



California State Board of Pharmacy
1625 North Market Blvd., N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Contact Person: Virginia Herold
(916) 574-7911

NOTICE OF MEETING and AGENDA Communication and Public Education Committee

Time: 4:05 p.m. – 5:15 p.m.
Date: July 23, 2008
Place: Radisson Hotel
4545 MacArthur Blvd.
Newport Beach, CA 92660
(949) 833-0570

This committee meeting is open to the public and will be held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Michelle Leech at (916) 574-7912, at least five working days before the meeting.

Opportunities are provided for public comment on each agenda item. A quorum of the Board may be present at the committee meetings. Board members who are not on the committee may observe, but may not participate as a Committee member or vote.

AGENDA

- Call to Order 4:05 p.m.
1. Report of Patient Surveys Undertaken for the SB 472 Medication Label Redesign Project
 2. Consumer Fact Sheet Series with California School of Pharmacy Interns
 3. Development of New Consumer Brochures
 4. Update Report on *The Script*
 5. New Notice to Consumers Poster Required by AB 2583 (Nation, Chapter 487, Statutes of 2006)
 6. Update on Public Outreach Activities
 7. Update of the Committee's Strategic Plan for 2008/09
 8. Fourth Quarterly Report on Committee Goals for 2007/08

Public Comment for Items Not on the Agenda

Adjournment 5:15 p.m.

**Note: The committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting.
[Government Code Sections 11125, 11125.7(a)]*



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STATE AND CONSUMERS AFFAIRS AGENCY
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ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Report of Patient Surveys Undertaken for the SB 472 Medication Label Redesign Project

Last fall, Governor Schwarzenegger signed SB 472 that directs the board to develop a patient-centered, standardized container label for all prescription medicine dispensed to California patients after January 1, 2011.

The board drafted the amendments that were ultimately enacted as SB 472, which requires the board to hold public meetings statewide that are separate from normally scheduled hearings to seek information from the public. The first meeting was held in Fremont on April 12, 2008. After this initial meeting, it was apparent that the board would need to engage the public in a different forum.

In May 2008, board staff developed a survey that could be distributed at outreach events. This survey is available in English and Spanish and is designed to elicit information from the public about their prescriptions. A copy of the survey is attached.

Since late May, board staff have been interviewing attendees at public events as well as providing surveys to participants and requesting them to return the completed form to the board. Consumers were invited to complete surveys on-site during the events, or mail them back to the board using the provided self-addressed envelopes. Most consumers completed surveys on-site, though others returned the surveys by mail. This method of soliciting information has proved less intimidating to consumers than individually speaking at public hearings. Board staff attending community events have also been reporting positive feedback they receive when discussing this initiative with the public.

In addition, the board prepared an article that will be published with the survey in the state AARP September newsletter (circulation: 300,000). Recently an on-line survey was posted on our Web site that allows individuals to complete and submit the survey on-line.

The board has also provided consumers with one-page fact sheets entitled, "Do you understand the directions on your Rx medicine label?" The fact sheet provides background information related to SB 472, and printed samples of faux prescription labels as a visual aid.

Attached are charts reflecting survey responses received thus far. Board staff will aggregate the results of the surveys and provide the board with an update at the next scheduled

committee meeting. In addition, the board will capitalize on the department-sponsored Professionals Achieving Consumer Trust Summit scheduled for November 2008 as an ideal opportunity to engage other professions in the development of a patient-centered prescription label.

Additional subcommittee meetings will be scheduled as requested. Also, consumers will be invited to complete label surveys during outreach events scheduled through October 2008.

A total of 125 consumers have completed surveys thus far. Not every consumer provided answers to each question, though many provided more than one answer to specific questions. Many consumers also gave the same response (i.e., larger font) to more than one question. The following questions were used in the survey:

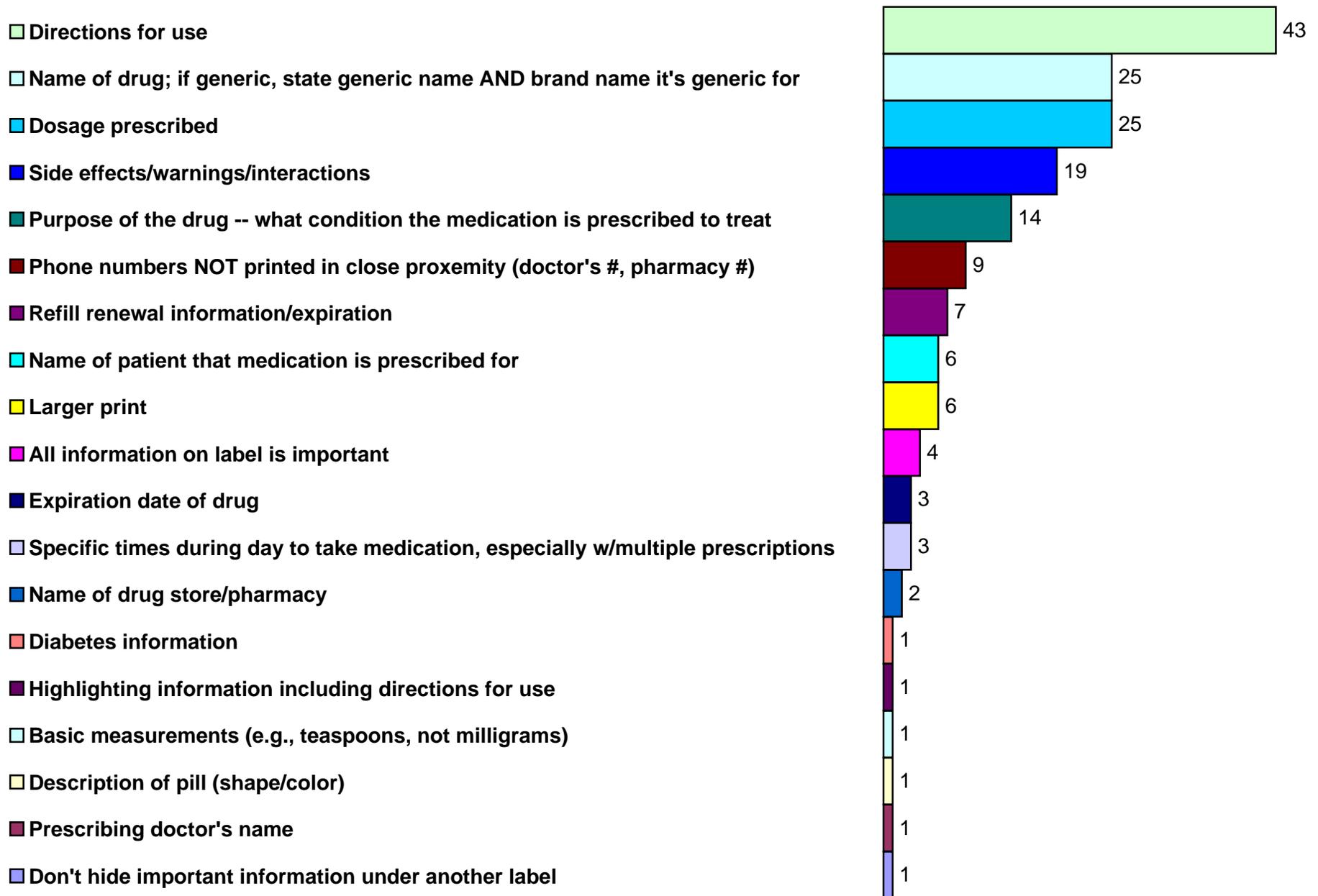
1. What information on the label is most important to you? (172 responses)
2. Do you understand the directions on the prescription label? (98 responses)
3. What would you change on the prescription label? (105 responses)
4. What would make the prescription label easier to read? (81 responses)
5. Other suggestions? (39 responses)

Several respondents have completed the Spanish version of the survey, and their responses have since been translated into English.

Overall, the subject matter of prescription labels is of great interest to consumers, particularly our senior citizen population. Two of the most common responses are that consumers would like labels to be printed in a larger font, and they would like the label to show the purpose of the drug.

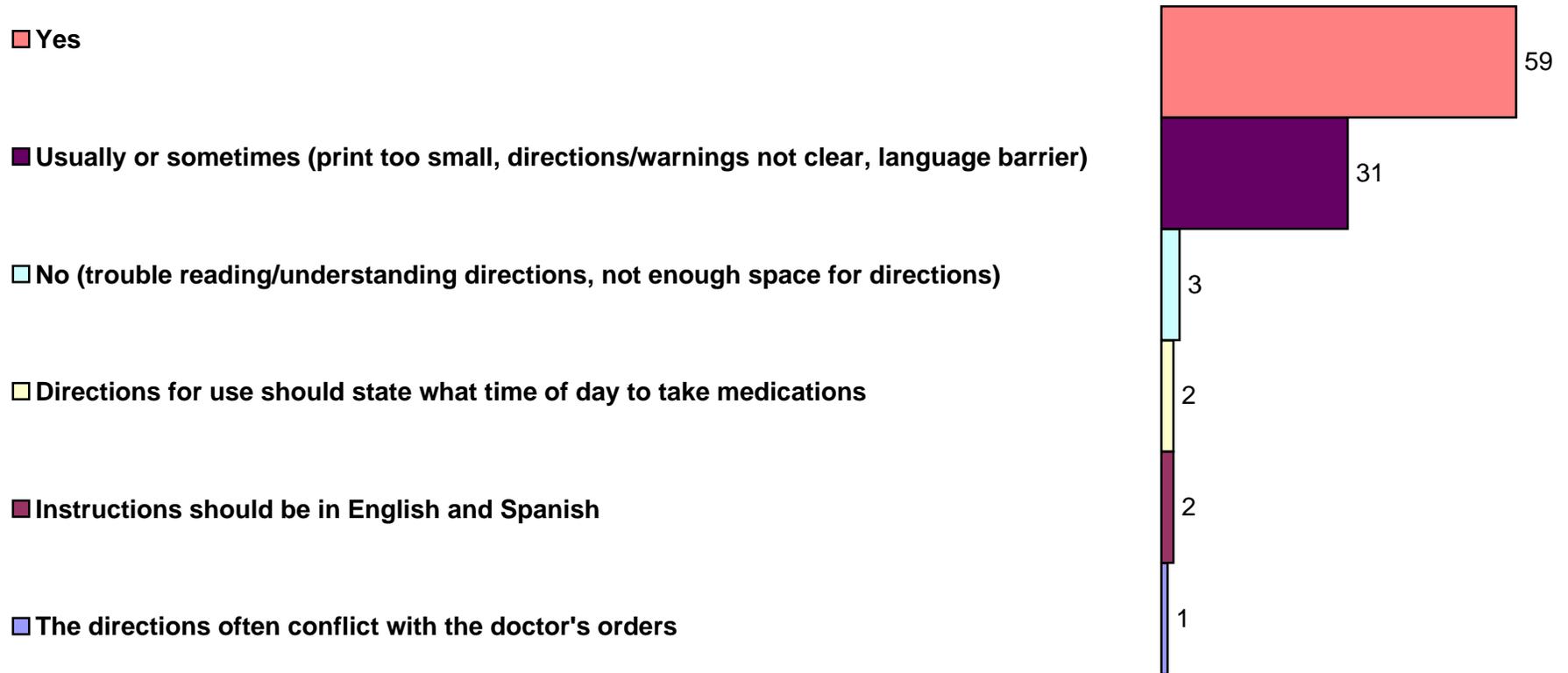
QUESTION #1: What information on the label is most important to you?

172 responses to Question #1 as of 7/16/08



QUESTION #2: Do you understand the directions on the prescription label?

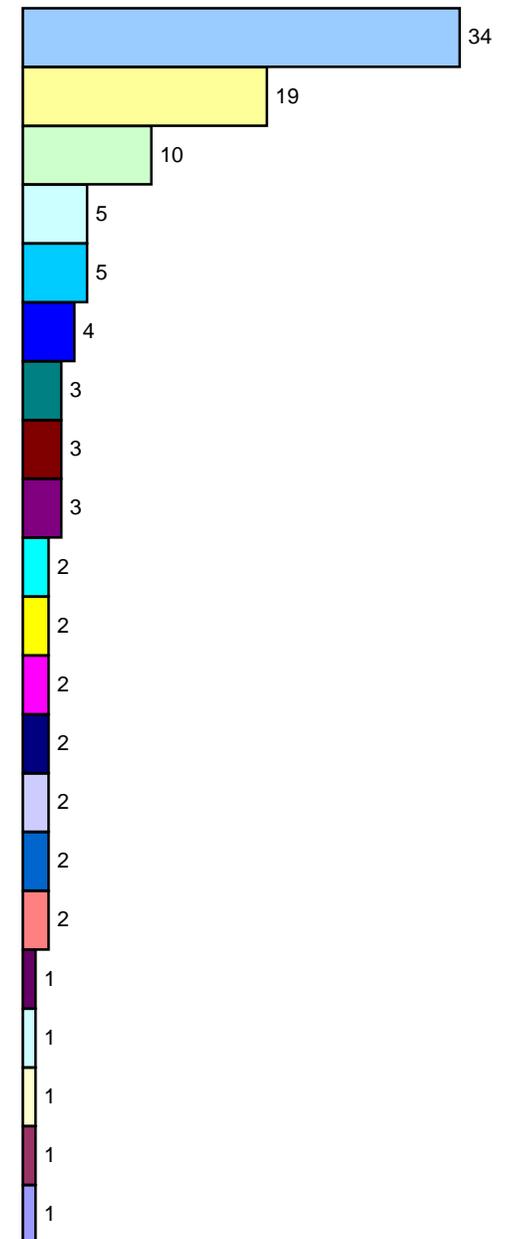
98 responses to Question #2 as of 7/16/08



QUESTION #3: What would you change on the prescription label?

