Senate Bill 493 Implementation Update

Senate Bill 493, enacted in 2013 (Hernandez, Chapter 469), adds a number of new duties that specifically trained or qualified pharmacists may perform. A full description of these services may be accessed in the Spring 2014 newsletter http://www.pharmacy.ca.gov/publications/14_spring_script.pdf.

To implement the multiple provisions authorized by SB 493, the board formed the SB 493 Implementation Committee in June 2014, and held five additional meetings of this committee, as well as 11 other board meetings to approve or modify the regulations.

As this newsletter goes to print, regulations to implement all major components have been implemented or are in the various stages of approval required to secure the regulations. The text of the regulations may be accessed at http://www.pharmacy.ca.gov/laws_regs/regulations.shtml.

Here is the current status as we go to publish:

• In effect now:
  1. State protocol for nicotine replacement products, section 1746.2
  2. State protocol for hormonal contraception protocol, section 1746.1

• Public Comment Completed, Board Approved, and Work Completed; Undergoing Administration Review (required step to adopting any regulation):
  a. Advance practice pharmacist licensure requirements, proposed sections 1730, 1730.1, and 1744
  b. Advance practice pharmacist additional qualification route proposed section 1730.2.
  c. Vaccinations, proposed section 1746.4
  d. Travel medications, proposed section 1746.5

Did You Know?

On April 30, 2016, the DEA collected 893,498 pounds of unwanted medication at 5,400 sites in 50 states. This was almost 447 tons. California collected 32 tons, second behind Texas at 57 tons.

Registered for CURES?

Pharmacists are reminded that current law requires that all pharmacists with active licenses must be registered to access CURES. Legislation signed by the Governor now requires all pharmacists to be registered by July 1, 2016 (AB 679, Allen, Chapter 778, Statutes of 2015). For information about CURES and becoming registered, go to: http://oag.ca.gov/cures
President’s Message
By Amy Gutierrez, PharmD
President, Board of Pharmacy

The Board has been very active over the past year in developing new regulations and guidance focused on both increasing the level of consumer safety and access to care. Included are actions that impact sterile compounding, pharmacist corresponding responsibility, patient-centered labels, patient consultation, and the rollout of the new upgraded CURES program throughout the state. While some of these regulations are already implemented, others are nearing implementation.

Pharmaceutical care is critical to the health and safety of Californians, as medication therapy is one of the most effective and efficient ways to treat acute and chronic diseases. Pharmacists play a pivotal role in providing this care and maximizing patient health outcomes, and this pivotal role is increasing with additional new consumer-focused responsibilities.

SB 493 Implementation & Compounding Regulations:

Within the next three months, the multiple components of SB 493 that require regulations to implement take effect. Senate Bill 493 was a major milestone for the pharmacy profession as it contained a number of significant changes under which pharmacies and pharmacists may provide expanded patient care services. The greatest impact of this legislation is the creation of a new license category of pharmacist licensure - advanced practice pharmacist. Such pharmacists will have the ability to initiate, adjust, or discontinue drug therapy as specified in regulations.

The required regulations have all been fully approved by the board, and either are in effect or are in the process of undergoing the required administrative review by multiple state entities before they take effect, a process that can take up to six months. The following regulations have been fully approved and are now in effect:

- Protocol for Pharmacists Furnishing Nicotine Replacement Programs - Business and Professions Code 1746.2, effective 1/25/16
- Protocol for Self-Administered Hormonal Contraception Effective 4/8/16

We believe that the remaining SB 493 regulations will be in effect in July 2016, and this includes requirements for the following aspects of SB 493:

1. Qualifications for advanced practice pharmacist licensure
2. Requirements for pharmacists initiating and administering vaccines
3. Provisions for furnishing travel medications by pharmacists

Copies of these regulation requirements are available at: http://www.pharmacy.ca.gov/laws_regs/regulations.shtml where the public may also view the current status of regulatory approval for each pending regulation.

The board also revamped regulations for compounding and sterile compounding - regulations that have been under development, considerable comment and revision for the past three years. The final iteration of these regulations was approved by the board in January 2016, and is now undergoing the final administrative agency review required for regulations.

Pending Initiatives:

The board is currently in the process of establishing pharmaceutical take-back regulations for pharmacies that elect to participate in drug take-back, as well as reevaluating patient consultation and pharmacy technician training requirements. All of these initiatives are undergoing public feedback in an effort to maximize the effectiveness of these regulations. In addition, included in this newsletter is guidance for pharmacies and pharmacists that elect to provide end of life options for terminally ill patients, consistent with state law.

The board has established a process to allow pharmacist access to an inspector for questions that may arise as part of pharmacy practice. Board inspectors participate in responding to telephone and written inquiries. Ask an inspector services are available Tuesday and Thursday by telephone at (916) 574-7900, or any day via email at ask.inspector@dca.ca.gov.

It is an exciting time for the pharmacy profession, as the ability to provide direct health impact to consumers has never been greater. I am honored to be leading a board that is actively focused on public protection and promotion of health outcomes through active development of policy, education and regulations for the public that we serve.

I invite you to participate in the development of new board policies,

See President’s Message Page 11
The Department of Justice (DOJ) has announced another milestone in its conversion to CURES 2.0. Specifically, the DOJ announced that since January 8, 2016, the upgraded prescription drug monitoring program will be available. As part of this transition, on or after January 8, 2016, all current registrants will be required to update their registration in the new 2.0 environment to ensure access to the system. This can be done electronically.

In its press release, the DOJ indicated that CURES 2.0 will be available to all registrants who use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome, or Safari when accessing the system. Registrants that do not currently have access to one of the specified internet browsers will be able to continue to access the prior version of CURES (CURES 1.0) until the legacy system’s retirement and the updated browser must be used.

The board is working with the DOJ to develop “Frequently Asked Questions” to assist registrants with understanding CURES 2.0. The board will send out updates via its subscriber alert system as it learns additional information from the DOJ. Questions regarding these changes should be directed to cures@doj.ca.gov.

REMEMBER:

All pharmacists are required to be registered to use CURES no later than July 1, 2016. Pharmacists can register using an automated system by visiting http://oag.ca.gov/cures. Click on the registration link in the right hand column of the page and follow the instructions or, go directly to the registration page at https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml.

The board acknowledges and thanks former member Rosalyn Hackworth for her years of service as a board member. Ms. Hackworth was appointed to the board by the Speaker of Assembly on July 15, 2009. During her tenure on the board, she served as a public member on several of the board’s strategic committees, including serving as chairperson for the Board’s Communication and Public Education Committee. Most recently Ms. Hackworth served on the board’s Enforcement and Compounding Committee, the Communication and Public Education Committee as well as the board’s Prescription Drug Abuse Subcommittee.

The board recognizes and extends its appreciation to Ms. Hackworth for her contributions to the board and to public health.

Updated Self-Assessment Forms

Board regulations (Title 16 California Code of Regulations sections 1715 and 1784), require that all licensed pharmacies and wholesalers complete a self-assessment by July 1 of every odd-numbered year.

The board recently updated the self-assessment forms through a formal rulemaking. The updated forms contain references to statutory and regulatory changes that occurred between 2011 and 2014 (inclusive).

While the rulemaking process was underway, the board accepted from pharmacies, hospital pharmacies and wholesalers completion of either the 2011 version OR the draft 2014 version: both versions have been available for use on the board’s website.

On April 20, 2016, the Office of Administrative Law approved the revised self-assessment forms. These forms can be downloaded at: http://www.pharmacy.ca.gov/forms/index.shtml. They will all have “(Rev. 10/14)” date on them in the lower left corner of the pages.

Form 17M-13: “Community Pharmacy Self-Assessment/Hospital Outpatient Pharmacy Self-Assessment (Rev. 10/14)”

Form 17M-14: “Hospital Pharmacy Self-Assessment (Rev. 10/14)”

Form 17M-26: Form 17M-26: “Wholesaler Dangerous Drugs & Devices Self-Assessment (Rev. 10/14).”

The board encourages all pharmacies, hospital pharmacies and wholesalers to complete the revised forms if they have not already completed the 2014 assessments. The board will no longer accept the 2011 versions of the self-assessment forms as complaint.
Translation on Prescription Drug Labels

AB 1073 (Ting), Chapter 784, Statutes of 2015

Being able to read a prescription label is an essential element of being able to understand how to take medication appropriately.

In January 2016 new California requirements for prescription labels took effect that establish a mechanism by which patients with limited English skills may often obtain translated directions on their prescription container labels or as a supplement to the label.

