BE AWARE & TAKE CARE:
Talk to your pharmacist!

The Script

CALIFORNIA BOARD OF PHARMACY JANUARY 2007

Changes in Pharmacy Law for 2007

The Assembly and Senate bills listed in this article were enacted in 2006, and unless otherwise specified, took effect January 1, 2007. The new and amended Business and Professions Code (B&PC) and Health and Safety Code (H&SC) statutes are paraphrased or summarized below, but you are urged to review the exact language of the statutes on the Board's Web site, *www.pharmacy.ca.gov* or at *www.leginfo.ca.gov*.

AB 2373 (Aghazarian), Chapter 775, Statutes of 2006

Automated Drug Delivery System (ADDS)
H&SC 1261.6(a)(2) (Amended)—allows nursing facilities, as well as skilled nursing and intermediate care facilities, to use an ADDS machine to be used to store and distribute prescription drugs.

H&SC 1261.6(g) (Amended)—now allows, under specific conditions, the stocking of cards (as well as removable pockets, drawers or similar technology for stocking prescription drugs into an ADDS) outside of the facility and delivered to the nursing, skilled nursing and intermediate care facility.

H&SC 1261.6(i) (Amended)—includes within the definition of "unit dose packaging" those prescription drugs packaged in blister packs that can be dispensed in an ADDS machine.

H&SC 1261.6(f)(7)(A) (New)—requires systems, that allow licensed personnel to have access to multiple drugs that are not patient-specific, to have electronic and mechanical safeguards in place to ensure the drugs are delivered to the patient are specific to that patient.

H&SC 1261.6(f)(7)(B) (New)—requires facilities that use systems described in 1261.6(f)(7)(A) to notify the DHS in writing, prior to using the system, regarding the system design, personnel access, and policies and procedures covering staff training, drug storage and security.

H&SC 1262.6(f)(7)(B) (New)—permits the DHS to revoke authorization to use an ADDS machine if it determines that a facility is not in compliance with this section.

AB 2408 (Negrete McLeod) Chapter 777, Statutes of 2006

"Pharmacist"
B&PC 4036 (Amended)—defines "pharmacist" as a natural person licensed by the Board as a pharmacist who may practice pharmacy within or outside a licensed pharmacy.

Permitted procedures or functions for pharmacists
B&PC 4052 (Amended)—deals with pharmacist scope of practice and prescriber/physician protocols and was reorganized into four sections (B&PC 4052.1 – 4052.4). No substantive changes were made to these provisions. This section retains general provisions authorizing pharmacists to:

- Compound for prescriber office use;
- Transmit a prescription to another pharmacist;
- Administer drugs or biologicals;
- Order laboratory tests;
- Initiate or adjust drug regimen.

Pharmacist functions in licensed health care facility
B&PC 4052.1—now contains provisions dealing with activities authorized for pharmacists in licensed health care facilities.

Pharmacist function in outpatient settings
B&PC 4052.2—contains provisions dealing with activities authorized for pharmacists in outpatient settings:

- Ordering or performing routine drug therapy-related procedures including the taking of temperature, pulse, and respiration;
- Ordering drug therapy-related laboratory tests;
- Administering drugs and biologicals by injection pursuant to a prescriber's order; and
- Initiating or adjusting the drug regimen of a patient pursuant

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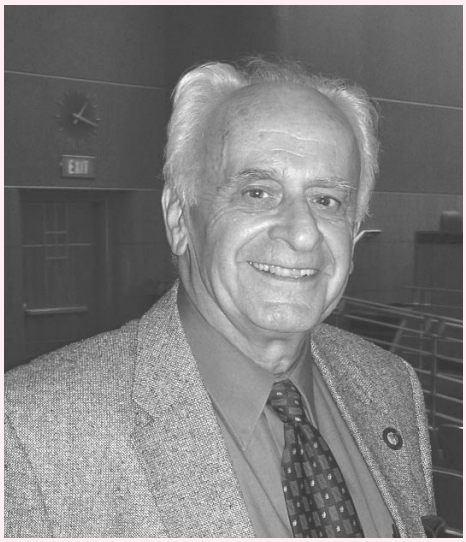

President's Message

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

The new year brings with it many challenges and opportunities. California's health care system is under stress. Millions of people are without health care coverage. Those with coverage are faced with increasing premiums and copayments and reduced coverage. The Medicare part D program for seniors and the disabled, while providing assistance for many in reducing the cost of prescription drugs, is still experiencing problems. These are the challenges.

The good news is that there is general consensus by most in California that there will be an attempt to tackle some of the most difficult aspects of coverage for those without it. As a consumer protection agency the Board of Pharmacy will continue to play a role in insuring that the highest quality of service is delivered to the people of California. This is primarily the case when it involves prescription drugs.

The key elements of a successful health care program are: access, affordability and safety. The BOP has tried to address each of these over the years through its licensing of virtually all aspects of pharmacy, a vigorous inspection program to insure compliance with standards and educational programs for the profession and public. Through our public meetings held around the state the BOP provides a forum for all stakeholders to bring their concerns and issues to the Board.

A major aspect of the BOP's responsibility is to insure that all prescription drugs that are received by consumers are what the doctor has prescribed. In that regard the BOP sponsored legislation, which was signed into law, requiring an electronic pedigree on all drug containers to insure that there has been no diversion or counterfeiting of the drug. The implementation of this law is critical for the protection of the health and safety of the consumer. The BOP has been working closely with industry to see that this important consumer protection law is implemented in a timely fashion.

The BOP through a wonderful staff is committed to doing its utmost to improve the deliver the best possible health care for all and make this new year a land mark for California.

Board welcomes new public member

D. Timothy Dazé, Member, Board of Pharmacy

D. Timothy Dazé, of Woodland Hills, was appointed as a public board member by Governor Schwarzenegger on August 17, 2006.

Mr. Dazé currently serves the City of Los Angeles Airport Division as a deputy city attorney. In the California Supreme Court, he successfully defended the city's roadway beautification project on access routes to and from Los Angeles International Airport. His win was instrumental in the protection of governmental beautification projects throughout California. Mr. Dazé also has more than 25 years of private practice civil litigation and transactional experience including service as vice president and general counsel to Burbank Aeronautical Corporation. He served as Judge Pro Tem in Los Angeles Superior Court and on the Board of Directors for two private nonprofit organizations, Activities for Retarded Children and Rose Vista and also served on the alumni board of directors for Loyola Marymount University.

Mr. Dazé's term will expire on June 1, 2008.

Regulation Update

On January 5, 2007, the following regulation will authorize pharmacy technicians to check the work of pharmacy technicians in acute care hospitals with clinical pharmacy programs. Sections 1793.7 and 1793.8 of the California Code of Regulations (CCR) describes the circumstances and settings in which a pharmacy technician is allowed to review the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for hospital patients whose orders have previously been reviewed and approved by a licensed pharmacist. The exact language, with new text underlined, follows:

1793.7 (Amended) Requirements for Pharmacies Employing Pharmacy Technicians

(a) Except as otherwise provided in section 1793.8, any function performed by a pharmacy technician in connection with the dispensing of a prescription, including repackaging from bulk and storage of pharmaceuticals, must be verified and documented in writing by a pharmacist. Except for the preparation of prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, the pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.
(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records.
(c) A pharmacy technician must wear identification clearly identifying him or her as a pharmacy technician.
(d) Any pharmacy employing or using a pharmacy technician shall develop a job description and written policies and procedures adequate to ensure compliance with the provisions of Article 11 of this Chapter, and shall maintain, for at least three years from the time of making, records adequate to establish compliance with these sections and written policies and procedures.
(e) A pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
(f) For the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Pursuant to Business and Professions Code section 4115(g)(1), this ratio shall not apply to the preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

1793.8 (New) Technicians in Hospitals with Clinical Pharmacy Programs

(a) A general acute care hospital, as defined in Health and Safety Code 1250 (a), that has an ongoing clinical pharmacy program may allow pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed and approved by a licensed pharmacist.
Only inpatient hospital pharmacies as defined in 4029(a) that maintain a clinical pharmacy services program as described in 4052 may have a technician checking technician program as described. The pharmacy shall have on file a description of the clinical pharmacy program prior to initiating a technician checking technician program.
(1) This section shall only apply to acute care inpatient hospital pharmacy settings.
(2) Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.
(b) Compounded or repackaged products must have been previously checked by a pharmacist and then may be used by the technician to fill unit dose distribution systems, and floor and ward stock.
(c) To ensure quality patient care and reduce medication errors, programs that use pharmacy technicians to check the work of other pharmacy technicians pursuant to this section must include the following components:
(1) The overall operation of the program shall be the responsibility of the pharmacist-in-charge.
(2) The program shall be under the direct supervision of a pharmacist and the parameters for the direct supervision shall be specified in the facility's policies and procedures.
(3) The pharmacy technician who performs the checking function has received specialized and advanced training as prescribed in the policies and procedures of the facility.
(4) To ensure quality there shall be ongoing evaluation of programs that use pharmacy technicians to check the work of other pharmacy technicians.

