



MARCH 2019

THE SCRIPT

BE AWARE & TAKE CARE: Talk to your pharmacist!

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New year brings changes in pharmacy laws for 2019



Gov. Edmund G. Brown Jr. signed a variety of Assembly and Senate bills that change laws governing the practice of pharmacy in California. Unless specified otherwise, the new laws took effect Jan. 1, 2019.

Many of the key changes are paraphrased or summarized below. Click on the bill number to read the full text of a bill. To read a compilation of specific new statutes authorized by the bills in the Business and Professions Code (BPC) and the Health and Safety Code (HSC), visit the Board of Pharmacy

website at www.pharmacy.ca.gov.

AB 2086 (Gallagher) Controlled Substances: CURES Database

(Chapter 274, Statutes of 2018)

This law allows a prescriber to request a list of patients for whom he or she is listed as a prescriber in the CURES database.

AB 2783 (O’Donnell) Controlled Substances: Hydrocodone Combination Products: Schedules



**By Victor Law, RPh
President, Board of Pharmacy**

Every January many new pharmacy laws go into effect, and 2019 is no exception. So in this issue of the newsletter,

you will be informed of all the new changes that are taking place – particularly AB 1753, which involves the changes to security prescription forms.

During the Enforcement Committee meeting in December 2018, the board had already discovered certain issues involving the implementation of AB 1753. Since then, the interim executive officer, Anne Sodergren, has worked closely with the Medical Board of California and the California Department of Justice. A joint statement was released January 10, 2019, to address fears and concerns of all the pharmacists and prescribers. The board wants to make sure that a patient's access to controlled substances is not compromised.

By reacting quickly to this new development, the board demonstrates to all licensees our commitment to public input and needs. We encourage all of you to participate in this process. There are also some common FAQs on the board's website that answer your questions. In addition, you can call the board telephone number at (916) 574-7900 on Tuesdays and Thursday from 8 a.m. to 4:30 p.m. to ask questions of a board inspector.

Please read this issue of the newsletter carefully and inform your colleagues and students to do the same. Keep everybody informed. I wish all of you a healthy and prosperous Happy New Year.

AB 1753 requires new security prescription forms

During a six-month transition period or until legislation changing the requirements is enacted, the Board of Pharmacy is advising pharmacists to exercise professional judgment in determining whether to fill prescriptions for controlled substances written on forms that do not yet comply with changes required by [AB 1753](#), which took effect January 1, 2019.

AB 1753 (Low, Chapter 794, Statutes of 2018) reduces the number of authorized security printers approved by the Department of Justice (DOJ). In addition, the new law requires security prescription forms for controlled substances to have a unique serialized number approved by the DOJ that must

be reported to CURES.

Not all prescribers have been able to obtain access to the new security prescription forms required by AB 1763. However, the new law does not include grandfather provisions or provide for a transition period to allow for the use of pre-existing security prescription forms after January 1, 2019. As a result, some pharmacists have been caught in a difficult position having to decide between providing needed medication to patients versus compliance with the law.

In an effort to help licensees, the Board of Pharmacy on December 27, 2018, posted on its website an [announcement advising pharmacists who are presented](#)

[with a noncompliant security prescription form:](#)

In this circumstance, the Enforcement Committee has recommended to the board and to the executive officer that prior to July 1, 2019, the board not make an enforcement priority any investigation or action against a pharmacist who, in the exercise of his or her professional judgment, determines that it is in the best interest of patient or public health or safety to nonetheless fill such prescription.

In addition, the following materials have been posted

See **AB 1753**, Page 7

FAQs about complying with new rules for security prescriptions under AB 1753

1. Previous communications have indicated that there is no transition period for prescriptions written after January 1, 2019, without a serial number. Who would enforce provisions against dispensers that determine it is in the best interest of the patient to dispense a medication issued on a form that does not include a serialized number?

The Enforcement Committee has recommended to the board and to the executive officer that prior to July 1, 2019, the board not make an enforcement priority any investigation or action against a pharmacist who, in the exercise of his or her professional judgment, determines that it is in the best interest of patient or public health or safety to nonetheless fill such prescription.