This law was authored by Assembly Member Ting as AB 1073, and amends Business and Professions Code sections 4076 and 4199, and creates new section 4076.6. The text of the new requirements can be viewed from this link: http://www.pharmacy.ca.gov/publications/labels_info.shtml

The law recognizes that many dispensers already provide translations on prescription containers. The enacted legislation allows this practice to continue.

The requirements of the new law implement the following key components:

1. A pharmacist must use professional judgment when selecting the wording of directions that appear on a prescription container label in any language.

The specific requirement is: 4076(e) A pharmacist shall use professional judgment to provide a patient with directions for use that enhance the patient’s understanding of those directions, consistent with the prescriber’s instructions. (Business and Professions Code section 4076(e))

2. A dispenser must provide translated directions for use on a prescription container when requested by the patient or a patient’s representative, provided:

   a) The dispenser believes that a standardized direction for use (as listed in the board’s patient-centered regulation) is appropriate for the patient’s prescribed medication (this list also appears on page 5 of this newsletter). If so the board has translated the 15 standardized directions for use into five languages -- Spanish, Vietnamese, Korean, Russian and Chinese. These translation are available from: http://www.pharmacy.ca.gov/publications/translations.shtml

   Translations into additional languages or translations of additional directions are not required.

   b) The dispenser may provide his/her/its own translations in place of the translations available from the board,

   And

   c) The dispenser is responsible for the accuracy of the English directions provided to the patient.

3. The translated direction should, whenever possible, appear in the patient-centered area of the prescription container or label. When this occurs the English version should appear, whenever possible, on the prescription container or label in or outside the patient-centered area. When the English translation cannot be printed on the prescription container or label, the English translation may be provided on a supplemental sheet.

   A translated direction may be provided on a supplemental sheet when it cannot be added to the prescription container or label. In this case, the label shall contain the English version of the direction. (Per existing law, such direction should be in the patient centered portion of the container or label.)

See Translation on Rx Label Page 5
Where can I find the translated directions for use?

Pharmacies may use translated directions for use that are available on the board’s website when appropriate. The translations of certain standardized directions for use are found in Board regulation 1707.5(a)(1) and are available in multiple languages on the Board’s website at http://www.pharmacy.ca.gov/publications/translations.shtml. The English version of the standardized directions are:

(A) Take 1 [insert appropriate dosage form] at bedtime
(B) Take 2 [insert appropriate dosage form] at bedtime
(C) Take 3 [insert appropriate dosage form] at bedtime
(D) Take 1 [insert appropriate dosage form] in the morning
(E) Take 2 [insert appropriate dosage form] in the morning
(F) Take 3 [insert appropriate dosage form] in the morning
(G) Take 1 [insert appropriate dosage form] in the morning, and Take 1 [insert appropriate dosage form] at bedtime
(H) Take 2 [insert appropriate dosage form] in the morning, and Take 2 [insert appropriate dosage form] at bedtime
(I) Take 3 [insert appropriate dosage form] in the morning, and Take 3 [insert appropriate dosage form] at bedtime
(J) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, and 1 [insert appropriate dosage form] in the evening
(K) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, and 2 [insert appropriate dosage form] in the evening
(L) Take 3 [insert appropriate dosage form] in the morning, 3 [insert appropriate dosage form] at noon, and 3 [insert appropriate dosage form] in the evening
(M) Take 1 [insert appropriate dosage form] in the morning, 1 [insert appropriate dosage form] at noon, 1 [insert appropriate dosage form] in the evening, and 1 [insert appropriate dosage form] at bedtime
(N) Take 2 [insert appropriate dosage form] in the morning, 2 [insert appropriate dosage form] at noon, 2 [insert appropriate dosage form] in the evening, and 2 [insert appropriate dosage form] at bedtime
(O) Take 3 [insert appropriate dosage form] in the morning, 3 [insert appropriate dosage form] at noon, 3 [insert appropriate dosage form] in the evening, and 3 [insert appropriate dosage form] at bedtime
Changes in Pharmacy Law for 2016

Prescription Drug Labels
AB 1073 (Ting), Chapter 784, Statutes of 2015

Amends B&PC section 4076 requiring that a pharmacist shall use professional judgment to provide a patient with directions for use that enhance the patient’s understanding of those directions, consistent with the prescriber’s instructions.

Adds B&PC section 4076.6 to require, in specified circumstances upon request of a patient or patient’s representative, that a dispenser must provide translated directions for use, which shall be printed on the prescription container, label, or on a supplemental document. A dispenser may use translations made available by the board pursuant to subdivision (b) of Section 1707.5 of Title 16 of the California Code of Regulations. A dispenser is not required to, but may provide translated directions beyond the languages that the board has made available either in English or in translated form. If translated, the dispenser is responsible for assuring the English standard directions are accurate and also listed on the container, label or supplementary document. For purposes of this section, a dispenser does not include a veterinarian.

Intern Pharmacists
SB 590 (Stone), Chapter 147, Statutes of 2015

Amends B&PC section 4209 to provide that an applicant for examination who has graduated on or after January 1, 2016, from an ACPE-accredited college of pharmacy or school of pharmacy recognized by the board shall be deemed to have satisfied the pharmacy practice experience requirements. Additional requirements contained in regulation section 1728 of title 16 of the California Code of Regulation were also amended into the new law section to centralize the pharmacy practice experience requirements.

Centralized Hospital Packaging Pharmacies: Medication Labels
AB 486 (Bonilla), Chapter 241, Statutes of 2015

This law creates an alternative method to maintain certain medication information that must be readable at the patient’s bedside, for unit-dose medications prepared in a centralized hospital packaging facility. Specifically, this measure amends B&PC sections 4128, 4128.4 and 4128.5 to eliminate requirements that exceed the current technological capabilities of hospitals. The law went into effect September 2, 2015, as an urgency statute.

- BP&C Section 4128.4 was amended to require any unit dose medication produced by a centralized hospital packaging pharmacy be barcoded to be machine readable at the patient’s bedside using barcode medication administration software. The barcode medication administration software shall verify the correct medication, patient, dose and route of administration with the patient’s electronic medical record. For purposes of this section, barcode medication administration software means a computerized system designed to prevent medication errors in a healthcare setting.

- BP&C Section 4128.5 was amended to require labels for each unit dose medication produced by a centralized hospital packaging pharmacy must display a human-readable label. Requirements for the labels are provided.

- Made other changes to the laws for consistency with the above.

See Changes in Pharmacy Law, Page 7
Regulations Update
Pharmacy Technician Application Revised

A new pharmacy technician application is required as of January 1, 2016. The new application is currently posted on the board’s web site. All individuals seeking licensure as a pharmacy technician must use the new application for applications submitted after January 1, 2016. Individuals that currently have an application for a pharmacy technician license pending with the board are not required to submit this new application.

The requirements for licensure are not changing. However, the information requested on the application form itself is being updated and or modified in response to changes in the law. Most significantly, the board will now accept either an individual tax identification number or a social security number. Further, the board has the authority to expedite the application for an individual that is currently serving or was honorably discharged from the Armed Forces. The application and instructions provide guidance to applicants on these provisions as well.

The application can be obtained from the board’s website, www.pharmacy.ca.gov. Questions regarding the application can be submitted via e-mail to appstatus@dca.ca.gov.

Pharmacy Technician Application Video Available

To aid pharmacy technician applicants in submitting deficiency-free license applications, the board has created a video that walks applicants through the pharmacy technician application.

This is the first of future videos on applying for a board license.

To view the video, use this link: https://www.youtube.com/watch?v=aTDWINTxxYg

Changes in Pharmacy Law
Continued from Page 6

Biological Product
SB 671 (Hill), Chapter 545, Statutes of 2015

This bill establishes provisions for a pharmacist to substitute a biological product that is interchangeable under specified conditions.

Specifically, B&PC section 4073.5 was added to authorize a pharmacist filling a prescription order for a prescribed biological product, to select an alternative biological product, only if the alternative biological product is interchangeable and the prescriber has not personally indicated “Do not substitute” or words of similar meaning on the prescription.

Further, this section specifies that within five days following the dispensing of a biological product, a dispensing pharmacist or the pharmacist’s designee shall make an entry of the specific biological product provided and follow requirements for documentation and communication to the prescriber.

The law provides selection is at the discretion of the pharmacist except when the prescriber specifically indicates no substitution. The pharmacist substituting the biological product must follow the same requirements as though the pharmacist was filling a prescription of a biological by name. Additionally, the law requires the substitution shall not be made unless the cost to the patient is the same or less than the cost of the prescribed biological product. This section applies to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the Medical Act.

The law requires when an alternative selection is made, the substitution of the biological prescribed product must be communicated to the patient.

The board must maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.

