



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY SEPTEMBER 2006

Board Honors Pharmacists Registered for at Least 50 Years



Karl A. Hanke and family with Stanley Goldenberg, Member, Board of Pharmacy



Martha A. (Corea) Mason with William Powers, President, Board of Pharmacy

In an ongoing feature of *The Script*, the Board wishes to pay 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 honorable profession for so long.

Pharmacists who were awarded certificates commemorating 50 years of service and invited to attend Board meetings where they could be publicly honored are:

- | | |
|------------------------------|-------------------------------|
| <i>Abrams, Steven R.</i> | <i>San Francisco, CA</i> |
| <i>Andersen, Gordon F.</i> | <i>San Diego, CA</i> |
| <i>Arkelian, Edward</i> | <i>Clovis, CA</i> |
| <i>Augello, Charles D.</i> | <i>Topanga, CA</i> |
| <i>Ballard, Kenneth J.</i> | <i>Fremont, CA</i> |
| <i>Black, John D.</i> | <i>San Rafael, CA</i> |
| <i>Carlson, John L.</i> | <i>Freedom, CA</i> |
| <i>Chan, Jerome</i> | <i>Benicia, CA</i> |
| <i>Corea, Martha A.</i> | <i>San Francisco, CA</i> |
| <i>Craven, Jack Lynn</i> | <i>Temecula, CA</i> |
| <i>Dwight, Viola Lam</i> | <i>Costa Mesa, CA</i> |
| <i>Fox, Richard I.</i> | <i>Burlingame, CA</i> |
| <i>Friedman, Franklin A.</i> | <i>Hollister, CA</i> |
| <i>Gearing, John R. Jr.</i> | <i>Desert Hot Springs, CA</i> |
| <i>Gellen, William</i> | <i>San Francisco, CA</i> |
| <i>Gibler, Claude Ronald</i> | <i>Pacific Grove, CA</i> |
| <i>Ginsberg, Norman I.</i> | <i>Truckee, CA</i> |
| <i>Girard, Donald L.</i> | <i>Castroville, CA</i> |

See **Board Honors Pharmacists**, Page 14

In This Issue

Board Honors Pharmacists Registered 50 Years.....	Front Page
President's Message.....	Page 2
Important Notice! Don't wait to renew your license.....	Page 2
E.O. Patricia Harris appointed to new position.....	Page 3
Board welcomes Virginia Herold as Interim E.O.	Page 4
Correction	Page 4
Online Renewal and Application Processing Coming.....	Page 5
Any licensee terminated for theft, self-use, or div.....	Page 5
Citation and Fine Violations: Prescription Errors.....	Page 6
Publication of Disciplinary Action Resumed.....	Page 8
New Federal Limitations on Sales of OTC Ephedrine....	Page 9
Changes in the Board.....	Page 10
CE hours awarded for attending meeting.....	Page 11
California Pharmacy Sale of Syringes Brochure.....	Page 13
Consumer Brochures and Where to Find Them.....	Page 14
Improving the California Pharmacist/Patient Consult..	Page 16
Where to Find Answers to Your Legal Questions.....	Page 17
Prescriptions written by prescribers in Mexico.....	Page 17
Board honors California's Katrina DMAT.....	Page 18
FDA updates labeling for Elidel and Protopic.....	Page 19
Can pharmacists dispense patient faxed prescription?	Page 19
Implementation of Anabolic Steroid Ace of 2004.....	Page 20
Explanation of Disciplinary Terms	Page 20
Disciplinary Actions	Page 21



President's Message

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

It is with pleasure and enthusiasm that I approach my term as president of the Board of Pharmacy for the coming year. I am not only looking forward to leading the Board's mandate to protect consumers, but also to addressing some of the special issues facing our senior consumers.

My stewardship for the protection of consumers includes years as a Legislative Advocate for the Western Center on Law and Poverty, and I presently serve on the both the Board of the California Alliance for Retired Americans and the Board of the Housing Assistance Council of Washington, DC. I am also past-president of the Rural California Housing Corporation.

As president of this Board, I will continue to aggressively pursue the implementation of Senate Bill 1307 (Figueroa, Chapter 857, Statutes of 2004) requiring a pedigree that enables the tracking of prescription drugs all the way from the manufacturer to the pharmacy. As a member of the Board's Subcommittee on Medicare Drug Benefit Plans, I will continue to push to assure that those who are eligible are properly covered for their prescription drugs. Another item on my agenda is to

Important Notice! Don't wait to renew your license

License renewal notices are mailed to licensees approximately six weeks before the license's expiration. Upon the Board's receipt of your renewal application and fee, processing and mailing of the renewal license takes approximately six weeks, so to prevent problems with an expired license, you are urged to **take immediate action to mail your renewal application and fee as soon as you receive the notice.** The longer you wait to submit the renewal, the greater the chances are that you will not receive your renewed license before your old one expires.



Because of the large volume of license renewals that are processed by the Department of Consumer Affairs, which provides cashing services for other departmental agencies and programs such as Cosmetology, Geology, Accountancy and Registered Nursing, it sometimes takes several weeks for them to cashier a renewal and have the computer reflect the new expiration date. If your renewal application is not mailed as soon as you receive it, the lengthy cashing time and subsequent issuance and mailing of the renewed licenses, may result in an expired license and no licensed authority to practice or operate your pharmacy.

If you have submitted your renewal application and fee, but your present license expires before you receive the renewed license, interested parties may verify your licensure status by checking the Board's Web site (www.pharmacy.ca.gov/verify_lic.htm). However, many licensees are finding that renewals mailed two to three weeks before expiration of their license may not be reflected on the Web site. **AGAIN, TO PREVENT THIS PROBLEM, MAIL YOUR RENEWAL APPLICATION AND FEE AS SOON AS YOU RECEIVE THE NOTICE.**

Note: Regardless of whether you receive the renewal notice, it is your responsibility to renew in a timely manner.

assure that the Centers for Medicare and Medicaid use their regulatory authority to benefit those with both Medicare and Medicaid eligibility. Those with this dual eligibility are the most vulnerable of the senior population because of low income and chronic illnesses. Additionally, I will provide impetus for continuing and increasing the Board's outreach programs for California's senior citizens. Lastly, I look forward to carrying on the consumer protection traditions established by the Board and its fine staff.



Executive Officer Patricia Harris appointed to new position by Governor Schwarzenegger



Charlene Zettel, Director, Department of Consumer Affairs, and Patricia Harris, Deputy Director, Bureau Relations

After 25 years with the Board of Pharmacy, Patricia (Patty) Harris was appointed Deputy Director, Bureau Relations, of the Department of Consumer Affairs and was sworn in on July 11, 2006.

Ms. Harris first came to the Board of Pharmacy in 1981, beginning as the enforcement coordinator, then became assistant executive officer in 1983, and was appointed executive officer in 1990.

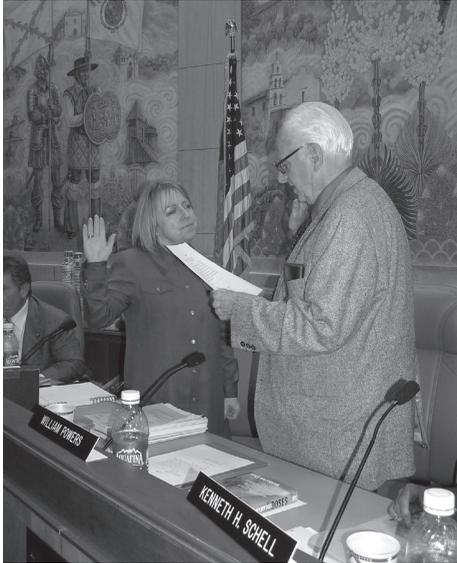
During her years as executive officer, Ms. Harris balanced achieving optimal public protection for California consumers while fostering a fair and competitive marketplace for the businesses regulated by the Board. She oversaw the implementation of many significant achievements that resulted in five prestigious national awards for the Board. Some of the major accomplishments achieved under her leadership are:

- Implementation of a mandatory quality assurance program by pharmacies to prevent prescription errors—California led other states in this endeavor.
 - Implementation of the Board’s public education and outreach program—a program that encompassed partnering with the media, manufacturers, pharmacies and pharmacists to provide important medication information to consumers.
 - Elimination of the triplicate prescription for Schedule II drugs to provide for better pain treatment and electronic tracking of these drugs to prevent their abuse.
- Authorization to cite and fine Internet pharmacies for illegal dispensing of prescription drugs (up to \$25,000 per violation)—California was one of the first states to address the problems created by Internet dispensing—and general authority to cite and fine for any pharmacy law violation.
 - Establishment of future requirements for an electronic pedigree to track the distribution of prescription drugs to prevent counterfeit drug sales—California is the only state pursuing an electronic pedigree for drugs.
 - Adoption of the national pharmacist licensure examination.
 - Implementation of a special pharmacy licensing program for those who compound injectable sterile drugs.
 - Reorganization of California pharmacy law and annual legislative/regulatory updates to address the dynamic changes of the profession.
 - Registration of pharmacy technicians to assist pharmacists and ensure mandatory pharmacist consultation on all new prescriptions.
 - Implementation of strategic management and planning.
 - Reconstruction of the Board’s enforcement program.

