



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY JULY 2007

President's Message



By William Powers
Public Member
President, Board of Pharmacy

Prescription errors, and how to prevent them, continues to command much of the public's attention. In March, the SCR 49 Medication Error Panel released its report "Prescription for Improving Patient Safety: Addressing Medication Errors." The panel met over a year's period and was comprised of

representatives from health care, consumer groups and academia.

The report states that in the US, drug-related morbidity and mortality costs exceed \$177 billion per year, and cites that the Institute of Medicine estimate that "at least 1.5 million Americans are sickened, injured or killed each year by medication errors." In California, the report converts these figures to \$17 billion and harm to 150,000 Californians each year.

The report goes on to state that "Perhaps the most concerning aspect of these errors is the tremendous human and financial costs are not the result of some serious disease, but rather, well-intentioned attempts to treat or prevent disease."

The report then makes recommendations for action in the following areas: communication improvements, consumer education needed, pharmacy standards and incentives, training and education for health care providers, research and reimbursement to pharmacists.

This year, there were four prescription container-labeling bills introduced in the California Legislature to address some of the recommendations.

A summary of the SCR 49 report ("Prescription for Improving Patient Safety: Addressing Medication Errors") can be found on Page 4, and the complete report can be obtained from PFC's Web site: <http://www.pharmacyfoundation.org/medicationerrors>.

Also, in late March 2007, ABC News "20/20" aired the results of a two-month undercover operation at several large chain-store pharmacies outside

See *President's Message*, Page 2

Pharmacy Self-Assessments being updated

California Code of Regulations section 1715 requires each pharmacy to complete a self-assessment before July 1 of every odd numbered year, or within 30 days of a change in pharmacist-in-charge or the opening of a new pharmacy. This section currently requires completion of the 2005 version of the form.

The Board has recently updated the "Community Pharmacy and Hospital Outpatient Pharmacy Self-Assessment Form" to incorporate changes made to Pharmacy Law since 2005 and included this form on the Board's Web site.

See *Pharmacy Self-Assessments updated*, Page 3

In This Issue

President's Message.....	Front Page
Pharmacy Self-Assessments being updated.....	Front Page
Board enforces Quality Assurance Programs.....	Page 2
Virginia Herold is the Board's new Executive Officer.....	Page 3
Prescription for Improving Patient Safety.....	Page 4
Not the Proper Mix.....	Page 5
What to do if drugs and/or patient info is stolen.....	Page 6
Board invites nominations to acknowledge preceptors.....	Page 7
Pharmacist Scholarship and Loan Repayment Program.....	Page 8
Changes in the Board.....	Page 8
Regulation Update Summary.....	Page 9
Patient privacy when speaking on the telephone.....	Page 9
Board honors pharmacists registered 50 years.....	Page 10
Frequently Asked Questions.....	Page 11
Wholesaler Self-Assessment is here.....	Page 12
FDA requests label changes.....	Page 13
No CE required for 1st pharmacist license renewal.....	Page 13
Incentives for Transferring Prescription.....	Page 13
Pill splitting isn't for everyone.....	Page 14
Return of Unused Prescriptions to the Pharmacy.....	Page 14
Disaster & emergency response teams need volunteers.....	Page 15
CE hours awarded for attending meeting.....	Page 16
Prescriptions written by out-of-state prescribers.....	Page 17
Correction (SB 1475).....	Page 17
Explanation of Disciplinary Terms.....	Page 18
Disciplinary Actions.....	Page 18
Looking for answers to Pharmacy Law questions?.....	Page 20
Are you on the Board's E-Mail notification list?.....	Page 20
Board staff member shares \$72 million lottery!.....	Page 20

Board enforces Quality Assurance Programs and encourages voluntary medication error reporting

Medication errors account for almost 27 percent of the complaints investigated by the Board during the past three years. Reduction of medication errors has been one of the Board's major goals. To that end, the Board sponsored legislation that enacted section 4125 of the Business and Professions Code, which requires all California pharmacies to have a quality assurance program to analyze medication errors that are attributable to the pharmacy or its personnel. The information obtained through this quality assurance program is considered peer review documentation and not subject to discovery in any arbitration, civil, or other proceeding except as necessary to protect the public health and safety. The objective is for pharmacies to identify and correct what led to the error, so the error will not recur. Also important is the voluntary reporting of medication errors to appropriate agencies who pool and analyze medication error information obtained from all types of healthcare practitioners, manufacturers, and consumers and alert the profession to error trends.

Medication errors can be reduced when health professionals learn from others, and the Board strongly encourages the profession to voluntarily report errors to one of the following :

1. The Institute of Safe Medication Practices at www.ismp.org/
2. The United States USP by:
 - Going online to www.usp.org and using their secure online form; or
 - Requesting an error reporting form by calling Toll Free 1-800-23-ERROR (1-800 233-7767); or
 - Downloading and printing the PDF error-reporting form and faxing it to 301-816-8532 or mailing it to USP CAPS, 12601 Twinbrook Parkway, Rockville, MD 20852-1790.

Adverse drug events can be reported to the FDA's Medwatch program by calling (800-FDA-1088) or going online at www.fda.gov/medwatch/.

President's Message

Continued from Page 1

California. Although no incorrect medicine was dispensed, in more than one in five cases, the pharmacies made some type of error in dispensing: faulty or missing instructions on the label, too many or too few pills in the container, and failure to use a child-proof cap on a container of a powerful medicine for bipolar disorder. While no harm to patients was discovered during the test period,

past errors that caused significant patient harm were highlighted. Most importantly, the undercover test found that patient counseling, mandated by state and federal law, was offered in only 27 out of 100 purchases of new prescriptions.

Since 2001, the Board of Pharmacy sponsored legislation to require pharmacies to evaluate and examine all

Medication or prescription errors, usually single acts and the result of human mistakes, can occur at any point along the drug therapy course, from prescribing through transcribing, dispensing, administering, and monitoring. Examples of dispensing prescription errors include:

- The wrong drug (inappropriate for the patient's condition) is ordered by the prescriber.
- Incorrect information is entered on the label of the prescription container.
- A prescription is dispensed with the wrong drug or wrong dosage.
- A drug is dispensed that is contraindicated if taken with another drug.

Other consistent problems contributing to prescription errors are the absence or presence of leading/trailing zeroes (computerized placeholders which are zeroes before and after the decimal point), misinterpreted abbreviations, and incomplete medication orders. Also, errors can be caused by poor communication, similarities in product names, ambiguities in directions for use or medical abbreviations, unclear labeling, or poor pharmacy procedures or techniques.

According to written comments received by the Board, some pharmacists feel that their workload—the number of prescriptions to be filled without sufficient staffing—may also cause prescription errors. Consequently, the Board, when mediating a prescription error complaint, documents the number of prescriptions filled (new prescriptions and refills) and the staffing of the pharmacy on the day of the error. If it is determined that workload factors contributed to a medication error, the pharmacy owner and the pharmacist-in-charge may be cited and fined.

All the above programs work only because thoughtful practitioners report incidents, confident that the purpose of reporting, recording, and tracking medication errors is to aid in understanding why the errors occurred and take preventive and corrective action to preclude recurrence.

prescription errors where the medicine reached the patients, as a means to prevent future errors.

Over the coming months the Board will continue to examine the recommendations of the SCR 49 report and others to reduce prescription errors.

See President's Message, Page 3

Virginia Herold is the Board's new Executive Officer

The Board of Pharmacy selected Virginia "Giny" Herold to serve as the new executive officer, and she was sworn in by President Bill Powers at the January 2007 Board meeting.

A graduate of the University of California, Davis, Ms. Herold holds Bachelor of Science and Master of Science degrees. She has focused her subsequent career on consumer protection. Before coming to the Board as assistant executive officer in January 1990, she served as publications editor for the Department of Consumer Affairs and manager of the Department of Consumer Affairs Legislation Unit.

