



California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

Public Education and Communication Committee Report

Ryan Brooks, Chair
Lavanza Butler, PharmD
Ramon Castellblanch, PhD
Shirley Wheat
Albert Wong, PharmD

Report of the Committee Meeting held January 6, 2013.

1. Requests from California Pharmacies

The committee considered and approved two requests from California pharmacies related to the boards notice requirements found in Section 1707.6.

a. “Notice of Interpreter Availability” Poster (16 Cal.Code Reg § 1707.6(e)) Walmart Request to Use an Alternate Format in all Walmart and Sam’s Club Pharmacies

Attachment 1

Board regulation at section 1707.6(c) requires every pharmacy to post or provide a **“point to your language”** notice so that consumers are aware that interpreter services will be provided to them at no cost. On this notice, the words *“Point to your language. Interpreter services will be provided to you upon request at no cost.”* are to appear in English and in twelve additional, specific languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Spanish, Tagalog and Vietnamese.

The committee approved a request from Walmart to use an alternate format of the board’s “Notice of Interpreter Availability” poster in all Walmart and Sam’s Club pharmacies. Copies of these alternate formats are provided in Attachment 1, and include the required elements found in Section 1707.6(c). In addition to the regulatory requirements, Walmart Stores, Inc. included that the notices are required to be posted by the California State Board of Pharmacy. These are the “point to your language” notices that are required to be printed on 8 ½ x 11” paper.

b. “Notice to Consumers” Poster (16 Cal.Code Reg § 1707.6(a)) Safeway Request for Approval to Use an Alternate Display Methodology

Attachment 2

Board regulation at section 1707.6(a) requires every pharmacy to prominently post, in a place conspicuous to and readable by prescription drug consumers, a *Notice to Consumers* as made available by the board. The regulation allows a pharmacy to also or instead display the notice on a video screen that is located in a place conspicuous to and readable by prescription drug consumers, so long as:

- (1) The video screen is at least 24 inches, measured diagonally;
- (2) The pharmacy utilizes the video image notice provided by the board;
- (3) The text of the notice remains on the screen for a minimum of 60 seconds; and
- (4) No more than five minutes elapses between displays of any notice on the screen, as measured between the time that a one-screen notice or the final screen of a multi-screen notice ceases to display and the time that the first or only page of that notice re-displays. The video images available on the board’s website are two *PowerPoint* formats (slides) – one in English and one in Spanish.

The committee approved a request from Safeway to use an alternate display methodology of the board’s “Notice to Consumers” poster. Specifically, Safeway will display the board’s (yellow) “Notice to Consumers” poster on 24” video screens, mounted vertically. The English version of the poster will rotate in five minute intervals, and other non-English language versions may be rotated within that five minutes as well. Safeway will display the notices in accordance with the above requirements and will also use the screens to display the non-English Notice to Consumers posters available on the web site, as well as to display other health and pharmacy related information. Safeway pharmacies will continue to have hard copy “point to your language” notices available to the consumer, and will also have a copy of the board’s (hard copy) Notice to Consumers poster available to consumers.

The committee’s approval is for Safeway to utilize these video screens in all Safeway, Von’s and Pavillions pharmacies.

2. Update on the Status of the Updated Emergency Contraception Fact Sheet, as Required by Title 16 California Code of Regulations Section 1746

Attachment 3

The board utilized the interpreter services used by the Department of Consumer Affairs to have the board’s Emergency Contraception Fact Sheet translated into six languages: Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese. The translated Fact Sheets are now available on the board’s website for download and are available in the following languages: English, Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese. Copies of these Fact Sheets are provided in Attachment 3.

3. Presentation and Discussion of a Research Project on Prescription Container Labels by Amir Zargarzadeh and Anandi Law

Attachment 4

Dr. Anandi V. Law, Professor and Chair of Pharmacy Practice and Administration of the College of Pharmacy, Western University of Health Sciences, presented the committee with findings of her research published in March 2011 related to the design of patient-centered prescription labels. In 2009-2010 when the board was developing parameters for patient-centered prescription container labels, Anandi Law attended several of the meetings and provided information about a research project she was working on to design patient-centered prescription labels.

Recently, Dr. Anandi had a discussion with Board Member Gutierrez about the research she conducted that was published in March 2011. A copy of her presentation is provided in Attachment 4.

4. Assessment of California's Patient-Centered Labeling Requirements as Required by Title 16 California Code of Regulations Section 1707.5(e)

Title 16 CCR Section 1707.5 specifies requirements for patient-centered labels for prescription drug containers. When the board promulgated these requirements, it included in subdivision (e) a requirement that the board re-evaluate the requirements by December 2013 to ensure optimal conformance with Business and Professions Code Section 4076.5.

The committee began a review of the regulations in April 2013, and the board began its review and discussion of the committee's recommendations at the October 2013 Board Meeting. In October 2013, the board voted on two modifications related to the patient-centered requirements, and directed the remainder of the review back to the committee for additional discussion.

Board Approved Change 1: To require that ONLY the four items listed in 1707.5(a)(1) be within the 50 percent of the label designated for the patient-centered items.

1707.5(a)(1) Each of the following items, and only these four items, shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface, and listed in the following order:

A. Name of the patient

B. Name of the drug and strength of the drug. For the purposes of this section, name of the drug" means either the manufacturer's trade name of the drug, or the generic name and the name of the manufacturer.

C. The directions for use

D. The condition or purpose, if it is indicated on the prescription.

Board Approved Change 2: Require 12 point font

1707.5(a)(1) Each of the following items, and only these four items, shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in ~~at least a 10-point sans-serif typeface or, if requested by the consumer,~~ at least a 12-point **sans serif** typeface, and listed in the following order:

A. Name of the patient

B. Name of the drug and strength of the drug. For the purposes of this section, name of the drug” means either the manufacturer’s trade name of the drug, or the generic name and the name of the manufacturer.

C. The directions for use

D. The condition or purpose, if it is indicated on the prescription.

The committee has continued its discussion of the elements contained in the patient-centered labels, to include

- Should Section 1707.5(a)(1)(B) be modified to remove the requirement that the manufacturer’s name be listed in the patient-centered clustered area of the label when a generic is dispensed?
- Should changes be made to 1707.5(a)(1)(B) regarding the “name of the drug and strength of the drug”?
- When a generic drug is dispensed, should the brand name of the generic equivalent be included on the label phrased as “generic for _____”?
- Should Purpose or Condition be in the patient-centered clustered items? Should it be a requirement for labels generally?
- Should the existing requirements for “added emphasis” in the patient-centered area of the prescription label be modified?
- Translations on Labels -- Translated directions for use are available on the board’s website. Should the board require use of them to aid patients with limited or no English proficiency understand the information on the prescription label? Should there be additional requirements?
- Should the board consider technology standards to enhance the patient-centered requirements?

The committee discussed translations on labels at length, and requested that staff gather additional information for the next committee meeting.

The committee also discussed at length whether or not the purpose or condition should be in the patient-centered clustered items, and whether it should be a required element for labels generally. The committee will discuss this topic in greater depth at its next committee meeting.

5. Update on the Committee's Goals for 2012-2017 to Fulfill the Board's Strategic Plan

As part of the committee's goals for the 2012-2017 Strategic Plan and development, the committee will include a commitment to issue *The Script* at least two times a year. The board now has a new public information officer, who also is the new editor of the board's newsletter. The committee will also incorporate into its goals the activities of the new Prescription Drug Abuse Subcommittee.

6. Update on *The Script*

The most recent issue of *The Script* was released in November. Work has begun on the next issue of the newsletter which will focus on new 2014 laws. Staff is working to issue the newsletter sometime in February. Staff has also added to the board's website a summary of new laws affecting the board that went into effect in 2014.

7. Public Outreach Activities to Address Prescription Drug Abuse

- a. Public Continuing Education Training Session Provided by the California State Board of Pharmacy, the Los Angeles Field Division of the Drug Enforcement Administration and County of Orange Health Care Agency: January 22, 2014 in Brea, CA

This continuing education program for pharmacists is being held in conjunction with a new partner, the County of Orange Health Care Agency. The Los Angeles Office of the DEA and the board will provide its usual CE program which now features a strengthened component dealing with a pharmacist's corresponding responsibility.

- b. Public Continuing Education Training Session by the California State Board of Pharmacy and Federal Drug Enforcement Administration Scheduled for January 31, 2014 in Sacramento

This six-hour CE presentation will feature Federal DEA Diversion Program Manager Joseph Rannazzisi and the board's strengthened corresponding responsibility component. It is the first time this presentation will be provided in Sacramento.

8. Public Outreach Activities Conducted by the Board

Attachment 5

The committee was provided with an update on public outreach activities conducted by board staff in the past quarter. This list is provided in attachment 5. With the preemption of California's e-Pedigree laws on November 27, 2013, the board's Executive Officer has conducted or participated in several webinars on this topic. The board's outreach efforts related to compounding has also increased.

On January 22, 2014, the Drug Enforcement Administration and the board held a 1-day continuing education program for pharmacists, held in conjunction with a new partner, the County of Orange Health Care Agency. The Los Angeles Office of the DEA and the board provided its usual CE program which now features a strengthened component dealing with a pharmacist's corresponding responsibility.

Also, on January 31, the DEA and the board will conduct a six-hour CE presentation that will feature Federal DEA Diversion Program Manager Joseph Rannazzisi to include the board's strengthened corresponding responsibility. It is the first time this presentation will be provided in Sacramento.



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GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY
PUBLIC EDUCATION AND COMMUNICATION COMMITTEE
MINUTES**

DATE: January 6, 2014

LOCATION: DCA Headquarters
1625 N Market Blvd – Hearing Room
Sacramento, CA 95834

**COMMITTEE MEMBERS
PRESENT:** Ryan Brooks, Chair
Lavanza Butler, PharmD
Ramon Castellblanch, PhD
Shirley Wheat
Albert Wong, PharmD

**STAFF
PRESENT:** Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Michael Santiago, DCA Staff Counsel
Carolyn Klein, Manager II
Joyia Emard, Public Information Officer
Laura Hendricks, Administrative Analyst

The meeting was called to order at 9:38 a.m. Ryan Brooks, chair, welcomed those in attendance. Roll call was taken and a quorum was established. Chair Brooks said that he would be taking agenda items out of order.

6. Update on *The Script*

Mr. Brooks stated that work has begun on the next issue of *The Script*, which will focus on new laws that became effective in 2014. He said the board anticipates issuing the newsletter in February and the board has updated the website with summaries of new laws that became effective on January 1.

8. Public Outreach Activities Conducted by the Board

Executive Officer Virginia Herold provided an update on public outreach activities conducted by board staff in the past quarter, and referenced a handout that listed the activities. Ms. Herold stated e-Pedigree California was preempted by federal legislation on November 27, 2013. Ms. Herold said she has conducted or participated in several webinars on this topic during the past quarter. Ms. Herold stated that public outreach related to compounding is increasing and she reminded the committee that

on January 10 the Enforcement and Compounding Committee will meet. Chair Brooks commented on the upcoming continuing education training opportunities that will be provided by the board and the Drug Enforcement Administration, which will feature a component on a pharmacist's corresponding responsibility. He said that the January 22 session will be held in Brea and the January 31 session will be held in Sacramento. Chair Brooks encouraged all committee members to attend one of the sessions. Ms. Herold added that the continuing education is free, but pre-registration is required.

