



LICENSING COMMITTEE REPORT

Seung Oh, Licensee Member, Chairperson
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During the meeting members will review a summary of the Committee's work at its October 18, 2022, Committee Meeting.

a. Discussion and Consideration of Possible Statutory Proposal to Expand Current Pharmacy Technician Authorized Duties and Current Pharmacist to Pharmacy Technician Ratio

Relevant Law

[BPC 4038](#) provides the definition of a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties.

[BPC 4115](#) specifies that 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. This section provides authority that a pharmacy technician working in a licensed health care facility may also package emergency supplies; seal emergency containers; perform monthly checks of drug supplies stored throughout the facility. The section further provides that unless otherwise indicated, the ratio of pharmacists to pharmacy technicians is generally 1:1 for the first pharmacist in community pharmacy, with the ratio of each additional pharmacist becomes 1:2.

[BPC Section 4118.5](#) provides authority for a pharmacy technician to perform the task of obtaining an accurate medication profile or list for a high-risk patient under specified conditions.

[Title 16, CCR section 1793.2](#) identifies specific duties that may be performed by a pharmacy technician. Duties include:

- Removing the drug from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container

- Affixing labels to the container
- Packaging and repackaging

[Title 16, CCR Section 1793.7](#) further establishes a ratio of not less than one pharmacist on duty for a total of two pharmacy technicians on duty while performing specified functions in specified licensed health facilities.

[Title 16, CCR Section 1793.8](#) establishes the provisions for a general acute care hospital to establish program allowing a pharmacy technician to check the work of another pharmacy technician in connection with the filling of floor and ward stock and unit dose distribution systems under specified conditions.

Background

In preparation for the Committee's April Pharmacy Technician Summit, the Committee requested listening sessions to solicit feedback from pharmacists and pharmacy technicians on several items related to potential changes to authorized functions. In addition to the sessions, online surveys were also created to provide another means for pharmacists and pharmacy technicians to provide feedback.

Twelve listening sessions were convened over a five-week period including a combination of morning and evening sessions on various days of the week, and weekends. Chairperson Veale moderated the meetings. To standardize the information received, participants in the listening sessions were asked the same questions as those included in the online survey.

As part of the April Summit, the Committee reviewed the results of the information provided from pharmacy technicians and pharmacists and research in various related areas. The discussion covered various topics including:

- Possible new duties for pharmacy technicians
- Possible functions that would allow for supervision by another technician
- Perceptions of pharmacist oversight of pharmacy technicians
- Perceptions of training for pharmacy technicians
- Identification of the biggest challenges identified
- Perceptions of remote work by pharmacy technicians

As part of the July Committee Meeting, members continued its evaluation including consideration of additional policy questions. Committee members appeared to reach consensus that the following duties may be appropriate to add to the authorized duties of a pharmacy technician:

1. Authority to administer vaccinations.

2. Authority to receive verbal prescriptions and transfers and accept clarifications on prescriptions.
3. Authority to perform some aspects of CLIA waived testing.

The Committee further provided that the additional duties could only be completed under specified conditions including:

1. The pharmacist-in-charge has determined that the pharmacy technician is competent to perform such tasks.
2. The pharmacy schedules another pharmacy technician to assist the pharmacist, thereby increasing the pharmacist to pharmacy technician ratio under this scenario.
3. The pharmacy technician is certified and has completed at least six hours of training approved by ACPE including hands-on injection technique and the treatment of emergency reactions to vaccines.

Following discussion members directed staff to develop a statutory proposal that could be used to facilitate policy changes.

Summary of Committee Discussion and Action

During the meeting members considered the draft statutory proposal. Members generally agreed with the direction of the proposal with some members noting that is consistent with past discussions.

Members noted that under the proposal additional specified duties will be authorized for a pharmacy technician to perform under specified conditions including the pharmacy technician must be certified, must have completed training on vaccines; may only do so if deemed appropriate by the PIC, and another pharmacy technician must be scheduled to assist the pharmacist in performing the other specified tasks.

Members specifically discussed the issue of ratios and if a general increase in the ratio in community pharmacy was appropriate. Some members noted that discussion the larger changes to the ratio should occur separately.

Members discussed the requirements to maintain certification, including mandatory continuing education. Members determined that management of continuing education could be through the certification process.

Public comments included concerns that the language limits what activities a pharmacy technician can perform related to CLIA waived tests and suggested that the laboratory director should determine what aspects of the testing are appropriate for a pharmacy technician to complete. Public

comment also suggested that the requirement to complete vaccine training should only be applicable if the pharmacy technician is providing vaccines.

Additional public comment spoke in support of the expansion of pharmacy technician duties.

Comments were also received supporting the staffing floor being established; however, concern was raised that the provisions related to vaccine administration was too expansive and should be limited. Commenter also suggested the language be clarified to clarify the Board's expectation related to oversight of the technicians and also suggested that pharmacy technicians performing these functions should be required to take a break at the same time as the pharmacist or not perform these functions where a pharmacist is on a break. Commenter also indicated that the supervising pharmacist should retain authority to determine if a pharmacist technician is appropriate to perform these expanded duties and suggested that language needs to be included in the proposal related to liability for pharmacists.

Public comment sought clarification on the language related to pharmacy technicians working and offered suggested language to make the language more explicit that a pharmacy technician must be available to assist the pharmacist in performing specified duties if another pharmacy technician is performing the expanded duties.

Public comment spoke in support of the expanded duties but indicated that the language is too limiting and suggested that the ratio increase should not be limited to the expanded duties.

Following public comment members considered comments. Ultimately members determined additional changes to the language was appropriate related to staffing and availability. Members also discussed the need to ensure expanded services are available in health care deserts.

Committee Recommendation: Pursue a statutory proposal to amend Business and Professions code section 4115 as presented and amended to further refine the language contained in 4115(g)(1).

Attachment 1 contains the proposed language.

b. Discussion and Consideration of Possible State Protocol Consistent with Provisions of Business and Professions Code Section 4052.01 as amended in Senate Bill 1259 (Chapter 245, Statutes of 2022)

Relevant Law

Effective January 1, 2023, amendments to [Business and Professions Code section 4052.01](#) will provide the authority for a pharmacist to furnish federal Food Drug and Administration approved opioid antagonist in accordance with standardized procedures or protocols developed and approved by 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. The section further details areas that must be included in the standardized procedures.

