



DECEMBER 2018

THE SCRIPT

BE AWARE & TAKE CARE: Talk to your pharmacist!

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Virginia ‘Giny’ Herold retiring as board’s executive officer



Virginia ‘Giny’ Herold is retiring after 12 years as executive officer of the California State Board of Pharmacy.

After dedicating almost three decades to protecting the health and safety of prescription drug consumers, Virginia “Giny” Herold is retiring as executive officer of the California State Board of Pharmacy.

She announced her retirement at a July 24 board meeting in Sacramento. Her last day as executive officer is Dec. 28.

“We’re losing an amazing asset to the state, but I know she’s going to be very happy moving on,” former board President Raffi Simonian said. “I congratulate her on her years of service.”

Ms. Herold joined the board as assistant executive officer in 1990. She previously served as publications editor for the Department of Consumer Affairs (DCA) and as manager of the DCA Legislation Unit.

In 2007, she was formally sworn in as the board’s executive officer. Under her leadership, the board’s operations have grown significantly: Oversight responsibility has increased from 12 to 29 regulatory programs; the total number of licenses issued has grown from about 103,000 to more than 140,000; and staff has more than doubled.



**By Victor Law, RPh
President, Board of Pharmacy**

One of my goals as your president is to schedule some meetings close to the licensees. I reached out to all the deans of the schools of pharmacy and asked if they could hold some petitioner's meetings at their respective schools. Since then we have held one in July at West Coast University, and another is scheduled for USC in December.

In 2019, we have also scheduled venues at Western University of Health Science, California Northstate University and Keck Graduate Institute. These locations will allow students and pharmacists around those area to come and watch the public hearing portion of the proceedings as the board functions with the petitioners. I encourage all of you to attend at least one of these meetings.

With the upcoming retirement of our executive officer, Ms. Virginia Herold, at the end of

the year, the board is currently busy with the recruitment process for her replacement. The job opening is posted on the state CalCareers website (www.jobs.ca.gov), published in the newspaper Capitol Morning Report and posted on social media. It also accessible through the Department of Consumer Affairs website at www.dca.ca.gov. Meanwhile, the board has appointed Ms. Anne Sodergren as the interim executive officer. Join me in thanking Ms. Herold for her years of service at the board.

I am very pleased to welcome the appointment of two new board members as well as the reappointment of an existing member:

- Shirley B. Kim of Los Angeles was appointed as a public member to the California State Board of Pharmacy by Gov. Edmund G. Brown Jr. in 2018. Ms. Kim has been an associate at Norton Rose Fulbright US LLP since 2016. She was legislative director at the California Faculty Association from 2011 to 2013 and in the office of Assembly Member Henry T. Perea from 2010 to 2011. She served as senior legislative assistant for Assembly Majority Leader Alberto Torrico from 2007 to 2010. She earned a bachelor's degree in sociology and political

science from University of California, Davis, in 2006. She graduated from University of California, Irvine, School of Law in 2016.

- Maria D. Serpa of Elk Grove was appointed as a licensee member to the California State Board of Pharmacy by Gov. Edmund G. Brown Jr. in 2018. Dr. Serpa has been a system support pharmacist at Sutter Medical Center, Sacramento, since 1996. She held several positions at Sutter Memorial Hospital from 1993 to 1996, including pharmacy services manager and drug use evaluation/ adverse drug reaction and investigational drug service pharmacist. She previously worked in positions at Grossmont Hospital in San Diego

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The board's mission

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

President's message

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from 1989 to 1993, including pharmacy program coordinator of clinical services and staff pharmacist. Dr. Serpa is a past president of the California Society of Health-System Pharmacists and a fellow of the American Society of Health-System Pharmacists and the California Society of Health-Systems Pharmacists. She earned a doctor of pharmacy degree from University of the Pacific and completed a clinical pharmacy residency and critical care residency at University of California, San Diego, Medical Center.

- Mr. Ricardo Sanchez of Hollister was reappointed in July by Gov. Edmund G. Brown Jr. as a public member of the board, where he has served since 2014. His term will expire in 2022. Mr. Sanchez has been a state investigator at the California Department of Motor Vehicles since 1989.

The Governor recently signed several measures impacting the board's jurisdiction. As they will become effective in 2019, I would like to bring these to your attention:

- SB 1254 – This bill requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient upon admission and discharge. The criteria for determining whether a patient is high-risk will be determined by each hospital. Additionally, this duty is allowed to be performed by a pharmacy technician or intern pharmacist if they have successfully completed training and proctoring by the pharmacy department and where a quality assurance program is used to assess competency.
- AB 315 – This bill will establish the regulatory framework for pharmacy benefit managers, including licensure by the Department of Managed Care.
- SB 1442 – This bill specifies that a community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy unless the pharmacist is assisted at all time by another employee as specified.

Our Enforcement Committee will include these in future agenda items to discuss the specifics and details on how to implement these new measures.

In April 2018, a new board regulation took effect. California Code of Regulations, title 16, section 1715.65 requires that every pharmacy and every clinic licensed under section 4180 or section 4190 of the Business and Professions Code shall perform periodic inventory and reconciliation functions to detect and prevent the loss of controlled substances. It has been more than three months since the initial inventory count, and it is time for the second quarter reconciliation of all Schedule II drugs. In order to provide guidelines to the regulated public and to ensure clarity, the board has worked with DCA counsel to draft some FAQs on the board's website. Please view those and should you have further questions, call the board's telephone line at (916) 574-7900 Tuesdays and Thursdays from 8 am to 4:30 pm.

As we come to the end of the year, I would like to wish all of you a very Happy Holiday. I am looking forward to meeting and working with you in the new year. Please visit the board's website at www.pharmacy.ca.gov to look up our calendar of scheduled meetings.

Virginia Herold retires

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At the same time, the practice of pharmacy has become “more complex and faster paced,” creating expectations “of immediate response to every issue, regardless of the complexity or impact across multiple areas,” said Carmen Catizone, president of the National Association of Boards of Pharmacy.

“Giny has been able to manage and lead regulatory activities in California and the California Board of Pharmacy in this new environment,” Mr. Catizone said. “In fact, California remains on the cutting edge of regulation because of the vision and anticipation of Giny.”

During her 12 years as executive officer, Ms. Herold has worked with the board on major regulatory changes in the practice of pharmacy in California.

Key accomplishments include:

- Pursuing electronic pedigree laws to create a system for tracking ownership of prescription drugs as they move through distribution channels to prevent the introduction of counterfeit drugs.
- Establishing the first requirements in the country for patient-centered labels on prescription containers.
- Developing the Notice to Consumers poster and a video advising patients of their rights to understand their medications via consultation with a pharmacist, and requiring pharmacies to post notices that interpreter services are available.
- Moving quickly to secure upgraded licensure requirements for sterile compounding and outsourcing facilities after a 2012 meningitis outbreak linked to the New England Compounding Center killed 75 patients and infected hundreds of others nationwide.
- Securing a precedential decision holding that pharmacists have a corresponding responsibility to ensure controlled substances prescriptions are legitimate and appropriate for a patient.
- Promoting widespread use of California’s prescription drug monitoring program, known as CURES.
- Educating pharmacists about controlled

substances, corresponding responsibility, drug diversion and the use of naloxone.

- Serving as a founding member of the Statewide Opioid Safety Workgroup established by the director of the California Department of Public Health.
- Increasing consumer access to health care and promoting pharmacist collaborations with other health care professionals by adopting regulations to implement SB 493, comprehensive state legislation that:
 - Established the licensing of advanced practice pharmacists.
 - Authorized pharmacists to initiate and administer vaccinations.
 - Led to protocols for pharmacists to furnish self-administered hormonal contraception, nicotine replacement products and travel medications.

In each case, Ms. Herold carefully considered the impacts on the profession and industry while pursuing the board’s primary mission to protect the health and safety of California consumers, former board President Stan Goldenberg said.

“Virginia has an open personality that embraces both criticism and compliments, and she makes the board aware of all the various sides of an issue,” Mr. Goldenberg said. “I’m so proud of the job the board has done with her guidance.”

Besides working with the board, testifying frequently at the state Capitol and leading a staff of more than 130 civil servants in Sacramento, Ms. Herold traveled widely to represent California’s interests in the pharmacy arena. She met often with government regulators, industry leaders and stakeholder organizations.

“To call Giny tireless is an understatement,” said Stan Weisser, a longtime board member and president. “Over the years I emailed Giny hundreds of emails often after a thought, a concern, or an agenda item came to mind, usually not during

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Virginia Herold retires

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‘business hours.’ Be it late at night or in the middle of a weekend, the response was immediate.”

Despite a demanding work schedule, Ms. Herold rarely declined numerous invitations to serve on panels, address professional associations and advise lawmakers as a nationally recognized speaker and expert on regulatory policy and consumer protection. She presented at many governmental forums and conferences, and she represented the California State Board of Pharmacy on numerous NABP and Food and Drug Administration task forces.

“She’s served on just about every major policy area we’re involved in,” said Mr. Catzone of NABP. “She always stresses two points: how important the consumer is, and how much better California is doing than anyone else on the issue.”

Ms. Herold also earned an industry reputation for her willingness to stand firm on policy issues in the interest of consumer safety. She led the board in moving forward with controversial regulations to implement an electronic-pedigree program to protect patients from counterfeit drugs. The board’s pioneering effort directly influenced the federal government’s activities in establishing a national track-and-trace program for the drug supply chain that pre-empted the California requirement.

“Giny’s tenure has been marked by never taking the easy path, by always fighting for what she believed was right – even when it was unpopular, even when her own board members may not have been so in favor of it,” said Supervising Deputy Attorney General Joshua Room, the board’s liaison to the state Attorney General’s Office.



President Victor Law thanks Virginia Herold for her long public service career and her commitment to protecting California consumers.

A San Diego native, Ms. Herold has devoted four decades to public service in California. She studied science, economics and textile chemistry while earning bachelor’s and master’s degrees from the University of California, Davis. While pursuing a graduate degree, she realized that she wanted to protect consumers.

“In school, I decided I wanted to be Ralph Nader,” she said. “I somehow found a way to advocate for consumers and for the profession. There are so many places in which pharmacists need to be active participants in advocating and caring for patients, and the full potential for this relationship has not been fulfilled.”

Since announcing her retirement, Ms. Herold has received widespread praise for her work ethic and devotion to consumer protection. The California Society of Health-System Pharmacists presented her with its Lifetime Honorary Membership Award. At its Oct. 23 meeting in Fresno, the Board of Pharmacy recognized Ms. Herold for her leadership and her commitment to consumer protection.