Note: Authority cited: Section 4005 and 4115, Business and Professions Code. Reference: Section 4005 and 4115 Business and Professions Code.

Effective January 26, 2007, CCR 1713 establishes requirements for the placement and use of secure prescription drop-off boxes and secure automated delivery devices for refill medications. This section also contains some provisions that were formerly located in CCR 1717(e). Underlines indicate new text.

1713. (New) Receipt and Delivery of Prescriptions and Prescription Medications

(a) Except as otherwise provided in this Division, no

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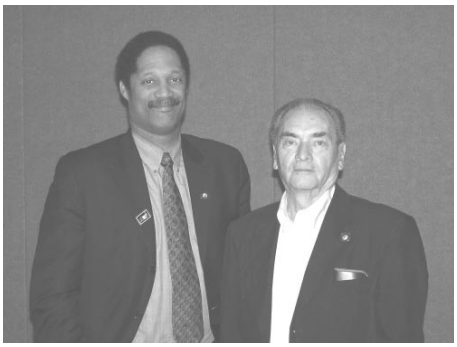
Board Honors Pharmacists Registered for at Least 50 Years

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

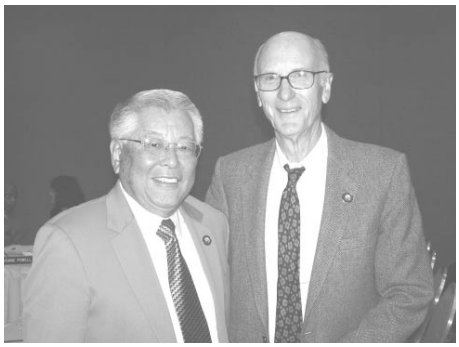
Pharmacists who recently were awarded certificates commemorating 50 years of service and invited to attend Board meetings where they could be publicly honored are:

Arragg, George M.	*Montebello, CA*
Bailey, Barratt E.	*Quincy, CA*
Baron, Melvin F.	*Los Angeles, CA*
Becker, Robert H.	*La Mesa, CA*
Beeman, Charles H.	*Placerville, CA*
Brown, Edmond	*Anaheim, CA*
Delaney, James Jay	*Irvine, CA*
Dewaal, Allen	*Los Angeles, CA*
Dunn, Wendell	*Pocatello, ID*
Econome, William	*La Crescenta, CA*
Harris, David L	*Winnetka, CA*
Harrison, Benjamin P.	*Torrance, CA*
Jaeger, Carol I.	*Tucker, GA*
Kakos, Charles	*San Diego, CA*
Kalechstein, Melvin	*Woodland Hills, CA*
Kemp, Thomas A.	*Brawley, CA*
Mailman, Kenneth C.	*Huntington Beach, CA*
Mendez, Harvey X	*Cherokee Village, AR*
Mengoni, Jr., Joseph	*Cumming, GA*
Miller, Boris C.	*Studio City, CA*
Nadler, Matthew	*Seattle, WA*
Ramos, Frank D.	*St. Helena, CA*
Rosenberg, Sheldon	*Palm Desert, CA*
Schneiderman, Melvin	*Studio City, CA*
Springer, Elias	*Thousand Oaks, CA*
Squeri, Jr., John L.	*San Francisco, CA*
Stenberg, William V.	*Los Banos, CA*
Winton, James T.	*Fresno, CA*
Woldman, Irwin	*Studio City, CA*
Wong, Reger C	*Altadena, CA*

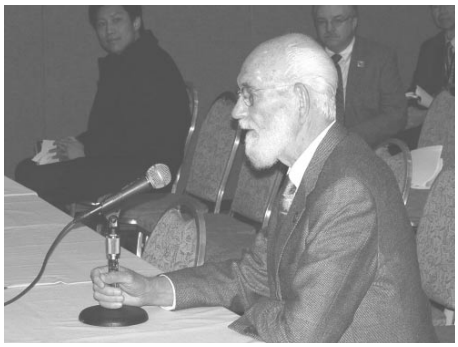
Honored at the October 2006 Board meeting were Richard E. Rogers, Richard I. Fox, and William V. Stenberg.



Kenneth Schell, Member, Board of Pharmacy, with Richard E. Rogers



Clarence Hiura, Member, Board of Pharmacy, with Richard I. Fox



William V. Stenberg

Richard E. Rogers, Prineville, OR: "I owned two prescription pharmacies, one in Ventura, and one in Santa Maria, CA. I was secretary and president of the Ventura County Pharmacists Association 1964-1966. My last ten years have been spent as part-time staff pharmacist for Longs."

Richard I. Fox, Burlingame, CA: "I owned my drugstore in South San Francisco for 35 years and then worked at Sav-On Pharmacy for 12 years. I currently volunteer at the Samaritan House in Redwood City."

William V. Stenberg, Los Banos, CA: "I started in a little corner pharmacy with manual typewriters, and we have now progressed to computers with automated bins to count the top 144 selling drugs we dispense."

Disaster Response Policy Statement

Advance planning and preparation for disaster and emergency response are important activities for individuals, as well as all Board licensees. The Board has begun working on such preparedness with the federal and state government, and to this end, in October 2006, the Board adopted the following policy statement.

The California State Board of Pharmacy wishes to ensure complete preparation for, and effective response to, any local, state, or national disaster, state of emergency, or other circumstance requiring expedited health system and/or public response. The skills, training, and capacities of board licensees, including wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians, will be an invaluable resource to those affected and responding. The Board also wishes to encourage an adequate response to any such circumstance affecting residents of California, by welcoming wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians licensed in good standing in other states to assist with health system and/or public response to residents of California.

The Board encourages its licensees to volunteer and become involved in local, state, and national emergency and disaster preparedness efforts. City or county health departments, fire departments, or other first responders can provide information on local opportunities. The Emergency Preparedness Office of the California Department of Health Services is a lead agency overseeing emergency preparedness and response in California, particularly regarding health system response, drug distribution and dispensing, and/or immunization and prophylaxis in the event of an emergency. At the federal level, lead contact agencies include the Department of Health and Human Services, the Centers for Disease Control, and/or the Department of Homeland Security and its Federal Emergency Management Agency (FEMA). Potential volunteers are encouraged to register and get information at *www.medicalvolunteer.ca.gov* (California) and *www.medicalreservecorps.gov* (federal).

The Board also continues to be actively involved in such planning efforts, at every level. The Board further encourages its licensees to assist in any way they can in any emergency circumstance or disaster. Under such conditions, the priority must be protection of public health and provision of essential patient care by the most expeditious and efficient means. Where declared emergency conditions exist, the Board recognizes that it may be difficult or impossible for licensees in affected areas to fully comply with regulatory requirements governing pharmacy practice or the distribution or dispensing of lifesaving medications.

In the event of a declared disaster or emergency, the Board expects to utilize its authority under the California Business and Professions Code, including section 4062, subdivision (b) thereof, to encourage and permit emergency provision of care to affected patients and areas, including by waiver of requirements that it may be implausible to meet under these circumstances, such as prescription requirements, record-keeping requirements, labeling requirements, employee ratio requirements, consultation requirements, or other standard pharmacy practices and duties that may interfere with the most efficient response to those affected. The Board encourages its licensees to assist, and follow directions from, local, state, and national health officials. The Board expects licensees to apply their judgment and training to providing medication to patients in the best interests of the patients, with circumstances on the ground dictating the extent to which regulatory requirements can be met in affected areas. The Board further expects that during such emergency, the highest standard of care possible will be provided, and that once the emergency has dissipated, its licensees will return to practices conforming to state and federal requirements.