2. Many of the security prescription forms printed prior to January 1, 2019, have a serialized number already printed on them. Are the forms compliant if they contain a serialized number, or is it a different number?

Prior to January 1, 2019, every batch of controlled substance prescription forms was required to have a lot number printed on the form, as well as a sequential number. They also had to have

an identifying number assigned to the approved printer by the Department of Justice. None of these numbers meet the requirement of the new law. The new serial number will be a 15-digit alphanumeric serial number in the following format: AAANNNNNNANNNNN. (A represents an alpha character, and N represents a numeral.)

3. I was presented with a controlled substance prescription form that has a uniquely serialized number printed on it that is consistent with the alphanumeric number format above, but I'm still not sure the prescription form is compliant. Should I refuse to fill it?

Always use your best professional judgment when filling prescriptions. However, contacting the prescriber to determine whether the controlled substance prescription form was printed by an approved security printer might assist you in determining if the form is legitimate. The approved list of security printers can be found on the following website: <https://oag.ca.gov/security-printers/approved-list>.

You might also want to consider if any other red flags are present when making your decision. The board's corresponding responsibility brochure can be

found using the following link: https://www.pharmacy.ca.gov/publications/corresponding_responsibility.pdf.

4. Is the new uniquely serialized number required on e-scripts?

No, the requirement does not apply to e-scripts (computer to computer). Prescribers are encouraged to e-prescribe whenever possible.

5. As a result of AB 1753, the information that must be reported to CURES by a dispensing pharmacy, clinic or other dispenser was amended. Health and Safety Code 11165(d)(11) states, "The serial number for the corresponding prescription form, if applicable" must be reported. Does "if applicable" mean the serial number must be reported only if it is present on the form?

No. A uniquely serialized number, in a manner prescribed by the Department of Justice, must be present on all controlled substance prescription forms. "If applicable" refers to those exceptions in which a serial number would not be available: E-scripts, telephone or verbal prescriptions for Schedule III-V

See **AB 1753 FAQs**, Page 6

New laws

Continued from page 1

(Chapter 589, Statutes of 2018)

This law reclassifies specific hydrocodone combination products as Schedule II controlled substances, making California law consistent with federal law.

AB 2789 (Wood) Health Care Practitioners: Prescriptions: Electronic Data Transmission

(Chapter 438, Statutes of 2018)

This law requires that all written prescriptions issued by licensed prescribers in California be issued as electronic transmission prescriptions – also known as e-prescriptions – by Jan. 1, 2022. In addition, all pharmacies, pharmacists or other practitioners authorized to dispense or furnish a medication must have the ability to receive e-prescriptions by Jan. 1, 2022. The law includes multiple exemptions.

SB 1447 (Hernandez) Pharmacy: Automated Drug Delivery Systems

(Chapter 666, Statutes of 2018)

AB 2037 (Bonta) Pharmacy: Automated Patient Dispensing Systems

(Chapter 647, Statutes of 2018)

SB 1447 and AB 2037 establish requirements for automated drug delivery system (ADDS) registration requirements with a licensing program that recognizes the different uses for such a device. The measures establish definitions for two different types of ADDS devices:

- An automated unit dose system (AUDS) is an ADDS for storage and retrieval of unit doses of drugs for administration to patients by authorized persons.
- An automated patient dispensing system (APDS) is an ADDS for storage and dispensing of prescribed drugs directly to patients.

Effective July 1, 2019, SB 1447 prohibits an ADDS

from being installed, leased, owned or operated in California unless specific requirements are met. Additionally, drugs can be stored for a period of up to 48 hours in a secured room within the ADDS location. The bill authorizes a pharmacy inspector employed by the board to enter the location or proposed location of an ADDS for inspection pursuant to these provisions. Lastly, this bill requires the board to report to the Legislature regarding the regulations of ADDS machines on or before January 1, 2024, as part of the board's sunset evaluation process.

