drug Take-Back Forms Online.....7
- Drug Take-Back FAQs.....8
- Training Standards for Disabled..10
- Enroll in Immunization Registry..11
- Ask an Inspector.....11
- Warning on Cyclosporine Dose...12
- Handling Oral Cancer Drugs.....13
- Free Naloxone Webinar Series13
- Verify Licenses When Hiring.....14
- Upcoming Board Meetings.....14
- 50-Year Pharmacists.....15
- Disciplinary Terms.....16
- Disciplinary Actions.....16

Pharmacies and Clinics Must Count Schedule II Drugs Every 3 Months

The Board of Pharmacy has adopted a new [regulation](#) requiring pharmacies and clinics to perform a periodic inventory reconciliation for all controlled substances, including a [physical](#) count of Schedule II controlled substances every three months.

The regulation – Title 16, California Code of Regulations (CCR) section

See **CII Drugs**, Page 4

New Year Brings New Pharmacy Laws for 2018

Gov. Edmund G. Brown Jr. has signed a variety of Assembly and Senate bills that change laws governing the practice of pharmacy in California. Unless specified otherwise, the new laws take effect Jan. 1, 2018.

Many of the key changes are paraphrased or summarized below. Click on the bill number to read the full text of each bill. To read a compilation of specific new statutes authorized by the bills in the Business and Professions Code and the Health and Safety Code, visit the Board of Pharmacy website [here](#).

AB 40 (Santiago) CURES Database: Health Information Technology System
(Chapter 607, Statutes of 2017)

This law requires the California Department of Justice to make CURES available to pharmacists and health care practitioners by Oct. 1, 2018, through either the CURES online portal or an authorized health information technology system, as specified. The measure includes an urgency provision and took effect immediately upon the governor’s signature.

AB 208 (Eggman) Deferred Entry of Judgment: Pretrial Diversion
(Chapter 208, Statutes of 2017)

This law changes the deferred entry of judgment program to a pretrial program. It also expands the conditions under which a person is eligible for the pretrial program and reduces the conditions under which a person can be removed from the program.

Under the pretrial diversion program, a defendant would plead not guilty, and proceedings would be suspended in order for the defendant to enter a drug treatment program. If the defendant does not perform satisfactorily in the program or is convicted of specified crimes, the court will terminate the program and reinstate the criminal proceedings. If the defendant completes the program, the criminal charges will be dismissed.

AB 265 (Wood) Prescription Drugs: Prohibition on Price Discount
(Chapter 611, Statutes of 2017)

This law prohibits a drug manufacturer from offering a discount, repayment or voucher for the cost of a prescription drug under an insurance plan if a lower cost generic drug is covered under the insurance plan.

AB 602 (Bonta) Pharmacy: Nonprescription Diabetes Devices
(Chapter 139, Statutes of 2017)

This law requires pharmacies to retain records of nonprescription diabetes test devices dispensed pursuant to a prescription; requires the board to post the names of authorized distributors of such devices; and makes it unprofessional conduct for a licensee to seek reimbursement for such devices under specified conditions. The measure includes an urgency provision and took effect immediately upon the governor’s signature on July 31, 2017.

A [list of authorized distributors](#) of nonprescription diabetes test devices

See **New Laws**, Page 4



President's Message

By Amy Gutierrez, PharmD
President, Board of Pharmacy

Each new year commences with a flurry of newly enacted laws that impact the practice of pharmacy, and 2018 is no different. This current issue of *The Script* focuses on the latest crop of pharmacy laws, and you may review the specific changes by using this link: [Pharmacy Law Changes for 2018](#).

Included in this year's new requirements are an updated definition of a hospital pharmacy and how this is defined in relation to the physical plant licensed by the acute care hospital. Another new law outlines the requirements for a remote dispensing pharmacy that is in a rural area and is overseen by the pharmacist located in a nearby supervising pharmacy. Yet another law defines the circumstances in which a pharmacist may dispense a partial fill of a Schedule II controlled substance. As pharmacists who practice in California, it is our responsibility to ensure that we maintain current knowledge of state requirements, as they are directed toward maximizing the provision of safe care across licensed pharmacies.

An important highlight to the regulatory landscape has been the recent activation of an emergency

regulation focused on modification of how beyond use dates (BUDs) are established by pharmacies that compound nonsterile medications such as oral solutions and suspensions. This new regulation allows for an extension of the BUDs of nonsterile compounded drug preparations. It also makes clear that stability studies and suitability and integrity tests are required to extend the BUDs for compounded drug preparations. [Here](#) is a link to the modified requirements.

2018 is also shaping up to be a busy year for pharmacy in the California Legislature. A strong area of interest is the creation of new laws involving safer opioid prescribing and dispensing. Meanwhile, the board is working on a number of new proposals for potential legislative consideration. One involves creation of a new licensure category for pharmacy technicians, a category currently proposed to be named "advanced pharmacy technician." The board's Licensing Committee is in the process of identifying the qualifications such individuals should possess and the expanded duties they should be allowed to perform under the supervision of a pharmacist. The goal of developing this new license classification is to help provide support to the pharmacist as he or she assumes more direct patient care roles authorized by SB 493, including performing duties of an advanced practice pharmacist. The Licensing Committee is also undertaking a review of patient consultation services in a variety of pharmacy settings, including requirements for consultation to be provided to patients when medication is mailed or delivered to patients in a setting outside of the pharmacy.

Prescription drug abuse remains a strong focus for the board. The Communication and Public Education Committee has created a billboard campaign titled "Use, Don't Abuse" focused on raising awareness of the potential misuse of prescription medication. Watch for the billboards in the coming months. There will be a reference to the board's website, which will include resources to help consumers get information about drug abuse and find locations to dispose of unused or unwanted prescription drugs.

Medication therapy is often the most effective way to treat chronic disease and improve health outcomes. Adherence to medication therapy is critical to achieving these outcomes; thus, identification of ways that improve the ability of a patient to comply with medication directions allows pharmacies to deliver optimal care. The board's Enforcement and Compounding Committee has been actively engaged in development of potential legislation focused on identifying requirements for expanded use of automated medication dispensing devices. The goal is increasing patient access outside of the traditional pharmacy setting using devices operated and overseen by a California-licensed pharmacy. Watch for possible legislation in this area in the future.

The board's current sterile compounding regulations contain specific requirements for the preparation of hazardous drugs. These regulations may require some pharmacies to make structural modifications to ensure full compliance. The board has authorized the executive officer to grant waivers to pharmacies that apply and need additional time to make structural modifications to ensure appropriate exhaust systems that comply with state laws. Given that these new regulations maximize safety for both patients and staff preparing hazardous drug products, the board encourages full compliance with the requirements at the earliest possible time and appreciates the directed focus of the many pharmacies that have already initiated and completed the necessary modifications to ensure compliance. The United States Pharmacopeia (USP) has delayed implementation of its USP 800 requirements until December 1, 2019. As new USP 797 and 800 regulations are released, the board will work on incorporating this new federal guidance into the board's regulatory structure.

I wish each one of you a happy and healthy 2018. Please remember to attend one of the board's meetings this year and provide your input into the practice of pharmacy in our great state.

AB 401 Creates Remote Telepharmacies In Medically Underserved Communities

[AB 401](#) (Aguiar-Curry, Chapter 548, Statutes of 2017) enables patients in medically underserved areas to access health care by creating specialized pharmacies staffed by pharmacy technicians who will be supervised by distant pharmacists using a telepharmacy system.

The telepharmacy provisions of AB 401 enhance public health by extending the reach of pharmacists into communities in need. According to the law, 76 percent of rural counties in California are officially “health professional shortage areas.” Although more than 30 percent of patients never fill their prescriptions, the figure drops to 5 percent when patients have easy access to a pharmacy. A key goal of AB 401 is to increase medication adherence by increasing public access to pharmacies.

The new law authorizes the creation of remote dispensing site pharmacies in medically underserved areas, which are defined as not having “a pharmacy that serves the general public within 10 road miles.” Each remote pharmacy will be operated and overseen by a supervising pharmacy, where a pharmacist will monitor the dispensing of medications, complete drug utilization review and provide patient consultation on every prescription dispensed through a telepharmacy system using audio, visual, still image, and store and forward technology.

Pharmacy technicians working in remote pharmacies must be specially qualified according to regulations to be developed by the Board of Pharmacy. Under AB 401, qualified pharmacy technicians can order and accept delivery of medications, but controlled substances must be stored securely until a pharmacist can review and countersign in person. Among other specified restrictions, pharmacy technicians cannot accept new prescriptions orally, compound medications, or perform any function that requires professional judgment.

AB 401 also contains security provisions for remote dispensing site pharmacies, including a requirement that the receipt and storage of controlled substances by a pharmacy technician be captured on video and kept for 120 days. The telepharmacy system must be able to identify the pharmacy technician preparing each prescription and the supervising pharmacist.

Pharmacy technicians must use barcode technology to verify the accuracy of the drug to be dispensed, and they must ensure review by a pharmacist before dispensing. Controlled substances must be locked separately from other drugs, and a supervising pharmacy must inventory and reconcile controlled substances and maintain a perpetual inventory.

The new law also limits a supervising pharmacy to serving only one remote pharmacy, which must be located within 150 miles, and both pharmacies must be under common ownership. A remote pharmacy may continue to operate if another pharmacy later opens within 10 miles; however, if a remote site dispenses more than 225 prescriptions per day in a calendar year, it will cease to be a remote dispensing site pharmacy and may become a regular pharmacy.

In addition to creating remote pharmacies, AB 401 authorizes the board to issue licenses to two independently owned clinics that share a clinic office space. Each clinic must maintain physically separate and locked drug stocks and separate medication records, and they may not share medications.

Wholesalers Must Report Suspicious Orders to Board

Another key provision of [AB 401](#) requires wholesalers to notify the Board of Pharmacy in writing of all suspicious orders of controlled substances by pharmacies or other wholesalers.

This provision adds section 4169.1 to the Business and Professions Code, which can be found on the board’s website [here](#).

The new law requires wholesalers reporting suspicious orders to provide the board with a copy of the information provided to the U.S. Drug Enforcement Administration. The information may be emailed to the board at wholesalesuspiciousorders@dca.ca.gov.

Suspicious orders include – but are not limited to – orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.

New Laws

Continued from page 1

is available on the online at board's [website](#) under [Important Information for Licensees](#).

SB 17 (Hernandez) Health Care: Prescription Drug Costs (Chapter 603, Statutes of 2017)

This law requires health insurers and health service plans to report specified drug costs and volumes and requires drug manufacturers to report specified information related to rate increases. The goal is to provide greater transparency in the cost of medications.

SB 443 (Hernandez) Pharmacy: Emergency Medical Services Automated Drug Delivery System (Chapter 647, Statutes of 2017)

This law authorizes a pharmacy or a licensed wholesaler that is also an emergency medical services agency

to restock ambulances' supplies of dangerous drugs or dangerous devices by using an emergency medical services automated drug delivery system (EMSADDS) that is licensed by the board. The measure also authorizes the board to issue a license to designated paramedics who are then authorized to restock the EMSADDS. Pharmacists and medical directors of emergency medical services agencies also can restock the EMSADDS.

