



**BE AWARE & TAKE CARE:**  
*Talk to your pharmacist!*

# The Script

CALIFORNIA BOARD OF PHARMACY OCTOBER 1998

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## A Reminder—CURES is in effect

As of September 18, 1998, all California pharmacies that dispensed Schedule II controlled substances in August were required by section 1715.5 of the California Code of Regulations to submit this prescription data electronically for the Controlled Utilization Review and Evaluation System (CURES). This information will be collected on an on-going basis and must be transmitted to Atlantic Associates Inc. at least every 30 days and no later than the 18th calendar day of the month following the month in which the prescription was dispensed. (e.g., October prescriptions must be submitted by November 18.)

Failure to comply with this requirement is a violation of California pharmacy law except for those pharmacies who have ascertained that they are exempt from the reporting program.

The only exception to the automated reporting requirement is for those pharmacies that do not use computers or have computers that are not fully automated ("fully automated" is defined as having a pharmacy computer system capable of processing third-party billing, Medicare or Medicaid transactions electronically) and which average less than 25 triplicate prescriptions per month in any 6-month period. These exempt pharmacies are asked to send the original triplicate prescription to a different mailing address for the Department of Justice—P.O. Box 16057, Sacramento CA 95816.

Those pharmacies that are computerized, but do not fill any Schedule II controlled substance prescriptions during the month, must fax the "zero-fill" information monthly to Atlantic Associates.

The requirement to submit data to CURES is in addition to the existing triplicate prescription program requirements. Original triplicate forms are still submitted to the Department of Justice, P.O. Box 903327, Sacramento CA 94203-3720.

In May, every pharmacy was sent a CURES handbook to assist them in complying with the requirements of this program. Additionally, Atlantic Associates Inc. is available to answer any questions:

**Atlantic Associates Inc.**  
**Prescription Collection**  
8030 S. Willow Street, Bldg. III, Unit 3  
Manchester NH 03103  
Toll-free telephone/fax (888) 492-7341  
KStGelais@Prodigy.com

The July 1998 *The Script* also details the reporting procedures and information regarding exceptions to the reporting requirement.

## President's Message

by **Thomas S. Nelson, R.Ph.**  
**President, California Board of  
 Pharmacy**

Most incoming presidents' messages start with a visionary statement of what lies before us, how we are going to get there, and why getting there is a good thing. This particular issue of *The Script* will focus on the Board's strategic plan and our vision. But we cannot forget that the fundamentals of good patient pharmacy care are the cornerstone of our vision and the new model for "pharmacists' care."

The core of pharmacists' care includes such worthwhile endeavors as diabetes, hypertension and anticoagulant disease state management programs. And while these programs are indeed important for pharmacy, we must not forget the activity that most pharmacists are involved in every day and affects more Californians than any other aspect of pharmacy today—the dispensing of prescription drugs to patients.

Properly dispensing prescriptions, while perhaps not as glamorous as creating disease management programs, is vital to the foundation of any pharmacists' care model. If you plan to add a second story to your house, you would first ensure that the foundation is solid with no weak spots before beginning construction, lest the entire structure collapse. The same principle applies when creating a disease management program: the proper dispensing and patient consultation procedures must be in place and strong to keep the program intact and make it work.

There are three important aspects to the dispensing function: 1) providing the right drug with the right directions to the right patient, 2) drug utilization review (DUR), and 3) patient consultation.

As the most highly trained person behind the counter, the pharmacist should personally interpret the prescription and enter it into the computer. This is necessarily preceded by



examining the computer's patient profile and performing the DUR to ensure optimum outcomes by checking for overlaps, interactions, duplications and compliance with existing medications. However, the pharmacist should use the computer's information as an aid, not as a replacement for professional judgment.

The actual assembling of the prescription can be handled by the technician and then passed on to the pharmacist for review. Upon presenting the medication to the patient, the pharmacist should open the container to assure its contents match the prescription, and provide patient consultation. If this procedure is performed by a different pharmacist who is not familiar with the patient's medical history and drug regimen and did not originally input the prescription, a DUR would be performed at this point.

Much publicity is being given to prescription errors today. However, if all California pharmacists were diligently providing patient consultation and appropriate DUR, I believe that the error rates could be reduced by 50 percent or more. Patient consultation provides that "final" check for the right drug, the right directions and the right patient.

This is the essence of the dispensing function which happens 100-500 times a day in outpatient pharmacies in California—and yet not everyone is truly embracing and providing proper patient consultation and DUR. At the Board's compliance committee meetings where pharmacists appear for violations of section 1707.2 of the California Code of Regulations (Notice to Consumers and Duty to Consult), it is discouraging to hear pharmacists, after the legal requirement for consultation has been in place for nearly nine years, admit that they don't have any procedures to handle consultation.

Before we can move on and add the second story of pharmacists' care, we must be sure our foundation of dispensing and counseling is in place and solid with no weak spots that will allow our second story to tumble down upon us.

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## Board elects new officers and welcomes new members

The Board of Pharmacy has undergone several changes this year. Legislation mandated the addition of another public member, increasing the Board's membership to four public members and seven professional members. In May 1998, the Board elected new officers: Thomas S. Nelson, R.Ph., President; Sandra Bauer, Vice President; and Caleb Zia was re-elected Treasurer.

Other changes included the departures of Janeen McBride, R.Ph. (October 1997), Raffi Simonian, Pharm.D., and Gary Dreyfus, Pharm.D., whose terms expired. The Board

acknowledges the dedication and commitment of these members and thanks them for their many contributions over the years. They will be missed.

While saying farewell to the retiring members, the Board also welcomes their replacements—professional members Richard Mazzoni, R.Ph., John Jones, R.Ph., and Steve Litsey, Pharm.D.

Richard Mazzoni was appointed in January 1998 and serves as Regional Pharmacy Manager for American Drug Stores with

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**New Officers***Continued from Page 2*

whom he has been associated since his graduation from the University of the Pacific School of Pharmacy in 1969.

John Jones of Irvine was Director of Pharmacy for Blue Shield of California from 1990 to 1994 and is currently the Director of Pharmacy Networks and Legal Affairs for Prescription Solutions, a PacifiCare subsidiary. Mr. Jones graduated from the Idaho State University School of Pharmacy and also holds a juris doctorate from the University of San Francisco.

Steve Litsey, Pharm.D., has been employed by Kaiser Permanente since his internship in 1971 and presently serves as the Pharmacy Services Director for the Metro-Los Angeles service area. Dr. Litsey earned his doctorate in pharmacy at the University of Southern California in 1972.