AB 2138 (Chiu/Low) Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction

(Chapter 995, Statutes of 2018)

Effective July 1, 2020, this law places restrictions on convictions, crime and other acts that the Board of Pharmacy may consider in denying, revoking or suspending a license. The law also requires the board to report denial summaries on its website; in addition, the website must include a list of crimes that will be considered for denial and how those crimes substantially relate to the qualifications, functions or duties of the practice of pharmacy.

AB 2859 (Caballero) Pharmacy: Safe Storage Products

(Chapter 240, Statutes of 2018)

This law requires community pharmacies that dispense Schedule II, III or IV controlled substances to display safe storage products on the premises and close to the pharmacy. Pharmacies where a licensed pharmacist is the majority owner and manager of no more than four pharmacies are exempt from this law. This law will remain in effect until Jan. 1, 2023.

SB 212 (Jackson) Solid Waste: Pharmaceutical and Sharps Waste Stewardship

(Chapter 1004, Statutes of 2018)

See **New laws**, Page 5

New laws

Continued from page 4

This law establishes a stewardship program to fund drug take-back programs and sharps disposal programs throughout California. Funding is to be provided by covered entities (typically drug manufacturers or distributors). The law requires CalRecycle to develop regulations governing the stewardship program by no later than Jan. 1, 2021. The law also requires the Board of Pharmacy to develop and maintain a list of all covered drugs sold in California. In addition, the board is required to review each stewardship plan for compliance with federal and state laws governing drug take-back programs.

[SB 1109 \(Bates\) Controlled Substances: Schedule II Drugs: Opioids](#)

(Chapter 693, Statutes of 2018)

This law requires prescribers to complete continuing education on the hazards of opioid use. The law also requires a specified warning notice be prominently displayed on the label or container of an opioid dispense to a patient for outpatient use.

[SB 1254 \(Stone\) Hospital Pharmacies: Medication Profiles or Lists for High-Risk Patients](#)

(Chapter 697, Statutes of 2018)

This law requires a pharmacist at a hospital pharmacy to obtain an accurate medication profile or list for each high-risk patient upon admission or discharge. Each hospital will establish criteria for determining whether a patient is high-risk. The law allows for a pharmacy technician or intern pharmacist to perform the task if he or she has successfully completed training and proctoring by the pharmacy department or another healing arts licensee issued a license pursuant to Division 2. The board has authority to adopt regulations.

[SB 1442 \(Wiener\) Community Pharmacies: Staffing](#)

(Chapter 569, Statutes of 2018)

This law prohibits a community pharmacy from requiring a pharmacist to work alone. It requires

that another employee of either the pharmacy or the establishment be made available to assist the pharmacist at all times. The law provides some exceptions.

Laws related to health care coverage and prescription drugs:

[AB 2863 \(Nazarian\) Health Care Coverage: Prescriptions](#)

(Chapter 770, Statutes of 2018)

This law requires a pharmacy to inform the consumer of the lower price of a covered medication – whether it is the retail price or the cost-sharing amount – unless the pharmacy automatically charges the lower amount. The pharmacy must submit the retail cost to the health care plan in the same manner as if the customer had paid the copay amount.

[AB 315 \(Wood\) Pharmacy Benefit Management](#)

(Chapter 905, Statutes of 2018)

This law requires a pharmacy to inform the customer at the point of sale whether the retail price of a covered prescription drug is lower than the copay amount, unless the pharmacy automatically charges the lower amount. The pharmacy must submit the retail cost to the health care plan in the same manner as if the customer had paid the copay amount.

[SB 1021 \(Wiener\) Prescription Drugs](#)

(Chapter 787, Statutes of 2018)

This law extends provisions regarding drug formulary coverage. It requires a drug benefit plan to provide that if the pharmacy's retail price for a prescription drug is less than the applicable copay amount, the consumer shall not be required to pay more than the retail price.

AB 1753 FAQs

Continued from page 6

controlled substances, faxed prescriptions, or prescriptions dispensed pursuant to HSC sections 11159.2, 11167 or 11167.5.

6. Will the new controlled substance prescription forms have the new uniquely serialized number as well as all the other numbers that were previously required (lot number, sequential number and number assigned to the security printer)?