Furthermore, during a declared disaster or emergency affecting residents of California, the Board hopes that persons outside of California will assist the residents of California. To facilitate such assistance, in the event of a declared California disaster or emergency, the Board expects to use its powers under the California Business and Professions Code, including section 900 and section 4062, subdivision (b) thereof, to allow any pharmacists, intern pharmacists, or pharmacy technicians, who are not licensed in California but who are licensed in good standing in another state, including those presently serving military or civilian duty, to provide emergency pharmacy services in California. The Board also expects to allow nonresident pharmacies or wholesalers that are not licensed in California but that are licensed in good standing in another state to ship medications to pharmacies, health professionals or other wholesalers in California.

Finally, the Board also expects to allow use of temporary facilities to facilitate drug distribution during a declared disaster or state of emergency. The Board expects that its licensees will similarly respond outside of the state to disasters or emergencies affecting populations outside California, and will pursue whatever steps may be necessary to encourage that sort of licensee response.

[1]Expanded powers in the event of a disaster are also granted to the Governor and/or other chief executives or governing bodies within California by the California Emergency Services Act [Cal. Gov. Code, §§ 8550-8668] and the California Disaster Assistance Act [Cal. Gov. Code, §§ 8680-8690.7], among others. Section 8571 of the Government Code, for instance, permits the Governor to suspend any regulatory statute during a state of war or emergency where strict compliance therewith would prevent, hinder, or delay mitigation.

[2]See also the Interstate Civil Defense and Disaster Compact [Cal. Gov. Code, §§ 177-178], the Emergency Management Assistance Compact [Cal. Gov. Code, §§ 179-179.5], and the California Disaster and Civil Defense Master Mutual Aid Agreement [executed 1950], regarding cooperation among the states.

Can unused drugs be returned to the pharmacy and resold?

The Board of Pharmacy occasionally receives inquiries regarding the return of unused prescription drugs to the dispensing pharmacy. Can the pharmacy take the drugs back, restock and resell them? The answer is no.

A pharmacist must not return drug products to stock once they have been out of his or her possession, because the pharmacist would no longer have any assurance of the strength, quality, purity or identity of the articles (regardless of their packaging). There would be no assurance of proper storage conditions, for example.

California pharmacies are bound by the Sherman Food, Drug, and Cosmetic Law (Health and Safety Code section 111255), which includes in its definition of adulterated drugs those that have been held under conditions where the drugs may have been contaminated or may have been rendered injurious to health. Further, section 11295 states that it is unlawful to sell, hold, or offer for sale any drug that is adulterated.

Some pharmacies may choose, for good public relations, to accept returned prescription drugs from individual patients, assisted living facilities, or other entities, but the drugs may not be dispensed or resold.

Black Box Warnings

Boxed warnings, also called "black box" warnings, are prominently displayed summaries of serious adverse reactions and potential safety hazards for a drug product in its prescribing information as required by the Food and Drug Administration (FDA). These boxed warnings are the most serious of warnings for a drug. Black box products can present significant risk for patients and require informed patient consent prior to prescription.

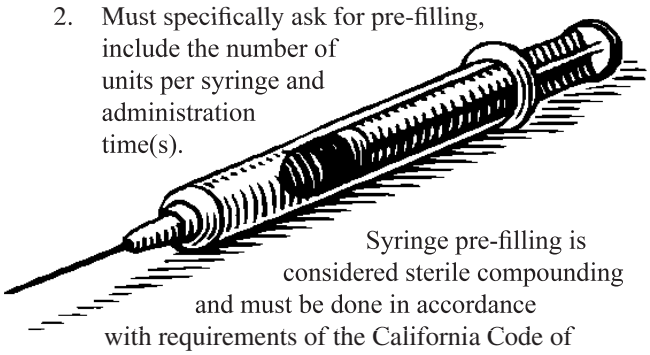
A boxed warning is warranted when a drug presents a unique risk-to-benefit concern, compared with other drugs in the same class, when a potential adverse reaction is significantly above the drug's benefit and when such adverse reactions can be prevented or reduced by restricted use or observance of defined cautions. Often boxed warnings are based on observed adverse reactions, but they can also be based on animal toxicity or expected adverse reactions.

These boxed warnings are described in the FDA Center for Devices and Radiological Health, 21 Code of Federal Regulations 201.57(e). It requires that providers provide patients with information on treatment risk, benefits, and warnings as part of the patient's right of informed consent. Some practitioners document this in the patient's chart. (Reprint authorized by the Idaho Board of Pharmacy)

Pre-filling Insulin Syringes by a Pharmacist

On occasion, pharmacies are asked to pre-fill insulin syringes for patients in assisted living facilities, since employees of the facilities are not allowed to pre-fill syringes. For pharmacists to re-fill the syringes, the facility must:

1. Request the patient's prescriber to write an order/prescription that complies with all the prescription requirements of Business and Professions Code (B&PC) section 4040, and
2. Must specifically ask for pre-filling, include the number of units per syringe and administration time(s).



Syringe pre-filling is considered sterile compounding and must be done in accordance with requirements of the California Code of Regulations (CCR), section 1751 et seq., which include the use of a Clean Room or a laminar flow hood. Additionally, each individual pre-filled syringe must be labeled as required by B&PC 4076 and CCR 1751.2.

Want a job with great benefits? Be an inspector or supervising inspector for the Board of Pharmacy

If you are an innovative, highly motivated individual who is looking for an exciting career that puts you on the front line of changes in pharmacy practice, the Board of Pharmacy is looking for you! Applications for examination and employment as a pharmacy inspector and supervising pharmacy inspector for the Board will be accepted beginning January 4, 2007. The last day for filing an application is February 2, 2007.

The Board has inspector vacancies statewide (not specific to a particular city or area) and is seeking self-starting pharmacists with experience in the new practice areas of pharmacy, such as automated drug dispensing, clinical case management, specialty clinic management, and patient education.

To be considered, you must be registered as a pharmacist in California with two years' experience in the practice of pharmacy and possess a valid California driver's license. You will be required to take a civil service examination, and the examination results will determine your ranking on the civil service list. Based on your ranking and other qualifications, you may be called to appear for the Board's employment interview and writing skills evaluation. If you are a good match for this position, the Board wants you!

Inspectors from all over California are assigned to work in teams, and each inspector's duties are divided between those performed in a home office environment (report writing, etc.) and those requiring travel. Travel, which includes local and statewide, is approximately 20-25 percent of the workweek.

There are plenty of perks. Inspectors are provided the use of home office equipment (telephone, cell phone, computer, printer, and fax machine). They are also provided with a state car, business and travel expense reimbursement, a salary of $103,000 annually, and all the health and retirement benefits of state civil service.

In addition to inspector positions, the Board also has a supervising inspector vacancy, and is conducting a civil service examination for this position. A supervising inspector oversees pharmacy inspectors, including all investigations and inspections, and provides guidance to the Board in developing policy and initiating enforcement activities. To be a supervising inspector you must have **either** two years of experience performing the duties of an inspector with the California State Board of Pharmacy **or** possess a pharmacist license issued by the California State Board of Pharmacy **and** three years experience in the practice of pharmacy, at least one year of which included supervisory responsibility and contact with the public.

Details and employment application for the positions can be obtained from *www.pharmacy.ca.gov/whats_new.htm*. Be sure to specify on the application which position you are seeking: you can apply for both.

Your completed application and résumé **must be postmarked on or before February 2, 2007** and mailed to:

Office of Human Resources
Department of Consumer Affairs
1625 N. Market Blvd., Suite N-321
Sacramento, CA 95834
Attn: Jo Anne Ong

www.pharmacy.ca.gov

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to specific authorization by the patient's treating prescriber.

Furnishing Emergency Contraception
B&PC 4052.3—contains provisions dealing with pharmacists providing emergency contraception.

