BE AWARE & TAKE CARE:
Talk to your pharmacist!

# The Script

CALIFORNIA BOARD OF PHARMACY OCTOBER 2005

## Board Honors Those Who Have Been Pharmacists for At Least 50 Years



*Honored at the July Board meeting: (left to right) Jesse N. Drake, Jr. from Los Angeles; Albert J. Galloway from LaMesa; Samuel Perlman from LaMesa.*

In this issue, *The Script* initiates a new, permanent segment dedicated to those who have been registered California pharmacists for at least 50 years. Those pharmacists (438) were awarded certificates commemorating 50 years of service and invited to attend future Board meetings where they could be publicly honored.

The Board also extends an invitation to pharmacists on retired status who were on active status for at least 50 years to submit to the Board a request with their name and address if they would like to receive the certificate. They, too, are welcome for recognition at a Board meeting held in their area.

See **Board Honors**, Page 17

## Give Us Your Katrina Stories

Following the disastrous hurricane Katrina, California pharmacists and pharmacies have reached into their hearts and pockets to help the survivors. The Board wants to recognize your efforts, so we need to know who you are and how you helped.

Examples of the generosity of California's pharmacy profession include:

- **Burton Sacks, Pharm. D.**, of the Rancho Park Compounding Pharmacy in Los Angeles, established a program to match every dollar contributed for relief—up to $1,000 per day.
- **Rite-Aid Corporation** immediately established money donation centers for the survivors.
- For cancer and dialysis patients who were unable to connect with their doctors or medical records and whose critical therapies were interrupted, **Walgreen Company** has become a de facto emergency health provider. Not only are they filling many prescriptions for free, they are also collecting money donations.
- **Modern HealthCare** in Monrovia, California, and owned by RPh Ira Halpern and RPh Richard Katz, has more than 180 employees and plans to donate $5,000 to the Katrina survivors in lieu of having a company holiday party. In addition, Modern also is asking each employee to contribute to the fund.
- **Omnicare Incorporated**, a national holding with several pharmacies in California, is providing medications from their pharmacies in the hurricane area to displaced and relocated patients without any consideration for payment.

We know there are many more stories like these. Please write the Board with the details of your efforts so that you and/or your pharmacy can be publicly acknowledged and thanked. Send your letters to:

Board of Pharmacy
400 R Street, Suite 4070
Sacramento, CA 95814

## In This Issue

# President's Message

By Stanley W. Goldenberg, R. Ph.
President, Board of Pharmacy

I would like to begin my message by thanking and commending all the pharmacists and pharmacies that have contributed to disaster relief and volunteered to become donation centers to help our fellow Americans in the wake of hurricane Katrina's devastation. As always, the most trusted profession is living up to its tradition of providing help to those in need.

The Board of Pharmacy realizes that there may be patients in California who have been relocated from the Gulf Coast and require prescribed medication but are unable to provide the prescription. Guidelines for emergency dispensing can be found on the board's Web site, *www.pharmacy.ca.gov* under "What's New."

I am pleased to announce that Governor Arnold Schwarzenegger has honored me by reappointing me to serve a second term on the Board. My colleagues on the Board also have honored me by electing me to serve a second term as president of the Board.

As president, I will continue my campaign to encourage the pharmacy profession's involvement and interaction with the Board through our open meeting process. The information brought to us via these meetings is vital to the Board's ability to make informed decisions—as both the Board and the profession strive to serve and protect the public.

I wish to congratulate Patricia Harris, the Board's executive officer, who was elected to the National Association of Boards of Pharmacy Executive Committee at the NAPB national meeting in New Orleans in May. Ms. Harris will represent the NABP's District Seven, which includes six western states and Guam. As so many of today's pharmacy issues cross state borders, we are indeed fortunate that Ms. Harris will be participating in the adoption of policies by the association.

At the April 2005 Board meeting, Board Member John Tilley, then Chairman of the Organization and Development Committee, advocated providing a "Certificate of Recognition" to pharmacists licensed in California for 50 years or more and publishing their names in *The Script*. The Board approved this proposal and in July mailed 438 of the certificates. Some of the pharmacists who received certificates were personally honored when they attended the July Board meeting in San Diego. I hope this will become a new tradition, and perhaps in the future the Board can honor individual practitioners for their superior accomplishments.

**Now is the time that you, as a pharmacist, can become involved in the process of changing your profession or accepting and complaining about the decisions made for you by others. Here are just a few of the issues facing our profession:**

1. **MMA (Medicare Prescription Drug, Improvement, and Modernization Act):**

This act contains the most significant changes to Medicare benefits in 40 years. These changes are so dramatic that it behooves pharmacists to understand and be able to explain the program to patients.

This program, enacted in 2003, initially offered drug discount cards that Medicare beneficiaries could use to lower their prescription costs until the comprehensive benefit plan described below takes effect January 1, 2006. The new law is very complex:

- **Part D:** A new prescription drug benefit plan for Medicare beneficiaries has been developed through competing prescription drug plans. Beginning in October 2005, the Center for Medicare and Medicaid Services will mail to each Medicare beneficiary a booklet containing details about the specific drug plans being offered. Those wishing to enroll in a Part D program may do so during the open enrollment period beginning November 15, 2005 and ending May 15, 2006, to ensure that they will pay the lowest possible premiums. Failure to enroll during the open period may result in higher future premiums.

The Board has established a sub-committee of the Communication and Public Education Committee to focus on MMA and Part D. Our goal is to gather information to educate our own board and other health profession boards.

**I encourage you to attend these meetings.**

See **President's Message**, Page 22

# Continuing Education for Pharmacists and Pharmacy Technicians

Since April 2003, the Board of Pharmacy has awarded six contact hours of continuing education (CE) once a year to pharmacists who attend a full business day at one of the Board's quarterly meetings. In January 2005, the Board approved offering this same CE opportunity to registered California pharmacy technicians. However, it is the pharmacy technician's responsibility to determine from the PTCB how many of the six CE hours are acceptable for recertification.

Board meetings are held at different sites throughout the state to give as many people as possible the opportunity to attend. No reservations are needed; interested parties simply arrive at the meeting location at the start of the business session and remain until the day ends. Certificates reflecting completion of six hours of CE are mailed to those who sign in and out on the CE roster.

Information regarding Board meeting dates, sites and agendas are posted on the Board's Web site (*www.pharmacy.ca.gov*) approximately 10 days prior to meetings. Also, you may download information packets for the meeting; these packets contain action items and background information that will be discussed during the meeting. The business day eligible for CE is designated on the agenda.

The remaining Board meeting for **2005** is:

**October 25 & 26**
**Crowne Plaza Hotel**
1177 Airport Boulevard
Burlingame, CA 94010
650-342-9200

# FDA Offers Free Online CE

Do you know how the Food and Drug Administration (FDA) approves generic drugs? Becoming familiar with the process can help you assure your patients of the safety, effectiveness and lower cost of generic drugs. You can learn about generics and earn one contact hour of continuing education (CE)—accredited by the Accreditation Council for Pharmacy Education—by taking FDA's web-based CE course on generic drugs, "The FDA Process for Approving Generic Drugs:"

Examples of valuable information included in the program are that generic drugs:

- are approved by the FDA to be safe, effective, high quality, and reliable;
- save an average of $45.50 for every prescription sold;
- currently save consumers about $56.7 billion per year, and can save consumers an additional 1.3 billion per year for every 1% increased use of generic drugs; and
- are lower in cost than Canadian brand name or generic drugs.

To take the program, go to *http://www.fda.gov/cder/learn/CDERLearn/default.htm* and follow the instructions.

Posters for helping educate consumers about brand and generic drugs can be downloaded at *www.regencerx.com/prescription/physicianTools/generics/posters/*. These can be posted in the pharmacy or used as handouts.

# New NABP Evaluation and Learning Tool: Pharmacist Self-Assessment Mechanism (PSAM)

The National Association of Boards of Pharmacy (NABP) has developed a new program that is designed to satisfy four hours of the continuing education (CE) requirement for pharmacist license renewal in some states. While not yet Board-approved for CE in California, the PSAM is a valuable evaluation and learning tool that can be used to assist pharmacists in obtaining objective, non-punitive feedback on their individual knowledge of current practice therapies. It will subsequently assist the pharmacist in selecting future CE programs that address the self-assessment results.

With the continuous introduction of new therapeutic and diagnostic agents and the changing concepts in the delivery of health services in pharmacy practice, it is essential that pharmacists maintain, improve and broaden their knowledge and skills. An excellent approach to maintaining and updating these skills is for pharmacists to avail themselves of this self-assessment program.

Questions in the PSAM are based on patient profiles and simulate real-life practice situations and patient therapies. Because the PSAM is an assessment and learning tool, the pharmacist is provided with feedback on each question. The feedback information displays each question, the answer selected, the correct answer, a brief rationale for the correct answer, and a reference to where more

See **NABP Evaluation**, Page 20

# Regulation Update Summaries

This article contains summaries of changes to Division 17, Title 16 of the California Code of Regulations that become effective October 7, 2005. To view the exact language of the affected regulations, visit the Board of Pharmacy Web site at *www.pharmacy.ca.gov,* and click on Laws and Regulations.

### 1706.2 Abandonment of Application Files

Applications for licensure with the Board may be considered abandoned if the applicant fails to complete the application within **60 days** of having received an application deficiency letter from the Board.

Failure to pay the pharmacist licensure fee within **12 months** of being notified of eligibility will result in the file being abandoned, and if a pharmacist licensure examination applicant has not taken the examination within **12 months** of eligibility notification, the file will be abandoned. In all these cases, applicants would be required to submit a new application and meet all the requirements in effect at time of reapplication.

### 1712. Use of Pharmacist Identifiers

For pharmacists who are required to initial or sign a prescription record or label, their identity may be recorded in a secure computer system that must be readily retrievable in the pharmacy. The computer system must not permit such a record to be altered after it is made.

### 1715. Self-Assessment of Pharmacy by the Pharmacist-in-Charge

Pharmacy self-assessment form names are changed to "Community Pharmacy & Hospital Outpatient Pharmacy Self-Assessment" (Form 17M-13) and "Hospital Pharmacy Self-Assessment" (Form 17M-14).

### 1717. Pharmacy Practice

The only substantive change to this regulation is a correction of the citation listed for prescription requirements. The correct citation is Business and Professions Code section 4040.

### 1719. Recognized Schools of Pharmacy

This regulation defines a "recognized school of pharmacy" as a school that is accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education or otherwise recognized by the Board.

### 1720. Application for Pharmacist Examination and Licensure

Language in this section has been recast. Portions of the section have been deleted but are included in other regulations.