[California Code of Regulations Section 1746.3](#) establishes the requirements of the standardized procedures established for a pharmacist to furnish naloxone hydrochloride pursuant to section 4052.01.

Background

In 2014 pharmacists were granted authority to furnish naloxone hydrochloride in accordance with standardized procedures established. Following enactment of the statute, the Board, as required in the statute, developed the regulation necessary to implement the statute.

Subsequent to these authorities, additional access points have been established for patients to access naloxone hydrochloride, including authority for pharmacies to furnish naloxone hydrochloride to law enforcement agencies and to school districts, county office of education, or charter schools under specified conditions.

The California Department of Public health issued a [standing order](#) that allows libraries and other community organizations that are currently working with a physician to obtain and distribute naloxone to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist; and allow for the administration of the naloxone.

In April 2021, the [FDA](#) announced its approval of higher dose of naloxone hydrochloride nasal spray. The FDA has approved naloxone hydrochloride nasal spray products in 2mg, 4 mg and 8 mg naloxone nasal spray products and notes that naloxone is a medicine that can be administered by individuals with or without medical training to help reduce opioid overdose deaths.

As products are approved by the FDA it appears appropriate to evaluate the Board's current regulation to establish flexibility in the regulation for furnishing of additional opioid antagonists approved by the FDA.

Summary of Committee Discussion and Action

The Committee was advised that Dr. James Gasper, PharmD., Psychiatric and Substance Use Disorder Pharmacist, will assist staff with the development of revisions to California Code of Regulations section 1746.3. It is anticipated that the proposed regulation changes will include expansion of the provisions related to the authorized product and streamlining of the process, reflecting the changes in availability of opioid antagonist in communities.

Members noted agreement with the implementation strategy discussed. Members of the public were provided an opportunity to comment; however, none was provided.

c. Discussion and Consideration of Proposal to Establish Requirements for a Pharmacist-in-Charge

Relevant Law

There are several provisions within Pharmacy Law and its regulations establishing requirements for a pharmacist-in-charge (PIC), including the roles and responsibilities, etc. Two main provisions include:

1. [BPC section 4036.5](#) defines a “pharmacist-in-charge” as a pharmacist proposed by a pharmacy and approved by the board as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.
2. [BPC section 4113](#) provides in part that every pharmacy shall designate a PIC. Further, the pharmacy is responsible for compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

In addition to relevant sections of law, the Board also designated a precedential decision ([Sternberg v. California State Board of Pharmacy \(2015\) 239 Cal.App.4th 1159 California Court of Appeal, Second District, Division Eight, Case No. B255865](#)) that confirmed that a pharmacist-in-charge of a pharmacy could be disciplined for a pharmacy’s violation of Section 4081 resulting from a pharmacy technician’s theft of controlled substances without the pharmacist having actual knowledge of, or authorizing, the violations.

Background

During its recent strategic planning session, the Board established a strategic objective to determine if the application requirements for a PIC are appropriate to ensure sufficient knowledge, skills and abilities for individuals seeking to serve as a PIC.

In prior discussions members noted that it is not uncommon for investigations to substantiate violations where a pharmacist may be designated as a PIC in name only or the designated PIC fails to exercise appropriate oversight of the operations. Although the egregiousness of the violations varies there are many instances where such an individual pharmacist ultimately is disciplined including losing their pharmacist license through the administrative process.

Summary of Prior Discussion and Action

As part of the January 2022 Board Meeting, members considered a recommendation from the Licensing Committee to establish requirements for a pharmacist-in-charge. Specifically, members reviewed a draft attestation included in the meeting materials which states the following:

I certify under penalty of perjury under the laws of the State of California that I understand and accept the responsibility for the above referenced pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy as required in Business and Professions Code section 4113(c). Further, I understand it is unlawful for any pharmacy owner to commit any act that would subvert or tend to subvert the efforts of me as the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy as provided in Business and Professions Code section 4330(b).

Members noted agreement with the attestation language and determined that completion of the attestation is appropriate every time a pharmacist is appointed as a PIC.

Members also considered a recommendation from the Licensing Committee regarding development of a board provided training program for PICs with the following components:

1. Legal requirements for a PIC and the Sternberg decision.
2. Legal requirements and overview of the self-assessment process.
3. Information on how to prepare for an inspection.
4. Legal prohibition for a pharmacy owner to subvert or tend to subvert the efforts of a PIC to comply with the laws governing the operation of a pharmacy.
5. Top violations that result in the issuance of a citation and fine.

Members noted agreement with the proposed training program and after consideration determined that the training should be provided by the Board. Further, after discussion and consideration, the Committee determined the training should be required to be completed within the last two years prior to appointment.

Following the Board's action, the rulemaking materials were submitted to the Department and staff have developed the training course outline and materials.

Following discussion, the Board voted to initiate a rulemaking to amend CCR Section 1709.1. As part of its review, the Department has suggested additional changes to the language to provide clarification on the attestation statement and process and to include the name of the training program.

Summary of Committee Discussion and Action

Members discussed the proposed changes to the Board and noted agreement with the recommended changes.

Members of the public were provided the opportunity to provide comment; however, no comments were provided.

Committee Recommendation: The Board hereby rescinds prior posted text and approves the proposed regulatory text and changes to CCR section 1709.1 as proposed to be amended in the meeting materials, authorize the executive officer to further refine the language consistent with the policy discussions and direct staff to submit all approved text to the Director of the Department of Consumer Affairs and Business, Consumer Services and Housing Agency for review. If no adverse comments, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1709.1 as noticed for public comment.

After additional discussion, the Committee also determined that a delay in implementation is appropriate to allow impacted individuals the opportunity to complete the training.

Committee Recommendation: Include within the rulemaking package for CCR Section 1709.1 A request to the Office of Administrative law for a later effective date that is six months following the date of approval of the amendments to CCR section 1709.1.