SB 510 (Stone) Pharmacies: Compounding (Chapter 649, Statutes of 2017)

This law repeals outdated statutory provisions related to the required environment for sterile compounding.

SB 547 (Hill) Professions and Vocations: Weights and Measures (Chapter 429, Statutes of 2017)

This bill allows the board to hire its own legal counsel.

SB 752 (Stone) Pharmacy: Designated Representative-Reverse Distributor (Chapter 598, Statutes of 2017)

This law creates a new category of board license for designated representative-reverse distributors. The law also reduces the waiting period for applicants to retake either of the pharmacist licensure examinations (NAPLEX or CPJE) to 45 days.

SB 800 Omnibus Provisions: Professions and Vocations (Chapter 573, Statutes of 2017)

Among other provisions, this law amended Business and Professions Code (BPC) section 4013(d)(1) to add designated representatives to licensees who must register their email address with the board. The law also amended BPC section 4316 to clarify the board's authority to issue a cease-and-desist order for unlicensed activity and delegation of that authority to the executive officer.

CI Drugs

Continued from Page 1

1715.65 – is intended to help pharmacists detect and stop drug loss and diversion in pharmacies and to reduce the supply of controlled substances available for misuse and abuse in California communities. The new rule will take effect April 1, 2018.

Section 1715.65 requires pharmacies and clinics to compile an inventory reconciliation report of all federal Schedule II controlled substances at least every three months. The inventory must be a physical count – not an estimate – of all Schedule II drugs. The inventory must be compared with a review of drugs that entered and left the pharmacy since the previous inventory reconciliation. All records used to complete the reconciliation must be kept in the pharmacy or clinic for three years.

Possible causes of overages must be identified and incorporated into the reconciliation report. Losses must be reported to the Board of Pharmacy within 30 days of discovery – unless the cause is theft, diversion or self-use, which must be reported within 14 days.

Inventory reconciliation reports must be dated and signed by the persons performing the inventory and countersigned by the pharmacist-in-charge (PIC) or clinic professional director.

The biennial count of controlled substances required by the U.S. Drug Enforcement Administration (DEA) may serve as one of the inventories required by section 1715.65, as long as the biennial inventory was performed within three months of the previous inventory required by the new rule.

Section 1715.65 also requires a new pharmacist-in-charge (PIC) to complete an inventory reconciliation report for Schedule II drugs within 30 days of becoming PIC. In addition, the regulation encourages an outgoing PIC to perform an ending inventory before leaving.

For inpatient hospital pharmacies, separate quarterly inventory reconciliation reports must be done for federal Schedule II drugs within the pharmacy and for each satellite location.

Section 1715.65 also requires PICs for hospital pharmacies and for pharmacies servicing automated drug delivery systems (ADDS) to ensure all controlled substances used in ADDS devices are accounted for and that access to the devices is restricted to authorized personnel.

SB 351 Expands Flexibility in Pharmacy Care For Hospital Patients Outside Main Facility

[SB 351](#) (Roth, Chapter 623, Statutes of 2017) enables the Board of Pharmacy to issue pharmacy licenses that will give hospitals greater flexibility in providing pharmaceutical care to patients being treated inside facilities that are located on the hospital grounds but outside the main hospital building.

The new law allows the board to issue a license to a pharmacy inside any facility that operates under the general acute care hospital license issued to the main hospital by the California Department of Public Health. Among other benefits, this change makes it easier for hospitals to provide access to pharmacy services

for patients who are receiving care outside the acute care hospital.

In addition, SB 351 enables the board to issue a license to a satellite compounding pharmacy located inside a facility other than the acute care hospital building. The license will be subject to a fee at issuance and at renewal, and it is not transferrable. Satellite pharmacy locations must be inspected by the board before a license can be issued or renewed.

The new law limits the satellite pharmacy to compounding sterile drug products for administration only

to registered hospital patients who are receiving care inside that physical facility. In addition, a satellite pharmacy must purchase, procure or obtain all its components through the licensed main hospital pharmacy. The satellite pharmacy also must report any adverse effects or recalls to the board within 12 hours.

SB 351 amends sections 4029 and 4400 and adds section 4127.15 in the Business and Professions Code (BPC). The new BPC sections may be found on the board's website [here](#).

Prescription Forms for Controlled Substances Must Contain 14 Specific Security Features

Pharmacies are reminded that prescription forms for controlled substances must contain 14 security elements specified by California Health and Safety Code (HSC) [section 11162.1\(a\)](#).

Pharmacies cannot fill prescriptions for controlled substances that do not comply with all the requirements of HSC 11162.1, except in specific cases:

- For terminally ill patients, see HSC [section 11159.2](#).

The prescription must be signed and dated by the prescriber in ink and must contain the information required by [section 11164](#). In addition, the prescriber must write "11159.2 exemption" on the prescription – or if this exact language is not used, the pharmacist must have personal knowledge of the patient's terminal illness and must return the prescription to the prescriber for correction to comply with this language requirement within 72 hours.

- For licensed health care facilities or clinics, see HSC [section 11162.1\(c\)](#).

Patients who have received treatment in a licensed health care facility, a clinic specified in [section 1200](#), or a clinic specified in subdivision (a) of [section 1206](#), that has 25 or more physicians or surgeons, may present prescriptions from that facility or clinic on controlled substance prescription forms that have preprinted on them the name, category of licensure, license number, and federal controlled substance registration number of a prescriber designated by the facility or clinic, and the name, address, category of licensure, and license number of the facility or clinic, but do not bear the preprinted name, category of licensure, license number, federal controlled substance registration number, or address of the prescriber who actually wrote the prescription. Forms

ordered pursuant to this subdivision that are printed by a computerized prescription generation system may also be presented without the six quantity checkoff boxes printed on the form.

If a pharmacist receives a noncompliant prescription form for a Schedule II medication, the pharmacist and prescriber should communicate about why the noncompliant form is being used on a temporary basis.

For Schedule III-V medications, a pharmacist may treat a noncompliant form as an oral prescription. However, the pharmacist must orally verify the order with the prescriber and include notations on the prescription form.

Pharmacists should remind prescribers to secure the appropriate prescription forms for controlled substances. HSC [section 11162.1\(d\)](#) specifically states that noncompliant prescription forms "shall not be valid or accepted after July 1, 2012."

See **14 Features**, Page 6

Law Will Allow Partial Fill of Schedule II Drugs, Help Reduce Unused Controlled Substances

Effective July 1, 2018, California pharmacists will be able to partially dispense a Schedule II controlled substance if requested by the patient or prescriber under [AB 1048](#) (Arambula, Chapter 615, Statutes of 2017). The new law is intended to help reduce the availability of unused and unwanted controlled substances.

Under AB 1048, a pharmacist will be able to dispense any number of partial fills for a Schedule II controlled substance prescription, provided the total amount dispensed does not exceed the amount prescribed and no partial fill is dispensed more than 30 days from the date the prescription was issued. The pharmacy must retain the original prescription for three years and make notations on the prescription for each partial fill, including the date, the quantity and the initials of the dispensing pharmacist. The pharmacy may charge a professional dispensing fee to cover the amount supplied and the labor cost associated with each partial fill.

NOTE: Pharmacists are urged to consult applicable federal and state laws and regulations for the full requirements for partially filling Schedule II controlled substances.

When a Schedule II controlled substance prescription may be partially filled	Federal law	California law
If a pharmacist is unable to supply a full quantity of a prescription, the remaining portion may be filled within 72 hours.	21 CFR 1306.13	16 CCR 1745(d)
A prescription for a terminally ill patient may be partially filled any number of times, provided the total quantity dispensed in all fills does not exceed the written quantity. The prescription must be tendered and at least partially filled within 60 days of the date issued. No portion may be dispensed more than 60 days from the date issued.	21 CFR 1306.13	16 CCR 1745(a)(b)(c)
A prescription for a patient in a "long term care facility" may be partially filled any number of times, provided the total quantity dispensed does not exceed the written quantity. The prescription must be tendered and at least partially filled within 60 days of the date issued. No portion may be dispensed more than 60 days from the date issued.	21 CFR 1306.13	16 CCR 1745(a)(b)(c)
A prescription may be partially filled if requested by the patient or the prescriber. The total quantity dispensed in all partial fills cannot exceed the total prescribed. Any remaining portion shall not be filled more than 30 days after the date the prescription was written.	21 USC 829(f) (Comprehensive Addiction and Recovery Act) Effective 7/22/2016	Bus. & Prof. Code 4052.10 (AB 1048) Effective 7/1/2018

Correction

An article on Page 9 in the October 2017 issue of *The Script* incorrectly reported that pharmacists, pharmacy technicians, intern pharmacists and designated representatives must update their email addresses with the Board of Pharmacy within 60 days of changing their address.

[Business and Professions Code \(BPC\) section 4013\(d\)\(2\)](#) states that email addresses must be updated within 30 days of change of address.

14 Features

Continued from page 5

The California Department of Justice (DOJ) has sent courtesy notices reminding approved printers of controlled substance prescription forms about the requirements. Questions about prescription forms for controlled substances may be directed to DOJ at SecurityPrinter@doj.ca.gov. Information also is available on the [CURES](#) page at the Board of Pharmacy [website](#).

Target Settles Lawsuit Over Failure to Provide Oral Consultation to Pharmacy Patients

Target Corp. has agreed to pay \$131,250 to settle a case investigated by three California district attorneys' offices who found that the company's pharmacists violated their professional duty to provide oral consultation to California patients, as required by state regulation. The retailer agreed in November 2017 to settle the complaint filed in San Diego County Superior Court by the district attorneys of San Diego, Riverside and Alameda counties.

Under the settlement terms, Target agreed to pay investigative costs totaling \$41,250 to five entities, including \$5,000 to the Board of Pharmacy. In addition, the company paid civil penalties totaling \$90,000 to San Diego, Riverside and Alameda counties.

The complaint alleged that Target pharmacies in California violated Title 16, California Code of Regulations (CCR) [section 1707.2](#). The regulation requires pharmacists to provide oral consultation to patients upon request, when the pharmacist deems it warranted in the exercise of his or her professional judgment, when a patient is receiving a new prescription,

or when a patient is receiving a prescription not previously dispensed in the same dosage form or strength or with the same written directions.

Target sold its in-store pharmacies to CVS in 2015.

Failure to provide patient consultation remains an enforcement priority for the Board of Pharmacy. This is the fourth settlement since 2015 secured by these three district attorneys' offices working in conjunction with the board for failure to consult when required. Previous settlements were secured against CVS, Rite Aid and Walgreens.

CCR section 1707.2 requires a pharmacist to initiate the consultation with the patient or the patient's agent in certain situations. A pharmacy clerk, intern or technician may not screen the patient's interest in speaking with the pharmacist when a consultation is required. Declining a consultation must be done directly to the pharmacist as the consultation begins.