Robert Elsner, a graduate of the University of Southern California was appointed to the new public member position. Mr. Elsner brings with him more than 32 years' experience as the chief executive officer of three different major associations and is currently the executive vice president emeritus and consultant for the California Medical Association.

## Pharmacy Board meetings are open to the public

In accordance with the Board's strategic plan (which is detailed on page 4 of this publication) five committees were formed to address issues related to meeting the plan's objectives: 1) Communication and Public Education, 2) Licensing, 3) Enforcement, 4) Legislation and Regulation, and 5) Organizational Development. To share the various committee goals, activities and accomplishments with the public, a portion of each Board meeting will be devoted to one of the committees and open for comment.

The **October 28-29, 1998**, meeting will be held in **Sacramento** at 400 R Street, Room 1030. The annual public meeting of the Legislation and Regulation Committee will be on Wednesday, the **28th**, from 3-5:00 pm at the same address. At the **January 20-21, 1999**, meeting in **Orange County**, the Licensing Committee will discuss its objectives and how to reach them.

The Board encourages all interested parties to participate in these meetings. Public comment periods are part of each meeting. If you cannot attend a meeting, you may submit written comments to the Board, but try to get them to the Board within seven days of the meeting. Agendas with information regarding the exact time and location of the meetings may be obtained by calling the Board at (916) 445-5014.



**OUT OF BUSINESS**

## Are you closing your pharmacy?

If you are planning to close your pharmacy business, as a result of termination of business or bankruptcy, you must first contact the Board for instructions **before transferring or selling any dangerous drugs, devices or hypodermics inventory**. (See section 1708.2 of the Business and Professions Code.)

## Health Notes—building a closer patient-pharmacist partnership

**By Marilyn Standifer Shreve, R.Ph.**  
**Chair, Consumer Education and Communication Committee**  
**Editor, Health Notes**

During the 1940s, many state legislatures created boards to protect the health and welfare of their states' consumers by regulating the practice of healthcare professionals such as pharmacists, physicians and nurses.

The California State Board of Pharmacy is an example of a board that is focusing not only on regulating the practice of pharmacy, but also on providing tools and resources to assist pharmacists and other healthcare providers to be better informed on subjects of importance to their patients.

One such resource developed by the California Board is *Health Notes*, a magazine for healthcare providers and consumers. Information provided in the magazine can, for example, help pharmacists counsel patients about medications. It is well documented that counseling increases patients' awareness and understanding of their medical condition and helps them monitor that portion of their care for which they are most responsible—medication compliance.

Up to half of the nearly two billion prescriptions filled each year are not used correctly. Statistics indicate that about ten percent of all hospital admissions and 23 percent of nursing home admissions are caused by the inappropriate use of medications, costing the nation approximately \$100 billion per year.

While increased importance is being placed on patient medication compliance, some regulatory boards are finding innovative ways to encourage healthcare providers to become active patient care managers and to provide patient counseling and prescription information that will help consumers better understand and monitor their medications.

See *Health Notes*, Page 14

## Strategic Plan—Where the Board is going and how it plans to get there

A strategic plan is an overall plan for an organization to accomplish its mission in a changing environment while operating within its available resources. Strategic plans provide a blueprint for future program directions. The strategic planning process produces fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it. The strategic plan defines and refines the business functions within an organization to carry out its programmatic missions efficiently and effectively.

The first step in completing a strategic plan requires the organization to conduct an evaluation of internal and external factors that affect the organization. The organization's director and planning team then define the mission (purpose), expressing the core values and philosophies and articulates a vision (a conceptual image of the desired future). Goals and objectives are established, and performance measures are identified for assessing effectiveness of the program. After the mission, principles, goals and objectives are communicated to every level of the organization, action plans are developed to implement the plan. The final step is to ensure that all future budget requests are linked to the strategic plan.

The Board of Pharmacy developed its first formal strategic plan in 1994, revising it through the years to reflect emerging issues. In 1998, when each state agency was required to submit strategic planning information to the Governor's Office for approval, the Board reorganized its plan. This article highlights the revised plan of 1998, which has become an integral part of our day-to-day business.

### 1998 Strategic Plan

#### Mission

The Board's mission is to serve the people of California by:

- Protecting their health, safety and welfare with integrity and honesty,
- Helping them attain health education, wellness and an improved quality of life, and
- Ensuring high quality pharmacists' care.

#### Vision

To meet its mission, the Board envisions: 1) a healthcare system in which pharmacists are patient advocates who provide pharmacists' care to Californians, enlightening them about their drug therapy through effective communicating and listening, assessing, collaborating, understanding and intervening; 2) an effective licensing process that ensures the highest levels of professional standards, competency and pharmacists' care; and 3) ensuring that enforcement officials are provided the resources to act quickly, consistently and efficiently in the public interest.

Along with its mission and vision statements, the plan includes a description of "pharmacists' care," the model of

practice endorsed by the Board; goals and performance measures for assessing the plan's success; an action plan and methods for its update; and the formation of board committees to assist in implementing five areas of the plan.

### The Pharmacists' Care Model

Pharmacists' care is promoted by the Board as a model of practice defined as:

The provision of medication-related care to patients. It is intended to achieve definite outcomes (cure of a disease, elimination or reduction of a patient's symptomatology, arresting or slowing of a disease process or preventing a disease or symptomatology) that improve a patient's quality of life.

The following are the principal elements that must be included whenever pharmacists' care is being provided to patients:

- Pharmacists are the providers of drug information and the repository of drug therapy expertise, and as such, are available for consultation before the prescription is written. In fact, a pharmacist may decide a particular medication is inappropriate for the patient.
- In providing pharmacists' care, the pharmacist becomes the patient's advocate, being directly responsible for seeing that the patient receives a positive outcome from the medication and is protected from drug misadventures.
- *Pharmacists have the responsibility for therapeutic outcomes resulting from their decisions. However, pharmacists are not the only authority in matters related to medication use—pharmacists, caregivers, and other health professionals (including prescribers, nursing, etc.) all have valuable roles in the medication use process. Pharmacists' care should be conducted and viewed as collaborative, and pharmacists should lead the healthcare team's efforts to improve patients' medication use.*

### Board Committees

To help the Board meet its objectives and mission-related goals, the following policy-development committees (each consisting of two board members and board staff) were formed:

- **Communication and Public Education:** To encourage the public to discuss their medications with their pharmacist; emphasize the importance of complying with their prescription treatment regimens; and help pharmacists to become better informed on subjects of importance to the public.
- **Licensing:** To ensure that those who practice pharmacy, as well as those entering the practice, meet minimum



### Strategic Plan

Continued from Page 4

- requirements for education, experience and knowledge, and ensure that facilities licensed by the Board meet minimum standards.
- **Enforcement:** To protect the public by preventing violations, and effectively enforce federal and state laws when violations occur.
- **Legislation and Regulation:** To pursue legislation that ensures better patient care and provides effective regulation of the individuals and firms who handle, dispense, furnish, ship and store prescription drugs and devices in California.

