



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY JULY 2008

New Notice to Consumers are on the way

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



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

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

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

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

In This Issue

New Notice to Consumers are on the way.....	Front Page
President's Message	Page 2
Licensees can be held accountable.....	Page 2
Recalled Drugs Found in California Pharmacies	Page 4
Edetate Disodium and Edetate Calcium Disodium	Page 5
RENEW YOUR LICENSE EARLY.....	Page 5
A Letter to Pharmacists and Pharmacy Owners.....	Page 6
Future mailing of <i>The Script</i> will be limited.....	Page 7
Mandatory Reporting	Page 8
New Officers for the Board.....	Page 8
Senate Bill 472 Update	Page 9
Licensure Growth	Page 9
Board honors pharmacists registered 50 years.....	Page 10
Meeting and updated info. can be E-mailed to you...Page 11	Page 11
IRS requires Inventory Information Approval System ..	Page 12
Patient Consultation is Mandatory.....	Page 12
Sylester Flowers Honored by the Board.....	Page 13
Is your pharmacy secure?.....	Page 14
California Parkinson's Disease Registry.....	Page 14
Providing Drugs w/o Scripts to Unlicensed Facilities..	Page 15
FDA requires side-effect statements on prescriptions..	Page 15
Fact Sheet Competition for Pharmacy Students.....	Page 16
Working to Prevent Pediatric Medication Errors.....	Page 16
CE hours awarded for attending meeting.....	Page 17
Explanation of Disciplinary Terms	Page 18
Disciplinary Actions	Page 18

Recalled drugs found in pharmacies!
See Page 4



President's Message

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

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

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

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

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

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

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

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

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

Licensees can be held accountable for drug delivery thefts

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

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

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

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

See Licensees, Page 3

Licensees

Continued from Page 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recalled Drugs Found in California Pharmacies

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

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

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

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

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

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

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

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

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

Edeate Disodium or Edeate Calcium Disodium?

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

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

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

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

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

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

Important safety considerations:

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

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

RENEW YOUR LICENSE EARLY

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

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

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

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

Illegal Internet Dispensing: A Letter

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

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

To Fellow Pharmacists:

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

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

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

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

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

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

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

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

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

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

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

to Pharmacists and Pharmacy Owners

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

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

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

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

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

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

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

Sincerely,

A Sadder But Wiser Pharmacist

Future mailing of *The Script* will be limited *Sign up for online delivery*

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

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

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

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

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

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

Mandatory Reporting

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

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

Other types of reporting required by law:

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

For controlled substances, there are multiple requirements:

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

New Officers for the Board

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

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



Kenneth Schell



D. Timothy Dazé



Stanley Weisser

Senate Bill 472 Update

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

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

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

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

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

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

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

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

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

Licensure Growth

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

Board honors pharmacists registered for at least 50 years

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

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



Joseph Aboaf

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

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

At the March meeting, Barry Solomon was congratulated by Board Member Stan Goldenberg and commented that he couldn't believe that 50 years had gone by so quickly. Mr. Solomon said he started back in 1958 when he was 22 years

old at a time when the name of the medicine on the label was considered unethical, whereas now there are computer systems and consultation rooms. Mr. Solomon added, "I hope to be around for the 100th year."

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



Stanley Goldenberg, Board Member, with Barry Solomon

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

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

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

Ronald C. Baker	Selma, CA
Harold W. Beck	Palm Desert, CA
Gerald B. Bittl	Ventura, CA
Emil P. Blasl	Long Beach, CA
Arthur S. Cantor	Studio City, CA
Collin Chan	Huntington Beach, CA
Ralph F. Diamant	Bet Shean Valley, Israel
John Edward Eckert	Glendora, CA
Douglas C. Elliott	Anaheim, CA
Harry R. Eritzian	Fresno, CA
Gerald D. Fagin	Valley Village, CA
George A. Fischer	Indian Wells, CA
Patrick C. Flynn	Danville, CA
Marina Folkert	San Francisco, CA
Frank M. Fornasero	Bakersfield, CA
James K. Fujino	Villa Park, CA
Hubert W. Fung	Rancho Palos Verdes, CA
Gordon D. Gates	Banning, CA
Robert C. Graham	San Diego, CA
William J. Halus	Anaheim, CA
Nancy W. Hanson	Oxnard, CA
Joel T. Hedgepeth	Novato, CA
Laurence T. Helmstetter	El Cajon, CA
Clarence K. Hiura	Los Angeles, CA
Charles R. Hoagland	Santa Rosa, CA
Kazuko Immisch	Fremont, CA
Thomas M. Jones	San Diego, CA
Edward L. Juenemann	Arcadia, CA
Henry E. Kaplan	Torrance, CA
Ray M. Kato	Huntington Beach, CA
John Y. Kim, Jr.	San Jose, CA
Irene Korsvig	San Leandro, CA
Machi Kuwabara	Sacramento, CA
Dale H. Larson	Escalon, CA
Charles H. League	Escondido, CA
Bernard M. Lipman	Fullerton, CA
Sherman Lum	San Francisco, CA
Manuel M. Macias	Sunnyvale, CA
Edward E. Madden, Jr.	Metairie, LA

Honored 50-year pharmacists

Continued from Page 10

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

Meetings and updated information can be E-mailed to you

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

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

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

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

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

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

IRS requires Inventory Information Approval System by January 1, 2009

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

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

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

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

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

Patient Consultation is Mandatory

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

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

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



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

Consultations must include at least:

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

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

Sylester Flowers Honored by the Board

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

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

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

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

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

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

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

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

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

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



Sylester Flowers

Is your pharmacy secure?