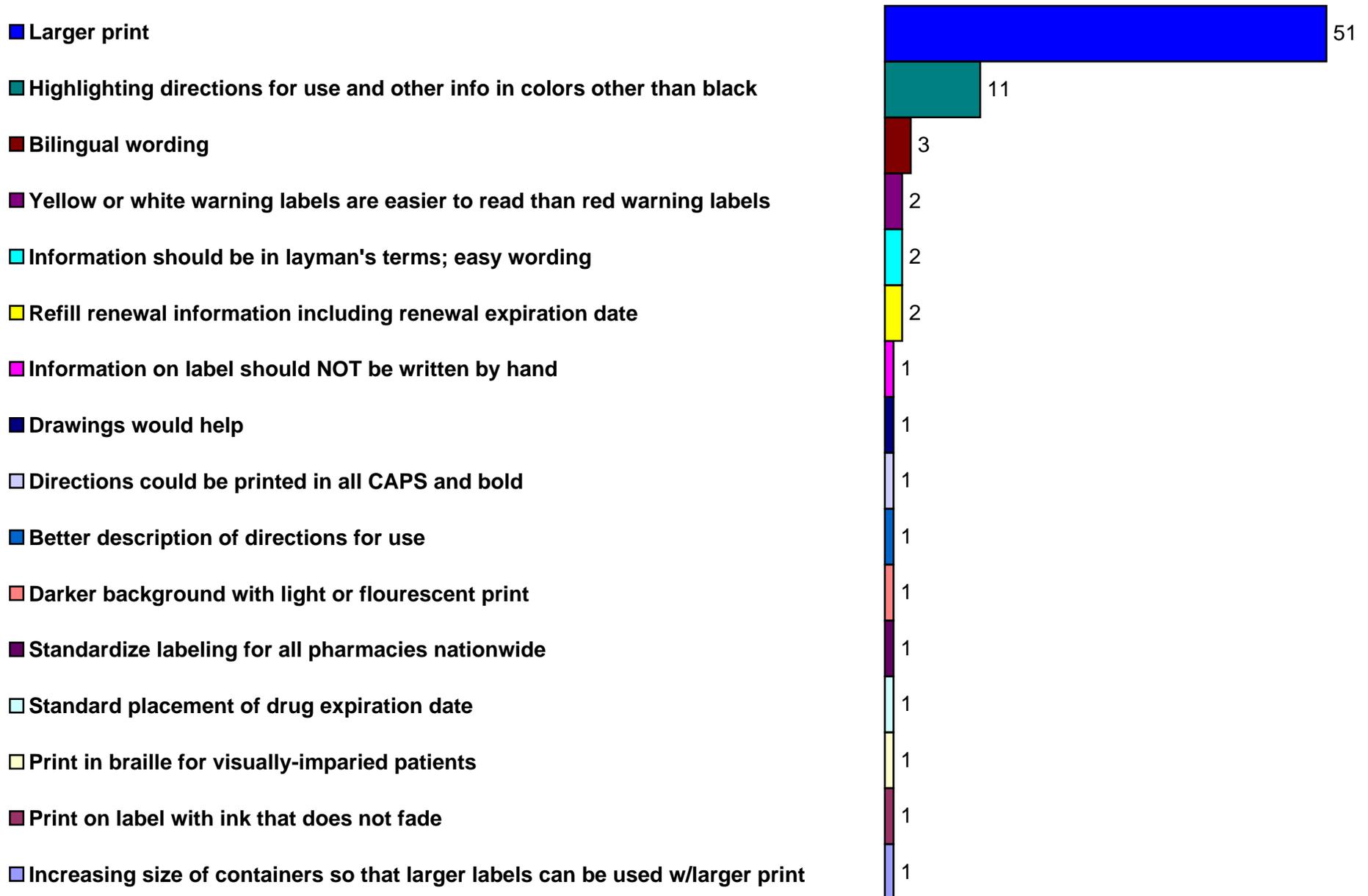
105 responses to Question #3 as 7/16/08

- Print should be larger
- Include purpose of the drug -- state what condition the medication is intended to treat
- Make warning labels easier to read or print warnings directly on label (instead of auxilliary)
- Nothing needs to be changed on the label
- Use bold or highlighted print or capital letters; red or blue ink for warning labels
- Information printed should be understandable for all age groups; layman's terms
- Print in patient's primary language; bilingual wording
- Directions for use should include specific times (or morning/night) to take medication
- Delete unneeded info; shorten directions for use (i.e., do not need to say take 1 tab "by mouth")
- Should be less advertising printed on label; remove other unnecessary information
- Use different colors on label for different types of medication
- Name of drug; if generic, state generic name of drug AND brand name it is generic for
- Include photo of pill on label
- Use ink that does not disappear, fade, or rub off
- Standardize location of information so all prescriptions show information in same order
- Include direct telephone numbers so it is easier to communicate with doctor/pharmacy
- Use only one color on label
- More than one name for medicine is confusing at times
- If zero refills remain, then "0 refills remaining" should be highlighted
- Label should not refer patient to internet web site
- Make "fold-out" label with insert



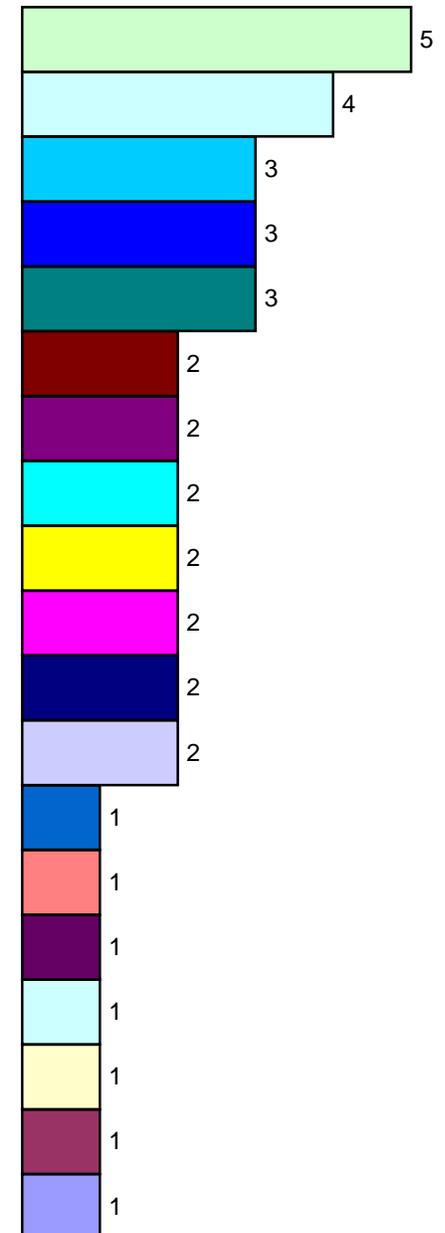
QUESTION #4: What would make the prescription label easier to read?

81 responses to Question #4 as of 7/16/08



QUESTION #5: Other suggestions?
39 responses to Question #5 as of 7/16/08

- Include purpose of the drug -- state what condition the medication is intended to treat
- Use different color for printing directions for use and pharmacy telephone number
- Easy-open lids should be used; no child-proof caps for seniors
- Different colored bottles or caps would help identify medications
- Make directions for use simple, clear, understandable; print in primary language of patient
- Standardize location of information so all prescriptions show information in same order
- Make label easier to remove completely (for privacy/security) when discarding container
- Bottles should be in travel/airplane size; large bottles are clumsy and take up space
- Bigger font for drug expiration date; bigger font for directions for use
- Side effects should be stated
- Have all bottles rectangular shape w/flat surface and directions printed on long side
- Use top of lid for info; containers opening at bottom leave room for larger label
- Don't cover prescription number with warning labels
- Labels should be waterproof
- Don't allow label to completely cover bottle; leave space to see medication remains
- Advise patient when color of drug changes, so it won't be perceived as medication error
- Include a "plan" for all prescriptions (i.e., Calcium supplements can't be taken with...)
- Put picture of pill on label
- Note changes in size, color, and shape of pills





Do you understand the directions on your Rx medicine label?

Approximately 46% of American adults do not.

A prescription label says to “Take two tablets by mouth twice daily.” Sounds simple, doesn’t it?

But patients have understood this to mean:

- Take it every 8 hours
- Take it every day
- Take one every 12 hours

Better directions might be “Take 2 tablets by mouth at 8 in the morning, and take 2 tablets at 9 at night.”

FACT: Six out of 10 people have taken their medicines incorrectly, due to:

- confusing directions on the container label,
- poor health literacy (the ability to read, understand, and act on healthcare information), and
- inability to read and/or understand directions written in English of those whose first language is not English.

FACT: Medicine errors are among the most common medical errors, harming at least 1.5 million people every year. More than one third of these take place outside a hospital in a home setting, costing close to \$1 billion annually.

FACT: Up to one-half of all medicines are taken incorrectly or mixed with other medicines that can cause dangerous reactions that can lead to injury and death.

Medicine-related errors must be reduced. One way to begin is by providing patients with easy to read and understand prescription container labeling. This can be a giant step toward increasing consumer protection and improving the health, safety, and well-being of consumers.

California recognizes the importance of improving medicine container labels. In 2007, the Legislature and Governor Schwarzenegger enacted Senate Bill 472, mandating the Board of Pharmacy to develop requirements for standardized, patient-centered, prescription drug labels on all prescription medicine dispensed to patients in California.

In 2008, the Board will hold statewide public meetings to consult with patients and health providers to improve prescription container labels. The meetings will focus on improving directions for the drug’s use, using better type fonts and sizes, and placement of information that is patient-centered. The needs of senior citizens and patients with limited English reading skills also will be identified.



sample prescription labels

OUS/pharmacy #0000 Ph: 555.555-5555 PC

SODERGREN, ANNE
1625 N MARKET BLVD
Sacramento, CA 95834

000 WEST AVE
DAVIS, CA
95616

Rx: 000000 PRESCRIBER:
Perez, Victor

**USE INTRAMUSCULARLY
LATERAL THIGH AS NEEDED
FOR SEVERE ALLERGIC
REACTION**

EPIPEN 0.15 MG 2-PAK AUTO-IDEY
PHARM FARM

Refillable 1 times before 01-03-2008 Qty:2 EA

RPh: HAGEN, VERONICA Tech: LK PIC: SUE DURST
Date Filled: 01-03-2007 Orig Date: 01/03/2007 Discard After: _____

001122334 55 6677889

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY OTHER PERSON. IT IS YOUR RESPONSIBILITY TO OBTAIN THIS DRUG FROM THE PERSON WHO PRESCRIBED IT.

 **KENNETH'S PHARMACY**

Refill Phone: (555) 555-5555
www.AP.com

DESSERT MEDICAL/030
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
(555) 555-5555

Caution: Federal law prohibits transfer of this drug to any person other than the patient for whom prescribed.

Rx# 111111 TAMRAZ, HOPE MD
PEREZ, VICTOR I 11/12/07 PXA
TAKE 1 TABLE SPOON THREE TIMES A DAY AS NEEDED FOR
COUGH

PROMETHAZINE/CODEINE SYRUP
QTY: **480ML** Mfr: **PHARM FARM**
CLEAR, PURPLE-RED, PEACH-MINT, SYRUP..

Discard: _____
(FOR: PHENERGAN/CODEINE)

Please call 48 hrs in advance for refills.

MAY CAUSE DROWSINESS. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY.

TAKING MORE OF THIS MEDIATION THAT RECOMMENDED MAY CAUSE SERIOUS BREATHING PROBLEMS.

DO NOT DRINK ALCOHOLIC BEVERAGES WHILE TAKING THIS MEDICATION.

KEEP ALL MEDICINE OUT OF REACH OF CHILDREN

 **Linda's Drugs**  **Linda's HEALTHINESS** TAKE MEDICATION WITH FOOD

Store # 1625 N MARKET
SACRAMENTO, CA 95834
#0000 24 HOUR PHONE (555) 555-5555

PEREZ, VICTOR MD 01/07/2008 HAH
Rx 0000000
Durst, Sue

TAKE 1 CAPSULE TWICE A DAY

Generic for ACTIGALL
URSODIOL 300 MG CAPSULE
60 (PHARM FARM) USE BY _____
NO REFILLS

WHITE, OBLONG CAPSULE
Front: PHARM Back: 0000

Caution: Do not use with history of gallstones or gallbladder disease without consulting the physician.

Warning: Do not transfer or prescribe the transfer of this drug to any person other than the person for whom it was prescribed.



**Consumer examining sample prescription label
Riverside County Senior Expo, June 2008**



**Board Inspector Sarah Bayley assists
consumer at Lotus Festival, July 2008**



**Consumer completes survey at Senior Expo
in Riverside, June 2008**



**Board Inspector Ralph Orlandella assists consumer
at Senior Health Fair in Elk Grove, May 2008**



**Consumer completes survey at Lotus Festival
in Los Angeles, July 2008**



**Anne Sodergren interviewed by Lena Lewis (KUSI) in live
news segment at Meet the Pharmacist Day, May 2008**



CONSUMERS – we want to hear from you!

Do you have suggestions to improve prescription container labels? The California State Board of Pharmacy welcomes your feedback to make labels more patient-friendly with directions that are easier to read and understand.



Examples of warning labels



Examples of different container shapes and sizes requiring different types of labels

What information on the label is most important to you?

Do you understand the directions?

What would you change on the label?

What would make the label easier to read?

Other suggestions:

City: _____ **Date:** _____



Printed information in different colors



Directions for use or how to take the drug

THANK YOU for your feedback.
Please return your completed form to:

Virginia Herold, Executive Officer
California State Board of Pharmacy
1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834



CONSUMIDORES – ¡Queremos oír de usted!

¿Tiene usted sugerencias para mejorar las etiquetas del envase de recetas? La Junta de Farmacia del Estado de California da la bienvenida a su reacción para hacer etiquetas más-paciente amistosas con las indicaciones que son más fáciles de leer y comprender.

¿Qué información en la etiqueta de la receta es más importante para usted?

¿Comprende usted las instrucciones en la etiqueta de la receta?

¿Qué cambiaría usted en la etiqueta de la receta?

¿Qué haría la etiqueta de la receta más fácil de leer?

Ciudad: _____ Fecha: _____

Gracias por su reacción. Vuelva por favor su forma completada a:

Virginia Herold, Executive Officer
California State Board of Pharmacy
1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834

What information on the label is most important to you?

Put on the front what it is for - ex - (Pain) or (Depression)

Do you understand the directions?

yes - 1 x a day or twice a day

AM or PM

What would you change on the label?

yes ask patient if they want to be put on the bottle what it is for - ex - (Pain) - (Dizzy) (nausea)

What would make the label easier to read?

Bigger letters

Other suggestions:

City: Atwater Date: 6-6-08

What information on the label is most important to you?

Larger Print

Do you understand the directions?

make very clear

What would you change on the label?

What would make the label easier to read?

Other suggestions:

what it is for

City: Mamposá Date: 6-6-08

EXAMPLES OF SURVEYS (COMPLETED BY CONSUMERS)

What information on the label is most important to you?

The doctor phone number
clearer and away from the
drug store number

Do you understand the directions?

What would you change on the label?

the refill to not disappear
or fade

What would make the label easier to read?

would highlight direction
for patient to read clear.

Other suggestions:

Specify the drug if it for
pain, heart, blood thinner
so they don't forget which
drug is for it

City: Merced Date: 6-6-08

What information on the label is most important to you?

If medication is a generic - what it is generic for.
The generic name often means nothing. Clear
directions.

Do you understand the directions?

No - Not Always. Label does not present
AWAY enough space for clear directions.

What would you change on the label?

TAKE AWAY all the garbage of too
much information - that doesn't count.

What would make the label easier to read?

LARGER PRINT - DARK INK -

Other suggestions:

CHANGE IN COLOR OF PRESCRIPTION -
TO BE CLARIFIED - OFTEN MISTAKEN
FOR OTHERS MEDICATION

City: Hughson Date: 6/6/08

What information on the label is most important to you?

Who the kind of drug & drug store it is & who it belongs to.

Do you understand the directions?

No, I had trouble reading and understanding the directions.

What would you change on the label?

I would make everything on the label clearer and more understandable for all age groups.

What would make the label easier to read?

If the bottle was bigger the label & words would be bigger and the words should be unfaded.

Other suggestions:

The directions and pharmacists number should be in a different color and the biggest words. It should mention what the drug is for.

City: Merced, CA Date: 6/6/08

What information on the label is most important to you?

- How to take medication
- Side effects
- Warnings

Do you understand the directions?

Sometimes they aren't very clear & specific.

What would you change on the label?

Size of print.
Standardize depending on pharmacy - the labels will have information listed in different areas.

What would make the label easier to read?

Different font. Larger print.

Other suggestions:

Standardize & direct more simple & clear & easier to understand.

- Labels in the primary language of

City: Merced Date: 6/6/08



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DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Consumer Fact Sheets with California School of Pharmacy Interns

Over four years ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The intent was to offer students the opportunity to work with the board on meaningful projects promoting consumer education, while the board would benefit from the production of these materials. The project was initiated at UCSF.

At the October 2007 Board Meeting, the board accepted the committee's recommendation to invigorate this program by offering other schools of pharmacy the opportunity to have their students develop one-page fact sheets on various topics, and then have the developed fact sheets reviewed by an expert. Representatives from other California pharmacy schools were very interested in this project for their students.

The board directed staff to proceed with the committee's recommendation for development of a template for future fact sheets, and work with the schools of pharmacy to initiate this intern project.

Following is a draft letter the board will be sending to the schools of pharmacy inviting pharmacist interns to opportunity to produce public information fact sheets on items of public health interest. This letter was drafted with the assistance of Dr. Ravnan, who has a strong background in academia, including as a professor and associate dean.

Also following is a sample of a fact sheet completed by UCSF Center for Consumer Awareness.