Performing skin puncturing procedures
B&PC 4052.4—authorizes pharmacists to perform skin puncturing activities and lab tests currently authorized by B&PC 4052.

Unprofessional conduct, grounds for discipline
B&PC 4301 (Amended)—allows California disciplinary action for violation of federal or any other state's statutes regulating pharmacy.

Reporting nonresident pharmacy violations
B&PC 4303 (Repealed and added)—allows the Board to report any violation—by a nonresident pharmacy—of California laws and/or regulations of any other state, or of the U.S. to any appropriate state or federal licensing or regulatory agency.

What constitutes unprofessional conduct
B&PC 4306.5 (Amended)—establishes a guide for discipline for:

- Failure to exercise or implement the best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs or devices, or with regard to provision of services;
- Failure to consult appropriate patient, prescription, records pertaining to the performance of any pharmacy function; or
- Failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

AB 2583 (Nation)
Chapter 487, Statutes of 2006

Patient's rights to be added to Notice to Consumers
B&PC 733 (Amended) and 4122—requires an amended Notice to Consumers to advise patients that they are entitled to obtain their prescribed medicine or medical devices from a pharmacy unless the pharmacist believes the item was not legally prescribed, is contraindicated for the patient, the item is not in stock, the patient cannot pay for the item or pay the required copayment, or the pharmacist refuses on ethical, moral or religious grounds to dispense the item. The Board will promulgate a regulation during 2007 to comply with this requirement. The notice must be displayed in a poster provided by the Board or printed on customer receipts.

AB 2877 (Frommer)
Chapter720, Statutes of 2006

California prescription drug Web site program
H&SC 110242 (New)—requires the establishment of the California Prescription Drug Web site by July 1, 2008, to be administered by the State Department of Health Services, to provide information to California residents and health care providers about options for obtaining prescription drugs at affordable prices. The Web site shall provide information about, and electronic links to:

- Prescription drug benefits available to Medicare beneficiaries, including the Voluntary Prescription Drug Benefit Program;
- State programs that provide drugs at discounted prices for California residents;
- Pharmaceutical manufacturer patient assistance programs that provide free or low-cost prescription drugs to qualified individuals;
- Other Web sites that help California residents safely obtain prescription drugs at affordable prices, including links to Web sites of health plans and health insurers regarding their prescription drug formularies; and
- Price comparisons of at least 150 commonly prescribed prescription drugs, including typical prices charged by licensed pharmacies in California.

The department shall ensure that the Web site is coordinated with, and does not duplicate, other Web sites that provide information about prescription drug options and costs. Implementation of the site is contingent upon funding through an appropriation or request by the department for appropriation from the Legislature.

AB 2911 (Nunez),
Chapter 619, Statutes of 2006

This bill establishes the California Discount Prescription Drug Program within the Department of Health Services (DHS) for prescription drugs dispensed to eligible recipients on an outpatient basis. The bill requires the DHS to negotiate drug discount agreements with drug manufacturers and authorizes any licensed pharmacy and any drug manufacturer to participate in the program, and establishes criteria and application procedures for Californians to participate in the program.

California Discount Prescription Program
H&SC 130500 - 130502 (New)—establishes criteria and application procedures for eligible Californians to participate in the program, defines terms used in the program; and determines the amount a participating, eligible Californian would pay for a drug in the program as well

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as discounts and rebates from the manufacturer and discounts from participating pharmacies.

Prescription drug discounts
H&SC 130505 - 130513 (New)—determines the amount an eligible participating Californian would pay for a drug in the program, discounts and rebates from manufacturers, and discounts from participating pharmacies. These sections also set criteria for eligibility to participate, ease of enrollment, Web site announcements, methods of rebate payments and reporting requirements.

Application, enrollment and outreach
H&SC 130520 - 130544 (New)—requires the department to develop an application and reapplication to determine a resident's eligibility, recommends enhancements to manufacturers patient assistance programs, defines contract terms, addresses handling of payments and a disclaimer related to constitutionality.

AB 2986 (Mullin) Chapter 286, Statutes of 2006

This bill makes changes to the California Security Prescription document; adds additional data elements that must be on the prescription document and reported to CURES; requires in addition to Schedules II and III controlled substances, Schedule IV controlled substances are to be reported to CURES; and increases the reporting frequency from monthly to weekly. Exempt from reporting requirement are Schedule IV controlled substances that are dispensed for 48 hours or less of treatment.

Refill and date of origin on security prescription forms
H&SC 11162.1 (Amended)—adds check boxes to the California Security Prescription document for the prescriber to indicate the number of refills ordered. An additional requirement for the document is the date of the prescription's origin (the date the original prescription was written).

Requirements for prescriptions
H&SC 11164 (Amended)—requires the prescriber of Schedule II-V controlled substances to include on the prescription "…the name of the ultimate user, research subject or contact information, as determined by the Secretary of the U. S. Department of Health and Human Services."

CURES monitoring of prescription drugs
H&SC 11165 (Amended)—adds Schedule IV controlled substance prescriptions to the list of those that must be reported to CURES. New requirements added to such prescriptions include:

- Full name, address, and telephone number of the ultimate user (patient) and the gender and date of birth of the ultimate user;
- Number of refills ordered;
- Whether the drug was dispensed as a refill or as a first-time request; and
- Date of origin of the prescription.

Please see article, "Schedule IV prescriptions must be reported to CURES," on page 17.

Request for, or release of, controlled substance history
H&SC 11165.1 (Amended)—adds Schedule IV to the list of those controlled substances for which prescribers or pharmacists may request the disclosure of a patient's history of controlled substance prescriptions from data collected by CURES.

Contents of practitioner, other than pharmacist, records regarding issuing prescriptions or dispensing or administering controlled substances
H&SC 11190 (Amended)—adds requirements to Schedules II, II and IV prescriptions by prescribers who dispense controlled substances to their own patients:

- Name, address and telephone number of the ultimate user;
- Number of refills ordered;
- Whether the drug was dispensed as a refill or as a first-time request; and
- Date of origin of the prescription.

The requirement for weekly reporting to CURES does not apply to the direct administration of a controlled substance to the body of the ultimate user, nor does it apply to the dispensing of a controlled substance in an amount adequate to treat the ultimate user for 48 hours or less (reporting is monthly).

SB 1305 (Figueroa), Chapter 64, Statutes of 2006

This bill, the Medical Waste Management Act, excludes home-generated sharps waste, as defined, from the definition of medical waste and specifically defines home-generated sharps waste.

Home-generated sharps waste
H&SC 117671 (New)—defines "home-generated sharps waste" as hypodermic needles, pen needles, intravenous needles, lancets, and other devices that are used to penetrate the skin for the delivery of medications derived from a household, including a multifamily residence or household.

Medical waste
H&SC 117700 (Amended)—excludes home-generated sharps waste from the list of defined medical waste.

Disposition of home-generated sharps waste
H&SC 118286 (New)—prohibits persons from placing home-generated sharps waste in any of the following containers on or after September 1, 2008:

- Any container used for the collection of solid waste, recyclable materials, or greenwaste;
- Any container used for the commercial collection of solid waste or recyclable materials from business establishments; or
- Any roll-off container used for

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the collection of solid waste, construction, and demolition debris, greenwaste, or other recyclable materials.

On or after September 1, 2008, home-generated sharps waste shall be transported only in a sharps container, or other containers approved by the enforcement agency, and shall only be managed at any of the following:

- A household hazardous waste facility pursuant to Section 25218.13;
- A "home-generated sharps consolidation point" as defined in subdivision (b) of Section 117904;
- A medical waste generator's facility pursuant to Section 118147; or
- A facility through the use of a medical waste mail-back container approved by the department pursuant to subdivision (b) of Section 118245.

SB 1430 (Alquist), Chapter 874, Statutes of 2006 The Local Pandemic and Emergency Health Preparedness Act of 2006

Civil Code 56.10 (Amended)—authorizes the disclosure of information, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability.

Declaration of a health emergency
H&SC 101080 (Amended)—adds the imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent to instances where the director or local health officer may declare a local health emergency.