### 1720.1 Graduate of Foreign Pharmacy Schools

The education of most foreign pharmacy school graduates who have been certified by the Foreign Pharmacy Graduate Equivalency Committee (FPGEC) satisfies the education requirement to qualify for taking the California pharmacist licensure examination. However, candidates who were certified by the FPGEC before January 1, 1998, must also provide the Board with documentation indicating a score of at least 50 on the Test of Spoken English (TSE). Candidates who took the TSE before June 30, 1995, must provide documentation of a score of at least 220.

### 1725. Acceptable Pharmacy Coursework for Examination Candidate with Four Failed Attempts

Candidates who have failed the pharmacist licensure examination four times must obtain at least 16 semester units of additional coursework from a "recognized school of pharmacy."

### 1726. Supervision of Intern Pharmacists

The term "preceptor" has been removed. The new language names the pharmacist supervising an intern pharmacist as the person responsible for all professional activities performed by the intern.

**1727. Intern Pharmacist**

This section, outlining an intern's requirements for taking the pharmacist licensure examination and other requirements, was repealed.

**1728. Requirements for Examination**

This section recasts the language outlining the eligibility requirements for taking the pharmacist licensure examination.

**1732. Definitions**

This section defines "accreditation agency" as an organization that evaluates and accredits providers of continuing education for pharmacists and defines an "hour" of continuing education as at least 50 minutes of contact time.

**1732.0.5 Accreditation Agencies for Continuing Education**

This section names the two continuing education accreditation agencies—the Accreditation Council for Pharmacy Education and the Pharmacy Foundation of California—and details their functions relating to continuing education providers.

**1732.1 Requirements for Accredited Providers**

The language of this section is recast to require the issuance of "statements of credit" instead of certificates of completion. Requirements for continuing education providers' promotional brochures have been added. Continuing education providers must be accredited pursuant to section 1732.2 and each course must comply with requirements of section 1732.3.

**1732.2 Board Accredited Continuing Education**

This section recasts the language that allows continuing education providers, who are not accredited by one of the two accreditation agencies, to petition the Board for approval of their courses that meet the standards of section 1732.3.

**1732.3 Requirements for Continuing Education Courses**

Some of the language in this section has been recast, and specific requirements for continuing education courses have been added.

**1732.4 Provider Audit Requirements**

The requirements are the same, but the language has been recast.

**1732.5 Renewal Requirements for Pharmacist**

This section provides that continuing education for pharmacist license renewal must have been completed within the 24 months prior to renewal.

**1732.6 Exemptions**

The language here is recast, indicating there is no longer a form with which a pharmacist may seek exemption from the continuing education requirement for license renewal: a letter to the Board suffices.

**1732.7 Complaint Mechanism**

This section allows a continuing education provider to request reconsideration of any adverse action taken against the provider by an accreditation agency. Following such reconsideration, the provider may request the Board to review the accreditation agency's decision.

**1745. Partial Filling of Schedule II Prescriptions**

Reference to triplicate prescription requirements is deleted here. Language has been added to this section allowing a pharmacist to partially fill a Schedule II controlled substance prescription if unable to supply the full quantity. However, there are changes in the time frames in this section. Prescriptions now must be tendered and at least partially filled within **60 days** from the prescription issuance date, and no portion of the prescription can be dispensed more than **60 days** from the issuance date. The remaining portion may be filled within 72 hours of the first filling, but if the remainder is not filled within the 72-hour period, the pharmacist must notify the prescriber. The pharmacist may not supply the drug after the 72-hour period has expired without a new prescription.

**1749. Fee Schedule**

The fee for reissuance of any permit, license, certificate or renewal thereof is increased to $60. All other fees remain the same, but there is some recasting of the language.

**1750. Fee Schedule—Health and Safety Code**

Warehouse license issuance and renewal fees are repealed.

# Compromising Pharmacist Examination Questions Can Lead to Disciplined Licenses

Section 123 of the Business and Professions Code states, "It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination…" Such subversive conduct includes, but is not limited to:

- The unauthorized reproduction of any portion of the actual licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the examination;
- Using or purporting to use any examination questions or materials which were improperly removed or taken from any examination for the purpose of instructing or preparing any applicant for examination; and
- Obtaining questions or other examination material, except by specific authorization either before, during or after an examination.

Section 1723.1 of the California Code of Regulations relates to the confidentiality of examination questions: "Any applicant for any license issued by the board who removes all or part of any qualifying examination to any other person may be disqualified as a candidate for a license."

Recently, the Board completed disciplinary action (Administrative Case 2003 2724) against Morris Hyman Cody, RPH 26302, founder of Morris Cody and Associates (MCA). MCA provides a preparation course for those who take the pharmacist licensure examination. In the Board's disciplinary action, MCA and Mr. Cody were charged with allegedly obtaining or accepting pharmacist examination questions and answers—taken without the Board's authorization from students who were enrolled in MCA's refresher course and had taken the examination. The Board also alleged that the questions were reconstructed and reproduced in at least two of MCA's study booklets and distributed to MCA students.

In the same administrative case, the Board also disciplined a pharmacist who had provided questions to MCA and Mr. Cody. After signing an examination instruction sheet acknowledging the confidentiality of the pharmacist examination in January 2001, Jennifer Hoerrner, RPH 52366 (an enrollee of MCA), allegedly revealed more than 30 questions from that examination in a letter to Mr. Cody. Portions of the illegally removed questions were allegedly reconstructed and reproduced in at least one of MCA's study booklets and distributed to MCA students.

Based on the alleged violations of statutes and regulations, Mr. Cody and Ms. Hoerrner agreed, for purposes of settlement only, that the charges, if proven, would constitute cause for the imposition of discipline.

As settlement, Mr. Cody's pharmacist license was revoked, stayed and placed on five years' probation. He was ordered to pay the Board $20,000 to cover the costs of investigation, prosecution and reconstruction of examination questions and to pay probation monitoring costs, not to exceed $1,000 per year. Additionally, all MCA sample examination questions, study booklets, and audio and visual recordings that contain sample examination questions must be reviewed by the Board. Mr. Cody was also ordered to write a letter for publication in the Board newsletter.

Ms. Hoerrner's pharmacist license was revoked, stayed and placed on three years' probation. She was ordered to pay $2,000 for recovery of investigation and prosecution costs and submit a letter for publication by the Board and an audio/video recording for distribution to schools of pharmacy.

Letters from Mr. Cody and Ms. Hoerrner can be viewed below and on page 7.

## Open Letter to Pharmacy Students and Examinees:

Dear Students and Examinees:

Recently, I was disciplined by the California Board of Pharmacy for sharing confidential examination information.

Like most of you, I took an examination preparation course in order to update my knowledge. One of the teachers who worked at the school asked students to share with him any exam questions that they recalled. Naively, I shared this information which I later realized was a great mistake, as the exam information was confidential.

I violated the Business and Professions Code and now have a record of discipline. This experience has taught me several lessons. Also, it has reminded me that it is important to read what I sign and reinforced my commitment to uphold the integrity of the profession.

I have learned from this mistake and that it is important that the integrity and confidentiality of the pharmacist licensure examination is protected. If you discover yourself in a similar situation, never share confidential exam questions, and contact the Board of Pharmacy if you have any concerns.

Sincerely,

Jennifer Hoerrner

## Letter From Morris H. Cody:

May 6, 2005

Patricia Harris
Executive Officer
Board of Pharmacy

Dear Ms. Harris:

I am writing to confirm our agreement in regards to the use of information provided from time to time by students of Morris Cody & Associates Inc. of California ("MCA") about questions appearing on the Board's license exam.

MCA fully supports the Board's efforts to protect the integrity of the examination process. MCA's mission is to provide applicants for a pharmacy license the necessary training and education to provide professional pharmacy services so that they can meet the Board's high standards for the practice of pharmacy in California. We understand the Board's position that it undercuts the integrity of the examination process to provide students information on specific questions appearing on prior exams. For this reason, MCA has, as requested by the Board, taken the following steps:

First, MCA has eliminated from its written program materials all sample questions that might be considered improper copies or reproductions of specific questions appearing on prior exams. While MCA will continue, of course, to provide necessary training and instruction on all issues covered by the license examination, care is being taken to avoid use of sample questions that improperly reproduce actual questions appearing on prior exams.

Second, MCA has implemented policies, consistent with the Board's request, that MCA does not solicit from its existing or former students any information about actual test questions appearing on prior exams, and advises students not to volunteer or provide such material as the Board considers this contrary to the integrity of the public safety mandate of the Board.

MCA regrets if past practices involving occasional receipt from students of exam question information may have undermined the Board's important role to ensure that exam process in not subverted. MCA's intent, of course, is to strictly adhere to all applicable regulations governing the examination process and to support the Board's efforts to protect the integrity of the test. We are pleased to have reached an agreement with the Board on the above-referenced matters that will promote this result.

Very truly yours,

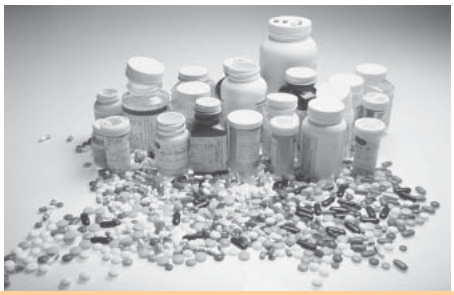
Morris H. Cody

# Development of Fact Sheet Series for Consumers

One year ago, the Board approved a proposal by the Communication and Public Education Committee to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

So far, four fact sheets have been developed: "Lower Your Drug Costs to Help you Keep on Taking your Medicines," "Generics," "Antibiotics—A National Treasure," and "Is your Medicine in the News?" The fact sheets contain general information on the topic but also include questions that consumers can discuss with their pharmacists and make informed decisions on the subjects covered. A fifth fact sheet is undergoing work by the Board, and the Board's goal is to produce total of 12 per year for the next three years.

The fact sheets may be downloaded from the Board's Web site, *www.pharmacy.ca.gov*, for distributing to consumers or posting in the pharmacy.



# Significant Changes Coming for Wholesalers, Out-of-State Distributors and Exemptees

**Beginning January 1, 2006, several license category names will change.**

Out-of-state distributors licensed with the California Board of Pharmacy will be known as "**nonresident wholesalers**" (Business and Professions Code [B&PC] section 4161).

A separate license will still be required for each place of business owned or operated by a nonresident wholesaler that ships medications into California. The licenses must be renewed annually and are non-transferable (B&PC 4161). However, manufacturers who ship their own products from the manufacturing site directly into California are exempt from this license requirement (B&PC 4160[e]).

A registered pharmacist, or an exemptee pursuant to B&PC 4053 or 4054, must be present and in control of a wholesaler's premises during the conduct of business. Exemptees will be known and licensed as "**designated representatives**" (B&PC 4161).

