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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

LICENSING COMMITTEE REPORT
April 10, 2024

Seung Oh, PharmD, Licensee Member, Chairperson
Trevor Chandler, Public Member, Vice-Chairperson
Renee Barker, PharmD, Licensee Member
Jessica Crowley, PharmD, Licensee Member
Jason Weisz, Public Member

I. Call to Order and Establishment of Quorum

II. Public Comment on Items Not on the Agenda/Agenda Items for Future Meetings

Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)

III. Approval of the January 22, 2024 Licensing Committee Meeting Minutes

Attachment 1 includes the draft minutes from the January 22, 2024 meeting.

IV. Presentations Regarding Pharmacy Technician Certification Programs

Relevant Law
Business and Professions Code (BPC) section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure. One of these pathways is certification by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the Board. (See BPC section 4202(a)(4).)

California Code of Regulations, title 16, section 1793.65(a) specifies that the pharmacy technician certification programs approved by the Board are the Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association (NHA, which administers the ExCPT exam for pharmacy technician certification). Section 1793.65(b) establishes a December 31, 2024 sunset date for these program approvals.

BPC section 139 requires the Department of Consumer Affairs (DCA) to develop a policy regarding examination development and validation, and occupational analysis. The section further requires that every board within DCA have a method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation, which must include:

1. A description of the occupational analysis serving as the basis for the examination;
2. Sufficient item analysis data to permit a psychometric evaluation of the items;
3. An assessment of the appropriateness of prerequisites for admittance to the examination; and
4. An estimate of the costs and personnel required to perform these functions.

Background

During the January 2024 meeting, members discussed pharmacy technician training programs, including employer-based training programs. Members noted that there appears to be great variability in the quality of such training programs and suggested the need for additional oversight of such training programs.

As part of the discussion, members also discussed work being performed by the DCA Office of Professional Examination Services, which is performing an occupational analysis that may help to inform the Committee of tasks and minimum requirements for pharmacy technician applicants. Members determined that presentations may be helpful to assist members in learning more about pharmacy technician certification programs and accreditation requirements.

For Committee Consideration and Discussion

During the meeting members will receive presentations on the requirements for pharmacy technician certification by representatives of the PTCB and the NHA.

Attachment 2 includes a copy of the presentation slides received.

V. Presentation by the American Society of Health System Pharmacists Regarding Technician Training Program Accreditation

Relevant Law

BPC section 4038(b) defines a "pharmacy technician trainee" as a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private

postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.

BPC section 4115.5 allows a pharmacy technician trainee to be placed in a pharmacy to complete an externship for the purpose of obtaining practical training required to become licensed as a pharmacy technician. This practical training has certain limitations as set forth in the law. For example, the externship shall be for a period of no fewer than 120 hours and no more than 140 hours, unless the externship includes a rotation between a community and hospital pharmacy, in which case the externship may be for a period of up to 340 hours. (See BPC section 4115.5(c).) The externship is also limited to a period of no more than six consecutive months in a community pharmacy setting and to a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. (See BPC section 4115.5(d).)

BPC section 4202 generally establishes the requirements for a pharmacy technician license and includes four pathways to licensure, one of which is completing a course of training specified by the Board (see BPC section 4202(a)(2)).

California Code of Regulations, title 16, section 1793.6 further clarifies that a course of training specified by the Board is:

- Any pharmacy technician training program accredited by the American Society of Health-Systems Pharmacists (ASHP);
- Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion; or
- Any other course that provides a training period of at least 240 hours of instruction covering specified content, and that also satisfies certain other requirements.

Background

As stated under the prior agenda item, during its January 2024 meeting, members expressed interest in learning more about national accreditation as a potential means to provide oversight to employer-based pharmacy technician training programs.

Programs accredited by the ASHP must comply with ASHP accreditation standards. ASHP also provides a Model Curriculum that provides details on how to meet the accreditation standards. The Model Curriculum includes standards and key elements for both entry-level and advanced-level pharmacy technician education and training. Currently, the Board accepts

any ASHP-accredited program, regardless of level (*i.e.*, entry-level or advanced-level).

As part of the pharmacy technician license application process, the Board accepts an affidavit verifying completion of a training course. Where the applicant has completed an employer-based training course, the affidavit is signed, under penalty of perjury, by the pharmacist who provided the training.

As described under the background for the prior agenda item, members were interested in learning more about the ASHP accreditation program.

For Committee Consideration and Discussion
During the meeting members will receive a presentation by ASHP regarding pharmacy technician program accreditation.

Following the presentations, it may be appropriate for the Committee to provide staff with direction on next steps, including potential changes to Board requirements for pharmacy technician training programs or other pathways to licensure for pharmacy technicians. As mentioned at the January 2024 meeting, members may want to consider clarifying whether pharmacy-based technician training programs should allow participants (who are currently not "pharmacy technician trainees" as defined in BPC section 4038) to obtain practical experience in the same or similar manner as specified in BPC section 4115.5. This will require expanding the definition of "pharmacy technician trainee" in BPC section 4038 to include pharmacy-based technician training programs (or technician training programs accredited by the ASHP or some alternative approval if the Board decides to make that change to the regulation). Another possibility the Board might consider is to specify a requirement for practical experience in 16 CCR section 1793.6.

VI. Discussion and Consideration of Survey Results Received Related to Pharmacist to Pharmacy Technician Ratio

Relevant Law
Paragraph (1) of subdivision (g) of BPC section 4115 provides that a pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a) of BPC section 4115.[1] This paragraph further provides that the ratio of pharmacy technicians

[1] Subdivision (a) of BPC section 4115 states: "A pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a

performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to BPC sections 4116 or 4117, nor shall this ratio apply for the following:

1. An inpatient of a licensed health facility.
2. A patient of a licensed home health agency.
3. An inmate of a correctional facility of the Department of Corrections and Rehabilitation.
4. A person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

Paragraph (2) of subdivision (g) of BPC section 4115 provides authority for the Board to adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency.

California Code of Regulations, title 16, section 1793.7(f) specifies that 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.

Background

Over the years there have been several legislative attempts to change the ratio requirements. Further, the Board has received numerous requests from the public to schedule a discussion on the current ratio requirements. (**Note**: Legislation was recently introduced that would change the ratio in California to 1:6. This measure will be considered by the Legislation and Regulation Committee during its meeting on April 11, 2024.)

A review of the National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law reveals a variety of different ratios established in different states. It is important to note that review of various state ratios does not necessarily provide an apples-to-apples comparison, as the licensing requirements and authorized functions for pharmacy technicians are not consistent and vary widely between states. Further, unlike in California, many

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pharmacist. The pharmacist shall be responsible for the duties performed under their supervision by a technician."

states require individuals who are performing clerk/typist duties (*i.e.*, order entry/data entry) to be licensed as pharmacy technicians.[2]

With an understanding of these variances, below are examples of ratios established in some states.

- Several states appear to allow a 3:1or 4:1 ratio, with some states requiring that the ratio must include one or more pharmacy technicians that are certified by the PTCB.
- Some states have provisions that allow for a pharmacy manager to petition the state board of pharmacy to increase a ratio beyond the minimum established in their respective jurisdiction under specified conditions.
- At least one state establishes a ratio of 4:1, which allows for supervision of two registered pharmacy technicians and two unlicensed personnel.
- Other states have no ratio or specify that the pharmacist can determine the number of licensed pharmacy technicians.

During the Committee's October 2023 meeting, members and stakeholders considered a number of policy questions related to the current ratio and potential opportunities for change. After consideration, the Committee indicated its desire to develop a survey for pharmacists soliciting feedback on the issue of ratios.

More recently, during the January 2024 Committee meeting, members reviewed and approved a draft survey to solicit feedback from pharmacists on the topic. The survey was released on March 6, 2024 and ended March 25, 2024.

<u>For Committee Consideration and Discussion</u>
During the meeting members will receive a presentation on the results of the survey and determine what, if any, additional action should be taken.

Attachment 3 includes a summary of the survey results.

VII. Discussion and Consideration of Implementation of Senate Bill 339 (Wiener, Chapter 1, Statutes of 2024), Related to HIV Preexposure Prophylaxis (PrEP) and Postexposure Prophylaxis (PEP), including Draft Emergency Regulations

[2] As noted above, in California the 2:1 ratio does not apply to personnel performing clerical functions. (See BPC section 4115(g)(1).)

Relevant Law

BPC section 4052.02 provides authority for a pharmacist to initiate and furnish HIV preexposure prophylaxis under specified conditions. This section of the law was recently amended and requires the Board to adopt emergency regulations by October 31, 2024, to implement the provisions in accordance with CDC guidelines. The section further provides that the Board shall consult with the Medical Board of California in developing the regulations.

Background

Recent amendments to BPC section 4052.02 update the provisions of the law. These changes took effect February 6, 2024, following signature by the Governor. Below are highlights of some of the changes.

- BPC section 4052.02(b) removes the specific referenced HIV medications that may be furnished. As amended, "preexposure prophylaxis" now means a prescription drug approved by the FDA or recommended by the CDC to reduce a person's chance of contracting HIV.
- BPC section 4052.02(e) provides authority for a pharmacist to furnish up to a 90-day course of PrEP under updated specified conditions.
- BPC section 4052.02(f) provides authority for a pharmacist to furnish PrEP beyond a 90-day course if all of the following conditions are met:
  - The pharmacist ensures the patient receives testing and follow-up care consistent with CDC guidelines.
  - The pharmacist documents, to the extent possible, the services provided and maintains records of PrEP furnished to each patient.
  - The pharmacist notifies the patient's PCP that the pharmacist completed the requirements specified in subdivision(f). If the patient does not have a PCP or refuses consent, the pharmacist must provide the patient a list of PCPs in the region.

To ensure compliance with the statutory provisions, following passage of SB 339, Board staff have been consulting with experts within the California Department of Public Health Office of AIDS on implementation activities, including proposed revisions to the Board's current PrEP regulations, California Code of Regulations, title 16, section 1747, and necessary updates to the Board's training program. Representatives from the Medical Board have also been consulted on the efforts underway.

In addition to updates to the regulations and training program, it appears appropriate for the Board to also develop materials to educate licensees about efforts to operationalize the furnishing of PrEP and PEP.

Several experts in HIV PrEP have been identified to assist with the identification of changes necessary to the Board's training program and development of educational materials. It is anticipated that recommended revisions to the training program will be completed in advance of the July 2024 Licensing Committee meeting. An update on the development of recommended educational materials will be provided during the meeting if available.

For Committee Consideration and Discussion

During the meeting members will have an opportunity to consider draft regulation language to update 16 CCR section 1747 and provide guidance to staff on the proposed implementation activities. Following discussion and consideration, should the Committee agree with the proposed emergency regulations, the following motion could be used to offer a recommendation to the Board.

> Suggested Motion: As an emergency exists by law, recommend initiation of an emergency rulemaking to amend California Code of Regulations, Title 16, section 1747 ["as proposed" or "consistent with the committee's discussion"] and a regular rulemaking to make the regulation amendments permanent. Authorize the executive officer to further refine the language consistent with the committee's discussion and to make any nonsubstantive changes prior to presenting the proposed emergency and regular rulemakings to the Board.

Attachment 4 includes a copy of the proposed amendments to 16 CCR section 1747.

VIII. Discussion and Consideration of Possible Amendment to California Code of Regulations, Title 16, Section 1713 Related to the Use of Automated Drug Delivery Systems

Relevant Law

BPC sections 4427 – 4427.7 generally establish the requirements for the use of automated drug delivery systems (ADDS) in California.

BPC section 4427.6 generally provides additional requirements for the use of automated patient dispensing systems (APDS). Specifically, subdivision (f) provides that all prescribed drugs and devices dispensed to a patient from an APDS for the first time shall be accompanied by a consultation conducted by a pharmacist licensed by the board via a telecommunications link that has two-way audio and video.

California Code of Regulations, title 16, section 1713(d) provides authority for a pharmacy to use an APDS to deliver prescription medications to patients under specified conditions, including that the pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of the patient.

Background
As cited above, Pharmacy Law update requires that all prescriptions dispensed to a patient from an APDS for the first time include consultation that must be conducted by a pharmacist via a telecommunications link that has two-way audio and video. The Board's current regulation language, however, conflicts with the statute.

To address the conflict and to ensure licensees have a clear understanding of the requirements for first time dispenses from an APDS, Board staff recommend that the Committee consider amendments to 16 CCR section 1713.

For Committee Consideration and Discussion
During the meeting, members will have the opportunity to review proposed amendments to 16 CCR section 1713. Following discussion, should the Committee agree with the proposed changes, the following motion could be used to recommend action at the April 2024 Board Meeting.

Suggested motion: Recommend initiation of a rulemaking to amend California Code of Regulations, Title 16, section 1713 ["as proposed" or "consistent with the committee's discussion"]. Authorize the executive officer to further refine the language consistent with the committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Attachment 5 includes a copy of the proposed amendment to the regulation text.

IX. Discussion and Consideration of Proposal to Establish Authority to Waive the Renewal Fee Requirement for Pharmacists Licensed Over 50 Years

Background
As part of the November 1-2, 2023 Board meeting, members received public comment requesting that the Board consider development of a process to allow for a stepdown pharmacist licensure category. Public comment suggested that the Board consider a model used in Nevada. Following the request the matter was referred to the Licensing Committee for consideration.

A review of relevant Nevada laws indicates that any person who has been registered as a pharmacist in Nevada for at least 50 years is not required to pay the fee for the biennial renewal of the certificate of registration as a registered pharmacist. (NAC 639.220.)

Staff notes that while Nevada law establishes provisions for an inactive pharmacist license (NAC 639.218), similar to the inactive licensure provisions in California, Nevada law requirements for reactivation are more robust. Specifically, NAC 639.219 requires that if a pharmacist whose certificate of registration has been placed on inactive status wishes to resume the practice of pharmacy in Nevada, the pharmacist must submit evidence either (1) that they hold an active certificate, license, or registration to practice pharmacy in another state, or (2) that they have both (i) completed 30 units of CE within the 2 years immediately preceding the date on which the application for return to active status is filed **AND** (ii) passed a written continuing education examination on law provided by the Nevada Board of Pharmacy.

For Committee Consideration and Discussion
During the meeting members will have the opportunity to discuss the matter and provide direction to staff.

X. Discussion and Consideration of Compounding by Pharmacy Technicians Outside of Pharmacies

Relevant Law
BPC section 4038 defines "pharmacy technician" as an individual who assists a pharmacist **in a pharmacy** in the performance of their pharmacy related duties, as specified in BPC section 4115.

Federal Food, Drug and Cosmetic Act Section 503A generally establishes the conditions under which a drug product may be compounded. The section provides in part that the compounding must be done in compliance with the United States Pharmacopoeia (USP) chapter on pharmacy compounding.

USP General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations* describes the minimum requirements that apply to all persons who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients. This includes pharmacists and technicians in all places including, but not limited to, medical and surgical patient treatment sites, infusion facilities, pharmacies, and physicians' and veterinarian practice sites.[3]

[3] See <797> FAQs, #4, available at https://go.usp.org/USP_GC_797_FAQs

Background

As the Enforcement and Compounding Committee previously discussed before referral of this topic to the Licensing Committee, it is not uncommon for a pharmacy technician to be hired by a prescriber to perform compounding activities. Staff notes that in some instances it appears pharmacy technicians are specifically recruited to perform compounding in a physician's office, unlicensed infusion centers, oncology clinic, IV hydration clinic, etc. Although the Board does not generally license these locations, inspector staff have inspected such practices and noted significant deviation from USP <797> requirements where pharmacy technicians are compounding, creating the potential for patient harm.

When a pharmacy technician compounds in a pharmacy, such activity can only be performed while assisting, and while under the direct supervision and control of, a pharmacist. (See BPC sections 4038(a) and 4115(a).) Similar oversight generally does not appear to exist outside of Board-licensed facilities, however.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to begin discussion on this topic, which may be appropriate to raise as part of the Board's upcoming sunset report. Staff note that, given the requirements established in state and federal law related to compounding, coupled with the requirements established in USP <797>, it appears the Board needs to improve its oversight of facilities where pharmacy technicians are performing compounding outside of a licensed pharmacy.

As part of its discussion, the Committee may wish to consider the following questions:

1. Should the Board seek explicit authority to inspect locations where pharmacy technicians are performing compounding activities outside of licensed pharmacies? (Note: BPC Section 4008 may already provide the Board such authority; however, it may be beneficial to have more explicit authority.)
2. Should the Board develop educational materials to provide to other health care professional boards and associations reminding such entities of the Board's inspection authority?
3. Generally, the Board does not inspect facilities where compounding occurs outside of a board-licensed facility unless requested or referred to the Board for such action by another entity, *e.g.*, the FDA, FBI, DEA, etc. Does the Committee wish to provide direction to staff to proactively

perform some inspections of such facilities to learn more about compounding practices?

4. Does the Committee believe it is appropriate to allow for a pharmacy technician to compound under the direct supervision and control of a pharmacist when **outside** of a licensed pharmacy?
5. Should the Board consider establishing a requirement for offices, clinics, etc. that are compounding but not currently licensed by the Board to provide notification to the Board that Board licensees are compounding at their location or alternatively require board licensees to notify the Board if they are compounding outside of a Board licensed facility?
6. Should the Board develop educational materials reminding pharmacy technicians of the requirements of USP <797> and federal law related to compounding of drug preparations?

XI. Presentations on Central Fill Pharmacy Models

Relevant Law

California Code of Regulations, title 16, section 1707.4 generally provides authority for a pharmacy licensed by the Board to process a request for refill of a prescription received by a pharmacy within California under specified conditions including:

1. The pharmacy that is to refill the prescription either has a contract with the pharmacy which received the prescription or has the same owner as the originating pharmacy.
2. The prescription container meets labeling requirements and clearly shows the name and address of the pharmacy refilling the prescription and/or the name and address of the pharmacy which receives the refilled prescription for dispensing to the patient.
3. The patient is provided with written information that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
4. Both pharmacies maintain complete and accurate records of the refill, as specified.
5. Both pharmacies shall each be responsible for ensuring the order has been properly filled.
6. The originating pharmacy is responsible for compliance with the requirements set forth in California Code of Regulations, title 16, sections 1707.1 (duty to maintain medication profiles), 1707.2 (duty to consult), and 1707.3 (duty to review drug therapy and patient medication record prior to delivery).

Background
As part of the October 2023 Committee meeting, members considered the Board's current regulations and several policy questions. Members received significant public comment during the meeting.

Following discussion, it was determined that changes to the Board's regulations are necessary to provide clarity on the Board's regulation of central fill pharmacies.

During the January 2024 meeting, members considered proposed amendments to 16 CCR section 1707.4. At the time of the discussion, members did not take action on the proposed language; however, the Committee requested presentations on central fill models used within California and nationally.

For Committee Consideration and Discussion
During the meeting members will receive presentations on different central fill models.

Attachment 6 includes presentation slides received.

XII. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies

For Committee Consideration and Discussion
Following the presentations members will have the opportunity to again discuss the proposed amendments to 16 CCR section 1707.4 and provide direction to staff on the next steps.

Following discussion should the Committee determine proposed changes to the Board's regulations previously identified are appropriate, the following motion could be used to recommend action to the Board.

> **Motion**: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1707.4 [insert either "as proposed to be amended" or "consistent with the Committee's discussion"]. Authorize the executive officer to further refine the language consistent with the Committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Attachment 7 includes the draft regulation language.

XIII. Discussion and Consideration of Licensure and Other Requirements for Nonresident Pharmacies

Relevant Law

BPC section 4112 provides that any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy. The section also establishes the licensure requirements for such a pharmacy. As part of these requirements, a nonresident pharmacy shall not permit a pharmacist whose license has been revoked by the Board to provide any pharmacy-related service to a person residing in California.

BPC section 4120 also establishes some licensure requirements for nonresident pharmacies.

Background

During the October 2023 Committee meeting, members initiated discussion on requirements for mail order pharmacies and noted that generally, all pharmacies are regulated under the same legal requirements. Although the Board does have some regulations that may establish a unique requirement for a specified type of license (*e.g.*, central fill requirements discussed under the prior agenda item, or laws related to chain community pharmacies), generally all pharmacies must comply with the same laws. While this approach may allow for simplicity, it can also create some confusion. Further, a broad approach can at times lead to patient safety concerns.

As part of the Committee's initial consideration, discussion focused on mail order pharmacies. Members discussed the need for inspection authority for nonresident pharmacies and also voiced concerns about temperature control issues that may need to be addressed in the nonresident mail order pharmacy context.

Following discussion, members determined that the focus of the discussion should change to nonresident pharmacies more generally and that the issue may be appropriate for inclusion in the Board's upcoming sunset report.

As a reminder, separate from this discussion, the Board has previously voted to pursue a statutory change to require the pharmacist-in-charge of a nonresident pharmacy to be licensed in California. It is anticipated that this statutory proposal will be raised as part of the Board's sunset report.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss if additional statutory changes regarding nonresident pharmacies may be appropriate to

reduce potential harm to California consumers. Below are some potential questions that may assist the Committee in its discussion.

1. The Committee has previously indicated that inspections should be performed at nonresident pharmacies. Does the Committee wish to establish a minimum frequency for conducting such inspections, *e.g.,* every four years?
2. Board staff has recently learned that some states are allowing pharmacists licensed in Canada to secure licensure and/or work in their respective state without taking the NAPLEX and/or law examination. Such individuals could then provide pharmacy-related services to California patients.
    a. Does the Committee have concerns with this practice?
    b. Does the Committee wish to prohibit such practice like the approach taken for pharmacist licenses revoked in California?
    c. Does the Committee wish to require all pharmacists providing services into California to be licensed in California?

XIV. Discussion and Consideration of Proposed Amendments to Pharmacy Law to Transition to a More Robust Standard of Care Model for Some Pharmacist-Provided Patient Care Services

Relevant Law

Former BPC section 4301.3 required the Board to discuss whether moving to a standard of care enforcement model would be feasible and appropriate for the regulation of pharmacy, and to make recommendations to the Legislature about the outcome of its discussions through a report submitted to the Legislature on or before July 1, 2023.

BPC sections 4052 – 4052.10 generally establish the scope of practice for pharmacists.

BPC section 4301, subdivisions (v) and (w) establish as unprofessional conduct, actions or conduct that would subvert the efforts of a pharmacist or pharmacist-in-charge, to comply with laws and regulations, or exercise professional judgment, including creating or allowing conditions that may interfere with a pharmacist's ability to practice with competency and safety or creating or allowing an environment that may jeopardize patient care.