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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Dear Dean _____:

The Board of Pharmacy is interested in offering all pharmacist interns, regardless of their academic year, the opportunity to work on a joint project with the Board to produce public information fact sheets on items of public health interest. Once developed, the one-page fact sheets will be published and distributed by the Board from its office and Web site and at community outreach events.

The fact sheets are intended to provide a quick summary about a timely health issue. Fact sheets may include questions to "Ask a pharmacist" about, so that consumers can make informed decisions about their health care medication use. The fact sheets will benefit the public by educating them about the topic and encouraging discussions with pharmacists as health care providers. The students will gain experience by researching a health care topic and producing salient public information at a basic reading level, in a limited space.

Each fact sheet will contain:

- General information on the topic;
- Facts or in some cases, common misunderstandings/myths about the topic;
- Questions consumers can discuss with their pharmacists about the topic; and
- Footnotes documenting origin of the information referenced on the fact sheet (this information will be checked by the Board).

Copies of fact sheets developed by UCSF's interns and the Center for Consumer Self Care are enclosed and may serve as templates.

The role of your school's faculty in this project involves advising interns about this project and providing them with information about how to contact the appropriate project leader at the Board. The faculty may be asked by the Board to provide subject matter assistance and to review the fact sheets prior to submission to the Board.

After a fact sheet is submitted, its contents will be reviewed by the Board's legal advisors and others. The completed and subsequently selected fact sheet then will be formatted and published, and the Board will send a letter to the student and supervising faculty member, acknowledging the student's contribution. Additionally, once each year, the Board will host a competition to acknowledge the best fact sheet developed during the prior year. The winner will be announced and recognized at a board meeting.

The Board strongly supports the expansion of this project to all California schools of pharmacy. We believe that an intern's ability to research and distill key health care information about a topic, and present it in a consumer-friendly format, will benefit interns in their future career and help educate the public concerning their health care.

Thank you for your consideration and future participation.

Sincerely,

Virginia Herold, Executive Officer
California State Board of Pharmacy



Thinking of Herbals?

Check Carefully Before You Take Them With Medicines

FACT: More than 40 percent of Americans take dietary supplements

FACT: Some dietary supplements are known to interact in dangerous ways with medicines.

FACT: Mixing herbal supplements with your medicines may put you at risk.

Check It Out! The following list shows some (not all!) potential drug-herbal interactions for 10 popular herbs. Many are potentially dangerous interactions, such as the case of a 78 year-old woman on a blood thinner who reportedly on her own took ginkgo biloba for 2 months before having a serious brain hemorrhage. Some herbals may add to the effects of drugs (noted by + in list below). But these additive effects generally have not been well studied. **So think carefully!** Ask your doctor or pharmacists before mixing herbals with your drug therapy.

- Black Cohosh:** Baneberry, bug-wort, Squawroot, Rattleroot (*Cimicifuga racemosa*)
- Estrogens
 - Hormone Replacement Therapies
 - Lipid lowering drugs +
 - cisplatin, doxorubicin, docetaxel

- Cayenne** - Capsicum (*Capsicum frutescens*, *C. annum*)
- Monoamine oxidase inhibitors
 - Antiplatelet agents

- Echinacea** (*Echinacea angustifolia*, *E. pallida*, *E. purpurea*)
- Chemotherapy
 - Cisplatin
 - Cyclophosphamide
 - Docetaxel
 - Econazole +
 - Fluorouracil
 - Methotrexate
 - Paclitaxel

- Ginseng** (Asian ginseng, *Panax ginseng*, *P. quinquefolium*)
- Corticosteroids
 - Digoxin
 - Drugs which cause gynecomastia (calcium channel blockers, cardiac glycosides, methyl-dopa, phenothiazines, spiro-nolactone)
 - Estrogens
 - Hypoglycemic drugs
 - Furosemide
 - Influenza Virus Vaccine +

- Garlic** (*Allium sativum*)
- Aspirin
 - Chlorzoxazone
 - Dipyridamole +
 - Heparin (Hepalean)
 - Hyoglycemic agents
 - Ticlopidine
 - Warfarin (Coumadin)

- Ginkgo** (*Ginkgo biloba*)
- Aspirin
 - Anticonvulsants
 - Citalopram +
 - Clopidogrel
 - Cyclosporine +
 - Dipyridamole
 - Fluoxetine +
 - Fluvoxamine +
 - Glimepride
 - Glipizide
 - Glyburide
 - Haloperidol +
 - Heparin (Hepalean)
 - Metformin
 - Paroxetine +
 - Repaglinide
 - Sertaline +
 - Thiazide diuretics
 - Ticlopidine
 - Trazodone
 - Tricyclic Antidepressants
 - Warfarin

- Saw Palmetto** *Serenoa repens*
- Oral and patch contraceptives
 - Hormone-replacement therapies

- St. John's wort** (*Hypericum perforatum*)
- Atazanavir
 - Benzodiazepines
 - Carbamazepine
 - Chemotherapy
 - Cyclosporin
 - Digoxin
 - Fexofendadine
 - Fluvoamine
 - Fosamprenavir
 - Indinavir
 - Nefazodine
 - Omprezole
 - Oral Contraceptives
 - Paroxetine
 - Phenezine
 - Reserpine
 - Sertraline
 - Theophylline/Aminophylline
 - Trazodone
 - Tricyclic Antidepressants
 - Venlafaxine
 - Warfarin

- Milk Thistle:** Silymarin (*Silybum marianum*),
- No know adverse interactions with drugs. Efficacy to limit drug-induced liver damage has not been shown in rigorous studies.

Caution: This is not a complete list. Consult your doctor or pharmacist before taking drugs and herbals.

+ May add to the effects of other medicines
** Drug and herbal bottle labels often do not list potential interactions.



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Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Development of New Consumer Brochures

At the September 2007 Committee meeting, the committee approved the content of several fact sheets. The committee recommended that all board brochures have a generally consistent format and appearance, including the use of the board's logo and slogan (Be Aware and Take Care: Talk to your Pharmacist)

The following three brochures have been reformatted. After final approval from the department, these brochures will be placed on the board's Web site and staff will begin distributing these materials at outreach events.

Additional brochures will be provided at future committee meetings for consideration and approval.



BE AWARE & TAKE CARE:
Talk to your pharmacist!

Traveling Medicine Chest

Before you leave home for vacation or business, it may be helpful to pack the following items and take them with you on your trip. Planning ahead can prevent your trip from being ruined by minor illnesses.

- Tylenol, Advil, or Motrin (for pain relief)
- Pepto Bismol, Kaopectate, or Imodium (for diarrhea)
- Maalox or Gaviscon (as antacid)
- Senokot or Milk of Magnesia (for constipation)
- Meclizine (for motion sickness)
- 1% hydrocortisone cream (for rashes or insect bites)
- Claritin or Chlor Trimeton (for allergies)
- Sudafed (as decongestant)
- Mucinex D (for cough and congestion)
- Neosporin or Bacitracin and Band-Aids (for cuts and scrapes)
- Artificial Tears (for eyes)
- Sunscreen
- Multivitamins
- Prescription drugs normally taken, in their original labeled containers (this is important if you need to have medicine refilled while away from home)

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Talk to your doctor or pharmacist if you have any questions about over-the-counter medications and prescription drugs.



BE AWARE & TAKE CARE:
Talk to your pharmacist!

Pill Splitting

...not for every person, and not for every pill

Splitting one pill into two pieces can help when a larger pill is hard to swallow, but the most common reason that pills are split is cost. Dividing one higher dose pill into two lower doses can result in less total cost (or fewer co-payments) because some manufacturers price higher dose pills at the same price as lower dose pills.

That doesn't mean all medicine can be split safely. The decision to split or not split a pill should be made after you understand the issues and your medicine. Ask your prescriber or pharmacist if pill splitting is appropriate for you.

DO

- Talk to your pharmacist and prescriber about whether your medicine can be safely split
- Use a device designed to split pills; splitters are available from \$3 to \$15
- Remember that air and moisture can affect a split pill, so splitting should occur only one pill at a time
- Take one piece of a split pill at one dosing, and the other piece at the next dosing time
- Split pills only if you are motivated to do so
- Ask your prescriber or pharmacist whether the correct dose is available without splitting a pill

DON'T

- Don't split pills that crumble
- Don't split pills if you have trouble with dexterity, poor eyesight, poor memory, or a condition that affects your ability to make decisions
- Don't split time-release pills because the premature exposure to stomach fluids may affect the medicine
- Don't split all pills from a prescription at one time because prolonged exposure to air and moisture may change the pills' effectiveness
- Don't split capsules
- Don't split small pills or unusually shaped pills
- Don't split pills with a knife or anything else that can cause an uneven split

California State
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BE AWARE & TAKE CARE:
Talk to your pharmacist!

Vaccinations and Travel Outside the U.S.

If you travel outside the United States, plan ahead for vaccinations you may need to get before leaving on your trip.

The Department of Health & Human Services Centers For Disease Control and Prevention has a list of worldwide destinations and health information for each country.

See <http://wwwn.cdc.gov/travel/destinationList.aspx> for important information regarding vaccines and vaccine-preventable diseases.

You can also get information from professional medication organizations that provide directories of private travel clinics throughout the United States.

See the International Society of Travel Medicine Clinic Directory at <http://www.istm.org/> or the American Society of Tropical Medicine and Hygiene at <http://www.astmh.org/> to locate health care professionals with an expertise in travel medicine.

You should also:

- Schedule a visit to your doctor or travel medicine provider four to six weeks before your trip – most vaccines take time to become effective in your body and some vaccines must be given in a series over a period of days or weeks.
- Ask your doctor about “routine” vaccinations, “recommended” vaccinations, and “required” vaccinations – what you need depends on your destination, whether you will spend time in rural areas, the season of the year you will travel, your age, health status, and previous immunizations.
- Be aware that vaccine prices vary, and some vaccines require more than one dose. For example, Hepatitis A vaccines require 2 doses, Hepatitis B vaccines require 3 doses, and Rabies vaccines require 3 doses.

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Update Report on *the Script*

Following is the July 2008 issue of *The Script*. This issue focuses on the application of laws and regulations and advises readers that the new Notice to Consumer poster will be mailed in this summer. In addition, among other topics discussed, this issue highlights that during the course of inspections, the board found recalled drug product in pharmacies and hospitals in non-quarantined areas and some cases was still being dispensed. The newsletter will be mailed to all pharmacies and wholesalers.

For over four years the California Pharmacy Foundation mailed the newsletter to all California pharmacist. Earlier this year the board was advised that because of difficulties securing funding for this. As the board does not have the funding to resume this mailing (approximately \$50,00 to \$60,000 an issue) pharmacists will be encouraged to download the newsletter from the board's Web site.

The next issue of *The Script* is scheduled for January 2009 and will focus primarily on new laws and regulations enacted in 2008.



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY JULY 2008

New Notice to Consumers are on the way

Section 1707.2 of Title 16 of the California Code of Regulations was amended to require a Notice to Consumers poster that both urges consumers to talk to their pharmacist about their medication and provides information regarding consumers' right to lawfully prescribed medicine from pharmacies. There was so much information to be included, two associated posters were required.

The new posters will be mailed to all community pharmacies (license prefix PHY or PHE) early this summer. Watch for the mailing tube that will contain the posters.

Pharmacies will need to post these posters "in an area conspicuous to or readable by prescription drug consumers," or the language of the notices can be

printed on a written receipt provided to consumers (Business & Professions Code 4122(a)).

For those pharmacies where other languages are prevalent, new posters in Spanish, Chinese, and Vietnamese will be available by the end of 2008 on the Board's Web site. You will be able to download the foreign language posters at www.pharmacy.ca.gov. Click on "Information for Consumers," then scroll down to "Notice to Consumers" to select the desired language.



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Recalled drugs found in pharmacies!
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President's Message

By William Powers,
Public Member,
President, Board of Pharmacy

This is my last message as President of the Board of Pharmacy, and I am looking back with satisfaction at some of the issues the Board has addressed during my two-year tenure as president. Two of my priorities were to increase the Board's outreach programs aimed at senior citizens and to educate licensees in ways to reduce medication errors.

One of the Board's largest undertakings during my tenure has

been to implement the e-Pedigree requirements for prescription drugs dispensed or shipped through California. The e-Pedigree system enables the tracking of prescription drugs all the way from the manufacturer to the pharmacy, reducing the threat of counterfeit or diverted drugs from entering the medication supply chain. It also will enable identification and prosecution of those who divert drugs. The Board continues to confer with all interested parties to make e-Pedigree happen at the earliest possible date. Implementation of these requirements is an enormous undertaking for the pharmaceutical supply chain.

The Board is working to implement SB 472 (Corbett, Chapter 470, Statutes of 2007), requiring the development of a standardized prescription container label for all California patients by 2011. Information gathering meetings are scheduled, and all interested parties, including the public, are invited to attend and provide input.

The Board has been working with other agencies, including the Integrated Waste Management Board, the Department of Toxic Substances Control, and the State Water Resources

Control Board, to implement SB 966 (Simitian, Chapter 542, Statutes of 2007) regarding drug "take back" programs for consumers. This law calls for the development of model programs for the collection and proper disposal of drug waste by December 2008.

Another Board project has been the development and adoption of the Board's Disaster Response Policy Statement. Hurricane Katrina and the devastating wildfires of Southern California accentuated the need for an overall plan of operation to protect the health and safety of the public during declared emergencies. The policy statement advises Board licensees that pharmacy law can be waived during federal or local emergencies to provide care to patients. The statement also encourages health care providers to volunteer their time and expertise to assist and care for those whose lives are totally disrupted during disastrous events.

It has been my great pleasure to work on such ambitious and wide-reaching programs, and to work with such a visionary group of board members and terrific staff. They are all dedicated to promoting the health and safety of all Californians.

Licenses can be held accountable for drug delivery thefts

Medication drugs stolen from drug transportation companies are a serious problem nationwide. These stolen drugs are sold on the street, on the Internet, or introduced into the medication supply chain by being sold at heavily discounted prices to pharmacies or wholesalers. When the stolen drugs enter the medication supply chain, unsuspecting consumers face potential health and safety risks from legitimate products, which may have been mishandled by the criminal enterprises. Improper storage or adulteration of the stolen drugs can pose a significant health hazard to consumers when reintroduced into the retail market.

Apart from the more sensational instances where more than 16 million doses of hydrocodone combination products were

stolen from a tractor-trailer parked at a truck stop or a courier van containing 2,000 tablets of hydrocodone and approximately 200 tablets of oxycodone was stolen while the driver was inside delivering the freight, there are smaller but significant thefts that occur in-transit. Licensees must be aware that the Board and DEA hold registrants accountable for failing to take actions to prevent, discover, and report in-transit thefts as required by law.

For example, a pharmacist-in-charge was cited and fined by the Board because she signed for a delivery and did not open the container until later. Upon opening the container, the PIC discovered that the box contained objects other than the controlled substances listed in the shipment. The PIC was cited

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Licenses

Continued from Page 2

for violation of Business & Professions Code section 4059.5 for signing for the shipment and failing to immediately examine the shipment contents. Wholesalers and the receiving pharmacies have also been cited and fined for allowing non-pharmacists (pharmacy technicians) to accept and sign for drug deliveries.

Wholesalers and pharmacies are equally responsible for the careful review of all pharmaceutical shipments and must report any short shipments to the DEA and the police, and the loss of any controlled substance must be reported to the Board of Pharmacy within 30 days of discovery (Title 16, California Code of Regulations section 1715.6).

Preventing and discovering in-transit thefts include strict monitoring and review of drug shipments at every point from the manufacturer to the pharmacy. The manufacturer is responsible for checking the shipment amounts before the shipment leaves the facility, and the receiving wholesaler must then review the shipment for correct amounts before delivering or passing the shipment on to a contracted carrier. The wholesaler carrier is then responsible for the shipment until the receiving pharmacist signs for it. Consequently, the receiving pharmacist must immediately open and inspect the shipment to ensure that the boxes contain the correct products and amounts, because once the pharmacist signs off on the shipment, the responsibility for the shipment's contents becomes his or hers.