“It takes leadership and vision to bring thirteen believers from different backgrounds – seven licensed members, six public members – from being merely committed to developing regulations and legislation that improve health care, to taking the necessary steps to result in the creation of law,” Mr. Weisser said.

“In my view, it was Giny who guided us down that path to success. Giny is the ultimate consumer advocate.”

Answers to frequently asked questions about new inventory reconciliation regulation

Here are answers to more frequently asked questions about California Code of Regulations, title 16, section 1715.65, [Inventory Reconciliation Report of Controlled Substances](#).

1. How does a reconciliation report help detect drug diversion?

A reconciliation report aids in the identification of controlled substance inventory discrepancies. Pharmacies can respond to inventory shortages or overages by initiating a close review, which may aid in detection of drug diversion. Recording of an inventory alone lacks review and analysis of acquisition and disposition information.

2. Wouldn't a perpetual inventory identify diversion?

A perpetual inventory is a beneficial tool and may aid in identification of drug diversion. However, a perpetual inventory with no discrepancies is not evidence of a lack of diversion. A perpetual inventory may only account for known drug acquisitions and dispositions. If acquisition invoices are destroyed or fraudulent prescriptions are processed and later deleted, a perpetual inventory may show no discrepancies. Further, all categories of drug acquisition and disposition may not be entered into a perpetual inventory.

3. The computer already counts acquisitions and dispositions of Schedule II controlled substances for the perpetual inventory. Is the count in the computer sufficient for the reconciliation report?



No. Electronic records can be used to aid in calculation of total acquisition and disposition information for the reconciliation report, but this information must be used in conjunction with an initial physical count and a final physical count to complete the requirement of CCR 1715.65. Any electronic records used should be reviewed for unauthorized manipulation and evaluated against other available records for consistency. Other records may include hard copy drug acquisition invoices, purchase orders, signatures for dangerous drug deliveries, drug acquisition summaries from wholesalers, reverse distribution documents, return to wholesaler for credit documents, drug destruction documents and/or hard copy prescription documents.

4. In an inpatient pharmacy, would "disposition" of Schedule II drugs refer to drugs that are 1) supplied into an ADDS (Pyxis, Omnicell, etc.) or as floor stock; or 2) dispensed to the patient?

In an inpatient pharmacy, disposition would

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Inventory reconciliation FAQs

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refer to medications dispensed directly to the patient. Please see additional requirements for inpatient hospital pharmacies found in 1715.65(g)-(h).

5. Does the regulation require a reconciliation of all controlled substances or only Schedule II controlled substances?

As referenced in 1715.65(c), the compilation of a quarterly inventory reconciliation report is required only for all federal Schedule II controlled substances. However, as referenced in 1715.65(a), every pharmacy, and every clinic licensed under sections 4180 or 4190 of the Business and Professions Code still must perform periodic inventory and inventory reconciliation functions to detect and prevent the loss of controlled substances. Additionally, other sections of pharmacy law (BPC 4081 and CCR 1718) require a pharmacy to have complete accountability of all dangerous drugs handled by every licensee.

6. Could you provide more guidance on periodic reconciliations of Schedule III-V drugs? For example, can Schedule III-V counts be estimates – as allowed for biennial inventories – or must they also be exact counts? Should Schedule III-V reconciliations be done more frequently?

CCR 1715.65(c)(1) requires a physical count, not an estimate, of all quantities of federal Schedule II controlled substances. The regulation is silent regarding estimation of Schedule III – V counts; however, because BPC 4081 and CCR 1718 require licensees, including a pharmacy, to have complete accountability of all dangerous drugs, it is recommended Schedule III – V drugs be exact counts.

7. Subsection (a) of the regulation requires a pharmacy or clinic to “periodically” perform inventory and reconciliation functions for controlled substances. Does this mean

every quarter I must count and reconcile all controlled substances?

No. However, periodically (and under federal law at least every two years) all controlled substances must be inventoried. The board encourages more frequent counting of controlled medications to identify and prevent losses of Schedule III, IV and V drugs. But the regulation only specifies the 90-day frequency of reconciliation duties for federal Schedule II drugs; the appropriate frequency for all other controlled drugs should be determined by the standard of practice in the community and under the circumstances of the pharmacy.

8. I am the PIC of a pharmacy that is so small there is no other staff. Do I still have to complete a reconciliation report, or is the perpetual inventory sufficient?

Yes. All pharmacies regardless of size or staff that stock federal Schedule II controlled substances must comply with CCR 1715.65.

9. I work in a chain pharmacy where we store the data used to perform the reconciliation at the corporate level and keep a signed face sheet in the pharmacy. Are the acquisition and disposition records used to complete the reconciliation report required to be attached to the reconciliation/signature page?

Attachment is not mentioned in the regulation, but as referenced in 1715.65(c)(4), all records used to compile each inventory reconciliation report shall be maintained in the pharmacy or clinic for at least three years in a readily retrievable form. The board recommends all documents related to compilation of an inventory reconciliation report be stored together.

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Inventory reconciliation FAQs

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Below is the text of CCR section 1715.65 (in italics) along with a summary of each subsection.

Section 1715.65. Inventory Reconciliation Report of Controlled Substances

<p><i>(a) Every pharmacy, and every clinic licensed under sections 4180 or 4190 of the Business and Professions Code, shall perform periodic inventory and inventory reconciliation functions to detect and prevent the loss of controlled substances.</i></p>	<p>Subsection (a) requires all pharmacies, and all clinics licensed under Business and Professions Code section 4180 or 4190 (“clinics”), to perform periodic inventory and reconciliation functions for all controlled drugs. (Note: No frequency of these duties is specified in the regulation except for Schedule II drugs, which are discussed below.)</p>
<p><i>(b) The pharmacist-in-charge of a pharmacy or consultant pharmacist for a clinic shall review all inventory and inventory reconciliation reports taken, and establish and maintain secure methods to prevent losses of controlled drugs. Written policies and procedures shall be developed for performing the inventory reconciliation reports required by this section.</i></p>	<p>Subsection (b) requires the pharmacist-in-charge (PIC) or the clinic’s consultant pharmacist to:</p> <ol style="list-style-type: none"> (1) Establish and maintain secure methods to prevent losses of controlled drugs. (2) Establish written policies and procedures for performing reconciliation reports. (3) Review all inventory and reconciliation reports.
<p><i>(c) A pharmacy or clinic shall compile an inventory reconciliation report of all federal Schedule II controlled substances at least every three months. This compilation shall require:</i></p> <ol style="list-style-type: none"> <i>(1) A physical count, not an estimate, of all quantities of federal Schedule II controlled substances. The biennial inventory of controlled substances required by federal law may serve as one of the mandated inventories under this section in the year where the federal biennial inventory is performed, provided the biennial inventory was taken no more than three months from the last inventory required by this section;</i> <i>(2) A review of all acquisitions and dispositions of federal Schedule II controlled substances since the last inventory reconciliation report;</i> <i>(3) A comparison of (1) and (2) to determine if there are any variances;</i> <i>(4) All records used to compile each inventory reconciliation report shall be maintained in the pharmacy or clinic for at least three years in a readily retrievable form; and</i> <i>(5) Possible causes of overages shall be identified in writing and incorporated into the inventory reconciliation report.</i> 	<p>Subsection (c) requires each pharmacy or clinic to prepare at least a quarterly inventory reconciliation report of all federal Schedule II medications, which is based on:</p> <ol style="list-style-type: none"> (1) A physical count of all federal Schedule II medications at the time of each inventory. (2) A review of all acquisition and disposition records since the last inventory. (3) A comparison of 1 and 2 to identify any differences (losses or overages). <p>(4) Records used to compile each inventory report must be kept in the pharmacy or clinic and must be readily retrievable for at least three years.</p> <p>(5) The report must identify the possible causes of overages.</p>

Inventory reconciliation FAQs

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<p><i>(d) A pharmacy or clinic shall report in writing identified losses and known causes to the board within 30 days of discovery unless the cause of the loss is theft, diversion, or self-use in which case the report shall be made within 14 days of discovery. If the pharmacy or clinic is unable to identify the cause of the loss, further investigation shall be undertaken to identify the cause and actions necessary to prevent additional losses of controlled substances.</i></p>	<p>Subsection (d) requires a pharmacy or clinic to file a report of losses and known causes to the board within 30 days of discovery or within 14 days if theft, self-use or diversion by a board licensee is the cause. If the cause is unknown, this section requires the pharmacy or clinic to further investigate to identify the causes and to take corrective action to prevent additional losses.</p>
<p><i>(e) The inventory reconciliation report shall be dated and signed by the individual(s) performing the inventory, and countersigned by the pharmacist-in-charge or professional director (if a clinic) and be readily retrievable in the pharmacy or clinic for three years. A countersignature is not required if the pharmacist-in-charge or professional director personally completed the inventory reconciliation report.</i></p>	<p>Subsection (e) requires the inventory reconciliation report to be signed and dated by the individual(s) performing the inventory and countersigned by the PIC or professional director (for a clinic).</p>
<p><i>(f) A new pharmacist-in-charge of a pharmacy shall complete an inventory reconciliation report as identified in subdivision (c) within 30 days of becoming pharmacist-in-charge. Whenever possible an outgoing pharmacist-in-charge should also complete an inventory reconciliation report as required in subdivision (c).</i></p>	<p>Subsection (f) requires a new PIC to complete an inventory reconciliation report within 30 days of becoming PIC. Encourages the outgoing PIC to do a reconciliation report before leaving.</p>
<p><i>(g) For inpatient hospital pharmacies, a separate quarterly inventory reconciliation report shall be required for federal Schedule II controlled substances stored within the pharmacy and for each pharmacy satellite location.</i></p>	<p>Subsection (g) requires inpatient hospital pharmacies to complete a separate quarterly inventory reconciliation report for federal Schedule II drugs stored within the pharmacy and for each of the pharmacy's satellite locations.</p>
<p><i>(h) The pharmacist-in-charge of an inpatient hospital pharmacy or of a pharmacy servicing onsite or offsite automated drug delivery systems shall ensure that:</i></p> <ol style="list-style-type: none"> <i>(1) All controlled substances added to an automated drug delivery system are accounted for;</i> <i>(2) Access to automated drug delivery systems is limited to authorized facility personnel;</i> <i>(3) An ongoing evaluation of discrepancies or unusual access associated with controlled substances is performed; and</i> <i>(4) Confirmed losses of controlled substances are reported to the board.</i> 	<p>Subsection (h) requires the PIC of any pharmacy servicing an automated drug delivery system to:</p> <ol style="list-style-type: none"> (1) Ensure that all controlled substances added to any automated drug delivery system are accounted for. (2) Ensure that access to any automated drug delivery system is limited to authorized facility personnel only. (3) Ensure that any discrepancy or unusual access to the controlled substances is evaluated. (4) Ensure that confirmed losses are reported to the board timely.