- **Organizational Development:** To use strategic planning, budget management and staff development activities to ensure the efficient achievement of the Board's mission and goals.

At each Board meeting, the committees provide written and oral reports on their progress in achieving their strategic objectives. These meetings are open to the public, and to encourage public input, each meeting will include a publicly-noticed report on a specific committee's activity. (Another article in this issue highlights the schedule of Board meeting dates and public committee meetings through January 1999.)

## Licensing Committee

The Licensing Committee consists of Board members Holly Strom, R.Ph., Chair, and Ken Tait, Public Member, and several staff members. The committee will ensure that the professional qualifications of those entering the practice of pharmacy, as well as those continuing to practice, meet minimum requirements for education, experience and knowledge, and that facilities licensed by the Board meet minimum standards. The committee's specific strategic goals are to:

1. Assess the continuing education program, using the situation-target-proposal decision-making method to identify improvements.
2. Improve the license application process to prevent enforcement problems and reduce application review time; implement improvements to the processing of applications consistent with protection of public health and safety; determine distribution of resources among program components.
3. Evaluate the proper roles and responsibilities of pharmacy technicians in all practice settings.
4. Evaluate methods to ensure "pharmacists' care."

The Board licenses more than 63,000 individuals and firms through 12 regulatory programs:

- pharmacists
- intern pharmacists
- pharmacy technicians
- foreign educated pharmacists (evaluations)
- pharmacies
- non-resident pharmacies
- wholesale drug facilities
- medical device retailers
- veterinary food animal retailers
- exemptees (non-pharmacists who may operate sites other than pharmacies)
- out-of-state distributors

- clinics
- hypodermic needle and syringe distributors

To assure that these programs are efficient and increase customer satisfaction, the committee's initial planning meetings have focused on streamlining applications—in response to complaints received regarding the delays in application processing.

The delays began after pharmacy application forms were revised to require more detailed information regarding pharmacy ownership. The revisions were necessary because the Board had removed the physical requirements for licensure, and enforcement efforts revealed significant fraudulent/hidden ownership of pharmacies. Subsequently, a team of processing technicians, analysts and inspectors revised the pharmacy application forms to refocus the review process from the pharmacy's physical requirements to the pharmacy's ownership.

In November 1996, use of the new forms began, creating considerable delays in processing, confusion among applicants, and backlogs. The backlogs were further compounded by vacancies resulting from staff changes in several processing positions. To alleviate the backlogs and further streamline the application process, the Board obtained approval for additional staff and transitioned the final review of applications from inspectors to an in-house analyst. Pharmacy applications are now being processed in a more timely manner.

## Enforcement Committee

**By Darlene Fujimoto, Pharm.D.  
Chair, Enforcement Committee**

In July 1997, consistent with the Board of Pharmacy's Strategic Plan, an enforcement committee was established. Board members Dr. Darlene Fujimoto, committee chair, and John Jones, R.Ph., act as liaison between the full Board, the office staff and inspectors, with all working together as an enforcement team. The primary goal of the Board's Enforcement Committee is the

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## Enforcement

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protection of the public through enforcement of both state and federal laws governing the practice of pharmacy and the provision of pharmaceuticals and related healthcare products.

To meet this goal, there has been a reorganization of the enforcement team's individual functions. As the practice of pharmacy is moving away from the traditional role of dispensing medications and toward positions as integral healthcare providers, Board inspectors are also changing their emphasis. They recently announced their new team structure, which focuses on the various areas of enforcement rather than each inspector's location or "territory."

Currently, there are three inspector teams whose separate responsibilities are: 1) Compliance—to oversee standard maintenance and daily activities of pharmacy practice, 2) Drug Diversion and Fraud—to discover and seek discipline of those who do not to follow the law, and 3) Pharmacist Recovery Program and Probationer Monitoring—to prevent substance-impaired practitioners from practicing and monitor those who are recovering or returning to practice after failing to follow the standards and laws required of licensees. These team functions are all critical to protecting the public and helping to ensure that appropriate pharmaceutical care is provided to all California residents.

The establishment of inspector enforcement teams has been further enhanced not only by inspector participation in high-level investigative and enforcement training, but also by the updating of their skills in such topics as consultation, the promotion of pharmaceutical care and team-building. Because inspectors are highly-trained, dedicated professionals and experts in the application of pharmacy law, they are able to serve as consultants to both licensees and other agencies.

Along with the re-engineering of its enforcement team, the Board is increasing its communication efforts to advise licensees of law changes and interpretations and the licensees' corresponding responsibilities. One of the Board's primary communication efforts is the introduction of the pharmacy self-assessment program. This program requires pharmacists-in-charge (PICs) to complete an evaluation of their pharmacy's compliance to laws relating to the operation of a pharmacy. The evaluation will be done on a Board-provided form and maintained in the pharmacy. The forms also serve as an educational tool by asking compliance questions and providing regulatory information on how to be in compliance. The self-assessment forms will be provided to all pharmacies and detailed in the January 1999 issue of *The Script*.

Other goals the committee will emphasize are to increase the quality and quantity of patient consultations and by doing so, provide consumers with the best therapeutic outcomes and minimize drug misadventures. Additionally, since approximately half of the complaints received by the Board are related to prescription errors, the committee is dedicated to reducing such errors by increasing the information regarding their occurrence and how to prevent them.

The committee also hopes to become more consumer and licensee "friendly" by improving access to the Board and its information services. An 800 number is in the planning stages, and additional consumer and licensee education programs are on the agenda.

In keeping with the Board's overall strategic plan that describes pharmacists as advocates who communicate and enlighten their patients about their drug therapies, the committee also wishes to communicate and interact with our licensees for a positive relationship with the patient—the ultimate focus of all our work.

## Communication and Public Education Committee

By Marilyn Standifer Shreve, R.Ph., Chair

The Board's Communication and Public Education Committee was created in July 1994 to develop a public awareness campaign encouraging consumers to **talk with their pharmacists** about the medications they take and to understand the importance of taking medications correctly. The committee also would seek to assist pharmacists in providing counseling services and innovative pharmaceutical care services.