Upon departing, Ms. Harris stated that, “The Board of Pharmacy is an unique organization. We have done some truly amazing things and have led the nation with so many of our consumer protection initiatives. We have been able to accomplish so much because of the visionary and courageous board members and hard-working, dedicated staff. It has been an honor and a pleasure!”

As for those of us at the Board, how do we say goodbye to someone who has been our lighthouse, our touchstone for so long? We can’t. We can only wish her well, and say “Thank you.”

Board welcomes Virginia Herold as Interim Executive Officer



Virginia Herold with William Powers, President, Board of Pharmacy

On July 11, 2006, Virginia (Giny) Herold was sworn in as interim executive officer of the Board of Pharmacy, and will serve in that capacity until a permanent appointment is made by the Board. A graduate of the University of California, Davis, Ms. Herold holds a Bachelor of Science degree and a Master of Science degree in Consumer Services. She focused her subsequent career on consumer protection. Before coming to the Board, she served as publications editor for the Department of Consumer Affairs and manager of the Department of Consumer Affairs Legislation Unit.

Ms. Herold became the assistant executive officer with the Board in January 1990, and was immediately involved in securing the regulation requiring mandatory pharmacist to patient

consultation. Over the years she has been actively involved in the many ground-breaking initiatives implemented by the Board. Some of her duties included:

- Overseeing the Board's legislative program, which sponsors at least two legislative bills each year and promulgates a number of regulations to keep pharmacy practice current and secure consumer protection.
- Assuring the implementation of the Board's policies, budget and the proper operation of the Board's enforcement, licensing and examination programs to meet the Board's strategic plan.
- Overseeing the licensing activities of the 12 separate regulatory programs, with 25 categories of licensure.
- Assuring the development of valid and job-related pharmacist license examinations for California.
- Coordinating the Board's public education and communication programs for the public and licensees and organizational development activities.
- Pursuing budget augmentations and redirection of staff and resources to meet the Board's public protection goals and budget constraints.
- Participating in Board and committee meetings in the development of policy, administration of enforcement policies, licensing program issues, emerging issues, and revisions to the Board's strategic plan.

Ms. Herold's focus on consumer protection and her 16 years' experience with the Board as assistant executive officer uniquely qualify her to successfully continue the Board's commitment to public protection.

Correction

In the "Regulation Update Summaries" of the October 2005 issue of *The Script*, the changes to section 1732.2 of the California Code of Regulations were defined inaccurately. The article incorrectly stated that pharmacist continuing education (CE) providers who are not recognized by one of the two accreditation agencies (the Accreditation Council for Pharmacy Education or the Pharmacy Foundation of California) are allowed to petition the Board for approval of their courses. However, section 1732.2 was amended to allow **only individuals who have taken CE courses from non-recognized providers to petition the Board for approval**. Course providers who are not recognized by the ACPE or the PFC can no longer petition the Board to approve courses for pharmacy CE.

Note: Courses approved by other California health profession boards (Medical Board, Board of Registered Nursing Board, Board of Podiatric Medicine, or the Dental Board) are also acceptable for California CE credit if the courses meet the standard of relevance for the pharmacy profession (California Code of Regulations section 1732.2(b)).



www.pharmacy.ca.gov

Online Renewal and Application Processing Coming

To facilitate timely renewal of all licenses, the Board of Pharmacy hopes to be able to offer online renewal services in mid-2008. When implemented, licensees will be able to renew their licenses by going to the Board's Web site. Currently, seven departmental agencies offer online license renewal due to participation in a project started under the Davis Administration. However, the state's budget crisis in the early 2000s prevented the Board of Pharmacy from joining this project, although the board has been striving to be added for years.

The Department of Consumer Affairs is now moving ahead with a proposal so other interested agencies can offer online application and renewal of licenses. The Board is in the first tier of new agencies that may be able to offer this service in the future. We hope to offer this service as soon as possible.



Any licensee terminated for theft, self-use, or diversion must be reported to the Board



Section 4104(c) of the Business and Professions Code requires pharmacies to report to the Board within 30 days of:

- Any termination of a licensee based on theft, diversion, or self-use of dangerous drugs; or
- Any termination based on chemical, mental, or physical impairment of a licensee to the extent it affects his or her ability to practice.

The Board also must be notified within 30 days of the receipt or development of the following information regarding any licensee employed in or by the pharmacy:

- Any admission by a licensee of chemical, mental, or physical impairment affecting his or her ability to practice;
- Any admission by a licensee of theft, diversion, or self-use of dangerous drugs;
- Any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensee to the extent it affects his or her ability to practice;
- Any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensee.

Anyone participating in good faith in the making of a report authorized or required by this section (B&PC 4104(d)) is granted immunity from any liability, civil or criminal, that might otherwise arise from the making of the report. Additionally, anyone making a report will have the same immunity with respect to participation in any administrative or judicial proceeding resulting from reporting to the Board.

Citation and Fine Violations: Prescription Medication Errors and Data

Since 2002, the Board of Pharmacy has had the authority to issue citations and fines for pharmacy law violations that are brought forward by complaints or through the Board's own efforts. Citations and fines become matters of public record and may be issued to each licensee involved in the incident. For example, if an investigation involves multiple licensees (e.g., a staff pharmacist, the pharmacist-in-charge, a pharmacy technician, and the pharmacy), each licensee may be cited and fined up to \$5,000 for each citation. Payment of the fine does not constitute an admission of the violation charged, but must be reported to the public as satisfactory resolution of the matter.

Topping the list of cited violations, year after year, is prescription errors. To highlight some of the prescription error violations and their causes, some examples are presented below.

The following cases involve pharmacists who were cited and fined \$500:

Case # 1: An 84-year-old woman was prescribed Namenda 10mg for treating Alzheimer symptoms. The pharmacist incorrectly dispensed Norvase 10mg (a drug to lower blood pressure), which the patient took for 28 days before the error was discovered. The patient showed symptoms of weakness, confusion, low blood pressure, and declined physically.

Case # 2: A premature infant weighing 4.3 pounds and with respiratory difficulties was prescribed aminophyllin 25mg/mL (dilute lungs) with directions to administer 1.6mL or 4mg every eight hours. The pharmacist miscalculated the dose and the patient received 40mg (10 times) resulting in re-hospitalization. The patient was weaned off the high dose and recovered.

Case # 3: A 16-year-old male was prescribed oxycodone 5mg/5mL and to take 5mL to relieve pain. The pharmacist incorrectly dispensed oxycodone 20mg/1mL and to take 5mL. The patient went into respiratory failure after one

dose and was hospitalized. Investigation showed that the prescription written by the prescriber was incomplete and did not indicate the strength and dosage to be administered. The pharmacist failed to clarify the order prior to dispensing.

The following cases involve pharmacists who were cited and fined \$1,000:

Case # 1: A patient with an insufficient thyroid was prescribed liothyronine 9.25mcg (a thyroid replacement drug). The pharmacist incorrectly dispensed liothyronine 9.25mg (1,000 times the prescribed dose). The patient exhibited symptoms of thyroid toxicity such as psychosis, increased heart rate, memory loss and weakness. The patient was hospitalized and taken off the high dose.

Case # 2: An 82-year-old male patient was prescribed Cardura (to treat prostate cancer). The pharmacist incorrectly dispensed Coumadin (a blood thinner), which the patient took for nine days before discovering the error. The patient was admitted to a hospital intensive care unit for a severe bleeding disorder. The patient eventually recovered but was hospitalized for a long period of time.

Case # 3: A patient was prescribed clonazepam 2mg (controlled substance used to treat anxiety). The pharmacist incorrectly dispensed clonidine 0.2mg (used to treat hypertension), which the patient took for five months. The patient experienced low blood pressure and difficulty concentrating. The patient went to the emergency room and was admitted to the hospital for two weeks to wean the patient off the medication. The pharmacist was also cited for failure to provide consultation.

This section features two cases involving pharmacists who were fined \$2,500 and one in which both the hospital and the pharmacist were cited and fined \$2,500:

Case # 1: A patient was scheduled to have

a procedure done in the doctor's office and was prescribed two drugs: lorazepam 2mg, take one tablet one half hour before the procedure and promethazine 25mg, take one tablet one half hour before the procedure (both drugs are used to reduce anxiety). The pharmacist dispensed the two drugs to take five tablets of each drug one half hour before the procedure. The patient experienced a toxic effect and expired from the combination of drugs including the overdosed drugs and the other drugs used during the procedure. The investigation showed that the prescriber had written brackets around all the drugs with the directions to take one half hour prior to the procedure. The prescription was ambiguous and the pharmacist failed to clarify the order before dispensing.

Case # 2: A cancer patient was prescribed cisplatin at a dose of 50mg, which the patient had received four times previously. For the most recent dose, the pharmacist incorrectly dispensed cisplatin 500mg (ten times the prescribed dose). The patient experienced significant side effects with lowering of the blood cells and required transfusions. The patient died. An investigation revealed that the pharmacist failed to clarify the prescription, in which the dose was unclear and ambiguous as written by the prescriber.

Case # 3: During the night shift, a patient in a hospital intensive care unit was prescribed an intravenous infusion containing phenylephrine (used to raise the blood pressure). The pharmacy technician prepared the infusion but incorrectly used a drug called phentolamine (lowers blood pressure). The pharmacist failed to accurately verify the drug used by the pharmacy technician for the infusion, and the patient went into cardiac arrest and expired. The investigation substantiated that the hospital pharmacy's system for verifying pharmacy technician-prepared drug orders was not followed, and there were inadequate staffing patterns (the hospital administration refused to add staff to the night shift), which contributed to the sentinel event. The hospital and the pharmacist were each fined \$2,500.