CURES
AB 679 (Allen), Chapter 778, Statutes of 2015

This measure extends the mandatory application date for pharmacists to obtain approval from the Department of Justice to obtain information online regarding the controlled substance history of a patient. Specifically, H&S section 11165.1 was amended to extend to July 1, 2016, the date by which dispensers and prescribers must apply to the Department of Justice to obtain approval to access information contained in the CURES database. This bill went into effect October 11, 2015, as an urgency statute.
End of Life Option Act is Enacted in California


Recognizing that pharmacists are trained to utilize professional judgment, including corresponding responsibility upon dispensing controlled substances prescriptions, the Board recommends that each pharmacist be aware of the fact that lethal doses of controlled substances may now be prescribed by providers who follow the requirements of this new law, and to be aware of this new law when contacted by a provider informing the pharmacist of the patient’s decision.

This law allows a Californian with a terminal illness and who complies with specified criteria to end his or her life through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. The law is very specific and contains procedures that physicians, pharmacists and patients need to follow. There are no exceptions to the requirements specified in the law.

Very generally, to qualify for a prescription for an aid-in-dying drug under the End of Life Option Act, a patient must be:

- A resident of California (specific qualifying criteria are provided in the law);
- 18 years of age or older;
- Mentally competent, i.e., capable of making and communicating his or her health care decisions; and
- Diagnosed with a terminal illness that will, within reasonable medical judgment, lead to death within six months.

The patient must be able to self-administer and ingest the aid-in-dying drug. Two physicians and a mental health specialist must determine whether all the prescribed criteria have been met before the prescription is written and transmitted to the pharmacy. There are also requirements for completion of specified documents (see Health and Safety Code (HSC) sections 443.10 - 443.11, and 443.22).

The Act provides that after a patient has made the necessary decisions, and the attending physician has found the patient qualified and the physician has performed his or her required duties under the Act, the prescriber may issue a prescription for the aid in dying drug (see HSC section 443.59(b)(2)).

The Act requires that a specified form must be used to request an aid-in-dying drug. That form must include, among other things, the following statement:

*I request that my attending physician prescribe an aid-in-dying drug that will end my life in a humane and dignified manner if I choose to take it, and I authorize my attending physician to contact any pharmacist about my request.*

**What Is an “Aid-in-Dying Drug”?**

An aid-in-dying drug is defined as “a drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to a terminal disease.” (see HSC section 443.1(b)).

The Act also recognizes the need for ancillary medication intended to minimize the qualified individual’s discomfort (see HSC section 443.5(b)(1)). An “ancillary medication” may be, for example, an anti-emetic that is prescribed concurrently to avoid nausea and vomiting after the administration of a lethal medication dose.

**What are Examples of Aid in Dying Drugs?**

Oregon has had a similar law to California’s End of Life Options Act since 1997. The most common drugs prescribed for this purpose in Oregon are secobarbital and pentobarbital. According to Medscape, the lethal dose prescribed is typically 9 g of secobarbital in capsules or 10 g of pentobarbital liquid. In either case, all the medication is to be consumed at one time and taken with juice or a preferred drink to mask the bitter taste.

Patients are typically prescribed an antiemetic at the same time, which they are directed to self-ingest about one hour before taking either medication to prevent nausea and vomiting.

**How Will a Pharmacist Know If a Prescription Is Written for an End of Life Purpose?**

After the attending physician performs the specified duties in the Act and with the request and consent of the qualified individual (the patient), the attending physician may contact a pharmacist, informing the pharmacist of the forthcoming prescription and delivering the prescription to the pharmacist in written form personally, by mail or electronically. The pharmacist may dispense the drug to the qualified individual, to the attending physician or to a person expressly designated by the qualified individual (as long as the designation is delivered to the pharmacist verbally or in writing).

**What Information Should a Pharmacist Provide During Counseling to the Patient or Family Member?**

The pharmacist must counsel the patient as with any other prescription drug dispensed. Some items a pharmacist dispensing an aid-in-dying drug may wish to keep in mind include:

- Nausea and vomiting are common with lethal medication doses; the pharmacist may counsel the patient or family member to contact the attending physician for assistance if the patient vomits after taking the medication.
End of Life Option Act
Continued from Page 8

- If a patient changes his or her mind after taking an aid-in-dying drug, the pharmacist may wish to counsel that emergency medical services be contacted immediately.

- All medication not in active use should be stored away from where others, including children, could access the medication.

May a Pharmacist Refuse to Dispense an Aid-in-Dying Drug?

A pharmacist (and other health care providers) may refuse to perform activities authorized under the Act, which are expressly voluntary.

The Act specifies: “a person or entity that elects, for reasons of conscience, morality, or ethics, not to engage in activities authorized pursuant to this part is not required to take any action in support of an individual’s decision” (see HSC section 443.14(e)).

What Advice May Be Provided to Patients or Family Members Who Contact the Pharmacy with a Request to Dispose of Unwanted Aid in Dying Medication?

The law requires that a person who has custody or control of any unused aid-in-dying drugs after the death of the patient, shall personally deliver the unused aid-in-dying drugs for disposal by delivering them to the nearest qualified facility that properly disposes of controlled substances, or if none is available, shall dispose of it by lawful means in accordance with guidelines promulgated by the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program (see HSC section 443.20).

The DEA drug-take back requirements are currently in effect. They allow pharmacies and other specified entities to assist patients with the disposal of their unwanted medication, which would include unused aid-in-dying medications.

Law enforcement agencies are one source authorized by the DEA to do such collection. Another option is to use “mail back” envelopes that are preaddressed with postage prepaid to facilities that are licensed to destroy unwanted pharmaceuticals in a manner compliant with the DEA requirements. These may be obtained from some pharmacies.

Additionally there are some pharmacies that are operating DEA-registered collection receptacles that conform to the federal requirements to accept unwanted pharmaceuticals from patients for disposal.

The board is in the process of promulgating drug take back regulations, and is currently reviewing public comments. The regulations define the manner in which pharmaceutical take back bins may be operated within California pharmacies and is expected to be final near the end of 2016.

The California State Board of Pharmacy may assist pharmacists and the public who are seeking solutions to dispose of unwanted aid-in-dying drugs by using one of the options above. To obtain information, please contact the “ask an inspector” program at ask.inspector@pharmacy.ca.gov or call the board at 916-574-7900.

Pharmacists and pharmacies may assist patients or families seeking to dispose of unused aid-in-dying drugs.

The law directs that:

A person who has custody or control of any unused aid-in-dying drugs prescribed pursuant to this part after the death of the patient shall personally deliver the unused aid-in-dying drugs for disposal by delivering them to the nearest qualified facility that properly disposes of controlled substances, or if none is available, shall dispose of it by lawful means in accordance with guidelines promulgated by the California State Board of Pharmacy or a federal Drug Enforcement Administration approved take-back program (see HSC section 443.20).

For more information:

1. Here is a link to the law:
   http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15

2. Here is a link to background information about right to life option: see page 12 of http://www.mbc.ca.gov/Publications/Newsletters/newsletter_2016_01.pdf
Seven persistent safety gaffes in community/ambulatory settings that we need to resolve!

“Seven persistent safety gaffes in community/ambulatory settings that we need to resolve!” ISMP Medication Safety Alert!® Community/Ambulatory Care, October 2014, Volume 12, Issue 10 is printed with the expressed written consent of ISMP to the California State Board of Pharmacy. See www.ismp.org

As we enter into the last quarter of 2014, our thoughts have been with the many exceptional efforts that have been undertaken in the past year to improve medication safety. We have been reflecting on the strength and resolve of many across the nation who have demonstrated an unparalleled commitment to keeping patients safe. Despite the many safety accomplishments in 2014, we can’t help but mull over persistent medication safety gaffes that continue unresolved and doggedly test our tenacity, often landing in our Worth repeating... newsletter feature, over and over again. We would like to share seven persistent safety gaffes of 2014 with ISMP newsletter readers with the hope that you will join us in bringing attention to these crucial issues and the compelling need for their resolution.

1) Patient counseling: Still only a veiled “offer” in many states

The effectiveness of patient counseling in a community pharmacy to detect and prevent medication errors, and its link to improved medication adherence and positive clinical outcomes, have been well documented in the literature. Yet, studies have placed patient counseling rates at only 8% to 42%. An increase in the frequency and quality of patient counseling has been linked to state-specific regulations that require patient counseling for new prescriptions coupled with strict enforcement surveillance. States that require an “offer” to counsel have very low patient counseling rates. Patients often fail to recognize an offer to counsel when simply asked, “Do you have any questions?” or told to “Please sign here.” They may not even know what to ask. This means that, with few exceptions, pharmacies in states that require only an offer to counsel will likely dispense a powerful opioid such as fentanyl transdermal patches, for example, and allow the patient or caregiver to walk out of the pharmacy without so much as a brief discussion about safe use and disposal. ISMP has long promoted mandatory patient counseling in community pharmacies for new prescriptions and prescriptions for targeted high-alert medications, with less emphasis on current ineffective regulations that require an “offer” to counsel for all medications.

