

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

**CERT**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|  |   |  |                             |
|--|---|--|-----------------------------|
| <b>OAL FILE NUMBERS</b>                                      | NOTICE FILE NUMBER<br><b>Z_2018-0719-01</b> | REGULATORY ACTION NUMBER<br><b>2018-1214-01C</b>                             | EMERGENCY NUMBER            |
| For use by Office of Administrative Law (OAL) only           |   | <p><b>2018 DEC 14 P 12:08</b></p> <p><b>OFFICE OF ADMINISTRATIVE LAW</b></p> |                             |
| NOTICE   |   | REGULATIONS  |                             |
| AGENCY WITH RULEMAKING AUTHORITY<br><b>Board of Pharmacy</b> |   |  | AGENCY FILE NUMBER (if any) |

RECEIVED - FILED  
Office of the Secretary of State  
of the State of California

**JAN 30 2019**

*1:32P*

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

|  |   |                                     |                               |
|--|---|-------------------------------------|-------------------------------|
| 1. SUBJECT OF NOTICE   | TITLE(S)                                    | FIRST SECTION AFFECTED              | 2. REQUESTED PUBLICATION DATE |
| 3. NOTICE TYPE<br><input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other   | 4. AGENCY CONTACT PERSON                    | TELEPHONE NUMBER                    | FAX NUMBER (Optional)         |
| <b>OAL USE ONLY</b><br><input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn | NOTICE REGISTER NUMBER<br><b>2018, 31-2</b> | PUBLICATION DATE<br><b>8/3/2018</b> |                               |

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

|   |  |
|---|--|
| 1a. SUBJECT OF REGULATION(S)<br><b>Compounded Drug Preparations</b>   | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)<br><b>2017-1211-01E, 2018-0607-01EE, 2018-0907-01EE</b>   |
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)   |  |
| <b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>  | ADOPT  |
|   | AMEND<br><b>1735.1, 1735.2, 1735.6, 1751.1, 1751.4</b>   |
| TITLE(S)<br><b>16</b>   | REPEAL   |
| 3. TYPE OF FILING   |  |
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)  | <input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)   | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))  |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))   | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)  |
| <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)   |  |
| <input type="checkbox"/> File & Print   |  |
| <input type="checkbox"/> Print Only   |  |
| <input type="checkbox"/> Other (Specify) _____  |  |
| 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)<br><b>9/26/2018-10/11/2018; 10/15/2018-10/30/2018</b>  |  |
| 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)<br><input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____  |  |
| 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY<br><input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal<br><input checked="" type="checkbox"/> Other (Specify) <b>Dean R. Grafilo, Director, Department of Consumer Affairs</b> <i>Dean R. Grafilo</i> |  |
| 7. CONTACT PERSON<br><b>Lori Martinez</b>   | TELEPHONE NUMBER<br><b>916-574-7917</b>  |
| FAX NUMBER (Optional)<br><b>916-574-8617</b>  | E-MAIL ADDRESS (Optional)<br><b>Lori.Martinez@dca.ca.gov</b>   |

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

|  |                           |
|--|---------------------------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE<br><i>Virginia Herold</i>                 | DATE<br><b>12/14/2018</b> |
| TYPED NAME AND TITLE OF SIGNATORY<br><b>Virginia Herold, Executive Officer</b> |                           |

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**ENDORSED APPROVED**

**JAN 30 2019**

**Office of Administrative Law**