



MARCH 2020

# THE SCRIPT

BE AWARE & TAKE CARE: Talk to your pharmacist!

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## New year brings changes in pharmacy laws for 2020



Gov. Gavin Newsom has signed a variety of bills adding or amending laws that govern the practice of pharmacy in California. Unless specified otherwise, the new laws take effect Jan. 1, 2020.

Many of the key provisions are summarized below. Click on the bill number to read the full text for a more complete explanation of each new law.

**[AB 528](#) Controlled Substances: CURES Database**

(Low, Chapter 677, Statutes of 2019)

Effective January 1, 2021, this law expands the CURES reporting requirements to include Schedule V drugs and reduces the reporting deadline to one business day from the date the prescription was released to the patient.

**[AB 690](#) Pharmacies: Relocation: Remote Dispensing Site Pharmacy: Pharmacy Technician: Qualifications**

(Aguiar-Curry, Chapter 679, Statutes of 2019)

Effective upon signing by the



**By Gregory Lippe, President,  
Board of Pharmacy**

Happy new year! As the newly elected president, I want to extend best wishes to all for a healthy and safe 2020 on behalf of the California State Board of Pharmacy.

The Board is happy to begin the new year with the appointment of Anne Sodergren as its new executive officer. Ms. Sodergren has over 25 years of experience with the Board, most recently as interim executive officer.

As I am sure you are aware, in October the Board invalidated a CPJE taken by almost 1,400 pharmacist applicants. The Board

took this action after receiving credible information that the validity and reliability of the CPJE had been compromised. Evidence indicated widespread subversion by applicants who shared information about the exam questions through electronic communications.

This issue continues to be a top priority for the Board. The investigation is ongoing, and Board staff is coordinating efforts with investigators within the Department of Consumer Affairs. I encourage anyone with relevant information to come forward.

Applicants who took the invalidated CPJE were allowed to retake the exam November 16 and 17. Since then, the CPJE has been administered several times, resulting in the issuance of more than 1,240 licenses to new California pharmacists.

The Board is also focused on patient protection. The Compounding Committee worked actively in 2019 to review proposed revisions to USP chapters and to incorporate comprehensive changes into California regulations on pharmaceutical compounding. Late last year, however, the Board

voted to delay rulemaking on compounding preparations pending USP's postponement of chapters 795, 797, and 825. A [policy statement](#) regarding California compounding regulations is posted on the Board's website.

The Board encourages licensees and interested groups to participate in the rulemaking process and to comment on proposed regulations. To ensure you are notified about the rulemaking process and comment period, be sure you have signed up to receive news subscriber alerts. To sign up, go to the [Board of Pharmacy Email Registration](#) page and follow the instructions to receive News and Information email notices.

Thank you for participating in the rulemaking process. Your efforts help the Board carry out its mission to protect and promote the health and safety of Californians by pursuing the highest quality of pharmacist care and the appropriate use of pharmaceuticals.

For other updates, please subscribe to News and Information alerts and follow us on Twitter.

## The Board's Mission

The California State Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation and enforcement.

## New laws

Continued from page 1

governor, this law creates a limited exemption to the licensure transferability requirements for a pharmacy to relocate because of damage caused by a declared disaster. The law also establishes specific requirements for a pharmacy technician working in a remote dispensing site pharmacy.

### **AB 973 Pharmacies: Compounding**

(Irwin, Chapter 184, Statutes of 2019)

This law requires that compounding of drug preparations by a pharmacy must be done consistent with the relevant compounding chapters of the United States Pharmacopeia-National Formulary (USP).

The Board released a [policy statement](#) regarding California legal requirements for compounding pharmacies pending information from USP regarding implementation of chapters 795, 797, and 800. The policy statement is available on the Board's website.

### **AB 1723 Clinics: Purchasing Drugs at Wholesale**

(Wood, Chapter 323, Statutes of 2019)

This law increases the maximum hours of operation for a primary care community clinic or free clinic from 20 hours to 40 hours per week.

### **SB 159 HIV Preexposure and Postexposure Prophylaxis**

(Wiener, Chapter 532, Statutes of 2019)

Effective July 1, 2020, this comprehensive law authorizes pharmacists to furnish HIV preexposure and postexposure prophylaxis under specific conditions.

Key provisions of the law require the Board of Pharmacy, in consultation with the Medical Board of California (MBC), to approve training programs that pharmacists must complete before furnishing either preexposure or postexposure prophylaxis.

In addition, the law specifies guidelines issued by the federal Centers for Disease Control and Prevention (CDC) that the Board of Pharmacy must use to establish the drug or drug combinations to be furnished:

- For HIV preexposure prophylaxis: "[2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update: A Clinical Practice Guideline](#)," or any subsequent guidelines published by the CDC.
- For HIV postexposure prophylaxis: "[Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016](#)," or any subsequent guidelines published by the CDC.