2) Patients impacted by dispensing errors: Callous response from pharmacists

When patients report dispensing errors to ISMP, they are usually more upset about the response they received when contacting the pharmacist or pharmacy manager than the actual error itself. All too often, consumers tell us that pharmacy staff have responded in a callous manner when confronted with the possibility of a dispensing error, demonstrating a lack of empathy and concern for the adverse effects the patient might have experienced. The patients are often asked to return the erroneous medication to the pharmacy (relinquishing key evidence if legal remedy is sought) and then given the correct medication. Some pharmacies also offer a $25 discount coupon or refund for the cost of the erroneous prescription, but a signature may be required to document that the patient has accepted the coupon or refund as full restitution of the mistake. While pharmacy staff may want to be more responsive to patients who report errors, they are often following corporate policies that are focused on legal concerns. As patients are continually encouraged to be active participants in their healthcare, they want and deserve honest disclosure of errors and knowledge that there’s an action plan to reduce the risk of it happening again. In the coming months we will publish an article describing some of these cases and provide recommendations to prepare your staff to effectively and compassionately respond to an error or patient concern.

3) Vaccine errors: Repetitive errors reported in the last decade

How often do DTaP (diphtheria and tetanus toxoids, and acellular pertussis) and Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis) vaccine mix-ups need to occur before regulatory action is taken to prevent confusion? Whatever the number, we can say that we have probably met that threshold! Yet, vaccine errors like this continue to occur at an alarming rate (based on those reported to ISMP alone). Vaccine mix-ups occur often due to age-dependent formulations of the same vaccine, similar vaccine abbreviations, similar vaccine containers and labels, and storage near each other. Confusion between the diluent and vaccine has led to administration of the diluent alone, or use of the wrong diluent. With an unfortunate rise in parents choosing not to vaccinate their children or themselves, we cannot continue to make errors when vaccinating those who choose to be immunized—the impact on both individual and community immunity may be far-reaching.

4) Wrong patient errors: Not opening the bag at the point-of-sale

Community pharmacies are vulnerable to dispensing correctly filled prescriptions to the wrong patient at the point-of-sale, a risk that is well substantiated in the literature. This error is not influenced by the attributes of a specific medication; thus, dispensing any prescription medication to the wrong patient at the point-of-sale carries a similar level of risk. Based on an ISMP study, the error happens frequently at an estimated rate of 1.22 per 1,000 prescriptions.

See Seven persistent safety gaffes Page 11
Seven persistent safety gaffes
Continued from Page 10

Among approximately 56,000 community pharmacies in the US, this error rate suggests that 332,755 prescriptions will be dispensed to the wrong patient each month, or about 6 every month per pharmacy. One of the most effective ways to prevent this error is to open the bag of filled prescriptions at the point-of-sale to verify that the medications are for the correct patient. With this simple step, the risk of error is reduced by 56%, according to the ISMP study. Yet, few pharmacies follow this practice.

5) Disrespectful behavior: A history of tolerance in healthcare

Bullying, incivility, and other forms of disrespectful behavior are still rampant in healthcare and allowed to exist. We tolerate the behavior, remain silent, or make excuses in an attempt to minimize the profound devastation that disrespectful behavior causes. An ISMP survey conducted in 2003 clearly demonstrated the scope of disrespectful behavior among many levels of interdisciplinary staff, and an ISMP survey a decade later demonstrates little progress. Disrespect diminishes a person’s ability to think clearly, make sound judgments, speak up regarding questions, or avoid at-risk behaviors. Disrespectful behaviors also underlie a resistance to collaborate with others, follow procedures that promote safe practices, or implement new safety practices. While a culture of disrespect is harmful on many levels, its effect on patient safety makes it a matter of national urgency.

6) Compounded pain creams: High profit margin and danger

Some compounding pharmacies have been heavily marketing compounded pain creams directly to consumers via unsolicited calls, suggesting that the creams are more effective and safer than oral or injectable pain medications. Many of the creams contain drugs that can cause central nervous system depression or adverse cardiac effects, and most have not been US Food and Drug Administration (FDA)-approved for use in combination with each other or for topical use. Patients are charged per ingredient, with many creams containing numerous, expensive medications. Toxicity from the creams has been reported to poison control centers, including cases of accidental child exposures and intentional use for multiple family members. Patients are often unaware of the dangers with using the creams, including unsafe packaging in containers without child-resistant closures. We are specifically concerned about some statements that may be unproven, such as the products’ safe use with children. Compounded pain creams need prominent warnings on labels that describe the potential for toxicity, and physicians and pharmacists who prescribe and dispense the creams must provide patients with instructions about possible adverse effects, safe storage, and proper use. We believe regulatory or licensing oversight is necessary.

7) Clear Care: Still causing severe eye injuries 5 years later

Since early 2010, ISMP has received scores of reports of painful eye injuries from patients using CLEAR CARE Cleaning & Disinfecting Solution for contact lenses, by Alcon (formerly CIBA VISION), a Novartis company, and similar store brand products. Hundreds more can be found on Internet listservs. Located on store shelves near other lens disinfectants and solutions, these disinfecting products differ from other commonly used solutions in that it must be used with a special lens case to neutralize the 3% hydrogen peroxide component of the solution over at least 6 hours before putting the lenses back into the eyes. However, many have used the solution inadvertently to soak their lenses in a standard lens case, or thought the solution was saline and instilled it directly into their eyes. This has caused severe eye burning, leading many to seek out emergency medical care for corneal burns. In 2012, Alcon made a label enhancement to warn customers to use the special lens case, but the label change has been ineffective. Neither the company nor the FDA’s device division have been persuaded to make effective label improvements before permanent eye injury or blindness occurs. If the labeling and packaging cannot be improved to reduce the harm being reported, perhaps these products should be pulled from the market or available only behind the pharmacy counter?

President’s Message
Continued from Page 2

and stay engaged. Agenda and meeting materials are posted on the board’s website at least 10 days before a meeting, which provides attendees with the ability to view discussion material. Come to a public meeting and provide input to the board - share your expertise and be a part of the outcome of the discussion!

Protocols in Place:

Hormonal Contraception: http://www.pharmacy.ca.gov/licensing/homonal_contraception.shtml

Nicotine Replacement Therapy: http://www.pharmacy.ca.gov/licensing/nicotine_info.shtml

Naloxone: http://www.pharmacy.ca.gov/licensing/naloxone_info.shtml

For pending regulations: http://www.pharmacy.ca.gov/laws_regs/regulations.shtml
Nicotine Replacement Therapy
Now Available Without Prescription
Pharmacists Can Furnish Nicotine Replacement Therapy for Smoking Cessation through California’s State Protocol

The California State Board of Pharmacy announces that regulations are now in effect for pharmacists to furnish nicotine replacement therapy (NRT), to assist patients in smoking cessation. The regulation became effective January 25, 2016.

Pharmacists undergo lengthy education in drug therapy. Additionally, pharmacists dispensing the NRT must complete two hours of approved continuing education and ongoing biennial training on NRT.

To provide these services, pharmacists must ask about a patient’s:

• current tobacco use and previous attempts to quit;
• whether she is pregnant or plans to become pregnant;
• recent heart attack within the last two weeks;
• history of palpitations, irregular heartbeats, or diagnosis of arrhythmia;
• frequent chest pain or diagnosis of unstable angina;
• nasal allergies; and
• TMJ history.

Based on these answers and the pharmacist’s professional judgment, the pharmacist will provide the NRT; provide the NRT with cautions; or refer the patient to a health care professional.

In 2014, nearly 17 out of every 100 US adults smoke cigarettes - - equating to about 40 million adults in the US according to the CDC. Cigarette smoking is the leading cause of preventable disease and death in the US, accounting for 480,000 deaths every year. Over 16 million Americans live with smoking-related diseases.

Pharmacists obtained this authority by SB 493 (Hernandez), which authorizes the furnishing of NRT pursuant to a state protocol that was developed by the Board of Pharmacy and Medical Board of California.

“Quitting smoking is difficult to do, but important to patient health. Pharmacists can now offer greater assistance to individuals who have decided to quit smoking,” said Board of Pharmacy President Amy Gutierrez.