The following charts provide statistics of the Board's citation and fine program and prescription error data:

Prescription Error Complaints Received Per Fiscal Year

	FY 02/03		FY 03/04		FY 04/05		FY 05/06	
Prescription Error complaints received	329		441		507		337	
Total Cases Closed	228		518		492		397	
Total Substantiated Cases	136	60%	416	80%	367	75%	276	70%
Total Unsubstantiated Cases	92	40%	102	20%	125	25%	121	30%

Citations Issued for Prescription Errors Per Fiscal Year

	FY 02/03	FY 03/04	FY 04/05	FY 05/06
Pharmacists	166	185	155	102
Pharmacies	156	176	172	112

Types of Medication Error Cases Per Fiscal Year

Medication Error Category	1999 - Nov 2003 Number of Citations	Dec 2003 - Jun 2004 Number of Citations	Jul 2004 - Jun 2005 Number of Citations	Jul 2005 - Jun 2006 Number of Citations	Number of Citations / Percent of Total Medication Errors	
Wrong Drug	88	81	55	38	262	42%
Wrong Strength	44	33	43	21	141	23%
Wrong Instructions	21	9	17	11	58	9%
Wrong Patient	12	13	22	17	64	10%
Wrong Medication Quantity	8	7	2	3	20	3%
Other Labeling Error	10	11	7	5	33	5%
Compounding/Preparation Error	7	3	2	3	15	3%
Refill Errors (frequency, timeliness)	5	5	6	3	19	3%
Other (not listed)	10			3	13	2%
Total # of Citations for Errors (may have more than one category listed)	205	162	154	104	625	100%

Citations and Fines Issued for Prescription Error Cases Per Fiscal Year

Fine Amount	Dec 2003 - Jun 2004 Number of Citations	Jul 2004 - Jun 2005 Number of Citations	Jul 2005 - Jun 2006 Number of Citations	Number / Percent of Total Fines Issued	
\$0	16	17	17	50	12%
\$100 - \$125	16	43	21	80	20%
\$250 - \$400	81	63	46	190	47%
\$500 - \$750	39	18	7	64	16%
\$1,000	5	2	1	8	2%
\$1,500 - \$2,000	0	4	3	7	2%
\$2,5000	2	2	1	5	1%
Total	159	149	96	404	100%

Medication Errors and Data

Continued from Page 7

Similarly Named Drugs Requiring Close Attention

Common Look-alike / Sound-alike Errors	
Seroquel 200mg	Serzone 200mg
Aciphex	Aricept
Hydroxyzine	Hydralazine
Zyprexa 10mg	Zyrtec 10mg
Quinine 324mg	Quinidine 324mg
Prinivil 5mg	Proscar 5mg
Celebrex 200mg	Celexa 20mg
Trazodone 50mg	Tramadol 50mg
Elavil 10mg	Enalapril 10mg
Clomiphene	Clonazepam
Dynacin	Dynapen
Marinol	Moban
Metoprolol	Metoclopramide
Videx	Vicodin
Fluoxetine	Paroxetine
Lanoxin	Levoxyl
Prelone	Pediazole
Prilosec	Prozac
Loxapine	Lexapro
Lisinopril	Lovastatin
Lisinopril	Lipitor

Novolin N	Novolin 70/30
Norvasc	Navane
Proscar	Prinivil
Purinthal	Propylthiouracil
Darvocet	Fioricet
Alprazolam	Atenolol
Imipramine	Imitrex
Clorpromazine	Chlorpropamide
Prednisone	Prednisolone
Topamax	Toprol
Mircette	Micronor
Nasocort	Nasolide
Coreg	Cozaar
Norvasc	Namenda
Zyprexa	Zyprexa Zydisc
Hydralazine	Hydrochlorothiazide
Clonidine	Clonazepam
Glipizide	Glyburide
Furosemide	Fluxetine
Lorazepam	Levoquin
Miralax	Maalox
Paxil	Prozac

Publication of Disciplinary Actions Resumed

In the past, the Board of Pharmacy listed in *The Script* the names of those licensees who were disciplined and the details of the actions taken against their licenses. In this issue, Page 21, the Board resumes publication of disciplined licensees but without details of the violations involved. However, those details can now be found in a new section of the Board's Web site home page.

Locating by name or license number online

To determine whether a specific license has had disciplinary actions taken against it, go to the Board's Web site, www.pharmacy.ca.gov, and from the "Quick Hits" menu on the right side:

1. Click on *Verify a License*.
2. Select the type license about which you are inquiring (e.g., pharmacist, pharmacy, pharmacy technician, etc.).
3. Type name or license number.
4. When name appears, check the *Status* or *Actions?* If disciplinary actions are indicated,
5. Click on the name to see public documents relating to the action.

Locating all disciplinary actions within specific time frame online

For a list of all disciplined licensees within a specific time frame, select *Enforcement Actions* from the menu on the left side of the home page, and inclusive dates will appear. Select the time frame in which you are interested, and a list of all licenses disciplined during that period will appear. Click at the bottom of each entry to view the disciplinary information.

New Federal Limitations on Sales of OTC Ephedrine Products

On March 9, 2006, President Bush signed an extension of the Patriot Act that includes Title VII—Combat Methamphetamine Epidemic Act of 2005, Section 711. This act contains new restrictions on the sale of over-the-counter (nonprescription) products containing ephedrine (EPH), pseudoephedrine (PSE), or phenylpropanolamine (PPA)—newly classified under the federal Controlled Substances Act as “scheduled listed chemical products.” These changes limit the amount of product that may be sold by a retailer to an individual and the amount that can be purchased by an individual. The new requirements include blister packaging for nonliquid dosages, buyer’s proof of identification, recordkeeping by the seller, and penalties for violators of the new restrictions.

California implemented sales restrictions on ephedrine products in January 2000 (Health & Safety Code 11100–11106). However, the most restrictive of the local, state and federal regulations takes precedence.

Highlights of the Combat Methamphetamine Epidemic Act

Effective April 8, 2006

Product Restrictions

- Ephedrine products in nonliquid form (including gel caps) must be sold in blister packs, each blister containing not more than two dosage units, or where the use of blister packs is technically unfeasible, the product must be packaged in unit dose packets or pouches.

Product Exemptions

- Ephedrine products dispensed pursuant to a prescription are exempt from all requirements.

Retail Sales Restrictions

- 3.6 grams daily sales limit, without regard to number of transactions;
- 9 grams per 30-day sales limit (California law limits the purchase of ephedrine products to three packages/nine grams at any one transaction, but does not address the possibility of

purchasing from more than one retailer on the same day.); and

- If the seller is a “mobile retail vendor” (makes retail sales from a stand that is intended to be temporary or capable of being moved from one location to another, such as a kiosk in a shopping center or an airport), the seller may not sell more than 7.5 grams of ephedrine product per customer during a 30-day period.

Mail Order Restrictions

- Mail-service pharmacy must verify patient’s identification before shipping product; and
- Sales limited to 7.5 grams per customer during 30-day period.



Effective September 30, 2006

Product Placement

- These products must be located behind the counter or in a locked cabinet.
- A mobile retail vendor must place these products in a locked cabinet.

Recordkeeping Requirements

- Consumers must present ID and sign a written or electronic logbook into which they have entered their name and address, and date and time of sale; and into which the seller has entered name and quantity of the

product, except for sales of PSE that are 60 mg or less, for which there are no logbook requirements.

- DEA will develop criteria for the logbook requirements.
- Logbook entries must be maintained for two years after date of last entry.
- Privacy protections exist for information in the logbooks. DEA will promulgate additional privacy regulations for the logbook.
- Logbook must contain a misrepresentation warning to purchaser; warning must include notice of maximum fine and term of imprisonment. DEA will provide in rulemaking the text of misrepresentation notice.
- A retailer who releases logbook information in good faith to federal, state, or local law enforcement authorities is immune from civil liability.
- Retailers (for each location) must submit to DEA a certification that it is in compliance with the Act’s requirements, that employees have been trained as to the Act’s requirements, and that records relating to such training are maintained.

Training Requirements

- The employer of individuals (sales clerks, cashiers, etc.) who deal directly with purchasers must submit to the Attorney General a self-certification that all such individuals have undergone training to ensure that they understand the requirements of this Act.
- The employee certification may be performed centrally at a corporate hub, but must be broken down by each retail business. The DEA will consider whether one blanket certification for a business entity will be allowed.
- The certification will be carried out on an Internet site and other means developed by the DEA.
- Training certification is to be specific to location, not employee.

See **Limits on OTC Products**, Page 12

Changes in the Board

The Board welcomes three new members, Susan Ravnan, Pharm.D., Henry Hough and Robert E. Swart, Pharm.D., to the Board of Pharmacy and extends its best wishes and appreciation to departing members, Marian Balay, Richard L. Benson, David J. Fong and John D. Jones.

New Members

On June 30, 2006, Governor Schwarzenegger appointed **Susan Ravnan**, Pharm.D., to the Board of Pharmacy. Dr. Ravnan has served as associate professor at the University of Pacific Thomas J. Long School of Pharmacy and Health Sciences since 1998 and has practiced as a per diem clinical ambulatory care pharmacist for Kaiser Permanente since 2005. Dr. Ravnan previously was a clinical pharmacist for the Fresno Community Medical Center.