Forms Now Available Online For Drug Take-Back Receptacles

Board of Pharmacy [regulations](#) in effect since June 2017 allow pharmacies and hospitals/clinics with on-site pharmacies to offer prescription drug take-back services in the form of collection receptacles and/or mail-back envelopes or packages. California pharmacies that offer collection receptacles must comply with regulations of both the federal Drug Enforcement Administration and the Board of Pharmacy.

Pharmacies must notify the board in writing within 30 days after installing or discontinuing a collection receptacle. In addition, pharmacies must report any tampering, damage or theft from a collection receptacle or liner in writing within 14 days.

Forms to report [installation or discontinuance of a collection receptacle](#) or to report [tampering, damage or theft](#) are now available on the board's [website](#). You can also access the forms by clicking on the Licensees tab on the homepage, then clicking on Important Information for Licensees, then clicking on the Drug Take-Back page.

The board is also compiling an online list sorted by ZIP code to identify collection services near patients.

California State Board of Pharmacy
1625 N. Market Blvd., Suite 10210, Sacramento, CA 95834
Phone (916) 574-7900 Fax (916) 574-8618
www.pharmacy.ca.gov

NOTIFICATION OF INSTALLATION OR DISCONTINUANCE OF A PRESCRIPTION DRUG TAKE-BACK COLLECTION RECEPTACLE
(California Code of Regulations, Title 16, Article 9.1 of Division 17)

Pharmacies and hospitals/clinics with on-site pharmacies licensed by the board may, under the requirements in California pharmacy regulations (CCR, Title 16, Article 9.1 of Division 17), offer specified prescription drug take-back services through collection receptacles and/or mail back envelopes/packages to provide options for the public to discard unwanted, unused or outdated prescription drugs. Each entity that offers specified prescription drug take-back services through collection receptacles must comply with regulations of the federal Drug Enforcement Administration (DEA) and the Board of Pharmacy's requirements.

One requirement is to notify the Board of Pharmacy of the location of the collection receptacle in writing within 30 days. This includes collection receptacles operated by pharmacies in licensed skilled nursing facilities. This form is intended to assist pharmacies in notifying the Board of Pharmacy. In addition, entities must notify the board within 30 days of discontinuance.

Pharmacy Operating the Collection Receptacle:
Name of Pharmacy: _____
Address of Pharmacy: Number and Street _____ Pharmacy License Number: _____ DEA Registration Number for Take-Back: _____
City _____ State _____ Zip _____
Name of person authorized to clarify information provided on this form: _____
Telephone Number: _____ Email Address: _____

Location of the Collection Receptacle (if different than the above location):
Facility Name: _____
Facility Address: Number and Street (including room number when appropriate) _____
City _____ State _____ Zip Code _____
Type of Facility: Licensed Skilled Nursing Facility Skilled Nursing Facility License Number (if applicable) _____
Contact Person at Facility: _____ Telephone Number: _____ Email Address: _____

Installation/Discontinuance of the Collection Receptacle:
Date Installed at Facility: _____ Date Removed from Facility: _____

Signature of Pharmacist-in-Charge
Geo _____ PHX _____ Pharmacist Name _____
Sup RPH _____ PIC _____ Registration Number: _____ RPH License Number _____ Date _____
Etd _____
Date Processed: _____ By: _____
Date Approved: _____ By: _____

17A-110 (10/2017) Page 1 of 6

Questions and Answers: Prescription Drug Take-Back Services

The Board of Pharmacy's new [drug take-back regulations](#) took effect June 6, 2017. The regulations authorize pharmacies to provide drug take-back services through an onsite collection receptacle and/or mail-back envelopes. The board has received questions and requests for clarification related to operating a drug take-back program. The information below offers guidance to pharmacies considering establishing drug take-back services pursuant to Article 9.1, Division 17 of Title 16 of the California Code of Regulations (CCR) sections 1776 et al.

Question:	Answer:
<p>If a pharmacy dispensed the wrong medication to a patient, can the pharmacy take back the drug?</p>	<p>Yes, the pharmacy can retrieve a medication dispensed in error. The pharmacy should handle the disposal in accordance with its policies and procedures required by Business and Professions Code (BPC) section 4125 and CCR section 1711, which requires the pharmacist to <i>"communicate to the patient or patient's agent the fact that a medication error has occurred and the steps required to avoid injury or mitigate the error."</i> Any medication dispensed in error and retrieved from the patient must be quarantined and properly disposed of. Quarantined drugs cannot be disposed of as part of the pharmacy's drug take-back service. Specifically, the pharmacy cannot deposit a drug dispensed in error into a take-back receptacle set up in front of the dispensing area. Take-back receptacles are intended for the public to discard "unwanted, unused, or outdated prescription drugs."</p> <p><i>Reference: CCR 1776, CCR 1776.1(g)(3)</i></p>
<p>If there is a drug recall, can patients continue to return the recalled drug back to the pharmacy?</p>	<p>Yes, the recalled drug can be returned to the pharmacy if the recall notice requires the recalled drug to be returned to the pharmacy. If a drug is recalled by either the manufacturer or by the Food and Drug Administration (FDA), the pharmacy and the public should follow the instructions on the recall notice. Under FDA guidance, the manufacturer issuing the recall is recommended to provide the process for the drug product to be returned and a proposed method of destruction, including documentation of destruction. Whether the recall is to the distributor, pharmacy or consumer level, the instructions will address removal of the drug product from sale, ceasing distribution, return of the recalled drug, and the procedures for product correction. The pharmacy is required to quarantine the recalled drug. The pharmacy cannot dispose of recalled drugs from pharmacy stock in the drug take-back receptacle.</p> <p><i>Reference: CCR 1776.1(g)(3), 21 CFR 7.40-59.</i></p>
<p>My pharmacy contracts our services to skilled nursing facilities (SNFs), but we do not plan on installing a drug take-back receptacle at the SNF or plan to offer prepaid, preaddressed drug take-back envelopes. Can we continue to take back drugs for credit or for Medicare Part A residents who are billed for their medications at a per diem rate, packaged in unit dose bubble cards and labeled with the drug name, strength, manufacturer, lot number and expiration date, pursuant to Title 22 CCR 72371?</p>	<p>No. A pharmacy shall not accept or possess prescription drugs from SNFs, residential care homes, health-care practitioners or any other entity. The SNF is responsible for adhering to the laws and regulations that apply to these drugs. In certain circumstances, the SNF may consider various products available to assist in destruction of unwanted drugs, such as products that will inactivate the drug or make the drug unusable, and contract with a waste hauler that is authorized to accept and dispose of drugs, including controlled substances. If appropriate, the SNF can also consider donating unused and unexpired medications that were never in the hands of a resident to a voluntary county drug repository and distribution program.</p> <p><i>Reference: CCR 1776.1(g)(2), HSC 150200 et Seq.</i></p>

Q&A Rx Take-Back

Continued from page 8

<p>Can a pharmacy that services SNFs take back prescription drugs that are dispensed and sent to a SNF but refused at the time of delivery? Note: These drugs were never received by the SNF nor in the SNF's possession.</p>	<p>Yes. Prescription drugs refused at the time of delivery are considered remaining in the pharmacy's possession. Pharmacies are to follow the United States Pharmacopoeia (USP) standards regarding reprocessing and repackaging of unit-dose containers.</p> <ul style="list-style-type: none"> • A unit-of-use package that is a blister package may not be reprocessed by a pharmacist once it has been de-blistered from a unit-dose container (the process of removing medications from a blister-type container). • Reprocessing of repackaged unit-dose containers (removing medication from one unit-dose container and placing it into another unit-dose container) shall not be done. • However, reprocessing of a secondary package (removing the blister card from a cardboard carrier and placing the blister card into another cardboard carrier) is allowed, provided the original beyond-use date is maintained and the integrity of the blister is ensured. <p><i>Reference: USP 1136</i></p>
<p>Can I operate a drug take-back receptacle at a senior health fair if my pharmacy is registered with the Drug Enforcement Administration as a collector and with the California State Board of Pharmacy?</p>	<p>No, a pharmacy registered with the DEA as a collector cannot set up a drug take-back receptacle at a senior health fair. Retail pharmacies and hospitals/clinics with onsite pharmacies may maintain collection receptacles in their facilities and in a SNF. However, pharmacies at a senior health fair may offer mail-back envelopes that are prepaid and preaddressed to a DEA registered collector. Senior health fairs can also promote the disposal of unused, unwanted and expired drugs by referring consumers to www.dea.gov to search for the nearest collection site or contacting local law enforcement.</p> <p><i>Reference: CCR 1776.1, 1776.2</i></p>
<p>Can doctors in the same building as my pharmacy dispose of their expired drug samples in the pharmacy's drug take-back receptacles?</p>	<p>No. Only prescription drugs that were dispensed by a pharmacy or practitioner to a consumer are eligible for take-back services maintained by pharmacies. Drugs not dispensed to consumers, such as outdated drugs from the pharmacy's inventory and drug samples in possession of the prescriber, cannot be deposited in the take-back receptacle.</p> <p><i>Reference: CCR 1776.1(f).</i></p>
<p>Do the new drug take-back regulations only apply to controlled substances?</p>	<p>No. The public can discard unwanted, unused, or outdated prescription drugs, which includes noncontrolled and Schedule II, III, IV and V controlled substances that can be co-mingled in the collection receptacles or mail-back envelopes.</p> <p><i>Reference: CCR 1776, 1776.1(c).</i></p>

Q&A Rx Take-Back

Continued from page 9

<p>I operate a closed-door retail pharmacy with a majority of my business servicing board and care facilities. CCR 1776.1(g)(2) states a pharmacy shall not accept or possess prescription drugs from SNF and residential care homes. Can I install a drug take-back receptacle at the board and care facility?</p>	<p>No. The drug take-back regulations allow the installation of a take-back receptacle at a SNF, at retail pharmacies and hospitals/clinics with onsite pharmacies in their facilities. The pharmacy can offer mail-back envelopes or packages that are prepaid and preaddressed to a location registered with the DEA as a collector. The board and care facility or consumer is required to mail the take-back envelopes or packages, or take the drug to a collection receptacle operated by law enforcement.</p> <p><i>Reference: CCR 1776.2, 1776.4.</i></p>
<p>I work at a hospital where patients often will bring their medications upon admission. Our hospital does not allow patients to use their own medications. While the patient is hospitalized, the patient-owned medications are stored in the pharmacy until the patient is discharged. Sometimes the patient is discharged without picking up the patient-owned medications. Can we dispose of these medications in the drug take-back receptacle?</p>	<p>No. Patient-owned medications remaining after a patient is discharged are not considered take-back drugs. Rather, these are drugs that were intended for the pharmacy to hold for the patient while the patient is hospitalized and to remain in the pharmacy's or hospital's possession until the patient is discharged. The pharmacy took possession of these drugs for storage and not for destruction purpose. In the event the patient-own medications are left in the pharmacy's possession after the patient is discharged, Title 22 regulations address how these drugs should be destroyed, which requires witnessing and documentation of the drug destruction.</p> <p><i>Reference: 22 CCR §70263(m), 70263(q)(11)</i></p>

Compounding Pharmacies' Training and Competency Demonstration Standards With Disability Accommodations

When a compounding pharmacy sets its training and demonstration standards for its employees, it should also consider state and federal laws regarding disability accommodations.