Click here to view the regulation: http://www.pharmacy.ca.gov/laws_regs/1746_2_ooa.pdf

Click here to view more Nicotine Replacement Therapy Protocol information: http://www.pharmacy.ca.gov/licensing/nicotine_info.shtml
NALOXONE PROTOCOL IN EFFECT: Overdose Rescue Drug Now Available from Pharmacists Without Prescription

Pharmacists Can Furnish Naloxone for Opioid Overdose

The Board’s final regulations are now in effect for pharmacists to furnish, without a prescription, naloxone (also known as Narcan), an antidote to reverse opioid overdose. The regulation became effective January 27, 2016.

Pharmacists’ authority to furnish naloxone was established by AB 1535 (Bloom), which was passed in 2014. The law authorized the furnishing of naloxone pursuant to a protocol developed by the Board of Pharmacy and approved by the Medical Board of California.

Naloxone is now available by request or at the suggestion of a pharmacist in California pharmacies. Individuals who themselves are not using prescription drugs may obtain naloxone for use for others in emergencies.

Pharmacists dispensing the potentially life-saving medication must successfully complete one hour of continuing education on all forms of naloxone hydrochloride, screen for any hypersensitivity to naloxone and must provide the recipient with training in opioid overdose prevention, recognition, response and on the administration of naloxone.

A copy of the protocol is available at http://www.pharmacy.ca.gov/licensing/naloxone_info.shtml

“Statistics from 2014 continue to show that deaths from prescription drugs continue to claim more lives than motor vehicle accidents,” said Board of Pharmacy President Amy Gutierrez. “Pharmacists are well positioned to provide this medication to appropriate recipients,” she said.

Naloxone is a non-narcotic, prescription drug that reverses the immediate effects of opiate overdose, but 911 must be called immediately following administration for medical assistance. Naloxone blocks the receptors in the brain from the effects of the opioids and can restore breathing. It may be administered by intramuscular injection, intranasal spray or auto-injector.

The need for naloxone is demonstrated by such statistics as:

- National overdose deaths from prescription opioids have increased 3.4-fold while deaths from heroin increased 6-fold from 2001 to 2014.
- According to the California Department of Public Health, California deaths involving prescription pain medications have increased 16.5 percent since 2006.
- From 2008 to 2012, there were 7,428 prescription opioid-related deaths in the state.
- In 2012 alone, there were more than 1,800 opioid-related deaths in California and 72 percent of those deaths involved prescription pain medications.

Resources on the Board’s Website:

Click here to view the regulation: http://www.pharmacy.ca.gov/laws_regs/1746_3_ooa.pdf

Click here to view the naloxone fact sheet: http://www.pharmacy.ca.gov/publications/naloxone_fact_sheet.pdf

Click here to view the Board of Pharmacy Prescription Drug Abuse Prevention page and public service announcement video: http://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml

Click here for sample container labels: http://www.pharmacy.ca.gov/publications/labels_info.shtml

Click here to view AB 1535 (Bloom): http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1535&search_keywords
Board Changes Requirements for the Pharmacist Examination for Recent Graduates

In 2015, the board sponsored legislation designed to streamline the application process for individuals who will graduate from an ACPE-accredited school of pharmacy on or after January 1, 2016. Specifically, the law was amended to allow the board to accept transcripts from the ACPE-approved school of pharmacy as proof of completion of the required intern experience necessary to qualify for the pharmacist examination. These provisions were included in SB 590 (Stone, Chapter 147, Statutes of 2015).

Revised instructions have been posted on the board’s website. Any questions regarding these changes can be directed to intern-examstatus@dca.ca.gov.

Board is Seeking Subject Matter Experts

The California State Board of Pharmacy continues to seek subject matter experts specializing in the institutional or community practice to serve as subject matter experts to assist the board with examination development activities. Subject matter experts primarily provide development and review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). The CPJE consists of 90 multiple-choice items that test competency in patient communication skills, pharmacy law and application of clinical knowledge.

Practicing California pharmacists licensed within the last five years are particularly encouraged to apply to serve in this capacity. Experts generally meet five times annually in two-day meetings. Attendance at each meeting is crucial.

Experts are approved by the board and generally serve in this capacity for four years; however, individuals can serve in this capacity for a longer duration with approval of the board.

Interested individuals are encouraged to submit an application including a curriculum vitae, a cover letter describing the applicant’s pharmaceutical experience or practice, and three letters of reference from pharmacists familiar with the applicant’s work. Please submit your applications to:

Subject Matter Experts Appointments
Board of Pharmacy
1625 North Market Street, Suite N 219
Sacramento, CA 95834
CE hours are awarded for attending one day of a Pharmacy Board or Board Committee meeting

Continuing education (CE) hours are awarded to encourage pharmacists and pharmacy technicians to learn more about the issues and operation of the Board. These hours can be earned by:

- Attending one full day of a Board meeting per year (maximum of six hours of CE per year); or
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings—maximum of four hours per year).

Note: It is the pharmacy technician’s responsibility to determine from the Pharmacy Technician Certification Board how many, if any, of the above hours are acceptable for recertification with that board. Recertification is NOT a requirement of the California State Board of Pharmacy for pharmacy technician license renewal.

Board of Pharmacy meetings are held at least four times per year: typically January, April, July and October. There are four committees that usually hold public meetings prior to each board meeting:

- Enforcement and Compounding Committee—Makes recommendations to the Board regarding oversight of all regulatory and enforcement activities to strengthen consumer protection.
- Licensing Committee—Makes recommendations to the Board regarding the development of standards for the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and recommends regulations that advance the vision and mission of the Board to improve the health and safety of Californians.
- Communication and Public Education Committee—Prepares information to improve consumer awareness and licensee knowledge.

Attendance at these meetings provides an opportunity to participate in the development of policies that will guide the board in its decision-making. Frequently, both statutory and regulatory texts are formulated at such meetings, modifications to current programs are developed, and evidence-based decisions are made.

Board or committee meetings are held in various locations throughout California to give the public and licensees the opportunity to attend. No reservations are needed; you simply arrive at the meeting location at the start of the meeting. For board meetings, only one day is designated as eligible for CE. This is specified on the agenda. To obtain CE credit for attending committee meetings, attendees must arrive at the designated start of the meeting and register on the CE sign-in sheet, and sign out when they leave.

Future Board meeting dates are:

- October 26-27, 2016

Additional information regarding the dates, locations, and agendas for Board and committee meetings will be posted on the board’s Web site, http://www.pharmacy.ca.gov/about/meetings.shtml, at least 10 days prior to each meeting. Also, about five days before each meeting, you may download meeting information packets that contain background information and action items that will be discussed during the meeting.
Board Honors Pharmacists Registered for at Least 50 Years

In an ongoing feature of The Script, the Board of Pharmacy pays tribute to those who have been registered California pharmacists on active status for at least 50 years. The Board 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.

Pharmacists who recently received a certificate commemorating 50 years of service and were invited to attend Board meetings to be publicly honored are:

- Adair, Suzanne Lee
- Alexander, Penrod N
- Alexander, Linda Sue
- Cernok, John Theodore
- Cherico, Myron Anthony
- Davis, George R.
- Fleischer, Michael
- Frank, Joel Mark
- Galanti, Elaine F.
- Grauss, Phillip E.
- Groman, Michael B.
- Guler, Harvey
- Hersh, Robert G.
- Julian, Vallee E.
- Kirschner, Ely A.
- Kwong, Benjamin
- Ladis, Arnold M.
- Lew, Clifford
- Lipton, Howard Alan
- Missakian, Michael
- Mohrmann, Robert Henry
- Ott, Vernon W.
- Pacheco, Argentina G.
- Randall, Leonard Ira
- Rosenthal, Harvey
- Thoen, Richard D.
- Wilford, Grant Hallam
- Wilkenfeld, Isaac
- Wilson, Willard E., III

Fairfield, CA
Los Angeles, CA
Clovis, CA
Huntington Beach, CA
San Marino, CA
Madera, CA
Greenbrae, CA
Plano, TX
Northridge, CA
Novato, CA
Los Angeles, CA
Westlake Village, CA
Simi Valley, CA
Napa, CA
Newton, MA
Palo Alto, CA
Rancho Bernardo, CA
Fremont, CA
Anaheim, CA
Healdsburg, CA
San Diego, CA
Hesperia, CA
Canyon Country, CA
Tarzana, CA
Woodside, CA
Sunnyvale, CA
San Juan Capistrano, CA
W Linn, OR
Black Butte Ranch, OR

The following pharmacists were honored for being licensed for 50 years at a previous Board meeting:

Ronald P. Bode
Pierre S. Del Prato
Richard Z. Fond

Ronald E. Grady
Gary W. Gray
Rosalie Jean Mc Ilroy

James R. Pontello
Gary D. Reeder
Vincent G. Sue

Norman E. Willis
Richard L. Wolfe
Explanation of Disciplinary Terms

**Accusation Filed**—an accusation is the document containing the charges and allegations of violations of the law filed when an agency is seeking to discipline a license.

