



BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY JULY 2011

Update on Resubmission of Pharmacists' Fingerprints before License Renewal

Pharmacist "Request for Live Scan Service" form is now online

The previous issue of *The Script* addressed new requirements of the California Code of Regulations section 1702, which requires all California-licensed pharmacists who have not previously submitted fingerprints to the Board or for whom an electronic record of their fingerprints does not exist, to be electronically fingerprinted for the Board of Pharmacy via Live Scan **before** applying for license renewal.

These requirements will principally affect pharmacists licensed in California before 2001, and **the Board will notify those affected in a separate mailing at least 90 days before renewal.**

For renewal of Board-issued pharmacist licenses, section 1702 also

specifies that as a condition of renewal, the pharmacist must:

- disclose on the renewal form any arrest or conviction since the pharmacist's last renewal;
- pay the actual cost of compliance with the submission of fingerprints (This is paid at the Live Scan site, not to the Board.); and
- retain proof of compliance for at least three years.

The Board now has the appropriate "Request for Live Scan Service" form for pharmacists online at www.pharmacy.ca.gov/licensing/rph_license_renewal.shtml. Please use this form if you are being fingerprinted for the first time or resubmitting prints. For fingerprinting,

take this form to any Live Scan location. A list of locations may be found at www.ag.ca.gov/fingerprints/publications/contact.php.

Since Live Scan service is available only in California, out-of-state California licensees, who are notified that fingerprints are required, must have their prints inked onto fingerprint cards. The cards must be requested from www.pharmacy.ca.gov/pharmacy/pubs_request.asp#fp_card. Then send the newly fingerprinted cards to the Board, where they will be scanned into the Department of Justice's electronic fingerprint database.

Failure to comply with the above requirements will result in an application for renewal being considered incomplete.

Pharmacy and Wholesaler Self-Assessment Forms Newly Revised

The July 1 deadline for pharmacies and wholesalers to perform their biennial (every odd-numbered year) self-assessment has arrived. These reporting requirements are contained in Title 16, California Code of Regulations section 1715 (for pharmacies) and section 1784 (wholesalers). New requirements have been added to the self-assessment

Whether using the current form or new amended form, self-assessments must be completed by July 1, 2011

forms to confirm whether Board-licensed facilities are in compliance with section 4013 of the Business and Professions Code, which requires all Board-licensed facilities to have joined the Board's e-mail notification list by July 1, 2011. Additionally, that section requires a facility to join the list within 60 days of obtaining a license or at the time of license renewal and update its e-mail address with the Board within 30 days of a change in the facility's e-mail address.

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President's Message

By Stanley C. Weisser, R.Ph.
President, Board of Pharmacy

At the beginning of every year, new laws become effective. This issue of *The Script* contains a summary of many of the new laws for 2011.

One of this year's new regulations is particularly significant for pharmacy patients and for pharmacies themselves. California became the first state to adopt requirements for standardized, patient-centered prescription drug labels on all prescription medications dispensed to patients in California (California Code of Regulations section 1707.5). Prescription container labels are often the patient's primary source of information, so it was vitally important to ensure that this information is consistently presented, easy to read, and easily found on the label.

Now, six months after implementation, many California pharmacies are providing such patient-centered prescription labels on their containers, and I encourage those few who are not yet compliant to complete the transition to the new labels as soon as possible. The requirement took effect January 1, 2011, but the Board recognizes that some pharmacies may need a bit more time to become fully compliant. For the first few months of 2011, Board inspections have focused on compliance through education.

Another important component of section 1707.5 is the requirement for

the pharmacy to provide interpretive services for patients with limited English skills. The Board believes that many pharmacies will provide such services by telephone. During development of the requirements of 1707.5, the origin of this particular requirement came from the pharmacy profession itself: the California Pharmacists Association, the California Retailers Association, and the National Association of Chain Drug Stores.

Because of the importance of section 1707.5 to the public, the Board thanks the many consumers and pharmacy professionals who worked so long on finalizing the section's requirements. Over the coming years, the Board will continue to review the requirements of this section.

The Board is currently working to develop new Notice to Consumer posters, advising patients of the new labeling requirements and availability of interpretive services. However, it is not the Board's intent to add two more posters; instead, the Board plans to redesign new posters after integrating the new information into the current posters.

Also, in this issue on pages 3 and 4 are updates on medication error statistics for complaints filed with the Board and closed during 2009/10, with case histories and fines information, and error-producing drug names.

If your pharmacy has not joined the Board's e-mail notification list, as required by Business and Professions Code section 4013, I strongly encourage you to do so at "Sign up for Receiving E-mail Alerts" on the Board's Web site. This is now the Board's primary way of keeping everyone apprised of law changes, emergency information, drug recalls, the newsletter's availability, Board meetings, and much more.

I also encourage everyone to attend a Board meeting when it is in your area. Attending these meetings

will not only provide continuing education credit, but also introduce you to Board operations and procedures and help you to become aware of emerging pharmacy issues, both in California and in the nation. By understanding how all the policy-making is done, you will be better prepared to do your part in improving the profession and producing better health outcomes. Board meeting information is available on the Board's Web site.

One final reminder, patient consultation has been a California requirement since the early 1990's. Yet in many pharmacies, patient consultation is not given the appropriate priority. As President of the Board, I want to remind all pharmacists and pharmacies of the importance that the Board places on patient consultation. Patient consultation has many significant benefits, including its potential to minimize or avoid medication errors, to screen for drug interactions, and to ensure compliance with therapy. Patient consultation is a crucial part of the clinical role of the pharmacist. In support of this role, California law places a specific mandatory obligation on each pharmacist (outside of inpatient, inmate, or patient discharge settings) to perform a patient consultation whenever: a prescription drug has not been previously dispensed to the patient by the pharmacy; a prescription drug has not been previously dispensed to the patient by the pharmacy in the same dosage form, strength, or with the same written directions; the patient requests a consultation; or the pharmacist, in the exercise of professional judgment, deems it warranted. This obligation applies *to the pharmacist*. The pharmacist must initiate consultation *unless and until* the patient or patient's agent refuses. It shall not be considered sufficient compliance with this obligation for consultation screenings to be performed by staff or by use of check-off boxes.

Medication Error Issues

One of the Board's primary goals is to elevate the California pharmacist's awareness of how to prevent and eliminate medication errors. In future editions of *The Script*, the Board will feature articles on medication errors. These articles will include sample cases that the Board has recently investigated and the processes that leading experts recommend for error prevention.

During 2009 and 2010, the top medication errors investigated by the Board continue to be the wrong drug being dispensed, followed by labeling errors and dispensing drugs to the wrong patient.

Medication errors reported to the Board originate from a number of different processes. Dispensing the wrong drug occurs when the pharmacist dispenses a sound/look-alike drug instead of the prescribed drug and when the pharmacist misreads the prescriber's direction for use. Patients also are dispensed the wrong drug when the properly filled, labeled and checked medication is provided to another patient at the counter, a patient often with a similar name. The Board strongly advises pharmacies to ensure a second check by checking the patient's address or birth date.

Pharmacists are provided all sorts of information intended to be helpful in reducing dispensing errors, but often it is easier to understand how some of these errors occur, and more importantly, how to prevent them by reviewing actual case files. The cases outlined below are medication errors investigated by the Board.

Case 1. A pharmacist erroneously furnished a prescription for Provigil 200mg #4, labeled for James C., to Jennifer C. (Fine \$500)

Case 2. A random audit in the will-call area of a pharmacy revealed that approximately half of the verified prescriptions contained medication that did not correspond to the printed information on the container. (Fine \$500)

Case 3. A pharmacist dispensed Duragesic 100mcg/hr instead of Duragesic 25mcg/hr as ordered on the prescription. (Fine \$750)

Case 4. A pharmacist dispensed warfarin 5mg with incorrect dosing instructions to take every 12 hours instead of every 24 hours. (Fine \$1,500)

Case 5. A pharmacist dispensed to a patient Lovenox 80mg prefilled single dose syringes, but instructed the patient to use the same needle to inject himself daily for two days. (Fine \$2,500)

Case 6. A hospital pharmacy dispensed Recombivax-HB 5mcg vials (Hepatitis B Vaccine) instead of the prescribed Engerix-B 10mcg (Hepatitis B Vaccine), requiring the 50 infants who received the wrong drug to be identified and reinoculated with the correct vaccine. (Fine \$5,000)

The following charts reflect the type and percent of citations related to California prescription errors and look/sound-alike drug errors from July 1, 2009 to June 30, 2010.

MEDICATION ERROR DATA

All pharmacy settings July 1, 2009 – July 1, 2011

| Common Look-alike Sound-alike Errors | Prescribed | Dispensed |
|--------------------------------------|----------------|-----------|
| | Aclaro | Aldara |
| Biaxin | Robaxin | |
| Chlorzoxazone | Chlorothiazide | |
| Cyclophosphamide | Cyclosporine | |
| Elocan | Eletone | |
| Hydralazine | Hydroxyzine | |
| Kaopectate | Kayexalate | |
| Lamisil | Lamictal | |
| Lipitor | Lexapro | |
| Lorazepam | Alprazolam | |
| Oxycontin | Oxycodone | |
| Plavix | Protonix | |
| Protonix | Pravastatin | |
| Repliva | Reclipsen | |
| Risperdal | Requip | |
| Ritalin | Dilantin | |
| Seroquel | Serzone | |
| Sulfadiazine | Sulfasalazine | |
| Valium | Vicodin | |
| Zyrtec | Zyprexa | |

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NOTE: The Board of Pharmacy has begun developing short informational videos for consumers. The first of these videos, "Purchasing Drugs from the Internet" and "Avoiding Medication Errors" can be viewed at www.pharmacy.ca.gov.

Medication Error Issues

Continued from Page 3

PRESCRIPTION ERRORS DATA
All pharmacy settings July 1, 2009 – June 30, 2010

| Medication Error Category | Number | Percent of Total Citations |
|---|--------|----------------------------|
| Wrong Drug | 215 | 34% |
| Wrong Strength | 52 | 8% |
| Wrong Instructions | 48 | 8% |
| Wrong Patient | 80 | 13% |
| Wrong Medication Quantity | 31 | 5% |
| Labeling Error | 128 | 20% |
| Compounding/Preparation Error | 3 | .5% |
| Refill Errors (frequency, timeliness) | 2 | .5% |
| Other | 67 | 11% |
| Total # Citations for errors (may have more than one category listed) | 626 | |

The Institute for Safe Medication Practices (ISMP) is dedicated to medication error prevention and works directly with the pharmaceutical industry to prevent errors, providing the following information online:

“Sound/Look-Alike Drug Names”
www.ismp.org/tools/confuseddrugnames.pdf.

ISMP also has a list of such drugs where “tall man” (upper case) letters have been used to draw attention to the dissimilarities of similar drugs and to help distinguish between them.

“Look-Alike Drug Name Sets with Recommended Tall Man Letters”
www.ismp.org/tools/tallmanletters.pdf.

“Error-Prone Abbreviations, Symbols, and Dose Designations”
www.ismp.org/tools/errorproneabbreviations.pdf.

Safeguards to Implement with ‘High Alert’ Medications

This article was originally prepared by the Institute for Safe Medication Practices (ISMP) for the Oregon State Board of Pharmacy newsletter and is printed here with permission. ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. ISMP is a FDA Med-Watch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr., Suite 200, Horsham, PA 19044. Phone 215/947-7797. E-mail: ismpinfo@ismp.org.

While most medications have a large margin of safety, a small number of drugs have a high risk of causing injury when they are misused. ISMP calls these “high-alert medications” to draw attention to this characteristic so that all involved in their use will treat them with the care and respect that they require. Errors may or may not be more common with these drugs than with the use of any others; however, the consequences of the errors are more devastating. For this reason, special considerations are required. These medications often need to be packaged differently, stored differently, prescribed differently, and administered differently than others. Examples of high-alert medications in community pharmacy include warfarin, insulin,

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Safeguards

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methotrexate, and fentanyl patches. Whenever possible, “forcing functions” — methods that make it impossible for the drug to be given in a potentially lethal manner — should be developed and instituted. Forcing functions are procedures that create a “hard stop” during a process to help ensure that important information is provided before proceeding. For example, a pharmacy computer system that prevents overriding selected high-alert messages without a notation (e.g., patient-specific indication must be entered if high-alert medication selected) is a forcing function.

An independent double-check of a high-alert medication is a procedure in which two pharmacists, alone and apart from each other, separately check each component of dispensing and verifying the high-alert medication, then compare results before giving it to the patient to self-administer. While technological solutions such as bar coding systems have great potential to detect human error, manual redundancies such as independent double checks still play an important role in error detection. Studies show that manual redundancies detect about 95% of errors. Independent double checks serve two purposes: to prevent a serious error from reaching a patient; and just as important, to bring attention to the systems that allow the introduction of human error. In retail pharmacies, with only one pharmacist per shift, the independent double check can be performed via a “will call” bag check or by another pharmacist at the beginning of the

next shift. If the medication has been dispensed, serious harm can be avoided or mitigated if the error is discovered within one or two doses.

The following information must be verified during the double-check process:

Comparison to prescriber’s order:

- Is this the prescribed drug?
- Is this the prescribed dose/strength/rate and route of administration?
- Is this the right patient (use two patient identifiers)?
- Is this the prescribed frequency?

Additional cognitive checks:

- Does the drug’s indication correspond to the patient’s diagnosis?
- Is this the right drug formulation?
- Are dose calculations correct?
- Is the dosing formula (e.g., mg/kg) used to derive the final dose correct?
- Is the prescribed dose/frequency/timing appropriate for this patient?
- Is the route of administration safe and proper for this patient?
- Has patient been educated on appropriate monitoring?

Prescription for Improving Patient Safety: Addressing Medication Errors



The following are recommendations that were provided by The Medication Errors Panel, established pursuant to California Senate Concurrent Resolution 49.

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.

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FDA Drug Safety Communication: Medication errors resulting from confusion between risperidone (Risperdal) and ropinirole (Requip)

On June 13, 2011, the FDA published a statement warning about potentially dangerous errors resulting when the drugs risperidone (generic for Risperdal) and ropinirole (generic for Requip) are confused. The agency received 226 reports of patients accidentally receiving one drug instead of the other, and five patients required hospitalization. One patient who died was given Risperdal instead of Requip for a month before the error was discovered and the correct medication given, but it is unclear whether the error was responsible for the death.

The FDA determined there are several causes of confusion between the two products: similarities of drug names; overlapping product characteristics; proximity in pharmacy stocking, and poor or illegible handwriting.

The FDA noted in the statement that:

- the brand and generic names of each drug are similar; that labeling and packaging on the drugs are similar; and that drug strengths, dosage forms, and dosing intervals may overlap;

- as a precaution, patients who take either drug should check the appearance and labeled name of the drug they receive at the pharmacy, and confirm with a pharmacist the drug's use to be sure the correct medication was dispensed;
- healthcare professionals should clearly print the name of the drug on a written prescription, and spell it out when phoning one in. They should also be sure to discuss the purpose of the treatment with the patient; and
- pharmacists should confirm with the patient which drug should be dispensed

The FDA also requested drug makers to provide differentiating characteristics for each drug—such as “tall man” lettering of generic names, like risperiDONE and ropiniROle—and distinctive font size and type, layout, and coloring of packaging—as additional preventive measures against confusion.

Reminder to All Board-Licensed Facilities to Join the Board's E-mail Notification List — It's Mandatory (And individuals may want to join, too.)

If your facility is not yet on the Board's e-mail notification list, this is a reminder pursuant to Business and Professions Code section 4013, that all Board-licensed facilities were required to join the Board's e-mail notification list by July 1, 2011. New facilities must join within 60 days of obtaining a license or at the time of license renewal. Facilities are also required to update their e-mail address with the Board within 30 days of any e-mail address change.