BPC section 4306.5 establishes as unprofessional conduct acts or omissions that involve, in whole or in part, the inappropriate exercise of a pharmacist's education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership,

management, administration, or operation of a pharmacy or other entity licensed by the Board. The section further establishes as unprofessional conduct failure of a pharmacist to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services. Also, the section provides that the failure to consult appropriate patient, prescription, or other records pertaining to the performance of any pharmacy function is unprofessional conduct, as is the failure to maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

Background

Consistent with the legislative mandate of former BPC section 4301.3, the Board established an ad hoc committee to evaluate the issue and submitted its report as required. The Board's final recommendations included that the hybrid enforcement model used by the Board remains appropriate for the practice of pharmacy for consumer protection. The Board also noted that, based on the information received and considered, California patients would benefit from pharmacists gaining additional independent authority to provide patient care services, not limited to the traditional dispensing tasks performed at licensed facilities, consistent with their respective education, training, and experience.

The Board further recommended revisions to certain provisions detailing a pharmacist's authorized scope of practice for specified clinical patient care services and transition to a standard of care model for provisions of specified patient care services where sufficient safeguards are in place to ensure pharmacists retain autonomy to utilize professional judgment in making patient care decisions. The Board concluded that under those conditions, transitioning to greater use of a standard of care model in the provision of specified patient care services could benefit patients by providing expanded and timely access to patient care from suitably educated, trained, and experienced health care providers.

For Committee Consideration and Discussion

In preparation for the Board's upcoming sunset report, and to ensure sufficient time to finalize proposed statutory changes, during the meeting, members will have the opportunity to consider a legislative proposal to implement the recommendations from the Board's legislative report.

Provided below are highlights of the proposed changes and the relevant sections of law.

BPC section 4052: Consolidates various provisions of Pharmacy Law into this section and simplifies the language. Further would make the following changes:

1. Would expand provisions for pharmacist to perform CLIA waived tests, beyond those currently allowed in BPC section 4052.4.
2. Would allow a pharmacist to perform a therapeutic interchange under specified conditions.
3. Would establish authority for pharmacists to furnish FDA approved or authorized medication that is preventative or does not require a diagnosis under specified conditions.
4. Would expand upon pharmacists' current authority to administer biologics and would allow a pharmacist to furnish an FDA approved or authorized noncontrolled medication for the treatment of minor, non-chronic health conditions or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.
5. Would expand current authority for pharmacists to complete missing information on a noncontrolled medication is there is evidence to support the change.
6. Would expand authority for pharmacists to substitute medications are generally considered interchangeable (i.e. if insurance will only cover one medication but and interchangeable medication was prescribed.
7. Would allow for medication therapy management and adjust treatments to manage chronic conditions diagnosed by a prescriber to optimize drug therapy (i.e. adjusting medication dosing in response to laboratory results such as for warfarin, or medication to better control diabetes.

Attachment 8 includes a copy of the draft statutory proposal that is being provided to assist with the Committee's discussion.

XV. Discussion and Consideration of Licensing Statistics

Licensing statistics from July 1, 2023 – February 29, 2024, are provided in **Attachment 9**.

During the first eight months of FY 2023/24, the Board has received 8,363 initial applications, including:

- 1,056 intern pharmacists
- 1,609 pharmacist exam applications (514 new, 1,095 retake)
- 92 advanced practice pharmacists
- 3,160 pharmacy technicians
- 249 community pharmacy license applications (249 PHY
  - 12 chain, 237 nonchain, 0 PHR)

- 44 sterile compounding pharmacy license applications (37 LSC, 7 NSC, 0 SCP)
- 86 nonresident pharmacy license applications
- 18 hospital pharmacy license applications

During the first eight months of FY 2023/24, the Board has received 4 request for temporary individual applications (Military Spouses/Partners), including:
- 4 temporary pharmacy technicians

During the first eight months of FY 2023/24, the Board has received 347 requests for temporary site license applications, including:
- 182 community pharmacy license applications
- 33 sterile compounding pharmacy license applications
- 63 nonresident pharmacy license applications
- 18 hospital pharmacy license applications

During the first eight months of FY 2023/24, the Board has issued 6,339 individual licenses, including:
- 1,062 intern pharmacists
- 1,276 pharmacists
- 70 advanced practice pharmacists
- 3,616 pharmacy technicians

During the first eight months of FY 2023/24, the Board has issued 2 temporary individual applications (Military Spouses/Partners), including:
- 2 temporary pharmacy technicians

During the first eight months of FY 2023/24, the Board has issued 464 site licenses without temporary license requests, including:
- 205 automated drug delivery systems (204 AUD, 1APD)
- 62 community pharmacies
- 0 hospital pharmacies

During the first eight months of FY 2023/24, the Board has issued 264 temporary site licenses, including:
- 178 community pharmacies
- 5 hospital pharmacies

Processing Times

Site Application Type	Application Processing Times as of 1/5/2024	Application Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 4/1/2024
Pharmacy	28	48	71	161
Nonresident Pharmacy	53	60	123	278
Sterile Compounding	28	28	46	70
Nonresident Sterile Compounding	51	51	Mail combined with Sterile	80
Outsourcing	Current	28	Current	39
Nonresident Outsourcing	Current	7	Current	50
Hospital Satellite Compounding Pharmacy	Current	Current	Current	Current
Hospital	14	11	Current	Current
Clinic	45	80	60	138
Wholesaler	14	14	53	157
Nonresident Wholesaler	7	25	Combined with Wholesaler	372
Third-Party Logistics Provider	9	14	Combined with Wholesaler	Current
Nonresident Third-Party Logistics Provider	Current	10	Combined with Wholesaler	592
Automated Drug Delivery System	18	28	Current	Current
Automated Patient Dispensing System	Current	Current	Current	Current
Emergency Medical Services Automated Drug Delivery System	Current	Current	Current	Current

Individual Application Type	Application Processing Times as of 1/5/2024	Application Processing Times as of 4/1/2024	Deficiency Mail Processing Times as of 1/5/2024	Deficiency Mail Processing Times as of 4/1/2024
Exam Pharmacist	8	5	1	7
Pharmacist Initial Licensure	Current	Current	Current	Current
Advanced Practice Pharmacist	21	10	2	4
Intern Pharmacist	10	11	4	7
Pharmacy Technician	25	6	9	8
Designated Representative	93	10	1	15
Designated Represenatives-3PL	92	7	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	Current	Current	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	14	Combined with Designated Representative	Combined with Designated Representative

XVI. Future Committee Meeting Dates

a. July 18, 2024

b. October 17, 2024

XVII. Adjournment

Attachment 1

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes

Date: January 22, 2024

Location: OBSERVATION AND PUBLIC COMMENT IN PERSON:
California State Board of Pharmacy
2720 Gateway Oaks Drive,
First Floor Hearing Room
Sacramento, CA 95833

California State Board of Pharmacy staff members were present at the observation and public comment location.

PUBLIC PARTICIPATION AND COMMENT FROM A REMOTE LOCATION: WebEx

Board Members Present:
Seung Oh, PharmD, Licensee Member, Chair
Renee Barker, PharmD, Licensee Member
Jessi Crowley, PharmD, Licensee Member
Jason Weisz, Public Member

Board Members Not Present:
Trevor Chandler, Vice Chairperson, Public Member

Staff Present:
Anne Sodergren, Executive Officer
Julie Ansel, Assistant Executive Officer
Corinne Gartner, DCA Counsel
Sara Jurrens, Public Information Officer
Debbie Damoth, Executive Specialist Manager

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at approximately 9:00 a.m. As part of the opening announcements, Chairperson Oh reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Department of Consumer Affairs' staff provided instructions for participating in the meeting.

Roll call was taken. The following members were present via WebEx: Renee Barker, Licensee Member; Jessi Crowley, Licensee Member; Jason Weisz, Public Member; and Seung Oh, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comment.

No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Public comment was received via WebEx.

A specialty pharmacist thanked the Licensing Committee and Member Weisz for proposing the statutory amendment regarding remote processing. The commenter asked if there was anything that could be done to expedite the process to facilitate obtaining an author, and how the public would be notified once an author was secured.

III. Approval of the October 18, 2023 Licensing Committee Meeting Minutes

Chairperson Oh advised the October 18, 2023 Licensing Committee meeting minutes were presented for review and approval.

Members were provided the opportunity to comment; however, no comments were made.

Motion: Accept the October 18, 2023 Licensing Committee meeting minutes as presented in the meeting materials.

M/S: Crowley/Barker

Members of the public were provided the opportunity to comment in Sacramento and via WebEx; however, no comments were made.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Weisz	Support

IV. Discussion and Consideration of Draft Survey Related to Pharmacist to Pharmacy Technician Ratio

Chairperson Oh recalled the Committee's focus on strategic objective 1.3 related to the exploration and pursuit of changes in law as appropriate for the authorized duties of a pharmacy technician, noting that an important first step in this evaluation included the Committee convening listening sessions and soliciting feedback from licensees regarding potential changes. The results of these efforts were incorporated in Assembly Bill 1286, which became effective on January 1, 2024. At the October 2023 Licensing Committee meeting, the Committee initiated a review of the Board's ratio requirement. Members routinely receive public comment indicating that California has one of the most restrictive ratios. A review of various state ratios would not necessarily provide an apples-to-apples comparison, as jurisdictions have varying approaches on provisions for services within a pharmacy, including where some jurisdictions require all pharmacy personnel to be licensed as a pharmacy technician if performing even basic functions such as data entry and that was not the case in California. Dr. Oh noted when comments were received, context needed to be considered. The meeting materials highlighted a few approaches taken by various states.

Chairperson Oh recalled that the Committee considered a number of policy questions related to the current ratio and potential opportunities for change at the October 2023 Licensing Committee meeting. Members determined it was appropriate to solicit feedback through a survey from a broader audience of pharmacists after consideration of the policy questions and comments from stakeholders. Chairperson Oh explained that the meeting materials contained draft questions developed by staff with the consultation of a DCA staff member with expertise in survey design who assisted with the development of the questions. After the survey was finalized, staff will continue to work with DCA experts to finalize the survey, develop the introduction and release the survey with results from the survey anticipated to be available no later than the July 2024 Licensing

Committee meeting. Dr. Oh worked with staff on the survey development and believed both the approach and questions were appropriate.

Members were provided an opportunity to comment.

Member Barker clarified with regard to Question #3, the Board was interested in feedback for work done only in California. Dr. Oh agreed and emphasized the survey was for people working in California. Dr. Barker noted Question #7 has an "or" option but only allows for multiple choice responses.

Member Crowley thought the wording of Question #8 was confusing and could be rephrased to be clearer.

Member Weisz thanked staff and believed it was important to note the survey was specifically related to work done in California.

Chairperson Oh indicated the changes could be incorporated before the February 2024 Board meeting.

Motion: Approve the survey subject to changes being made consistent with the Committee's comments.

M/S: Weisz/Crowley

No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist suggested the Board consider sponsoring legislation to allow for the Board to establish a ratio by regulations rather than having the ratio embedded in a statute.

A representative from Walgreens requested Questions #19 and #20 be amended to add the option to have the pharmacist-in-charge (PIC) determine the ratio.

Members were provided the opportunity to comment after public comment was received.

Chairperson Oh asked if Members Weisz and Crowley were open to amending the motion to add the option of allowing the PIC to determine the ratio to Questions #19 and #20. Members Weisz and Crowley were agreeable.

Members of the public were provided the opportunity to comment on the amended motion; however, no comments were made.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Weisz	Support

Chairperson Oh noted that the survey, with the changes discussed, will be presented to the Board for approval at the next Board meeting.

V. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1707.4 Related to Central Fill Pharmacies

Chairperson Oh recalled that strategic objective 1.2 calls for the Committee and Board to consider and pursue necessary changes in the law regarding various pharmacy practice settings to ensure variances in the practice were appropriate, and noted that at today's meeting the Committee has the opportunity to continue its discussion and consideration of proposed changes to the Board's regulations regarding central fill pharmacies. The development of the proposed changes reflected the Committee's discussion and consideration of several policy questions contemplated during the October 2023 Licensing Committee meeting. The meeting materials contained a copy of the draft proposed regulation language. Dr. Oh had the opportunity to work with staff on the proposed language and believed it was appropriate, reflected the discussion, achieved the clarity sought by the regulated public, and provided for appropriate consumer protection.

Members were provided the opportunity to comment.

Member Crowley thought the language provided more clarity and was good, but wanted to have a discussion on the review of photographs for final product verification in lieu of physical verification. Dr. Crowley's impression from the Committee's last discussion was at least one pharmacist would actually have tangible final verification and wanted to see what the Committee's thoughts about it were now. Dr. Oh was open to either option. Dr. Barker agreed that some other check was needed but not sure how that check should be done.

Members of the public were provided the opportunity to comment. No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist representative of Kaiser appreciated the additional clarification provided. The representative clarified with the Board that at this time in California Kaiser Permanente does not engage in central refill pharmacy practice to any significant degree. The representative commented in support of allowing pharmacies the flexibility to have varying models for final product verification, including photographs. The representative thought this was consistent with the Board's previous approaches to final product verification in the past. The representative also suggested carrying the term "originating pharmacy" through the regulation to ensure clarity.

A representative of Walgreens appreciated the clarity that new and refill prescriptions were allowed. The representative recommended amending subdivision (a) to allow for a California licensed pharmacy to participate in central fill – not just a pharmacy that was located and licensed in California. The representative stated that while Walgreens does not, other pharmacies may already be doing this practice and it would be unfortunate to disrupt patient services. The representative commented the proposed language in subdivision (a)(5) defeated the purpose of centrally filing a prescription. The representative noted opening the product a second time could introduce another opportunity for error. The representative noted in other workflows in a pharmacy, a pharmacist is not required to check the work of another pharmacist and recommended consistency. Record keeping requirements would allow for accountability for who was responsible for any errors. The representative encouraged the

Committee to bring back for future discussions the issue of final verification for products filled via automation.

A representative of CVS commented that adding a new restriction preventing central fill by pharmacies located outside of California would have severe operational implications without apparent justification. CVS was opposed to draft language that required the originating pharmacy to complete final product verification as it defeated the purpose of central fill. The representative said the draft language may have unintended consequences. The commenter stated central fill pharmacies exist today and the proposed changes will drastically affect current practice.

A pharmacist commented in support of the Committee recognizing how important it was to allow central fill pharmacies to fill new prescriptions. The commenter noted the Committee would need to consider how the proposed language interacts with 16 CCR section 1713 for the delivery of prescriptions. The commenter noted that requiring the pharmacist at the originating pharmacy to perform final product verification was not consistent with how the Board regulates mail order pharmacies. If the proposed language was kept, the commenter recommended adding a record keeping requirement identifying "originating" pharmacy and "delivered to" pharmacy.

A representative of CCPC was in agreement with Walgreens and CVS, noting that limiting central fill to pharmacies that were located in California would be highly problematic given that currently, many CCPC members have central fill happening outside of California. The representative noted the location requirement was not specified in subdivision (b) and requested clarification that central fill could be permitted both within and outside of California by California licensed pharmacies. The representative also requested the draft language requiring final product verification to be performed by the originating pharmacy be modified as it would take away much of the usefulness of central fill pharmacies and.

Members were provided the opportunity to comment after hearing public comment.

Member Weisz expressed concern about disrupting services for California residents.

Chairperson Oh thought it would be helpful to hear from pharmacies that were using this as it was his understanding that it wasn't currently being used much. Dr. Oh added it would be helpful to hear from stakeholders who use central fill pharmacies.

Member Crowley was under the impression that with the use of central fill pharmacies, originating pharmacies were already performing the final product verification. Dr. Crowley wanted more clarification on how many pharmacies were performing this and additional information on the workflow. As it stands, the proposed language seemed to be providing more confusion than clarity.

Member Barker appreciated the comments and agreed with providing more perspective. Dr. Barker agreed with the comment to provide some clarification and using language "originating pharmacy" and to state explicitly in the proposed language. Dr. Barker agreed performing the final product verification needed to be reviewed as duplicate work wasn't needed unless there have been errors that went undetected but would have been caught if a second check was done.

Chairperson Oh indicated the proposed language would go back to staff and opened the item for additional public comment.

No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist recommended keeping the language from (b) that was stricken in the proposed draft. The pharmacist provided a person historical account of central fill.

A representative of Walgreens recommended having presentations about the workflow for central fill pharmacies. The representative was willing to help connect staff with possible presenters.

A representative of CVS agreed with the Walgreen's representative and recommended inviting companies who use central fill models in specialty pharmacy and mail order pharmacy to present to the Committee.

A pharmacist with experience in central fill for several decades was happy to provide information on how prescriptions were processed in California.

Chairperson Oh recommended bringing the item to the next meeting with possible presentations.

VI. Discussion and Consideration of Proposed Definition of Mail Order Pharmacy

Chairperson Oh expressed concern about the Board's inability to regulate nonresident pharmacies, including mail order pharmacies. Dr. Oh noted that mail order pharmacies can create unique challenges for patients and recalled at least one investigation that resulted in discipline stemming from these challenges that placed patients at risk. Based on the discussion at the October 2023 Licensing Committee meeting, there appeared to be opportunities to improve the Board's oversight of mail order pharmacies. As a first step, it appeared appropriate to consider a definition of "mail order pharmacy" to ensure everyone has a common understanding. This could also create opportunities for the Board to address its regulation of this business model more directly. Chairperson Oh directed the Committee's attention to the proposed definition included in the meeting materials.

Member Crowley asked if the 75 percent requirement was for daily, weekly, annual, etc. Dr. Crowley was curious if retail pharmacies had the ability to track that information. Dr. Crowley also wondered if it would affect contracting with PBMs and insurance companies if a pharmacy was not currently classified as a "mail order pharmacy" but would be under this new definition.

Member Barker thought the last sentence about the 75 percent of prescriptions was confusing. A timeframe would be needed.

Members of the public were provided the opportunity to comment. No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist had a question about the delivery service portion of the definition. The pharmacist asked the Committee to consider how this would impact pharmacy delivery services in California and how this differs from payer definitions of mail-order which has considerations of distance greater than 50 miles.

Representatives of CCPC and Kaiser had questions about the 75 percent requirement as it was confusing. The representative of CCPC stated that mail order is an essential service for patients, asked for the rationale for the 75 percent threshold, and expressed concern for unforeseen consequences from the reimbursement perspective even if a timeframe was added.

A pharmacist asked the Committee to consider how this definition interacts with the definition of central fill pharmacies and specialty pharmacies as well as consideration of the 75 percentage.

Member Crowley thanked the commenters and suggested looking at how mail order pharmacies are defined nationally.

VII. Discussion and Consideration of Pharmacy Technician Training Program Requirements

Chairperson Oh noted that the meeting materials detailed relevant laws and regulations regarding pharmacy technician training programs. There are various pathways to licensure for a pharmacy technician applicant, including completion of a pharmacy technician training program that meets specified requirements detailed in regulation. There are different types of pharmacy technician training programs, including those that are accredited by ASHP and employer-based training programs.

Chairperson Oh reported that Board staff have identified some issues with employer-based pharmacy technician training programs. Staff brought this issue to the Committee for awareness but also to allow the Committee to consider if additional parameters were necessary to address some of the common issues identified. Additionally, Board staff were bringing forward for Committee consideration potential changes to the statutory definition of "pharmacy technician trainee." Dr. Oh thanked staff for bringing this issue to the Committee's attention and was concerned by some of the common issues staff have identified. Dr. Oh believed a potential solution could be to require employer-based pharmacy technician training

programs to be accredited by ASHP, but acknowledged that the issue needed to be approached carefully because he does not want to hinder the licensing of pharmacy technicians.

Members were provided the opportunity to comment.

Member Crowley commented that based on her personal experience, employer-based programs vary drastically in quality and needed additional oversight.

Members of the public were provided the opportunity to comment. No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist commented that it is important to realize that when we talk about pharmacy technicians, California is unique across the country. The designation in California gives a technician the authority to do specific tasks. This is not true in other parts of the country, where any non-pharmacist who works in a pharmacy is often called a technician. Some of the nationwide employers have training programs that focus on tasks that do not require a tech license in California. Unnecessary training is an unnecessary cost that ultimately goes back to the public.

A representative from CVS commented that requiring ASHP accreditation would be a barrier and a cost, noting that much of the ASHP training focuses on tasks that do not require a technician license in California. The representative suggested the Committee hear a presentation from ASHP.

A representative of NACDS commented that accredited training programs were unnecessarily burdensome and cost prohibitive for pharmacies. The representative added that employers were in the best position to decide what training was necessary for their workforce. The representative stated there was no evidence that mandating national accreditation would improve patient care in California, and eliminating access to non-accredited programs would leave a critical gap in accessible and affordable employer-based training.

Members were provided the opportunity to comment after hearing public comment.

Member Crowley expressed interest in researching if the national accreditation route was the most appropriate as she recognized the cost to employers. Dr. Crowley agreed employers should decide what training was most appropriate for their employees, but also acknowledged that a baseline for licensure as a pharmacy technician in California was needed.

Chairperson Oh thought a presentation by ASHP would be helpful and asked Ms. Sodergren to share her experiences. Ms. Sodergren referenced meeting materials that detailed issues staff have identified. Ms. Sodergren suggested it may be appropriate to consider the results of the occupational analysis that was in process to help inform the Committee of the minimum requirements for a pharmacy technician license. Ms. Sodergren highlighted that a pharmacy technician license was not a pharmacy-specific or site-specific license; rather, the license allows the individual to perform any of the tasks established in the law. Dr. Oh indicated the item would be brought back for the next meeting, possibly with presentations, and thought there was an opportunity to define pharmacy technician training.

VIII. Discussion and Consideration of Proposed Amendment to California Code of Regulations, Title 16, Section 1793.65 Related to Pharmacy Technician Certification Programs Approved by the Board

Chairperson Oh noted that another pathway to licensure as a pharmacy technician was certification by an agency approved by the Board. The Board's regulation at 16 CCR section 1793.65 listed the two programs currently approved by the Board, which are the Pharmacy Technician Certification Board or PTCB, and the National Healthcareer Association, which administers the ExCPT exam. Section 1793.65 also includes a sunset date of December 31, 2024. Absent action by the Board, the regulation will be repealed on that date.

Chairperson Oh advised that the Board needed to evaluate the examinations used by these two entities consistent with the Department of Consumer Affairs Licensure Examination Validation Policy. The Board has contracted with the Department's Office of Professional Examination

Services (OPES) to perform the work necessary in compliance with the Department's policy; however, that work would not be completed in sufficient time for the Board to consider the results and promulgate regulations as appropriate based on the findings and subsequent Board action. Dr. Oh agreed with the staff recommendation to secure a minimum 18-month extension of the sunset date to allow for the continued use of these two certification programs as a pathway to pharmacy technician licensure while the work was being performed by OPES and any subsequent regulation change was promulgated. Dr. Oh believed this was necessary and appropriate to ensure applicants can continue to avail themselves of this pathway to licensure.