The law also requires the Board of Pharmacy to consult with the MBC in developing emergency regulations to be adopted by July 1, 2020, to implement the law. The Board adopted emergency regulations and approved initiating a regular rulemaking on January 29, 2020.

### **SB 569 Controlled Substances: Prescriptions: Declared Local, State, or Federal Emergency**

(Stone, Chapter 705, Statutes of 2019)

This law authorizes a pharmacist to fill a prescription for a controlled substance that does not conform to the controlled substances security form requirements under specific conditions.

### **SB 655 Pharmacy**

(Roth, Chapter 213, Statutes of 2019)

This law makes technical and other conforming changes to Pharmacy Law on a variety of matters, including externship hours for pharmacy technician trainees; reverse distributors acquiring drugs from an unlicensed source; validity of CPJE or NAPLEX scores following occupational analysis; inactivation of advance practice pharmacist license by the Board; and application and renewal payments for government applicants and licensees.

# Medication errors top list of citations

Medication errors ranked as the top reason for a citation issued by the Board of Pharmacy during most of the last quarter of fiscal year 2018-19.

A total of 63 citations were issued for medication errors from April 1, 2019, through June 25, 2019. The citations were issued for violations of California Code of Regulations (CCR), title 16, [section 1716](#) (Variation from Prescriptions).

Medication error cases also may include other types of violations. For example, printing the wrong information on a prescription label could also result in citation for violation of [section 1764](#) (Unauthorized Disclosure of Prescriptions).

Examples of medication errors cited by staff include:

- Prescription was written for glyburide 10mg, but pharmacist filled it with glipizide 5mg.
- Pharmacist dispensed ear drops (Debrox) instead of artificial tears eye drops as prescribed.
- Prescription label read to take prescription four times daily instead of three times daily as prescribed.
- Pharmacy mistakenly dispensed Naproxen to a patient who was not prescribed this drug.

Staff also reported examples of unauthorized disclosure or prescriptions:

- Pharmacy shipped patient A's prescription to patient B, disclosing patient A's prescription information to patient B.
- Nonresident pharmacy incorrectly dispensed prescription for Prolensa for patient G to patient K, disclosing patient G's protected health information.
- During an inspection, patients' drug names were visible on finished prescriptions from the pickup counter. Exposing patient names and drug information without authorization is a violation.

The top 10 types of citations issued April 1 through June 25, 2019, were:

Code violation	Description	Total number of violations
<a href="#">CCR 1716</a>	Medication error	63
<a href="#">CCR 1714(b)</a>	Pharmacy security/drug loss	39
<a href="#">BPC 4081(a)</a>	Records kept open for inspection for three years	27
<a href="#">BPC 4301(l)</a>	Unprofessional conduct – conviction of a crime	27
<a href="#">BPC 4301(h)</a>	Unprofessional conduct – self administration	27
<a href="#">CCR 1764</a>	Unauthorized disclosure of prescriptions	16
<a href="#">CIV 56.10</a>	Disclosure of protected health information	14
<a href="#">CCR 1718</a>	Current inventory defined	10
<a href="#">CCR 1711(d)</a>	Quality assurance program – develop pharmacy systems and workflow processes	8
<a href="#">HSC 11165(d)</a>	Failure to report to CURES	8



# Tips, resources to prevent drug errors

According to the Food and Drug Administration (FDA), the most common causes of medication errors are:

- Poor communication.
- Ambiguities in product names, directions for use, medical abbreviations or writing.
- Poor procedures or techniques.
- Patient misuse because of poor understanding of the directions for using the product.

One of the most important ways to prevent errors is for pharmacists to provide patients with proper consultation when dispensing prescriptions. [CCR section 1707.2](#) requires pharmacists to provide consultation to patients:

- Upon request.
- Whenever the pharmacist deems it warranted in his or her professional judgment.

- Whenever a prescription medication has not been previously dispensed to the patient.
- Whenever a prescription medication is dispensed in a new dosage form or strength or with new written directions.

The [Institute for Safe Medication Practices \(ISMP\)](#) offers many resources and tools to help health care professionals and patients prevent medication errors. ISMP also provides a section on [reporting medication errors](#) with information for health care professionals regarding trends in medication errors and how to prevent or correct them.

In addition, [FDA MedWatch](#) provides an [online reporting form](#) and phone number – (800) FDA-1088 – for pharmacists and other health care providers to report medication errors or adverse drug side effects.

## Applicants can pay for pharmacist license online

Pharmacist applicants who have passed both the CPJE and the NAPLEX can submit a [Request for Issuance of Pharmacist License](#) application and payment by mail or online. To request and pay for your pharmacist license online, complete and submit the application on the board's website at Applicants > Apply for a Personal License > Online Payment for Request for Issuance of Pharmacist License.

## Did you know...

Facilities, pharmacists, pharmacy technicians, intern pharmacists and designated representatives are required to register for email notifications from the Board of Pharmacy within 60 days of obtaining a license or at the time of license renewal. In addition, licensees must update their registration within 30 days of changing their email address.