Henry Hough of Fair Oaks, CA, was appointed to the Board by Governor Schwarzenegger on July 19, 2006. Since 1995, he has served the senior healthcare activist organization, 60 Plus Association, most recently as vice president. Mr. Hough previously was a logistics support manager for The Boeing Company in Saudi Arabia from 1977 to 1994 and served as a manager for Amtrak from 1974 to 1977. Prior to that, he served as Lieutenant Colonel in the U.S. Army.

On July 19, 2006, **Robert E. Swart**, Pharm.D., of Roseville, CA, was also appointed to the Board by Governor Schwarzenegger. He has served as the director of pharmacy operations for Safeway, Inc., since 2005. Previously, Dr. Swart was regional manager of pharmacy operations, pharmacy area supervisor,

pharmacy manager and a pharmacist for Longs Drugs from 1994 to 2005.

Departing Members

Public Member **Marian Balay** was appointed to the Board in March 2005 by Governor Schwarzenegger. While on the Board, Ms. Balay brought her law background to the Board's Enforcement Committee and subsequently to the Organizational Development Committee. In May of this year, Ms. Balay submitted her letter of resignation to Governor Schwarzenegger.

Public Member **Richard L. Benson** was appointed to the Board in August 2003 by Governor Davis, and his term expired in June 2005, but he continued to serve until June 1, 2006. (Members are permitted to remain with the Board for one year after the term expiration, unless replaced by an appointee during that year.) Mr. Benson served on the Licensing Committee. He also served on the Communication and Public Education Committee where he particularly enjoyed working on the outreach program and the collaboration with UCSF to develop the "Ask Your Pharmacist" fact sheets.

Mr. Benson noted that he was "impressed with the professionalism of the Board's relatively small staff and enjoyed working with everyone because they do a very important job."

David J. Fong, Pharm.D., was appointed to the Board in January 2002 by Governor Davis, and his term expired in June 2005, but he continued to serve until June 2006. One of Dr. Fong's first jobs on the Board was as chair of the Licensing Committee. He went on to serve on the Enforcement Committee, Legislation and Regulation Committee and the Public Education Committee. Dr. Fong also was elected treasurer of the Board.

Dr. Fong actively participated in outreach efforts to facilitate active "partnering" of legislators, the academia, and licensees with the Board on key initiatives to improve pharmacy care for California consumers.

John D. Jones, R.Ph., was appointed

to the Board by Governor Wilson in June 1998 and reappointed by Governor Davis in June 2002. His term expired in June 2005, and he continued to serve until June 2006. Mr. Jones presided as Board president and vice president. He served as chair of the Enforcement Committee for several years and was a member of the Legislation and Regulation Committee, the Organizational and Development Committee, the Licensing Committee and the Subcommittee on the Medicare Drug Benefit Plans.

During his tenure, Mr. Jones worked to secure regulations requiring pharmacy quality assurance programs to help reduce prescription errors. He was instrumental in revising the controlled substance laws regarding the elimination of triplicate prescriptions and to fully implement the Controlled Utilization Review and Evaluation System (CURES) and aggressively pursued the change from Board-administered pharmacy exams to the NAPLEX. He helped shape the Board's policy toward increased automation technology in pharmacies and pushed for regulations requiring electronic pedigree of drugs.

"Working with the Board members and staff has been the highlight of my professional career. My time spent with them was most worthwhile and important. I highly recommend Board service to anyone who wishes to dedicate him/herself to the protection of the public and the advancement of the profession."

Reappointment

Kenneth Schell, Pharm.D., a professional member since July 2003, was reappointed to the Board by Governor Schwarzenegger on June 30, 2006. Dr. Schell's term will expire June 1, 2010.

New Officers

At the April 2006 Board meeting William Powers was elected president, and Kenneth H. Schell, Pharm. D., was elected vice president. Ruth Conroy, Pharm. D., was elected treasurer.

Officers serve for a term of one year and can be elected for additional terms.

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

Continuing education (CE) hours are being awarded to encourage pharmacists and pharmacy technicians to learn more about the issues and operation of the Board. You may acquire six hours once a year by attending one full day of the Board's quarterly meetings. Up to four hours are also awarded for attending two different Board Committee meetings—two hours of credit for each one-day Committee meeting attended.

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

- Enforcement—Exercises oversight over all pharmacy activities for the improvement of consumer protection.
- Licensing—Ensures the professional qualifications of licensees.
- Legislation and Regulation—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—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 their decision-making. Frequently, statutory and regulation text are formulated at such meetings, current programs are modified, and evidence-based decisions are made.

Board or Committee meetings are held in various locations throughout California to give as many licensees as possible the opportunity to attend. No reservations are needed: you simply arrive at the Board meeting location at the start of the business session. The business day eligible for CE is designated on the agenda. Attendees at the Board 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 sites 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 information packets for the meeting. These packets 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.

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.

The remaining Board meeting date for **2006** is:

October 25 - 26 **Bay Area**

Board meeting dates for **2007** are:

January 31 - February 1 **Los Angeles Area**

April 18 - 19 **Sacramento**

July 25 - 26 **To be determined**

October 24 - 25 **To be determined**

Limits on OTC Products

Continued from Page 9

- The DEA envisions a uniform, comprehensive, training program for employees that will be developed by the DEA.

Penalties

For the following violations:

- knowingly exceeding the daily sales limit, independent of consulting a logbook; or
- selling a non-liquid product that is not in a blister package or unit dose package; or
- not keeping affected products behind a counter or in a locked cabinet; or
- not following logbook and recordkeeping requirements; or
- not complying with privacy restrictions on the sales logbook; or
- not requiring the purchaser to show an ID; or
- not complying with self-certification requirements; or
- refusing to provide sales logbook information to law enforcement authorities;



The penalties are:

- civil penalty of up to \$25,000; and
- if committed knowingly, then imprisonment of up to one year in addition to a fine to be determined by existing federal criminal laws;
- if committed after a prior conviction of the Controlled Substance Act, then imprisonment of up to two years in addition to a fine to be determined by existing federal criminal laws;
- A retailer (including pharmacy) or distributor may be prohibited from selling any scheduled listed chemical products for any violation above, except for refusal to provide sales lawbook information to law enforcement authorities.

Other Provisions

- A regulated seller may take reasonable measures to guard against employing persons who may present a risk with respect to the theft and diversion of EPH, PSE and PPA, including asking employment applicants whether they have been convicted of any crime involving or related to such substances, or a controlled substance.
- The DEA may exempt a product by rule if the DEA determines that the product cannot be used to manufacture methamphetamine. Manufacturers may apply to DEA for the exemption.
- There are additional sales restrictions for mobile retailer vendors.
- There is no preemption of state or local laws. Retailers must comply with state and local laws, as well. If there is a conflict between a provision of federal law and a state or local law, then retailers must comply with the most stringent provision.

The exact language of this Act can be viewed at: www.cpha.com/links/HR3199_Patriot_Act.pdf

NOTE: There are more changes on the horizon. Many of the requirements that go into effect by September 30, 2006, will require promulgation of regulations to address logbook and training requirements and ways to address privacy issues that could arise with the logbook. These regulations are not now available. Additionally, the American Pharmacists Association is working to get confirmation from the DEA that the regulations do not apply to prescribed products, including prescribed over-the-counter products.

www.pharmacy.ca.gov

Participating Counties

(As of July 2006)



Alameda
Contra Costa
Los Angeles City and County
Marin
San Francisco City and County
San Mateo
Santa Cruz
Solano
Sonoma
Yolo
Yuba
Santa Clara
Humboldt
Santa Barbara
San Luis Obispo

More Information is Available at:

www.syringeaccess.com

Or Contact the
California Department of Health Services,
Office of AIDS:

Alessandra Ross, MPH,
Program Implementation
aross@dhs.ca.gov

Stephen Berk, RPh,
Pharmacist
sberk@dhs.ca.gov

Tom Stopka, MHS,
Research and Evaluation
tstopka@dhs.ca.gov

HIV/AIDS Hotline:

(800) 367-AIDS
or
www.AIDShotline.org

CALIFORNIA



Pharmacy Sale of Syringes

Over-the-Counter Syringes in California

What is SB 1159?

Senate Bill (SB) 1159 was signed by Governor Arnold Schwarzenegger and went into effect January 1, 2005. This legislation allows for the creation of a **Disease Prevention Demonstration Project (DPDP)** in cities and counties that authorize such a program. An authorized DPDP **permits certified pharmacies to sell syringes** (up to 10) **over-the-counter to individuals** 18 years of age or older. This legislation will further efforts across the state to prevent the spread of HIV, hepatitis, and other blood-borne diseases.

Pharmacists play an important and often unrecognized role in public health, as health educators and key informants to their communities. As respected members of the medical profession, pharmacists have the ability to positively influence the health behaviors of their patients.

Participating pharmacies are required to:

- Register with the county
- Store sterile syringes behind the counter
- Provide for disposal through one or more of the following:
 - On-site syringe disposal program
 - Furnishing or selling mail-back sharps containers, or
 - Furnishing or selling personal sharps containers.

Frequently Asked Questions

Does each pharmacist need to register with the county?

No, the pharmacy itself is registered, not the pharmacist.