The Board cannot issue or renew a nonresident wholesaler license until the applicant identifies a **"designated representative-in-charge"** (previously known as an "exemptee-in-charge") and notifies the Board in writing of that person's identity and license number. The designated representative-in-charge will be responsible for the company's compliance with all laws governing wholesalers (B&PC 4161[d]).

## Wholesaler Tracking System

Also effective January 1, 2006, wholesalers will be required to develop and maintain a system for tracking individual sales of dangerous drugs at preferential or contract prices to pharmacies that primarily or solely dispense prescription drugs to patients of long-term care facilities (B&PC 4164).

## Pedigree Required by January 1, 2007

By January 1, 2007, wholesalers or pharmacies will be prohibited from selling, trading, transferring or receiving a dangerous drug at wholesale without a "**pedigree**" (B&PC 4163). An electronic pedigree will be required and must contain information regarding each transaction resulting in a change of ownership of a given dangerous drug, from sale by the manufacturer, through acquisition and sale by a wholesaler, until final sale to a pharmacy or other person furnishing, administering, or dispensing the drug (B&PC 4034).

However, if the Board believes that the technology for such pedigrees is not fully ready by 2007, the Board may delay the effective date for requiring electronic pedigrees for wholesalers to 2008 and 2009 for pharmacies.

Updated information on these subjects will be posted on the Board's Web site, *www.pharmacy.ca.gov*, as it becomes available.

# New Self-Assessment Forms

The Board has recently revised the pharmacy self-assessment forms to conform to current pharmacy law, which has changed significantly since early 2001 when the last versions of the forms were created. Additionally, the names of the forms were changed to:

- "Community Pharmacy & Hospital Outpatient Pharmacy Self-Assessment" (Form 17M-13)
- "Hospital Pharmacy Self-Assessment" (Form 17M-14)

Section 1715 of Title 16 of the California Code of Regulations requires the pharmacist-in-charge (PIC) of each pharmacy to complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law by July 1st of each odd-numbered year. In addition, within 30 days of a new pharmacy's permit issuance date and any change in a pharmacy's PIC, a new self-assessment is required.

All self-assessment must now be done on the 2005 version of the forms. The forms can be downloaded online at *www.pharmacy.ca.gov*.

The completed self-assessments are to be retained in the pharmacy for three years after it is performed. Please do not mail the self-assessment to the Board.

# Surety Bonds Required for Wholesalers and Nonresident Wholesalers

Effective January 1, 2006, all wholesalers and nonresident wholesalers licensed in California are required to secure a surety bond made payable to the Pharmacy Board Contingency Fund as a condition for initial licensure or renewal of an existing license. The Board is allowed to make claim against the surety bond if the licensee fails to pay a Board-imposed fine within 30 days after an order is issued or costs become final.

Section 4043 of the Business and Professions Code (B&PC) defines a drug **wholesaler** as a person or business who sells or negotiates for the distribution of dangerous drugs or dangerous devices to pharmacies, other practitioners or licensed facilities. Wholesalers must be licensed by the Board (B&PC 4160).

Section 4161 of the B&PC defines a **nonresident wholesaler** as a person or business located outside of California who ships, mails or delivers dangerous drugs or dangerous devices into this state. A nonresident wholesaler must be licensed by the Board before these activities begin.

The bonding requirements for wholesalers are detailed in B&PC 4162 and for nonresident wholesalers in section 4162.5. The requirements mirror each other and are listed below:

See **Surety Bonds**, Page 21

# Program Required for Furnishing Hypodermic Needles and Syringes Without a Prescription

A new law went into effect on January 1, 2005, requiring a program for furnishing hypodermic needles and syringes without a prescription. The goal of the law is to further efforts across the state to prevent the spread of HIV, Hepatitis C and other blood-borne diseases by allowing pharmacies to sell sterile syringes without a prescription if one of the following conditions is met:

1. The person is known to the pharmacist to have a medical need for a syringe; **or**
2. If the pharmacy is located in a county or city that has authorized non-prescription syringe sale and established a Disease Prevention Demonstration Project (DPDP).

In cities and counties with a DPDP, pharmacies that opt to participate in the project may sell ten or fewer syringes to individuals 18 years of age or older without a prescription. Pharmacies participating in a DPDP are not required to make any record of syringe sale to customers without a prescription, nor are pharmacists required to record any information about the sale or the customer. Additionally, there is no requirement for pharmacists to require identification from the customer, although they may do so if the customer appears to be under the age of 18. These provisions of the law expire on December 31, 2010. (Business and Professions Code sections 4145 and 4147, Health and Safety Code section 11364).

As of June 2005, eight counties and two cities have approved a DPDP: Alameda, Contra Costa, Los Angeles, Marin, San Francisco, Santa Cruz, Yolo, Yuba counties and the cities of Los Angeles and West Hollywood. More than twenty other areas are in the process of establishing a DPDP.

For pharmacies that choose to participate in a DPDP, the law requires the pharmacy to:

1. Register with the city or county health department;
2. Certify that the pharmacy will provide the purchaser with written information or verbal counseling on how to access drug treatment, how to access testing and treatment for HIV and Hepatitis C virus, and how to safely dispose of sharps (needle and syringe) waste;
3. Store hypodermic needles and syringes so that they are available only to authorized personnel; and
4. Provide for the safe disposal of hypodermic needles and syringes. Safe disposal of sharps can be done by providing an on-site safe hypodermic needle and syringe collection and disposal program; furnishing or making available for purchase mail-back sharps disposal containers that meet state and federal standards; or furnishing or making available for purchase personal sharps disposal containers.

If you would like more information about establishing a DPDP in your county or city, or would like to find out about an existing program, please contact Alessandra Ross, California Department of Health Services, Office of AIDS, at (916) 449-5796, or e-mail her at *aross@dhs.ca.gov*.

# Answers to Pharmacy Practice Questions

Frequently, the Board receives inquiries regarding pharmacy practice issues that are not addressed specifically in the Pharmacy Law. In responding to these inquiries, the Board is not issuing any regulation, guideline, criterion, or rule of general application outside the processes of the Administrative Procedures Act. The Board does not offer or suggest the following as binding interpretations of law or as supplements to existing law.

## Performance of "Pharmacist" Tasks by Intern Pharmacists

**Q. Can a licensed intern pharmacist perform "advanced" procedures such as: 1) emergency contraception (EC) protocols under section 4052 of the Business & Professions Code (B&PC); 2) skin puncture under B&PC 4052.1; or 3) final checks on prescriptions.**

**A.** These questions are raised because there are concerns that certain "advanced" or "responsible" tasks are not appropriate for intern pharmacists who are not yet fully trained as pharmacists and/or are not yet established as professionals in pharmacy practice. While these concerns may be valid, the Board has heard from others that while intern pharmacists are still training, it is crucial for them to get experience in all techniques and tasks they will later perform unsupervised, and they should become accustomed to being responsible for pharmacy conduct.

The scope of an intern's performance in pharmacy practice is limited by B&PC 4114 which states, "An intern pharmacist may perform all functions of a pharmacist at the discretion of and under the supervision of a pharmacist whose license is in good standing with the board." Consequently, anything a pharmacist may do, an intern pharmacist may do, so long as the pharmacist by whom the intern is supervised agrees/permits it.

Included in the authorized functions for both pharmacists and interns are EC therapies (B&PC 4052[a][8]), skin punctures (B&PC 4052.1), and final check on prescriptions (B&PC 4051, 4115; California Code of Regulations [CCR] 1793.1).

However, both the intern pharmacist and the supervising pharmacist must meet all necessary prerequisites to the performance of any particular function before that function may be properly performed by the intern pharmacist. For example, regarding the provision of EC drug therapy, prior to performing any procedure authorized by B&PC 4052(a)(8)(B), both the intern pharmacist (to ensure appropriate provision of services) *and* the supervising pharmacist (to ensure appropriate supervision thereof) must first have participated in instituting and implementing standardized procedures/protocols and have received the required training. Obviously, intern pharmacists cannot receive CE credit for the training, but they must nonetheless have participated in an approved course of training on EC therapy.

## Orally and Electronically Transmitted Prescriptions and Acceptance/Filling of Non-Security Prescription Form Prescriptions

**Q. If the Board directs pharmacists to treat Schedule III-V prescriptions that are not written on security prescription forms as "oral" prescriptions, is the pharmacist required to rewrite the prescriptions?**

**A.** Section 11164(a) of the Health & Safety Code (H&SC) directs that Schedule II-V prescriptions must be written on security prescription forms, excepting H&SC 11159.2 exempt prescriptions and ***oral*** prescriptions for Schedule III-V, *which shall be produced in hard copy form*. Present law further specifies that where a controlled substance prescription is transmitted orally or electronically, the pharmacist shall, prior to filling the prescription, produce a hard copy of the prescription, signed and dated by the pharmacist(s) or other authorized person(s) filling the prescription, containing the date and time of transmission, as well as specified information on the patient, prescriber, and pharmacist (H&SC sections 11164(b)(1), 11167 and 11167.5).

Consequently, for a pharmacist faced with a written prescription (Schedule III-V) not made on a security prescription form, the alternative to refusing to dispense is to treat that prescription as if it had been orally transmitted. In doing so, however, the pharmacist must actually *transform* the writing into an oral prescription. In other words, the pharmacist *cannot rely* on the written document as assurance of the validity or accuracy of the prescription, and must contact the authorized prescriber and orally verify and record all of the information that is required by B&PC 4070 (dangerous drugs), H&SC 11164(b)(1) (Schedule III-V drugs), or H&SC 11167/11167.5 (Schedule II drugs in applicable circumstances).

**Q. What if the pharmacist takes the oral order over the telephone and enters it directly into the computer, what is then required of the pharmacist?**

**A.** It does not appear that this procedure would exempt the pharmacist from the requirement(s) of hard copy production, personal signature and

See **Questions**, Page 23

# Answers to Questions Relating to Naturopathic Doctors

**Q. If a naturopathic doctor furnishes or orders under standardized procedures or protocol with an MD, which drugs may he/she furnish or order?**

**A.** Section 3640.5 of the Business and Professions Code allows NDs to furnish or order Schedule III - V drugs under a standardized procedure or protocol and supervision of an MD. It also provides that the MD and ND develop a formulary for the supervised ND. Additionally, NDs may only order or furnish Schedule III controlled substances in accordance with a *patient-specific* protocol approved by the treating or supervising physician. As they do with other prescribers, pharmacists may request a copy of the standardized procedure used by a supervised ND and relating to controlled substances.