The process is easy! To register your email address and receive email notifications from the board, click [here](#) or visit the board's [website](#) and subscribe to the email notification list under Quick Hits. Email addresses are confidential and not posted on the board's online license verification system.

# Report recalls, adverse drug reactions

Timely reporting of recalls and adverse drug reactions (ADR) to the Board of Pharmacy and the FDA MedWatch program is critical to protecting public health and safety. Reports to the Board of Pharmacy should be emailed to [compounding.report@dca.ca.gov](mailto:compounding.report@dca.ca.gov).

The following sections of the California Business and Professions Code (BPC) establish reporting requirements for compounding pharmacies and outsourcing facilities under specific conditions:

- [BPC 4126.9](#)
- [BPC 4127.1](#)
- [BPC 4127.2](#)
- [BPC 4127.8](#)
- [BPC 4129.1](#)
- [BPC 4129.2](#)

## For nonsterile compounding pharmacies:

- BPC 4126.9(a) – requires recalls be reported to the Board within 12 hours if use of the product may cause serious adverse health consequences or death, or if the product was dispensed or intended for use in California.

- BPC 4129.9(c) – requires ADR be reported to MedWatch within 72 hours of the pharmacy learning of the event.

## For in-state, sterile compounding pharmacies:

- BPC 4127.1(e)(3) /4127.8 – require recalls be reported to the Board within 12 hours.
- BPC 4127.1(f) – requires ADR be reported to the Board and MedWatch within 12 hours.

## For out-of-state, sterile compounding pharmacies:

- BPC 4127.2(e)(3)/4127.8 – require recalls be reported to the Board within 12 hours.
- BPC 4127.2(f) – requires ADR be reported to the Board and MedWatch within 12 hours.

## For in-state, outsourcing facilities:

- BPC 4129.1(e)(2) – requires recalls be reported to the Board within 24 hours.

- BPC 4129.1(e)(3) – requires a copy of any clinically related complaint involving the outsourcer's compounded products be reported to the Board within 72 hours.

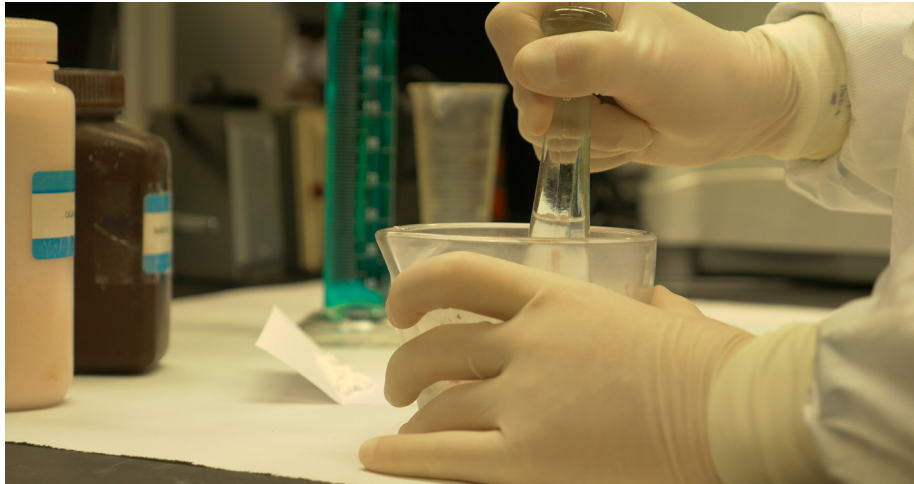
- BPC 4129.1(e)(4) – requires ADR be reported to the Board within 24 hours.

## For out-of-state, outsourcing facilities:

- BPC 4129.2(e)(2) – requires recalls be reported to the Board within 24 hours.
- BPC 4129.2(e)(3) – requires a copy of any clinically related complaint involving the outsourcer's compounded products be reported to the Board within 72 hours.
- BPC 4129.2(e)(4) – requires ADR be reported to the Board within 24 hours.



# Case study: Pharmacist failure to verify compounding ingredients



## Situation:

A pharmacy technician mislabeled a stock bottle of fludrocortisone powder as fluticasone, a look-alike, sound-alike ingredient. The active pharmaceutical ingredient (API) was subsequently entered into the pharmacy computer system and affixed with a bar code for fluticasone. No pharmacist was involved in this process.

During compounding, the pharmacy technician retrieved the API and scanned the bar code. The computer system identified the API as fluticasone. The pharmacy technician compounded the preparation. The pharmacist did not review the compounded medication in the compounding room. Instead, using a computer in another part of the pharmacy, the pharmacist reviewed only the electronic compounding record, which

was auto populated as to the drugs used based on the bar code affixed to the API container. The pharmacist performed the final check/signed off on the drug preparation without visually reviewing the API bottle to confirm the APIs used in compounding.