Other ways of preventing in-transit theft are for manufacturers to refrain from including the drug's name on the outside of the shipping container and for wholesalers to investigate the backgrounds of any carriers with whom they contract. A licensed wholesaler may be operating within the law, but many wholesalers use ground couriers who might then subcontract other couriers of varying sizes and standards of professionalism.

At its November 2007 meeting, the National Association of Boards of Pharmacy created the NABP Task Force on Prescription Drug Diversion from Common Carriers. The task force was created as a result of a resolution passed at their annual meeting in May 2007 that noted:

- (1) The diversion of prescription medication from common carriers presents a threat to the public health; and
- (2) Regulations regarding the distribution and delivery of prescription drugs vary by state and often do not include accountability provisions for common carriers that distribute and deliver prescription drugs.

The charge of the task force is to study issues surrounding the diversion of prescription drugs from common carriers or their agents during interstate and intrastate distribution and delivery to wholesalers, pharmacies, patients, and patients' agents and to recommend possible solutions.

Meanwhile, everyone involved in the delivery of controlled substances, from the manufacturer to the pharmacy, must be aware of and compliant with the laws that are in place to prevent, discover, and report in-transit theft. The following sections relate to these laws

Business & Professions Code section 4059.5(a) and (c) requires that:

- Deliveries of dangerous drugs or dangerous devices to a pharmacy may only be received and signed for by a pharmacist, and if delivered to a wholesale facility, may only be received and signed for by a designated representative.
- Deliveries of dangerous drugs or dangerous devices to a hospital's central receiving area must be subsequently delivered to the hospital pharmacy within one working day, and the pharmacist on duty must immediately inventory the dangerous drugs or devices.

The prompt inventorying of drug shipments to hospitals brings up the issue of drug deliveries to pharmacies that are part of a hospital but are located away from the hospital building and as such, are licensed as community pharmacies. Apparently, carriers often leave shipments for these facilities in the hospital receiving area instead of delivering them directly to the offsite pharmacy. Provisions should be made by the hospitals to assure that such deliveries are properly directed.

Title 16, California Code of Regulations section 1715.6 requires the pharmacy owner to report to the Board of Pharmacy within 30 days of the discovery of a drug loss.

Health & Safety Code section 11103 requires that any theft, loss, or shipping discrepancy must be reported to the Department of Justice within three days after the discovery.

Health & Safety Code section 11209 prohibits the delivery or acceptance of Schedule II, III, and IV controlled substances unless signed for by a pharmacist or authorized receiving personnel, and any discrepancy between the receipt and actual contents must be reported to the delivering wholesaler or manufacturer by the next business day after delivery. The delivery receipt and record of discrepancy must be maintained by the wholesaler or manufacturer for three years. *Violation of this section is a misdemeanor.*

Title 21 of the Code of Federal Regulations section 1301.74(e) holds suppliers responsible for "reporting [to DEA] in-transit losses of controlled substances by the common or contract carrier selected upon discovery of such theft or loss.... Thefts must be reported whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action taken against them."

Preventing, discovering, and reporting in-transit drug thefts are everyone's responsibility.

Recalled Drugs Found in California Pharmacies

Since the beginning of 2008, there have been five recalls of various heparin products and one recall of Digitek, a generic form of digitalis. In all these recalls, the manufacturers have specifically directed that the products not be provided to patients and issued specific requirements to remove these products from the nation's drug supply. Regrettably, California regulators have found that these instructions have not been followed.

Specific heparin products were recalled following identification of an unapproved ingredient that has been linked to allergic reactions and more than 80 deaths in the US. Digitek's recall was due to oversized tablets containing more than the required active ingredient.

Inspections conducted late this spring by the Board of Pharmacy and the California Department of Public Health have identified numerous pharmacies and other health care facilities where these recalled products have been found in non-quarantined areas and in fact were still being dispensed or administered to patients.

During May 2008, the Board inspected 533 licensed hospital pharmacies in California. In 94 of these hospitals, the recalled heparin was found. And in 29 hospitals, the Board identified instances where the heparin was likely still being provided to patients. The Department of Public Health, working with the Board, declared multiple immediate jeopardy situations where they found heparin being provided to patients after the Board directed the quarantine of the recalled heparin. Both agencies continue to investigate these situations.

Of great concern is the fact that the recalled heparin was found well after the five separate recall notices were issued by the manufacturers. Three of the heparin recalls were the subject of a Board of Pharmacy Web site "subscriber alert," providing additional notice to pharmacies. Then, after discovering recalled heparin in several pharmacies in late April, the Board issued several subsequent subscriber alert notifications, again advising pharmacies the product had been recalled. The Department of Public Health also sent a specific mailing to all health care facilities about the recalled heparin. The FDA released a nationwide alert of California's identification of recalled heparin in hospitals. However, the Board and the Department of Public Health continued to find recalled heparin in these facilities in late May.

The Class 1 recall of Digitek from patients has not been followed as well. In early May after finding recalled Digitek in pharmacies, the Board notified all 6,000 community pharmacies in a special mailing about the recalled Digitek. This mailing followed the manufacturer's recall notice and a separate Board subscriber alert issued at least a month earlier.

And yet in June, during routine inspections of community pharmacies and hospital pharmacies, the Board and the Department of Public Health continued to find recalled Digitek. The Board will pursue administrative actions against those entities where recalled heparin and Digitek were found.

The Board strongly advises pharmacies and wholesalers to subscribe to the FDA's recall notices. The FDA's Web site is www.FDA.gov. The Board will continue to release recalled product alerts through its subscriber alert system (to sign up, go to the Board's Web site, www.pharmacy.ca.gov, and select "Join Our E-Mail List"). There have been two recalls in recent weeks as we go into publication of this newsletter.

The Board, the Department of Public Health and the FDA will work together to prevent consumer protection from being jeopardized by the presence of recalled drugs in the state's and nation's drug supply.

www.pharmacy.ca.gov

Edetate Disodium or Edetate Calcium Disodium?

The FDA issued a public advisory to alert patients and healthcare professionals about important safety issues concerning the drug Edetate Disodium. Deaths have resulted when patients were mistakenly given Edetate Disodium instead of Edetate Calcium Disodium (Calcium Disodium Versenate) or when Edetate Disodium was used for “chelation therapies” and other uses that are not approved by the FDA.

These two drugs have very similar names and are commonly referred to only as “EDTA.” As a result, the two products are easily mistaken for each other when being prescribed, dispensed, or administered. Both products work by binding with heavy metals or minerals in the body, allowing them to be passed out of the body through urine.

However, the two drugs were approved for very specific and very different purposes:

- **Edetate Disodium (ED)** was approved many years ago as an emergency treatment for hypercalcemia (very high levels of calcium in the blood) or for patients with heart rhythm problems resulting from very high amounts of digitalis in the blood. However, newer drugs for treating these conditions have been approved since that time.
- **Edetate Calcium Disodium (ECD)** was also approved many years ago and is still used to reduce dangerously high blood lead levels (severe lead poisoning). This drug is medically necessary because there are very few other drugs available to treat this condition.

Over time, other **uses that are not FDA approved** for these products have evolved in clinical settings. Among these uses are the removal of other heavy metals from the blood and the treatment of heart disease (coronary artery disease), commonly referred to as “chelation therapies.”

In 2006, the Centers for Disease Control documented the deaths of patients who were given ED instead of ECD, and because of the potential for these medication errors to be fatal, the CDC recommended that hospitals evaluate their need to stock ED in their pharmacies, thereby reducing the risk of confusing the two drugs.

Important safety considerations:

- The safety or effectiveness of ED or ECD for use in removing heavy metals and toxins from the body, use in treating coronary artery disease, or other uses not described in the labeling for the product have not been established.
- Patients who are to be treated for lead poisoning should be given **only** the ECD (Calcium Disodium Versenate) form of “EDTA.”
- Use the full product name. Do not use the abbreviation “EDTA” when prescribing or dispensing an order for either of the drugs.
- Consider including the indication for use of the product on the prescribing order.
- Hospitals, pharmacies and healthcare providers should always check the prescribing order and the label of the drug to confirm that the correct drug has been selected before dispensing or administering the drug to the patient.

The FDA asks healthcare professionals and patients to report serious side effects that may be associated with the use of ED and ECD to the FDA through the MedWatch program by phone (1-800-FDA-1088) or by the Internet at www.fda.gov/medwatch. Adverse reactions should be reported to www.fda.gov/medwatch/report.htm.

RENEW YOUR LICENSE EARLY

In almost every issue of *The Script*, licensees are reminded of the problems related to waiting until the last minute to mail their license renewal applications and fees to the Board. Last minute renewals often result in licenses being issued weeks after the license expiration date. Additionally, continuing to practice with an expired license while waiting for the renewed license is considered “unlicensed activity,” and can be subject to citation and fine.

Renewal notices were formerly mailed to licensees approximately six weeks before the license expiration date. But because of delays in processing the renewals at the Department of Consumer Affairs, mailing in a renewal application towards the end of the renewal period could still result in a late-issued renewed license. In an effort to alleviate such renewal problems, the Board is now mailing out renewal notices up to 90 days before the renewal date. Long term, the Board is working toward implementing

online renewal in the future, but as an agency in the Department of Consumer Affairs, the Board must wait until the department’s system is designed and implemented. We greatly regret we cannot offer this service to our licensees at this time.

The Board strongly recommends that you mail your renewal application (completed properly) and fee as soon as you receive the renewal notice.

Illegal Internet Dispensing: A Letter

During the previous year, information was publicized warning doctors and pharmacists about unsolicited faxed and e-mailed scams that recruit pharmacists to break the law. While appearing to be legal, these scams offered pharmacists higher than usual dispensing fees for participating in Internet dispensing pursuant to prescriptions that were illegal. Unfortunately, some pharmacists have agreed to engage in these activities, resulting in severe fines and disciplinary actions by the Board of Pharmacy.

Such solicitations are continuing in what appears to be in increasing numbers, so it seems appropriate to print the following open letter that was provided by a disciplined pharmacist who learned too late the consequences of filling and mailing illegal Internet prescriptions.

To Fellow Pharmacists:

I want to share with you things that I learned the hard way—the first being that you must live up to your obligation as a licensed professional by keeping yourself informed of the current rules regulating the practice of pharmacy. Next, you also should think very long and hard before you involve yourself or your pharmacy in dispensing Internet-generated prescriptions. The Internet is not panacea when it comes to generating pharmacy income.

The explosion of technology as an integral part of our society has presented pharmacists and pharmacies with the opportunity to fill patient prescriptions that are generated through the use of the Internet. This can seem like an enticing opportunity for increased revenue. It certainly seemed that way to me. I have practiced pharmacy for many years and consider myself to be a capable, conscientious and ethical pharmacist. As with many pharmacists practicing during this challenging time, my idea was to find a steady revenue stream of cash patients for my pharmacy. The Internet seemed like the ideal solution. It was not.

The following are some of the things I thought were true and later learned were not:

Myth 1: I can dispense and ship prescriptions throughout the United States without any restrictions.

Truth 1: Many, if not all, states require that a pharmacy be licensed as an “out-of-state” pharmacy before it may fill and mail prescriptions to residents of that state. Failure to obtain a license or registration in that state can lead to civil penalties and other sanctions. Those sanctions can then lead to disciplinary action by the California State Board of Pharmacy against your California license.

Myth 2: Prescriptions generated via the Internet are legal prescriptions as long as the physician has a current medical license and a valid DEA registration.

Truth 2: A valid medical license and DEA registration are not the only concerns. Business and Professions Code section 4067 requires a “good faith prior examination” by the physician in order to lawfully dispense or furnish dangerous drugs pursuant to a prescription, including those that are generated via the Internet. Further, the California Code of Regulations section 1761, prohibiting a pharmacist from dispensing drugs pursuant to an erroneous or uncertain prescription, also applies to prescriptions generated via the Internet.

Myth 3: The filling of an on-line questionnaire by a patient meets the statutory requirement of a good faith prior examination.

Truth 3: The Board of Pharmacy has taken a very firm position that this is not a good faith prior examination. The Board requires that there be a face-to-face encounter between the patient and prescribing physician, during which an appropriate history is obtained, a legitimate medical purpose is established, and contraindications for the drug are eliminated. This position is consistent with the position taken by the Medical Board of California.

Myth 4: It is OK to fill Internet prescriptions for dangerous drugs or devices, so long as the Internet prescription I fill is for a California-licensed physician, because my pharmacy and I are both licensed in California.

Truth 4: The locations of the physician, pharmacy or pharmacist are not germane to this issue. Effective January 1, 2001, B & P Code section 4067 prohibits the dispensing or furnishing of a dangerous drug or device thru the use of the Internet to a resident of California unless the prescription for that drug or device was issued pursuant to a good faith prior examination. The law authorizes the Board of Pharmacy to assess a fine of up to \$25,000 for each violation, e.g., each prescription filled.

to Pharmacists and Pharmacy Owners

Myth 5: As long as no patient is actually harmed or injured as a result of a prescription I fill, the Board of Pharmacy will just tell me to stop and not impose any fine or sanction.

Truth 5: The Board of Pharmacy has also taken a very firm position that the furnishing or dispensing of a dangerous drug or device pursuant to a prescription generated via the Internet when you knew or reasonably should have known that there was no good faith prior examination by the prescriber, is a serious violation of California law. Just because you were lucky enough not to harm or injure a patient, it does not mean you didn't put the public's health at risk. Accordingly, the Board of Pharmacy will do more than just tell you to stop. It will most probably impose a substantial fine.

Myth 6: If I was unaware that B & P Code section 4067 became effective on January 1, 2001, I cannot be held accountable for prescriptions I filled after that date and no fine can be imposed by the Board of Pharmacy.

Truth 6: Ignorance in this instance is not bliss, nor is it an excuse. It is the pharmacist's responsibility and obligation as a licensed professional to stay current with all new laws and regulations affecting the practice of pharmacy. Although the Board did advise me through its publication, *The Script*, of the existence of section 4067, I did not become familiar with requirements of the law prior to my filling prescriptions via the Internet. That was a big mistake. From my own experience, I can tell you that the Board of Pharmacy and the Legislature are serious about curbing the practice of unlawfully dispensing dangerous drugs or devices through the use of the Internet. The Board ordered me to stop, but it also imposed heavy fines on my pharmacy and me.

In conclusion, believe me when I tell you that I know whereof I speak. I filled Internet-generated prescriptions for California and out-of-state residents for a period of time, and both my pharmacy and pharmacist license were assessed fines by the Board that exceeded \$1,000,000. This did not include my own legal fees. Additionally, I was fined by another state for dispensing dangerous drugs via Internet-generated prescriptions to residents of that state without being licensed there. Therefore, I advise you to look past the potential short-term financial gain, and avoid the long-term mistake that I made.

The laws and regulations that govern our profession help and protect the patients, residents, and consumers of California. We need to take the initiative by making sure that we understand and comply with those laws and regulations.

We are all in this together. I write this "open letter" so that you can benefit from what I learned.

Sincerely,

A Sadder But Wiser Pharmacist

Future mailing of *The Script* will be limited

Sign up for online delivery

The first Board of Pharmacy newsletter was published in January 1971, and copies were always sent to each pharmacist and pharmacy and other licensure groups. Because of budget constraints in 2003, the Board of Pharmacy found it could no longer provide the newsletter to pharmacists. Consequently, the Board began to mail newsletters only to pharmacies and wholesalers. The Pharmacy Foundation of California, because of their concern for assuring that the important information contained in the newsletter reached individual pharmacists, printed and mailed copies of *The Script* to all

California pharmacists. Unfortunately, the Foundation can no longer continue to do so.