Ms. Herold will maintain oversight of the Board's legislative program and work to assure implementation of the Board's policies, budget, and proper operation of the Board's enforcement, licensing, and examination programs. Ms. Herold will advance development of valid and job-related pharmacist license examinations for California through her oversight of the licensing activities of 12 separate regulatory programs, with 25 categories of licensure.

Equally important, Ms. Herold will continue to coordinate the Board's public education and communication programs and will pursue budget augmentations and redirection of staff and resources to balance the Board's public protection goals and budget constraints.

Ms. Herold's focus on consumer protection and her 17 years' experience with the Board as assistant executive officer provide her with the unique qualifications necessary for her success in continuing the Board's commitment to public protection.



Virginia Herold, Executive Officer with William Powers, President, Board of Pharmacy

President's Message

Continued from Page 2

Patient consultation has been mandatory in California since late 1992, and such consultation is vital to good patient care as well providing an important means to prevent errors. Most patients are unfamiliar with the myriad of drugs available via prescription. Also, they frequently don't ask questions about their medicine and therapy. Pharmacist consultation fills these voids and can prevent medication errors.

On another topic, in February the Board submitted comments to the Centers for Medicare and Medicaid Services that were critical of a proposed federal rule basing pharmacy reimbursement upon average manufacturer's price. The Board's concern is that such reimbursement may lead to decreased access for Medicaid patients to pharmacies, since reimbursement for some medication would be below a pharmacy's acquisition costs.

Lastly, I invite and encourage you to attend a future Board of Pharmacy meeting. There is no registration required—you simply show up. A list of meetings can be obtained from the Board's Web site, or you can be notified of meeting agendas by joining the Web site's subscriber list.

Pharmacy Self-Assessments updated

Continued from Page 1

However, section 1715 has not yet been amended to require completion of the 2007 form.

To remain compliant with section 1715, each community pharmacy must complete the 2005 version as stated in the regulation.

While the Board cannot mandate the completion of the 2007 form, the Board encourages that the pharmacist-in-charge use the 2007 version of the form when completing the self-assessment to make the self-assessment process more meaningful.

When the Board inspects a pharmacy, an inspector will ask to see the self-assessment form. If the form is not on file, it is a violation of pharmacy law. The Board will consider the pharmacy to be compliant if there is either a 2007 or 2005 version of the self-assessment, signed by the current PIC.

Meanwhile, the Board is pursuing the formal process to officially require the 2007 form in regulation.

Prescription for Improving Patient Safety: Addressing Medication Errors

The following is a summary of the report provided by The Medication Errors Panel, established pursuant to California Senate Concurrent Resolution 49.

A medication error is any preventable event occurring in the medication-use process, including prescribing, transcribing, dispensing, using and monitoring, that results in inappropriate medication use or patient harm.

The most recent estimate of costs associated with drug-related morbidity and mortality in the U.S. exceeds \$177 billion per year. Amazingly, this amount is significantly greater than the amount actually spent on prescription drugs during the same year. In terms of patient harm, the Institute of Medicine projects that at least 1.5 million Americans are sickened, injured or killed each year by medication errors. Extrapolating these figures to California suggests that on an annual basis, the problem costs our state \$17.7 billion and causes harm to 150,000 Californians.

Pursuant to California Senate Concurrent Resolution 49, the Medication Errors Panel was formed in 2006 to study the causes of medication errors in the outpatient setting and to recommend changes to the health care system that would reduce errors associated with prescription and over-the-counter medication use.

The panel consisted of two Senators, two Assembly members and 13 persons representing academia, consumer advocacy groups, health professions (medicine, nursing, public health and pharmacy), health plans, the pharmaceutical industry, and community pharmacies. Regulatory boards, such as the California State Board of Pharmacy and the Medical Board of California, were not included.

During 2006, the panel met 12 times to hear and discuss testimony

from 32 speakers, respected state and national leaders in the fields of pharmacy practice, medicine, medical technology, healthcare regulation, academia, and the pharmaceutical industry.

Panel Recommendations

On March 6, 2007, the Panel released its report containing 12 recommendations developed within various subject areas:

Communication Improvements, improving the quality and accuracy of communications between prescribers, pharmacists and patients.

1. Improve the legibility of handwritten prescriptions, and establish a deadline for prescribers and pharmacies to use electronic prescribing.
2. Require that the intended use of the medication be included on all prescriptions and require that the intended use be included on the medication label unless disapproved by the prescriber or patient.
3. Improve access to and awareness of language translation services by pharmacists at community pharmacies and encourage consumers to seek out pharmacists who speak their language and understand their cultural needs.
4. Promote development and use of medication packaging, dispensing systems, prescription container labels and written supplemental materials that effectively communicate to consumers accurate, easy-to-understand information about the risks and benefits of their medication, and how and where to obtain medication consultation from a pharmacist.

Consumer Education, increasing consumer awareness regarding the

proper use—and dangers of misuse—of prescription and over-the-counter medications.

5. Identify and disseminate information about best practices and effective methods for educating consumers about their role in reducing medication errors.
6. Establish an on-going public education campaign to prevent medication errors, targeting outpatients and persons in community settings.
7. Develop and implement strategies to increase the involvement of public and private sector entities in educating consumers about improving medication safety and effectiveness.

Pharmacy Standards and Incentives, focusing on information and medication consultations given by pharmacists to their patients as a means of educating consumers about drug safety.

8. Help ensure quality and consistency of medication consultation provided by pharmacists within and among pharmacies.
9. Establish standards for Medication Therapy Management (MTM) programs and create incentives for their implementation and ongoing use by pharmacists and other healthcare providers.

Training and Education for Healthcare Providers, focusing on various medication safety practices.

10. Create training requirements for pharmacists and other healthcare professionals that address medication safety practices and related programs, including medication consultation

See Medication Errors, Page 5

Medication Errors

Continued from Page 4

and medication therapy management programs.

Research, obtaining information about the incidence, nature, and frequency of medication errors in the community setting.

11. Establish and support efforts to collect data regarding the nature and prevalence of medication errors and prevention methods for reducing errors, especially focused on persons at high risk for medication errors and on community, ambulatory and outpatient settings.

Other, addressing the obstacles that pharmacists face in providing drug consultation to patients, encompassing a variety of factors such as manpower shortages and lack of payment systems to cover the time and expense associated with these tasks. Before additional duties can be imposed upon pharmacists in outpatient settings, these issues must be addressed:

12. Convene a panel of stakeholders to identify and propose specific actions and strategies to overcome barriers to qualified pharmacists being recognized and paid as health care providers.

Perhaps the most disturbing aspect of medication errors is that the tremendous human and financial costs are not the result of some serious disease, but rather well-intentioned efforts to treat or prevent illness. Those well-intentioned efforts must be matched by our continuing efforts to discover ways to prevent medication errors.

Not the Proper Mix

(The information below is reprinted from a copyrighted article published in the *Medication Safety Alert!* Volume 6, Issue 2, February 2007, and permission to use was granted by the ISMP (Institute for Safe Medication Practice).

A patient's father arrived at a community pharmacy to pick up an antibiotic, amoxicillin suspension 250mg/5 mL, for his child. However, unmixed amoxicillin powder was dispensed. When he got home, the father measured 9 mL of powder, not 9 mL of liquid as intended by the instructions on the pharmacy-generated label. After administering the powder to his child, the patient's father thought it was unusual that it was a powdered and not a liquid medication, so he called the pharmacy. It was then discovered that the patient received 9 grams of amoxicillin in one dose instead of the intended 450 milligrams.

The pharmacy where this event occurred follows a process to prepare and dispense reconstituted medications that is followed in many pharmacies across the country. The antibiotic is pulled from the shelf and the pharmacy-generated label is affixed. The pharmacist then verifies the prescription and medication and then bags the medication with a "mix card" that informs the clerk that the medication requires mixing. The medication is then left in the "will call" area until the patient comes to pick it up. Once the patient arrives at the pharmacy, the medication is reconstituted and dispensed. However, on the day of this event, a new pharmacist neglected to bag the prescription with the "mix card." The clerk that dispensed the medication also was a new employee and also not familiar with the "mix card" procedure. The clerk gave the unmixed medication to the patient's father who had come to pick it up. It appears from the report that no pharmacist consultation occurred.