First responders in health emergency conditions
H&SC 101080.2 (New)—allows local health officers to issue, and first responders to execute, an order authorizing the immediate isolation of exposed individuals that may have been exposed to biological, chemical, toxic, or radiological agents that might spread to others. Such orders may not be in effect for more than two hours, and before implementing, the local health officer must establish a related memorandum of understanding with first responders of his or her jurisdiction, and that memorandum must be made available to the public. Violation of an order issued by the local health officer and executed by a first responder is a misdemeanor, punishable by a fine of up to $1,000 or imprisonment up to 90 days, or both.

Responsibilities of directors or local health officers
H&SC 101085 (Amended)—only in the case of a release, spill, escape, or entry of waste, requires any person or organization that the director or local health officer shall specify to furnish any information known relating to the properties, reactions, and identity of the material that has been released, spilled, or escaped.

Communicable disease outbreaks
H&SC 120176 (New)—during an outbreak of communicable disease, or upon the threat of an imminent epidemic, requires all health providers, clinics, health care service plans, pharmacies, their suppliers, distributors, and other for-profit and nonprofit entities, upon request shall disclose to the local health officer inventories of, critical medical supplies, equipment, pharmaceuticals, vaccines, or other products that may be used for the prevention of the transmission of communicable disease.

SB 1475 (Committee on Business, Profession and Economic Development, Healing Arts), Chapter 659, Statutes of 2006

This is an omnibus bill that amended

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and added sections of the Business and Professions Code. The provisions affecting pharmacy are provided below:

Substitution of generic drug
B&PC 4073 (Amended)—allows a check-off box on electronic prescriptions that, if marked by a prescriber, would prevent generic substitution at a pharmacist's discretion. For electronic prescriptions, there is no prescriber initialing requirement when a check-off box on an electronic prescription is marked (as is required for paper prescriptions).

Procedures to take action when licensee is impaired
B&PC 4104 (Amended)—clarifies requirements for pharmacies to report to the Board when a licensee is impaired to the extent it affects the licensee's safe practice or the licensee has stolen or diverted drugs. A pharmacy is required to have written procedures for addressing impairment, theft and diversion.

Temporary sterile injectable compounding license
B&PC 4127.8 (New)—allows the Board to issue a temporary sterile injectable compounding license following a change of ownership. The fee for a temporary license is $500 or an amount not exceeding the annual renewal fee of an injectable sterile compounding pharmacy license.

Surety bond requirements
B&PC 4162 (Amended)—exempts government-owned wholesalers and nonresident wholesalers from posting a $100,000 surety bond.

Exemption to surety bond requirement for nonresident wholesaler license
B&PC 4162.5 (Amended)—exempts biotechnology manufacturers who possess a biologics license from the FDA and who are licensed with the Board as nonresident wholesalers from having to post a $100,000 bond.

Right to purchase drugs at wholesale
B&PC 4180 (Amended)—makes technical changes and reduces the record keeping requirements from seven to three years for the drugs purchased, administered and dispensed by clinics.

Clinic compliance procedure development
B&PC 4181 (Amended)—deletes a requirement that clinics develop and maintain written procedures for how they develop and amend the clinic's policies and procedures for drug distribution.

Professional director and consulting pharmacist
B&PC 4182 (Amended)—requires the consulting pharmacist who reviews the clinic's operations quarterly to retain written certification of each quarterly monitoring visit, including any recommended corrective actions, and requires the clinic to retain these records for three years. It also authorizes a dentist or podiatrist to serve as a professional director of a clinic wherein dental or podiatric services, respectively, are provided. It requires notification to the Board within 30 days of any change in the professional director.

Ambulatory Surgical Clinics
B&PC 4190 (Amended)—specifies that the entities eligible for an ambulatory surgical center clinic permit must be accredited by an accreditation agency pursuant to section 1248 of the Health and Safety code or be certified to participate in the Medicare Program under Title XVIII. Also requires any proposed change in the ownership of a clinic to be reported to the Board at least 30 days before ownership transfer.

Clinic compliance policies and procedures approval
B&PC 4191 (Amended)—requires that the clinic's policies and procedures for complying with legal requirements must be developed and approved by the consulting pharmacist, the professional director and the clinic administrator.

Clinic monitored by consulting pharmacist
B&PC 4192 (Amended)—requires a consulting pharmacist to visit the clinic at least quarterly, approve and review procedures, certify quarterly that the clinic is or is not operating in compliance with law and to retain these reviews, including corrective actions indicated, for three years. Additionally, this section requires that the Board be notified at least 30 days of any change in professional director and allows a dentist or podiatrist to serve as a professional director of a clinic wherein dental or podiatric services are provided.

SB 1476 (Figueroa), Chapter 658, Statutes of 2006

California State Board of Pharmacy
B&PC 4001 and 4003 (Amended)—extends the Board's sunset date two years.

"Pedigree"
B&PC 4034 (Amended)—specifies that an electronic pedigree must be created and maintained for any prescription drug in an interoperable electronic system, initiated by the manufacturer through any change in ownership until the final sale to a pharmacy or other person furnishing, administering or dispensing the drug. The pedigree must remain compatible through all stages of distribution and must include the brand or generic name of the drug. Any drug returned to the wholesaler or manufacturer must be documented on the same pedigree as when the drug was previously sold. Drugs that are repackaged must retain the original pedigree. The pedigree must track each dangerous drug at the smallest package or immediate container distributed by the manufacturer (serialization). The following are exempt from the pedigree requirements:

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- Drug samples dispensed by a prescriber without charge, and
- Until 2010, with the Board's ability to delay until 2011, injectable drugs delivered by the manufacturer to the prescriber for direct administration to the patient (these drugs are not dispensed to patients).

This section also defines "interoperable electronic system."

Electronic pedigree
B&PC 4163 (Amended)—delays implementation of the electronic pedigree requirements until 2009.

Authorized distributor information
B&PC 4163.1 (New)—states legislative intent that manufacturers and wholesalers provide in the most readily accessible form possible, information regarding the manufacturer's specific relationships in the distribution of dangerous drugs with wholesalers.

Extension of pedigree compliance date
B&PC 4163.5 (Amended)—allows the Board to delay until 2011 implementation of the electronic pedigree requirements in sections 4034 and 4163.

Reexaminations; Reporting data
B&PC 4200.1 (Amended)—delays for two years (to January 1, 2010) the Board's report to the Legislature describing the effect of requiring pharmacist candidates who fail the NAPLEX or CPJE examinations four times to take 16 units of remedial education in a school of pharmacy before being eligible to retake the examinations.

AB 2198 (Houston) Chapter 350, Statutes of 2006

This bill revises and recasts existing law relating to the prescription and administration of drugs for the treatment or management of pain in the Medical Practices Act and provides that physicians who have a medical basis for prescribing or administering dangerous drugs or controlled substances shall not be subject to disciplinary action or prosecution under specified circumstances. It revises the provisions relating to physicians who prescribe, dispense or administer a controlled substance to an addict or habitual user and broadens the Intractable Pain Treatment Act to allow physicians to prescribe or administer certain drugs for the treatment of pain or a condition causing pain, including but not limited to, intractable pain.

Prescribing drugs for pain
B&PC 725 (Amended)—provides that a practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances or is treating intractable pain in compliance with Section 2241.5 shall not be subject to disciplinary action or prosecution under this section.

Treating addicts
B&PC 2241 (Amended)—while generally prohibiting a physician from prescribing, dispensing, or administering prescription drugs, including prescription controlled substances, to an addict (unprofessional conduct), this section includes an exception that allows a physician to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict who is being treated by the physician for a purpose other than maintenance on or detoxification from prescription drugs or controlled substances. This section also defines an "addict" as a person whose actions are characterized by craving in combination with one or more of the following:

- Impaired control over drug use;
- Compulsive use; or
- Continued use despite harm.

Note: a person whose drug-seeking behavior is primarily due to inadequate control of pain is not an addict within the meaning of this section.