Do I need to ask for i.d. from the customer?

No, i.d. is not required in order to purchase syringes, however sale of syringes is not authorized to any persons under the age of 18 without a prescription.

Do I need to keep a log of my syringe sales?

No, SB 1159 eliminates the requirement to keep a log of syringe sales when syringes are sold without a prescription.

Will this attract criminals and crime to my pharmacy?

Among participating California pharmacies, there have been no reports of unruly or criminal behavior associated with pharmacy sale of syringes.

Common Concerns/Benefits:

Syringe Sharing

- Increased use of pharmacies as a syringe source is associated with a decline in syringe sharing.
- HIV infection rates among injection drug users (IDUs) were twice as high in cities that required prescriptions for syringe purchase as compared to cities that did not.

Needle-Stick Injuries & Safe Disposal

- Accidental needle-sticks decreased among law enforcement officers by 66% after pharmacy access legislation in Connecticut.
- Needle sightings among sanitation workers decreased after implementation of the Expanded Syringe Access Program in New York.

Cost-Effectiveness

- Average lifetime cost for treating a person with AIDS is approximately \$195,000.
- Treatment of chronic liver disease related to HCV is approximately \$20,000 per person per year.
- Reducing the number of injection drug use-related HIV/AIDS and HCV cases can reduce the economic burden on county-funded care and treatment programs.

Board Honors Pharmacists

Continued from Page 1

Goldfarb, Melvin	Idyllwild, CA
Grossman, Arleigh M.	Redwood City, CA
Guss, Myron E.	Northridge, CA
Halpern, Samuel M.	Los Angeles, CA
Harrich, Rudolph E.	Healdsburg, CA
Haselkorn, Eugene D.	Pacific Palisades, CA
Hathcock, C. A., Jr.	Costa Mesa, CA
Hayes, Arthur F.	Rancho Murieta, CA
Hiller, Edward L.	Baton Rouge, LA
Horiba, Saburo	Anaheim, CA
Hum, Albert J.	Clayton, CA
Ishioka, Tom T.	Los Angeles, CA
Jones, Wilbert C.	Inglewood, CA
Jue, Ben, Jr.	Sanger, CA
Kasparian, Paul J.	Fresno, CA
Klonoff, Jerry	Las Vegas, NV
Kobayashi, Hisashi J.	San Francisco, CA
Koss, Roy L.	San Francisco, CA
Lawrence, Lenora M.	Montague, CA
Lee, Robert Bee	San Leandro, CA
Leiter, Morton Roy	San Jose, CA
Leon, Robert J.	San Jose, CA
Levine, Darrell M.	Sherman Oaks, CA
Lowe, Edmund	Fresno, CA
Lugo, John R.	Scottsdale, AZ
Malvesti, Robert A.	Fair Oaks, CA
Mariani, Theodore G.	Eureka, KS
McDougal, John A.	Oxnard, CA
Monroy, Alexander R.	Santa Barbara, CA
Moretto, Robert J.	San Francisco, CA
Naden, Carl Jonas	Torrance, CA
Nakahara, W. T., Jr.	San Francisco, CA
Nelson, Ronald E.	Alameda, CA
Nervino, Emilio E.	Santa Cruz, CA
Osborne, J. Ellsworth	Bakersfield, CA
Pearl, Erwin B.	Palm Springs, CA
Prioli, John C.	Stockton, CA
Reger, Bourke F.	Reno, NV
Rogers, Richard E.	Salem, OR
Root, George T.	Corvallis, OR
Schalit, Fred M.	San Rafael, CA
Shelley, Rudolph P.	Zephyr Cove, NV
Silva, Richard A.	Fresno, CA
Song, Katherine E.	Rolling Hills Estates, CA
Tamayo, Raul J.	Monterey Park, CA
Taylor, Howard G.	East Lansing, MI
Thill, Donald A.	Patterson, CA
Trousdale, Loren H.	Windsor, CA
Vierra, Anthony G.	Tracy, CA
Wagner, Louis J.	Los Altos, CA
Wayland, Richard K.	Colfax, CA
Wellington, Harold	Huntington Beach, CA
Wolter, Donald G.	Huntington Beach, CA
Wong, Earl K.	Walnut Creek, CA
Yamasaki, Jun	Altadena, CA

Consumer Brochures and Where to Find Them

Public education is an essential element of the Board's mission to protect California consumers. To that end, the Board's Communication and Public Education Committee's public outreach program is dedicated to providing educational material, some in several languages, directly to the public and to pharmacies for dissemination to their customers.

One group of public education brochures or "Fact Sheets" has been developed through the Committee to address current health issues faced by consumers. A sample, "Don't Flush Your Medication Down the Toilet!" is on the opposite page and may be reproduced for distribution to patients. Below is a list of other facts sheets that are available at www.pharmacy.ca.gov for printing and reproduction:

- *Generic Drugs—High Quality, Low Cost*
- *Lower Your Drug Costs*
- *Is Your Medicine in the News?*
- *Did You Know? Good Oral Health Means Good Overall Health*
- *Have Your Ever Missed a Dose of Medication?*
- *What's the Deal with Double Dosing? Too Much Acetaminophen, That's What*
- *Thinking of Herbals?*
- *Antibiotics: Preserve a Treasure*
- *New Drug Facts Label*
- *Background Information on New Drug Facts Label*

Many other consumer brochures are available online and may be downloaded or ordered:

- *Tips to Save You Money When Buying Prescription Drugs*
- *Buying Drugs From Foreign Countries or Over the Internet*
- *Key Facts About Emergency Contraception*
- *Prescription Drug Discount Program for Medicare Recipients*
- *If You Don't Know, Ask!*
- *14 Reasons to Talk to Your Pharmacist*
- *Reasons to Talk to Your Pharmacist About Your Child's Medication*
- *Facts About Older Adults and Medicines*
- *How Alcohol Can React with Medications Commonly Used by Older People*
- *Medicines and Alcohol: Safety Tips for Seniors*
- *How to Take Your Pain Medications Effectively and Safely*
- *Personal Medical Information*

To become familiar with the many brochures available, everyone is urged to visit the Board's Web site, www.pharmacy.ca.gov, and from the menu near the bottom of the Home page, click on Consumer Services; then on Information for Consumers for most brochures and Consumer Fact Sheets to review the Fact Sheets.



Don't Flush Your Medicines Down the Toilet!

- A recent study shows that 80 percent of US streams contain small amounts of human medicines.
- Sewage systems cannot remove these medicines from water that is released into lakes, rivers or oceans.
- Fish and other aquatic animals have shown adverse effects from medicines in the water.
- And, even very small amounts of medicine have been found in drinking water.

How to dispose medications at home

Follow these steps to protect your privacy and reduce unintended drug use, while saving the environment.



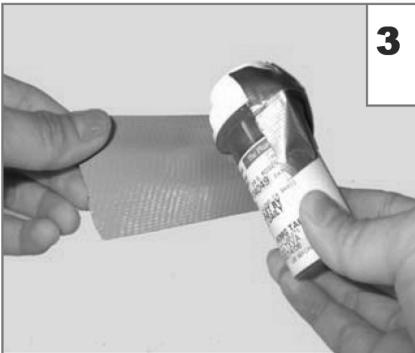
1

- Keep medicine in its original child-resistant container.
- Scratch or mark out the patient information on the label.



2

- Place some water into solid medications, such as pills or capsules.
- Then add something nontoxic and unpalatable such as sawdust, kitty litter, charcoal, Comet® or powdered spices (like, cayenne pepper).



3

- Close and seal the container lids tightly with packing or duct tape.
- If discarding blister packs of unused medicines, wrap in multiple layers of duct tape.



4

- Place medicine containers in durable packaging that does not show what's inside (like, a cardboard box).

- Remember to keep medicines away from children and pets.

- Place in the trash close to garbage pickup time.

5



Other ways to properly dispose of unused medicine

- Pharmacy Take-Back Program: Ask your pharmacist if the pharmacy will accept old medicines back from patients.
- Household Hazardous Waste Collection: Find the phone number of your local HHW collection site in the government section of your local white pages of the telephone directory.

Help reduce drug waste

- If you're not sure if you can tolerate a new medicine, ask your doctor about a 10 day trial supply.
- Remember to always take all of your medications as directed.



Improving the California Pharmacist/Patient Consultation Process

In collaboration with the California Board of Pharmacy, the California Pharmacists Association, and California AARP, the Center for Health Improvement (CHI) recently completed a two-year study (2004-2005) that examined the mandated pharmacist-patient consultation process and its effects on Californians aged 65 and older. The focus on seniors was important since persons aged 65 and older are prescribed twice as many medications as those under 65. Approximately 90 percent of older persons take at least one prescription drug, and nearly half use five or more different drugs. Additionally, older adults have more chronic diseases and multiple conditions, thus the consultation process becomes more relevant and complex.

The following provides a summary of the CHI study:

The Institute of Medicine recently raised the issue of medical errors overall, and determined that prescription drugs are a significant source of such errors. That, combined with the above statistics and the fact that an analysis of adverse drug events (ADEs) among older adults in an ambulatory setting indicated that 27.6 percent of the documented ADEs were *preventable*, prompted the selection of the older adult population for the pharmacist-patient consultation study.