The pharmacist who reported this event discussed this medication error with a few of his colleagues. The response he received is very interesting and probably not all that uncommon. The majority stated they had witnessed this type of medication error previously or were aware of it occurring with some regularity. However, the pharmacists were not really concerned because it seemed the error was easily identifiable by the patient, and once identified the patient would generally return to the pharmacy. The pharmacists also commented that the reason the error is not generally reported is that the situation is typically remedied before exposure and thus regarded as a near miss. Unfortunately, in this particular situation that wasn't the case. Please note that ISMP does not agree with the way of thinking expressed by the pharmacists surveyed above [nor does the California State Board of Pharmacy].

Just relying on a reminder placed on or with the bag was not enough. A near miss should be clear evidence that a serious event could occur. Evaluate your systems for reporting and sharing near misses. Develop system-based error reduction strategies when actual errors or near misses are identified. Consider placing new prescriptions for oral liquid medications, especially those that need to be reconstituted, in a separate area away from other prescriptions waiting to be picked up. Mark this area as "not to be dispensed without speaking to the pharmacist." This may help remind staff that the product needs to be mixed and that a pharmacist should review directions with the patient or caregiver. Review the label and directions for use with the patient. Ensure that oral syringes (without caps) or other appropriate measuring devices are readily available with the product or for purchase at your practice site. Provide education to patients and caregivers regarding proper use of the measuring device. Demonstrate how to measure and administer the dose and inform them how to clean the device, if it is to be reused. In the case mentioned above, effective counseling would likely have stopped this error from reaching the child.

What to do if drugs and/or patient information is stolen

Your pharmacy was broken-into; drugs and/or the computer containing the pharmacy's patients' medical health records were stolen. What do you do?

Stolen Drugs

1. Notify law enforcement of the theft immediately upon discovery of the theft.
2. Notify the field division office of the Drug Enforcement Administration immediately upon discovery of the theft, and also submit a completed DEA 106 Form to DEA (Title 21 Code of Federal Regulations section 1301.76(b)).
3. Notify the Department of Justice within 3 days after discovery of the theft (Health and Safety Code section 11103).
4. Notify the Board of Pharmacy within 30 days after discovery of the theft, and include the stolen drug amounts and strengths (California Code of Regulations section 1715.6).

Before experiencing a break-in, owners should conduct an evaluation of the pharmacy's roof and walls, especially if there are common walls between the pharmacy and office suites. Thieves in Los Angeles broke into a medical building, then into a physician's office, and then simply cut a hole in the dry wall of the physician's office into the pharmacy. Reinforcement of the pharmacy walls and ceiling could be considered. Other monitoring methods, such as motion sensors as well as security cameras, could be used, and rotating how the controlled substances are stored might also be considered.

Stolen Medical Records

The following recommendations for protecting your patients' stolen medication records were formulated by the California Office of Privacy Protection.

1. Notify law enforcement of the theft and security breach.
2. Take necessary steps to contain and control the systems affected by the security breach, and conduct a preliminary internal assessment of the scope of the breach.
3. Notify affected patients within 10 business days unless law enforcement advises that such notification would impede their investigation.

Medical records at most pharmacies can include names, addresses and phone numbers as well as Social Security numbers, birth dates, disease information, prescriptions, insurance numbers, Medicare and Medicaid numbers. This information can be used not only for identity theft, but also to obtain medical treatment in victims' names, corrupt medical records and file false insurance claims. Patients whose records have been stolen may get the wrong medical treatment, find their insurance exhausted or become uninsurable. As a result, privacy laws in California require that "victims" receive early warnings when their personal information may have fallen into the hands of an unauthorized person, so that they can take steps to protect themselves against such disastrous developments.

Underlying Law

California law on Notice of Security Breach: California Civil Code section 1798.29 applies to government agencies, and sections 1798.82-84 apply to any person or entity doing business in California. These laws specify that notification of California residents affected by the breach may be provided in writing, electronically (pursuant to 15 U.S. Code 7001 relating to electronic records and signatures), or by substitute notice. Substitute notice includes:

- E-mail when the e-mail address is available, AND
- Conspicuous posting on Web site, AND
- Notification of major statewide media.

If dealing with 10,000 or more affected individuals, contact consumer credit reporting agencies while preparing to give notice to affected individuals. E-mail addresses for these agencies are:

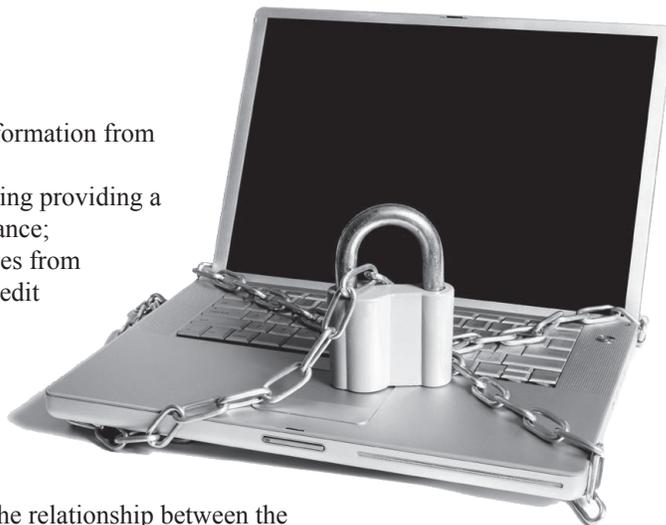
- Experian: *BusinessRecordVictimAssistance@Experian.com*
- Equifax: *businessrecordsecurity@equifax.com*
- TransUnion: *fvad@transunion.com*, with "Database Compromise" as the subject.

Drugs and/or patient information stolen

Continued from Page 6

Notification to individuals should contain:

- A general description of what happened;
- The type of information involved;
- What you have done to protect the individual's personal information from further unauthorized acquisition;
- What your organization will do to assist individuals, including providing a toll-free telephone number for more information and assistance;
- Information on what individuals can do to protect themselves from identity theft, including contact information for the three credit reporting agencies;
- Contact information for the California Office of Privacy Protection (www.privacy.ca.gov) and/or the Federal Trade Commission (www.ftc.gov) for additional information on protection against identity theft.



Protecting the patient's privacy is a highly important aspect of the relationship between the patient and his or her pharmacist. While it is critical for the pharmacy to maintain the patients' medical records, it is just as critical that that information be protected. Consequently, all avenues of information protection must be explored, such as the use of encryption, cabling PCs to desks, not allowing the downloading of Social Security numbers from mainframes onto PCs or laptops, and tightly restricting the number of people who are permitted to carry sensitive personal information on portable devices.

If you have questions regarding medical information theft, please contact the California Office of Privacy Protection at (866) 785-9663.

Board invites nominations to acknowledge exceptional California preceptors

Preceptors play an integral role in the development and training of future pharmacists. Recognizing the importance of contributions that preceptors make, the Board is seeking nominations for high-functioning or particularly noteworthy pharmacist preceptors for public acknowledgement and commendation. The nominees should be preceptors who have contributed significantly to the training and development of new pharmacists and have trained a number of intern pharmacists.



The selected nominees will be invited to a future Board meeting for public recognition and their names published in *The Script*.

Each nomination must include the individual's name, a description of why his or her contributions are significant and worthy of Board recognition, and three letters of recommendation supporting the nomination.

Please send your nominations to:

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

This will be an ongoing quest to acknowledge excellence, and continuing nominations are welcome.

The Pharmacist Scholarship and Loan Repayment Program needs your help

In September 2002, the California Pharmacist Scholarship and Loan Repayment Program (Business and Professions Code section 4409 and Health and Safety Code sections 128198 and 128198.5) was established to provide scholarships to pay for the educational expenses of pharmacy students and to repay qualifying loans of pharmacists who agree to serve in medically underserved areas of the state. Money for the program comes from donations, but appropriations for the program by the Legislature can be implemented only to the extent that sufficient money is available in the fund. Presently, there is only \$38,369 in the fund, which does not yet accommodate the administration of the program.