In only four years, the Communication and Public Education Committee has successfully developed and generated:

- Statewide television network news coverage reaching more than 15 million viewers, highlighting pharmacist counseling and encouraging consumers to talk with their pharmacist to learn more about the medications they are taking.
- Radio public service announcements and interviews reaching more than 12 million listeners (in English and Spanish), highlighting the message "Asking Questions Can Help Save Your Life!"
- Consumer health columns entitled, "California Health:" tips from the California Board of Pharmacy reaching more than 10 million readers (in English and Spanish). So far there have been eight columns covering such subjects as talking to your pharmacist, pain management, Patient's Bill of Rights, and women's health issues.
- Two *Health Notes* monographs—pain management and women's health issues—reaching a cumulative readership of 150,000 to assist pharmacists and other health care providers become well-informed on subjects of importance to their patients. Two other monographs are in production, including one on anticoagulation drug therapy.
- A Summit of Health Care Payers (employers/purchasers) and Providers (pharmacists) to address the marketplace potential and financial incentives for pharmacy; counseling services; patient medication compliance programs; and

## Education

Continued from Page 7

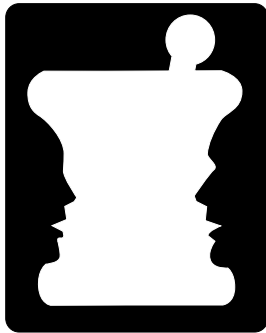
innovative pharmaceutical care practices, such as disease state management programs and patient centered services. The summit was cosponsored by the California Board of Pharmacy, the U.S. Department of Health and Human Services, and the California Health and Welfare Agency and facilitated by the Board's Communication and Public Education Committee and the California Pharmacists Association.

The summit was attended by employers (government and private) who purchase health care benefits for more than 19 million people and spend \$3 billion on health care annually.

Pharmacist presenters demonstrated that cost-effective pharmaceutical care services improve patient medication outcomes; result in fewer visits to the doctor's office; decrease the number of emergency room visits, laboratory tests, and hospitalizations; and improve quality of life.

- A template (guide) for convening such summits in cooperation with the American Pharmaceutical Association and the National Association of Boards of Pharmacy for use by other states to convene summits across America.
- The "Be Aware & Take Care/Talk With Your Pharmacist" Board of Pharmacy logo.

### **BE AWARE & TAKE CARE** **Talk to your pharmacist!**



**CALIFORNIA**  
**Board of Pharmacy**

And it doesn't end here! The committee's ongoing and future plans include: developing two more *Health Notes* monographs; expanding the consumer health columns and articles for nationwide distribution; creating an innovative Board of Pharmacy website with interactive capabilities; creating additional consumer/pharmacist counseling programs; developing summit follow-up payer communications; publishing four *The Script* newsletters per year; publishing information on the pharmacy self-assessment; and developing additional radio and television news coverage programs.

## Board is accepting applications for inspector

The Board of Pharmacy has vacancies statewide for the position of Inspector, Board of Pharmacy. Applications for appointment to this state civil service classification will now be accepted on an ongoing basis.

Inspectors, under general direction, work from home offices to conduct inspections and investigations to enforce laws regulating the practice of pharmacy. Inspectors provide consultation and education to licensees, governmental agencies and others regarding laws related to drugs and the practice of pharmacy. Inspectors work as members of teams and frequent travel is required.

Minimum qualifications include possession of a valid pharmacist license, two years' experience in the practice of pharmacy, including contact with the public, and possession of a valid California driver's license. (Applicants who do not have a license will be admitted to the interview but must obtain the license before they are hired.)

Applicants meeting the minimum qualifications will be scheduled for one of the semi-annual "examinations." The examination is actually a structured interview, and applicants will be asked to complete a written exercise before the interview.

Applications postmarked or submitted by October 1, 1998, will be scheduled for the testing period of November/December 1998, and applications for the May/June 1999 testing period must be submitted by April 1, 1999. Applications received after a cut-off date will be scheduled for next testing period.

The salary range is \$4,337 - \$4,924 per month.

For an application, you may access the internet at <http://www.spb.ca.gov/jobgen/app.htm> and for general information, <http://www.spb.ca.gov/bullback.htm>. Or you may contact the Board at (916) 445-5014.

The completed application and resumé should be mailed to:

**Department of Consumer Affairs**  
**P.O. Box 980428**  
**West Sacramento CA 95798-0428**  
**Attention: Human Resources**



# Regulation Update

This articles contains corrections, additions and changes to Division 17, Title 16 of the California Code of Regulations that are effective now. For your convenience, these sections are included here so that they may be cut out and saved until the next publication of the Pharmacy Law.

## Correction

In the Regulation Update section of the July 1998 issue of *The Script*, section 1715(a) contained an incorrect reference to section 4027. The correct reference is **4029** and the corrected subsection (a) is included below:

### 1715 Self-Assessment of a Pharmacy by the Pharmacist-in-Charge

(a) The pharmacist-in-charge of each pharmacy as defined under section 4029 or section 4037 of the Business and Professions Code shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The assessment shall be performed before March 31 of every odd-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education.

The following section was published in the July 1998 Regulation Update as an emergency regulation, effective to 08/08/98. It has since been adopted and became effective 08/27/98.

### 1715.5 Implementation of Electronic Monitoring of Schedule II Prescriptions

The collection of information authorized by Health and Safety Code section 11165 shall be provided as follows:

(a) For each prescription for a Schedule II controlled substance, the dispensing pharmacy shall provide the following information: the full name and address of the patient; the gender and date of birth of the patient; the DEA ( Drug Enforcement Administration) number of the prescriber; the triplicate prescription number; the pharmacy prescription number; the pharmacy license number; the NDC (National Drug Code) number and the quantity of the controlled substance; the ICD-9 (diagnosis code), if available; the date of issue of the prescription, the date of dispensing of the prescription, and the state medical license number of any prescriber using the DEA number of a government exempt facility.

(b) The above information shall be provided in the following format:

1. For each pharmacy with the capacity to do so, by on-line transmission at least every 30 days and no later than the 18th calendar day of the month following the month in which the prescription is dispensed.

2. For each pharmacy which does not have the capacity to transmit the information on-line, on a three and one-half inch diskette in a ASCII format or one-half inch nine track magnetic 1600 BPI tape or any other medium approved by the Board of Pharmacy, which diskette, tape or medium shall be mailed or delivered to a location specified by the Board of Pharmacy, at least every 30 days and no late than the 18th

calendar day of the month following the month in which the prescription is dispensed.

3. For each pharmacy without the capacity to comply with either subsection (b)(1) or (2), the original triplicate shall be transmitted to the Department of Justice by the end of the month in which the prescription was filled.