Federal and State Mandate

In August 1990, the Board of Pharmacy enacted regulations requiring pharmacist-patient consultation for all new or changed prescriptions. These regulations preceded the federal mandate and were also more stringent (the federal mandate required offering to counsel Medicaid recipients upon receipt of a new prescription). The regulations were enacted to ensure that the necessary dialogue occurs between patients and medication experts to promote safe and effective medication use. The only California study to examine the effectiveness of the counseling regulations was conducted in the early 1990s.

Study Methodology

The CHI study consisted of:

1. A literature review;
2. A review of Board inspection and complaint data;
3. A statewide survey of pharmacists. The written survey of pharmacists involved sampling 3,000 of the approximately 5,000 California-licensed community pharmacies. A 32.4 percent response rate was achieved, and the independent/chain pharmacy ratio was 45.4 percent to 54.6 percent. Kaiser Foundation outpatient pharmacies

were also included in the study.

4. Focus groups of pharmacists, physicians and patients; and
5. A policy roundtable discussion.

Key Areas for Improving Consultation

The CHI study found two key areas of consultation were noted by respondents as requiring improvement, the first being that **pharmacist time and insufficient compensation** specific to the consultation were identified as critical barriers to maximizing the pharmacist-patient consultation. Non-compensated, time-consuming activities include, among others, the requirement for pharmacists to submit a prescription for insurance approval, only to be notified of the need for prior authorization. The pharmacist is then required to contact the prescribing physician. As formularies become more complex, pharmacists electronically transmit information for prescription approval. Pharmacies are charged for such transmittals, and if the prescription is not covered by the formulary, the pharmacies are not reimbursed for the transmittal cost.

Time and Compensation Recommendations

- Consider changing the pharmacist/pharmacy technician ratio, which is currently 1:1 with two pharmacy technicians allowed for each additional pharmacist in the pharmacy. The National Association of Boards of Pharmacy surveyed pharmacists and found that "having more technicians available to assist with dispensing duties would increase pharmacist time for counseling."
- Continue to examine California regulations that might discourage the use of technology. The promotion of technology should not have to come at the expense of pharmacists but to free them from administrative and other activities.
- Create financial incentives based on pharmacists' performance. As



Improving Consult Process

Continued from Page 16

is occurring with hospitals and physicians, financial incentives awarded to pharmacists can encourage continued quality improvement. Performance measures could include patient satisfaction, dispensing efficiency, and additional services such as medication compliance monitoring, disease management counseling, and medication profile review.

Pharmacist/Patient and Pharmacist/Physician Communication

The CHI also found that another significant barrier to maximizing the consultation process is **pharmacist-patient communication, as well as pharmacist-physician communication**. Before the pharmacist can successfully communicate with the patient, the patient must be educated about the process of navigating formulary issues, communicating with the physician, understanding the time needed for prior authorization and coordination with changing formularies. Patients need to understand the importance of the clinical information that pharmacists provide, and that **patient participation in the consultation is critical**. Nearly a quarter of the survey respondents rated the “patient’s refusal to participate” as a significant barrier. Survey results showed that 50 percent of older patients waived the consultation—answering the survey with “sometimes,” “often” or “always.”

The survey results revealed that nearly a third of the pharmacist respondents spend 10–25 percent of their time communicating with physicians. That communication is inefficient at best: sending and receiving faxes, calling and leaving messages. Both pharmacists and physicians described their frustration with these activities and noted that better patient care required better communication.

See **Improving Consult Process**, Page 18

Where to Find Answers to Your Legal Questions

Pharmacy law is detailed and complicated. The Board strongly encourages licensees to seek out answers to their legal questions by accessing pharmacy law.

Licensees of the Board have a number of choices when they seek to obtain copies of pharmacy law.

1. The Board has on its Web site a copy of all California pharmacy laws and regulations. The address is www.pharmacy.ca.gov/laws_regs/lawbook.pdf.

There are several advantages of using this source for pharmacy law. It is free. It also contains a detailed index, developed and used by board staff, which is not published in either of the following lawbooks.

2. LawTech, who has published our lawbook for the last six years, offers a lawbook (Pharmacy Law with Rules and Regulations) and a CD version for sale. Ordering information is available via a link from the Board’s Web site or by calling 1-800-498-0911 X 5.

The cost for this lawbook is \$21.99. The CD version is also \$21.99.

3. LexisNexis has also produced its first version of our lawbook (California Pharmacy Laws with Rules and Regulations). Again, there is also a CD version of this publisher’s lawbook. You may order by calling 1-800-833-9844.

This lawbook alone is available for \$17, and the lawbook with the CD is \$22.

What about prescriptions written by prescribers in Mexico?

In March 2006, California’s third-largest health insurer, Health Net, announced that it plans to sell policies that allow individuals or families to see doctors in the U.S. or in Mexico. This development raises questions:

Q. Can a California pharmacist fill a prescription for a California Health Net patient based on a prescription written by a doctor licensed to practice in Mexico?

A. No. Section 1717(d) of the California Code of Regulations stipulates that a pharmacist may dispense pursuant to a prescription written by “...a prescriber licensed in a state other than California,” which means a state (not a territory or possession) within the United States, not a foreign country.

Q. Can a California pharmacist fill a prescription written by a prescriber who is licensed to prescribe in California or another state, but practicing in Mexico?

A. Yes, as long as the prescriber is licensed in the same licensure classification that California law permits to prescribe drugs. It is, of course, the pharmacist’s responsibility to verify the prescriber’s license with the respective regulatory board of the state where the prescriber is licensed.

Improving Consult Process

Continued from Page 17

Communication Recommendations

- Consider the development of an integrated, common message dedicated to the patient’s right to a consultation with the pharmacist. A concerted statewide campaign may improve education to both patients and physicians about the “patient’s right” to a consultation and its clinical value.
- Look for ways to improve communication between pharmacists and clinicians, such as the development of continuing forums within which to work on communication issues and develop strategies for improvement.
- Examine the use of e-prescribing as a method of reducing the communication inefficiencies between pharmacists and physicians. Adoption of e-prescribing could simplify formulary complexities by having the physician check prior to writing the prescription whether the medication is covered by the patient’s insurance.
- Explore a process of patient follow-up that shares the results among the healthcare team. Follow-up phone calls to the patients by pharmacists and physicians regarding the use and prescription side effects and the sharing of that information could improve communications among the three parties, promote coordinated care and improve compliance.



Board honors California’s Katrina Disaster Medical Assistance Teams

The Board of Pharmacy previously paid tribute in *The Script* to those California pharmacies, pharmacists and pharmacy technicians who stepped up to help the victims of the disastrous hurricanes, Katrina and Rita, of August 2005. We are now pleased to acknowledge and thank the various Disaster Medical Assistance Teams (DMATs), some of whom were not previously recognized.

DMATs are comprised of medical and support personnel that are trained to be a rapid-response element to supplement local medical care when needed during a disaster. Six California DMATs answered the call for help by providing pharmacy services on site to the Gulf Coast storm victims:

CA-1 (Orange County)

RPH Mark Chew
TCH Shawn Luckey

CA-2 (San Bernardino)

RPH Andrew Lowe
RPH Patricia Cruz
RPH Nancy Ryu

CA-4 (San Diego)

RPH Michael Sohmer
RPH Larry Harker
RPH Robert Ken Rogers
RPH Susana Leung
RPH Dana Lee
RPH Craig Steinberg
TCH Michael Jones
TCH Suzanne Gonzales-Webb

CA-6 (San Francisco)

RPH Kay Yamagata
RPH Iris Tam
RPH Jodi Grimm (Nevada licensee)

CA-9 (Los Angeles)

RPH Melinda Lui
TCH Sylvia Balfour

CA-11 (Sacramento)

RPH Tracey Padilla
RPH Kevin Mark

The Board also extends a special thanks to RPH Mathew Tarosky, who responded to the disaster as a member of the Public Health Service, and to the colleagues who covered the shifts of those who were deployed and to RPH Michael Sohmer, who prepared a video montage of his Katrina disaster response efforts provided at the New Orleans Airport.



Once again, thank you all. California is proud of you!

FDA updates labeling for Elidel® and Protopic® and approves Exubera®

The FDA has approved changes to the labeling of two topical eczema drugs, **Elidel Cream** and **Protopic Ointment**. The updated labeling for these drugs will contain a boxed warning about a possible cancer risk and will also clarify that they are recommended for use as second-line treatments, i.e., other prescription topical medicines should be tried first. Use of these drugs on children under two years of age is not recommended. Additionally, a Medication Guide (FDA-approved patient labeling) will be distributed to pharmacists, who are required to provide it to patients when dispensing the drugs. Patients or their caregivers are advised to read the entire guide and talk to their health care provider if they have further questions.

A casual link has not been established, but rare instances of cancer have been reported among individuals using these products. The boxed warning informs health care professionals that the long-term safety of these drugs has not been established and that studies are ongoing.

Also, in January 2006, the FDA announced the approval of **Exubera**, an inhaled powder form of recombinant human insulin product for the treatment of adult patients with type 1 and type 2 diabetes.

Exubera lowers blood sugar concentrations by allowing the blood sugar to be absorbed by cells as a fuel source. The patient can inhale the powdered insulin into the lungs using a specially designed inhaler.

A Medication Guide containing FDA-approved information will accompany Exubera prescriptions. Again, patients are encouraged to read the guide and talk to their health care provider if they have questions.



Can a pharmacist dispense a prescription faxed by the patient?