A pharmacy determines the specific training and competency demonstration requirements appropriate for its staff. Applying Pharmacy Law as well as other relevant laws and regulations, the pharmacist-in-charge of the pharmacy must determine specific training and competency requirements based on his or her professional judgment in the setting. The board's laws and regulations do not specify that a person must be able to perform

any specific physical tasks (such as manipulating needles); they simply require that individuals, with or without a reasonable accommodation, demonstrate to the pharmacy how they will accomplish their roles and functions in the sterile compounding process.

The board's law and regulations do not prohibit the demonstration from occurring with a reasonable accommodation for a disability, because, like other employer functions, all training and competency demonstration requirements are subject to the reasonable accommodation requirements of the American with Disabilities Act (ADA)

and related state statutes. Training and competency demonstration requirements performed with reasonable accommodations would be accepted by the board to meet training requirements.

Pharmacists Reminded to Enroll In California Immunization Registry (CAIR)

CAIR is a secure, confidential, statewide computerized immunization information system for California residents established by the California Department of Public Health (CDPH). CAIR helps pharmacists keep their patients up-to-date by making rapid, accurate assessments of the vaccine schedule and consolidates records when patients have been immunized by different providers or pharmacies.

In August 2016, the Board of Pharmacy implemented new [regulations](#) that included [requirements for reporting to the appropriate immunization registry designated by CDPH within 14 days of administration of any vaccine](#). **All California pharmacists should now be in compliance.**

There are **two ways** pharmacists can submit data to an immunization registry:

1. [Electronic Data Submission to CAIR](#) allows a pharmacy management system to automatically send immunization records to CAIR electronically. If you are a staff pharmacist, check with your manager to verify if your pharmacy currently submits data electronically to CAIR within 14 days; if so, **electronic submission meets your registry reporting requirements as an immunizing pharmacist.**

If not, your pharmacy organization representative will need to check with your pharmacy management system vendor to determine if your system can send immunization records to CAIR in HL7 format.

For more information, visit the [CAIR Electronic Data Submission](#) page or email CAIR staff at CAIRDataExchange@cdph.ca.gov.

2. [Manual Data Submission to CAIR](#) involves pharmacies entering immunization data directly into the CAIR-user interface. **Pharmacists may submit data manually at [CAIR2 New Enrollment](#).**

Required CAIR Disclosure

By [statute](#), patient disclosure is required before patient immunization information can be entered or uploaded to CAIR. Please review the [CAIR Disclosure Policy](#) if you have questions. The CAIR disclosure form is available in [English](#), [Spanish](#) and a variety of [other languages](#). Disclosure wall posters can also be used and are available in English and Spanish. Contact your [local CAIR representative](#) to request copies of these posters.

User Access

After a new site is created, pharmacy staff can request a user account at [CAIR Account Update](#). Depending on the user type, staff can view, add, or edit patient records, print patient immunization histories, manage inventory, run reports, and more. Contact your [local CAIR representative](#) if you need assistance determining which account is best for your staff.

Visit the [Pharmacies and CAIR](#) webpage for more information.

Got Questions? Ask an Inspector!

The Board of Pharmacy welcomes questions from licensees related to pharmacy laws and regulations.

Note that **board staff and inspectors cannot provide legal advice**. However, they can identify laws and regulations that may help you find answers to your questions. If you need legal advice, you are advised to contact a lawyer.

You may ask a question by email, fax or phone. Inspectors are available to answer questions by phone on Tuesday and Thursday.

- Email: ask.inspector@dca.ca.gov. Please include your name, organization, phone number and the best time to reach you.
- Fax: (916) 574-8618.
- Phone: (916) 574-7900 from 8 a.m. to 4:30 p.m. Tuesday and Thursday.



ISMP Warns Against Dosing Error For Cyclosporine Oral Solution

© 2017 Institute for Safe Medication Practices (ISMP). Reprinted with permission.

A tenfold overdose of modified cyclosporine oral solution (100 mg/ml) was administered to a child. The physician prescribed 0.5 ml (50 mg), and the pharmacy dispensed a sealed package of the medication (100 mg/ml), which contained a 5 ml oral syringe provided by the manufacturer, AbbVie, that was calibrated in 1 ml increments, with hash marks between each ml. The child's parents gave 5 ml (500 mg) instead of 0.5 ml to the child for several days.

in dosage adjustments, especially for pediatric patients. Since immunosuppressant agents have significant interpatient dosing variability, dosage delivery devices need to be selected specifically for each patient, and one size does not fit all. In this case, the 5 ml syringe size was significantly larger than each intended dose and did not facilitate accurate measurement and delivery of the prescribed dose.

Upon product dispensing, pharmacists should evaluate the appropriateness of the dosage delivery devices included in the package. A 2016 study (Yin HS,

Healthcare professionals should ask patients/caregivers to show them how they will properly measure oral liquid medications using their dosage delivery device. (If the pharmacy that dispensed the cyclosporine had done this, the dosing error might have been avoided.)

Patients who received solid organ or allogeneic hematopoietic stem cell transplants are required to take long-term immunosuppressant drugs to prevent rejection and graft-versus-host disease. The dosages of immunosuppressants are usually individualized based on the type of transplant, target blood level, body weight, drug-drug interactions, and the risk of rejection or toxicity. Many transplant centers use oral solution formulations of immunosuppressant agents to allow greater flexibility

Parker RM, Sanders LM, et al. Liquid medication errors and dosing tools: a randomized controlled experiment. *Pediatrics*. 2016;138[4] found that parents made fewer errors when measuring oral liquid medications for their children with oral syringes compared to dosing cups. However, the error rate with using oral syringes was still 16.7 percent. The researchers also found that providing dosing devices that closely matched the prescribe volume per dose offered the greatest reduction of errors (Yin HS, Parker RM,



Sanders LM, et al. Pictograms, units and dosing tools, and parent medication errors: a randomized study. *Pediatrics*. 2017; 140[1]. Healthcare professionals should ask patients/caregivers to show them how they will properly measure oral liquid medications using their dosage delivery device. (If the pharmacy that dispensed the cyclosporine had done this, the dosing error might have been avoided.)

The manufacturer and the U.S. Food and Drug Administration (FDA) were notified about this event, and a recommendation was made to investigate a smaller syringe for pediatric patients in the package.

www.pharmacy.ca.gov

Advice for Patients on Safe Handling, Disposal of Oral Chemotherapy Drugs

Oral chemotherapy is a growing method of treatment for cancer. However, oral chemotherapy drugs carry similar risks for toxicity, cross contamination and harm to the environment as parenteral medications.

The Board of Pharmacy reminds pharmacists to discuss safe handling and disposing of oral chemotherapy drugs as part of their duty to consult with patients. The following precautions for using these medications in the home setting are recommended by Dr. Siu Fun Wong, professor of pharmacy practice and associate dean, and Dr. Sun Coco Yang, assistant professor of pharmacy practice, at Chapman University School of Pharmacy.

Handling

- Patients and caregivers must wash hands with soap and water before and after handling oral chemotherapy.
- Caregivers should wear gloves when administering oral chemotherapy.
- Do not crush/cut/split/dissolve tablets or open capsules.

- Flush the toilet twice after using, up to 48 hours after the last dose of oral chemotherapy.
- Wash sheets and clothing separately if contaminated with the patient's body waste.

Storage

- Keep oral chemotherapy in the original container at all times. Do not mix with other drugs in the pill box.
- Place oral chemotherapy away from children.
- If possible, store oral chemotherapy separately from other medications or drugs.

Disposal

- Do not dispose of unused oral chemotherapy in the regular trash or in the toilet.
- Do not dispose of empty containers in the regular trash.
- Return unused oral chemotherapy or empty

containers to the oncologist's office, oncology clinic or cancer center.

Dr. Wong, Dr. Yang and pharmacy students at Chapman University are working to assess the level of knowledge and practices in handling and disposing of oral chemotherapy drugs by patients, caregivers, health care providers and the pharmaceutical industry. The group is encouraging awareness of these types of medications with a proposed standardized symbol – featuring a hazardous drug symbol in the center of the letter C – on the prescription label. The label is intended to promote easy identification of these drugs that require special handling; to remind patients and caregivers of the need for special handling and disposal; and to remind pharmacists to provide specific counseling education to patients and their caregivers.

For more information, please contact Dr. Yang at syang@chapman.edu or Dr. Wong at sfwong@chapman.edu.

Partnership Offers Free Naloxone Webinar Series

The California Department of Public Health (CDPH) Prescription Drug Overdose Prevention (PDOP) Initiative has partnered with the Harm Reduction Coalition to offer a free, two-part webinar series around naloxone, presented by Eliza Wheeler. Part one of the series will take place on Monday, March 26, 2018 (2:00pm PST) and will concentrate on overdose education and naloxone distribution. Part two of the series will be held on Friday, March 30, 2018 (10:00am PST) and will discuss how to implement naloxone distribution systems (see attached flier for more information). Please register for one or both of the webinars by March 22, 2018.

Part I: Overdose Education and Naloxone Distribution (OEND)

Date: March 26, 2018

Time: 2:00pm-3:30pm

Register: [WebEx](#)

Part II: Implementing Naloxone Distribution Systems

Date: March 30, 2018

Time: 10:00am-11:30am

Register: [WebEx](#)

*Please Note: If you have not used WebEx before, you will need to download the application before being able to join the WebEx session. Please allow ample time to download

and install WebEx prior to the webinar starting. We suggest setting up WebEx at least the day before so that your webinar viewing experience can run smoothly and stress free!

If you prefer to join an in-person naloxone training, the following full-day trainings are scheduled in these regions:

- Santa Cruz: March 20, 2018
- San Diego: April 2018 (Date TBD)
- Fresno: May 2018 (Date TBD)

Pharmacies Should Verify Licenses When Hiring Pharmacists, Pharmacy Technicians

In August 2017, a Whittier man was arraigned in Los Angeles County Superior Court on charges related to impersonating and working as a pharmacist at numerous Southern California pharmacies for more than a decade. According to Department of Consumer Affairs' investigators, he used a falsified driver's license, pharmacist license and Social Security card that had been issued in the name of a licensed pharmacist.

The case is a reminder to pharmacies to verify the professional licenses and other personal identification submitted by job applicants during the hiring process. Some tips:

- When interviewing for a pharmacist or pharmacy technician position, ask to see the candidate's original pocket license.

- Perform a [license search](#) on the Board of Pharmacy website to verify the information matches the professional license – including the candidate's name, address and license number and expiration date.
- Ask to see the applicant's original driver's license – not a copy. Verify that the name on the driver's license matches the license issued by the Board of Pharmacy.
- Ask to see the applicant's original Social Security card. The name on the Social Security card should match the name on the driver's license and the license issued by the Board of Pharmacy.