For each pharmacy which submits hard copy pursuant to this subdivision and which pharmacy averages more than 25 triplicate prescriptions per month in any six months, the Board of Pharmacy or its designee may thereafter require that pharmacy to comply with subsections (b)(1) and (2).

4. As to a prescription which is partially filled or dispensed, the period for compliance with subsections (1), (2), or (3) shall be measured from the earlier of the following dates and times: the prescription is either (1) completely dispensed or (2) can no longer be dispensed.

(c) Every pharmacy which has made a submission as required by this section by July 18, 1998, shall receive a reduction of \$75 on its next renewal fee for licensure of the pharmacy by the board. Every pharmacy shall be in compliance with this section and Health and Safety Code section 11165 by September 18, 1998.

The following emergency regulation will be in effect until January 1, 1999. Please note that pharmacy technician trainees are allowed to perform only the duties of non-licensed personnel.

### 1793.6. Training Courses Specified by the Board

(a) A course of training that meets the requirements of section 1793.4(b) is:

(1) Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists,

(2) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(3) Any other course that provides a training period of at least 240 hours of theoretical and practical instruction, provided that at least 120 of these hours are in theoretical instruction in a curriculum that provides:

(A). Knowledge and understanding of different pharmacy practice settings.

(B). Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(C). Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and recordkeeping of medications.

(D). Knowledge of and the ability to carry out calculations

# Disciplinary Actions by the Board

## PHARMACISTS/PHARMACIES

### CHRISTINE QUESENBERRY, RPH 29767, Santa Cruz, CA and WESTSIDE PHARMACY, PHY 37852, Santa Cruz, CA

**Violation:** Refilling a prescription without authorization, self-administering a controlled substance, and failing to have drug records available upon request

**Action:** Both licenses revoked, stayed; payment of \$7,000 costs  
**Effective:** June 28, 1997

### ANDREW KOMESCU, RPH 37163, Los Angeles, CA

**Violation:** Being convicted in another state for unlawful dispensing of controlled substances, theft, and false or forged prescriptions and hospital records. Respondent was disciplined in Colorado and Nevada.

**Action:** Revoked, stayed; five years' probation, community service, supervised practice, no supervision of ancillary personnel, no ownership nor functioning as PIC; payment of \$1,598 costs  
**Effective:** July 4, 1997

### VENCOR HOSPITAL SACRAMENTO PHARMACY, HSP 37663, Sacramento, CA

**Violation:** For purposes of settlement, respondent admitted to failing to keep accurate records; discrepancies revealed in Board audit.

**Action:** Letter of reprimand; two years' continuous inspection; payment of \$3,258 costs  
**Effective:** July 17, 1997

### URAIWAN JANVIRIYOPAK, RPH 45304, Willimantic, CT

**Violation:** Dispensing dangerous drugs based on irregular prescriptions when respondent knew or had objective reason to know that the prescriptions were not issued for a legitimate medical purpose; failing to review medication record prior to dispensing medications; and failing to intervene on behalf of the patient

**Action:** Revoked  
**Effective:** August 28, 1997

### CANYON RIDGE HOSPITAL PHARMACY, HSP 39808, Chino, CA

**Violation:** For purposes of settlement only, respondent admitted to failing to keep a complete, accurate, and current inventory of Schedule III controlled substances.

**Action:** Letter of reprimand; payment of \$816 costs  
**Effective:** August 14, 1997

### MYOUNG SHIN CHANG, RPH 44230, Diamond Bar, CA

**Violation:** For purposes of settlement only, respondent admitted to dispensing prescriptions when respondent knew or had objective reason to know that said prescriptions were not issued for a legitimate medical purpose and that the drugs were potential therapy problems because of their irregularity; failing to review medication record and to intervene on behalf of the patient.

**Action:** Revoked, stayed; 30 days' suspension; three years' probation  
**Effective:** August 28, 1997

### MICHAEL ZAIFERT, RPH 24325, Northridge, CA and MICHAEL'S PHARMACY, PHY 39244, Pasadena, CA

**Violation:** With intent to defraud and mislead, delivering misbranded drugs for introduction into interstate commerce—specifically, failing to include on the labels of such drugs information including the lot number, expiration date, name and place of business or the manufacturer, packer or distributor of the drug

**Action:** RPH—Revoked, stayed; three years' probation; may not supervise nor hold new ownership; payment of \$605.75 costs, PHY—Revoked, stayed; three years' probation  
**Effective:** August 12, 1997

### SIERRA PHARMACY, PHY 34719, Glendora, CA

**Violation:** Having shortages of dangerous drugs and controlled substances which were caused by theft and revealed by Board audit and failing to notify the Board of a change in pharmacist-in-charge (PIC)

**Action:** 90 days' suspension; one year's probation; payment of \$2,650 costs  
**Effective:** September 3, 1997

### GENE YONEMOTO, RPH 27503, Whittier, CA

**Violation:** Providing anabolic steroids to an employee without a prescription; failing to notify the Board of a discontinuance of business; and allowing unauthorized persons access to an area where controlled substances and pharmacy records were stored

**Action:** Revoked, stayed; three years' probation; may not supervise nor hold ownership  
**Effective:** September 3, 1997

### MELVIN EIREW, RPH 21254, Hemet, CA

**Violation:** For purposes of settlement only, respondent admitted to failing to provide patient consultation for a new patient on two different occasions and allowing a person other than a pharmacist to consult with a patient regarding the prescription.

**Action:** Revoked, stayed; one year's probation; community service required; continuing education required; no supervision of ancillary personnel; payment of \$2,500 costs  
**Effective:** September 3, 1997

### GARY EIREW, RPH 39536, Hemet, CA

**Violation:** For purposes of settlement only, respondent admitted to failing to provide patient consultation for a new patient on two different occasions and allowing a person other than a pharmacist to consult with a patient regarding the prescription.

**Action:** Revoked, stayed; one year's probation; community service required; continuing education required; no supervision of ancillary personnel; payment of \$2,500 costs  
**Effective:** September 3, 1997

### SAIL DRUG AND DISCOUNT CENTER, PHY 18305, Yucaipa, CA

**Violation:** For purposes of settlement only, respondent admitted to failing to provide patient consultation for a new patient on two different occasions.

**Action:** Revoked, stayed; one year's probation; payment of \$2,500 costs  
**Effective:** September 3, 1997

**Disciplinary***Continued from Page 10***JOHN MCCLOSKEY, RPH 24080, Cameron Park, CA**

**Violation:** Failing, as PIC, to maintain a correct and current inventory of all dangerous drugs—an audit revealed discrepancies and missing controlled drugs administration records

**Action:** Revoked; payment of \$3,277.25 costs

**Effective:** September 18, 1997

**ROBERT KIYOSHI NISHIZAKI, RPH 26280, Montebello, CA**

**Violation:** For purposes of settlement only, respondent admitted to dispensing controlled substances and dangerous drugs under invalid prescriptions and forging prescriptions.