Current law, section 4040(c) of the Business and Professions Code, allows dispensing of the medication only if the prescription is “electronically transmitted from a licensed prescriber to a pharmacy.” This prevents a patient from faxing a prescription (especially a controlled substance prescription) to multiple pharmacies for filling, without ever providing the original prescription.

However, if the pharmacy wishes to accommodate the faxing of a prescription by a patient, the prescription can be prepared, but **dispensed only after the pharmacist has received the original prescription**. Presenting the original prescription to the pharmacist at time of dispensing complies with the current law.



Implementation of the Anabolic Steroid Control Act of 2004

Effective January 2005, the federal Anabolic Steroid Control Act of 2004 amended the Controlled Substances Act and replaced the existing definition of “anabolic steroid.”

The changes in the definition include the following:

- Correction of the listing of steroid names resulting from the passage of the Anabolic Steroid Control Act of 1990;
- Replacement of the list of 23 steroids with a list of 59 steroids, including both intrinsically active steroids as well as steroid metabolic precursors;
- Automatic scheduling of the salts, esters, and ethers of Schedule III anabolic steroids without the need to prove that the salts, esters, or ethers promote muscle growth;
- Removal of the automatic scheduling of isomers of steroids listed as Schedule III anabolic steroids; and
- Addition of dehydroepiandrosterone to the list of excluded substances.

According to the House Report, the purpose of the Act is “to prevent the abuse of steroids by professional athletes. It will also address the widespread use of steroids and steroid precursors by college, high school, and even middle school students.”

Explanation of Disciplinary Terms

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

Revocation or Revoked—The license is revoked, and the licensee’s right to practice or operate a Board-licensed entity is ended.

Revoked, Stayed—The license is revoked, the revocation is put on hold, and the license is subject to probationary conditions, which may include suspension of the right to practice.

Stayed—The revocation of suspension is postponed, and the license is put on probation.

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



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 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 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 license is reinstated with specified terms and conditions.

Disciplinary Actions

From July 1, 2005 through June 21, 2006, the following licenses have been disciplined through action taken by the Board:

Revoked Pharmacist and Pharmacy Technician Licenses

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

Albright, William Louis, RPH 27645, Del Mar, CA—Case 2721
Decision effective 07/1/05

Anderson, Matthew D., TCH 29247, Citrus Heights, CA—Case 2840
Decision effective 09/22/05

Areepong, Nalinee, RPH 38357, Montebello, CA—Case 2762
Decision effective 09/22/05

Baldisseri, Robert, RPH 26360, Novato, CA—Case 2827
Decision effective 07/28/05

Barker, Keith Raymond, TCH 54053, Chico, CA—Case 2862
Decision effective 04/12/06

Baty, La Ronda A., TCH 29519, Riverside, CA—Case 2866
Decision effective 01/27/06

Bergman, Erik T., TCH 27598, San Diego, CA—Case 2803
Decision effective 02/17/06

Chou, Robert, TCH 17546, San Francisco, CA—Case 2738
Decision effective 10/19/05

Delaplace, Patrice Marlene, RPH 26424, Santa Rosa, CA—Case 2911
Decision effective 02/22/06

De La Torre, Gloria, TCH 36691, San Diego, CA—Case 2788
Decision effective 08/12/05

Des Roches, Leslie J., TCH 36106, Pomona, CA—Case 2846
Decision effective 08/05/05

Dibenedetto, Lori H., RPH 49700, Exeter, NH—Case 2810
Decision effective 08/18/05

Donnelly, Kimberly M., TCH 39022, Westminster, CA—Case 2884
Decision effective 11/16/05

Ebrahim, Tarek M., RPH 36038, Glendale, CA—Case 2856
Decision effective 05/31/06

Gallegos, Kathy E., TCH 31084, Irvine, CA—Case 2832

Decision effective 04/05/06

Guerrero, Nellie, TCH 19426, Los Angeles, CA—Case 2839
Decision effective 05/31/06

Guzman, Minerva P., TCH31508, La Habra, CA—Case 2841
Decision effective 07/28/05

Haynes, Stacy Rae, TCH 40047, Roseville, CA—Case 2817
Decision effective 10/19/05

Heal, Christine Marie, TCH 39132, Rialto, CA—Case 2735
Decision effective 02/22/06

Jardon, Araceli, TCH 29177, Fresno, CA—Case 2869
Decision effective 04/28/06

Kiefer, Kelly M., TCH 35554, Ventura, CA—Case 2854
Decision effective 03/08/06

Land, Angela C., TCH 48721, Lakeside, CA—Case 2872
Decision effective 02/22/06

Markovsky, Julia A., TCH 55314, Tarzana, CA—Case 2863
Decision effective 12/07/05

Marsh, Robert Russell, TCH 38870, Garden Grove, CA—Case 2897
Decision effective 01/17/06

McGinnis, Heather Schutt, TCH 46453, Oakland, CA—Case 2905
Decision effective 06/21/06

Nagy, Pamela Gita, TCH 17441, Granada Hills, CA—Case 2853
Decision effective 04/28/06

Ochoa, Melissa, TCH 37662, Bakersfield, CA—Case 2816
Decision effective 05/31/06

O'Haimhirgin, Aibhne, RPH 49485, Dublin, Ireland—Case 2938
Decision effective 06/15/06

Pearson, Colette, RPH 43483, Hesperia, CA—Case 2859
Decision effective 04/05/06

Petersberger-Moore, Irene E., TCH 54654, Citrus Heights, CA—Case 2808
Decision effective 08/18/05

Petrovsky, Mary C., TCH 33453, Santa Rosa, CA—Case 2913
Decision effective 01/04/06

Pham, Anthony, TCH 57172, Fountain Valley, CA—Case 2852
Decision effective 09/22/05

Rodriguez, Adriana L., TCH 46043, Duarte, CA—Case 2889
Decision effective 12/07/05

Rodriguez, David Michael, TCH 7121,

San Fernando, CA—Case 2855
Decision effective 01/18/06

Rutan, Amber Colleen, TCH 42019, Modesto, CA—Case 2857
Decision effective 12/23/05

Sanchez, Karen Marie, TCH 41514, Gilroy, CA—Case 2850
Decision effective 08/05/05

Shriver, Shana G., TCH 24111, Chico, CA—Case 2921
Decision effective 04/28/06

Simental, III, Andrew, TCH 43778, Victorville, CA—Case 2847
Decision effective 09/16/05

Spears, Nina B., TCH 3121, Salida, CA—Case 2809
Decision effective 09/28/05

Tuliao, Aplonio, TCH 36770, South San Francisco, CA—Case 2952
Decision effective 05/31/06

Urval, Raviraj, RPH 47019, Santa Clarita, CA—Case 2796
Decision effective 01/18/06

West-Lackey, Jennifer, RPH 41647, Folsom, CA—Case 2867
Decision effective 12/23/05

Williams, Christian, TCH 44940, Ventura, CA—Administration Case 2871
Decision effective 05/31/06

Wilson, Jeannie Kim, TCH 731, Bakersfield, CA—Case 2837
Decision effective 07/28/05

Wilson, Steve Eduardo, TCH 40830, Los Angeles, CA—Case 2886
Decision effective 04/05/06

Yuskin, Georgios C., TCH 40838, Palm Desert, CA—Case 2801
Decision effective 08/12/05

Zarco, Emmanuel, TCH 50747, Vallejo, CA—Case 2892
Decision effective 11/02/05

Revoked Pharmacy Licenses

The following pharmacies are no longer licensed and may not operate.

Echo Park Pharmacy, PHY 40631, Los Angeles, CA—Case 2856
Decision effective 05/31/06

Farmacia Pacifica, PHY 34312, Huntington Park, CA—Case 2856
Decision effective 05/31/06

Disciplinary Actions

Continued from Page 21

Valley Homecare Pharmacy, PHY
45565, Northridge, CA—Case 2771
Decision effective 10/06/05

Pharmacist Licenses Revoked, Stayed, Three Years' Probation

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

Berger, Arthur Howard, RPH 30997, Agoura Hills, CA—Case 2279
The terms and conditions of probation also include the suspension from practicing pharmacy for 60 days and prohibit ownership of any Board-licensed entity.
Decision effective 08/12/05

Hoerrner, Jennifer, RPH 52366, San Diego, CA—Case 2724

The terms and conditions of probation also require a written and signed public letter, approved by the Board, for display and distribution to pharmacy schools in California.

Decision effective 09/02/05

Jurewitz, Dawn Elaine, RPH 41520, Elk Grove, CA—Case 2768

Decision effective 10/20/05

Ko, Yung Cheng, RPH 43037, Irvine, CA—Case 2697

The terms and conditions of probation also include suspension from practicing pharmacy for 15 days. Licensee may be PIC with a consultant.

Decision effective 08/12/05

Patel, Paragi, RPH 49421, San Leandro, CA—Case 2838

The terms and conditions of probation also permits licensee to continue to be PIC but with a consultant.

Decision effective 07/20/05

Zarrinam, Majid, RPH 41736, Los Angeles, CA—Case 2787

The terms and conditions of probation also include the suspension from practicing pharmacy until approved by the Board and prohibit ownership of any Board-licensed entity.

Decision effective 09/02/05

Pharmacy Licenses Revoked, Stayed, Three Years' Probation

The following licenses were revoked, the revocations were placed on hold, and the licenses were placed on probation. If the terms or conditions of probation are not followed, the original revocation can be reinstated.

