



## **Enforcement and Compounding Committee Report**

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The Board will review a summary of the committee's work at its April 20, 2022, meeting, as well as updates for discussion and action as necessary.

### **a. Presentations, Discussion and Consideration of Hospital at Home Programs**

#### **Background**

The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program that allows a hospital to establish a Hospital at Home program under specified conditions, including receiving approval from CMS. The program provides for flexibility that allows for certain health care services to be provided outside of a traditional hospital setting and within a patient's home. Under the program a hospital must meet several requirements. Patients will only be admitted into a program from an emergency department and inpatient hospital beds, and an in-person physician evaluation is required prior to starting services at home.

CMS provides [Hospital at Home Pharmacy FAQs](#) as part of its technical assistance center. As part of this information, CMS provides that it is important for a program to understand regulatory compliance issues.

In December 2020, the California Department of Public Health released an [All Facilities Letter \(AFL\)](#) related to program flexibility requirements for general acute care hospitals (GACH). The AFL provides that a GACH is required to coordinate with CDPH to operate under the state's emergency preparedness or pandemic plan during the public health emergency to meet surge needs in their community.

The California Department of Health Care Services provides information on its website about the program on this [website](#), including a list of hospitals offering the hospital care at home services. DHCS notes that the intent of the program is to

increase hospital capacity by allowing patients to be seen outside of a traditional hospital setting, while also protecting patients to ensure that they are treated appropriately and safely in home settings during the COVID-19 public health emergency (PHE).

### Summary of Presentations and Discussion

During the meeting members received presentations from Pat Blaisdell with the California Hospital Association and Dr. Kyle Robb with the American Society of Health Systems Pharmacists.

Ms. Blaisdell's presentation included an overview of Hospital at Home programs (HaH) and noted it is a new unique service. Ms. Blaisdell reviewed the required services that must be included in HaH programs, including pharmacy services. Ms. Blaisdell discussed some of the pharmacy related areas including patient self-administration of medication, bedside storage of medication, monitoring of medication temperature and the stocking and re-stocking of medication "kit." Ms. Blaisdell indicated HaH programs can improve outcomes including hospital readmission rates, patient satisfaction, reduced rates of depression and anxiety, and for older adults, reduction in hospital association disability. Some preliminary findings from CMS were reported. Members were also advised about pending federal legislation that would provide a 2-year extension of the current CMS waiver allowing the program as well as pending legislation in California.

The [presentation slides](#) are available on the Board's website.

Dr. Robb's presentation provided historical background on HaH programs and indicated that initial trials in 1996-2002 concluded that HaH was feasible, safe, cost-effective and met disease specific quality standards at rates similar to acute hospital. Dr. Robb reviewed the typical HaH patient experience including that a patient must provide consent to participate. Dr. Robb noted that over 60 acute conditions are eligible for the program, with the most common being heart failure, pneumonia, and chronic obstructive pulmonary disease. Dr. Robb highlighted a report released by ASHP on HaH and concluded by highlighting pharmacy considerations include medication handling, technology and patient information management, medication storage and waste disposal, workforce, and access to provisions of clinical services.

The [presentation slides](#) and referenced [report](#) are available on the Board's website.

Member discussion included that HaH programs provide great opportunities, but there are concerns that need to be addressed to ensure patient safety. Members discussed provisions for first-dose kits and the need to evaluate the use for safety as

such medications are typically administered in advance of a pharmacist review. The issues of medication transportation as well as storage and patient administration must also be considered. It was noted that some programs may avoid issues related to controlled substances by having a patient secure such medications from an outpatient pharmacy and treating such medications as the patient's property.

The committee noted it is appropriate to monitor the legislation and consider issues in the future.

**b. Discussion and Consideration of Compounding by Board Licensees Outside of a Pharmacy**

Relevant Law

[BPC 4029\(c\)](#) defines "Hospital satellite compounding pharmacy" as an area licensed by the board to perform sterile compounding that is separately licensed by the board pursuant to Section 4127.15 to perform that compounding and is located outside of the hospital in another physical plant that is regulated as a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

[BPC4038\(a\)](#) defines "Pharmacy technician" as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in Section 4115 .

[BPC 4052.2\(a\)\(3\)](#) provides that 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 center, a licensed clinic in which there is a 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): administering drugs and biologicals by injection pursuant to a prescriber's order.

[BPC 4115](#) provides (a) 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 pharmacist. The pharmacist shall be responsible for the duties performed under his or her supervision by a technician. (b) This section does not authorize the performance of any tasks specified in subdivision (a) by a pharmacy technician without a pharmacist on duty.