**Action:** Revoked, stayed; 30 days' suspension, three years' probation; may not supervise nor hold pharmacy ownership; payment of \$5,500 costs

**Effective:** September 26, 1997

**CLARK JENKINS, RPH 40452, Riverside, CA**

**Violation:** For purposes of settlement only, respondent admitted to illegally possessing controlled substances and administering to himself while on duty; denying patients the benefit of full dosages of pain medications when preparing dosages; intentionally falsely labeling syringes and stealing narcotic controlled substances for his own use.

**Action:** Revoked, stayed; one year's suspension; five years' probation; supervised practice; no ownership; payment of \$7,250 costs

**Effective:** November 4, 1997

**FEDCO PROFESSIONAL PHARMACIES CORP, dba FEDCO PROFESSIONAL PHARMACIES, PHY 10417, Los Angeles, CA**

**Violation:** For purposes of settlement only, respondent admitted to having significant inventory discrepancies of Vicodin (and its generic equivalent); failing to keep a current inventory, including complete accountability for, at least, Schedule III controlled substances; and failing to provide adequate measures to guard against theft of controlled substances.

**Action:** Revoked, stayed; two years' probation; community service; retain consultant; payment of \$2,360 costs

**Effective:** November 4, 1997

**CHARLES SIK WOO, RPH 28620, Los Angeles, CA**

**Violation:** For purposes of settlement only, respondent admitted to having significant inventory discrepancies of Vicodin (and generic equivalent); failing to keep a current inventory, including complete accountability for, at least, Schedule III controlled substances.

**Action:** Revoked, stayed; two years' probation; pass law exam; no ownership; payment of \$1,179 costs

**Effective:** November 4, 1997

**LARRY WRIGHT, RPH 26513, San Diego, CA 92109**

**Violation:** Being convicted of knowingly and intentionally furnishing false and fraudulent material information to the U.S. Drug Enforcement Administration

**Action:** Revoked

**Effective:** November 4, 1997

**ROBERT KASTIGAR, RPH 23805, Manhattan Beach, CA and MEDICINE SHOPPE, PHY 33159, Lawndale, CA**

**Violation:** Failing to completely and accurately account for shortages (revealed in an audit) of three controlled substances; failing to maintain adequate records of inventory, acquisition and disposition of restricted dangerous drugs

**Action:** RPH—180 days' suspension; payment of \$7,782.15 costs, PHY—180 days' suspension

**Effective:** November 12, 1997

**RICHARD REEL, RPH 37626, Chula Vista, CA**

**Violation:** For purposes of settlement only, respondent admitted to unlawfully possessing a controlled substance, cocaine, being under the influence of cocaine, and illegally possessing a hypodermic syringe and needle.

**Action:** Revoked, stayed; five years' probation; suspension until respondent can safely practice pharmacy; pass the law exam within six months; no ownership; payment of \$1,509.25

**Effective:** December 20, 1997

**MICHAEL A. LIAUTAUD, RPH 24158, Toluca Lake, CA and INDIAN HILLS PHARMACY, PHY 35822/34711, Mission Hills, CA**

**Violation:** For purposes of settlement only, respondents admitted to substituting and dispensing dangerous drugs without authorization from the subscriber or patient; dispensing a substandard and defective drug in an improperly labeled container; substituting a drug but billing Medi-Cal for the prescribed drug; failing to communicate the drug substitution to the patient; assisting a nonregistered employee to compound dangerous drugs; and failing to meet regulation requirements in the pharmacy area designated for the preparation of sterile products.

**Action:** RPH—revoked, stayed; three years' probation; 90 days' suspension; no ownership; payment of \$6,549.75 costs, PHY—revoked

**Effective:** December 20, 1997

**DONALD PAYNE, RPH 22640, Granada Hills, CA and MOORPARK PHARMACY, PHY 40525, Moorpark, CA**

**Violation:** For purposes of settlement only, respondent admitted to signing a document falsely representing the nonexistence of facts relevant to his association with a licensee who had been previously disciplined and admitted to knowing that the statement was false; and permitting that licensee to act as agent for the pharmacy in lease negotiations.

**Action:** RPH—revoked, stayed; three years' probation; pass the law examination; community service; no ownership; payment of \$3,000 costs, PHY—accusation dismissed; permit cancelled due to change of ownership

**Effective:** January 28, 1998

**LONG'S DRUG STORE #273, PHY 34918, Rancho Cucamonga, CA**

**Violation:** For purposes of settlement only, respondent admitted that a basis for discipline was established under findings mandating a duty to maintain medication profiles, a duty to consult, and post a Notice to Consumers.

**Action:** Revoked, stayed; one year's probation; payment of \$3,000 costs

**Effective:** January 10, 1998

*See Disciplinary, Page 12*

**Disciplinary***Continued from Page 11***GLEN SIDNEY SELDEN, RPH 25112, Upland, CA**

**Violation:** For purposes of settlement only, respondent admitted to failing to maintain patient medication profiles and provide patient consultation.

**Action:** Revoked, stayed; one year's probation; payment of \$800 costs; 16 hours of CE related to patient consultation

**Effective:** January 10, 1998

**STEVEN LEUCK, RPH 41319, Santa Cruz, CA**

**Violation:** For purposes of stipulation only, respondent admitted to diverting controlled substances from his employers for self-administration.

**Action:** Revoked, stayed; five years' probation; no supervision of ancillary personnel; supervised practice; no ownership; payment of \$3,366.25 costs

**Effective:** February 6, 1998

**MIKE AVEDISSIAN, RPH 43996, Glendale, CA and ABM PHARMACY, PHY 37875, Glendale, CA**

**Violation:** For purposes of settlement only, respondent admitted to maintaining prescription drug containers containing dangerous drugs in an area outside the pharmacy; billing to and being paid by Medi-Cal for part of the prescriptions that were never dispensed or provided to the patients.

**Action:** RPH—revoked, stayed; three years' probation; 14 days' suspension, no supervision of ancillary personnel, pass law exam, no ownership; maintain separate file of all records pertaining to the disposition/acquisition of controlled substances and report such disposition/acquisitions to the Board; payment of \$6,000 costs, PHY—revoked (previously sold)

**Effective:** February 7, 1998

**PAUL AUGER, RPH 32925, Palo Alto, CA**

**Violation:** For purposes of settlement only, respondent admitted to obtaining and taking controlled substances without a prescription.