Yes.

7. Can prescriptions for Schedule III through V controlled substances still be phoned in or faxed to a pharmacy?

Yes. There have been no legal changes to the ability to phone in or fax prescriptions for Schedule III through V controlled substances

8. We print on controlled substances prescription forms from the emergency department at our hospital pursuant to HSC 11162(c). Do we create our own serialized number? How do we get serialized numbers on the secure paper?

Your hospital must order new controlled substances prescription forms for use by prescribers when treating patients in your facility. The

serialized number is not one of the elements of the form that is exempt under this section.

9. Providers have been asking me where they should go to get new controlled substance prescription forms with the new serialized numbers. Where can I direct them?

The approved list of security printers can be found on the following website: <https://oag.ca.gov/security-printers/approved-list>.

10. If a controlled substance prescription was written in 2018 and has all the elements of a compliant prescription form, except the new serialized number, is it considered compliant?

Yes. Only controlled substance prescriptions written on or after January 1, 2019, must have the new serialized number printed on the controlled substance prescription form. Keep in mind that a controlled substances prescription may only be filled within the first six months of issuance.

11. If a Schedule III-V controlled substances prescription with refills was initially filled in 2018, can it be refilled after January 1, 2019, or do we need to get a new prescription that contains the new serialized number?

Only controlled substance prescription forms written on or after January 1, 2019, must have the new serialized number printed on the controlled substance prescription form.

12. How do we report the new serialized number to CURES?

You should contact your computer software vendor. You will need to ensure your system has a way to transmit the 15-digit serialized number to CURES.

13. If, based on my best judgment, I decide to fill a controlled substance prescription that is compliant in ALL ways with the exception of the new serialized number, will I get in trouble with the DEA?

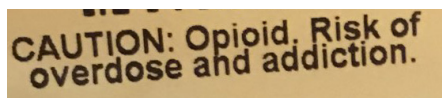
The change is in the California Health and Safety Code, not federal law. It is our understanding that the DEA enforces only federal law.

SB 1109 requires warning on opioid label, container

Effective Jan. 1, 2019, a new law requires that a specified warning notice be prominently displayed on the label or container of an opioid dispensed to a patient for outpatient use.

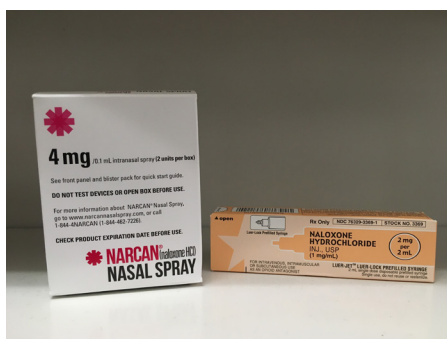
The new law, [SB 1109](#) (Bates, Chapter 693, Statutes of 2018), requires the notice to state: "Caution. Opioid. Risk of overdose and addiction." The law requires the notice be displayed "by means of a flag or other notification mechanism attached to the container."

Below is a sample notice:



In addition, SB 1109 requires prescribers to complete continuing education on the hazards of opioid use.

Prescribers must offer script for naloxone along with opioids



Effective Jan. 1, 2019, [AB 2760](#) (Wood, Chapter 324, Statutes of 2018) requires California prescribers to offer a prescription for naloxone hydrochloride – or another drug approved by the U.S. Food and Drug Administration for complete or partial reversal of opioid depression – to a patient when specific circumstances listed in

the bill are present. In addition, prescribers must provide to the patient and his or her designee education on overdose prevention and the use of naloxone or another similar drug approved by the FDA.

AB 2760 requires prescribers to offer the naloxone prescription to patients. The new law does not require patients to accept the naloxone prescription or to fill the prescription.

Pharmacists are urged to read [frequently asked questions about AB 2760](#) posted on the Medical Board of California website.