Dr. Castellblanch arrived at the meeting at 9:43 a.m.

5. Update on the Committee's Goals for 2012-2017 to Fulfill the Board's Strategic Plan

Chair Brooks commented on the committee's goals for the 2012-2017 Strategic Plan and development. Ms. Herold suggested that the committee make a strong commitment to complete *The Script* at least two times a year. She introduced the board's new public information officer, Joyia Emard, who is the new editor of the board's newsletter. Ms. Herold recommended that the activities of the new Prescription Drug Abuse Subcommittee be incorporated into the board's strategic plan.

1. Discussion and Action on Requests from California Pharmacies for Exemption from Title 16 California Code of Regulations Section 1707.6

a. "Notice of Interpreter Availability" Poster (16 Cal.Code Reg § 1707.6(e)) Walmart Request To Use an Alternate Format in all Walmart and Sam's Club Pharmacies

Background

Chair Brooks reminded the committee that the board delegated to the Public Education and Communication Committee the authority to take action on all requests for an alternate format or display methodology of the "Notice of Interpreter Availability" and "Notice to Consumers" posters.

Discussion and Comment

Chair Brooks opened the discussion to address Walmart's request to use an alternate format of the "Notice of Interpreter Availability" poster. He added that in October 2013, the committee denied Walmart's request because specific language that is required by regulation was not on the notices. At that time, the committee requested that any request to use an alternate format of the poster also include a notation that the notice is required by the Board of Pharmacy to be posted. Mr. Brooks referred to the copies of the Walmart and Sam's Club notices of interpreter availability that were provided in the meeting materials. The notices contained the required regulatory language, as well as the verbiage in the 12 specific languages referenced in the board's regulation. In addition, each notice contained a footer that the notice was required to be posted by the California State Board of Pharmacy. Mr. Brooks noted that Walmart is requesting approval to use the alternate format poster in all Walmart and Sam's Club pharmacies currently licensed by the board, as well as in those that may be licensed by the board in the future.

Dr. Castellblanch sought staff's comment on the enforcement of the poster. Ms. Herold stated that when inspectors conduct inspections, they look to see if the posters are displayed according to the regulation.

Carrie Sanders, from the California Pan-Ethnic Health Network, spoke in support of the request, in that the posters submitted by Walmart contain all the languages required by regulation. She spoke in support of pharmacies that may also provide additional languages for consumers. Ms. Sanders encouraged the board to be vigilant in its enforcement of the requirement to display the notices as required.

Motion: Approve Walmart's request to use the alternate format of the "Notice of Interpreter Availability" in all Walmart and Sam's Club pharmacies, as presented at the meeting, so long as these notices are printed on 8 ½ x 11" paper.

M/S: Brooks/Wheat

Support: 5 Oppose: 0 Abstain: 0

**b. "Notice to Consumers" Poster (16 Cal.Code Reg § 1707.6(a))
Safeway Request for Approval To Use an Alternate Display Methodology**

Background and Discussion

Chair Brooks reminded the committee that the board delegated to the Public Education and Communication Committee the authority to take action on all requests for an alternate format or display methodology of the "Notice of Interpreter Availability" and "Notice to Consumers" posters.

Mr. Brooks provided an overview of the Safeway request to use an alternate display methodology of the board's "Notice to Consumers" poster, and referenced the request and information provide in the committee materials. Mr. Brooks recognized Dr. James McCabe from Safeway.

Dr. McCabe provided an overview of how Safeway intends to display the poster on a vertically-mounted video display screen and referenced the images contained in the meeting materials. Dr. McCabe clarified that as required by the regulation, the poster will be displayed for no less than 60 seconds at a time, and that no more than five minutes will elapse before the poster is again displayed. He added that Safeway may rotate in other non-English versions of the poster (those available on the board's website). Dr. McCabe said displaying non-English versions of the board's "Notice to Consumers" poster is a solution that reaches out to communities and allows them to read the poster in their language – providing them with an opportunity they may have not had before. Dr. McCabe said that Safeway may also use the video screen to display the board's "Notice of Interpreter Availability" poster, but that paper copies of this notice would be available to consumers at the pharmacy counter at all times. He assured the committee that the video screens will not be used for advertisements, but will be used for pharmacy-related and public health information.

Ms. Wheat sought clarification of the request, and asked if the video screen meets the requirements of the regulation: 24" measured diagonally; that the notice will remain on the screen for a minimum

of 60 seconds: and that no more than five minutes will elapse from the time the notice is displayed to the time it re-displays (if rotated off the screen).

Mr. McCabe confirmed this is the case. She spoke in support of Safeway's stated intent to also rotate on the screen the Spanish or other non-English versions of the poster (based on Safeway's demographics).

Dr. Wong stated it would be nice if the pharmacy could display the video as well as post the hard copy of the poster. Chair Brooks noted that the regulation allows for alternatives.

Ms. Sodergren noted that Safeway has represented in the request that the video mount will be at the pharmacy counter.

Dr. Castellblanch said he would still like to know what the font size on the screen.

Chair Brooks and Ms. Wheat spoke in support of the request, indicating it is consistent with the intent of the board's regulation.

Dr. Castellblanch expressed concern as to the size the poster would be on the video display, adding that the font size on the poster would be so small and may be difficult for people to read.

Dr. Butler expressed her agreement with Dr. Castellblanch's comments. She also expressed concern that while the "Notice to Consumers" poster is rotated off the screen, consumers would not have access to the information. She asked if Safeway intends to also have the paper version of the poster mounted in the pharmacy.

Dr. McCabe stated that Safeway wishes to use the video display screen to display the required poster, but Safeway, Von's and Pavillions pharmacies would always have the Notice to Consumers posters available to the public.

Chair Brooks and Ms. Wheat spoke in support of the request in that the board's actual poster will be displayed

Dr. McCabe addressed the committee and explained that the video screen will be mounted vertically at the pharmacy drop-off window. He said it will be mounted in a manner that a consumer can touch it. He said that the English version of the poster will rotate in five minute intervals, and that any other language version would be rotated within that five minutes. Dr. McCabe said the pharmacy may use the video screen to also display a video version of the "Point To Your Language" poster and other pharmacy-related information, but in all cases the English poster would re-start at every five minutes.

Dr. McCabe expressed concern with the board's current regulation that already allows the pharmacy to display an alternate format of the Notice to Consumers poster (without further board approval), in that the PowerPoint slide deck available for this purpose contains ten slides. He said it is not possible

to display each slide for a minimum of 60 seconds, and also ensure the PowerPoint slides re-start (at the beginning) every five minutes.

Dr. Wong spoke in support of the request, where the notice would be available on the video screen and also in hard copy.

Ms. Sanders from CPEHN spoke in support of the innovation to display the Notice to Consumers poster on the video screen, and sought clarification regarding a consumer's access to the "Notice of Interpreter Availability" poster.

Chair Brooks directed the committee to the regulation at Section 1707.5(c) that allows a pharmacy to post the Notice of Interpreter Availability on a video screen so long as a consumer can easily point to and touch the statement identifying the language in which he or she requests assistance.

Ms. Herold noted that the video screen is not interactive.

Mr. McCabe assured the committee that hard copies of the "Notice of Interpreter Availability" would be available in the pharmacy at all times.

Motion: Approve Safeway's request to use the alternate display methodology of the board's "Notice to Consumers" poster as presented at the meeting, so long as a hard copy of the language poster is maintained on the premises and made available to consumers.

Support: 4 Oppose: 1 (*Castellblanch*) Abstain: 0

2. Update on the Status of the Update Emergency Contraception Fact Sheet, as Required by 16 California Code of Regulations Section 1746

Ms. Herold advised the committee that the board utilized the interpreter services used by the Department of Consumer Affairs to have the board's Emergency Contraception Fact Sheet translated into six languages: Chinese, Korean, Russian, Spanish, Tagalog and Vietnamese. Ms. Klein said the translations have been finalized and the fact sheets are now available on the board's website.

3. Review and Discussion of a Research Project on Prescription Container Labels

Dr. Anandi V. Law, professor and chair of Pharmacy Practice and Administration of the College of Pharmacy, Western University of Health Sciences, presented the committee with findings of her research published in March 2011 related to the design of patient-centered prescription labels. A copy of the PowerPoint presentation is appended to these minutes.

Dr. Anandi answered questions related to the scope of the study and numbers of participants. Dr. Wong asked if more than one language was used in the study. Dr. Anandi stated that only English was used in the study.

Ms. Wheat commented that from a pharmacy perspective, if the label were printed in a translated language, the pharmacist is liable for the information on the label, whether or not they can read the non-English language, so that is a concern of hers. She added that she does like the format of the patient-centered labels that were used in the study.

Chair Brooks stated he liked how the warning labels were displayed.

Dr. Castellblanch asked if she had an opinion on the translations developed by Dr. Wolf. Dr. Anandi said that they used translations used in the market. Ms. Herold indicated that the translations developed by Dr. Wolf, which were vetted, are available on the board's website.

Dr. Castellblanch commented on Spanish translations of easy directions. He complimented Dr. Anandi on the study related to the impact of people not being able to read their labels, and also with respect to a 50 percent increase in comprehension where the control groups also received educational intervention. Dr. Anandi said they are looking at cost impacts of these translations. She said while badly designed labels result in negative outcomes, they still do not have positive evidence that good labels produce good outcomes.

Dr. Wong commented on the use of numerals on the study group labels, in that replacing a word "two" with a number "2" may save space on the label.

Dr. Butler said she liked the format of the labels used in the study. She said it was very thorough and easy to identify the times when the patient should take his or her medicine.

4. Assessment of California's Patient-Centered Labeling Requirements as Required by 16 California Code of Regulations Section 1707.5(e)

Background and Discussion

Chair Brooks summarized prior actions taken as part of the review of patient-centered labels.

Ms. Herold provided a re-cap in that the board voted on two proposed amendments to the patient-centered label requirements that were vetted by the committee previously. She said the board reviewed the requirements of Section 1707.5 subdivision by subdivision, and that the following proposed amendments were approved by the board, as follows:

Board Approved Change 1:

1707.5. (a)(1) Each of the following items, **and only these four items**, shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in at least a 10-point sans serif typeface or, if requested by the consumer, at least a 12-point typeface, and listed in the following order:

A. Name of the patient

- B. Name of the drug and strength of the drug. For the purposes of this section, name of the drug” means either the manufacturer’s trade name of the drug, or the generic name and the name of the manufacturer.
- C. The directions for use
- D. The condition or purpose, if it is indicated on the prescription.