**Q. As a pharmacist, may I fill an ND's prescription for Armour Thyroid before a formulary has been developed under standardized procedures or protocol with an MD?**

**A.** Yes. Confusion may exist here because section 3640.5 of the Business & Professions Code states that a naturopathic doctor may furnish or order prescription drugs if there is a standardized procedure or protocol developed and approved by the supervising physician and surgeon. However, section 3640.7 states, "Notwithstanding the requirements of Section 3640.5 or any other provision of this chapter, a naturopathic doctor may independently prescribe epinephrine to treat anaphylaxis and natural and synthetic hormones." Armour Thyroid is a natural hormone, so neither a formulary nor protocol with a physician is required.

**Q. Does the law permit NDs to independently prescribe hormones that are scheduled drugs, such as testosterone?**

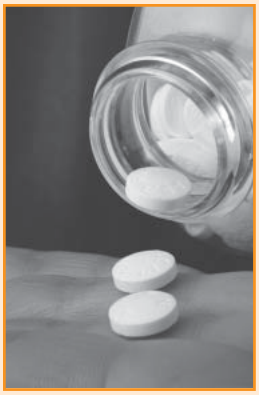
**A.** Legal opinions from the Board of Pharmacy and the Bureau of Naturopathic Medicine concluded that NDs may prescribe hormones that are scheduled drugs, but they must have a DEA number and a furnishing number issued by the Bureau of Naturopathic Medicine (BNM) to do so. Such legal opinions are expressions of the views of the Department of Consumer Affairs Legal Affairs Division. While they may be entitled to some weight, the opinions are not binding in any court.

**Q. What certification is provided to an ND from the Bureau of Naturopathic Medicine that demonstrates their competence to prescribe?**

**A.** The BNM provides a furnishing number to licensees who meet the requirements to furnish or order drugs. The furnishing number is preceded by the letters "NDF" (e.g., NDF-704).

**Q. If a pharmacist has questions about filling a prescription from an ND, where can he/she obtain help and information?**

**A.** The regulations dealing with the prescribing authority of NDs can be found in the Business and Professions Code sections 3640-3645. To review these provisions, you may access the Bureau of Naturopathic Medicine's Web site, *www.naturopathic@ca.gov*, and click on Laws/Regulations. Any questions should be directed to the Bureau of Naturopathic Medicine at 916-445-8692.



# Can Retired Physicians Prescribe?

The January 2005 issue of *The Script* included an article advising that physicians with retired status licenses cannot practice medicine or write prescriptions. However, the article failed to note that a retired physician who holds a **"Voluntary Service"** license and provides ***voluntary, unpaid service*** is still permitted to practice medicine and write prescriptions.

Pharmacists with questions about the license status of a physician should contact the Medical Board of California at (916) 263-2382 or visit *www.medbd.ca.gov*.

# Changes in the Board of Pharmacy

The Board welcomes new Public Member Marian Balay to the Board of Pharmacy. It also extends its best wishes and appreciation to departing Public Member James E. Acevedo and Pharmacist Member John E. Tilley.

### New Member

On March 31, 2005, Governor Arnold Schwarzenegger appointed Marian Balay of Fullerton to the Board of Pharmacy as a public member. Ms. Balay's background is centered in the law profession, and since 1991, she has worked as a paralegal for American Suzuki Motor Corporation, focusing on product liability litigation. Prior to that time, Ms. Balay worked at Baker & Botts, a Texas law firm.

### Departing Members

In February of this year, Public Member James E. Acevedo submitted his letter of resignation from the Board to Governor Schwarzenegger, citing family commitments and a work schedule that no longer permitted him to continue as a board member. However, Mr. Acevedo assured the Governor that it had been a difficult decision to make because his association and participation with the Board had been very rewarding.

Pharmacist Board Member John E. Tilley's appointment to the Board expired in June 2004, and he continued to serve on the Board until July 1, 2005, completing a year of grace. He served on the Licensing Committee and chaired the Organization and Development Committee. Under Mr. Tilley's leadership, the Board created the 50-year pharmacist recognition program. A member since June 2001, Mr. Tilley's many contributions to the Board were valuable, and he will be missed.

### Reappointments

Andrea Zinder, a public member since May 1999, was reappointed to the Board by Speaker of the Assembly Fabian Nuñez. Ms. Zinder's term will expire June 1, 2008.

Pharmacist Member Stanley W. Goldenberg, R.Ph., was reappointed to the Board for a second term by Governor Arnold Schwarzenegger. Mr. Goldenberg's term will expire June 1, 2008.

### New Officers

At the April 2005 Board meeting, Mr. Goldenberg was elected to a second term as Board president. Public Member William Powers was elected vice president. At the July 2005 Board meeting, Pharmacist Member Kenneth Schell was elected treasurer.

# Changes to Prescription Medication Container Labels

On January 1, 2006, a new element must be added to labels on prescription containers dispensed from outpatient pharmacies. This requirement is the physical description of the dispensed medication, including its color, shape and any identification code that appears on the tablets or capsules. For example, a prescription label for Ibuprofen Tab 400mg might include the notation, "*This medicine is a white, oval-shaped, film-coated tablet imprinted with IBU 400.*"

A label for Pravachol might include, "*Square yellow tablet, Side 1: P, Side 2: PRAVACHOL #20.*"

The following are exceptions to this labeling requirement:

- Prescriptions dispensed by a veterinarian;
- Dispensed medications for which no physical description exists in any commercially available database;
- New drugs for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file; and
- When a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to section 1250 of the Health and Safety Code (e.g., acute care hospital, skilled nursing facility, and correctional treatment center) and the prescription drug is administered to a patient by a licensed certified nurse-midwife, nurse practitioner, physician assistant or pharmacist who is acting within his or her scope of practice.

This requirement appears in the Business and Professions Code section 4076(a)(11)(A).

# Preprinted Prescriber Prescription Requirements and Exceptions

## Preprinted Prescriber Prescription Requirements

On January 1, 2005, California implemented new security requirements for controlled substance prescription forms. The new security prescription forms must contain all required security features and be printed by a Board-approved security printer. The forms also must contain the prescriber's preprinted information, specifically:

- Name,
- License category (e.g., MD, DDS) and license number,
- Federal controlled substance registration number, and
- Address and phone number are required, and the Board recommends that this information also be preprinted. However, locum tenens physicians or physicians that substitute at various facilities may stamp or handwrite this information on the form at the time the prescription is written.

In a medical group or clinic having one or more physician, multiple prescribers or multiple addresses with check boxes are allowed on the controlled substance prescription forms. (*See Health and Safety Code [H&SC] section 11162.1[a][9] and 11164.*) However, a new physician (whose name is not yet included on the prescription form) to the group office is not allowed to write or stamp his/her name on the preprinted prescription form. New prescription forms that include the new preprinted name must be ordered, or the new physician would have to order his/her own preprinted prescription forms.


## Preprinted Forms for Licensed Health Care Facilities

There are different requirements for the security prescription forms used by licensed health care facilities. A "licensed health care facility" is a facility licensed pursuant to H&SC, commencing with section 1250 (e.g., an inpatient acute care hospital, acute psychiatric hospital, skilled nursing facility, or intermediate care facility). Licensed health care facilities using the institution style forms must have a "**designated prescriber**" who orders forms, receives delivery, distributes the forms to authorized prescribers within the facility, and records the authorized prescriber's name, federal controlled substance registration number, license number, and quantity of forms issued to each prescriber.

The institution prescription forms must be ordered from an approved printer and contain all of the required security features. Preprinted information must include:

- Facility's name and address,
- Department of Health Services license number, and
- Designated prescriber's name and address, licensure category and number, and federal controlled substance registration number.

A blank area is provided for the actual prescriber within the facility to write or stamp the:

- Prescriber's name,
- Licensure category and license number, and
- Federal controlled substance registration number.

The facility must maintain the records for three years. Institution style forms may be filled at any pharmacy.

It is important to note that a prescription written on an institutional style form is not valid without the actual prescriber information filled in on the form. (*See H&SC 11162.1[c].*)

## Exceptions: Computer-Generated Prescriptions Using Institution Style Controlled Substance Prescription Forms

There are other specific provisions unique to prescriptions written in licensed health care facilities. Licensed health care facilities that computer-generate the prescription portion on the institution style forms to print on a shared laser or dot matrix printer are provided the following exceptions: (*See newly added H&SC 11162.1[c][4][B].*)

- Computer-generated institution style forms do not require the quantity check-off boxes that are required on all other security prescription forms;
- The facility's designated prescriber is not required to maintain a record of the prescribers to whom the institution style computer-generated prescription forms are distributed within the facility; and
- The computer software can generate the actual prescriber's name, licensure category, federal controlled substance registration number, and state license number on the form, as well as the date the prescription is written, to print on the laser or dot matrix institution form.

**Note**: These exceptions for institution forms do not apply to laser or dot matrix style controlled substance prescription forms used by a single prescriber, group practice or any outpatient setting.

# Free Hotline for Reporting Illegal Prescription Sales and Suspicious Internet Pharmacies

## 1-877-RxAbuse

In December 2004, the United States Drug Enforcement Administration (DEA) launched a toll-free international hotline (1-877-RxAbuse) for reporting the illegal sale and abuse of pharmaceutical drugs. People in the United States and Mexico—with one simple call—now have an anonymous, safe and free way to report suspected illegal pharmaceutical distribution anytime of the day, 365 days per year.

Abuse of certain prescription drugs controlled substances such as painkillers and performance enhancing steroids—has become an increasingly widespread problem in the United States, leading to dangerous addiction and sometimes fatalities. The 2003 National Survey on Drug Abuse and Health reports 6.3 million persons currently use prescription medications non-medically. Another alarming statistic, provided by the Drug Abuse Warning Network, is that since 1995 the number of drug abuse-related emergency room visits involving pain relievers such as Vicodin®, Percocet®, OxyContin® and Darvon® increased 153% (from 42,857 to 108,320). Preliminary data from the Attitude Tracking Study of the Partnership for a Drug-Free America suggests that **many adolescents do not even consider pharmaceutical drug abuse risky, and one out of every 10 high school seniors now reports abusing powerful painkillers**.

While all illegal pharmaceutical sales should be reported, the DEA is particularly interested in hearing from families whose loved ones have suffered or died of an overdose of pharmaceuticals obtained over the Internet. Illegal prescription sales and rogue pharmacies operating on the Internet can be reported online at *www.dea.gov* by clicking on a link and completing the electronic form.

The information collected through the hotline and online reporting will assist the DEA in bringing drug dealers to justice and preventing the tragedies that come from prescription drug abuse.

The above information was obtained from the DEA Web site.