Further, section 4013 was **amended** to allow an owner of two or more board-licensed facilities to subscribe to the Board's e-mail notification list if the owner maintains an electronic system within all of its licensed facilities that, upon receipt of an e-mail notification from the Board, immediately transmits that



notification to all of its licensed facilities. If the owner wishes to comply with the mandate by using such an electronic notice system, the owner must register the electronic notice system with the Board.

Additionally, the Board strongly encourages individual licensees to join the list, since it is now the primary means for disseminating important information from the Board.

To join the list:

- Go to the Board's Web site, <http://www.pharmacy.ca.gov>

- On the left side of the screen, click on the circled letter image with the words, “Sign up to Receive E-mail Alerts.”
- Scroll down the page and check the box next to “Board of Pharmacy – E-mail Notification List.”
- Scroll down again and note that the “Subscribe” button is already selected.
- Enter your e-mail address, follow the remaining instruction, and we'll do the rest!

Note: If you or your facility joined the e-mail notification list prior to November 17, 2009, you will need to join again, due to the Board's upgrading of the software for collecting e-mail addresses.

Changes in Pharmacy Law for 2011



The Senate and Assembly bills listed in this article were enacted in 2010, and unless otherwise specified, took effect January 1, 2011. The new and amended Business and Professions Code (B&PC), Health and Safety Code (H&SC), and Government Code laws are paraphrased or summarized below, but for pertinent information that is not included in the summaries, you are strongly urged to review the exact language at www.pharmacy.ca.gov/laws_regs/new_laws.pdf.

SB 1172 (Negrete McLeod), Chapter 517, Statutes of 2010

B&PC 315.2—Added to require the Board to order a board licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program. A cease practice order under this section shall not constitute disciplinary action.

B&PC 315.4—Added to allow the Board to adopt regulations to order a licensee on probation or in a diversion program to cease practice for major violations and when the Board orders a licensee to undergo a clinical diagnostic evaluation. A cease practice order under this section shall not constitute disciplinary action.

SB 1489 (Committee on Business, Professions and Economic Development, Healing Arts) Chapter 653, Statutes of 2010

Board Licensed Facilities Required to Join Board's E-mail Notification List B&PC 4013—This section, requiring all board-licensed facilities to join the Board's e-mail notification list, was **amended** to allow an owner of two or more board-licensed facilities to subscribe to the Board's e-mail notification list if the owner maintains an

electronic system within all of its licensed facilities that, upon receipt of an e-mail notification from the Board, immediately transmits that notification to all of its licensed facilities. If the owner wishes to comply with the mandate by using such an electronic notice system, the owner must register the electronic notice system with the Board by July 1, 2011 or within 60 days of initial licensure, whichever is later, and must update its e-mail address with the Board's e-mail notification list within 30 days of an e-mail address change.

Several sections, **B&PC 4017, 4028, 4037, 4052.3, 4059, 4119, 4127.1, 4169, and 4181** were **amended** to change the reference to "State Department of Health Services" to "State Department of Public Health."

Sections **4425** and **4426** were amended to change the reference to "State Department of Health Services" to "State Department of Health Care Services."

Standardized, Patient-Centered Prescription Labels; Requirements; Exceptions

B&PC 4076.5—Amended to allow the Board to exempt from its patient-centered prescription drug label regulations prescriptions dispensed to a patient in a health facility (as defined in section 1250 of the Health and Safety Code), if the prescriptions are administered by a licensed health care professional. The Board may also exempt prescription drug labels from the Board's standardized labeling requirements if all of the following apply:

- The drugs are dispensed by a JCAHO-accredited home infusion or specialty pharmacy;
- The patient receives health-professional-directed education prior to the beginning of therapy by a nurse or pharmacist;
- The patient receives weekly or more frequent followup contacts by a nurse or pharmacist;
- Care is provided under a formal plan of care based upon a physician and surgeon's orders; and
- Home infusion and specialty therapies include parenteral therapy or other forms of administration that require regular laboratory and patient monitoring.

Veterinary Food-Animal Drug Retailer License Required: Approved Designated Representative-in-Charge; Temporary License; Persons Authorized in Storage Area

B&PC 4196—Requires every veterinary food-animal drug retailer to be supervised or managed by a designated representative-in-charge, and subsection (d) was **amended** to require the Board's approval of every veterinary food-animal drug retailer's designated representative-in-charge. Subsection (e) was **added** to detail the procedures

Changes in Pharmacy Law

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for obtaining Board-approval for proposed designated representatives-in-charge.

Multiple Failures of License Examination; Additional Education Requirements

B&PC 4200.1—Requires applicants who have failed both the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination four times to obtain a minimum of 16 additional semester units of Board-approved pharmacy education within 12 months of the date of his or her application for reexamination. Existing language requiring data collection for the Joint Committee on Boards, Commissions, and Consumer Protection was deleted.

AB 1414 (Hill), Chapter 76, Statutes of 2010

Schedule II Controlled Substances

H&SC 11055—Amended to remove apomorphine from Schedule II.

AB 1659 (Huber), Chapter 666, Statutes of 2010

Sunset Review

Government Code 9147.7 Article 7.5, Chapter 1.5 of Part 1 of Division 2 of Title 2—Added to create the Joint Sunset Review Committee to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every “eligible agency,” as defined, to determine if the agency is still necessary and cost effective. This section defines an “eligible agency” as an entity of state government, however denominated, for which a date for repeal has been established by statute on or after January 1, 2011. This section also requires each eligible agency scheduled for repeal to submit a report to the committee containing specified information. The committee is required to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. This section specifies the composition of the committee, which will be appointed by the Senate Committee on Rules and the Speaker of the Assembly, and certain aspects of its operating procedure. Also see AB 2130.

AB 1701 (Chesbro), Chapter 667, Statutes of 2010

Furnishing of Hypodermic Needles and Syringes without Prescription

B&PC 4145—Amended to extend to December 31, 2018, the time period in which pharmacists can furnish or sell 10 or fewer hypodermic needles or syringes at any one time to a person 18 or older for human use without a prescription, if the pharmacist is registered with the Disease Prevention Demonstration Project.

AB 2104 (Hayashi), Chapter 374, Statutes of 2010

Executive Officer; Records; Revenue

B&PC 4003—Amended to require the Department of Consumer Affairs Director’s approval of the hiring of a Board-appointed executive officer.

AB 2130 (Huber, Professions and Vocations), Chapter 670, Statutes of 2010

Sunset Review

Government Code 9148.52 and 9148.52—Is a partner bill with AB 1659 and is **amended** to abolish the Joint Committee on Boards, Commission, and Consumer Protection and establish the Joint Sunset Review Committee. The committee shall review all eligible agencies and report to the public and the Legislature whether the reviewed agency should be terminated or continued and whether the agency’s functions should be revised or consolidated with those of another agency. The report shall include the committee’s recommendations for improving the effectiveness and efficiency of the reviewed agency.

This bill also repealed section 101.1 of the Business and Professions Code, which authorized the Department of Consumer affairs to manage a board’s regulatory program as a “bureau” if a board failed to pass legislative or “sunset” review.

AB 2699 (Bass), Chapter 270, Statutes of 2010

Sponsored Events; Requirements for Participation

B&PC 901—Added to define, for purposes of this section, (1) “board” as a healing arts board that is responsible for the licensure or regulation of health care practitioners; (2) “health care practitioner” as an individual who engages in acts that are subject to licensure and regulation; and (3) “sponsored event,” as an event not to exceed 10 calendar days, sponsored by a nonprofit organization, administered by either a sponsoring entity or a local government, or both, through which health care is provided without compensation to the health care practitioner. Prior to providing services as part of a “sponsored event” and after the board adopts implementing regulations, the health care practitioner must obtain authorization from the board to participate in such sponsored events and meet all other requirements including a contract of liability insurance that covers specific entities and its participants.

Regulation Update

The following regulation changes to Division 17, Title 16 of the California Code of Regulations are in effect:

Pharmacist Renewal Requirements

1702—Added to require pharmacists who have not previously submitted fingerprints to the Board as a condition of licensure or for whom no electronic fingerprint record exists with the Department of Justice’s criminal offender database, to submit electronic fingerprints to the Board by their license renewal date. The Board will notify affected licensees when implementation of the regulation begins. Effective 12/07/2010.

Patient-Centered Labels on Prescription Containers

1707.5—Added to specify requirements of a standardized patient-centered prescription drug label. Effective 01/1/2011.

Dishonest Conduct During Examination

1721—Amended to extend to three years the amount of time required before an individual, who has engaged in dishonest conduct during the pharmacist examination, can retake the examination. Effective 09/17/2010.

Confidentiality of Exam Questions

1723.1—Amended to direct that an applicant for a board-issued license, who removes exam information from the examination room or conveys exam information to others, will not be allowed to take the examination for three years, must surrender his or her intern license, and may not have a pharmacy technician license until eligible to take the examination. Effective 09/17/2010.

Compounding

Compounding Unapproved Drugs for Prescriber Office Use

1716.1—The provisions of this section are now included within other sections including 1735 and 1735.2. Effective 07/06/2010.

Record Requirements—Compounding for Future Use

1716.2—The provisions of this section are now included in 1735.3. Effective 07/06/2010.

Compounding in Licensed Pharmacies

1735—Added to define “compounding.” Effective 07/06/2010.

Definitions Related to Compounding

1735.1—Added to define “integrity,” “potency,” “quality,” and “strength.” Effective 07/06/2010.

Compounding Limitations and Requirements

1735.2—Added to detail all aspects and requirements of

compounding, including the compounding of products for future use, and for completing the pharmacy self-assessment section related to compounding and sterile injectable compounding. Effective 07/06/2010.

Recordkeeping of Compounded Drug Products

1735.3—Added to detail all record requirements for each compounded drug, for acquisition, storage, and destruction of products used in compounding, sources from which drug products to be used for compounding were obtained, and certificates for drug purity. These records must be maintained for at least three years. Effective 07/06/2010.

Labeling of Compounded Drug Products

1735.4—Added to require that the labeling of the product complies with Business and Professions Code 4076 and specifies that the labeling requirements for compounded drugs must include the generic name of the principal active ingredients as well as a statement that the product is compounded. This requirement will enable the consumer to identify any potential allergies to the ingredients used. Effective 07/06/2010.

Compounding Policies and Procedures

1735.5—Added to require a compounding pharmacy to maintain a written policies and procedures manual that includes a plan for recalling compounded products that have demonstrated potential for adverse effects, maintaining, storing, calibrating, cleaning and disinfecting equipment used in compounding, and methodology for determining compounded drug’s expiration date. Effective 07/06/2010.

Compounding Facilities and Equipment

1735.6—Added to require written documentation regarding the compounding facility and the storage of the equipment in accordance with the manufacturer’s specifications for the calibration of any equipment used to compound drug products that require calibration or adjustment. Such calibrations must be done prior to use, and calibration records must be retained in the pharmacy. Effective 07/06/2010.

Training of Compounding Staff

1735.7—Added to require written documentation that staff has had training to do accurate compounding and that there is ongoing competency evaluation of compounding staff. Effective 07/06/2010.

Compounding Quality Assurance

1735.8—Added to require a written quality assurance plan designed to ensure the integrity, potency, quality, and labeled strength of compounded drug products and a procedure for action if any compounded drug product is found to be below required minimum standards. Effective 07/06/2010.

Regulation Update

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Sterile Injectable Compounding

Sterile Injectable Compounding; Compounding Area

1751—Added to direct that any pharmacy engaging in compounding sterile injectable drug products shall conform to the parameters and requirements of 1735 et seq., applicable to all compounding and to 1751 et seq., applicable solely to sterile injectable compounding. A pharmacy who compounds a sterile injectable product from one or more non-sterile ingredients shall comply with the environment requirements of Business and Professions Code (B&PC) 4127.7. Effective 07/06/2010.

Sterile Injectable Recordkeeping Requirements

1751.1—Amended to renumber 1751.3 to 1751.1 and to require pharmacies that compound sterile injectable products for future use and drug products compounded from one or more non-sterile ingredients to make and keep records indicating the name, lot number, amount, and date on which the products were provided to a prescriber. These records must be kept for three years in a readily retrievable form. Effective 07/06/2010.

Sterile Injectable Labeling Requirements

1751.2—Amended to add the labeling requirements of the B&PC 4076 and CCR 1735.4 to the existing requirements of this section. Effective 07/06/2010.

Sterile Injectable Policies and Procedures

1751.3—Amended to renumber 1751.02 to 1751.3 and to require any pharmacy engaged in compounding sterile injectable drug products to maintain a written policy and procedure manual that includes the elements required by 1735.5, disposal of infectious materials and/or materials containing cytotoxic residues, and pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards. Effective 07/06/2010.

Facility and Equipment Standards for Sterile Compounding from Non-Sterile Ingredients

1751.4—Amended to renumber 1751.01 to 1751.4 and to require pharmacies that prepare parenteral cytotoxic agents to do so with an annually certified laminar air flow hood in accordance with the National Sanitation Foundation Standard 49 for Class II (Laminar Flow) Biohazard Cabinetry or manufacturer's specifications. The certification records must be retained for at least three years. Effective 07/06/2010.

Sterile Injectable Compounding Attire

1751.5—Amended to renumber 1751.4 to 1751.5. Effective 07/06/2010.

Training of Sterile Injectable Compounding Staff, Patient, and Caregiver

1751.6—Amended to renumber 1751.5 to 1751.6. Effective 07/06/2010.

Sterile Injectable Compounding Quality Assurance and Process Validation

1751.7—Amended to require any pharmacy engaged in compounding injectable drug products to maintain, as part of its written policies and procedures, a written quality assurance plan that also includes the elements required by 1735.8. Additionally, batch-produced sterile to sterile transfers shall be subject to periodic testing through process validation for sterility as determined by the pharmacist-in-charge and described in the written policies and procedures. Effective 07/06/2010.

Sterile Injectable Compounding Reference Materials

1751.8—Amended to renumber 1751.9 to 1751.8 to require any pharmacy engaged in compounding sterile injectable drug products to have current and appropriate reference materials regarding the compounding of sterile injectable products located in or immediately available to the pharmacy. Effective 07/06/2010.

For complete information, please review the exact text of these regulatory changes at www.pharmacy.ca.gov/laws_regs/new_laws.pdf.

Dispensing Internet prescriptions can be very costly on many levels!

On January 1, 2001, section 4067 of the Business and Professions Code became effective, permitting the Board to issue citations involving potential fines of up to \$25,000 per violation for dispensing dangerous drugs or devices on the Internet without a prescription issued pursuant to a good faith prior examination of a human or animal. For a physician and surgeon, section 2242 states that prescribing, dispensing, or furnishing dangerous drugs or devices without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. Section 2242.1(a) specifically prohibits any person or entity from prescribing, dispensing, or furnishing dangerous drugs or devices on the Internet for delivery to any person in this state, without an appropriate prior examination and medical indication.

The following information, defining the “appropriate prior examination” required for Internet prescribing, is found in Section 5.12 “Internet Prescribing,” in a Medical Board of California publication, “Guide to the Laws Governing the Practice of Medicine.”

Essential components of proper prescribing include performing and documenting a physical examination that includes obtaining a legitimate medical history, engaging in sufficient dialogue to form a treatment opinion, determining the risks and benefits of the drug or treatment regimen, scheduling follow-up appointments to assess therapeutic outcome and maintaining an adequate and accurate medical record before prescribing any medication for the first time. Telephone interviews, Internet questionnaires or online consultations are not appropriate or acceptable by law, and fail to meet the minimum components of an appropriate prior examination since they cannot, with any certainty, provide enough information to make a verifiable diagnosis.