## The error:

Fluticasone was entered into the computer system, resulting in the wrong bar code being issued and affixed to the API stock bottle, which contained fludrocortisone. The API was used in a triturate (starting compounded drug) that was then used as an ingredient in another formulation. The pharmacists who signed off on the subsequent compounded drug preparation assumed the starting compounded drug was compounded correctly. These compounding errors went on for

approximately six months, until a pharmacist noted the error and alerted the pharmacist-in-charge. The pharmacy notified the patient and patient's doctor of the error.

## The fix:

**Short-term fix:** The pharmacy has a pharmacist visually confirm the container of API has been bar-code labeled correctly before it is used.

**Long-term fix:** In addition to the pharmacist visually confirming the API is bar-code labeled correctly, a camera system was to be installed in the compounding area and record every API manufacturer label and pharmacy generated bar code. This will allow the pharmacist to view both prior to signing off on the compounded drug preparation.

## Discussion:

Although technology may provide efficient ways to compound drugs, it does not always provide checks and balances needed to prevent an error from reaching a patient. Please continue to evaluate your compounding processes to identify where errors can occur. It may be helpful to ask compounding staff to come up with ideas to make the compounding process safer.

# Case study: Monitor will call area, verify returned pills to prevent losses

California Code of Regulations, title 16, [section 1714\(b\)](#) requires that pharmacies maintain their “facilities, space, fixtures and equipment so that drugs are safely and properly prepared, maintained, secured and distributed.” The regulation also requires that pharmacies be “of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.”

Besides the stock shelves in the back of the pharmacy, section 1714(b) applies to the will call area and workspace near the front counter where filled prescriptions are stored for patients to pick up.

Recently, the Board of Pharmacy investigated a California retail pharmacy that reported losing more than 100 hydrocodone/acetaminophen tablets. An internal investigation by the pharmacy revealed that a series of shortages had occurred during a three-month period.

According to the internal investigation, an unlicensed



pharmacy clerk pilfered the tablets from filled prescriptions left in the will call bin, which was obstructed by a barrier and not clearly visible to pharmacists and other staff. The pharmacy found that eight to 21 tablets were lost per each incident. On two occasions, customers reported their prescriptions had been shorted; other times, prescriptions were not double counted upon their return to stock.

A Board of Pharmacy inspection found the pharmacy and the pharmacist-in-charge violated section 1714(b) by failing to maintain security over controlled substances within the pharmacy.

Besides maintaining and monitoring spaces in the pharmacy, it is important for pharmacists to keep accurate count of pills returned to stock. This will help prevent shortages that can add up to major drug losses and diversion cases.

## Check out CPJE dates for 2020 online

The Board of Pharmacy has posted [CPJE testing dates for 2020](#) online. To schedule an exam date within your eligibility period, go to [candidate.psiexams.com](#) or call (877) 392-6422. Be sure also to check out additional [CPJE information](#) on the Board’s website and [sign up to receive subscriber alerts](#) for important updates from the Board.



# Avoid errors in reporting data to CURES

By Lisa Henry

Did you know there are now more than 550 million prescription records in the CURES database? In 2019, an average of 3.1 million dispensations were uploaded to California's prescription drug monitoring program every month.

Currently, the CURES reporting process starts with dispensers submitting data to Atlantic Associates Inc. (AAI). AAI checks the information and notifies dispensers to correct any reporting errors, including missing data and incorrect file formats. Once it is validated, AAI forwards the data to the California Department of Justice (DOJ) to update the CURES database.

Despite the validation process, data reported to CURES may still contain errors. This means some CURES information may not be as helpful or accurate for dispensers and prescribers, which in turn could have an impact on patients.

The Board of Pharmacy's [CURES webpage](#) includes information on reporting data to CURES. Below are some reminders and tips to help dispensers submit proper and accurate data.

## Items to check:

- Non-controlled substances and over-the-counter drugs do not need to be reported.
- Ensure the NDC code is entered correctly and is in the 11-digit format.
- Look for prescriber names that are the same or similar but are different people. (Check their DEA numbers.)
- Verify patient names are entered correctly.

- Ensure dates entered are not future dates.
- Pharmacy license numbers and DEA numbers are not interchangeable. Use the Board of Pharmacy's full license designation with letters and numbers (e.g., PHY12345) for the state license number. Do not use the pharmacy's DEA number (e.g., AB1234567) in this field.

## Helpful Resources:

- The [DEA's Controlled Substance Schedules](#) lists Schedule II–IV drugs required to be reported. This page also includes information on exceptions for some controlled substances. See also [California Health and Safety Code section 11165\(d\), et seq.](#)
- [AAI's Direct Dispense Application Instruction Manual](#)
- The FDA's [National Drug Code Directory](#)
- [NDC searchable database](#)

## For more information or assistance reporting CURES data, please contact:

- [Atlantic Associates Inc.](#)  
Phone: (800) 539-3370  
Email: [data@aainh.com](mailto:data@aainh.com)
- [California Department of Justice – CURES](#)  
Phone: (916) 210-3187  
Email: [CURES@doj.ca.gov](mailto:CURES@doj.ca.gov)

[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

# Corresponding responsibility is critical in filling controlled substances scripts

By De'Bora White, Board of Pharmacy Inspector

A growing number of consumers are filing complaints with the Board of Pharmacy about difficulty getting opioid prescriptions filled. However, as many communities battle an epidemic of opioid abuse, it is important that pharmacists exercise their legal obligations in filling controlled substances prescriptions.