Prescribing for intractable pain
B&PC 2241.5 (Repealed and new section added)—allows a prescriber to prescribe, dispense or administer controlled substances to a person under his or her treatment for a medical condition, dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to intractable pain. However, the Medical Board retains the power to take action against a physician for gross negligence, repeated acts of negligence, incompetence, unauthorized treatment of an addict, prescribing or furnishing dangerous drugs without an appropriate prior examination and medical indication, and unauthorized prescribing on the Internet. This section changes "good faith prior medical exam" to "appropriate prior examination."

Prescribing dangerous drugs without appropriate prior examination
B&PC 2242 (Amended)—Provides that prescribing, dispensing or furnishing dangerous drugs, as defined, without an appropriate prior examination and a medical indication constitutes unprofessional conduct.

Prescribing dangerous drugs on the Internet without appropriate prior examination
B&PC 2242.1 (Amended)—prohibits the prescribing, dispensing, or furnishing of dangerous drugs or devices on the Internet for delivery to a person in California without an appropriate prior examination.

Prohibited prescription, or dispensation to, addict or other user
H&SC 11156 (Amended)—defines addict, pursuant to B&PC 2241 above.

AB 2282 (Oropeza) Chapter 772, Statutes of 2006

Offers/acceptance of consideration
B&PC 650 (Amended)—allows nonmonetary remuneration in the form of hardware, software or information technology and training

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services, necessary and used solely to receive and transmit electronic prescription information in compliance with the standard set by the Medicare Prescription Drug Improvement and Modernization Act of 2003 in the following situations:

- A hospital may provide the above to members of the hospital's staff;
- A group medical practice may provide the above to prescribing health care professionals that are members of the practice; and
- Medicare prescription drug plan sponsors or Medicare Advantage organizations may provide the above to pharmacists or pharmacies participating in the network of the sponsor or organization and to prescribing health care professionals.

This section allows (only to the extent sanctioned or permitted by federal law) the offer or acceptance of any consideration between a federally-qualified health center and any individual or entity that provides goods, services, or loans to the health center pursuant to a contract if that contract or agreement contributes to the health center's ability to enhance the quality of services provided to a medically underserved population.

Kickbacks, bribes, or rebates Welfare and Institutions Code 14107.2—defines "kickback" and makes the solicitation and receipt of, or offers and acceptance of, remuneration of any sort a crime. An exception is any discount amount paid by an employer to an employee for employment with provisions of covered items or services.

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licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.

(b) A licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by the patient or at the hospital, institution, medical office or clinic at which the patient receives health care services. In addition, the Board may, in its sole discretion, waive application of subdivision (a) for good cause shown.

(c) A patient or the patient's agent may deposit a prescription in a secure container that is at the same address as the licensed pharmacy premises. The pharmacy shall be responsible for the security and confidentiality of the prescriptions deposited in the container.

(d) A pharmacy may use an automated delivery device to deliver previously dispensed prescription medications provided:

(1) Each patient using the device has chosen to use the device and signed a written consent form demonstrating his or her informed consent to do so.

(2) A pharmacist has determined that each patient using the device meets inclusion criteria for use of the device established by the pharmacy prior to delivery of prescription medication to that patient.

(3) The device has a means to identify each patient and only release that patient's prescription medications.

(4) The pharmacy does not use the device to deliver previously dispensed prescription medications to any patient if a pharmacist determines that such patient requires counseling as set forth in section 1707.2(a)(2).

(5) The pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.

(6) The device is located adjacent to the secure pharmacy area.

(7) The device is secure from access and removal by unauthorized individuals.

(8) The pharmacy is responsible for the prescription medications stored in the device.

(9) Any incident involving the device where a complaint, delivery error, or omission has occurred shall be reviewed as part of the pharmacy's quality assurance program mandated by Business and Professions Code section 4125.

(10) The pharmacy maintains written policies and procedures pertaining to the device as described in subdivision (e).

(e) Any pharmacy making use of an automated delivery device as permitted by subdivision (d) shall maintain, and on an annual basis review, written policies and procedures providing for:

(1) Maintaining the security of the automated delivery device and the dangerous drugs within the device.

(2) Determining and applying inclusion criteria regarding which medications are appropriate for placement in the device and for which patients, including when consultation is needed.

(3) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including for those delivered via the automated delivery device.

(4) Describing the assignment of responsibilities to, and training of, pharmacy personnel regarding the maintenance and filling procedures for the automated delivery device.

(5) Orienting participating patients on use of the automated delivery device, notifying patients when expected prescription medications are not available in the device, and ensuring that patient use of the device does not interfere with delivery of prescription medications.

(6) Ensuring the delivery of

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medications to patients in the event the device is disabled or malfunctions.
(f) Written policies and procedures shall be maintained at least three years beyond the last use of an automated delivery device.
(g) For the purposes of this section only, "previously-dispensed prescription medications" are those prescription medications that do not trigger a non-discretionary duty to consult under section 1707.2(b)(1), because they have been previously dispensed to the patient by the pharmacy in the same dosage form, strength, and with the same written directions.

Note: Authority cited: Sections 4005, 4075, and 4114 Business and Professions Code. Reference: Sections 4005, 4052, 4116 and 4117 Business and Professions Code.

In the following regulation, text in strike-out has been deleted or repealed.

1717. Pharmacy Practice

(a) No medication shall be dispensed on prescription except in a new container which conforms with standards established in the official compendia.
Notwithstanding the above, a pharmacist may dispense and refill a prescription for non-liquid oral products in a clean multiple-drug patient medication package (patient med pak), provided:
(1) a patient med pak is reused only for the same patient;
(2) no more than a one-month supply is dispensed at one time; and
(3) each patient med pak bears an auxiliary label which reads, "store in a cool, dry place."
(b) In addition to the requirements of Business and Professions Code Section 4040, the following information shall be maintained for each prescription on file and shall be readily retrievable:
(1) The date dispensed, and the name or initials of the dispensing pharmacist. All prescriptions filled or refilled by an intern pharmacist must also be initialed by the supervising pharmacist preceptor before they are dispensed.
(2) The brand name of the drug or device; or if a generic drug or device is dispensed, the distributor's name which appears on the commercial package label; and
(3) If a prescription for a drug or device is refilled, a record of each refill, quantity dispensed, if different, and the initials or name of the dispensing pharmacist.
(4) A new prescription must be created if there is a change in the drug, strength, prescriber or directions for use, unless a complete record of all such changes is otherwise maintained.
(c) Promptly upon receipt of an orally transmitted prescription, the pharmacist shall reduce it to writing, and initial it, and identify it as an orally transmitted prescription. If the prescription is then dispensed by another pharmacist, the dispensing pharmacist shall also initial the prescription to identify him or herself. All orally transmitted prescriptions shall be received and transcribed by a pharmacist prior to compounding, filling, dispensing, or furnishing.
Chart orders as defined in Section 4019 of the Business and Professions Code are not subject to the provisions of this subsection.
(d) A pharmacist may furnish a drug or device pursuant to a written or oral order from a prescriber licensed in a State other than California in accordance with Business and Professions Code Section 4005.
(e) ~~No licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.~~
~~However, a licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by the patient or at the hospital, institution, medical office or clinic at which the patient receives health care services. The Board may in its sole discretion waive this application of the regulation for good cause shown.~~
~~(f)~~ A pharmacist may transfer a prescription for Schedule III, IV or V controlled substances to another pharmacy for refill purposes in accordance with Title 21, Code of Federal Regulations, 1306.26.
Prescriptions for other dangerous drugs which are not controlled substances may also be transferred by direct communication between pharmacists or by the receiving pharmacist's access to prescriptions or electronic files that have been created or verified by a pharmacist at the transferring pharmacy. The receiving pharmacist shall create a written prescription; identifying it as a transferred prescription; and record the date of transfer and the original prescription number. When a prescription transfer is accomplished via direct access by the receiving pharmacist, the receiving pharmacist shall notify the transferring pharmacy of the transfer. A pharmacist at the transferring pharmacy shall then assure that there is a record of the prescription as having been transferred, and the date of transfer. Each pharmacy shall maintain inventory accountability and pharmacist accountability and dispense in accordance with the provisions of Section 1716. Information maintained by each pharmacy shall at least include:
(1) Identification of pharmacist(s) transferring information;
(2) Name and identification code or address of the pharmacy from which the prescription was received or to which the prescription was transferred, as appropriate;
(3) Original date and last dispensing date;
(4) Number of refills and date originally authorized;
(5) Number of refills remaining but not dispensed;
(6) Number of refills transferred.
~~(g)~~ (f) The pharmacy must have written procedures that identify each individual pharmacist responsible for the filling of a prescription and a corresponding entry of information into an automated data processing system, or a manual record system, and the pharmacist shall create in his/her handwriting or through hand-initializing a record of such filling, not later than the beginning of the pharmacy's next operating day. Such record shall be maintained for at least three years.