The Board of Pharmacy acknowledges the Pharmacy Foundation of California and is grateful for its long and generous support of the Board and the profession of pharmacy.

The Board will continue to mail *The Script* twice per year (January and July) to pharmacies and wholesalers for sharing with their licensed employees. *The Script*

will always be available online, and the Board strongly urges pharmacists and other licensees to download the newsletter from the Board's Web site, www.pharmacy.ca.gov under "Written Information and Publications."

Additionally, the Board encourages all licensees to sign up to receive "Subscriber Alerts" from the Board when important new items and newsletters are added to the Web site. The process is fast and easy. Just go to www.pharmacy.ca.gov and under the "Quick Hits" menu on the left, select "Join our E-Mail List."

Mandatory Reporting

There are multiple instances where the law requires licensees to report specific information to regulating agencies. The following is a list of some required reporting, and licensees are encouraged to keep this list handy to facilitate compliance.

Every California licensee is considered a “mandatory reporter” and as such, must report any case where the licensee suspects or has knowledge of **child and/or elder abuse or neglect**. As soon as practically possible, the report must be telephoned, faxed or sent via electronic transmission to the appropriate agency (generally law enforcement, state, and/or county adult protective services) specified in Penal Code section 11165.9. Welfare and Institutions Code section 15630(b)(1) also requires a written report to be submitted within two working days of receiving information of the case.

Other types of reporting required by law:

- **Business & Professions Code section 4104** requires each pharmacy to report to the Board of Pharmacy within 30 days of discovery, any licensee who is found to be or terminated for being, chemically, mentally, or physically impaired to the extent that it affects his or her ability to practice pharmacy. Licensees found to have engaged in or was terminated for theft, diversion, or self-use of dangerous drugs must also be reported.
- **Business & Professions Code section 801(a)** requires every insurer who provides liability insurance to a Board of Pharmacy licensee to report to the Board any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by the licensee’s negligence, error, or omission in practice or for unauthorized professional services. A report, written and signed by all parties, must be submitted to the Board within 30 days after service of the arbitration award on all parties.

For controlled substances, there are multiple requirements:

- **Title 16, California Code of Regulations section 1715.6** requires the facility owner to report to the Board of Pharmacy within 30 days of the discovery of a controlled substance drug loss.
- **Health & Safety Code section 11103** requires that any theft, loss, or shipping discrepancy of controlled substances must be reported to the Department of Justice within three days after the discovery.
- **Health & Safety Code section 11165(d)** requires all Schedule II, III and IV prescriptions to be reported to the Department of Justice (CURES) on a weekly basis.
- **Health & Safety Code section 11209** prohibits the delivery or acceptance of Schedule II, III, and IV controlled substances unless signed for by a pharmacist or authorized receiving personnel, and any discrepancy between the receipt and actual contents of the shipment must be reported to the delivering wholesaler or manufacturer by the next business day after delivery to the pharmacy.
- **Title 21 of the Code of Federal Regulations section 1301.74(c)** requires registrants to report all (including in-transit) losses or thefts to DEA within one business day of discovery of the loss or theft, and suppliers must report such losses by the common or contract carrier selected within one business day of discovery. Thefts and significant losses must be reported whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action taken against them.

New Officers for the Board

The Board of Pharmacy elected new officers for the coming year at the April 2008 meeting:

Kenneth Schell, Pharm.D., President
D. Timothy Dazé, Esq., Vice President
Stanley C. Weisser, RPh., Treasurer



Kenneth Schell



D. Timothy Dazé



Stanley Weisser

Senate Bill 472 Update

In October 2007, Governor Schwarzenegger signed SB 472, directing the Board to develop a patient-centered, standardized prescription container label for all medicine dispensed to California patients after January 1, 2011. Part of the bill requires the Board to hold public meetings statewide, separate from normally scheduled hearings, to seek information from the public.

The following timeline for this process has been proposed by the Board:

- 2008—Conduct public hearings statewide to elicit input from consumers.
- 2009—Develop regulations and adopt its requirements by the end of the year.
- 2010—Pharmacies to have regulations in place to guide them through the 01/01/11 implementation.

- 2011—Requirements become effective and all California patients receive medication in containers that comply with the new requirements.

A subcommittee of the Communication and Public Education Committee was formed to work on the labeling requirements. The Medication Label Subcommittee is comprised of six Board Members, Dr. Ken Schell, Chair, Bill Powers, Dr. Ruth Conroy, Dr. Robert Swart, Dr. Susan Ravnan, and Shirley Wheat.

Senator Ellen Corbett, the author of SB 472, requested that the first meeting be held in her district. This meeting was held in Fremont in early April. Senator Corbett attended the meeting to acknowledge and support the Board’s actions. Although the Board mailed invitations to many community interest

groups and the media to encourage public participation in the meeting, public attendance was very low. Because public input is so vital to the formation of a patient-oriented label, the Board will interview patients at public health fairs to secure public participation in the development of the requirements.

The California Retailers Association and Kaiser Permanente provided many samples of containers and labels used in California so that the subcommittee and the public could review the diversity of containers that must be labeled. The Board will also be seeking auxiliary container labels to provide an array of labels presently used in California.

One future subcommittee meeting date is November 20 in Los Angeles near LAX. Further information regarding this and other upcoming meetings will be published on the Board’s Web site.

Licensure Growth

LICENSE TYPE	1998	2008	% INCREASE
Pharmacists	29,261	33,775	19%
Intern Pharmacists	2,550	4,640	48.5%
Pharmacy Technicians	23,931	54,445	56%
Designated Representatives (Exemptees)	2,138	2,809	24%
<i>Pharmacies</i>			
Community	5,317	6,064	12%
Hospital	576	497	-16%
Licensed Correctional Facilities	41	45	9%
Non-Resident Pharmacies	135	343	61%
Clinics	404	1,141	64%
Drug Rooms	41	44	7%
Wholesalers	461	491	6%
Non-Resident Wholesalers	271	518	48%
Hypodermic	368	307	-19%
Vet Food-Animal Drug Retailer	N/A	23	
Sterile Compounding	N/A	199	
Non-Resident Sterile Compounding	N/A	26	
TOTALS	65,494	108,675	40%

Board honors pharmacists registered for at least 50 years

In an ongoing feature of *The Script*, the Board pays tribute to those who have been registered California pharmacists on active status for at least 50 years. The Board of Pharmacy recognizes these individuals and gratefully acknowledges their years of contribution to the pharmacy profession. These pharmacists may take great pride in being part of such an ancient and honorable profession for so long.

Pharmacist Joseph D. Aboaf attended and was honored at the January 2008 Board meeting:



Joseph Aboaf

Mr. Aboaf became a registered pharmacist in California in 1958 after attending Vallejo Junior College and graduating from the University of Montana. He stated that the reason that he has lasted so long is because he has missed every war. He did, however,

spend some time in the Army in Fairbanks, Alaska, where the temperature was 60 degrees below zero. Mr. Aboaf credits his good health to staying active and by working only three days a week, and he plans to work as long as he can.

At the March meeting, Barry Solomon was congratulated by Board Member Stan Goldenberg and commented that he couldn't believe that 50 years had gone by so quickly. Mr. Solomon said he started back in 1958 when he was 22 years old at a time when the name of the medicine on the label was considered unethical, whereas now there are computer systems and consultation rooms. Mr. Solomon added, "I hope to be around for the 100th year."



Stanley Goldenberg, Board Member, with Barry Solomon

Two honorees attended the April Board meeting: Charles Hoagland and Walter Paul Breshears. After Board Member Bob Gaul presented Mr. Hoagland with a 50-year pharmacist lapel pin, Mr. Hoagland remarked that he is still working full time at the Napa State Hospital, where he has worked for more than 30

years, and he has no plans to retire. He also noted that the fact that he continues to work is a good endorsement of pharmacy as a career.

Mr. Breshears also has had a long history in one place: he owned and worked in his own pharmacy for 25 years and pointed out that when pharmacists work in their own pharmacy for 12-14 hours a day and still enjoy it, "...it's got to be great." Board Member Bob Swart presented Mr. Breshears' 50-year pharmacist pin.

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

Ronald C. Baker

Harold W. Beck

Gerald B. Bitl

Emil P. Blasl

Arthur S. Cantor

Collin Chan

Ralph F. Diamant

John Edward Eckert

Douglas C. Elliott

Harry R. Eritzian

Gerald D. Fagin

George A. Fischer

Patrick C. Flynn

Marina Folkert

Frank M. Fornasero

James K. Fujino

Hubert W. Fung

Gordon D. Gates

Robert C. Graham

William J. Halus

Nancy W. Hanson

Joel T. Hedgpeth

Laurence T. Helmstetter

Clarence K. Hiura

Charles R. Hoagland

Kazuko Immisch

Thomas M. Jones

Edward L. Juenemann

Henry E. Kaplan

Ray M. Kato

John Y. Kim, Jr.

Irene Korsvig

Machi Kuwabara

Dale H. Larson

Charles H. League

Bernard M. Lipman

Sherman Lum

Manuel M. Macias

Edward E. Madden, Jr.

Selma, CA

Palm Desert, CA

Ventura, CA

Long Beach, CA

Studio City, CA

Huntington Beach, CA

Bet Shean Valley, Israel

Glendora, CA

Anaheim, CA

Fresno, CA

Valley Village, CA

Indian Wells, CA

Danville, CA

San Francisco, CA

Bakersfield, CA

Villa Park, CA

Rancho Palos Verdes, CA

Banning, CA

San Diego, CA

Anaheim, CA

Oxnard, CA

Novato, CA

El Cajon, CA

Los Angeles, CA

Santa Rosa, CA

Fremont, CA

San Diego, CA

Arcadia, CA

Torrance, CA

Huntington Beach, CA

San Jose, CA

San Leandro, CA

Sacramento, CA

Escalon, CA

Escondido, CA

Fullerton, CA

San Francisco, CA

Sunnyvale, CA

Metairie, LA

Honored 50-year pharmacists

Continued from Page 10

<i>Harvey E. March, Jr.</i>	<i>San Francisco, CA</i>
<i>Roy E. Mariani</i>	<i>Madera, CA</i>
<i>Robert E. McCumiskey, Jr.</i>	<i>Encinitas, CA</i>
<i>Dean G. McDaniel</i>	<i>Sacramento, CA</i>
<i>Nancy M. McDonell</i>	<i>San Clemente, CA</i>
<i>Sadao Mochidome</i>	<i>Gardena, CA</i>
<i>Louis Moskowitz</i>	<i>Long Beach CA</i>
<i>Louis J. Murphy</i>	<i>Los Angeles, CA</i>
<i>Sanford G. Newman</i>	<i>San Diego, CA</i>
<i>Martin J. Nussbaum</i>	<i>North Hills, CA</i>
<i>Mathew Perakis</i>	<i>Fremont, CA</i>
<i>Marvin D. Preuss</i>	<i>Meridian, ID</i>
<i>Lewis W. Pulley</i>	<i>Long Beach, CA</i>
<i>Leonard A. Ramos</i>	<i>Danville, CA</i>
<i>Robert M. Resnick</i>	<i>Dana Point, CA</i>
<i>Stanley H. Rhea</i>	<i>Rancho Mirage, CA</i>
<i>Murray I. Rogow</i>	<i>San Diego, CA</i>
<i>Gregory G. Roumpos</i>	<i>Long Beach, CA</i>
<i>Don S. Scales</i>	<i>Laguna Woods, CA</i>
<i>Melvin G. Snidman</i>	<i>Los Angeles, CA</i>
<i>Barry Solomon</i>	<i>Redondo Beach, CA</i>
<i>James W. Stafford</i>	<i>Fall River Mills, CA</i>
<i>Fred P. Startz</i>	<i>W. Hollywood, CA</i>
<i>Terry Steinberg</i>	<i>Villa Park, CA</i>
<i>Robert E. Striker</i>	<i>Cameron Park, CA</i>
<i>Allan Joel Swartz</i>	<i>Los Angeles, CA</i>
<i>Paul Teplow</i>	<i>Apple Valley, CA</i>
<i>Stuart G. Thompson</i>	<i>Chico, CA</i>
<i>W. Alvin Thunquest</i>	<i>Loma Linda, CA</i>
<i>Leo E. Ward</i>	<i>El Cajon, CA</i>
<i>Matthew Wasserman</i>	<i>Santa Rosa, CA</i>
<i>Robert E. Watzl</i>	<i>Tustin, CA</i>
<i>Donald E. Weintraub</i>	<i>San Diego, CA</i>
<i>Gerald H. Yablin</i>	<i>Philadelphia, PA</i>
<i>Gordon R. Zick</i>	<i>Ramona, CA</i>

Meetings and updated information can be E-mailed to you

The Board of Pharmacy provides E-mail notification of the following meetings and related information:

- Full Board Meeting Agenda
- Public Education and Communication Committee Meeting Agenda
- Enforcement Committee Meeting Agenda (Including E-Pedigree Work Group Meeting)
- Licensing Committee Meeting Agenda
- Legislation & Regulation Committee Meeting Agenda
- Board and Committee Meeting Minutes
- Regulation Notices
- The Script* (Newsletter)
- Senate Bill 472 (Standardization of Rx Labels) Update

You can be e-mailed any or all of the above notifications as they become available by visiting the Board’s Web site, www.pharmacy.ca.gov, and clicking on “About the Board.” From the next menu, select “Board Mailing List.” Select the items you wish to receive by electronic mail only and enter the requested e-mail information. The Board considers all personal (non-business) E-mail addresses provided to the Board for this purpose to be private and confidential.

If you are unable to receive e-mail, you can be added to a postal mailing list for any of these items by entering your mailing address, checking your selections from the above list, and mailing to:

Board of Pharmacy
 Attn: Michelle Leech
 1625 N. Market Blvd., Suite N-219
 Sacramento, CA 95834

Please note that enrolling for this service is not the same as enrolling for the Board’s “Join our E-mail List.”

IRS requires Inventory Information Approval System by January 1, 2009

Since January 1, 2008, the IRS has required 'non-healthcare' retailers, such as supermarkets, grocery stores, discount stores, warehouse clubs, and mail-order merchants that sell medical goods and services, to maintain a point-of-sale system that effectively identifies eligible transactions when consumers use flexible spending account (FSA) and health reimbursement arrangement (HRA) debit cards.

To meet the IRS requirements for operating an inventory information approval system (IIAS), the Special Interest Group for IIAS Standards (SIGIS) was formed to create a standard industry solution that could be both scaleable and broadly adaptable, while consistent with IRS requirements.

The SIGIS Web site describes the procedure: At the checkout counter, the cashier will scan all the items from the consumer's shopping basket. When the consumer's FSA/HRA debit card is swiped for payment, the participating merchant's point-of-sale system will identify the eligible benefit card and compare the purchased items to a consistent, SIGIS-established list of qualified medical items. The dollar amount of the healthcare items is totaled and placed in a specially designated field in the card authorization transaction and is sent to the FSA/HRA card issuer for approval. The cost of the approved healthcare items is identified so that the amount can be deducted from available funds in the consumer's FSA/HRA account.

The SIGIS Web site further states that a retailer may develop its own IRS-compliant approach for an IIAS and then make contractual arrangements with individual third party administrators or card issuer processors. However, their information implied that participation in a SIGIS membership might make this transition easier. SIGIS publishes an industry Eligible Product list for participating retailers to use as the basis to identify items in their inventory. However, IGIS membership is required for access to the list.

Pharmacists must be compliant with the IRS requirements by January 1, 2009.