Letter to pharmacists about furnishing naloxone



Dear Colleague,

The nation is facing an epidemic of opioid overdose, and California has been deeply affected. Opioid overdose remains a leading cause of accidental death in California. One strategy to reduce those deaths is wider availability of naloxone, an opioid overdose reversal medication.

In 2014, in response to the opioid crisis, Governor Brown signed California's pharmacy naloxone bill (AB 1535) authorizing pharmacists to furnish naloxone directly, using their own judgment and without a physician prescription.

Some – but not all – California pharmacies have stepped forward to gain the capacity to furnish naloxone directly. The California Conference of Local Health Officers (CCLHO), the California State Board of Pharmacy (Board) and the California Department of Public Health (CDPH) jointly support the efforts of all pharmacies in California to supply this potentially lifesaving agent to those who may be at risk for opioid overdose. Our goal is that every pharmacist in California has the training and ability to not only dispense naloxone upon a doctor's order, but also to furnish this lifesaving remedy along with appropriate education to those who can benefit from it without a prescription.

In order to dispense naloxone, pharmacists must be certified through a one-hour training. The California State Board of Pharmacy continues to offer regional in-person trainings along with web-based trainings to enable pharmacists to easily receive this certification. The web-based training is available on the Board's website at www.pharmacy.ca.gov. We encourage you to take the training, which provides one hour of CE credit.

In addition, many California counties have opioid safety coalitions in the California Opioid Safety Network (<https://californiaopioidsafetynetwork.org>) that have prioritized increasing the availability of naloxone locally. These local coalitions have been instrumental in disseminating safe prescribing guidance, increasing local capacity to offer medically assisted treatment (MAT), and promoting naloxone distribution. Some coalitions have highlighted pharmacies through social media posts and on website pages that are capable of furnishing naloxone for the public without a prescription.

We appreciate that pharmacists play a vital role in protecting the health of the communities they serve. The opioid epidemic requires the cooperation of every pharmacy to help curtail this crisis. If you are not presently furnishing naloxone, please reach out to CCLHO, the Board of Pharmacy and CDPH to let us know how the Health Officers, the Board and CDPH may assist you to implement this action in your pharmacy.

As always, thank you for your partnership in improving health and safety for all in California.

Robert Oldham, MD, MPH

President

California Conference of
Local Health Officers

Virginia Herold

Executive Director

California State
Board of Pharmacy

Karen Smith, MD, MPH

Director & State Public Health
Officer

California Department of
Public Health

New law requires prescribers to offer prescription for naloxone with opioids

In general terms, [AB 2760 \(Wood, Chapter 324, Statutes of 2018\)](#) requires prescribers to offer a prescription for naloxone hydrochloride, or an approved equivalent as described in the statute, to patients in the following cases:

- The patient receives a prescription of 90 or more morphine milligram equivalents of an opioid medication per day.
- An opioid medication is prescribed concurrently with benzodiazepines.
- The patient presents with an increased risk for overdose – including such cases as a history of overdose, a history of substance use disorder, or a risk of returning to a high dose of opioid medication to which the patient is no longer tolerant.

In addition, the law requires prescribers to provide education on overdose prevention and using naloxone to reverse opioid overdose to the patient or to someone designated by the patient. The new law takes effect Jan. 1, 2019.

1. Does AB 2760 apply to pharmacists who may initiate, adjust, discontinue and refill medications under collaborative drug therapy management protocols?

Answer: Yes. AB 2760 includes any “prescriber” who is licensed, certified, registered or otherwise subject to regulation pursuant to Division 2 of Chapter 1 of the Business and Professions Code (BPC) (Healing Arts – General Provisions). This would apply to advanced practice pharmacists (BPC section 4052.6) and to pharmacists operating under practice protocols pursuant to BPC section 4052.2.

2. AB 2760 refers to “naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression.” Does this mean opioid-induced respiratory depression?

Answer: Yes. Since naloxone would not be an appropriate medication to prescribe for psychological depression, the bill is referring to opioid-induced respiratory depression. Reversing opioid respiratory depression is the sole purpose for prescribing naloxone.

3. AB 2760 refers to patients with an increased risk of overdose, including a patient with “a history of overdose” or a patient with “a history of substance use disorder.” Does this refer specifically to only opioid overdose?

Answer: No. The bill does not specify that it only refers to

opioid overdose. The intent of the bill is patients who have a history of overdose from any substance and are being prescribed opioids should be offered naloxone as part of that medication regimen.

4. If a prescriber offers naloxone and documents this in the patient’s medical record, but the patient does not pick up or fill the naloxone prescription, what is the prescriber’s obligation during subsequent visits with the patient (regardless whether the prescriber knows the patient did not receive the naloxone)?

Answer: What is the standard of care for pharmacists prescribing? If you prescribe a drug, any drug, would you perform a check with that patient to see if he or she picked up the drug? Ask whether there was an obstacle to getting the drug? And would you again recommend the prescription and offer it if he or she had not previously picked up the drug?

Naloxone is no different. If a patient presents with the same risk factors, the intent is for the patient to be continually offered the prescription to make him or her aware of the associated risks, that a reversal drug is available, and that it can be prescribed for the patient. The requirement for the prescriber is consistent with the requirement for any other drug regimen.

Board continues series of CE training events

More than 200 pharmacists earned up to seven free continuing education credits at training July 28, 2018, at California Northstate University School of Pharmacy in Elk Grove. The event was one of a series of CE training days offered jointly by the Board of Pharmacy and the Drug Enforcement Administration.



Supervising Inspector Antony Ngondara discusses a drug diversion case investigated by the board.

Instructors provided information on key topics related to prescription drug abuse and drug diversion, including preventing losses in pharmacies, corresponding responsibility, drug take-back programs and pharmacy laws. In addition, many pharmacists received training on the state's protocol for furnishing naloxone.

The board and DEA have sponsored a total of seven CE days throughout California in 2017 and 2018, including Sept. 22, 2018, in Buena Park. Information about upcoming training will be sent to licensees who are signed up to receive [email notifications from the board](#). Information also will be posted on [the board's website](#).



Board members Allen Schaad and Dr. Maria Serpa, right, speak with management consultant Paige Talley of the California Council for the Advancement of Pharmacy at the CE training event.

Board offers free training webinar to meet protocol requirements for furnishing naloxone

A free training webinar for pharmacists who wish to furnish naloxone on their own authority is now available on the [Board of Pharmacy website](#).

California law authorizes pharmacists to furnish naloxone according to a protocol adopted by the board in [California Code of Regulations, title 16, section 1746.3](#). The protocol requires that pharmacists, before furnishing naloxone, must complete at least one hour of an approved continuing education (CE) program specific to the use of naloxone in all routes of administration recognized in the protocol, or an equivalent curriculum-based training

program completed in a board-recognized school of pharmacy.

The Board of Pharmacy has created a training webinar, "[Opioid Safety: Focus on Furnishing Naloxone](#)," for pharmacists to meet the protocol requirement. The material was developed by Talia Puzantian, PharmD, BCPP, of the Keck Graduate Institute School of Pharmacy; and James J. Gasper, PharmD, BCPP, of the California Department of Health Care Services.

The webinar video was produced by the Department of Consumer Affairs' SOLID training unit. The video is posted on the board's website and can be viewed

at any time. No registration is required. Pharmacists may earn one hour of CE credit for completing the webinar.

The webinar can be found on the board's website under "Important Information for Licensees." Click on "Naloxone" to follow the link to "[Naloxone Training Webinar](#)."

The board has created and made this webinar available to encourage pharmacists to furnish naloxone. The goal is to help reduce opioid overdoses in California by increasing the availability of naloxone and public access to the medication in pharmacies.

Go online to notify board when installing, discontinuing drug take-back receptacles

Pharmacies installing or discontinuing drug take-back collection receptacles can now notify the Board of Pharmacy electronically.

Board regulations require retail pharmacies and hospitals or clinics with on-site pharmacies to notify the board within 30 days of establishing or discontinuing a collection receptacle.

Licensees can submit forms online [to install a receptacle](#) or [to](#)

[discontinue a receptacle](#) on [the board's website](#). Alternatively, licensees can download [notification forms](#) to fill out and mail to the board.

Staff will add registered collection receptacles to an [online database of locations to dispose of unused prescription drugs](#) that is available on the board's website. Consumers can search the database by pharmacy name, city or ZIP code. Staff also will remove

discontinued collection receptacles from the database.

Requirements for drug take-back services, including collection receptacles and mail-back envelopes, are in [California Code of Regulations, Title 16, Article 9.1](#). Additional information can be found on the board's website under the Licensees tab; click on "[Important Information for Licensees](#)" to find the "[Drug Take-Back](#)" section.

Consumers can search online database to find pharmacies offering drug take-back services

Patients looking for a place to safely dispose of unwanted or expired prescription drugs can now find pharmacies offering drug take-back services authorized by the California State Board of Pharmacy.

The Board of Pharmacy has created an online resource of pharmacies statewide that have notified the board of services to accept unused drugs from consumers. Besides promoting convenience and protection for the environment, the regulations are intended to help stop prescription drug abuse by increasing options for the public to safely get rid of medications.

Pharmacists can direct patients to the drug take-back search tool at the board's website, www.pharmacy.ca.gov. A link to "Drug Take-Back Search and Information" is posted on the right side of the homepage under "Popular Pages."

Users can enter a pharmacy name, city or ZIP code to easily find a nearby location for disposing of unused medications. The search page also has links to help consumers find additional drug take-back locations through resources operated by the federal [Drug Enforcement Administration](#), [Don't Rush to Flush](#) (administered by the California Product Stewardship Council) and the [California Department of Public Health](#).

[Board of Pharmacy regulations](#) in effect since June 2017 allow pharmacies and hospitals/clinics with on-site pharmacies to offer prescription drug take-back services in the form of collection receptacles and/or mail-back envelopes or packages. Consumers may dispose of prescription drugs – including controlled substances – as well as over-the-counter medications in collection bins and mail-back envelopes.

Registered collection receptacles cannot accept auto-injectors such as EpiPens and other sharps and needles. Instead, pharmacists may direct patients to the California Department of Public Health website for [a list of sites that accept home-generated sharps](#).