How Can You Donate?

Voluntary donations of \$25 to \$35 (inclusive) can be made by checking the appropriate box on the pharmacist or pharmacy license renewal application and including that amount in the payment check. When making a donation on a renewal application, it is extremely important to make a check mark in the appropriate box because if the check is written for more than the renewal amount and the box is NOT checked, the excess will be refunded to you.

For donations exceeding \$25, you must indicate in writing somewhere on the renewal form that the excess is intended for the Pharmacist Scholarship and Loan Repayment program, even if the donation box is checked.

Donations for more than \$35 may be mailed separately (with a note indicating that the money is for the Pharmacist Scholarship and Loan Repayment program) to:

Attn: Stephanie Clendenin, Acting Deputy Director
Office of Statewide Health Planning and Development (OSHPD)
Accounting Department
1600 9th Street, Room 450
Sacramento, CA 95814

Your donations are the basis of and critical to this program. Please make a donation when renewing your license so that assistance can be provided to those students who need your help.

Changes in the Board



*Robert E. Graul, Member,
Board of Pharmacy*

New Member

Governor Schwarzenegger appointed Robert "Bob" Graul to the Board on February 1, 2007. Mr. Graul lives in Carlsbad and currently serves as president and manager of Rancho Santa Fe Pharmacy.

Mr. Graul earned a BSc in Pharmacy from the Philadelphia College of Pharmacy and Science and an MBA from National University. He previously served as inpatient pharmacy supervisor at the Veterans Administration Medical Center in La Jolla and as staff pharmacist for University City Pharmacy and Nautilus Pharmacy. The San Diego County Pharmacists Association named Mr. Graul Pharmacist of the Year in 2005, and the California Pharmacists Association named him Innovative Pharmacist in 2007. Among other achievements, Mr. Graul has implemented the medication therapy management program in his practice and supports pharmacists as a crucial member of a patient's healthcare team.

Mr. Graul fills the community pharmacist board member position, and his term will expire on June 1, 2008.

New Officers

At the April 2007 Board meeting, William Powers was re-elected president, and Ruth Conroy, Pharm.D., was elected vice president. D. Timothy Dazé, Esq., was elected treasurer.

Regulation Update Summary

This article contains a summary of changes to Division 17, Title 16 of the California Code of Regulations. To view the exact language of the affected regulation, you may visit the Board of Pharmacy Web site at www.pharmacy.ca.gov and click on Laws and Regulations.

1706.2 (Amended) Abandonment of Application Files
Veterinary food-animal drug retailers, individuals applying to sell hypodermic needles or syringes, and designated representatives are added to the list of those whose applications will be considered abandoned if the applicants fail to complete all application requirements within 60 days after being notified by the Board of deficiencies in the file. Individuals whose files are deemed abandoned may be required to file a new application that meets all of the requirements in effect at the time of reapplication.

An applicant for a pharmacist intern license who fails to complete all application requirements within one year after being notified by the Board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements in effect at the time of reapplication.

Effective June 25, 2007.

1717.2 (Repealed) Notice of Electronic Prescription Files
 This regulation, which requires pharmacies that use and share electronic files with other pharmacies to notify

their customers that the customer can choose to not have their files shared with other pharmacies, has been repealed.

Effective March 26, 2007.

1784 (New) Self-Assessment of a Wholesaler by the Designated Representative-in-Charge
 The designated representative-in-charge of each wholesaler is required to complete a wholesaler self-assessment before July 1 of every odd-numbered year and within 30 days whenever:

1. A new wholesaler permit is issued,
2. There is a change in the designated representative-in-charge, who is responsible for compliance; or
3. There is a change of the wholesaler's address.

The completed assessment, "Wholesaler Dangerous Drugs & Dangerous Devices Self-Assessment (Form 17M-26 Rev. 8/14/06)," must be retained on the wholesale premises for three years, and the wholesaler is jointly responsible with the designated representative-in-charge for compliance with this section.

Effective April 25, 2007.

NOTE: The Board recently mailed a self-assessment to all California wholesalers. If you did not receive it, you may download the form from the Board's Web site: www.pharmacy.ca.gov.

Remember patient privacy when speaking on the telephone

The protection of patients' privacy can never be over-emphasized. Recently, there have been complaints from patients in the pharmacy who overhear a pharmacist or other pharmacy employee discussing another patient's history or drug therapy over a speakerphone. Even though a speakerphone allows the employee to continue working while discussing the patient's medical information, it also provides a way for information to be overheard by others.

An opportunity for someone to overhear another patient's information must be avoided at all times. Whenever discussing a patient's information, whether on the phone, in the pharmacy consulting area, or anywhere else in the pharmacy, be aware that your voice may carry and try to maintain a lowered voice. If you can hear the voice on the speakerphone, those near you probably can, too.

Violations involving patient privacy are subject to citation and fine, pursuant to California Code of Regulations section 1775(a)(3) and Civil Code section 56.10, et seq.



Board honors pharmacists registered for at least 50 years

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 ancient and honorable profession for so long.

Seventy one additional pharmacists were recently awarded certificates commemorating 50 years of service and invited to attend future Board meetings where they could be publicly honored. An honoree, Mel Baron, Pharm.D., Associate Professor of Clinical Pharmacy at the USC School of Pharmacy attended the January 2006 meeting, where he thanked the Board and presented them with honorary USC Pharmacist pins.

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

<i>Allen J. Addison</i>	<i>Folsom, CA</i>
<i>Aaron H. Augarten</i>	<i>Northridge, CA</i>
<i>Jack M. Balikian</i>	<i>Dana Point, CA</i>
<i>David Blumenfeld</i>	<i>Chicago, IL</i>
<i>Alfred A. Bregman</i>	<i>Woodland Hills, CA</i>
<i>Walter P. Breshears</i>	<i>Alturas, CA</i>
<i>Sharon B. Buttcan</i>	<i>Los Osos, CA</i>
<i>Samuel C. Ching</i>	<i>San Francisco, CA</i>
<i>Durward L. Colbert</i>	<i>Albuquerque, NM</i>
<i>Robert R. Cuneo Jr.</i>	<i>San Rafael, CA</i>
<i>Robert A. De Matteis</i>	<i>Porterville, CA</i>
<i>Franklin Dong</i>	<i>Sacramento, CA</i>
<i>Van T. Dumas</i>	<i>Redondo Beach, CA</i>
<i>William M. Eames</i>	<i>Lafayette, CA</i>
<i>John M. Early</i>	<i>Escondido, CA</i>
<i>George W. Econome</i>	<i>Folsom, CA</i>
<i>Catherine Irene Findley</i>	<i>Los Angeles, CA</i>
<i>James R. Gates</i>	<i>San Luis Obispo, CA</i>
<i>Earl L. Giacolini</i>	<i>Fresno, CA</i>
<i>Stanley B. Goldenberg</i>	<i>Santa Monica, CA</i>
<i>Sherwin Goldsobel</i>	<i>Los Angeles, CA</i>
<i>Steven Grafos</i>	<i>North Hollywood, CA</i>
<i>Kenneth W. Griffin</i>	<i>Beaverton, OR</i>
<i>Joseph Hirt</i>	<i>Beverly Hills, CA</i>
<i>Allen B. Holec</i>	<i>Murrieta, CA</i>
<i>Donald E. Jacobsen</i>	<i>San Jose, CA</i>
<i>Marx Kamashian</i>	<i>Granada Hills, CA</i>
<i>Jack G. Kearns</i>	<i>Morro Bay, CA</i>
<i>Henry Kramer</i>	<i>Montour Falls, NY</i>
<i>Mary Ann Kwinn</i>	<i>Playa Kel Rey, CA</i>
<i>Robert Lax</i>	<i>Los Angeles, CA</i>
<i>Mary Ida Leonard</i>	<i>Paradise, CA</i>
<i>Milton Levinson</i>	<i>Palm Springs, CA</i>
<i>Leon W. Levy</i>	<i>Burlingame, CA</i>
<i>Marvin B. Levy</i>	<i>La Quinta, CA</i>
<i>Leo Lewis</i>	<i>Los Angeles, CA</i>
<i>Jack Lowe</i>	<i>San Mateo, CA</i>



Mel Baron with Clarence Hiura, Member, Board of Pharmacy

Mel Baron, Los Angeles, CA: "To my family, colleagues, students and patients, thank you for giving me this wonderful opportunity to practice this wonderful profession of pharmacy."