Members were provided the opportunity to comment; however, no comments were made.

Motion: Recommend initiation of a rulemaking to amend California Code of Regulations, title 16, section 1793.65 as proposed to be amended. Authorize the executive officer to further refine the language consistent with the Committee's discussion and to make any nonsubstantive changes prior to presenting the proposed rulemaking to the Board.

Proposed Amendment to 16 CCR § 1793.65 as follows:
§ 1793.65. Pharmacy Technician Certification Programs Approved by the Board.

(a) Pursuant to Business and Professions Code section 4202(a)(4), the board approves the pharmacy technician certification program offered by:
(1) The Pharmacy Technician Certification Board, and
(2) The National Healthcareer Association.
(b) Approval of these programs is valid through ~~December 31, 2024~~ June 30, 2026.

Credits

NOTE: Authority cited: Sections 4005 and 4202, Business and Professions Code. Reference: Sections 4038 and 4202, Business and Professions Code.

M/S: Crowley/Weisz

Members of the public were provided the opportunity to comment. No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A pharmacist commented in support of the motion and recommended seeing if other organizations could provide the training and subsequently be added to the regulation. The pharmacist also recommended checking with associations to see if they could offer California specific training and could be included in the regulation.

Members were provided the opportunity to comment after public comment was received; however, no comment was made.

Support: 4 Oppose: 0 Abstain: 0 Not Present: 1

Board Member	Vote
Barker	Support
Chandler	Not Present
Crowley	Support
Oh	Support
Weisz	Support

IX. Discussion and Consideration of Licensing Statistics

Chairperson Oh referenced meeting materials including a summary of the licensing statistics for the first six months of the fiscal year. The Board issued 5,119 licenses to individuals, 382 site licenses, and 207 temporary site licenses. Dr. Oh noted processing times vary and a review of processing

times again shows improvement in several areas. The data report reflects the oldest application of each application type. Dr. Oh highlighted this to remind members that the Board's average processing time is shorter than what was reported. As was projected, with staff vacancies being filled and onboarding, processing times in several areas of operations have improved. The Committee will continue to monitor the progress made by staff. Dr. Oh thanked licensing staff who have demonstrated great commitment to applicants during this time, many of whom are taking time away from family and friends working overtime to address these backlogs.

Members were provided the opportunity to comment; however, no comments were made.

Members of the public were provided the opportunity to comment. No public comment was made in Sacramento because no members of the public were in attendance in Sacramento.

Members of the public were provided the opportunity to comment via WebEx.

A member of the public commented about the Board's involvement with ambulatory surgical clinics. The member of the public was encouraged to contact Board staff and participate in the Enforcement and Compounding Committee meeting scheduled for January 23, 2024.

Members were provided the opportunity to comment after public comment was received; however, no comments were made.

X. Future Committee Meeting Dates

Chairperson Oh thanked participants, noting the next meeting was scheduled for April 10, 2024. Dr. Oh added that Committee meetings would be conducted remotely in 2024 and encouraged all to monitor the Board's website for meeting updates.

XI. Adjournment

The meeting adjourned at 10:40 a.m.

Attachment 2

PTCB Credential Programs

Liza Chapman, PharmD, FAPhA
Chief Professional Officer

Levi Boren, PhD, ICE-CCP
Chief Assessment & Credentialing Officer

California State Board of Pharmacy
Licensing Committee Meeting - April 10, 2024

PTCB Overview

- First and only nonprofit pharmacy credentialing organization in the US
- Governed by six professional organizations
  - American Pharmacists Association
  - American Society of Health-System Pharmacists
  - Illinois Council of Health-System Pharmacists
  - Michigan Pharmacists Association
  - National Association of Boards of Pharmacy
  - National Community Pharmacists Association

Mission

PTCB advances medication safety by credentialing technicians who are qualified to support pharmacists and patient care teams in all practice settings.

Vision

PTCB sets the standard for the credentialing of pharmacy technicians that improves patient care and safety.

PTCB by the Numbers

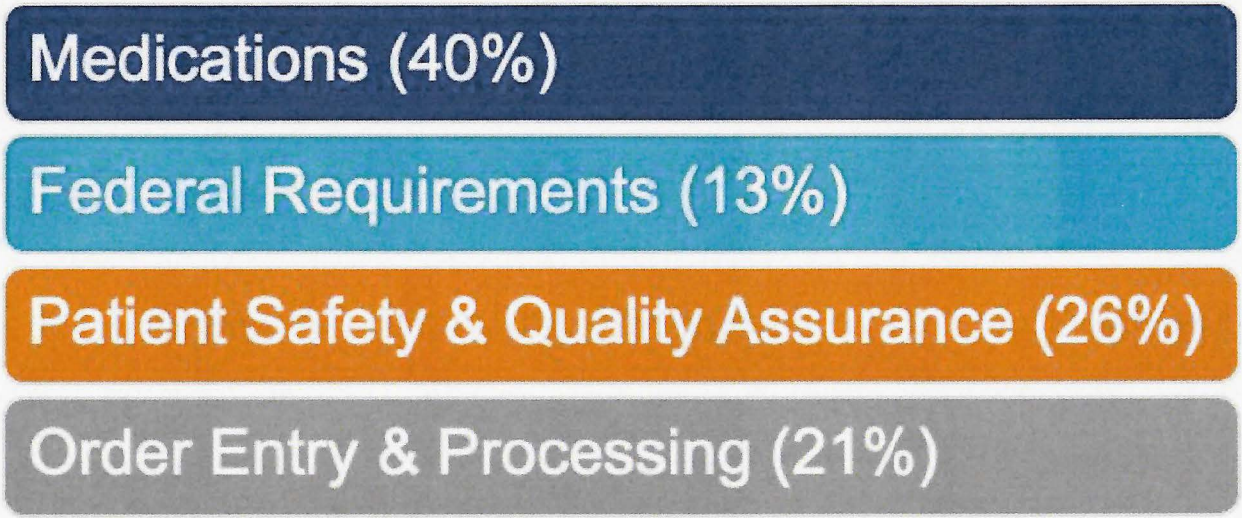
As of December 31, 2023

- 813,500 pharmacy technician certifications since 1995
- 291,993 active Certified Pharmacy Technicians (19,446)
- 1,688 active Advanced Certified Pharmacy Technicians (91)
- 1,548 active Certified Compounded Sterile Preparation Technicians (121)
- 13,241 Assessment-Based Certificates granted (775)

Numbers in parentheses are for California only

CPhT Program

Pharmacy Technician Certification Exam (PTCE) Content Outline



Full content outline available at https://www.ptcb.org/guidebook/ptce-content-outline.

CPhT Program

Job Analysis

- The foundation of the current PTCE is a 2016 nationwide job analysis
- PTCB is currently conducting an updated job analysis
  - The job analysis survey was offered as part of an ACPE-accredited CE program available to all pharmacy technicians, not just PTCB certificants
  - Over 13,000 pharmacy technicians responded to the survey; 482 in CA
  - Findings are anticipated later in 2024
  - Implementation of any changes to the PTCE likely not until 2026

CPhT Program

Eligibility Pathways

Pathway 1	Pathway 2
Completion of a PTCB-recognized education/training program	Equivalent work experience (i.e., 500 hours)

CPhT Program

Education/Training Program Recognition

- Recognized programs must include specific knowledge in their curriculum.
- ASHP/ACPE and ABHES accredited programs are automatically recognized.
- Program directors of non-accredited programs must submit an annual attestation.
- Different and separate from accreditation.
- Recognized programs are subject to audit to verify compliance with curricular requirements.

167 PTCB-Recognized Education/Training Programs in California

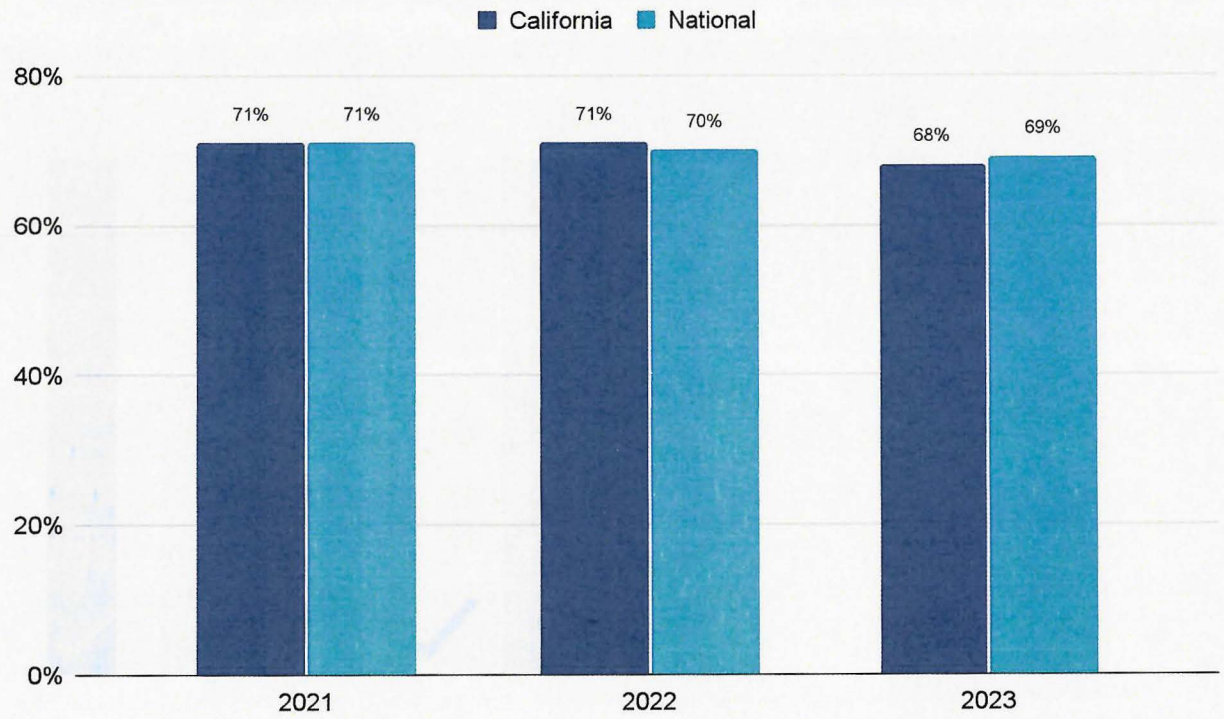
CPhT Program

Education/Training Program Recognition

Types of programs that can be recognized:

- Certificate and degree programs
- College of Pharmacy associated programs
- Employer training
- High school programs
- Military training programs

California PTCE Pass Rates



Value of Certification

According to PTCB's 2022 Workforce Survey:

- PTCB Certified Technicians stay with their employer longer. Of those with their current employer for 6+ years: 43% PTCB Certified; 13% Uncertified
- Pharmacy technicians are 14% more likely to stay in this career if they are PTCB-Certified vs. non-certified.
- 61% of technicians say they earned credentials to advance their career.

In another study, pharmacists claimed to observe greater profession commitment, greater general knowledge about and socialization toward the profession, and greater professionalism, maturity, and self-identity among certified technicians.

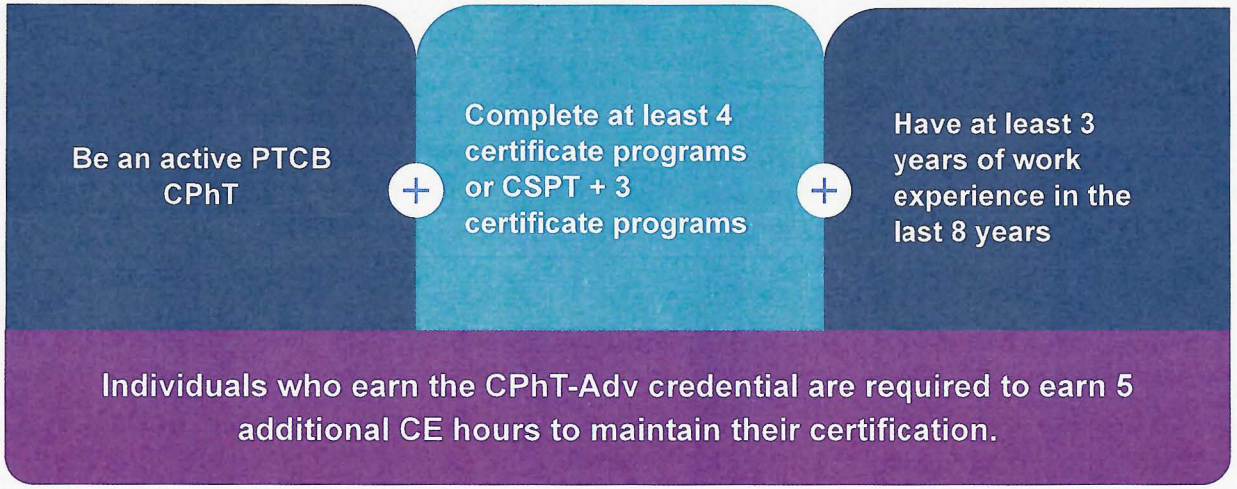
Shane P Desselle, BSPharm, PhD, FAPhA, Kimberly C Mckeirnan, PharmD, Kenneth C Hohmeier, PharmD, Pharmacists ascribing value of technician certification using an organizational behavior framework, January 2020

Value of Certification

- Based on data from the National Student Clearinghouse, there is a strong correlation between earning PTCB credentials and increased earnings over time.
- According to ongoing research, Certified Pharmacy Technicians have a positive predictive validity to improve the safety of community pharmacies (e.g., collection of pediatric weights).

PTCB Credentials

CPhT-Adv Requirements



PTCB

Questions

Attachment 3

Tech Ratio Survey Data

CA Board of Pharmacy

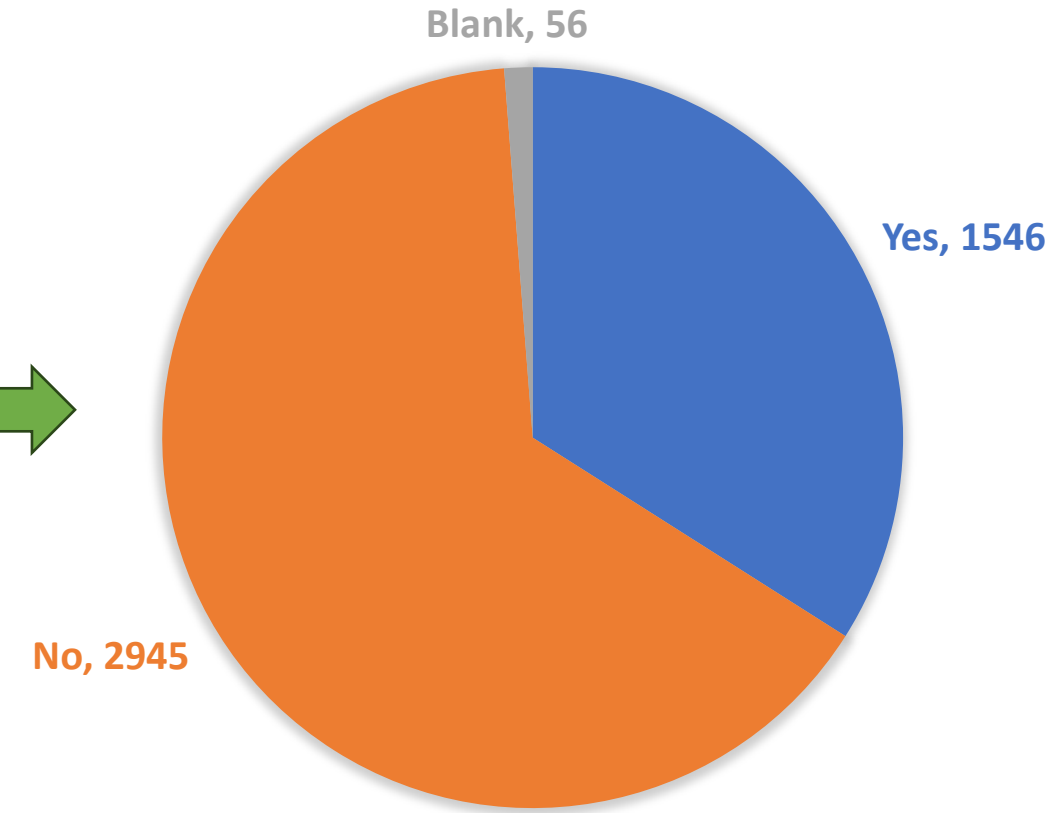
Survey Population

- 5151 total survey respondents (before removing the following);
  - 201 not licensed in CA
  - Another 384 not actively practicing in CA
  - Another 49 indicated they are licensed in CA but did not respond to any other question

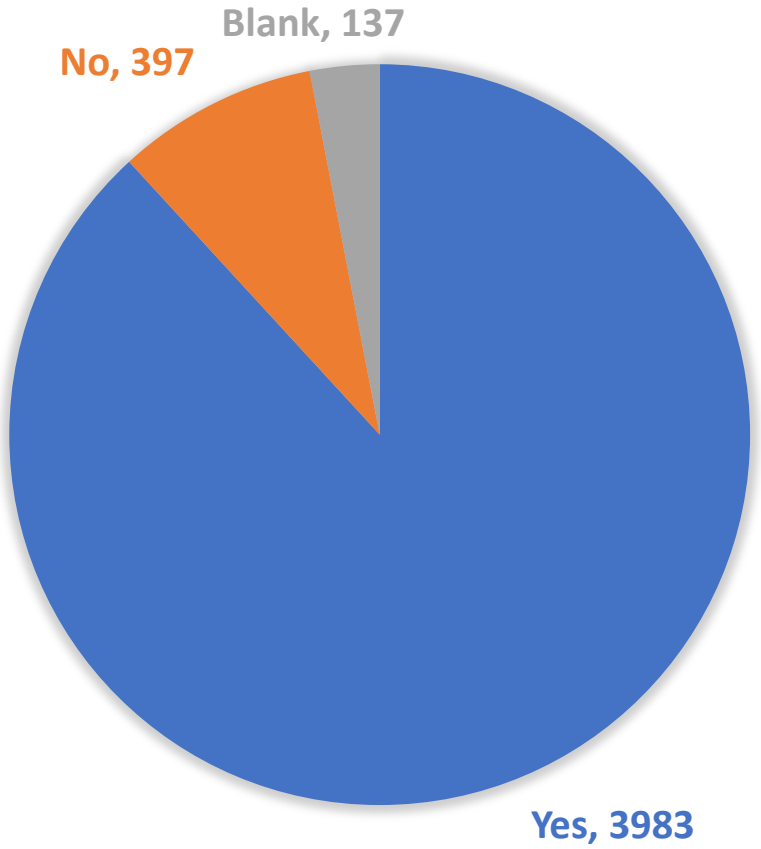
- 4517 responses analyzed

Are you a PIC?

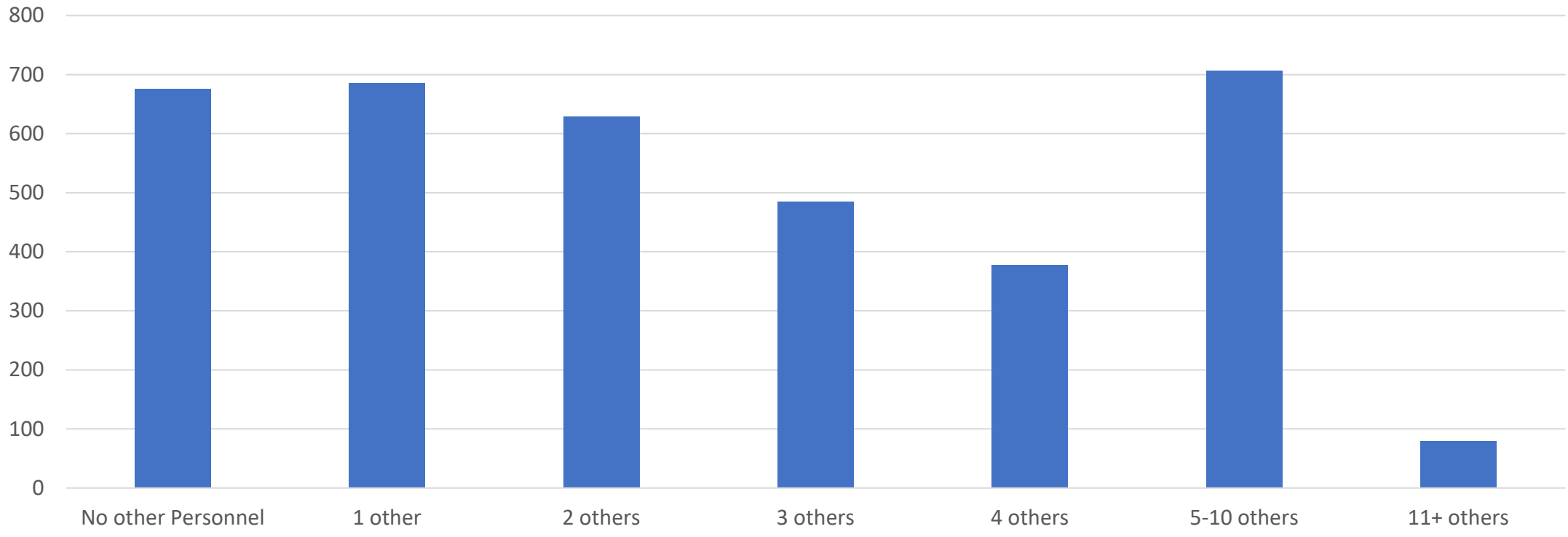
4517 Respondents



Do you currently supervise a pharmacy technician?