**Effective Date of Action**—the date the disciplinary action goes into operation.

**Revocation or Revoked**—the license is revoked as a result of disciplinary action by the Board, and the licensee’s right to practice or operate a Board-licensed entity is ended.

**Revoked, Stayed**—the license is revoked, but the revocation is postponed until the Board determines whether the licensee has failed to comply with specific probationary conditions, which may include suspension of the licensee’s right to practice.

**Stipulated Settlement**—the board and a licensee mutually agree to settle a disciplinary case brought by the board by way of a settlement agreement.

**Stayed**—the revocation or suspension action is postponed, and operation or practice may continue so long as the licensee fully complies with any specified terms and conditions.

**Probation**—the licensee may continue to practice or operate a Board-licensed entity under specific terms and conditions for a specific period of time.

**Voluntary Surrender**—the licensee has agreed to surrender his or her license, and the right to practice or operate Board-licensed entity is ended. The board may agree to accept the surrender of a license through a “stipulation” or agreement.

**Suspension**—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time.

**Suspension/Probation**—the licensee is prohibited from practicing or operating a Board-licensed entity for a specific period of time, and the right to practice or operate is contingent upon meeting specific terms and conditions during the probationary period.

**PC 23 Order Issued**—the licensee is restricted from practicing or operating a Board-licensed entity by a court order that is issued under the provisions of Penal Code section 23.

**Public Reprimand**—resulting from a disciplinary action, the licensee is issued a letter of public reprimand.

**Reinstatement of License**—a previously revoked or suspended license is reinstated with or without specified terms and conditions.

**Statement of Issues**—a legal document that details the factual or legal basis for refusing to grant or issue a license.

Disciplinary Actions

**October 1, 2015 – March 31, 2016**

**Personal Licenses**

**Pharmacy Technicians**

Acevedo, Noemi, TCH 81339, Administrative Case AC 5099
Fontana, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the decision

Antoniano, Richard M., TCH 3639, Administrative Case AC 5052
Long Beach, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Archibald, Dimitri Deon, TCH 119075, Administrative Case AC 5386
Westminster, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the decision

Acosta, Melissa, TCH 121953, Administrative Case AC 5387
Whittier, CA

Aquino, Kareen D., TCH 58457, Administrative Case AC 4722
Arleta, CA
**Disciplinary Actions**  
*Continued from Page 17*

Banks, Leelah Jean, TCH 57721, 
Administrative Case AC 4704 
Duarte, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 10/16/2015.  
View the Decision 

Barajas, Jr., Manuel, TCH 61269, 
Administrative Case AC 5128 
Downey, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 10/30/2015.  
View the Decision 

Barrera, Jessica Lorraine, TCH 92126, 
Administrative Case AC 5081 
Adeltanto, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 11/13/2015.  
View the Decision 

Beck-Natson, Marquece J. Ion, TCH 5437 
Pittsburg, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 10/16/2015.  
View the Decision 

Bernal, Reena, TCH 106755, 
Administrative Case AC 5496 
Oxnard, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 03/17/2016.  
View the Decision 

Biggam, Eileen Elizabeth, Applicant, 
Statement of Issues Case SI 5503 
Aptos, CA  
View the Decision 

Boadijian, Zareh, TCH 43136, 
Administrative Case AC 5081 
Glendale, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 01/08/2016.  
View the Decision 

Bumanglag, Matthew Salanga, TCH 5498 
Cypress, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 12/18/2015.  
View the Decision 

Carrasco, Alice Elain, TCH 75891, 
Administrative Case AC 5431 
Dinuba, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 02/19/2016.  
View the Decision 

Chan, Elaine, TCH 36761, Administrative Case AC 5000 
San Francisco, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 03/17/2016.  
View the Decision 

Chohan, Jaspreet Singh, TCH 123446, 
Administrative Case AC 5370 
Modesto, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 01/08/2016.  
View the Decision 

Claustro, Fernando L., TCH 109536, 
Administrative Case AC 5368 
Upland, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 12/18/2015.  
View the Decision 

Cousart, Freddrick John, TCH 125562, 
Administrative Case AC 5174 
Pittsburg, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 12/09/2015.  
View the Decision 

Cruz, Jancy, Alexia, TCH 145532, 
Administrative Case AC 5596 
Los Angeles, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 03/17/2016.  
View the Decision 

Dahl, Jodie Ann, TCH 51991, 
Administrative Case AC 5318 
Chandler, AZ  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 02/19/2016.  
View the Decision 

See Disciplinary Actions, Page 19
Disciplinary Actions  
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Dulac, Buffy Jeanne, TCH 117193, Administrative Case AC 5424  
Orland, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 12/18/2015.  
View the Decision

Garcia, Edwin S., TCH 43036, Administrative Case AC 4732  
Canoga Park, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 10/16/2015.  
View the Decision

Duong, Tri Minh, Applicant, Statement of Issues Case SI 5504  
Fountain Valley, CA  
Through a disciplinary action of the Board, the Application for Pharmacist Examination and Licensure is granted. Upon satisfaction of all statutory and regulatory requirements, the license shall be issued and subject to public reproval.  
Decision effective 03/17/2016.  
View the decision

Garcia, Yesenia Ivette, TCH 69715, Administrative Case AC 5292  
Los Angeles, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 03/11/2016.  
View the decision

Fanny, Kelessery Yah, Applicant, Statement of Issues Case SI 5339  
Silver Spring, MD  
View the Decision

Gonzales, Janisce, TCH 78760, Administrative Case AC 5626  
San Diego, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 02/24/2016.  
View the decision

Felardo, Melissa, TCH 59902, Administrative Case AC 5148  
Union City, CA  
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 4 years, and is subject to the terms and conditions in the decision.  
Decision effective 12/04/2015.  
View the Decision

Hall, Windi Michelle, TCH 52571, Administrative Case AC 4729  
Colton, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 11/13/2015.  
View the Decision

Flores, Casey Danielle, TCH 104378, Administrative Case AC 5143  
Woodland Hills, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Effective 12/09/2015.  
View the Decision

Hallen, Breanne M., TCH 127653, Administrative Case AC 5439  
Riverside, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 10/26/2015.  
View the Decision

Franks, Rene Michelle, TCH 122763, Administrative Case AC 5340  
Camarillo, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 11/13/2015.  
View the Decision

Hernandez, Gabriel Alonso, TCH 126133, Administrative Case AC 5543  
South Gate, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 01/22/2016.  
View the decision

Hernandez, John Daniel, TCH 101676, Administrative Case AC 5360  
San Gabriel, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 10/19/2015.  
View the Decision

Hildebrandt, Ashlyn Nicole, TCH 134933, Administrative Case AC 5397  
Glendora, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 10/30/2015.  
View the Decision

Isidro, Jason Amis, Pharmacy Technician Applicant, Statement of Issues Case SI 5577  
Reno, NV  
View the decision

Issaian, Annette, TCH 83002, Administrative Case AC 5338  
Glendale, CA  
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.  
Decision effective 03/30/2016.  
View the decision

Jackson, Shanna Marie, TCH 3677, Administrative Case AC 5646  
Oceanside, CA  
Through a disciplinary action of the Board, the license is voluntarily surrendered.  
Decision effective 01/22/2016.  
View the decision

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Disciplinary Actions
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Janeway, Tameka M., TCH 34800, Administrative Case AC 5448
Santa Cruz, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the decision

Johnson, Erica, Applicant, Statement of Issues Case SI 5510
Winchester, CA
Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 02/19/2016.
View the decision

Kouyoumdjian, Avedis, TCH 66161, Administrative Case AC 4691
Glendale, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Linn, Khin Maung, TCH 104231, Administrative Case AC 5363
Daly City, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/18/2015.
View the Decision

Lomeli, Eulalio, TCH 94369, Administrative Case AC 4690
Chandler, AZ
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Lopez, Socorro, TCH 124126, Administrative Case AC 5146
Montebello, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/26/2015.
View the Decision

Lopez, Troy Dean, TCH 79058, Administrative Case AC 5457
San Marcos, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/18/2015.
View the Decision

Louis, Donavan Percival, TCH 118663, Administrative Case AC 5263
Bellflower, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/24/2016.
View the decision

Luna, Anaym Melissen, TCH 135843, Administrative Case AC 5366
Huntington Beach, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 1/29/2016.
View the decision