**Action:** Revoked, stayed; five years' probation; 180 days' suspension; pass law exam; supervised practice; no ownership; payment of \$1,582 costs

**Effective:** February 24, 1998

**MARLIN EUGENE MILLER, RPH 30983, Los Angeles, CA**

**Violation:** Failing to comply with the terms and conditions of probation that were required in a petition for reinstatement decision

**Action:** Revoked

**Effective:** February 24, 1998

**MARSHALL H. BERGER, RPH 24272, Los Angeles**

**Violation:** For purposes of settlement only, respondent admitted to being convicted of illegally selling, purchasing or trading of drug samples.

**Action:** Revoked, stayed; three years' probation; pass law exam; may not be PIC; payment of \$5,000 costs

**Effective:** March 20, 1998

**RUBIN SNYDER, RPH 24189, Woodland Hills, CA and TAFT PHARMACY, PHY 39979, Woodland Hills, CA**

**Violation:** For purposes of settlement only, respondent admitted to filling prescriptions for controlled substances with improper labelling; dispensing prior to consent of prescriber; and dispensing amounts inconsistent with prescriptions.

**Action:** RPH—revoked, stayed; three years' probation; pass law exam; cannot act as PIC; payment of \$8,000 costs, PHY—revoked, stayed; three years' probation; share in payment of \$8,000 costs

**Effective:** March 20, 1998

**RICHARD JAMES LIAUTAUD, RPH 26385, Los Angeles, CA**

**Violation:** Being convicted of felony assault with a deadly weapon

**Action:** Revoked

**Effective:** April 29, 1998

**JAE GAB KIM, RPH 30029, Redlands, CA and SAN JACINTO PHARMACY, PHY 32401, San Jacinto, CA**

**Violation:** Furnishing dangerous drugs without a prescription; maintaining expired drugs on pharmacy shelves; mislabelling and misbranding a prescription; and failing to maintain pharmacy in a clean and orderly condition

**Action:** RPH—revoked, stayed; three years' probation; 90 days' suspension; cannot supervise ancillary personnel; payment of \$3,000 costs, PHY—revoked, stayed; three years' probation; 30 days' suspension; share in payment of \$3,000 costs

**Effective:** April 29, 1998

**WHOLESALEERS/EXEMPTES****B & B MEDICAL SUPPLIES, WLS 2821, Bell Gardens, CA**

**Violation:** Furnishing dangerous drugs to an unauthorized person; allowing an unauthorized person to possess a key to the licensed area of the premises; and failing to make written policies and procedures available to the Board

**Action:** Revoked

**Effective:** September 9, 1997

**CONSUELO DY, EXM 12266, Bell Gardens, CA**

**Violation:** Furnishing dangerous drugs to an unauthorized person; allowing an unauthorized person to possess a key to the licensed area of the premises; and failing to make written policies and procedures available to the Board

**Action:** Revoked

**Effective:** September 9, 1997

**Disciplinary***Continued from Page 12***TECHNICIANS****RHONDA JO PERKINS, TCH 8775, San Luis Obispo, CA**

**Violation:** Taking dangerous drugs and controlled substances for self-use; unlawfully possessing and using controlled substances and dangerous drugs without prescriptions

**Action:** Revoked

**Effective:** August 1, 1997

**CECELIA A. GONZALEZ, TCH 11, Huntington Park, CA**

**Violation:** For purposes of settlement only, respondent admitted to obtaining dangerous drugs from place of employment without a prescription.

**Action:** Revoked, stayed; suspended pending successful completion of the Pharmacy Technician Certification Examination

**Effective:** August 28, 1997

**MARIA GUADALUPE CASILLAS, TCH 3139, Baldwin Park, CA**

**Violation:** For purposes of settlement only, respondent admitted to dispensing controlled substances and dangerous drugs under invalid prescriptions and forging prescriptions.

**Action:** Take and pass the Pharmacy Technician Certification Board within one year; payment of \$311 costs

**Effective:** September 26, 1997

**KENNETH CHARLES MORTENSEN, TCH 9361, San Diego, CA**

**Violation:** Being convicted of a crime substantially related to the practice of pharmacy

**Action:** Revoked

**Effective:** November 4, 1997

**SAMIA MICHELLE WHEELOCK, TCH 14598, Temecula, CA**

**Violation:** Being convicted of prescription forgery and making false statements on application

**Action:** Revoked

**Effective:** April 29, 1998

**JANET MARIE MCDOWELL, TCH 13904, Antioch, CA**

**Violation:** Being convicted of felony possession of a non-narcotic controlled substance

**Action:** Revoked

**Effective:** April 23, 1998

**VOLUNTARY SURRENDER OF LICENSE****RUBEN D. GODINEZ, aka RUBEN GODINEZ DIAZ, TCH 13222, Freedom, CA**

**Violation:** For purposes of settlement only, respondent admitted to being convicted of evading arrest, burglary, challenging a person to fight in a public place, and possession of a firearm by a convicted felon.

**Action:** License surrendered

**Effective:** August 1, 1997

**THOMAS WALTER BODENDORFER, RPH 30655, Whitmore Lake, MI**

**Violation:** For purposes of settlement only, respondent admitted to filling and refilling a telephonic prescription by a fictitious dentist for a controlled substance and forging and filling controlled substance prescriptions for use by a family member.

**Action:** License surrendered; payment of \$21,817.25 costs

**Effective:** April 22, 1998

**L.K.W. ENTERPRISES, INC., dba HILLCREST NORTH PHARMACY, PHY 40300, San Diego, CA**

**Violation:** For purposes of settlement, respondent admitted to being convicted of a crime substantially related to the qualifications of a pharmacist.

**Action:** License surrendered

**Effective:** October 24, 1997

**STATEMENT OF ISSUES****DANNY DOLLINS, Palmdale, CA, applicant for pharmacist licensure**

**Violation:** Failing to disclose on an application conviction of a crime and pharmacist license revocation in Idaho

**Action:** Application denied

**Effective:** December 24, 1997

**VISTA PHARMACY, Granada Hills, CA, applicant for pharmacy permit**

**Violation:** For purposes of settlement only, respondent admitted to knowingly signing a document which falsely represented the nonexistence of a state of facts relevant to association with a disciplined licensee and permitted that licensee to act as agent for the pharmacy lease negotiations.