Attachment 2 includes the revised language for the Committee's consideration. The revised text is reflected in double underline.

d. Discussion and Consideration of Discontinuance of Business by a Pharmacy and Potential Changes to Pharmacy Law to Ensure Continuity of Patient Care

Relevant Law

[BPC 4333](#) generally provides in part that all prescriptions filled by a pharmacy and all other records required shall be maintained on the premises and available for inspection. Further, in cases where the pharmacy discontinues business, these records shall be maintained in a board-licensed facility for at least three years.

[CCR Section 1708.2](#) requires any permit holder to contact the Board prior to transferring or selling any dangerous drugs, devices or hypodermic inventory as a result of a termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

Background

The Board's current [discontinuance of business](#) provisions require a licensee to notify the Board and provide specified information; however, there are no provisions established to establish conditions for continuity of patient care. Related to this, at times staff receive complaints from consumers and policy makers in two general areas:

1. A pharmacy has closed, and a patient cannot receive a refill because they are unable to contact the pharmacy to request a prescription transfer.
2. A pharmacy has closed and transferred patient prescription refills to another pharmacy not of the patient's choosing.

In both such scenarios, patient care is impeded and patients many times are required to seek a new prescription from their prescriber.

The Board's Disciplinary Guidelines establish requirements for continuity of patient care in the event a premises license is surrendered or revoked, yet no similar requirements exist for licenses discontinuing business. Specifically, the guidelines provide:

Respondent shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five (5) days of its provision to the pharmacy's ongoing patients, Respondent shall provide a copy of the written notice to the board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty days.

Summary Committee Discussion and Action

During the meeting members discussed the Board's current regulations to determine if changes are necessary to ensure continuity of patient care, additional regulation is needed. The Committee considered several questions.

1. Should the Board consider establishing requirements to facilitate continuity of patient care in the event of a pharmacy closure?

Members noted the need for some requirements but needing to be cautious to not become overly involved in a business transaction.

Members shared personal experience with this issue in attempting to assist patients by such closures. Members reached consensus that some Board requirement is necessary.

Members of the public here provided the opportunity to provide public comment; however, none were provided.

2. Should the Board consider establishing a timeframe within which notification to patients is required in advance of a pharmacy closure?
Members indicated that advanced notification to a patient should be required but did not establish a specific timeframe but generally seemed to agree it should be between two weeks and 90 days.

Public comment suggested that the notification could be either electronic or in writing and that a good faith effort should be made while noting that some patients may not have an address.

3. Should the Board consider specifying some of the elements of such a notification i.e., the process to request a prescription transfer, where pharmacy records will be transferred to and maintained, or any other options the patient does or should be able to provide input?
Members agreed that the goal of the notification is to ensure patients are aware of the change, but detailed requirements should not be required. Members noted that patients should be provided with information about the process to transfer a prescription.

Members of the public here provided the opportunity to provide public comment; however, none were provided.

4. Should the Board be provided with a copy of the notification?
Members agreed that the Board should receive a copy of the notification.

Members of the public here provided the opportunity to provide public comment; however, none were provided.

5. Should the Board provide expectations on prescriptions remaining in the will call area and provisions for reversing billing, etc.
Members discussed the issue and noted that prescriptions not picked up must be reversed. Members noted that this should already be understood, but members noted that this does not always happen. Members discussed challenges with attempting to assist under these circumstances. Members reached consensus that the proposal should include this as a requirement.

Members of the public here provided the opportunity to provide public comment; however, none were provided.

6. There are some pharmacy transactions where a pharmacy sells a portion of its business to another pharmacy, e.g., sells the portion of the pharmacy operations related to prescription dispensing but maintains the compounding portion of the business. In such an instance should the Board establish notification requirements to patients in advance of the transaction to ensure patients are aware of the transition in care?

Members discussed the issue and noted that ideally notification would occur; however, members concluded this was not appropriate for inclusion.

Members of the public here provided the opportunity to provide public comment; however, none were provided.

Staff will work on development of a proposal for future consideration by members.

e. Discussion and Consideration of Legal Requirements for Nonresident Pharmacies include Possible Change to Require Licensure by the Pharmacist-in-Charge

Relevant Law

[BPC Section 4112](#) provides that any pharmacy located outside this state that provides services into California shall be considered a nonresident pharmacy. Further this section requires licensure as a nonresident pharmacy. The section also established required disclosure of specified information. Subsection (g) provides that a nonresident pharmacy shall not allow a pharmacist whose license has been revoked by the board to provide pharmacy-related services to a person residing in California.

Background

As part of the application process, the nonresident pharmacy is required to provide the name of the designated pharmacist-in-charge. Under current law, the PIC is not required to hold a license in California.

The National Associations of Boards of Pharmacy Model Rules include that, "The 'Practice of Pharmacy in this State' includes shipping Prescription Drugs into this State from another jurisdiction. However, this is not meant to be construed as a licensure requirement for every Pharmacist that is employed at a Nonresident Pharmacy unless they are specifically engaged in the Practice of Pharmacy and provide services to residents in this state."

States have varying provisions related to the licensure requirements for pharmacists providing services into their respective jurisdictions. As an example:

- [Oregon](#) law provides that every non-resident pharmacy shall designate an Oregon licensed Pharmacist-in-Charge, who shall be responsible for all pharmacy services provided to residents in Oregon, and to provide supervision and control in the pharmacy.
- [Massachusetts](#) is developing regulations to regulate nonresident pharmacies. As part of the proposed rules the nonresident pharmacy will be required to designate a pharmacist that holds a Massachusetts pharmacist license.
- [Iowa](#) provides that every nonresident pharmacy is required to have a PIC who is either currently licensed to practice pharmacy in Iowa or who is registered with the Board. If the PIC is not currently licensed to practice pharmacy in Iowa and is not registered with the Board, the PIC must apply for registration as a nonresident PIC. As part of the registration process, the PIC must complete the Board's training module, "Iowa Pharmacy Law Bootcamp: Education for Iowa Nonresident Pharmacists," prior to submission of the application.
- [Maryland](#) provides that a nonresident pharmacy shall have a pharmacist on staff licensed by the Maryland Board of Pharmacy who is designate as the pharmacist responsible for providing pharmaceutical services to patients in the state.
- [Virginia](#) requires a nonresident pharmacy to designate a pharmacist in charge who is licensed as a pharmacist in Virginia and is responsible for the pharmacy's compliance.