<i>Andrew Magnasco</i>	<i>Stockton, CA</i>
<i>Michael F. Maietta</i>	<i>Orange, CA</i>
<i>Bernard L. Mander</i>	<i>Richmond, CA</i>
<i>Ronald B. Marantz</i>	<i>Woodland Hills, CA</i>
<i>Emil S. Marcarian</i>	<i>La Crescenta, CA</i>
<i>Alfred Richard Marcolini</i>	<i>San Jose, CA</i>
<i>Delia Martin</i>	<i>Santa Rosa, CA</i>
<i>Gilbert A. Mathieu</i>	<i>Inglewood, CA</i>
<i>Donald E. Mc Naught</i>	<i>Grass Valley, CA</i>
<i>Gordon P. Miller</i>	<i>Northridge, CA</i>
<i>Edward H. Munton</i>	<i>Amargosa Valley, CA</i>
<i>Grace M. Munton</i>	<i>Amargosa Valley, CA</i>
<i>Philip Nathanson</i>	<i>Palm Desert, CA</i>
<i>Bernard M. Okamoto</i>	<i>San Juan Capistrano, CA</i>
<i>Sydney Oston</i>	<i>Studio City, CA</i>
<i>Ronald L. Palm</i>	<i>San Jose, CA</i>
<i>John F. Parodi</i>	<i>Huntington Beach, CA</i>
<i>Ronald G. Renaldi</i>	<i>South Lake Tahoe, CA</i>
<i>Vassa A. Robertson</i>	<i>Ketchikan, AK</i>
<i>J.S. Rose Jr.</i>	<i>Pollock Pines, CA</i>
<i>Helen Sanchez</i>	<i>Berkeley, CA</i>
<i>Howard Schultz</i>	<i>North Hollywood, CA</i>
<i>Earl P. Siechert Jr.</i>	<i>Clovis, CA</i>
<i>Milford K. Sperry</i>	<i>Turlock, CA</i>
<i>Herbert E. Sterns</i>	<i>Woodland Hills, CA</i>
<i>Thomas M. Sturges</i>	<i>Pasadena, CA</i>
<i>David Otto Sutter</i>	<i>Beaverton, OR</i>
<i>Kiyoshi K. Takemoto</i>	<i>Monterey Park, CA</i>
<i>Bernard Tansky</i>	<i>New York, NY</i>
<i>Robert R. Tefft</i>	<i>Portland, OR</i>
<i>Akira Watanabe</i>	<i>San Rafael, CA</i>
<i>George Wikler</i>	<i>Woodland Hills, CA</i>
<i>Jean M. Wong</i>	<i>Walnut Creek, CA</i>
<i>James H. Wong</i>	<i>Millbrae, CA</i>

Frequently Asked Questions

Q. When transferring a prescription from one pharmacy to another:

1. Is it OK for a pharmacy technician to simply fax a copy of the computer-generated label to another pharmacy without talking to the pharmacist?
2. Can a pharmacy technician perform a transfer using a fax of the prescription information, i.e., make a copy of a prescription and fax it to another store?
3. Can an intern receive a transferred prescription?

A. The answer to the first two questions is no. Section 1717(f) of the California Code of Regulations (CCR) specifies only that a pharmacist may transfer and receive a prescription.

The answer to #3 is yes. An intern may perform all the functions of a pharmacist at the discretion and under the direct supervision of the pharmacist (Business and Professions Code [B&PC] section 4114[a] and the CCR 1726[a]).

Q. Do pharmacists have to speak with each other when transferring a prescription?

A. Pharmacists transferring a prescription must communicate, but are not specifically required to speak to the other pharmacist. The pharmacists must have “direct communication” when transferring prescriptions, and the Federal Trade Commission defines direct communication as “a completed communication by telephone, facsimile or electronic mail.” And since CCR 1717(f) is based on Title 21, Code of Federal Regulations, section 1306.26 (transfer between pharmacies of prescription information for Schedules III, IV, and V controlled substances for refill purposes), the FTC’s definition is a reasonable one. Therefore, the transferring and receiving pharmacists must do one of the following:

- speak directly to each other;
- communicate via e-mail; or
- communicate by use of a facsimile transmission directed to the pharmacist involved in the transfer.

Q. Can a pharmacist transfer a prescription by faxing the prescription information?

A. Yes, as this is considered an “electronic image prescription transmission,” which is defined in B&PC 4040(c) as any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. The sending pharmacist and the pharmacist receiving the fax must then follow the transferring requirements detailed in CCR 1717(f).

Q. Can a pharmacist transfer a prescription by faxing a copy of the computer-generated label to another pharmacy without talking to the receiving pharmacist?

A. A computer-generated label containing all the labeling requirements can be faxed by a pharmacist to another pharmacy. However, the receiving pharmacist must verify the required prescription information (B&PC 4040) with the sending pharmacist by “telephone, facsimile, or electronic mail.” And both pharmacists must comply with all transferring and receiving requirements CCR 1717(f).

Q. Is there a limit to the quantity of controlled substances that can be dispensed at one time (e.g., 540 Vicodin or 25 Duragesic patches)?

A. Neither state nor federal law places limits on the quantity of controlled substances that a prescriber may prescribe for a patient. The prescription is to be for a legitimate medical purpose with the responsibility of the proper prescribing resting with the prescriber (Health and Safety Code section 11153). However, a “corresponding responsibility” rests with the pharmacist who fills the prescription. If in the pharmacist’s judgment there is any uncertainty or he or she has any questions concerning the prescription, the prescriber must be contacted to validate the prescription (CCR 1761). If after contacting the prescriber, the pharmacist determines that the prescription is not for a legitimate medical purpose, it must not be dispensed.



Frequently Asked Questions

Continued from Page 11

Q. Can a maintenance prescription be refilled in its entirety without a doctor's authorization, a) if the doctor is unavailable after hours, or b) if the doctor has not had a chance to respond?

A. Yes, if in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being (B&PC 4064). However, the pharmacist must:

- Have made every reasonable effort to contact the prescriber for authorization;
- Inform the patient the prescription is being filled pursuant to the above section;
- Make an appropriate record of the refill, including the basis for proceeding with the refill; and
- Inform the prescriber within a reasonable period of time (usually considered to be 72 hours) of any refills dispensed pursuant to the above section.

Q. A prescription, written shortly before the prescribing physician's death, is presented at the pharmacy. Another prescription, written prior to the prescribing physician's license being revoked, is presented. If you know the prescriber is dead or that his or her license has been revoked, can you dispense the prescriptions?

A. Yes, according to the Medical Board of California, if there was a physician/patient relationship, the physician had a valid license to practice and was authorized to write prescriptions at the time they were written, regardless of subsequent events, the prescriptions are valid and may be dispensed. For answers to questions about the therapy or prescription order itself, the pharmacist needs to contact the individual who has taken over the deceased physician's practice or that of the physician whose license was revoked.

Q. A skilled nursing facility has electronic medical records. Information is entered into the electronic medical records by a registered nurse, a licensed vocational nurse or a technician who is overseen by the RN or LVN. (1) Can the facility transfer new orders (called in or written by a prescriber) to a pharmacy—computer to computer? (2) Can the facility re-order drugs for a patient from the pharmacy by computer?