The many consequences of dispensing dangerous drugs on the Internet without valid prescriptions could include, along with substantial fines and emotional devastation, the requirement for violators to write a letter for publication, advising fellow pharmacists of these consequences. Three such letters follow:

Open Letter to My Colleagues Licensed by the California Board of Pharmacy

I am ashamed to have to write this letter and admit my stupidity, actually my extreme short sightedness caused by greed induced by promises of quick easy money. And so little money. My shame is increased not only by the relatively small amount of money I was promised and paid but also because I have been a pharmacist licensed in and by this state for almost thirty (30) years and throughout those many years I had an unblemished professional record and prided myself in the belief that I had never violated any laws or regulations related to my profession

or the distribution of controlled substances.

Then in late 2006 I was contacted over the telephone by a representative of a company proposing that I fill prescriptions that would be sent to my pharmacy over the internet and very unfortunately, I agreed to do so. I was promised, over the telephone, by a faceless, smooth talker: a net profit of \$5.00 for each prescription I filled (they also promised to pay all shipping charges). When I was first contacted by that persistent, persuasive and reassuring representative of “an internet prescription company,” he helped lead me to the conclusion that this would be an easy way to make a little extra money with a minimum of effort. That promise of easy, extra money partially blinded me to aspects of the arrangement that were illegal as well as professional misconduct.

I knew immediately that I would have to confirm that each of the prescribing parties was a physician licensed in the state in which the prescription was written and, if I could not confirm the doctor was licensed and had a valid DEA number, I could not and would not fill a prescription from that doctor. I soon realized that the prescriptions were from doctors all over the country; but in each case I was able to verify that the prescribing doctor was licensed with valid state and DEA numbers. Under those circumstances, based upon the fact that all of the prescribers were physicians, I thought at the time that it was alright to fill the prescriptions and all that was required of me was spending the time to fill the prescription and ship it. I also realized the drugs I was shipping were primarily controlled substances but I was receiving all of the appropriate prescription forms in order to comply with the law. I was also quickly and reliably paid \$5.00 plus costs for each prescription dispensed.

Obviously, I did not give the proposal enough thought before I agreed and once I started receiving and filling prescriptions, I should have paid more attention to and thought more about all the information on the prescriptions. I was repeatedly receiving prescription from the same half dozen or so doctors who were prescribing mostly very strong (and controlled) painkillers to patients in areas, even states far away from the doctor’s office and address. In hindsight, I should have noticed that geographical distance, questioned whether those doctors were really even seeing or communicating with these “patients” much less properly examining them before dispensing any drugs much less those types of drugs. I never directly confirmed that there were good faith prior examinations of the patients by the prescribing doctors before I dispensed the drugs.

Honestly, I did not notice the disparity or think of the possibility that there was not a professional examination and relationship between the prescribing doctor and recipient; but, again in hindsight, the nature of most of the drugs (painkillers)

Dispensing Internet Prescriptions

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should also have alerted me to the potential impropriety. I was so busy, especially with all these additional prescriptions to fill (another warning signal I missed then but now see in hindsight) that I just kept working as fast as I could, never imagining that I was breaking not one but many very serious federal and state laws. Now I know I could have been charged with criminal felonies in both state and federal courts!

Thankfully a representative of one of the companies I buy my drugs from who had known me a long time and correctly did not believe I would knowingly distribute any prescription much less controlled substances illegally or improperly, warned me about dealing with such internet companies. I filled prescriptions over the internet for about four months. As soon as I was warned that what we had been doing might be illegal, I immediately stopped that practice, but by then we had already filled over 5,000 prescriptions all around the country, almost 500 in California and 90 percent of those prescriptions were for painkillers. As soon as I agreed to fill internet prescriptions for one of those companies, more contacted me with the same proposal and in those four months we dispensed prescriptions for five (5) of those internet companies, (Another warning I now see too late.)

I was eventually contacted by both the federal Drug Enforcement Administration (DEA) and the State Board of Pharmacy. Both instituted investigations and those investigations have resulted in me incurring significant fines both to the State Board and to the DEA and my license and that of my store being placed on probation. Those penalties are many times the money I made filling those internet prescriptions. My family has been hurt by my conduct both financially and emotionally and I would do anything to be able to go back and undo the decisions I made without adequate thought and consideration.

Believe it or not, my fines could have been much, much higher. Both the State of California and the Federal Government could have fined both me and my pharmacy \$25,000 for every prescription dispensed by us in this fashion. In fact, the Board of Pharmacy sent both me and my pharmacy (since we have different licenses) formal written penalty demands for \$11,700,000 each! Imagine my fear and that of my wife and others when we saw those documents!

The practice of filling prescriptions over the internet for patients previously unknown to my practice is dangerous to the patients and the profession. I have come to learn that in many cases the patients contacted physicians only through a website and that they never had any personal contact with the physician. A few form questions were answered on the website by the patient which resulted in the generation of the prescription by the physician which was relayed to me over the internet and filled by me and mailed to the patients in various states. I also never had any personal contact with the patient or the physician. Obviously the physicians should not be issuing prescriptions to persons unknown to them and I should not have been filling those prescriptions.

In hindsight I now can see the purpose of the law. Many potential drug abusers who are unable to obtain controlled substances through a legitimate physician relationship turn to the internet to continue the abusive practices. Filling of prescriptions in these circumstances makes the pharmacist at least an enabler if not more culpable than that. By filling internet prescriptions we are exposing people to unknown risks from drugs about which they have never realistically consulted a physician. Drug interactions are possible resulting in untold potential complications, including death. Further, my attorneys advise me that if injury occurs to a person to whom I supplied drugs over the internet that I could well be liable for their damages, and that is a liability I not certain my insurance would cover.

We are in the electronic age and more and more matters are being handled by e-mail and by internet communications. These forms of communication are fraught with danger for abuse and as pharmacists we all will have to be on guard to prevent misuse. The old adage to be careful if it seems too good to be true, is correct. Somebody, not me, was making a significant amount of money with this process and I was only an incidental part of it; however, without a pharmacist, the scheme cannot work. We must all be careful to screen prescriptions and the prescribers and err on the side of caution, not greed. The public relies more and more on us and we must step up and protect them as much as we can.

Sincerely,

*Byung Sik Yuh
Nichols Hill Pharmacy*

To Whom it May Concern

We, Patterson Family Pharmacy, were approached by a company named TeleMed to possibly fill prescriptions and mail them to their patients. We were given names of several pharmacies as references. We called and were able to verify their relationship with TeleMed. The contract that was offered to us ranged between \$5 to \$10 for each prescription plus the cost of each medication. We believed that each patient had a good faith exam prior with the MD which was stated on each prescription and signed by the MD.

The web portal that we had been given access to pertaining to the patient profiles was extensive. Each electronic health record varied from x-rays, prior MD consults, CT records and results, and prescription history.

One day we received a phone call from a pharmacy located somewhere in the Mid-West stating that what we were doing was possibly violating the law. I immediately searched and located a cell phone number for Inspector Joseph Wong, which

Dispensing Internet Prescriptions

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was on a business card from a prior annual visit, and called Inspector Wong. Inspector Wong stated that if there were any questions as to the validity of what we were doing that it was his recommendation to cease our actions. We immediately stopped filling TeleMed prescriptions.

The untold stress and emotional rollercoaster that I have put my family, my true friend and business partner John Wong and myself have been tremendous. Western medical literature can support and corroborate the premise that emotional stress on an individual can and will have severe and ever reaching consequences. I have become a poor example. Something I did not wish to be. Diagnosed with hypertension, sleepless nights, and irritability are just a few of the outcomes that I have been handed. The financial strains will be felt for decades by my family. Ashamed, humiliated, and embarrassed. I just hope and believe that I will be able to restore my faith and integrity in a profession that I so passionately love.

Sincerely,

Tom Bragdon

To Whom it May Concern

We (the pharmacy) were approached to provide internet prescription service by a fax solicitation. We were contacted by the company and explained that we would be providing medications thru the mail from written orders from their physicians. We were put in touch with other pharmacies that were also providing this service as references. The enticement of providing these services was a dispensing fee between \$5 and \$10 per prescription.

I believed the patients had a good faith exam from the medical information that was provided in their profile. Detailed information was provided such as medical exams with x-ray information. For the given information, I did not doubt the validity of these patient's medical conditions.

I filled approximately 339 controlled prescriptions.

I ceased filling the internet prescriptions after we consulted with a state board investigator who told us if you don't think it is legal then stop. Once that was said, we ceased all processing of prescriptions.

I was never given any sales pitch to provide service for any other internet provider or to increase the number of prescriptions filled.

The fallout of this episode in my life is of emotional stress on me, financial hardship and a disgrace to my profession. I believed this to be a legal venture and thought we had researched this completely. This legal progress has caused me untold emotional pain. It has led to sleepless nights and irritability. It has drained finances that I would otherwise have, making myself conscience of all my expenses. It has also put a shame on my profession since I should have been up to date on the law and should have used better judgment on what I was doing. This also brings doubt in trust with the public and which I hope to reestablish by being the best pharmacist I can be.

Sincerely,

John Wong



Do you have a question that you would like to see addressed in the newsletter? If so, please e-mail them to Hope.Tamraz@dca.ca.gov.

Q. What does the pharmacist do upon receiving a Schedule II prescription on which the prescriber has omitted the quantity or has written the wrong strength?

A. Section 1716, Title 16 of the California Code of Regulations (CCR) prohibits the pharmacist from deviating from the requirements of a prescription except upon the prior consent of the prescriber. Further, section 1761 does not permit a pharmacist to compound or dispense **any** (emphasis added) prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of such prescription, the pharmacist must contact the prescriber to obtain the information needed to validate the prescription.

Q. Is it true that pharmacists are required to provide Medication Guides with those medications with Black Box Warnings? And are they required to provide the Guides with refill prescriptions?

A. With many dispensed prescription medicines, the pharmacist is required to provide a "Medication Guide" that includes information to help the patient avoid possible adverse effects of the drug. Some Medication Guides contain a Black Box Warning—a more severe warning enclosed within a black frame—that advises consumers and prescribers that the drug may pose a serious or life-threatening risk for certain individuals. If the drug is one that requires a Medication Guide, it must be provided with both new and refill prescriptions whether or not it contains a Black Box Warning.

Q. Can an individual under 18 years of age pick up any controlled or non-controlled substance prescription for a parent or any another person? Some non-controlled prescription drugs may still have abuse potential.

A. Neither California nor federal law has age restrictions related to whom may pick up a controlled or non-controlled drug prescription at the pharmacy, and in such situations, you must use your professional judgment. However, be aware that section 4075 of the Business and Professions Code (B&PC) requires proof of identity from anyone picking up a prescription that was orally or electronically transmitted to the pharmacy.

Q. If a physician prescribes MS Contin 30mg qty 60 1 bid, can the pharmacist call the physician and request to change the prescription to Kadian 30mg qty 60 1 bid without requesting a new prescription? And if the physician authorizes this change over the phone and the pharmacist documents the conversation with the physician for this change on the original prescription, is all pharmacy law fulfilled?

A. The answer to both questions is yes. After you have discussed changing the prescription with the prescriber and received permission to do so, the change can be made on the prescription, and no new prescription is required. The Board recommends documenting the discussion with the prescriber, including the receipt of consent, on the prescription. (CCR 1716 and B&PC 4073)



Q. Does a pharmacist need a separate license for compounding sterile injectable drug products?

A. No separate license is required for the pharmacist who compounds drugs, but a compounding license is required for the compounding pharmacy unless the pharmacy meets the accreditation requirements contained in B&PC 4127.1.

Q. If there is an error or omission on a CII prescription, can the pharmacist call the prescriber to orally change or add the necessary information onto the prescription? Or does the pharmacist have to send the prescription back to the physician to make the necessary changes, or write a new prescription?

A. Title 16, CCR 1716 and 1761, relating to deviating from the requirements of a prescription and errors/omissions on a prescription, do not address whether to send the prescription back to the physician for a new prescription in such instances. They do, however, require the pharmacist to obtain prior consent of the physician before making any change to the prescription. The Board recommends that the pharmacist note the conversation with the physician on the back of the prescription, and enter the changes on the front as one possible method of documentation.

Rx for Good Practice

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- Q. If the prescriber fails to indicate the number of refills on a controlled substance prescription, does the pharmacist write in the number of refills on the prescription after consulting the prescriber?**
- A. Section 11162.1(a)(10) of the Health and Safety Code (H&SC) requires check boxes to be printed on the form so that the prescriber may indicate the number of refills ordered. If the number of refills is not noted, there is no requirement to contact the prescriber to determine whether refills were authorized, but the standard of practice would be for the pharmacist to assume none were ordered.
- Q. Our pharmacy is often audited by billed insurance companies. Some of the audits go back as far as 2006, and the auditors take issue with the fact that some of the controlled substance prescriptions are not written on tamper-resistant prescription forms. At what point was it mandated that older prescription forms could no longer be accepted?**
- A. The requirements for tamper-resistant prescription forms (H&SC 11162.1, et seq.) became effective on September 18, 2004, as a result of urgency legislation, but there was no official cutoff date for accepting prescriptions written on the old forms. Because the Board wished to allow a reasonable amount of time for prescribers to contact a security-resistant prescription form printer and order the new forms, pharmacists were not disciplined for accepting the old forms for a brief time after January 1, 2005. Prescriptions written in 2006 should have been considered invalid.
- Q. Is a non-controlled prescription void if it is written on a tamper-resistant form and the quantity box is not checked off?**
- A. No. Health and Safety Code section 11162.1 requires the quantity check-off boxes be printed on the security form. However, there is no requirement for the prescriber to check any of the boxes. Both B&PC 4040 and H&SC 11164 require the quantity be indicated on the prescription, but no requirement for the prescriber to use the check-off box.
- Q. If a prescription is written for a quantity larger than the insurance will cover, can it be split into two prescriptions, with one being billed to the insurance company and the other being paid by cash?**
- A. Yes. There is no legal prohibition of this procedure.

Self-Assessment Forms

Continued from Page 1

Further, section 4013 has been amended to allow an owner of two or more facilities to subscribe to the Board's notification list with a single e-mail address—rather than having each facility subscribe with an individual e-mail address—if the owner maintains an electronic notice system that will immediately forward Board e-mail notifications to all the owner's facilities.

Currently, the Board has approved the specific changes to the self-assessment forms but has not completed the formal regulation adoption process to secure the amendments. To ensure the best assessment for our licensees, the Board would prefer that the draft (updated) forms be used, but the Board cannot require that the newer version be used until the formal regulation has been adopted.

Therefore, pharmacies and wholesalers have a choice in how they will comply with the July 1 deadline for self-assessment completion.

Pharmacies may use either:

1. The January 2010 version of the self-assessment form (current regulations) by accessing the following links:
 - Community Pharmacy & Hospital Outpatient Pharmacy: http://www.pharmacy.ca.gov/forms/17m_13.pdf
 - Hospital Pharmacy: http://www.pharmacy.ca.gov/forms/17m_14.pdf
 - Compounding: http://www.pharmacy.ca.gov/forms/17m_39.pdf

Wholesalers may use this link to the current self-assessment: http://www.pharmacy.ca.gov/forms/17m_26.pdf

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Self-Assessment Forms

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OR

- Use the draft self-assessment form (which is not specifically required, but contains more up-to-date descriptions of pharmacy and wholesaler requirements).

- Compounding: http://www.pharmacy.ca.gov/forms/17m_39_draft.pdf

Wholesalers may use this link to the self assessment: http://www.pharmacy.ca.gov/forms/17m_26_draft.pdf

Pharmacies

- Community Pharmacy & Hospital Outpatient Pharmacy: http://www.pharmacy.ca.gov/forms/17m_13_draft.pdf
- Hospital Pharmacy: http://www.pharmacy.ca.gov/forms/17m_14_draft.pdf

During board inspections, the board will use its enforcement discretion to ensure that one of the self-assessments has been completed by July 1, 2011.

Improving Patient Safety

Continued from Page 5

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

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.

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

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:

- 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.

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.