**Action:** Application withdrawn

**Effective:** January 28, 1998

**THOMAS ALAN POWELL, JR., Carlsbad, CA, applicant for exemptee license**

**Violation:** Being convicted of illegal possession of a controlled substance

**Action:** Application denied

**Effective:** March 20, 1998

**WILLIAM PAUL ARGENTINO, Menlo Park, CA, applicant for pharmacy technician license**

**Violation:** Obtaining dangerous drugs for own use from a pharmacist whose license is revoked

**Action:** Application denied

**Effective:** March 20, 1998

**GEORGE KEMMLER and QUALITYMEDS, INC., Carlsbad, CA, applicant for pharmacy and wholesaler licenses**

**Violation:** For purposes of settlement only, respondent admitted to operating a wholesale business without Board-issued license.

**Action:** Applications denied; may not hold interest in any firm licensed by the Board

**Effective:** April 24, 1998

**Regulations***Continued from Page 9*

required for common dosage determination, employing both the metric and apothecary systems.

- (E). Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.
- (F). Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.
- (G). Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.
- (b) A current enrollee of a course of training that meets the requirements of this section may obtain part or all of his or her practical instruction as an enrollee of that course in a pharmacy.
- (c) An enrollee of a technician training course who is obtaining practical instruction in a pharmacy shall, at all times while in the pharmacy, wear a badge which clearly identifies him or her as a "pharmacy technician trainee."
- (d) The tasks performed by a pharmacy technician trainee are limited to obtaining practical instruction on the tasks described in section 1793.2 and shall not include any function in connection with the dispensing of a prescription, including repackaging from bulk, and storage of pharmaceuticals. The supervision requirements contained in section 1793.7 (c) shall apply to a pharmacy technician trainee. Notwithstanding the provisions of this section, any trainee authorized by this section shall be present in a pharmacy in lieu of a non-licensed person as specified in section 1793.3. A pharmacy technician trainee may perform tasks specified in section 1793.3.
- (e) Except as provided in this section, no person shall act as a pharmacy technician trainee in a pharmacy.

(Effective 09/24/98 to 01/01/99)

**Health Notes***Continued from Page 3*

By focusing the same type of widespread public attention on the importance of patient medication compliance as is given to food labeling and health fitness, we will have a better informed patient population, achieve more effective health care, and save valuable healthcare resources. Pharmacists who initiate programs that help patients better manage their medications and meet their treatment objectives can help reduce healthcare costs and untold human suffering.

*Health Notes* regularly features articles that deal with such healthcare topics as pain management, the impact of pain on patients and their families, coronary artery disease in women, breast cancer treatment, the pharmacist's role in the treatment of depression, and the importance of weighing the benefits and risks of hormone replacement therapy.

In an effort to help consumers learn more about medications, the Board has also developed a public awareness program that encourages consumers to talk with their pharmacists. The program has created newspaper columns in English and Spanish covering such topics as "How Asking Questions About Your Medicines Can Help Save Your Life," "The Patient's Bill of Rights," and "Pain Management: A Pain Rating Scale to Help You Describe Your Pain."

"We are urging consumers to talk with their pharmacists about any problems they anticipate in using their medications," states Sandra Bauer, Vice President of the California Board of Pharmacy. "If a patient gets a prescription refilled and it has a different appearance or the directions on the label have changed, the patient should discuss it with a healthcare provider."

For a free copy of *Health Notes*, write to the State Board of Pharmacy, 400 R Street, Suite 4070, Sacramento, CA, 95814.

## Check your license's expiration date! Delinquent licenses may be cancelled!

Section 4402 of the Business and Professions Code mandates that any pharmacist license that is not renewed, restored, or reinstated within three years following its expiration date shall be cancelled by operation of law.

Any other Board-issued license registration (e.g., pharmacy technicians, interns, exemptees, pharmacies, clinics, drug rooms, wholesalers, medical device retailers) are **automatically cancelled** by operation of law if the license is not renewed within 60 days after its expiration date.

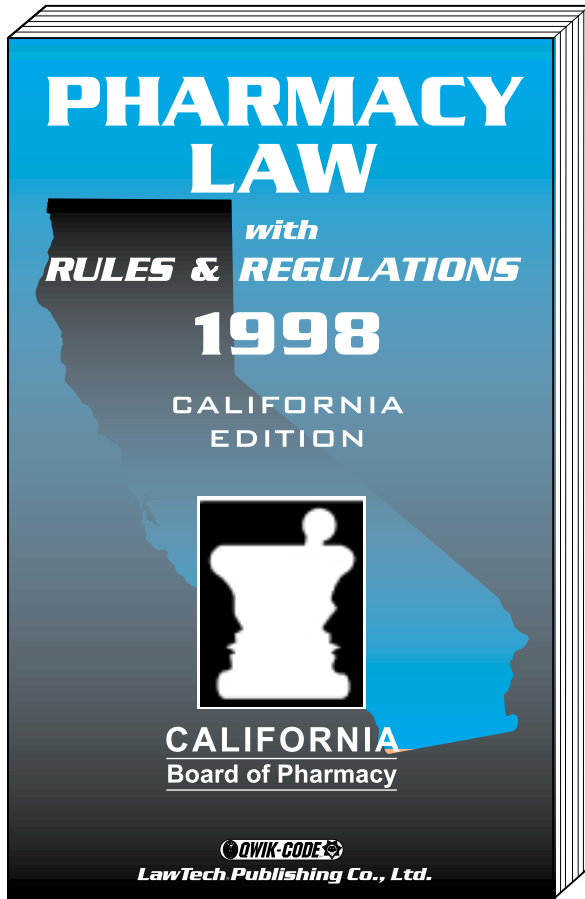
Pharmacists-in-charge are responsible for ensuring that **all** licenses (site and personnel) of the pharmacy are current. Wholesalers and medical device retailers should also ensure that the licenses of their exemptees and qualifying pharmacists have been renewed properly. Failure to renew exemptee licenses can block the renewal capabilities of the company to which the license is related.

Licenses cancelled under this provision will not be reissued. Instead, a new application will be required.

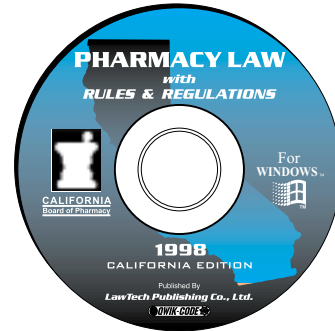
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## **Have You Moved?**

Business and Professions Code section 4100 requires licensees to report your new address to the Board within 30 days of moving (section 4100 of the Business and Professions Code). Please mail or fax your full name, license number, old address and new address to:

**California State Board of Pharmacy**  
**400 R Street, Suite 4070**  
**Sacramento CA 95814**  
**FAX: (916) 327-6308**

Your "address of record" is accessible to the public, so if you wish to use a post office box as your address of record, the law requires that you must also provide your residence address to the Board.