(c) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

[Title 16, California Code of Regulations section \(CCR\) 1735\(a\)](#) defines “Compounding” as any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription: (1) Altering the dosage form or delivery system of a drug (2) Altering the strength of a drug (3) Combining components or active ingredients (4) Preparing a compounded drug preparation from chemicals or bulk drug substances.

### Background

It is not uncommon for Board licensees, primarily pharmacist and pharmacy technicians, to be involved in compounding outside of a licensed pharmacy including in some of the following areas:

- Board licensed technicians ordering drugs under a physician's license, compounding, and overseeing compounding in physician offices and/or licensed clinics with no pharmacist present.
- Board licensed technician working at an oncology medical practice, preparing cancer treatments for injection or infusion with no pharmacist present.
- Board licensed pharmacists compounding, overseeing compounding and providing additional pharmacy services in physician offices and/or licensed clinics.
- Board licensed pharmacists compounding and overseeing technicians at an unlicensed infusion center.

The Board does not regulate these locations; however, is familiar with some investigations and patient care issues that have been identified regarding compounding practices in some locations. Board staff have partnered with sister regulators conducting inspections, including at clinics and other locations, at the request of these other agencies. In some instances, it is unclear what compounding requirements are followed to ensure sterility and quality of the compounded preparations.

There are some states that, as part of their regulatory jurisdictions, authorize the respective state board of pharmacy to regulate compounding that occurs in locations such as clinics.

### Summary of Committee discussion

The committee discussed scenarios involving pharmacy technicians working outside of a licensed pharmacy and without the supervision of a pharmacist, and considered if such an individual should be representing themselves as a pharmacy technician in such an environment. Members were advised that as part of the

Licensing Committee, comments have been received that suggest it may be appropriate to consider a change to expand the authorized locations where an individual can work as a pharmacy technician under the supervision of a pharmacist. The committee determined that this issue should be considered by the Licensing Committee.

The committee also contemplated pharmacists compounding in non-licensed environments and that in such instances, a lesser standard of compounding practice may be used. It was suggested that if the Board transitions to a standard of care model, such practice would not be acceptable.

The committee also briefly discussed compounding practices that occur outside of the Board's jurisdiction; however, limited the discussion.

The committee will schedule future discussion on compounding practices that occur outside of board licensed facilities. As part of the future discussion, the committee will consider how the issue is handled at a national level.

**c. Discussion and Consideration of Proposed Revisions to Frequently Asked Questions Related to Automated Drug Delivery System (ADDS)**

Background

As part of the July 2021 Board meeting, the Board approved draft FAQs related to automated drug delivery systems. Since that time, additional changes in the law have occurred. To ensure the FAQs remain an important resource for licensees, updates to the FAQs appear appropriate.

The committee deferred discussion and action on this item.

**d. Review and Discussion of Enforcement Statistics**

Since July 1, 2021, the board received 2,336 complaints and has closed 2,360 investigations. The board has issued 230 Letters of Admonishment, 949 Citations and referred 120 cases to the Office of the Attorney General. The board has revoked 44 licenses, accepted the disciplinary surrender of 67 licenses, denied 5 applications, and imposed other levels of discipline against 105 licensees and/or applicants.

As of April 1, 2022, the board had 1,098 field investigations pending. Below is a breakdown providing more detail in the various investigation process:

	July 3, 2021		October 1, 2021		January 3, 2022		April 1, 2022	
	Volume	Average Days	Volume	Average Days	Volume	Average Days	Volume	Average Days
Awaiting Assignment	41	18	71	14	43	29	43	6
Cases Under Investigation	631	150	560	146	626	136	738	122
Pending Supervisor Review	141	40	134	40	135	41	173	30
Pending Second Level Review	30	16	42	47	90	53	94	56
Awaiting Final Closure	410	70	167	75	66	60	50	15

**Attachment 1** includes the current fiscal year enforcement statistics.

# **Attachment 1**

**Board of Pharmacy**

**Enforcement Workload Statistics FY 2021/22**

<b>Complaint Investigations</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Received	661	718	803	0	2,182
Closed	755	740	703	0	2,198
Pending	1,308	1,294	1,417	0	1,417
Average Days for Investigation	246	194	175	0	175