- Conduct a background check. For pharmacist positions, confirm the applicant has graduated from a school of pharmacy and is appropriately licensed.

The bottom line: Always request to view the original professional license, driver's license and Social Security card. Do not accept copies without viewing the originals.

The Board of Pharmacy will soon be unveiling a pharmacist photo identification/license card. The card program is expected to begin by mid-2018.

Save the Date: Board, Committee Meetings

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 typically is available to read and download about five days before each meeting.

For most board meetings, pharmacists and pharmacy technicians who attend the full-day meeting on the designated date 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 by attending board meetings.

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

Upcoming Board of Pharmacy meetings in 2018 are scheduled for Feb. 6-7; May 2-3; July 24-25; and Oct. 23-24. When feasible, board meetings are webcast and archived [here](#).

Information about additional board meetings will be posted on the website as they are scheduled. Meeting [minutes](#) also are posted online after they are approved by the board.



Board Honors 50-Year Pharmacists

The Board of Pharmacy honors these registered California pharmacists who have been on active status for at least 50 years. The board gratefully acknowledges their years of contribution to the pharmacy profession.

Pharmacists who recently received a certificate commemorating 50 years of service and were invited to be publicly recognized at a board meeting are:

<i>Arico, Larry Lee</i>	<i>Fallbrook, CA</i>
<i>Baker, Thomas Walter</i>	<i>Santa Ana, CA</i>
<i>Blumkin, Donald Edward</i>	<i>Encino, CA</i>
<i>Bonafede, Joseph W. Jr.</i>	<i>Poway, CA</i>
<i>Bonnoront, Richard Arthur</i>	<i>Jamul, CA</i>
<i>Cable, Frank Kenneth</i>	<i>Elk Grove, CA</i>
<i>Cameron, Ronald Glenn</i>	<i>Las Vegas, NV</i>
<i>Carder, James J.</i>	<i>Riverside, CA</i>
<i>Cliff, Anne Edwards</i>	<i>Somis, CA</i>
<i>Cohen, Michael Allen</i>	<i>Huntington Beach, CA</i>
<i>Core, Karen Ingrid</i>	<i>Wrightwood, CA</i>
<i>Craychee, Patrick Joseph</i>	<i>San Diego, CA</i>
<i>Darling, Leon Jay</i>	<i>Banning, CA</i>
<i>Decaris, Michael John S.</i>	<i>Santa Barbara, CA</i>
<i>Dinwiddie, Roger L.</i>	<i>Rancho Cucamonga, CA</i>
<i>Dotts, Thomas Dorian</i>	<i>Fountain Valley, CA</i>
<i>Dunskey, Lawrence Robert</i>	<i>Riverside, CA</i>
<i>Dunst, Frank Lawrence</i>	<i>Swedesboro, NJ</i>
<i>Fabrizio, Vito Dominic</i>	<i>Lodi, CA</i>
<i>Faus, Robert Benjamin</i>	<i>Aptos, CA</i>
<i>Gebroe, Philip Michael</i>	<i>Woodland Hills, CA</i>
<i>Graves, George Walter</i>	<i>Fresno, CA</i>
<i>Gray, Stephen Burrill</i>	<i>Hercules, CA</i>
<i>Groff, Pamela Barton</i>	<i>El Segundo, CA</i>
<i>Hathaway, Ben Henry</i>	<i>Tillamook, CA</i>
<i>Helfat, Arthur James</i>	<i>Laguna Beach, CA</i>
<i>Holbrook, Roger Truman</i>	<i>Ventura, CA</i>
<i>Hom, Daniel Lee</i>	<i>Berkeley, CA</i>
<i>Iraci, Matthew</i>	<i>San Diego, CA</i>
<i>Jeng, David</i>	<i>Yorba Linda, CA</i>
<i>Jennison, Ronald Coleman</i>	<i>Modesto, CA</i>
<i>Jue, Stanley G.</i>	<i>Lincoln, CA</i>

<i>Kass, Robert Charles</i>	<i>Valencia, CA</i>
<i>Katzman, Harvey S.</i>	<i>Nevada City, CA</i>
<i>Kawada, Tom Kazuo</i>	<i>Hacienda Heights, CA</i>
<i>Keane, Barry Alan</i>	<i>Woodland Hills, CA</i>
<i>Kokos, Keith Brin</i>	<i>Haiku, HI</i>
<i>Lam, Grace</i>	<i>Honolulu, HI</i>
<i>Lewis, Jean Louise</i>	<i>Huntington Beach, CA</i>
<i>Lin, Sandy</i>	<i>Montebello, CA</i>
<i>Lothridge, Walter Morris</i>	<i>Antioch, CA</i>
<i>Louie, Edwin</i>	<i>Pleasanton, CA</i>
<i>Lukasko, Richard Arnold</i>	<i>Santa Rosa, CA</i>
<i>Maloney, David William</i>	<i>Clovis, CA</i>
<i>Mavrantonis, Antoni Efthemios</i>	<i>Tiburon, CA</i>
<i>May, Paul Douglas</i>	<i>Merced, CA</i>
<i>Mazzucca, Gerald Anthony</i>	<i>Sacramento, CA</i>
<i>McCamman, Jerry Ellsworth</i>	<i>Crescent City, CA</i>
<i>McStroul, Leo M.T.</i>	<i>Agoura, CA</i>
<i>Mock, Edward Dennis</i>	<i>Daly City, CA</i>
<i>Myers, Richard Elwood</i>	<i>Hollister, CA</i>
<i>Okin, Howard Martin</i>	<i>Calabasas, CA</i>
<i>Ouchida, Donna Wong</i>	<i>Carmichael, CA</i>
<i>Pearson, William Arnold</i>	<i>San Bernardino, CA</i>
<i>Pearson, Ann House</i>	<i>San Bernardino, CA</i>
<i>Richardson, Ida May M.</i>	<i>Oxnard, CA</i>
<i>Root, Robert Ralph</i>	<i>Downey, CA</i>
<i>Rymsza, Stephanie Rawling</i>	<i>Woodland Hill, CA</i>
<i>Saylor, Stephen Lewis</i>	<i>Manhattan Beach, CA</i>
<i>Schuster, Ronald E.</i>	<i>Riverside, CA</i>
<i>Seidman, Steven Norman</i>	<i>Indio, CA</i>
<i>Seppi, Ernest Frank</i>	<i>Modesto, CA</i>
<i>Sherman, Lewis Martin</i>	<i>Poway, CA</i>
<i>Shreve, Marilyn Standifer</i>	<i>Kentfield, CA</i>
<i>Silverbrand, Howard</i>	<i>Armonk, NY</i>
<i>Stoll, Harold Wayne</i>	<i>Modesto, CA</i>
<i>Sullivan, Richard John</i>	<i>Claremont, CA</i>
<i>Tallerico, Thomas Frank</i>	<i>El Cerrito, CA</i>
<i>Visco, James Phillip</i>	<i>Palo Cedro, CA</i>
<i>Wilson, Raymond Daniel</i>	<i>Carmichael, CA</i>
<i>Wolsey, Thomas Brent</i>	<i>Orem, UT</i>
<i>Yee, Brenda</i>	<i>San Francisco, CA</i>

Explanation of Disciplinary Terms

Accusation Filed – An accusation is the document containing the charges and allegations of violations of the law that is filed when an agency is seeking to discipline a licensee.

Effective Date of Action – The date the disciplinary action goes into operation.

Revocation or Revoked – The license is canceled 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 of suspension action is postponed, and the 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 a 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 for a specific period of time and the right to practice or operate is contingent with specific terms and conditions during the probationary period.

PC 23 Order Issued - The licensee is restricted from practicing or operating by the terms of court 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, 2017 – SEPT. 30, 2017

Click on [View the decision](#) for details about each summarized case.

Designated Representative

Tonelyan, Srбуhi, EXC 18823,
Administrative Case AC 5636
Glendale, CA

Summary: The cause for discipline was based on findings of violations at the wholesaler where Ms. Tonelyan was designated representative in charge. The violations included failure to comply with record-keeping requirements, purchasing controlled substances and/or dangerous drugs from an unlicensed wholesaler, engaging in unlicensed and unregistered activity, and

failing to comply with sale pedigree requirements.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 8/30/2017.

[View the decision](#)

Pharmacy Technician

Angeles, Alvin, A., TCH 88474,
Administrative Case 5176
Sacramento, CA

Summary: On or about July 30, 2015, Mr. Angeles was convicted on his plea of nolo contendere to embezzlement. The circumstances are that from on or about Oct. 3, 2011, to Oct. 3, 2013, while working as a pharmacy

technician, Mr. Angeles fraudulently appropriated for his own use pharmacy property that had come into his control and care by virtue of his employment.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/16/2017.

[View the decision](#)

Bass, Tyler S., TCH 143284,
Administrative Case AC 5695
Redondo Beach, CA

Summary: On or about June 10, 2015, Mr. Bass was arrested for possession of heroin and counterfeit currency.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/27/2017.

[View the decision](#)

See **Disciplinary Actions**, Page 17

Disciplinary Actions

Continued from page 16

Casey, Jason, TCH 85822,
Administrative Case AC 4353
Newman, CA

Summary: On or about March 12, 2013, Mr. Casey was convicted of two felony counts, including robbery and possession of a controlled substance. On or about Feb. 1, 2012, Mr. Casey was convicted of a misdemeanor of obtaining a controlled substance by fraud. On or about Oct. 26, 2010, Mr. Casey was convicted of a misdemeanor of receiving stolen property.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/20/2017.

[View the decision](#)

Castillo, Herbert Sherit, Pharmacy Technician Applicant, Statement of Issues Case SI 5937
Culver City, CA

Application for pharmacy technician registration is withdrawn.

Decision effective 8/13/2017.

[View the decision](#)

Cleave, Lori Jan, TCH 76217,
Administrative Case AC 5868
Murietta, CA

Summary: On or about May 2013, Ms. Cleave, while working as a pharmacy technician, stole items from her employer, a pharmacy. She furnished to herself, without a prescription, two bottles of Nexium, a dangerous drug that she had stolen from her employer.

Action: The license is revoked and canceled, and the right to practice or operate has ended.

Decision effective 7/13/2017.

[View the decision](#)

De La Cruz, Dominic A., TCH 134481,
Administrative Case AC 5442
Daly City, CA

Summary: On or about Sept. 20, 2014, Mr. De La Cruz unlawfully possessed MDMA.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for three years and is subject to the terms and conditions in the decision.

Decision effective 6/2/2016.

[View the decision](#)

Espinoza, Lena, Pharmacy Technician Applicant, Statement of Issues Case SI 5804

Buena Vista, CA

Summary: The pharmacy technician applicant failed prior convictions as well as prior application denials on the application.

Action: The application for a pharmacy technician registration is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked and placed on probation for three years subject to the terms and conditions in the decision.

Decision effective 9/7/2017.

[View the decision](#)

Flores, Michael Christopher, TCH 133963, Administrative Case 5924
Acampo, CA

Summary: On March 15, 2016, Mr. Flores unlawfully self-administered cocaine, a controlled substance, and used cocaine in a manner dangerous or injurious to himself and others.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/2/2017.