Pharmacists are often the last line of defense in the battle against prescription drug abuse. As licensed professionals, they must weigh their calling to serve patients against their obligation to prevent controlled substances from getting into the wrong hands.

## Corresponding responsibility

Under [Health and Safety Code section 11153](#), a pharmacist has a corresponding responsibility to ensure a prescription for a controlled substance is for a legitimate medical purpose. The law requires pharmacists to use professional judgment to determine whether a prescription is suspicious.

In an important disciplinary case, [In the Matter of the Accusation Against Pacifica Pharmacy; Thang Tran](#), the Board of Pharmacy revoked the licenses of a Huntington Beach pharmacy and its pharmacist for failing to exercise corresponding responsibility in filling numerous questionable prescriptions for opioid medications. The case identified “red flags” that should alert the pharmacist and prompt questions about a prescription.

## What are red flags?

Red flags that may prompt a pharmacist to question a prescription include:

- The prescription has irregularities on its face.
- The patient’s demeanor is nervous.
- The patient’s age or presentation is unusual

(e.g., youthful patient seeking chronic pain medications).

- Multiple patients provide the same address.
- The patient has multiple prescribers for duplicate therapy.
- The patient offers cash payment for the medication.
- The patient seeks early prescription refills.
- The prescription is written for an unusually large quantity of drugs.
- The initial prescription is for strong opioids.
- The patient lives far away from the area served by the pharmacy or the prescriber.
- The prescription is written outside the prescriber’s medical specialty.
- The prescription has no logical connection to the patient’s illness or condition.

## What’s a pharmacist to do?

HSC section 11153 requires pharmacists to use their professional judgment in deciding whether a prescription is suspicious. To help make that determination, a pharmacist may:

- Contact the prescriber to clarify or adjust a prescription.
- Discuss with the prescriber other medications the patient is taking or other health care practitioners the patient is seeing.
- Ask for documentation of a patient’s medical condition, diagnosis or treatment plan.

See **Corresponding responsibility**, Page 12

## Board designates precedential case

The Board of Pharmacy has adopted as precedential portions of an administrative law decision clarifying that nonresident pharmacies are bound by California laws because they do business in California pursuant to a California license.

The decision was issued *In the matter of the Citation Against ESI Mail Pharmacy Inc., dba Express Scripts* (Case No. CI 2009 44657; OAH Case No. 2011060384). The Board adopted portions of the decision as precedential on May 8, 2019.

The case involves a challenge to a citation alleging ESI Mail Pharmacy Inc., dba Express Scripts, obstructed a patient in obtaining legally prescribed drugs. Among other issues, ESI Mail Pharmacy argued that the Board lacked authority to issue the citation because ESI Mail Pharmacy's home state is Arizona, which lacks a law providing for discipline based on obstruction of dispensing a legally prescribed medication.

The Board adopted as precedential a specific finding in the case that the Board has authority to discipline ESI Mail Pharmacy because the Board had issued a nonresident pharmacy license to the company, and therefore the company must comply with California law. In addition, Arizona pharmacy law allows administrative action based on California law relating to prescription drugs.

Under the Administrative Procedure Act, a decision that contains a significant legal or policy determination of general application that is likely to recur may be designated as precedential ([Government Code section 11425.60](#)). The Board of Pharmacy may rely on a precedential decision, and parties may cite it in argument to the Board and courts.

The decision in the ESI Pharmacy case, including the portions adopted as precedential, is posted on the [Precedential Decisions webpage](#) on the Board's website.

## Brochure explains inspection process

A new brochure to help licensees understand and prepare for Board of Pharmacy inspections is now available on the Board's website.

"[Pharmacy Inspections by the California State Board of Pharmacy](#)" includes a list of documents that pharmacies are required to have readily available for inspectors to review. In addition, other items that an inspector will check are listed.

The brochure describes what happens if an inspector orders a correction or suspects a violation of pharmacy law. It also explains how to provide feedback about an inspection to the Board and how to file anonymous comments or a complaint with the Board's parent agency, the Department of Consumer Affairs.

To download the brochure, go to [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). Click the "Licensees" tab at the top of the homepage and go to Important Information for Licensees > Publications > Pharmacy Inspections.

## Renew license online fast with credit card

Most individual licensees can now renew their licenses and pay by credit card on the Board's website, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

To renew online, click the "Licensees" tab at the top of the homepage and go to "[Personal License Information/Renewal](#)." Click on the appropriate link to renew licenses online for pharmacists, pharmacy technicians, advanced practice pharmacists, and designated representatives.