<b>Cases Under Investigation (By Team)</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Quarter Ending
Compliance / Routine	484	541	611	0	611
Drug Diversion / Fraud	144	178	197	0	197
Prescription Drug Abuse	107	92	168	0	168
Compounding	38	43	50	0	50
Outsourcing	15	15	22	0	22
Probation / PRP	19	25	50	0	50
Enforcement	235	93	4	0	4
Criminal Conviction	266	307	315	0	315

<b>Application Investigations</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Received	54	42	58	0	154
<b>Closed</b>					
Approved	36	44	31	0	111
Denied	16	11	15	0	42
<b>Total Closed (includes withdrawn)</b>	<b>54</b>	<b>61</b>	<b>52</b>	<b>0</b>	<b>167</b>
Pending	74	53	63	0	63

<b>Complaint Closure Outcomes Not Resulting in Further Action</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Insufficient Evidence	189	149	171	0	509
Non-Jurisdictional	119	122	153	0	394
No Violation	92	108	53	0	253
No Further Action	59	68	56	0	183
Other - Non-Substantiated	7	4	11	0	22
Subject Educated	20	17	12	0	49

<b>Letter of Admonishment / Citations</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
LOA Issued	92	73	65	0	230
Citations Issued	359	332	258	0	949
Proof of Abatement Requested	89	84	45	0	218
Appeals Received	27	22	7	0	56
Dismissed	5	14	3	0	22
<b>Total Fines Collected</b>	<b>\$205,461</b>	<b>\$237,224</b>	<b>\$310,175</b>	<b>\$0</b>	<b>\$752,860</b>



<b>Administrative Cases</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Referred to the AG's Office	44	21	55	0	120
Pleadings Filed	51	50	30	0	131
<b>Pending</b>					Quarter Ending
Pre-Accusation	85	58	78	0	78
Post-Accusation	153	167	147	0	147
<b>Total Pending</b>	<b>242</b>	<b>225</b>	<b>225</b>	<b>0</b>	<b>225</b>
Total Closed	50	45	62	0	157

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b>Revocation</b>					
Pharmacist	2	1	3	0	6
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	5	1	17	0	23
Designated Representative	1	0	0	0	1
Wholesaler	0	0	0	0	0
Pharmacy	10	1	2	0	13
Sterile Compounding	1	0	0	0	1
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>19</b>	<b>3</b>	<b>22</b>	<b>0</b>	<b>44</b>

<b>Administrative Case Outcomes</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b>Revocation; stayed suspension/probation</b>					
Pharmacist	0	0	1	0	1
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0
Designated Representative	0	0	0	0	0
Wholesaler	0	0	0	0	0
Pharmacy	0	0	0	0	0
Sterile Compounding	0	0	0	0	0
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b>Revocation; stayed; probation</b>					
Pharmacist	10	16	12	0	38
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	1	2	0	0	3
Designated Representative	0	0	0	0	0
Wholesaler	0	0	0	0	0
Pharmacy	6	6	1	0	13
Sterile Compounding	2	1	0	0	3
Outsourcing	0	1	0	0	1
<b>Total</b>	<b>19</b>	<b>26</b>	<b>13</b>	<b>0</b>	<b>58</b>

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b><i>Surrender / Voluntary Surrender</i></b>					
Pharmacist	4	7	9	0	20
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	3	3	7	0	13
Designated Representative	0	0	0	0	0
Wholesaler	0	0	0	0	0
Pharmacy	11	9	13	0	33
Sterile Compounding	0	0	1	0	1
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>18</b>	<b>19</b>	<b>30</b>	<b>0</b>	<b>67</b>

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b><i>Public Reproval / Reprimand</i></b>					
Pharmacist	3	3	10	0	16
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	1	0	1	0	2
Designated Representative	0	0	1	0	1
Wholesaler	0	0	1	0	1
Pharmacy	5	9	5	0	19
Sterile Compounding	1	0	1	0	2
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>12</b>	<b>19</b>	<b>0</b>	<b>41</b>

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b><i>Licenses Granted</i></b>					
Pharmacist	1	0	0	0	1
Intern Pharmacist	1	0	0	0	1
Pharmacy Technician	0	0	2	0	2
Designated Representative	0	0	0	0	0
Wholesaler	0	0	0	0	0
Pharmacy	0	1	0	0	1
Sterile Compounding	0	0	0	0	0
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>5</b>