[View the decision](#)

Fowler, Sandra Lynn, TCH 41248,
Administrative Case AC 5880
Simi Valley, CA

Summary: On or about September 27, 2016, Ms. Fowler was convicted of one felony count of possession for sale of a controlled substance. The circumstances are that on or about July 7, 2015, Ms. Fowler admitted she was crushing her prescription oxycodone pills and snorting them. She further admitted she had been selling her prescription pills for approximately eight months after realizing she could make money off of them.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/5/2017.

[View the decision](#)

Hernandez, Miriam Valerya, TCH 151024, Administrative Case AC 5789
Union City, CA

Summary: On or about October 27, 2016, Ms. Hernandez was convicted based on her plea of no contest to one count of embezzlement, a misdemeanor resulting from an investigation conducted by her retail employer in which Ms. Hernandez

admitted engaging in various schemes with other employees to steal merchandise and money from the store.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/12/2017.

[View the decision](#)

Hovsepian, Zemfira, TCH 141980,
Administrative Case AC 5642
Glendale, CA

Summary: Ms. Hovsepian was convicted of a crime substantially related to the qualifications, functions or duties of a pharmacy technician which evidence unfitness to perform in a manner consistent with the public health, safety or welfare. On or about March 3, 2016, she was convicted of one misdemeanor count of cruelty to a child by endangering health following her arrest in connection with the manufacture of concentrated cannabis in her home.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/19/2017.

[View the decision](#)

Lawrence-Long, Mechelle Marie, TCH 9254, Administrative Case AC 5356
Van Nuys, CA

Summary: The cause for discipline was based on findings that Ms. Lawrence-Long diverted thousands of tablets of OxyContin, a controlled substance, without a prescription and without paying consideration during her employment as a pharmacy technician.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/12/2017.

[View the decision](#)

See **Disciplinary Actions**, Page 18

Disciplinary Actions

Continued from page 17

Marroquin, Lesly Isabel, TCH 150102, Administrative Case AC 5909
Inglewood, CA

Summary: On or about April 11, 2016, Ms. Marroquin was convicted of one misdemeanor count of petty theft. The circumstances are that on or about Feb. 5, 2016, while in a grocery store, Ms. Marroquin concealed merchandise in her purse and proceeded to exit without paying for the concealed items. On or about Dec. 4, 2015, after pleading guilty to possession of a controlled substance without a prescription, a misdemeanor, Ms. Marroquin was granted a deferred entry of judgment. On May 9, 2016, due to her failure to appear in court for a mandatory progress report hearing, the deferred entry of judgment was terminated by the court, and criminal proceedings were reinstated. The circumstances underlying the conviction are that on or about August 31, 2015, during a routine patrol stop, Ms. Marroquin was found to be carrying an unlabeled medicine bottle containing a large amount of Vicodin without a prescription and was later found to have marijuana in her purse.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/19/2017.

[View the decision](#)

Marquez, Elisa D., TCH 68753, Administrative Case AC 5932
Santa Rosa, CA

Summary: The cause for discipline was due to stealing zolpidem, alprazolam, buprenorphine, and hydrocodone/acetaminophen from her employer, a pharmacy.

Action: The license is revoked and canceled, and the right to practice or operate has ended.

Decision effective 9/27/2017.

[View the decision](#)

Ponce, Jamie, TCH 113874, Administrative Case AC 5993
Brawley, CA

Summary: The cause for discipline was based on findings that Mr. Ponce was convicted of driving under the influence of methamphetamine and alcohol.

Action: The license is revoked, and the

right to practice has ended.

Decision effective 9/27/2017.

[View the decision](#)

Relf, Blaire K., TCH 142186, Administrative Case AC 5640
Claremont, CA

Summary: On or about May 27, 2016, Ms. Relf was convicted of unlawful possession of a controlled substance, resisting public or peace officer, and destroying or concealing evidence.

In a separate matter, Ms. Relf was also convicted of the unlawful use and being under the influence of a controlled substance on or about May 27, 2016. Ms. Relf was also convicted on or about Nov. 13, 2015, of being under the influence or use of a controlled substance as well as resisting public or peace officer. In a separate matter on or about Nov. 13, 2015, Ms. Relf was convicted of unlawful possession of controlled substances and falsely representing himself to peace officer. On or about April 23, 2015, Ms. Relf was convicted of forgery.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/27/2017.

[View the decision](#)

Saberi, Shadi, Statement of Issues Case 5938
San Diego, CA

Action: The statement of issues is dismissed.

Decision effective 7/28/2017.

[View the decision](#)

Sanchez, Cesar, TCH 129029, Administrative Case AC 5908
El Monte, CA

Summary: On or about April 15, 2016, Mr. Sanchez was convicted of one misdemeanor count of driving while having a blood alcohol content (BAC) of 0.08 percent or higher with a prior conviction within 10 years. On or about April 6, 2015, Mr. Sanchez was convicted of one misdemeanor count of inflicting corporal injury to a spouse, cohabitant, girlfriend, etc. On or about Sept. 17, 2014, Mr. Sanchez was convicted of one misdemeanor count of driving while having a BAC of 0.08 percent or higher.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/19/2017.

[View the decision](#)

Saynhasith, Linda, TCH 106434, Administrative Case AC 5950
Stockton, CA

Summary: The cause for discipline was based on the licensee's unlawful possession of alprazolam, diazepam, Adderall and methadone.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/20/2017.

[View the decision](#)

Tejeda, Jaclynn, TCH 139912, Administrative Case AC 6019
La Habra, CA

Summary: The cause for discipline was based on the licensee's obtaining controlled substances using dishonesty and deceit.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/27/2017.

[View the decision](#)

Udell, Joshua M., TCH 86995, Administrative Case AC 6023
Spring Valley, CA

Summary: On or about May 13, 2015 Mr. Udell was convicted of petty theft. As part of the underlying investigation, Mr. Udell admitted stealing prescription medication from his pharmacy employer. Further cause for discipline is based on violations of pharmacy law, including making a false document and stealing a controlled substance from his employer.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/7/2017.

[View the decision](#)

Williamson, Reyna, TCH 90448, Administrative Case AC 5614
Apple Valley, CA

Summary: On or about May 6, 2015, Ms. Williamson was convicted of one felony count of accessory after the fact.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/31/2017.

[View the decision](#)

Disciplinary Actions

Continued from page 18

Wills, Daniel, TCH 36985,
Administrative Case AC 5787
Placerville, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Wills was employed. The violations included unprofessional conduct for acts of moral turpitude, dishonesty, fraud or deceit in that he wrote and signed checks to pay for dangerous drugs and signed contracts as owner or officer of the pharmacy when in fact he was not listed on the pharmacy permit; violation of ownership interest in pharmacy; interference with pharmacist-in-charge; and knowingly signing documents falsely representing that he was owner, partner, manager, or otherwise had ownership interest or control over the pharmacy.

Action: The license is voluntarily surrendered.

Decision effective 8/31/2017.

[View the decision](#)

Yoder, Crystal, June, TCH 92360,
Administrative Case 6102
Buena Park, CA

Summary: On or about Feb. 8, 2017, Ms. Yoder was convicted on her plea of guilty to driving with a blood alcohol concentration of .08 percent or higher. The facts are that on or about early morning May 21, 2016, highway patrol officers responded to a report of a three-car traffic collision. The officers contacted Ms. Yoder, the driver of one of the vehicles, and noticed a strong smell of alcohol. She admitted to consuming alcohol the night before. She performed the field sobriety tests poorly and provided two breathalyzer tests that were analyzed with a .27 and .26 percent blood alcohol content.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/10/2017.

[View the decision](#)

Zuniga, Alexis, TCH 130272,
Administrative Case AC 6003
San Jose, CA

Summary: The cause for discipline was based on the licensee's unlawful furnishing of a controlled substance and unlawful possession of a controlled substance. Further, on or about March

16, 2016, Ms. Zuniga was convicted of obtaining a controlled substance by fraud.

Action: The license is revoked, and the right to practice has ended.

Decision effective 9/21/2017.

[View the decision](#)

Intern Pharmacist

Duckwall, Casey, INT 37089,
Administrative Case 5878
Nashville, TN

Summary: On or about Feb. 11, 2016, Mr. Duckwall was convicted of driving while having a blood alcohol content of 0.08 percent or higher. As part of the underlying investigation, Mr. Duckwell underwent a chemical test of his blood and was determined to have a blood alcohol content of 0.30 percent.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/10/2017.

[View the decision](#)

Kim, Steven Hong, Intern Pharmacist
Applicant, Statement of Issues Case SI 6024
Oakdale, CA

Summary: The cause of discipline was based on stealing or diverting amphetamine salts; obtaining controlled substances by fraud, deceit, misrepresentation or subterfuge; and unlawful possession and self-administration of controlled substances.

Action: The application for an intern pharmacist registration is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked and placed on probation for five years subject to the terms and conditions in the decision.

Decision effective 9/7/2017.

[View the decision](#)

Naik, Amer Iatrif, INT 35312,
Administrative Case AC 6031
Madera, CA

Summary: On or about Sept. 7, 2016, Mr. Naik was convicted of driving under the influence of alcohol with a prior conviction for wet/reckless driving.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for five years and subject to the terms and conditions in the decision.

Decision effective 9/27/2017.

[View the decision](#)

Pharmacist

Abdelmalek, Sameh, RPH 65008,
Administrative Case 5988
Indio, CA

Summary: The cause for discipline was based on a conviction of a crime substantially related to the qualifications, functions and duties of a pharmacist. Mr. Abdelmalek was convicted Dec. 9, 2016, on his plea of guilty to one misdemeanor count of unlawful possession of a controlled substance; unprofessional conduct involving dishonesty, fraud, deceit and corruption when he created fraudulent prescriptions to obtain controlled substances; knowingly creating false and fraudulent prescriptions to obtain controlled substances; fraudulently prescribing controlled substances to himself and possessing controlled substances without a prescription; using controlled substances in a dangerous manner; and furnishing controlled substances to another who was a drug addict.

Action: The license is revoked, and the right to practice or operate has ended.

Decision effective 8/2/2017.

[View the decision](#)

Akanwo, Olusoji, RPH 46882,
Administrative Case AC 5459
Rancho Cucamonga, CA

Summary: The cause for discipline was based on Mr. Akanwo's use of alcohol in a manner dangerous to himself and others and a high probability that he drove under the influence of alcohol on Aug. 16, 2014, and had a blood alcohol content of 0.16 percent.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 7/3/2017.

[View the decision](#)

See **Disciplinary Actions**, Page 20

Disciplinary Actions

Continued from page 19

Cho, Matthew, RPH 50771,
Administrative Case AC 5668
Irvine, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Cho was pharmacist in charge. The violations included that on or about Feb. 13, 2014, as pharmacist-in-charge, he allowed the transferring of dangerous drugs to a person or entity that is not licensed with the board as a wholesaler or a pharmacy.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/31/2017.