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

Forms to report [installation or discontinuance of a collection receptacle](#) or to report [tampering, damage or theft](#) are now available on the [Board of Pharmacy website](#). You can also access the forms by clicking on the Licensees tab on the



homepage, then clicking on "Important Information for Licensees," then clicking on the "Drug Take-Back" page.

In addition to website search tools, pharmacists can remind patients with unwanted medications that the DEA sponsors National Prescription Drug Take Back Day events twice a year. The next DEA Take Back Day is expected to be in April 2019; information will be available at [the DEA's website](#).

State law allows Medicare patients to obtain some prescription medications at Medi-Cal rates

State law enables Medicare recipients in some cases to obtain prescription medications at a cost that is no higher than the Medi-Cal reimbursement rate for those drugs.

[Business and Professions Code \(BPC\) section 4425](#) establishes a drug discount program for Medicare recipients who get their prescriptions filled at pharmacies enrolled in Medi-Cal. The statute was initially adopted by SB 393 (Chapter 946, Statutes of 1999), and the current version has been effective since 2003 with amendments in 2010.

Consumers do not have to register or receive Medi-Cal to participate. The discount program applies only to prescription medications that are not covered by insurance, and it cannot be used for over-the-counter or compounded medications. Consumers must present their Medicare card to pharmacy staff to receive the Medi-Cal price.

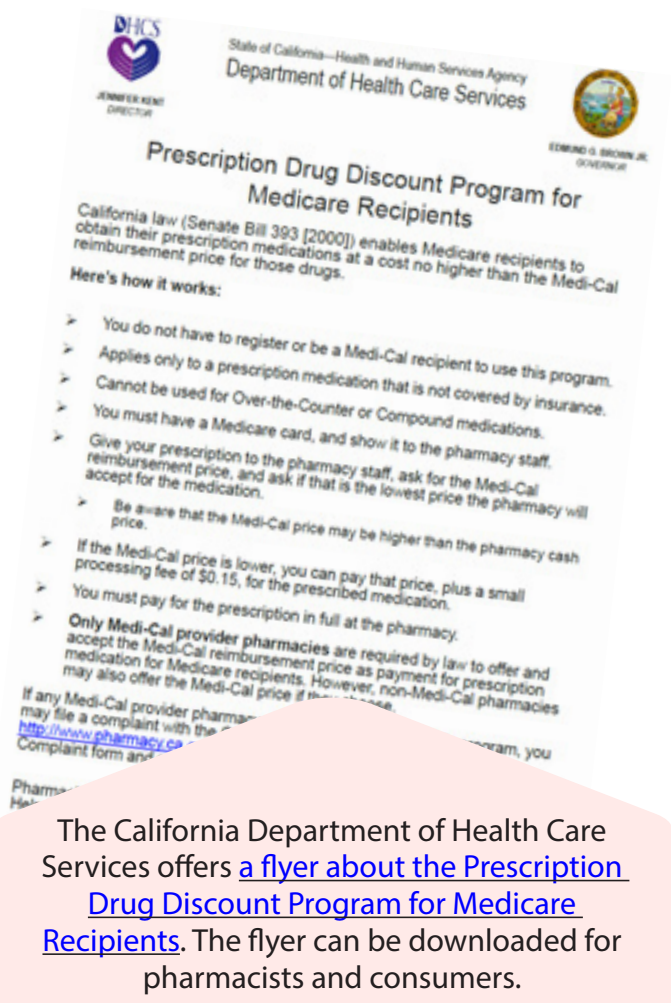
The California Department of Health Care Services (DHCS) has an [online search tool for SB 393 drug prices](#). Consumers can use the tool to find out how much Medi-Cal reimburses for 200 brand drugs.

Only Medi-Cal enrolled pharmacy providers are required to offer and accept the Medi-Cal reimbursement price as payment for prescription medications for Medicare patients, plus a processing fee of 15 cents. A consumer may file a [Board of Pharmacy complaint form](#) against a Medi-Cal enrolled pharmacy that refuses to offer the discount program.

The DHCS website also offers a [flyer about the drug discount program](#) that pharmacies can download,

post and make available to consumers. The flyer explains how the program works and provides contact information for pharmacies and consumers who have questions:

- Phone: Medi-Cal Help Line, (800) 541-5555.
- Email: sb393inquiry@dhcs.ca.gov.



The California Department of Health Care Services offers [a flyer about the Prescription Drug Discount Program for Medicare Recipients](#). The flyer can be downloaded for pharmacists and consumers.

Board establishes new e-mail address for processing pharmacy technician licenses

The email address for processing pharmacy technician licenses has changed. For questions regarding the status of a pending pharmacy technician application or licensing requirements, contact the Board of Pharmacy at the new address, TCHstatus@dca.ca.gov.

Poll: Older patients need better counseling on how to use opioids, dispose of leftover pills

Older adults who receive prescriptions for opioid painkillers need better counseling from prescribers and pharmacists on how to use their medications and how to dispose of any leftovers, according to a [recent poll by the University of Michigan](#).

A survey of Americans between the ages of 50 and 80 found that 29 percent filled a prescription for opioid painkillers in the past two years. The most common reasons for opioid prescription were arthritis-related pain, back pain, surgery and/or injury.

Among those who received opioids, a majority said they spoke with their doctor, pharmacist or other health care provider about how often to take the pain medication. However, smaller percentages said they were counseled by prescribers and dispensers about other important opioid issues.

For example, 90 percent of the 589 respondents who received opioid painkillers in the past two years said they spoke with the prescriber about how often to take the medication. But fewer said they discussed side effects (60 percent), when to reduce the amount of medication (59 percent), risk of addiction (48 percent), risk of overdose (43 percent), and what to do with leftover pills.

When asked about their



pharmacy experience, more than half – 56 percent – of patients said the pharmacist discussed how often to take the medication. Smaller percentages said the pharmacist talked about side effects (41 percent), when to reduce the amount of medication (29 percent), risk of addiction (28 percent), risk of overdose (28 percent), and what to do with leftover pills (25 percent).

Moreover, almost half – 49 percent – of respondents said they had medication left over. When asked what they did with the leftover pain pills, 86 percent said they kept the medication in case pain returned. When researchers asked those who did not have leftover pain medication or who have never had a prescription for pain medication what they would do with leftover painkillers, 68

percent said they would save them for future use.

The findings related to leftover painkillers have important implications for efforts to prevent prescription drug abuse.

“The fact that so many older adults report having leftover opioid pills is a big problem, given the risk of abuse and addiction with these medications,” Alison Bryant, Ph.D., senior vice president of research for AARP, said in a [press release](#). “Having unused opioids in the house, often stored in unlocked medicine cabinets, is a big risk to other family members as well. These findings highlight the importance of improving older adults’ awareness and access to services that will help them safely dispose of unused opioid medications.”

See **Poll**, Page 17

Poll

Continued from page 16

AARP and Michigan Medicine cosponsored the [National Poll on Healthy Aging](#), which was conducted by the [University of Michigan Institute for Healthcare Policy and Innovation](#). The survey was administered online in March 2018 to a randomly selected national sample of 2,013 people age 50 to 80. Twenty-nine percent said they filled a prescription for an opioid pain medication within the past two years, most commonly for arthritis-related pain, back pain, surgery and/or injury.

Researchers recommended that health care providers who prescribe and dispense opioids discuss how to safely use and dispose of unused medication in language that patients understand. In addition, they should provide recommendations for safe storage and disposal and should assist patients in identifying where and how to dispose of extra medication.

The California State Board of Pharmacy has established an [online database of drug take-back collection receptacles](#) and links to other online search tools and resources for disposing of leftover medications. The National Association of Boards of Pharmacy (NABP) also hosts an online [Drug Disposal Locator Tool](#) and offers [tips for disposing of medications](#) at home.

Pharmacist Recovery Program — a personal experience

By Steve Leuck, PharmD

Every even year in October since 1987, I have had the privilege of renewing my pharmacist license with the California State Board of Pharmacy. I say privilege because that is exactly what it is. If I honor a certain code of conduct, maintain my practice, complete the requisite number of continuing education hours and send them a check, they will do me the honor of renewing my license for another two years.

Just the other day I completed my continuing education for this licensing cycle and sent off my check. After about two weeks I noticed my check had been cashed; however, I had not yet received my license in the mail. Fortunately, the California State Board of Pharmacy has an excellent public website where anyone can type in the name of a pharmacist and obtain the current license status of that individual. I proceeded to do just that and found that my license was clear until October of 2020.

LICENSE STATUS: CLEAR ⓘ EXPIRATION DATE: OCTOBER 31, 2020
SECONDARY STATUS: PROBATION TERMINATED/COMPLETED ⓘ

This picture from the state website is public knowledge, available for anyone who searches, so I have absolutely no problem posting it here. What caught my eye was the term SECONDARY STATUS. The state must have reconfigured their site to include the secondary status; I do not recall this being listed over the years when I have checked my license in the past. This is an excellent reminder to me of how far I have come.

One Sunday morning in the spring of 1996, I phoned the owner of the store that I was working at and informed him of my substance abuse addiction. I had reached the level of incomprehensible demoralization; my family life, spiritual connection and health were all rapidly deteriorating. On the phone I told my former boss I was prepared for whatever action he felt was appropriate.

In his amazing wisdom and kindness, he said, "Steve, we're going to get you some help." I met him an hour later, and we were on the phone to the state Board of Pharmacy's Pharmacist Recovery Program hotline. The next day I was enrolled in a 28-day inpatient treatment program, learning the tools of recovery.

See **PRP — a personal experience**, Page 21

Board welcomes new, reappointed members

Following several recent changes, the California State Board of Pharmacy is operating with a full membership of 13 officials representing licensees and the public.

Maria D. Serpa, PharmD, of Elk Grove was appointed by Governor Edmund G. Brown Jr. in July as a licensee member. Her term will expire in 2022.

Dr. Serpa has been a system support pharmacist at Sutter Medical Center, Sacramento, since 1996. She held several positions at Sutter Memorial Hospital from 1993 to 1996 and previously worked at Grossmont Hospital in San Diego.

Dr. Serpa is a past president of the California Society of Health-System Pharmacists and a fellow of the American Society of Health-System Pharmacists and the California Society of Health-Systems Pharmacists. She earned a doctor of pharmacy degree from University of the Pacific and

did a clinical pharmacy residency and critical care residency at University of California, San Diego, Medical Center.

Dr. Serpa was sworn in as a board member in July along with Shirley B. Kim of Los Angeles. As previously reported in *The Script*, Ms. Kim was appointed to the board as a public member by Gov. Brown in May.