<b>Administrative Case Outcome</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b>Licenses Denied</b>					
Pharmacist	0	0	0	0	0
Intern Pharmacist	0	0	0	0	0
Pharmacy Technician	1	0	1	0	2
Designated Representative	0	0	0	0	0
Wholesaler	0	0	0	0	0
Pharmacy	0	3	0	0	3
Sterile Compounding	0	0	0	0	0
Outsourcing	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>5</b>

<b>Administrative Case Cost Recovery Efforts</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
<b>Cost Recovery Requested</b>	<b>\$348,542</b>	<b>\$1,128,139</b>	<b>\$734,380</b>	<b>\$0</b>	<b>\$2,211,061</b>
<b>Cost Recovery Collected</b>	<b>\$262,261</b>	<b>\$1,082,219</b>	<b>\$289,705</b>	<b>\$0</b>	<b>\$1,634,185</b>

<b>Immediate Public Protection Sanctions</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Interim Suspension Orders	0	1	0	0	1
Automatic Suspension Orders	1	0	0	0	1
Penal Code 23 Restrictions	0	0	0	0	0
Cease and Desist - Outsourcing	1	0	0	0	1
Cease and Desist - Unlicensed Activity	0	1	0	0	1
Cease and Desist - Sterile Compounding	0	0	0	0	0

<b>Probation Statistics</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Quarter Ending
<b>Licenses on Probation</b>					
Pharmacist	223	226	215	0	215
Intern Pharmacist	3	3	3	0	3
Pharmacy Technician	29	27	24	0	24
Designated Representative	2	2	2	0	2
Wholesaler / 3PL	3	3	3	0	3
Pharmacy	68	65	64	0	64
Sterile Compounding	10	11	11	0	11
Outsourcing	0	0	1	0	1
<b>Total</b>	<b>338</b>	<b>337</b>	<b>323</b>	<b>0</b>	<b>323</b>

<b>Probation Statistics</b>	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Probation Office Conferences	18	23	16	0	57
Probation Site Inspections	127	96	50	0	273
Probation Terminated / Completed	30	24	30	0	84
Referred to AG for Non-Compliance	6	1	0	0	7

As of 3/31/2022

## Board of Pharmacy

### Citation and Fine Statistics FY 2021/22

Citation Outcomes	July - Sept	Oct - Dec	Jan - March	Apr - Jun	Total
Pharmacist with Fine	88	75	52	0	215
Pharmacist no Fine	61	48	49	0	158
Pharmacy with Fine	74	75	70	0	219
Pharmacy no Fine	66	56	41	0	163
Pharmacist-in-Charge with Fine*	44	53	24	0	121
Pharmacist-in-Charge no Fine	70	52	37	0	159
Pharmacy Technician with Fine	20	32	10	0	62
Pharmacy Technician no Fine	0	0	6	0	6
Wholesalers	2	4	1	0	7
Designated Representative	4	1	1	0	6
Clinics	0	1	0	0	1
Drug Room	0	0	0	0	0
Exempt Hospital	2	0	0	0	2
Hospital Pharmacy	4	7	5	0	16
Miscellaneous**	36	30	22	0	88
Unlicensed Premises	2	5	4	0	11
Unlicensed Person	1	0	1	0	2

\*These numbers are also represented in the RPH columns, but reflect how many RPHs were cited as PICs

\*\*Intern Pharmacist, Licensed Correctional Facilities, Exempt Pharmacies, Non-Resident Pharmacies, and Vet Retailers