AB 1753

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on the [Board of Pharmacy website](#) to help pharmacists respond when presented with noncompliant security prescription forms:

- [Joint Statement from the California Department of Justice, California State Board of Pharmacy, and the Medical Board of California Regarding Secure Prescription Forms.](#)
- [Letter from Assemblymember Low to Attorney General regarding Implementation of Assembly Bill 1753.](#)
- [Changes to Security Prescription Forms Pursuant to AB 1753 - FAQs.](#)

In the meantime, the Legislature is working on legislation, [AB 149](#), to provide a formal transition period for the new serialized number requirement for security prescription forms. The board will provide updates about additional changes in the law through subscriber alerts and The Script newsletter.

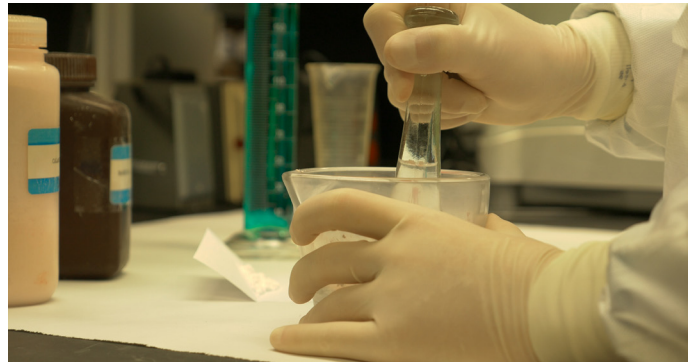
Immediate-use sterile compounding is allowed for limited situations only

The immediate-use provision under [California Code of Regulations \(CCR\), Title 16, section 1751.8\(e\)](#), is intended for **limited situations only**. Subsection (e) states in part:

Such “immediate use” preparations shall be compounded only in those limited situations where there is a need for immediate administration of a sterile preparation compounded outside of an ISO class 5 environment and where failure to administer could result in loss of life or intense suffering.

Preparations compounded for immediate use must also meet the following criteria:

- Only preparations defined by USP 797 as low-risk level shall be prepared as an immediate-use compounded sterile product (CSP).
- The quantity of an immediate-use CSP shall be only in the quantity to meet the immediate need, and the circumstance for the need shall be documented.
- The CSP shall be labeled “for immediate use only,” and administration shall begin no later than one hour following the start of the compounding process.
- If administration has not begun within one hour following the start of preparing the CSP, the CSP shall be promptly, properly and safely discarded.



- Unless immediately and completely administered by the person who prepared it, or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact **one-hour BUD** and time.

The immediate-use provision for CSPs is **NOT** intended to be used as a standard of practice for compounding nonemergent sterile products outside of an ISO class 5 environment. The board encourages all licensees to review their compounding practices to ensure compliance with CCR section 1751.8(e) as it pertains to immediate-use compounding of sterile products.

Pharmacy technicians can renew license online, pay with credit card on board website

The California State Board of Pharmacy is excited to announce that you now have the option to renew your pharmacy technician license online at the board's website via credit card.

To verify when your license expires as well as if the board has your correct name and address of record, please click on “License Search” under Verify a License on the board's home page, [www.](#)

[pharmacy.ca.gov](#). The direct link to [renew your pharmacist technician license online](#) is <https://www.pharmacy.ca.gov/licensees/personal/tch.shtml>.

Pharmacists must sign, receive drugs delivered to pharmacy by wholesaler



A community pharmacy may receive drug stock from a variety of ways, such as from a licensed wholesaler or drug transfer from another pharmacy. However, much confusion has arisen over which pharmacy personnel may or may not be authorized to sign for drug deliveries to the licensed premise.

To be in full compliance with pharmacy law, refer to Business and Professions Code (BPC) section 4059.5(a), which states:

*“Except as otherwise provided in this chapter, dangerous drugs or dangerous devices may only be ordered by an entity licensed by the board and shall be delivered to the licensed premises and **signed for***

and received by a pharmacist.” (Emphasis added.)

As referenced in BPC 4059.5(a), a pharmacist must sign for and receive dangerous drugs and dangerous devices delivered to a licensed premise. However, the statute is silent as to what needs to be signed by the pharmacist to confirm delivery.