# Environment for Compounding Sterile Injectable Products

In the January 2005 issue of *The Script*, a new statute (Business and Professions Code section 4127.7) concerning the compounding of sterile injectables was included under "Changes in Pharmacy Law for 2005" on page 8. However, several words were omitted from the synopsis of the statute, which may cause confusion.

For clarification, please see the statute's exact language below:

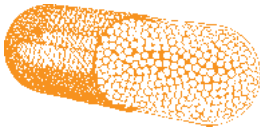
*"On and after July 1, 2005, a pharmacy shall compound sterile injectable products from one or more nonsterile ingredients in one of the following environments:*

*(a) An ISO class 5 laminar airflow hood within an ISO class 7 cleanroom with a positive air pressure differential relative to adjacent areas;*

*(b) An ISO class 5 cleanroom;*

*(c) A barrier isolator that provides an ISO class 5 environment for compounding."*

# Update on Mid-Level Practitioner Registration for Pharmacists



Effective January 1, 2005, a licensed health care facility pharmacist who is authorized to write or issue prescriptions for a Schedule II-V controlled substance, pursuant to a protocol with a physician, must now apply for personal registration as a new Mid-Level Practitioner (MLP) with the Drug Enforcement Administration (DEA). If the protocol does not include controlled substance therapy, the pharmacist is not required to obtain DEA registration.

You may apply online (www.deadiversion.usdoj.gov) for DEA registration as a new MLP (DEA Form 224). The DEA strongly advises that to expedite your application and prevent delay, you must include on the application the business name with which you are associated and any suite, room number, floor, etc. (for example, "Kaiser Permanente, Inpatient Pharmacy, 123 Elm St. R, 456". Also, be sure to check off "MLP"—not "Pharmacy"—on the application.

Please direct any registration questions to the DEA at:

Los Angeles area: ..... (213) 621-6960
San Diego area: ..... (858) 616-4542
San Francisco area: ..... (888) 304-3251

## Answers to Questions about Pharmacists Prescribing Controlled Substances

**Q. Do pharmacists who are prescribing need a different type of prescription form?**

**A.** No. Pharmacists will use the same prescription form as other prescribers and MLPs. The prescriptions must comply with Business and Professions Code section 4040 (prescription content requirements) and Health and Safety Code section 11162.1 (controlled substances prescription forms requirements).

**Q. I am a pharmacist with a DEA-issued license and will be prescribing under protocol with more than one physician. Do all of the physicians' names have to be preprinted on my prescription forms?**

**A.** No. There is no requirement for the supervising physician's name to be preprinted or written on the prescription form.

**Q. How can the dispensing pharmacist recognize that the prescriber on a prescription is a MLP?**

**A.** Mid-Level Practitioner DEA registration numbers begin with the letter **M**, followed by the first letter of the registrant's last name and seven numbers (e.g., John Smith, MS1234567).

# Revisiting the Necessity for Pharmacist to Check Automated/ Robotic Dispensing

The January 2005 issue of *The Script* included an article about whether a pharmacist is required to check every medication dispensed by an automated dispensing system (a robotic apparatus into which medications are deposited and that uses bar code technology to automate the storage, dispensing, returning and restocking of medications). Readers were informed that there is neither a law requiring a pharmacist to check each dose dispensed by the system to assure the right medication is dispensed to the right patient, nor a law absolving the pharmacist from checking. However, the following questions on this subject have been asked:

**Q. If an inpatient pharmacy elects to do random quality checking of robot-dispensed doses, are they in compliance with current Board of Pharmacy regulations?**

**A.** As stated, there is no statute or regulation requiring a pharmacist to check doses dispensed by an automated drug delivery system.

**Q. Will Board of Pharmacy inspectors require pharmacists to check 100 percent of the medications dispensed by an automated dispensing system?**

**A.** The law does not require the pharmacist to check any of the medications dispensed by an automated dispensing system; however, **the pharmacist is responsible for any errors that occur—the same way the pharmacist is responsible for any erroneous prescription dispensed from any type delivery system, personal or automated.** The law is violated only when a prescription is dispensed erroneously.

The bottom line here is that it is the responsibility of the dispensing pharmacist and pharmacy to ensure 100 percent accuracy of the dispensing. Licensees electing to save costs or time by reducing their level of error checking do so at their own risk.

If the Board chooses to enforce a particular process for checking or not checking automated dispensing, new statutes or regulations would be required.

# Requests for Pharmacy Records by Medical Board Investigators

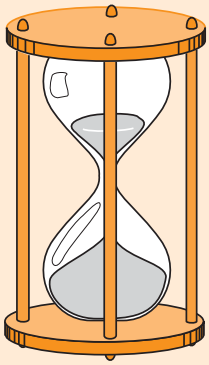
The Board has become aware that occasionally pharmacists have declined to release prescription records when requested by a Medical Board of California investigator engaged in an official investigation. The pharmacists cite their belief that such records cannot be released without an investigative subpoena, for to do so would result in a citation for violation of pharmacy law—which is not true.

Medical Board investigators are authorized officers of the law (Business and Professions Code [B&PC] section 160), as are Board of Pharmacy inspectors (B&PC 4008), and when engaged in an official investigation are authorized to request and receive prescription records from a pharmacy without a subpoena.

If the pharmacist releases the documents, the investigator must provide the pharmacist with a receipt identifying the records specifically and to whom they were released (Health and Safety Code section 11195). The receipt would provide any subsequent inspection with information of the records' whereabouts. However, failure to comply with an investigator's request is a misdemeanor (B&PC 4033).

Questions relating to the release of pharmacy records should be referred to your pharmacy's legal counsel.

# Time Limits Change on Partially Filled Schedule II Prescriptions



Occasionally, pharmacists have questions regarding the different time limits imposed for the complete dispensing of a partially filled Schedule II prescription. Time limits for partially filling Schedule II prescriptions are:

**1. For inpatients of a skilled nursing facility or terminally ill patients**

Schedule II prescriptions may be partially filled *if the prescription is for an inpatient of a skilled nursing facility or for a "terminally ill" patient*. Effective October 7, 2005, section 1745 of the California Code of Regulations will require that a Schedule II prescription must be presented and at least partially filled within **60 days** (previously 14 days) following the date of issue, and no portion of the prescription can be dispensed more than **60 days** (previously 30 days) from the prescription issuance date. No matter how many times the prescription is partially filled, the total amount dispensed must not exceed the amount written on the prescription.

**2. Inadequate pharmacy stock**

If the pharmacist is unable to supply the full quantity called for in a written or emergency oral Schedule II prescription and partially fills the prescription, there is no change in the time limit allowed for dispensing the remaining amount. The remaining portion of the prescription may be filled within 72 hours of the first partial filling. However, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist must notify the prescriber, and no further quantity may be supplied beyond the 72 hours without a new prescription. Again, the total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed. (*See Code of Federal Regulations section 1306.13*.)

# Board Honors

Continued from Page 1

The Board of Pharmacy recognizes these individuals and gratefully acknowledges their years of contribution to the pharmacy profession. These pharmacists may take great pride in being part of such an ancient and honorable profession for so long.

The following list includes the names of all pharmacists still on active status who received their license on or before July 15, 1955.

| | |
|---|---|
| Ackerman, Morris H | No Hollywood, CA |
| Adler, Harold I | Laguna Woods, CA |
| Aikenhead, John J | Paso Robles, CA |
| Alexander, Donald M | Rolling Hills Estates, CA |
| Alexander, Joseph S | Los Angeles, CA |
| Alford, Jack M | Lomita, CA |
| Allphin, Dorothy M | Phoenix, AZ |
| Altmiller, William A | Bakersfield, CA |
| Anderson, Walter C | Sacramento, CA |
| Applebaum, Jack | Burbank, CA |
| Arnesen, Trygve T | Gonzales, CA |
| Asche, Robert F | Fresno, CA |
| Avera, Jr, B W | Long Beach, CA |
| Ayres, George W | Arcata, CA |
| Bailey, John T | Camarillo, CA |
| Balazs, Karl Richard | Temecula, CA |
| Ball, Dudley J | Los Angeles, CA |
| Barberian, Richard G | Burlingame, CA |
| Bardovi, Milton | Northridge, CA |
| Barekman, James C | Sonoma, CA |
| Barrack, Sr, Alfred Thomas | La Mesa, CA |
| Barsamian, Antranik | Patterson, CA |
| Barton, Jr, James W | Bakersfield, CA |
| Beckerman, Joseph H | Camarillo, CA |
| Beebe, John W | Aptos, CA |
| Belasco, Melvin | Encino, CA |
| Bennett, George T | Carson City, NV |
| Berger, Edward B | Bell Canyon, CA |
| Berris, Benjamin | Rancho Palos Verdes, CA |
| Bertolozzi, Rudolph C | S San Francisco, CA |
| Beyeler, Seth F | Bakersfield, CA |
| Bigler, Donald L | Apple Valley, CA |
| Bilz, Jack B | El Cajon, CA |
| Bitondo, Dorothy D | Lakeside, CA |
| Black, Kenneth E | Mendocino, CA |
| Block, Robert J | Sherman Oaks, CA |
| Bloomer, Helen E | Paradise, CA |
| Bogard, Col, Dorr E | Placerville, CA |
| Bohrer, Ivan L | Las Vegas, NV |
| Bottemiller, Freddie L | Bayside, CA |
| Botts, Madison R | Camarillo, CA |
| Bowen, Luther R | Orange, CA |
| Boyajian, Harry M | La Jolla, CA |
| Braun, Jr, CArl H | Grover Beach, CA |
| Brazill, Joseph W | Forestville, CA |
| Brehany, Jr, James J | Costa Mesa, CA |
| Bridgeforth, Neodros V | Los Angeles, CA |
| Broidy, Earl Jay | Tarzana, CA |
| Bronfeld, Martin O | Rancho Mirage, CA |
| Brooner, Charles A | Shell Beach, CA |
| Broude, Leonard | Sherman Oaks, CA |
| Brown, Harry R | Avalon, CA |
| Brown, Robert A | Cambria, CA |
| Bunter, Martha L | Santa Cruz, CA |
| Callagy, Michael A | Sonoma, CA |
| Cannon, Jr, Roy B | San Diego, CA |
| Caramelli, Samuel V | Los Osos, CA |
| Carmichael, Robert E | San Diego, CA |
| Caro, Jr, Ralph | Los Gatos, CA |
| Carusa, Stephen A | Campbell, CA |
| Cerullo, Joseph Pat | Rocklin, CA |
| Chacon, Andrew | Bakersfield, CA |
| Chen, Anna May | Berkeley, CA |
| Chersky, Joseph | Beverly Hills, CA |
| Chew, Leland R | Oakland, CA |
| Choisser, Donald Cuthbert | San Antonio, TX |
| Clark, James G | Palm Springs, CA |
| Clevinger, Nathan T | Chandler, AZ |
| Clifford, Benton W | Oxnard, CA |
| Coar, Richard O | Kingston, WA |
| Cohen, Sol | Los Angeles, CA |
| Cole, Jack Robert | Tucson, AZ |
| Cole, Ronald C | Bakersfield, CA |
| Collins, Robert J | Alhambra, CA |
| Coppi, Milton W | Gustine, CA |
| Corn, Charles | Los Angeles, CA |
| Cornwell, James K | La Canada, CA |
| Corrales, Manuel | Ventura, CA |
| Cortese, Frank V | Albany, CA |
| Cramer, Robert Hewitt | La Jolla, CA |
| Cunningham, Eugene F | Fallbrook, CA |
| Curtis, Jr, Herman C | National City, CA |
| Davis, Arthur | Oakland, CA |
| Davis, Darrell B | Kent, WA |
| Davis, George E | Apache, OK |
| Debenedetti, Donald J | Vallejo, CA |
| Demetro, Alexander F | San Jose, CA |
| Desmond, John F | Reno, NV |
| Dessel, Jr, Frank W | Seal Beach, CA |

