

**Damoth, Debbie@DCA**

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**From:** Best, Brookie <brookie@health.ucsd.edu>  
**Sent:** Sunday, April 21, 2024 5:24 PM  
**To:** Damoth, Debbie@DCA  
**Subject:** Comment for upcoming Board of Pharmacy Meeting on April 25

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Greetings,

This note is in regards to the California State Board of Pharmacy, April 25, 2024 meeting, Agenda item: XIII. Licensing Committee, section j. "Proposed Amendments to Pharmacy Law to Transition to a More Robust Standard of Care Model for Some Pharmacist-Provided Patient Care Services".

My comments are as follows. I strongly support the proposed revisions to BPC Section 4052. The proposed revisions are consistent with the findings of the ad hoc committee. The proposed revisions would allow pharmacists to provide the most current and optimal pharmaceutical care to California citizens, improving their health and protecting them from harm. The general approach of providing an appropriate framework for pharmacists to provide patient care in select areas according to their training and expertise (the proposed language), rather than waiting for laws to be updated referring to individual drug products and individual disease states (current language), allows pharmacists to care for patients with the most updated and relevant evidence, leading to the best patient outcomes.

I have one suggestion for further improvement. I suggest amending the language that states "This section shall not allow a pharmacist to furnish a medication for off-label use." If the Board is not comfortable removing this restriction altogether (which would be preferred so that caregivers can provide the best possible treatment options at the lowest cost), then I would suggest adding some kind of caveat that allows pharmacists to furnish a medication for off-label use when: 1) that off-label medication is the first-line indicated treatment according to the most current evidence/treatment guidelines or 2) when the patient has allergies or contraindications preventing the use of the labeled medication (and an off-label medication would be better than no medication), or 3) when the off-label medication is the best alternative in the face of drug shortages/unavailability of the labeled medications, or 4) when the only option for treatment of a given disease is an off-label medication (and treatment would achieve better outcomes than no treatment). With rampant drug shortages nationwide (antibiotics and generics tend to be very vulnerable), sometimes the only available treatment option, or the best possible treatment option, is off-label. Given this proposed limitation of not being able to provide any medications for off-label use, the pharmacist in some cases would only be able to furnish less effective, or more dangerous, or more expensive treatments (brand only for example) unnecessarily, even though a better medication is available. This does not protect the public from harm – it does the opposite.

Notwithstanding the off-label use issue, the proposed revisions on the whole are a tremendous improvement over current law, that will improve the health of all Californians. To reiterate, I strongly support the proposed revisions.

Thank you for considering my comments.

Warm regards,

Brookie Best  
CA RPh #51316

**Brookie M. Best, PharmD, MAS (she/her/hers)**

**Dean**

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*For Scheduling – please contact Matt Collins at [m2collins@health.ucsd.edu](mailto:m2collins@health.ucsd.edu).*

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