A. (1) Yes, if the facility is using the standard method for medication ordering, which is a monthly computer-generated recapitulation that has time-limited medication orders (e.g., 45 days), then a reorder of those medications can be done from the facility computer to the pharmacy computer, provided the physician authenticates his/her monthly recap within the computer system, and the pharmacy is capable of verifying the prescriber's electronic signature. Title 22, California Code of Regulations section 72363 requires that the computer order be followed up: "Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber or by an order form which produces a direct copy of the order or by an electronically reproduced facsimile." (2) Yes, the facility can re-order drugs for a patient via the computer, and the section 72363 requirements for signed orders within 48 hours apply here as well.

Wholesaler Self-Assessment is here

The Board's pharmacy self-assessment program began in January 1999 with a requirement that a pharmacist-in-charge periodically complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The Board believes that this process is important in aiding pharmacies to comply with the myriad of laws.

Recently, the Board established a self-assessment program for wholesalers (California Code of Regulations section 1784), and an assessment form

was mailed to each wholesaler. The assessment form must be completed by the designated representative-in-charge of each wholesaler before July 1 of every odd-numbered year and within 30 days whenever:

1. A new wholesaler permit is issued,
2. There is a change in the designated representative-in-charge, who is responsible for compliance; or
3. There is a change of the wholesaler's address.

If your company failed to receive the self-assessment form mailed by the Board, the form, "Wholesaler Dangerous Drugs & Dangerous Devices Self-Assessment (Form 17M-26 Rev. 8/14/06), can be downloaded at www.pharmacy.ca.gov, where you will select "Forms and Publications," then click on "Applications & Forms."

Note: All completed self-assessments must be retained on the wholesaler's premises for three years after completion. **Do not mail the assessments to the Board.**

FDA requests label changes and Patient Medication Guides for sleep disorder drugs

In a news release, dated March 14, 2007, the U.S. Food and Drug Administration (FDA) announced that it has requested that all manufacturers of sedative-hypnotic drug products, used to induce and/or maintain sleep, strengthen their product labeling with stronger language concerning potential risks. These risks include severe allergic reactions and complex sleep-related behaviors with no memory of the event.

The FDA requested sleep disorder drug manufacturers to revise the product labeling to include warnings about potential adverse events:

- Anaphylaxis (severe allergic reaction) and angioedema (severe facial swelling), which can occur as early as the first time the product is taken.
- Complex sleep-related behaviors, which may include sleep-driving, making phone calls, and preparing and eating food while asleep.

The FDA also has requested manufacturers of such drugs to develop Patient Medication Guides to be provided to patients, families and caregivers when these drugs are dispensed.

The medications that are the focus of the revised labeling are:

Ambien/Ambien CR (Sanofi Aventis)	Butisol Sodium (Medpointe Pharm HLC)
Carbrital (Parke-Davis)	Dalmane (Valeant Pharm)
Doral (Questcor Pharmaceuticals)	Halcion (Pharmacia & Upjohn)
Lunesta (Sepracor)	Placidyl (Abbott)
Prosom (Abbott)	Restoril(Tyco Healthcare)
Rozerem (Takeda)	Seconal (Lilly)
Sonata (King Pharmaceuticals)	

No continuing education required for *FIRST* pharmacist license renewal

Effective January 2006, California no longer requires CE for pharmacists who are renewing their licenses for the first time (Business and Professions Code section 4231).

After the first renewal, subsequent renewals will require 30 hours of CE every two years.

Incentives for Transferring Prescriptions

The Board has received a number of inquiries related to whether a pharmacy that offers an incentive (e.g., a \$30 gift or cash card) to consumers for transferring their prescriptions to the pharmacy violates section 650 of the Business and Professions Code. Such offers do not appear to be violations because section 650 relates only to the receipt of a benefit, in the form of money or otherwise (often called a “kickback,” though this language does not appear in the statute) to a referring person or entity for referring a patient to another person or entity.

Court decisions in similar cases relating to section 650 have held that the cases were not in violation of section 650 when the patient—not the doctor—benefited directly from the incentive. While the offering pharmacy may profit from the patient’s transfer of his or her prescription, only the patient benefits from the \$30 gift card. For that reason, offering incentives of a gift card or free delivery of the patient’s prescriptions would not appear to violate the statute.

Note: However, Title 42 of the United States Code, sections 1320a-7b prohibits the offer of any remuneration directly or indirectly, overtly or covertly, in cash or in kind to induce a person to order a service or item for which payment may be made wholly or partially under a Federal health care program (e.g., Medicare, Medicaid, Medi-Cal). Anyone violating this code may be guilty of a felony and subject to a fine or imprisonment or both.

While it may be a cost saver, pill splitting isn't for everyone

Pill splitting, dividing a higher dose tablet into halves or even quarters, can benefit patients by reducing their medication expenses. Health plan providers also enjoy cost savings because manufacturers sometimes charge the same price for higher and lower doses of the same medicine (e.g., 40 mg and 20 mg strengths). However, not all medicine can be split safely. And patients should not split tablets if they are unable to perform the split safely, and the proper dose is available without splitting.

The decision to split or not to split a pill should be made by weighing the benefits against the risks. Consumers should be advised about the possible drawbacks, and ask their prescribers and pharmacists whether splitting is right for them. Consumers who do not want to split pills should not be required to do so.

Here are some “do’s and don’ts” of pill splitting:

- DO consider whether a patient’s medicine can be safely and accurately split;
- DO recommend to patients that they use commercially available devices specifically designed to split tablets (splitters are available from \$3 to \$15);
- DO remember that prolonged exposure to air and/or moisture can affect a split pill, so splitting should occur only one pill at a time; and
- **DO advise patients to take one half of a split pill, and the other half at the next dosing time.**
- DON’T recommend pill splitting for patients with manual dexterity problems, visual acuity problems, mental difficulties, or cognitive impairment;
- DON’T recommend pill splitting if the patient is uncomfortable with the procedure;
- DON’T encourage patients to split pills with a kitchen knife or any other device that could result in an inaccurate split;
- DON’T advise patients to split pills if splitting will result in excessive fragmentation of the pill or a non-therapeutic dose of the medication;
- DON’T advise patients to split very small pills or asymmetrical tablets;
- DON’T recommend splitting capsules or topical creams;
- DON’T split or recommend splitting pills that have a narrow therapeutic index;
- DON’T permit splitting of enteric-coated tablets, film-coated tablets, or extended-release tablets, since medication can be destroyed by premature exposure to stomach fluids;
- DON’T advise patients to split all tablets from a prescription in one sitting; splitting all tablets in advance can cause long-term exposure to air and moisture and may degrade tablet texture and efficacy.

Additional information on the pros and cons of pill splitting and lists of the drugs that various entities have compiled for pill splitting are available on the Board’s Web site, www.pharmacy.ca.gov/written.htm.

There are no California laws or pharmacy regulations specifically forbidding pill splitting. Therefore, the pharmacist’s professional judgment and the patient’s best interest should prevail when determining whether a pill split is in order. The patient should be able to make the final decision.

Return of Unused Prescription Drugs to the Pharmacy

An article dealing with the return of unused prescription drugs to the dispensing pharmacy for credit and subsequent reprocessing by skilled nursing facilities was published in the January 2007 issue of *The Script*. However, the article did not fully clarify the very limited instances in which an unused drug can be reprocessed by the pharmacy. Three rules apply:

1. Unused Schedule II, III or IV medications may not be returned for reprocessing or restocking to the dispensing or issuing pharmacy by any patient or facility.
2. In accordance with Division 5, Title 22 of the California Code of Regulations, skilled nursing facilities, licensed by the Department of Health Services and staffed by licensed personnel, may return unused prescription medications (excluding Schedules II, III and IV controlled substances) to the issuing pharmacy for disposition. The pharmacy may accept the returned drugs if the drug containers are unopened—still in the original sealed unit-dose or modified unit dose containers. **The question then becomes, can the accepting pharmacy repackage the returned drugs.** The United States Pharmacopeia 28 answers the question, stating: “Reprocessing of repackaged unit-dose containers (i.e., removing dosage unit from one unit-dose container and placing dosage unit into another unit-dose container) shall not be done. However, reprocessing of the secondary package (i.e., removing the blister card from the cardboard carrier and placing the blister card into another cardboard carrier) is allowed provided that the original beyond-use date is maintained.”