Elmhurst Pharmacy, PHY 39924, Oakland, CA—Case 2686

Decision effective 07/20/05

Mariner's Pharmacy, PHY 39924, Newport Beach, CA—Case 2697

The terms and conditions of probation also include suspension of the operation of pharmacy for 15 days.

Decision effective 08/12/05

Newland Pharmacy, PHY 43969, Westminster, CA—Case 2625

The terms and conditions of probation also include conducting a presentation on legal requirements for sending prescription drugs to Vietnam.

Decision effective 08/12/05

Sinai Pharmacy, PHY 35347, Reseda, CA—Case 2787

Decision effective 09/02/05

Pharmacist License Revoked, Stayed, Four Years' Probation

The following license was revoked, the revocation was placed on hold and the license was placed on probation. If the terms or conditions of probation are not followed, the original revocation can be reinstated.

Marton, Gary Lee, RPH 44435, Fallbrook, CA—Case 2836

Decision effective 11/16/05

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

The following licenses were revoked, the revocation was placed on hold, and the licenses were placed on probation. If the terms or conditions of probation are not followed, the original revocations can be reinstated.

Chau, Loan, TCH 54960, Newark, CA—Statement of Issues Case 2826

Decision effective 08/05/05

Cody, Morris Hyman, RPH 25302,

Woodland Hills, CA—Case 2724

The terms and conditions of probation also require a written and signed public letter, approved by the Board, for display and distribution to students, employees and instructors of associated school.

Decision effective 09/02/05

Daniels, Cynthia Ann, RPH 46850, Rocklin, CA—Case 2798

The terms and conditions of probation also include suspension from practicing as a pharmacist until approved by the Board, prohibit ownership of any Board-licensed entity, and practice must be supervised.

Decision effective 08/12/05

Eich, Irving Gary, RPH 38094, Soulsbyville, CA—Case 2780

The terms and conditions of probation also include suspension from practicing as a pharmacist until approved by the Board, prohibit ownership of any Board-licensed entity, and practice must be supervised.

Decision effective 10/06/05

Gebhard, Sybil Stramier, RPH 35430, San Jose, CA—Case 2755

The terms and conditions of probation also prohibit ownership of a Board-licensed entity, and practice must be supervised.

Decision effective 12/23/05

Hickey, Melanie M., RPH 36032, El Cajon, CA—Case 2813

Decision effective 01/18/06

Hirning, Frederic C., RPH 26554, Lodi, CA—Case 2709

The terms and conditions of probation also include the suspension of practicing as a pharmacist for four months and prohibit ownership in any Board-licensed entity.

Decision effective 11/02/05

Howard-Bennett, Susan, RPH 46815, Grass Valley, CA—Case 2747

The terms and conditions of probation also include suspension from practicing pharmacy for one year (shall be given credit for time not practicing) and prohibit ownership of any Board-licensed entity. Practice must be supervised.

Decision effective 09/02/05

Huynh, David Lee, RPH 28576, Woodland Hills, CA—Case 2781

The terms and conditions of probation also include suspension from practicing pharmacy until approved by the Board and prohibit ownership of any Board-licensed entity.

Decision effective 04/05/06

Lease Oberhaus, Kristin, RPH 52971, South Lake Tahoe, CA—Case 2815

The terms and conditions of probation also include suspension from practicing pharmacy until approved by the Board, prohibit ownership of any Board-licensed entity, and practice must be supervised.

Decision effective 11/10/05

MacMillan, David Ian, RPH 39593, Trabuco Canyon, CA—Case 2831

The terms and conditions of probation also include the suspension from practicing pharmacy for 90 days (shall be given credit for time not practicing) and prohibit ownership of a Board-licensed entity.

Decision effective 09/16/05

Mecchi, Lisa Carol, RPH 33224, Sacramento, CA—Case 2776

The terms and conditions of probation also include the suspension from practicing pharmacy for 60 days and prohibit ownership of any Board-licensed entity.

Decision effective 07/28/05

O'Shaughnessy, Kathy, RPH 41532, Antioch, CA—Case 2874

The terms and conditions of probation also include suspension from practicing pharmacy for 60 days (shall be given credit for time not practicing), and practice must be supervised.

Decision effective 04/12/06

Pittman, Adam, RPH 51848, Hemet, CA—Case 2741

The terms and conditions of probation also prohibit ownership of any Board-licensed entity.

Decision effective 05/31/05

Rystad, Lisa Marie, TCH 16559, Sacramento, CA—Case 2878

The terms and conditions of probation also include suspension from practicing as a pharmacy technician until approved by the Board.

Decision effective 06/15/06

Steigleder, III, Charles John, RPH 30300, Chatsworth, CA—Case 2729

Decision effective 09/16/05

Wells, Sonya Lee, RPH 41039, Roseville, CA—Case 2804

Decision effective 07/01/05

Voluntarily Surrendered Personal Licenses

Because of disciplinary action by the Board, the licenses of the following individuals were surrendered.

Bacon, Bryan Lee, RPH 37233, Redding, CA—Case 2848

Decision effective 03/24/06

Blannin, Antoinette M., TCH 12836, Yorba Linda, CA—Case 2790

Decision effective 07/20/05

Bryant, Rubin, TCH 12034, Los Angeles, CA—Case 2618

Decision effective 07/20/05

Cornelius, Sandra, TCH 6156, Ridgecrest, CA—Case 2609

Decision effective 10/06/05

Davoodi, Siamak, RPH 47560, Los Angeles, CA—Case 2756

Decision effective 03/08/06

Debaun, Kevin, TCH 45180, Chula Vista, CA—Case 2891

Decision effective 05/31/06

Gerbovaz, Todd, EXC 13962, Newbury Park, CA—Case 2632.

Decision effective 11/16/05

Gonsalves, Paul, TCH 23109, Novato, CA—Case 2799

Decision effective 04/12/06

Henry, Leila Noel, TCH 22978, North Hollywood, CA—Case 2823

Decision effective 02/17/06

Lundstad, Lance John, RPH 40910, LaCrosse, WI—Case 2831

Decision effective 08/18/05

Moore, Traci Kathleen, TCH 41209, Santa Ana, CA—Case 2838

Decision effective 08/12/05

Morales, Michael Clemente, RPH 35319, Chula Vista, CA—Case 2860

Decision effective 02/17/06

Nguyen, Huy Huu, RPH 46345, Long Beach, CA—Case 2795

Decision effective 01/04/06

Nguyen, Quynh Huu, RPH 36158, Long Beach, CA—Case 2795

Decision effective 01/04/06

Solano, Josie, TCH 25665, Santa Ana, CA—Case 2901

Decision effective 0/21/06

Stepner, Neil, RPH 23460, Beverly Hills, CA—Case 2771

Decision effective 10/06/05

Thompson, Angela, TCH 38526, Mission Viejo, CA—Case 2936

Decision effective 05/31/06

Watson, Jennifer Lynn, TCH 39359, Modesto, CA—Case 2775

Decision effective 01/18/06

Voluntarily Surrendered Site Licenses

Because of disciplinary action by the Board, the licenses of the following entities were surrendered.

Empire Pharmaceuticals, WLS 3342,

Newbury Park, CA—Case 2605

Decision effective 11/16/05

Mekong Pharmacy, PHY 41664, Long Beach, CA—Case 2795

Decision effective 01/04/06

S.N.G. Pharmacy, PHY 45833, Los Angeles, CA—Case 2756

Decision effective 03/08/06

Petitions for Reinstatement

Bailey, Erik Paden, RPH 47139, Moorpark, CA—Case 2980

A petition for reinstatement was granted, the license was immediately revoked, the revocation was stayed, and the license was placed on five years' probation.

Decision effective 03/08/06

Ike, Helene Kuedituka, RPH 31704, Rancho Cucamonga, CA—Case 2972

A petition for reinstatement was granted, the license was immediately revoked, the revocation was stayed, and the license was placed on two years' probation.

Decision effective 01/26/06

Letter of Public Reprimand

Pet Med Express, Inc., NRP 341, Pompano Beach, FL—Case 2693

Through a disciplinary action of the Board, the license was subject to a letter of public reprimand.

Decision effective 07/28/05

Letter of Admonishment

Sekhon, Maggie, TCH 33, Union City, CA—Case 2939

Through a disciplinary action of the Board, the license was subject to a letter of admonishment.

Decision effective 04/21/06



This newsletter is published by the

**California State Board of Pharmacy
Department of Consumer Affairs**

1625 N. Market Blvd., Suite N 219

Sacramento, CA 95834-1924

(916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BOARD MEMBERS

William Powers, Public Member
President

Kenneth H. Schell, Pharm. D.
Vice President

Ruth M. Conroy, Pharm. D.
Treasurer

Stanley W. Goldenberg, R. Ph.

Clarence K. Hiura, Pharm. D.

Henry Hough, Public Member

Susan Ravnan, Pharm. D.

Robert E. Swart, Pharm. D.

Andrea Zinder, Public Member

Virginia Herold
Interim Executive Officer

Hope Tamraz
Editor

Victor Perez
Layout/Designer



California State Board of Pharmacy, Board Members, July 2006

Kenneth Schell, Stanley Goldenberg, Robert Swart, Ruth Conroy, William Powers, Andrea Zinder, Clarence Hiura, Henry Hough,
Susan Ravnan (not shown)