| | |
|---|---|
| Deveraux, Wayne Leon | Red Bluff, CA |
| Di Domenico, Raymond | Colfax, CA |
| Dion, Robert E | Arcadia, CA |
| Odlese, Jr, Joseph W | Santa Barbara, CA |
| Donovan, Daniel P | Novato, CA |
| Doria, John J | Escondido, CA |
| Dowdy, Jr, Haydon F | Long Beach, CA |
| Downes, Yale J | Moraga, CA |
| Drake, Jr, Jesse N | Los Angeles, CA |
| Dreike, Ralph A | Mountain View, CA |
| Duarte, Roy Anthony | Fremont, CA |
| Dunn, Derald W | Turlock, CA |
| Edwards, Leland Bert | Hemet, CA |
| Egan, Joan Marie | San Jose, CA |
| Epstein, Seymore L | Pasadena, CA |
| Fadich, Burton John | San Pedro, CA |
| Faucher, Louis Henry | Imperial Beach, CA |
| Faulkner, John Gilmer | Corona, CA |
| Fernandez, Albert A | Sunnyvale, CA |
| Findley, John M | San Diego, CA |
| Fink, Charles W | Auburn, CA |
| Fischer, Walter C | Santa Ana, CA |
| Flanigan, Elmer C | Bakersfield, CA |
| Fong, Arthur C | San Francisco, CA |
| Fong, Lois L | Walnut, CA |
| Fong, Tong Ruby | Berkeley, CA |
| Fox, Logan Lewis | Auberry, CA |
| Franklin, Richard A | Los Angeles, CA |
| Franscioni, John Virgil | Soledad, CA |
| Franusich, Paul N | Elk Grove, CA |
| Freeman, Burton | Mill Valley, CA |
| Freilich, Stanley | Woodland Hills, CA |
| Frey, Jr, Arthur W | La Habra, CA |
| Fujii, Kiyo | Los Angeles, CA |
| Fujikawa, Hiroshi | Lodi, CA |
| Fuller, Wayland C | San Francisco, CA |
| Fung, David | Fresno, CA |
| Fung, Herbert Jung | Fresno, CA |

See **Board Honors**, Page 18

# Board Honors

Continued from Page 17

| | |
|---|---|
| Funk, Jerry Harry | Warner Springs, CA |
| Furukawa, CAlvin A | Carlsbad, CA |
| Gale, Murray J | Ladera Ranch, CA |
| Galli, Robert R | Lafayette, CA |
| Galloway, Jr, Albert J | La Mesa, CA |
| Gantt, Robert A | Los Angeles, CA |
| Garfield, Marvin | Calabasas, CA |
| Garich, Lee Frank | Escondido, CA |
| Gee, Benjamin M | Los Angeles, CA |
| Gee, Hing | Alameda, CA |
| Genis, George C | Fairfax, CA |
| Gennai, Vivian J F | San Francisco, CA |
| Gibson, Robert D | Petaluma, CA |
| Giddings, Jr, Paul | Las Vegas, NV |
| Gile, Ralph L | Fairfield, CA |
| Gill, De Voe Charles | San Diego, CA |
| Gills, Floyd M | Long Beach, CA |
| Ginsburg, Myron S | Sonoita, AZ |
| Golish, George T | Castro Valley, CA |
| Gong, Yin Mina | Sunnyvale, CA |
| Gordon, Seymour S | Las Vegas, NV |
| Gostanian, Ben | Fresno, CA |
| Green, Albert | Los Angeles, CA |
| Green, Arthur W | Bakersfield, CA |
| Green, Walter T | Middletown, CA |
| Greenberg, Roland M | North Hills, CA |
| Greenberg, Stanley B | Los Angeles, CA |
| Greenstein, Marvin | Beverly Hills, CA |
| Greer, Mary C | Thousand Oaks, CA |
| Greer, Milton L | Moreno Valley, CA |
| Gregory, Norris | Los Altos, CA |
| Grow, Robert E | Tustin, CA |
| Guerra, Reynoldo | Corcoran, CA |
| Gutierrez, Eliseo | Covina, CA |
| Haley, Don J | Los Alamitos, CA |
| Hall, Richard A | Crystal Lake, IL |
| Hanke, Karl A | Woodland, CA |
| Harder, George L | Sacramento, CA |
| Harris, Kenneth H | Kentfield, CA |
| Hartley, Daniel B | Palm Desert, CA |
| Hausman, Russill C | Sacramento, CA |
| Henderson, Stuart B | Arcadia, CA |
| Henesian, Jack G | Sunnyvale, CA |
| Hepps, Richard N | Los Angeles, CA |
| Heryford, James E | Marysville, CA |
| Hicks, Jr, Frank E | Weaverville, CA |
| Hirsch, James M | Sherman Oaks, CA |
| Hirsch, Warren W | San Francisco, CA |
| Hoffman, Joe M | Oxnard, CA |
| Homler, Joseph R | Los Angeles, CA |
| Hoppe, James M | Ontario, CA |
| Hori, Meito | Fullerton, CA |
| Horwitz, Daniel | Fountain Valley, CA |
| Howey, Mary N | Los Angeles, CA |
| Hunter, Richard E | Arcadia, CA |
| Ichiuji, Harry | Los Gatos, CA |
| Ignoffo, Salvador A | Millbrae, CA |
| Ikemiya, Toshiko | Reedley, CA |
| Iknoian, Richard | Fresno, CA |
| Imsland, Albert H | Sacramento, CA |
| Ishibashi, Yasuko | Culver City, CA |
| Israel, Benjamin Samuel | Los Angeles, CA |
| Ito, Ikuko | Los Angeles, CA |
| Ivans, Nicholas J | Avenal, CA |
| Iwata, Toshiko | Albany, CA |
| Jacob, Daniel J | Tucson, AZ |
| Jeha, Robert G | Walnut Creek, CA |
| Jelden, Lowell W | Glendora, CA |
| Jensen, Lenard A | Yuba City, CA |
| Johnson, Donald H | Walnut Creek, CA |
| Johnson, Harry B | Watsonville, CA |
| Josephs, Arthur B | Los Angeles, CA |
| Jue, Wellman | Hanford, CA |
| Kaempf, Edward J | Portland, OR |
| Kamada, James K | Manhattan Beach, CA |
| Kanai, Masao | San Pedro, CA |
| Kandarian, Albert A | Fowler, CA |
| Keneley, Jr, Frank T | Laguna Beach, CA |
| Kenny, Jr, John R | Annapolis, MD |
| Ketscher, Fred E | Reedley, CA |
| Kiefer, Richard | Temecula, CA |
| Kikawa, Yoshiteru G | Monterey Park, CA |
| King, Clara Eng | Monterey Park, CA |
| King, James L | Fresno, CA |
| Kirkpatrick, David V | Tucson, AZ |
| Klonoff, Fae | Los Altos, CA |
| Kobayashi, Akira | Camarillo, CA |
| Koch, Elmer G | Fresno, CA |
| Korobkin, Sydney B | Los Angeles, CA |
| Korr, Irving | Oakland, CA |
| Kotler, Willard B | Las Vegas, NV |
| Kovacs, Sanford H | Woodland Hills, CA |
| Krainert, Jr, John | Benicia, CA |
| Krause, Jean R | Palm Springs, CA |
| Krichman, Myron David | Mission Viejo, CA |
| Kuluris, Bill E | Orange, CA |
| Kunde, James F | Redwood City, CA |
| Kurihara, Rokuro | Glendale, CA |
| Kurilich, Jr, John | San Leandro, CA |
| Kyffin, Theodore E | Thousand Oaks, CA |

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| Lachman, Richard G | Corona, CA |
| Lamers, M Joan | San Francisco, CA |
| Lange, Alfred G | Vallejo, CA |
| Lange, Greta | Vallejo, CA |
| Larson, Melford A | Manteca, CA |
| Larson, Phillip S | Upland, CA |
| Lassoff, Harold R | Santa Monica, CA |
| Laurell, Norman L | Van Nuys, CA |
| Lazare, Raymond Irwin | Manhattan Beach, CA |
| Leiter, Lionel | Palm Desert, CA |
| Leon, Manuel L | Port Hueneme, CA |
| Levant, Frank A | Los Angeles, CA |
| Levin, Harold | Lincoln, CA |
| Levine, Martin | Granada Hills, CA |
| Levine, Norman P | Santa Monica, CA |
| Levy, Ernest | Ojai, CA |
| Lewis, Walter G | Covina, CA |
| Limon, Kathryn B | Morro Bay, CA |
| Lipson, Henry P | Sherman Oaks, CA |
| Liss, Joseph M | Anaheim, CA |
| Lobdell, Marvin G | Visalia, CA |
| Loken, Richard S | Prescott, AZ |
| Louie, William F | San Mateo, CA |
| Louie, William L | Firebaugh, CA |
| Lowenthal, Theodore S | Cedarhurst, NV |
| Lucid, Daniel D | Dinuba, CA |
| Luebkeman, Donald R | Castro Valley, CA |
| Lynche, Sylvester J | Culver City, CA |
| Maddux, Marjorie E | Chico, CA |
| Magid, Morris J | Los Angeles, CA |
| Maher, Daniel J | Hollister, CA |
| Mancuso, Joseph S | Los Angeles, CA |
| Margolies, Marvin H | Encino, CA |
| Martin, Donald B | Fresno, CA |
| Matsumoto, Kazuko | Long Beach, CA |
| Mayeda, John T | Monterey Park, CA |
| Mayer, Frederick S | San Rafael, CA |
| Mc Craney, Bruce L | Palm Desert, CA |