Proper Disposal of Patient Information

The National Association of Boards of Pharmacy has Informed the Board of Pharmacy that an investigation by an NBC affiliate reporter indicated there are pharmacies across the country that are failing to maintain the privacy of the patients they serve. This privacy extends to medication vials, used and unused prescription labels, receipts, notes, telephone messages, and other pharmacy-generated documents. The reporter found such information discarded with routine pharmacy trash and left unsecured in outside disposal areas.

The Confidentiality of Medical Information Act, California's Civil Code, section 56 et seq., is a primary law protecting patients' privacy. One provision of the Act requires that anyone who creates, maintains, stores, abandons, or destroys medical records must do so in a manner that preserves the confidentiality of the information. Violators, either through negligence or intentional, are subject to the penalties provided for such violations. For example, a person whose rights under the Act are violated through negligence and has sustained economic loss or personal injury may recover compensatory damages, punitive damages not to exceed $3,000, attorney's fees not to exceed $1,000, and the costs of litigation. In addition, a violator under this section will be liable for an administrative fine or civil penalty not to exceed $2,500 per violation.

To prevent unauthorized access to patients' confidential medical information, the following procedures are recommended:

- Shred all paper documents and black out information on prescription container labels before placing in the garbage;
- Give empty prescription containers back to patients; and
- Implement a system that holds pharmacy garbage in a secure area until transferred to a disposal firm for incineration or other method of destruction.

Early Screening for Cancer – *It's Your Life Campaign*

In 2005, the California Board of Pharmacy collaborated in the It's Your Life campaign – a national breast and prostate cancer screening awareness program, with a theme of partners helping partners get screened for cancer.

The campaign was directed by the California Health Communication Partnership with funding by the Oliver and Jennie Donaldson Charitable Trust, with no ties to the pharmaceutical industry.

Based on the resounding success of this campaign—250 million cumulative listeners to the campaign's radio announcements—It's Your Life ran again in the Fall of 2006, and patients heard these messages:

- Breast and prostate cancer continue to represent leading causes of death among American women and men.
- Early screening is widely regarded as a vital preventive measure.

Continuing education (CE) programs approved for continuing medical education (CME) is also approved for pharmacists by the California Board of Pharmacy. CME/CE approved updates on prostate and breast cancer are provided by Medscape at the following sites:

American Urological Association 2006 Annual Meeting
"Benign Prostatic Hyperplasia"
CME/CE available through June 30, 2007 at
www.medscape.com/viewprogram/5638

- Physicians – maximum of 1.25 AMA PRA Category 1 credits;
- Nurses – 1.5 ANCC continuing education contact hours (0.5 contact hours in pharmacology);
- Pharmacists – 1.25 (0.125 CEUs) ACPE continuing education credits.

American Urological Association 2006 Annual Meeting
"Prostate Cancer"
CME/CE available through June 30, 2007 at
www.medscape.com/viewprogram/5631_index
Physicians – maximum of 1.5 AMA PRA Category 1 credits
Pharmacists – 1.5 (0.150 CEUs)

American Society of Clinical Oncology 2006 Annual Meeting
"Breast Cancer"
CME/CE available through July 28, 2007 at
www.medscape.com/viewprogram/5783
Physicians – maximum of 0.75 AMA PRA Category 1 credit Pharmacists – .75 (0.075 CEU)

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

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

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

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

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

Board or Committee meetings are held in various locations throughout California to give as many licensees as possible the opportunity to attend. No reservations are needed: you simply arrive at the Board meeting location at the start of the business session. The business day eligible for CE is designated on the agenda. Attendees at the Board Committee meetings must arrive at the designated meeting time. There will be a sign-in sheet for those interested in obtaining CE.

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

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

Board meeting dates for **2007** are:

January 31 - February 1	**San Diego**
April 18 - 19	**Sacramento**
July 25 - 26	**To be determined**
October 24 - 25	**To be determined**

Schedule IV prescriptions must be reported to CURES

As of January 1, 2007, the requirement for reporting controlled substance prescriptions to the Controlled Substance Utilization Review and Evaluation System (CURES) was extended to include Schedule IV drugs. Additionally, prescriptions for controlled substances in Schedules II, III and IV must now be reported to the Department of Justice on a **weekly** basis.

There have been changes to security prescription forms that require:

- Full name, address, and telephone number of the ultimate user (patient), research subject or contact information as determined by the U.S. Department of Health and Human Services, and the gender and date of birth of the ultimate user;
- Number of refills ordered;
- Whether the drug was dispensed as a refill or as a first-time fill from a prescription; and
- Date of origin of the prescription.

The Board expects pharmacies to modify their software to accommodate these changes as soon as possible—adding Schedule IV drugs to the CURES reporting system, and submitting data weekly. However, before pharmacy inspections for compliance with the required new prescription data fields begin, the Board expects prescribers to use new security forms that include the additional data elements on the prescription.

Disciplinary Actions

From June 22, 2006 through December 31, 2006, the following licenses were disciplined through action taken by the Board:

Revoked Pharmacist and Pharmacy Technician Licenses

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

Abdelgawad, Nadia, RPH 39197, Walnut, CA – Case 2950
Decision effective 12/15/06

Acosta, Elizabeth, TCH 47800, Stockton, CA – Case 3008
Decision effective 12/7/06

Bermudez, Dionicia, TCH 15347, San Jacinto, CA – Case 2995
Decision effective 12/28/06

Blair, Lance Roger, EXC 16427, Agoura Hills, CA – Case 2900
Decision effective 8/24/06

Carrillo, Anna Marie, TCH 45176, Baldwin Park, CA – Case 2899
Decision effective 8/24/06

Carvajal, B. Margaret, TCH 25588, San Diego, CA – Case 2861
Decision effective 6/30/06

Chand, Ahmad H, TCH 32732, Spring Valley, CA – Case 2907
Decision effective 10/11/06

Descombes, Paul Wray, TCH 22193, West Hills, CA – Case 2870
Decision effective 12/8/06

Friedley, Jason A, TCH 37557, McKinleyville, CA – Case 2834
Decision effective 8/24/06

Furlow, Elaine J, TCH 32599, Lakewood, CA – Case 2906
Decision effective 8/24/06

Garcia, Veronica Victoria, TCH 47709, San Jose, CA – Case 2983
Decision effective 11/15/06

Garza, Gabriel G., TCH 41546, Hanford, CA – Case 2880
Decision effective 8/24/06

Guillen, Bernardo, EXC 13848, Orange, CA – Case 2915
Decision effective 10/11/06

Hernandez, Brandy G., TCH 43584, Merced, CA – Case 2933
Decision effective 12/29/06

Hernandez, Rey Gerardo, TCH 55294, Thousand Oaks, CA – Case 2970
Decision effective 10/11/06

Johnson, Kent Evan, TCH 29704, Los Angeles, CA – Case 2883
Decision effective 8/24/06

McKeon, Nikki Lynn, TCH 49265, Stockton, CA – Case 2961
Decision effective 10/19/06

Miles, Reginald Marvin, RPH 28124, Los Angeles, CA – Case 2918
Decision effective 9/13/06

Mix, Robert Dean, RPH 27779, West Hills, CA – Case 2888
Decision effective 11/30/06

Narvaez, Brenda Jean, TCH 10541, Camarillo, CA – Case 2916
Decision effective 9/13/06

Oganessian, Vrej, TCH 34670, Glendale, CA – Case 2760
Decision effective 6/30/06

Olivas, Maria C., TCH 15926, Westmoreland, CA – Case 2984
Decision effective 11/19/06