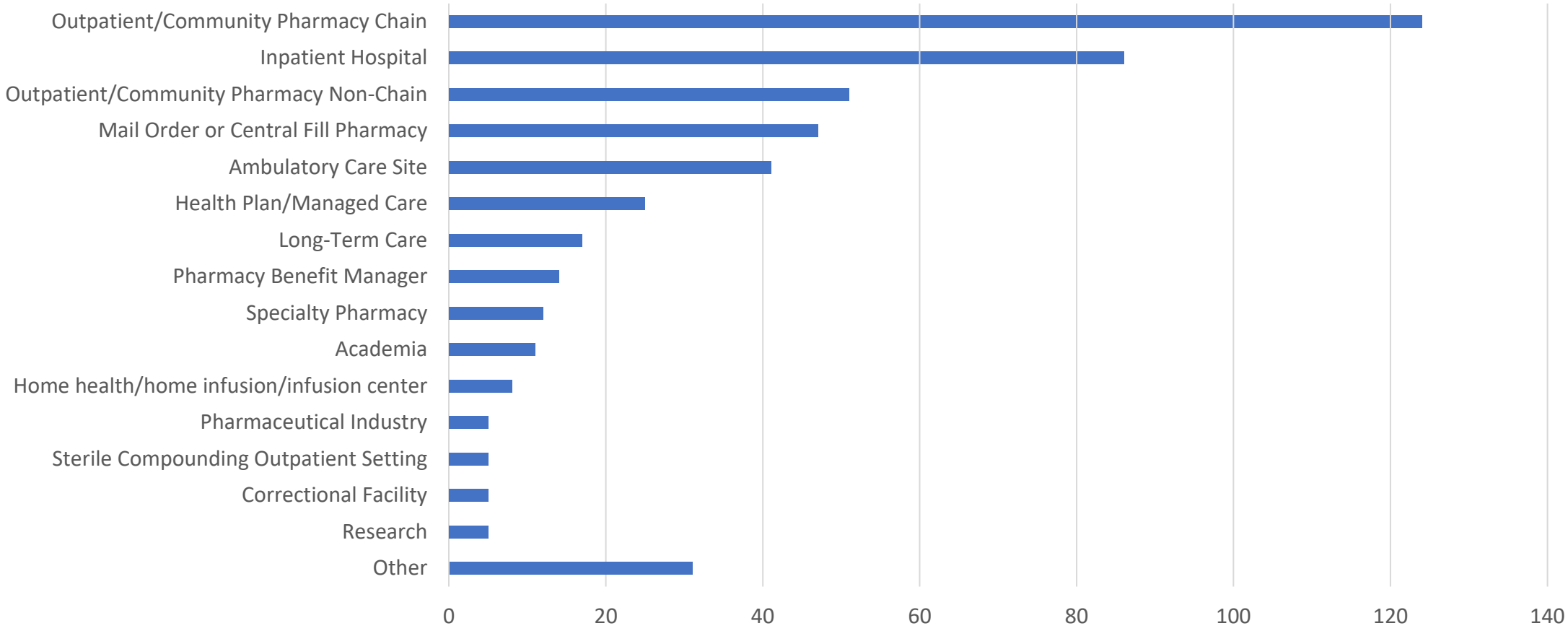


Of those who supervise a pharmacy technician, how many other personnel do you supervise?



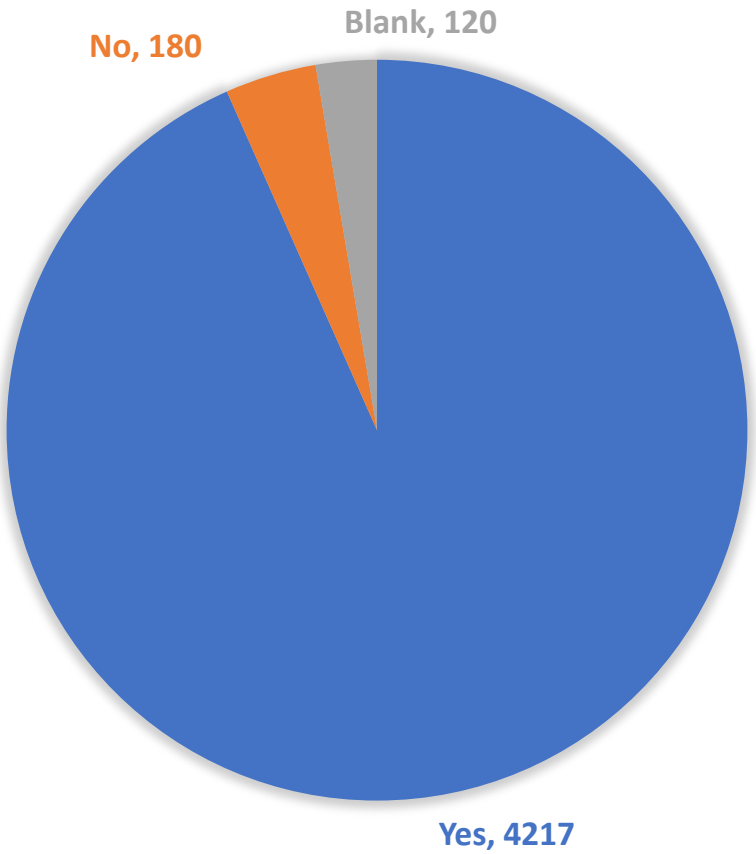
*29 did not respond

Work setting for those respondents who do not supervise a pharmacy technician

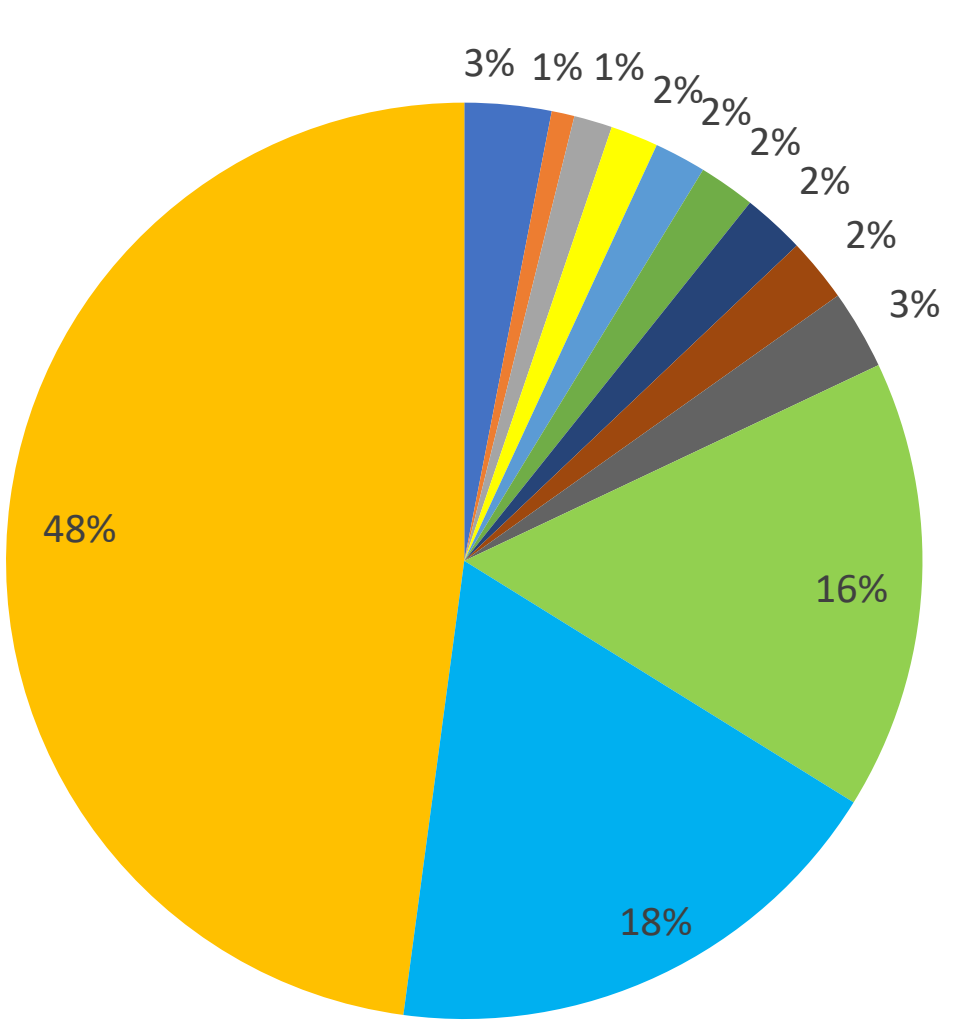


*47 did not respond

Does your worksite utilize pharmacy technicians?

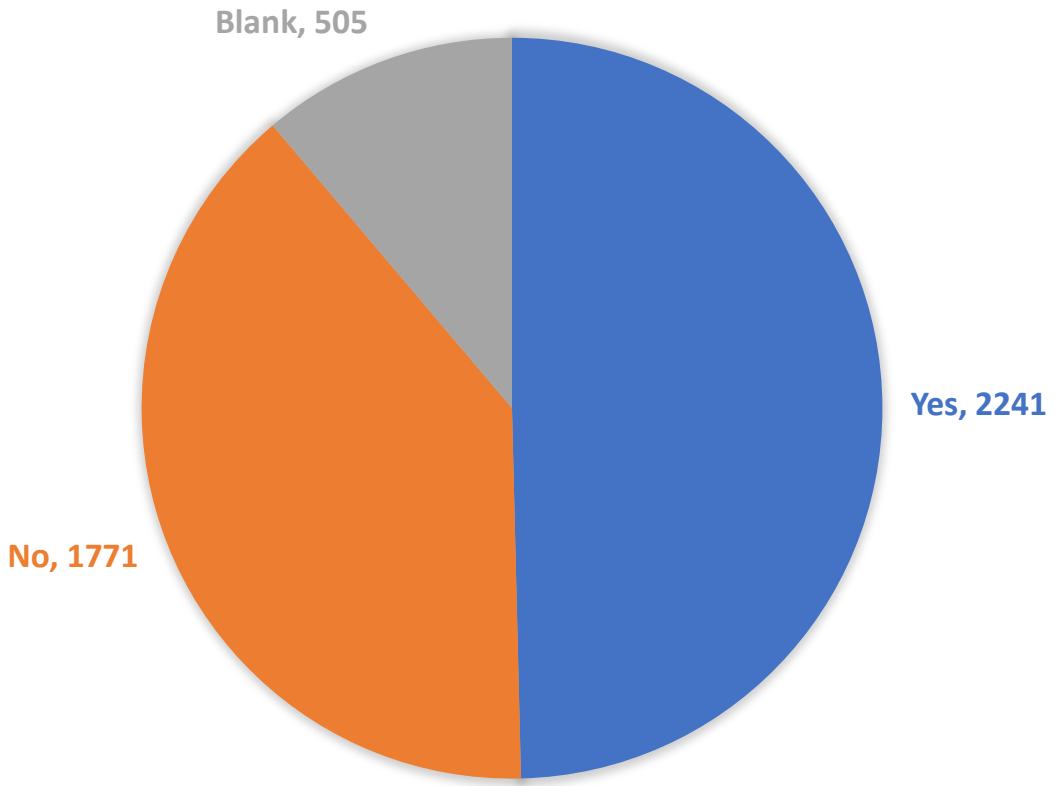


Type of worksites utilizing pharmacy technicians

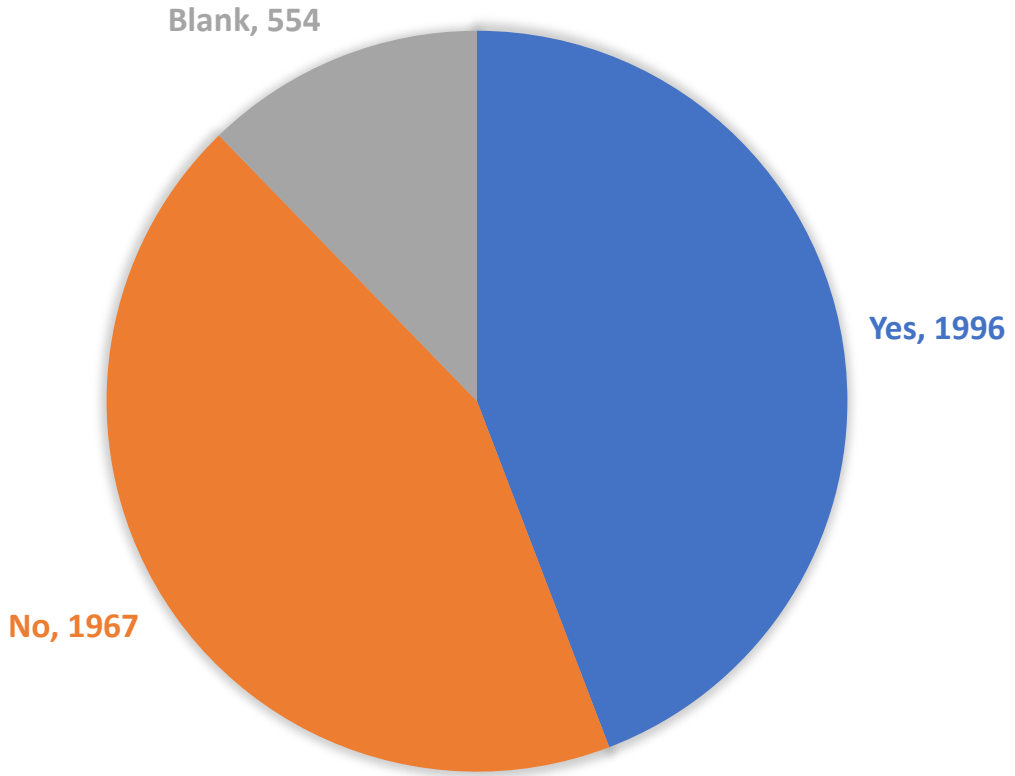


- Other (Incl. Pharmaceutical, Academia, Research, Benefit Manager)
- Correctional Facility
- Health Plan/Managed Care
- Sterile Compounding Outpatient Setting
- Home health/home infusion/infusion center
- Ambulatory Care Site
- Mail Order or Central Fill Pharmacy
- Specialty Pharmacy
- Long-Term Care
- Inpatient Hospital
- Outpatient/Community Pharmacy Non-Chain
- Outpatient/Community Pharmacy Chain

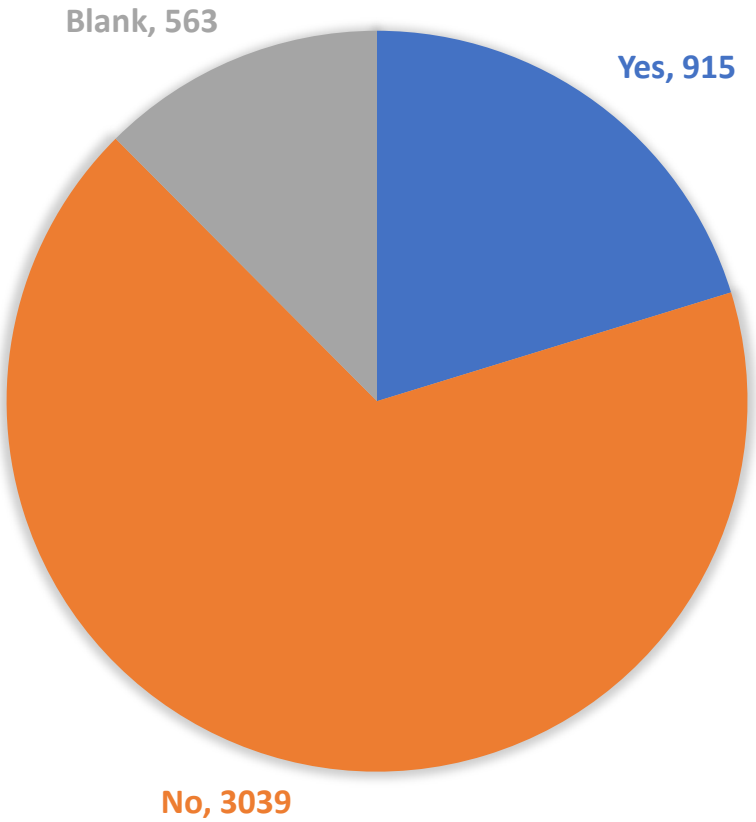
Does your pharmacy also provide immunizations and other clinical services during a typical day at your primary worksite?



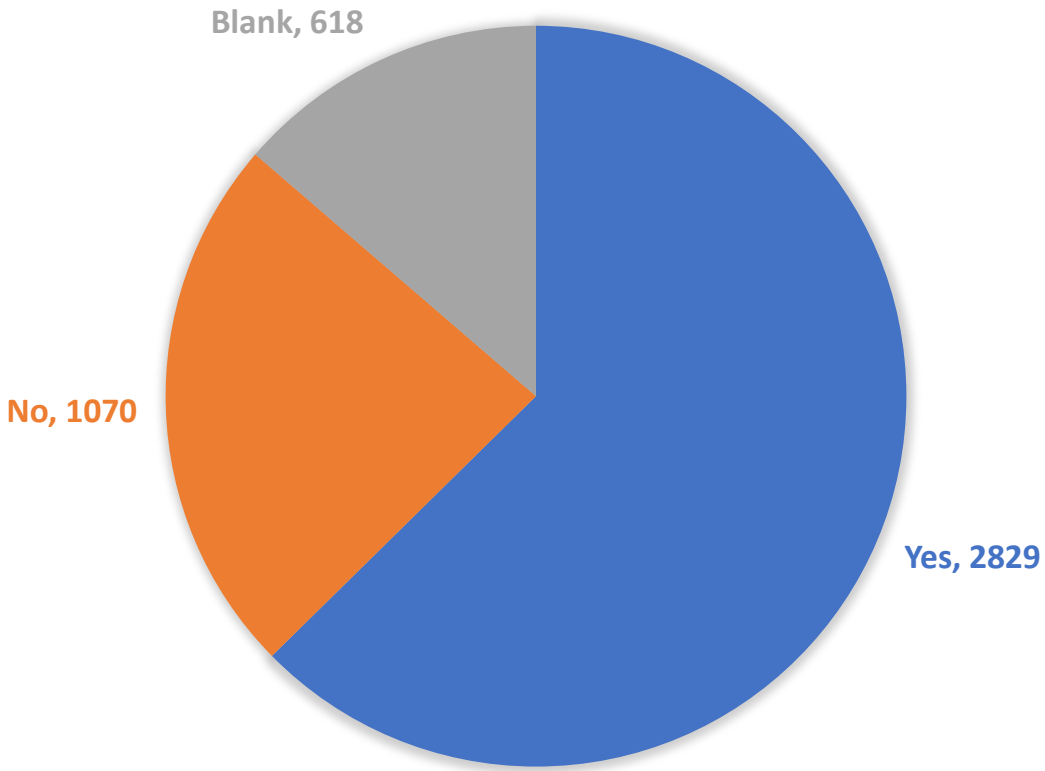
Does your worksite use any technology as part of the dispensing process?



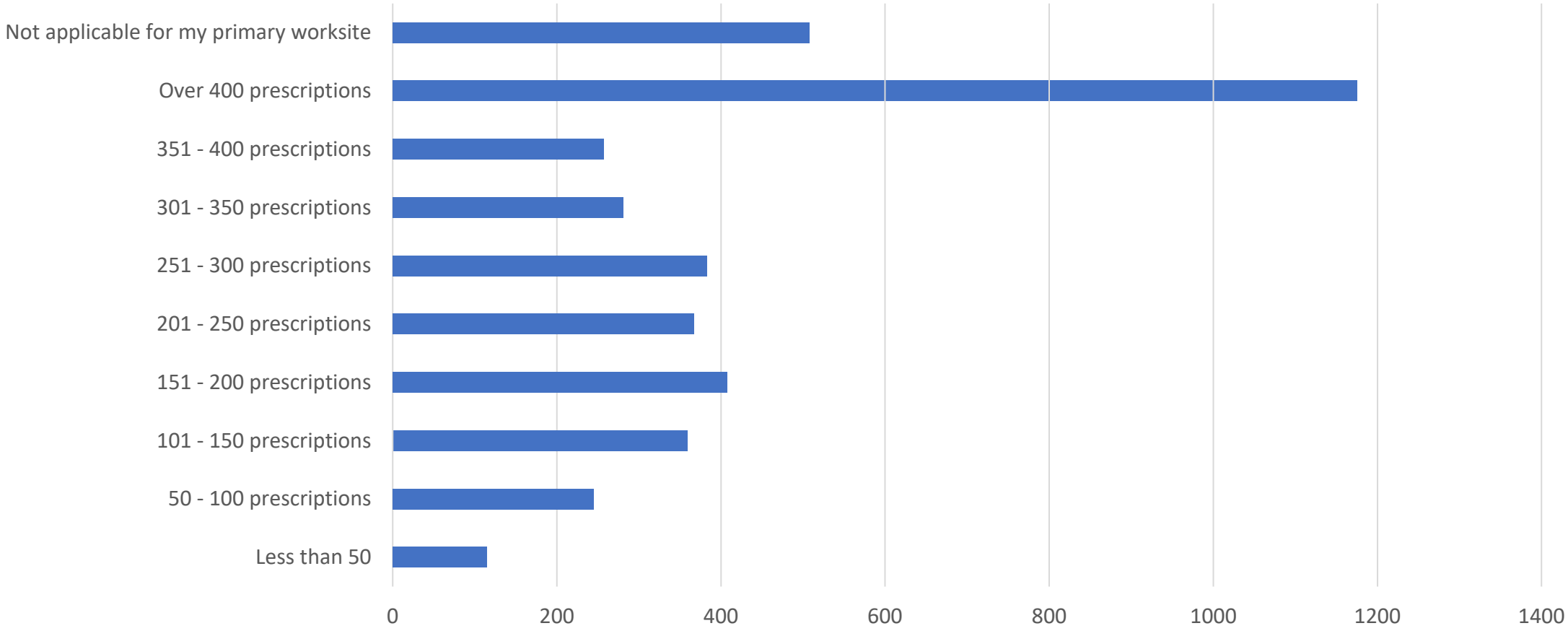
Is your worksite a closed-door pharmacy?



Does your worksite have pharmacists working overlapping hours?