Over the years the Board has disciplined nonresident pharmacies for violations of California Law. As an example, the Board disciplined [Walgreens](#), including two nonresident pharmacy permits. At times, these nonresident pharmacies have argued that their actions were in accordance with the pharmacy law of the state the pharmacy is located within. The Board has also issued citations

against nonresident pharmacies, as an example [ESI Mail Pharmacy, Inc.](#), for violations of California law.

Summary of Committee Discussion and Action

Members discussed the Board's current efforts to strengthen the requirements for a pharmacist-in-charge, to ensure pharmacists appointed as a PIC in California have a full understanding of the requirements of a PIC and to empower such individuals to exercise control over the pharmacy operations. Members discussed if changes in the current regulation of nonresident pharmacies is appropriate to ensure that Californians who receive prescription drugs from nonresident pharmacies have protections that are similar to those received by resident pharmacies in California.

Some members spoke in support of a requirement for a California licensed pharmacist to be the PIC of nonresident pharmacy providing services into California. Members discussed potential challenges with gaps in care if a nonresident pharmacy does not have such an individual to serve in such a capacity as well as the need for a transition period to allow interested individual to secure licensure in California.

Public comments received suggested that if California determines changes are necessary, California should consider a registration requirement similar to the model used in Iowa versus licensure. Public comment indicated that a change in the current regulation of nonresident pharmacies related to PIC requirements could impede access to patient care.

The Chairperson will work with staff on development of a proposal for consideration at a future meeting.

f. Licensing Statistics

Licensing statistics for first quarter of fiscal year 2022/2023 is provided in **Attachment 3**.

Since July 1, 2022, the Board has received 4,561 initial applications, including:

- 985 intern pharmacists
- 772 pharmacist exam applications (296 new, 476 retake)
- 53 advanced practice pharmacists
- 1,405 pharmacy technicians
- 90 community pharmacy license applications (89 PHY - 9 chain, 80 nonchain, 1 PHR)
- 16 sterile compounding pharmacy license applications (11 LSC, 5 NSC)

- 25 nonresident pharmacy license applications
- 4 hospital pharmacy license applications

Since July 1, 2022, the Board has received 124 requests for temporary site license applications, including:

- 65 community pharmacy license applications
- 10 sterile compounding pharmacy license applications
- 16 nonresident pharmacy license applications
- 3 hospital pharmacy license applications

As of September 30, 2022, the Board has issued 3,079 individual licenses, including:

- 970 intern pharmacists
- 735 pharmacists
- 46 advanced practice pharmacists
- 1,211 pharmacy technicians

As of September 30, 2022, the Board has issued 129 site licenses without temporary license requests, including:

- 37 automated drug delivery systems (35 AUD, 2 APD)
- 16 community pharmacies
- 0 hospital pharmacies

As of September 30, 2022, the Board has issued 91 temporary site licenses, including:

- 55 community pharmacies
- 3 hospital pharmacies

Committee Discussion and Action

Members reviewed the statistics and processing times, including those for pharmacy applications. Chairperson Oh highlighted some of the current challenges with meeting workload demands including staff vacancies while also noting challenges created and impacts to processing times created by applicants that do not provide information as requested or are not transparent with the information requested.

Public comment recommended that the Board develop a means by which applicants can check on the status of an application online in lieu of through email. Public comment also noted that inquires submitted via email go unanswered leading to frustration.

Processing Times

Site Application Type	Application Processing Times as of 7/8/2022	Application Processing Times as of 10/10/2022	Deficiency Mail Processing Times as of 7/8/2022	Deficiency Mail Processing Times as of 10/10/2022
Pharmacy	81	95	64	70
Nonresident Pharmacy	92	112	114	119
Sterile Compounding	262	191	281	192
Nonresident Sterile Compounding	168	262	Mail combined with Sterile	Mail combined with Sterile
Outsourcing	Current	Current	Current	Current
Nonresident Outsourcing	221	315	Current	180
Hospital Satellite Compounding Pharmacy	Current	Current	59	146
Hospital	9	83	72	50
Clinic	79	48	10	Current
Wholesaler	25	87	Current	47
Nonresident Wholesaler	23	91	Current	Combined with Wholesaler
Third-Party Logistics Provider	Current	27	Current	Combined with Wholesaler
Nonresident Third-Party Logistics Provider	30	48	Current	Combined with Wholesaler
Automated Drug Delivery System	Current	31	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 7/8/2022	Application Processing Times as of 10/10/2022	Deficiency Mail Processing Times as of 7/8/2022	Deficiency Mail Processing Times as of 10/10/2022
Exam Pharmacist	46	10	Current	5
Pharmacist Initial Licensure	Current	Current	n/a	n/a
Advanced Practice Pharmacist	21	5	Current	Current
Intern Pharmacist	14	6	Current	3
Pharmacy Technician	14	13	8	Current
Designated Representative	37	116	Current	47
Designated Representatives-3PL	81	111	Combined with Designated Representative	Combined with Designated Representative
Designated Representatives-Reverse Distributor	22	94	Combined with Designated Representative	Combined with Designated Representative
Designated Paramedic	Current	53	Combined with Designated Representative	Combined with Designated Representative

Attachment 1

4115.

(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) In addition to the tasks specified in subdivision (a) a pharmacy technician may administer vaccines, administer epinephrine, perform specimen collection for CLIA waived tests, receive verbal prescriptions, receive prescription transfers, and accept clarification on prescriptions under the following conditions:

1. The pharmacist-in-charge of the pharmacy at which the tasks are being performed has deemed the pharmacy technician competent to perform such tasks and documented such determination in writing. Documentation must be maintained in the pharmacy.

2. The pharmacy has scheduled another pharmacy technician to assist the pharmacist by performing the tasks provided in subdivision (a).