Patient Consultation is Mandatory

A primary Board initiative for improving patient care is pharmacist consultation. However, the Board continues to identify pharmacies that do not routinely provide consultation when required, or they screen patients to determine whether they want consultation. Patients **must not be asked if they want a consultation** about their prescription medication when it is being dispensed. Asking patients whether they want to be counseled about their prescription medication is a violation of section 1707.2 of Title 16 of the California Code of Regulations, which states that a pharmacist "shall provide" oral consultation. However, if the patient refuses the consultation, the pharmacist is not required to continue with it. Documentation of the refused or completed consultation is not required, but some pharmacies have established means of verifying whether consultations occurred.

Mandatory patient consultation began more than 15 years ago, and a review of the basic rules might be helpful here. The primary rule is that patients and/or their caregiver, are to receive pharmacist consultation if:

- The medication has not been previously dispensed to that patient, or
- The dosage form, strength or directions for use have changed since the medication was last dispensed to that patient, or
- Consultation is requested by the patient or patient's caregiver.



The pharmacist can also initiate a consultation if, in his/her professional opinion, the pharmacist believes that a consultation is warranted.

Consultations must include at least:

- Directions for use and storage of the medication; and
- Precautions and relevant warnings about severe side and adverse effects or interactions that may be encountered.

Failure to comply with the consulting requirements can result in citations and fines of up to \$5,000.

Sylester Flowers Honored by the Board

At its April meeting, the Board of Pharmacy honored Sylester Flowers, a California pharmacist who lives by the belief that if you treat people fairly and with respect, they will reciprocate. True to his belief, Mr. Flowers has run his pharmacy for the past 41 years in economically disadvantaged neighborhoods, making a career of serving the underserved.

After graduating from Howard University in 1958, Mr. Flowers served in the military before moving to California where he worked as a pharmacist at St. Luke's Hospital in San Francisco.

Then in 1964, he opened the first of what became a chain of pharmacies in working-class neighborhoods, and in 1967, founded the Ramsell Corporation as a holding company for his pharmacies. The Ramsell family of companies is committed to serving the underserved and improving the lives of the most fragile among us. Every business in the Ramsell family donates a percentage of its profits to the Flowers Heritage Foundation to address the needs of overlooked populations.

In the early 1990s, Mr. Flowers created a program in San Francisco County that allowed HIV/AIDS patient to get drugs in community clinics. This program provided help to many who otherwise would have been unable to obtain drugs at all.

The California State Senate honored Mr. Flowers in a Resolution Presentation in September 2007. Senate President pro Tem Don Perata described Mr. Flowers as a man who came from very modest beginnings, living an era of inequality as he faced the challenge of getting a business off the ground. "On

his long road to success, it would have been easy to forget his roots, but he always stayed grounded. His dedication to professionally and personally serve those who are less fortunate is an inspiration to the people of the Bay Area, to the State and all Americans."

Early this year, the California Pharmacists Association gave Mr. Flowers the California Pharmacy Hall of Fame award that recognizes pharmacists who have been an inspiration to the practice of pharmacy in California. The association portrayed Mr. Flowers' career as exemplifying a long and distinguished history of service, achievement in several arenas, strength of character, innovation, trend-setting and altruism.



Sylester Flowers

After being presented with a Board of Pharmacy pin by Dr. Schell, Mr. Flowers stated that there is no greater honor than to be recognized and celebrated by your peers. He said that if you didn't have HIV, weren't a heroin addict, or of a minority with English as second language, you probably wouldn't know him. Mr. Flowers spoke of his company and stated that they have opened

an office in Vietnam, and are currently creating mobile wireless information technology for that country. His company has AIDS drug assistance programs in Washington, Colorado, and Texas. They also do consulting in North Carolina, Montana and Puerto Rico. Mr. Flowers concluded by adding that he semi retired in early January 2008, but he is "on the 'semi' side of that," because he still has work to do.

Mr. Flowers truly personifies the top of the pharmacy profession, and it was the Board's great pleasure to join the many others that have honored his lifetime achievements.

Is your pharmacy secure?

Along with the increasing in-transit thefts of prescription drugs, there are also increasing incidents of pharmacy burglaries. It is better to secure your pharmacy before the burglary or robbery than after.

One of the first steps you may take is to ask your local law enforcement agency for a security assessment of your pharmacy and obtain their recommendations for protecting your pharmacy from criminals. Second, be guided by what is known about pharmacy burglaries. For example, almost 90 percent of robbers enter the pharmacy by the front door, and almost 80 percent leave the pharmacy through the front door. A color camera aimed at the front door can not only act as a deterrent but also as an identification tool.

Burglars have been known to cut the pharmacy's telephone lines, disabling the alarm. To protect your alarm system, it should be remotely monitored, have battery and cellular telephone backup, and have loud audible sounds and/or flashing lights that will get a passerby's attention. Almost 50 percent of burglaries

occur between 12:00am and 4:00am, so the alarm system should also have door and breaking glass sensors and interior motion detectors.



It is known that some pharmacies have been robbed more than once. Locked cabinets can be forced open, so if your pharmacy doesn't have a safe, one should be considered. If the burglars can't get to the drugs they're after, they are unlikely to come back

Pharmacy thieves have also targeted doctors' offices that share a common wall with a pharmacy. They then enter the doctor's office and simply break through the wall to access the pharmacy. Wall reinforcement should be considered, as well as wire-reinforced glass windows, and security doors.

During a robbery, it is important to remain as calm as possible and comply with the robber's demands. The important thing is to get the criminal out of the pharmacy as quickly as possible without any injuries to employees or consumers.

To be as good a witness as possible, practice describing people with other employees, and study the height of shelves or displays near the pharmacy and use them as height references. And of course, call 911 immediately rather than using an alarm button.

Being prepared is the key to protecting your pharmacy, other employees and your patients!

California Parkinson's Disease Registry

The California Department of Public Health (CDPH) is launching a new pilot project: the California Parkinson's Disease Registry. The creation of the registry is mandated by recent state legislation, which makes Parkinson's disease (PD) a reportable condition in California (Health & Safety Code sections 103860-103865). For this pilot project, CDPH will focus its registration efforts in four California counties: Santa Clara, Fresno, Kern and Tulare.

The Parkinson's Disease Registry Act requires physicians, pharmacists, and other health care practitioners, as well as health care facilities and other agencies treating PD patients, to report their cases and allow access to their records by authorized registry staff. Willful failure

to grant this access is punishable by a civil penalty of up to \$500 each day access is refused. All data collection, storage and use procedures will be secure and fully compliant with HIPAA and other applicable state and federal laws. Disclosure of such information to authorized registry staff will not be considered a waiver of any privilege or violation of a confidential relationship.

For this pilot project, trained registry staff will contact pharmacists and clinicians and visit facilities where PD care is provided to collect information on individual cases. Some of this data will be collected from established electronic databases that are maintained by clinical and pharmacy chains. For other cases, project staff will obtain case information

from sources such as individual medical records. In response to interest expressed by the PD community, there will also be a mechanism for patients to voluntarily self-register.

The pilot project data will be analyzed to determine PD distribution in the four-county zone. Reports summarizing registry data will be published, but no information identifying individual patients or reporting sources will be released. The registry will provide urgently needed information about the patterns of PD in our population statewide and allow research into its causes.

More information about the Registry is available at www.CAPDRegistry.org.

Providing Dangerous Drugs Without Prescriptions to Unlicensed Facilities

Does your pharmacy provide dangerous drugs to correction facilities that are not licensed (e.g., county jails, detention or holding facilities) to receive such drugs without patient-specific prescriptions? Section 4059(a) of the Business & Professions Code requires a prescription for the dispensing of dangerous drugs. Additionally, section 4059.5 stipulates that dangerous drugs can be delivered only to a licensed facility and must be received and signed for by a pharmacist.

There are two instances in which a pharmacy may deliver drugs to an unlicensed facility:

1. If there are patient-specific prescriptions for specific patients in the facility (B&PC 4059); or
2. If the facility's in-house physician orders the drugs to replenish the physician's office stock for furnishing to his or her own patients. Such drugs, however, must be furnished by the doctor only to his or her own patients, and the doctor is responsible for the security, acquisition/disposition records, and labeling of those drugs (B&PC 4170).

An unlicensed facility may not order dangerous drugs for future furnishing to the general jail population. Nor may the pharmacy deliver such drugs to an unlicensed facility without an order from the facility's physician for his or her own dispensing.

FDA requires side-effect statements on prescription drugs

Beginning January 1, 2009, the Food & Drug Administration will require pharmacies to provide patients with a toll-free number for reporting adverse events encountered with their prescription medications. The *Federal Register* of January 3, 2008/ Vol. 73, No. 2, reported that the FDA issued an interim final rule requiring the addition of a statement on the labeling of certain human drug products. The statement must be verbatim: **"Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088."** Pharmacies must distribute the side-effects statement with each prescription dispensed.

Pharmacies may distribute the statement in any one of the following ways:

- On a sticker attached to the unit package, vial, or container of the prescription;
- On a preprinted pharmacy prescription vial cap;
- On a separate sheet of paper;
- In consumer medication information; or
- As part of an FDA-approved Medication Guide.

The side-effects statement must be printed in a single, easy-to-read type style. If the statement is to be distributed on a sticker or preprinted vial cap, the letter height or type size must be no smaller than 6 points (1 point = 0.0138 inch). If distributed on a separate sheet of paper, consumer medication information, or a medication guide, the letter height or type size must be no smaller than 10 points.



The interim rule, mandated by the FDA Amendments Act of 2007, does not apply to over-the-counter drug products approved as new drugs if the product packaging includes a manufacturer's or distributor's toll-free number for reporting complaints. Nor does it apply to authorized dispensers or administrators of prescription drug products to inpatients in a hospital or health care facility under an order of a licensed practitioner, or as part of supervised home health care.

The *Federal Register* also reported that although the interim rule became effective January 1, 2008, the FDA anticipated that manufacturers, dispensers and pharmacies would require time to update labeling and systems to comply with the new requirements, and does not intend to take enforcement action until January 1, 2009.

For further information contact:

Carol Drew,
Center for Drug Evaluation and Research (HFD-7)
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
301-594-2041

Fact Sheet Competition for Pharmacy Students

Periodically, pharmacist interns or faculty advisors ask the Board of Pharmacy about opportunities for interns to gain experience by working at the Board. The Board has not offered such opportunities in the past. However, the Board will be contacting all California schools of pharmacy and proposing a project whereby students can both gain valued experience and assist the Board with its consumer outreach program. The Board will offer student interns the opportunity to work on a joint project to produce public information fact sheets on items of public health interest, and once each year, the Board will host a competition to acknowledge the best fact sheets developed during the previous year.

The fact sheets are intended to provide quick, summary information about a given health issue. Each fact sheet will address a consumer issue and include questions to “ask a pharmacist,” so that consumers can make informed decisions about their medications and other health issues in the news. The fact sheets will benefit the public by educating them about its topic and encouraging discussions with pharmacists as health care providers. The students will gain experience by researching a health care topic and producing salient public information at a basic reading level, in a limited space.

In collaboration with the Board in previous years, the UCSF School of

Pharmacy developed nine consumer health fact sheets, and now the opportunity to participate in this program will be available to all California pharmacy school interns. Each school will be provided with a template, a list of potential topics, and further details later this year.

The completed one-page fact sheets will be published and distributed by the Board from its office, at community outreach events and made available on the Board’s Web site. Those whose fact sheets are published will be publicly acknowledged at a Board meeting. We believe that this experience is appropriate for both basic, and in some cases, advances internship experience.

Working to Prevent Pediatric Medication Errors

Medication errors are seen as the most common type of medical error and as a significant cause of preventable adverse events. Research has shown that the potential for adverse drug events within the pediatric inpatient population is about three times as high as among hospitalized adults. One reason is that most medications used in the care of children are formulated and packaged primarily for adults. Another is that most health care settings are primarily built around the needs of adults, and staff often lacks pediatric-oriented training. Children are usually less able to physiologically tolerate a medication error due to still developing renal, immune and hepatic functions. And very young children are not able to effectively articulate the adverse effects that a medication may be causing.

To address pediatric medication issues, The Joint Commission issued a “Sentinel Event Alert” on April 11, 2008. The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 15,000 care organization and programs in the United States. The Joint Commission’s mission is to continuously improve the safety and quality of care provided to the public through the provision of healthcare accreditation and related services that support performance improvement in health care organizations.

The Sentinel Event Alert details the risk reduction strategies and recommendations for preventing medication errors and their related adverse events in pediatric care settings. The Alert can be accessed at: www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_39.htm.



CE hours are awarded for attending one full day of a Pharmacy Board or Committee meeting or for becoming a Certified Geriatric Pharmacist

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

- Attending one full day of a Board meeting annually (six hours of CE); only one Board meeting per year
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings); only four units annually
- Completing the Pharmacist Self-Assessment Mechanism program through the NABP (six hours of CE)
- Upon becoming certified by the Commission for Certification in Geriatric Pharmacy (three hours of CE)

Note: It is the pharmacy technician's responsibility to determine from the Pharmacy Technician Certification Board how many, if any, of the above hours are acceptable for recertification with that board.

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

- Enforcement Committee—Exercises oversight over all pharmacy activities for the improvement of consumer protection.
- Licensing Committee—Ensures the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and promulgates regulations that advance the vision and mission of the Board to improve the health and safety of Californians.
- Communication and Public Education Committee—Prepares relevant information to consumers and licensees for the improvement of consumer awareness and licensee knowledge.

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

Board or committee meetings are held in various locations throughout California to give the public and licensees the opportunity to attend. No reservations are needed: you simply arrive at the meeting location at the start of the meeting. For Board meetings, only one day is eligible for CE; this is designated on the agenda. Attendees at the committee meetings must arrive at the designated meeting time. There will be a sign-in sheet for those interested in obtaining CE.

Additional information regarding the dates, locations and agendas for board and committee meetings will be posted on the Board's Web site, www.pharmacy.ca.gov/about/meetings.htm, at least 10 days prior to each meeting. Also, you may download meeting information packets that contain action items and background information that will be discussed during the meeting. This material is placed on the Board's Web site about five days before each meeting.

The remaining Board meeting dates and locations for 2008 are:

July 23-24

**Radisson Hotel
4545 MacArthur Blvd.
Newport Beach, CA 92660
(949) 833-0570**

October 29 - 30

San Francisco

The Enforcement Committee has scheduled a meeting for September 9 in Sacramento and December 9 in Southern California. The Legislation/Regulation Committee meeting is scheduled for July 10 in Sacramento. Exact locations and other dates for 2008 are not yet determined, but will be on the Board's Web site when the information becomes available.

Explanation of Disciplinary Terms

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

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

Revoked, Stayed—The license is revoked, but the revocation action 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.

Stayed—The revocation or suspension action is postponed, and the licensee is put on probation.

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

Voluntary Surrender—The licensee has agreed to surrender his or her license, and the right to practice or operate Board-licensed entity is ended.

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

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

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

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

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

Reinstatement of License—A previously revoked or suspended license is reinstated with specified terms and conditions.

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

Disciplinary Actions

From November 2, 2007, through May 9, 2008, the following licenses were disciplined through action taken by the Board. To view details of the probation conditions and terms of each case, go to the Board's Web site, www.pharmacy.ca.gov, and from the "Quick Hits" menu, select "Verify a License," and select license type. After pulling up the licensee's name, click on the name.

Revoked Pharmacist, Pharmacist Intern, and Pharmacy Technician Licenses

The following individuals are no longer licensed, and the right to practice as a pharmacist, pharmacist intern or pharmacy technician has been terminated.