Board Approved Change 2:

1707.5.(a)(1) Each of the following items, and only these four items, shall be clustered into one area of the label that comprises at least 50 percent of the label. Each item shall be printed in ~~at least a 10-point sans serif typeface or, if requested by the consumer,~~ at least a 12-point **sans serif** typeface, and listed in the following order:

- A. Name of the patient
- B. Name of the drug and strength of the drug. For the purposes of this section, name of the drug” means either the manufacturer’s trade name of the drug, or the generic name and the name of the manufacturer.
- C. The directions for use
- D. The condition or purpose, if it is indicated on the prescription.

a. Should 1707.5(a)(B) be modified?

Ms. Herold said the board sent the remainder of the discussion back to the committee to have a more deliberative discussion on the remainder of the requirements.

Dr. Castellblanch agreed with Ms. Herold.

Ms. Wheat expressed concern that the committee was trying to revisit items that are not a problem.

Ms. Herold said the board did not come to a consensus on the issue of requiring the name of the manufacturer within the required patient-centered elements. The other issue was that of requiring the use of the phrase “generic for...” when a generic is being dispensed for a trade name drug.

Chair Brooks directed the committee to discuss a prior committee recommendation to modify Section 1707.5(a)(1)(B) to remove the requirement that the manufacturer’s name be listed in the patient-centered clustered area of the label when a generic is dispensed.

Brian Warren, with the California Pharmacists Association, sought clarification if, based on the foregoing, the patient-centered items would all be in 12-point font, and that only the four items listed in Section 1707.5(a)(1) could be in the patient-centered portion of a prescription label.

Ms. Herold and Dr. Castellblanch confirmed Mr. Warren’s understanding. Mr. Warren expressed concern over having a lot of information that is required to be in the patient-centered portion of the label, all in 12 point font.

A member of the public asked about the use of a generic that has been on the market for a very long time and where no one may even remember the trade name.

Dr. Wong spoke in support of a requirement that where a trade name is prescribed, the words “generic for” be on the label.

Dr. Butler said when the physician writes for the generic, the name of the manufacturer of the generic will still be on the label somewhere.

Dr. Anandi asked what are you going to do when the name brand is no longer available?

Chair Brooks suggested he would like the full board to have a discussion on this.

Dr. Castellblanch said that the full board just kicked it back to the committee. Dr. Castellblanch asked if staff could advise how other states handle this and what the policy considerations may be.

b. Should Purpose or Condition be in the patient-centered clustered items? Should it be a requirement for labels generally?

Ms. Herold said that the Medical Board of California has been supportive of having the purpose or condition on the prescription label.

Dr. Wong stated the problem is that the prescribers are not required to put the condition or purpose on the prescription document.

Dr. Butler reiterated that it is within a pharmacist’s scope of practice to put the purpose or condition on the label if needed.

Dr. Wong said he runs into problems when a drug can be used for multiple purposes and you aren’t sure for which purpose they are using the drug.

Dr. Anandi said that her research shows that patients want the condition or purpose on the label, but that patients are concerned about privacy – that they do not want a diagnosis on a prescription label. She suggested an approach where the condition or purpose is on the label unless specifically omitted by the physician. She spoke in support of more generic descriptions of why medications are used.

Ms. Herold suggested that to require a physician to put the condition or purpose on the prescription label may require a statutory change.

Jonathan Nelson, from the California Society of Health-System Pharmacists (CSHP), said that CSHP has long supported the right of a pharmacist to include the condition or purpose on a prescription label based on his or her professional judgment.

Mr. Brooks questioned how a pharmacist might know, with all certainty, the condition or purpose for which the drug was being dispensed.

Mr. Nelson stated that the pharmacist could contact the prescriber if need be.

DCA Counsel Michael Santiago indicated that a statutory change would then be a requirement to have it on the label across the board.

Mr. Brooks questioned the board's ability to make this a requirement, and he also expressed concern over privacy concerns.

Dr. Castellblanch said that he would like to hear from the Medical Board of California before moving forward on this.

Ms. Herold said she understands that the California Senior Legislature may be pursuing this type of legislation again this year because they want the condition or purpose on the label. Ms. Herold said that the NABP, USP and others support having the purpose or condition on the label.

Dr. Butler stated pharmacists know what different types of medication are used for, such as "for infection."

Chair Brooks recommended and there was committee consensus to table this discussion for the next committee meeting.

c. Should the existing requirements for "added emphasis" in the patient-centered area of the prescription label be modified?

There was no committee or public discussion on this item.

d. Translations on Labels -- Translated directions for use are available on the board's website. Should the board require use of them to aid patients with limited or no English proficiency understand the information on the prescription label? Should there be additional requirements?

Ms. Herold asked the committee to consider various questions related to the use of translated directions for use on prescription labels. Ms. Herold said that most pharmacies are using translated labels, but staff does not believe certified translators are being used.

Ms. Herold said she believes few are using the posted "directions for use" that are available on the board's web site, and asked if the committee felt these should be required to be used.

Ms. Wheat spoke in support of having English be the main and most prominent language on the label.

Chair Brooks sought legal counsel's direction as to whether the board has the authority to require that translations be used and Mr. Santiago confirmed that the board does have this authority.

Ms. Herold said the board needs to consider if a translated label is in the patient's best interest and securable in the pharmacy. She noted that the board did not take a position on Senate Bill 204 (Corbett), which would require translations of the directions for use on a prescription label.

Dr. Castellblanch spoke in support of the board's efforts to ensure that translations are used on prescription labels. He believes the directions for use should be in a language that the individual can understand and thinks the board should advocate such a statutory change.

Chair Brooks would like staff to gather information on what types of translations are provided in pharmacies. He would like to see the board seek input from pharmacies, software manufacturers, first responders and others to gather information and to even determine if this is an issue.

Ms. Wheat stated she would like to know how the current translations are working before changing the requirements.

Public Comment

Carrie Sanders, CPHEN, thanked the committee for its work. She said asking the board if they support translated labels has been asked and answered. She said the landscape of patients are changing and that with the passage of health care legislation, many more will now be able to get health coverage. Ms. Sanders said that the USP recommends the use of translations for medical purposes only. She referenced the board's survey results and urged the committee and the board to ensure that translations are quality translations. She advocated that the translated directions for use on the board's website were professionally vetted. She encouraged the board to conduct follow-up surveys and partner with researchers to identify best practices to frame requirements for pharmacies. Ms. Sanders offered to provide the committee with information. She said physicians have indicated to CPHEN that even when they request a pharmacy give a patient a translated label, that the requests are not always honored. Ms. Sanders said USP states that the name of the drug shall be in English.

Ms. Anandi recommended that the board determine to what extent the translations on the board's website are being used. She expressed concern that when translated directions are used, they need to be quality translations. She asked if the board has considered the use of pictograms and other visual indicators.

Dr. Castellblanch referenced research (Shrank) used in the promulgation of the regulation and said the research indicated that pictograms were not significantly helpful.

A member of the public said the board should take steps to ensure the best needs of communities and patients are met. He said the committee has to have the discussion, take action and move forward.

Chair Brooks said this item will be more be fully discussed at the next meeting.

h. Should the board consider technology standards to enhance the patient-centered requirements?

Ms. Herold commented that many pharmacies have pictures of the pill on the prescription label. She asked the committee if they were interested in discussing any technology standards or requiring items like a picture of the pill on the label.

Mr. Brooks said he would like to see empirical data on this topic.

Dr. Castellblanch agreed with Chair Books and wanted to ensure that the technology is available for all pharmacies before making additional requirements in this area.

Mr. Brooks asked staff to provide the committee with information on visual cues and technology considerations for a future discussion.

9. Public Comment for Items Not on the Agenda

There was no public comment.

Mr. Brooks said he would like to receive information on the percentage of patients for which interpretive services are requested.

Ms. Herold said this information may be available from some of the associations.

Chair Brooks adjourned the meeting at 12:21 p.m.

Attachment 1

Point to your language.

Interpreter services will be provided to you upon request at no cost.

ARABIC	اختر لغتك. يتم تقديم خدمات الترجمة الفورية لك عند الطلب دون أي تكلفة.	Նշեք ձեր լեզուն: Թարգմանչի ծառայություններն անվճար կտրամադրվեն ձեզ ըստ պահանջի:	ARMENIAN
CAMBODIAN	ចូរចង្អុលទៅកាន់ភាសារបស់អ្នក ។ មានផ្តល់សេវាកម្មបកប្រែភាសាដល់អ្នក តាមការស្នើសុំ ដោយឥតគិតថ្លៃ ។	廣州話 指向您的語言。 將根據您的要求免費為您提供翻譯服務。	CANTONESE
FARSI	زبان خود را مشخص کنید. خدمات ترجمه شفاهی بر حسب درخواست شما به صورت رایگان فراهم خواهد شد.	Taw rau koj yam lus. Kev pab cuam neeg txhais lus yuav muaj pub rau koj raws li kev thov yam tsis yuav nqi.	HIMONG
KOREAN	언어를 지정해 주십시오. 요청 시 통역 서비스를 무료로 제공해 드립니다.	指向您的语言。 官話 將根據您的要求免費為您提供翻譯服務。	MANDARIN
RUSSIAN	Указать на ваш язык. Услуги переводчика будут бесплатно предоставлены Вам по требованию.	Indique su idioma. Se le proporcionarán servicios de intérprete sin costo si lo solicita.	SPANISH
TAGALOG	Ituro ang iyong wika. Ang serbisyo ng interpreter ay ibibigay sa iyo kapag hihilingin nang walang bayad.	Xin hãy chỉ vào ngôn ngữ của quý vị. Dịch vụ thông dịch sẽ được cung cấp cho quý vị miễn phí theo yêu cầu.	VIETNAMESE

**Be aware and take care.
Talk to your pharmacist.**

California State Board of Pharmacy

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ARABIC	اختر لغتك. يتم تقديم خدمات الترجمة الفورية لك عند الطلب دون أي تكلفة.	Նշեք ձեր լեզուն: Թարգմանչի ծառայություններն անվճար կտրամադրվեն ձեզ՝ ըստ պահանջի:	ARMENIAN
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FARSI	زبان خود را مشخص کنید. خدمات ترجمه شفاهی بر حسب درخواست شما به صورت رایگان فراهم خواهد شد.	Taw rau koj yam lus. Kev pab cuam neeg txhais lus yuav muaj pub rau koj raws li kev thov yam tsis yuav nqi.	HIMONG
KOREAN	언어를 지정해 주십시오. 요청 시 통역 서비스를 무료로 제공해 드립니다.	指向您的语言。 官話 将根据您的要求免费为您提供翻译服务。	MANDARIN
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Attachment 2

Virginia Herold
Executive Officer
California State Board of Pharmacy
1625N Market Blvd, N219
Sacramento, CA 95834
Virginia.Herold@dca.ca.gov

Dear Ms. Herold,

Thank you for the opportunity to discuss 1707.6 and the requirements for digital display of the Notice to Consumers. Safeway / Vons pharmacies would like to seek approval to display the poster format for 60 seconds at a time, repeated every 5 minutes on a 24" diagonal video screen.



Ask Your Pharmacist!

You have the right to ask the pharmacist for:

Easy-to-read type
You have the right to ask for and receive from any pharmacy prescription drug labels in 12-point font.