See **Board Honors**, Page 19

# Board Honors

Continued from Page 18

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|---|---|
| Mc Dermed, Elaine M | Carmel, CA |
| Mc Dermott, Jr, Wm Earl | Pittsburg, CA |
| Mc Elmoyl, John W | Greenfield, CA |
| Mc Lain, Monte P | Murrieta, CA |
| Means, Jack C | Portland, OR |
| Melton, Curtis | Corona, CA |
| Miller, Alan S | Moraga, CA |
| Miller, Kenneth D | Covina, CA |
| Mizutani, Mitsuo J | Anaheim, CA |
| Mohorovich, Stephan | Stockton, CA |
| Molles, Victor J | Merced, CA |
| Moon, Winnie N | San Francisco, CA |
| Moore, James G | Kentfield, CA |
| Morales, Herman F | Tucson, AZ |
| Morford, ORmond R | Folsom, CA |
| Morgan, Lila M | Marina Del Rey, CA |
| Morita, Asayo S | San Jose, CA |
| Morris, John A | San Jose, CA |
| Morris, Richard L | San Clemente, CA |
| Morrison, John A | Novato, CA |
| Morrison, Jr, George T | Oakdale, CA |
| Motta, Louis J | Escondido, CA |
| Murphy, Howard J | Larkspur, CA |
| Murray, Jr, George E | San Jose, CA |
| Nagase, Gene T | San Francisco, CA |
| Nahin, Edward S | Bishop, CA |
| Nakamura, Frank F | Marysville, CA |
| Nash, Stuart D | Alpine, UT |
| Navarro, Manuel | Scottsdale, AZ |
| Neggo, Ilse Anna | N Hollywood, CA |
| Newkirk, Russell L | So Lake Tahoe, CA |
| Newman, Harvey F | Santa Monica, CA |
| Nigro, Nelly A | Los Angeles, CA |
| Nishikawa, George J | Sacramento, CA |
| Nishimura, Roy Shiro | San Leandro, CA |
| Novatt, Bernard | Ventura, CA |
| Obata, Betty M | Parlier, CA |
| Okamoto, Shizuo Harold | San Francisco, CA |
| Olson, Edwin J | Brainerd, MN |
| Ostarello, John F | Carmel, CA |
| Palm, Jack E | Santa Rosa, CA |
| Pantages, George J | Las Vegas, NV |
| Paper, Simon | San Mateo, CA |
| Parry, Everett C | Arcadia, CA |
| Patrick, Raymond H | Camarillo, CA |
| Pattee, Jewett S | Long Beach, CA |
| Perlman, Samuel | Del Mar, CA |
| Peters, John E | Arvin, CA |
| Peterson, William D | Sunny Valley, OR |
| Peterson, William W | San Rafael, CA |
| Phipps, Frederick W | Cypress, TX |
| Plagmann, Lawrence L | Burlingame, CA |
| Plaskoff, Stanley | Beverly Hills, CA |
| Poer, Gordon L | Placerville, CA |
| Pong, George Yee | San Mateo, CA |
| Posin, Edwin M | Incline Village, NV |
| Potashnick, Julian I | Oakland, CA |
| Poulos, Theodore | Manteca, CA |
| Principe, Louis G | Lakeside, CA |
| Puritz, Jacob J | Culver City, CA |
| Purlia, Sam L | Alpine, CA |
| Quesenberry, Marion P | Santa Cruz, CA |
| Quinn, Myles John | Walnut Creek, CA |
| Quon, Frances Do | Santa Clara, CA |
| Ramirez, Eddie M | Los Angeles, CA |
| Ratto, Peter G | Alameda, CA |
| Ratzlaff, William B | Santa Rosa, CA |
| Renge, Nobuo | Fresno, CA |
| Renzi, Lawrence G | Bakersfield, CA |
| Richardson, James J | Calimesa, CA |
| Richey, Wilbur A | Mesa, AZ |
| Riley, Jr, C A | Paradise, CA |
| Rivers, John D | Pleasanton, CA |
| Rollins, Rex R | Yountville, CA |
| Rose, William Allan | Modesto, CA |
| Rosen, Arthur A | Los Angeles, CA |
| Rosen, Milton | Los Osos, CA |
| Sallus, B Irwin | Palos Verdes Estates, CA |
| Sanders, George W | Pasadena, CA |
| Sandler, Donald H | Palm Desert, CA |
| Saner, John V | Long Beach, CA |
| Santos, Harold J | Modesto, CA |
| Schafer, Henry N | Anaheim, CA |
| Schechter, Aaron | Long Beach, CA |
| Schell, Jr, W O | Glendora, CA |
| Schierholt, Harold F | Hemet, CA |
| Schloss, Daryl J | Santa Rosa, CA |
| Schneier, Edward L | Tarzana, CA |
| Schniepp, Glen P | San Diego, CA |
| Scholnick, Herbert | San Diego, CA |
| Schulz, Mary C | San Rafael, CA |
| Schutkin, James J | Milwaukee, WI |
| Schuur, Martin | Long Beach, CA |
| Sclar, Leon | Los Angeles, CA |
| Seid, Ruth | Los Angeles, CA |
| Serbin, Arnold L | Phoenix, AZ |
| Sheridan, Sidney O | Covina, CA |
| Shilton, Thomas E | Ventura, CA |
| Shimasaki, Fred F | Hayward, CA |
| Shinoda, Frank J | Stockton, CA |

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|---|---|
| Simmons, Sidney M | N Hollywood, CA |
| Singerman, Sam | Los Angeles, CA |
| Siskin, William A | San Carlos, CA |
| Sitkoff, Irwin L | Los Angeles, CA |
| Smith, Jr, Arthur | Lompoc, CA |
| Smith, Jr, Glenn E | Riverdale, CA |
| Sogliuzzo, Frank | San Pedro, CA |
| Sokolik, Martin L | Van Nuys, CA |
| Somers, Robert W | Encino, CA |
| Speck, Billy Bob | El Sobrante, CA |
| Sprugasci, Irving A | San Jose, CA |
| Stamper, Adrian L | Alta Loma, CA |
| Stapleton, Kenneth E | Lodi, CA |
| Statti, Alfonse | Morgan Hill, CA |
| Stein, Maxwell M | Santa Rosa, CA |
| Stern, Leon Paul | La Mirada, CA |
| Strange, Roger W | Ceres, CA |
| Sturzenegger, Jake D | Fallbrook, CA |
| Sweet, Irving | Northridge, CA |
| Switzer, Jack B | Covina, CA |
| Tainter, George W | Pacific Grove, CA |
| Tanaka, Takuji | Port Hueneme, CA |
| Tarlton, Richard E | Los Alamitos, CA |
| Tharaldsen, Shirley S | Paso Robles, CA |
| Thompson, James B | Beaumont, CA |
| Tobenkin, Myron L | Walnut Creek, CA |
| Tobias, Leo A | Bakersfield, CA |
| Tom, William K | San Francisco, CA |
| Tomomatsu, Kiyoko | Van Nuys, CA |
| Topham, Albert F | Oakhurst, CA |
| Trager, D David | Simi Valley, CA |
| Tribulato, Angelo P | San Jose, CA |
| Tucker, Jr, W T | Three Rivers, CA |
| Urrutia, Daniel C C | Glendale, CA |
| Vernon, Gregge C | Fremont, CA |
| Vidulich, John N | San Pedro, CA |
| Wakley, Clive | Redding, CA |
| Walike, Edward A | Woodland Hills, CA |

See **Board Honors**, Page 20

## Know Your Employees

Did you know that last year the Board issued 99 citations and 86 fines for unlicensed activity? Unlicensed activity means working without a current active license and includes licenses in delinquent status for failure to renew timely. A pharmacist's license can be delinquent also for failure to fulfill the continuing education requirements for renewal.

The Board encourages all employers to take the following steps to assure that all pharmacy licensees (pharmacists, interns and pharmacy technicians) are working with current active licenses:

- Before hiring new employees, verify that the name listed on their identification is the same as the name listed on their pocket or wall license.
- Check the board's Web site to confirm that the license is current and active.
- Remember that pocket licenses can be inaccurate or altered, so examine them carefully.
- Conduct an annual verification of each licensee's registration status.

## NABP Evaluation

Continued from Page 3

information about the answer or related material can be obtained.

Upon completion of the PSAM, pharmacists will receive a Record of Completion, which may be used to satisfy CE requirements for license renewal in states where the program is Board-approved. The pharmacist will also receive a separate report containing the assessment evaluation score—which will not be released to the Board of Pharmacy, NABP or any other person unless so directed by the pharmacist.

The online assessment evaluation is $75, consists of 100 multiple-choice questions and is divided into three sections of equal length. Each section can be completed in less than one hour, but a maximum of three hours per section is allowed. All three sections may be taken in one sitting, or one section may be completed at a time. However, once a section is begun, it must be completed in its entirety. Once the PSAM is begun, all sections must be completed in three weeks.

For more information about the PSAM, visit *www.nabp.net*, contact NABP at (847) 391-4406, or via e-mail at *custserv@nabp.net*.

## Board Honors

Continued from Page 19

| | |
|---|---|
| Wallet, George L | Fresno, CA |
| Walton, Harold | Pebble Beach, CA |
| Waring, Annette F | Williams, CA |
| Waring, Jr, Albert | Williams, CA |
| Wasserman, Paul Meyer | Beverly Hills, CA |
| Watanabe, Mitsuo H | Coalinga, CA |
| Weiner, Sydney | Los Angeles, CA |
| Weinstein, Eugene | Miami, FL |
| Weintraub, Harry | W Los Angeles, CA |
| Weiss, Alvin C | Sherman Oaks, CA |
| Weiss, Don E | La Quinta, CA |
| Weiss, Henry A | Los Angeles, CA |
| Weller, Kenneth V | Houston, TX |
| Wiedmann, Merton L | Shafter, CA |
| Wiedmann, Patricia S | Shafter, CA |
| Williams, James M | Newport Beach, CA |
| Williams, Julian M | Avery, CA |
| Williamson, Harold E | Iowa City, IA |
| Wilson, David C | Solvang, CA |
| Wisner, Robert S | Jackson, CA |
| Wiswell, Donald R | Bandon, OR |
| Witz, Gordon A | Oceanside, CA |
| Wolfred, Morris | Beverly Hills, CA |
| Wong, Yukiye D | San Jose, CA |
| Woodward, Kenneth D | La Quinta, CA |
| Worthy, Jr, Parker A | Arcadia, CA |
| Wright, James R | Woodland, CA |
| Wright, Kermit M | Clovis, CA |
| Yarchover, Bernard | Tarzana, CA |
| Yaskiel, Jack I | Camarillo, CA |
| Yee, Richard D M | Daly City, CA |
| York, James B | Bakersfield, CA |
| Young, John S | San Leandro, CA |
| Young, Saul | Los Angeles, CA |
| Zanger, Mary T | Hollister, CA |

## Surety Bonds

Continued from Page 9

- Any applicant for initial licensure or license renewal as a wholesaler or nonresident wholesaler must submit a surety bond of $100,000 made payable to the Pharmacy Board Contingency Fund. In lieu of the bond, applicants may submit other equivalent means of security acceptable to the Board (e.g., an irrevocable letter of credit or a trust account or financial institution deposit, payable to the Pharmacy Board Contingency Fund).
- The Board may accept a surety bond of $25,000 if the annual gross receipts for the previous tax year are $10 million or less;
- A licensee who has posted a $25,000 bond but has been disciplined by any state or federal agency or issued an administrative fine under California Pharmacy Law may be required to submit a $100,000 surety bond;
- A single surety bond or other means of security is required and covers all licensed sites under common ownership;
- **Exception**: Licensed manufacturers who are licensed as wholesalers or nonresident wholesalers in California are exempt from these requirements.