Christensen, Susan, TCH 20826,
Kyle, TX—Case 3100
Decision effective 12/20/07

Clements, Tip, RPH 21503,
Fallbrook, CA—Case 3029
Decision effective 04/09/08

Danaganan, Cheryllyn O., TCH 30631,
Fremont, CA—Case 3088

Decision effective 03/05/08

Dunwoodie, Lindsay, TCH 51297,
Westminster, CA—Case 3080

Decision effective 02/13/08

Espinosa, Marcos J., TCH 32897,
La Quinta, CA—Case 3006

Decision effective 12/20/07

Esquivel, Hector, TCH 16893,
Pasadena, CA—Case 3066

Decision effective 12/20/07

Evans, Tami Lynn, TCH 53016,
Brea, CA—Case 3069

Decision effective 03/20/08

Johnson, Lauren Naomi, TCH 45570,
San Diego, CA—Case 3126

Decision effective 3/26/08

Johnson, Serina L., TCH 24958,
Bakersfield, CA—Case 3078

Decision effective 12/20/07

Leong, Benjamin, TCH 27307 & INT
16168, Los Angeles, CA—Case 3068

Decision effective 12/06/07

Meier, Jacy, TCH 53645,
Newark, CA—Case 2898

Decision effective 02/13/08

Packer, William Charles, RPH 31171,
Redondo Beach, CA—Case 3018

Decision effective 05/09/08

Reynolds, James P., TCH 67086,
Clovis, CA—Case 3081

Decision effective 05/09/08

Thomas, Lillie A., TCH 34341,
Cottonwood, CA—Case 3109

Decision effective 04/11/08

Victor, Clifford, RPH 41656,
Granada Hills, CA—Case 3053

Decision effective 12/06/07

Vines, Hope Devina, TCH 41863,
San Diego, CA—Case 3111

Decision effective 02/13/08

Revoked Pharmacy License

The following pharmacies are no longer licensed and the right to operate a pharmacy has been terminated.

Fallbrook Pharmacy, PHY 38260,
Fallbrook, CA—Case 3029
Decision effective 04/09/08

See *Disciplinary Actions*, Page 19

Disciplinary Actions

Continued from Page 18

Fallbrook Pharmacy #2, PHY 39905,
Fallbrook, CA—Case 3029

Decision effective 04/09/08

Rio Linda Drug, PHY 42886,
Rio Linda, CA—Case 2956

Decision effective 03/26/08

Pharmacist License Revoked, Stayed, Two Years' Probation

The following license was revoked, revocation stayed, and the licensee placed on two years' probation. If the terms and conditions of probation are not followed, the original revocation can be reinstated.

Sargisson, Stuart, RPH 43083,
Carmel, CA—Case 2956

Decision effective 03/26/08

Pharmacist and Pharmacy Technician Licenses Revoked, Stayed, Three Years' Probation

The following licenses were revoked, revocations stayed, and the licensees placed on three years' probation. If the terms or conditions of probation are not followed, the original revocations can be reinstated.

Ko, Robert H., RPH 31137,
Covina, CA—Case 2942

Terms of probation include suspension from practicing pharmacy for 30 days.

Decision effective 02/13/08

Teitell, Jon Edward, RPH 42547,
Playa Del Rey, CA—Case 3065

Decision effective 03/26/08

Wong, Nancy M., RPH 31746,
Covina, CA—Case 2942

Decision effective 02/13/08

Pharmacy License Revoked, Stayed, Three Years' Probation

The following license was revoked, revocation stayed, and the license placed on three years' probation.

If the terms and conditions of probation are not followed, the original revocation can be reinstated.

San Gabriel Medical Center Pharmacy,
PHY 22300, West Covina,
CA—Case 2942

Terms of probation include suspension from practicing pharmacy for three days.

Decision effective 02/13/08

Pharmacist and Intern Licenses Revoked, Stayed, Five Years' Probation

The following licenses were revoked, revocations stayed, and the licensees placed on five years' probation. If the terms and conditions of probation are not followed, the original revocations can be reinstated.

Chappell, Gregory A., RPH 39122,
Sacramento, CA—Case 3074

Terms of probation include suspension from practicing pharmacy for 60 days.

Decision effective 01/16/08

Corey, Jamey Susan, RPH 54463,
Sacramento, CA—Case 3030

Terms of probation include suspension from practicing pharmacy for 60 days.

Decision effective 01/16/08

Hall, Robert Thomas, RPH 32860,
Eureka, CA—Case 2989

Terms of probation include suspension from practicing pharmacy for 30 days.

Decision effective 02/13/08

Melnikoff, Howard, RPH 22900,
Stockton, CA—Case 2947

Terms of probation include suspension from practicing pharmacy until approved by the Board.

Decision effective 01/16/08

Quon, Jeffery, RPH 29995,
Laguna Niguel, CA—Case 3044

Terms of probation include suspension from practicing pharmacy until approved by the Board.

Decision effective 12/06/07

Voluntarily Surrendered Personal Licenses

The following licenses were voluntarily surrendered.

Capalar, Christopher Duval,

TCH 56573, San Diego, CA—Case 2998

Decision effective 02/13/08

Danielsen, Susan Michelle, TCH 53150,
Pleasant Hill, CA—Case 3076

Decision effective 01/16/08

Golondzinier, Jr., Constant Julian,
RPH 25543, Visalia, CA—Case 3096

Decision effective 04/09/08

Hutchinson, Cathleen E., TCH 30078,
Orangevale, CA—Case 3072

Decision effective 12/20/07

Kile, David Newton, RPH 27989,
Huntington Beach, CA—Case 2991

Decision effective 04/11/08

Killingsworth, Jamila, TCH 50820,
Richmond, CA—Case 3113

Decision effective 05/09/08

Nash, Gary L., RPH 24086,
Danville, CA—Case 3097

Decision effective 04/23/08

Olivares, Luis Eduardo, TCH 53234,
Manteca, CA—Case 3090

Decision effective 11/08/07

Letter of Reprimand

A public letter of reprimand was issued to the following licensee.

Larsen, Ralph, RPH 28795,
Angwin, CA—Case 2956

Decision effective 03/26/08

Statement of Issues

The following individual was issued a license that was revoked, revocation stayed, and placed on five years' probation.

Vest, Jason M., INT 22042,
San Bernardino, CA—Case 3099

Decision effective 03/05/08

This newsletter is published by the

California State Board of Pharmacy

Department of Consumer Affairs

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: New Notice to Consumers Poster Required by AB 2583 (Nation, Chapter 487, Statutes of 2006)

In November 2007, the Office of Administrative Law approved amendments to 16 CCR section 1707.2(g), creating additional requirements for a Notice to Consumers poster that presents information about a patient's right to obtain lawfully prescribed medicine from a pharmacy.

Staff initially worked with three graphics designers on converting this working into a readable, interesting and yet informative format. Ultimately, the Office of State Printing provided the final design.

The posters will be printed and mailed to all California pharmacies by the end of this month. The estimated cost will be around \$80,000.



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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Update on the Board's Public Outreach Activities

Public and licensee outreach activities performed since the April report to the board include:

May 12, 2008: Resource Analyst Anderson provided a presentation at Loma Linda University detailing the board's licensing process of pharmacists.

May 17, 2008: Board Members Ruth Conroy and Stanley Goldenberg addressed pharmacy students about pharmacy law and the board at the University of the Pacific.

May 18 2008: Executive Officer Herold gave a poster presentation on the board's e-pedigree requirements at the annual National Associations of Boards of Pharmacy (NABP) meeting.

May 19, 2008: Assistant Executive Officer Sodergren attended the California Pharmacy Foundations Meeting and provided information on SB 472 and the board's efforts to standardize the prescription label.

May 21, 2008: Assistant Executive Officer Sodergren and Associate Analyst Abbe attended a "Senior Seminar and Meet the Pharmacist Day" in San Diego. At the event, they distributed consumer brochures and interviewed attendees about their prescription labels.

May 27, 2008: Board Members Ken Schell and Stan Weisser delivered the commencement address at Loma Linda University. Board Member Weisser received an honorary doctorate.

May 28, 2008: Board Inspector Orlandella and Associate Analyst Abbe attended "Senior Day at the Park" in Elk Grove. They distributed consumer brochures and interviewed attendees about their prescription labels.

June 2, 2008: Associate Analyst Abbe attended a Senior Health Expo in Riverside. She distributed consumer brochures and interviewed attendees about their prescription labels.

June 6, 2008: Executive Officer Herold and Supervising Inspector Nurse provided a presentation via videoconference at the Fourth Global Forum on Pharmaceutical AntiCounterfeiting, an international counterfeiting event.

June 6, 2008: Associate Analyst Abbe staffed a booth at Community Alliance Day in Merced. Materials were distributed to about 500 attendees and interviews were conducted with attendees about their prescription labels.

June 11, 2008: Supervising Inspector Ratcliff provided "Surviving an Inspection" to CVS district managers.

June 12, 2008: Executive Officer Herold and Board Member Ravnan presented at the California Society of Health-Systems Pharmacist (CSHP) legislative day.

June 14, 2008: Associate Analyst Durst staffed a resource table at the Family Health & Safety Expo in Sacramento. She distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.

July 2, 2008: Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital.

July 8, 2008: Board Inspector Orlandella represented the board on a panel to a group of seniors and provided general information and responded to questions in Roseville, CA.

July 9, 2008: Executive Officer Herold provided a presentation to a group of 150 individuals and agencies regarding California law and drug take back programs in communities.

July 12, 2008: Board Inspector Sarah Bayley and Associate Analysts Durst and Abbe staffed a resource table at the Lotus Festival in Los Angeles. They distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.

Future Activities

- Board staff will provide resource tables at various events from August through October 2008 including the Fairchild Medical Center Health Fair in Yreka and the Marin Senior Information Fair in San Rafael.
- A Board Inspector will provide a CE presentation to the Sacramento Valley Society of Health-Systems pharmacist in early November.
- Executive Officer Herold will present a CE program at Outlook 2009, an event sponsored by the California Pharmacists Association and The Pharmacy Foundation of California.



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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Update of the Committee's Strategic Plan for 2008/09

In July 2006, the board finalized its strategic plan for 2006-2011. However, each year the board revises its plan to keep it current.

At this meeting, the committee will have the opportunity to revise its strategic plan, if warranted.

During the July Board Meeting, the board will review any modifications to the strategic plan recommended by each committee for development of the 2008-09 strategic plan (completing the annual updating process).

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1	Develop a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public
Tasks:	<ol style="list-style-type: none"> 1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. 2. Restructure the board's Web site to make it more user friendly. 3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. 4. Continue collaboration with UCSF's Center for Consumer Self Care for pharmacist interns to develop consumer fact sheets on health topics. 5. Develop a Notice to Consumers to comply with requirements of SB 2583 (Nation) on patients' rights to secure legitimately prescribed medication from pharmacies. 6. <u>Evaluate the practice of pill splitting as a consumer protection issue.</u> 7. <u>Evaluate the SCR 49 Medication Errors Report for implementation.</u>
Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees
Tasks:	<ol style="list-style-type: none"> 1. Publish <i>The Script</i> two times annually. 2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California. 3. Maintain important and timely licensee information on Web site.
Objective 4.3	Participate in 12 forums, conferences and public education events annually
Measure:	Number of forums participated
Tasks:	<ol style="list-style-type: none"> 1. Participate in forums, conferences and educational fairs.



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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: July 23, 2008

To: Communication and Public Education Committee

Subject: Fourth Quarter Report on Committee Goals for 2007/08

Following is the most recent activity update of the committee's strategic plan.

COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Goal 4: Provide relevant information to consumers and licensees.

Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1	Develop a minimum of 10 communication venues to the public by June 30, 2011.
Measure:	Number of communication venues developed to the public.
Tasks:	<ol style="list-style-type: none"> 1. Assess the effectiveness of the board's educational materials and outreach: survey consumers to identify whether board-produced materials are valued and what new materials are desired. <ul style="list-style-type: none"> <i>Sept. 2006:</i> Committee begins review of consumer outreach. <i>Dec. 2006:</i> Staff conducts assessment of the board's consumer outreach written materials. Material is identified for revision and update, future development, or evaluation for continued need. <i>Jan. 2007:</i> Drafts of board informational brochure and complaint process brochures are updated; brochures will undergo review. <i>April 2007:</i> Drafts of board informational brochure and complaint process brochures are provided to the Department of Consumer Affairs for review. <i>June 2007:</i> Committee reviews Department of Consumer Affairs prepared brochures and recommends board produce its own versions. <i>Sept. 2007:</i> Board publishes new board brochure and complaint brochure. <i>Jan. 2008:</i> Reformatted complaint brochure. <i>April 2008:</i> Redesigned several board brochures into new format. 2. Restructure the board's Web site to make it more user friendly. <ul style="list-style-type: none"> <i>July 2006:</i> Web site modified to contain lists of disciplinary actions finalized each quarter and permit online access to public documents regarding board disciplinary actions taken against a licensee. <i>March 2007:</i> Web site modified by adding 14 links to obtain various information regarding Medication Safety and Drug Interactions. Web site modified by adding 7 links to obtain information from FDA regarding Medications and Medical Devices. <i>March 2007:</i> Work initiated on the latest State Web site design to be in place by November 2007. <i>June 2007:</i> Work progressing for timely completion by November 1, 2007. <i>Oct. 2007:</i> Work nearly completed on Website. <i>Nov. 2007:</i> New Website design completed. <i>Jan. 2008:</i> Web page created consolidating all information on e-pedigree into one place. 3. Work with the California Health Communication Partnership on integrated public information campaigns on health-care topics. <ul style="list-style-type: none"> <i>Sept. 2006:</i> Committee continues collaboration with the partnership whose fall campaign is screening for prostate and breast cancer. Plans underway to work to promote generic drugs in the future. <i>April 2007:</i> Summary provided of the Fall 2006 campaign to raise awareness about breast cancer screening and prostate cancer screening. No recent meetings of the partnership have occurred.

4. Continue collaboration with schools of pharmacy for pharmacist interns to develop consumer fact sheets on health topics.
- Sept. 2006:* Nine previously developed fact sheets are sent to a translation service to develop Spanish, Chinese, and Vietnamese versions of these materials. Four new fact sheets developed and undergoing review by the board.
- April 2007:* Four draft fact sheets are still under review and the committee receives three new fact sheets. The committee determines that the board will expand the project beyond the Center for Consumer Self Care to include students from other Schools of Pharmacy.
- Sept. 2007:* Discussion with UCSF lead to request for funding to continue project. Meanwhile board seeks to establish intern projects with other schools of pharmacy.
- Oct. 2007:* Board agrees to offer intern fact sheet program to all California schools of pharmacy.
- Jan. 2008:* Committee prepares scope for program.
- July 2008:* Letter to Deans of California's pharmacy schools finalized.
5. Develop a Notice to Consumers to comply with requirements of AB 2583 (Nation, Chapter 487, Statutes of 2006) on patients' rights to secure legitimately prescribed medication from pharmacies.
- Sept. 2006:* Governor signs AB 2583.
- Oct. 2006:* Committee advances draft regulation text for comment at the October Board Meeting. Board votes to create a second Notice to Consumers poster vs. adding additional language to current poster.
- Jan. 2007:* Committee refines language to be advanced to the board. Board reviews, modifies, and sets for regulation notice the proposed language for a second Notice to Consumers poster.
- April 2007:* Board reviews comments submitted in rulemaking process to adopt this regulation change, and plans to renotice amended language for a new rulemaking process.
- July 2007:* New "Notice to Consumers" approved by board; rulemaking file submitted to Administration for approval.
- Nov. 2007:* Office of Administrative Law approves "Notice to Consumers" rulemaking. Work on drafting new poster design initiated by board staff at DCA design staff.
- Jan. 2008:* Committee reviews draft concepts for new poster: additional work by board staff and the Office of State Publishing artists will continue to generate concept designs for the poster.
- March 2008:* New design and layout for two Notice to Consumer posters are selected.
- June 2008:* Final design and proof of posters approved. The July Script highlights forthcoming mailing.
6. Evaluate the practice of pill splitting as a consumer protection issue.
- Jan. 2007:* Board holds discussion of pill splitting issues during Board Meeting.
- March 2007:* Legislation and Regulation Committee and Communication and Public Education Committee continue discussion of pill splitting.
- April 2007:* Board hears discussion of pill splitting.
- June 2007:* Communication and Public Education Committee discussed proposed consumer fact sheet on pill splitting.
- July 2007:* The Script newsletter contains an article for pharmacists on pill splitting.
- Sept. 2007:* Consumer Fact Sheet completed.