Interpreter services
Interpreter services are available to you upon request at no cost.

Drug pricing
You may ask this pharmacy for information on drug pricing and use of generic drugs.

California law requires a pharmacist to speak with you every time you get a **new** prescription.

Before taking your medicine, be sure you know:

- 1 The name of the medicine and what it does.
- 2 How and when to take it, for how long, and what to do if you miss a dose.
- 3 Possible side effects and what you should do if they occur.
- 4 Whether the new medicine will work safely with other medicines or supplements.
- 5 What foods, drinks, or activities should be avoided while taking the medicine.

Ask the pharmacist if you have any questions.

This pharmacy most provide any medicine or device legally prescribed for you, unless:

- It is not covered by your insurance;
- You are unable to pay the cost of a copayment;
- The pharmacist determines doing so would be against the law or potentially harmful to health.

If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device to a timely manner.

BE AWARE AND TAKE CARE!
Talk to your pharmacist!
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(916) 374-7900 • www.pharmacy.ca.gov

Regards – James



James McCabe Dip.Pharm (SA) RPh.
Director - Patient Care Services,
Safeway Inc. Corporate Pharmacy,
5918 Stoneridge Mall Rd,
Pleasanton, CA, 94588.
925 467 3389 Tel.
925 963 0710 Cell.
623 869 1628 Fax.
James.McCabe@Safeway.com

Ask Your Pharmacist!

Get the most out of your pharmacist by asking questions. Here are some questions to ask your pharmacist:



You should be kept informed by your pharmacist:

• The name and strength of the medication

• How to take the medication

• Possible side effects

• Possible drug interactions

• Possible allergic reactions

• The expiration date of the medication

• The cost of the medication

• The quality of the medication

• The safety of the medication

• The effectiveness of the medication

• The availability of the medication

• The storage of the medication

• The disposal of the medication

• The return of the medication

• The replacement of the medication

• The refilling of the medication

• The substitution of the medication

• The counseling of the medication

• The monitoring of the medication

• The evaluation of the medication

• The documentation of the medication

• The communication of the medication

pharmacy hours

mon-fri 9 am - 8 pm

saturday 9 am - 5 pm

sunday 9 am - 3 pm

tel: 292556-5934

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¡Pregúntele a su farmacéutico!

La ley de California dicta que un farmacéutico debe hablar con usted cada vez que se le surte una nueva receta.

Usted tiene derecho a pedirle al farmacéutico:

Un tipo de letra que sea fácil de leer

Usted tiene derecho a solicitar y recibir en cualquier farmacia etiquetas de medicamentos recetados en un tipo de letra de 12 puntos.

Servicios de interpretación

Servicios de interpretación están disponibles para usted a petición y sin costo alguno.

Los precios de los medicamentos

Puede solicitar a esta farmacia información sobre los precios de medicamentos y el uso de medicamentos genéricos.

Antes de tomar su medicamento asegúrese de obtener la siguiente información:

- 1 El nombre del medicamento y para qué sirve.
- 2 Cómo y cuándo tomarlo, por cuánto tiempo y qué hacer si olvida tomar una dosis.
- 3 Los posibles efectos secundarios y lo que debe hacer si los tiene.
- 4 Si el nuevo medicamento funcionará de forma segura en combinación con otros medicamentos o suplementos.
- 5 Qué alimentos, bebidas o actividades debe evitar mientras toma el medicamento.

Hable con el farmacéutico si tiene alguna pregunta.

Esta farmacia debe proporcionarle cualquier medicamento o aparato que se le haya recetado de forma legal a menos que:

- No esté cubierto por su seguro.
- No pueda cubrir el costo.
- El farmacéutico determine que si lo hace sería contra la ley o potencialmente perjudicial para su salud.

Si algún medicamento o aparato no está disponible de inmediato, la farmacia colaborará con usted para ayudarlo a obtener su medicamento o aparato de manera oportuna.



BOARD OF PHARMACY
Publico con su farmacéutico
Elaborado por el Departamento de Salud Pública

1021 G. Market Blvd., Suite 1117 • Sacramento, CA 95834
916.224.1000 • www.pharmacy.ca.gov



Key Facts About Emergency Contraception



Emergency Contraception (EC) is a safe and effective way to prevent pregnancy after sex.

Consider using Emergency Contraception (EC) if:

- You had unprotected sex, or
- You think your contraceptive didn't work.

What are Emergency Contraceptive pills?

Emergency Contraceptive pills contain the same medication as regular birth control pills, and help to prevent pregnancy. There are three basic types of Emergency Contraceptive pills:

- Progestin-only pills (Plan B® One-Step, Next Choice®)
- Ulipristate acetate (ella®)
- High doses of regular oral contraceptive pills

Don't wait! Take EC as soon as possible.

- It is best to take EC as soon as possible; the sooner you take EC the more effective it is.
- It has been shown to be effective for up to 5 days.
- For more information talk to your pharmacist or doctor.

When taken as directed Emergency Contraception has been shown to be safe and effective.

- Emergency Contraception may reduce the risk of pregnancy by up to 89 percent.
- The effectiveness of EC varies based on the type used and when it is taken.
- EC is only recommended as a backup and should not be used as your primary method of birth control.
- Emergency Contraceptive pills do not protect against sexually transmitted infections, including HIV/AIDS.

What EC does:

- Emergency Contraceptive pills prevent pregnancy.
- Emergency Contraceptive pills are not effective after pregnancy has occurred and they will not harm the developing fetus.
- Emergency Contraceptive pills are NOT the same as RU-486 (the abortion pill).
- Using Emergency Contraceptive pills will not affect a woman's ability to become pregnancy in the future.

Follow-up after taking Emergency Contraceptive pills:

- If you vomit after taking emergency contraception you may need to take another dose. Before you do, contact a pharmacist or healthcare provider immediately.
- If you do not get a normal period within three weeks, take a pregnancy test.
- It is important to visit your doctor or clinic for a regular birth control method and information about preventing sexually transmitted infections.
- Medical providers or your pharmacist can provide Emergency Contraception for future use if needed.

In California, women and men may receive free family planning services through Family PACT based on income.

If you don't have a doctor or clinic, call (800) 942-1054 to find a Family PACT provider near you.

Under the Affordable Care Act (ACA), Emergency Contraception may be covered with a prescription.



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Información básica sobre los anticonceptivos de emergencia



El anticonceptivo de emergencia (AE) constituye una manera segura y efectiva de prevenir un embarazo después de una relación sexual.

Considere usar el método anticonceptivo de emergencia (AE) si:

- Tuvo una relación sexual sin protección o
- Piensa que su método anticonceptivo falló.

¿Qué son las píldoras anticonceptivas de emergencia?

Las píldoras anticonceptivas de emergencia (también llamada “píldora del día después”) contienen el mismo medicamento que las píldoras anticonceptivas regulares y ayudan a prevenir un embarazo. Existen tres tipos básicos de píldoras anticonceptivas de emergencia:

- Píldoras de progestágeno solo (Plan B® One-Step, Next Choice®)
- Acetato de ulipristal (ella®)
- Altas dosis de las píldoras anticonceptivas orales habituales

¡No deje que el tiempo pase! Tome el anticonceptivo de emergencia lo antes posible.

- Se recomienda tomar el AE lo antes posible; cuanto más rápido toma el AE, más efectivo es.
- Se ha comprobado que su efectividad dura hasta 5 días.
- Para más información, hable con su farmacéutico o médico.

Cuando se toma según las instrucciones, se ha comprobado que el anticonceptivo de emergencia es seguro y efectivo.

- El anticonceptivo de emergencia podría reducir el riesgo de embarazo en hasta 89%.
- La efectividad del anticonceptivo de emergencia varía según el tipo que se utilice y el momento en que se tome.
- El anticonceptivo de emergencia solo se recomienda como método de respaldo y no debe utilizarse como el método principal para el control de la natalidad.
- Las píldoras anticonceptivas de emergencia no la protegen contra las infecciones de transmisión sexual, incluido el VIH/SIDA.

Cómo funciona el anticonceptivo de emergencia:

- Las píldoras anticonceptivas de emergencia previenen un embarazo.
- Las píldoras anticonceptivas de emergencia no son efectivas una vez que se produjo el embarazo y no lastimarán al feto en desarrollo.
- Las píldoras anticonceptivas de emergencia NO son lo mismo que RU-486 (píldora abortiva)
- El uso de píldoras anticonceptivas de emergencia no afectará la capacidad de una mujer de quedar embarazada en el futuro.

Seguimiento después de tomar la píldora anticonceptiva de emergencia

- Si vomita después de tomar el anticonceptivo de emergencia, es posible que deba tomar otra dosis. Antes de hacerlo, comuníquese con un farmacéutico o proveedor de servicios de atención médica de inmediato.
- Si no tiene un período normal al cabo de tres semanas, hágase una prueba de embarazo.
- Es importante que visite a su médico o clínica para obtener un método regular para el control de la natalidad e información sobre cómo prevenir infecciones de transmisión sexual.
- Los proveedores médicos o su farmacéutico pueden proporcionarle anticonceptivos de emergencia para su uso a futuro, si es necesario.

En California, hombres y mujeres pueden recibir servicios de planificación familiar en forma gratuita a través del programa Family PACT sobre la base de los ingresos.

Si no tiene un médico o clínica, llame al (800) 942-1054 para hallar un proveedor del programa Family PACT cercano a su domicilio.

Conforme a la Ley de Atención Asequible (Affordable Care Act, ACA), los anticonceptivos de emergencia pueden cubrirse con una receta médica.



INFÓRMESE Y CUÍDESE:
¡Hable con su farmacéutico!
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Ключевые факты об экстренной контрацепции



Экстренная контрацепция (ЭК) является безопасным и эффективным способом предотвращения беременности после полового акта

Обратите внимание на экстренную контрацепцию (ЭК), если:

- У вас был незащищенный секс;
- Вы думаете, что ваше противозачаточное средство не сработало.

Что такое средства экстренной контрацепции?

Средства экстренной контрацепции содержат в себе такое же лекарственное вещество, как и обычные противозачаточные таблетки, и помогают предотвратить беременность. Существует три основных типа средств экстренной контрацепции:

- Прогестин-содержащий контрацептив (Plan B® One-Step, Next Choice®)
- Улипристала ацетат (ella®)
- Большие дозы обычных противозачаточных таблеток

Не ждите! Примите ЭК как можно скорее

- Лучше всего принять ЭК как можно скорее: чем раньше вы примите ЭК, тем сильнее будет эффект;
- Доказанная эффективность на протяжении 5 дней.
- Для получения дополнительной информации обратитесь к своему фармацевту или врачу.

Средства экстренной контрацепции, применяемые по назначению, доказали свою безопасность и эффективность.

- Средства экстренной контрацепции могут снизить риск беременности на 89%.
- Эффективность средств экстренной контрацепции зависит от их типа и времени приема.
- ЭК рекомендуется только как запасное средство и не должна использоваться в качестве регулярного противозачаточного средства.
- Средства экстренной контрацепции не защищают от инфекций, передаваемых половым путем, включая ВИЧ/СПИД.