- Help ensure quality and consistency of medication consultation provided by pharmacists within and among pharmacies.
- Establish standards for

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

- 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

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.

Nonprescription Sale of Syringes (NPSS) in Pharmacies

Information for Pharmacists and Frequently Asked Questions about the Disease Prevention Demonstration Project

The following information was prepared by the California Department of Public Health, Office of AIDS, who granted the Board permission to reprint.

In 2005, Senate Bill (SB) 1159 (Vasconcellos, Statutes of 2004) established the Disease Prevention Demonstration Project (DPDP), which allows California pharmacies to sell up to ten syringes to an adult without a prescription. The law changed pharmacy practice as a part of efforts across the state to prevent the spread of HIV, hepatitis, and other blood-borne diseases. The program has since been re-authorized by the Governor and legislature through the passage of Assembly Bill (AB) 1701 (Chesbro, Statutes of 2010). This bill continues the program with no changes except for the new sunset date of 2018. **All previously registered pharmacies may continue to sell syringes, and there is no need to re-register.**

The sharing of contaminated syringes is linked to 19 percent of all AIDS cases in California, and an estimated 5,000 new hepatitis C virus (HCV) infections each year are attributable to the sharing of injection equipment. Preventing the spread of disease through pharmacy access to sterile syringes has the potential to dramatically shift the trends in the HIV and HCV epidemics in California.

Currently in California, there are over 650 pharmacies in sixteen counties and four cities that are participating in the DPDP program. Research has found no evidence of negative effects, such as increased crime or syringe litter.

Pharmacist's Roles and Responsibilities

Pharmacists play an important and often unrecognized role in public health, as health educators and resources for their communities. As respected members of the medical profession, pharmacists have the ability to positively influence the health behaviors of their patients, and to influence public health policy. To date, sixteen counties and four cities have authorized a DPDP. Individual pharmacists and local pharmacy associations have been actively involved in the political process needed to secure authorization.

Pharmacies operating within those jurisdictions which have authorized a DPDP may participate in the program by contacting their local health department to register. Pharmacists located in jurisdictions that have not yet authorized a DPDP may contact their local health department to let them know of their interest in participating.

Participating pharmacies are required to:

- Register with their local health department and certify that they will provide the purchaser with written information or verbal counseling on all of the following:
 - how to access drug treatment;
 - how to access testing and treatment for HIV and HCV; and,
 - how to safely dispose of sharps waste;
- Store hypodermic needles and syringes so that they are available only to authorized personnel; and
- Provide for the safe disposal of hypodermic needles and syringes through one or more of the following options:
 - providing an on-site safe hypodermic needle and syringe collection and disposal program;
 - furnishing or making available for purchase mail-back sharps disposal containers that meet state and federal standards; and/or
 - furnishing or making available for purchase personal sharps disposal containers.

Pharmacists are no longer required to keep a logbook of non-prescription syringe sales, even for bulk sales of syringes to diabetic or other customers who normally present to the pharmacist with prescriptions.

Frequently Asked Questions

- **Why was this program started?**

Prior to 2005, California was one of only five states that required a prescription for pharmacy syringe purchase. A significant body of scientific evidence indicates that improved syringe access reduces the rate of HIV transmission, without increasing rates of drug use, drug injection, or crime.¹ A study published in 2001 compared rates of HIV among injection drug users in 96 U.S. cities. Sixty cities did not require a prescription for the sale of syringes and 36 did require a prescription. There was no statistically significant difference in the prevalence of injection drug use between the two groups of cities. However, the rate of HIV among injection drug users was twice as high in the cities that prohibited sale of syringes (13.8 percent versus 6.7 percent).²

- **Are all pharmacies required to sell syringes without a prescription?**

No. The DPDP allows, but does not require pharmacists to sell syringes without a prescription.

NPSS in Pharmacies

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- **Wasn't the program supposed to end in 2010?**

AB 1701 (Chesbro, Statutes of 2010) extended the sunset date for the DPDP until 2018, but made no changes to the program.

- **Wasn't there another bill about nonprescription syringe sales?**

Another bill introduced in 2010, SB 1029, would have concluded the DPDP and allowed pharmacies statewide to sell up to 30 syringes without a prescription, with no need for counties to authorize or pharmacies to register. This bill was vetoed by Governor Schwarzenegger. It has been reintroduced this session as SB 41 (Yee).

- **Do pharmacies that are already registered have to re-register?**

Under current law, pharmacies already registered for the DPDP may continue to sell up to 10 syringes at a time to customers without a prescription. Neither counties nor pharmacies need to re-register for the program.

- **Does each pharmacist need to register with the county? Which pharmacy staff is allowed to sell syringes over the counter (OTC)?**

The pharmacy itself is registered, not the pharmacist. Any pharmacy staff may sell syringes OTC.

- **Does pharmacy staff need to ask for identification from the customer?**

No, identification is not required in order to purchase syringes.

- **Why isn't a log or record book required for OTC sales of syringes?**

In 2005 the requirement that pharmacists keep a logbook of non-prescription syringe sales was eliminated from the Business and Professions Code, including the requirement that a log be kept for sales of up to 100 syringes to diabetic or other customers who normally present to the pharmacist with prescriptions.

One of the goals of the law is to increase injection drug users' (IDUs) purchase of new, sterile syringes by making the purchase simple and non-threatening. By allowing syringe purchase without requiring the customer to give a name, or show i.d., customer privacy is protected.

- **Will children or teens be able to walk into drug stores and get syringes?**

The DPDP allows only adults over the age of 18 to purchase and possess up to ten syringes without a prescription. Minors with a valid syringe prescription will be able to continue to use their prescriptions to obtain syringes.

- **How often can the same person buy syringes?**

There are no restrictions on how many times a person may purchase syringes on a given day, week or month. However, the pharmacy may sell only 10 syringes at a time.

- **Is this program for IDUs only, or can anyone buy syringes OTC?**

Anyone 18 years of age or older can purchase syringes OTC in participating pharmacies.

- **Will this attract criminals and crime to my pharmacy?**

Among participating California pharmacies, there have been no reports of unruly or criminal behavior associated with pharmacy sale of syringes. In other states, where OTC sale of syringes is the norm, few problems have been reported.

- **Is my pharmacy required to develop the educational materials about drug treatment, HIV and HCV testing and treatment and proper syringe disposal?**

Educational materials are developed and provided to pharmacies by your local health department.

- **Is my pharmacy required to collect used syringes?**

The law requires participating pharmacies to provide for the safe disposal of hypodermic needles and syringes through at least **one of these options**: collecting syringes on site, making mail-back syringe disposal containers available for purchase, or making personal sharps disposal containers available for purchase. Some (few) counties may require syringe collection on site; however that is not the norm in California.

- **Won't increased access result in improperly discarded needles that could pose health and safety risks?**

Research in other states has shown that programs similar to the DPDP have actually resulted in fewer improperly discarded syringes. When the possession of a syringe without a prescription is criminalized, people have a greater incentive to dispose of their syringes immediately after use to avoid being caught with them. When possession of

NPSS in Pharmacies

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syringes is not criminalized, IDUs may keep their syringes until they can be disposed of safely.

Under the provisions of the program, participating pharmacies are required to hand out information about proper syringe disposal with each syringe sale, and to sell or provide mail back containers, sharps containers, or onsite disposal of used syringes.

The legislation also imposes penalties for the improper disposal of syringes on a playground, beach, park or schoolyard.

- **Won't increased needle access "send the wrong message" or encourage drug use?**

Several studies have examined this question, and found no evidence of increased initiation of drug use by young adults in areas which have expanded syringe access, either through OTC pharmacy sale of syringes or through syringe exchange programs. Seven major government-funded studies have concluded that improving access to sterile syringes does not lead to increased drug use.

- **Letting drug users buy syringes at pharmacies seems like a pretty radical concept. Do many people think this is a good idea?**

Pharmacy sale of syringes is the norm in 46 states. The Centers for Disease Control and Prevention, the American Medical Association, the National Association of Boards of Pharmacy and many other state and national organizations also support increased syringe access through pharmacy sale without a prescription.

- **Aren't syringes available at needle exchanges already? Why should they also be available at drug stores?**

Syringe exchange programs, which operate in select counties and provide sterile syringes in exchange for used, potentially contaminated ones, are a good way to reach some IDUs. But such programs are not available in all areas, and have limited hours of operation.

Pharmacies are ideal sources of sterile injection equipment: they are located in most neighborhoods, open during convenient hours, and staffed by trained health-care professionals who can provide needed advice regarding disease prevention and safe disposal of syringes to all purchasers.

These two approaches to syringe access are complementary, reaching different IDU populations with different needs. Both can serve as important conduits to health services, including drug treatment.

- **What size syringe should I sell?**

Most customers will tell you what size needle and syringe they want. Generally, 1 cc or 3 cc syringes are adequate.

- **How do I register my pharmacy?**

Contact the HIV prevention staff at your local health department. Additional assistance may be found by calling the California Department of Public Health, Office of AIDS at 916-449-5796.

An educational video on the DPDP can be found here:

<http://www.vimeo.com/6634757>

More information about syringe access is available on the Office of AIDS web site <http://www.cdph.ca.gov/programs/aids/Pages/OASyringeAccess.aspx>

What to Look for on Tamper-Resistant Security Prescription Forms

On September 18, 2004, Health and Safety Code section 11162.1 was enacted, requiring the use of tamper-resistant prescription forms, which contain specific security features, for controlled substances. A year later, additional features were added to the security form requirements. To recognize counterfeit or invalid controlled substance prescriptions, pharmacists should familiarize themselves with the required security features of section 11162.1 below:

11162.1 Controlled Substance Prescription Form Requirements

- (a) The prescription forms for controlled substances shall be printed with the following features:
- (1) A latent, repetitive “void” pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word “void” shall appear in a pattern across the entire front of the prescription.
 - (2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words “California Security Prescription.”
 - (3) A chemical void protection that prevents alteration by chemical washing.
 - (4) A feature printed in thermochromic ink.
 - (5) An area of opaque writing so that the writing disappears if the prescription is lightened.
 - (6) A description of the security features included on each prescription form. [*Ed. Note: The description may be printed anywhere on the form (e.g., in warning bands along the edges of the form’s face or listed on the back of the form). The description should tell what and where the features are on the form and how to test them.*]
 - (7) (A) Six quantity check off boxes shall be printed on the form and the following quantities shall appear:
 - 1–24
 - 25–49
 - 50–74
 - 75–100
 - 101–150
 - 151 and over.
 (B) In conjunction with the quantity boxes, a space shall be provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.
 - (8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the “Prescription is void if the number of drugs prescribed is not noted.”
 - (9) The preprinted name, category of licensure, license number, federal controlled substance registration number of the prescribing practitioner.
 - (10) Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.
 - (11) The date of origin of the prescription.
 - (12) A check box indicating the prescriber’s order not to substitute.
 - (13) An identifying number assigned to the approved security printer by the Department of Justice. [*Ed. Note: These forms must be printed by printing companies that have been approved by the Department of Justice/Bureau of Narcotic Enforcement and assigned a security printer (SP) number. The printer identifying number can be found anywhere on the form and will be seen as “SP” followed by a number. Absence of the number may indicate a fraudulent prescription form.*]
 - (14) (A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.
 - (B) Each prescriber who signs the prescription form shall identify himself or herself as the prescriber by checking the box by his or her name.
- (b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.
- (c) (1) A prescriber designated by a licensed health care facility, a clinic specified in Section 1200, or a clinic specified in subdivision (a) of Section 1206 that has 25 or more physicians or surgeons may order controlled substance prescription forms for use by prescribers when treating patients in that facility without the information required in paragraph (9) of subdivision (a) or paragraph (3) of this subdivision.
- (2) Forms ordered pursuant to this subdivision shall have the name, category of licensure, license number, and federal controlled substance registration number of the designated prescriber and the name, address, category of licensure, and license number of the licensed health care facility the clinic specified in Section 1200, or the clinic specified in subdivision (a) of Section 1206 that has 25 or more physicians or surgeons preprinted on the form.
 - (3) Forms ordered pursuant to this section shall not be valid prescriptions without the name, category of licensure, license number, and federal controlled substance registration number of the prescriber on the form.
 - (4) (A) Except as provided in subparagraph (B), the designated prescriber shall maintain a record of the prescribers to whom the controlled substance prescription forms are issued, that shall include the name, category of licensure, license number, federal controlled substance registration number, and quantity of controlled substance prescription forms issued to each

Electronic Prescribing of Controlled Substances in California

Please see more detailed information on this subject at “Transmission and Receipt of Electronic Controlled Substance Prescriptions,” on the Board’s Web site under “What’s New.”

Since at least 2001, California has allowed e-prescribing for controlled substances, excluding Schedule II, subject to “... if authorized by federal law and in accordance with regulations promulgated by the Drug Enforcement Administration.” (Health and Safety Code 11164.5[a]). However, the DEA did not permit DEA registrants to e-prescribe controlled substances. Nevertheless, as prescribers, pharmacies, and payers increasingly turn to e-prescribing technology to increase efficiency and reduce expenses, the DEA has searched for ways to reconcile its e-prescribing regulations of controlled substances with those of individual states. Subsequently, the DEA published on June 27, 2008, a proposed rule to permit e-prescribing of controlled substances under specific, fairly detailed requirements. Comment period on the rulemaking closed in September 2008, and the Interim Final Rule (IFR) on e-prescribing of controlled substances became effective and was published in the Federal Register on June 1, 2010. What follows is a very brief summary of the rule.

The DEA’s basic prescribing structure has remained consistent: whereas it has previously allowed controlled substances to be prescribed only by using (secure) paper prescriptions, the IFR will make it possible to prescribe Schedules II through V controlled substances by using electronic prescription applications (software systems), transmitted either directly or through intermediaries to pharmacies.

The new IFR requirements affect:

- The companies that develop, sell, and host electronic prescription software applications, electronic health record applications, and pharmacy applications;
- Any DEA-registered prescriber, including any mid-level practitioner who wants to sign and transmit controlled substance prescriptions electronically;
- Any DEA-registered pharmacy that wants to process electronic prescriptions for controlled substances;
- Software application providers must undergo third-party audit or certification to determine whether the application meets DEA’s requirements;
- Prescribing practitioners must select application, submit to identity proofing, set access controls; and sign prescriptions; and
- Pharmacies must select software application, set access controls, process prescriptions, and archive prescriptions.

The requirements to participate in e-prescribing include, but are not limited to the following factors:

Identity Proofing: The IFR continues the requirement that practitioners be subject to identity proofing before they are issued authentication credentials (the password[s] and hard token or biometric that permits them to issue e-prescriptions).

Two Factor Authentication: Practitioners must be authenticated to the e-prescribing system by using two of the following three factors: knowledge-based (i.e., password), a hard token, (e.g., a security card that gives a user access to a computer system), and/or a biometric (e.g., scanned iris, fingerprint, etc.).

Creating and Signing E-Prescriptions: Controlled substance prescriptions are required to contain the same data elements as paper prescriptions, but the prescriber is only required to review the patient name, drug information, refill/fill information, and the prescriber’s information on-screen before approving/signing the prescription. It will be possible to authorize multiple prescriptions for a single patient with one transaction.

Digital Signatures: The application will apply a digital signature to and archive the required controlled substance prescription information when the practitioner completes the two-factor authentication process (this is his or her way of “signing” the prescription). For those practitioners who have private keys for digital signatures (e.g., those practicing in federal facilities), the private key infrastructure may be used to digitally sign the prescription. The prescription need not be transmitted immediately, because it has been digitally signed (and therefore locked). The IFR also requires the pharmacy or the last intermediary before pharmacy receipt to digitally sign the prescription, and the pharmacy to archive the digitally signed record.

Recordkeeping: All records related to controlled substance e-prescriptions must be retained for two years.