Also in July, Ricardo Sanchez of Hollister was reappointed by the Governor as a public member of the board, where he has served since 2014. His term will expire in 2022.



DCA Chief Deputy Director Chris Shultz swears in reappointed board member Ricardo Sanchez.

Mr. Sanchez has been a state investigator at the California Department of Motor Vehicles since 1989 and was an officer at the California State Police from 1988 to 1989. He also is president of the California Association of Law Enforcement Employees, chief financial officer of the California Statewide Law Enforcement Association and

a member of the San Benito Masonic Lodge.

Meanwhile, Amy Gutierrez, PharmD, of Trabuco Canyon has left after six years on the board, which she served as president from 2015 to 2018. Dr. Gutierrez was appointed by the Governor in 2012 and reappointed in 2014.

At the June 6, 2018, board meeting, members thanked Dr. Gutierrez for her service and leadership on major policy matters, including sterile compounding regulations, licensing of advanced practice pharmacists, and foreign language translations for prescription drug labels.

"It's a lot of work, and it's been three years that Amy has been doing it," board President Victor Law said. "Thank you, Amy."

The board's membership includes seven registered pharmacists and six public representatives. Members are appointed to four-year terms by the Governor, the Assembly Speaker and the Senate Rules Committee.

Members may serve two terms. Each member receives compensation of \$100 per diem and necessary expenses.

Photos and biographies of members are posted on [the board's website](#).



Dr. Maria D. Serpa, left, and Shirley B. Kim are sworn in as new board members.

Join a team of dedicated professionals — become a Board of Pharmacy inspector

The California State Board of Pharmacy regulates one of the largest health care fields in the United States, with 35 types of licenses issued to about 140,000 individuals and facilities. Much of the work is performed on the front line by a dedicated staff of licensed and highly trained pharmacists who work as inspectors and supervising inspectors.

As the marketplace grows and the practice of pharmacy evolves, the board periodically seeks to hire additional inspectors committed to protecting the health and safety of Californians by ensuring the highest level of pharmaceutical care. Pharmacists looking for an exciting career in the public service are encouraged to apply to be Board of Pharmacy inspectors.

The board currently has 55 inspector positions. New and veteran inspectors alike draw on their professional backgrounds to help practicing colleagues understand and meet the legal and regulatory requirements of the pharmacy profession in California.

“After being a PIC and hospital pharmacy director for many years, I am able to use my experience and interest in regulatory compliance to help other PICs navigate the complicated regulations that govern pharmacy practice in California,” Inspector Lyle Matthews said.

Valerie Sakamura has worked with a wide variety of licensees – including retail pharmacies, hospitals, clinics, wholesalers and third-party logistics providers – working in practices ranging from compounding and closed-door pharmacies to specialty and nuclear pharmacies during 18 years as a board inspector.

“This job has been eye-opening from the start and continues to amaze me – it never gets boring” said Sakamura, who has spent most of her professional career as a board inspector. “I’ve met a lot of licensees and consumers, and one of the great things about this job is I get to share what

I’ve learned with them to help them make better choices, clarify misunderstandings and ultimately to provide better patient care.”

What inspectors do

Under the direction of the chief of enforcement and supervising inspectors, board inspectors are organized in teams specializing in key regulatory and enforcement areas, including outsourcing, compounding, compliance, probation monitoring, drug diversion and fraud, and prescription drug abuse. Inspectors are based throughout the state and split their time between working in a home office environment and traveling locally and statewide. Inspectors are provided with home office equipment and reimbursement for business and travel expenses.

In general, inspectors perform inspections and investigations in connection with enforcing California pharmacy laws and regulations. In addition, inspectors provide consultation and education on laws and regulations to licensees, governmental agencies, consumers and others.

Typical tasks include:

- Inspecting all places where drugs or medicines are compounded, dispensed or retailed to ascertain whether licensees have valid licenses and are complying with state and federal laws and regulations.
- Providing expert consultation and interpretation of the interrelationships between state and federal laws and regulations regarding drugs and the practice of pharmacy.
- Guiding pharmacists in establishing necessary procedures and records required by law.

See **Board inspectors**, Page 20

California Northstate presents gift to board

Executive Officer Virginia Herold displays a photo received in September as a gift to the Board of Pharmacy from California Northstate University College of Pharmacy. A delegation presented a photo of the college headquarters in Elk Grove in appreciation for the board's support of pharmacy education. The photo was presented by Dr. Hieu T. Tran, dean of the College of Pharmacy (left); Dr. Diana Cao, chair of clinical and administrative sciences; and fourth-year pharmacy student Gurminder Dhami.



Board inspectors

Continued from page 19

- Investigating complaints against licensees for alleged violations of the pharmacy laws, collecting evidence, arresting violators and assisting in their prosecution in court or in administrative hearing.
- Inspecting the stock and records of pharmacies to ascertain any conditions that may be hazardous and/or illegal; and inspecting the sanitary conditions of licensees' operating premises.
- Making special surveys and investigations as directed.
- Making recommendations concerning procedures and proposed legislation or regulations.
- Speaking to professional associations and consumer groups and preparing articles for publication.
- Preparing investigative reports and correspondence.
- Encouraging licensees to maintain high ethical standards.
- Keeping abreast of developments in the field and with federal and state guidelines.
- Performing other related duties.

Compensation

The monthly salary range for inspectors is \$7,056 to \$9,258, plus a \$2,000 monthly pay differential. Inspectors also receive all health, retirement and other employee benefits of state civil service.

Minimum qualifications

To be considered for an inspector position, you must have a valid California pharmacist license and a valid California driver's license. Applicants also must have two years of experience in the practice of pharmacy, including contact with the public. Additional information about the position duties and required knowledge, skills and abilities is available online in the Board of Pharmacy [inspector class specification sheet](#).

How to apply

To apply for an inspector position, you must first become ranked on a civil service exam list. Information on how to apply for a state civil service position is available online at [CalCareers](#).

"Throughout the years in various practice settings, my two biggest passions as a pharmacist have been ensuring patient safety and providing education," Inspector Lesa Fitzpatrick said. "Joining the state board as an inspector allows me to continue in this effort on a much broader scale."

Your address of record is available to public

Licensees should be aware that once you are licensed by the Board of Pharmacy, the address of record you provided on your license application form becomes public information, pursuant to the California Public Records Act (Government Code section 6250 *et seq.*).

Your address of record is visible in a [public search of license records](#) on the board's website. It is also the location where the board sends all official correspondence – including licenses, permits and renewal notices.

If you do not want your home address to be available to the



public, you may provide an alternate address – a post office box, personal mailbox or other location – as your address of record. Be sure to check this location regularly for official mail from the board.

If your address of record is not your home, you must also provide the board with your residence address, which will be kept confidential. Licensees must notify the board of a change in home address or address of record within 30 days.

To notify the board of a change in your address of record or your home address, you may go the [Change of Address and/or Name page](#) at the board's website. You may [change your address online](#) or download and fill out [a change-of-address form](#) for mailing to the board.

PRP - a personal experience

Continued from page 17

Although there were no criminal charges filed, I did make a statement to the Board of Pharmacy describing specifically any controlled substances I had taken from the store. For my actions, the Board of Pharmacy placed my license on five years' probation. After four and one-half years I appealed, and my license was released from probation.

Now, 23 uninterrupted years later, I am still alcohol- and substance-free. My family life is lovely, I am spiritually connected, and I have been practicing in the same outpatient pharmacy for 21 years.

Current studies show that up to 15 percent of nurses, doctors and pharmacists will misuse or abuse controlled substances without a prescription during their career. Another study shows up to 46 percent of all pharmacists have used a controlled substance at some point without a prescription.

We think we can control it ... until we can't. "Institutional, local, and statewide impaired-physician programs are now available for the

active treatment and rehabilitation of impaired healthcare professionals. Many of these programs are also designed to assist the clinician with re-entry into clinical practice. Rarely is punitive action taken when the health care provider undergoes successful treatment and ongoing follow-up management. Overall recovery rates for impaired health care professionals seem to be higher compared with other groups, particularly with intensive inpatient management and subsequent follow-up care." ("[Impaired healthcare professional](#)," Dr. Marie R. Baldisseri, *Critical Care Medicine*, 35(2):S106-S116, February 2007.)

The California Pharmacist Recovery Program is an excellent resource. As stated on [the program's webpage](#), "Through this program, the chemically dependent or mentally troubled pharmacist is provided with the hope and assistance required for a successful recovery."

Dr. Leuck is a California pharmacist and publisher of [VIEWPOINTRX](#), an opinion blog.

Board celebrates 50-year pharmacists

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

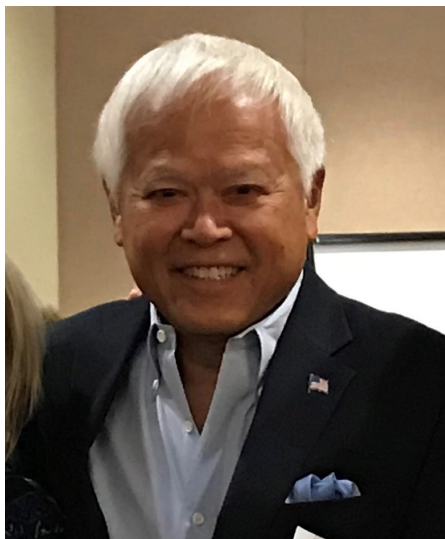
Pharmacists who recently received a certificate commemorating 50 years of service and an invitation to be publicly recognized at a board meeting are:

*Aaselund, Rae Louise
Abrams, Sanford Charles
Aichroth, Albert Arthur
Barekman, Michael Taylor
Bowen, John Richard
Britto, Carl Gilbert
Brockman, Barry Elliott
Cacace, Lawrence Gene
Cavallo, Ronald Steven
Coelho, Evo Clement
Cole, John Gerardi
Dolan, Steffeny Lee
Epstein, Sherwin Barry
Fujinami, Wilbur Tadao
Gillespie, Stephan Paul
Goldenberg, Stanley William
Hasson, Leon*