In common practice, the licensed wholesaler usually maintains a delivery slip or manifest of drugs delivered to the pharmacy. In turn, the pharmacy usually maintains a drug invoice associated with each drug delivery/order.

It is the delivery slip or manifest that is commonly signed by the pharmacist to confirm receipt of delivered drugs to the licensed premise. The delivery slip or manifest may be presented as a paper or electronic document. The drug invoice does not necessarily have to be signed if a delivery slip or manifest was signed by the pharmacist.

Each pharmacy operates differently, and it is important to understand your individual facility's compliance with BPC 4059.5(a). Refer to B&PC 4059.5 for exceptions and further pharmacy practice considerations. When in doubt, consult your legal counsel for further direction.

Grads: Apply for exam ASAP if entering residency

During the peak of graduation season at pharmacy schools, the board receives more than 2,000 applications from graduates seeking pharmacist licensure in California. This can increase the time needed to process applications for pharmacist exams.

The board is aware that graduates entering residency

programs in California are required to get licensed as pharmacists within a few months of starting a residency. Graduates are encouraged to submit their applications for the pharmacist examination for licensure as soon as possible after being accepted into a residency program.

To help identify you as a program resident and to facilitate

processing, attach a copy of your residency acceptance letter to the front of the pharmacist examination application and the intern pharmacist application if you are applying for both licenses. This will help the board issue an intern license timely and process the exam application expeditiously.

All licensed facilities must receive alerts

[California Business and Professions Code \(BPC\) section 4013](#) requires any facility licensed by the California State Board of Pharmacy to register and maintain a current email address with the board's email notification system.

For owners of multiple licensed facilities, the law provides an alternative to registering a separate email address for each facility. BPC section 4013(c) allows an owner of two or more licensed facilities to register a single email address with the board if the owner maintains an electronic notice system that immediately transmits board notifications to all licensed facilities.

Owners who register a single email address are reminded of their obligation to immediately disseminate subscriber alerts from the board to each licensed facility. This is essential to ensure that important board notifications reach each licensed facility in timely manner.

BPC section 4013(c) requires owners of multiple facilities who choose to use an electronic notice system to register an email address with the board within 60 days of initial licensure. In addition, the owner must describe the type of electronic notice system and must list all the facilities to which immediate notices will be sent. The owner also is required to update its email address with the board within 30 days of change of email address.

Owners of both single and multiple licensed facilities can register their email address online at [the board's email registration page](#). In addition, pharmacists, intern pharmacists, pharmacy technicians, designated representatives and designated representatives-3PL also can sign up online to receive email notices from the board, as required by BPC section 4013(d).

Board adopts policy on pharmacists and MAT

At a January 30, 2019, meeting, the Board of Pharmacy adopted the following policy statement supporting changes in the law to permit pharmacists to provide medication-assisted treatment (MAT) as part of a collaborative health care team:

California law declares pharmacist health care providers who have authority and ability to provide health care services. Today pharmacists have six to eight years of collegiate education with focused experience in performing medication management. Increasingly this also includes additional residency experience.

Under California law for a number of years and in conjunction with collaborative practice agreements with prescribers, pharmacists have the ability to:

1. Design treatment plans
2. Initiate adjust and discontinue medications
3. Monitor patient progress
4. Order and review necessary laboratory tests
5. Coordinate care with other medical providers
6. Serve as expert consultants to support prescribers in making medication decisions for patients.

This skill set serves a dual purpose of positioning pharmacists so they may provide direct care to patients with opioid addiction and assist other medical providers in caring for this population, thereby expanding access to treatment. In recognition of these factors, the California State Board of Pharmacy advocates for changes in the law that will permit pharmacists to provide medication assisted treatment as part of a collaborative health care team.

Board policy supports hazard labels on oral chemotherapy medications

The Board of Pharmacy encourages pharmacists to educate their patients about proper handling and disposal of oral chemotherapy medications. At a meeting January 30, 2019, the board adopted the following policy statement encouraging pharmacists to affix a warning symbol to prescription labels for oral chemotherapy medications:

The California State Board of Pharmacy recognizes that oral chemotherapy treatment is increasingly common among cancer patients and health care providers. However, these medications pose serious risks to humans and the environment if improperly handled or disposed of. Many patients, caregivers and even health care providers may not recognize these drugs or be aware of their hazardous nature.