Participation in the transmission and receipt of electronic prescriptions is not mandatory: it is voluntary. The regulations do not mandate that prescribers use only electronic prescribing for controlled substances, nor do they require pharmacies to accept electronic controlled substance prescriptions. Written prescriptions are still acceptable, as are oral prescriptions for Schedule III-V controlled substances. If used, electronic prescriptions for Schedule II-V controlled substances must meet DEA regulatory requirements.

DEA Interim Final Rule on Electronic Prescribing and Receiving Controlled Substance Prescriptions

Questions and Answers for Pharmacies [as of 03/31/2010]

The questions and answers below are intended to summarize and provide general information for pharmacies regarding the Drug Enforcement Administration Interim Final Rule on electronic prescriptions for controlled substances.

Q. What is DEA's rule "Electronic Prescriptions for Controlled Substances?"

A. DEA's rule, "Electronic Prescriptions for Controlled Substances" revises DEA's regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically. The regulations will also permit pharmacies to receive, dispense, and archive these electronic prescriptions. The rule was published in the Federal Register Wednesday, March 31, 2010 and became effective on June 1, 2010.

Q. Is the use of electronic prescriptions for controlled substances mandatory?

A. No, the new regulations do not mandate that practitioners prescribe controlled substances using only electronic prescriptions. Nor do they require pharmacies to accept electronic prescriptions for controlled substances for dispensing. Whether a practitioner or pharmacy uses electronic prescriptions for controlled substances is voluntary from DEA's perspective. Prescribing practitioners are still able to write, and manually sign, prescriptions for schedule II, III, IV, and V controlled substances and pharmacies are still able to dispense controlled substances based on those written prescriptions. Oral prescriptions remain valid for schedule III, IV, and V controlled substances. Electronic prescriptions for controlled substances are only permissible if the electronic prescription and the pharmacy application meet DEA's requirements. In addition, electronic prescriptions for controlled substances may be subject to state laws and regulations. If state requirements are more stringent than DEA's regulations, the state requirements would supersede any less stringent DEA provision.

Q. When can a pharmacy start processing electronic prescriptions for controlled substances?

A. A pharmacy will be able to process electronic controlled substance prescriptions only when the application the pharmacy is using to process prescriptions complies with the requirements in the interim final rule.

Q. What must a pharmacy application be able to do to process electronic controlled substance prescriptions?

A. The application requirements are detailed in 21 C.F.R. 1311.205. Generally, the application must be able to import, display, and store the required contents of a controlled

substance prescription accurately and consistently. The application must be able to digitally sign and archive the controlled substance prescription or import and archive the record that the last intermediary digitally signed. The application must electronically accept and store all of the information that DEA requires to be annotated to document the dispensing of a prescription. The application must allow the pharmacy to limit access for the annotation, alteration (to the extent such alteration is permitted by DEA regulations), or deletion of controlled substance prescription information to specific individuals or roles. The application must have an internal audit trail that documents whenever a prescription is received, altered, annotated, or deleted. The application must conduct an internal audit that identifies any potential security problems daily and generate a report for review by the pharmacy if a problem is identified. Many of these requirements are standard functionalities for pharmacy applications.

Q. How will a pharmacy be able to determine that an application complies with DEA's rule?

A. The application provider must either hire a qualified third party to audit the application or have the application reviewed and certified by an approved certification body. The auditor or certification body will issue a report that states whether the application complies with DEA's requirements and whether there are any limitations on its use for controlled substance prescriptions. (A limited set of prescriptions require information that may need revision of the basic prescription standard before they can be reliably accommodated, such as hospital prescriptions issued to staff members with an identifying suffix.) The application provider must give a copy of the report to pharmacies that use or are considering use of the pharmacy application to allow them to determine whether the application is compliant with DEA's requirements.

Q. Until a pharmacy has received an audit/certification report from the pharmacy application provider indicating that the application meets DEA's requirements, how can the pharmacy application be used to process controlled substance prescriptions?

A. A pharmacy cannot process electronic prescriptions for controlled substances until its pharmacy application provider obtains a third party audit or certification review that determines that the application complies with DEA's requirements and the application provider gives the audit/certification report to the pharmacy. The pharmacy may continue to use its pharmacy application to store and process information from paper or oral controlled substances prescriptions it receives, but the paper records must be retained.

DEA Interim Final Rule

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Q. What is a pharmacy's responsibility if the pharmacy's application cannot accommodate special DEA requirements, such as extension data for institutional-based practitioners?

- A. The audit report the pharmacy will receive from the pharmacy application provider will indicate if the application is capable of importing, displaying, and storing such information accurately and consistently. If the audit or certification report indicates that the pharmacy application cannot accurately and consistently import, store, and display this information, the pharmacy must not process electronic prescriptions for controlled substances that require such information. For example, until the audit or certification report indicates that the pharmacy application can import, display, and store both a hospital DEA number and the individual practitioner's extension number, the pharmacy must not accept electronic prescriptions that include only a hospital DEA registration. The pharmacy may, however, use the application to process other controlled substance prescriptions if the audit or certification report has found that the pharmacy application meets all other requirements.

Q. How does a pharmacy limit access to the pharmacy application?

- A. The pharmacy application has to allow the pharmacy to set access controls. These controls may be set either by name or by role (e.g., pharmacist, pharmacy technician). The controls define who has permission to annotate, alter (where such alteration is permitted by DEA regulations), or delete controlled substance prescription information.

Transmission of Prescriptions to Pharmacies

Q. What is an intermediary?

- A. An intermediary means any technology system that receives and transmits an electronic prescription between the practitioner and the pharmacy.

Q. If transmission of an electronic prescription fails, may the intermediary convert the electronic prescription to another form (e.g. facsimile) for transmission?

- A. No, an electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form. If an intermediary cannot transmit the electronic data file of a controlled substance prescription to the pharmacy, the intermediary must notify the practitioner. Under such circumstances, if the prescription is for a schedule III, IV, or V controlled substance, the practitioner can print the prescription, manually sign it, and fax the prescription directly to the pharmacy. This prescription must indicate that it was originally transmitted to, and provide the name of, a specific pharmacy, the date and time of transmission, and the fact that the electronic transmission failed.

Q. What are the restrictions regarding alteration of a prescription during transmission?

- A. The (DEA-required) contents of a prescription must not be altered during transmission between the practitioner and pharmacy. However, this requirement only applies to the content (not the electronic format used to transmit the prescription). This requirement applies to actions by intermediaries. It does not apply to changes that occur after receipt at the pharmacy. Changes made by the pharmacy are governed by the same laws and regulations that apply to paper prescriptions.

Q. What should a pharmacist do if he/she receives a paper or oral prescription that was originally transmitted electronically to the pharmacy?

- A. The pharmacist must check the pharmacy records to ensure that the electronic version was not received and the prescription dispensed. If both prescriptions were received, the pharmacist must mark one as void. The pharmacy is responsible for verifying that the prescription was not received electronically and that no controlled substances were dispensed pursuant to the electronic prescription prior to filling the paper prescription. The paper prescription must comply with all DEA requirements for any paper prescription, including a manual signature.

Q. What should a pharmacist do if he/she receives a paper or oral prescription that indicates it was originally transmitted electronically to another pharmacy?

- A. The pharmacist must check with the other pharmacy to determine whether the prescription was received and dispensed. If the pharmacy received the original electronic prescription, but had not dispensed the prescription, that pharmacy must mark the electronic version as void or canceled. If the pharmacy that received the original electronic prescription dispensed the prescription, the pharmacy with the paper version must not dispense the paper prescription and must mark the prescription as void.

Records

Q. What are the DEA requirements regarding the storage of electronic prescription records?

- A. Once a prescription is created electronically, all records of the prescription must be retained electronically. As is the case with paper prescription records, electronic controlled substance prescription records must be kept for a minimum period of two years.

Q. Are electronic prescription records required to be backed-up, and if so, how often.

- A. Yes, pharmacy application service providers must back up files daily. Also, although it is not required, DEA recommends as a best practice that pharmacies store their back-up copies at another location to prevent the loss of the records in the event of natural disasters, fires, or system failures.

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Reporting Security Incidents

Q. Is a person who administers logical access controls required to report security incidents?

- A. Yes, the application is required to run an internal audit for potential security incidents daily and generate a report of any such incidents. If the application generates a report and, upon investigation, the person(s) designated to administer logical access controls for the pharmacy determine that the issuance or records of controlled substance prescriptions has been compromised or could have been compromised, it must be reported to the application provider and DEA within one business day. In general, the security incidents that should be reported are those that represent successful attacks on the application or other incidents in which someone gains unauthorized access.

Audits and Certification of Applications

Q. Who can conduct an audit or certify an application?

- A. Application providers must obtain a third-party audit or certification to certify that each electronic prescription and pharmacy application to be used to sign, transmit, or process controlled substances prescriptions is in compliance with DEA regulations pertaining to electronic prescriptions for controlled substances.
- The application may undergo a WebTrust, SysTrust, or SAS 70 audit conducted by a person qualified to conduct such an audit.
 - The application may undergo an audit conducted by a Certified Information System Auditor who performs compliance audits as a regular ongoing business activity.
 - The application may have a certification organization whose certification has been approved by DEA verify and certify that the application meets DEA's requirements.

Q. When must a third-party audit or certification be conducted?

- A. The third-party audit or certification must be conducted before the electronic prescription application is used to sign or transmit electronic prescriptions for controlled substances, or before the pharmacy application is used to process electronic prescriptions for controlled substances, respectively. Thereafter, a third-party audit or certification must be conducted whenever a functionality related to controlled substance prescription requirements is altered or every two years, whichever occurs first.

Q. To whom does the third-party audit/certification requirement apply?

- A. The requirement for a third-party audit applies to the application provider, not to the individual practitioner, institutional practitioner, or pharmacy that uses the application. Unless an individual practitioner, institutional practitioner, or pharmacy has developed its own application, the practitioner or pharmacy is not subject to the requirement.

Changes to Controlled Substance Prescription Data Submission to CURES

Effective January 1, 2011, all controlled substance prescription data transmitted to CURES must be submitted to the new CURES data collection vendor, Atlantic Associates, Inc (AAI). Additionally, all data submissions must adhere to the American Society for Automation in Pharmacy (ASAP) standards, ASAP 2009 version 4.1 format. **All other data formats will be rejected;** however, AAI will continue to accept ASAP 2005 version 3.0 until July 31, 2011, to allow pharmacies time to gain compliance.

The notification to licensees and software vendors from the Department of Justice, dated December 9, 2010, includes many significant changes and important instructions to ensure data acceptance by the new vendor. Highlights include:

- ASAP 2009, version 4.1 data format; accepted methods of data transmission;
- Data validation process; emailed data acceptance and rejection notices, and required data correction and resubmission;
- How to resubmit a corrected file or record that was rejected by AAI;
- How to delete a record or correct an error found by the pharmacy;
- Proper entry of the DEA number for Medical Residents;
- Mandatory and optional data fields;

- Mandatory pharmacy license number field;
- Limitations on paper submissions;
- Rejections due to use of special characters; pipes (|) and carets (^);
- Reporting zero controlled substances dispensed (zero fills);
- Pharmacy's using third party software vendors to submit prescription data; the pharmacy is responsible for notifying of changes and verifying compliance; and
- Instructions to send email to AAI to request email notifications for data transmissions.

Please review the entire DOJ notification at http://www.pharmacy.ca.gov/licensing/cures_ltr.pdf.

For information regarding data transmission and/or format, please contact:

Atlantic Associates, Inc. (AAI)
Phone: (800) 539-3370
Email: data@aainh.com
Web site coming soon: www.aainh.com

If you have additional questions, please visit the Department of Justice Web site at <http://ag.ca.gov/bne/cures.php> or contact the CURES Program at (916) 319-9062.

Changes to the California Practice Standards and Jurisprudence Examination Content Outline and Verification of Out-of-State Intern Hours

CPJE Changes

On April 1, 2011, changes were made to the CPJE content outline. These changes, the first to be made in the outline since 2005, effected examinations taken on or after April 1, 2011.

The development of any examination program involving licensure begins with an occupational analysis, which identifies the tasks performed in a profession or a job and the knowledge, skills and abilities required to perform that job. The Board of Pharmacy completed its most recent job analysis, acquired from a survey of 3,000 California-residing pharmacists in 2010. The content of the new examination

is based on the task statements and knowledge areas that the surveyed pharmacists determined to be critical to practice. Tasks that were included in the NAPLEX content outline were removed from the CPJE content outline, and the remaining tasks were incorporated into the new CPJE content outline. Both the current and the new CPJE content outline can be accessed at the Board's Web site (www.pharmacy.ca.gov) under "Applicants," then "Exam Information."

In February 2011, the Board sent updated eligibility letters to candidates eligible to take the CPJE and also notified eligible exam candidates who have not taken the CPJE of the upcoming change.

Verification of Out-of-State Intern Hours

The California Board of Pharmacy will no longer accept intern hours verifications transferred from other states. Applicants for the California pharmacist licensure examination will now be required to submit proof of their 1,500 hours of intern experience on the California "Pharmacy Intern Hours Affidavit" (form 17A-29) as part of their licensure examination application. Form 17A-29 can be downloaded at: www.pharmacy.ca.gov/forms/intern_hours_affidavit.pdf.

Board honors pharmacists registered for at least 50 years

In an ongoing feature of *The Script*, the Board of Pharmacy pays tribute to those who have been registered California pharmacists on active status for at least 50 years. The Board 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.



Kenneth O. Wedul

At the May 2011 meeting, President Stanley Weisser recognized RPh Kenneth O. Wedul and his wife Kathleen. Mr. Wedul graduated from North Dakota State University in 1956 and became a licensed pharmacist in California in 1961. He has owned ten stores in Orange County and is currently employed at Leisure World Pharmacy in Seal Beach. President Weisser presented Mr. Wedul with the Board's 50-year pin.

| | |
|---------------------|-----------------|
| Arragg, Ronald G. | Ventura, CA |
| Asami, Richard K. | Fresno, CA |
| Barak, Morton | Petaluma, CA |
| Bates, John E. | Tustin, CA |
| Beeman, Jerry R. | Beaumont, CA |
| Bertelli, Daniel C. | Columbia, CA |
| Blank, Bruce L. | Palm Desert, CA |

| | |
|---------------------------|--------------------------|
| Braun, Bernard J. | Santa Barbara, CA |
| Budman, Allan | Fountain Valley, CA |
| Colucci, James R. | Oceanside, CA |
| Erskine, Paul R. | Fresno, CA |
| Goertzen, Edwin | Reedley, CA |
| Hardy, Donald T. | Arcata, CA |
| Hopkins, Marilyn L. | Dublin, CA |
| Kalman, Mervyn | Woodland Hills, CA |
| Kasen, David | Encino, CA |
| Latchford, Robert G. | Henderson, NV |
| Lefley, Richard W. | Corona, CA |
| Mallouf, Wayne D. | Oakhurst, CA |
| Martin, Charles | Los Banos, CA |
| McKinney, Forrest M. Jr., | Desert Hot Springs, CA |
| Mihelic, Robert J. | Arroyo Grande, CA |
| Miller, Alan N. | Tamarac, FL |
| Miller, Samuel J. | Los Angeles, CA |
| Pearlman, Martin B. | Santa Monica, CA |
| Pritchett, William H. | Sun City, AZ |
| Roe, George R. | Snohomish, WA |
| Sowell, Arlene L. | Medford, OR |
| Wedul, Kenneth O. | Seal Beach, CA |
| Weiss, Martin D. | Palos Verdes Estates, CA |
| Williams, Donald H. | Bellvue, WA |
| Wong, Dennis W. K. | Torrance, CA |
| Wong, Donald R. | Isleton, CA |
| Ziebell, Russell J. | Novato, CA |

Changes in the Board

New Member

The Board welcomes **Anil "Neil" Hiro Badlani** of Cerritos, who was appointed to the Board by Governor Arnold Schwarzenegger, who also reappointed **Shirley Lee Wheat** of Irvine on January 1, 2011.