3. The pharmacy technician is certified pursuant to Section 4202(a)(4) and maintains such certification.

4. The pharmacy technician has successfully completed at least six hours of practical training approved by the Accreditation Council for Pharmacy Education and includes hands-on injection technique, the recognition and treatment of emergency reactions to vaccines, and an assessment of the pharmacy technician's injection technique.

~~(b c)~~ This section does not authorize the performance of any tasks specified in subdivision (a) & ~~(b)~~ by a pharmacy technician without a pharmacist on duty.

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

~~(d e)~~ The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that employs a pharmacy technician shall do so in conformity with the regulations adopted by the board.

~~(e f)~~ A person shall not act as a pharmacy technician without first being licensed by the board as a pharmacy technician.

~~(f g)~~ (1) A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a). A pharmacy with only one pharmacist shall have not more than one pharmacy technician performing the tasks specified in subdivision (b). Where a pharmacy technician is performing the tasks specified in subdivision (b), a second pharmacy technician must be assisting a pharmacist with performing tasks specified in subdivision (a). The ratio of pharmacy technicians 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 Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for 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.

(2) The board may 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. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of his or her professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist in charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. An entity employing a pharmacist shall not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(g) h) Notwithstanding subdivisions (a)-(c) and (b), the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a

pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (f ~~g~~).

(~~h~~ i) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician supervised by that pharmacist.

(~~l~~ j) In a health care facility licensed under subdivision (a) of Section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

(1) Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under Section 4119.

(2) Sealing emergency containers for use in the health care facility.

(3) Performing monthly checks of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist in charge and the director or chief executive officer of the health care facility in accordance with the health care facility's policies and procedures.

Attachment 2

Title 16. Board of Pharmacy Proposed Text

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions. Recommended proposed additions are indicated in double underline and recommended proposed deletion with ~~double strikethrough~~.

Amend Section 1709.1 of Article 2 of Division 17 of Title 16 of the California Code of Regulations to read:

§ 1709.1. Designation of Pharmacist-In-Charge

- (a) The pharmacist-in-charge (PIC) of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of the board, a proposed pharmacist in charge shall complete an attestation confirming their understanding of the roles and responsibilities of a pharmacist in charge and the legal prohibitions of the pharmacy owner to subvert the efforts of a pharmacist in charge, and as part of the application and notice process set forth in Section 1709 of this Division ("application"), a pharmacy shall submit its proposed PIC. The PIC shall have completed the board-provided Pharmacist-in-Charge Overview and Responsibility training course within two years prior to the date of application. The PIC shall complete an attestation statement in compliance with this section. For purposes of this section, a completed attestation statement shall include all of the following: name of the proposed pharmacist-in-charge, the individual's license number, a statement that they have read Sections 4036.5, 4081, 4113, and 4330 of the Business and Professions Code and this section, and a statement identifying the date that the proposed PIC took the board's training course, and a declaration signed under penalty of perjury of the laws of the State of California that the information provided by the individual is true and correct. The proposed pharmacist in charge shall also provide proof demonstrating completion of a Board approved training course on the role of a pharmacist in charge within the past two years.
- (b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy.
- (c) No pharmacist shall be the pharmacist-in-charge of more than two pharmacies. If a pharmacist serves as pharmacist-in-charge at two pharmacies, those pharmacies shall not be separated by a driving distance of more than 50 miles.
- (d) No pharmacist shall be the pharmacist-in-charge of a pharmacy while concurrently serving as the designated representative-in-charge for a wholesaler or a veterinary food-animal drug retailer.
- (e) Notwithstanding subdivision (a), a pharmacy may designate any pharmacist who is an employee, officer or administrator of the pharmacy or the entity which owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis as the pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity which owns the pharmacy, shall be prepared during

normal business hours to provide a representative of the board with documentation of the involvement of a pharmacist-in-charge designated pursuant to this subdivision with the pharmacy and efforts to obtain and designate a permanent pharmacist-in-charge.

- (f) A pharmacist may refuse to act as a pharmacist-in-charge at a second pharmacy if the pharmacist determines, in the exercise of his or her professional judgment, that assuming responsibility for a second pharmacy would interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. A pharmacist who refuses to become pharmacist-in-charge at a second pharmacy shall notify the pharmacy owner in writing of his or her determination, specifying the circumstances of concern that have led to that determination.
- (g) A person employing a pharmacist may not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4036.5, 4081, 4113, 4305 and 4330, Business and Professions Code.

Attachment 3

CALIFORNIA STATE BOARD OF PHARMACY
 QUARTERLY LICENSING STATISTICS FISCAL YEAR 2021/2022

APPLICATIONS RECEIVED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	100	0	0	0	100
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	34	0	0	0	34
Designated Representatives-Reverse Distributor (DRR)	33	0	0	0	33
Designated Paramedic (DPM)	1	0	0	0	1
Intern Pharmacist (INT)	985	0	0	0	985
Pharmacist Exam Applications	296	0	0	0	296
Pharmacist Retake Exam Applications	476	0	0	0	476
Pharmacist Initial License Application (RPH)	716	0	0	0	716
Advanced Practice Pharmacist (APH)	53	0	0	0	53
Pharmacy Technician (TCH)	1,405	0	0	0	1,405
Total	4,099	0	0	0	4,099

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	80	0	0	0	80
Automated Drug Delivery System (ADD(APD))	2	0	0	0	2
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)	168	0	0	0	168
Clinics Government Owned (CLE)	12	0	0	0	12
Drug Room (DRM)	0	0	0	0	0
Drug Room Government Owned (DRE)	0	0	0	0	0
Hospitals (HSP)	4	0	0	0	4
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	0	0	0	1
Outsourcing Facility (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident (NSF)	4	0	0	0	4
Pharmacy (PHY)	80	0	0	0	80
Pharmacy (PHY) Chain	9	0	0	0	9
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	1	0	0	0	1
Pharmacy Nonresident (NRP)	25	0	0	0	25
Sterile Compounding (LSC)	11	0	0	0	11
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	5	0	0	0	5
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	12	0	0	0	12
Veterinary Food-Animal Drug Retailer (VET)	2	0	0	0	2
Wholesalers (WLS)	18	0	0	0	18
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	27	0	0	0	27
Total	462	0	0	0	462

*Number of applications received includes the number of temporary applications received.