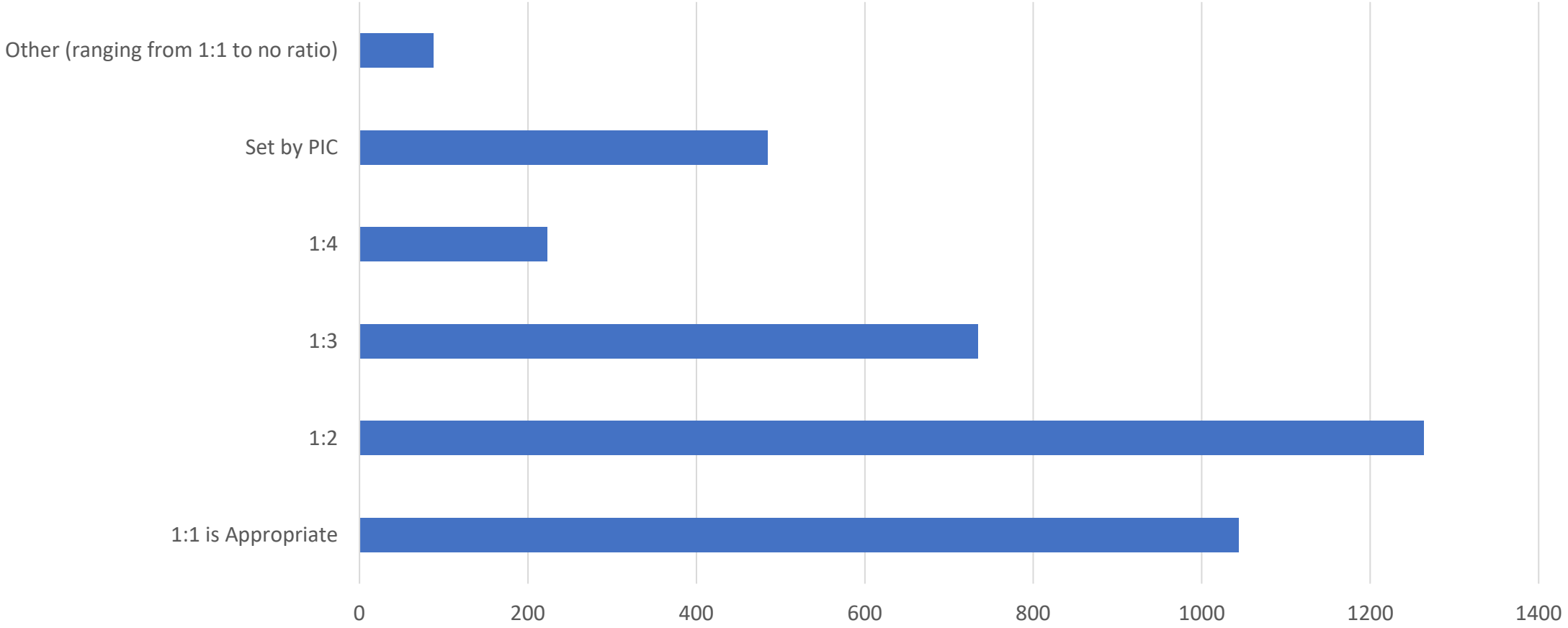


What is the average prescription volume during a typical day at your primary worksite?



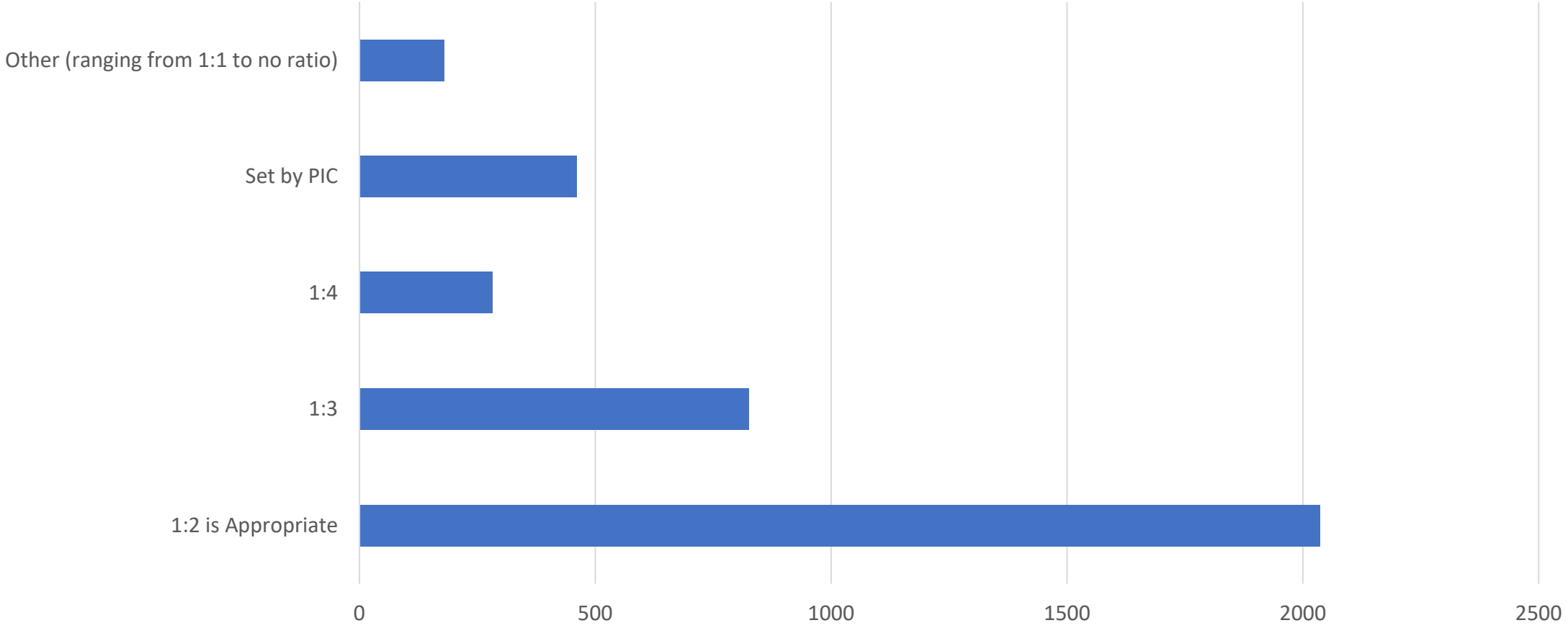
*419 did not respond

Do you believe the current pharmacist to pharmacy technician ratio in a **non-institutional** setting (currently 1:1) is appropriate?



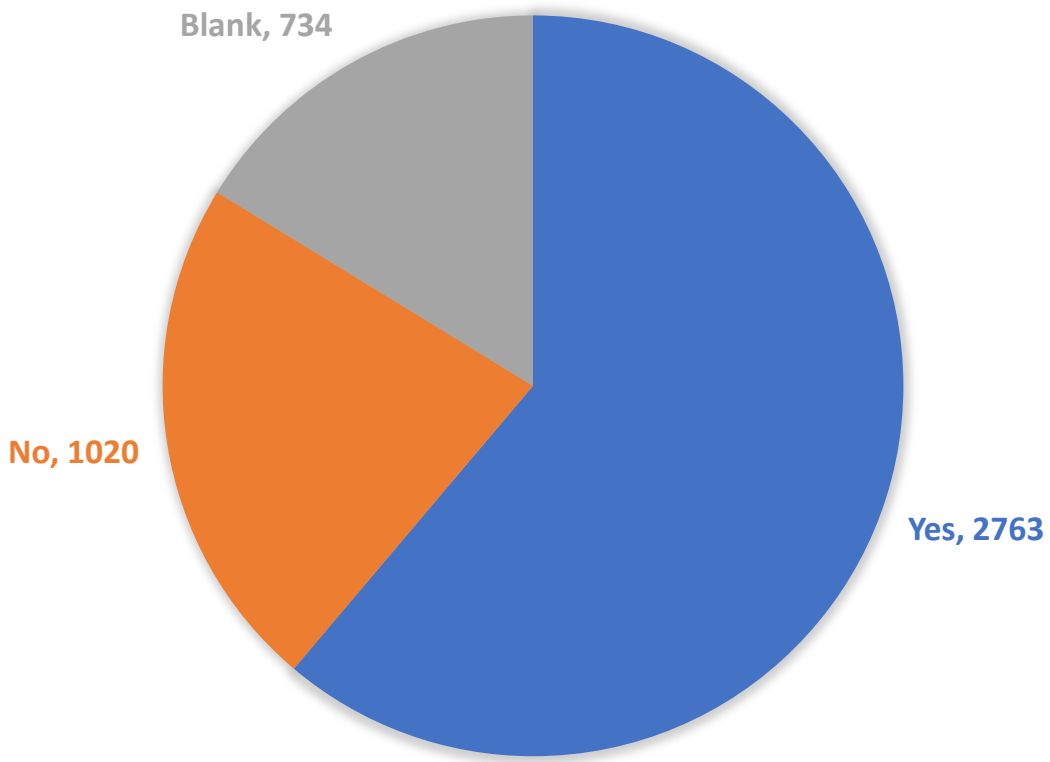
*681 did not respond

Do you believe the current pharmacist to pharmacy technician ratio in a **institutional setting** (currently 1:2) is appropriate?



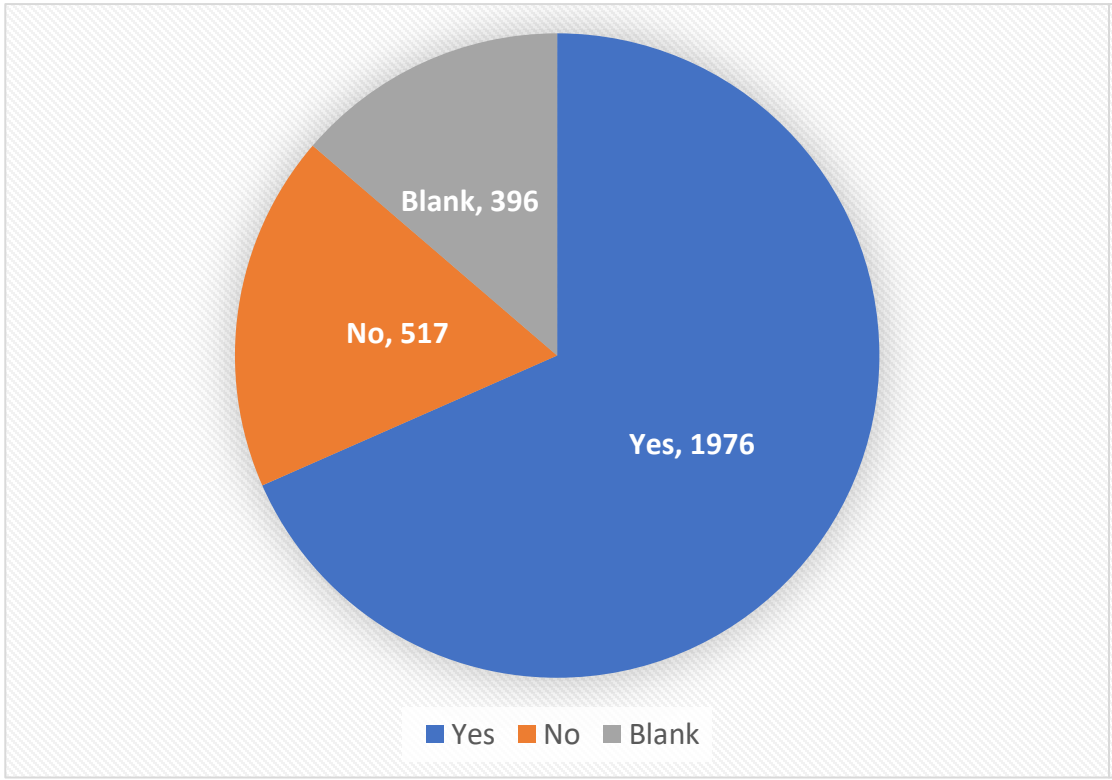
*733 did not respond

In your setting, do you believe you could provide more comprehensive patient care if the number of pharmacy technicians a pharmacist can supervise is increased?

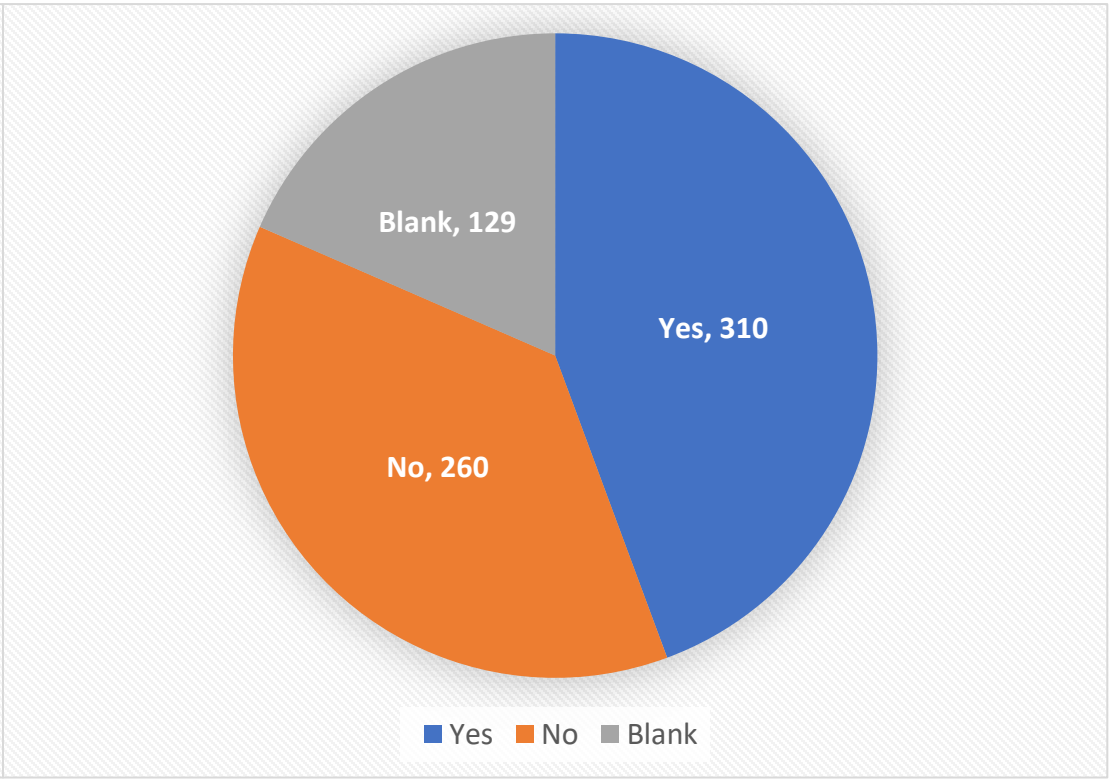


Responses by Worksite*

Community Chain and Non-Chain

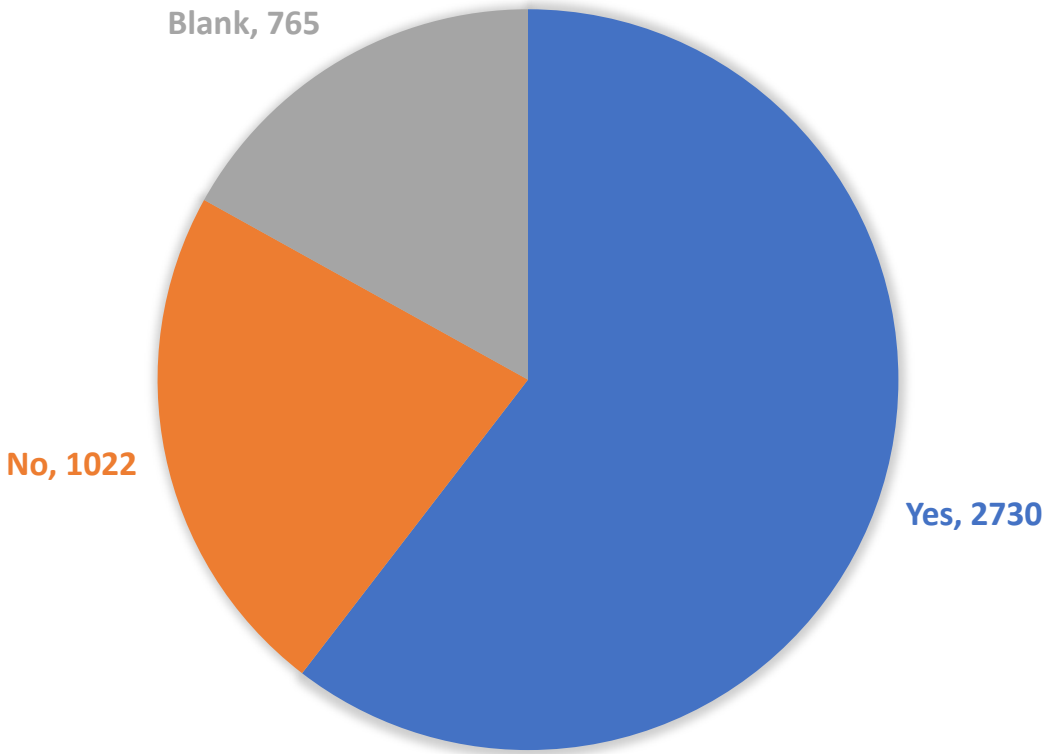


Inpatient Hospital

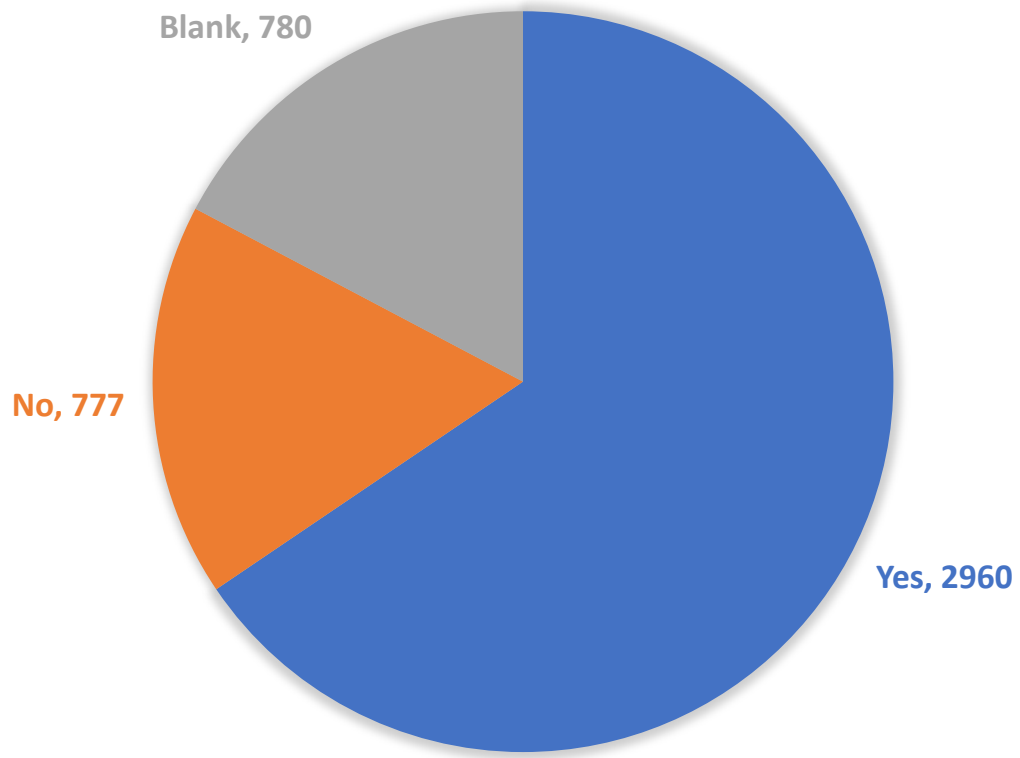


***This data accounts for 3,988 of the total 4517 respondents (88%)**

If the Board increased the number of pharmacy technicians a pharmacist could supervise, do you believe the PIC should be required to make a specific determination for the ratio to be used at their worksite?



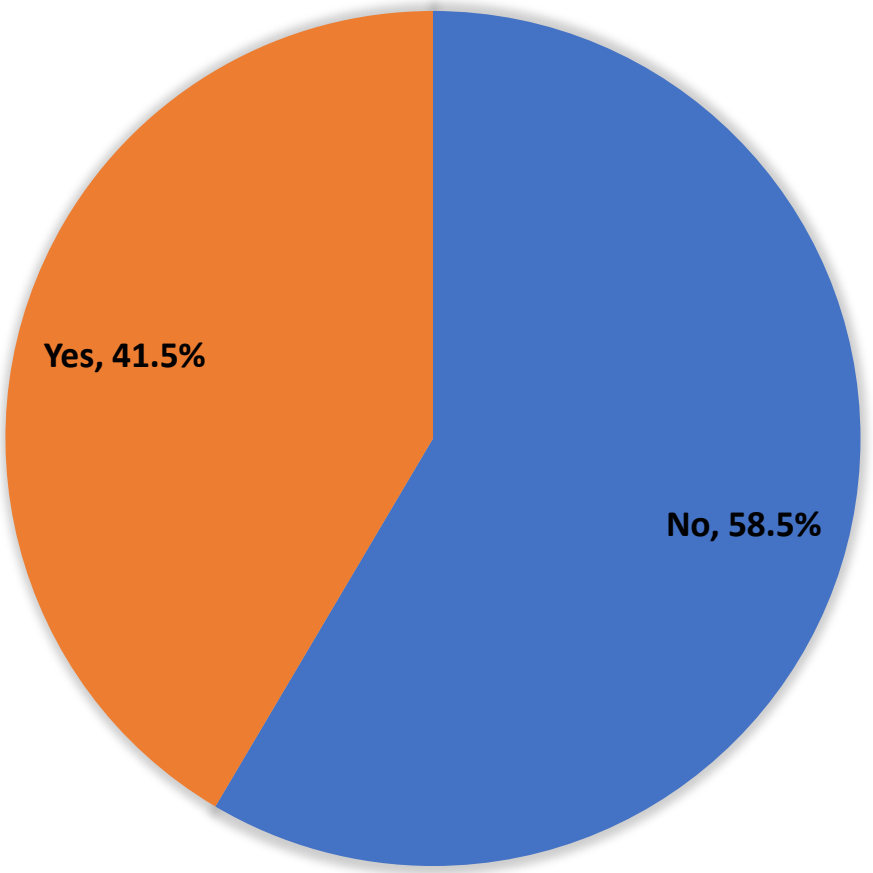
If there is an increase in the number of pharmacy technicians that can be supervised by a pharmacist, do you believe the pharmacist should have the authority to refuse to supervise the additional pharmacy technicians?