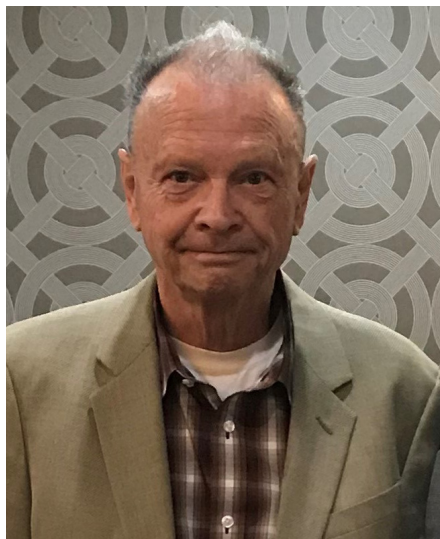
*La Canada, CA
Camarillo, CA
Cardiff, CA
Ukiah, CA
Northridge, CA
Pleasanton, CA
Seal Beach, CA
Novato, CA
Sebastopol, CA
Brentwood, CA
Pismo Beach, CA
Fresno, CA
Sherman Oaks, CA
Altadena, CA
Spring Valley, CA
Los Angeles, CA
Tarzana, CA*

*Hatanaka, Frank Hisato
Hathaway, Charles Grover
Keller, Otto Richard
Kishi, Donald Takeo
Kwong, Owen Lee
Levine, Norman Sheldon
McBride, Gary Dean
McGuire, Donald Mixer
McRae, Melvin Philip
Miller, Bruce David
Morhar, Ronald Paul
Mortensen, Charles Arthur
Motske, Richard William
Prigge, Gary William
Pritchett, Edward Ladd
Prover, Stephen Erwin
Reynolds, Edward Francis III
Riceberg, Harvey Brian
Rosenberg, Marvin Kerry
Sacks, Burton Stephen
Saenz, Carlos Leslie
Schallock, Larry Wallis
Silver, Alan Arnold
Sullivan, Michael Dennis
Tochioka, Ronald Masaki
Tong, Ronald Kuo
Wells, Keith Hoyt
Zarro, Herbert Daniel*

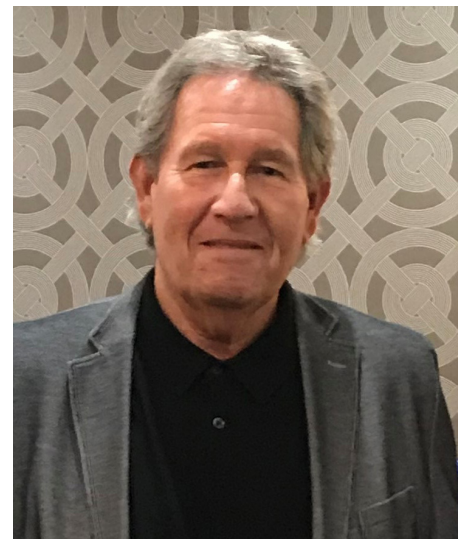
*Redding, CA
Newport, OR
Oakdale, CA
Pleasanton, CA
Los Angeles, CA
Santa Monica, CA
Sacramento, CA
Burbank, CA
Santa Rosa, CA
Arroyo Grande, CA
Woodland Hills, CA
Encinitas, CA
Laguna Niguel, CA
Tucson, AZ
Garden Grove, CA
Los Angeles, CA
Greeley, CO
Henderson, NV
Calabasas, CA
Indio, CA
San Diego, CA
San Luis Rey, CA
Tarzana, CA
El Centro, CA
Long Beach, CA
Sunnyvale, CA
Vail, AZ
Indio, CA*



Clifford Wong



Erin Wirtz



Stanley Goldenberg

Pass rates reported for pharmacist exams

Pass rates for the California Practice Standards and Jurisprudence Examination (CPJE) and the North American Pharmacist Licensure Examination (NAPLEX) are released twice annually, generally in spring and fall. The Board of Pharmacy posts the [exam pass rates](#) on its website.

CPJE

This fall, the Board of Pharmacy reported a pass rate of 78.2 percent for all candidates who took the CPJE from April through September 2018. (The pass rate for California pharmacy school graduates was 89.7 percent.) The overall rate compares with results last spring, when the board reported a pass rate of 51.8 percent for all candidates who took the CPJE from October 2017 through March 2018.

A comparison of annual CPJE pass/fail rates for the past five full years, from April through March of each year:

Annual CPJE Pass/Fail Rates (percentages)

Year	Pass	Fail
April 2013 – March 2014	80.1	19.9
April 2014 – March 2015	78.7	21.3
April 2015 – March 2016	78.4	21.6
April 2016 – March 2017*	65.4	34.6
April 2017 – March 2018	70.3	29.7

*Note: New content outline in effect.

NAPLEX

The NAPLEX pass rate for all candidates who took the CPJE from April through September 2018 was 93.9 percent. (The rate is based on scores associated with candidates who reported their NAPLEX scores to the board and took the CPJE during April through September 2018, regardless of when they took the NAPLEX.) Last spring, the pass rate for all NAPLEX candidates from October 2017 through March 2018 was 88.5 percent.

A comparison of annual NAPLEX pass/fail rates for the past five full years, from April through March of each year:

Annual NAPLEX Pass/Fail Rates (percentages)

Year	Pass	Fail
April 2013 – March 2014	95.5	4.5
April 2014 – March 2015	95.7	4.3
April 2015 – March 2016	94.2	5.8
April 2016 – March 2017	89.9	10.1
April 2017 – March 2018	92.1	7.9

Disciplinary terms

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

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

Revocation or revoked – The license is canceled as a result of disciplinary action by the board, and the licensee’s right to practice or operate a board-licensed entity is ended.

Revoked, stayed – The license is revoked, but the revocation is postponed until the board determines whether the licensee has failed to comply with specific probationary conditions, which may include suspension of the licensee’s right to practice.

Stipulated settlement – The board and a licensee mutually agree to settle a disciplinary case brought by the board by way of a settlement agreement.

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

Probation – The licensee may continue to practice or operate a board-licensed entity under specific terms and conditions for a specific period of time.

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

Suspension - The licensee is prohibited from practicing or operating a board-licensed entity for a specific period of time.

Suspension/probation - The licensee is prohibited from practicing or operating for a specific period of time and the right to practice or operate is contingent with specific terms and conditions during the probationary period.

PC 23 order issued - The licensee is restricted from practicing or operating by the terms of court issued under the provisions of Penal Code section 23.

Public reprimand – Resulting from a disciplinary action, the licensee is issued a letter of public reprimand.

Reinstatement of license – A previously revoked or suspended license is reinstated with or without specified terms and conditions.

Statement of issues – A legal document that details the factual or legal basis for refusing to grant or issue a license.

Disciplinary actions

Disciplinary Actions

April – June 2018

Designated Representative

Jessee, John E., EXC 13663,
Administrative Case AC 5078
Sacramento, CA

Summary: The licensee was disciplined for allowing nonpharmacists to sign for and receive deliveries of dangerous

drugs and controlled substances in the pharmacy.

Action: The license is subject to a public reproof.

Decision effective 5/24/2018.

[View the decision](#)

Pharmacy Technician

Ardinger, Charles, TCH 154216,
Administrative Case AC 6140
Salinas, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, possession of child pornography.

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

Decision effective 4/12/2018.

[View the decision](#)

See **Disciplinary actions**, Page 25

Disciplinary actions

Continued from page 24

Boutdy, Malaykham, TCH 52909, Administrative Case AC 5968

San Francisco, CA

Summary: The licensee was disciplined for stealing 36 bottles of alprazolam from the hospital pharmacy where she worked.

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

Decision effective 6/13/2018.

[View the decision](#)

Bowens, Nicholas, TCH 62120, Administrative Case AC 5872

North Hollywood, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, driving under the influence of drugs, including heroin and methamphetamine.

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

Decision effective 4/12/2018.

[View the decision](#)

Cadena, Luz C., TCH 45631, Administrative Case AC 6145

San Diego, CA

Summary: The licensee was disciplined for attempting to enter the United States in possession of cocaine and methamphetamine.

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

Decision effective 6/13/2018.

[View the decision](#)

Castellanos, Veronica, TCH 17459, Administrative Case AC 5832

Sauk Rapids, MN

Summary: The licensee was disciplined for committing acts of moral turpitude and unprofessional conduct by fraudulently transferring and spending money from another person's bank account.

Action: The license is voluntarily surrendered.

Decision effective 5/31/2018.

[View the decision](#)

Ceja, Mindy Nacole, TCH 127720, Administrative Case AC 5959

Covina, CA

Summary: The licensee was disciplined for diverting phentermine for personal use while filling a prescription for a customer and was fired for pilferage of a controlled substance and reported losses of phentermine tablets.

Action: The license is voluntarily surrendered.

Decision effective 5/31/2018.

[View the decision](#)

Cummings, Chelsea E., TCH 135729, Administrative Case AC 6034

Chester, CA

Summary: The licensee was disciplined for using her position as a pharmacy technician to access personal information about fellow students and send threatening text messages, social media messages and emails to students and their parents.

Action: The license is voluntarily surrendered.

Decision effective 4/26/2018.

[View the decision](#)

Fernandez, Jenina, TCH 60593, Administrative Case AC 6261

Fresno, CA

Summary: The licensee was disciplined for use of alcohol in a dangerous manner and corporal injury on a cohabitant.

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

Decision effective 5/24/2018.

[View the decision](#)

Fernandez Vasquez, Esmeralda, TCH 153184, Administrative Case AC 6216

Covina, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, burglary of a high school to steal laptop computers.

Action: The license is voluntarily surrendered.

Decision effective 5/31/2018.

[View the decision](#)

Fluharty, L'Danielle G., TCH 140359, Administrative Case AC 6096

Hemet, CA

Summary: The licensee was disciplined for conviction of substantially related crimes, driving under the influence of alcohol and driving with a suspended license.

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

Decision effective 4/26/2018.

[View the decision](#)

Gadiane, Jeggs Gabo, TCH 124091, Administrative Case AC 6071

Moreno Valley, CA

See **Disciplinary actions**, Page 26

Disciplinary actions

Continued from page 25

Summary: The licensee was disciplined for conviction of substantially related crimes, driving under the influence of alcohol and driving with a suspended license.

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

Decision effective 5/24/2018.

[View the decision](#)

Hassenkamp, Kevin, TCH 156481, Statement of Issues Case AC 6047

North Hollywood, CA

Summary: The licensee was disciplined for conviction of a substantially related crime – driving under the influence of alcohol – and failing to disclose the conviction on his licensure application.

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

Decision effective 4/4/2018.

[View the decision](#)

Hernandez, Iliana, TCH 65649, Administrative Case AC 6078

Gilroy, CA

Summary: The licensee was disciplined for stealing, illegally possessing and self-furnishing 420 tablets of carisoprodol, a controlled substance.

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

Decision effective 5/24/2018.

[View the decision](#)

Hernandez-Perez, Susana, TCH 118757, Administrative Case AC 5893

Inglewood, CA

Summary: The licensee was disciplined for diverting controlled substances, merchandise and monetary rewards from her employer's pharmacy.