Applications Received with Temporary License Requests	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Hospitals - Temp (HSP)	3	0	0	0	3
Hospital Satellite Sterile Compounding - Temp (SCP)	0	0	0	0	0
Outsourcing Facility - Temp (OSF)	0	0	0	0	0
Outsourcing Facility Nonresident - Temp (NSF)	1	0	0	0	1
Pharmacy - Temp (PHY)	65	0	0	0	65
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	16	0	0	0	16
Sterile Compounding - Temp (LSC)	6	0	0	0	6
Sterile Compounding Nonresident - Temp (NSC)	4	0	0	0	4
Third-Party Logistics Providers - Temp (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident - Temp (NPL)	4	0	0	0	4
Veterinary Food-Animal Drug Retailer - Temp (VET)	2	0	0	0	2
Wholesalers - Temp (WLS)	7	0	0	0	7
Wholesalers Nonresident - Temp (OSD)	15	0	0	0	15
Total	124	0	0	0	124

LICENSES ISSUED

Individual Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	82	0	0	0	82
Designated Representatives Vet (EXV)	0	0	0	0	0
Designated Representatives-3PL (DRL)	32	0	0	0	32
Designated Representatives-Reverse Distributor (DRR)	3	0	0	0	3
Designated Paramedic (DPM)	0	0	0	0	0
Intern Pharmacist (INT)	970	0	0	0	970
Pharmacist (RPH)	735	0	0	0	735
Advanced Practice Pharmacist (APH)	46	0	0	0	46
Pharmacy Technician (TCH)	1,211	0	0	0	1,211
Total	3,079	0	0	0	3,079

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	35	0	0	0	35
Automated Drug Delivery System (ADD(APD))	2	0	0	0	2
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)	14	0	0	0	14
Clinics Government Owned (CLE)	14	0	0	0	14
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)	2	0	0	0	2
Hypodermic Needle and Syringes (HYP)	2	0	0	0	2
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)	14	0	0	0	14
Pharmacy Government Owned (PHE)	2	0	0	0	2
Remote Dispensing Pharmacy (PHR)	0	0	0	0	1
Pharmacy Nonresident (NRP)	10	0	0	0	10
Sterile Compounding (LSC)	6	0	0	0	6
Sterile Compounding Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	1	0	0	0	1
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	5	0	0	0	5
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	19	0	0	0	19
Total	129	0	0	0	130

Site Temporary Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Drug Room -Temp (DRM)	0	0	0	0	0
Hospitals - Temp (HSP)	3	0	0	0	3
Hospital Satellite Sterile Compounding - Temp (SCP)	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)	55	0	0	0	55
Remote Dispensing Pharmacy - Temp (PHR)	0	0	0	0	0
Pharmacy Nonresident - Temp (NRP)	16	0	0	0	16
Sterile Compounding - Temp (LSC)	10	0	0	0	10
Sterile Compounding Nonresident - Temp (NSC)	0	0	0	0	0
Third-Party Logistics Providers - Temp (TPL)	0	0	0	0	0
Third-Party Logistics Providers Nonresident - Temp (NPL)	0	0	0	0	0
Veterinary Food-Animal Drug Retailer - Temp (VET)	0	0	0	0	0
Wholesalers - Temp (WLS)	1	0	0	0	1
Wholesalers Nonresident - Temp (OSD)	6	0	0	0	6
Total	91	0	0	0	91

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

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Designated Representatives (EXC)	316			
Designated Representatives (EXV)	8			
Designated Representatives-3PL (DRL)	101			
Designated Representatives-Reverse Distributor (DRR)	4			
Designated Paramedic (DPM)	1			
Intern Pharmacist (INT)	182			
Pharmacist (exam not eligible)	1,403			
Pharmacist (exam eligible)	1,557			
Advanced Practice Pharmacist (APH)	102			
Pharmacy Technician (TCH)	1,103			
Total	4,777	0	0	5,908

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	168			
Automated Drug Delivery System (ADD(APD))	45			
Automated Drug Delivery System EMS (ADE)	0			
Automated Patient Dispensing System 340B Clinic (ADC)	0			
Centralized Hospital Packaging Government Owned (CHE)	1			
Centralized Hospital Packaging (CHP)	2			
Clinics (CLN)	263			
Clinics Government Owned (CLE)	24			
Drug Room (DRM)	2			
Drug Room Government Owned (DRE)	0			
Hospitals (HSP)	7			
Hospitals Government Owned (HPE)	1			
Hospital Satellite Sterile Compounding (SCP)	1			
Hospital Satellite Sterile Compounding Government Owned (SCE)	0			
Hypodermic Needle and Syringes (HYP)	12			
Correctional Pharmacy (LCF)	0			
Outsourcing Facility (OSF)	0			
Outsourcing Facility Nonresident (NSF)	9			
Pharmacy (PHY)	196			
Pharmacy Government Owned (PHE)	7			
Remote Dispensing Pharmacy (PHR)	5			
Pharmacy Nonresident (NRP)	176			
Sterile Compounding (LSC)	59			
Sterile Compounding - Government Owned (LSE)	9			
Sterile Compounding Nonresident (NSC)	23			
Surplus Medication Collection Distribution Intermediary (SME)	0			
Third-Party Logistics Providers (TPL)	4			
Third-Party Logistics Providers Nonresident (NPL)	68			
Veterinary Food-Animal Drug Retailer (VET)	2			
Wholesalers (WLS)	58			
Wholesalers Government Owned (WLE)	1			
Wholesalers Nonresident (OSD)	122			
Total	1,097	0	0	0

Applications Pending with Temporary Licenses Issued - Pending Full License	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Drug Room -Temp (DRM)	1			
Hospitals - Temp (HSP)	4			
Hospital Satellite Sterile Compounding - Temp (SCP)	0			
Outsourcing Facility - Temp (OSF)	0			
Outsourcing Facility Nonresident - Temp (NSF)	0			
Pharmacy - Temp (PHY)	108			
Remote Dispensing Pharmacy - Temp (PHR)	0			
Pharmacy Nonresident - Temp (NRP)	41			
Sterile Compounding - Temp (LSC)	13			
Sterile Compounding Nonresident - Temp (NSC)	1			
Third-Party Logistics Providers - Temp (TPL)	0			
Third-Party Logistics Providers Nonresident - Temp (NPL)	1			
Veterinary Food-Animal Drug Retailer - Temp (VET)	0			
Wholesalers - Temp (WLS)	1			
Wholesalers Nonresident - Temp (OSD)	7			
Total	177	0	0	0