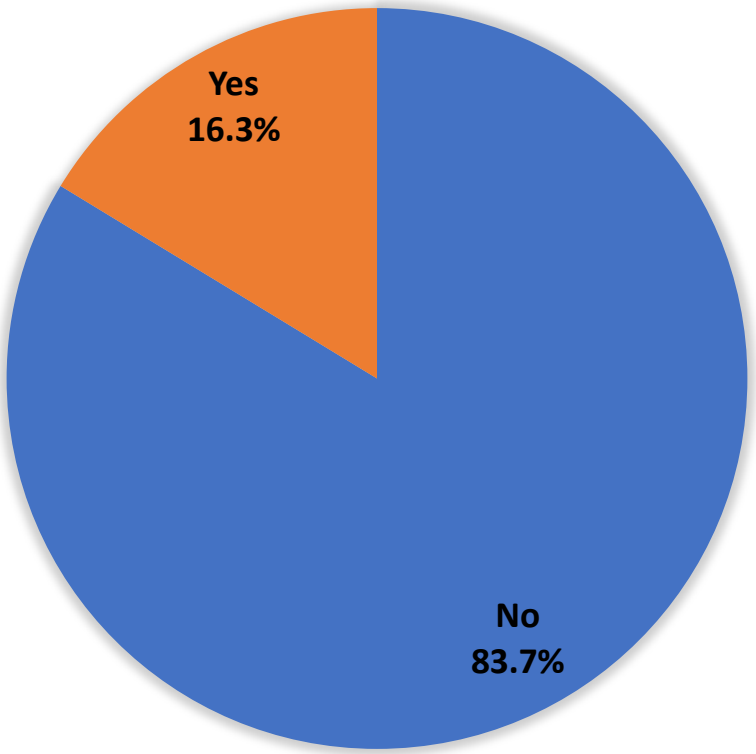
Are you in a management or administrative position for your employer (yes n=997)

and

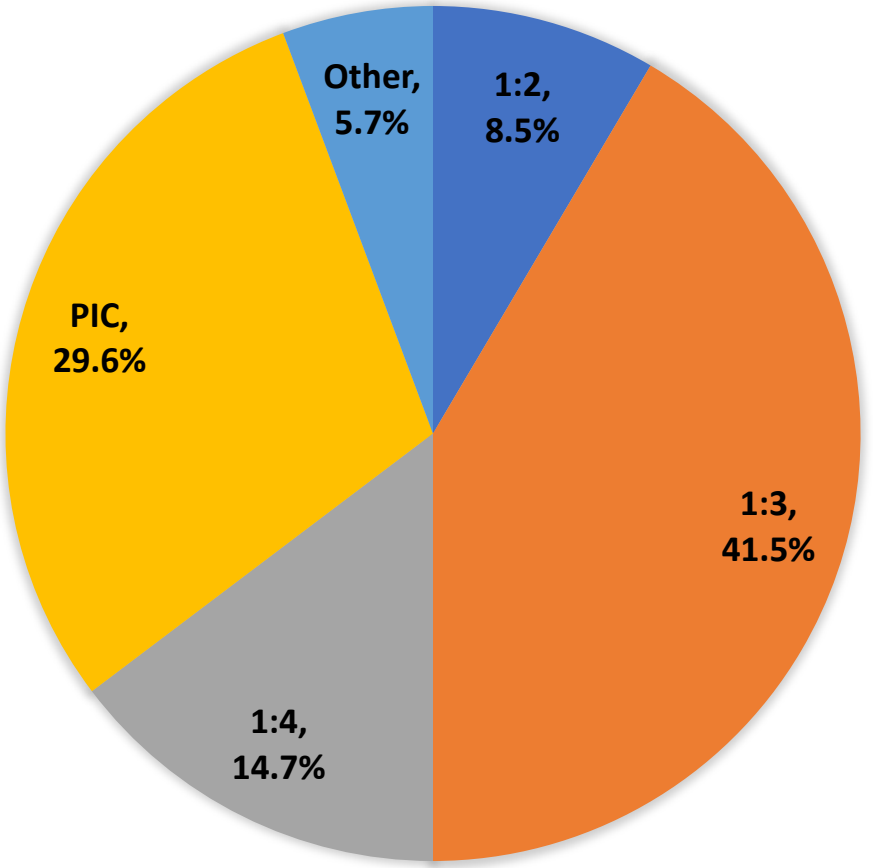
Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate?



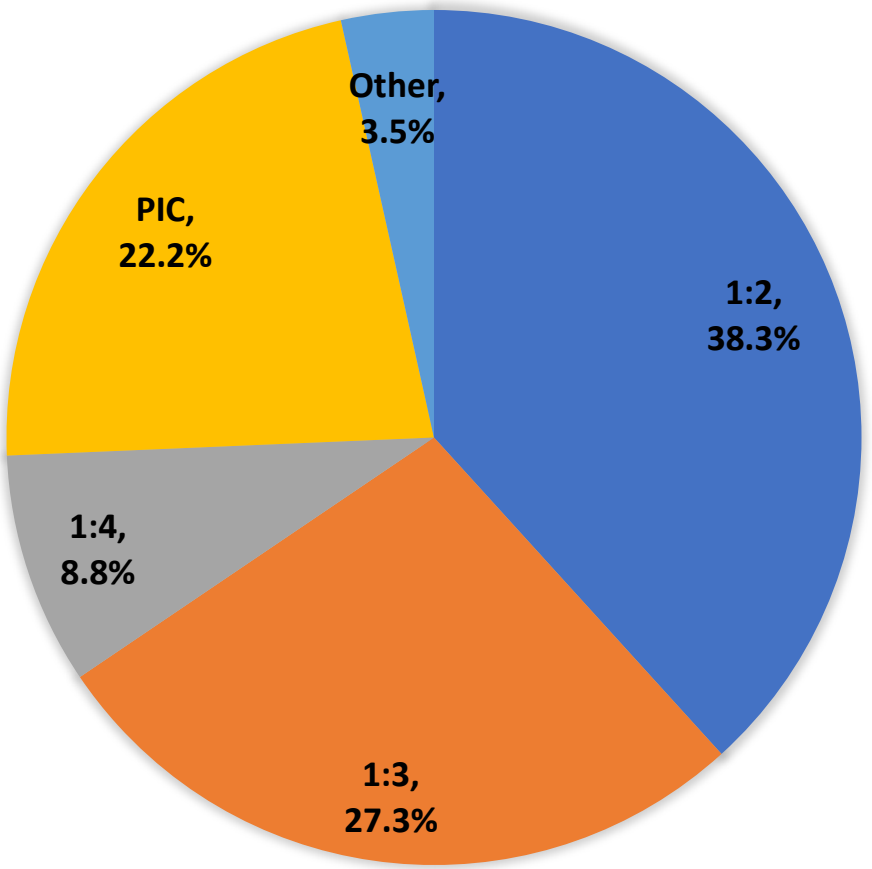
Are you in a management or administrative position for your employer (yes n=1,001)
and
Do you believe the current pharmacist to pharmacy technician ratio in the non-institutional setting (currently 1:1) is appropriate?



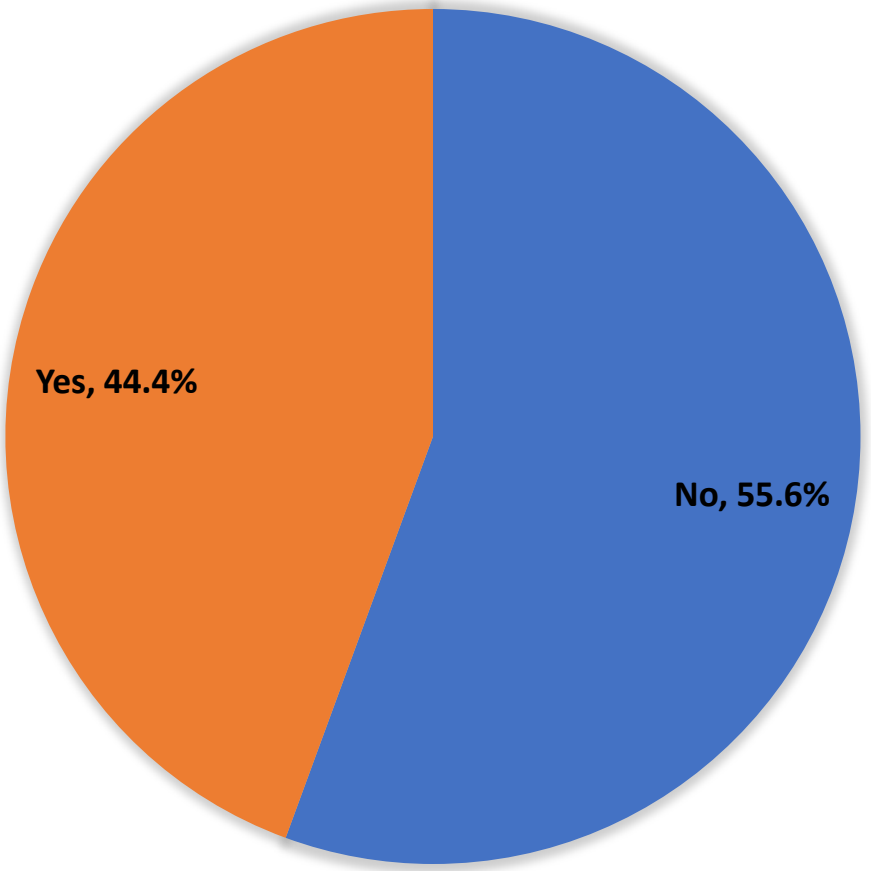
Are you in a management or administrative position for your employer (yes n=648)
and
What is the appropriate ratio in an institutional setting.
(Must have said 1:2 is not appropriate)



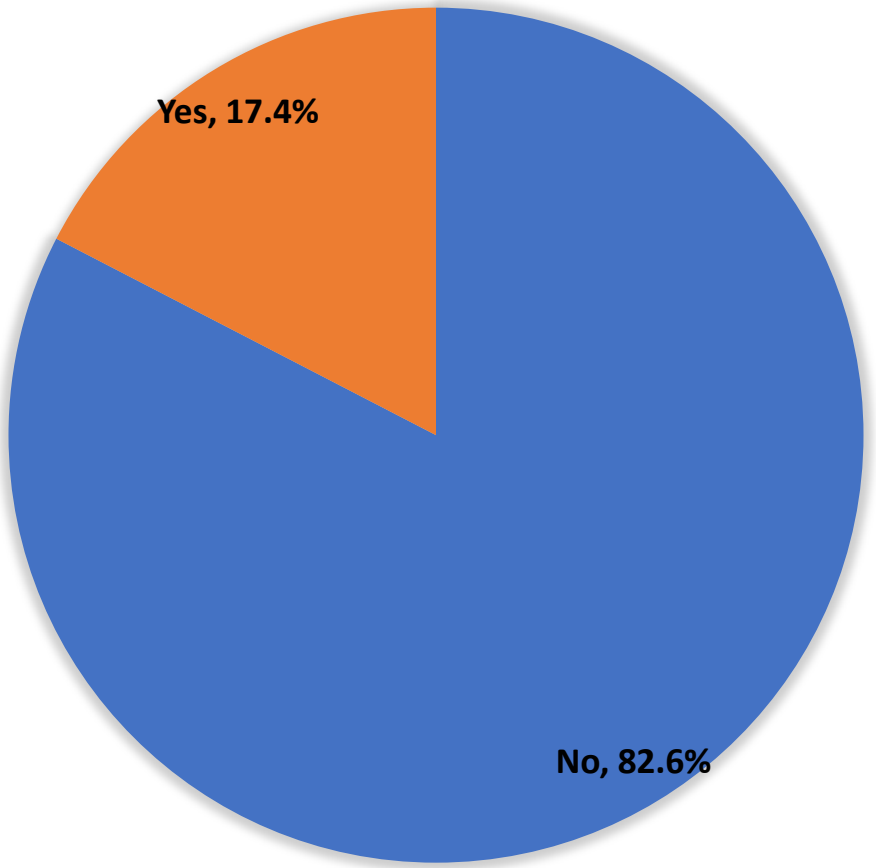
Are you in a management or administrative position for your employer (yes n=866)
and
What is the appropriate ratio in an non-institutional setting.
(Must have said 1:1 is not appropriate)



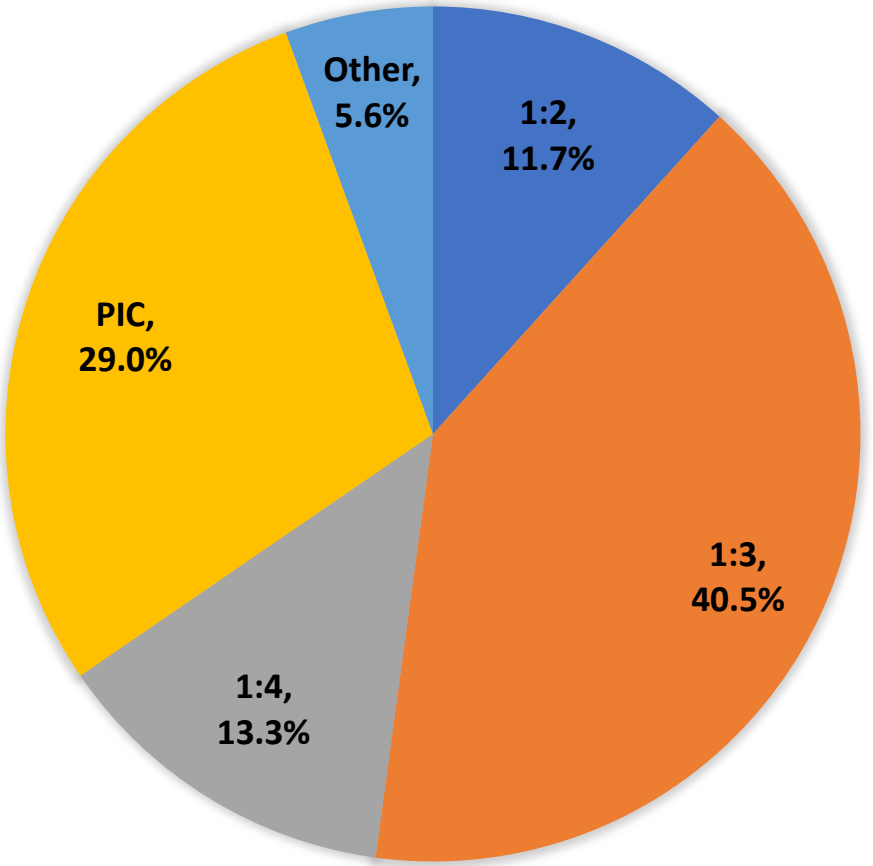
Are you the designated PIC at your primary worksite?
(yes n=1,393)
and
Do you believe the current pharmacist to pharmacy technician ratio in the institutional setting (currently 1:2) is appropriate



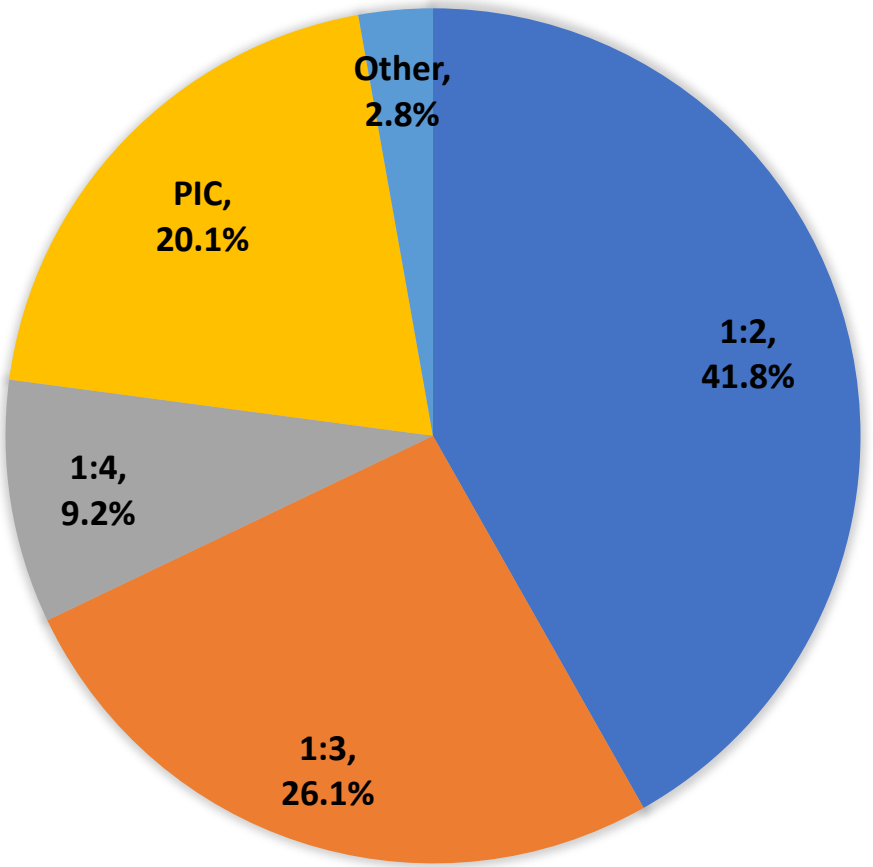
Are you the designated PIC at your primary worksite?
(yes n=1,403)
and
Do you believe the current pharmacist to pharmacy technician ratio in a non-institutional setting (currently 1:1) is appropriate?



Are you the designated PIC at your primary worksite? (yes n=880) and What is the appropriate ratio in an institutional setting. (must have said 1:2 is not appropriate)



Are you the designated PIC at your primary worksite? (yes n=1,200) and What is the appropriate ratio in an non-institutional setting. (must have said 1:1 is not appropriate)



Attachment 4

DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. PHARMACY

PROPOSED EMERGENCY REGULATORY LANGUAGE

HIV Preexposure Prophylaxis

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend section 1747 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1747. Independent HIV Preexposure and Postexposure Prophylaxis Furnishing.

(a) Prior to independently initiating and furnishing HIV preexposure and/or postexposure prophylaxis to a patient pursuant to Business and Professions Code sections 4052.02 and 4052.03, a pharmacist shall successfully complete a training program approved by the board, provided by a provider accredited by an approved accreditation agency, or as part of an equivalent curriculum-based training program completed from a recognized school of pharmacy. The training program shall satisfy the following criteria:
(1) Each training program shall be specific to the use of HIV preexposure and postexposure prophylaxis, and include at least 1.5 hours of instruction covering, at a minimum, the following areas:
(A) HIV preexposure and postexposure prophylaxis pharmacology.
(B) Requirements for independently initiating and furnishing HIV preexposure and postexposure prophylaxis contained in Business and Professions Code sections 4052.02 and 4052.03.
(C) Patient counseling information and appropriate counseling techniques, including at least, counseling on sexually transmitted diseases and sexual health.
(D) Patient referral resources and supplemental resources for pharmacists.
(E) Financial assistance programs for preexposure and postexposure prophylaxis, including the Office of AIDS' PrEP Assistance Program (PrEP-AP).
(F) Clinical eligibility recommendations provided in the federal Centers for Disease Control and Prevention (CDC) guidelines defined in Business and Professions Code sections 4052.02(c) and 4052.03(c).
(2) The training program shall require the passing of an assessment based on the criteria of (a)(1) with a score of 70% or higher to receive documentation of successful completion of the training program.
(b) A pharmacist who independently initiates or furnishes HIV preexposure and/or postexposure prophylaxis pursuant to Business and Professions Code sections 4052.02 and 4052.03 shall maintain documentation of their successful completion of the training program for a period of four (4) years. Training obtained as part of an equivalent curriculum-based training program, as identified in (a), can be documented by written certification from the registrar or

training director of the educational institution or program from which the licensee graduated stating that the training is included within the institution's curriculum required for graduation at the time the pharmacist graduated, or within the coursework that was completed by the pharmacist. Documentation of training maintained pursuant to this subdivision must be made available upon request of the board.

(c) For the purposes of this section, documentation of preexposure prophylaxis furnished and services provided shall be maintained in patient records, in the record system maintained by the pharmacy, for a minimum of three years from the date when the preexposure prophylaxis was furnished. Such records shall be made available upon request of the Board, consistent with the provisions of Business and Professions Code sections 4081 and 4105.

NOTE: Authority cited: Sections 4005, 4052.02 and 4052.03, Business and Professions Code. Reference cited: Sections 4052, 4052.02, ~~and~~ 4052.03, 4081 and 4105, Business and Professions Code; and Section 120972, Health and Safety Code.

Attachment 5

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PHARMACY

PROPOSED REGULATORY LANGUAGE
Automated Patient Dispensing Systems Consultation

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend section 1713 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1713. Receipt and Delivery of Prescriptions and Prescription Medications Must be To or From Licensed Pharmacy.

(a) Except as otherwise provided in this Division, 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.
(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 patient dispensing system (APDS) to deliver prescription medications to patients provided:
(1) A pharmacist has determined that each patient using the APDS meets inclusion criteria for use of the APDS established by the pharmacy prior to delivery of prescription medication to that patient.
(2) The APDS has a means to identify each patient and only release that patient's prescription medications to the patient or patient's agent.
(3) In addition to a patient receiving a consultation by a pharmacist, via a telecommunications link that has two-way audio and video, when a prescription drug is dispensed to the patient from an APDS for the first time, as required by Business and Professions Code section 4427.6, ~~The~~ the pharmacy is able to provide~~s~~ an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.
(4) Any incident involving the APDS 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.

(e) Any pharmacy making use of an APDS shall maintain, and on an annual basis review, written policies and procedures providing for:
(1) Maintaining the security of the APDS and the dangerous drugs within the APDS.
(2) Determining and applying inclusion criteria regarding which medications are appropriate for placement in the APDS 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 APDS.
(4) Describing the assignment of responsibilities to, and training of, pharmacy personnel regarding the maintenance and filing procedures for the APDS.
(5) Orienting participating patients on use of the APDS, notifying patients when expected prescription medications are not available in the APDS, and ensuring that patient use of the APDS does not interfere with delivery of prescription medications.
(6) Ensuring the delivery of medications to patients in the event the APDS is disabled or malfunctions.
(f) Written policies and procedures shall be maintained at least three years beyond the last use of an APDS.

Credits

NOTE: Authority cited: Sections 4005, 4075 and 4114, Business and Professions Code. Reference: Sections 4005, 4017.3, 4052, 4116, 4117, 4427, 4427.1, 4427.2, 4427.3, 4427.4, 4427.5, 4427.6, 4427.7 and 4427.8, Business and Professions Code.

Attachment 6

Central Fill

Rob Geddes, PharmD, MBA

Director, Pharmacy Legislative and Regulatory Affairs

What is Central Fill?

- Shared service between two licensed pharmacies.
  - Common Ownership
  - Third Party Contract
- Highly automated facilities that usually service hundreds of pharmacies across a large geography.
- Allows a pharmacy owner the ability to control inventory costs and leverage economies of scale.
- Important Definitions:
  - Dispensing Pharmacy
    - Pharmacy that dispenses the prescription directly to a patient.
    - Responsible for prescription intake, data entry, drug utilization review, data entry verification, dispensing, and counseling.
  - Central Fill Pharmacy
    - Pharmacy that physically places the prescription medication in a vial for delivery back to the local/dispensing pharmacy for ultimate dispensing to the patient.
    - Responsible for accurately filling the medication, adhering the appropriate label on the vial, and shipping the completed prescription back to the local/dispensing pharmacy.