Особенность ЭК:

- Средства экстренной контрацепции предупреждают беременность.

- Средства экстренной контрацепции не являются эффективным средством в случае возникновения беременности и не имеют никакого негативного влияния на развивающийся плод.
- Средства экстренной контрацепции ОТЛИЧАЮТСЯ от RU-486 (средства преждевременного прекращения беременности)
- Использование средств экстренной контрацепции никак не отражается на возможностях женщины забеременеть в будущем.

Действия после принятия средств экстренной контрацепции

- В случае рвоты после приема средств экстренной контрацепции, вам может понадобиться принять еще одну дозу. Но перед этим следует немедленно обратиться к фармацевту или лечащему врачу.
- При отсутствии обычного менструального цикла в течении трех недель, сделайте тест на беременность.
- Важно регулярно обследоваться у вашего врача или клинике по вопросам предотвращения беременности и получать информацию о предупреждении передачи инфекций половым путем.
- В случае необходимости, ваши лечащие врачи или фармацевты могут предоставить вам средства экстренной контрацепции для использования при необходимости в будущем.

В Калифорнии, благодаря программе Family Pact, мужчины и женщины с низким уровнем дохода могут бесплатно получать услуги, связанные с планированием семьи и рождаемости.

Если у вас еще нет лечащего врача или клиники, звоните по телефону (800) 942-1054 и мы поможем найти ближайшего к вам представителя программы Family Pact.

Согласно Программе Защиты Пациентов (ACA), средства экстренной контрацепции могут отпускаться по рецепту.



ПРИМИТЕ К СВЕДЕНИЮ ДАННУЮ ИНФОРМАЦИЮ И БЕРЕГИТЕ СЕБЯ:
Обратитесь к своему фармацевту!
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Mga Mahahalagang Katotohanan Tungkol sa Emerhensiyang Pamigil ng Pagbubuntis



Ang Emerhensiyang Pamigil ng Pagbubuntis (Emergency Contraception, EC) ay isang ligtas at epektibong paraan ng pagpigil ng pagbubuntis matapos ang pakikipagtalik.

Isaalang-alang ang paggamit ng Emerhensiyang Pamigil ng Pagbubuntis (Emergency Contraception, EC) kung:

- Nakipagtalik ka ng walang proteksiyon, o
- Sa iyong palagay ang iyong pamigil ng pagbubuntis ay hindi gumana.

Ano ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis?

Ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay naglalaman ng parehong mga gamot gaya ng sa mga pangkaraniwang pamigil ng pagbubuntis na tableta, at tumutulong na pigilan ang pagbubuntis. Mayroong tatlong uri ng mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis:

- Progestin-only pills (Plan B® One-Step, Next Choice®)
- Ulipristate acetate (ella®)
- Mataas na dosis ng mga karaniwang iniinom na pamigil ng pagbubuntis na tableta

Huwag ng maghintay! Uminom kaagad ng EC.

- Pinakamabuting uminom agad ng EC; mas mabisa ang pag-inom ng EC kung iinumun ito ng mas maagap.
- Naipakitang ito ay mabisa ng hanggang 5 araw.
- Para sa dagdag na impormasyon, makipag-usap sa iyong parmasyutiko o doktor.

Kapag ininom ng ayon sa tagubilin, ang Emerhensiyang Pamigil ng Pagbubuntis ay naipakitang ligtas at mabisa.

- Ang Emerhensiyang Pamigil ng Pagbubuntis ay maaaring magpababa ng peligro ng pagbubuntis ng hanggang 89 porsyento.
- Ang bisa ng EC ay nagbabago ayon sa uring ginamit at kung kailan ito ininom.
- Ang EC ang iminumungkahi lamang bilang backup at hindi dapat na gamitin bilang pangunahing paraan ng pagpigil ng pagbubuntis.
- Ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay hindi nagpoprotekta laban sa mga sakit na dulot ng pakikipagtalik, kabilang ang HIV/AIDS.

Ano ang ginagawa ng EC:

- Ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay pumipigil ng pagbubuntis.

- Ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay hindi mabisa matapos na magkaroon ng pagbubuntis at hindi nito mapipinsala ang nabubuong sanggol.
- Ang mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay hindi kapareho ng RU-486 (isang tableta na pampalaglag)
- Ang paggamit ng mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis ay hindi makakaapekto sa kakayahan ng isang babae na magbuntis sa hinaharap.

Mga gagawin matapos ang pag-inom ng mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis

- Kung ikaw ay sumuka matapos ang pag-inom ng mga tableta para sa Emerhensiyang Pamigil ng Pagbubuntis maaaring kailanganin mo na uminom ng isa pang dosis. Bago ka muling uminom, agad na makipag-ugnayan sa isang parmasyutiko o tagapagbigay ng pangangalaga ng kalusugan.
- Kung hindi ka magkaroon ng normal na regla sa loob ng tatlong linggo, magsagawa ng pagsuri sa pagbubuntis (pregnancy test).
- Mahalagang bumisita sa iyong doktor o klinika para sa karaniwang paraan ng pagpigil ng pagbubuntis at impormasyon tungkol sa mga impeksyon na dulot ng pakikipagtalik.
- Ang mga tagapagbigay ng medikal o ang iyong parmasyutiko ay makakapagbigay ng Emerhensiyang Pamigil ng Pagbubuntis para sa hinaharap kung kinakailangan. t

Sa California, ang mga babae at lalake ay maaaring makatanggap ng mga libreng serbisyo para sa pagpapalano ng pamilya sa pamamagitan ng Family PACT batay sa kinikita.

Kung ikaw ay walang doktor o klinika, tumawag sa (800) 942-1054 upang makahanap ng tagapagbigay ng Family PACT na malapit sa iyo.

Sa ilalaim ng Batas para sa Abot-Kayang Pangangalaga (Affordable Care Act, ACA), Ang Emerhensiyang Pamigil ng Pagbubuntis ay maaaring masaklaw kung may reseta.



ALAMIN AT MAG_INGAT:
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parmasyutiko!
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關於緊急避孕的一些重點



緊急避孕 (EC) 是性行為後避免懷孕的安全、有效方法。

如果以下情形發生，請考慮使用緊急避孕 (EC)：

- 您未使用防護措施，或者
- 您認為您的避孕措施不管用。

何謂緊急避孕藥？

緊急避孕藥為一般控制生育藥物，用途為避免懷孕。

目前有三種基本緊急避孕藥：

- 單一成份黃體素避孕藥 (Plan B® 一次性，Next Choice®)
- 醋酸烏利司他 (艾伊樂®)
- 高劑量的常規口服避孕藥

請勿延遲！立即採取緊急避孕。

- 建議立即採取緊急避孕；愈早使用緊急避孕愈有效。
- 經證實5日內皆有效。
- 請諮詢藥劑師或醫師，以獲取更多相關資訊。

經證實，按照指示採用緊急避孕不但安全而且有效。

- 緊急避孕可降低高達89%的懷孕風險。
- 緊急避孕的效果因種類及服用時間而定。
- 緊急避孕建議僅為補救辦法，而非用於生育控制的主要方法。
- 緊急避孕藥非用於保護HIV/AIDS等性行為傳染病。

緊急避孕用途：

- 緊急避孕藥可避免懷孕。
- 緊急避孕藥於懷孕後服用是無效的，但不會影響胎兒發育。
- 緊急避孕藥與RU-486 (墮胎藥) 不同。
- 服用緊急避孕藥不會影響女性未來懷孕的能力。

服用緊急避孕藥後續事宜：

- 若服用緊急避孕藥後嘔吐，需改用別種藥物。服用前，請立即與藥劑師或護理師聯繫。
- 若您三週內正常月事未至，請做懷孕測試。
- 定期看醫生或家庭醫師做生育控制及獲取有關預防性行為傳染病的資訊是很重要的。
- 藥物提供者或您的藥劑師可在您未來需要時提供緊急避孕藥。

在加州，每個人都可依其收入而經由家庭計劃 (Family PACT) 獲取免費家庭計劃服務。

若您無醫生或家庭醫師，請致電 (800)942-1054 查尋離您最近的家庭計劃 (Family PACT) 提供者。

根據平價醫療法案 (ACA)，緊急避孕藥為處方藥物。



務必注意及小心：
諮詢您的藥劑師！
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Những Điều Quan trọng Về Thuốc Ngừa thai Khẩn cấp



Thuốc Ngừa thai Khẩn cấp (EC) là một phương pháp hiệu quả và an toàn để ngừa thai sau khi quan hệ tình dục.

Cần nhắc sử dụng thuốc Ngừa thai Khẩn cấp (EC) nếu:

- Quý vị đã quan hệ tình dục không bảo vệ, hoặc
- Quý vị nghĩ phương pháp ngừa thai của mình không có tác dụng.

Thuốc Ngừa thai Khẩn cấp là gì?

Thuốc Ngừa thai Khẩn cấp chứa cùng loại thuốc như thuốc ngừa thai thông thường, và giúp ngừa thai. Có ba loại thuốc Ngừa thai Khẩn cấp cơ bản:

- Thuốc chỉ có Progestin (Plan B® One-Step, Next Choice®)
- Ulipristate acetate (ella®)
- Thuốc viên uống ngừa thai thông thường liều cao

Đừng chờ đợi! Uống EC sớm nhất có thể.

- Tốt nhất là uống EC sớm nhất có thể; quý vị càng uống EC sớm thì EC càng có hiệu quả.
- EC đã được chứng minh là có hiệu quả lên đến 5 ngày.
- Để biết thêm thông tin trao đổi với dược sĩ hoặc bác sĩ của quý vị.

Khi uống như chỉ dẫn thuốc Ngừa thai Khẩn cấp đã được chứng minh là an toàn và hiệu quả.

- Thuốc Ngừa thai Khẩn cấp có thể giảm nguy cơ mang thai đến 89 phần trăm.
- Hiệu quả của EC thay đổi tùy theo loại sử dụng và thời gian uống.
- Chỉ nên dùng EC như một phương án dự phòng và không nên được sử dụng làm phương pháp ngừa thai chủ yếu của quý vị.
- Thuốc Ngừa thai Khẩn cấp không bảo vệ chống lại các bệnh lây nhiễm qua đường tình dục, bao gồm HIV/AIDS.

EC làm gì:

- Thuốc Ngừa thai Khẩn cấp ngừa thai.
- Thuốc Ngừa thai Khẩn cấp không có tác dụng sau khi đã mang thai và sẽ không gây hại cho thai nhi đang phát triển.
- Thuốc Ngừa thai Khẩn cấp KHÔNG giống như RU-486 (thuốc phá thai)
- Dùng thuốc Ngừa thai Khẩn cấp sẽ không ảnh hưởng đến khả năng mang thai trong tương lai của phụ nữ.