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

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

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

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



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

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

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

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

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

California Parkinson's Disease Registry

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

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

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

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

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

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

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

Providing Dangerous Drugs Without Prescriptions to Unlicensed Facilities

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

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

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

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

FDA requires side-effect statements on prescription drugs

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

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

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

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



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

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

For further information contact:

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

Fact Sheet Competition for Pharmacy Students

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

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

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

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

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

Working to Prevent Pediatric Medication Errors

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

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

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



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

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

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

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

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

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

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

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

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

The remaining Board meeting dates and locations for 2008 are:

July 23-24

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

October 29 - 30

San Francisco

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

Explanation of Disciplinary Terms

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

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

Revoked, Stayed—The license is revoked, but the revocation action is postponed until the Board determines whether the licensee has failed to comply with specific probationary conditions, which may include suspension of the licensee's right to practice.

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

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

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

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

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

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

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

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

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

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

Disciplinary Actions

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

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

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

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

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

Decision effective 03/05/08

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

Decision effective 02/13/08

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

Decision effective 12/20/07

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

Decision effective 12/20/07

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

Decision effective 03/20/08

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

Decision effective 3/26/08

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

Decision effective 12/20/07

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

Decision effective 12/06/07

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

Decision effective 02/13/08

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

Decision effective 05/09/08

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

Decision effective 05/09/08

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

Decision effective 04/11/08

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

Decision effective 12/06/07

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

Decision effective 02/13/08

Revoked Pharmacy License

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

Fallbrook Pharmacy, PHY 38260, Fallbrook, CA—Case 3029

Decision effective 04/09/08

See Disciplinary Actions, Page 19

Disciplinary Actions

Continued from Page 18

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

Decision effective 04/09/08

Rio Linda Drug, PHY 42886,

Rio Linda, CA—Case 2956

Decision effective 03/26/08

Pharmacist License Revoked, Stayed, Two Years' Probation

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

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

Decision effective 03/26/08

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

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

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

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

Decision effective 02/13/08

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

Decision effective 03/26/08

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

Decision effective 02/13/08

Pharmacy License Revoked, Stayed, Three Years' Probation

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

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

San Gabriel Medical Center Pharmacy,

PHY 22300, West Covina,
CA—Case 2942

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

Decision effective 02/13/08

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

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

Chappell, Gregory A.

RPH 39122, Sacramento, CA—Case 3074

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

Decision effective 01/16/08

Corey, Jamey Susan

, RPH 54463, Sacramento, CA—Case 3030

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

Decision effective 01/16/08

Hall, Robert Thomas

, RPH 32860, Eureka, CA—Case 2989

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

Decision effective 02/13/08

Melnikoff, Howard

, RPH 22900, Stockton, CA—Case 2947

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

Decision effective 01/16/08

Quon, Jeffery

, RPH 29995, Laguna Niguel, CA—Case 3044

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

Decision effective 12/06/07

Voluntarily Surrendered Personal Licenses

The following licenses were voluntarily surrendered.

Capalar, Christopher Duval

TCH 56573, San Diego, CA—Case 2998

Decision effective 02/13/08

Danielsen, Susan Michelle

, TCH 53150, Pleasant Hill, CA—Case 3076

Decision effective 01/16/08

Golondzinier, Jr., Constant Julian

, RPH 25543, Visalia, CA—Case 3096

Decision effective 04/09/08

Hutchinson, Cathleen E.

, TCH 30078, Orangevale, CA—Case 3072

Decision effective 12/20/07

Kile, David Newton

, RPH 27989, Huntington Beach, CA—Case 2991

Decision effective 04/11/08

Killingsworth, Jamila

, TCH 50820, Richmond, CA—Case 3113

Decision effective 05/09/08

Nash, Gary L.

, RPH 24086, Danville, CA—Case 3097

Decision effective 04/23/08

Olivares, Luis Eduardo

, TCH 53234, Manteca, CA—Case 3090

Decision effective 11/08/07

Letter of Reprimand

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

Larssen, Ralph

, RPH 28795, Angwin, CA—Case 2956

Decision effective 03/26/08

Statement of Issues

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

Vest, Jason M.

, INT 22042, San Bernardino, CA—Case 3099

Decision effective 03/05/08

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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

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