Madrid, Joseph Elijah, TCH 78849, Administrative Case AC 5116
Fontana, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/08/16.
View the decision

Madrigal, David, TCH 112091, Administrative Case AC 5485
Stockton, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/25/2016.
View the decision

Maertz-Restuchi, Ashley Kate, TCH 121680, Administrative Case AC 4943
Redding, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/08/16.
View the decision

Magana, Gabriel, TCH 99110, Administrative Case AC 5594
Perris, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/11/2016.
View the decision

Manual, Darius Donte, TCH 111690, Administrative Case AC 5276
Gardena, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Effective 12/09/2015.
View the Decision

Margetts, Megan Joyce, TCH 131276, Administrative Case AC 4908
Paradise, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 11/09/2015.
View the Decision

Martin Del Campo, Laura, Applicant, Statement of Issues Case SI 5415
El Monte, CA
Through a hearing decision adopted by the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 1/29/2016.
View the decision

Medina, Martin Arnulf, Applicant, Statement of Issues Case SI 5416
Baldwin Park, CA
Through a disciplinary action of the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 02/24/2016.
View the decision

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Mendoza, Corinne A., TCH 33289, Administrative Case AC 4824
Angels Camp, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 01/08/2016.
View the decision

Moore, Paul W., TCH 71231, Administrative Case AC 4701
Los Angeles, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/26/2015.
View the Decision

Morris, Jeffrey Sean, TCH 103171, Administrative Case AC 5256
Fremont, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 11/18/2015.
View the Decision

Munoz, Giovanni, TCH 87321, Administrative Case AC 4780
Van Nuys, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 11/06/2015.
View the Decision

Nguyen, Hieu Trong, Applicant, Statement of Issues Case SI 5444
Newark, CA
Through a disciplinary action of the Board, the Application for Pharmacy Technician Registration is denied.
Decision effective 3/30/2016.
View the decision

Nitkin, Ryan Howard, TCH 122975, Administrative Case AC 5293

Rancho Cucamonga, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 03/11/2016.
View the decision

Nuqui, Aaron, TCH 124310, Administrative Case AC 5164
Daly City, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 01/08/2016.
View the decision

O’Hara, Timothy Joseph, TCH 115814, Administrative Case AC 5434
Roseville, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/18/2015.
View the Decision

Ouassil, Joseph Abdellah, TCH 105898, Administrative Case AC 5433
Clovis, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 12/18/2015.
View the Decision

Park, Taeryong, TCH 32183, Administrative Case AC 4774
Studio City, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/17/2016.
View the decision

Perez, Andrew Mitchell, Applicant, Statement of Issues Case SI 5284
Whittier, CA
Through a hearing decision adopted by the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 10/26/2015.
View the Decision

Perry, Angelika Diorre, TCH 120303, Administrative Case AC 5584
Inglewood, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/25/2016.
View the decision

Powers, Karen Klovanish, Applicant, Statement of Issues Case SI 5570
San Marcos, CA
Through a disciplinary action of the Board, the Application for Pharmacist Examination and Licensure is granted. Upon successful completion of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and Respondent is placed on probation for 3 years subject to the terms and conditions in the decision.
Decision effective 01/22/2016.
View the decision

Ramsey, Justin Allen, Applicant, Statement of Issues Case SI 5333
Vista, CA
Through a disciplinary action of the Board, the Application for Pharmacist Examination and Licensure is granted. Upon satisfaction of all statutory and regulatory requirements, the license is issued, immediately revoked, the revocation stayed, and Respondent is placed on probation for 4 years subject to the terms and conditions in the decision.
View the decision

Rendon, Orlando, TCH 139996, Administrative Case AC 5580
Garden Grove, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/08/16.
View the decision

Rinehart, Deborah G., TCH 25355, Administrative Case AC 5231
Magalia, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/17/2016.
View the decision

See Disciplinary Actions, Page 22
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Rodriguez, Nieko Anthony, TCH 113517, Administrative Case AC 5561
Sacramento, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 1/29/2016.
View the decision

Sacramento, CA

Rome, Amanda Marie, TCH 137190, Administrative Case AC 5583
Antioch, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 03/11/2016.
View the decision

Samaniego, Nevinn Enieda, TCH 106433, Administrative Case AC 5214
Bellflower, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/30/2015.
View the decision

Sandoval Hernandez, Oscar O., TCH 115834, Administrative Case AC 5435
Anaheim, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 11/09/2015.
View the decision

Santos, Nathasja Heidi, TCH 64134, Administrative Case AC 4989
Pasadena, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/22/2016.
View the decision

Schichel, Daniel P., TCH 117404, Administrative Case AC 5196
Wildomar, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/30/2015.
View the Decision

Schoeller Suarez, Kristen Jean, TCH 5380, Administrative Case AC 5201
Santa Barbara, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 01/08/2016.
View the decision

Scott, Jamie L., TCH 42484, Administrative Case AC 5200
Carmichael, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/24/2016.
View the decision

Scott, Miranda Sue, TCH 41378, Administrative Case AC 5311
Torrance, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 12/04/2015.
View the Decision

Singh, Ranjina Devi, TCH 108199, Administrative Case AC 5414
Clovis, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 12/18/2015.
View the Decision

Soria, Eric, TCH 102812, Administrative Case AC 4868
Paramount, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the Decision

Sowa, Israel Ebenezer, Applicant, Statement of Issues Case SI 5454
Santa Ana, CA
Through a hearing decision adopted by the Board, the Application for Registration as Pharmacy Technician is denied.
Decision effective 12/30/2015.
View the Decision

Scott, Jamie L., TCH 42484, Administrative Case AC 5200
Carmichael, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/24/2016.
View the decision

Szalay, Matthew J., Applicant, Statement of Issues Case SI 5288
Clovis, CA
Through a hearing decision adopted by the Board, the Application for Registration as a Pharmacy Technician is denied.
Decision effective 12/04/2015.
View the Decision

Speer, Rebecca Jo, Applicant, Statement of Issues Case SI 4309
Murrieta, CA
Through a hearing decision adopted by the Board, the Application for Registration as Pharmacy Technician is granted.
Decision effective 12/04/2015.
View the Decision

Thomas, Sharna Janay, TCH 104559, Administrative Case AC 4398
Inglewood, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/26/2015.
View the Decision

Tibbitts, Jennifer Crystal, TCH 85806, Administrative Case AC 5436
Santa Cruz, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the decision

See Disciplinary Actions, Page 23
Disciplinary Actions
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Tran, Nella, TCH 124574, Administrative Case AC 4492
El Monte, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 02/19/2016.
View the decision

Turdell, Alyssa, TCH 79229, Administrative Case AC 5546
Descanso, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 1/29/2016.
View the decision

Ureta, Jessica J., TCH 113716, Administrative Case AC 5568
La Palma, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/19/2016.
View the decision

Valencia, Carlos, TCH 58672, Administrative Case AC 4761
La Puente, CA 91744
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/16/2015.
View the Decision

Welts, Tenaya Alisha, TCH 130095, Administrative Case AC 5528
Indio, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/30/2015.
View the Decision

Wilbur, Colin Trent, TCH 51216, Administrative Case AC 5362
Loma Linda, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/18/2015.
View the Decision

Wingfield, Eugene De Angelo, TCH 108779, Administrative Case AC 5465
Sacramento, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/08/2016.
View the decision

Zaflow, Steven, TCH 90163, Administrative Case AC 5462
North Hollywood, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/16/2015.
View the Decision

Intern Pharmacists
Le, Viet Du, INT 31273, Administrative Case AC 5471
Garden Grove, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 01/08/2016.
View the decision

Pharmacists
Amin, Jay, RPH 65778, Administrative Case AC 5529
Tucson, AZ
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/22/2016.
View the decision

Amodeo, Kenneth, RPH 37646, Administrative Case AC 4801
Agoura Hills, CA
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproval.
Decision effective 11/09/2015.
View the Decision

Brodt, Brandon, RPH 43082, Administrative Case AC 5000
Richmond, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is extended on probation for 1 year, and is subject to the terms and conditions in the decision.
Decision effective 03/30/2016.
View the decision

See Disciplinary Actions, Page 24
**Disciplinary Actions**
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Chin, Gary, RPH 32898, Administrative Case AC 5204
Sacramento, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 1/29/2016.
View the decision

Chung, Raymond, RPH 68467, Administrative Case AC 5350
San Francisco, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/16/2015.
View the decision

Cirves, Terri, Rene, RPH 40376, Administrative Case AC 5396
Long Beach, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 03/17/2016
View the decision

Garlick Lorie, RPH 40211, Administrative Case AC 5468
Sacramento, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 1/29/2016.
View the decision