Hành động Tiếp theo sau khi uống thuốc Ngừa thai Khẩn cấp

- Nếu quý vị nôn mửa sau khi uống thuốc ngừa thai khẩn cấp quý vị có thể cần uống thêm một liều nữa. Trước khi uống, liên lạc ngay với dược sĩ hoặc nhà cung cấp dịch vụ y tế.
- Nếu quý vị không có kinh bình thường trong vòng ba tuần, xét nghiệm thử thai.
- Điều rất quan trọng là phải đến bác sĩ hoặc phòng khám để có được một phương pháp ngừa thai thông thường và thông tin về cách phòng tránh bệnh lây nhiễm qua đường tình dục.
- Nhà cung cấp dịch vụ y tế hoặc dược sĩ của quý vị có thể cung cấp thuốc Ngừa thai Khẩn cấp để sử dụng trong tương lai nếu cần.

Ở California, phụ nữ và nam giới có thể nhận dịch vụ kế hoạch hóa gia đình miễn phí thông qua Family PACT dựa trên thu nhập.

Nếu quý vị chưa có bác sĩ hoặc phòng khám, gọi (800) 942-1054 để tìm một nhà cung cấp Family PACT gần quý vị.

Theo Đạo luật Chăm sóc y tế với giá Phải chăng (ACA), thuốc Ngừa thai Khẩn cấp có thể được chi trả với bảo hiểm thuốc theo toa.



HÃY HIỂU BIẾT VÀ BẢO TRỌNG:
Trao đổi với dược sĩ của quý vị!
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응급 피임제에 관한 핵심 사항



**응급 피임제(EC)는 성관계 후 임신을 방지하는
안전하고 효과적인 방법입니다.**

**다음과 같은 경우 응급 피임제의 사용을
고려하십시오.**

- 무방비 상태에서 성관계를 한 경우, 또는
- 피임약이 듣지 않는다고 생각될 경우.

응급 피임제란?

응급 피임제에는 보통의 경구 피임약과 마찬가지로의 약물이 포함되어 있으며, 임신을 방지하는데 도움을 줍니다. 응급 피임제에는 세 가지 기본 유형이 있습니다.

- 프로그레스틴 단일 제재(Plan B® One-Step, Next Choice®)
- 울리프리스테이트 아세테이트(ella®)
- 보통의 경구 피임제의 고용량 처방

기다리지 마세요! 즉시 EC를 복용하세요.

- EC를 가능한 한 빨리 복용하는 것이 좋습니다. EC를 더 빨리 복용할수록 더 효과적입니다.
- 최장 5일까지 효과가 있는 것으로 나타났습니다.
- 더 자세한 정보는 약사나 의사에게 문의하십시오.

**지시대로 복용하면 응급 피임제는 안전하고 효과적인
것으로 나타났습니다.**

- 응급 피임제는 임신의 위험을 최대 89%까지 줄여줄 수 있습니다.
- EC의 효능은 사용하는 종류와 복용 시기에 따라 다양합니다.
- EC는 백업용으로만 추천하며 피임의 기본 방법으로는 사용할 수 없습니다.
- 응급 피임제는 HIV/AIDS와 같은 성매개 감염증의 예방약이 아닙니다.

EC의 효능

- 응급 피임제는 임신을 방지합니다.
- 응급 피임제는 임신이 된 후에는 효력이 없으며 성장 중인 태아에는 해를 입히지 않습니다.
- 응급 피임제는 RU-486(임신 중절약)과 같은 약이 아닙니다.
- 응급 피임제를 사용해도 나중에 임신할 수 있는 기능에는 영향을 받지 않습니다.

응급 피임제를 복용한 이후의 후속조치

- 응급 피임제를 복용한 후에 구토를 할 경우 추가로 복용해야 할 수도 있습니다. 추가 복용을 하기 전에 약사나 의사에게 즉시 문의하십시오.
- 3주 이내에 정상적인 생리를 하지 않을 경우, 임신 테스트를 해보십시오.
- 정기적인 피임 방법과 성을 매개로 감염되는 질병을 예방하는 정보는 의사나 클리닉을 방문하여 알아 보십시오.
- 필요할 경우 의사나 약사가 나중을 위해 응급 피임제를 처방할 수도 있습니다.

캘리포니아주에서는 소득을 기반으로 한 패밀리 팩트(Family PACT)를 통하여 무료 가족 계획 서비스를 받을 수도 있습니다.

의사나 클리닉에 갈 수 없다면, (800) 942-1054 에 전화하여 가까운 패밀리 팩트(Family PACT) 제공기관을 찾아 보십시오.

경제적인 의료보험법(Affordable Care Act, ACA)하에서 응급 피임제는 처방약으로 취급될 수 있습니다.



항상 주의하고 관심을 가지십시오.
약사와 상담하세요!
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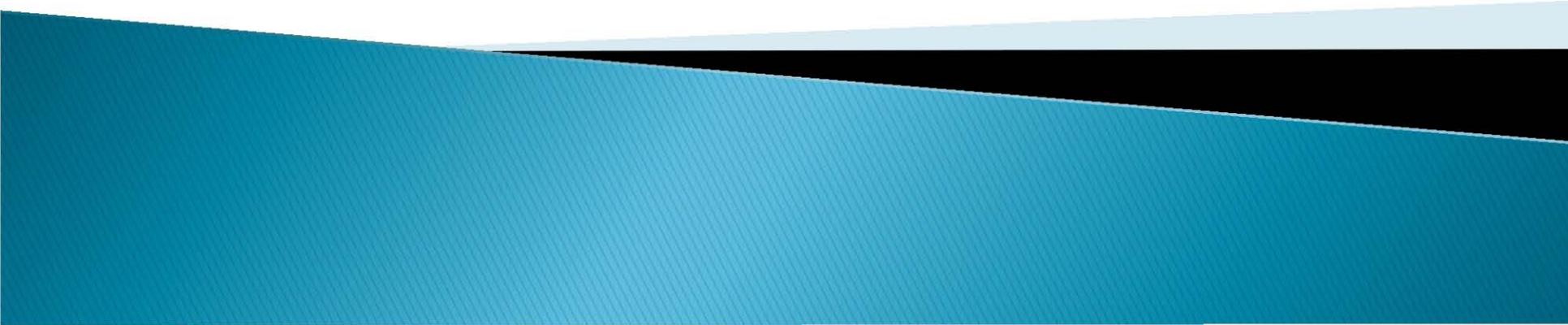
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Redesigned Prescription Label: Evidence for patient preference and improved comprehension

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Drs. Amir Zargarzadeh, Prashant
Sakharkar & Bik–Wai Tai
and Student Pharmacists



Prescription Label

- ▶ Rx labels serve as an immediate and important source of medication information for patients
- ▶ Prescription (Rx) labels are used to communicate key information
 - Medication name
 - Dosage
 - Directions
 - Precautions



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What is a GOOD Prescription Label?

- ▶ Easy to use
 - Simple
 - Convenient
- ▶ Without need for assistance
- ▶ Intended to supplement provider counseling
- ▶ Communicates to patient:
 - What is the med
 - When to take the med
 - How to take the med
 - How much to take
 - WHY to take the med

Some facts about Rx Labels

- ▶ Differences in Rx label formats and instructions among pharmacies
- ▶ Patients often do not receive adequate medication counseling from healthcare providers (e.g. physicians, pharmacists) ¹⁻⁴
- ▶ Vulnerable populations show difficulty in understanding Rx and auxiliary labels. ⁵⁻⁷
 - Elderly
 - People with low health literacy
 - People with low English proficiency (LEP)

Issues with Rx labels⁸⁻⁹

- Difficult to read and/or understand
 - Complex labeling language
 - Unclear administration times
 - Confusing label layout
 - Small font size
 - Auxiliary labels

Impact of Misunderstanding Rx labels

- ▶ Institute of Medicine (IOM) report in 2006 cited Rx labeling as **“the cause of a large proportion of outpatient medication errors and adverse drug events.”**¹⁰
- ▶ **Misunderstanding Rx label instructions has led to inadvertent patient–initiated errors in med use**^{11–13}
 - Under or overdosing
 - Preventable adverse drug reactions
 - Emergency room visits
 - Hospital admissions
 - Morbidity and mortality
 - Economic burden in healthcare system

Impact of Misunderstanding Rx labels

Some statistics¹⁴⁻¹⁵:

- ▶ 63% of patients misunderstand one or more dosage instructions on the prescription label
 - ▶ 12% of emergency room visits are drug related
 - ▶ 1.5 million preventable adverse drug events occur every year
 - ▶ Medication errors and adverse drug reactions result in an estimated annual cost of \$50 billion
- 

Our previous studies

- ▶ Our study **‘How do patients read, understand, interpret and use prescription drug labels? An exploratory study examining patient and pharmacist perspectives.’**¹⁶ showed that patients desire Rx labels with the following characteristics:
 - Better content organization of labels
 - Use of bigger fonts
 - Color backgrounds
 - Inclusion of indication and precautions on the labels
- ▶ We therefore initiated our next study **‘Design and test of preference for a new prescription medication Label’**¹⁷ to measure preference for newly designed Rx labels compared to the existing labels from different perspectives

How was label redesigned?

- ▶ **Content, convenience, and cosmetic appearance (3Cs)**
 - **Content:**
 - Use of simple language (5th grade level)
 - A time-table for medication administration
 - Indication of medication
 - 2008 CA State law requirements for Rx drug labels (section 4076)
 - **Convenience:**
 - Bigger font size (patient name, medication name and dosage and directions)
 - Size of label (5.715 x 9.525 cm) fits a 13 dram size bottle
 - Delete aux label: Warnings/ Precautions as part of the Rx label
 - **Cosmetic appearance**
 - Use of color backgrounds and adequate white space

Study Methodology

“Design and test of preference for a new prescription medication Label”

- ▶ Two new labels were designed based on literature and results from our previous study.
 - ▶ A structured interview study design was used to test the preference for a new Rx label from perspective of patients, pharmacists and physicians
 - ▶ 444 patient participants were sampled from 20 community pharmacies and 2 hospital outpatient pharmacy departments
 - ▶ 115 pharmacists and 69 physicians was sampled from professional association meetings held in California
- 

Study Methodology

Test Pharmacy (909)-555- 5555 <small>122 Park Ln. Pomona, CA 91767</small>		RX 0238385-07070	
Prescribed by: Dr. Feelbetter Fill Date: 01/01/2009 JOHN DOE		<u>Description of Pill:</u> OVAL WHITE TABLET Front side: 20 Use Before 09/2010 No Refills - Dr. Auth Required	
LIPITOR- 20mg tabs QTY: 30		Warnings: 1) Avoid grapefruit products while on this medication. 2) Please contact your pharmacist or physician if you experience muscle pain or weakness or if you start any new medications.	
Directions: TAKE 1 TABLET BY MOUTH ONCE EVERY NIGHT FOR CHOLESTEROL.			
When to take medication:			
6-9 am			
12-2 pm			
5-8 pm			
9-11 pm	✓		
<small>CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT</small>			