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

Decision effective 4/26/2018.

[View the decision](#)

Herrera, Monalisa, TCH 104381, Administrative Case AC 5838

West Hills, CA

Summary: The licensee was disciplined for forging 16 prescriptions for controlled substances for family members and stealing five 100-count bottles of oxycodone tablets and 300 Norco and Valium tablets.

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

Decision effective 4/26/2018.

[View the decision](#)

Iszler, Tara Rose, TCH 76599, Administrative Case AC 6148

Pittsburg, CA

Summary: The licensee was disciplined for stealing Soma tablets for her own use on multiple occasions.

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

Decision effective 5/24/2018.

[View the decision](#)

Josephson, Francine, TCH 6056, Administrative Case AC 5946

Fairfield, CA

Summary: The licensee was disciplined for diverting 300 tablets of Adipex-P, a brand name for the controlled substance phentermine, from her employer.

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

Decision effective 5/31/2018.

[View the decision](#)

Khem, Sean Sisovoeun, TCH 95278, Administrative Case AC 6065

Long Beach, CA

Summary: The licensee was disciplined for conviction of unlawful possession of methamphetamine while armed.

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

Decision effective 4/12/2018.

[View the decision](#)

Lomeli, Marcela, TCH 100138, Administrative Case AC 6263

Chula Vista, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, grand theft of personal property.

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

Decision effective 4/12/2018.

[View the decision](#)

Malone, Sarah, TCH 74163, Administrative Case AC 6056

Concord, CA

Summary: The licensee was disciplined for illegal possession of heroin and

See **Disciplinary actions**, Page 27

Disciplinary actions

Continued from page 26

methamphetamine.

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

Decision effective 5/24/2018.

[View the decision](#)

Nair, Sachin Sreekumar, TCH 119441, Administrative Case AC 6219

Eastvale, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, making false statements in support of an insurance claim.

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

Decision effective 5/24/2018.

[View the decision](#)

Nguyen, Deanna D., TCH 106391, Administrative Case AC 6164

San Leandro, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, driving with an excessive blood alcohol level.

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

Decision effective 4/12/2018.

[View the decision](#)

Pagliero, Julie L., TCH 153820, Administrative Case AC 6129

Fairfield, CA

Summary: The licensee was disciplined for possession of an unmarked pill bottle with 50 tablets of the controlled

substance alprazolam without a prescription.

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

Decision effective 5/24/2018.

[View the decision](#)

Polanski, Kristin, TCH 88027, Administrative Case AC 6028

Simi Valley, CA

Summary: The licensee was disciplined for conviction of substantially related crimes, possession and use of illegal controlled substances.

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

Decision effective 4/26/2018.

[View the decision](#)

Querijero, Rick Sage Avenilla, TCH 138140, Administrative Case AC 5945

Bellflower, CA

Summary: The licensee was disciplined for convictions of substantially related crimes, unlawful sexual intercourse, vandalism, driving under the influence of drugs; for dangerous use of controlled substances; and for making a false representation on a license renewal form.

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

Decision effective 5/24/2018.

[View the decision](#)

Ram, Neil, TCH 79003, Administrative Case AC 6075

Baldwin Park, CA

Summary: The licensee was disciplined for unprofessional conduct and dangerous use of drugs and/or alcohol.

Action: The license is revoked,

and the right to practice or operate has ended.

Decision effective 4/26/2018.

[View the decision](#)

Tang, David K., TCH 78720, Administrative Case AC 6224

West Sacramento, CA

Summary: The licensee was disciplined for conviction of substantially related crimes – battery on an officer, making harassing phone calls and violation of a court-issued protective order.

Action: The license is voluntarily surrendered.

Decision effective 5/31/2018.

[View the decision](#)

Teramoto, Keith K., TCH 70589, Administrative Case AC 6119

Orange, CA

Summary: The licensee was disciplined for unprofessional conduct and use of alcohol in a dangerous manner.

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

Decision effective 5/31/2018.

[View the decision](#)

Walls, Paul E., TCH 18045, Administrative Case AC 6151

Antioch, CA

Summary: The licensee was disciplined for stealing bupropion-acetaminophen from his employer pharmacy on multiple occasions for his own use.

Action: The license is voluntarily surrendered.

Decision effective 6/13/2018.

[View the decision](#)

See **Disciplinary actions**, Page 28

Disciplinary actions

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Pharmacist

Ali, Sheikh Meheli, RPH 58076, Administrative Case AC 6304

Santa Maria, CA

Summary: The licensee was disciplined for dispensing controlled substances without a prescription; dispensing erroneous or uncertain prescriptions; furnishing dangerous drugs without a prescription; possessing controlled substances without a prescription; and failing to maintain operational standards and security as the PIC at a pharmacy where drug were lost due to theft.

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

Decision effective 6/13/2018.

[View the decision](#)

Blomquist, Robert, RPH 37969, Administrative Case AC 5729

Ventura, CA

Summary: The licensee was disciplined for manufacture and sale of misbranded drugs; purchase, trade, sale and/or transfer of misbranded drugs; failing to maintain records; and gross negligence.

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

Decision effective 6/13/2018.

[View the decision](#)

Duru, Cletus Uche, RPH 46402, Administrative Case AC 6012

Sacramento, CA

Summary: The licensee was disciplined for allowing unlicensed staff to perform the duties of pharmacy technician; failing to report loss of controlled substances; failing to participate in a quality assurance program; failing to comply with requirements for patient-centered labels; failing to maintain an inventory and complete a biennial inventory of controlled substances; dispensing controlled substances with prescription forms lacking required features; failing to exercise corresponding responsibility; and unprofessional conduct.

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

Decision effective 5/24/2018.

[View the decision](#)

Hackett, Patrick, RPH 51731, Administrative Case AC 6117

Clovis, CA

Summary: The licensee was disciplined for stealing phentermine, sildenafil and suboxone for self-use.

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

Decision effective 6/13/2018.

[View the decision](#)

Hoang, Marc T., RPH 50411, Administrative Case AC 6020

Rosemead, CA

Summary: The licensee was disciplined for failing to notify the board of change of

pharmacy ownership; falsifying documents by misrepresenting himself as the owner; unprofessional conduct; and aiding and abetting unlicensed conduct by misrepresenting himself as the owner.

Action: The license is voluntarily surrendered.

Decision effective 4/26/2018.

[View the decision](#)

Javaherian, Rouzbeh, RPH 55801, Administrative Case AC 5941

Los Angeles, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, health care fraud against Medicare and the Medicare drug plan; committing dishonesty, fraud or deceit; making and signing false documents in committing health care fraud; and unprofessional conduct.

Action: The license is voluntarily surrendered.

Decision effective 4/12/2018.

[View the decision](#)

Kamrin, Terry Evan, RPH 25564, Administrative Case AC 6265

Pleasant Hill, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, grand theft involving a scheme to overbill insurance companies for mislabeled compounded drugs; and committing acts of moral turpitude, dishonesty, fraud or deceit.

Action: The license is voluntarily surrendered.

Decision effective 6/13/2018.

[View the decision](#)

See **Disciplinary actions**, Page 29

Disciplinary actions

Continued from page 28

Kwok, Cheryl Chin, RPH 43606, Administrative Case AC 6013 Visalia, CA

Summary: The licensee was disciplined for taking back used blister pack cards from assisted-living facility patients and redispensing the medications in new blister pack cards; for failing to safely and properly secure controlled substances; for excessive furnishing of controlled substances; for failing to exercise best professional judgment or corresponding responsibility in furnishing controlled substances; for failing to consult CURES and pharmacy records pertaining to controlled substances; for dispensing controlled substances based on non-compliant prescription forms.

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

Decision effective 5/24/2018.
[View the decision](#)

Kwok, Elliot Chun-Pong, RPH 30155, Administrative Case AC 5884

Castro Valley, CA

Summary: The licensee was disciplined for failing to maintain cleanliness and order in a sterile compounding pharmacy; for failing to assign proper expiration dates and state performance of quality reviews; for failing to assign and state correct expiration dates on prescription labels; for failure to properly label compounded products; for failure to calibrate

equipment; for failing to ensure sterile compounding procedures, maintain sanitary storage, guard against contamination, properly use equipment and train pharmacy staff, and establish and follow cleaning and disinfecting procedures; and for unprofessional conduct.

Action: The license is voluntarily surrendered.

Decision effective 4/26/2018.
[View the decision](#)

Lim, Phic, RPH 49175, Administrative Case AC 4906 Los Angeles, CA

Summary: The licensee was disciplined for failing to exercise corresponding responsibility by failing to validate legitimacy of prescriptions, by dispensing prescriptions to physician shoppers, and by dispensing erroneous prescriptions; and for failing to account for 2,600 tablets of Dilaudid and 39,620 tablets of OxyContin.

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

Decision effective 5/2/2018.
[View the decision](#)

Lim, Ronald, RPH 27738, Administrative Case AC 5953 Redding, CA

Summary: The licensee was disciplined for dispensing a refill of alprazolam without prescriber authorization; failing to maintain a current inventory of all dangerous drugs, resulting in loss of approximately 14,635 tablets of hydrocodone/acetaminophen and 1,074

tablets of lorazepam.

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

Decision effective 6/13/2018.
[View the decision](#)

McCrary, Michael E., RPH 60906, Administrative Case AC 5184

Auburn, CA

Summary: The licensee was disciplined for stealing more than 1,500 hydrocodone/APAP tablets and 30 alprazolam tablets from his employer pharmacy; for taking hydrocodone and alprazolam for his own use; for furnishing hydrocodone and alprazolam for another person; and for illegal possession of hydrocodone and alprazolam.

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

Decision effective 4/12/2018.
[View the decision](#)

Morkos, Suzy M., RPH 47817, Administrative Case AC 6022 Huntington Beach, CA

Summary: The licensee was disciplined for failure to clean sterile compounding area; for misbranding drugs with improper beyond-use dates; failing to use equipment in accordance with the manufacturer's specifications; for compounding drugs with incomplete written master formulas; and for preparing and shipping drugs to another state without complying with the laws

See **Disciplinary actions**, Page 30

Disciplinary actions

Continued from page 29

of California or the other state.

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

Decision effective 4/26/2018.

[View the decision](#)

Ng, Gordon Kwok Ho, RPH 65690, Administrative Case AC 6099

Rescue, CA

Summary: The licensee was disciplined for unprofessional conduct for conviction for driving with a blood alcohol content of 0.08 percent or higher and for dangerous use of alcohol.

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

Decision effective 5/31/2018.