[View the decision](#)

Cirves, Terry Rene, RPH 40376,
Administrative Case AC 5863
Needles, CA

Summary: The cause for discipline was due to Ms. Cirves' failure to comply with all of the terms and conditions of license probation previously ordered by the board.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/26/2017.

[View the decision](#)

Hadjighafouri, Alireza, RPH 42144,
Administrative Case 5940
Walnut Creek, CA

Summary: The cause for discipline was based on violations where Mr. Hadjighafouri was owner and pharmacist in charge. Violations included failure to exercise corresponding responsibility when dispensing controlled substances and dangerous drugs.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for four years, and is subject to the terms and conditions in the decision.

Decision effective 8/10/2017.

[View the decision](#)

Ho, Hung Ngoc, RPH 47302,
Administrative Case AC 5654
Fountain Valley, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Ho was the pharmacist in charge, including failure to provide effective controls to prevent theft or diversion of dangerous drugs resulting in the loss of over 8,300 tablets of

controlled substances. Further, Mr. Ho admitted to taking antibiotics without a prescription and without paying for the medication.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for five years including 60 days suspension, and subject to the terms and conditions in the decision.

Decision effective 9/6/2017.

[View the decision](#)

Hoang, Marc, RPH 50411,
Administrative Case AC 5470
Monterey Park, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Hoang was owner and pharmacist in charge. Violations included failure to provide the board with all records of sale, acquisition and disposition of dangerous drugs; and failure to maintain all records of sale, acquisition and disposition of dangerous drugs.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for three years and is subject to the terms and conditions in the decision.

Decision effective 8/9/2017.

[View the decision](#)

Kaldas, Maher, RPH 39184,
Administrative Case AC 4668 and AC 5511
Baldwin Park, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Kaldas was part owner and pharmacist in charge. The violations included mislabeled prescriptions with incorrect expiration date; improperly accepted telephone orders for Schedule II controlled substances from nonphysicians; poor drug quality, adulterated drugs returned for credit; misbranded drugs with false or nonconforming labels; and allowing a pharmacy technician to work for several months with an expired license.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 8/30/2017.

[View the decision](#)

Kim, Christen Yunah, RPH 62576,
Administrative Case AC 5666

Oakdale, CA

Summary: The cause of discipline was based on violations at the pharmacy where the licensee dispensed prescriptions based on noncompliant prescription forms and furnished clearly excessive controlled substances by failing to exercise corresponding when evaluating prescriptions. In addition, the licensee, the owner of the pharmacy, failed to have available quality assurance review records and failed to maintain the pharmacy so that drugs were safely and properly secured.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for six years and suspended until six hours of remedial education is completed, subject to the terms and conditions in the decision.

Decision effective 9/7/2017.

[View the decision](#)

Megwa, Susan, RPH 59389,
Administrative Case AC 4863
Southlake, TX

Summary: The cause of discipline was based on violations at the pharmacy where Ms. Megwa was pharmacist in charge. The violations included failure to assume corresponding responsibility to assure legitimacy of prescriptions; dispensing controlled substance prescriptions with significant errors, omissions, irregularities, uncertainties, ambiguities or alterations; and furnishing dangerous drugs without a valid prescription. Between March 17, 2008 and Sept. 20, 2008, the pharmacy furnished approximately 436 prescriptions for controlled substances even though "red flags" were present to indicate those prescriptions were not issued for a legitimate medical purpose. Between July 17, 2008, and Sept. 26, 2008, on at least 209 instances, the pharmacy dispensed a controlled substance pursuant to prescriptions that contained significant errors, omissions, irregularities, uncertainties, ambiguities or alterations. Between March 2008 and Sept. 20, 2008, the pharmacy filled and dispensed at least 303 forged, falsified and unauthorized prescriptions for controlled substances.

Action: The license is publicly revoked.

Decision effective 7/7/2017.

[View the decision](#)

Disciplinary Actions

Continued from page 20

Nguyen, Daniel Quoc, RPH 43487,
Administrative Case 5630
Visalia, CA

Summary: The cause of discipline was based on violations at the pharmacy where Mr. Nguyen was pharmacist in charge. The violations included but were not limited to knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts in that Mr. Nguyen on or about July 13, 2013, and June 20, 2015, signed the compounding self-assessment indicating the pharmacy was in compliance with pharmacy laws, when it was not; failure to properly train staff assigned to compounding drug products; failure to comply with sterile injectable recordkeeping requirements; dispensed compounded products without appropriate labeling; and permitted compounding of sterile injectable products where it was known, or reasonably should have been known, that the compounding environment failed to meet criteria in the pharmacy's written policies and procedures for the safe compounding of sterile injectable drug products.

Action: 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 8/10/2017.

[View the decision](#)

Nguyen, Minhthu Tran, RPH 48195,
Administrative Case AC 5803
Stockton, CA

Summary: On or about Feb. 18, 2016, the licensee was convicted of driving while having a blood alcohol content of 0.08 percent or higher with a sentencing enhancement for having 0.20 percent or higher. As part of the underlying investigation, the licensee's blood sample reported her blood alcohol level was 0.29 percent at the time of the incident.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for three years and subject to the terms and conditions in the decision.

Decision effective 9/6/2017.

[View the decision](#)

Nguyen, Perry Tan, RPH 42961,
Administrative Case AC 5262
Huntington Beach, CA

Summary: The cause of discipline was based on violations at the pharmacy where Mr. Nguyen was owner and pharmacist in charge. The violations included filling erroneous prescriptions and failing to assume co-responsibility for legitimacy of prescriptions. Between 2011 and 2012, he failed to assume corresponding responsibility by dispensing controlled substances to habitual doctor and pharmacy shoppers; failed to validate the legitimacy of the prescriptions; failed to review patients' drug history; dispensed erroneous and/or uncertain prescriptions; and dispensed without proper prescriptions. He violated operational standards and security requirements by allowing a pharmacy technician to possess a key to the pharmacy that was not in a tamper evident container; and he assisted in structuring and/or causing to be structured financial transactions with a domestic financial institution for the purpose of evading the reporting requirements of the United States as part of a pattern of illegal activity involving more than \$100,000 in a 12-month period. He was convicted of a crime substantially related to the qualifications, functions and duties of a pharmacist. On or about May 18, 2015, Mr. Nguyen was convicted of a felony count of structuring financial transactions, aiding and abetting and causing an act to be done.

Action: The license is voluntarily surrendered.

Decision effective 7/14/2017.

[View the decision](#)

Nguyen, Thuy Vu, RPH 51877,
Administrative Case AC 5685
Garden Grove, CA

Summary: The cause of discipline was based on violations at the pharmacy where the licensee was employed, including obstructing a patient from obtaining a prescription that was legally prescribed, exceeding the authorized ratio of pharmacists to pharmacy technicians, failing to exercise corresponding responsibility, and excessively furnishing controlled substances.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for five years and

subject to the terms and conditions in the decision.

Decision effective 9/7/2017.

[View the decision](#)

Potash, Stanley, RPH 19744,
Administrative Case AC 5565
Los Angeles, CA

Summary: The cause for discipline was based on violations at the pharmacy where Mr. Potash was pharmacist-in-charge. The violations included failure to comply with self-assessment form requirements, falsification of documents, acts involving dishonesty, fraud or deceit, failure to maintain records of acquisition and disposition, and subverting a board investigation. During a board inspection on or about Oct. 14, 2014, Mr. Potash was unable to produce a current, properly completed self-assessment form. Following the inspection, Mr. Potash faxed a document indicating to the board that a self-assessment had been completed when no actual self-assessment had been completed; the document faxed was an earlier assessment with the date altered to suggest timely compliance. In addition, per board audit between Jan. 1, 2013, and Oct. 14, 2014, the pharmacy had overages of dangerous drugs with no records to account for the source of the excess drug stock.

Action: The license is revoked, and the right to practice has ended.

Decision effective 7/27/2017.

[View the decision](#)

See **Disciplinary Actions**, Page 22

Disciplinary Actions

Continued from page 21

Rashidi, Anna, RPH 56323,
Administrative Case 5663
Folsom, CA

Summary: The cause of discipline was based on violations at the pharmacy where Ms. Rashidi was part owner. Between Sept. 13, 2014, and April 13, 2015, Ms. Rashidi introduced or delivered for introduction into interstate commerce the new drug domperidone by compounding and dispensing the drug to patients when there was no IND for domperidone approved by the FDA; sold misbranded drugs; and delivered or proffered for delivery misbranded drugs.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for three years and subject to the terms and conditions in the decision.

Decision effective 8/10/2017.

[View the decision](#)

Shelton, Jacarre Lynn, RPH 66989,
Administrative Case AC 5753
Oakland, CA

Summary: The cause of discipline was based on findings of violations related to the licensee's failure to properly label compounded drugs with the correct expiration/beyond use dates; failure to have a proper area for compounding drugs; failure to have the parenteral solution compounding area equipped with a dedicated sink; failure to clean the compounding area or maintain the cleaning logs; failure to maintain a written master formula that included specific elements required; failure to maintain proper records for compounded drug products; and failure to complete the biennial self-assessment of the pharmacy's compliance with federal and state pharmacy law.

Action: The licensee is publicly reproved.

Decision effective 9/6/2017.

[View the decision](#)

Siu, Alan, RPH 38427, Administrative Case AC 5883
San Marino, CA

Summary: The cause of discipline was based on findings of violations related to the licensee's failure to uphold the pharmacy department's policies and procedures to determine

the legitimacy of altered prescriptions; failure to provide effective control and security against the loss or diversion of controlled substances, which resulted in a loss of over 8,800 controlled substance tablets; and furnishing controlled substances without a legitimate prescription.

Action: The licensee is publicly reproved.

Decision effective 9/6/2017.

[View the decision](#)

Soliman, Albert, RPH 44883,
Administrative Case AC 4668 and 5511
Walnut, CA

Summary: The cause for discipline was based on findings of unlicensed activity at the pharmacy where Mr. Soliman was part owner. In December 2014, a board inspector observed a pharmacy technician working at the pharmacy and determined that the license for the pharmacy technician had expired on Sept. 30, 2014, and had not been renewed.

Action: The license is subject to a public reproval.

Decision effective 8/30 /2017.

[View the decision](#)

Walker, Toni Gayle, RPH 33235,
Administrative Case AC 5879

Summary: The cause for discipline was based on findings of violations at the pharmacy were Ms. Walker was owner and pharmacist in charge. The violations included failure to maintain the pharmacy in a clean and orderly condition; failure to comply with the self-assessment form requirement; failure to comply with a requirement to provide interpretive services; failure to comply with requirements for storage of controlled substances; and failure to comply with inventory requirements for controlled substances.

Action: The license is revoked, and the right to practice has ended.

Decision effective 8/9/2017.

[View the decision](#)

Weekes, Sean, RPH 70114,
Administrative Case 5890
Sonoma, CA

Summary: The cause of discipline is based on findings of violations at the pharmacy where Mr. Weekes was pharmacist in charge. The violations included compounding violations: expired ingredients, failure to maintain operational standards and misbranded

drugs.