The board supports voluntary efforts by pharmacies and clinics to improve awareness and education about oral chemotherapy medications. In addition, the board encourages pharmacists to

provide specific counseling to patients and their caregivers on proper handling and disposal of oral chemotherapy medications.

To help patients, caregivers and health care providers recognize these medications as hazardous, the board encourages pharmacies to affix a standardized “hazardous drug” symbol to prescription labels when appropriate. The addition of the symbol would serve as an important reminder to patients and caregivers about the proper handling and disposal of the drugs.

The following represents an appropriate warning symbol:



Self-assessment forms answer legal questions

In the late 1990s, the board established requirements for community and hospital pharmacies to complete [self-assessment forms](#). Since then, assessment forms also have been developed for wholesalers and sterile compounding pharmacies.

The forms provide a compilation of pharmacy law that can be used to assess pharmacy operations for compliance with laws and regulations. This self-evaluation can highlight areas needing improvement and enable corrective actions.

Self-assessment forms contains references to specific laws. If you have a pharmacy law question, there is good chance it can be answered by checking the self-assessment form.

Because of delays in rulemaking, the self-assessment form referenced in the regulation may not be current. To remedy this, drafts of updated self-assessment forms are available.

The board recommends using the draft forms to obtain the best possible self-evaluation. However, licensees cannot be required to use the newer version until a formal regulation is adopted. Both current and draft versions can be found on [the board's self-assessment forms webpage](#).

If you have suggestions about laws that should be incorporated into self-assessment forms, please email Ask an Inspector at ask.inspector@dca.ca.gov.

Prenatal vaccinations by pharmacists help protect pregnant women, infants against complications from influenza

Pregnant women and their infants are [vulnerable to complications from influenza](#), including premature delivery, and are more likely to die or be hospitalized than women who are not pregnant.

During the last six flu seasons, [getting a flu shot reduced a pregnant women's risk of hospitalization by an average of 40%](#).

Pharmacists can play a critical role in protecting pregnant women and their babies from flu by:

- **Making a strong recommendation:** “I strongly recommend you get the flu shot today because it is the best way to protect you and your baby against flu, which can be very serious for you both. Flu can lead to pre-term birth, low birth weight, and stillbirth. That is why I recommend that all pregnant patients who visit our pharmacy receive the flu shot.”
- **Encouraging routine immunization of pregnant women at your pharmacy.** Talk to your manager about setting up flags in your pharmacy management system to prompt pharmacists to offer routine prenatal immunizations like influenza and Tdap (tetanus, diphtheria, pertussis) when a woman is picking up prenatal vitamins. Pharmacists can look up in the [California Immunization Registry](#) for the patient's immunization history
- **Promoting these resources at your pharmacy:**
 - A [Prenatal Tdap/Flu Vaccination Aisle Violator \(4"x 5"\)](#) (also available in [Spanish](#)) to place in key locations, such as in front of the prenatal vitamins.
 - A [template letter](#) to send to prenatal care providers in your database to increase referrals to your pharmacy for influenza and Tdap vaccination (if they don't stock immunizations in the clinic).
 - A [flyer](#) for pregnant patients reminding them of the need for Tdap vaccination as early as possible between 27 and 36 weeks gestation of each pregnancy, as well as flu vaccination.



For more resources, visit the following: the California Department of Public Health's [influenza vaccination materials page](#), [pharmacy-based immunization resources page](#), and the general [influenza page](#). For prenatal Tdap information, visit the CDC's [Pregnancy and Whooping Cough](#) page.

www.pharmacy.ca.gov

New Compounding Committee meets, hears about proposed changes to USP



The Compounding Committee holds its first meeting in Sacramento.