Orellana, Marlon, TCH 32624, Lakewood, CA – Case 2895
Decision effective 8/30/06

Ranse, Steve James, TCH 58490, Martinez, CA – Case 2876
Decision effective 11/15/06

Ray, Douglas Leon, RPH 28277, Long Beach, CA – Case 2858
Decision effective 11/15/06

Roach, Christiana, RPH 49859,

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San Diego, CA – Case 2957
Decision effective 11/15/06
Sanchez, Crystal Annabell, TCH 49732, Santa Maria, CA – Case 2953
Decision effective 10/19/06
Ton, Khoung K., TCH 28751, Van Nuys, CA – Case 2954
Decision effective 10/11/06
Volich, Maureen Therese, TCH 42586, Rancho Mirage, CA – Case 2962
Decision effective 8/24/06
Walton, Tanja Marie, TCH 27870, Moreno Valley, CA – Case 2894
Decision effective 11/30/06

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

Dominguez Pharmacy, PHY 39783, Carson, CA – Case 2918
Decision effective 9/13/06
Gene's Pharmacy, PHY 41308, La Puente, CA – Case 2950
Decision effective 12/15/06
Jam Pharmaceuticals, WLS 1954, Orange, CA – Case 2915
Decision effective 10/11/06
R & W Pharmacy Services, Inc., PHY 43143, Moorpark, CA – Case 2279
Decision effective 10/11/06
The Best Pharmacy & Medical Supply, PHY 43638, Burbank, CA – Case 2760
Decision effective 6/30/06

Pharmacist Licenses Revoked, Stayed, Three Years' Probation
The following licenses were revoked, revocations placed on hold, and the licenses placed on probation. If the terms or conditions of probation are not followed, the original revocations can be reinstated.

Alagbe, Oyebisi Olantunde, RPH 42414, Encino, CA – Case 2800
Decision effective 10/19/2006
Oduyale, Olugbenga, RPH 42719, Yuma, AZ – Case 2733
Decision effective 12/21/06
Garlick, Lorie, RPH 40211, Citrus Heights, CA – Case 2917
Decision effective 12/28/06

Pharmacy License Revoked, Stayed, Three Years' Probation
The following license was revoked, the revocation placed on hold, and the license placed on probation. If the terms or conditions of probation are not followed, the original revocation can be reinstated.

California Pharmacy, PHY 46502, Pasadena, CA – Case 2800
Decision effective 10/19/06

Pharmacist and Pharmacy Technician Licenses Revoked, Stayed, Five Years' Probation
The following licenses were revoked, revocations placed on hold, and the licenses placed on probation. If the terms or conditions of probation are not followed, the original revocations can be reinstated.

Small, Alan, RPH 45083, Riverside, CA – Case 2864
Decision effective 8/24/06
Grubb, Timothy, RPH 36445, Yorba Linda, CA – Case 2885
Decision effective 12/8/06
Antosz, David F., RPH 46997, Visalia, CA – Case 2893
Decision effective 10/19/06
Mc Coy, James Thomas, RPH 35826, Woodland Hills, CA – Case 2833
Decision effective 8/24/06
Sawyer, Charles Arthur, RPH 26997, Fresno, CA – Case 2943
Decision effective 10/11/06

Voluntarily Surrendered Personal Licenses
Because of disciplinary action by the Board, the licenses of the following individuals were surrendered.

Aldaz, John, RPH 24861 Bonita, CA – Case 2849
Decision effective 8/24/06
Chachakos, Bill Gus, RPH 23505, Santa Barbara, CA – Case 2929
Decision effective 11/15/06
Clark, Terence, TCH 40302, Sacramento, CA – Case 2807
Decision effective 6/30/06
Evans, Juan Leon, TCH 39716, Roseville, CA – Case 2814
Decision effective 6/30/06
Gantt, Robert A, RPH 17807, Los Angeles, CA – Case 2516
Decision effective 11/15/06
Hajducko, John Peter, RPH 28924, Grass Valley, CA – Case 2793
Decision effective 11/15/06
Kashanian, Kimia, INT 13279, San Francisco, CA – Case 2925
Decision effective 12/29/06
Langley, Sarah Suzanne, TCH 49191, Silver Lake, WA – Case 2951
Decision effective 8/30/06

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Maldonado, Karen, TCH 24314,
Fremont, CA – Case 2964
Decision effective 11/15/06
Miranda, Donavan, TCH 42373,
Santee, CA – Case 2968
Decision effective 11/30/06
Morea, William F., RPH 44753,
Winter Haven, FL – Case 2945
Decision effective 12/8/06
Mullins, Harry, RPH 40633,
Concord, CA – Case 2779
Decision effective 8/24/06
Ozar, Richard, RPH 26283,
Ventura, CA – Case 2684
Decision effective 12/28/06
Pivo, Craig Barry, RPH 41834,
Park City, UT – Case 2875
Decision effective 11/15/06
Reese, Claude Anthony, RPH 22845,
Los Angeles, CA – Case 2516
Decision effective 11/15/06
Rosa, Megan Elizabeth, TCH 2554,
Chico, CA – Case 2985
Decision effective 12/28/06
Wong, Douglas, RPH 50646,
Visalia, CA – Case 2914
Decision effective 9/13/06

Voluntarily Surrendered Site Licenses

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

Ar Ex Pharmacy, PHY 19542,
Los Angeles, CA – Case 2516
Decision effective 11/15/06
Ar Ex Figueroa Pharmacy, PHY 14973,
Los Angeles, CA – Case 2516
Decision effective 11/15/06
Ar Ex Pharmacy Manchester, PHY 44568, Los Angeles, CA – Case 2516
Decision effective 11/15/06
Ar Ex Pharmacies, Inc., PHY 44567,
Los Angeles, CA – Case 2516
Decision effective 11/15/06
Victoria Village Pharmacy, PHY 32497,
Ventura, CA – Case 2684
Decision effective 12/28/06

Explanation of Disciplinary Terms

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

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

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

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

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

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

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

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

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

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

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

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

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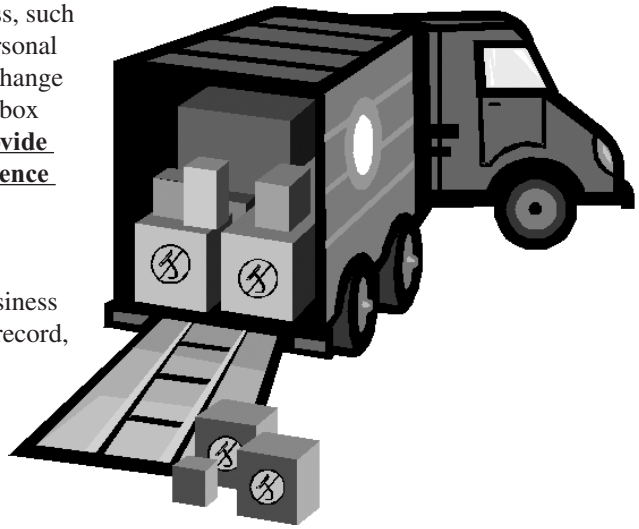
Have you moved?

Section 4100 of the Business and Professions Code requires pharmacists, intern pharmacists, pharmacy technicians, and designated representatives to report a change of name or address of record to the Board of Pharmacy **within 30 days** of the change. The form for reporting a change can be found on the Board of Pharmacy Web site, *www.pharmacy.ca.gov*.

A licensee's address of record is the address to which all licenses, permits, license renewal notifications, and correspondence from the Board of Pharmacy is mailed. Your address of record is considered public information and is available to the public on the Board's Web site. This same information is provided online by other health profession regulatory boards (physicians, dentists, therapists, etc.), pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.).

If you do not wish your residence address to be available to the public, you may use an alternate address, such as a post office box or a personal mailbox. However, if you change your address of record to a box number, **you must also provide the Board with your residence address**, which will not be available to the public.

If you provide your business address as your address of record, receiving personal mail from the Board may be problematic. For example, if you are employed at a large hospital complex with several pharmacies, opportunities for lost mail could exist. Additionally, using a business address would require you to change your address of record every time you change your place of employment.