See *Return of Unused Prescription Drugs*, Page 15

Disaster and emergency response teams need volunteers

The Board encourages its licensees to volunteer and become involved in local, state, and national emergency and disaster preparedness efforts. Complete information on volunteering can be viewed on the Board's Web site, www.pharmacy.ca.gov, in the January 2007 issue of *The Script*, Page 5, and the January 2002 issue, Page 5. Also, you may register and receive information at www.medicalvolunteer.ca.gov (for California) and www.medicalreservecorps.gov (for federal). Applications for membership in a California Disaster Medical Assistance Team (DMAT) can be obtained at www.emsa.ca.gov, or you may call (916) 322-4336.

The Board recently received the following letter from a DMAT volunteer member, and since the hurricane season is upon us once again, the letter is timely, and we are very proud to share it with our readers.

May 9, 2007

Dear Board of Pharmacy,

As I repack my bags to prepare for the upcoming hurricane season, I'm reflecting back to the reasons that I entered the disaster medical business. A large part of the credit goes to your publication: *The Script*.

It all started after the attack of September 11, 2001. As a Vietnam Veteran and medic, I had an overwhelming desire to help my country. However, being too old to re-enlist, I had to settle on joining the California Chapter of Veterans of Foreign Wars and the local American Legion. Trouble is, once you've been there, flag waving isn't enough! I was looking for that something extra.

I can't remember the exact month, but soon thereafter an issue of *The Script* held the answer: "Local Disaster Medical Teams looking for Pharmacists!" Finally, there was a means to get physically involved without all the drawbacks of a total career change! That was the "extra" I was looking for!

Fast forward to the present and I'm an active team member of San Diego's DMAT CA-4. CA-4 is a deployable level-1 Disaster Medical Assistance Team, presently under the U.S. Department of Health and Human Services. For more information, see our website: www.dmatca4.org.

I may have been too late for New York, but after Hurricane Katrina, I was there for the city of New Orleans. The experience was incredible and it's been decades since I felt so much appreciation for just our mere presence.

Working with other teams from around the nation, I've come to realize that the California DMAT teams are rich with pharmacists. During Katrina, three pharmacists from CA-4 were loaned to teams from states that could not roster enough pharmacists. It's the "butterfly effect" all over again. If the boards of pharmacy in other states took as proactive a stance as California, there would be a greater awareness of our profession and our national assets would be much more capable to handle another national catastrophe.

With Sincere Appreciation,

Larry W. Harker, Pharm.D.
CVS Pharmacy
Encinitas, CA

P.S. My job may be community pharmacy, but my passion is disaster medicine.

Return of Unused Prescription Drugs

Continued from Page 14

Also, recognize that Health and Safety Code sections 150200-150207 authorize drug repository programs that allow licensed skilled nursing facilities to donate unused drugs in unopened manufacturer containers or blister packs to government-owned pharmacies.

3. Facilities licensed by the Department of Social Services (e.g., assisted living/board and care facilities), whose personnel are not required to be licensed, may not return unused medications to the issuing pharmacy for credit or reprocessing. Destruction of the unused drugs must be arranged by the facility.

CE hours are awarded for attending one full day of 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 by:

- Attending one full day of a Board meeting annually (six hours of CE)
- Attending two one-day committee meetings annually (two hours of CE for each different committee meeting)
- Completing the Pharmacist Self-Assessment Mechanism program [PSAM] (six hours of CE from NABP [see www.nabp.net])
- Upon becoming certified by the Commission for Certification in Geriatric Pharmacy (three hours of CE)

Board meetings are held four times per year: January, April, July and October, and there are four committees that typically 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 the public and licensees 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 the dates, locations and agendas for Board and committee meetings will be posted on the Board’s Web site, www.pharmacy.ca.gov/about/meetings.htm, at least 10 days prior to each meeting. Also, you may download meeting information packets that contain action items and background information that will be discussed during the meeting. This material is placed on the Board’s Web site about five days before each meeting.

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 dates for 2007 are:

- July 24 - 25** **Los Angeles**
- October 24 - 25** **San Francisco**

The remaining Committee meeting dates for 2007 are:

- | | | |
|------------------------------|--|--|
| Enforcement Committee | September 20
December 5 | To Be Determined
Sacramento |
| Licensing Committee | September 5
December 11 | To Be Determined
Oakland |

When can a pharmacy fill a prescription written by an out-of-state prescriber?

Non-controlled substance prescriptions

All dangerous drugs that are NOT controlled substances and prescribed by out-of-state prescribers may be dispensed, subject to the requirements of Business and Professions Code section 4005(b) and California Code of Regulations section 1717(d). A California pharmacist may furnish a drug or device pursuant to a written or oral order from a prescriber licensed in a state other than California, provided the out-of-state prescriber has licensure equivalent to that required of a California prescriber. The pharmacist may need to verify the prescriber's licensure and determine whether he/she is authorized to prescribe dangerous drugs. The pharmacist may then dispense the prescription directly to the patient.

There are no statutory provisions to permit the dispensing of a prescription written by a physician located outside the U.S.

Controlled substance prescriptions

As well as conforming to the above requirements, the dispensing of controlled substances is also regulated by the Uniform Controlled Substance Act, (Health and Safety Code sections 11152, 11158, and 11164), which requires controlled substances to be

dispensed only to prescriptions meeting the requirements of this Act. Section 11164.1 allows only Schedule III, IV, and V prescriptions written by out-of-state prescribers to be dispensed in the normal way—handed directly to the patient.



But since Schedule II prescriptions are excluded from this list, such prescriptions cannot be handed directly to the patient. However, section 11164.1(a)(1) further states that "...a prescription for a controlled substance issued by a prescriber in another state **for delivery to a patient in another state** may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed." This section does not authorize handing the medication directly to the patient.

Rules to follow:

- If the prescription is not for a controlled substance, the pharmacist must verify that the out-of-state prescriber's license to prescribe is equivalent to that of a licensed California prescriber and interview the patient to determine authenticity of the prescription. The pharmacist may dispense directly to the patient.
- If the prescription is for a Schedule III, IV, and V controlled substance, after verifying the prescriber's licensure and interviewing the patient, the prescription may be dispensed directly to the patient.
- If the prescription is for a Schedule II controlled substance, the pharmacist should verify the prescriber's licensure, obtain authorization from the prescriber, and interview the patient but may not dispense directly to the patient. Schedule II controlled substances may be dispensed only for delivery to a patient in another state.
- Prescriptions for Schedule II, III and IV must be reported to CURES.

www.pharmacy.ca.gov

Correction (SB 1475)

On page 11 of the January 2007 issue of *The Script*, the paragraph entitled "Ambulatory Surgical Clinics, B&PC 4190" contained the following erroneous amendment information: "...the entities eligible for an ambulatory surgical center clinic permit must be accredited by an accreditation agency pursuant to section 1248 of the Health and Safety Code or be certified to participate in the Medicare Program under Title XVIII."

The only actual changes made to section 4190 were (1) the clinic's drug acquisition and disposition records are to be retained three years (instead of seven), and (2) any proposed change in ownership or beneficial interest in the licensee must be reported to the Board at least 30 days prior to the execution of any agreement to purchase, sell, exchange, gift or otherwise transfer ownership or prior to ownership or beneficial interest transfer.

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 licensee's right to practice.

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

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

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 a letter of public reprimand.

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

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

Disciplinary Actions

From January 1, 2007, through May 31, 2007, the following licenses were 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 has been terminated.