Label A

AVOID EATING OR DRINKING GRAPEFRUIT PRODUCTS WITH THIS MEDICATION. TAKE ONLY AT RECOMMENDED DOSE. DON'T TAKE WITH TAO, NIZORAL, SPORANOX, BIAXIN. THIS MEDICATION MAY BE TAKEN WITH OR WITHOUT FOOD.	Test pharmacy <small>775 EAST BOULEVARD POMONA, CA 91767</small> JOHN DOE <small>158 W FOOTHILL BLVD POMONA, CA 91767</small> LIPITOR 20 MG TABLET P-D TAKE 1 TABLET EVERY NIGHT
RPH: Al Ku Orig: 02/11/2009 Date filled: 02/11/2009 Discard after: This is a WHITE, ELLIPTICAL-shaped, TABLET imprinted with PD 156 on the front and 20 on the back.	Qty: 30 Refills require authorization Store Phone: (999) 621-6708 Rx # 462022 Prescriber: FRANK BURK
<small>INFO: FEELER US PHARM CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.</small>	

Label D

Test Pharmacy (909)-555- 5555 <small>122 Park Ln. Pomona, CA 91767</small>		RX 0238385-07070	
Prescribed by: Dr. Feelbetter Fill Date: 01/01/2009 JOHN DOE		<u>Description of Pill:</u> OVAL WHITE TABLET Front side: 20 Use Before 09/2010 No Refills - Dr. Auth Required	
LIPITOR- 20mg Tabs QTY: 30		Warnings: 1) Avoid grapefruit products while on this medication. 2) Please contact your pharmacist or physician if you experience muscle pain or weakness or if you start any new medications.	
Directions: TAKE 1 TABLET BY MOUTH ONCE EVERY NIGHT FOR CHOLESTEROL.			
When to take:			
6-9 am			
12-2 pm			
5-8 pm			
9-11 pm	✓		
<small>CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT</small>			

Label B

ELLIPTICAL WHITE TABLET Side 1: PD 156 Side 2: 10 Check With Your Doctor Before Including Grapefruit Or Grapefruit Juice In Your Diet. This Medicine May Be Taken With Or Without Food	John Smith <small>799 E FOOTHILL POMONA, CA 91767</small> DATE 02/11/09 LIPITOR 10MG TABLETS <small>MFG PRICE:</small> TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME Rx 0543882-04382 QTY 90 NO REFILLS - DR. AUTH REQUIRED	USE BEFORE H. PATEL, MD <small>APPROVED: 010</small>
<small>Test Pharmacy 9799 E FOOTHILL, POMONA, CA 91767 (909) 624-3013</small>		

Label E

New Label A

Test Pharmacy (909)-555- 5555 122 Park Ln. Pomona, CA 91767		RX 0238385-07070	
Prescribed by: Dr. Feelbetter Fill Date: 01/01/2009		<u>Description of Pill:</u> OVAL WHITE TABLET Front side: 20 Use Before 09/2010 No Refills - Dr. Auth. Required	
JOHN DOE			
LIPITOR- 20mg tabs		QTY: 30	
Directions: TAKE 1 TABLET BY MOUTH ONCE EVERY NIGHT FOR CHOLESTEROL.			
When to take medication:			
6-9 am			
12-2 pm			
3-6 pm			
9-11 pm			✓
<small>CAUTION: FEDERAL LAW FORBIDS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT</small>			

-Use of color backgrounds and adequate white space
- Bigger font size

Indication included

Table of administration times included

Auxiliary information as part of the Rx label

New Label B (Versus Label A)

Test Pharmacy (909)-555- 5555 122 Park Ln. Pomona, CA 91767		RX 0238385-07070	
Prescribed by: Dr. Feelbetter Fill Date:01/01/2009 JOHN DOE		<u>Description of Pill:</u> OVAL WHITE TABLET Front side: 20 Use Before 09/2010 No Refills : Dr. Auth Required	
LIPITOR- 20mg Tabs		QTY: 30	
Directions: TAKE 1 TABLET BY MOUTH ONCE EVERY NIGHT FOR CHOLESTEROL.	When to take:		
	6-9 am		
	12-2 pm		
	5-8 pm		
	9-11 pm	✓	
<small>CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT</small>		Warnings: 1) Avoid grapefruit products while on this medication. 2) Please contact your pharmacist or physician if you experience muscle pain or weakness or if you start any new medications.	

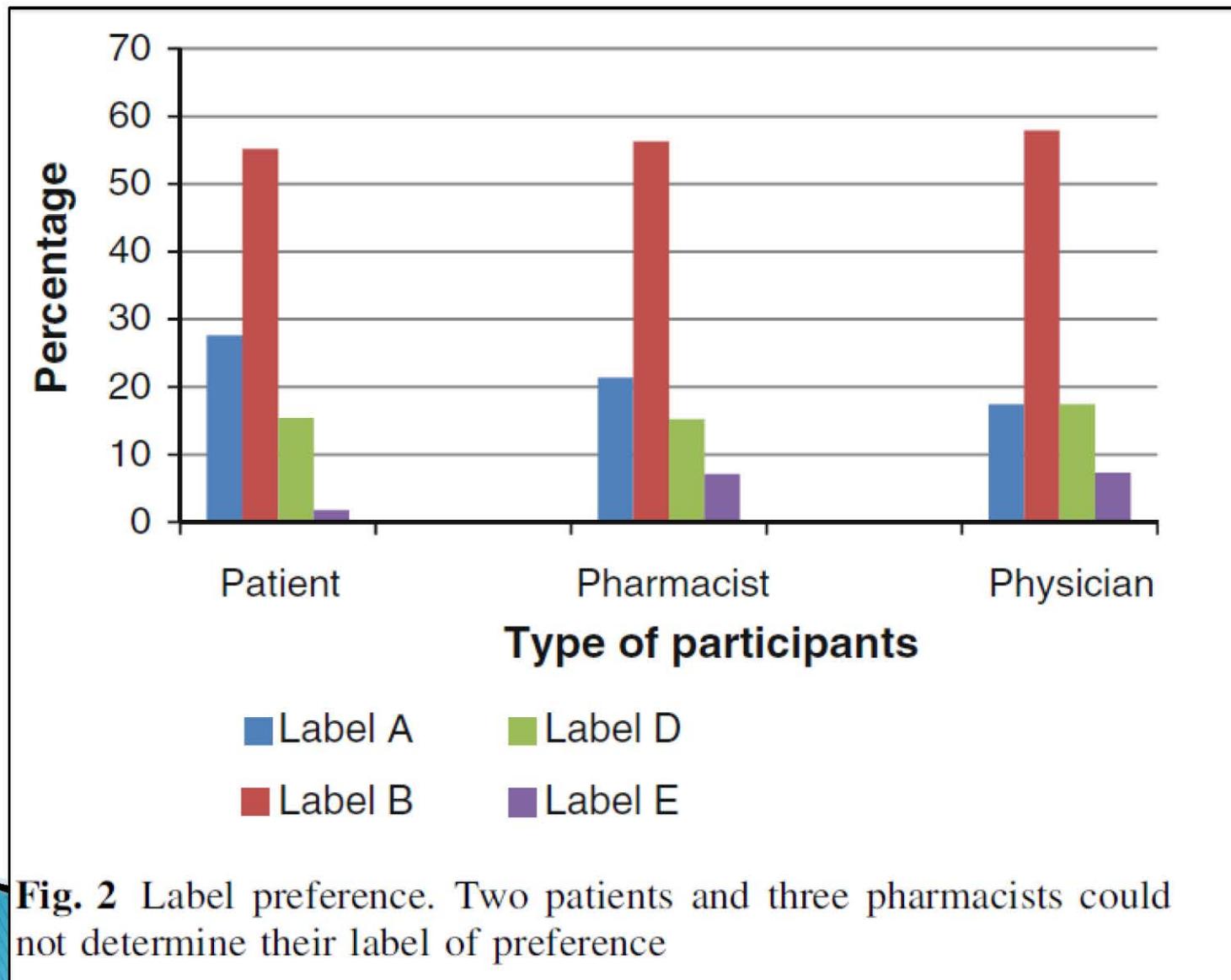


More space for directions



Minimized the need to turn the bottle in order to view the directions and table of administration times

Study Findings



2012 USP labeling standards ¹⁸

- ▶ Provide a universal approach to the format, appearance, content and language of instructions for a **'patient-centered Rx label'** used by pharmacists and prescribers.
 - **High-contrast print**
 - **Familiar fonts and large font size for critical information** (e.g. 12-point Times Roman or Arial)
 - **Punctuated like a sentence** (e.g. initial capital followed by lower-case words)
 - **Horizontal text only**
 - **Highlighting, bolding, and other typographical cues**
 - **Include indication of the medication**
 - **Emphasize patient-centric information or information that facilitates adherence** (e.g. refill ordering)
 - **Avoid vague instructions for dosing intervals**
 - **Minimize the need to turn the container to read lines of text**
 - **Limit auxiliary information**

A Currently Existing Rx label



Local Pharmacy

123 MAIN STREET
ANYTOWN USA, 11111

(800) 555 5555

JANE SMITH

456 MAIN STREET ANYTOWN, USA 11111 DATE FILLED: 01/23/13

SIMVASTATIN 20 MG TABLET

TAKE ONE TABLET BY MOUTH IN THE EVENING

RX # 0238385-07070

USE BEFORE: 01/23/14

QTY: 30

C. JONES, MD

REFILLS: 3

Round red tablet MFG: Merck

Side 1: MSD 726 Side 2: 20

RPh: SLF



CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT

A Newly Designed Rx label

No separate auxiliary labels and abstract icons

- Familiar font and large font size (12-point Times Roman)
 - Highlighting
 - Bolding

Test Pharmacy (909)-555-5555 123 Main Street, Anytown, USA 11111		RX 0238385-07070	
JANE SMITH 456 MAIN STREET ANYTOWN, USA 11111		Round red tablet Front side: MSD 726 Mfg: Merck Prescribed by: C. Jones, MD Fill Date: 01/23/2013	
Simvastatin 20 mg (Generic for: Zocor)		Use Before: 01/23/2014	
QTY: 30 tabs 3 Refills		----- Warnings:	
Directions: Take 1 tablet by mouth in the evening for lowering cholesterol.	When to take:		1) Avoid grapefruit products. 2) Contact your pharmacist or physician if you experience muscle pain or weakness. 3) Avoid pregnancy or breast-feeding.
	6-11 am		
	12-2 pm		
	5- 8 pm	√	
	9- 11 pm		
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT			