For questions about renewing a license either online or by mail, contact [renewalstatus@dca.ca.gov](mailto:renewalstatus@dca.ca.gov). To confirm your license expiration date, name and address of record, click on "License Search" under "Verify a License" on the website [homepage](#).

# Program assists pharmacists, interns with substance abuse, mental illness

Pharmacists are among the most highly educated and trained health care providers in America. Even so, pharmacists and intern pharmacists are no more immune to substance abuse or mental illness than the general public.

In fact, their access to prescription drugs and other work-related factors may place pharmacists and interns at special risk. Without treatment, substance abuse or mental illness can impair their professional judgment and jeopardize their career – or worse, a patient’s life.

Fortunately, treatment is available through the Pharmacist Recovery Program established by the California State Board of Pharmacy. The program is operated under contract by Maximus Inc., a provider of health and human services programs for many local, state and federal government agencies.

The program’s purpose is help pharmacists and interns recover and, if possible, return to their workplace and profession. Licensed or certified experts evaluate participants to identify the nature and severity of their chemical dependence or mental illness; develop a treatment plan; monitor

their participation; and provide encouragement and support.

The Pharmacist Recovery Program accepts voluntary self-referrals. Pharmacist or interns who are experiencing alcohol or drug abuse or have a mental illness can seek treatment on their own anytime. Families, employers, friends and professional colleagues also may call the program for information and assistance.

Voluntary requests for assistance are confidential. However, confidentiality may be compromised if participants pose a threat to themselves or the public or do not improve or comply with the program; or if a case is misdiagnosed or mismanaged.

If you have a problem or work with a pharmacist or intern who does, call the Pharmacist Recovery Program toll-free number 24 hours a day: **1-800-522-9198**. Information is also available online under “[Important Information for Licensees](#)” on the Board’s website, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

[Read more: “Pharmacist Recovery Program – A Personal Experience,” The Script – December 2018 \(page 17\)](#)

## Corresponding responsibility

Continued from page 10

- Consult medical reference materials regarding the dosing, indication or appropriateness of the prescribed medication.
- Review the patient’s medication profile in CURES.
- Consider the number of pharmacies or prescribers a patient is using and the distances between those locations.
- Consider the prescriber’s specialty scope of practice and the amount of medication prescribed.
- Consider the prescriber’s standing with his or her licensing Board.

### For more information

To learn more, visit the [corresponding responsibility page](#) on the Board’s [website](#): Go to Licensees > Important Information for Licensees > Corresponding Responsibility. The page includes links to a [corresponding responsibility brochure](#), a [training video](#), and a link to the [Pacifica Pharmacy decision](#), which the Board has designated as precedential.



## CE webinars on law, ethics are online



The Board of Pharmacy has developed and posted two continuing education (CE) webinars online to enable pharmacists to meet a new requirement for CE courses in law and ethics.

[California Code of Regulations, title 16, section 1732.5\(b\)](#) requires that at least two of the 30 hours of CE required for renewal of a pharmacist license be completed by participating in a law and ethics course provided by the Board of Pharmacy. The requirement applies to pharmacists whose licenses expire on or after July 1, 2019.

Pharmacists can find these video webinars on the [Law and Ethics Webinar page](#) at the Board's website, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). Each webinar can be viewed anytime; registration is not required. At the completion of each program, viewers are directed to download and fill out a certificate as evidence of completing the course.

The ethics webinar guides viewers through important concepts and presents scenarios reflecting ethical issues facing pharmacists in the daily practice of their profession. The law webinar is being updated to include important pharmacy laws and regulations taking effect in 2020.

For general questions about CE requirements for California pharmacists, visit the [Continuing Education Information webpage](#) on the Board's website.

## Free take-back bins, disposal service are available for pharmacies

California pharmacies are eligible to receive free drug take-back bins and paid disposal service through a federally funded program intended to combat the opioid epidemic and reduce the misuse of medications.



The [California Statewide Drug Take-Back Program](#)

is expected to expand options for consumers to safely dispose of unused, unwanted or expired medications – including controlled substances – for humans and pets. The program is funded by the state [Department of Health Care Services \(DHCS\)](#) and administered by the [California Product Stewardship Council \(CPSC\)](#).

California licensed pharmacies, hospitals and other agencies approved by the Drug Enforcement Administration can apply to receive free collection bins. The program will pay for the cost of the bins, disposal service through 2020, technical assistance, and promotion of bin locations.

For more information, including a program FAQ sheet and instructions on how to apply for a drug take-back bin, visit the California Statewide Drug Take-Back Program website at [www.takebackdrugs.org](http://www.takebackdrugs.org).

# Beware, protect yourself from scam calls

The Board of Pharmacy recently has issued warnings about licensees receiving scam phone calls.

## How does the scam work?

Callers give themselves a fake name and claim to be Board inspectors or to be “calling from the state Board of Pharmacy.” They typically claim the licensee is under investigation by the Board, the DEA, the FBI, or another government agency. The caller also may warn the licensee will face discipline unless the licensee pays a “fine.”