[View the decision](#)

Onwumere, Peter Nnamdi, RPH 53590, Administrative Case AC 5488

Fresno, CA

Summary: The licensee was disciplined for clearly excessive furnishing of controlled substances without verifying a legitimate medical purpose.

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

Decision effective 6/1/2018.

[View the decision](#)

Park, Jessica Jin Hee, RPH 71655, Administrative Case AC 5948

Northridge, CA

Summary: The licensee was disciplined for improperly taking a bottle of Adderall tablets from her employer pharmacy.

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

Decision effective 6/13/2018.

[View the decision](#)

Patel, Viraj Vijay, RPH 74271, Administrative Case AC 6037

Chino Hills, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, two misdemeanors related to driving under the influence of alcohol; for dangerous use of alcohol; and for committing acts that would have warranted a denial of license.

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

Decision effective 6/13/2018.

[View the decision](#)

Facilities

Abbott's Compounding Pharmacy, PHY 45060, Administrative Case AC 5884

Abbott's Compounding Pharmacy, LSC 99002, Administrative Case AC 5884
Berkeley, CA

Summary: The licensee was disciplined for failing to maintain cleanliness and order in a sterile

compounding pharmacy; for failing to assign proper expiration dates and state performance of quality reviews; for failing to assign and state correct expiration dates on prescription labels; for failure to properly label compounded products; for failure to calibrate equipment; for failing to ensure sterile compounding procedures, maintain sanitary storage, guard against contamination, properly use equipment and train pharmacy staff, and establish and follow cleaning and disinfecting procedures.

Action: The license is voluntarily surrendered.

Decision effective 4/26/2018.

[View the decision](#)

AmerisourceBergen Drug Corp., WLS 4383, Administrative Case AC 5078

Sacramento, CA

Summary: The licensee was disciplined for allowing nonpharmacists to sign for deliveries of dangerous drugs and controlled substances.

Action: The license is subject to a public reproof.

Decision effective 5/24/2018.

[View the decision](#)

Cabrillo Pharmacy, PHY 48586, Administrative Case AC 5729

Ventura, CA

Summary: The licensee was disciplined for unlawfully compounding and dispensing drug capsules containing domperidone, which is not FDA-approved for human use in the United States; for failing to notify consumers of the risks of domperidone or its FDA status; and for failing to create and

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Disciplinary actions

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maintain compounding records for the some of the capsules.

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

Decision effective 6/13/2018.

[View the decision](#)

Cal-Mex Pharmacy, PHY 50374, Administrative Case AC 5985 Calxico, CA

Summary: The licensee was disciplined for failing to keep records of acquisition and disposition and a current inventory of a controlled substance; for purchasing prescription drugs from an unlicensed nonresident wholesaler; for failing to report controlled substances dispensed to CURES; for failing to correct the correct quantity of a controlled substance; for deviating from prescription without prescriber's prior consent; for dispensing controlled substances prescriptions not written on the controlled substances form required by law; for dispensing controlled substances pursuant to preprinted multiple check-off prescription form; for dispensing a postdated prescription without documenting the prescriber was contacted; for dispensing erroneous or uncertain prescriptions; for failing to exercise corresponding responsibility; for providing altered documents to board inspectors; and for failing to exercise best professional

judgment.

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

Decision effective 4/12/2018.

[View the decision](#)

Cedar Pharmacy and Medical Supplies Inc., PHY 50262, Administrative Case AC 5488 Fresno, CA

Summary: The licensee was disciplined for clearly excessively furnishing controlled substances without verifying a legitimate medical purpose.

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

Decision effective 6/1/2018.

[View the decision](#)

Irvine Wellness Pharmacy, PHY 50976, Administrative Case AC 6020 Irvine, CA

Summary: The licensee was disciplined for failing to notify the board of change of ownership.

Action: The license is voluntarily surrendered.

Decision effective 4/26/2018.

[View the decision](#)

Jana Healthcare Pharmacy, PHY 49223, Administrative Case AC 5226 Canoga Park, CA

Summary: The licensee was disciplined for failing to provide accurate invoices of transfers of dangerous drugs; for acting as an unlicensed wholesaler; for furnishing dangerous drugs to an unlicensed designated

representative; for unfair trade practices; and for failing to maintain records of acquisition and disposition in a readily retrievable format for three years.

Action: The license is voluntarily surrendered.

Decision effective 6/13/2018.

[View the decision](#)

Lim's Family Pharmacy, PHY 45418, Administrative Case AC 5953 Redding, CA

Summary: The licensee was disciplined for dispensing an additional refill of alprazolam without prescriber authorization.

Action: The license is voluntarily surrendered.

Decision effective 6/13/2018.

[View the decision](#)

Safeway Pharmacy #2490, PHY 46760, Administrative Case AC 5516 El Cerrito, CA

Summary: The licensee was disciplined for failing to ensure the security of its controlled substances and dangerous drugs stock against employee pilferage; failure to maintain accurate records of disposition.

Action: The license is subject to a public reproof.

Decision effective 4/26/2018.

[View the decision](#)

Shiloh Family Pharmacy, PHY 51776, Administrative Case AC 5813 Los Angeles, CA:

Summary: The licensee was disciplined for failing to secure the pharmacy to prevent the loss of controlled substances, resulting in the loss of 9,675 tablets; for failing to account

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Disciplinary actions

Continued from page 31

for controlled substances; for holding misbranded dangerous drugs; and for allowing personnel into the pharmacy without a pharmacist present.

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

Decision effective 5/24/2018.

[View the decision](#)

The Medicine Shoppe, PHY 40626, Administrative Case AC 6013

Visalia, CA

Summary: The licensee was disciplined for taking back used blister pack cards from assisted-living facility patients and redispensing the medications in new blister pack cards; for failing to safely and properly secure controlled substances; and for excessive furnishing of controlled substances.

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

Decision effective 5/24/2018.

[View the decision](#)

West Aid Pharmacy and Medical Supply, PHY 48785, Administrative Case AC 5941
Los Angeles, CA

Summary: The licensee was disciplined for conviction of a substantially related crime, health care fraud against Medicare and the Medicare drug plan; committing dishonesty, fraud or deceit; making and signing false documents in committing health care fraud; and unprofessional conduct.

Action: The license is voluntarily surrendered.

Decision effective 4/12/2018.

[View the decision](#)

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Q&A: Furnishing travel drugs under protocol

Q: I am a pharmacist who would like to provide patients with travel medications recommended by the Centers for Disease Control and Prevention (CDC). Although I do not work in a hospital or clinic, I plan to furnish travel medications under a protocol with an individual physician. Is this permissible?

Relevant code sections:

- [Business and Professions Code \(BPC\) section 4052](#) – Furnishing to Prescriber; Permissible Procedures by Pharmacist in Health Care Facility or Clinic or

for Other Health Care Provider

- [BPC section 4052.2](#) – Permitted Procedures by Pharmacist in Health Care Facility, Home Health Agency or Clinic with Physician Oversight
- [California Code of Regulations, title 16, section 1746.5](#) – Pharmacists Furnishing Travel Medications

A: According to section 4052(a), as authorized by section 4052.2(a) and (c)(1)-(4), a pharmacist may furnish travel

medications under protocol with an individual physician and may do so outside a hospital or clinic setting if the pharmacist is part of a multidisciplinary group of physicians and registered nurses. The pharmacist need only complete a clinical residency or have clinical experience in direct patient care, according to section 4052.2(d).

In addition, pharmacists who are going to initiate or adjust controlled substance therapy must personally register with the Drug Enforcement Administration (DEA), according to section 4052(b).

Contact the California State Board of Pharmacy

To ask about **licensing requirements** or the **status of a pending application**:

Pharmacy technician	TCHstatus@dca.ca.gov
Pharmacist Intern pharmacist Foreign graduate	intern-examstatus@dca.ca.gov
Designated representative	drstatus@dca.ca.gov
Pharmacy Sterile compounding pharmacy Nonresident pharmacy Hospital	phystatus@dca.ca.gov
Wholesaler Nonresident wholesaler Clinic Veterinary food-animal drug retailer	wlsstatus@dca.ca.gov
Pharmacist-in-charge Designated representative-in-charge Discontinuance of business	picstatus@dca.ca.gov

To ask about a **license renewal**: renewstatus@dca.ca.gov.

To ask about **fingerprints for a license renewal**: pharmacyfp@dca.ca.gov.

To ask about **changes to a facility license** (change of permit): chgpermit@dca.ca.gov.

To ask about **continuing education (CE)**: pharmacy.ce@dca.ca.gov.

To ask about **waivers from compounding regulations during construction**: compounding.waivers@dca.ca.gov.

To ask about **wholesale pedigree** requirements: californiapedigree@dca.ca.gov.

To ask about a **public records request**: pharmacy.publicrecords@dca.ca.gov.

For more contact information, visit the [Contact Us](#) page on [the board's website](#).

Important dates

2018

Dec. 8 - Continuing education: Prescription Drug Abuse and Preventing Drug Diversion - Santa Barbara

Dec. 14 - Board of Pharmacy meeting - Irvine

Dec. 25 - State holiday: Christmas

2019

Jan. 1 - State holiday: New Year's Day

Jan. 21 - State holiday: Martin Luther King Jr. Day

Jan. 30-31 - Board of Pharmacy meeting - South San Francisco

Feb. 18 - State holiday: Presidents Day

March 22 - Board of Pharmacy meeting - location TBD

April 1 - State holiday: Cesar Chavez Day

May 7-8 - Board of Pharmacy meeting - location TBD

May 27 - State holiday: Memorial Day

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Earn CE credit for attending board, committee meetings

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

Agendas are posted at least 10 days before each meeting. Background materials for agenda items typically are available to read and download about five days before each meeting.

For most board meetings, pharmacists and pharmacy technicians who attend a full-day meeting on the designated date may be awarded six CE hours per renewal period.

Attendees requesting CE must sign in and out on an attendance sheet at the meeting with their first and last name, license number, and time of arrival and departure. Check the board's agenda to determine the designated date for CE hours.

Pharmacists and pharmacy technicians also may earn two hours of CE for attending a full committee meeting per renewal period. Attendees requesting CE must sign in and out on an attendance sheet at the meeting with their first and last name, license number, and time of arrival and departure.

The last Board of Pharmacy meeting in 2018 is scheduled Dec. 14 in Irvine. The first board meeting in 2019 is scheduled Jan. 30-31 in South San Francisco.

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

The Script December 2018 Contributors

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Contact The Script

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

Let us know! Send a note to editor Bob Dávila at Bob.Davila@dca.ca.gov.