Flow of the Prescription

Dispensing Pharmacy

1. Prescription received from the prescriber and/or patient
2. Data Entry and Adjudication of the prescription occurs
3. Data Verification/Data Utilization Review performed
4. Notification sent to Central Fill Pharmacy if the prescription meets certain criteria
    1. Future dated prescription, medication in CF formulary, etc

Central Fill Pharmacy

1. Central Fill pharmacy receives notification to fill prescription
2. Automation or manual filling of the prescription is performed
3. Prescription is sorted into tote belonging to dispensing pharmacy
4. Prescription tote shipped to dispensing pharmacy

Dispensing Pharmacy

1. Dispensing pharmacy receives filled prescriptions from Central Fill
2. Prescriptions are checked in and placed in will call
3. Patient is notified that their prescription is ready for pick up
4. Patient arrives at the pharmacy for pick up
5. Prescription is sold to the patient and counseling is provided by the pharmacist
    1. Payment is collected from patient and third party payor

Central Fill Pharmacies are Highly Automated Environments

Sincerely,

Albertsons Companies

SAFEWAY · Albertsons · VONS · Jewel Osco · ACME · shaw's · Tom Thumb · United supermarkets · United Express · Randalls · Albertsons Market

Pavilions · star market · KING'S · Market Street · Haggen Northwest Fresh · CARRS · Andronico's Community Markets · Balducci's · Amigos · Lucky · Albertsons Market Street

Attachment 7

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

PROPOSED REGULATORY LANGUAGE
Central Fill Pharmacies

Proposed changes to the current regulation language are shown by ~~strikethrough~~ for deleted language and underline for added language.

Amend Section 1707.4 to Article 2 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1707.4. Procedures for ~~Refill~~ Central Fill Pharmacies.

(a) A central fill pharmacy located in California and licensed by the B~~b~~oard may process a request for ~~refill of a~~ prescription medication received by ~~a~~ another pharmacy within this state, provided:
(1) The pharmacy that is to ~~re~~fill the ~~prescription~~ medication either has a contract with the pharmacy which received the prescription or has the same owner as the other pharmacy.
(2) The prescription container:
(A) is clearly labeled with all information required by S~~s~~ections 4076 and 4076.5 of the Business and Professions Code; and
(B) as applicable, clearly shows the name and address of the pharmacy ~~re~~filling the ~~prescription~~ medication ~~and/~~or the name and address of the pharmacy which receives the ~~refilled prescription~~ medication to dispense to the patient. Nothing in this subsection should be interpreted as preventing inclusion of the name and address of both pharmacies.
(3) The patient is provided with written information indicating that the prescription may be filled at a central fill pharmacy, and written information, either on the prescription label or with the prescription container, that describes which pharmacy to contact if the patient has any questions about the prescription or medication.
(4) Both pharmacies maintain complete and accurate records ~~of the refill~~, including:
(A) the name of the pharmacist who ~~re~~filled the prescription;
(B) the name of the pharmacy ~~re~~filling the prescription; and
(C) the name of the pharmacy that received the prescription ~~refill request~~.
(5) The pharmacy which ~~re~~fills the prescription and the pharmacy to which the ~~refilled~~ prescription is provided for dispensing to the patient shall each be responsible for ensuring the order has been properly filled. Pharmacists working at the originating pharmacy must perform final product verification prior to

dispensing, which may include review of photographs of the final product in lieu of physical visual verification.
(6) The originating pharmacy is responsible for compliance with the requirements set forth in ~~S~~sections 1707.1, 1707.2, and 1707.3 of the California Code of Regulations.
~~(b) Nothing in this section shall be construed as barring a pharmacy from also filling new prescriptions presented by a patient or a patient's agent or transmitted to it by a prescriber.~~
(b) For purposes of this section, a central fill pharmacy is defined as a California-licensed pharmacy that, pursuant to a contract or on behalf of a pharmacy under common ownership, prepares and packages prescriptions for another pharmacy to dispense to the patient.

Credits

NOTE: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4063, 4076, 4076.5, 4081, and 4333, Business and Professions Code.

Attachment 8

Proposal to Amend Business and Professions Code Section 4052.

(a) Notwithstanding any other law, a pharmacist may do all of the following:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) ~~Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1~~. Initiate and perform routine patient assessment procedures including skin puncture and clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 (U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration as authorized by section 12 06.5 or section 12 06. 6

~~(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.~~ Upon patient consent, perform therapeutic interchanges unless the prescriber has indicated "Do not substitute" "Do not alter" or similar words. Such interchanges include use of biosimilars, different dosage forms, drugs within the same drug classification, and generic substitutions intended to optimize patient care.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

~~(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.~~

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to patients and ~~other~~ health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish an FDA approved or authorized medications that is preventative or does not require a diagnosis. The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's

choice. This section shall not allow a pharmacist to furnish a medication for off-label use.

(11) Furnish an FDA approved or authorized noncontrolled medication for the treatment of conditions that

(a) are minor, non-chronic health conditions

(b) or for which a CLIA waived test provides diagnosis and the treatment is limited in duration.

The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a primary care provider. This section shall not allow a pharmacist to furnish a medication for off-label use.

(12) Order and interpret drug therapy related tests. ~~tests for the purpose, monitoring and managing the efficacy and toxicity of drug therapies.~~ A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(13) Initiate, adjust, or discontinue drug therapy for a patient under any of the following:

(A) A collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(B) Pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the entity providing health care services unless a patient's treating prescriber otherwise prohibits such action.

(14) Provide medication used to treat substance use disorder~~-assisted treatment pursuant to a state protocol,~~ to the extent authorized by federal law.

(15) Complete missing information on a prescription for a noncontrolled medication if there is evidence to support the change.

(16) Initiate and administer any FDA approved or authorized immunization for persons three years of age and older.

(17) Adjust prescription treatment drug regime consistent with medication therapy management reviews for chronic conditions.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

Amend BPC 4050 as follows:

(a) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

(b) ~~Pharmacy~~ Pharmacist practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of patient-care activities to optimize appropriate drug use, drug-related therapy, disease management and prevention, and communication for clinical and consultative purposes. ~~Pharmacy~~ Pharmacist practice is continually evolving to include more sophisticated and comprehensive patient care activities.

(c) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

Amend BPC 4051 as follows:

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052~~.1, 4052.2, 4052.3, or 4052.6,~~ and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient or patient's agent.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

Amend BPC 4040 as follows:
(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, the prescriber's license classification, and the prescriber's federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order ~~pursuant to Section 4052.1, 4052.2, or 4052.6~~.

(2) Issued by a physician, dentist, optometrist, doctor of podiatric medicine, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, <u>pharmacist</u>, or naturopathic doctor licensed in this state~~, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist~~ licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic

image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

~~**4052.01.**~~

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~~(a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:~~

~~(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.~~

~~(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.~~

~~(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.~~

~~(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.~~
~~(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.~~
~~(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.~~
~~(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect until~~

the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).
(Added by Stats. 2014, Ch. 326, Sec. 1. (AB 1535) Effective January 1, 2015.)

4052.02.

(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV preexposure prophylaxis in accordance with this section.
(b) For purposes of this section, "preexposure prophylaxis" means a fixed-dose combination of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), or another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.
(c) For purposes of this section, "CDC guidelines" means the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.
(d) Before furnishing preexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.
(e) A pharmacist shall furnish at least a 30-day supply, and up to a 60-day supply, of preexposure prophylaxis if all of the following conditions are met:

(1) The patient is HIV negative, as documented by a negative HIV test result obtained within the previous seven days from an HIV antigen/antibody test or antibody-only test or from a rapid, point-of-care fingerstick blood test approved by the federal Food and Drug Administration. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist shall order an HIV test. If the test results are not transmitted directly to the pharmacist, the pharmacist shall verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test shall direct the patient to a primary care provider and provide a list of providers and clinics in the region.

(2) The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms.

(3) The patient does not report taking any contraindicated medications.

(4) The pharmacist provides counseling to the patient on the ongoing use of preexposure prophylaxis, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the

importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of childbearing capacity. The pharmacist shall notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for preexposure prophylaxis and that a pharmacist may not furnish a 60-day supply of preexposure prophylaxis to a single patient more than once every two years.

(5) The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's record in the record system maintained by the pharmacy. The pharmacist shall maintain records of preexposure prophylaxis furnished to each patient.

(6) The pharmacist does not furnish more than a 60-day supply of preexposure prophylaxis to a single patient more than once every two years, unless directed otherwise by a prescriber.

(7) The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding ongoing care for preexposure prophylaxis.

(f) A pharmacist initiating or furnishing preexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.
(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Amended by Stats. 2020, Ch. 370, Sec. 5. (SB 1371) Effective January 1, 2021.)

4052.03.

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(a) Notwithstanding any other law, a pharmacist may initiate and furnish HIV postexposure prophylaxis in accordance with this section.
(b) For purposes of this section, "postexposure prophylaxis" means any of the following:
(1) Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.

(2) Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.

(3) Another drug or drug combination determined by the board to meet the same clinical eligibility recommendations provided in CDC guidelines.

(c) For purposes of this section, "CDC guidelines" means the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV–United States, 2016," or any subsequent guidelines, published by the federal Centers for Disease Control and Prevention.
(d) Before furnishing postexposure prophylaxis to a patient, a pharmacist shall complete a training program approved by the board, in consultation with the Medical Board of California, on the use of preexposure prophylaxis and postexposure prophylaxis. The training shall include information about financial assistance programs for preexposure prophylaxis and postexposure prophylaxis, including the HIV prevention program described in Section 120972 of the Health and Safety Code. The board shall consult with the Medical Board of California as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the State Department of Public Health, on training programs that are appropriate to meet the requirements of this subdivision.
(e) A pharmacist shall furnish a complete course of postexposure prophylaxis if all of the following conditions are met:

(1) The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for postexposure prophylaxis consistent with CDC guidelines.

(2) The pharmacist provides HIV testing that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for postexposure prophylaxis under this section, the pharmacist may furnish postexposure prophylaxis.

(3) The pharmacist provides counseling to the patient on the use of postexposure prophylaxis consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also inform the patient of the availability of preexposure prophylaxis for persons who are at substantial risk of acquiring HIV.

(4) The pharmacist notifies the patient's primary care provider of the postexposure prophylaxis treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist shall provide the patient a list of physicians and surgeons, clinics, or other health care service providers to contact regarding followup care for postexposure prophylaxis.

(f) A pharmacist initiating or furnishing postexposure prophylaxis shall not permit the person to whom the drug is furnished to waive the consultation required by the board.
(g) The board, by July 1, 2020, shall adopt emergency regulations to implement this section in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate

preservation of the public peace, health, safety, or general welfare. The board shall consult with the Medical Board of California in developing regulations pursuant to this subdivision.
(Added by Stats. 2019, Ch. 532, Sec. 3. (SB 159) Effective January 1, 2020.)

4052.1.

(a) Notwithstanding any other provision of law, a pharmacist may perform the following procedures or functions in a licensed health care facility in accordance with policies, procedures, or protocols developed by health professionals, including physicians, pharmacists, and registered nurses, with the concurrence of the facility administrator:

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber and in accordance with the policies, procedures, or protocols of the licensed health care facility.

(b) Prior to performing any procedure authorized by this section, a pharmacist shall have received appropriate training as prescribed in the policies and procedures of the licensed health care facility.
(Added by Stats. 2006, Ch. 777, Sec. 5. Effective January 1, 2007.)

4052.2.

(a) Notwithstanding any other law, a pharmacist may perform the following procedures or functions as part of the care provided by a health care facility, a licensed home health agency, licensed correctional clinic, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, in accordance with the policies, procedures, or protocols of that facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician, and in accordance with subdivision (c):

(1) Ordering or performing routine drug therapy-related patient assessment procedures including temperature, pulse, and respiration.

(2) Ordering drug therapy-related laboratory tests.

(3) Administering drugs and biologicals by injection pursuant to a prescriber's order.

(4) Initiating or adjusting the drug regimen of a patient pursuant to a specific written order or authorization made by the individual patient's treating prescriber, and in accordance with the policies, procedures, or protocols of the health care facility, home health agency, licensed correctional clinic, licensed clinic, health care service plan, or physician. Adjusting the drug regimen does not include substituting or selecting a different drug, except as authorized by the protocol. The pharmacist shall provide written notification to the patient's treating prescriber, or enter the appropriate information in an electronic patient record system shared by the prescriber, of any drug regimen initiated pursuant to this paragraph within 24 hours.

(b) A patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist.
(c) The policies, procedures, or protocols referred to in this subdivision shall be developed by health care professionals, including physicians, pharmacists, and registered nurses, and shall, at a minimum, do all of the following:
(1) Require that the pharmacist function as part of a multidisciplinary group that includes physicians and direct care registered nurses. The multidisciplinary group shall determine the appropriate participation of the pharmacist and the direct care registered nurse.

(2) Require that the medical records of the patient be available to both the patient's treating prescriber and the pharmacist.

(3) Require that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.

(4) Except for procedures or functions provided by a health care facility, a licensed correctional clinic, as defined in Section 4187, a licensed clinic in which there is physician oversight, or a provider who contracts with a licensed health care plan with regard to the care or services provided to the enrollees of that health care service plan, require the procedures to be performed in accordance with a written, patient-specific protocol approved by the treating or supervising physician. Any change, adjustment, or modification of an approved preexisting treatment or drug therapy shall be provided in writing to the treating or supervising physician within 24 hours.

(d) Prior to performing any procedure authorized by this section, a pharmacist shall have done either of the following:
(1) Successfully completed clinical residency training.

(2) Demonstrated clinical experience in direct patient care delivery.

(Amended by Stats. 2019, Ch. 497, Sec. 5. (AB 991) Effective January 1, 2020.)

4052.3.

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(a) (1) Notwithstanding any other law, a pharmacist may furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols

~~developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.~~

~~(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(b) (1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:~~

~~(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.~~

~~(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.~~

~~(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.~~

~~(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars ($10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are~~

insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) For each emergency contraception drug therapy or self-administered hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.
(Amended by Stats. 2013, Ch. 469, Sec. 7. (SB 493) Effective January 1, 2014.)

4052.4.

(a) Notwithstanding Section 2038 or any other provision of law, a pharmacist may perform skin puncture in the course of performing routine patient assessment procedures or in the course of performing any procedure authorized under Section 1206.5 or 1206.6. For purposes of this section, "routine patient assessment procedures" means: (a) procedures that a patient could, with or without a prescription, perform for themselves, or (b) clinical laboratory tests that are classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, as authorized by paragraph (11) of subdivision (a) of Section 1206.5 or Section 1206.6. A pharmacist performing these functions shall report the results obtained from a test to the patient and any physician designated by the patient. Any pharmacist who performs the service authorized by this section shall not be in violation of Section 2052.
(b) A pharmacist may perform any aspect of any FDA-approved or -authorized test that is classified as waived pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration, under all of the following conditions:
(1) The test meets the criteria in subparagraph (A) or (B) and does not require the use of specimens collected by vaginal swab, venipuncture, or the collection of seminal fluid.

(A) The test is used to detect or screen for any of the following illnesses, conditions, or diseases:

(i) SARS-CoV-2 or other respiratory illness, condition or disease.

(ii) Mononucleosis.

(iii) Sexually transmitted infection.

(iv) Strep throat.

(v) Anemia.

(vi) Cardiovasular health.

(vii) Conjunctivitis.

(viii) Urinary tract infection.

(ix) Liver and kidney function or infection.

(x) Thyroid function.

(xi) Substance use disorder.

(xii) Diabetes.

(B) Other tests classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a) and the regulations adopted thereunder by the federal Health Care Financing Administration and approved by the board by regulation, in conjunction with the Medical Board of California and Laboratory Field Services in the State Department of Public Health.

(2) The pharmacist completes the testing in a pharmacy laboratory that is appropriately licensed in California as a laboratory pursuant to Section 1265, unless otherwise authorized in law.

(3) The pharmacist has completed necessary training as specified in the pharmacy's policies and procedures maintained pursuant to subdivision (b) of Section 4119.10, and that allows the pharmacist to demonstrate sufficient knowledge of the illness, condition, or disease being tested, as applicable.

(Amended by Stats. 2021, Ch. 604, Sec. 3. (SB 409) Effective January 1, 2022.)

4052.5.

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(a) In addition to the authority allowed under Section 4073, a pharmacist filling a prescription order for a drug product may select a different form of medication with the

same active chemical ingredients of equivalent strength and duration of therapy as the prescribed drug product when the change will improve the ability of the patient to comply with the prescribed drug therapy.
(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute" or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute" if the prescriber personally initials the box or checkmark.
(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The pharmacist who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product using the prescribed form of medication. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section.
(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.
(e) When a substitution is made pursuant to this section, the use of the different form of medication shall be communicated to the patient, and the name of the dispensed drug product shall be indicated on the prescription label, unless the prescriber orders otherwise.
(f) This section shall not permit substitution between long-acting and short-acting forms of a medication with the same chemical ingredients or between one drug product and two or more drug products with the same chemical ingredients.
(Added by Stats. 2001, Ch. 631, Sec. 1. Effective January 1, 2002.)

4052.7.

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(a) A pharmacy may, at a patient's request, repackage a drug previously dispensed to the patient or to the patient's agent pursuant to a prescription.
(b) Any pharmacy providing repackaging services shall have in place policies and procedures for repackaging these drugs and shall label the repackaged prescription container with the following:

(1) All the information required by Section 4076.

(2) The name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug to the patient.

(c) The repackaging pharmacy and the pharmacy that initially dispensed the drug shall only be liable for its own actions in providing the drug to the patient or the patient's agent.
(Added by Stats. 2001, Ch. 728, Sec. 27. Effective January 1, 2002.)

4052.8.

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(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.

(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:

(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

(2) Be certified in basic life support.

(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.

(Amended by Stats. 2021, Ch. 655, Sec. 1. (AB 1064) Effective January 1, 2022.)

4052.9.

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(a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:

(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.

(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.

~~(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.~~

~~(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.~~

~~(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.~~
~~*(Added by Stats. 2013, Ch. 469, Sec. 10. (SB 493) Effective January 1, 2014.)*~~

Amend BPC 4064 as follows:
(a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

(c) The pharmacist shall inform the prescriber within a reasonable period of time of any refills dispensed pursuant to this section.

~~(d) Prior to refilling a prescription pursuant to this section, the pharmacist shall make every reasonable effort to contact the prescriber. The pharmacist shall make an appropriate record, including the basis for proceeding under this section.~~

(e) The prescriber shall not incur any liability as the result of a refilling of a prescription pursuant to this section.

(f) Notwithstanding Section 4060 or any other law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

~~(g) During a proclaimed state of emergency, nothing in either this section or any other provision of this chapter prohibits a pharmacist, a clinic licensed under Section 4180, or a mobile pharmacy or clinic described in subdivision (c) of Section 4062 from refilling a prescription if the prescriber is unavailable, or if after a reasonable effort has been made, the pharmacist, clinic, or mobile pharmacy is unable to contact the prescriber.~~

Amend BPC 4064.5 as follows:
(a) A pharmacist may dispense not more than a 90-day supply of a dangerous drug other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:

(1) The patient has completed an initial 30-day supply of the dangerous drug.

(2) The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.

(3) The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.

(4) The pharmacist is exercising his or her professional judgment.

(b) For purposes of this section, if the prescription continues the same medication as previously dispensed in a 90-day supply, the initial 30-day supply under paragraph (1) of subdivision (a) is not required.

(c) A pharmacist dispensing an increased supply of a dangerous drug pursuant to this section shall notify the prescriber of the increase in the quantity of dosage units dispensed.

~~(d) In no case shall a pharmacist dispense a greater supply of a dangerous drug pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "No change to quantity," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "No change to quantity," provided that the prescriber personally initials the box or checkmark. To indicate that an increased supply shall not be dispensed pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "No change to quantity," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "No change to quantity." In either instance, it shall not be required that the prohibition on an increased supply be manually initialed by the prescriber.~~

(e) This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

(f) Except for the provisions of subdivision (d), this section does not apply to FDA-approved, self-administered hormonal contraceptives.

(1) A pharmacist shall <u>furnish</u> or dispense, at a patient's request, up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills.

~~(2) A pharmacist furnishing an FDA-approved, self-administered hormonal contraceptive pursuant to Section 4052.3 under protocols developed by the Board of Pharmacy may furnish, at the patient's request, up to a 12-month supply at one time.~~

(3) Nothing in this subdivision shall be construed to require a pharmacist to dispense or furnish a drug if it would result in a violation of Section 733.

(g) Nothing in this section shall be construed to require a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for a dangerous drug in a manner inconsistent with a beneficiary's plan benefit.

4073.

(a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.

(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.

(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.

(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.

4073.5.

(a) A pharmacist filling a prescription order for a prescribed biological product may select an alternative biological product only if all of the following:

(1) The alternative biological product is interchangeable.

(2) The prescriber does not personally indicate "Do not substitute," or words of similar meaning, in the manner provided in subdivision (d).

~~(b) Within five days following the dispensing of a biological product, a dispensing pharmacist or the pharmacists' designee shall make an entry of the specific biological product provided to the patient, including the name of the biological product and the manufacturer. The communication shall be conveyed by making an entry that can be electronically accessed by the prescriber through one or more of the following electronic records systems:~~

~~(1) An interoperable electronic medical records system.~~

~~(2) An electronic prescribing technology.~~

~~(3) A pharmacy benefit management system.~~

~~(4) A pharmacy record.~~

~~(c) Entry into an electronic records system as described in subdivision (b) is presumed to provide notice to the prescriber.~~

~~(d) If the pharmacy does not have access to one or more of the entry systems in subdivision (b), the pharmacist or the pharmacist's designee shall communicate the name of the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means, except that communication shall not be required in this instance to the prescriber when either of the following apply:~~

~~(1) There is no interchangeable biological product approved by the federal Food and Drug Administration for the product prescribed.~~

~~(2) A refill prescription is not changed from the product dispensed on the prior filling of the prescription.~~

~~(e) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning.~~

~~(1) This subdivision shall not prohibit a prescriber from checking a box on a prescription marked "Do not substitute," provided that the prescriber personally initials the box or checkmark.~~

~~(2) To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription, as defined in subdivision (c) of Section 4040, a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.~~

~~(f) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (e). A pharmacist who selects an alternative biological product to be dispensed pursuant to this section shall assume the same responsibility for substituting the biological product as would be incurred in filling a prescription for a biological product prescribed by name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a biological~~

product pursuant to this section. In no case shall the pharmacist select a biological product that meets the requirements of subdivision (a) unless the cost to the patient of the biological product selected is the same or less than the cost of the prescribed biological product. Cost, as used in this subdivision, includes any professional fee that may be charged by the pharmacist.

(g) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the Medi-Cal Act set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

(h) When a selection is made pursuant to this section, the substitution of a biological product shall be communicated to the patient.

(i) The board shall maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.

(j) For purposes of this section, the following terms shall have the following meanings:

(1) "Biological product" has the same meaning that applies to that term under Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262(i)).