In some cases, callers warn the licensee not to report the call to anyone “or else you will jeopardize the investigation.” They also may give a fake call-back number or ask for the licensee’s cell phone number.

## These calls are scams – attempts to extort money from licensees.

The Board of Pharmacy has emailed subscriber alerts and posted [information about scam calls](#) online. The Department of Consumer Affairs (DCA) also has reported [attempted fraud schemes targeting its licensees](#).

## What can you do to protect yourself?

Licensee security is an important matter. How can you be sure anyone who contacts you on behalf of the Board of Pharmacy or any government agency is legitimate? Here are some important tips from the Board and DCA:

- A Board inspector will never call to ask you to pay a fine to the inspector.
- If you have doubts or any questions about a Board inspector’s identity, contact the California State Board of Pharmacy at (916) 518-3100.
- If someone claims to be a Board inspector, ask to see the inspector’s badge and business card issued by the Board of Pharmacy.
- Contact the DCA at (800) 952-5210 to find out if an official investigation is being conducted.



- If the caller claims to represent the DEA or the FBI, report the call to the [DEA's Extortion Scam reporting program](#) or the [FBI's Internet Crime Complaint Center](#).
- If the caller’s phone number appears to be a Board of Pharmacy or DCA telephone number, report the scam using the [Federal Communications Commission's consumer complaint form](#).

## A reminder about your address of record:

Licensed individuals are required to provide an address of record to the Board of Pharmacy. (The address of record does not have to be a home address, although you must also separately provide the Board with your home address.) In addition, [Business and Professions Code section 4100](#) requires licensees to notify the Board of any change of address of record or change of name within 30 days.

Addresses of record do not appear in a public search of license records on the Board's website. The Board decided in July 2019 to remove this information from online view in the interest of protecting licensees in their homes from privacy violations.

However, addresses of record are public information by law and disclosable upon request pursuant to the California Public Records Act.

# Board welcomes new leaders, members

In recent months the Board of Pharmacy has chosen new leadership and welcomed two new members following the departure of several others.

Members elected Greg Lippe as president and Debbie Veale as vice president in November 2019. Mr. Lippe succeeded Victor Law, who resigned from the Board as president in July. The new officers will serve the remainder of terms that expire in 2020.

In January 2020, the Board announced the appointment of Anne Sodergren as executive officer. Ms. Sodergren, who has more than 25 years of service with the Board, previously served as interim executive officer since the retirement of Virginia Herold in December 2018.

The Board also has welcomed two licensee members appointed by Governor Gavin Newsom in February – Seung Oh of San Diego and Jignesh “Jig” Patel of Roseville.

Mr. Oh, 32, has been pharmacist-in-charge at Vons Pharmacy in Liberty Station, San Diego, since 2014. He was owner and founder of Oh Creative Solutions from 2015 to 2016, a staff pharmacist at Safeway Pharmacy in 2014, and a pharmacist and director of operations at Rainbow Pharmacy from 2013 to 2014.

Mr. Patel, 42, has been a division pharmacy manager for Safeway NorCal Division since 2006. He has held several positions at Safeway since 1999, including pharmacy manager, pharmacist, intern pharmacist, and pharmacy technician.

Meanwhile, three other members have recently left the Board in addition to Mr. Law, a licensee who served since 2012.

Stanley C. Weisser’s term expired in June 2019. Mr. Weisser, a licensee, served 12 years on the board, including five terms as president. In 2016, the National Association of Boards of Pharmacy presented Mr. Weiser with its highest honor, the Lester E. Hosto Distinguished Service Award, for his commitment to protecting public health.

Amjad Mahmood Khan, a public member who joined the Board in 2017, resigned in August 2019. Mr. Khan is a lawyer in Los Angeles and also an adjunct professor at UCLA Law School.

Valerie Muñoz resigned from the Board in February 2020. Ms. Muñoz, a public member who joined the Board in 2016, is a City Council member and former mayor of La Puente.

# Board moves to new Sacramento office

On July 1, 2019, the California State Board of Pharmacy moved to a new location in Sacramento that consolidates most of its staff into a single suite while providing space for possible future expansion.

The new address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. The main phone number is (916) 518-3100. The main fax number remains unchanged, (916) 574-8618.

The office is open from 8 a.m. to 5 p.m. Monday through Friday, excluding state holidays.

Contact information can be found on the Board’s website, [www.pharmacy.gov](http://www.pharmacy.gov). Click on the [Contact Us](#) link at the bottom of the homepage for a map with directions to the new office.





# Board consolidates meeting schedule to coincide with committee dates

The Board of Pharmacy is consolidating its Board and committee meeting schedules to better streamline operations.

Instead of setting independent meeting dates throughout the year, most committees will meet on the first day of quarterly two-day Board meetings. The second day will be devoted to meetings of the entire Board, including a report and discussion of information from the previous day's committee meetings.