The Board of Pharmacy's newly created Compounding Committee held its first meeting Feb. 20, 2019, in Sacramento. Formerly part of the Enforcement and Compounding Committee, the new committee was established to focus on major

meetings are intended for staff to educate the committee members about proposed changes to USP. The committee then will consider what, if any, changes should be made to California pharmacy law.

policy issues for the board related to drug compounding, including the impact of proposed revisions to USP chapters.

The Compounding Committee's first four

Scheduled meetings in 2019 are:

- March 13
- April 16
- June 4
- July 1
- Aug. 28
- Sept. 24
- Oct. 16

[Information about Compounding Committee meetings](#) can be found online under "Board and Committee Meetings" at [the Board of Pharmacy website](#). People interested in attending are encouraged to review relevant USP chapters at the USP website, <http://www.usp.org/>, before the committee meetings.

Board celebrates pharmacists serving for 50 years

The Board of Pharmacy honors pharmacists licensed in California who have been on active status for at least 50 years. Their years of contribution to the pharmacy profession are gratefully acknowledged.

Pharmacists who recently received a certificate commemorating 50 years of service and an invitation to be publicly recognized at a board meeting are:

*Adelman, Harold Maitlan
Amoth, George Milo De
Baughman, Clinton Irl
Cottam, Lonnie Barrett
Dempsey, John Joseph
George, William Albert
Gonzalez, Rosky Ann*

*Laughlin, NV
Afton, MN
Roseville, CA
Bermuda Dunes, CA
Huntington Bech, CA
Pacifica, CA
Lake Isabella, CA*

*Ignarro, Angelo Michael
Jones, Earl Richard
Kruger, Russel Clare
Lederman, Jay Lewis
Martin, William M.
Merjanian, Stephen Haverj
Mertz, Sally Jo
Noonan, Walter Patrick
Palmieri, Rodney August
Peltzman, Robert Steven
Prevost, Walter Jerome
Rudin, Howard Charles
Shields, Lillian Marjori
Tatro, David Sam
Thomas, Gary Edward
Weierstall, Richard Paul
Zodtner, Peter Jon*

*Rancho Mirage, CA
Los Angeles, CA
Mandan, ND
Stevenson Ranch, CA
Heyworth, IL
Tarzana, CA
Upland, CA
Woodland Hills, CA
Ashland, OR
Thousand Oaks, CA
Los Angeles, CA
Mountain Center, CA
Santa Barbara, CA
San Carlos, CA
Sacramento, CA
Rouses Point, NY
Santa Barbara, CA*

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California State
Board of Pharmacy

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

Attend board, committee meetings to earn CE credit, participate in public policy

Want to learn about the Board of Pharmacy and participate in making policy? Attend a meeting!

Information about all [board and committee meetings](#) – including dates, locations, agendas and materials that include background information for agenda items – is available at the [Board of Pharmacy website](#).

Agendas for regular board meetings are posted at least 10 days before each meeting. Background materials for agenda items typically are available to read and download about five days before each meeting.

For most board meetings, pharmacists and pharmacy technicians who attend a full-day meeting on the designated date may be awarded six CE hours per renewal period. Attendees requesting CE must sign in and out on an attendance sheet at the meeting with their first and last name, license number, and time of arrival and departure. Check the board's agenda to determine the designated date for CE hours.

Pharmacists and pharmacy technicians also may earn two hours of CE for attending a full committee meeting per renewal period. Attendees requesting CE must sign in and out on an attendance sheet at the meeting with their first and last name,

license number, and time of arrival and departure.

Board meetings scheduled in 2019:

- **March 22:** California Northstate University
9700 W. Taron Drive
Elk Grove, CA 95757
- **May 7-8:** location TBD
- **June 21:** location TBD
- **July 24-25:** location TBD
- **Sept. 13 :** location TBD
- **Nov. 5-6:** location TBD
- **Dec. 13:** location TBD

When feasible, board meetings are webcast at the [Department of Consumer Affairs webcast page](#).

Contact The Script

Do you have any questions or comments about *The Script*? Are there topics you would like to see in the newsletter?

Let us know! Send a note to editor Bob Dávila at Bob.Davila@dca.ca.gov.