R.Ph. Badlani, a graduate of Bombay University, College of Pharmacy, has served as a pharmacist at the National Compounding Institute and as a research and development pharmacist for Healthspecialty Skin Care since 2006. Prior to that time, RPh Badlani worked as staff pharmacist and as pharmacy manager at American Drug Stores, Savon Drugs, and was a franchise owner of a General Nutrition Center. He is currently a member of the Prescription Compounding Centers of America, the International

Academy of Compounding Pharmacists, and the California Pharmacists Association. R.Ph Badlani's term will expire on June 1, 2012.

Ms. Wheat's reappointment ensures her continued participation as a public member on the Board until June 1, 2014.

Departing Member

The Board membership of Kenneth H. Schell, Pharm.D., a member since July 2003, expired June 1, 2011. Dr. Schell was elected Vice President of the Board in September 2006 and President in April 2008. The Board appreciates and thanks him for his many contributions to California pharmacy practice.

Dr. Schell offered the following message to all Board licensees:

It has been a wonderful eight years, but all good things must make way for different good things. I was involved in numerous Board projects, but the most significant one was the Patient-Centered Label. I am also proud that we were able to get the E-Pedigree legislation passed. However, my best and most fond memory is working with the incredible Board staff and the Executive Officer who do tremendous work with great positive attitudes even though the conditions aren't always what we'd like them to be. In addition, I am proud to have served with fantastic Board members who were thoughtful, open, and most of all had the public's best interest at heart. I will forever remember this opportunity to serve the people of the state of California in such a positive way.

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

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

- Attending one full day of a Board meeting per year (maximum of six hours of CE per year); or
- Attending a one-day committee meeting (two hours of CE for each of two different committee meetings—maximum of four hours per year); or
- 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 of Pharmacy meetings are held at least four times per year: typically January, April, July and October. There are four committees that usually hold public meetings prior to each Board meeting:

- Enforcement Committee—Makes recommendations to the Board regarding oversight of all regulatory and enforcement activities for the improvement of consumer protection.
- Licensing Committee—Makes recommendations to the Board regarding the development of standards for the professional qualifications of licensees.
- Legislation and Regulation Committee—Advocates legislation and recommends 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 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, both statutory and regulatory texts 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 designated as eligible for CE: This is specified on the agenda. To obtain CE credit for attending committee meetings, attendees must arrive at the designated start of the meeting and register on the CE sign-in sheet.

The Board meeting dates and locations for 2011 are:

July 26-27 **Department of Consumer Affairs**
1625 N. Market Blvd
1st Floor Public Hearing Room
Sacramento, CA 95834
(916) 574-7910

October 19-20 **To be Determined**

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, about five days before each meeting, you may download meeting information packets that contain background information and action items that will be discussed during the meeting.

Explanation of Disciplinary Terms

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

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 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.

Stipulated Settlement—the board and a licensee mutually agree to settle a disciplinary case brought by the board by way of a settlement agreement.

Stayed—the revocation or suspension action is postponed, and operation or practice may continue so long as the licensee fully complies with any specified terms and conditions.

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. The board may agree to accept the surrender of a license through a "stipulation" or agreement.

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.

Reinstatement of License—a previously revoked or suspended license is reinstated with or without specified terms and conditions.

Statement of Issues—a legal document that details the factual or legal bases for refusing to grant or issue a license.

Disciplinary Actions

The following licenses were disciplined through actions taken by the Board from July 2, 2010, to May 11, 2011. To view details of the probation terms and conditions of each case, go to the Board's Web site, www.pharmacy.ca.gov, and from the "Quick Hits" menu, select "Enforcement Actions."

Pharmacist Licenses

Allen, William Andrew, RPH 54535, San Diego, CA—Case 3412

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist; perform preceptor duties or be pharmacist-in-charge; practice must be supervised; and no ownership of any Board-licensed entity.

Decision effective 12/31/2010

Basilyan, Madlen, RPH 56808, Pasadena, CA—Case 3156

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing pharmacy for 15 days; cannot own any additional Board-approved premises, may be pharmacist-in-charge with a consultant; and must successfully complete an approved ethics course.

Decision effective 01/07/2011

Bell, Lawrence Steven, RPH 40966, Ventura, CA—Case 3177

By Stipulated Settlement, license revoked, stayed, three years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; must successfully complete an approved ethics course; and must have worksite monitor.

Decision effective 08/05/2010

Bragdon, William Thomas, Jr., RPH 52585, Patterson, CA—Case 3626

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include but not limited to: may be pharmacist-in-charge with a consultant.

Decision effective 10/27/2010

Braun, Mark Howard, RPH 43806, Culver City, CA—Case 3233

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing pharmacy until deemed fit to practice, cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge, and must have supervised practice.

Decision effective 05/11/2011

See Disciplinary Actions, Page 29

Disciplinary Actions

Continued from Page 28

Brown, Michael Edward, RPH 37708,
Chula Vista, CA—Case 3411

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: 30 days' suspension; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any Board-licensed premises.

Decision effective 09/29/2010

Callahan, Edward III, RPH 26227,
Playa Del Rey, CA—Case 3132

By Stipulated Settlement, Letter of Admonishment issued.

Decision effective 12/10/2010

Chan, Sharon Lee,
Pharmacist Applicant,
La Canada, CA—SI 3384

By Stipulated Settlement, when Pharmacist license is issued, it will be placed on four years' probation; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any Board-licensed premises; and must successfully complete an approved ethics course.

Decision effective 07/28/2010

Cho, Edric, RPH 38333,
Grass Valley, CA—Case 3419

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: 30 days' suspension; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any Board-licensed premises.

Decision effective 09/29/2010

Clark, Bruce Edward, RPH 30899,
Fresno, CA—Case 3568

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; must successfully complete an approved ethics course; and must have worksite monitor.

Decision effective 12/31/2010

Dash, Michelle Anne, RPH 42182, Porter
Ranch, CA—Case 3537

By Default Decision, license revoked.
Decision effective 03/28/2011

Doan, Long Ngoc, RPH 50777,
Tustin, CA—Case 3491

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: 15 days suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any Board-licensed premises; and must successfully complete an approved ethics course.

Decision effective 08/25/2010

Eastland, Kerry Joe, RPH 61785,
Riverside, CA—Case 3710

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: suspended from practicing pharmacy for 60 days, cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; no ownership of any Board-licensed entity, and must have supervised practice.

Decision effective 05/11/2011

Ferry, Brenna Ann, Pharmacist
Applicant, Sacramento, CA—Case SI
3857

Statement of Issues has been
withdrawn.

Decision effective 02/08/2011

Gaurano, Valerie Reyes, RPH 38852,
Del Mar, CA—Case 3736

By Stipulated Settlement, license revoked, stayed, two years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; and no ownership of any Board-licensed entity.

Decision effective 05/11/2011

Gill, Gurmukh Singh, RPH 51983,
Hilmar, CA—Case 3230

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing pharmacy for 90 days, cannot own any Board-license entity and may be pharmacist-in-charge with a consultant.

Decision effective 03/28/2011

Glen, Michael Alexander, RPH 51983,
Bellingham, WA—Case 3571

By Stipulated Settlement, license revoked, stayed, six years' probation subject to terms and conditions that include: practice must be supervised, cannot supervise any intern or be pharmacist-in-charge, suspended from practicing pharmacy for 90 days with credit given for time already served, and no ownership of any Board-licensed entity.

Decision effective 03/28/2011

Golka, Stephen James, RPH 32396,
Sacramento, CA—Case 3341

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing pharmacy for 21 days and may be pharmacist-in-charge with a consultant.

Decision effective 01/07/2011

Hall, Robert Thomas, RPH 32860,
Eureka, CA—Case 3699

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 02/05/2011

Hoerrner, Jennifer W., RPH 52366, Glen
Allen, VA—Case 3575

By Default Decision, license revoked.
Decision effective 08/05/2010

Kim, Dianna M., RPH 54036,
San Diego, CA—Case 3434

By Hearing Decision, license
revoked.

Decision effective 04/27/2011

Krinsky, Oscar J., RPH 21664,
Long Beach, CA—Case 37399

By Default Decision, license revoked.
Decision effective 04/15/2011

Klein, Jerry B., RPH 33188,
Crescent City, CA—Case 3404

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: can be pharmacist-in-charge with consultant; and no ownership of any Board-licensed premises.

Decision effective 11/18/2010

Koo, Anna K., RPH 42518,
Torrance, CA—Case 3254

Accusation withdrawn as to Anna K.
Koo.

Decision effective 12/03/2010

Disciplinary Actions

Continued from Page 29

Kung, Julie Shu-Hwa, RPH 49994,
Arcadia, CA—Case 3410

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: 15 days' suspension from practicing; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; no ownership of any Board-licensed premises; and must successfully complete an approved ethics course.
Decision effective 02/17/2011

Lizarazo, Gustavo Adolpho,
RPH 59384,

Spring Valley, CA—Case 3367

By Hearing Decision, license revoked.

Decision effective 03/28/2011

Lloyd, Warren Christopher,
RPH 41161,

Long Beach, CA—Case 3596

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; and no ownership of any Board-licensed premises.
Decision effective 10/27/2010

MacMullen, Gary, RPH 30639,
Rancho La Costa, CA—Case 3183

By Decision, license revoked, stayed, five years' probation subject to terms and conditions that include: 180 days' suspended pharmacy practice; cannot supervise any intern pharmacist or ancillary personnel, perform preceptor duties or be pharmacist-in-charge; and no ownership of any Board-licensed premises.

Decision effective 07/02/2010

Merkel, Donald Steven, RPH43281,
San Diego, CA—Cases 3306 and 3682

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 08/20/2010

Margolin, Steven Michael, RPH 36992,
Van Nuys, CA—Case 3618

By Hearing Decision, license revoked.

Decision effective 10/27/2010

Montoya, Richard D., RPH 41140,
Big Bear Lake, CA—Case 3379

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: 45 days' suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; and no ownership of any Board-licensed premises.

Decision effective 09/29/2010

Neminov, Polina, RPH 50440,
Woodland Hills, CA—Case 3254

Accusation withdrawn as to Polina Neminov..

Decision effective 12/03/2010

Ozimy, Eric Duane, RPH 36956,
Stockton, CA—Case 3298

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: 30 days' suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; and practice must be supervised.

Decision effective 11/18/2010

Parks, Tara Ann, RPH 58965, Fallbrook,
CA—Case 3704

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge, practice must be supervised, and must successfully complete an approved ethics course.

Decision effective 04/15/2011

Patel, Paragi, RPH 49421,
San Leandro, CA—Case 3515

By Stipulated Settlement, license revoked, stayed, three years' probation subject to terms and conditions that include: 30 days' suspended pharmacy practice; may be pharmacist-in-charge with a consultant; and cannot own any new Board-licensed premises.

Decision effective 02/17/2011

Payne, Robert John, RPH 26146,
Carmichael, CA—Case 3341

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that

include: suspended from practicing pharmacy for 60 days; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; cannot own any Board-licensed premises; and must successfully complete an approved ethics course.

Decision effective 01/07/2011

Phan, Hung Phi, RPH 45283,
Milpitas, CA—Case 3440

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 03/09/2011

Platt, Chris Eugene, RPH 41579,
Ojai, CA—Case 3364

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; and cannot own any additional Board-approved premises.

Decision effective 01/07/2011

Puccinelli, John Michael, RPH 26552,
San Jose, CA—Case 3430

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 08/25/2010

Rodefshalom, Nima, RPH 55990,
Los Angeles, CA—Case 3330

By Stipulated Settlement, license revoked, stayed, two years' probation subject to terms and conditions that include: two years' probation; cannot supervise any intern pharmacist or serve as consultant to any Board-licensed premises; may function as pharmacist-in-charge if she retains an independent consultant; must compete 10 hours of remedial education; and no new ownership of any Board-licensed premises.

Decision effective 07/28/2010

Sardinas, Jose Ramon, RPH 27061,
Manhattan Beach, CA—Case 3584

By Hearing Decision, license revoked, stayed, three years' probation subject to terms and conditions that include: 30 days suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge.

Decision effective 03/09/2011

Disciplinary Actions

Continued from Page 30

Sawai, Myles Y., RPH 41279,
Orange, CA—Case 3733

By Stipulated Settlement, license revoked.

Decision effective 05/11/2011

Shibley, Norman Bruce, RPH 39528,
Lancaster, CA—Case 3370

By Stipulated Settlement, license revoked, stayed, six years' probation subject to terms and conditions that include: nine months suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; and no ownership of any Board-licensed premises.

Decision 03/28/2011

Simpson, Thomas Russell III,
RPH 26687, Stockton, CA—Case 3478

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge, no ownership of any Board-licensed entity, and practice must be supervised.

Decision effective 05/11/2011

Strom, Carter R., RPH 36629,
Moreno Valley, CA—Case 3393

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: 18 days suspended pharmacy practice; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any Board-licensed premises; and must successfully complete an approved ethics course.

Decision effective 08/25/2010

Tomlin, Stuart Blake, RPH 42645,
Stockton, CA—Case 3681

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing pharmacy for seven days; cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge; practice must be supervised; no ownership of any

Board-licensed entity; and must successfully complete an approved ethics course.

Decision effective 12/31/2010

White, Michael Francis, RPH 28654,
Solvang, CA—Case 3547

By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge, no ownership of any Board-licensed entity, and practice must be supervised.

Decision effective 05/11/2011

Wong, John F., RPH 52583,
Patterson, CA—Case 3626

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: cannot supervise any intern pharmacist, perform preceptor duties or be pharmacist-in-charge.

Decision effective 10/27/2010

Woods-Munoz, Donna, RPH 50357,
Kingsburg, CA—Case 3296

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 11/18/2010

Yee, Michelle, RPH 53971,
San Francisco, CA—Case 3602

By Default Decision, license revoked.

Decision effective 05/11/2011

Yuh, Byung Sik, RPH 36896,
Burlingame, CA—Case 3737

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include but are not limited to: can be pharmacist-in-charge with a consultant.

Decision effective 01/07/2011

Pharmacist Technicians, Intern, and Exemptee

Alonso, Cristina, TCH 56096,
Chatsworth, CA—Case 3390

By Default Decision, license revoked.

Decision effective 08/05/2010

Anderson, Adrienne, TCH 49864, Chico,
CA—Case 3700

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: suspended from practicing for three days, passing the Pharmacy

Technician Certification Board examination, no ownership of any Board-licensed entity, and must have worksite monitor.

Decision effective 04/15/2011

Asaro, Andrew Albert, TCH 56928,
Spring Valley, CA—Case 3800

By Default Decision, license revoked.

Decision effective 05/11/2011

Avalos, Albert, TCH 69538, La
Puente, CA—Case 3490

By Default Decision, license revoked.

Decision effective 12/10/2010

Avalos, Donna Leigh, TCH 54402,
San Jacinto, CA—Case 3337

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 08/25/2010

Bain, Nicholas Peter, TCH 80186,
Yucaipa, CA—Case SI 3451

By Hearing Decision, the application for license is granted, Upon satisfaction of all statutory and regulatory requirements for issuance of a license, a license shall be issued. License will be immediately revoked, stayed, placed on two years' probation, and must pass the Pharmacy Technician Certification Board examination.

Decision effective 05/16/2011

Barragan, Miguel Angel, TCH 79627,
South El Monte, CA—Case 3400

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 12/31/2010

Bendele, Donald E., III, TCH 50148,
Denair, CA—Case 2973

By Default Decision, license revoked.

Decision effective 08/06/2010

Berghouse, Angela, TCH 51956,
Ramona, CA—Case 3597

By Default Decision, license revoked.

Decision effective 01/21/2011

Bernal, Rita, TCH 54691,
Fresno, CA—Case 3524

By Default Decision, license revoked.