Action: The license is subject to a public reproval.

Decision effective 7/13/2017.

[View the decision](#)

Facility Licenses

Bacon East Pharmacy, PHY 53596,
Administrative Case 5890
Concord, CA

Summary: The cause of discipline was due to compounding violations: expired ingredients, failure to maintain operational standards, and misbranding drugs.

Action: The license is subject to a public reproval.

Decision effective 7/13/2017.

[View the decision](#)

American Custom Compounding Pharmacy, NRP 1262 & NSC 99778,
Administrative Case 6017
Dallas, TX

Summary: The cause for discipline was due to findings that pharmacy staff compounding sterile injectable drugs was not properly trained, the pharmacy failed to properly test and quarantine sterile injectable drug products; did not assign a proper beyond-use date for the drugs that were compounded with components set to expire in advance of the beyond-use date assigned by the pharmacy; and did not complete a self-assessment form before compounding drug products.

Action: The license is revoked, and the right to practice or operate has ended.

Decision effective 7/26/2017.

[View the decision](#)

CVS Pharmacy #1666, PHY 48255,
Administrative Case AC 4863
Lancaster, CA

Summary: The cause for discipline was based on violations including failure to assume corresponding responsibility to assure legitimacy of prescriptions; dispensing controlled substance prescriptions with significant errors, omissions, irregularities, uncertainties, ambiguities or alterations; and furnishing dangerous drugs without a valid prescription.

Action: The license is publicly reproved.

Decision effective 7/7/2017.

[View the decision](#)

Disciplinary Actions

Continued from page 22

Danville San Ramon Pharmacy, PHY 50868, Administrative Case 5940
Danville, CA

Summary: The cause for discipline was based on violations including failure to exercise corresponding responsibility when dispensing controlled substances and dangerous drugs.

Action: The license is revoked, the revocation is stayed, and the licensee is placed on probation for four years and is subject to the terms and conditions in the decision.

Decision effective 8/10/2017.

[View the decision](#)

Grandpa's Compounding Pharmacy, PHY 45878, Administrative Case AC 5787

Placerville, CA

Summary: The cause for discipline was based on violations that included but were not limited to selling misbranded drugs; delivering or proffering for delivery misbranded drugs; furnishing an unreasonable quantity of a compounded drug to a prescriber; failing to maintain security of the pharmacy; having unaccountable losses of controlled substances and dangerous drugs; violating ownership regulations; and violating regulations governing hazardous compounding.

Action: The license is voluntarily surrendered.

Decision effective 8/31/2017.

[View the decision](#)

Innovative Compounding, PHY 48417 and LSC 99600, Administrative Case 5663

Folsom, CA

Summary: The cause for discipline was based on violations including but not limited to unprofessional conduct in that on and between Sept. 13, 2014, and April 13, 2015, the pharmacy introduced or delivered for introduction into interstate commerce the new drug domperidone by compounding and dispensing the drug to patients when there was no IND for domperidone approved by the FDA. In addition, on April 13, 2015, the pharmacy had in its active dispensing inventory compounded drug products that were expired. The pharmacy also sold misbranded drugs and delivered or proffered for delivery misbranded

drugs.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 8/10/2017.

[View the decision](#)

Medaus Pharmacy, NRP 547 and NSC 99170, Administrative Case 5859
Birmingham, AL

Summary: Between August 2013 and August 24, 2014, the pharmacy endangered the safety of customers in that it knowingly released high-risk compounded drug products before the completion of sterility and endotoxin tests; allowed pharmacy technicians to conduct compounding of high-risk compounded drug products before a pharmacist reviewed the product for accuracy of the proper ingredient potency and purity standards and compliance with pharmaceutical standards for integrity, potency, quality, strength, sterility and absence of endotoxins prior to dispensing to physicians; failed to comply with compounding process regulations; failed to obtain valid patient specific prescriptions; failed to complete validation process representative of compounded drugs; failed to maintain compounded drug product records; and failed to ensure sterility of cleanroom.

Action: The NRP license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision. The NSC license is voluntarily surrendered.

Decision effective 8/10/2017.

[View the decision](#)

Oakdale Pharmacy, PHY 50734, Administrative Case AC 5666
Oakdale, CA

Summary: The cause for discipline was based on excessive furnishing of controlled substances, dispensing controlled substances based on noncompliant prescription forms, failing to have quality assurance reviews available, and failing to maintain the pharmacy so that drugs were safely and properly secured

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in

the decision.

Decision effective 9/7/2017.

[View the decision](#)

Oroville Hospital Pharmacy, HSP 41557 and LSC 100404, Administrative Case 5630
Oroville, CA

Summary: Violations included but were not limited to drugs lacking in quality or strength; insufficient training of staff; compounded drug products that had beyond-use dates on the products that exceeded regulation expectations; failing to comply with sterile injectable recordkeeping requirements; failing to label compounded drug products; permitting compounding of sterile injectable products where it was known or reasonably should have been known that the compounding environment failed to meet the criteria in the pharmacy's written policies and procedures for the safe compounding of sterile injectable drug products; failing to maintain policies and procedures for cytotoxic agents as required by law; and failing to maintain patient records in an electronic or manual form to identify compounded medications patients received.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for three years and is subject to the terms and conditions in the decision.

Decision effective 8/10/2017.

[View the decision](#)

Owl Homecare Pharmacy, PHY 45091, Administrative Case AC 4668 and AC 5511

Baldwin Park, CA

Summary: Violations included but were not limited to mislabeled prescriptions with incorrect expiration dates; improperly accepted telephone orders for Schedule II controlled substances from nonphysicians; poor drug quality, adulterated drugs returned for credit; misbranded drugs with false or nonconforming labels; misbranded drugs; and allowing a pharmacy technician to work for several months with an expired license.

See **Disciplinary Actions**, Page 24

Disciplinary Actions

Continued from page 23

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 8/30/2017.

[View the decision](#)

Pacific West Pharmacy Inc., PHY 40592, Administrative Case AC 5745 Rocklin, CA

Summary: Findings included violation of the pharmacy technician-to-pharmacist ratio; failure to maintain the pharmacy so that drugs were safely and properly secured; and failure to maintain a current inventory of all dangerous drugs.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for five years and is subject to the terms and conditions in the decision.

Decision effective 9/6/2017.

[View the decision](#)

Marc1 Drugs Inc. dba Payless Pharmacy, PHY 50705, Administrative Case AC 5470 Monterey Park, CA

Summary: Violations included failing to provide the board with all records of sale, acquisition and disposition of dangerous drugs; and failure to maintain all records of sale, acquisition and disposition of dangerous drugs.

Action: The license is revoked, the revocation is stayed, and the license is placed on probation for three years and is subject to the terms and conditions in the decision.

Decision effective 8/9/2017.

[View the decision](#)

RXChange Co., WLS 5795, Administrative Case AC 5636 Burbank, CA

Summary: Violations included failing to comply with record-keeping requirements; purchasing controlled substances and/or dangerous drugs from an unlicensed entity; and ordering and receiving controlled substances without a valid DEA registration.

Action: The license is voluntarily surrendered.

Decision effective 8/30/2017.

[View the decision](#)

South Figueroa Drugs, PHY 40552, Administrative Case AC 5879

Summary: Violations included failure to maintain pharmacy in a clean and orderly condition; failure to comply with the self-assessment form requirement; failure to provide interpretive services; failure to comply with requirements for storage of controlled substances; and failure to comply with inventory requirements for controlled substances.

Action: The license is revoked, and the right to practice or operate has ended.

Decision effective 8/9/2017.

[View the decision](#)

St. Helena Hospital Clearlake, HSP 43172 and LSC 100039, Administrative Case 5753 Clearlake, CA

Summary: Violations included, but were not limited to, failing to properly label compounded drugs with the correct expiration beyond-use dates; failing to have a proper area for compounding drugs; failing to have the parenteral solution compounding area equipped with a sink dedicated for pharmaceutical purposes or a sink within the parenteral solution compounding area or adjacent to it; failing to clean the compounding area or maintain the cleaning logs; failing to maintain a written master formula, including specific elements for all compounded drug products compounded at the pharmacy; and failing to maintain proper records for compounded drug products.

Action: The licenses are revoked, the revocations are stayed, and the licenses are placed on probation for three years and are subject to the terms and conditions in the decision.

Decision effective 8/2/2017.

[View the decision](#)

St. Paul's Pharmacy I, PHY 42891, Administrative Case AC 5262 Huntington Park, CA

Summary: Violations included filling erroneous prescriptions and failure to assume co-responsibility in legitimacy of prescriptions, dispensing without a proper prescription, and operational standards and security violation.

Action: The license is voluntarily surrendered.

Decision effective 7/14/2017.

[View the decision](#)

Strohecker's Pharmacy, NRP 705, NRP 1806 and NSC 99432

Administrative Case AC 5784 Portland, OR

Summary: On or about Dec. 1, 2014, the pharmacy incorrectly compounded a drug lot and dispensed the lot to patients in 35 states, including 90 patients in California. The pharmacy did not follow procedure when compounding and documenting the lot; did not follow procedure or take appropriate action after receiving the potency result for the lot and identifying the product was not in the customary range; and did not take appropriate action after being notified of the error.

Action: The licenses are voluntarily surrendered.

Decision effective 8/10/2017.

[View the decision](#)

Triad Compounding Pharmacy, Applicant, Statement of Issues Case AC 5212 Cerritos, CA

Statement of Issues Withdrawn

Decision effective 8/25/2017.

[View the decision](#)

Value Rx Pharmacy, PHY 51246, Administrative Case AC 5685 Irvine, CA

Summary: Violations included obstructing a patient from obtaining a prescription drug that was legally prescribed; failing to comply with the pharmacy technician-to-pharmacist ratio; failing to comply with corresponding responsibility requirements; and excessive furnishing of controlled substances.

Action: The license is voluntarily surrendered.

Decision effective 9/7/2017.

[View the decision](#)

Wells Pharmacy Network, NRP 1325 & NSC 99824, Administrative Case AC 5887 Dyersburg, TN

Summary: Violations included compounding sterile from nonsterile drugs in an improper environment, and failure to document quality assurance.

Action: The licenses are subject to a public reproof.

Decision effective 7/26/2017.

[View the decision](#)

This newsletter is published by the

**California State Board of Pharmacy
Department of Consumer Affairs**

1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834-1924

(916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BOARD MEMBERS

Amy Gutierrez, Pharm.D.
President

Victor Law, R.Ph.
Vice President

Allen Schaad, R.Ph.
Treasurer

Ryan L. Brooks, Public Member
Lavanza (Cheryl) Butler, Pharm.D.
Amjad Khan, Public Member

Greg Lippe, Public Member
Valerie Muñoz, Public Member
Ricardo Sanchez, Public Member

Deborah Veale, R.Ph.
Stanley C. Weisser, R.Ph.
Albert C. M. Wong, Pharm.D.

STAFF

Virginia Herold
Executive Officer

Bob Dávila
Editor

Victor Perez
Layout/Design