APPLICATIONS WITHDRAWN

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	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)	0	0	0	0	0
Pharmacist (exam applications)	2	0	0	0	2
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	17	0	0	0	17
Total	19	0	0	0	19

Site Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	2	0	0	0	2
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
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	0	0	0	3
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)	1	0	0	0	1
Hospitals Government Ownerd (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)	1	0	0	0	1
Pharmacy (PHY)	5	0	0	0	5
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)	2	0	0	0	2
Sterile Compounding - Government Owned (LSE)	1	0	0	0	1
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	1	0	0	0	1
Third-Party Logistics Providers Nonresident (NPL)	1	0	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	1	0	0	0	1
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	0	0	0	0	0
Total	18	0	0	0	18

APPLICATIONS DENIED

Individual Applications	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	1	0	0	0	1
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	0	0	0	0
Pharmacist (exam application)	3	0	0	0	3
Pharmacist (exam eligible)	0	0	0	0	0
Advanced Practice Pharmacist (APH)	0	0	0	0	0
Pharmacy Technician (TCH)	8	0	0	0	8
Total	12	0	0	0	12

Site Applications	July - Sept	Oct-Dec	Jan-Mar	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)	2	0	0	0	2
Pharmacy (PHY)	3	0	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)	1	0	0	0	1
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	2	0	0	0	2
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	8	0	0	0	8

RESPOND TO STATUS INQUIRIES

Email Inquiries	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative Received	444	0	0	0	444
Designated Representative Responded	139	0	0	0	139
Advanced Practice Pharmacist Received	179	0	0	0	179
Advanced Practice Pharmacist Responded	99	0	0	0	99
Pharmacist/Intern Received	2,244	0	0	0	2,244
Pharmacist/Intern Responded	405	0	0	0	405
Pharmacy Technician Received	Unavailaible	0	0	0	0
Pharmacy Technician Responded	Unavailaible	0	0	0	0
Pharmacy Received	Unavailaible	0	0	0	0
Pharmacy Responded	Unavailaible	0	0	0	0
Sterile Compounding/Outsourcing Received	Unavailaible	0	0	0	0
Sterile Compounding/Outsourcing Responded	Unavailaible	0	0	0	0
Wholesale/Clinic/Hypodermic/3PL Received	1,018	0	0	0	1,018
Wholesale/Clinic/Hypodermic/3PL Responded	744	0	0	0	744
Automated Drug Delivery Systems Received	96	0	0	0	96
Automated Drug Delivery Systems Responded	96	0	0	0	96
Pharmacist-in-Charge Received	1,096	0	0	0	1,096
Pharmacist-in-Charge Responded	1,006	0	0	0	1,006
Change of Permit Received	537	0	0	0	537
Change of Permit Responded	272	0	0	0	272
Renewals Received	2,080	0	0	0	2,080
Renewals Responded	1,821	0	0	0	1,821

Telephone Calls Received	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representative	0	0	0	0	0
Advanced Practice Pharmacist	179	0	0	0	179
Pharmacist/Intern	865	0	0	0	865
Pharmacy	Unavailaible	0	0	0	0
Sterile Compounding/Outsourcing	Unavailaible	0	0	0	0
Wholesale/Clinic/Hypodermic/3PL	102	0	0	0	102
Automated Drug Delivery Systems	13	0	0	0	13
Pharmacist-in-Charge	116	0	0	0	116
Change of Permit	72	0	0	0	72
Renewals	1,255	0	0	0	1,255
Reception	18,430	0	0	0	18,430

UPDATE LICENSING RECORDS

Change of Pharmacist-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	616	0	0	0	616
Processed	627	0	0	0	627
Approved	659	0	0	0	659
Pending (Data reflects number of pending at the end of the quarter.)	295				n/a
Change of Designated Representative-in-Charge	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	48	0	0	0	48
Processed	46	0	0	0	46
Approved	66	0	0	0	66
Pending (Data reflects number of pending at the end of the quarter.)	61				n/a
Change of Responsible Manager	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	9	0	0	0	9
Processed	8	0	0	0	8
Approved	7	0	0	0	7
Pending (Data reflects number of pending at the end of the quarter.)	11				n/a
Change of Professional Director	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	44	0	0	0	44
Processed	31	0	0	0	31
Approved	52	0	0	0	52
Pending (Data reflects number of pending at the end of the quarter.)	70				n/a
Change of Permits	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	673	0	0	0	673
Processed	307	0	0	0	307
Approved	254	0	0	0	254
Pending (Data reflects number of pending at the end of the quarter.)	3,139				n/a
Clinic Co-Location	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	0	0	0	0	0
Processed	0	0	0	0	0
Approved	0	0	0	0	0
Pending (Data reflects number of pending at the end of the quarter.)	0	0	0	0	n/a
Discontinuance of Business	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	187	0	0	0	187
Processed	84	0	0	0	84
Approved	76	0	0	0	76
Pending (Data reflects number of pending at the end of the quarter.)	432				n/a
Intern Pharmacist Extensions	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Received	51	0	0	0	51
Processed	48	0	0	0	48
Completed	46	0	0	0	46
Pending (Data reflects number of pending at the end of the quarter.)	31				n/a
Requests Approved	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Address/Name Changes	3,192	0	0	0	3,192
Off-site Storage	24	0	0	0	24
Transfer of Intern Hours	9	0	0	0	9
License Verification	127	0	0	0	127