Decision effective 04/15/2011

Blackmon, Jessica Ann, TCH 63102,
Lake Elsinore, CA—Case 3805

By Default Decision, license revoked.

Decision effective 05/11/2011

Bounthapanya, Sysavath Jimmy,
TCH 68660, San Jose, CA—Case 3706

By Stipulated Surrender, license was voluntarily surrendered.

Decision effective 02/17/2011

Disciplinary Actions

Continued from Page 31

- Breen, Richard Max**, TCH 87605, Cathedral City, CA—Case 3743
By Stipulated Settlement, license revoked.
Decision effective 03/28/2011
- Bruns, Ingrid**, TCH 49154, Pinole, CA—Case 3600
By Stipulated Settlement, license revoked, stayed, five years' probation. The terms and conditions of probation include passing the Pharmacy Technician Certification Board examination, no ownership of any Board-licensed entity, and needs a worksite monitor.
Effective 04/15/2011
- Bryant, Linda Sami**, TCH 44259, Ontario, CA—Case 3621
By Default Decision, license revoked.
Decision effective 10/03/2010
- Bryant, Tommari**, TCH 72272, Lancaster, CA—Case 3366
By Default Decision, license revoked.
Decision effective 08/05/2010
- Canchola, Yvonne M.**, TCH 51226, Palm Springs, CA—Case 3598
By Default Decision, license revoked.
Decision effective 01/07/2011
- Cantero, David Donny**, TCH 10551, Santa Maria, CA—Case 3616
By Hearing Decision, license revoked.
Decision effective 05/11/2011
- Cauley, Krista R.**, TCH 30909, Grass Valley, CA—Case 3292
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 12/31/2010
- Chacon, Ronald**, TCH 80432, Daly City, CA—Case 3782
By Default Decision, license revoked.
Decision effective 05/11/2011
- Chau, Loan Ngoc**, TCH 54960, Newark, CA—Case 3574
By Default Decision, license revoked.
Decision effective 10/27/2010
- Chavez, Reina**, TCH 65722, Sacramento, CA—Case 3277
By Stipulated Settlement, license revoked.
Decision effective 11/18/2010
- Chavez, Roger Anthony**, TCH 63325, Hayward, CA—Case 3540
By Proposed Decision, license revoked.
Decision effective 02/17/2011
- Chavez, Walter Joaquin**, TCH 35962, Arleta, CA—Case 3635
By Default Decision, license revoked.
Decision effective 03/28/2011
- Collins, Heidi Sue**, TCH 64864, Dana Point, CA—Case 3734
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 01/07/2011
- Conner, Deborah**, TCH 23357, Santee, CA—Case 3581
By Default Decision, license revoked.
Decision effective 08/05/2010
- Cuayu, Wayne Buencamino**, TCH 77398, Hayward, CA—Case 3658
By Stipulated Decision, license was voluntarily surrendered.
Decision effective 05/11/2011
- Dalou, Christopher**, TCH 85056, Moreno Valley, CA—Case 3426
By Default Decision, license revoked.
Decision effective 08/05/2010
- Davis, Melissa Carmel**, TCH 21218, Saugus, CA—Case 3260
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 03/28/2011
- Davis, Tanya Sherita**, TCH 45240, Los Angeles, CA—Case 3667
By Default Decision, license revoked.
Decision effective 01/19/2011
- Davis, Tracey Lynne**, TCH 13104, Santa Rosa, CA—Case 3666
By Default Decision, license revoked.
Decision effective 05/11/2011
- Dayao, Jan Perry**, TCH 64006, San Francisco, CA—Case 3549
By Default Decision, license revoked.
Decision effective 10/27/2010
- Devoe, Miranda Vanessa**, TCH 33767, Fremont, CA—Case 3614
By Default Decision, license revoked.
Decision effective 05/11/2011
- Diaz, Dante Santos**, TCH 26083, West Hollywood, CA—Case 3744
By Default Decision, license revoked.
Decision effective 01/19/2011
- Diaz, Morgan Leigh**, TCH 72220, Denver, CO—Case 3632
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 03/09/11
- Dicaro, Tammy Lynn**, TCH 64715, Moss Landing, CA—Case 3363
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 07/23/2010
- Dorosky, Lisa Marie**, TCH 63119, Seal Beach, CA—Case 3721
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 11/18/10
- Dorsey, Kamau**, TCH 64637, Perris, CA—Case 3683
By Default Decision, license revoked.
Decision effective 12/17/2010
- Downey, Clara Diane**, TCH 3748, Oceanside, CA—Case 3730
By Default Decision, license revoked.
Decision effective 11/18/10
- Eaves, Denise Christine**, TCH 50501, Highland, CA—Case 3815
By Default Decision, license revoked.
Decision effective 04/15/2011
- Facciani, Tammy Jane**, TCH 49496, Clovis, CA—Case 3680
By Default Decision, license revoked.
Decision effective 01/19/2011
- Fame, Precious**, TCH 38982, Pittsburg, CA—Case 3473
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 08/25/2010
- Farmer, Phyllis Ann**, TCH 53610, Truckee, CA—Case 3558
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 08/05/2010
- Fernandez, Stephanie Rae**, TCH 75828, Hayward, CA—Case 3551
By Default Decision, license revoked.
Decision effective 10/27/2010
- Fofana, Mohamed Lamine**, TCH 72507, Oakland, CA—Case 3483
By Stipulated Settlement, license revoked.
Decision effective 12/31/2010
- Freitas, Jolene Antonette**, TCH 40919, Fremont, CA—Case 3807
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 05/11/2011
- Gabriel, Jena Castillo**, TCH 54611, Oceanside, CA—Case 3578
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 11/18/2010

Disciplinary Actions

Continued from Page 32

Gamond, Jonathan Allen, TCH 38235, Lakewood, CA—Case 3503

By Default Decision license revoked.

Decision effective 03/28/2011

Garcia, Anjelica Marie, TCH 74274, Redlands, CA—Case 3247

By Hearing Decision, license revoked.

Decision effective 10/27/2010

Garibaldi, Rita Jeanine, TCH 48059, Vacaville, CA—Case 3605

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 04/15/2011

Gearing, Lola Yvette Cooks, Pharmacy Technician Applicant, Fontana, CA—Case SI 3197

By Default Decision, the application was denied.

Decision effective 01/07/2011

Geralde, Errol R., TCH 68671, La Mirada, CA—Case 3494

By Default Decision, license revoked.

Decision effective 05/11/2011

Glaser, Andrew Christopher, TCH 67216, Winton, CA—Case 3620

By Default Decision, license revoked.

Decision effective 10/03/2010

Godinez, Christina Marie, TCH 86747, Hollister, CA—Case 3545

By Default Decision, license revoked.

Decision effective 10/27/2010

Gonzalez, Carmen, TCH 36174, Sun City, CA—Case 3459

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 11/18/10

Gonzales, Jason P., TCH 30137, Chula Vista, CA—Case 3548

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: must have worksite monitor and pass the pharmacy technician certification exam.

Decision effective 08/25/2010

Gonzales, Jeremy Rubin, TCH 59768, Norwalk, CA—Case 3417

By Default Decision, license revoked.

Decision effective 03/09/2011

Guerrero, Mayra Leticia, TCH 68342, Los Angeles, CA—Case 3376

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that

include: must pass the pharmacy technician certification examination; no ownership of a Board-licensed entity; and must have worksite monitor.

Decision effective 12/10/2010

Gutierrez, Frank Anthony, TCH 64204, Oakhurst, CA—Case 3579

By Hearing Decision, license revoked, stayed, three years' probation. The terms and conditions of probation include passing the Pharmacy Technician Certification Board examination.

Decision effective 05/11/2011

Gutierrez, Raul, TCH 14159, Perris, CA—Case 4018

By Hearing Decision, license reinstated, revoked, stayed, five years' probation subject to all terms and conditions which include having a worksite monitor.

Decision effective 02/18/2011

Gwin, Gary Patrick, TCH 92152, Sacramento, CA—Case 3748

By Default Decision, license revoked.

Decision effective 04/15/2011

Halstead, Jason Matthew, TCH 80317, Chino, CA—Case 3264

By Default Decision, license revoked.

Decision effective 08/25/2010

Hannesy, Petros, TCH 68925, Burbank, CA—Case 3538

By Default Decision, license revoked.

Decision effective 04/15/2011

Hanson, Heidi Joy, TCH 86214, Calabasas, CA—Case 3529

By Default Decision, license revoked.

Decision effective 01/19/2011

Hardy, Denise Lavon, TCH 80089, Aliso Viejo, CA—Case 3724

By Default Decision, license revoked.

Decision effective 01/07/2011

Hawes, Jason, TCH 95258, Torrance, CA—Case SI 3760

By Stipulated Settlement, the application for pharmacy technician is granted. Upon satisfaction of all statutory and regulatory requirements, a license shall be issued. The license will be immediately revoked, stayed, placed on three years' probation. The terms and conditions of probation include: passing the Pharmacy Technician Certification Board examination, no ownership of any Board-licensed entity, and must have worksite monitor.

Decision effective 04/15/2011

Higgins, Desiree, TCH 83979, Antelope, CA—Case 3542

Accusation withdrawn as to Desiree Higgins.

Decision effective 01/10/2011

Ho, Loan T., TCH 56090, Riverside, CA—Case 3475

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 08/25/2010

Houston, Shelise, TCH 31260, Inglewood, CA—Case 3742

By Default Decision, license revoked.

Decision effective 01/19/2011

Houston, Tajza Monet-Maxine, TCH 83930, Berkeley, CA—Case 3638

By Default Decision, license revoked.

Decision effective 05/11/2011

Hunt, Patti Lynn, TCH 2936, El Cajon, CA—Case 3592

By Default Decision, license revoked.

Decision effective 10/27/2010

Jacob, Katherine Hirning, TCH 39354, Stockton, CA—Case 3864

By Default Decision, license revoked.

Decision effective 04/15/2011

Jacobs-Blake, Mandy, TCH 41556, Chico, CA—Case 3878

By Default Decision, license revoked.

Decision effective 05/11/2011

James, Briggett D., TCH 61760, Sacramento, CA—Case 3603

By Default Decision, license revoked.

Decision effective 04/15/2011

Johnson, Deanna May, TCH 87674, Biggs, CA—Case 3599

By Default Decision, license revoked.

Decision effective 01/07/2011

Johnson, Raquel Lenora, TCH 37600, Los Angeles, CA—Case 3372

By Default Decision, license revoked.

Decision effective 03/28/2011

Juarros, Robert Anthony, TCH 39870, Elk Grove, CA—Case 3913

By Default Decision, license revoked.

Decision effective 05/11/2011

Junio, James Alfred, TCH 64371, Anaheim, CA—Case 3010

By Default Decision, license revoked.

Decision effective 01/07/2011

Jurado, Jaime, TCH 59073, Sun Valley, CA—Case 3688

By Default Decision, license revoked.

Decision effective 01/19/2011

See Disciplinary Actions, Page 34

Disciplinary Actions

Continued from Page 33

Kamel, Anthony J., TCH 62157,
Irvine, CA—Case 3690

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 09/29/2010

Khairzada, Abdullah, TCH 66070,
Hayward, CA—Case 3629

By Default Decision, license revoked.
Decision effective 03/28/2011

Kokorian, Jessica Cecilia, TCH 44692,
Torrance, CA—Case 3580

By Default Decision, license revoked.
Decision effective 11/18/2010

Kumar, Naresh, TCH 49281,
Tracy, CA—Case 3669

By Default Decision, license revoked.
Decision effective 10/03/2010

LaPerle, Leslie Marie,
Pharmacy Technician Applicant, Concord,
CA—Case SI 3513

Statement of Issues has been withdrawn.

Effective 01/19/2011

Lazaro, Emily Maria, TCH 33870,
Lompoc, CA—Case 3498

By Default Decision, license revoked.
Decision effective 01/19/2011

Le, Bobby Hoang Quang, TCH 48785,
West Covina, CA—Case 3768

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions that include: passing the Pharmacy Technician Certification Board examination and no ownership of any Board-licensed entity.

Decision effective 03/28/2011

Leyva, Francisco J., TCH 38071,
Sacramento, CA—Case 3650

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 05/11/2011

Locke, Brandon Carlisle, TCH 77299,
Bakersfield, CA—Case 3646

By Default Decision, license revoked.
Decision effective 01/19/2011

Lookman, Samantha, TCH 77115, Yorba
Linda, CA—Case 3518

By Default Decision, license revoked.
Decision effective 08/05/2010

Lopez, Filimon M., TCH 35419,
Laguna Niguel, CA—Case 3314

By Stipulated Settlement, license revoked, stayed, five years' probation subject to terms and conditions

that include: 60 days' suspension; must pass the pharmacy technician certification examination; no ownership of a Board-licensed entity; and must have worksite monitor.
Decision effective 02/17/2011

Loveless, Andrew M., TCH 80976,
Redding, CA—Case 3540

By Proposed Decision, license revoked.

Decision effective 02/17/2011

Lue, Donald, TCH 57402,
San Francisco, CA—Case 3553

By Default Decision, license revoked.
Decision effective 12/10/2010

Madry, Taren Danette, TCH 88082,
San Diego, CA—Case 3566

By Default Decision, license revoked.
Decision effective 08/25/2010

Magana, Maria,
TCH 23065 and INT 18877,
San Mateo, CA—Case 3611

By Stipulated Settlement, licenses revoked, stayed, placed on probation for five years. The terms and conditions of probation include no ownership of any Board-licensed entity.

Decision effective 04/15/2011

Maluto, Charriza C., TCH 47630,
Hayward, CA—Case 3436

By Default Decision, license revoked.
Decision effective 03/28/2011

Marseilles, Crystal, TCH 48067,
Idyllwild, CA—Case 3474

By Default Decision, license revoked.
Decision effective 03/28/2011

Martinez, John J., TCH 14084,
Fresno, CA—Case 3327

By Proposed Decision, license revoked.

Decision effective 10/27/2010

Matthias, Tyree Michael, TCH 73611,
Los Angeles, CA—Case 3861

By Default Decision, license revoked.
Decision effective 05/11/2011

Maxie, Lori, TCH 21460,
Los Angeles, CA—Case 3555

By Default Decision, license revoked.
Decision effective 03/28/2011

Medeiros, Heidi L., TCH 25025,
Martinez, CA—Case 3837

By Default Decision, license revoked.
Decision effective 05/11/2011

Mendoza, Julie Marie, TCH 24030,
San Jose, CA—Case 3712

By Stipulated Settlement, license revoked, stayed, three years'

probation subject to terms and conditions that include: passing the Pharmacy Technician Certification Board examination, no ownership of any Board-licensed entity, and needs a worksite monitor.

Decision effective 03/28/2011

Menendez, Amada A., TCH 43329,
Novato, CA—Case 3500

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 11/18/2010

Mitosinka, Michael Joseph,
TCH 80095, El Centro, CA—Case 3577

By Default Decision, license revoked.
Decision effective 04/15/2011

Mojarro, Araceli, TCH 34970, Temecula,
CA—Case 3495

By Hearing Decision, license revoked.

Decision effective 04/15/2011

Mojica, Ferdinand Mendez,
TCH 58422,

San Francisco, CA—Case 3455

By Stipulated Settlement, license revoked, stayed, two years' probation subject to terms and conditions that include: passing the pharmacy technician certification exam and no ownership of any Board-licensed premises.

Decision effective 11/18/2010

Morrissey, Lourdes, TCH 32807,
North Hills, CA—Case 3401

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 09/29/2010

Munoz, Edgardo Ernesto, TCH 72067,
Aptos, CA—Case 3793

By Default Decision, license revoked.
Decision effective 04/15/2011

Nalbandbashian, Tama Gilda,
TCH 67784,

North Hills, CA—Case 3392

By Default Decision, license revoked.
Decision effective 11/18/2010

Nardini, Kelsie Teran, TCH 41156,
Hanford, CA—Case 3522

By Stipulated Settlement, license was voluntarily surrendered.