## Top Ten Violations by License Type

Pharmacists	%	Pharmacies	%	Pharmacists In Charge	%
1716 - Variation from prescription	36%	1716 - Variation from prescription	24%	1716 - Variation from prescription	30%
1715(a) - Self-assessment form of a pharmacy by the pharmacist-in-charge; shall complete a self-assessment of pharmacy compliance with federal and state pharmacy law	9%	4113(d) - Every pharmacy shall notify the board in writing within 30 days of the date of a change in pharmacist-in-charge	24%	1715(a) - Self-assessment form of a pharmacy by the pharmacist-in-charge; shall complete a self-assessment of pharmacy compliance with federal and state pharmacy law	15%
4301(g) - Unprofessional Conduct - Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts	7%	4113(a) - Pharmacist-in-Charge: Notification to Board; Responsibilities; Every pharmacy shall designate a pharmacist-in-charge within 30 days in writing of the identity and license number of that pharmacy	20%	4081(a)/1718 - Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	12%
4306.5(c) - Unprofessional conduct for a pharmacist may include any... (c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other record	7%	4081(a)/1718 - Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	6%	1714(d) - Operational Standards and Security; Pharmacist responsible for pharmacy security	6%
4301(l) - Unprofessional Conduct - Conviction of a crime substantially related to the practice of pharmacy	7%	4305(b) - Operation of a pharmacy for more than 30 days without supervision or management by a pharmacist-in-charge shall constitute grounds for disciplinary action	6%	4115(e) - No person shall act as a pharmacy technician without first being licensed by the board as a pharmacy technician	6%
4076/1707.1/11165(d) - Prescription Container – Requirements for Labeling/Duty to maintain medication profiles/For each prescription for a Schedule II or Schedule III controlled substance, the dispensing	7%	1764/56.10(a) - Unauthorized disclosure of prescription and medical information	5%	4104(b) - Every pharmacy shall have written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft diversion, or self-use of dangerous drugs, among licensed	6%
4301(h) - Unprofessional Conduct – The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous	7%	1711(d) - Quality assurance program finding shall be used to develop systems to prevent medication errors...	5%	1793.7(f)/4115(h) - Requirements for pharmacies employing pharmacy technicians; pharmacist to technician ratio/ The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician	6%
4081(a)/1718 - Records of Dangerous Drugs and Devices Kept Open for Inspection; Maintenance of Records, Current Inventory/Current Inventory Defined	7%	4306.5(c) - Unprofessional conduct for a pharmacist may include any... (c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other record	5%	4058 - Display of original license	6%
1707.2(a) - Duty to consult: A pharmacist shall provide oral consultation to his or her patient or the agent of patient in all care settings	7%	1714(b) - Operational Standards and Security; pharmacy responsible for pharmacy security	3%	1735.4(a)(2) - Labeling of Compounded Drug Preparation- Each compounded drug preparation shall be affixed with a container label prior to dispensing that contains at least Name (brand or generic) and s	6%
1764/56.10(a) - Unauthorized disclosure of prescription and medical information	5%	4113(E) - Pharmacist-in-Charge: Notification to Board; Responsibilities; If a pharmacy is unable, in the exercise of reasonable diligence, to identify within 30 days a permanent replacement pharmacist	3%	1707.2(a)(3) - A pharmacist shall provide oral consultation to his or her patient or the patient's agent in all care settings whenever the prescription drug has not previously been dispensed to a patient	6%



### SB 1441 Uniform Standards

The data includes licensees participating in the Pharmacist Recovery Program (PRP) and licensees on probation with substance use disorders.

Board of Pharmacy	July Sep	Oct – Dec	Jan Mar	Apr Jun	Total 21/22
Drug of Choice at PRP Intake or Probation					
Pharmacists	July-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Total 20/21
Alcohol	1	1	2		4
Ambien	1				1
Opiates					
Hydrocodone					
Oxycodone					
Morphine					
Benzodiazepines					
Barbiturates					
Marijuana					
Heroin					
Cocaine					
Methamphetamine					
Pharmaceutical Amphetamine					
Phentermine					
Methadone					
Zolpidem Tartrate					
Hydromorphone					
Clonazepam					
Tramadol					
Carisprodol					
Phendimetrazine					
Promethazine w/Codeine					
Intern Pharmacists	July-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Total 20/21
Alcohol					
Opiates					
Hydrocodone					
Oxycodone					
Benzodiazepines					
Barbiturates					
Marijuana					
Heroin					
Cocaine					
Methamphetamine					
Pharmaceutical Amphetamine					
Phentermine					
Methadone					
Zolpidem Tartrate					
Hydromorphone					
Clonazepam					
Tramadol					
Carisprodol					
Phendimetrazine					
Promethazine w/Codeine					
Pharmacy Technicians	July-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Total 20/21
Alcohol	1	1			2
Opiates					
Hydrocodone					
Oxycodone					
Benzodiazepines					
Barbiturates					
Marijuana					
Heroin					
Cocaine			1		1
Methamphetamine					
Pharmaceutical Amphetamine					
Phentermine					
Methadone					
Zolpidem Tartrate					
Hydromorphone					
Clonazepam					
Tramadol					
Carisprodol					
Phendimetrazine					
Promethazine w/Codeine					

# Drug Of Choice - Data entered from July 2021 to December 2021

- 1 Alcohol
- 2 Opiates
- 3 Hydrocodone
- 4 Oxycodone
- 5 Benzodiazepines
- 6 Barbiturates
- 7 Marijuana
- 8 Heroin
- 9 Cocaine
- 10 Methamphetamine
- 11 Pharmaceutical Amphetamine