DISCONTINUED OF BUSINESS

discontinued by date of closure

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD(AUD))	12	0	0	0	12
Automated Drug Delivery System (ADD(APD))	0	0	0	0	0
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)	1	0	0	0	1
Clinics (CLN)	3	0	0	0	3
Clinics Government Owned (CLE)	3	0	0	0	3
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)	32	0	0	0	32
Pharmacy (PHY) Chain	94	0	0	0	94
Pharmacy Government Owned (PHE)	0	0	0	0	0
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	6	0	0	0	6
Sterile Compounding (LSC)	15	0	0	0	15
Sterile Compounding Government Owned (LSE)	0	0	0	0	0
Sterile Compounding Nonresident (NSC)	1	0	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)	1	0	0	0	1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0	0	0
Wholesalers (WLS)	3	0	0	0	3
Wholesalers Government Owned (WLE)	0	0	0	0	0
Wholesalers Nonresident (OSD)	4	0	0	0	4
Total	163	0	0	0	163

LICENSES RENEWED

Individual Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Designated Representatives (EXC)	524	0	0	0	524
Designated Representatives Vet (EXV)	13	0	0	0	13
Designated Representatives-3PL (DRL)	75	0	0	0	75
Designated Representatives-Reverse Distributor (DRR)	1	0	0	0	1
Designated Paramedic (DPM)	0	0	0	0	0
Pharmacist (RPH)	5,838	0	0	0	5,838
Advanced Practice Pharmacist (APH)	144	0	0	0	144
Pharmacy Technician (TCH)	7,517	0	0	0	7,517
Total	14,112	0	0	0	14,112

Site Licenses Renewed	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun	Total FYTD
Automated Drug Delivery System (ADD)	80	0	0	0	80
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)	3	0	0	0	3
Clinics (CLN)	396	0	0	0	396
Clinics Government Owned (CLE)	34	0	0	0	34
Drug Room (DRM)	2	0	0	0	2
Drug Room Government Owned (DRE)	2	0	0	0	2
Hospitals (HSP)	57	0	0	0	57
Hospitals Government Owned (HPE)	38	0	0	0	38
Hospital Satellite Sterile Compounding (SCP)	2	0	0	0	2
Hospital Satellite Sterile Compounding Government Owned (SCE)	1	0	0	0	1
Hypodermic Needle and Syringes (HYP)	46	0	0	0	46
Correctional Pharmacy (LCF)	3	0	0	0	3
Outsourcing Facility (OSF)	1	0	0	0	1
Outsourcing Facility Nonresident (NSF)	3	0	0	0	3
Pharmacy (PHY)	687	0	0	0	687
Pharmacy Government Owned (PHE)	52	0	0	0	52
Remote Dispensing Pharmacy (PHR)	0	0	0	0	0
Pharmacy Nonresident (NRP)	87	0	0	0	87
Sterile Compounding (LSC)	132	0	0	0	132
Sterile Compounding Government Owned (LSE)	58	0	0	0	58
Sterile Compounding Nonresident (NSC)	10	0	0	0	10
Surplus Medication Collection Distribution Intermediary (SME)	0	0	0	0	0
Third-Party Logistics Providers (TPL)	11	0	0	0	11
Third-Party Logistics Providers Nonresident (NPL)	35	0	0	0	35
Veterinary Food-Animal Drug Retailer (VET)	4	0	0	0	4
Wholesalers (WLS)	110	0	0	0	110
Wholesalers Government Owned (WLE)	4	0	0	0	4
Wholesalers Nonresident (OSD)	182	0	0	0	182
Total	2,040	0	0	0	2,040

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)	2,814	0	0	0
Designated Representatives Vet (EXV)	54	0	0	0
Designated Representatives-3PL (DRL)	419	0	0	0
Designated Representatives-Reverse Distributor (DRR)	10	0	0	0
Designated Paramedic (DPM)	3	0	0	0
Intern Pharmacist (INT)	5,788	0	0	0
Pharmacist (RPH)	49,458	0	0	0
Advanced Practice Pharmacist (APH)	1,084	0	0	0
Pharmacy Technician (TCH)	68,129	0	0	0
Total	127,759	0	0	0

Site Licenses	July - Sept	Oct-Dec	Jan-Mar	Apr-Jun
Automated Drug Delivery System (ADD(AUD))	1,035	0	0	0
Automated Drug Delivery System (ADD(APD))	58	0	0	0
Automated Drug Delivery System EMS (ADE)	1	0	0	0
Automated Patient Dispensing System 340B Clinic (ADC)	0	0	0	0
Centralized Hospital Packaging Government Owned (CHE)	2	0	0	0
Centralized Hospital Packaging (CHP)	9	0	0	0
Clinics (CLN)	1,253	0	0	0
Clinics Government Owned (CLE)	928	0	0	0
Drug Room (DRM)	20	0	0	0
Drug Room Government Owned (DRE)	10	0	0	0
Hospitals (HSP)	394	0	0	0
Hospitals Government Owned (HPE)	78	0	0	0
Hospital Satellite Sterile Compounding (SCP)	4	0	0	0
Hospital Satellite Sterile Compounding Government Owned (SCE)	4	0	0	0
Hypodermic Needle and Syringes (HYP)	237	0	0	0
Correctional Pharmacy (LCF)	59	0	0	0
Outsourcing Facility (OSF)	4	0	0	0
Outsourcing Facility Nonresident (NSF)	20	0	0	0
Pharmacy (PHY)	6,243	0	0	0
Pharmacy Government Owned (PHE)	139	0	0	0
Remote Dispensing Pharmacy (PHR)	2	0	0	0
Pharmacy Nonresident (NRP)	588	0	0	0
Sterile Compounding (LSC)	729	0	0	0
Sterile Compounding Government Owned (LSE)	104	0	0	0
Sterile Compounding Nonresident (NSC)	55	0	0	0
Surplus Medication Collection Distribution Intermediary (SME)	1	0	0	0
Third-Party Logistics Providers (TPL)	40	0	0	0
Third-Party Logistics Providers Nonresident (NPL)	122	0	0	0
Veterinary Food-Animal Drug Retailer (VET)	21	0	0	0
Wholesalers (WLS)	545	0	0	0
Wholesalers Government Owned (WLE)	13	0	0	0
Wholesalers Nonresident (OSD)	785	0	0	0
Total	12,468	0	0	0
Total Population of Licenses	140,227	0	0	0