One committee meeting annually will be scheduled independently of the Board

meeting. At these meetings, each committee will establish its policy goals – which will support the Board's strategic plan – for the upcoming year. At each subsequent committee meeting, staff will report on the progress of policy goals.

In addition, a committee may occasionally schedule independent meetings if



necessary to handle its workload.

Dates, agendas, materials and other information about [Board and committee meetings](#) are posted under "Meetings" on the Board's website, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

## Stay informed about the Board - sign up for news, information alerts

The Board of Pharmacy has begun sending subscriber alerts about Board activities and events to a new email listserv called News and Information. Subscribers will receive notifications about Board and committee meetings, Board activities, rulemakings, new laws and regulations, press releases, consumer tips, and other general news and information.

The Board will no longer send this type of information to facilities, in an effort to reduce the volume of subscriber alerts received by pharmacies and other licensed sites. However, notices of drug product recalls and other relevant notifications will continue to be sent to facilities.

Anyone may register an email address to receive News and Information subscriber alerts. To sign up, visit the [Board of Pharmacy Email Registration](#) page at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

**Reminder to licensees: As required by regulations, all facilities, pharmacists, intern pharmacists, pharmacy technicians and designated representatives MUST register their email address for subscriber alerts. Licensees may sign up for email alerts by license type on the Board's email registration webpage.**



# Board congratulates pharmacists for four decades of active service

The Board of Pharmacy proudly celebrates its licensed pharmacists who have dedicated 40 or more years of service to California consumers. The Board gratefully acknowledges their decades of contributions to the pharmacy profession.

In honor of their service, the names of [pharmacists who have been on active status for at least 40 years](#) are posted on the Board's website. In addition, these pharmacists will receive certificates and invitations to be recognized at Board meetings.

Pharmacists recognized at recent Board meetings include:



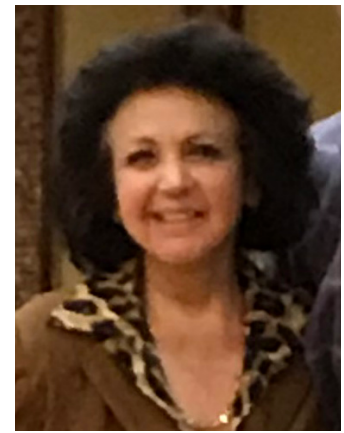
Donna Wong Ouchida



Fredrick Lloyd Meister



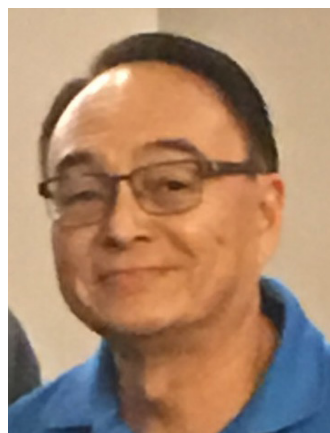
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This newsletter is published by the

**California State Board of Pharmacy**  
**Department of Consumer Affairs**  
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**Lavanza Butler**, Pharm.D.

**Shirley B. Kim**, Public Member  
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Board of Pharmacy  
STATE OF CALIFORNIA  
**dca**  
DEPARTMENT OF CONSUMER AFFAIRS



# Attend board, committee meetings to earn CE credit, participate in public policy

Want to learn about the California State Board of Pharmacy and participate in making policy? Attend a meeting!

Information about all [board and committee meetings](#) – including dates, locations, agendas and materials that include background information for agenda items – is available at the [Board of Pharmacy website](#).

Board meeting agendas are posted at least 10 days before meetings. Background materials for agenda items typically are available online about five days before meetings.

For most Board meetings, pharmacists and pharmacy technicians who attend a full-day meeting on the designated date may be awarded six CE hours per renewal period. To receive CE credit, licensees must sign in and out on an attendance sheet at the meeting. Check the Board's agenda to determine which dates are eligible for CE hours.

Pharmacists and pharmacy technicians who sign in and out also may earn two hours of CE credit for attending a full committee meeting per renewal period.

To stay informed about all meeting schedules, agendas, and materials, sign up to receive [News and Information subscriber alerts](#) from the Board.

Board meetings scheduled in 2020:

- **May 6-7** – Department of Consumer Affairs hearing room, 1625 N. Market Blvd., Sacramento, CA 95834.
- **June 18** – Location to be determined.
- **July 29-30** – Location to be determined.
- **September 17** – California State Board of Pharmacy hearing room, 2720 Gateway Oaks Drive, Sacramento, CA 95833.
- **October 27-28** – Department of Consumer Affairs hearing room, 1625 N. Market Blvd., Sacramento, CA 95834.
- **December 3** – Location to be determined.

When feasible, board meetings are webcast at the [Department of Consumer Affairs webcast page](#).

## Contact The Script

Do you have any questions or comments about *The Script*? Are there topics you would like to see in the newsletter?

Let us know! Send a note to editor Bob Dávila at [Bob.Davila@dca.ca.gov](mailto:Bob.Davila@dca.ca.gov).