Gerges, Raafat G., RPH 45091, Administrative Case AC 5224
Riverside, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 10/02/2015.
View the Decision

Gregorian, Fred, RPH 47542, Administrative Case AC 4877
Northridge, CA 91326
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/16/2015.
View the Decision

Hariri, Nira, RPH 52003, Administrative Case AC 5004
Encino, CA
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproval.
Decision effective 12/04/2015.
View the Decision

Helmstetter, Philip L., RPH 41208, Administrative Case AC 4846
El Cajon, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/04/2015.
View the Decision

Hernandez, Orlando, RPH 37523, Administrative Case AC 5238
Pasadena, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 12/04/2015.
View the Decision

Hua, Michael Can, RPH 61291, Administrative Case AC 5041
Huntington Beach, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 11/09/2015.
View the Decision

Killian, Jeffrey Allen, RPH 56456, Administrative Case AC 5411
San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 10/16/2015.
View the Decision

Lane, Robert M., RPH 23877, Administrative Case AC 4571
Long Beach, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Le, Vickie Hanh, RPH 45667, Administrative Case AC 4872
San Gabriel, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the license is placed on probation for 3 years and is subject to the terms and conditions in the decision.
Decision effective 1/29/2016.
View the Decision

Lease-Shaw, Kristin, RPH 52971, Administrative Case AC 5379
S. Lake Tahoe, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 02/19/2016.
View the decision

Lim, Paul Aquinas, RPH 40911, Administrative Case AC 5331
South Pasadena, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 10/30/2015.
View the Decision

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**Disciplinary Actions**

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Macaluso, Joseph Paul, RPH 25224, Administrative Case AC 5079
Vista, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 01/08/2016.
View the decision

Melamed, Shahla Keyvanfar, RPH 42096, Administrative Case AC 5455
Beverly Hills, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 11/06/2015.
View the Decision

Miles, Kent La Dell, RPH 30244, Administrative Case AC 5005
Simi Valley, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/30/2015.
View the Decision

Mote, Raylene Louis, RPH 30439, Administrative Case AC 4643
Loma Linda, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.
Decision effective 03/11/2016.
View the decision

Nguyen, Thinh Phu, RPH 64877, Administrative Case AC 5000
San Francisco, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision.
Decision effective 03/30/2016.
View the decision

Nguyen, Van Nhu, RPH 66262, Administrative Case AC 5493
Yucaipa, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 02/24/2016.
View the decision

Pulido, Antonio, RPH 61643, Administrative Case AC 4467
Lomita, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision including a one year suspension.
Decision effective 11/09/2015.
View the Decision

Racino, Ryan D., RPH 63651, Administrative Case AC 5096
San Diego, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/16/2015.
View the Decision

Sarao, Ligaya, RPH 40744, Administrative Case AC 5168
Fair Oaks, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Shah, Mayank Parimal, RPH 57834, Administrative Case AC 5041
Downey, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/16/2015.
View the Decision

Skye, Natalya, RPH 55396, Administrative Case AC 5303
Sherman Oaks, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 10/16/2015.
View the Decision

See Disciplinary Actions, Page 26
Disciplinary Actions
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Stark, Brett A., RPH 44331, Administrative Case AC 5273 Vista, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision, including a 90-day suspension. Effective 12/09/2015.
View the Decision

Todd, Cristina A., RPH 54293, Administrative Case AC 4962 Visalia, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years and is subject to the terms and conditions in the decision. Decision effective 01/08/2016.
View the decision

Vo, Chau, Trung, RPH 55532, Administrative Case AC 5040 San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision. Decision effective 03/17/2016.
View the decision

Yasmeh, Robert, RPH 48357, Administrative Case AC 4578 San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision. Decision effective 11/06/2015.
View the Decision

Business Licenses

Sites

Balboa Pharmacy, PHY 53437, Administrative Case AC 4578 San Diego, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years, and is subject to the terms and conditions in the decision. Decision effective 03/17/2016.
View the decision

Boies Medical Center Pharmacy, PHY 51468, Administrative Case AC 5221 Turlock, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered. Decision effective 03/17/2016.
View the decision

CDM Drugs, PHY 46007, Applicant Sterile Compounding License, Statement of Issues Case SI 5266 Newport Beach, CA
View the decision

Coronado Pharmacy, PHY 32888, Administrative Case AC 4846 Coronado, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended. Decision effective 12/04/2015.
View the Decision

Four Fifty Sutter Pharmacy, PHY 45225, Administrative Case AC 5000 San Francisco, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until 6/28/2016 at which time the pharmacy shall be sold, its ownership transferred, or it shall be closed. Decision effective 03/30/2016.
View the decision

Harbor Compounding and Home Health Care Pharmacy, PHY 50397, Administrative Case AC 5041 Costa Mesa, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision. Decision effective 11/09/2015.
View the Decision

See Disciplinary Actions, Page 27
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Harbor Compounding Pharmacy, LSC 99688, Administrative Case AC 5041
Costa Mesa, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
Decision effective 11/09/2015.
View the Decision

Home Care Pharmacy, PHY 32722, Administrative Case AC 5005
Simi Valley, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 12/30/2015.
View the Decision

IV Solutions, Inc., PHY 45885 and LSC 99913, Administrative Case AC 3606
Culver City, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision Effective 02/15/2016.
View the decision

Inland Compounding Pharmacy, PHY 45758, Administrative Case AC 4643
Loma Linda, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 03/11/2016.
View the Decision

Next Door Pharmacy, PHY 50470 & PHY 51168, Administrative Case AC 5067
Chico, CA
Citation and Fine imposed and accusation withdrawn.
Decision effective 12/4/2015.
View the Decision

Nichols Hill Prescription Pharmacy, PHY 46970, Administrative Case AC 5139
Oakland, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until 03/20/2016 at which time the pharmacy shall be sold, its ownership transferred, or it shall be closed.
Decision effective 10/02/2015.
View the Decision

OB Medical Supplies & Pharmacy, PHY 46742, Administrative Case AC 5038
San Bernardino, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered, however, the surrender is stayed until May 16, 2016 at which time the pharmacy shall be sold, its ownership transferred, or it shall be closed.
View the decision

Pharm Med Services, PHY 43141, Administrative Case AC 5168
Sacramento, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Effective 12/09/2015.
View the Decision

Pharmacy Central, PHY 47521, Administrative Case AC 4913
Burbank, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
View the decision

Pharmedium Services, LLC, NRP 590 & NSC 99221, Administrative Case AC 4625
Sugarland, TX
Through a disciplinary action of the Board, the license is subject to a Letter of Public Reproval.
Decision effective 01/22/2016.
View the decision

Philidor Rx Services, Applicant, Statement of Issues Case SI 5246
Hatboro, PA
View the decision

Rite Aid 5602, PHY 42511, Administrative Case AC 4872
Ontario, CA
Through a disciplinary action of the Board, the license is subject to Public Reproval.
Decision effective 1/29/2016.
View the decision

Riverside Pharmacy & Compounding Shop, PHY 46371, Administrative Case AC 4774
North Hollywood, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and conditions in the decision.
View the decision

Roxsan Pharmacy, PHY 38297, Administrative Case AC 5455
Beverly Hills, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 11/06/2015.
View the Decision

Sav-On #6763, PHY 47699 & PHY 51402, Administrative Case AC 5361
San Diego, CA
Through a disciplinary action of the Board, the license is revoked and canceled and the right to practice or operate has ended.
Decision effective 01/08/2016.
View the decision

Specialty Compounding LLC, NSC 99603, Administrative Case AC 4917
Cedar Park, TX
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 12/04/2015.
View the Decision

See Disciplinary Actions, Page 28
Disciplinary Actions
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Specialty Compounding LLC, NRP 1021, Administrative Case AC 4917 Cedar Park, TX
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 3 years and is subject to the terms and conditions in the decision.
Decision effective 12/04/2015.
View the Decision

Unique Pharmaceuticals, NRP 534 and NSC 99112, Administrative Case AC 5282 Temple, TX
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 5 years, and is subject to the terms and condition in the decision.
Decision effective 03/11/2016.
View the decision

V & P Pharmacy, PHY 50261, Administrative Case AC 5040 San Diego, CA
Through a disciplinary action of the Board, the license is voluntarily surrendered.
Decision effective 03/11/2016.
View the decision

Walgreens Pharmacy No. 2306, PHY 52810, Administrative Case AC 5058 Hayward, CA
Through a disciplinary action of the Board, the license is revoked, the revocation is stayed, and the licensee is placed on probation for 2 years, and is subject to the terms and conditions in the decision.
Decision effective 02/19/2016.
View the decision