Punctuated like a sentence

Indication included

Horizontal text only for the whole Rx label

The need to turn the container is minimized

Table of administration times provides clear instructions for dosing intervals

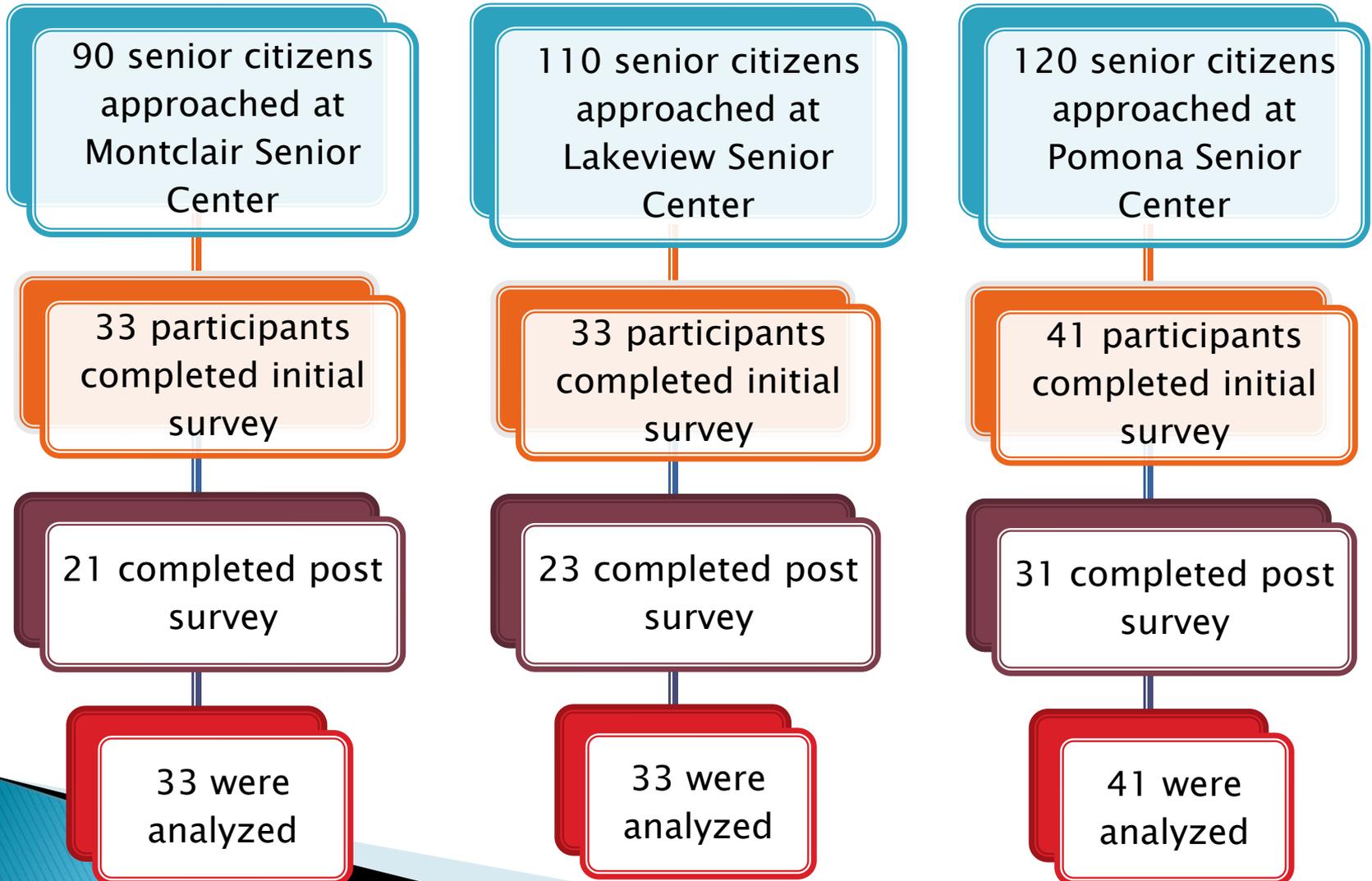
Current Study – Label Comprehension

- ▶ We needed to slightly modify our redesigned labels to meet the USP standards
- ▶ We are currently testing their usefulness in comprehension
- ▶ Study purpose:
 - To examine
 - (1) Patients' Rx label comprehension with the new and old Rx label designs,
 - (2) The effect of pharmacist intervention on their Rx label comprehension ability

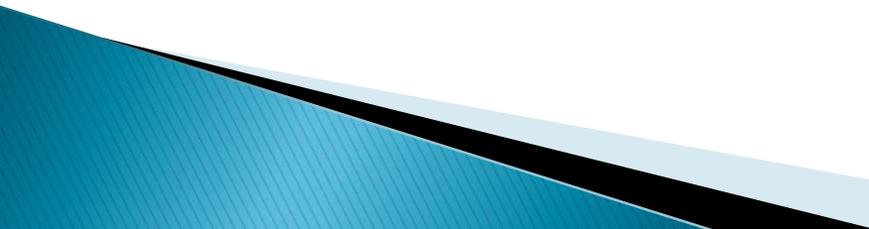
Study Design

- ▶ A multi-site, pre-post, randomized, controlled trial is in progress
- ▶ Conducted at 3 community senior centers in So.Cal.
 - Irvine - *new label*
 - Pomona - *new label*
 - Montclair - *old label*
- ▶ **Participants inclusion criteria:**
 - Adults who are above 55 years of age
 - Currently taking 2 or more Rx medications daily
 - Are able to read, speak, and understand English
- ▶ **Participants exclusion criteria:**
 - Visual, hearing, or cognitive impairment

Study Design



Data collection

- ▶ The 107 participants from the 3 senior centers were randomized to control (N=47) or intervention group (N=60)
 - ▶ 5 Rx labels on actual physical Rx bottles
 - Metformin, Glipizide, Lisinopril, Simvastatin, acetaminophen/hydrocodone
 - ▶ Baseline and post-assessment Rx label comprehension levels were measured using modified LaRue Medical Literacy Tool
 - ▶ During the 1-month study period, the intervention group received focused education (individual counseling and printed material) on Rx label comprehension from our research team
- 

Tools

Modified LaRue Medical Literacy Tool

- ▶ Has established face and content validity
- ▶ Contains 25 open-ended free-text and multiple choice questions central to the appropriate use of Rx medications:
 - Medication name
 - Indication of the medication
 - Time and direction to take the medication,
 - Original and remaining number of pills in the bottle
 - Number of refills available
 - Expiration date
 - Precautions/warnings on how to take the medication
- ▶ Score range of 0 to 25; participant scored 1 point for a correct answer, 0 point for an incorrect answer

Study Findings

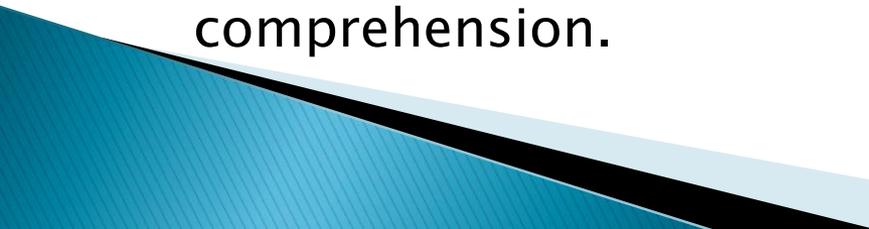
- ▶ Baseline characteristics (e.g. age, gender, ethnicity, education level, annual income) of intervention and control groups were not significantly different across the 2 label groups.
- ▶ Post-intervention showed differences

Current Rx Label	Rx Label Comprehension	Pre-Score	Post-Score	P-value
	Intervention	21.6 ± 4.2	23.4 ± 2.1	0.215
	Control	18.9 ± 6.1	21.0 ± 4.5	0.786
Redesigned Rx label	Rx Label Comprehension	Pre-Score	Post-Score	P-value
	Intervention	23.0 ± 2.2	24.3 ± 1.0	0.002
	Control	23.0 ± 2.8	23.3 ± 2.0	0.409

How about Cost?

- Label change in surface area: 1.7% to 100% => 0–2 cents
- Vial change in size: 13 to 60 drams => 0–29.2 cents
- Amount of ink used: 1.7% to 100% => 0–4.0 cents
- Cost of label change = 0–35.2 cents
- Additional costs annually for a community pharmacy filling an average of
 - 100 prescriptions/day = $(100 \times 5 \times 52) \times (0–35.2)$
= 0–9,152 USD
 - 200–500 prescriptions/day = 0–(18,304–45,760) USD
- Cost MAY increase if label area is increased.

Key Messages

- Rx labels need to be extremely simple, easy to use and understand, given that they are a routine part of self-care.
 - Certain populations consistently find it difficult to read and understand existing Rx labels, leading to adverse health outcomes and economic burden on the health system.
 - Our redesigned labels were **avored** over existing labels by all stakeholders.
 - Rx Label comprehension **improved significantly** following educational intervention with the redesigned labels compared to exiting labels in our current study.
 - The new Rx label is showing promise in acceptability and comprehension.
- 

When Reading Your Prescription Label, Do you Feel Like You're Reading Another Language?



WHMC PHARMACY 1
LACKLAND AFB TX 78236
292-7000 2 300-469-7170 3
RXWM1234567 4 5 J SMITH
PATIENT, JOHN Q 6 7 9999
8 9 10
TYLENOL (ACETAMINOPHEN) 325MG
11 12 # 60
REF LEFT: 2 OF 3 13 DS 30
(01 JAN 05) 14 15 (15 FEB 05)
TAKE ONE TABLET BY MOUTH TWICE
A DAY AS DIRECTED 16

KEEP OUT OF REACH OF CHILDREN



F12

Rx
PROTECTOR



000
mg



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Attachment 5

Public Outreach Activities Conducted By The Board

October – December 2013

Since mid-2012, state government has been subject to a travel freeze that restricts all but the most essential travel. This has restricted board operations in all areas, including public and licensee outreach.

Public and licensee outreach activities performed during the second quarter of fiscal year 2013/14 include:

- October 1 – Executive Officer Herold provides presentations on California's e-pedigree requirements and preparing for California's e-pedigree law at a GS1 Conference in San Francisco
- October 8 – Executive Officer Herold provides a presentation on California's e-pedigree requirements at a biotechnology conference in Foster City
- October 10 – Supervising Inspector Judi Nurse provides a presentation on the board's enforcement program's components and drug diversion from pharmacies to insurance investigators in Los Angeles
- October 16 – Executive Officer Herold and Supervising Inspector Dang provide a presentation to CDPH pharmaceutical consultants on California's compounding requirements
- October 22 – Executive Officer Herold provides a presentation on California pharmacy law to a group of delegates from Japan
- October 25 – Executive Officer Herold provides an update on Board of Pharmacy activities at the quarterly meeting of the California Medical Board
- October 31 – Executive Officer Herold provides a webinar on California's e-pedigree requirements hosted by Oracle.
- November 2 – Executive Officer Herold provides an update on Board of Pharmacy activities and proposed compounding regulations at meetings conducted during the annual meeting of the California Society of Health System Pharmacists in Orange County. Additionally Inspectors Tony Ngondara and Brandon Mutrux helped staffed the board's information booth on November 1 and 2 with Executive Officer Herold
- November 8 – Executive Officer Herold provides a video conference presentation to the Danish Counsel General on California's e-pedigree requirements.
- November 12 – Executive Officer Herold provides a presentation on California's e-pedigree requirements to attendees at HDMA's Track and Trace conference in Washington
- November 13 – Executive Officer Herold provides a webinar presentation on California's e-pedigree requirements to attendees of technology conference in Boston
- November 21 -- Executive Officer Herold provides a presentation on new California law at a meeting of the Sacramento Valley Society of Health System Pharmacist