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| | <p>7. Evaluate the SCR 49 Medication Errors Report for implementation.</p> <p><i>March 2007:</i> Communication and Public Education Committee reviews SCR 49 report.</p> <p><i>April 2007:</i> Board presentation of the SCR 49 report by former board member Sandra Bauer.</p> <p><i>Oct. 2007:</i> SB 472 enacted to require the board to standardize container labels into a patient friendly format by 2011.</p> <p><i>July 2008:</i> Forum on medication errors held as part of board meeting. Michael Cohen, Institute of Safe Medical Practices, John Keats, California Patient Action Coalition, and Lorian deMartini, California Department of Public Health, talk about activities of their organizations to prevent errors.</p> <p>8. Develop patient-centered standardized prescription container labels by 2011 pursuant to SB 472 (Corbett, Chapter 470, Statutes of 2007).</p> <p><i>Oct. 2007:</i> Board president appoints members to subcommittee.</p> <p><i>Jan 2008:</i> Board readies plans for six public hearings statewide during 2008</p> <p><i>April 2008:</i> First meeting in Fremont on April 12. Approximately 40 people attend.</p> <p><i>Apr.-Jul. 2008:</i> Board attends health fairs and interviews patients for information on how to improve prescription labels. Survey available on board's Website. 123 surveys completed.</p> |
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Objective 4.2	Develop 10 communication venues to licensees by June 30, 2011.
Measure:	Number of communication venues developed to licensees.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="367 216 1487 615"> <p>1. Publish The Script two times annually.</p> <p><i>Sept. 2006: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <p><i>Jan. 2007: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <p><i>July 2007: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <p><i>Jan 2008: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <p><i>July 2008: The Script published, placed online and mailed to pharmacies and wholesalers.</i></p> <li data-bbox="367 625 1487 1995"> <p>2. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</p> <p><i>1st Qtr 06/07: Board supervising inspectors present five CE programs on pharmacy law and the Board of Pharmacy to pharmacist associations statewide.</i></p> <p><i>Sept. 2006: Supervising Inspector Ming provides information on pharmacy law to 80 pharmacists and pharmacy technicians at a San Mateo Pharmacist Association.</i></p> <p><i>Supervising Inspector Ratcliff provides information on pharmacy law to the Sacramento Valley Society of Health System Pharmacists.</i></p> <p><i>Oct. 2006: Interim Executive Officer Herold presents Legislation and Regulation update at CSHP's Annual Seminar. Board also staffs information booth for licensees.</i></p> <p><i>Nov. 2006: Board Member Goldenberg speaks at the California Association of Health Facilities Convention in Palm Springs.</i></p> <p><i>Supervising Inspector Ming provides information on pharmacy law to UCSD students.</i></p> <p><i>Jan. 2007: Supervising Inspector Ming provides information on pharmacy law to the Indian Pharmacist Association.</i></p> <p><i>Feb. 2007: Executive Officer Herold provides information about the board at the CPhA's annual meeting.</i></p> <p><i>Feb. 2007: Board Member Hiura provides information about pharmacy law to pharmacists at a Korean pharmacist association meeting.</i></p> <p><i>March 2007: Supervising Inspector Nurse presents California's Electronic Pedigree requirements to the Generic Pharmaceutical Manufacturers Association annual meeting in Phoenix.</i></p> <p><i>March 2007: Supervising Inspector Ratcliff provides information about pharmacy law and the board to 80 UCSF students.</i></p> <p><i>March 2007: Former Board Member John Jones provides a law update to Western</i></p> <p><i>April 2007: Supervising inspectors and board members provide information about pharmacy law and board programs to pharmacists at Anaheim Memorial Hospital, to the Diablo Valley Pharmacists Association Meeting and the San Diego Pharmacists Association.</i></p> <p><i>May 2007: Staff and board members provide information about pharmacy law and board programs to Loma Linda and University of the Pacific School of Pharmacy graduating students, and to Sutter Hospitals' pharmacists.</i></p> <p><i>June 2007: Board member provides information about the board's citation and fine program to the Pharmacists Professional Society of San Fernando Valley.</i></p>

- Aug. 2007:* Staff provide information about the Veterinary Food Animal Drug Retailer program to a group of food animal veterinarians.
- Sept. 2007:* Supervising Inspector Ming provides information about pharmacy law to the Indian Pharmacists Association.
- Dec. 2007:* Supervising Inspector Ratcliff provided information about pharmacy law in a CE presentation to the Sacramento Valley Society of Health-System Pharmacists.
- Jan. 2008:* Board Member Goldenberg provided a presentation on the board's citation and fine program to pharmacists attending a USC continuing education program in Ojai.
- Feb. 2008:* Board Member Goldenberg presented information about the board's emergency response plans at a Kaiser Permanente CE Presentation.
- March 2008:* Inspector Bob Kazebee provided information about Board of Pharmacy inspections to 50 pharmacists at a continuing education program held through the USC School of Pharmacy.
- June 2008:* Supervising Inspector Ratcliff provided "Surviving and Inspection" to CVS district managers.

3. Maintain important and timely licensee information on Web site.

- 1st Qtr 06/07:* Added 50-year pharmacist recognition pages as a special feature.
Updated license totals.
Added enforcement actions for effective dates between April 1 and June 30, 2005.
Changed definitions on license lookup to clarify license status.
Posted board and committee meeting agendas and materials.
Sent out subscriber alert notifications to the board's e-mail notification list, including two drug recalls.
- 2nd Qtr 06/07:* Unveiled new Web site of the board, and created new Web links.
Revised and added new fax and contact information to speed communication with appropriate enforcement and licensing staff.
Updated listing of 50 year pharmacists.
Added frequently asked questions on emerging contraception.
Updated listing of enforcement actions taken.
Reviewed and updated board member biographies.
Made corrections to the board's online lawbook.
Added all agendas, meeting packets and minutes for board and committee meetings.
Sent out nine subscriber alerts for important information added to the board's Web site.

3rd Qtr 06/07: Completed updates to website to comply with SB 796.
Updated copyright year.
Updated links referring to California's and the governor's web pages.
Added information about the denial of a registration or license.
Added information about the new CPJE vendor.
Added inspector and supervising inspector exam information.
Revised information on our Contact Us page.
Updated applications on the website to include mandatory reporting information.
Updated public disclosure through Web Lookup to include discipline taken after January 2002.
Updated listing of 50-year pharmacists.
Added enforcement actions for effective dates between January 1 and March 30, 2007.
Posted board and committee meeting agendas and materials.
Sent out 19 subscriber alert notifications to the board's e-mail notification list.

4th Qtr 06/07: Created a page dedicated to drug alerts and recalls.
Updated exam information to reflect the new vendor.
Added the new self-assessment forms for Community and Hospital Pharmacies.
Added the self-assessment form for Wholesalers.
Updated the lawbook with an updated, book marked version for easier usability.
Updated DEA links.
Added enforcement actions for the effective dates between April 1 and June 30, 2007.
Posted board and committee meeting agendas and materials.
Sent out 20 subscriber alert notifications to the board's email notification list.

1st Qtr 07/08: Added information about NAPLEX being suspended.
Added the latest issue of The Script.
Added information about Heat Preparedness.
Updated fingerprint fees.
Updated regrade information.
Updated information about the release of CPJE results.
Added information about pill-splitting.
Updated information on our Contact Us page.
Sent out 8 subscriber alert notifications to the board's e-mail notification list.
Posted board and committee meeting agendas and materials.
Verified that minutes are included for each of the past meetings listed on the

2nd Qtr 07/08: Website reflecting the New State Redesign launched.
Updated applications and application information to reflect the Board's new application fees.
Updated the fee schedule page to reflect the Board's new application and renewal fees.
Updated pages which include fingerprint fees to reflect new costs.
Sent out three disaster response subscriber alerts regarding the Southern California wildfires to the board's e-mail notification list.
Updated number of current licenses by license types.
Added enforcement actions for the effective dates between October 1 and December 31, 2007.
Posted board and committee meeting agendas and materials.
Sent out nine subscriber alert notifications to the board's e-mail notification list.

3rd Qtr 07/08: Created a page dedicated to E-Pedigree information and laws.
Updated to the 2008 lawbook.
Updated the instruction sheet on all board applications.
Added a quick-hit link to access the Enforcement Actions page.
Added enforcement actions for the effective dates between January 1 and March 30, 2008.
Added information about pill-splitting.
Posted board and committee meeting agendas and materials.
Sent out 14 subscriber alert notifications to the board's email notification list.

4th Qtr 07/08: Added two comments submitted to the FDA in support of a unique identifier and on promising technologies for prescription drug identification, validation, track and trace or authentication to E-Pedigree page.
Updated information regarding release of exam results.
Added enforcement actions for the effective dates between April 1 and June 30, 2008.
Added five recall notifications to FDA recall page.
Posted board and committee meeting agendas and materials.
Sent out 24 subscriber alert notifications to the board's email notification list.
Added the Schwarzenegger Administration legislative proposal that would repeal portions of California's e-pedgree law and replace it with new and different requirements.
Added survey of patients for prescription container labels.
Added page for subscription to board mailing list.

<p>Objective 4.3</p> <p>Measure:</p>	<p>Participate in 12 forums, conferences and public education events annually.</p> <p>Number of forums participated.</p>
<p>Tasks:</p>	<p>1. Participate in forums, conferences and educational fairs.</p> <p><i>Sept. 2006: Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Logi-Pharma's Annual Convention in Austin TX.</i></p> <p><i>Oct. 2006: Board hosts the three-day NABP Districts 7 & 8 Meeting. Topics include the FDA's pedigree requirements, the DEA's pseudoephedrine requirements, divergent intern requirements from state to state, and development of ethics programs for health professionals.</i></p> <p><i>Supervising Inspector Nurse provides presentations to national EPCglobal Convention (a standards setting organization) in Los Angeles on California's e-pedigree requirements for prescription drugs.</i></p> <p><i>Board staffs information booth at San Mateo Senior Fest where 600 people attend.</i></p> <p><i>Dec. 2006: Inspector Barnard and Public and Licensee Education Analyst Abbe staff information booth at the Sacramento AARP-sponsored Ask A Pharmacist event.</i></p> <p><i>Jan. 2007: Supervising Inspector Nurse provides presentation on California's e-pedigree requirements at Secure Pharma 2007, the supply chain security conference in Philadelphia.</i></p> <p><i>Feb. 2007: The board hosts an information booth for two days at CPhA's annual meeting.</i></p> <p><i>March 2007: Inspector Wong and Analyst Abbe staff information booth at the 2007 Consumer Protection Day forum in San Diego.</i></p> <p><i>April 2007: Presentation on being a pharmacist at a career day presentation in Southern California.</i></p> <p><i>May 2007: The board staffed a public information booth at the Family Safety and Health Expo at Safetyville in Sacramento, at the Sacramento Chapter of the American Diabetes Association Health Fair. Also provided information about California's electronic pedigree requirements for prescription medicine to a full session at the National Association of Boards of Pharmacy annual meeting.</i></p> <p><i>June 2007: Board Member participated in panel discussion that will be released as a web cast on prescription errors with Lyle Bootman and Michael Cohen hosted by Drug Topics.</i></p> <p><i>July 2007: Staff met with visiting dignitaries from Australia who were interested in learning about California's controlled substances requirements.</i></p> <p><i>Aug. 2007: The board staffed a public information booth at the California State Fair.</i></p> <p><i>Sept. 2007: Major presentation made on California's standards to LogiPharma in Philadelphia.</i></p> <p><i>The board staffed a public information booth at the Senior Fraud Fest event.</i></p> <p><i>The board staffed a public information booth at the Siskiyou County Fairgrounds.</i></p> <p><i>Major presentation made on California's standards at HDMA's conference in Berkeley.</i></p>

	<p>Oct. 2007: Executive Officer Herold and Supervising Inspector Nurse speak at EPCglobal's annual U.S. Exposition on California's pedigree requirements. Executive Officer Herold and Supervising Inspector Nurse speak about California's electronic pedigree requirements at CSHP's Seminar. President Powers speaks to the Renaissance Society about pedigree issues, purchasing drugs online and other consumer issues involving pharmacy. The board staffed a public information booth at the Annual Marin County Senior Information Fair and at the CSHP's Seminar.</p> <p>Nov. 2007: Executive Officer Herold provides information about the board's emergency response activities at CPhA's Synergy Conference. Executive Officer Herold and Supervising Inspector Nurse speak at the NACDS/HDMA conference on California's e-pedigree requirements.</p> <p>Feb. 2008: Board Member Schell provided information on the board's compounding requirements at CPhA's annual meeting. Executive Officer Herold and President Powers presented information about medication errors at CPhA's annual meeting. Public Outreach Coordinator staffed a booth at a DCA outreach event held at Cal Expo in Sacramento. Supervising Inspector Nurse provided information about e-pedigree law via teleconference to a Secure Pharmacy Conference in Philadelphia.</p> <p>March 2008: Inspector Ming provided information about pharmacy law to UCSF students. Executive Officer Herold provided a presentation along with FDA's Ilisa Bernstein on counterfeit drugs at the American Pharmacists Association Annual Meeting in San Diego.</p> <p>April 2008: Public Outreach Coordinator attended a large public health fair at the Los Angeles Convention Center. Over 60,000 people attended. Board Member Graul provided information about the board's compounding regulations to a group of pharmacists, physicians and others. Executive Officer Herold provided information about Board of Pharmacy activities at a CSHP Board of Directors Meeting.</p> <p>May 2008: Resource Analyst Anderson provided a presentation at Loma Linda University detailing the board's licensing process of pharmacists. Board Members Ruth Conroy and Stanley Goldenberg addressed pharmacy students about pharmacy law and the board at the University of the Pacific. The Executive Officer Herold gave a poster presentation on the board's e-pedigree requirements at the annual National Associations of Boards of Pharmacy (NABP) meeting. The Assistant Executive Officer Sodergren attended the California Pharmacy Foundation Meeting and provided information on SB 472 and the board's efforts to standardize the prescription label. Board staff attended a "Senior Seminar and Meet the Pharmacist Day" in San Diego. At the event the board distributed consumer brochures and interviewed attendees about their prescription labels. Board Members Ken Schell and Stan Weisser delivered the commencement address at Loma Linda University. Board Member Weisser received an honorary doctorate. Board staff attended "Senior Day at the Park" and distributed consumer brochures and interviewed attendees about their prescription labels.</p>
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	<p>June 2008: Board staff attended a Senior Health Expo in Riverside, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p> <p>Executive Officer Herold and Supervising Inspector Nurse provided a presentation via videoconference at the Fourth Global Forum on Pharmaceutical AntiCounterfeiting, an international counterfeiting event. Associate Analyst Abbe staffed a booth at Community Alliance Day in Merced. Materials were distributed to about 500 attendees.</p> <p>Executive Officer Herold and Board Member Ravnar presented at the California Society of Health-Systems Pharmacist (CSHP) legislative day. Board staff attended a Family Health & Safety Expo in Sacramento, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p> <p>July 2008: Board Member Goldenberg provided information about pharmacy law to medical staff at the Jewish Home Hospital.</p> <p>Board Inspector Orlandella represented the board to a group of seniors and provided general information and responded to questions in Roseville, CA</p> <p>Executive Officer Herold provided a presentation to a group of 150 individuals and agencies regarding California law and drug take back programs in communities.</p> <p>Board staff attended the Lotus Festival in Bakersfield, CA and distributed consumer brochures and interviewed attendees about their prescription labels as part of the board's initiative to implement a patient-centered prescription label.</p>
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