Decision effective 03/09/2011

Nelson-Coats, Rhonda Lee,
TCH 51846, Mariposa, CA—Case 3085

By Proposed Decision, license revoked, stayed, five years' probation subject to terms and conditions that include: 60 days suspension;

Disciplinary Actions

Continued from Page 34

- must pass the pharmacy technician certification examination; no ownership of a Board-licensed entity; and must have worksite monitor.
Decision effective 02/17/2011
- Nguyen, Hoai Nam**, TCH 64936, Rancho Cucamonga, CA—Case 3590
By Default Decision, license revoked.
Decision effective 08/25/2010
- Nguyen, Tung Thanh**, TCH 54215, Stockton, CA—Case 3665
By Default Decision, license revoked.
Decision effective 08/25/2010
- Nunez, Jesse**, TCH 74636, Los Angeles, CA—Case 3355
By Default Decision, license revoked.
Decision effective 04/15/2011
- O'Brien, Meghan Hanora**, Pharmacy Technician Applicant, El Paso, TX—Case SI 3466
By Default Decision, application denied.
Decision effective 03/28/2011
- Owen, Jana Richelle**, TCH 14407, Redding, CA—Case 3608
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 08/05/2010
- Padda, Ravinder**, TCH 51508, Tracy, CA—Case 3644
By Hearing Decision, license revoked.
Decision effective 05/11/2011
- Padua, Armando Daniel**, TCH 76317, West Covina, CA—Case 3559
By Default Decision, license revoked.
Decision effective 03/28/2011
- Palazot, Carl Robert**, TCH 37328, San Diego, CA—Case 3504
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 04/15/2011
- Papageorge, Nicholas Andrew**, TCH 48940, Nipomo, CA—Case 3397
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 05/11/2011
- Pascua, Marissa**, TCH 45411, Chula Vista, CA—Case 3595
By Stipulated Settlement, license revoked, stayed, two years' probation subject to terms and conditions that include: must pass the pharmacy technician certification examination; cannot own any Board-licensed premises; and must have worksite monitor.
Decision effective 01/07/2011
- Patel, Nikin**, TCH 78009, Long Beach, CA—Case 3758
By Default Decision, license revoked.
Decision effective 04/15/2011
- Payne, Kenneth J.**, TCH 61842, Redding, CA—Case 3570
By Default Decision, license revoked.
Decision effective 05/11/2011
- Pena, Mark Joseph**, TCH 77759, San Diego, CA—Case 3310
By Decision, license revoked.
Decision effective 07/23/2010
- Perro, Milynn Joy**, TCH 46183, Scotts Valley, CA—Case 3541
By Default Decision, license revoked.
Decision effective 11/18/2010
- Porrini, David**, TCH 84158, Riverside, CA—Case 3636
By Default Decision, license revoked.
Decision effective 10/03/2010
- Ramirez, Jose A.**, TCH 65747, San Diego, CA—Case 3546
By Stipulated Settlement, license revoked, stayed, three years' probation subject to terms and conditions that include: must pass the pharmacy technician certification examination; no ownership of a Board-licensed entity; and must have worksite monitor.
Decision effective 02/17/2011
- Ramos, Elisajoy Espiritu**, TCH 83365, Poway, CA—Case 3332
By Stipulated Settlement, license was voluntarily surrendered.
Decision effective 8/25/2010
- Ramos, Jose Juan**, TCH 38837, Glendale, CA—Case 3657
By Default Decision, license revoked.
Decision effective 01/19/2011
- Rayos, Steven**, TCH 40025, Bellflower, CA—Case 3338
By Stipulated Settlement, license revoked, stayed, three years' probation subject to terms and conditions that include: passing the pharmacy technician certification exam; no ownership of any Board-licensed premises; and must have worksite monitor.
Decision effective 11/18/2010
- Reese, Pricilla**, TCH 12265, Harbor City, CA—Case 3664
By Stipulated Settlement, license revoked, stayed, three years' probation subject to terms and conditions that include: passing the pharmacy technician certification exam; and no ownership of any Board-licensed premises.
Decision effective 01/07/2011
- Rendon, Lizette**, TCH 110862, Sultana, CA—Case SI 3535
By Hearing Decision, application is granted, and upon satisfaction of all statutory and regulatory requirements for issuance of a license, a license shall be issued, revoked, stayed, and placed on three years' probation. The terms and conditions of probation include passing the Pharmacy Technician Certification Board examination, no ownership of a Board-licensed entity, and must have worksite monitor.
Decision effective 03/09/2011
- Rhodes, Kenneth Charles**, TCH 14881, Northridge, CA—Case 3573
By Default Decision, license revoked.
Decision effective 12/10/2010
- Rini, Corin**, TCH 30033, Thousand Oaks, CA—Case 3375
By Stipulated Settlement, license revoked, stayed, four years' probation subject to terms and conditions that include but are not limited to: passing the pharmacy technician certification exam; no ownership of any Board-licensed premises; and must have worksite monitor.
Decision effective 01/07/2011
- Robinson, Gregory Julian**, TCH 75222, Concord, CA—Case 3649
By Default Decision, license revoked.
Decision effective 02/17/2011
- Rodriguez, Alfredo**, TCH 66606, Compton, CA—Case 3528
By Default Decision, license revoked.
Decision effective 03/28/2011
- Romero, Cecilia Delores**, TCH 44069, Poteet, TX—Case 3334
By Default Decision, license revoked.
Decision effective 12/8/2010
- Saba, Tymour Farah**, TCH 72030, Dana Point, CA—Case 3764
By Default Decision, license revoked.
Decision effective 01/19/2011
- Saenz, Jose Perucho**, TCH 49120, Chula Vista, CA—Case 3735
By Default Decision, license revoked.
Decision effective 01/19/2011

Disciplinary Actions

Continued from Page 35

Sandoval, Denise Rene, TCH 91445,
Modesto, CA—Case 3691

By Default Decision, license revoked.
Decision effective 11/18/2010

Sandoval, Johana, TCH 50785,
Richmond, CA—Case 3588

By Default Decision, license revoked.
Decision effective 05/11/2011

Sapida, Michelle Charlene, TCH 91564,
Vallejo, CA—Case 3679

By Default Decision, license revoked.
Decision effective 05/11/2011

Satele, Carolyn T., TCH 35566,
La Mesa, CA—Case 3731

By Default Decision, license revoked.
Decision effective 01/19/2011

Saucedo, Margarie, TCH 40762,
Buena Park, CA—Case 3717

By Default Decision, license revoked.
Decision effective 08/25/2010

Scheepers, AnMarie, TCH 90857,
Redding, CA—Case 3775

By Default Decision, license revoked.
Decision effective 04/15/2011

Schneider, Brandi Renee, TCH 50527,
Gardena, CA—Case 3365

By Default Decision, license revoked.
Decision effective 08/05/2010

Schreiber, Maria Carmen, TCH 12067,
Huntington Beach, CA—Case 3565

By Default Decision, license revoked.
Decision effective 12/10/2010

Serratos, Leonard E., TCH 60575,
San Bernardino, CA—Case 3394

By Default Decision, license revoked.
Decision effective 08/05/2010

Seulean, Cornelius, TCH 22736,
Riverside, CA—Case 3418

By Hearing Decision, licensed
revoked.

Decision effective 03/09/2011

Sierra, Charlene A., TCH 39666, Fresno,
CA—Case 3299

By Decision, license revoked.
Effective 01/07/2011

Silva, Danna Michelle, TCH 8898,
Milpitas, CA—Case 3838

By Default Decision, license revoked.
Decision effective 04/15/2011

Singh, Ajaypal, TCH 85115,
Anaheim, CA—Case 3613

By Default Decision, license revoked.
Decision effective 01/07/2011

Singh, Dilpreet, TCH 43779,
Grand Terrace, CA—Case 3415

By Default Decision, license revoked.
Effective 05/25/2011.

Slevin, Paul Thomas, TCH 92205,
Auburn, CA—Case SI 3718

By Stipulated Settlement, the
application for license is granted.
Upon satisfaction of all statutory and
regulatory requirements for issuance
of a license, a license shall be issued.
License will be immediately revoked,
stayed, and placed on four years'
probation. Terms and conditions
of probation include passing the
Pharmacy Technician Certification
Board examination, no ownership of
any Board-licensed entity, and must
have worksite monitor.

Decision effective 05/11/2011

Smith, Joel Robert, TCH 46392,
Yucaipa, CA—Case 3290

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 07/23/2010

Smith, Mary K., TCH 60321,
Marin City, CA—Case 3439

By Default Decision, license revoked.
Decision effective 08/05/2010

Sosa, Joe Luis, TCH 32591,
Hanford, CA—Case 3615

By Default Decision, license revoked.
Decision effective 08/05/2010

Spanos, Nicholas Hercules, III,
TCH 10499, Lodi, CA—Case 3288

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 11/18/2010

Ter-Grigoryan, Kevin, TCH 84200,
Altadena, CA—Case 3637

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 05/11/2011

Thomas, Karen Anissa, TCH 39656,
Lancaster, CA—Case 3352

By Decision, license revoked.
Decision effective 12/17/2010

Thrift, James Robert, TCH 74800,
Fullerton, CA—Case 3634

By Default Decision, license revoked.
Decision effective 01/19/2011

Topete, Tomas, TCH 5914,
San Diego, CA—Case 3476

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 11/18/2010

Tran Ai Quoc, TCH 76153,
Fountain Valley, CA—Case 3703

By Default Decision, license revoked.
Decision effective 11/18/2010

Tubbs, Nicole, TCH 80903,
Oceanside, CA—Case 3556

By Default Decision, license revoked.
Decision effective 05/11/2011

Urquidi, Gianna Frances, TCH 45225,
Rosemead, CA—Case 3321

By Default Decision, license revoked.
Decision effective 08/20/2010

Valles, Rudy, TCH 92099,
Moreno Valley, CA—Case SI 3829

By Stipulated Settlement, the
application for license is granted.
Upon satisfaction of all statutory and
regulatory requirements for issuance
of a license, a license shall be issued.
License will be immediately revoked,
stayed, and placed on two years'
probation. Terms and conditions
of probation include passing the
Pharmacy Technician Certification
Board examination, and no ownership
of any Board-licensed entity.
Decision effective 05/11/2011

Varela, Javier M., TCH 61270,
Desert Shores, CA—Case 3486

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 08/05/2010

Vu, Kim N., TCH 45621,
Garden Grove, CA—Case 3425

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 08/25/2010

Ward, Kalynda Dale, TCH 50138,
Antioch, CA—Case 3670

By Default Decision, license revoked.
Decision effective 01/19/2011

Webb, Paul F. Jr., TCH 53679,
Sacramento, CA—Case 3647

By Hearing Decision, license
revoked.

Decision effective 05/11/2011

Wheeler, Wilbur Lon, TCH 41397,
Sacramento, CA—Case 3827

By Default Decision, license revoked.
Decision effective 05/11/2011

White, Cathy Lois, TCH 15916,
Twain Harte, CA—Case 3501

By Decision, license revoked.
Decision effective 12/31/2010

White, Derrick W., TCH 56617,
Los Angeles, CA—Case 3368

By Stipulated Settlement, license was
voluntarily surrendered.

Decision effective 01/07/2011

Disciplinary Actions

Continued from Page 36

- Wright, Lisa Ann**, TCH 39223,
Lake Arrowhead, CA—Case 3534
By Default Decision, license revoked.
Decision effective 08/05/2010
- Zhu, Xiu Ming**, TCH 82173,
San Francisco, CA—Case 3564
By Default Decision, license revoked.
Decision effective 02/17/2011
- Zorrilla, George**, TCH 47312,
Vallejo, CA—Case 3562
By Default Decision, license revoked.
Decision effective 12/17/2010

Exemptee

- Musgrave, Theresa**, EXC 16709,
San Luis Obispo, CA—Case 3651
By Stipulated Settlement, license
revoked, stayed, two years' probation
subject to terms and conditions
including continuing to be a
designated-representative-in- charge
with current employer.
Decision effective 03/28/2011

Site Licenses (Pharmacies and Wholesaler)

- CT International**, WLS 3575,
San Luis Obispo, CA—Case 3651
By Stipulation Settlement, license
revoked, stayed, two years' probation
subject to terms and conditions that
include: must retain independent
consultant and no additional
ownership of any Board-licensed
entity.
Decision effective 03/28/2011

- Cali Pharmacy**, PHY 43882,
San Jose, CA—Case 3440
By Stipulated Settlement, license was
voluntarily surrendered.
Decision effective 03/09/2011

- College Pharmacy**,
NRP 1034 and NSC 99550,
Colorado Springs, CO—Case SI 3445
By Stipulated Settlement, license
revoked, stayed, seven years'
probation, subject to all terms and
conditions of probation.
Decision effective 11/1/2010

- County of Sacramento Primary Care**,
PHE 46273,
Sacramento, CA—Case 3341
By Stipulated Settlement, five years'
probation subject to terms and
conditions that include but are not
limited to: must retain a consultant.
Decision effective 01/07/2011

- Dairyland Pharmacy**, PHY 39285,
Hilmar, CA—Case 3230
By Stipulated Settlement, license
revoked, stayed, five years' probation
subject to all terms and conditions.
Decision effective 03/28/2011

- Elmhurst Pharmacy**, PHY 45683,
Oakland, CA—Case 3515
By Stipulated Settlement, license
revoked, stayed, three years'
probation subject to terms and
conditions.
Decision effective 02/17/2011

- Emerson Pharmacy**, PHY 48754,
Los Angeles, CA—Case 3330
By Stipulated Settlement, license
revoked, stayed, three years'
probation subject to all terms and
conditions.
Decision effective 07/28/2010

- First Care Pharmacy**, PHY 47361,
Los Angeles, CA—Case 3132
By Stipulated Settlement, license was
voluntarily surrendered.
Decision effective 12/10/2010

- Garos Pharmacy**, PHY 47485, Pasadena,
CA—Case 3156
By Stipulated Settlement, license
revoked, stayed, five years' probation
subject to all terms and conditions.
Decision effective 01/07/2011

- Nichols Hill Prescription Pharmacy**,
PHY 46970, Oakland, CA—Case 3737
By Stipulated Settlement, license
revoked, stayed, five years' probation
subject to all terms and conditions.
Decision effective 01/07/2011

- Patterson Family Pharmacy**,
PHY 47152, Patterson, CA—Case 3626
By Stipulated Settlement, license
revoked, stayed, five years' probation
subject to all terms and conditions.
Decision effective 10/27/2010

- Savco Generic Drugs**, PHY 32506,
San Jose, CA—Case 3430
By Stipulated Settlement, license was
voluntarily surrendered.
Decision effective 08/25/2010

- Target Store No. T-227**, PHY 44113,
West Hills, CA—Case 3377
By Stipulated Settlement, license
revoked, stayed, five years' probation
subject to all term and conditions.
Decision effective 03/28/2011

What to Look for

Continued from Page 20

prescriber. The record shall be maintained in the health facility for three years.

- (B) Forms ordered pursuant to this subdivision that are printed by a computerized prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized prescription generation system may contain the prescriber's name, category of professional licensure, license number, federal

controlled substance registration number, and the date of the prescription.

- (d) This section shall become operative on July 1, 2004.

If the form does not contain all the required security features, it may indicate that it was not printed by a Department of Justice-approved printer. ***Forms that do not contain the required security printer (SP) approval ID number and/or security features should be reported to the California Security Prescription Printer Program at (916) 319-9035.***

This newsletter is published by the

California State Board of Pharmacy
Department of Consumer Affairs
1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834-1924
(916) 574-7900
Fax: (916) 574-8618
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