Abolahrar, Mohamadali, RPH 47336, Rancho Palos Verdes, CA – Case 2644

Decision effective 03/28/07

Abolahrar, Reza, RPH 47355, Rancho Palos Verdes, CA – Case 2644

Decision effective 03/28/07

Barenbaum, Cory N., TCH 53490, Mission Viejo, CA – Case 2974

Decision effective 03/09/07

Bivens, Danielle, TCH 28217, Citrus Heights, CA – Case 3007

Decision effective 05/19/07

Booth, Lauren, TCH 23883, Lincoln, CA – Case 2996

Decision effective –05/02/07

Cabrera, Cesar Burguillos, RPH 41132,

Trabuco Canyon, CA – Case 2949

Decision effective 02/21/07

Chakarian, Lilia, TCH 35406, Tujunga, CA – Case 2981

Decision effective 05/11/07

Flowers, Cecil, TCH 35458, Palmdale, CA – Case 3034

Decision effective 02/21/07

Garza, Cynthia A., TCH 38775, Los Angeles, CA – Case 3017

Decision effective 03/09/07

Gerales, Dominador, TCH 10407, Sacramento, CA – Case 2923

Decision effective 05/19/07

Greenberg, Glenn Ira, RPH 49982, Murrieta, CA – Case 3002

Decision effective 02/21/07

Gutierrez, Raul, TCH 14159, Perris, CA – Case 2969

Decision effective 05/11/07

Guzman, Omar Alonso, TCH 40987, Lancaster, CA – Case 2922

Decision effective 03/09/07

Hargis, Sherry Lynn, TCH 10330, Lompoc, CA – Case 2835

Decision effective 03/09/07

Hess, Robert William, RPH 38585, Oxnard, CA – Case 3022

Decision effective 04/25/07

Inoue, Faye Anne, RPH 43413, Stockton, CA – Case 2992

Decision effective 02/21/07

Kanda, Sonica, TCH 55002, Roseville, CA – Case 2877

Decision effective 05/19/07

Keo, James, TCH 53532, Long Beach, CA – Case 2982

Decision effective 03/23/07

Loosli, Walter Edward, TCH 59771, Palm Springs, CA – Case 2948

Decision effective 01/04/07

Reyes, Sylvia, TCH 32090, Upland, CA – Case 3012

Decision effective 01/18/07

Rodriguez, Joleen Andrea, TCH 53121, Los Angeles, CA – Case 2975

Decision effective 02/21/07

Sansberry, Lena, TCH 20121, Compton, CA – Case 2940

Decision effective 02/01/07

Shaw, Katonya Lynn, TCH 55736, Elk Grove, CA – Case 2931

Decision effective 01/04/07

Stralovich, Joseph, RPH 21900, Walnut Creek, CA – Case 3024

Disciplinary Actions

Continued from Page 18

Decision effective 02/21/07
Turner, Jeffrey J., TCH 50941,
 Sunol, CA – Case 3049

Decision effective 04/25/07
Wilson, Faith A., TCH 61594,
 Ventura, CA – Case 2987

Decision effective 01/18/07
Wold, Eddreijah Lowanda, TCH 45105,
 Rialto, CA – Case 2986
 Decision effective 03/28/07

Revoked Pharmacy Licenses

The following pharmacy is no longer licensed and may not operate.

Aalpha Pharmacy, PHY 39987,
 Los Angeles, CA – Case 2919
 Decision effective 05/19/07

Pharmacist Licenses Revoked, Stayed, Two Years' Probation

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

Cole, John Geradin, RPH 25702,
 Pismo Beach, CA – Case 2761
 Decision effective 02/21/07

Gaurano, Valerie, RPH 38852,
 Solano Beach, CA – Case 2959
 Decision effective 02/21/07

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

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

Blackburn, Robert Wayne, RPH 30586,
 Laguna Hills, CA – Case 2784
 Decision effective 04/25/07

Cabrera, Anne, RPH 40776,
 Trabuco Canyon, CA – Case 2959
 Decision effective 02/21/07

Webster, Thomas, RPH 26917,
 Auburn, CA – Case 2868
 Decision effective 01/04/07

Yip, Tony Koon Wah, RPH 28997,
 Los Angeles, CA – Case 2919
 Decision effective 05/19/07

Wholesaler License Revoked, Stayed, Two Years' Probation

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

CT International, WLS 3575,
 San Luis Obispo, CA – Case 2761
 Decision effective 02/21/07

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

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

Bevans, William, RPH 27417,
 Windsor, CA – Case 3001
 Decision effective 03/28/07

Lam, Grace Teresa, RPH 29187,
 Long Beach, CA – Case 2927
 Decision effective 05/30/07

Schweitz, Richard A., RPH 31616,
 Sonoma, CA – Case 3073
 Decision effective 03/12/07

In addition to the probationary restrictions, the following individuals are also suspended from practicing until they have been certified by the Pharmacy Technician Certification Board:

Asaro, Andrew Albert, TCH 56928,
 Spring Valley, CA – Case 2908
 Decision effective 05/02/07

Sosa, Joe, TCH 32591,
 Manhattan Beach, CA – Case 2971
 Decision effective 01/04/07

Voluntarily Surrendered Personal Licenses

The licenses of the following individuals were surrendered.

Alexander, Joseph, RPH 17981,

Los Angeles, CA – Case 2516
 Decision effective 03/28/07

Cohen, Sylvan, RPH 33498,
 New London, MO – Case 3004
 Decision effective 03/23/07

Elsner, James Jay, RPH 30486,
 Mission Viejo, CA – Case 2843
 Decision effective 02/01/07

Foster, Richard, RPH 21138,
 Los Angeles, CA – Case 2516
 Decision effective 03/28/07

Kyle, Michael Stephen, EXC 15203,
 San Luis Obispo, CA – Case 2761
 Decision effective 02/21/07

Lavering, Steven, RPH 35050,
 Merlin, CA – Case 3023
 Decision effective 03/28/07

Owen, Erin Catherine, TCH 47031,
 Fairfield, CA – Case 3011
 Decision effective 05/02/07

Silver, Robert, EXC 11692,
 Westlake Village, CA – Case 2955
 Decision effective 04/11/07

Simms, John Cardwell, RPH 44553,
 Black Mountain, NC – Case 3015
 Decision effective 01/18/07

Thornton, Sheila Juanita, TCH 27034,
 Antioch, CA – Case 2993
 Decision effective 03/09/07

Voluntarily Surrendered Site Licenses

The licenses of the following businesses were surrendered.

Correct Touch Pharmacy, PHY 46141,
 San Luis Obispo, CA – Case 2761
 Decision effective 02/21/07

Home Care Pharmacy, PHY 45192,
 Riverside, CA – Case 2959
 Decision effective 02/21/07

Silver Sales, Inc., WLS 2405,
 Calabassas, CA – Case 2955
 Decision effective 04/11/07

Public Reprimand

The licensee was issued a letter of public reprimand.

Abrego, Ruby, TCH 19251,
 Huntington Beach, CA – Case 2912
 Decision effective 03/28/07

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Looking for answers to a Pharmacy Law question?

A detailed Pharmacy Law subject index developed by Board staff is available online. To view the index go to: www.pharmacy.ca.gov/laws_regs/lawbook.pdf. Click on the “Bookmarks” tab on the left side of the screen.

This index is not included in published lawbooks.

Are you on the Board’s E-Mail notification list?

The Board uses this list to e-mail alerts about major updates when:

- Regulations are implemented or released for public comment;
- Board newsletters are published;
- Agendas about public meetings are available;
- Questions and answers about new laws are added;
- Actions from Board meetings are available; and
- Drug recalls have occurred.

To be included in the list, go to www.pharmacy.ca.gov and click on “Join Our E-mail List.”

Board staff member shares \$72 million lottery!

Excitement is really high at the Board of Pharmacy because our own cashier, Elizabeth Gromek, was one of 20 Department of Consumer Affairs cashiers who participated in a 9-year long lottery pool that recently won \$72 million!

Ms. Gromek, who immigrated to this country from Poland 25 years ago, has been the Board cashier since 1999. She has assured us that she plans to remain with the Board, which is certainly great news for us and for the applicants and licensees who need her help!

Congratulations, Elizabeth!!