The Board is developing the necessary forms that will be required to verify that the wholesaler or nonresident wholesaler has complied with the surety bond, irrevocable letter of credit or trust fund account deposit requirement. These forms will be available in early Fall 2005 and will be mailed to all licensees and pending applicants.

The exact language for the B&PC sections cited above can be found at the Board's Web site, *www.pharmacy.ca.gov*, under "Pharmacy Law and Regulation."

## A Word of Appreciation

The Board of Pharmacy wishes to thank RPh Wai-Kuan (Nicole) Chan Of Kaiser Permanente in Livermore and Malia Cong and Richard Meza of Prescription Solutions in Costa Mesa for their help with a Board public education brochure to be published in several languages. We are truly grateful for their assistance.

# President's Message

Continued from Page 2

- **PDPs (Medicare Prescription Drug Plans):** Beginning in 2006, everyone with Medicare will be able to enroll in plans that cover prescription drug costs. The standard benefit includes:
  - A premium of about $25 per month, in addition to the current premium for the Part B benefit;
  - A $250 annual deductible;
  - Coverage of 75% of drug costs between $250 and $2,250;
  - No coverage for drug costs between $2,250 and $5,100 (known as the "doughnut hole";
  - After reaching the $5,100 threshold ($3,600 in out-of-pocket spending), beneficiaries reach a "catastrophic" level of coverage and will only be required to pay the greater of a copayment ($2 for generic drugs or $5 for brand name drugs ) or coinsurance of 5 percent.
- **MTMS (Medication Therapy Management Services):** This is a distinct group of services that optimize therapeutic outcomes for individual patients. Such services are independent of, but can occur in conjunction with, the provision of a medication product. Medication Therapy Management en-compasses a broad range of professional activities and responsibilities within pharmacists', or other qualified health care providers', scope of practice.
  A program that provides coverage for MTMS includes:
  - Patient-specific and individualized services provided directly by a pharmacist to the patient;
  - Face-to-face interaction with the patient and the pharmacist as the preferred method of delivery;
  - Opportunities for pharmacists and other qualified health care providers to identify patients who should receive medication therapy management services;
  - Payment for MTMS consistent with contemporary provider payment rates that are based on the time, clinical intensity, and resources required; and
  - Processes to improve continuity of care, outcomes, and outcome measures.

The Licensing Committee has taken the challenge of insuring that MTM can occur within and outside of California. This may require redefining pharmacy so that the Board will have enforcement options to respond to all adverse events. Again, this one of the issues that crosses state lines and is being addressed by the NABP also.

**I encourage you to attend these meetings.**

2. **Pharmacists' obligation vs. right to dispense:**

Does a pharmacist, when presented with a valid prescription for a drug that is to be used in a treatment that is in conflict with personal beliefs, have the right to refuse to dispense the drug (e.g., emergency contraception, assisted suicide)? This has become a state and federal legislative question. Two bills were introduced in California on this issue and would require pharmacists who will not dispense specific medications to advise the pharmacy managers in advance, and the pharmacy must have a referral policy to aid the patients in getting the prescription filled: Senate Bill 644 (Ortiz) and Assembly Bill 21 (Levine).

3. **Counterfeit drugs and drug pedigree:**

The increased counterfeiting of medicines and sophisticated methods used to introduce counterfeit medicines into the legitimate drug distribution system of the U.S. are being addressed in California and nationally. To combat these problems, wholesalers or pharmacies will be prohibited from selling, trading, transferring or receiving a dangerous drug at wholesale without an electronic pedigree recording each change of ownership of a dangerous drug—from manufacture to final dispensing to a patient. Implementation of these requirements in California can begin as early as 2007.

4. **Drug importation/reimportation:**

Drug prices in foreign countries are often below U.S. prices because of their government's subsidies or price controls. The reimportation of these lower priced drugs back into the U.S. might be seen as a way to provide lower cost drugs to consumers. The safety of imported drugs continues to be an issue nationally, as some states or cities enact programs to import or make it easier for patients to buy medication from outside the U.S.

5. **Internet drugs:**

A growing problem is that individuals can buy drugs without a valid prescription from Internet entities that are not licensed pharmacies. These entities provide dangerous drugs without a physical examination or ongoing health monitoring.

6. **Refill prescriptions from self-serving delivery systems:**

New technology is continuously being developed for use in pharmacies. When deciding whether new pharmacy

See **President's Message**, Page 23

# Questions

Continued from Page 10

dating, and recording of all of the required information. Direct entry of orally transmitted information is probably not "electronic transmission," exempting the pharmacy from keeping hard copies per B&PC 4070 (dangerous drugs) or H&SC 11164.5 (controlled substances). In other words, direct entry does not eliminate any of the hard copy requirements.

**Q. When a prescription is sent electronically from the prescriber's or hospital's computer to the pharmacy's computer, what is required by B&PC 4070, H&SC 11164(b)(1) and/or other statutes and regulations?**

A. This question has been answered already by the foregoing general discussions. As a general rule, a hard copy of these prescriptions must be printed out, the required signatures affixed, the required information collected, and the hard copies retained. A hard copy of electronically transmitted dangerous drug/device prescriptions need not be produced/retained when all the conditions of B&PC 4070 are met, and a hard copy of an electronically transmitted controlled substance prescription need not be produced/retained when permission is given and all of the conditions of H&SC11164.5 are met.

### Emergency Room Dispensing

**Q. Do the laws for emergency room dispensing permit a prescriber to dispense a starter pack to an emergency room patient if the hospital or a nearby pharmacy is open?**

A. B&PC 4068 states that a prescriber may dispense a dangerous drug, including a controlled substance, to an emergency room patient **only** if the hospital outpatient pharmacy is closed and there is no pharmacist available in the hospital; the dangerous drug is acquired by the hospital pharmacy; and the dispensing information is recorded and provided to the pharmacy for retention when the pharmacy reopens. The prescriber must determine that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued and reasonably believes that a pharmacy outside the hospital is not available or accessible at the time of dispensing to the patient. The quantity of drugs dispensed are limited to that amount necessary to maintain uninterrupted therapy during the period when pharmacy services outside the hospital are not readily available or accessible, but shall not exceed a **72-hour supply**. The prescriber must ensure that the drug label contains all required information and he or she will be responsible for any error or omission related to the dispensed drugs.

Pharmacy law does not define or reference a "starter pack," but the hospital pharmacy may prepackage the 72-hour supply of medication to be placed in a Pyxis or other medication "safe" for dispensing to an emergency room patient **only** when there is no pharmacist available to provide outpatient services.

# President's Message

Continued from Page 22

technology can be accommodated by current law, the Board considers how the new technology can better serve California consumers while maintaining patient safety.

Self-serving delivery systems are similar to ATM vending machines from which patients who have requested this service can obtain refill prescriptions by inserting a credit card. This system gives patients access to refill prescriptions when the pharmacy is opened or closed. Consultation can still be provided on all prescriptions dispensed from a delivery machine, but the consumer must seek it: however, those drugs that require counseling on refills (e.g., Coumadin, Flagyl, etc.) can still be kept outside the machine, based on the professional judgment of the pharmacist.

**The Board of Pharmacy respects and expects the pharmacist's professional judgment.**

This summer, a contingent of Board members, the Board's executive and assistant executive officers, and supervising inspectors received a "hands on" presentation by the manufacturer of self-service delivery system. The focus of the meeting was patient safety, HIPPA confidentiality issues, and the actual operational policy and procedures for the systems.

The Board is now moving toward establishing regulations related to the use of such systems. Regulation is necessary because the only enforcement option the Board has presently is to remove the waiver, while a regulation carries all available enforcement options to answer any adverse events.

The opportunities for you to interact with the Board of Pharmacy and influence your future can occur at our committee meetings and the public Board meetings.

Go to our Web site, *www.pharmacy.ca.gov*, for meeting dates. To be included in the agenda, write to the Board at least 30 days prior to the meeting, or **show up** and **speak up**. An organized presentation should include your topic and how it would protect the public or advance the profession to better serve the public.

With the total involvement of professionals, consumers, students and stakeholders, the Board can create a dynamic environment for pharmacy in the 21st Century—all working together for the people of California.

**This newsletter is published by the**

**California State Board of Pharmacy**
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# Board of Pharmacy Wins Fifth National Award in Eight Years!

For the third time in eight years, the California Board of Pharmacy received the prestigious National Association of Boards of Pharmacy Fred T. Mahaffey Award. Such awards are bestowed especially for a program or an agency that goes well beyond usual government operation. The 2005 award recognizes the Board's successful sponsorship of legislation requiring an electronic pedigree for prescription drugs, tracking ownership of all dangerous drugs, from the manufacturer to wholesaler(s) to the pharmacy that finally dispenses the drug.

In 1997, the Board won the Fred T. Mahaffey Award for its outstanding leadership in developing, producing and disseminating public education material promoting consumers' understanding of the pharmacist to patient consultation about medication. In 2003, the award was again presented to the Board for implementing quality assurance requirements in pharmacies to prevent prescription errors. Both of these awards were presented to the Board before it became a full member of NABP in 2004.

Additional national awards earned by the Board include the 1999 Paul G. Rogers/NCPIE Medication Communicators Award by the National Council for Patient Information and Education in Washington, D.C., in recognition of the Board's quality assurance program to prevent prescription errors and the Council on Licensure, Enforcement and Regulation (CLEAR) annual award in 2002 for the Board's "ingenuity in creating partnerships with the media, profession, and industry for the successful implementation of a highly visible consumer education program with minimal costs to the Board."

## The Board is very proud of its ongoing accomplishments!

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