(2) "Interchangeable" means a biological product that the federal Food and Drug Administration has determined meets the standards set forth in Section 262(k)(4) of Title 42 of the United States Code, or has been deemed therapeutically equivalent by the federal Food and Drug Administration as set forth in the latest addition or supplement of the Approved Drug Products with Therapeutic Equivalence Evaluations.

(3) "Prescription," with respect to a biological product, means a prescription for a product that is subject to Section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 353(b)).

(k) This section shall not prohibit the administration of immunizations, as permitted in Sections 4052 and 4052.8.

(l) This section shall not prohibit a disability insurer or health care service plan from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any biological product.

Attachment 9

CALIFORNIA STATE BOARD OF PHARMACY

QUARTERLY LICENSING STATISTICS FISCAL YEAR 2023/2024

*3rd QTR reporting is through 2/29/2024 full Quarter totals will be provided at the Committee Meeting

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	85	62	0	247
Designated Representatives Vet (EXV)	0	4	0	0	4
Designated Representatives-3PL (DRL)	33	31	23	0	87
Designated Representatives-Reverse Distributor (DRR)	1	0	1	0	2
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	858	132	66	0	1,056
Pharmacist Exam Applications	231	167	116	0	514
Pharmacist Retake Exam Applications	415	415	265	0	1,095
Pharmacist Initial License Application (RPH)	659	480	130	0	1,269
Advanced Practice Pharmacist (APH)	40	29	23	0	92
Pharmacy Technician (TCH)	1,206	1,087	867	0	3,160
Total	**3,543**	**2,430**	**1,553**	**0**	**7,526**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	3	0	0	4
Total	**1**	**3**	**0**	**0**	**4**

Site Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	72	45	53	0	170
Automated Drug Delivery System (ADD(APD))	1	0	2	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	32	33	28	0	93
Clinics Government Owned (CLE)	23	15	8	0	46
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	2	5	4	0	11
Hospitals Government Owned (HPE)	0	1	6	0	7
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	1	0	0	2
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	2	2	0	0	4
Pharmacy (PHY)	96	74	62	0	232
Pharmacy (PHY) Chain	5	5	2	0	12
Pharmacy Government Owned (PHE)	1	3	1	0	5
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	25	36	25	0	86
Sterile Compounding (LSC)	10	8	9	0	27
Sterile Compounding Government Owned (LSE)	1	1	8	0	10
Sterile Compounding Nonresident (NSC)	2	4	1	0	7
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	3	3	0	0	6
Third-Party Logistics Providers Nonresident (NPL)	8	5	3	0	16
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	22	13	7	0	42
Wholesalers Government Owned (WLE)	1	0	0	0	1
Wholesalers Nonresident (OSD)	26	20	11	0	57
Total	**333**	**274**	**230**	**0**	**837**
*Number of applications received includes the number of temporary applications received.					

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	2	4	4	0	10
Hospital Government Owned - Temp (HPE)	1	1	6	0	8
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	82	51	49	0	182
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	15	23	25	0	63
Sterile Compounding - Temp (LSC)	7	6	8	0	21
Sterile Compounding Government Owned - Temp (LSE)	1	1	6	0	8
Sterile Compounding Nonresident - Temp (NSC)	1	2	1	0	4
Third-Party Logistics Providers - Temp (TPL)	1	4	0	0	5
Third-Party Logistics Providers Nonresident - Temp (NPL)	2	2	3	0	7
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	8	9	1	0	18
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	7	7	5	0	19
Total	**129**	**110**	**108**	**0**	**347**

LICENSES ISSUED

Individual Licenses Issued	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representatives (EXC)	57	78	82	0	217
Designated Representatives Vet (EXV)	0	7	1	0	8
Designated Representatives-3PL (DRL)	16	43	28	0	87
Designated Representatives-Reverse Distributor (DRR)	2	1	0	0	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	458	503	101	0	1,062
Pharmacist (RPH)	665	465	146	0	1,276
Advanced Practice Pharmacist (APH)	19	31	20	0	70
Pharmacy Technician (TCH)	1,228	1,546	842	0	3,616
Total	**2,445**	**2,674**	**1,220**	**0**	**6,339**

Temporary Individual Licenses (Military Spouses/Partners) Issued	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	1	0	2
Total	**0**	**1**	**1**	**0**	**2**

Site Licenses Issued	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	93	94	17	0	204
Automated Drug Delivery System (ADD(APD))	0	1	0	0	1
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	7	33	7	0	47
Clinics Government Owned (CLE)	23	15	13	0	51
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	1	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	16	23	17	0	56
Pharmacy Government Owned (PHE)	3	0	2	0	5
Remote Dispensing Pharmacy (PHR)	0	1	0	0	1
Pharmacy Nonresident (NRP)	4	2	1	0	7
Sterile Compounding (LSC)	1	5	3	0	9
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	1	1	0	4
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	2	1	0	3
Third-Party Logistics Providers Nonresident (NPL)	8	4	2	0	14
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	13	8	6	0	27
Wholesalers Government Owned (WLE)	0	0	1	0	1
Wholesalers Nonresident (OSD)	11	10	10	0	31
Total	**183**	**199**	**82**	**0**	**464**

Site Temporary Licenses Issued	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Drug Room Government Owned -Temp (DRE)	0	0	0	0	0
Hospital - Temp (HSP)	1	2	0	0	3
Hospital Government Owned - Temp (HPE)	1	1	0	0	2
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0	0
Correctional Pharmacy - Temp (LCF)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0	0
Pharmacy - Temp (PHY)	64	77	35	0	176
Pharmacy Government Owned - Temp (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	11	19	13	0	43
Sterile Compounding - Temp (LSC)	2	3	0	0	5
Sterile Compounding Government Owned - Temp (LSE)	0	1	0	0	1
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0	2
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	1	1	0	5
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesaler - Temp (WLS)	6	3	3	0	12
Wholesaler Government Owned - Temp (WLE)	0	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	5	3	5	0	13
Total	**96**	**111**	**57**	**0**	**264**

PENDING APPLICATIONS (Data reflects number of pending applications at the end of the quarter)

Individual Applications Pending	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun
Designated Representatives (EXC)	267	273	256	0
Designated Representatives Vet (EXV)	7	4	3	0
Designated Representatives-3PL (DRL)	118	107	102	0
Designated Representatives-Reverse Distributor (DRR)	2	1	2	0
Designated Paramedic (DPM)	0	0	0	0
Intern Pharmacist (INT)	269	102	66	0
Pharmacist (exam not eligible)	1,271	1,399	1,240	0
Pharmacist (exam eligible)	1,325	854	921	0
Advanced Practice Pharmacist (APH)	125	123	126	0
Pharmacy Technician (TCH)	2,463	2,011	1,923	0
Total	**5,847**	**4,874**	**4,639**	**0**

Temporary Individual Applications Pending (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	1	2	1	0
Total	**1**	**2**	**1**	**0**

Site Applications Pending	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	159	97	66	0
Automated Drug Delivery System (ADD(APD))	46	1	3	0
Automated Drug Delivery System EMS (ADE)	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	1	1	1	0
Centralized Hospital Packaging (CHP)	0	0	0	0
Clinics (CLN)	172	168	188	0
Clinics Government Owned (CLE)	27	24	19	0
Drug Room (DRM)	1	1	1	0
Drug Room Government Owned (DRE)	0	0	0	0
Hospitals (HSP)	7	10	14	0
Hospitals Government Owned (HPE)	1	1	7	0
Hospital Satellite Sterile Compounding (SCP)	2	1	1	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0
Hypodermic Needle and Syringes (HYP)	13	14	13	0
Correctional Pharmacy (LCF)	1	1	1	0
Outsourcing Facility (OSF)	1	1	1	0
Outsourcing Facility Nonresident (NSF)	13	15	13	0
Pharmacy (PHY)	262	214	224	0
Pharmacy Government Owned (PHE)	6	10	11	0
Remote Dispensing Pharmacy (PHR)	5	4	4	0
Pharmacy Nonresident (NRP)	181	175	184	0
Sterile Compounding (LSC)	64	58	63	0
Sterile Compounding - Government Owned (LSE)	10	10	17	0
Sterile Compounding Nonresident (NSC)	16	18	17	0
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0
Third-Party Logistics Providers (TPL)	6	6	5	0
Third-Party Logistics Providers Nonresident (NPL)	69	69	69	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0
Wholesalers (WLS)	70	70	70	0
Wholesalers Government Owned (WLE)	2	2	1	0
Wholesalers Nonresident (OSD)	161	167	160	0
Total	**1,296**	**1,138**	**1,153**	**0**

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun
Drug Room -Temp (DRM)	1	0	0	0
Drug Room Government Owned-Temp (DRE)	0	0	0	0
Hospital - Temp (HSP)	4	3	3	0
Hospital Government Owned - Temp (HPE)	1	2	1	0
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned - Temp (SCE)	0	0	0	0
Correctional Pharmacy -Temp (LCF)	0	0	0	0
Outsourcing Facility - Temp (OSF)	1	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	0	0	0	0
Pharmacy - Temp (PHY)	102	126	124	0
Pharmacy Government Owned - Temp (PHE)	2	2	1	0
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	21	28	32	0
Sterile Compounding - Temp (LSC)	6	4	4	0
Sterile Compounding Government Owned - Temp (LSE)	0	1	1	0
Sterile Compounding Nonresident - Temp (NSC)	2	0	0	0
Third-Party Logistics Providers - Temp (TPL)	1	1	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	3	3	1	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0
Wholesaler - Temp (WLS)	6	5	3	0
Wholesaler Government Owned - Temp (WLE)	0	0	0	0
Wholesalers Nonresident - Temp (OSD)	6	5	6	0
Total	**156**	**180**	**176**	**0**

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representatives (EXC)	0	0	0	0	0
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	1	0	1	0	2
Pharmacist (exam applications)	0	0	42	0	42
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	2	0	124	0	126
Total	**3**	**0**	**167**	**0**	**170**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Site Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	27	12	67	0	106
Automated Drug Delivery System (ADD(APD))	0	44	0	0	44
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	4	1	0	8
Clinics Government Owned (CLE)	0	2	0	0	2
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Ownerd (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	1	0	0	1
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	1	0	0	0	1
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	2	0	2
Pharmacy (PHY)	5	22	0	0	27
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	12	21	1	0	34
Sterile Compounding (LSC)	2	6	1	0	9
Sterile Compounding - Government Owned (LSE)	2	0	0	0	2
Sterile Compounding Nonresident (NSC)	2	1	1	0	4
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	2	1	0	0	3
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	1	0	2	0	3
Total	**61**	**114**	**75**	**0**	**250**

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	2	1	0	4
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	0	0	0	0	0
Designated Representatives-Reverse Distributor (DRR)	0	0	0	0	0
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	0	1	1	0	2
Pharmacist (exam application)	0	0	1	0	1
Pharmacist (exam eligible)	0	1	1	0	2
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	5	9	9	0	23
Total	**6**	**13**	**13**	**0**	**32**

Temporary Individual Applications (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Site Applications	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	0	0	0	0	0
Clinics Government Owned (CLE)	0	0	0	0	0
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	0	0	0	0	0
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	0	0	0	0	0
Pharmacy (PHY)	1	2	0	0	3
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	0	0	0	0	0
Sterile Compounding (LSC)	0	0	0	0	0
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	0	0	0	0	0
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	**1**	**3**	**0**	**0**	**4**

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representative Received	405	424	234	0	1,063
Designated Representative Responded	115	67	227	0	409
Advanced Practice Pharmacist Received	227	189	118	0	534
Advanced Practice Pharmacist Responded	29	73	22	0	124
Pharmacist/Intern Received	2,216	1,501	805	0	4,522
Pharmacist/Intern Responded	2,216	1,501	805	0	4,522
Pharmacy Technician Received	2,721	1,851	960	0	5,532
Pharmacy Technician Responded	1,551	854	438	0	2,843
Pharmacy Received	2,297	2,073	1,739	0	6,109
Pharmacy Responded	1,837	1,269	1,302	0	4,408
Sterile Compounding/Outsourcing Received	647	720	533	0	1,900
Sterile Compounding/Outsourcing Responded	342	513	260	0	1,115
Wholesale/Hypodermic/3PL Received	811	468	293	0	1,572
Wholesale/Hypodermic/3PL Responded	549	592	683	0	1,824
Clinic Received	462	494	322	0	1,278
Clinic Responded	525	428	238	0	1,191
Automated Drug Delivery Systems Received	574	258	252	0	1,084
Automated Drug Delivery Systems Responded	440	174	161	0	775
Pharmacist-in-Charge Received	1,063	1,091	730	0	2,884
Pharmacist-in-Charge Responded	1,074	1,030	665	0	2,769
Change of Permit Received	598	577	542	0	1,717
Change of Permit Responded	502	481	448	0	1,431
Renewals Received	1,719	1,238	1,483	0	4,440
Renewals Responded	1,524	1,064	1,358	0	3,946

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representative	0	20	0	0	20
Advanced Practice Pharmacist	98	70	72	0	240
Pharmacist/Intern	1,787	742	303	0	2,832
Pharmacy	634	535	324	0	1,493
Sterile Compounding/Outsourcing	106	73	41	0	220
Wholesale/Hypodermic/3PL	112	102	46	0	260
Clinic	152	63	33	0	248
Automated Drug Delivery Systems	10	4	6	0	20
Pharmacist-in-Charge	384	164	81	0	629
Change of Permit	90	72	50	0	212
Renewals*	961	408	0	0	1,369
Reception*	21,879	9,471	0	0	31,350

* Q2 & Q3 (Oct-MAR) the total number of phone calls for Renewals and Reception is not reported after 11/15/2023 as the Department is still working on a reporting tool to collect the data as a new phone system was implemented

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	476	489	325	0	1,290
Processed	502	450	306	0	1,258
Approved	444	496	330	0	1,270
Pending (Data reflects number of pending at the end of the quarter.)	295	291	256	0	256

Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	36	35	32	0	103
Processed	37	22	41	0	100
Approved	29	22	45	0	96
Pending (Data reflects number of pending at the end of the quarter.)	39	51	39	0	39

Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	13	8	5	0	26
Processed	10	8	8	0	26
Approved	10	7	12	0	29
Pending (Data reflects number of pending at the end of the quarter.)	12	14	8	0	8

Change of Professional Director	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	9	12	23	0	44
Processed	7	7	25	0	39
Approved	12	12	13	0	37
Pending (Data reflects number of pending at the end of the quarter.)	33	31	33	0	33

Change of Permits	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	645	655	265	0	1,565
Processed	908	977	636	0	2,521
Approved	513	1,532	733	0	2,778
Pending (Data reflects number of pending at the end of the quarter.)	3,497	2,446	1,974	0	1,974

Discontinuance of Business	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	134	175	76	0	385
Processed	131	161	116	0	408
Approved	95	111	137	0	343
Pending (Data reflects number of pending at the end of the quarter.)	290	355	347	0	347

Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Received	29	18	26	0	73
Processed	46	23	23	0	92
Completed	41	23	26	0	90
Pending (Data reflects number of pending at the end of the quarter.)	17	16	16	0	16

Requests Approved	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Address/Name Changes	2,990	2,326	2,479	0	7,795
Off-site Storage	198	14	19	0	231
Transfer of Intern Hours	10	6	9	0	25
License Verification	135	127	61	0	323

DISCONTINUED BUSINESS

discontinued by reported date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	28	18	22	0	68
Automated Drug Delivery System (ADD(APD))	0	3	0	0	3
Automated Drug Delivery System EMS (ADE)	0	0	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	0	0	0	0	0
Centralized Hospital Packaging (CHP)	0	0	0	0	0
Clinics (CLN)	3	1	0	0	4
Clinics Government Owned (CLE)	4	10	1	0	15
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	0	0	0	0	0
Hospitals Government Owned (HPE)	0	0	0	0	0
Hospital Satellite Sterile Compounding (SCP)	0	0	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	0	0	0	0	0
Hypodermic Needle and Syringes (HYP)	0	0	0	0	0
Correctional Pharmacy (LCF)	1	1	0	0	2
Outsourcing Facility (OSF)	0	1	0	0	1
Outsourcing Facility Nonresident (NSF)	1	0	0	0	1
Pharmacy (PHY)	23	18	14	0	55
Pharmacy (PHY) Chain	35	71	55	0	161
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	10	5	0	21
Sterile Compounding (LSC)	9	11	3	0	23
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	0	1	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	2	1	0	0	3
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	6	1	2	0	9
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	6	8	4	0	18
Total	**124**	**155**	**106**	**0**	**385**

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Designated Representatives (EXC)	655	576	434	0	1,665
Designated Representatives Vet (EXV)	16	5	5	0	26
Designated Representatives-3PL (DRL)	111	90	76	0	277
Designated Representatives-Reverse Distributor (DRR)	0	5	0	0	5
Designated Paramedic (DPM)	1	1	0	0	2
Pharmacist (RPH)	6,374	5,809	3,552	0	15,735
Advanced Practice Pharmacist (APH)	144	142	90	0	376
Pharmacy Technician (TCH)	7,883	6,858	3,969	0	18,710
Total	**15,184**	**13,486**	**8,126**	**0**	**36,796**

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Feb	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(APD & AUD))	192	637	40	0	869
Automated Drug Delivery System EMS (ADE)	0	0	1	0	1
Automated Patient Dispensing System 340B Clinic (ADC)	0	1	0	0	1
Centralized Hospital Packaging Government Owned (CHE)	1	0	0	0	1
Centralized Hospital Packaging (CHP)	4	0	3	0	7
Clinics (CLN)	419	281	346	0	1,046
Clinics Government Owned (CLE)	57	798	5	0	860
Drug Room (DRM)	3	5	7	0	15
Drug Room Government Owned (DRE)	1	8	0	0	9
Hospitals (HSP)	61	160	57	0	278
Hospitals Government Owned (HPE)	43	13	2	0	58
Hospital Satellite Sterile Compounding (SCP)	2	1	0	0	3
Hospital Satellite Sterile Compounding Government Owned (SCE)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	63	42	35	0	140
Correctional Pharmacy (LCF)	5	49	0	0	54
Outsourcing Facility (OSF)	1	1	0	0	2
Outsourcing Facility Nonresident (NSF)	2	4	5	0	11
Pharmacy (PHY)	1,153	2,065	550	0	3,768
Pharmacy Government Owned (PHE)	51	58	10	0	119
Remote Dispensing Pharmacy (PHR)	0	2	0	0	2
Pharmacy Nonresident (NRP)	125	124	109	0	358
Sterile Compounding (LSC)	143	263	98	0	504
Sterile Compounding Government Owned (LSE)	58	6	5	0	69
Sterile Compounding Nonresident (NSC)	8	14	7	0	29
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0	1
Third-Party Logistics Providers (TPL)	13	4	7	0	24
Third-Party Logistics Providers Nonresident (NPL)	47	36	15	0	98
Veterinary Food-Animal Drug Retailer (VET)	2	3	5	0	10
Wholesalers (WLS)	125	81	68	0	274
Wholesalers Government Owned (WLE)	3	5	0	0	8
Wholesalers Nonresident (OSD)	212	158	119	0	489
Total	**2,797**	**4,819**	**1,494**	**0**	**9,110**

CURRENT LICENSES - Data reflects number of licenses at the end of the quarter.

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	2,829	2,823	2,902	0
Designated Representatives Vet (EXV)	55	58	61	0
Designated Representatives-3PL (DRL)	480	509	549	0
Designated Representatives-Reverse Distributor (DRR)	15	16	16	0
Designated Paramedic (DPM)	3	3	2	0
Intern Pharmacist (INT)	4,740	4,900	4,876	0
Pharmacist (RPH)	49,906	50,154	50,051	0
Advanced Practice Pharmacist (APH)	1,210	1,241	1,272	0
Pharmacy Technician (TCH)	65,218	65,803	66,098	0
Total	**124,456**	**125,507**	**125,827**	**0**

Temporary Individual Licenses (Military Spouses/Partners)	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Temp-Designated Representatives-Wholesaler (TEX)	0	0	0	0
Temp-Designated Representatives-3PL (TDR)	0	0	0	0
Temp-Designated Representatives-Reverse Distributor (TRR)	0	0	0	0
Temp-Designated Paramedic (TDP)	0	0	0	0
Temp-Intern Pharmacist (TIN)	0	0	0	0
Temp-Pharmacist (TRP)	0	0	0	0
Temp-Advanced Practice Pharmacist (TAP)	0	0	0	0
Temp-Pharmacy Technician (TTC)	0	1	3	0
Total	**0**	**1**	**3**	**0**

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,094	1,118	1,133	0
Automated Drug Delivery System (ADD(APD))	20	18	16	0
Automated Drug Delivery System EMS (ADE)	1	1	1	0
Automated Patient Dispensing System 340B Clinic (ADC)	1	1	1	0
Centralized Hospital Packaging Government Owned (CHE)	2	2	2	0
Centralized Hospital Packaging (CHP)	8	8	8	0
Clinics (CLN)	1,404	1,429	1,436	0
Clinics Government Owned (CLE)	938	944	956	0
Drug Room (DRM)	21	21	21	0
Drug Room Government Owned (DRE)	10	10	10	0
Hospitals (HSP)	399	399	397	0
Hospitals Government Owned (HPE)	77	78	84	0
Hospital Satellite Sterile Compounding (SCP)	4	4	4	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	4	4	0
Hypodermic Needle and Syringes (HYP)	237	231	233	0
Correctional Pharmacy (LCF)	57	56	56	0
Outsourcing Facility (OSF)	4	4	3	0
Outsourcing Facility Nonresident (NSF)	20	20	21	0
Pharmacy (PHY)	6,091	6,072	5,990	0
Pharmacy Government Owned (PHE)	144	144	145	0
Remote Dispensing Pharmacy (PHR)	2	3	3	0
Pharmacy Nonresident (NRP)	599	607	602	0
Sterile Compounding (LSC)	707	706	692	0
Sterile Compounding Government Owned (LSE)	103	104	109	0
Sterile Compounding Nonresident (NSC)	58	58	57	0
Surplus Medication Collection Distribution Intermediary (SME)	1	1	1	0
Third-Party Logistics Providers (TPL)	36	39	40	0
Third-Party Logistics Providers Nonresident (NPL)	140	143	153	0
Veterinary Food-Animal Drug Retailer (VET)	18	18	18	0
Wholesalers (WLS)	477	481	482	0
Wholesalers Government Owned (WLE)	10	10	11	0
Wholesalers Nonresident (OSD)	809	809	818	0
Total	**13,496**	**13,543**	**13,507**	**0**
Total Population of Licenses	**137,952**	**139,051**	**139,337**	**0**